



GLOBAL IMMUNIZATION NEWS

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Please send inputs for inclusion to: nicolash@who.int*

29 June 2009

TECHNICAL INFORMATION

HUMAN PAPILLOMAVIRUS VACCINE

29/06/09 from Tiequn Zhou, WHO/HQ:

WHO Workshop in Training Performance of Potency Testing and Lot Release of HPV Vaccines, 11-15 May 2009

In light of the recent WHO recommendation on universal HPV vaccination WHO has developed international guidelines for quality control and evaluation of HPV vaccines to support and harmonize international regulation of the vaccines:

http://www.who.int/biologicals/publications/trs/areas/vaccines/human_papillomavirus/HPVg%20Final%20OBS%202050%20.pdf

The capacity of National Control Laboratories (NCLs) in testing HPV vaccines is a crucial part of the process for vaccine licensure and regulation. Due to different methodologies being used for testing currently available HPV vaccines, the need for WHO technical support has been identified from many NCLs particularly those in developing countries. In respond to this need, WHO organized a Workshop in Training Performance of Potency Testing and Lot Release of HPV Vaccines in the National Institute for Biological Standards & Control (NIBSC), UK, 11-15 May 2009 . The main objectives were to train the participants in the fundamentals and laboratory performance of HPV vaccine potency testing and other critical assays and in the review of summary protocol of production and control for lot release of HPV vaccines, to provide a forum for discussion, and technical communication with regard to the quality control (QC) of HPV vaccines among NCLs, to identify gaps and further needs from the NCLs in standardization of HPV vaccine QC work, to promote implementation of WHO standards, harmonize HPV vaccine quality control testing, and facilitate international harmonization of vaccine licensure. Participants from NCLs in China, Morocco, Russia, Saudi Arabia, Thailand and Venezuela were trained . Challenges and further needs were identified towards harmonizing QC of HPV vaccines. Participants recommended WHO provide more technical support to NCLs to build/strengthen their capacity in testing/releasing new vaccines. Participants were encouraged to deliver information and knowledge back to their country and region to promote QC of HPV vaccines.

IMMUNIZATION DATA

29/06/09 from Laure Dumolard, WHO/HQ:

In an effort to strengthen collaboration and minimize the reporting burden, WHO and UNICEF jointly collect information through a standard questionnaire, the Joint Reporting Form (JRF) sent to all Member States each year.

Information collected in the JRF include estimates of national immunization coverage, reported cases of vaccine-preventable diseases (VPDs), immunization schedules, as well as indicators of immunization system performances. Eighty-three percent (161 countries) of member states reported data on 2008 performance by 26 May 2009. This information is now available on the immunization website:

<http://www.who.int/vaccines/globalsummary/immunization/countryprofileselect.cfm>

Global and regional summary data will be published in August 2009.

JAPANESE ENCEPHALITIS

29/06/09 from Manju Rani, WHO/WPRO:

Bi-Regional Meeting on Japanese Encephalitis - Biregional meetings for control of Japanese Encephalitis (JE) involving South East Asia (SEAR) and Western Pacific Region (WPR) have been organized every other year since 2003 . The fourth meeting was organized in Bangkok from 8-9 June 2009. Participants included representatives from countries in the Region with JE transmission, as well as from donor and technical agencies active in this area. Country updates were provided on the status and challenges in JE control with outlining of national plans for the next two to five years. Updates were also provided on the developments in laboratory diagnostics, surveillance assessments, and vaccine development. This meeting was followed by a one day meeting among partners to discuss the plans for operationalizing the international support following the end of PATH's Global JE project in October 2009. The meeting report will soon be published.

NEW & UNDER-UTILIZED VACCINES IMPLEMENTATION (NUVI)

Third Annual Global Meeting on Implementing New & Under-Utilized Vaccines

The Third Annual Global NUVI meeting was organized by WHO/HQ and held in Montreux, Switzerland from 16-18 June 2009 with over 120 participants including representatives from WHO, UNICEF (HQ, Regional and Country Offices), Ministries of Health, National Advisory Committees, academia, NGOs, industry, and partner agencies including AMP, The Bill and Melinda Gates Foundation, CDC, GAVI, Hib Initiative, JSI, and PATH.

