



GLOBAL IMMUNIZATION NEWS

*The information contained in this Newsletter depends upon your contributions
Please send inputs for inclusion to: dassanayakehe@who.int*

26 July 2006

TECHNICAL INFORMATION

ADVOCACY & COMMUNICATION

26/07/06 from Alison Brunier, WHO/HQ:

G8 Summit: During the Group of Eight (G8) Summit held in St. Petersburg, the Russian Federation, on 15-17 July 2006, Dr. Anders Nordström, acting Director-General of WHO, led a senior WHO team to contribute to discussions on infectious disease. He addressed G8 leaders, in the presence of Heads of State or Government of Brazil, China, Finland, India, Kazakhstan, Mexico and South Africa, invited leaders of United Nations organizations and a representative of the African Union.

The 12-page document resulting from Summit discussions (<http://en.g8russia.ru/docs/10.html>) includes commitments of the G8 countries to: strengthen the global network for surveillance and monitoring; increase global preparedness for a human influenza pandemic; combat HIV/AIDS, tuberculosis and malaria; eradicate polio; and make progress on measles and other vaccine-preventable diseases. The Russian Federation carried on the G8 tradition of supporting polio eradication, making a specific pledge of US\$ 18 million to the programme. To coincide with the Summit, WHO's Department of Immunization, Vaccines and Biologicals published a web page on its Newsroom, with links to new fact sheets on vaccine-preventable diseases and related issues, prepared as background principally for media covering the Summit. See http://www.who.int/immunization/newsroom/G8_summit/en/index.html for more information.

CAPACITY BUILDING & TRAINING

26/07/06 from EURO:

Global Training Network: Vaccine Regulation Course in Moscow: A five-day training course on vaccine regulation took place in Moscow, Russian Federation on 19-23 June 2006. The 20

participants comprised immunization programme managers and representatives working with vaccine regulation – from Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan and Uzbekistan.

WHO recommends Member States to establish quality-assurance systems – from the production of a vaccine to its point of use. The training course introduced such systems focusing on the functions of the national regulatory authorities (NRA). The NRA of half of the participating countries were assessed before the course and none were found to function satisfactorily.

The training course is in line with the WHO/EURO strategy on immunization quality and safety. This strategy recommends Member States to strengthen their NRA by re-enforcing their authority to oversee the quality of immunization products.

At the training course, the participants familiarized themselves with definitions and recommendations on vaccine regulation. During the course, some general misconceptions on the NRA functions were also clarified.

The participants developed a brief plan of action for their national quality-assurance in light of lessons learnt during the course. Each plan is a commitment to bring changes and is the basis for future cooperation with WHO.

IMMUNIZATION FINANCING & COSTING

26/07/06 from Lidija Kamara, WHO/HQ:

The cMYP process and intended implementation of GIVS at country level is underway with the completion of four regional intercountry workshops in the last month. A brief summary of the workshops is reported as follows:

SEARO

WHO/SEARO and the World Bank co-organized a regional training workshop on Immunization

Financing at the Centre for Health Economics, Chulalongkorn University, Bangkok from 19-23 June 2006. The training was co-organized by WHO/SEARO and the World Bank and supported by WHO/HQ, Immunization Basics, PATH, USAID, UNICEF and representatives from 2 regional institutes: Chulalongkorn University and the India Institute of Economic Growth (IEG). The training targeted 11 countries from the SEAR region and included participants from Bangladesh, Bhutan, DPR Korea, East Timor, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, and Thailand.

The overall objectives of the training were to:

- Increase the capacity of national level immunization planners;
- Train representatives from SEAR member states and key institutes to develop cMYPs and strengthen the implementation of GIVS, specifically in costing, financing and broader health economics issues;
- Strengthen the regional network of support for health economics and linkages vis-à-vis regional institutes and partners;
- Pilot training materials developed by Immunization Basics and the World Bank for subsequent use in other regional trainings or for country specific training.

The joint WHO-World Bank workshop was the first of its kind and there are plans to replicate a similar workshop in EURO for ECA countries later this year and possibly in other regions in the future.

AFRO

The GAVI West & Central Sub-regional Working Group organized a series of three sensitization and training workshops with a view to accelerating the implementation of GIVS through the cMYP process in the countries of the two sub-regions. The three workshops were held in:

1. Lome, Togo from 4-6 July 2006 for Gambia, Ghana, Liberia, Nigeria and Sierra Leone;
2. Yaoundé, Cameroon from 11-13 July for Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Guinea Bissau, Rwanda and Sao Tome & Principe;
3. Ouagadougou, Burkina Faso from 11-13 July 2006 for Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal and Togo.

