



GLOBAL IMMUNIZATION NEWS

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28 February 2007

TECHNICAL INFORMATION

MUMPS

28/02/07 from Philippe Duclos, WHO/HQ:

An updated WHO position paper on mumps vaccine published in the Weekly Epidemiological Record (WER) in February 2007 reflects scientific developments and replaces the corresponding paper published in the WER No 76, 2001, pp 346-355. The updated document is written according to the new format for position papers and accommodates conclusions and recommendations from the April 2006 meeting of the WHO immunization Strategic Advisory Group of Experts and the November 2006 meeting of WHO's Global Advisory Committee on Vaccine Safety (GACVS).

As before, routine mumps vaccination is recommended in countries with a well established effective childhood vaccination programme and the capacity to maintain high-level vaccination coverage with measles and rubella vaccination, and where reduction of mumps is a public health priority. Due to the higher mortality and disease burden, WHO considers measles control and prevention of congenital rubella syndrome to be higher priorities than the control of mumps. As with rubella, insufficient childhood vaccination coverage against mumps can result in an epidemiological shift in the disease incidence to older age groups, potentially leading to higher rates of serious disease and complications than occurred before large scale immunization was introduced.

Main updates /changes as compared with the previous position paper are as follows:

Accumulated global experience now shows that two doses of the vaccine are required for long-term protection against mumps. The first dose of the mumps vaccine should be given at the age of 12-18 months. The age of administration of the second dose may range from the second year of

life to school entry with a one month minimum interval between doses.

By December 2005, 110 (57%) of all the 192 WHO member states had included mumps in their national immunization programmes, the vast majority using the combined mumps, measles and rubella (MMR) vaccine, and two-dose schedules were implemented in more than 80% of these 110 countries.

In November 2006, the Global Advisory Committee on Vaccine Safety (GACVS) reviewed adverse events following mumps vaccination with special reference to the risk of vaccine-associated aseptic meningitis. Cases of aseptic meningitis and estimates of incidence rates have been reported following the use of the Urabe Am9, L-Zagreb, Hoshino, Torii, and Miyahara strains from various surveillance systems and various epidemiological studies. However, in view of the variability in the quality of these studies and in the methods used, no clear conclusion could be made on possible differences in risk for this complication between these strains. Clustering of meningitis cases following large-scale use Urabe Am9 and L-Zagreb vaccines can occur as a result of increased awareness and reporting of adverse events during vaccination campaigns. So far, very low rates of aseptic meningitis and no virologically proven case have been associated with the use of the Jeryl-Lynn and RIT-4385 strains.

The position paper can be downloaded from the following website:

<http://www.who.int/immunization/documents/positionpapers/en/index.html>

POLIO

28/02/07 from Oliver Rosenbauer, WHO/HQ:

Polio Consultation Reaches Broad Consensus to Complete Polio Eradication – But without rapid injection of funds, global polio eradication effort is threatened:

Governments, donors and international agencies leading the drive to eradicate polio fully supported the planned final attack on the poliovirus.

Indigenous wild poliovirus survives in only parts of four countries – Nigeria, India, Pakistan and Afghanistan – where transmission has never been stopped. The high-level consultation on polio eradication held on 28 February 2007 agreed to raise within 12 months – and then sustain for as long as needed – the levels of vaccination coverage and child immunity in the areas with endemic polio to levels that stopped the disease altogether in the polio-free parts of these countries. Ten other countries are currently fighting the tail-end of outbreaks caused by importations of poliovirus.

The Consultation outlined specific milestones in two areas where improvements would raise the coverage and immunity levels. The first is to ensure that vaccine reaches children by improving the quality of polio vaccination campaigns, strengthening health infrastructure, addressing security challenges, and by enhancing acceptance of vaccination through tailored social mobilization and community engagement strategies.

