

World Health Organization



Global Immunization News

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IMMUNIZATION IS KEY TO ACHIEVING CHILD SURVIVAL GOALS

28/01/2011 from Hayatee Hasan, WHO/HQ

Member States — meeting at the 128th session of the Executive Board on 18 January 2011 — rally their support for the WHO/UNICEF Global Immunization Vision and Strategy (2006-2015) and its impact in guiding national immunization strategies to reach the child survival goals.



Photo credit: WHO/Thierry Parel

Several countries shared their success stories including: Bangladesh with a near universal routine coverage and

documented successes in introducing new vaccines; Burkina Faso, the first country to successfully introduce the new meningitis A conjugate vaccine; China successfully implemented the largest ever measles vaccination campaign in 2010; and Rwanda, the first African nation to introduce pneumococcal vaccine. Mindful of the challenges ahead, Member States mentioned the need to: (1) ensure that introducing newer vaccines is not done at the expense of basic immunization; (2) expand the use of rubella vaccines; (3) maintain high measles vaccination coverage and not drop our guard against the disease, particularly in Africa where large scale measles outbreaks have occurred; (4) strengthen linkages between polio eradication efforts and routine immunization; (5) facilitate vaccine technology transfer to developing countries and promote other strategies to bring down the prices of life-saving vaccines and replicating the success of MenAfrVac; and (6) strengthen surveillance for vaccine-preventable diseases.

The Board commends WHO's leadership on the Decade of Vaccines, a vision for using the next 10 years to achieve immunization goals and reach important milestones in vaccine research, development and financing. More details on the Decade of Vaccines strategic framework will be presented for discussion at the 64th World Health Assembly in May 2011. For more information, visit http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_9-en.pdf

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INTERNATIONAL WORKSHOP ON PROCEDURES FOR THE DEVELOPMENT OF EVIDENCE-BASED RECOMMENDATIONS FOR IMMUNIZATION IN BERLIN, GERMANY

28/01/2011 from Dr Dorothea Matysiak-Klose, Robert Koch Institute, Germany

“Immunizing in the context of global independence”

The German Ministry of Health in collaboration with the Robert Koch-Institute as the central federal institution responsible for disease control and prevention in Germany held an international workshop on Procedures for the Development of Evidence-based Recommendations for Immunization. The workshop took place on 22-23 November 2010 in Berlin, Germany.

The main objectives of the workshop were to discuss current procedures and experiences of several National Immunization Technical Advisory Groups and applicable methodologies in developing frameworks for evidence-based vaccination recommendations. Furthermore, the feasibility of international collaboration and possible methodological procedures of rating the quality of evidence and classifying the strength of the recommendations were discussed in working groups. The meeting brought together representatives of national immunization committees or their scientific secretariats from Canada, the United States, and several European countries including Austria, France, Germany, the Netherlands, and the United Kingdom. Furthermore, experts from international organizations such as WHO, the European Centre for Disease Prevention and Control (ECDC), and the GRADE Working Group participated in the workshop.

The participants agreed that international collaboration and the use of a common methodology such as GRADE would be advantageous for the development of vaccination recommendations. To continue the international discussion process, a follow-up workshop is planned for 2011. The meeting agenda, abstracts, and presentations are available at: http://www.rki.de/clin_169/nn_199596/DE/Content/Infekt/Impfen/Workshops/Workshops_node.html?nnn=true

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FLUZONE AND FEBRILE SEIZURES

28/01/2011 from Alison Brunier, WHO/HQ

On 20 January, the U.S. FDA issued a statement on its web site <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm240037.htm> indicating that routine evaluation of data from the national vaccine safety database, VAERS, had shown an increase in the number of reports of febrile seizures among young children following vaccination with Fluzone, a trivalent inactivated influenza vaccine (manufactured by Sanofi Pasteur, Inc).

The Global Advisory Committee on Vaccine Safety (GACVS) was informed of the issue, and issued a statement on its web site on 24 January as below:

Statement on Fluzone and febrile seizures

The U.S. Food and Drug Administration and Centers for Disease Control and Prevention have recently detected an increase in the number of reports to the Vaccine Adverse Event Reporting System (VAERS) of febrile seizures following vaccination with the trivalent inactivated influenza vaccine, Fluzone. The reported febrile seizures have mainly been seen in children younger than 2 years of age.

GACVS has been informed about this finding and notes that in the cases reported, all children recovered with no lasting effects seen. It is also noted that no increase in VAERS reports of febrile seizures in people older than 2 years of age has been detected. Based on the information presented, GACVS concurs that further investigation is needed to clarify the nature and magnitude of any increased risk, but on the basis of the data currently available does not recommend any change to the WHO recommendations for the use of seasonal influenza vaccine (<http://www.who.int/wer/2005/wer8033.pdf>). GACVS will continue reviewing data related to these reports as they become available.

For further information on review by GACVS of issues relating to the safety of influenza vaccines, see http://www.who.int/vaccine_safety/topics/influenza/en/index.html

“Integrating Immunization, other linked health interventions and surveillance in the health systems context”

Technical Information

MEETING OF THE STRATEGIC ADVISORY GROUP OF EXPERTS (SAGE) ON IMMUNIZATION, NOVEMBER 2010 - CONCLUSIONS AND RECOMMENDATIONS

28/01/2011 from Alison Brunier, WHO/HQ

“Introducing new vaccines and technologies”

During its meeting of 9-11 November 2010, the Strategic Advisory Group of Experts (SAGE) on immunization discussed issues including measles and polio eradication, gender as a determinant of immunization status, and support to lower-middle-income countries.