The workshops were focused on training the countries in:

- Presenting the challenges and objectives of GIVS;
- Defining the linkages between GIVS, the cMYP, and the opportunities for access to support in GAVI Phase 2;
- Introducing the guidelines and tools for developing a cMYP;
- Developing a workplan for the elaboration of the cMYP for Immunization.

Now, with the workshops completed, the challenge remains in appropriately supporting countries in the cMYP process by following up on country workplans and in providing any required technical assistance to countries in a timely manner.

MATERNAL & NEONATAL TETANUS

26/07/06 from Flint Zulu, UNICEF/Zambia, Ahmadu Yakubu, UNICEF/ESARO & Fouzia Shafique, UNICEF/HQ:

Maternal and Neonatal Tetanus Elimination in Zambia:

Zambia is among the 49 countries world wide, 31 countries in Africa and 11 countries in UNICEF's East & Southern African region that have still to eliminate MNT. The high risk area approach to MNT elimination was begun in 2001; between 2001 and 2003, supplemental immunization activities (SIAs) for TT vaccination were conducted in 13 high risk districts with coverage achievements varying from 66 to over 100% for at least 2 doses of TT. In 2004, due to competing priorities and resource constraints, the MNT elimination activities were postponed. However, a Joint MOH/UNICEF/WHO desk review in 2004 (using 2003 data), showed that only 5 of the total 72 districts in the country were still at high risk for MNTE. These districts were characterized by poor EPI coverages for all antigens, human resource, logistics and transport inadequacy and infrastructural and geographical challenges. In 2005, TT SIAs were conducted as part of the Child Health Days (CHDs) while efforts to strengthen routine TT immunization through the RED approach were also initiated. The two CHDs in 2005 offered in addition to Vitamin A supplementation; TT immunization, de-worming, growth monitoring and malaria control activities including distribution of ITNs.

A recent field and data review showed that TT immunization is offered to pregnant and non-pregnant child bearing age women (CBAWs) as per national policy, but most doses are administered to pregnant women both as part of immunization services during ANC contacts; a school immunization programme also exists that includes a booster dose to boys and girls in grade one, and two additional boosters to girls only in grades 7,8, and/or 9 but limited information is available on coverage achievements. Although the routine immunization coverage has plateaued since 2004, the coverage figures reported in the National HMIS do not include the achievements of the twice yearly CHDs. Also the TT schedule is restarted in each pregnancy so while reported dose may be TT2, it is in many cases a later dose. Also many CBAWs who have received all five doses are not vaccinated although they and their neonates, if any are protected. In view of all these facts, the reported TT2+ coverage in the

districts is probably an underestimation of the actual coverage. Rough estimate of TT2+ coverage is at least 70%, but possibly close to 80% given the additional achievement of the CHDs. However, it is also estimated that approximately 20% women are still not protected with TT immunization due to accessibility issues. The desk and the field visit in few high risk districts concluded that Neonatal Tetanus is a rare event and in most districts the rate is probably below 1 per 1000 live births. This estimation of probable estimation is not based on the NT surveillance alone, but takes into account the TT coverage of the women in districts. Zambia, is at a late stage where the preparatory activities for the MNT Elimination validation exercise may be started. The district data spreadsheet should be completed and country level partners should use it to make decision on whether the country should claim elimination in all districts. If this is done, WHO could possibly schedule the validation exercise end of 2006 or early 2007 in liaison with the Ministry of Health, Zambia.

26/07/06 from Jos Vandelaer, WHO/UNICEF

Geneva: Following the 1989 WHA resolution calling for the elimination of MNT, 49 countries have yet to achieve MNT elimination. Nine of the countries that achieved MNT elimination did so in the past five years (with reports available in WER). India has set 2009 as the target date for MNT elimination, and the government, in collaboration with WHO and UNICEF, has embarked on a gradual validation of MNT elimination.

In November 2003, the state of Andhra Pradesh was validated as having eliminated MNT, and in December 2005, the state of Kerala became the second state to have achieved MNT elimination. In June 2006, five additional states in India were validated as having eliminated MNT through the implementation of six Lot Quality Assessment (LQA) surveys. The surveys found that neonatal tetanus had fallen to levels below the elimination threshold (i.e.: 1 per 1000 live births at district level). In addition, TT coverage among pregnant women was found to be above 80% in all of the districts, supporting the NT elimination claims. Therefore, currently seven states in India can be considered as having eliminated MNT: Andhra Pradesh, Kerala, Haryana, Maharashtra, Tamil Nadu, Karnataka, and West Bengal. An assessment of MNT elimination in another six states in India is planned for 2007.