Second, the Consultation agreed that there was a collective responsibility to mobilize the resources needed to complete polio eradication, in particular by filling the funding gap of US\$575 million for 2007-2008. Of this amount, US\$60 million is urgently needed by April 2007. Just today in its Parliament, India outlined its firm financing commitment, and other endemic countries have outlined specific steps to provide domestic resources. The international donor community will now need to rapidly fulfil its commitment to securing the necessary resources. The first step is for donors to take the case for polio eradication back to their capital cities and present it to major international development fora between March and May 2007. Without a rapid injection of funding, polio eradication activities will have to be curtailed, threatening the global polio eradication effort.

The commitment of the four remaining polio-endemic countries remains strong and was re-affirmed by the presence at this Consultation of representatives from the offices of the Heads of Government. Together, these countries vaccinate a total of 250 million children many times each year. The Consultation defined specific milestones to monitor whether the collective capacity of all polio eradication stakeholders is being fully harnessed to make concrete and rapid progress.

The Consultation, called for by Dr. Margaret Chan, WHO's Director-General, was hosted by WHO, with top representation from other spearheading partners of the Global Polio Eradication Initiative – Rotary International, US CDC, and UNICEF – together with representatives from the endemic countries' ministries of finance and health, major

donors, political organizations and independent technical experts. Of particular importance was the presence of special advisers to the heads of state of three of the four endemic countries.

The eradication effort, predicated on reaching every child multiple times with oral polio vaccine, has reduced the number of polio cases worldwide by over 99%. Of the 193 Member States of WHO, 189 have stopped transmission of indigenous wild poliovirus.

ROTAVIRUS

28/02/07 from Robin Biellik, PATH: On 30 January 2007, WHO announced that the prequalification process for GlaxoSmithKline's Rotarix® vaccine had been successfully completed, marking the first time that a rotavirus vaccine has been WHO prequalified. This designation of "acceptability in principle for use by UN agencies" will allow for purchase of the vaccine by the UNICEF Supply Division and PAHO Revolving Fund. It represents a timely advance in the accessibility of rotavirus vaccine for developing countries that procure their vaccines through UN agencies or are eligible to receive subsidized vaccine support from the GAVI Alliance.

Rotarix® is pre-qualified initially for use in WHO's American and European Regions. In issuing its decision, WHO noted the need for data on the vaccine's safety and efficacy in Africa and Asia before the product will be prequalified for use in these settings. GSK is collaborating with PATH to generate these data through clinical trials in Bangladesh, Malawi, and South Africa.

For further details, including WHO's provisions on Rotarix® packaging and presentation, please see the notes on Rotarix® within the organization's list of prequalified vaccines.

VACCINE MANAGEMENT

28/02/07 from Diana Chang Blanc, WHO/HQ: A consultation meeting on Vaccine Stock Management was held in Lahore, Pakistan from 9-10 January 2007 for the Eastern Mediterranean Region. Based on assessments made in 18 National Vaccine Stores in the region since 2004, it was found that vaccine stock management is one of the common problems, and some countries with reasonably effective vaccine management system still lack a systematic vaccine stock management in place. It was understood that countries of other regions are facing similar problems.

The meeting was held to:

- Review countries progress in developing vaccine stock management;
- Learn from the global advances in developing software for vaccine stock management;

- To make demonstration and discuss in detail the first version of the software developed by EMRO;
- Develop a plan for installation and training of the staff in National Vaccine Stores in a few selected countries of the region.

In order to ensure the best result from the meeting, temporary advisers from Afghanistan, Oman, Pakistan, Sudan and Tunisia were invited to the meeting, as well as staff from UNICEF Supply Division, UNICEF country staff from Afghanistan and Sudan, and WHO HQ and AFRO regional staff. Selection of countries were based on the degree of their development on the vaccine stock management system. EPI Sudan was the first country in the region that decided to develop software specifically for vaccine stock management in order to tackle the problem. Pakistan also developed software for the same purpose.

