

World Health Organization

Global Immunization News



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Technical Information



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PCV13 INTRODUCTION IN BURUNDI

30/09/11 from Auguste Ambendet, WHO IST Central

Burundi introduced PCV13 in its routine immunization schedule on 20 September 2011. The ceremonies took place in Kayanza, in the Kabuye health centre, and the launch was enhanced by the Second Vice-President of the Republic accompanied by the Minister of Health and other political and administrative authorities as well as several partners among which WHO, UNICEF, Pathfinder, Coopération Technique Belge (CTB), Coopération Suisse. The representative of the Italian Embassy in Burundi, based in Uganda, also attended the event.



From 26-30 September 2011, trainings from the central and provincial level took place in order to organize the effective introduction at the operational level.

LAUNCH OF THE V3P – VACCINE PRICE, PRODUCT AND PROCUREMENT PROJECT

30/09/11 from Miloud Kaddar, Sarah Qureshi and Daniela Urfer, WHO/HQ, Sarah Schmitt, WHO Consultant

Further to the information provided in the [August GIN](#), a project team has been brought together lead by WHO/IVB/EPI HQ and the inaugural meeting of the Steering Committee was held on 20-21 September 2011 in Geneva.

The Steering Committee, composed of experts from the Agence de Médecine Préventive (AMP), the Bill and Melinda Gates Foundation (BMGF), the Centre for Global Development (CGD), GAVI, the Institut National de la Santé et de la Recherche Médicale (INSERM), WHO PAHO, UNICEF, UNITAID, and WHO, supported and endorsed the planned activities of the project team and provided advice on the best ways to move forward.

The project team is now in the process of further constructing a detailed work plan to:

- Identify and engage countries for further needs assessment through in-country and remote review. The team will work with regional and country offices and with partners, notably the GAVI Secretariat for Graduating Countries, UNICEF Supply Division and PAHO Revolving Fund, for those countries utilizing these procurement services,
- Initiate activities with the large pooled vaccine procurement entities and synergistic projects working on vaccine product characteristics to improve currently available vaccine price, product and procurement information,
- Begin analysis of the lessons learned from the medicines experiences in improving transparency of pricing, product and procurement data and information;
- Establish a detailed and extensive process of consultation and engagement with key stakeholders to clearly identify their needs, concerns, views and potential areas for collaboration.

The V3P project will continue to update the vaccine community on its various activities through the GIN and other media and welcome opportunities to further explain and engage with the community. For more information, please contact [Miloud Kaddar](#) at WHO, Geneva : Tel : +41 22 791 1436, and visit the following web [link](#).

Technical Information

BENEFITS OF ROTAVIRUS VACCINE EXTEND BEYOND VACCINATED INFANTS FEWER ADULTS AND OLDER CHILDREN HOSPITALIZED FOLLOWING INTRODUCTION OF INFANT VACCINATION

30/09/2011 from Lisa Menning and Candace Rosen, PATH

“Immunizing in the context of global independence”

Vaccinating infants against rotavirus appears to prevent severe rotavirus disease in unvaccinated older children and adults, a new study in *The Journal of Infectious Diseases* says.

Researchers from the United States (US) Centers for Disease Control and Prevention (CDC) published the finding, which included the additional benefit of substantial reductions in rotavirus-related hospitalizations and related health care costs in older groups as well. Their conclusions follow an examination of data from 2000 to 2008 to determine if hospital admissions for rotavirus and severe diarrhea declined among older children and adults after the introduction of rotavirus vaccines in the US national immunization programme, which began in 2006.

Key findings of the US CDC study include:

1. Reduction of rotavirus in infants through routine immunization in the US appears to have reduced the incidence of severe rotavirus among older children and adults in the US.
2. Reduction in hospitalizations in the US of children older than five years of age and adults following the introduction of rotavirus vaccine is greater than that which can be attributed to the vaccine. Thus there is strong evidence of herd effect from the vaccine.
3. Rotavirus vaccination indirectly averted approximately 10,000 hospitalizations in 2008 of 5-24 year olds in the US, saving roughly \$40 million in healthcare costs. These benefits are in addition to the 56,000 fewer hospitalizations in 2008 of vaccinated children under five years of age in the US with a resulting savings of \$160 million in healthcare costs.
4. US burden of rotavirus disease severe enough to require hospitalization in older children and adults is greater than was previously known.

Please click on the titles to access the article [“Infant Rotavirus Vaccination may Provide Indirect Protection to Older Children and Adults in the United States”](#) and accompanying editorial [“Unexpected Benefits of Rotavirus Vaccination in the United States.”](#)

This story was adopted from PATH’s latest “Rota Flash” an e-news alert that provides breaking scientific news and updates on progress made by PATH and partners towards increasing global access to vaccines against rotavirus. If you would like to subscribe to future Rota Flashes, please send an [email](#).

PROGRESS OF THE SUSTAINABLE IMMUNIZATION FINANCING PROGRAMME

30/09/2011 from Mariya Savchuk, Sabin

Since late 2008, the Sustainable Immunization Financing (SIF) Programme has been operating in twelve African, and three Asian pilot countries.

Using a collective action approach, SIF invites key stakeholders - especially parliamentarians, and senior officials from ministries of health and finance - to come up with innovative immunization financing solutions. Fourteen countries have participated in SIF-sponsored parliamentary briefings; ten have hosted two or more briefings, and ten countries have participated in SIF-supported international peer exchanges. Outputs from these activities range from declarations and action plans with strategic aims to revenue generation proposals, to legislation creating national immunization trust funds.

To date, 10 out of the 15 pilot countries have increased their routine immunization budgets. Immunization legislative projects are under way in Cameroon, DRC, Kenya, Nepal, Sierra Leone, Sri Lanka and Uganda. The proposed legislation will assure that a budget line dedicated to immunization financing will be visible to parliament and protected by law.

