



GLOBAL IMMUNIZATION NEWS

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27 February 2009

TECHNICAL INFORMATION

GLOBAL ADVISORY COMMITTEE ON VACCINE SAFETY

28/02/2009 from Alison Brunier, WHO/HQ:

19th Meeting of the Global Advisory Committee on Vaccine Safety, 17-18 December 2008

The Global Advisory Committee on Vaccine Safety (GACVS), established by WHO in 1999 to respond promptly, efficiently, and with scientific rigour to vaccine safety issues of potential global importance, met on 17–18 December 2008. Among topics discussed were the safety profiles of rotavirus and human papillomavirus vaccines. Detailed outcomes are as follows:

Rotavirus vaccines: The Committee was presented with post-marketing information on the Rotateq and Rotarix vaccines from Australia, Latin America and the United States. Given the data presented, members were reassured that a risk of intussusception of the order of that which had been associated with Rotashield could be ruled out with confidence. The Committee also indicated, however, that the available post-marketing surveillance data were still too few to rule out, with confidence, a risk of substantially lower magnitude. The Committee emphasized the importance of continuing to accumulate post-marketing surveillance data on intussusception and other possible adverse effects and stressed the importance of setting up surveillance systems for such effects as the vaccines were introduced into increasing numbers of developing countries.

Human papillomavirus (HPV) vaccines: The Committee reviewed the latest recommendations of the WHO Strategic Advisory Group of Experts on immunization on HPV vaccines as well as data related to their large-scale use and articles on early post-marketing surveillance. After careful methodological review of the evidence, GACVS concluded that none of the reports raised sufficient concern to change previous advice given by GACVS. See - http://www.who.int/vaccine_safety/topics/hpv/Jun_2007/en/index.html.

Given that many countries have only recently introduced HPV vaccines at the national level, and as plans exist to introduce the vaccines in many countries with varying capabilities for monitoring of adverse events following immunization, the Committee called for increased attention to building capacity for post-marketing surveillance in those countries where introduction is planned. The Committee also agreed to comprehensively review the post-marketing safety profile of HPV vaccines during 2009. Full report - <http://www.who.int/wer/2009/wer8405.pdf>

MEASLES

28/02/2009 from Hayatee Hasan, WHO/HQ:

WHO calls for scaling up of measles vaccination. Children in affluent European countries have a higher risk of infection

The WHO Regional Office for Europe calls on governments, health professionals, civil society and donors rapidly to scale up national immunization programmes, as outbreaks of measles grow larger and cross country borders. This highly contagious respiratory illness could spread because many children are not immunized or have received less than the required two doses of measles vaccine.

The decline in immunization rates is attributable to a combination of vaccine scepticism born of ideological positions and, ironically, the success of immunization programmes in earlier generations. In addition, some hard-to-reach vulnerable groups in every country still lack access to immunization. Further, the challenges to immunization are fed by disturbing and dangerously misleading anti-vaccination advocacy campaigns. Paradoxically, although measles can be avoided through simple and inexpensive vaccines, children in affluent countries have a greater risk of infection. Nine of the ten countries in the WHO European Region with the lowest average measles immunization rates, from 2000 through 2007, are members of the European Union. For more information, visit: http://www.euro.who.int/mediacentre/PR/2009/20090225_1

Studies reinforce need for pneumococcal vaccine

Two new studies from the Pneumococcal Awareness Council of Experts (PACE) highlight the increased risk for children in Africa of contracting pneumococcal disease and suffering its devastating consequences. The studies were presented at the Sabin Vaccine Institute's 4th Regional Pneumococcal Symposium in Johannesburg, South Africa. According to PACE, the results reinforce the urgent need for improving access to life-saving vaccines and treatments throughout the continent. The South African Ministry of Health was honored for its leadership in making South Africa the first country in Africa to introduce pneumococcal vaccine in parts of the country. For more information, visit: <http://www.sabin.org/pressroom/releases/2009/03/03/pace-studies-unveiled-sabins-4th-regional-pneumo-symposium-reinforce-n>

POLIO

30/01/2009 from Siddhartha Datta (WHO/NPSP India) and Julian Bilous, WHO/HQ: The Benefits of Polio Eradication in India: Tracking Every Newborn in Uttar Pradesh