POLIO

26/07/06 from Oliver Rosenbauer, WHO/HQ:

Convening in St. Petersburg, Russia on 15-17 July 2006, leaders of the G8 countries re-affirmed their commitment to polio eradication, pledging their continued support, stating that they will "continue to work collectively and with bilateral

and multilateral donors to close the funding gap for 2007-2008".

The spearheading partners of the Global Polio Eradication Initiative – WHO, Rotary International, CDC, and UNICEF welcome the political statements that testify to the long-standing support of the Group of Eight. At the same time, the partners call urgently on the G8 to rapidly turn these statements into action. A shortfall of US\$85 million for the remainder of 2006 must be filled immediately, in addition to the 2007-2008 funding gap of US\$400 million. Without these funds, immunization activities in key polio-affected and high-risk countries will have to be scaled-back, which could result in a higher number of children being paralysed for life.

Polio eradication has been on the G8's agenda since the group's 2002 Summit in Canada. In 2005, under the leadership of the UK G8 Presidency, intensified immunization campaigns around the world were able to proceed as planned thanks largely to the G8's strong support. Since the 2005 G8 Summit, Canada, Germany, the Russian Federation, the United Kingdom and the United States have each made welcome new polio funding commitments. The G8's continued support is critical to the global fight against polio, as this body represents the largest donor base to the Global Polio Eradication Initiative, representing 52% of the US\$4.1 billion budget to date.

VACCINE SAFETY

26/07/06 from Alison Brunier, WHO/HQ: Meeting of the Global Advisory Committee on Vaccine Safety (GACVS) – June 2006:

The GACVS was established in 1999 to respond promptly, efficiently and with scientific rigour to vaccine safety issues of potential global importance. The Committee held its fourteenth meeting in Geneva, Switzerland on 6-7 June 2006. Issues discussed included immune overload, the post-marketing surveillance of rotavirus vaccines, the safety of vaccines against pandemic influenza and varicella vaccines, and the safety of squalene. The report of the meeting was published in the WHO Weekly Epidemiological Record in English and French on 14 July 2006: <http://www.who.int/wer/2006/wer8128.pdf>

On the issue of immune overload, the Committee was presented with a literature review. The Committee acknowledged that supposed "immune overload" is a parental and societal concern due to fears of deleterious effects resulting from multiple vaccines being given to infants. The Committee noted that the concept of immune overload was ill-defined, as was the nature of adverse effects that were supposed to derive from it.

Interference between vaccines given together or in close temporal proximity, resulting in a reduced vaccine-induced immune response to one or more of the vaccines, is a recognized phenomenon that may result from a variety of immunologic mechanisms. It is important to consider the possibility of such effects whenever a new vaccine is added to the infant vaccination schedule, or when the schedule is changed, and to adjust the recommended schedule accordingly so as to remove or minimize any such effects. However, this is different from the concept of immune overload in which the administration of multiple vaccines is supposed to weaken or harm the immune system, rather than reducing the immune response to one or more of the vaccines given.

The review conducted by the Committee did not find evidence to support the hypothesis of immune overload involving vaccines as currently used. However, the Committee recognized that despite the absence of evidence, some parents continue to fear such effects and that surveillance of non-specific adverse effects following vaccination should continue.

All GACVS reports, and additional material relating to the topics discussed at its meetings, are posted on the Committee's website at http://www.who.int/vaccine_safety/en/. The majority of the site is available in Arabic, Chinese, French, Russian and Spanish, as well as English. Non-English pages can be accessed by clicking on the language tabs at the top right of the site. The latest material will be translated and posted in the coming weeks.

PUBLICATIONS

NEWLY PUBLISHED WHO DOCUMENTS

26/07/06 from Mario Conde, WHO/HQ: The following publications are available online:

- ***La Vaccination dans le monde: vision et stratégie 2006-2015*** – French translation of the GIVS.
- ***State of the art of new vaccine and development*** (WHO/IVB/65.01). Although highly effective vaccines are available against a number of pathogens, the world's poorest regions are still suffering a heavy toll of premature death and disability from infectious disease for which vaccines need to improve or do not exist. For these diseases, it is of crucial importance that vaccine R&D be considered as a priority. This document represents and extensive analysis of the state of the art of vaccine R&D against infectious diseases of public health importance for which vaccines still are non-existent, or need substantial improvement.