The **objectives** of the NUVI meeting were to review and discuss key issues in new and under-utilized vaccine introduction among immunization partners, regions and countries. An initial half day plenary session updated participants on achievements with new vaccines implementation, and discussed the impact on new vaccines introduction of the global financial crisis and the A(H1N1) situation. The rest of the meeting was made up of nine workshops on the following key areas: Surveillance; Coordination between National Regulatory Authorities and National Immunization Technical Advisory Groups; Preferred vaccine presentations; Cold Chain & Logistics for New Vaccines Introduction; Decision-making for New vaccines introduction; Training of health staff; and Integrated approaches to pneumonia and diarrhoea management control.

The main priorities to be undertaken by the different partner institutions in the coming year were identified, the main ones being to continue to support fully informed decision-making on the introduction of new vaccines, balancing new vaccines introduction with routine immunization, and accelerated strategies to mobilize resources to cover the costs of introducing these newly available vaccines.:

WHO/UNICEF Joint NUVI Retreat

The NUVI Retreat was held from 18-19 June 2009 in Montreux, following the Global NUVI Meeting. This meeting was attended by WHO and UNICEF HQ and regional officers, and partners including CDC, PATH, Hib Initiative, GAVI, The Bill and Melinda Gates Foundation and IMMUNIZATIONbasics. The main objectives of the Retreat were to share joint WHO/UNICEF regional experiences on new vaccine introduction issues at country and regional levels, and provide an update on new vaccines activities from the partners. The priorities for the next 6 months that were identified in addition to those set in February this year were:

- Undertake advocacy to levels above EPI Managers, using local data where available
- Renew countries' comprehensive Multi-Year Plans
- Provide countries with clarity on availability of GAVI funds and preferred vaccine presentations for pneumococcal and rotavirus vaccines
- Focus on vaccines of regional importance, such as Meningococcal A, JE
- Use NUVI to strengthen routine immunization
- Prepare for introduction of HPV vaccine

For more information on either of these meetings, please contact Carsten Mantel (mantelc@who.int.)

MEASLES

30/06/2009 from Hayate Hasan, WHO/HQ:

WHO Executive Board supports goal to eliminate measles

Member States — meeting at the 125th session of the WHO Executive Board on 23 May 2009 — were encouraged by the progress in measles mortality reduction in a number of regions, the success in the Americas in measles elimination and the cost-effectiveness of vaccination. With an estimated 197 000 annual measles deaths, the death toll is still alarmingly high and several countries mentioned the importance of tackling this to reach Millennium Development Goal Four on reducing child mortality. Cognizant of the challenges ahead, Member States mentioned: vaccine security, public concerns over the

perceived safety of vaccination, the importance of maintaining high routine vaccination coverage, funding gaps and the need to do more in the South-East Asia Region. WHO Secretariat will report back on the feasibility of global measles elimination in 2010, rather than 2011 as originally planned.

Related links

- [Global elimination of measles: report by the Secretariat](http://apps.who.int/gb/ebwha/pdf_files/EB125/B125_4-en.pdf)
- [Measles](http://www.who.int/topics/measles/en/index.html) (<http://www.who.int/topics/measles/en/index.html>)

POLIO

29/06/09 from Rod Curtis, WHO/HQ:

Potent New Tool for Polio Eradication - A clinical field trial to determine the efficacy of a new bivalent oral polio vaccine (bOPV) containing polio serotypes 1 and 3 has shown that bOPV can be a crucial new tool in the fight to eradicate polio. Type 1 and type 3 wild poliovirus are currently co-circulating in three of the four remaining polio-endemic countries - Nigeria, India and Pakistan. The new bOPV, customized to simultaneously target these last two types of wild poliovirus in the world, is more than 30% more effective than the traditional polio vaccine (trivalent OPV) and has been recommended for immediate use in the Global Polio Eradication Initiative.

The trial, conducted in India this year, compared the response to type 1 and type 3 poliovirus generated by bOPV with that of both the respective monovalent OPVs (mOPV1 and mOPV3), which target single serotypes, and trivalent OPV (tOPV). Results show that for both serotypes, the new bOPV was superior to tOPV, while not inferior to the respective mOPVs.

The Advisory Committee on Poliomyelitis Eradication (ACPE) reviewed the trial results on 11 June and concluded that the strategic use of bOPV in supplementary immunization activities (SIAs) could be a significant tool in polio eradication, particularly in areas where both serotypes are circulating. It examined the use of bOPV in areas of compromised OPV efficacy (eg northern India), areas of indigenous co-circulation (eg Nigeria), areas at high risk of importations (eg sub-Saharan Africa) and finally in outbreak settings, and recommended when and how bOPV be used to complement the vaccines currently used in SIAs. These recommendations will now be discussed with the national technical advisory bodies responsible for recommending how to incorporate bOPV into country-specific immunization schedules.

