



GLOBAL IMMUNIZATION NEWS

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

31 March 2009

TECHNICAL INFORMATION

HIB INITIATIVE

31/03/2009 from Rose Reis, Hib Initiative: World Pneumonia Day is coming November 2! A coalition of child health groups including Save the Children, PneumoADIP/Hib Initiative at Johns Hopkins Bloomberg School of Public Health and Hedge Funds against Malaria & Pneumonia have united to establish World Pneumonia Day. On April 7th, coinciding with World Health Day, a call will be made for others to join the grass roots efforts to mobilize for the fight against a neglected disease that kills more than 2 million children worldwide. The coalition will emphasize the importance of implementing proven interventions to prevent and treat pneumonia, including increasing coverage of immunizations, including measles, pertussis, Hib and pneumococcal conjugate vaccines, improved nutrition, reducing risk factors and encouraging community case management and access to antibiotics and oxygen therapy. An informational Web site for the public will be at www.worldpneumoniaday.org. Child health advocates are encouraged to join the effort. Please contact Lois Privor-Dumm at lprivord@jhsph.edu or Rose Reis at rreis@jhsph.edu for more information about how to participate in World Pneumonia Day.

31/03/2009 from Judi Heck, Hib Initiative: The latest report on the global status of Hib vaccine introduction can be found at <http://www.hibaction.org/>

ADVOCACY AND COMMUNICATION

31/03/2009 from Hayatee Hasan, WHO/HQ:

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 held in Johannesburg, South Africa from 2-3 March 2009. According to PACE, the results reinforce the urgent need for improving access to life-saving vaccines and treatment throughout the continent. The South African Ministry of Health was honoured for its leadership in making South Africa the first country in Africa to introduce pneumococcal vaccine. For more information, visit

<http://www.sabin.org/pressroom/releases/2009/03/03/pace-studies-unveiled-sabins-4th-regional-pneumo-symposium-reinforce-n>

VACCINE MANAGEMENT, WASTE, COLD CHAIN & LOGISTICS

31/03/2009 from Osman Mansoor, UNICEF: In November 2006, UNICEF convened a meeting with other partners working on supporting countries to strengthen their cold chain and logistics (CCL) systems to develop a forum for coordination and consensus building (see www.unicef.org/immunization/index_42071.html). The CCL Taskforce met again on 19 February in New York, and will be providing regular updates on each agency's work and plans for CCL systems. Other partners who are also interested in joining the Taskforce, or in sharing information about CCL, please write to jwinn@unicef.org.

31/03/2009 from Yves Chartier, WHO/HQ: The European region has developed a tool for monitoring waste from injection activities that will be tested in the coming weeks, and the final version will be shared with all regions after the incorporation of any necessary modifications.

MEASLES

31/03/2009 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 to scale up national immunization programmes rapidly, as outbreaks of measles grow larger and cross international 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

MATERNAL AND NEONATAL TETANUS

31/03/2009 from Jos Vandelaer, WHO/HQ

Neonatal Tetanus (NT) Elimination aims at reducing the burden of neonatal tetanus (NT) to levels below one case of NT per 1000 live births in every district.

In March 2009, a community-based validation survey was implemented by the government of the Republic of Congo, WHO and UNICEF in Impfondo district (Republic of Congo) - the district most likely to have a higher NT incidence in Congo. In total 1,330 live births between 1 January 2008 and 31 December 2008 were surveyed, often under difficult conditions, and 17 children were found to have died in the neonatal period. One of these deaths was, based on verbal autopsy, due to tetanus. This finding was within the pre-set acceptance levels to support NT elimination in Impfondo. Because the survey area had been purposely selected because of having the highest risk for NT, the rest of the country (considered to be at lower risk) can therefore be considered as having eliminated NT in 2008. The report will be published shortly in the Weekly Epidemiological Record.

As of March 2009, 44 countries remain to achieve the global goal. As tetanus cannot be eradicated, all countries will need to ensure that appropriate strategies remain in place to maintain the elimination status, even when the elimination target has been achieved.