In the past year, advocacy activities have become more country-specific. SIF has helped organize sub-national immunization financing briefings in four countries. Specific advocacy activities have been inserted into the cMYPs of ten pilot countries. Three countries have developed few or no SIF advocacy activities: Ethiopia, Nigeria and Rwanda.

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Please send inputs for inclusion to:

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

Technical Information

SANOFI PASTEUR DONATES VACCINE STRAIN USED FOR POLIO ERADICATION TO WHO

30/09/2011 from Oliver Rosenbauer, WHO/HQ

Sanofi Pasteur has donated to the World Health Organization (WHO) a vaccine seed-strain used for the production of oral polio vaccine (OPV). The type 3 polio seed-strain is the original viral seed used to produce large quantities of OPV against type 3 poliovirus.

Since 1988, the Global Polio Eradication Initiative (GPEI) - spearheaded by WHO, Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF - has achieved a 99% reduction in the number of polio cases worldwide. This reduction has been achieved as a result of the large-scale administration of OPV.

With this donation, WHO now 'owns' all three seed-strain viruses (type 1, 2 and 3) needed for the production of polio vaccines. While Sanofi Pasteur had in the past made available its type 3 seed-strain, in collaboration with WHO, to other manufacturers to help secure a global supply of polio vaccines, the donation at this time will further simplify

this process. Production capacity - including in the developing country setting - can be further scaled up to help meet the needs of the GPEI. WHO will continue to work with countries to ensure good manufacturing practices are adhered to, through its pre-qualification process. The strain will be physically repositated at the National Institute for Biological Standards and Control (NIBSC) in the United Kingdom.

"Continued vaccine innovation and consistent vaccine supply has been central to the surge of progress towards polio eradication over the last 24 months, bringing us closer than ever to eradication," said Dr Bruce Aylward, Assistant Director-General for Polio, Emergencies and Country Collaboration at WHO. "On behalf of the Global Polio Eradication Initiative, I would like to thank Sanofi Pasteur for its deep and continuing commitment to the global eradication effort as evidenced again by this generous donation which is central to ensuring a consistent global vaccine supply for the global eradication effort."

For more information, please visit our [website](#).



The Sanofi Pasteur P3 vaccine seed-strain arrives at the National Institute for Biological Standards and Control (NIBSC) in the UK for storage. Photo copyright: NIBSC

EPIDEMIOLOGICAL CONSULTATION TO PROVIDE A COMPREHENSIVE REVIEW AND A CRITICAL APPRAISAL OF THE EVIDENCE ON THE INFECTIOUS DISEASE BURDEN IN THE AGEING POPULATION OF DEVELOPING COUNTRIES

30/09/2011 from Judith Thomas-Crusells, WHO/HQ

A joint initiative on ageing and immunization is currently ongoing at the departments of Immunization, Vaccines and Biologicals (IVB) and the Ageing and Life Course (ALC) of the World Health Organization (WHO) in Geneva, Switzerland.

As part of the research agenda development, WHO is looking for an **Epidemiological Consultation** to provide a comprehensive review and a critical appraisal of the evidence on the **infectious disease burden in the ageing population of developing countries**.

Specific objectives of the consultancy are:

- 1) to identify the main causes of infectious disease morbidity and mortality in adult and ageing populations
- 2) to determine the prevalence and distribution of these conditions globally
- 3) to geographically map key viral and bacterial infections, as well as parasitic diseases, in the elderly of low- and middle-income countries. In particular, to assess the impact of global infectious diseases such as HIV, tuberculosis, respiratory and gastrointestinal diseases on the elderly in developing countries
- 4) to describe, and summarize the evidence for, hypothesized mechanisms that may explain high burdens of infectious diseases (e.g. malnutrition and environmental exposure).

The work requires expertise in the field of epidemiology of infectious diseases and immunology or vaccinology. In addition, links or access to geriatric specialist in resource-limited countries might be necessary to complete the review. WHO is providing an up to eight-month consultancy contract ranging from 60,000 - 80,000 USD according to expertise and qualifications.

Submission of applications by [email](#) until **15 October 2011** to Dr Teresa Aguado, using the format linked. Please include CV of the principal investigator.

"Introducing new vaccines and technologies"

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Proposal_advertisement.pdf (62...

Application Format

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

Technical Information

MEASLES INITIATIVE PARTNERS GEAR UP TO TACKLE CHALLENGES AHEAD

30/09/2011 | from Hayatee Hasan, WHO/HQ

“Immunizing in the context of global independence”

The Measles Initiative has helped vaccinate one billion children in more than 60 developing countries since 2001, and routine measles vaccination coverage reached its highest level at 85% in 2010, making significant gains in the fight against measles. In 1980, before widespread vaccination, measles caused an estimated 2.6 million deaths each year. With accelerated immunization activities spearheaded by governments and the Measles Initiative, global measles deaths dropped by 78% from 733 000 deaths in 2000 to 164 000 in 2008. Reductions in measles-related deaths during that same time period accounts for nearly a quarter of the overall decrease in childhood mortality, representing significant progress towards MDG4. This was among the good news that came out of the Measles Initiative partners meeting -- which also coincided with the Initiative's tenth year anniversary -- held from 13 to 14 September in Washington D.C.

Even as the Measles Initiative marked this significant achievement, they warned that governments and the global health community should not rest or redirect their efforts and resources elsewhere at the expense of tackling measles. Because of the decline in deaths, measles is no longer perceived to be a threat by many and must compete for funding with programmes aimed at preventing other diseases. Since 2009, widespread measles outbreaks affecting 30 countries in sub-Saharan Africa, including the Democratic Republic of the Congo and Ethiopia, have resulted in more than 320 000 new measles cases and more than 2400 measles-related deaths. In the past year, several European nations have faced their worst measles outbreaks in over ten years, with more than 30 000 estimated cases across the region. The U.S. is also experiencing its largest measles outbreak since 1996, with more than 150 reported cases. Measles outbreaks together with the continued high numbers of measles deaths occurring in India and declining financial support threaten the gains made in the last ten years. Other issues discussed at the meeting included: the importance of implementing activities to strengthen routine measles and rubella immunization and disease surveillance systems; and the need to increase advocacy and mobilization around the prevention of measles and rubella. Participants concurred with the strategy, guiding principles, priorities, risks and tactics presented by the five spearheading Measles Initiative partners in its new ten-year strategic plan covering the period 2011 to 2020. The meeting was attended by nearly 100 participants representing developing and middle-income countries, United Nations organizations, technical agencies, as well as donors and partners. Presentations made at the meeting will be posted on the Measles Initiative meeting [website](#).