Measles efforts to focus on strengthening routine immunization

SAGE concluded that measles can and should be eradicated but proposed that demonstration of sufficient progress towards regional measles elimination targets be made a precursor to establishing a target date for global eradication. Furthermore, all efforts should be carried out in the context of strengthening routine immunization programmes. Recognizing the fragility of gains in measles mortality reduction, apparent through outbreaks affecting 28 countries in the African Region since 2009, the Group highlighted the growing risk that the contribution of the reduction in measles mortality to achieving Millennium Development Goal 4 (approximately 25% of the overall reduction) will be lost because of declining political and financial commitment to measles control. SAGE members welcomed the news that India has begun implementing strategies to provide a second opportunity for measles immunization and encouraged the South-East Asia Region to establish a target date for measles elimination.

Timely establishment and implementation of corrective action plans key to polio eradication

SAGE recognized the considerable progress made towards eradicating polio since its April 2010 meeting, but noted with deep concern that some countries had either missed their relevant milestone in the new Strategic Plan or were at very high risk of doing so. SAGE emphasized the importance of strengthening surveillance in critical areas at the subnational level. The Group strongly supports the role of the Independent Monitoring Board established in October 2010 to monitor progress in meeting the goals of the Strategic Plan, noting that its most critical contribution will be to suggest urgent plans for corrective action in close coordination with ministries of health and country and regional-level technical advisory groups.

Gender as a determinant of immunization status

SAGE noted that there is no evidence to suggest a significant difference between the coverage of routine immunization in boys and girls at the global level. However, in some countries, such differences have been reported at the subnational level. Local surveys clearly provide valid data that can be used to address local barriers to immunization, including gender. SAGE also noted that in some settings, the low status of women prevents them from accessing immunization services for their children.

Supporting lower-middle-income countries

SAGE was presented with the outcome of a study on the adoption of new vaccines by lower-middle-income countries not eligible for support from the GAVI Alliance. SAGE noted that price continues to be a major barrier. The Group encouraged continuation and expansion of data collection activities and asked WHO to facilitate further work to support countries in this income bracket.

Also discussed were influenza and typhoid vaccination, optimization of immunization schedules, and improving the accessibility of affordable vaccines.

Full report - to http://www.who.int/wer/2011/wer8601_02.pdf

More information on SAGE - to <http://www.who.int/immunization/sage/en/index.html>

Supporting lower middle income countries

GAVI related Information

Next GAVI Review Dates: GAVI Call for Proposals for New Vaccine Support (only): Closing date 15 May 2011

“Integrating Immunization, other linked health interventions and surveillance in the health systems context”

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NATIONAL REGULATORY AUTHORITY (NRA) STRENGTHENING PRE-VISITS IN SERBIA AND HUNGARY

28/01/2011 from Lahouari Belgharbi and Alireza Khadem, WHO/HQ

“Immunizing in the context of global independence”

WHO has conducted two pre-visits of the vaccine regulatory systems of Serbia (October 2010) and Hungary (November 2010), in accordance with the WHO national regulatory authority (NRA) five step capacity building programme for vaccine producing countries. The aim of the visits was to discuss and assist in the preparation of the forthcoming WHO assessments of the vaccine regulatory systems which will be conducted during 2011.

The Serbian NRA is represented by ALIMIS, the Medicine and Medical Devices Agency of Serbia. ALIMIS is an independent authority that is responsible for licensing and marketing authorization of medicines including vaccines, laboratory quality control, lot release of the medicinal products, clinical trial and post-marketing surveillance (PMS)/Adverse Events Following Immunization (AEFI). The regulatory inspectorate is in the Ministry of Health. It was agreed during the visit, that the formal WHO NRA assessment can be held in the fourth quarter of 2011 or early 2012.

The Hungarian NRA is represented by the National Institute of Pharmacy which is responsible for registration and marketing authorization of human medicinal products including vaccines, authorization and supervision of clinical trials, supervision of manufacturing medicinal products and vaccines through regulatory inspection, laboratory quality control and lot release of the medicinal products, and post-marketing surveillance (PMS)/Adverse Events Following Immunization (AEFI). According to the findings of the visit it was agreed that the formal WHO NRA assessment can be conducted in the fourth quarter of 2011 or early 2012.

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THE VACCINE PRESENTATION AND PACKAGING ADVISORY GROUP (VPPAG)

28/01/2011 from Osman Mansoor, UNICEF New York

VPPAG provides a forum for public sector and vaccine manufacturers – both from the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) and the Developing Country Vaccine Manufacturer’s Network (DCVMN) - to discuss and reach consensus on vaccine presentation and packaging issues to support the development of products suited to low and middle income country contexts.

VPPAG was established in 2007 by the GAVI Alliance to respond to an industry request on pneumococcal conjugate vaccine (PCV); this led to a paper used for the WHO target product profile for the Advance Market Commitment. (See <https://sites.google.com/site/vppagp/Home/pneumo-tpp>) In 2008, WHO took over the role of convening VPPAG, and the work of the group was broadened. By 2009, VPPAG had developed a draft generic preferred product profile (gPPP) to address the range of potential new vaccines in the development pipeline. (See <https://sites.google.com/site/vppagp/gppp>). The gPPP concept was taken up by WHO in 2010 and formed a key input into the Programmatic Suitability of vaccines for Prequalification (PSPQ) process. The VPPAG has also undertaken work to form recommendations for future vaccine presentation and packaging formats for Human Papillomavirus vaccines and has responded to specific industry requests on vaccines in development through bilateral consultations.