The Tracking Every Newborn (TEN) initiative, which tracks newborn infants for routine immunization in the state of Uttar Pradesh (UP) India, is beginning to show promising results. With over 400,000 births per month in the state of UP, many infants remain unregistered for immunization, consequently officially reported routine immunization coverage data are unreliable. In an effort to ensure the early protection of infants from poliomyelitis, commencing in early 2007, the names and addresses of every newborn infant in the state were recorded by polio vaccination teams during the house-to-house visits in each round of polio supplementary immunization activities (SIA). During each round, the immunization teams recorded details of all infants who had been born since the previous round. Close inspection of the data after 12 months showed that the total numbers of recorded newborns corresponded very closely with other sources of population data. In a pilot project undertaken by the WHO National Polio Surveillance Project (NPSP) in one block in each of 8 separate districts of Western UP, the names of each newborn, having been identified by polio immunization teams, were added, at block level to the immunization registers held by each Auxiliary Nurse Midwife (ANM). Lists of those infants due for immunization (name-based due lists) were created and used by the ANM during each routine immunization session at village level. Results from the 8 blocks after 6 months of the initiative show that an additional 15,742 infants from the newborn tracking data were added to the ANM registers which had initially listed only 16,569 infants; a near doubling of registered infants. Coverage calculation has shown that 60% of the 32,311 infants now listed received DTP3. Adding newborn tracking data has clearly resulted in a more complete target population, leading to additional infants being reached and followed up for all routine immunization doses. Furthermore, the ANMs and local community workers have been encouraged to continue to find additional newborns that may have been missed even by the SIA teams, and add these to their immunization registers. The success of the pilot phase of TEN has led to a request from the state government of UP to expand the initiative to other blocks with technical support from WHO/NPSP. This expansion will begin in March 2009.

IMMUNIZATION FINANCING

28/02/2009 from Lydia Kamara, WHO/HQ:

Report from the Immunization Financing and Sustainability (IF&S) Task Team on Country Co-financing of vaccines

The IF&S Task Team met in January to review the status of country co-financing following the first full year of the implementation of the GAVI co-financing policy. As at December 31 2008, 18 out of 26 countries have met the full co-financing requirement for 2008 i.e. 69% of countries. The total amount co-financed by these 18 countries in 2008 amounted to US\$ 8,707,524 as compared to the GAVI financing US\$74,892,372; 8 countries did not meet the co-financing requirement, of which 6 are considered definite defaults and 2 countries require some clarifications before making payments. GAVI partners including UNICEF, WHO and the World Bank, committed to closely following up on the defaulting countries between now and April, to

support countries getting out of default within the 1st quarter of 2009. Since the meeting, an additional 4 countries have come out of default.

In addition to the above, 6 countries continuing to receive GAVI Phase 1 support made voluntary payments in 2008 for their Phase 1 vaccines including payments for YF, DTP - HepB and DTP-HepB-Hib. Total voluntary payments by the six countries equated to a total of US\$ 8,391,358. The combined payment by countries that co-financed and voluntarily paid for vaccines in 2008 amounts to US\$17,098,882 and GAVI's total corresponding contribution US\$112,858,372. In 2009 over 40 countries are required to co finance their GAVI supported vaccines, 4 of which have already made payment to UNICEF. Please contact kamaral@who.int for the full meeting report.

PUBLICATIONS

WHO PUBLISHED DOCUMENTS

28/02/09 from Mario Conde, WHO/HQ:

Generic protocol for monitoring impact of rotavirus vaccination on gastroenteritis disease burden and viral strains

Item code: WHO/IVB/08.16

url: http://whqlibdoc.who.int/hq/2008/WHO_IVB_08.16_eng.pdf

This generic protocol outlines a uniform approach to monitoring the impact of rotavirus vaccines that can be modified by countries to meet their specific needs. It provides background and justification for monitoring the impact of these vaccines once introduced in routine immunization schedules; describes assessment of vaccine impact by monitoring disease trends, using either existing data sources or active surveillance systems; explains an approach for assessing vaccine effectiveness using a case control methodology; and describes the monitoring of the distribution of circulating rotavirus strains.