- ***Procedures for assessing the acceptability, in principle, of vaccines for purchase by UN agencies*** (WHO/IVB/05.19). This document provides guidelines to manufacturers and regulatory authorities about the procedures in place at WHO to assess the acceptability, in principle, of vaccines for purchase by UN agencies. It provides the background information, the purpose of the service to UN agencies, and the details of the procedure followed. It details the steps to be followed, special considerations taken for vaccine fillers, for priority products, for products required on an emergency basis, etc. In addition, it provides in the annexes, the required format and contents of the PSF, the model confidentiality agreement and non-conflict of interest form to be signed by experts participating in the assessment.

These can be obtained on the WHO website: www.who.int/vaccines-documents/DoxGen/H3DoxNew.htm

GAVI-RELATED INFORMATION

GAVI ALLIANCE

26/07/06 from Lisa Jacobs, GAVI Secretariat: The GAVI Alliance Board Meeting was held in Washington DC on 20 June 2006. A summary of recommendations from the meeting follows:

GAVI Phase 1 Review: The review of phase 1 will be designed to provide insight into GAVI's current and future activities, and includes provisions for the evaluation of data quality audits and other tools, to determine if their use should be continued in phase 2. The Board:

- Approved the proposed process and timelines for the GAVI phase 1 evaluation, and requested that operations of the GAVI Fund also be included in the evaluation.
- Welcomed the proposal that NORAD's Evaluation Division and Bill & Melinda Gates Foundation serve on the GAVI phase 1 review steering committee, but also requested that the participation on the committee be broad and independent. In this context, the board requested the Secretariat to propose additional membership, especially to include developing countries.
- Approved the separate proposed process and timeline for the evaluation to assess the quality, reliability and use of different sources of immunization coverage data.

GAVI Alliance Strategy 2007-2010: The draft GAVI Alliance Strategy was presented, and the discussion focused around the following issues:

- The GAVI Alliance strategy should be considered a dynamic document. It provides a

road map for GAVI's work over the next four years, but should remain flexible enough to respond to a changing environment.

- As the Alliance works to achieve its strategic goals, it must ensure that developing countries have a strong voice in the process. The strategy should reflect priorities at the country level throughout the implementation period.
- Further work may be needed in the areas of strengthening information systems and health systems financing at the country level.

The Board approved the GAVI Alliance Strategy for 2007-2010, subject to annual review by the Board.

Accelerated Introduction of New Vaccines:

The Board:

- Confirmed the request by the Alliance and Fund ECs for investment cases for the introduction of rotavirus and pneumococcal vaccines, to be submitted to the November 2006 joint meeting of the GAVI Alliance and GAVI Fund Boards.
- Approved US\$15 million for the completion of clinical trials of rotavirus vaccines in Africa and Asia during the period 2006-2009.
- Approved US\$ 7.3 million for the surveillance activities needed for the assessment of the impact of the pneumococcal vaccine in the Gambia and Kenya for the period 2006-2007.
- Approved the Hib Initiative 2006-2007 workplan and budget of \$13.8 million. This approval is contingent upon the assumption that the project continues to have its original mandate of supporting evidence-based decision-making by countries, after having informed the countries and taken due account of the November 2005 SAGE recommendation of Hib.

Update from the Civil Society Task Team:

Discussion focused around:

- Specific proposals from the Civil Society Task Team are likely to focus on country-based organizations. Many of these organizations deliver significant numbers of vaccines, but do not receive contributions from local governments to increase delivery. GAVI may have the potential to bridge this gap.
- Additional definition of the civil society constituency is needed before the Alliance can consider proposals for further integration of this group within GAVI governance structures.
- Civil society organizations have the potential to contribute greatly in such areas as fragile states, reaching children in remote and hard to reach areas, and financial sustainability.

The GAVI Board endorsed the development of a proposal for future support for civil society partnerships with governments through current and future GAVI windows of support. This proposal would be developed by the Civil Society Task Team in close collaboration with relevant GAVI Partners and submitted to the November 2006 joint meeting of the GAVI and Alliance Boards.

Financing Policy for New Vaccines in Phase 2: The Board:

- Requested the Secretariat to present the Board with more specific options on financing policies and detailed proposal for the implementation of these policies. This proposal should be submitted to the Board within a month's time and can be discussed at an exceptional teleconference.
- Requested the Secretariat to initiate consultations with developing country Ministries of Health and Finance to contribute to the development of financing policies and to further define the strategies for implementation of these financing policies.

Advance Market Commitments: Next Steps and Processes:

The discussion focused around the idea that an AMC could make a significant contribution towards increasing access to priority vaccines. If the G8 does request that GAVI host an AMC pilot, the Board will need to hold an exceptional meeting by teleconference to make a final decision. At this teleconference, the Board should be presented with a thorough risk analysis and an assessment of the overall work-load for the Alliance and its governance structures.