For more information about the meeting and its outcomes, please contact Mr. Mojtaba Haghgou (haghgoum@emro.who.int)

PUBLICATIONS

NEWLY PUBLISHED WHO DOCUMENTS

28/02/07 from Mario Conde, WHO/HQ: The following new publications are available online on the WHO website:

Immunization Costing & Financing: A Tool and User Guide for comprehensive Multi-Year Planning (cMYP) (WHO/IVB/06.15) – Estimating the costs and financing of immunization programmes is a key step in the development of a comprehensive multi-year plan (cMYP). To help undertake the costing and financing of a cMYP, a tool has been developed – the cMYP Costing and Financing Tool. This tool is accompanied by a User Guide which provides an overview of important how to use the costing and financing tool, including how to analyse the data and findings:

<http://www.who.int/vaccines-documents/DocsPDF07/848.pdf>

Guideline for Preparation of the product summary file for vaccine prequalification (WHO/IVB/06.16) – The WHO document “Procedure for assessing the acceptability, in principle, of vaccines for purchase by United Nations Agencies” (WHO/IVB/05.19) explains the procedure followed by WHO under their mandate to purchase these vaccines. The Pre-Qualification procedure document includes an Annex # 1 which provides a brief outline of the topics expected to be in the PSF. Upon request from manufacturers and in the context of a grant given by USAID to the Developing Countries Vaccine Manufacturers Network, this new guideline was developed to provide further clarification on the information

requested and general instructions on the content and recommended format for the PSF: This includes instructions for the preferred method for incorporating information from the Common Technical Document (CTD) format into the PSF. The guideline lists the chapter titles and sub-chapter headings as given in Annex 1 of the prequalification document with additional explanation or clarification of the expected information and contents.

<http://www.who.int/vaccines-documents/DocsPDF07/870.pdf>

GAVI-RELATED INFORMATION

REVIEW PROCESS

Next Review Dates:

FIRST REVIEW 2007: HSS Applications: The **deadline** to receive applications for HSS is **2 March 2007**. The applications will be reviewed from **13-23 April 2007**.

SECOND REVIEW 2007: ISS, INS, New Vaccines & Measles 2nd Dose: The deadline for receiving applications is **20 April 2007**. The applications will be reviewed from **21-30 May 2007**.

SECOND REVIEW 2007: HSS Applications: The **deadline** to receive applications for HSS is **11 May 2007**. The applications will be reviewed from **1-11 June 2007**.

MONITORING REVIEW: The deadline for receiving **annual progress reports** is **15 May 2007**. The APRs will be reviewed from **18-27 June 2007**.

THIRD REVIEW 2007: ISS, INS, New Vaccines & Measles 2nd Dose, HSS: The deadline for receiving applications is **5 October 2007**. The applications will be reviewed from **24 October to 2 November 2007**.

COUNTRY INFORMATION¹ BY REGION

AMERICAS

REGIONAL INFORMATION

28/02/07 from PAHO:

Rubella Elimination Campaigns in the Region of the Americas, 2006-2007: During 2006, Argentina, Bolivia, the Dominican Republic, and Peru, conducted national mass vaccination campaigns to reduce populations susceptible to measles and rubella and prevent future CRS cases.