“Integrating Immunization, other linked health interventions and surveillance in the health systems context”

While VPPAG does not issue any formal recommendations or have an official advisory role, VPPAG may, on the request of WHO, be asked to discuss and provide inputs on specific topics. The newly established Immunization Practices Advisory Committee (IPAC) to WHO has also established VPPAG as one of its standing committees. IPAC’s mandate is focused on providing operational level guidance for immunization programmes, including issues around vaccine handling, presentation and packaging. IPAC’s policy related deliberations will be shared with the Strategic Advisory Group of Experts (SAGE), which has the mandate to issue policy-related recommendations in consultation with WHO’s Director General.

In 2011, VPPAG’s work will focus on reviewing the current guidelines and regulatory requirements for vaccine labels, and examining how to improve them so that key information is easily read and used by health care workers.

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VACCINE PRICE AND PRICING INFORMATION MEETING

28/01/2011 from Miloud Kaddar (WHO) and Sarah Schmitt (Consultant)

“Immunizing in the context of global independence”

On 25 January 2011, WHO's Immunization, Vaccines and Biologicals (IVB) Department hosted a brainstorming meeting to discuss the question of: availability of and access to accurate, appropriate and clear information on vaccine price and vaccine pricing, and availability policies especially in relation to lower middle income countries and GAVI graduating countries. The impetus for the meeting arose from the multiple country requests and the November 2009 SAGE recommendations, following the Lower Middle Income Country study on the factors effecting decision making and the introduction of new vaccines. The study had identified that price and pricing was one of the top five factors influencing decision making.

The meeting included representatives from lower middle income and GAVI graduating countries (Albania, Armenia & Jordan), The Bill and Melinda Gates Foundation, The GAVI Secretariat, USAID, The Clinton Foundation, MSF, IFPMA, DCVMN, Independent Consultants in Economics, UNICEF, PAHO Revolving Fund, PATH, Results for Development, The Global Fund, HAI, WHO Experts in Medicines Pricing from the HIV-AIDS, Tuberculosis and Malaria (HTM) cluster and the Essential Medicines and Pharmaceutical Policies Department.

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The intention of the meeting was to open the discussion and gain the views and suggestions of the stakeholders on:

1. whether there is a discernible need for increased vaccine price and pricing transparency,
2. the benefits, challenges and risks of increased transparency,
3. lessons to be learned from the experience of essential medicines and HIV- AIDS Tuberculosis and Malaria medicines in providing increased pricing information
4. Practical steps to move forward towards greater vaccine price and pricing transparency.

NEW UNICEF VACCINE PRICE WEBSITE

28/01/2011 from UNICEF SD

A new website which provides an overview of historic vaccine prices contracted with suppliers by UNICEF is now available: http://www.unicef.org/supply/index_57476.html

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Vaccine Price Data

UNICEF has a significant role within vaccine procurement for children. In recognition of this and in an attempt to be fully transparent UNICEF is now publishing a retrospective of vaccine prices.

This overview has been prepared following consultations with vaccine suppliers to UNICEF on making pricing information more transparent. A few suppliers are at this stage not able to share their price information but we hope to add this information in the future.

The vaccine prices received by UNICEF from industry are based on the UNICEF mandate, UNICEF aggregated quantities, commercial terms, reliability of forecasts, timelines of payment, and long standing relationship with industry.

Prices offered to UNICEF

The below links provide an overview of prices contracted with suppliers by UNICEF per vaccine.

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STUDY OF NEW VACCINE ADOPTION BY LOWER-MIDDLE INCOME COUNTRIES (LMICS)

28/01/2011 from Miloud Kaddar, WHO/HQ

The study of new vaccine adoption by LMICs that is overseen by WHO and the Bill and Melinda Gates Foundation and guided by an Advisory Group of experts presented its findings and recommendations at the November 2010 SAGE Meeting in Geneva. The SAGE discussed and adopted the main study's recommendations.

"Introducing new vaccines and technologies"

The study collected and analyzed qualitative and quantitative data on the factors influencing new vaccine adoption, including conducting 15 country case studies (among lower middle income and GAVI graduating countries), 20 global vaccine program expert interviews, and 10 interviews with IFPMA and DCVMN manufacturers. The recommendations target the country, regional, and global level in four theme areas shown below.

A sample of the key recommendations includes:

- *Information and capacity building*

Strengthen epidemiological and economic analysis capabilities at the country level

Create a technical and reliable source for global vaccine market information including vaccine pipe line and vaccine prices

- *Financing*

Take steps in the countries to increase domestic funding and capacities to negotiate with Ministries of Finance and vaccine suppliers

Promote globally and regionally transparency and access to comparatively low and affordable vaccine prices with sustainable domestic financing

- *Legal aspects and political commitment*

Improve procurement regulation in countries to promote competition, quality and sustainability

Conduct global and regional advocacy to strengthen political will and support to champions for new vaccines

- *Procurement*

Strengthen country capacities and consider at the country level using or joining a pooled procurement mechanism

Support regional and country activities for procurement systems at the global level through assessment, and identification of improvement to current practices and policies.

The final report of the study will be published in March 2011.