While Afghanistan has not recorded a case of type 3 polio in 2009, it has a history of cross-border infection of both types 1 and 3 from Pakistan, and the use of bOPV could, for example, help to maintain immunity against type 3 polio while continuing to target type 1 polio. Likewise, in countries that have been re-infected with both types 1 and 3 (eg Chad, Angola, and Sudan) and in countries at high risk of importations (eg the wild poliovirus importation belt of sub-Saharan Africa), the use of bOPV will help to optimize population immunity to both wild poliovirus type 1 and 3.

The ACPE will review these current recommendations on bOPV use at its next meeting on 18-19 November 2009. More information on bOPV and the full ACPE recommendations are available at www.polioeradication.org.

ROTAVIRUS VACCINES

30/06/2009 from Hayate Hasan, WHO/HQ:

WHO recommends use of rotavirus vaccines in routine immunization programmes worldwide

The 5 June 2009 issue of the Weekly Epidemiological Record includes the recommendation that rotavirus vaccines be used in all national immunization programmes to protect infants and young children against rotavirus, a major cause of severe diarrhoeal disease. This new recommendation — from WHO's Strategic Advisory Group of Experts on Immunization — extends the previous policy issued in 2005 when WHO recommended the use of rotavirus vaccines in the Americas and Europe, where clinical trials had demonstrated their safety and efficacy in low- and intermediate-mortality populations. New data from clinical trials which evaluated vaccine efficacy in countries with high child mortality has now led to the recommendation for global use of the vaccine. Rotavirus is responsible for more than 500 000 diarrheal deaths and two million hospitalizations annually. More than 85% of these deaths occur in developing countries in Africa and Asia, where access to simple lifesaving treatment can be severely limited.

Links

Press release

http://www.who.int/mediacentre/news/releases/2009/rotavirus_vaccines_20090605/en/index.html

STRATEGIC ADVISORY GROUP OF EXPERTS (SAGE) ON IMMUNIZATION

30/06/2009 from Alison Brunier, WHO/HQ:

Conclusions and recommendations from the **April 2009 SAGE meeting** published in the WER on 5 June 2009 and can be found under the following link: <http://www.who.int/wer/2009/wer8423.pdf>

Recommendations on the use of **licensed human H5N1 influenza vaccines** in the interpandemic period published in the WER on 12 June <http://www.who.int/wer/2009/wer8424.pdf>
For more information on SAGE <http://www.who.int/immunization/sage/en/index.html>

VACCINE QUALITY

30/06/2009 from Hayatee Hasan, WHO/HQ:

Vaccines of assured quality: a public health priority

The importance of vaccine quality, safety and standards was featured at the Immunization Department's exhibit at this year's World Health Assembly held on 18-22 May 2009. With the slogan "Any way you look at it...vaccine quality is critical". A brochure has also been developed illustrating the Department's work in this area: generating the standards to which vaccines of assured quality and safety must comply; ensuring that all people of the world have access to the full range of quality vaccines; and effectively managing the vaccine safety concerns that can now cross the globe in minutes.

Related links

- [Any way you look at it...vaccine quality is critical \[pdf 1.11Mb\]](#)
http://www.who.int/immunization/newsroom/vaccine_quality_critical.pdf
- [A tous les points de vue... la qualité des vaccins est cruciale \[pdf 980kb\]](#)
http://www.who.int/immunization/newsroom/qualite_vaccins_cruciale.pdf

VACCINE MANAGEMENT

30/06/2009 from Jessica Winn, UNICEF:

Cold Chain & Logistics (CCL) Task Force - This is the second of regular updates in the GIN from the CCL Taskforce to help coordinate our collective work in cold chain and logistics (CCL) systems strengthening. Other partners who are also interested to join the Taskforce, or just to share information about CCL, please write to jwinn@unicef.org.