The Measles Initiative continues to advocate with governments and appeal to donors around the world to maintain an aggressive vaccination schedule, and improve routine immunization and disease surveillance in developing countries. The support of other nations, paired with financial and technical support from the Measles Initiative, has proven to be influential among those countries whose immunization programmes have not kept pace. For more information on the Measles Initiative, visit this [website](#).

GRAND CHALLENGES: GREAT IDEAS CAN COME FROM ANYWHERE

30/09/2011 | from Simona Zipursky, PATH

Grand Challenges Explorations is a unique grant programme that encourages researchers to pursue bold ideas in global health. Anyone from anywhere can apply. A great idea and a short, two-page application are all that are needed. Initial grants are \$100,000—successful projects can receive additional funding of up to \$1 million. In the current round, applications are specifically being sought to optimize in-country immunization supply systems. Priority areas for funding include information systems, supply system design, environmental impact, human resources, vaccine acceptance and vaccine characteristic prioritization mechanisms.

In order to encourage more applications from in-country colleagues, the Gates Foundation recently wrapped up its first Grand Challenges Explorations Workshops. The workshops, held in Kenya, Tanzania and Uganda, were hosted by Foundation staff and recent grantees who provided an overview of the program and application process and answered questions.

For more information on the GCE program, check out one of the following [videos](#).

To submit your innovative idea for optimizing immunization systems, visit this [link](#).

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IMMUNIZATION FINANCING DATABASE UPDATED WITH RECENT COMPREHENSIVE MULTIYEAR PLANS (CMYP) IS ONLINE

30/09/11 from Claudio Politi and Daniela Urfer, WHO/HQ

The Immunization Financing Database has been updated with cMYPs recently developed by countries and submitted to GAVI in June 2011 for funding proposals to introduce new vaccines. The database contains information extracted from cMYP costing and financing tools of 62 countries. In particular, key data on costing and financing from the immunization plans were selected and included in the database for public access.

The database allows the user to produce reports by country and by WHO region for the planning periods on the following information:

- Total costs and financing of routine immunization programmes;
- Total costs and financing of campaigns;
- Specific immunization and health system shared expenditures;
- Detailed expenditure composition by item costs and sources of financing;
- Immunization costs indicators per capita and per child.

Country and regional reports are provided in table formats and accompanied by graphical representations. For more information and instructions to access the database [click here](#).

ADVANCED COURSE OF VACCINOLOGY - ADVAC 2012

30/09/2011 from Paul-Henri Lambert, University of Geneva

The 13th Advanced Course of Vaccinology will take place in Veyrier-du-Lac, Annecy, France on 14 –25 May 2012. This workshop is intended for decision-makers and focuses on vaccination policies, vaccine assessment and vaccine development. For more information, click on this [link](#). The deadline for online applications will be 15 November 2011.

The 13th course will be jointly organized again by Fondation Mérieux and University of Geneva. It will be co-sponsored by the European Commission (projects INYVAX and ADITEC), the World Health Organization, the Centers for Disease Control, the European Society of Pediatric Infectious Diseases, the European Centre for Disease Prevention and Control, the Johns Hopkins Bloomberg School of Public Health, the National Institutes of Health and Fogarty International Center, the National Foundation for Infectious Diseases, the National Vaccine Program Office. Fellowships will also be provided for developing country participants by a grant from the Bill and Melinda Gates Foundation.

NEW Prequalification News

NEW PREQUALIFICATIONS

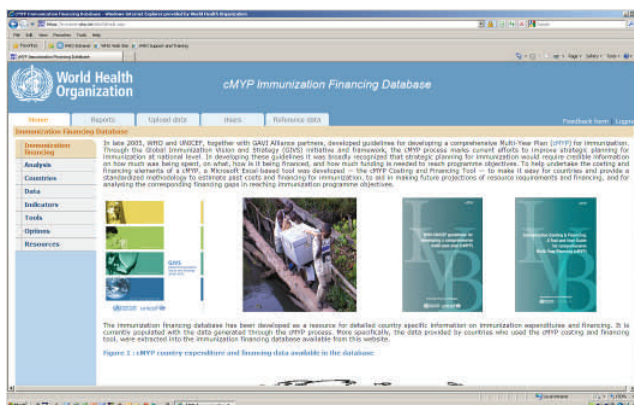
September

DTP-HepB-Hib vaccine
Manufacturer: Biological E, India

- [1 dose](#)
- [10 dose](#)

August

Bivalent [OPV Types 1 and 3 vaccine](#)
Manufacturer: Sanofi Pasteur, France



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Technical Information

New Publications

SUMMARY TABLES OF WHO ROUTINE IMMUNIZATION RECOMMENDATIONS

"Summary Tables" of WHO Routine Immunization Recommendations" have been updated to reflect the recommendations of two new WHO Vaccine Position Papers: (i) Tick-borne Encephalitis (June 2011) and (ii) Rubella (July 2011).

The revised version of the Summary Tables can be downloaded from the WHO [website](#).

Table 1 summarizes recommended routine immunizations for all age groups - children, adolescents, and adults. As such, it provides an overview of vaccine recommendations across the lifespan, including both primary series and booster doses.

Table 2 provides detailed information for routine immunizations for children, including age at first dose and intervals. It reiterates recommendations on the primary series and booster doses.

A User's [Guide](#) to the Summary Tables exists. This short guide has been developed as a companion piece to help orient users of the summary tables.