GAVI related Information

Next GAVI Review Dates:
GAVI Call for Proposals for New Vaccine Support (only):
Closing date 15 May 2011

PARTNERS TRAVEL TO ANGOLA TO SUPPORT GOVERNMENT EFFORTS TO STOP POLIO TRANSMISSION

28/01/2011 from Christian Moen, UNICEF

In January 2011, UNICEF Executive Director, Anthony Lake, travelled to Angola with Dr Tachi Yamada, president of the Global Health Program of the Bill & Melinda Gates Foundation, and Dr Matshidiso Moeti, Assistant Regional Director for WHO Africa. The visit was intended to boost the Government of Angola's efforts to stop polio transmission.

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Angola had 32 polio cases in 2010, a disappointing turnaround from 2004 when the country celebrated three consecutive years free from the virus and stood ready to be declared polio-free. The disease returned in May 2005 and quickly spread to Namibia (2006), DR Congo (2006, 2008 and 2010), and the Republic of Congo (2010).

During the visit, Angolan President Jose Eduardo dos Santos reaffirmed the government's and his personal commitment to eliminating polio, agreeing to spearhead the country's 2011 vaccination campaigns and ensuring that they are conducted with determination and efficiency. Later at a special meeting of the National Council on Children, this pledge was echoed by Vice Ministers, Vice Governors and civil society organizations, who agreed to work across the country to improve vaccination coverage. In addition, private sector companies and bilateral partners agreed to contribute to the US\$24.5 million shortfall by pledging additional funds, logistical support and technical expertise. A total of US\$70 million is needed this year for the national immunization plan.

The Global Polio Eradication Initiative, which is spearheaded by national governments, UNICEF, WHO, Rotary International and the US Centers for Disease Control and Prevention, works closely with the Bill & Melinda Gates Foundation toward a single goal: a polio-free world.

In 2011, VPPAG's work will focus on reviewing the current guidelines and regulatory requirements for vaccine labels, and examining how to improve them so that key information is easily read and used by health care workers.

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DR CONGO AND CAMEROON DELEGATIONS PRESENT SUSTAINABLE IMMUNIZATION FINANCING WORK AT THE WHO/AFRO ANNUAL REGIONAL CONFERENCE ON IMMUNIZATION

28/01/2011 from Sandra Keller, Sabin

“Introducing new vaccines and technologies”

During the second day of the WHO/AFRO Annual Regional Conference on Immunization in Ouagadougou, Burkina Faso, participants heard how the Democratic Republic of Congo and Cameroon are working together to develop sustainable immunization financing plans.

In his presentation, Hon. Lusenge (DR Congo Member of Parliament) described how a team from WHO, UNICEF and GAVI came to Kinshasa in April 2009 to assess the country's immunization financing situation. That year, DR Congo's immunization program was almost entirely donor-dependent. The government had allocated just US\$777,609 for the approximately \$90 million program. In September 2009, Sabin organized the first in a series of parliamentary briefings in Kinshasa. This was the first time, parliamentarians saw how immunizations are given in this vast country of 445 ethnic groups, and they were alarmed by the program's high donor dependency.

GAVI related Information

Next GAVI Review Dates: Information on GAVI submission and review dates to be provided in due course

The members of the National Assembly's Health Commission immediately became immunization advocates. During the 2010 budget hearings, they demanded and got specific immunization line items added to the budget, allowing them to track budget execution. They convinced the government to push its EPI investment up to \$6.4 million. However, most of the 2010 government funds were never disbursed. Worse, vaccine coverage fell from 83% to 69% due to staff turnovers and lackluster performance.

The solution that occurred to the Ministry of Finances's Bona Kabamba was to develop a national immunization trust fund. To be financed by a new tax on cell phone calls, private sector donations and external immunization partner contributions, the fund would be governed by a quasi-public board. Bypassing the Treasury would eliminate the cash rationing problem. The EPI would have to demonstrate its performance to the fund directors in order to qualify for each budgetary tranche. As Bona Kabamba puts the finishing touches on the proposal, the MPs on the Health Commission are rallying their fellow parliamentarians, five key ministries and the country's eleven provincial governors and provincial assemblies to support the proposed fund.

Meanwhile, a similar advocacy process is underway in nearby Cameroon. Both countries are developing national immunization trust funds. In his presentation, Hon. Komba (Cameroon Member of Parliament) described a Sabin-sponsored visit by the DR Congo delegation to Yaounde in September 2010. The peer exchange allowed Lusenge, Kabamba and DR Congo's EPI Manager Raymond Cambele to compare notes with their Cameroonian peers. The teams continue to collaborate as they advance their innovative financing projects. The funds will be similar, however, Cameroon's will take advantage of the country's fast-moving decentralization program by ensuring that municipalities (mairies) also contribute to the fund. An expert committee, will oversee technical aspects of the program, and a permanent secretariat will ensure the new funding streams are used as efficiently as possible.

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Much work remains to be done before the funds are operational. Feasibility studies must be completed and both packages must ultimately be passed into law. Afterwards several participants congratulated the delegations for their pathbreaking work. It was the first time parliamentarians had ever attended an ARCI meeting.

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IMMUNIZATION FINANCING INDICATORS FROM THE WHO/UNICEF JOINT REPORTING FORM (JRF)

28/01/2011 from Claudio Politi, WHO/HQ

“Immunizing in the context of global independence”

New data on immunization financing are available based the WHO/UNICEF Joint Report Form reported by countries. Indicators on government financing immunization for the last reported year (2009) have been cross-checked with WHO regional offices.

The analysis of the last three years trends has been released.