Generic Preferred Product Profile (gPPP)

The Vaccine Presentation and Packaging Advisory Group (VPPAG) has recently completed the consultation draft of its generic preferred product profile (gPPP) paper. VPPAG provides a forum for representatives of UN agencies, experts involved in public sector delivery of vaccines and industry representatives – both the International Federation of Pharmaceutical Manufacturers Association (IFPMA) and the Developing Country Vaccine Manufacturer's Network (DCVMN) - to discuss and reach consensus on vaccine presentation and packaging issues in order to support the development of products suited to low and middle income country contexts.

The Generic Preferred Product Profile (gPPP) is designed to provide guidance for new vaccines. The paper includes a set of recommendations that can be made based on existing evidence and a work programme to collect the evidence needed to make other decisions – for example what is the optimal number of doses per vial for expensive new vaccines in order to balance wastage and cold chain and logistics costs. *Comments on the draft gPPP paper are being sought through July 15, 2009 and can be made through the VPPAG public web site <http://sites.google.com/site/vppagp>; or sent to the VPPAG secretary: Simona Zipursky: szipursky@path.org*

Solar powered vaccine refrigeration - Tackling the problem of lead acid batteries

PATH, through the Health Innovations Portfolio (HIP) program, is helping to advance technologies for solar powered vaccine refrigeration by tackling the problem of lead acid batteries. Lead acid batteries, a known health hazard, have a shorter life expectancy than vaccine refrigerators and solar modules (with their 20-25 year warranty). Short battery life leads to costly replacement and difficult logistics for remote health facilities that rely on solar power. The newest generation of commercially available batteries are Lithium ion (Li) and Nickel Metal Hydride (NiMH) batteries. Both are in fierce competition for the rapidly growing hybrid and electric vehicle markets and prices are projected to fall as the transportation market creates massive economies of scale. For solar powered vaccine refrigeration these batteries could provide a "lifetime" solution with no maintenance or replacement required. They will be tested in a forward looking field demonstration in Asia as a replacement for traditional lead acid batteries and as a comparison with both Li and NiMH batteries in actual clinics with solar powered vaccine refrigerators. For more information on this project please contact Steve McCarney, Cold Chain Technologies Specialist, PATH at: smccarney@path.org

CCL session at the NUVI Meeting

To enable new vaccine introduction increasing cold chain storage capacity is only one aspect of cold chain and logistics (CCL) system strengthening needed. During the CCL session of the 2009 NUVI meeting, five immediate priority action items were identified:

1. Develop guidelines to help countries strengthen CCL systems
2. Establish a cadre of consultants qualified to provide technical assistance to countries as required

3. Implement the Effective Vaccine Management (EVM) Tool to identify needs and demonstrate CCL readiness to add new vaccines
4. Ensure appropriate equipment and technologies are available and used
5. Identify funding and mobilize resources needed for CCL

Participants also identified areas of work that are essential to start now but are more comprehensive in nature and will take longer to complete. The top four long term action items are:

1. Strengthen human resource capacity: value and professionalize the logistics role by national governments
2. Explore innovative options for supply chain efficiency gains from integration and using best practices from other sectors
3. Establish ongoing monitoring and evaluation of national CCL performance
4. Modelling of future scenarios to address uncertain future needs

VACCINE REGULATION

29/06/09 from Lahouari Belgharbi, WHO/HQ:

International Conference on Harmonization (ICH) for Registration of Drug Products: 7-9 June 2009, Yokohama, Japan - WHO IVB/QSS attended the conference as requested by the Government of India, that also sent for the first time, an official delegation. India made a presentation to explain the findings of the WHO NRA assessment and how these assessments have led them to improve their regulatory system. They also described the parallel review process that is ongoing with the Canadian NRA to evaluate vaccines through a fast track system and building on functional foreign NRA, their skills and expertise. ICH members have expressed interest and congratulated WHO and India for these efforts and initiatives to use Common Technical Document (CTD) approach to ease harmonization and improve quality of vaccine evaluation.

WHO Global Lot Release Database Launched in HQ - WHO IVB/QSS has developed with the IT support of EMRO, a new database to monitor all lots of vaccines produced and released from vaccine producing countries. The database is currently undergoing testing in WHO HQ, using information from about 10 countries by end 2009 (Brazil, Croatia, Cuba, Egypt, France, Germany, India, Indonesia, Senegal, and Thailand). The purpose of this database is to a) monitor all doses of assured quality vaccines by getting the information from the 48 source countries. Currently, doses of vaccines are gathered through the UNICEF WHO Joint Reporting Form (JRF), however this data is incomplete. This project is directly supported by GAVI. The WHO EMRO IT team will be testing the prototype during the month of June 2009, and the first country that will start its data transfer through a remote web application will be Cuba.