POLIO

31/03/2009 from Rod Curtis, WHO/HQ:

Northern Sudan Outbreak Sparks Fears: The World Health Organization has informed Member States of the very high risk of the international spread of polio virus from northern Sudan (Khartoum and Port Sudan), through the International Health Regulations. Previously restricted to southern Sudan and western Ethiopia, the spread of an outbreak of wild poliovirus type 1 (WPV1) into northern Sudan, Kenya and Uganda has provoked urgent and immediate outbreak response activities in the affected areas and heightened surveillance in countries at risk. Discovery of the virus in Port Sudan has been particularly concerning, given it was from this area in 2004-2006 that WPV1 spread to re-infect several countries, including Saudi Arabia, Somalia, Yemen and Indonesia, causing outbreaks that resulted in more than 1,200 cases and over US\$150 million in international emergency outbreak response costs. Synchronised large-scale rapid outbreak response campaigns using monovalent oral polio vaccine type 1 are currently taking place in Sudan, Kenya, Uganda and Ethiopia. It is important that countries across central Africa, the Horn of Africa and the Gulf strengthen surveillance for cases of acute flaccid paralysis (AFP) in order to rapidly detect any new poliovirus importations.

Historic Seven-Country West Africa Response: West Africa is working together to tackle a polio outbreak from Nigeria with an unprecedented, synchronized, seven-country cross-border immunization campaign. Since the beginning of 2008, 56 polio cases have been reported in Benin, Burkina Faso, Côte d'Ivoire, Ghana, Mali, Niger and Togo. Type 1 polio virus (the most dangerous strain, due to its higher

paralytic attack rate and propensity for geographic spread) constitutes 46 of the cases. From 27 February-2 March this year, and again from 27-30 March, 28 million children throughout the seven countries were immunized by 95,000 immunization staff. Monovalent oral polio vaccine 1 (mOPV1) was used in all countries except Benin and Niger, where trivalent OPV was used.

IMMUNIZATION FINANCING

31/03/2009 from Patrick Lydon & Daniela Darie: In late 2005, WHO and UNICEF, together with GAVI Alliance partners, developed guidelines for developing a comprehensive Multi-Year Plan (cMYP) for immunization to support countries in improving their planning for immunization. Through the GIVS initiative and framework, the cMYP process marked the effort to streamline immunization planning process at national level into a single comprehensive and costed plan.

In December 2005, the cMYP Costing and Financing tool Version 1.3 was made available to help undertake the costing and financing of a cMYP. This tool was developed to help countries that did not already have a system in place, to estimate the past costs and financing of immunization, and to make projections of future costs, future resource requirements, future financing needs to achieve programme objectives, and to analyse the corresponding financing gaps. In early 2009 an updated version of the cMYP Costing and Financing Tool was developed - Version 2.2.

Why make revisions in 2009 ?

By 2009, substantial experience had been gained in the use of Version 1.3 of the cMYP Costing and Financing tool. Between 2006 to 2008, feedback was gained from:

Over 50 low and lower middle income countries having used Version 1.3 through

- Numerous regional cMYP training workshops and peer-review workshops
- Technical assistance provided to countries
- The GAVI Alliance through the Independent Review Committee that reviewed cMYPs
- The global WHO analysis of cMYPs and development of an online database

In addition, since its development in 2005, there were other reasons for revising the cMYP Costing and Financing tool.

- The reference prices of vaccines and injection supplies had changed and needed updating, even though these inputs are user defined.
- Harmonization with other tools, in particular the WHO Vaccine and Logistics Forecasting tool used by many countries to better estimate the vaccine and logistics needs for a 5 year plan.
- Harmonization with policy changes.
 - Since 2005, there has been an increasing focus on improving immunization coverage by targeting age groups beyond 1 year of age. In addition some new vaccines will require administration beyond infants.
 - The GAVI Alliance has decided to support pneumococcal and rotavirus vaccines that are currently in presentations that Version 1.3 of the tool is unable to calculate adequately
 - The GAVI Alliance policy on co-financing was not well integrated in the cMYP costing and financing tool.

Where can I find the revised tool?

The revised tool is available on the WHO Immunization Financing Website

http://www.who.int/immunization_financing/tools/cmyp

The background, rationale and specific changes made between version 1.3 (December 2005) of the cMYP Costing and Financing Tool and Version 2.2 (February 2009) are described in a document that can be download from the same webpage.

PUBLICATIONS

WHO PUBLISHED DOCUMENTS

31/03/09 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.