Bolivia conducted the first stage of its campaign in May 2006 and vaccinated men and women aged 15-39 years. Coverage in the country's departments reached levels >95%. In September, **Argentina** launched a campaign targeting women aged 15-39 years, men considered at high-risk for contracting and spreading the virus, and men in captive populations. Overall, 6,674,419 individuals were vaccinated, and national coverage reached 98.8%. **Peru** conducted an elimination campaign in October, vaccinating both men and women aged 2-39 years (over 70% of the population) and achieving coverage levels of 99%. The last 2006 campaign was launched in November in the **Dominican Republic**. National coverage of 95% was reached after vaccinating men and women aged 7-39 years. The **Guatemalan Ministry of Public Health and Social Welfare** signed a ministerial agreement on 15 January 2007 supporting the implementation of a mass campaign to vaccinate 7.4 million men and women aged 9-39 years against rubella and CRS in April 2007. This campaign will spearhead the 2007 rubella vaccination campaigns which will also include **Bolivia (2nd stage), Cuba, Haiti, Mexico (2nd stage), and Venezuela (2nd stage)**. Several supplementary immunization activities (SIAs) have also been planned for 2007 which will strengthen measles elimination efforts in the region and complement countries' efforts to attain rubella and CRS elimination by 2010. **El Salvador** has planned a follow-up campaign to vaccinate 800,000 boys and girls aged 1-4 years during the month of June. **Guyana** will coordinate activities during Vaccination Week in the Americas to reach children < 1 year of age considered at high risk for contracting the disease. Finally,

Uruguay has set a goal to vaccinate 200,000 girls and boys aged 1-4 years, as well as susceptible populations, during October 2007.

Vaccination Week in the Americas 2007 – Fifth Anniversary: Under the principles of equity, access, and Pan Americanism, Vaccination Week in the Americas (VWA) targets children, women, men, older adults, and vulnerable populations such as indigenous and minority communities, individuals living in peri-urban areas, and municipalities with low coverage. VWA 2007 will take place from 21-28 April 2007. This year marks the fifth anniversary of this regional initiative. Planning started in November 2006, during the Meeting of Caribbean Managers of the Expanded Program on Immunization (EPI), where countries discussed their goals and strategies.

- All countries and territories of the Caribbean signed the Paramaribo Declaration, which promotes collaboration to strengthen surveillance efforts and intensify vaccination activities in preparation for the Cricket World Cup (CWC) 2007. PAHO advises visitors to get vaccinated before travelling to the Caribbean to reduce the risk of importation of diseases. PAHO also invites visitors to celebrate VWA on 28 April, during the Cup's last match.
- Close to 40 countries and territories will participate in activities ranging from national vaccination campaigns to social communication and public awareness campaigns.
- As part of the Regional goal to eliminate **rubella** and **congenital rubella syndrome** by 2010, Guatemala will vaccinate almost 8 million men and women against measles and rubella.
- Bolivia will launch a national **yellow fever** campaign, with a target population of over 4 million men, women, and children aged 2-44 years. Ecuador will immunize over 3 million people with yellow fever vaccine. Peru also plans to vaccinate against yellow fever and to raise routine immunization coverage in disadvantaged areas.
- Paraguay will focus on **neonatal tetanus** and **diphtheria** control by vaccinating 1 million men and women aged 20-29 years. The country will also seek to vaccinate indigenous populations with all antigens to increase coverage in children aged <5 years in border districts where coverage is <80%.
- Countries will also vaccinate against **influenza**. Colombia will focus on vaccinating older adults and children aged 6-18 months, while Paraguay will vaccinate children aged 6-23 months, adults aged >60 years, bird farmers, and other high-risk groups.

¹ ICP = Inter Country Programme
ISS = Immunization Services Support
INS = Injection Safety Support
NVS = New Vaccine Support
DQA = Data Quality Audit
DQS = Data Quality Self Assessment
FSP = Financial Sustainability Plan
RED = Reach Every District
cMYP = Fully costed multi-year plan

- El Salvador will focus its efforts on vaccinating border districts, poor urban areas, and districts with low coverage. Ecuador will vaccinate half a million students against **hepatitis B**.
- Caribbean countries will launch **social communication campaigns** to raise awareness about vaccination in the general population.
- In the border area between Mexico and the United States, VWA efforts will focus on **social communication and mobilization**. Representatives from both governments, local authorities, and international organizations will take part in kick-off events, press conferences, health fairs, and visits to clinics.