PUBLICATIONS

WHO PUBLISHED DOCUMENTS

29/06/09 from Mario Conde, WHO/HQ:

Report of the Second meeting of the Advisory Group (AG): Global Action Plan (GAP) to increase supply of pandemic influenza vaccines (WHO/IVB/09.07)

This IVB document is now online at WHOLIS:

http://whqlibdoc.who.int/hq/2009/WHO_IVB_09.07_eng.pdf

This report looks at the progression of the GAP since May 2006 and prepares recommendations for 2009 activities. It will serve as background for briefing the DG, to whom the GAP AG reports.

GAVI-RELATED INFORMATION

APPLICATIONS FOR ROTAVIRUS VACCINE

29/06/09 from GAVI: Following recommendation by WHO's Strategic Advisory Group of Experts (SAGE) in April 2009 on global use of Rotavirus Vaccine (RVV), GAVI-eligible countries in Africa and Asia, covered by WHO's African, Eastern Mediterranean, South East Asian and Western Pacific regions can now apply for GAVI support for introduction of rotavirus vaccines. Updated guidelines will be available in early July 2009. For further information, please contact Dr. Raj Kumar at the GAVI Secretariat (rajkumar@gavialliance.org).

COUNTRY PROPOSALS TO GAVI - TIMELINE

29/05/09 from GAVI: The last date for receiving new proposals (all funding windows i.e. new vaccines, health systems strengthening, civil society and injection safety) for the next review has been changed to **4 September 2009**.

Next GAVI Review Dates:

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

19-30 October 2009. Submission deadline: 4 September 2009.

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

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

MONITORING IRC

21-25 September 2009

Submission deadline: 15 May 2009

15-30 June 2010 and 20-24 September 2010

Submission deadline: 14 May 2010 for both rounds.

HIB INITIATIVE

29/06/09 from Rose Reis, Hib Initiative: The Hib Initiative is executing a film to illustrate lessons learned during this four year project. The objectives are to share the experiences of the Hib Initiative to document what activities worked well and what did not work, in order to help inform future vaccine decision making and projects designed to accelerate evidence-informed decisions.

For more information about the Hib Initiative documentation project, please contact Lois Privor-Dumm (lprivord@jhsph.edu)

COUNTRY INFORMATION¹ BY REGION

AFRICA

REGIONAL INFORMATION

30/06/2009 from Auguste Ambendet, WHO IST/Central: A **Mid-Level Managers' (MLM) inter-country course** was held from 1-12 June 2009 at the Regional Institute for Public Health in Ouidah, Benin. Forty-seven representatives from 19 African countries took part in the 16th edition of the MLM course, of which were National EPI Managers, trainers, and health officials from the national and district levels. The main objective of the course was to strengthen/improve the managerial capacity of EPI Managers and teachers in the five operations of vaccination and their supporting components.

The course focused on topics aimed to reduce the number of unimmunized children in the countries, stop the transmission of wild polio virus, improve data quality, and organize quality supplemental immunization activities. The MLM course had 12 facilitators with 15 modules. Trainers were trained over a two-day period, and the EPI Managers over an 11 day period.

CENTRAL AFRICAN REPUBLIC

30/06/2009 from Auguste Ambendet, WHO IST/Central: The IVD team is preparing for the **Post-Introduction Evaluation** of the pentavalent vaccine which is planned for the second half of July 2009.

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;
NRA = National Regulatory Authority

EQUATORIAL GUINEA

30/06/2009 from Auguste Ambendet, WHO IST/Central: The country has finalized the revision of their cMYP updating it for the period 2009 - 2013.