GAVI-RELATED INFORMATION

GAVI BOARD MEETING DATES FOR 2009

31/03/09 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, Viet Nam

HEALTH SYSTEMS STRENGTHENING

31/03/09 from Dr K. Mawuli René Adzodo (WHO/AFRO), Denis Porignon and Tom O'Connell (WHO/HQ): The Inter-Country Support Team for West Africa organized with WHO/HQ an inter-county workshop to support finalization of GAVI HSS proposals from Benin, Guinea, Mauritania, Niger and Togo.

from 17 -19 March 2009. Countries were introduced to the 2009 revision of the GAVI HSS application form and guidelines. All five countries had made substantive progress on adapting and revising their HSS proposals to comply with new and revised HSS criteria. In addition, the workshop used this opportunity to discuss how GAVI HSS support could be leveraged to assist in developing HSS components of Global Fund proposals, with Niger presenting on the HSS component of their Global Fund round 9 HIV/AIDS grant application.

GAVI EVALUATION PHASE 1

31/03/2009 from Abdallah Bchir, GAVI Alliance: An Independent Evaluation of GAVI phase 1 (2000-2005) was commissioned in 2007 by the GAVI Board.

The objectives of this evaluation were:

- To identify and learn from the successes and weaknesses of GAVI in Phase 1, including how well it had evolved and learned from experiences over the period 2000-2005;
- To contribute to the refinement or adjustment of GAVI policies in the next strategic phase of work; and
- To document the impact and to evaluate the efficiency and effectiveness of the GAVI Alliance's use of resources during Phase 1.

The final report delivered by Abt Associates as well as the secretariat response to the various issues raised was discussed by the Board in March 2009 during a special retreat.

The report is available on GAVI website:

http://www.gavialliance.org/resources/GAVI_Phase1_Report_FINAL_to_SC_Oct21.pdf

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

15-28 June 2009 and 21 September - 3 October 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

AMERICAS

REGIONAL INFORMATION

31/03/2009 from Béatrice Carpano, PAHO

7th Vaccination Week in the Americas: The 7th annual Vaccination Week in the Americas (VWA) will be celebrated from 25 April to 2 May 2009 throughout the Region of the Americas. Themes emphasized during VWA 2009 will include the importance of family vaccination as well as the vaccination of health workers. The regional launch of VWA will occur through a series of events on 25-26 April in the South American Chaco, the border region shared by Argentina, Bolivia, and Paraguay. Countries and territory goals for VWA 2009 include the vaccination of approximately 30 million people with a wide variety of antigens, as well as the realization of a wide variety of social communication activities. For more information please refer to: http://new.paho.org/hq/index.php?option=com_content&task=view&id=750&Itemid=834

BRAZIL

31/03/2009 from Béatrice Carpano, PAHO: On 3 March 2009, President Lula participated in a ceremony of historical importance for public health in Brazil where the Final Report of the National Vaccination Campaign for Rubella Elimination was presented to the Representative of the Pan American Health Organization/World Health Organization (PAHO/WHO) in Brazil. More than 67 million men and women aged 20-39 years (12-39 years in select states) were vaccinated in what has been called the world's largest adolescent and adult campaign. The mass rubella campaign reached 96% coverage and continuous efforts were conducted to ensure that all municipalities attained high coverage.

PARAGUAY

31/03/2009 from Béatrice Carpano, PAHO: On 25 April, Paraguay will launch a measles-rubella follow-up campaign targeting children aged 1-7 years (age group determined by a cohort analysis) with the objective of providing a second opportunity with the measles-rubella (MR) vaccine. The campaign will ensure that all cohorts are protected, particularly those that were excluded from routine vaccination services for

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;

various reasons. As with all high-quality campaigns in the Region, Paraguay will use rapid coverage monitoring (RCM) for final verification of homogeneous coverage in all municipalities (>95%). In addition, Paraguay's National Immunization Program will use RCM to determine the number of first MR doses administered during the follow-up campaign and the areas where these doses were administered, in order to streamline effective strategies to strengthen routine services, particularly in those municipalities with low coverage.