IFFIm Update and 'Guiding Principles': The Board approved the Guiding Principles document, with the changes noted in the discussion, including the amendments requested by UNICEF as to privileges and immunities.

INTERNATIONAL FINANCE FACILITY FOR IMMUNIZATION (IFFIm)

26/07/06 from Jean-Pierre Le Calvez, GAVI

Secretariat: The Spanish Council of Ministers announced its ratification of the IFFIm. Spain's contribution to the IFFIm amounts to 240 million dollars over twenty years in early July 2006. Through its contribution to IFFIm, Spain will become the GAVI Alliance fourth largest Donor.

The pledge approved by the government will cover 20 years. The first installment will be paid in 2006 and will amount to 12 million dollars.

GAVI Alliance is a public-private partnership which promotes large-scale immunization in the poorest countries of the world. The partnership includes governments, pharmaceutical companies, NGOs, international organizations and health and research institutes. The greatest majority of partner countries are what are known as least developed countries, and the priority region for action is Sub-Saharan Africa.

Every year, 27 million children miss out on immunization against the most common childhood diseases. As a result, between two and three million children die every year of diseases which

are easily preventable. Many more fall ill and lose school time.

Spain is making this donation in line with its firm resolve to contribute to the achievement of the MDGs. MDG4 refers to the reduction of child mortality. It is estimated that Spain's contribution and those of the other donors will make it possible to save the lives of five million children and a further five million adults (deaths caused by hepatitis B).

Spain's contribution to GAVI will be made through the IFFIm, which will mobilize in a relatively short time, a significant volume of funds for the large-scale immunization of children and for other activities such as the strengthening of health and immunization services.

Prime Minister José Luis Rodríguez Zapatero announced Spain's contribution to GAVI during the annual meeting of the United Nations General Assembly in September 2005, in connection with the Initiative Against Hunger and Poverty. Spain is associated with this initiative, which promotes the search for innovative sources of funding in order to achieve the MDGs.

HIB INITIATIVE

26/07/06 from Lois Privor-Dumm, JHSPH: Representatives from Ministries of Health, EPI managers, WHO, partners and researchers convened in Nairobi, Kenya from 22-23 June 2006, to discuss the leading infectious causes of childhood death in children under 5 – pneumonia and meningitis. The forum sponsored by WHO Africa regional office, WHO Kenya, UNICEF, GAVI, The Hib Initiative and the PneumoADIP, was characterized by a high level of commitment and action towards adopting and/or sustaining Hib vaccine programs in a region where burden of disease has been proven to be significant. There were extensive discussions about how to monitor the burden and vaccine impact to demonstrate reduction in disease and prepare evidence for another leading childhood killer – pneumococcal disease. Participants also discussed the need for advocacy targeted to both, policy-makers and the community, economic evaluations and the impact of cost and financing to help governments make evidence-based decisions regarding sustainable vaccine solutions.

REVIEW PROCESS

The next **Proposals Review** for 2006 is scheduled in October with the **deadline of 6 October 2006**. The IRC will review the proposals for **HSS** for the first time in this round.

26/07/06 from Anshu Banerjee, GAVI Secretariat: During the Independent review Committee for "Monitoring" from 6 – 16 June 2006 with regard to the Annual Progress Reports for

2005, 53 countries were reviewed. The Independent Review Committee for "Proposals" held between 26 June and 5 July 2006 reviewed 13 country proposals for 15 requests of support. The recommendations from both reviews will be presented to the GAVI Alliance Executive Committee on 28 July and in mid-August 2006 to the GAVI Fund Executive Committee. Countries will be informed about the decisions in September 2006.

COUNTRY INFORMATION¹ BY REGION

AMERICAS

REGIONAL INFORMATION

26/07/06 from PAHO: The fourth annual **Vaccination Week** in the Americas (VWA), the hemisphere-wide initiative of the Pan American Health Organization (PAHO), was launched this year in the state of Arizona, United States, during the week of 22-29 April 2006. In the city of Phoenix, health authorities from Canada, Mexico, and the United States, and PAHO conducted a press briefing to mark the event. The objective was to highlight the importance of immunization in border areas where high-risk populations reside and the relevance of VWA in maintaining the Americas free of diseases such as polio and measles.

Dr. Joxel Garcia, Deputy Director of PAHO, stated how the VWA has brought together over 35 countries and territories, reaching almost 40 million people every year with an assortment of vaccines.

Dr. Frank Plummer, Senior Adviser of the Public Health Agency of Canada, Dr. Romeo Rodriguez, Director of the Child and Youth Health National Center, Ministry of Health, Mexico, and Dr. Anne Schuchat, Director of the National Immunization Programme, CDC USA, spoke to the media, showing how immunization joins their countries in the fight against diseases which are highly transmissible and have no respect for borders.