AMERICAS

REGIONAL INFORMATION

29/06/09 from Beatrice Carpano & Carolina Danovaro, PAHO:

Ministers of Health of the Americas & their Representatives before the GAVI Board

At the request of the Minister of Health of Honduras, the PAHO Director, Dr. Mirta Roses Periago, convened a session with Dr. Tatul Hakobyan, Deputy Minister of Health of Armenia, and Representative for Developing Countries of the Americas and Europe before the GAVI Board. The meeting took place at WHO Headquarters on 20 May 2009, during the World Health Assembly. It was attended by Dr. Jean-Marie Okwo-Bele, IVB Director, WHO, with virtual participation by Dr. Socorro Gross, Assistant Director, PAHO, Dr. Gina Tambini, Area Manager, Family and Community Health, Dr. Cuauhtémoc Ruiz Matus, Senior Advisor on Immunization, and Dr. Claudia Castillo, GAVI Focal Point. The Ministries of Health of Cuba, Haiti, Nicaragua, and Bolivia were able to present their position on GAVI policies, processes, and decisions, including the following conclusions:

- Dr. Hakobyan and the Ministers of Health agreed on the importance of ensuring the long-term sustainability of the introduction of the new vaccines that are currently subsidized with support of the GAVI Alliance.
- The Ministers stated that the prompt introduction of pneumococcal conjugate vaccines is a priority for all eligible countries in the Region. They recognized the contribution of GAVI support for the introduction of new vaccines in the poorer countries of world; and they urged the Alliance to seek models that, in a spirit of solidarity, facilitate the introduction of new vaccines in all the developing countries.
- Dr. Hakobyan manifested there is interest in sharing the experience of PAHO countries with others in the world, and this is being explored. The Ministers recommended that high-performing national immunization programmes be further rewarded by GAVI.

Now available on PAHO/AMRO's Immunization Website:

Data and Indicators of Rotavirus Surveillance in Reporting Countries, The Americas, 2008 at

http://www.paho.org/English/AD/FCH/IM/Rotavirus_Data_2008_e.pdf

Data and Indicators of Bacterial Pneumonia Surveillance in Reporting Countries, The Americas, 2008 at

http://www.paho.org/English/AD/FCH/IM/PneumoniaBac_Data_2008_e.pdf

Data and Indicators of Bacterial Meningitis Surveillance in Reporting Countries, The Americas, 2008 at

http://www.paho.org/English/AD/FCH/IM/MeningitisBac_Data_2008_e.pdf

ARGENTINA

29/06/09 from Beatrice Carpano & Carolina Danovaro, PAHO:

Sabin-derived poliomyelitis case in Argentina:

In May 2009, Argentina reported a vaccine-derived polio case in a 1-year old child who was under observation for recurring infections and developmental and growth delays. As a result, the Ministry of Health issued an epidemiological alert, while the regional epidemiology department of San Luis investigated the case, managed the contacts, and vaccinated all children aged <18 years. The investigation continues to identify the possible source of infection.

EASTERN MEDITERRANEAN

EGYPT

29/06/09 from Lahouari Belgharbi, WHO/HQ:

Regulating Vaccines & Assessment - WHO HQ and EMRO conducted a visit from 29-30 March 2009 to assist the institutions involved in regulating vaccines to review progress and confirm if the assessment can take place in 2009. The WHO team that was assisted by an expert from SEARO had advised the government to postpone the assessment for early next year as several critical indicators had not been fully met, and additional efforts are required prior to the WHO reassessment.

In-country NRA Workshop - A WHO in-country workshop had been organized to assist the NRA in Egypt to implement the ICH CTD (common technical document) and develop the vaccine evaluation

guidelines as for India and Thailand. Previously, one representative of the NRA Egypt attended the WHO training workshop conducted in New Delhi from 9-13 March 2009 with the Canadian NRA (Health Canada - BGTD) to learn about the process and the technical content. This workshop was led by Dr Manfred Hasse recruited by WHO/HQ. A full set of material for future in-country workshops had been prepared and is ready for similar requests.

SOUTH EAST ASIA

DPR KOREA

29/06/09 from Lahouari Belgharbi, WHO/HQ: WHO HQ and SEARO have conducted a follow-up visit from 26 May to 5 June 2009, to review the situation of the **vaccine production and regulatory system**. The Government of Korea has built a new national laboratory to conduct lot release and vaccine testing. Currently, most of the vaccines are sourced from UNICEF, however the Government of Korea has requested support from WHO to upgrade its domestic production. SEARO has agreed to support some equipment to upgrade the facility, and it has also been agreed to provide urgent support to the National Control Laboratory to build quality control capacity and oversee the quality of domestically produced vaccines. The vaccine regulatory system needs strengthening in all regulatory functions. An Institutional Development Plan (IDP) was developed and discussed to assist the country to build its regulatory capacity.