An introduction to the Global Immunization Vision and Strategy

Item code: WHO/IVB/08.13

url: http://www.who.int/immunization/documents/WHO_IVB_08.13/en/index.html

This colorful WHO/UNICEF brochure captures the essence of GIVS which aims to protect more people against more diseases. Illustrated with photos and the brand new visual identity for GIVS, it describes achievements in immunization and the benefits of this key and cost-effective health intervention. Needs, challenges, the cost of immunization programmes and resource requirements are given. The document provides the four strategic areas of GIVS and immunization goals established therein.

GAVI-RELATED INFORMATION

GAVI BOARD MEETING DATES FOR 2009

28/02/09 from Rudi Eggers, WHO/HQ:

Board Meeting: June 2-3, Washington, DC

Board Meeting: Nov 17-18, location to be determined

Partners' Meeting: Nov 18-20, location to be determined

NEW VACCINES/ISS

28/02/09 from Ariane Leroy, GAVI:

All new guidelines and application forms for 2009 are available on the web. Countries wishing to apply to GAVI for support, or to report their immunization results, should use the correct GAVI forms which can be found under: <http://www.gavialliance.org/support/how/guidelines/index.php>

GAVI INDEPENDENT REVIEW PROCESS

Next Review Dates:

PROPOSAL REVIEWS - ISS, HSS, INS, New Vaccines & Measles 2nd Dose:

15-30 June 2009. Submission deadline: 1 May 2009.

19-30 October 2009. Submission deadline: 11 September 2009.

6-16 April 2010. Submission deadline: 4 March 2010.

25 October - 5 November 2010. Submission deadline: 27 September 2010.

MONITORING IRC

15-30 June 2009 and 21-25 September 2009.

Submission deadline: 15 May 2009 for both rounds.

15-30 June 2010 and 20-24 September 2010

Submission deadline: 14 May 2010 for both rounds.

COUNTRY INFORMATION¹ BY REGION

AFRICAN REGION

REGIONAL INFORMATION

CAMEROON

28/02/2009 from Auguste Ambendet, IST Central, AFRO:

The country has introduced Hib containing vaccine as of February 2009. The official launching ceremony was presided over by the Minister of Public Health, André Mama Fouda in the town of Okola 30 kms out of Yaoundé on 4 February 2009.

CONGO

28/02/2009 from Auguste Ambendet, IST Central, AFRO:

The country has introduced Hib containing vaccine as of January 2009. The official launching ceremony was presided over by the Minister of Health, Social & Family Affairs, Emilienne Raoul, in the district of Ignié 45 kms from Brazzaville on 1 January 2009.

DRC

28/02/2009 from Auguste Ambendet, IST Central, AFRO:

The country has introduced Hib containing vaccine as of February 2009. The official launching ceremony was presided over by the Minister of Public Health, Auguste Mopipi Mukulumanya in Kinshasa on 29 January 2009.

ETHIOPIA

28/02/2009 from Asnakew Yigzaw, AFRO:

As Ethiopia is classified as one of the countries with large numbers of unvaccinated children, 29 zones were identified in which to conduct 11 sessions of district level RED micro planning involving 157 health workers to put in place strategies to increase immunization coverage. In addition, 32 sessions of peripheral level EPI trainings were conducted involving health workers at health center and health post level and a total of 1,340 health workers have been trained.

¹ HSS= Health Systems Strengthening;
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;

11,755,117 million children under five years of age have been vaccinated against measles integrated with other child survival interventions (Vit. A + albendazole + polio) from April–December 2008 with overall coverage of 92.8%.

Five rounds of Polio SNIDs were also conducted in areas bordering south Sudan targeting 2.1 million children under five.

MALI

28/02/2009 from Julie Milstien

In order to address the gaps observed in using supportive supervision as a means of strengthening the country's immunization programme, a series of supervisory tools have been elaborated, focused on a specific area and containing a checklist and a sheet explaining the correct behaviour for each observation, based on national policy that it is hoped will contribute to increasing the impact of the supervision. Supervisory visits are based on a brief observation of the activities indicated in the checklist, followed by a brief feedback covering only those items. The process is sufficiently focused to easily fit into a larger integrated supervisory activity; implementation, including the feedback session, takes a total of 30-90 minutes. This approach has been appreciated by both district level staff performing supervision, and by the health centre staff, as these supervisory tools allow them to rapidly pinpoint the most important achievements and gaps in a given area of the immunization programme.

