



GLOBAL IMMUNIZATION NEWS

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24 May 2006

TECHNICAL INFORMATION

CAPACITY BUILDING & TRAINING

24/05/06 from Evariste Mutabaruka, WHO/AFRO: AFRO and other GAVI partners are planning the following:

- An intercountry MLM course for Francophone countries from 5-16 June 2006 at IRSP in Ouidah, Benin;
- An intercountry MLM course for Anglophone countries from 4-15 September in Pretoria, South Africa.

24/05/06 from Anais Colombini, AMP: The second supportive supervision of EPIVAC trainees is ongoing. It focuses on problem-solving in immunization safety and budgeting process and tools. National supervisors from Niger have been visited by a member of the EPIVAC coordination team.

The second Distance Learning CDROM has been sent to trainees and their supervisors. The content of the learning topics focus on Human Resources Management, Logistics and Equipment Management, and Vaccine Preventable Diseases Surveillance and Control.

A summary of some operational research dissertations of the first two classes are now available on the EPIVAC website: www.epivac.org

GIVS

24/05/06 from Jos Vandelaer, WHO/UNICEF & Lidija Kamara (WHO/HQ): Several articles on GIVS appeared in the scientific press recently:

- Lancet - 6 May 2006
- WER - 12 May 2006
- MMWR - 12 May 2006

These articles summarize the main strategic areas of GIVS and highlight how immunization will be able to contribute to a reduction in child mortality, on of the MDGs. As a first step towards implementing GIVS, countries are encouraged to

incorporate GIVS principles in their comprehensive multi year plans. The GIVS document and guidelines on multi year planning can be downloaded from http://www.who.int/immunization_financing/en/

IMMUNIZATION FINANCING & COSTING

24/05/06 from Patrick Lydon, WHO/HQ: Immunization Financing Website News

In April 2006 the immunization financing website (http://www.who.int/immunization_financing) underwent a round of revisions and updates. The main changes to feature are the following:

- The **data** section of the site, which is the gateway to the immunization financing database, includes new data from 20 additional countries. The database now contains costing and financing data for 40 low income countries which can be retrieved using 5 search types, or by viewing key indicators.
- The **countries** section of the site has been updated with 20 new country pages. At a glance, these present a summary of the immunization financing situation in countries, and provide key data and indicators of interest. These pages are intended for country-focused analysis, and offer the possibility to download the complete Financial Sustainability Plan (FSP) documents and accompanying annex materials.
- The **tools** section of the site now includes a specific webpage for comprehensive multi-year planning (cMYP) for immunization (http://www.who.int/immunization_financing/tools/cmyp). The latest versions of the new cMYP guidelines, costing and financing tool and user guide are available for download in English. The full set of materials in French, Portuguese, Russian, and Spanish will be available by July 2006.

- Other revisions on the site include an analysis of vaccine financing indicators using the WHO-UNICEF Joint Reporting Form data, information on the GIVS and other resources related to immunization financing.

The immunization financing website is intended to be an online resource for GAVI Alliance partners, international donors, policy-makers, health planners, immunization programme managers, and researchers that seek and share information about immunization financing. Information on future updates can be received by sending an email to immunizationfinancing@who.int

MATERNAL & NEONATAL TETANUS

24/05/06 from Jos Vandelaer (WHO/UNICEF Geneva) and Fouzia Shafique, Prosper Nyandagazi and Francois Gasse (UNICEF New York): On 4 and 5 May 2006, the MNT Program Committee held its annual meeting at UNICEF New York. The previous meeting was held in May 2004.

It was reported that in 2004-2005, 27 countries implemented Supplemental Immunization Activities (SIAs) with Tetanus Toxoid (TT), of which 6 were countries that had not done TT SIAs before. Over 17 million women received at least 2 doses of TT in these campaigns. Four new countries were validated as having eliminated MNT. It is anticipated that by 2009, all except 11 countries will achieve MNT elimination.