Purposes of this guide ?

- Raise awareness that the full spectrum of WHO recommendations for routine immunization are available in two summary tables.
- Explain how the summary tables can be used at country level to review and possibly modify a national immunization schedule so that it has greater impact and efficiency.
- Highlight practical and operational issues that country decision-makers should consider when making a change to the national immunization schedule.

The Summary Tables are intended for use by national immunization managers and key decision-makers, chairs of national advisory committees on immunization, and partner organizations, including industry.

WEEKLY EPIDEMIOLOGICAL RECORD ARTICLE ON GLOBAL ROTA SURVEILLANCE

This article was published on 29 April 2011 and is available [online](#).

GAVI Related Information

HISTORIC ROLLOUT OF ROTAVIRUS AND PNEUMOCOCCAL VACCINES MOVES FORWARD

30/09/2011 from Ariane Leroy, GAVI

During GAVI's May 2011 application round, a record 50 GAVI eligible countries applied for new vaccine support. On Monday 26 September 2011, the GAVI Executive Committee endorsed funding for 37 countries that received GAVI's Independent Review Committee recommendation for approval.

Of all the countries that were approved in this round, 16 will receive GAVI support to introduce rotavirus vaccines, and 18 countries will receive funding to introduce pneumococcal vaccines. This is a major step towards protecting young children against the world's top two child killers: diarrhoea and pneumonia. In addition, five countries were approved for pentavalent vaccine support, and 12 were approved for support for other vaccines. GAVI hosted a series of media and communication events on 27 September 2011 to focus attention on the tremendous number of successful country applications for all vaccines. The events also serve to highlight an historic moment in global health – the rollout of GAVI-supported rotavirus vaccines in Africa, which began in July 2011 in Sudan and is expected to continue across the continent with the 12 African countries newly approved for rotavirus vaccine support.

GAVI will provide highlights from the 27 September events in next month's GIN. The press release and related multimedia are available on the GAVI web [site](#).

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Country Information by Region

AFRICAN REGION

THE FRENCH-SPEAKING CIVIL SOCIETY ORGANIZATIONS (CSO) MET IN DAKAR TO STRENGTHEN THEIR COLLABORATION AND PARTICIPATION IN IMMUNIZATION PROGRAMMES

30/09/2011 from Flavia Guidetti, Magali Romedenne and Fabio Friscia, UNICEF WCARO

In partnership with GAVI and WHO, the UNICEF Regional Office for West and Central Africa brought together representatives of the civil society from 14 countries from west and central Africa to Dakar, Senegal from 13-15 September 2011. The main objective of the meeting was to discuss the participation of the French-speaking CSOs into health system strengthening programmes and especially immunization programmes. Firstly, the situation of the low participation, the roles, strengths and challenges faced by the CSO were discussed; and opportunities were subsequently identified on how to strengthen the involvement of CSO in international and regional platforms along with strengthening collaboration with the Ministry of Health and other partners at the national level. Through a highly participatory approach and working groups, a **Regional Vision** was then developed and three objectives were agreed upon:



1. **International level:** Increase the participation of the French-speaking CSOs in south-south, north-south exchanges and with GAVI Alliance for strengthening the health system and especially immunization.
2. **Regional level:** Increase the partnership between the French-speaking CSOs, and with the regional, international institutions and the private sector.
3. **National level:** Increase the involvement of French-speaking CSOs in the definition, planning, implementation and monitoring of national health politics, and especially immunization.

Finally, **three roadmaps** (international, regional and national) were elaborated to respond and carry forward the regional strategic vision. The GAVI-CSO Constituency will ensure the follow-up at the international level. The REPAOC (Réseau des plateformes nationales d'ONG d'Afrique de l'Ouest et du Centre) was nominated as the coordinating body of the regional roadmap with support from CILONG and ROASSEN, two national networks from Chad and Niger, respectively. The national roadmaps will be carried out by a nominated country focal point present at the meeting until further coordinating mechanisms are developed at country level. GAVI, UNICEF and WHO will continue to support the implementation of the Vision and roadmaps at each level.

AFRO WEST AND CENTRAL AFRICA GAVI SUB REGIONAL WORKING GROUP MEETING IN ABIDJAN, COTE D'IVOIRE

30/09/11 from Auguste Ambendet, WHO IST Central

This second meeting of the sub-regional working group in 2011 gathered representatives from WHO, UNICEF, the Agence de Médecine Préventive (AMP), the GAVI Secretariat, the Rotary Club International, the Economic Community of Central African States (ECCAS), the Coordination Organization for the Fight Against Endemic Diseases in Central Africa (OCEAC), the Sabin Vaccine Institute. The discussions focused on the following points:

- EPI Evaluation during the first six months of 2011;
 - Preparatory process of the countries for the submission of GAVI proposals for 2011 (Workshops in Dakar and Douala, support to countries, results from the submission process);
 - Lessons learned from the submissions of proposals and from the situation report to GAVI in 2011;
 - Results of the Independent Review Committee's work and update on the new GAVI policies and orientations.
- After two days of discussions, the main conclusions were focused on the following critical challenges:
- How to take up the challenge of the improvement of the national performances of the Expanded Programme on Immunization (EPI) in order for new vaccines introduced to efficiently contribute to MDG4?
 - How to support countries to better prepare their response to the clarifications and conditions from the GAVI IRC and especially introducing approved vaccines in a timely manner?

The next Working group meeting, subject to confirmation, should take place along with the work of the Task Force on Immunization in Africa (TFI) in Tanzania in December 2011.

“Protecting more people in a changing world”

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



Country Information by Region

AFRICAN REGION

GARDASIL ACCESS PROGRAMME PARTICIPANTS FROM AFRICA SHARE LESSONS LEARNED

30/09/11 from Mariana Rodrigues, Axios

The Gardasil Access Programme is making available at least three million doses of Gardasil to qualifying organizations and institutions for use in approved HPV vaccination projects in developing countries. The programme enables organizations and institutions in eligible lowest income countries to gain operational experience designing and implementing HPV vaccination projects, with the goal of supporting development of successful child and adolescent immunization models.