Other bi-national events, such as those held in border areas between Honduras and Nicaragua, Panama and Costa Rica, and French Guiana and Suriname, have brought countries together with one purpose: to vaccinate vulnerable groups such

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

as indigenous people. This cooperation has also strengthened border relations.

Canada's National Immunization Awareness Week, Mexico's National Health Week, and the U.S. National Infant Immunization Week – implemented in partnership with VWA – are campaigns that have not only focused on vaccination activities, but also on community and health professional awareness. The three countries organized training of health workers, radio and TV programs, physicians' conferences, community health fairs, and meetings with legislators. Massive social communication campaigns were implemented to reach as many people as possible.

EAST & SOUTH AFRICA

UGANDA

26/07/06 from Rosamund Lewis, WHO/Uganda:

- Under-5 **measles** and **polio SIAs** have commenced in northern Uganda following confirmed measles outbreaks.
- The country hosted an African Regional Certification Commission member in July 2006 to discuss the national **polio eradication certification report**. The report will be presented to the Certification Commission in October 2006.
- A **vaccine regulation workshop** for national stakeholders and partners was held from 11-12 July 2006, with assistance from WHO/HQ and AFRO.
- The country is preparing a proposal to GAVI for **health systems strengthening** support.
- The results of the national **Hib vaccine effectiveness study** were presented at the Hib Decision-Makers' Forum in Nairobi, Kenya in June 2006.
- The report of the national **HIV/AIDS and hepatitis B serosurvey** has been launched. It can be accessed at: <http://www.measuredhs.com/pubs/pdf/AIS2/AIS2.pdf>

WEST & CENTRAL AFRICA

NIGERIA

26/07/06 from Kaushik Banerjee, WHO/HQ: Routine Immunization coverage in Nigeria remains low. The Most recent national immunization coverage survey conducted in 2003 confirmed that only 12.7% of children aged 12-23 months were fully immunized. This survey confirmed a national DTP3 coverage of 24.8%. Only four states had DTP3 rates greater than 50%, while 14 states had DTP3 coverage below 20%. The poor immunization coverage in Nigeria is associated with the declining performance of the primary

health care system in the country. The most frequent reason provided by mothers/caretakers whose children were found to be un-immunized during the 2003 national immunization coverage survey was lack of vaccines at the health facility (17.9%) followed by vaccination site too far (10.5%), and unaware of need for vaccination (9.2%).

Nigeria is one of only four countries in the world that has not yet interrupted indigenous poliovirus transmission. Significant progress had been registered in polio eradication in Nigeria between 1999 and 2002. This suffered a set-back in mid 2003 when some northern states including Kano stopped vaccination against polio with a subsequent resurgence in wild polio virus transmission.

The implementation of Immunization Plus Days (IPD) was decided by the National Programme on Immunization (NPI) based on the need to revisit the National Immunization Days (NID) house to house strategy which has not been able to significantly reduce the transmission of wild polio virus circulation in eleven high risk states of Nigeria. Various stakeholders' forum and consultative meetings agreed to implement strategies that would improve acceptability of OPV and raise routine immunization coverage.

The 9th Expert Review Committee (ERC) meeting, held in March 2006, recommended the implementation of Immunization Plus Days (IPD) in May and June 2006 in 11 highest risk states. It was recommended that the experience and impact of the IPD would be reviewed in the ERC meeting in July 2006. The IPD strategy refers to the delivery of a range of antigens (mOPV, DTP, and measles) and other child survival interventions through fixed posts as well as house-to-house delivery through vaccination teams. The non-vaccine child survival interventions to be delivered during the IPD would be selected based on their availability, their appreciation by target communities and ease of administration during a campaign. The additional interventions include ITNs, ORS, anthelmintic, soap, etc.

In order to prepare for the implementation of IPD rounds in May and June 2006, a pilot round was held in 5 LGAs in three states in April 2006. This was followed by two rounds in 11 states during end-May and end-June 2006. The 10th ERC meeting held in Kano in mid-July 2006 reviewed the data and concluded that "in 2006, there has been a shift from house-to-house NIDs to the IPD approach and increased attention to implementing the RED approach for strengthening routine immunization. The IPD approach has proved to have boosted the ownership of the immunization programme by northern states and LGAs, which contributed substantial financial resources to the

exercise. Despite the temporary stock outs of vaccines at the central level at the beginning of 2006, reports indicate improvements in DTP3 coverage from 37% in 2005 to 50% for the January to May 2006 period, notably due to an increase in the reported number of LGAs offering immunization services at static centres and an increase in outreach services. The reliability of data remains an issue that needs to be addressed through DQA and other methods later in the year. Overall, the ERC felt that there was some indication of progress with both polio eradication and routine immunization. In particular, it is clear that IPD rounds have generated enthusiasm at the state level and fostered community participation.