The analysis 2007-2009 provides immunization financing indicators in multiple formats:

- global aggregates;
- comparison across WHO regions;
- summaries for each WHO region; and
- summary for GAVI eligible countries.

Annexes include detailed country data.

Analyses, global trends and maps are presented in the WHO Immunization Financing website. For more information [click here](#).

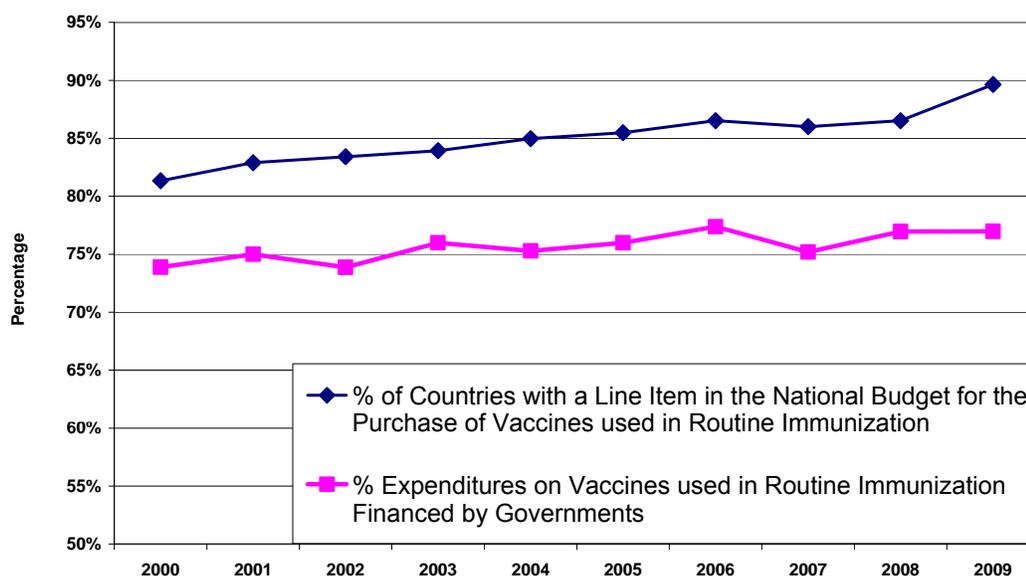
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**National Budget Line for Vaccines and Government Financing Vaccines
Worldwide Trend (2000-2009)**



MATERNAL AND NEONATAL TETANUS PARTNERS' MEETING

28/01/2011 from Flint Kenna Zulu, UNICEF

As efforts towards achieving Maternal and Neonatal Tetanus elimination (MNTE) by 2015 reach a critical stage, UNICEF will convene a global MNTE partners' meeting from 22-23 February 2011 in New York. It is envisaged that the meeting will provide a forum for both technical and financial partners to renew their commitment and provide impetus to the realization of the initiative's goal. The specific objectives of the meeting include: 1) Updating partners and donors on programmatic progress and plans to reach the global of elimination by 2015; 2) Reviewing fund-raising strategies of key donors and soliciting support for these strategies from all partners; and 3) Discussions on key technical and programmatic challenges and how to prioritize and address them during 2011.

Participants will include technical partners: UNICEF and WHO (Headquarters and Regional immunization/MNT Advisors), UNFPA, USAID/ JSI, CDC, and financial partners: BD, Kiwanis International, P&G-Pampers, US Fund for UNICEF, UNICEF National Committees, BMGF and WHO, UNICEF and selected Ministry of Health representatives from a few key countries.

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WEBPAGE FOR THE AMERICAN RED CROSS

28/01/2011 from Robert Davis

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“Integrating Immunization, other linked health interventions and surveillance in the health systems context”

The American Red Cross has recently launched a webpage: www.childsurvival.net. The site includes information on measles, polio, and other vaccination related topics. Technet readers who wish to suggest items for inclusion are invited to contact Robert Davis on robert.davis@africaonline.co.ke.

New Publications

THE GLOBAL PREVALENCE OF HEPATITIS E VIRUS AND SUSCEPTIBILITY: A SYSTEMATIC REVIEW (WHO/IVB/10.14)

This IVB document is now [online](#). This report presents the results of a systematic review of the literature of the global prevalence of hepatitis E virus infection. This information is summarized by 21 regions as defined by the Global Burden of Disease Study (www.globalburden.org). The target audience includes researchers, health professionals, policy makers, and other experts. The work will contribute to an understanding of the global burden of disease from hepatitis E virus infection when the information is used to inform later models.

WHO VACCINE-PREVENTABLE DISEASES: MONITORING SYSTEM - 2010 GLOBAL SUMMARY (WHO/IVB/2010)

The 2010 global summary of data pertaining to vaccine-preventable diseases is now [online](#). It covers disease incidence of diphtheria, measles, mumps, pertussis, polio, rubella and CRS, neonatal and total tetanus, and yellow fever, as well as vaccination coverage for BCG, DTP, hepatitis B, Hib, measles, polio, pneumococcal conjugate, rotavirus, tetanus toxoid and yellow fever. It also includes the latest reported recommended immunization schedule. This data is reported on annual basis to the WHO regional offices by 193 member states. The data is presented both by member states and in regional summary.

Please note: Due to the large file size of this document, it has been split into 3 sections to facilitate downloading. The sections are available below. Links to sections 2 and 3 are also available through the table of contents of section 1.