The efficacy of this approach is being assessed by a formal study in two regions of Mali. In each of these regions, two health centres in one district will receive quarterly supervision for a year, using each of the four supervisory tools one time, and the following year the centres in the other district will receive the same kind of supervision. Baseline, mid-study and final comprehensive assessments will be done to assess the impact of the supervision.

MAURITANIA

28/02/2009 from Femi Oyewole, AFRO

The country has introduced Hib containing vaccine as of March 2009. The official launching ceremony was presided over by the Minister of Trade and Tourism on behalf of the Minister of Health, in Nouakchott on 1 March 2009.

EUROPEAN REGION

REGIONAL INFORMATION

TURKEY

28/02/2009 EURO:

Prevenar Vaccine to Help Protect Children Against the Leading Vaccine-Preventable Cause of Death in Young Children Worldwide

Turkey has initiated a national immunization programme (NIP) against pneumococcal disease with Wyeth's Prevenar(TM) (Pneumococcal conjugate vaccine) - a vaccine which helps protect infants and young children against seven serotypes causing pneumococcal disease. There are now more than 30 countries that include Prevenar in their childhood NIP.

"This important decision by the Turkish government shows a strong commitment to address this urgent and pressing health issue and to reduce child mortality," says Dr E. David McIntosh, a paediatrician and Medical Director for Europe, the Middle East and Africa for Infectious Diseases and Vaccines at Wyeth. "Given the documented public health benefits of Prevenar in countries where it is routinely used, this announcement is an important development for the more than 1 million children born every year in Turkey."

"Immunization is one of the most important public health interventions for the prevention of disease. The inclusion of pneumococcal vaccination with Prevenar in the national immunization programme in Turkey is an important step to help ensure that our children will be protected against this serious, and potentially life-threatening disease," says Professor Mehmet Ceyhan, President of the Turkish Infectious Diseases Association.

Prevenar is now available in more than 90 countries around the world, with more than 200 million doses distributed.

SOUTH EAST AISA REGION

REGIONAL INFORMATION

BANGLADESH

28/02/2009 Hib Initiative:

The country has introduced Hib containing vaccine as of January 2009. The official launching ceremony was presided over by the Minister of Trade and Tourism on behalf of the Minister of Health, in Khulna District, southwest of the capital Dhaka on 15 January 2009.

LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
2009 Meetings					
EPI Managers Meeting	09-Mar	13-Mar	Ouagadougou	IST West	AFRO
Inter country Training Course on implementing Real Time Polymerase Chain Reaction (RT PCR) technology for rapid detection and characterization of Polio virus	09-Mar	13-Mar	Mumbai, India	WHO	SEARO
GAVI Regional Working Group Meeting	12-Mar	13-Mar	Mombasa, Kenya	UNICEF ESARO	AFRO
EPI Managers Meeting	18-Mar	20-Mar	tbc	IST E&S	AFRO
EPI Managers Meeting	23-Mar	27-Mar	Libreville	IST Central	AFRO
Inter-country vaccine Management Training	23-Mar	29-Mar	Thailand	UNICEF/EAPRO	WPR
ETAGE Meeting	25-Mar	26-Mar	Copenhagen, Denmark	EURO	EURO
Meeting with GAVI eligible countries on GAVI related issues (reporting, co-financing)	April	April	tbc	EURO	EUR
ProVac Cervical Cancer Costing Meeting	02-Apr	03-Apr	Kingston, JAM	PAHO	PAHO
Strategic Advisory Group of Experts (SAGE) meeting	07-Apr	09-Apr	Geneva	WHO/HQ	Global
EMR GAVI Core Group Meeting	21-Apr	22-Apr	Cairo, Egypt	EMRO	EMRO
Regional GAVI Working Group Meeting	May	May	tbc	EURO	EUR
Vaccine prioritization workshop	05-May	07-May	Bangkok Thailand	WHO	SEARO
5th Pacific Immunization Strengthening Workshop	11-May	15-May	Nagasaki, Japan	WHO	WPRO
JE hands-on lab training	15-Jun	19-Jun	Seoul, Korea	WHO	WPRO
25th RTAG Meeting	09-Jul	09-Jul	Hammamet, Tunisia	EMRO	EMRO