The 10th ERC recommended:

- Local Immunization Days (LID) in high risk states in September 2006;
- LIDs in high risk LGAs in October 2006;
- Addition of mOPV to the measles campaign in 17 southern states in October 2006; and
- Nation-wide immunization round in December 2006 with OPV, measles, Yellow Fever and meningitis vaccine as available.

EUROPEAN REGION

REGIONAL INFORMATION

26/07/06 from EURO:

New WHO/Europe disease surveillance system installed in Moscow: WHO/Europe completed the installation of the newly developed 'Mobile CISID' (Centralized Information System for Infectious Diseases) in Moscow, Russian Federation in June 2006.

Member States have requested the development of Mobile CISID, a *country specific* system corresponding to the *regional* CISID system. With Mobile CISID, the countries can enter detailed national information and data from several local levels. Making computerized case-based data collection possible – as opposed to the paper forms currently in use – the system will substantially improve surveillance and control of infectious diseases.

WHO/Europe developed Mobile CISID as part of the effort to strengthen surveillance and disease control in the European Region. For the goal of Measles elimination by year 2010, this work is crucial.

The first country to introduce the new system was Uzbekistan in December 2005. The Russian Federation is the second country to introduce the system and staff in all oblasts and regional centres.

*ROMANIA

26/07/06 from EURO: A **measles outbreak investigation** was carried out in May-June 2006

by WHO/EURO, European CDC and the Romanian Ministry of Health. Considering Romania's high reported immunization coverage (97%), the goal was to investigate the reasons and risk factors causing a recent outbreak. The outbreak affected more than 6000 children all over Romania, mainly infants and pre-school children. Future prevention measures were to be based on the outcome of the investigation.

The investigation indicated that children infected with measles were more likely to belong to marginalized groups (Roma, families with low socio-economic status or migrating families). Some were not registered with a family doctor, thus not receiving basic primary health care services, including immunization.

In addition, most infected children were unvaccinated. Clusters of unvaccinated preschool children probably sustained the circulation of the virus. The investigation hypothesized that Romania's high immunization coverage may be overestimated due to unregistered children and problems with the information system for immunization.

Recommendations resulting from the investigation are to:

- Strengthen immunization and surveillance systems;
- Assess the information system for immunization;
- Identify and address risk factors to low vaccination coverage;
- Better integrate marginalized groups into the health system; and
- Monitor and supervise general practitioners, focusing on access to marginalized populations.

SOUTH EAST ASIAN REGION

BHUTAN

26/07/06 from SEARO: A consultant will visit in August 2006 to assist with drafting the country's **cMYP**.

DPR KOREA

26/07/06 from SEARO: Consultants are currently visiting the country to assist draft the **cMYP**.

INDIA

26/07/06 from SEARO: The country is currently introducing the SA14-14-2 **JE vaccine** in 11 districts in 5 states targeting to reach approximately 12 million children aged between 1 to 15 years. Following the campaign, the vaccine will be introduced into routine programme from next year. At the same time, other endemic

districts/states will be included in the programme in a phased manner.

INDONESIA

26/07/06 from SEARO: The country started working on their **cMYP** and needs technical assistance for the financial aspect.

MYANMAR

26/07/06 from SEARO: The draft **cMYP** is already being done by a group of consultants by WHO, and SEARO is currently waiting for the report.

NEPAL

26/07/06 from SEARO: The country will introduce **JE vaccine** in 24 districts along the entire southern border. They will use the SA14-14-2.

WESTERN PACIFIC REGION

MONGOLIA

26/07/06 from WPRO: The **DQA** will be conducted as part of the ISS in the second year of funding. A **DQS** was done in April 2006, and the country is taking measures to improve the quality of data based on the findings of the DQS.