From 1-2 September 2011, three programme participants from Cameroon, Lesotho and Uganda joined the First Global Summit on Women's Cancers in Africa to share lessons learned from their HPV vaccination projects, including:

CAMEROON (Cameroon Baptist Convention Health Board)

- Seek government buy-in well ahead of time.
- Source funding for administrative cost at the onset.
- Consider every vaccinated girl as a potential contact person for girls lost to follow-up.

LESOTHO (Ministry of Health & Social Welfare)

- Sensitize parliamentarians from the start for resource mobilization purposes.
- Teachers were encouraged by parents who had been educated about the vaccination.
- Implementation is easier when integrated with the EPI.

UGANDA (Mildmay Uganda)

- The vaccine was readily accepted by both the carers and girls.
- Training of doctors, nurses and counselors was coordinated with PATH, UWHI and UNEPI.
- Use HPV vaccination days to encourage cervical cancer screening for adults.

Additional lessons learned can be found in the [Gardasil Access Program September Newsletter](#).

FIRST WORLD HEPATITIS DAY IN UGANDA

30/09/11 from Issa Makumbi, MoH Uganda

Uganda commemorated the First World Hepatitis day with a breakfast meeting with the Members of Parliament (MPs) and a public ministerial address at the nation referral hospital in Mulago. Much awareness was created as experts presented materials to the audience and MPs pledged to support control measures.

ACCELERATION OF THE EXPANDED PROGRAMME ON IMMUNIZATION IN CHAD

30/09/11 from Auguste Ambendet, WHO IST Central

Following the example of the emergency plan to stop the spread of the wild poliovirus, the Expanded Programme on Immunization (EPI) in Chad developed an acceleration plan for routine immunization activities, based on the analysis of the risks, done at the national level. This analysis identified 32 sanitary districts at risks for the spread of the wild poliovirus. The acceleration plan was put in place in order to reinforce the collective immunization of the targeted population. The IST team technically supported them in this initiative from 10-18 September 2011.



Young girls waiting in line to receive the HPV vaccine in Lesotho. Credit: Julia M. Makhabane.

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NRA = National Regulatory Authority

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Country Information by Region

AMERICAS

PAHO TRACKS PROGRESS ON THE DOCUMENTATION AND VERIFICATION OF MEASLES, RUBELLA AND CONGENITAL RUBELLA SYNDROME ELIMINATION IN THE AMERICAS

30/09/2011 from Pamela Bravo, Shea Cochi and Carlos Castillo-Solórzano, WHO PAHO

The countries of the Region of the Americas are on-track to submit their final country reports to the International Expert Committee (IEC) on measles/rubella elimination, by December 2011. In these reports, they will document and verify that their territories are free of measles, rubella, and congenital rubella syndrome (CRS).

During recent sessions, organized by the Pan American Health Organization (PAHO) to track the progress of the documentation and verification process, PAHO's country level immunization focal points presented the advances made in their respective countries. They addressed the progress to date in the analysis of each of the main components of the regional Plan of Action, and in the drafting of their respective country reports.

The main conclusions and action points that resulted from these presentations were:

1. Countries have made substantial progress in the analysis and drafting of their final report. Challenges remain in regard to documenting the epidemiology of CRS, strengthening coordination between epidemiology and laboratory areas, verifying the quality of surveillance and laboratory data, and guaranteeing compliance with surveillance indicators.
2. Strong political support is fundamental to guarantee the success of the regional documentation of elimination process by 2012. IEC and/or PAHO plan to send a letter to the Ministers of Health (MOH) of all Member States to note the remarkable progress made to date and encourage submission of their final reports by December 2011.
3. Upon request from the countries, PAHO will provide technical cooperation placing a special emphasis on finalizing data analyses and the country report.
4. PAHO will conduct a second round of "progress tracking" in mid-October to ensure report completeness and identify common solutions to challenges faced.

PROVAC MODEL FOR EVALUATING THE COST-EFFECTIVENESS OF CERVICAL CANCER CONTROL STRATEGIES

30/09/2011 from Cara Januz and Barbara Jáuregui, WHO PAHO

Over 500,000 women die annually from cervical cancer worldwide. In the Americas, the Caribbean sub-region has the fourth highest cervical cancer incidence in the world. Achieving high coverage of secondary preventive strategies, such as cytology, to detect precancerous lesions in women has proved challenging in Latin America and Caribbean (LAC). A safe and efficacious vaccine to prevent the sexually transmitted human papillomavirus (HPV) infection, a leading cause of cervical cancer in women, is now licensed for use in young girls.

With the availability of primary and secondary preventive strategies to control cervical cancer, countries in the Americas are looking to evaluate how best to combine these strategies to attain optimal impact. To that end, PAHO's ProVac Initiative has been developing a cost-effectiveness model to evaluate the relative costs and benefits of introducing HPV vaccination and optimizing screening strategies. This model will allow country study teams to evaluate the incremental cost-effectiveness of introducing the HPV vaccine among adolescent girls in combination with adopting new screening technology or addressing inefficiencies of current screening practices among adult women.

PAHO's ProVac Initiative has trained over 200 immunization professionals in the Region on basic health economic concepts, evidence-based decision making, and the use of economic models to inform national immunization policy. The new cost-effectiveness model under development will bring more actors to the immunization policy discussion, including cervical cancer programme managers, reproductive health professionals, among others. In order to further share the model and provide a basic foundation for the use of health economics in the context of evidence-based decision making, PAHO's ProVac Initiative will hold a three-day workshop in Bogota, Colombia at the beginning of November with the expected participation of the majority of the countries in the Region.