Produced by WHO, in collaboration with UNICEF and the GAVI Alliance:



LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: 2007 to 2009					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Mar-07					
WPRO Hepatitis B Expert Group Meeting	05-Mar	06-Mar	Tokyo, Japan	WPRO	WPR
AFRO EPI Managers Meeting for Central Block	05-Mar	09-Mar	Libreville	AFRO (Central)	AFRO
AFRO EPI Managers Meeting for East and Southern Blocks	12-Mar	16-Mar	Harare	AFRO (E&S)	AFRO
Second Integrated Polio and Measles/Rubella Laboratory Network Meeting for NIS Countries	13-Mar	16-Mar	Ashgabat, Turkmenistan	WHO/EURO	EUR
HSS Workshop/Orientation	19-Mar	21-Mar	Harare	AFRO	AFR
AFRO EPI Managers Meeting for Western Block	19-Mar	23-Mar	Ouagadougou	AFRO (West)	AFR
GAVI West & Central African Sub-Regional Working Group	24-Mar	24-Mar	Ouagadougou	AFRO (W&C)	AFR
EPI Managers Meeting for the European Region	27-Mar	29-Mar	Copenhagen, Denmark	EURO	EUR
PAHO Sub-Regional Workshop on Influenza	26-Mar	28-Mar	Lima, Peru	PAHO	PAHO
Apr-07					
HSS Workshop/Orientation	02-Apr	04-Apr	Libreville	AFRO	AFR
GAVI Review for HSS Applications (Deadline: 2 March 2007)	13-Apr	23-Apr	Geneva	GAVI Secretariat	Specific
Strategic Advisory Group of Experts (SAGE) meeting	17-Apr	18-Apr	Geneva	WHO/HQ	Global
SEARO Regional Workshop on Vaccine Procurement and Introduction of Guidelines for "Expedited Approval of Vaccines used in National Immunization Programme"	16-Apr	20-Apr	Bangkok	SEARO	SEAR
European Immunization Week	16-Apr	22-Apr	tbd	EURO	EUR
Vaccination Week in the Americas	21-Apr	28-Apr	PAHO	PAHO	PAHO
European Programme Managers Meeting	23-Apr	25-Apr	tbd	EURO	EUR
European Regional ICC Meeting	26-Apr	26-Apr	tbd	EURO	EUR
Bi-Regional (SEARO&WPRO) meeting on Japanese Encephalitis	26-Apr	27-Apr	Ho Chi Minh City, Vietnam	SEARO/WPRO	SEAR/WPR
GAVI East & South African Sub-Regional Working Group Meeting	April	April	tbd	AFRO (E&S)	AFR
May-07					
GAVI Quarterly Fund Executive Committee Meeting	11-May	11-May	Geneva	GAVI Secretariat	Specific
GAVI Joint Alliance & Fund Board Meetings	12-May	12-May	Geneva	GAVI Secretariat	Specific
EMRO RTAG Meeting	13-May	16-May	Abu Dhabi	EMRO	EMR