The main focus of the meeting, however, was on sustaining MNT elimination. Various strategies to sustain MNT elimination were discussed, including school-based immunization, RED, quarterly pulses, child health days, immunization weeks, and Accelerated Child Survival and Development (ACSD). The participants recommended that experiences with such strategies should be better evaluated and documented. The combination of immunization activities with the delivery of other interventions was seen as promising, particularly in the context of improving child survival, but better guidance is needed on which "linked" interventions should be included in such a "package" approach. It was also recommended that monitoring systems should become more "integrated" in order to capture the performance and impact of these "linked" interventions.

24/05/06 from Philippe Duclos, WHO/HQ: The **position paper on tetanus** was published on the *Weekly Epidemiological Record*, No. 20, 19 May 2006. Following is an excerpt of the summary and conclusions from the paper:

The goals of tetanus control are primarily (i) to eliminate MNT globally; and (ii) to achieve and sustain high coverage of 3 doses of DTP and of appropriate booster doses in order to prevent tetanus in all age groups.

A childhood tetanus immunization schedule of 5 doses is recommended. The primary series of 3 doses of DTP3 (DTwP or DTaP) should be given in infancy (age <1 year), with a booster dose of a tetanus toxoid-containing vaccine ideally at age 4–7 years and another booster in adolescence, e.g. at age 12–15 years. The exact timing of the booster doses should be flexible to take account of the most appropriate health service contacts in different countries. Where a high percentage of children, including girls, attend school, school-based immunization programmes should be used where feasible to deliver the booster doses. Special efforts to reach school non-attenders will be needed.

In many countries, non-neonatal tetanus is still a significant public health problem, particularly among children, adolescents and young adults. Tetanus in young individuals commonly reflects poor coverage of the national childhood immunization programme. Obstacles to delivery of the recommended doses of tetanus toxoid-containing vaccines should be identified and forceful measures taken to improve programmatic performance in all districts.

In addition to the childhood vaccination programme, an extra tetanus toxoid-containing dose to adults will provide additional assurance of long-lasting, possibly lifelong protection. Therefore, a sixth dose should be recommended for adults, e.g. at the time of the first pregnancy or during military service. Those who receive their first tetanus vaccine doses as adolescents or adults require a total of only 5 appropriately spaced doses to obtain the same long-term protection.

In countries where MNT remains a public health problem, special attention should be given to immunizing women of childbearing age. As a minimum strategy, eligible pregnant women should be routinely immunized at their first contact with antenatal clinics or other health services offering vaccination. Pregnant women with an inadequate or unknown immunization history should always receive 2 doses of tetanus toxoid-containing vaccine: the first dose as early as possible during pregnancy and the second dose at least 4 weeks later. Efforts should be made to complete the recommended series of 5 immunizations, e.g. when the mother brings her baby for vaccinations and in connection with subsequent pregnancies, while respecting the minimum intervals between doses.

In districts with limited access to routine vaccination services and where the elimination target (<1 case per 1000 live births) has not been met, the "high-risk approach" to control MNT should be adopted. This approach targets women of childbearing age by offering 3 doses of tetanus toxoid, usually during a 12-month period.

Promotion of improved childhood immunization and clean deliveries is part of this initiative.

The type of tetanus prophylaxis that is required following injuries depends on the nature of the lesion and the history of previous immunizations.¹ Passive immunization using tetanus antitoxin, preferably of human origin, is essential for treatment and occasionally also for prophylaxis (e.g. in cases of dirty wounds in incompletely immunized people). While tetanus antitoxin should be readily available in all countries, its use cannot substitute for the need to achieve and sustain high tetanus vaccination coverage.

Improved national surveillance and reporting systems, including district-level data analysis, are essential for rational planning of immunization. A copy of the WER can be downloaded on: <http://www.who.int/wer>

POLIO

24/05/06 from Oliver Rosenbauer, WHO/HQ: Remarkable progress in 2005, as well as the introduction of new tools such as the monovalent oral polio vaccines, have moved the global polio eradication effort into what is hoped to be its final phase. The world now has a unique opportunity to ensure that everyone shares equally in the benefits of a polio-free world.