"Protecting more people in a changing world"

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Country Information by Region

AMERICAS

HAITI WILL IMPLEMENT A FOLLOW UP CAMPAIGN TO PROTECT THE GAINS IN POLIO, MEASLES, AND RUBELLA ELIMINATION

30/09/2011 from Carlos Castillo-Solórzano, Shea Cochi, Carolina Danovaro, Salvador García, Gregoire Kananda, Mauricio Landaverde, and Martha Velandia, WHO PAHO

Haitian health authorities have committed to implement a high-quality follow-up campaign in March 2012, to protect the gains in polio, measles, and rubella elimination, while strengthening the routine vaccination services.

In this light, a group of senior advisors from the Pan American Health Organization (PAHO) visited the country in an effort to conduct, along with the Ministry of Health, a preliminary assessment of the current local capacities for implementing the follow-up campaign. They also sought to identify key infrastructure components, strategies and activities that will provide the elements to strengthen the routine immunization programme.

Preparations for the upcoming polio and measles/rubella follow-up campaigns are being made by Haiti officials in collaboration with PAHO and UNICEF. PAHO consultants and staff members are to be deployed to assist the Ministry of Health in planning, programming, logistics, coordination, and supply management in each of the ten country's Departments as well as the national level.

Meanwhile, a contingency plan is being developed to provide a response to a potential outbreak of polio, measles, or rubella in Haiti and to prevent reintroduction of these diseases to the Region of the Americas. PAHO continues to support the strengthening of Haiti's vaccine-preventable disease surveillance system and will soon install the new regional software for case-based reporting of polio, measles, rubella, and congenital rubella syndrome.

EASTERN MEDITERRANEAN REGION

18TH MEETING OF THE EASTERN MEDITERRANEAN REGIONAL WORKING GROUP ON GAVI

30/09/2011 from Dr Irtaza Ahmad Chaudhri, WHO EMRO

The 18th meeting of the Eastern Mediterranean Regional Working group on GAVI was held at Khartoum from 17-18 September 2011. The objectives of the meeting were to review the country progress in implementing GAVI process related to the different windows in order to reach the goals, and identify areas requiring support and enhance the collaborative approach of EPI and health systems.

Speakers highlighted the importance of immunization programmes in helping the countries achieving MDG4 by reducing the morbidity and mortality associated with vaccine preventable diseases. They appreciated the GAVI support to countries which helped in strengthening of the immunization programmes through strengthening of health systems and introduction of the new vaccines. The national and/or country office staff from UNICEF and/or WHO of the GAVI support receiving countries in the region namely Afghanistan, Djibouti, Pakistan, Somalia, Sudan, Southern Sudan and Yemen. Representatives from GAVI Secretariat, WHO EMRO, UNICEF MENARO and UNICEF Rosa participated in this meeting.

The representative from GAVI Secretariat briefed the participants on the updates related to GAVI support including the upcoming HSFP. The participants shared the progress of their respective countries in availing the GAVI support for Immunization and Health systems strengthening. They highly appreciated the GAVI cash support for immunization programmes besides the support in shape of new vaccines and termed the continuation of the GAVI cash support for immunization to be crucial for maintaining the achievements made in improving the immunization coverage.

“Protecting more people in a changing world”

The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to:

gaudink@who.int

Country Information by Region

EASTERN MEDITERRANEAN REGION

TRAINING ON DEVELOPING COMPREHENSIVE MULTI YEAR PLAN (CMYP) FOR IMMUNIZATION FOR THE EMR COUNTRIES

30/09/2011 from Dr Irtaza Ahmad Chaudhri, WHO EMRO

A workshop to provide training to the country teams from EMR for development of cMYP was held at Khartoum, Sudan from 11-15 September 2011. The participants of the training were mainly EPI Managers and Finance Officers dealing with EPI from, Egypt, Iran, Iraq, Jordan, Morocco, Oman, Sudan, Syria and Tunisia.

The objective of the workshop was to provide training to the participants to develop or update the country cMYP in line with the WHO/UNICEF guidelines including the costing and financing component. During the course of the training the participants shared the current planning process in their respective countries. They were briefed by the facilitators on the different components of a cMYP besides providing hands on training for use of the cMYP costing and financing tool and the EPI Log forecasting tool. The facilitators of the training were from WHO HQ and EMRO. The participants highly appreciated the training workshop and vowed to develop/update their country cMYP in line with WHO/UNICEF guidelines at the earliest.



THE THIRD VACCINATION WEEK

30/09/2011 from Nahad Sadr-Azodi, WHO EMRO

The third Vaccination Week initiative is scheduled for 24-30 April 2012, coinciding with events in five other WHO regions. Vaccination Week is an annual event celebrating and promoting the value of immunization through advocacy, education and communication activities.

For 2012 Vaccination Week, it is suggested that the region and countries adopt the theme of **“reaching every community”** which reflects our vision and strategy in addressing the immunization priorities and opportunities. Inspired by the specified objectives and approaches in the Decade of Vaccines, this event can be leveraged to bridge immunization gaps, introduce and expand the use of new vaccines, prevent and respond to vaccine-preventable diseases in outbreaks and humanitarian crises, and achieve regional and national goals for accelerated disease control, elimination and eradication.

In preparations for the 2012 event, the WHO Regional Office is organizing a one-day briefing on 20 October 2011 in Dubai, United Arab Emirates, to discuss priorities and plan joint-activities with all immunization managers. The briefing will also include a training session on design and evaluation of health communication campaigns.

WESTERN PACIFIC REGION

UPDATE ON MATERNAL AND NEONATAL TETANUS ELIMINATION (MNTE)

30/09/2011 from Sigrun Roesel, WHO WPRO

Maternal and Neonatal Tetanus Elimination (MNTE) in the Western Pacific Region has kept its momentum. Cambodia is strengthening its neonatal tetanus surveillance system and has completed two rounds of tetanus toxoid (TT) supplementary immunization activities (SIAs) for child bearing age women (CBAW) in four districts considered at high risk. The Lao People's Democratic Republic analysed the outcomes of its recent large scale TT SIAs for women of child-bearing age in 99 high risk districts (out of 143 districts in total) and implemented two rounds of mop-up vaccination as required. Papua New Guinea is developing its MNTE national action plan in close collaboration with its EPI and Maternal and Child Health (MCH) programmes and TT SIAs will be carried out next spring. The Philippines are about progressing with TT SIAs in ten high risk areas, eight of which are in the Mindanao region, and have added oral poliovirus vaccine (OPV) for children under five years.