WESTERN PACIFIC

JAPAN

29/06/09 from Lahouari Belgharbi, WHO/HQ: WHO HQ conducted a visit from 10-12 June 2009 to plan for the NRA assessment in Japan against the WHO published indicators 2010. The visit was also used to explain to the national authorities why an NRA assessment should be conducted in all countries that wish to have vaccines prequalified, as well as the need for preparing for the assessment.

LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization				
Title of Meeting	Start	Finish	Location	Region
2009 Meetings				
WPRO Technical Advisory Group Meeting	30-Jun	02-Jul	Manila, Philippines	WPRO
WPRO Regional Working Group Meeting	03-Jul	03-Jul	Manila, Philippines	WPRO
AFRO West & Central Regional Working Group Meeting	08-Jul	09-Jul	Douala, Cameroon	AFRO
AFRO East & South New Vaccines Workshop for cMYP Writing and Pneumococcal Vaccine Applications to GAVI	21-Jul	29-Jul	Arusha, Tanzania	AFRO
25th RTAG Meeting	28-Jul	30-Jul	Hammamet, Tunisia	EMRO
Measles hands on lab training	06-Jul	10-Jul	Hong Kong	WPRO
ProVac Meeting on Cervical Cancer Costing	20-Jul	21-Jul	Jamaica	PAHO
EMRO NITAG and Regional Technical Advisory Group Meeting	28-Jul	30-Jul	Tunis	EMRO
PAHO Measles/Rubella Laboratory Network Meeting	23-Aug	23-Aug	Costa Rica	PAHO
XVII Meeting of the PAHO Technical Advisory Group on Vaccine-Preventable Diseases	24-Aug	26-Aug	Costa Rica	PAHO
Meeting to Prepare for the Verification of Measles/Rubella-free Status of the Americas	27-Aug	27-Aug	Costa Rica	PAHO
AFRO West & Central African New Vaccines Peer Review Workshop for GAVI Applications	31-Aug	04-Sep	tbc	AFRO
Regional EPI Lab Network Meeting	Sept	Sept	Manila, Philippines	WPRO
16th Meeting of the GAVI Eastern Mediterranean Regional Working Group	07-Sep	08-Sep	Luxor, Egypt	EMRO
15th WPRO Regional Committee Meeting	21-Sep	25-Sep	Hong Kong	WPRO
WHO Regional Committee for the Eastern Mediterranean Regional Office	03-Oct	06-Oct	Cairo, Egypt	EMRO
Inter-country training workshop on surveillance of vaccine preventable diseases and monitoring & evaluation of national immunization programmes	07-Oct	09-Oct	Cairo, Egypt	EMRO
DCD sub regional meeting for countries in South-West Asia (Afghanistan, Iran, Iraq, Pakistan)	18-Oct	20-Oct	Tehran, Iran	EMRO
Strategic Advisory Group of Experts (SAGE) meeting	27-Oct	29-Oct	Geneva	HQ
26th Meeting of the Caribbean Expanded Program on Immunization Managers	16-Nov	20-Nov	tbc	PAHO
GAVI Board Meeting	17-Nov	18-Nov	tbc	Global
GAVI Partners Meeting	18-Nov	20-Nov	Vietnam	Global
DCD sub regional meeting for countries in the Horn of Africa	23-Nov	25-Nov	Djibouti	EMRO
Global Advisory Committee on Vaccine Safety (GACVS)	02-Dec	03-Dec	Geneva	Global
Global Vaccine Research Forum (GVRF)	06-Dec	10-Dec	Bamako	Global
EMRO Workshop on invasive bacterial diseases surveillance network	15-Dec	17-Dec	Cairo, Egypt	EMRO
PAHO ProVac Meeting on Cervical Cancer Costing	TBD	TBD	Jamaica	PAHO
Expert Consultation on Mumps	TBD	TBD	Washington DC	PAHO
Data Management Workshop	TBD	TBD	Manila, Philippines	WPRO
2010 Meetings				
Global Immunization Meeting (2010)	01-Feb	03-Feb	CICG, Geneva	Global

LINKS RELEVANT TO IMMUNIZATION

GLOBAL WEBSITES

Department of Immunization, Vaccines & Biologicals, World Health Organization

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

WHO New Vaccines

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

Immunization Financing

http://www.who.int/immunization_financing/en/

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/

NEWSLETTERS

PAHO/Comprehensive Family Immunization Program-FCH: *Immunization Newsletter*

http://www.paho.org/english/ad/fch/im/Epi_newsletter.htm

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