END

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



World Health
Organization



LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: August - December 2006 to 2009					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Aug-06					
ECRI-Syringe Quality Control Workshop	14-Aug	18-Aug	Washington DC	PAHO	Americas
Informal Consultation of Global Polio Laboratory Network	23-Aug	25-Aug	Geneva	WHO/HQ	Global
MECACAR: Joint meeting between EURO and EMRO to plan for integrating polio eradication and measles and rubella elimination activities	29-Aug	31-Aug	Istanbul, Turkey	EMRO & EURO	EMR & EUR
AFRO Regional Committee Meeting	30-Aug	03-Sep	Addis Ababa, Ethiopia	AFRO	AFR
Sep-06					
EURO Joint Regional Workshop on multi-year planning and health systems	September	September	Istanbul, Turkey	EURO	EUR
Sub-Regional Meeting for National Plan on Health Care Waste Management	September	September	Mozambique	AFRO	AFR
SEARO Regional Committee Meeting	04-Sep	08-Sep	Dhaka, Bangladesh	SEARO	SEAR
PAHO Workshop on Economic Analysis for the Introduction of New Vaccines	05-Sep	08-Sep	Washington DC	PAHO	Americas
EURO Regional Committee Meeting	11-Sep	14-Sep	Copenhagen, Denmark	EURO	EUR
WPRO Regional Committee Meeting	18-Sep	22-Sep	Auckland	WPRO	WPR
European Immunization Week: Lessons Learned and Next Steps	19-Sep	20-Sep	Copenhagen, Denmark	EURO	EUR
AMRO Regional Committee Meeting	25-Sep	29-Sep	Washington DC	PAHO	Americas
Polio Laboratory Network for Countries of Central and Eastern Europe	27-Sep	27-Sep	tbd	EURO	EUR
Joint GAVI Alliance and Fund Executive Committee Meeting	27-Sep	27-Sep	New York	GAVI Secretariat	Global
Oct-06					
GAVI Proposals Review (Deadline: 6 October 2006)	tbd	tbd	Geneva	GAVI Secretariat	Specific
SIGN Meeting	23-Oct	25-Oct	Mexico City	PAHO	Americas
TECHNET Meeting	26-Oct	27-Oct	Mexico City	PAHO	Americas
European Technical Advisory Group of Experts (ETAGE) meeting	24-Oct	25-Oct	Copenhagen, Denmark	EURO	EUR
Eastern Mediterranean Regional Working Group Meeting	30-Oct	31-Oct	Sanaa, Yemen	EMRO	EMR

Nov-06					
Western European Measles and Rubella Laboratory Network	01-Nov	04-Nov	tbd	EURO	EUR
Caribbean EPI Managers Meeting	13-Nov	17-Nov	tbd	PAHO	Americas
EMRO Meeting of RWG for Rotavirus Surveillance	20-Nov	21-Nov	Cairo, Egypt	EMRO	EMR
EMRO Annual Inter-country Meeting on Measles/Rubella Control/Elimination	20-Nov	22-Nov	Amman, Jordan	EMRO	EMR
Strategic Advisory Group of Experts (SAGE) meeting	20-Nov	22-Nov	Geneva	WHO/HQ	Global
African Task Force on Immunization and Regional ICC Meeting	27-Nov	30-Nov	Maputo, Mozambique	AFRO	AFR
GAVI Alliance Board Meeting	28-Nov	29-Nov	Berlin	GAVI Secretariat	Global
GAVI Fund Board Meeting	29-Nov	30-Nov	Berlin	GAVI Secretariat	Global
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	29-Nov	30-Nov	Geneva	WHO/HQ	Global
Dec-06					
Global Vaccine Research Forum	04-Dec	06-Dec	Bangkok, Thailand	WHO	Global
SEAR TCG & EPI Managers Meeting	05-Dec	08-Dec	New Delhi, India	WHO	SEAR
European GAVI Regional Working Group Meeting	06-Dec	06-Dec	Copenhagen, Denmark	EURO	EUR
European Inter-Agency Coordinating Committee Meeting	07-Dec	07-Dec	Copenhagen, Denmark	EURO	EUR
2007 Meetings					
Global Immunization Meeting	13-Feb	15-Feb	tbd	WHO/HQ	Global
European Technical Advisory Group of Experts (ETAGE) meeting	26-Mar	26-Mar	tbd	EURO	EUR
European Programme Managers Meeting	27-Mar	27-Mar	tbd	EURO	EUR
Regional Inter-Agency Immunization Coordinating Committee for Europe	30-Mar	30-Mar	tbd	EURO	EUR
Strategic Advisory Group of Experts (SAGE) meeting	16-Apr	17-Apr	Geneva	WHO/HQ	Global
European Immunization Week	23-Apr	29-Apr	tbd	EURO	EUR
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Jun	13-Jun	Geneva	WHO/HQ	Global
Strategic Advisory Group of Experts (SAGE) meeting	6 or 13 November	8 or 13 November	Geneva	WHO/HQ	Global
European Inter-Agency Coordinating Committee Meeting	09-Nov	09-Nov	tbd	EURO	EUR
European Technical Advisory Group of Experts (ETAGE) meeting	28-Nov	29-Nov	tbd	EURO	EUR

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