Country Information by Region

AMERICAS

AD-HOC SCIENTIFIC CONSULTATION ON POTENTIAL ROLE OF CHOLERA VACCINATION IN THE AMERICAS IN THE CONTEXT OF THE 2010 OUTBREAK IN THE HISPANIOLA ISLAND

28/01/2011 from Carolina Danovaro, WHO PAHO/AMRO

On 17 December 2010, PAHO/WHO convened an ad-hoc consultation to revisit the potential use of cholera vaccines as an additional mean to mitigate the cholera outbreak occurring in Haiti since October 2010. More than 20 international experts on cholera, immunization and disease control, along with key opinion leaders in the Region and stakeholders participated in the consultation.

An initial review of the potential use of vaccines early in the outbreak led PAHO not to recommend cholera vaccination. Among the reasons for this decision were that the initial response to the outbreak in Haiti needed to focus substantial efforts on preventing mortality through clinical treatment, as well as preventing exposure through improvements in drinking water, sanitation, and hygiene measures. Other considerations not to recommend vaccination included the vaccine characteristics, amount of vaccine available, and vaccine deployment capacity. At the time, a survey of manufacturers determined that a limited supply of cholera vaccines (approximately, 250,000 doses over the following four months) was available from only two manufacturers. Two vaccine doses are needed to confer protection against cholera.



Dr. Jon Andrus (PAHO Deputy Director), Dr. Ciro de Quadros (Chairman of PAHO Technical Advisory Group on Vaccine-preventable Diseases and Consultation Chairman) and Dr. Roger Glass (Director of US NIH Fogarty International Center and Consultation Rapporteur)

of

The goal of the meeting was to advise PAHO on future actions that it might take to consider the use of cholera vaccines in this setting and for the potential future spread of cholera in the Region of the Americas. Specifically, the group was charged to consider three questions: 1) What is the current status of cholera vaccines – their safety, efficacy, availability and future supply? 2) How might the vaccines be most effectively used if available – in which populations, settings and with what strategy to determine who would and would not receive the vaccine? and 3) How would we be able to monitor and assess the results of this intervention?

After reviewing the evidence presented and the high level issues raised by the participants, many of which will require follow-up discussions with key stakeholders, the participants' general agreement included that PAHO and partners should engage in a dialogue with manufacturers and potential funders to assess current and future production and procurement options. Given the likelihood that some vaccine (up to 250,000 doses) could be made available within several months and the willingness of some local leaders to consider introducing cholera vaccines to highly vulnerable communities, Haiti's Ministry of Public Health and Population, PAHO and the other counterparts could jointly consider projects to assess general feasibility, best delivery practices and other issues under the specific conditions. Gained experiences and findings could inform strategies for a broader use of vaccines if steady supplies were to become available in the second half of 2011 and beyond. A cholera vaccine stockpile was strongly recommended and further consultation will be needed to assess the future conditions for its management along with research to understand how to get maximum benefit from available cholera vaccines that could be lifesaving in a variety of epidemic situations.

It was highlighted that the recommendations given should not deter efforts to continue programs for the treatment of cholera patients or attempts to further improve water and sanitation that are ongoing. If adequately planned, funded and implemented, and as long as it would not cause competing demands on resources of other control and prevention activities, vaccination might reduce pressure on already limited health resources. The group also indicated that they would welcome and encourage further discussion and action on these recommendations with public health leaders in both Haiti and the Dominican Republic.

PAHO is working with an advisory committee to engage a group of stakeholders and partners in discussion and consideration of these recommendations. Also, it will work toward their implementation once agreement has been reached with the Government of Haiti, other affected countries, and partners.

HSS= Health Systems Strengthening;
IST = Inter Country Support Team;
ISS = Immunization Services Support;
INS = Injection Safety Support;
NVS = New Vaccine Support;
DQA = Data Quality Audit;
DQS = Data Quality Self Assessment;
RED = Reach Every District;
cMYP = Fully costed multi-year plan;
NITAG = National Immunization Technical Advisory Group;
NRA = National Regulatory Authority

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Country Information by Region

AMERICAS

MEETING OF CENTERS OF EXCELLENCE IN ECONOMIC EVALUATIONS AND DECISION ANALYSIS – PROVAC INITIATIVE

28/01/2011 from Carolina Danovaro, WHO PAHO/AMRO

The goal of PAHO's ProVac Initiative is to strengthen national capacity to make informed, evidence-based decisions regarding vaccine introduction. This is done through five sets of activities: (1) strengthening infrastructure for decision-making; (2) developing tools for economic analyses and providing training to national multidisciplinary teams; (3) collecting data, conducting analysis, and gathering a framework of evidence; (4) advocating for evidence-based decisions; and (5) effectively planning for new vaccine introduction when evidence supports it.

The Network of ProVac Centers of Excellence in Economic Evaluations and Decision Analysis held its third meeting in Rio de Janeiro on 14-15 December 2010. The meeting was hosted by PAHO and the State University of Rio de Janeiro (UERJ), one of the network's Centers of Excellence. Each of the Centers coordinators and additional investigators involved in ProVac activities participated.

On the first day of the meeting, the Network was briefed on the progress of different projects in the Centers. Opportunities and mechanisms for collaboration, as planned in the Centers' terms of reference, were discussed, as were mechanisms for network communication and technical follow up. Most importantly, the Network updated timelines, provided feedback to each of the Centers on ongoing activities and discussed challenges encountered. On the second day of the meeting, during parallel sessions the Network further discussed each one of the projects being developed. During this meeting, specific activities and responsibilities, as well as intermediate and final deliverables and timelines for each of the collaborating centers, were discussed and agreed upon.