EUROPEAN REGION

REGIONAL INFORMATION

31/03/2009 from Leo Weakland, EURO

European Immunization Week (EIW) – 20-24 April 2009: During the fourth European Immunization Week (EIW), taking place 20-26 April 2009, the WHO Regional Office for Europe will concentrate on promoting immunization in general under the motto: back to basics: immunization works. Issues that will be highlighted are:

- Immunization is safe and effective in preventing severe illness, disability and even death caused by vaccine-preventable infections and diseases (VPDs). Not getting vaccinated is dangerous.
- Immunization remains important in the Region, as outlined in the '7 key reasons' http://www.euro.who.int/vaccine/20081217_10 and by:
 - The recent increase of measles outbreaks in Western Europe.
 - The risk of the introduction of diseases or cases (such as the importation of polio cases into the Region and exportation of measles from the European Region to other Regions).
- Only 1 year to go to 2010 measles and rubella elimination goals in the European Region.
- Keeping the Region polio-free (in November 2008 it has been 10 years since the last indigenous case of polio was identified in the European Region, all 53 Member States were certified polio-free in June 2002)

At the national level, countries will carry out activities to meet their specific national and sub-national challenges regarding immunization and to target vulnerable and hard-to-reach groups in particular, as has been the case in previous years.

Coming soon is the release of an exciting social media tool kit to help all participants generate greater visibility for their EIW activities through the use of an innovative online strategy targeting parents and caregivers. The strategy will use the social media, active online communities, social network/media site users as well as online media, including relevant bloggers to spread the overall EIW message and to promote the positive value of immunization in general. Updated media tools and documentation are available to Member States and interested immunization partners on the EURO website http://www.euro.who.int/vaccine/eiw/20081205_33

Meeting of the WHO European Regional Office Immunization Programme – European Technical Advisory Group of Experts on Immunization (ETAGE), 25-26 March 2009

The 9th meeting of the European Technical Advisory Group of Experts on Immunization (ETAGE) convened at the WHO Regional Office for Europe, Copenhagen, 25 and 26 March 2009. Among the objectives set for the meeting, the ETAGE deliberated on technical discussions regarding progress towards the elimination, eradication, and accelerated disease control updates in the Region – including the feasibility and process for establishing regional goals for hepatitis B control, influenza, and issues regarding maintaining adequate human resources for health (immunization programmes); and other topics of interest to the ETAGE. A full report of the proceedings, including ETAGE recommendations is forthcoming and available upon request and on the EURO Immunization website at http://www.euro.who.int/vaccine/publications/20050603_1

The Regional Certification Committee (RCC) on Polio Eradication for the WHO Regional Office for Europe will meet on 22 and 23 June 2009 to review Member State progress towards maintaining a regional free of polio, including a focus on political commitment, resource allocation and the quality of national polio surveillance systems.

Netherlands HPV Campaign: The Netherlands plans to introduce the HPV vaccine for 12 year-old girls in September 2009, including a catch-up vaccination programme, starting in the first half of 2009, for girls between the ages of 13 and 16. Preparation for the launch of this nation-wide vaccination programme to fight cervical cancer includes an award winning series of virtual surgeries presented on Habbo

(<http://www.habbo.com/>) - an online site targeting teens, where young girls could come and speak to a real nurse about the vaccination programme. The challenge was to engage young girls to answer their questions and prepare them for the vaccine procedure.

Regional GAVI Workshop: A workshop on improving implementation and reporting of GAVI supported programmes in eligible countries for related Ministry of Health (national immunization programme and health system strengthening) staff from 8 Member States in the WHO European Region will be held in Copenhagen, Denmark, from 28 to 29 April 2009. The theme of the workshop will be "Improving Implementation and Reporting of GAVI Supported Programmes".

SOUTH EAST AISA REGION

REGIONAL INFORMATION

31/03/2009 from Kaushik Banerjee, WHO/HQ:

The India Immunization Partners Meeting was held at UNICEF India Country Office, New Delhi, India on 6 March 2009. Representatives from the following agencies participated: India Ministry of Health & Family Welfare, UNICEF India, WHO India Office, WHO/HQ, Immunization Basics, and USAID. The topics covered included the following:

That GAVI funding and the proposals for HSS and new vaccines should work as catalysts for the planning efforts of immunization programme in India; The question that if polio vaccination can reach nearly every child in the country, why not routine immunization? And a further question on why routine immunization is not improving in poor performing states, in spite of the presence of many partners? The need for advocacy by the partners was highlighted as was the need for political commitment from the states.

There were presentations on how to improve routine immunization (RI) in poor performing states, a presentation on the progress and process for the revision of comprehensive multi year plans for the Universal Immunization Programme (UIP) in India and one on the status of cold chain in India that highlighted the need for additional equipment and the tremendous progress already achieved in meeting the shortfall. The GOI proposed that partners should support their efforts to put all official immunization related documents on the internet to increase accessibility. The next meeting of the India Immunization Partners was fixed for June 05, 2009 at UNICEF-India office.