[Read the report...](#)

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Country Information by Region

WESTERN PACIFIC REGION

THE THIRD MEETING ON VACCINE PREVENTABLE DISEASES (VPD) LABORATORY NETWORKS IN THE WESTERN PACIFIC REGION

30/09/2011 from Youngmee Jee, WHO WPRO

The Third Meeting on Laboratory Networks (Labnet) for Polio and Measles/Rubella in the Western Pacific Region was held in Manila, Philippines from 5-9 September 2011 to review the performance and identify challenges of polio and measles/rubella network laboratories in the Region. To enhance biosafety awareness among polio network laboratories and measles/rubella laboratories, a one and a half day session was held during the week. The meeting, in addition, identified ways to further strengthen performance and to monitor the implementation of recommendations from the second Labnet meeting held in February 2010. Participants included 55 country representatives from 16 countries (12 polio laboratories and 18 measles/rubella network laboratories), two WHO Laboratory Coordinators from Headquarters, three advisers from the US Centres for Disease Control and Prevention (US CDC), two observers from Taipei and selected WHO country EPI staff and laboratory focal points. The meeting also provided an opportunity to discuss the recent imported wild polio cases in China and to further reduce the timeliness of laboratory testing among network laboratories including sub-national laboratories in China.

[Read more ...](#)



The Third Meeting on VPD Laboratory Networks in WPR

CONSULTATION ON THE GLOBAL POST MARKETING SURVEILLANCE (PMS) NETWORK FOR PRE-QUALIFIED VACCINES

30/09/2011 from Yoshihiro Takashima, WHO WPRO

The Global Vaccine Safety Blueprint is a strategic plan led by WHO in broad consultation with regulatory agencies, vaccine manufacturers, technical agencies and vaccine safety experts. It will be finalized in 2011 and is expected to achieve three goals and eight objectives aiming to build and support effective vaccine pharmaco-vigilance in all low- and middle-income countries and promote a systemic approach to doing so.

The first objective is to "strengthen vaccine safety monitoring in all countries" and WHO has been leading a pilot project "the Global Post Marketing Surveillance (PMS) Network for Pre-qualified Vaccines" to 1) ensure standardized approach to monitoring Adverse Events Following Immunization (AEFIs), 2) identify/address safety signals (potential real safety issues) in a timely manner, and 3) ensure adequate safety information to support vaccination policy and recommendations.

Currently, 12 countries globally, including China and Viet Nam from the Western Pacific Region are collaborating with the Network to pooling their vaccine safety data in a single global database. This effort will lead to a recommended standard format for exchanging AEFI information. It will serve as a demonstration of the value of global exchange of vaccine safety information for signal detection with an initial focus on WHO prequalified vaccines.

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Country Information by Region



WESTERN PACIFIC REGION

POLIO OUTBREAK IN CHINA

30/09/2011 from Sigrun Roesel, WHO WPRO

The Ministry of Health (MOH), China, informed WHO on 26 August 2011 that wild poliovirus type 1 (WPV1) has been isolated from four young children, aged between four months and two years, with onset of paralysis between 3 and 19 July 2011. WHO has since then been informed of seven further cases, including four in adults. The Chinese MOH has therefore alerted WHO of a total of nine cases of polio (all WPV1), from three prefectures (Hotan, Kasghar and Bayingolin Mongol Autonomous Prefectures in southern Xinjiang Uygur Autonomous Region in western China). Genetic sequencing has determined that the WPV1 cases found in



Immunization Response at school

China are most closely related to virus circulating in Pakistan. The last WPV case in China was reported in 1999 and was due to an importation from India. The last indigenous polio case occurred in China in 1994. MOH conducted an initial province-wide response vaccination campaign from 8-12 September 2011, targeting 3.8 million children. Six of the 14 prefectures in the province, including the provincial capital of Urumqi, targeted children under 15 years of age, while the other prefectures targeted children under five years of age. An additional vaccination round, this time targeting those aged between 15 and 40, has been conducted in Hotan Prefecture from 13-17 September 2011.

[Read more...](#)

WORKSHOP ON LESSONS LEARNT FROM PANDEMIC INFLUENZA A (H1N1) VACCINE DEPLOYMENT AND VACCINATION

30/09/2011 from Md. Shafiqul Hossain and Miyuki Tsuruoka, WHO WPRO

The Western Pacific Regional Office organized a workshop on lessons learnt from pandemic influenza A (H1N1) vaccine deployment and vaccination for Pacific islands Countries and Areas in Nadi, Fiji, from 25-27 August 2011 with participants from 18 countries and areas. Representatives from UNICEF, Fiji School of Medicine, Japan International Cooperation Agency, US Centres for Disease Control and Prevention and the chairman of WPRO EPI Technical Advisory Group (TAG), Dr Robert Hall, also participated in the workshop.

The objectives of the workshop were to document successes, lessons learned, gaps, and shared experiences, update their national deployment and vaccination plans and develop an action plan for closing the gaps. Seven main sessions covered specific topics or 'core areas' used by almost all countries for planning and implementing A (H1N1) 2009 pandemic influenza vaccine deployment and vaccination. A checklist, prepared by the Secretariat, was used by each country to identify lessons learnt and possible gaps in order to determine what core areas of their national deployment and vaccination plans need to be updated for a future influenza pandemic.

Lessons learnt and gaps identified were consolidated and shared with participants. At the end of the workshop, participants endorsed a recommendation and committed to seek the approval of their plan and supporting budget from the highest political offices in their respective country by the end of June 2012.