The Network discussed mechanisms for overall coordination, technical supervision and communication. It was agreed that a PAHO focal point will be assigned to each of the Centers of the Network to provide close technical supervision of ongoing work. The work of the Centers should be guided by their Plans of Actions, which were developed completed at the second meeting of the Network held in Washington DC in May 2010. The Network will continue to hold meetings on a biannual basis.

For more information on ProVac visit <http://new.paho.org/provac/index.php>

EASTERN MEDITERRANEAN REGION

JOINT WHO (VPI-EMRO), UNICEF, GAVI SECRETARIAT MISSION TO PAKISTAN

28/01/2011 from Irtaza Ahmad, WHO/EMRO

A joint mission with representatives from WHO (EMRO-VPI) and GAVI Secretariat visited Pakistan from 17-21 January 2011. The mission was also joined by Health Specialist UNICEF Pakistan. The objective of the mission was to monitor the progress of GAVI support utilization, prepare for the introduction of pneumococcal vaccine and hold discussions with the key officials of Ministry of Health, Civil Society and development partners on issues related to GAVI support for immunization and Health systems. The mission team visited the Ministry of Health and Federal EPI Cell at Islamabad, Provincial EPI Cell Sind Karachi and District Health office and two health facilities in the Thatta District.

The team asserted that GAVI ISS funds utilization should be expedited and the vaccine management at various levels should be strengthened in addition to improving the status of routine immunization. The issues related to the country preparedness for pneumococcal vaccine introduction and payment of co-financing share of new vaccines under GAVI co-financing policy were also discussed. The country was also informed on the latest GAVI Board decisions including its eligibility to apply for HSS and CSO support under joint HSS funding platform.

The mission shared its findings during debriefing with the National Inter Agency Coordination Committee meeting at Islamabad on 21 January 2011.

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Country Information by Region

WESTERN PACIFIC REGION

A FOCUS ON EQUITY: EPI REVIEW IN CAMBODIA NOVEMBER 2010

28/01/2011 from Richard Duncan, WHO Cambodia and Julian Bilous, WHO Consultant

An EPI review was conducted by the Cambodian National Immunization Program (NIP) in November 2010 with the support of WHO, UNICEF, CDC USA and PATH. Cambodia reported national DTP3 infant coverage of over 90% in 2009, but the NIP acknowledges that 80-85% is more realistic.

Concerned with the need to achieve equity in sustained high immunization coverage in order to meet its immunization goals, the NIP requested international review teams to identify who are being missed and why, where they are located and what strategies should be adopted to reach under-served children and mothers.

The review teams visited 28 of the country's 77 Operational Districts, 56 Health Centres, and over 100 villages to identify coverage gaps and components of the immunization system that were acting as barriers to access. In visits to villages and urban communities, information was collected through house to house interviews on 782 children under two years of age and their mothers. The review teams consistently found that socioeconomic status, as opposed to geographical location, was the best predictor of immunization status. There was a clear equity gap in the delivery of immunization services, with those in lower socioeconomic communities (urban poor, ethnic/marginalized communities, mobile populations) consistently missing out.

Implementing the Reaching Every District strategy (RED) has been instrumental in raising district coverage in Cambodia from around 60% in 2002. However, ensuring true equity in immunization coverage requires new strategies to reach every child in every community, strategies suited to the needs of under-served communities who dwell in slums, live on boats, or move from place to place in search of work. Based on the review findings, the NIP believes that equity in immunization is achievable in the short-term, and has adopted a plan of action for 2011 to work with WHO and UNICEF on developing and piloting new "Reaching Every Community" strategies to ensure that every infant and woman regardless of socioeconomic status benefits from vaccination and related maternal and child health care services.

THIRD ROUND OF TETANUS TOXOID (TT) SUPPLEMENTARY IMMUNIZATION ACTIVITIES (SIAS) COMPLETED BY LAO PEOPLES' DEMOCRATIC REPUBLIC - DECEMBER 2010

28/01/2011 from Dr Sigi Roesel focal point for MNTE, WHO/WPRO

In line with its national goal of maternal and neonatal tetanus elimination (MNTE) the Lao Peoples' Democratic Republic completed the third round of tetanus toxoid (TT) supplementary immunization activities (SIAs) in early December 2010, targeting over 800,000 women of child bearing age.. The SIA was conducted in conjunction with Child Health Days, offering vitamin A and deworming to young children. In some areas also routine immunization was given. External monitoring in 44 districts in 11 provinces found that 74% of women interviewed had received TT during the campaign. Next steps towards MNTE now include risk assessment by district taking the SIA results into consideration, strengthening neonatal tetanus (NT) surveillance and planning future routine immunization options against tetanus.