BANGLADESH

31/03/2009 Nihal Singh, SEARO: (CORRECTION FROM FEBRUARY EDITION)

Bangladesh introduced DTP+HepB+Hib as a combined pentavalent vaccine into its Expanded Programme on Immunization from January 2009. The inauguration of the introduction of pentavalent vaccine took place at Khulna City Corporation in the district of Khulna on the 15th of January, targeting 367,500 infants. The Minister of Health & Family Welfare, Bangladesh inaugurated the introduction as the Chief Guest.

The pentavalent formulation chosen by Bangladesh Immunization programme is the single dose liquid preparation. The expansion of introduction will be carried out in a phased manner reaching initially 5 city corporations and 5 districts and it is expected to reach nation wide coverage by the end of the year, reaching approximately 3.8 million infants.

LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization				
Title of Meeting	Start	Finish	Location	Region
2009 Meetings				
EPI Managers Meeting	01-Apr	03-Apr	Libreville, Gabon	IST Central AFRO
ProVac Cervical Cancer Costing Meeting	02-Apr	03-Apr	Kingston, Jamaica	PAHO
EPI Managers Meeting	06-Apr	10-Apr	Ouagadougou	IST West AFRO
Strategic Advisory Group of Experts (SAGE) meeting	06-Apr	08-Apr	Geneva	HQ
Peer Review Workshop	20-Apr	25-Apr	Dakar	AFRO
EMR GAVI Core Group Meeting	26-Apr	27-Apr	Cairo, Egypt	EMRO
Workshop on Improving Implementation and Reporting of GAVI Support Programmes in Eligible Countries	28-Apr	29-Apr	Copenhagen, Denmark	EURO
Regional GAVI Working Group Meeting	May	May	tbc	EURO
Vaccine prioritization workshop	11-May	13-May	Bangkok Thailand	SEARO
5th Pacific Immunization Strengthening Workshop	11-May	15-May	Nagasaki, Japan	WPRO
Japanese Encephalitis hands-on lab training	15-Jun	19-Jun	Seoul, Korea	WPRO
The 9th International Advanced Course on Vaccinology for the Asia Pacific Region (for more information http://www.ivi.int/vaccinology2008/)	11-May	16-May	Seoul, Korea	WPRO
XVIII Meeting of the Technical Advisory Group on Vaccine-Preventable Diseases	08-Jun	10-Jun	San José, Costa Rica	PAHO
Bi-Regional Meeting on Japanese Encephalitis Control	08-Jun	09-Jun	Bangkok Thailand	SEARO/WPRO
PAHO Sub-Regional Meeting of the Central American Region, Mexico and the Spanish Caribbean on Vaccine Preventable Diseases	08-Jun	11-Jun	tbc	PAHO
Global Meeting on New and Under-Utilized Vaccines Introduction	16-Jun	18-Jun	Montreux, Switzerland	HQ
18th TAG Meeting	30-Jun	02-Jul	Manila, Philippines	WPRO
25th RTAG Meeting	09-Jul	09-Jul	Hammamet, Tunisia	EMRO
Measles hands on lab training	06-Jul	10-Jul	Hong Kong	WPRO

PAHO Sub-Regional Meeting of the Andean and Southern Cone Regions on Vaccine Preventable Diseases	12-Aug	13-Aug	tbc	PAHO
Polio real time PCR Training	24-Aug	28-Aug	Australia	WPRO
Data Management Workshop	TBD	TBD	Manila, Philippines	WPRO
Regional EPI Lab Network Meeting	Sept	Sept	Manila, Philippines	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
15th RCC Meeting	Oct	Oct	tbc	WPRO
Strategic Advisory Group of Experts (SAGE) meeting	27-Oct	29-Oct	Geneva	HQ
16th Meeting of the EMR GAVI Working Group on	09-Nov	10-Nov	Luxor, Egypt	EMRO
26th Meeting of the Caribbean Expanded Program on Immunization Managers	16-Nov	20-Nov	tbc	PAHO
Workshop on invasive bacterial diseases surveillance network	15-Dec	17-Dec	Cairo, Egypt	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
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