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WESTERN PACIFIC REGION

SEVENTH PACIFIC IMMUNIZATION PROGRAMME STRENGTHENING (PIPS) WORKSHOP

30/09/2011 from Wang Xiaojun, WHO WPRO

The Pacific Immunization Programme Strengthening (PIPS) initiative was established in 2004 in the Western Pacific Region as a subregional mechanism to coordinate and mobilize technical and financial support to the National Immunization Programmes.

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From 22-25 August 2011, Nadi, Fiji, hosted the Seventh PIPS workshop convened jointly by WHO and UNICEF. Sixty-eight participants attended, including national immunization managers from 18 Pacific island countries and areas (PICs) and PIPS partners including Australia Agency for International Development (AusAID), Japan International Cooperation Agency (JICA), New Zealand Agency for International Development (NZAID), Rotary, UNICEF, US Centres for Disease Control and Prevention (US-CDC) and WHO. The objectives of the workshop were to review the progress made since the last PIPS workshop in 2010, to update the latest policy or strategy development, to share country experiences and to agree upon key action points in 2011-2012. A Pacific Island Regional Immunization Strategy, jointly developed by WHO and UNICEF, was presented and discussed, and inputs from countries as well as partners were provided. A PIPS partner coordination meeting was also organized during the workshop, aiming to strengthen partnership and identify key areas for close collaboration among the partners in 2011-2012.

[Read more...](#)

LAO PDR'S MEASLES SIA ORIENTATION AND PLANNING MEETING

30/09/2011 from David Sniadack, WHO WPRO

In preparation for its Measles and Rubella Supplementary Immunization Activities (SIA) targeting people nine months to 19 years old, the Ministry of Health of the Lao People's Democratic Republic convened a National Orientation and Planning Meeting from 22 to 26 August 2011. Representatives from WHO, UNICEF, Japan International Cooperation Agency (JICA) and Luxembourg Agency for Development Cooperation participated in the meeting that was officiated by the Minister of Health. Participants included national and provincial Maternal and Child Health (MCH), EPI and Ministry of Education staff who reviewed technical and operational aspects of the upcoming campaign and conducted extensive joint and peer-reviewed planning during the meeting. Routine immunization programme performance and progress towards control of Hepatitis B were also reviewed.

The SIA will be launched in the Southern provinces on 28 October 2011 by the Prime Minister of the Lao People's Democratic Republic and in the Central and Northern provinces on 15 November 2011 by the President. The SIA will also provide Oral Poliovirus vaccine (OPV), vitamin A and deworming medicine to children, and is expected to end by 9 December 2011.

[Read more on measles...](#)

[Read more on rubella...](#)

Regional Meetings & Key Events Related to Immunization

Title of Meeting	Start	Finish	Location	Region
2011 Meetings				
Sustainable Immunization Financing Programme (SIF) Parliamentary Briefing	13-Oct	14-Oct	Dakar, Senegal	AFRO
EMRO Intercountry meeting on measles control and elimination	17-Oct	19-Oct	Dubai	EMRO
PAHO Regional Workshop on ProVac HPV cost-effectiveness model	17-Oct	19-Oct	Bogota, Colombia	PAHO
AFRO Fourth Paediatric Bacterial Meningitis (PBM) and Rotavirus Surveillance and Data Management Workshop	17-Oct	20-Oct	Harare, Zimbabwe	AFRO
AFRO E&S Anglophone Workshop for NVI implementing countries	18-Oct	20-Oct	Harare, Zimbabwe	AFRO
EMRO Regional Technical Advisory Group - National Immunization Technical Advisory Groups Meeting	20-Oct	20-Oct	Dubai	EMRO
Sustainable Immunization Financing Program (SIF) Parliamentary Briefing	20-Oct	20-Oct	Bamako, Mali	AFRO
AFRO Workshop to Catalyze Approaches to Pneumonia and Diarrhea Control in Countries with High Child mortality	25-Oct	28-Oct	Kigali, Rwanda	AFRO
EURO Low and Middle Income Countries' Meeting	25-Oct	28-Oct	Dubrovnik, Croatia	EURO
AFRO West and Central Africa Sub Regional Working Group Workshop	Oct/Nov	Oct/Nov	Kinshasa, DRC	AFRO
Vaccine safety workshop	01-Nov	04-Nov	Costa Rica	PAHO
Training Workshop on Strengthening Events Allegedly Attributable to Vaccination or Immunization (ESAVI) Monitoring and Causality Assessment	07-Nov	11-Nov	Brazil	PAHO
WHO HQ Strategic Advisory Group of Experts (SAGE) Meeting	08-Nov	10-Nov	Geneva, Switzerland	Global
WPRO Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific Region	14-Nov	18-Nov	Viet Nam	WPRO
PAHO Caribbean EPI managers meeting	14-Nov	18-Nov	Freetown, Guyana	PAHO
Study Tour to Brazil and Chile: Visit of Technical Staff of the Ministry of Health of China to observe surveillance strategies for Congenital Rubella Syndrome	14-Nov	22-Nov	Brazil and Chile	PAHO
EURO Regional workshop for MICs on economical evaluations of new vaccines	Nov	Nov	TBD	EURO
PAHO Regional New Vaccines Meeting	16-Nov	18-Nov	Uruguay	PAHO
GAVI Board Meeting	16-Nov	17-Nov	Dhaka, Bangladesh	Global
WPRO Meeting on Surveillance	30-Nov	02-Dec	TBD	WPRO
AFRO Annual Regional Conference on Immunization (ARCI) and the Annual African Regional Inter-Agency Coordination Committee	06-Dec	09-Dec	Tanzania	AFRO
Global Advisory Committee on Vaccine Safety (GACVS) Meeting	07-Dec	08-Dec	Geneva, Switzerland	Global
GAVI WCA sub-regional working group meeting	Dec	Dec	Tanzania	AFRO
WPRO Regional Verification Committee for Measles Elimination	2012	2012	Philippines	WPRO

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](#)

[PAHO ProVac Initiative](#)

[NUVI Website](#)

[Gardasil Access Program](#)

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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