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The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to:

sparrowe@who.int

NUVI WEBSITE

The NUVI website has been reshaped to better correspond to the needs of its visitors. You can find it under the same address:
<http://www.who.int/nuvi>

Regional Meetings & Key Events Related to Immunization

Title of Meeting	Start	Finish	Location	Region
2011 Meetings				
Expert meeting to discuss pneumococcal conjugate vaccine schedules	12-Jan	12-Jan	Washington, D.C., USA	PAHO
Hepatitis B Expert Resource Panel Consultation	21-Feb	22-Feb	Philippines	WPRO
EPI Managers' Meeting for West Africa	22-Feb	23-Feb	Ouagadougou, Burkina Faso	AFRO
EPI Managers' Meeting for Central Africa	02-Mar	03-Mar	Libreville, Gabon	AFRO
SEARO regional workshop for training of facilitators to train mid-level managers of national immunization programmers	04-Mar	12-Mar	Colombo, Sri Lanka	SEARO
South East Asian Regional Working Group Meeting	21-Mar	22-Mar	New Delhi, India	SEARO
SEARO training workshop on AEFI monitoring, investigation and causality assessment	21-Mar	25-Mar	Yangon, Myanmar	SEARO
EPI Managers' meeting East Africa	22-Mar	23-Mar	Harare, Zimbabwe	AFRO
Expert Committee meeting on AEFI causality assessment and vaccine signal	27-Mar	29-Mar	Dhaka, Bangladesh	SEARO
First Sabin Vaccine Institute Colloquium on Sustainable Immunization Financing (SIF)	28-Mar	29-Mar	Addis Ababa, Ethiopia	AFRO
Bi-regional NRA Forum collaboration with HQ	29-Mar	31-Mar	Bangkok, Thailand	SEARO
SAGE Meeting	05-Apr	07-Apr	Geneva, Switzerland	Global
EURO regional meeting for EPI Managers from GAVI eligible countries	April	April	TBD	EURO
PAHO/SIREVA II Workshop on the diagnostic and characterization of <i>Streptococcus pneumoniae</i> , <i>Haemophilus influenzae</i> and <i>Neisseria meningitidis</i> to strengthen epidemiological surveillance of bacterial pneumonia and meningitis	April	April	Paraguay and Ecuador	PAHO
EPI Manager's Meeting for Central Africa	01-Mar	03-Mar	Libreville, Gabon	AFRO
Fifth Bi-regional Meeting on Japanese Encephalitis Prevention and Control and JE Labnet Meeting	30-May	01-Jun	Lao PDR	WPRO
Workshop on Country Experiences H1N1 Vaccine Deployment and Vaccine Security	13-Jun	17-Jun	Philippines	WPRO
WHO Global Meeting on Implementing New and Under-utilized Vaccines	22-Jun	24-Jun	Montreux, Switzerland	Global
Global Vaccine Research Forum 2011	25-Jun	29-Jun	Geneva, Switzerland	Global
Technical Advisory Group Meeting	06-Jul	08-Jul	Argentina	PAHO
20th Meeting of the WPR Technical Advisory Group (TAG) on Immunization & Vaccine Preventable Diseases	03-Aug	06-Aug	Philippines	WPRO
Pacific Immunization Programme Strengthening Workshops (PIPS)	22-Aug	27-Aug	Fiji	WPRO
Subregional Certification Commission (SRCC)	22-Aug	27-Aug	Fiji	WPRO
Third Meeting on Vaccine Preventable Disease Laboratory Networks in the Western Pacific Region	29-Aug	02-Sep	Philippines	WPRO
Regional Verification Committee for Measles Elimination	12-Sep	13-Sep	Philippines	WPRO
Global IBD Surveillance Meeting	12-Sep	14-Sep	Geneva, Switzerland	Global
Global Measles/Rubella and Polio Labnet Meeting-HQ	12-Sep	16-Sep	Geneva, Switzerland	Global
Bi-regional Regional Working Reference Standards (RWRS) workshop	13-Sep	15-Sep	Goa	SEARO
Regional workshop on rotavirus for health care professionals and medical academicians	19-Sep	20-Sep	Yerevan, Armenia	EURO
SAGE Meeting	08-Nov	10-Nov	Geneva, Switzerland	Global
Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific Region	14-Nov	18-Nov	Viet Nam	WPRO
Regional workshop for MICs on economical evaluations of new vaccines	Nov	Nov	TBD	EURO
PAHO Regional New Vaccines Meeting	Nov	Nov	Washington, D.C., USA	PAHO

Links Relevant to Immunization

Global Websites

[Department of Immunization, Vaccines & Biologicals, World Health Organization](#)

[WHO New Vaccines](#)

[Immunization Financing](#)

[Immunization Monitoring](#)

[Agence de Médecine Préventive](#)

[EPIVAC](#)

[GAVI Alliance Website](#)

[IMMUNIZATION basics \(JSI\)](#)

[International Vaccine Institute](#)

[PATH Vaccine Resource Library](#)

[Pediatric Dengue Vaccine Initiative](#)

[SABIN Sustainable Immunization Financing](#)

[SIVAC Program Website](#)

[UNICEF Supply Division Website](#)

[Hib Initiative Website](#)

[Japanese Encephalitis Resources](#)

[Malaria Vaccine Initiative](#)

[Measles Initiative](#)

[Meningitis Vaccine Project](#)

[Multinational Influenza Seasonal Mortality Study \(MISMS\)](#)

[RotaADIP](#)

[RHO Cervical Cancer \(HPV Vaccine\)](#)

[WHO/ICO Information Center on HPV and Cervical Cancer](#)

[SIGN Updates](#)

[Technet](#)

[Vaccine Information Management System](#)

[PneumoAction](#)

Global Websites

[International Vaccine Access Center](#)

[American Red Cross Child Survival](#)

[NUVI Website](#)

Regional Websites

[New Vaccines in AFRO](#)

[PAHO's website for Immunization](#)

[Vaccine Preventable Diseases in EURO](#)

[New Vaccines in SEARO](#)

[Immunization in WPRO](#)

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