Key to success, however, will be the continued support of the international community, most notably in filling the 2006 funding gap of US\$ 85 million, and getting the vaccine to each child. A further US\$400 million is required for the 2007-2008 period.

These needs are outlined and elaborated in the newly updated *Financial Resource Requirements 2006-2008*, available in downloadable format on www.polioeradication.org

SAGE

24/05/06 from Philippe Duclos, WHO/HQ:
WHO SAGE on Immunization: Request for nominations: WHO solicits proposals for nominations for current and future vacancies on its Strategic Advisory Group of Experts (SAGE) on immunization. Nominations for a currently vacant seat for a member from the African regional have to be submitted by 30 June 2006. Other nominations for members from all regions of the world are welcome without a specific deadline. SAGE is the principal advisory group to WHO for vaccines and immunization. SAGE reports directly to the Director General and is advising WHO on overall global policies and strategies, ranging from vaccine and technology research and development, to delivery of immunization and its linkages with other health interventions. Its remit is not restricted to childhood and immunization but extends to all vaccine-preventable diseases as well

as all age groups (<http://www.who.int/immunization/sage/en>).

Members are acknowledged experts with an outstanding record of achievement in their own field and an understanding of the immunization issues covered by the committee. Appointment of members is made by the Director-General upon the proposal of an external selection panel. Consideration will be given to ensuring appropriate geographic representation and gender balance.

Instructions for nominations are available at the following link: <http://www.who.int/immunization/sage/nominations/en/index.html>

PUBLICATIONS

NEWLY PUBLISHED WHO DOCUMENTS

24/05/06 from Mario Conde, WHO/HQ: The following publications are available online:

- **WHO technical workshop on the role of the laboratory detection of human papillomavirus in global disease prevention and control**, Geneva, Switzerland, 15-17 August 2005 (WHO/IVB/06.04)
- **Report of the Informal Consultation on Meningococcal Carriage Studies in Africa**, WHO/HQ, Geneva, 23 September 2005 (WHO/IVB/06.06)

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

GAVI-RELATED INFORMATION

INTERNATIONAL FINANCE FACILITY FOR IMMUNIZATION (IFFIM)

24/05/06 from Tracey Goodman, WHO/HQ: The Ministry of Finance in South Africa is pleased to announce that they will contribute US\$ 20 million over 20 years to the IFFIm. South Africa joins seven other countries that already contribute to this facility in order to prevent child deaths. These seven countries are Brazil, France, Italy, Norway, Spain, Sweden and the United Kingdom. In 2003, an estimated 10.5 million children died before reaching the age of five, many from diseases that are already vaccine preventable. Over 27 million did not receive immunization in their first year of life, making them vulnerable to infectious diseases in childhood and during the productive years of adulthood. The IFFIm's efforts will therefore contribute substantially in curbing child deaths through child

immunization programs. It has been estimated that US\$ 4 billion spent over 15 years without frontloading, would save about 2.5 million lives before 2015. By frontloading US\$ 4 billion over 10 years through the IFFIm mechanism, an estimated 5 million lives could be saved by 2015, and a further 5 million adult lives 20 years later. It is anticipated that of the total lives to be saved, a significant number will be in Africa and Asia. This commitment by South Africa and Brazil to support the IFFIm demonstrates the political will by emerging economies in addressing the problems of global poverty.