European Human Papilloma Virus Meeting	14-May	15-May	Copenhagen, Denmark	EURO	EUR
GAVI Review for ISS, INS, NVS & Measles 2nd Dose Applications (Deadline: 20 April 2007)	21-May	30-May	Geneva	GAVI Secretariat	Specific
GAVI Eastern Mediterranean Regional Working Group Meeting	27-May	27-May	Muscat, Oman	EMRO	EMR
EMRO EPI Managers Meeting	28-May	31-May	Muscat, Oman	EMRO	EMR
Jun-07					
16th Meeting of Virologists from SEARO Polio Laboratory Network	June	June	New Delhi	SEARO	SEAR
GAVI Review for HSS Proposals (Deadline: 11 May 2007)	01-Jun	11-Jun	Geneva	GAVI Secretariat	Specific
Central America and USMB Regional EPI Managers Meeting	05-Jun	08-Jun	tbd	PAHO	PAHO
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Jun	13-Jun	Geneva	WHO/HQ	Global
European Regional Certification Commission for Poliomyelitis Eradication	13-Jun	15-Jun	tbd	EURO	EUR
New and Under-Utilized Vaccines Introduction Retreat	18-Jun	20-Jun	Geneva	WHO/HQ	Global
GAVI Review of Annual Progress Reports (Deadline: 15 May 2007)	18-Jun	27-Jun	Geneva	GAVI Secretariat	Specific
WPRO EPI Managers Workshop	19-Jun	22-Jun	tbd	WPRO	WPR
Jul-07					
SEAR EPI Managers Meeting and 12th Meeting of Technical Consultative Group (TCG)	09-Jul	13-Jul	New Delhi	SEARO	SEAR
GAVI South East Asian Regional Working Group Meeting	14-Jul	14-Jul	New Delhi	SEARO	SEAR
Aug-07					
First Meeting of the Virologists of the regional JE Laboratory Network and Training in Laboratory procedures for diagnosis of Bacterial Pathogens causing Acute Encephalitis Syndrome (AES)	August	August	Bangalore, India	SEARO	SEAR
South America Regional EPI Managers Meeting	07-Aug	10-Aug	tbd	PAHO	PAHO
Sep-07					
EMRO Regional Working Group on Rotavirus Surveillance	10-Sep	12-Sep	Cairo, Egypt	EMRO	EMR
GAVI Quarterly Fund Executive Committee Meeting	12-Sep	12-Sep	Washington DC	GAVI Secretariat	Specific
GAVI Review of Annual Progress Reports	24-Sep	28-Sep	Geneva	GAVI Secretariat	Specific
Ninth Meeting of International Certification Commission for Polio Eradication	27-Sep	29-Sep	New Delhi	SEARO	SEAR
Oct-07					
GAVI Review for ISS, INS, NVS & Measles 2nd Dose Applications (Deadline: 05 October 2007)	24-Oct	02-Nov	Geneva	GAVI Secretariat	Specific
GAVI Eastern Mediterranean Regional Working Group Meeting	28-Oct	29-Oct	Tripoli, Libya	EMRO	EMR

EMRO ICM on Measles and Rubella	30-Oct	01-Nov	Tripoli, Libya	EMRO	EMR
HPV Planning Policy Meeting for Latin America and the Caribbean	Late Oct	Early Nov	tbd	PAHO	PAHO
Nov-07					
EMRO RTAG Meeting	02-Nov	02-Nov	Tripoli, Libya	EMRO	EMR
Strategic Advisory Group of Experts (SAGE) meeting	06-Nov	08-Nov	Geneva	WHO/HQ	Global
GAVI Quarterly Fund Executive Committee Meeting	12-Nov	12-Nov	Johannesburg	GAVI Secretariat	Specific
EMRO RTAG Meeting	12-Nov	12-Nov	Libya	EMRO	EMR
GAVI Joint Alliance & Fund Board Meetings	13-Nov	15-Nov	Cape Town	GAVI Secretariat	Specific
Caribbean EPI Managers Meeting	13-Nov	16-Nov	tbd	PAHO	PAHO
GAVI South East Asian Regional Working Group Meeting	27-Nov	28-Nov	Thimphu	SEARO	SEAR
EURO TAG Meeting	28-Nov	29-Nov	tbd	EURO	EUR
Dec-07					
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Dec	13-Dec	CICG	WHO/HQ	Global
2008 Meetings					
Strategic Advisory Group of Experts (SAGE) meeting	08-Apr	10-Apr	Geneva	WHO/HQ	Global
Strategic Advisory Group of Experts (SAGE) meeting	03-Nov	05-Nov	Geneva	WHO/HQ	Global
2009 Meetings					
Strategic Advisory Group of Experts (SAGE) meeting	07-Apr	09-Apr	Geneva	WHO/HQ	Global
Strategic Advisory Group of Experts (SAGE) meeting	27-Oct	29-Oct	Geneva	WHO/HQ	Global