Measles hands on lab training	06-Jul	10-Jul	Hong Kong	WHO	WPRO
The 9th International Advanced Course on Vaccinology for the Asia Pacific Region (for more information http://www.ivi.int/vaccinology2008/)	\	16-May	Seoul, Korea	International Vaccine Institute	SEAR
XVIII Meeting of the Technical Advisory Group on Vaccine-Preventable Diseases	08-Jun	10-Jun	San José, COR	PAHO	PAHO
PAHO Sub-Regional Meeting of the Central American Region, Mexico and the Spanish Caribbean on Vaccine Preventable Diseases	08-Jun	11-Jun	tbc	WHO	PAHO
Global NUVI Meeting	16 Jun	18 Jun	tbc	WHO	Global
18th TAG Meeting	30-Jun	02-Jul	Manila, Philippines	WHO	WPRO
PAHO Sub-Regional Meeting of the Andean and Southern Cone Regions on Vaccine Preventable Diseases	12-Aug	13-Aug	tbc	WHO	PAHO
Polio real time PCR Training	24-Aug	28-Aug	Australia	WHO	WPRO
Data Management Workshop	TBD	TBD	Manila, Philippines	WHO	WPRO
Regional EPI Lab Network Meeting	Sept (TBD)	TBD	Manila, Philippines	WHO	WPRO
Inter-country training workshop on Surveillance of vaccine preventable diseases and monitoring & evaluation of national immunization programmes	07-Oct	09-Oct	Cairo, Egypt	EMRO	EMRO
15th RCC Meeting	Oct (TB)	TBD	tbc	WHO	WPRO
Strategic Advisory Group of Experts (SAGE) meeting	27-Oct	29-Oct	Geneva	WHO/HQ	Global
16th Meeting of the EMR GAVI Working Group on	09-Nov	10-Nov	Luxor, Egypt	EMRO	EMRO
26th Meeting of the Caribbean Expanded Program on Immunization Managers	16-Nov	20-Nov	tbc	WHO	PAHO
Workshop on invasive bacterial diseases surveillance Network	15-Dec	17-Dec	Cairo, Egypt	EMRO	EMRO

LINKS RELEVANT TO IMMUNIZATION

GLOBAL WEBSITES

Department of Immunization, Vaccines & Biologicals, World Health Organization

<http://www.who.int/immunization/en/>

WHO New Vaccines Hib website

<http://www.who.int/nuvi>

Agence de Médecine Préventive

www.aamp.org

EPIVAC

www.epivac.org

GAVI Alliance Website

<http://www.gavialliance.org/>

IMMUNIZATIONbasics (JSI)

www.immunizationbasics.jsi.com

PATH Vaccine Resource Library

<http://www.path.org/vaccineresources>

UNICEF Supply Division Website

http://www.unicef.org/supply/index_immunization.html

UNICEF Supply Division Product Menu for GAVI Vaccines

http://www.unicef.org/supply/files/Product_Menu_2007.PDF

Hib Initiative Website

<http://www.hibaction.org/>

Japanese Encephalitis Resources

<http://www.path.org/vaccineresources/japanese-encephalitis.php>

Malaria Vaccine Initiative

<http://www.malariavaccine.org>

Measles Initiative

www.measlesinitiative.org

Meningitis Vaccine Project

<http://www.meningvax.org/index.htm>

PneumoADIP

www.preventpneumo.org/

RotaADIP

<http://www.rotavirusvaccine.org/>

RHO Cervical Cancer (HPV Vaccine)

<http://www.rho.org>

WHO/ICO Information Center on HPV and Cervical Cancer

<http://www.who.int/hpvcentre/en/>

SIGN Updates

www.who.int/entity/injection_safety/sign/en/

Technet

<http://www.technet21.org/>

REGIONAL WEBSITES

New Vaccines in AFRO

<http://www.afro.who.int/newvaccines/>

PAHO's website for Immunization

<http://www.paho.org/english/ad/fch/im/Vaccines.htm>

Vaccine Preventable Diseases in EURO

<http://www.euro.who.int/vaccine>

New Vaccines in SEARO

<http://www.searo.who.int/en/section1226.asp>

Immunization in WPRO

http://www.wpro.who.int/health_topics/immunization/

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World Health
Organization