HIB INITIATIVE

24/05/06 from Patrick Zuber, WHO/HQ: The Hib Initiative is a GAVI-sponsored project to support countries making informed decisions regarding the use of Hib vaccine that was launched in June 2005. During its first year, the project conducted extensive consultations with GAVI-eligible countries and their local, regional and global partners. A **strategic plan** has been developed as a result of this consultative process that was recently approved by the management committee charged to oversee this project. The strategic plan looks at global and country-level strategies that will help reduce the risk of childhood death and disability through the sustained use of Hib vaccine. It proposes three main strategic areas around communication, coordination and research. The Hib Initiative will be announcing a series of requests for proposal to support research efforts to increase the evidence base about Hib disease burden and the economics of Hib immunization in several parts of the world. They will also be working with selected countries to develop local advocacy programs to support sustainable decisions regarding the Hib vaccine. The strategic plan can be consulted on the Hib Initiative website at: www.hibaction.org

REVIEW PROCESS

The next **Proposals Review** will be held from 26 June - 5 July 2006. The **deadline** for receiving applications is **2 June 2006**.

The next **Monitoring Review** will be held from 6-16 June 2006, and the **deadline** for receiving reports was **12 May 2006**.

The second **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.

COUNTRY INFORMATION¹ BY REGION

AMERICAS

*BRAZIL

24/05/06 from Robin Biellik, PATH and Lucia Oliveira, PAHO: Rotavirus vaccine was introduced nationwide into the routine EPI starting in March 2006. The schedule includes 2 doses of GSK oral attenuated Rotarix® vaccine administered at 2 and 4 months of age, at the same contact when OPV and DPT-Hib vaccines are given. During 8-9 May 2006, a national meeting of state and large city EPI Coordinators was hosted by Ministry of Health in Brasilia, Brazil. The meeting included an update on the status of rotavirus vaccine introduction and lessons learned after 2 months of implementation. Comprehensive guidelines and IEC materials were developed and distributed prior to vaccine launch, and a massive information TV and radio campaign was implemented. The Ministry of Health reported that, during the first month of implementation, 2 million doses of vaccine were distributed and 170,000 children were vaccinated. A number of reported AEFI cases are currently under investigation. State coordinators reported good public acceptance of the vaccine and good tolerance by infants. However, coordinators reported that the large volume of vaccine packs containing 25 single-dose vials and diluent together was causing problems with cold chain volume at district and peripheral levels.

GUYANA

24/05/06 from Robin Biellik, PATH and Lucia Oliveira, PAHO: During 23-25 May, a joint CDC, PAHO and PATH mission will visit Guyana to establish **rotavirus surveillance** and sensitize senior paediatric, virology and public health officers and decision-makers on rotavirus epidemiology, surveillance and vaccine. It is planned to visit 2 sentinel hospitals to implement rotavirus surveillance methodology including guidelines for recruitment of admitted severe diarrhoea patients, stool specimen collection handling and lab diagnosis for rotavirus. It is also planned to hold a brief meeting at Ministry of Health to present the evidence that countries use

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

to take a decision on the value of introducing rotavirus vaccines, and the estimated timeline for the inclusion of subsidized rotavirus vaccine in the GAVI portfolio.

HONDURAS

24/05/06 from PAHO:

- An **EPI evaluation** is scheduled for the last quarter of 2006. The multi-year plan will be one of the final results.
- The government will take over funding of **injection safety activities**.
- **Rotavirus** standardized surveillance started in 2004. There is a strong interest for rotavirus vaccine introduction.

EAST & SOUTH AFRICA

UGANDA

24/05/06 from Rosamund Lewis, WHO/Uganda:

- The country will implement the **measles follow-up campaign** for children under five years as soon as sufficient resources are available to confront the current measles outbreak. The Government of Uganda has committed \$2 million from its own resources and in-country partners have committed \$635,000 so far. Prospective partners are welcome to express interest in participating.
- The national **hepatitis B serosurvey** has shown that 9.3% of Ugandans aged 15-59 years are chronic carriers of the hepatitis B virus, and at the risk of cirrhosis and hepatocellular carcinoma.
- The support for **injection safety** and AD syringes are now fully funded by the Government of Uganda for BCG, measles and TT vaccines.
- The Government of Uganda has expressed its intention to negotiate a **bridging agreement** with GAVI to enable the country to continue using and start funding pentavalent (DTP-HepB-Hib) vaccine.
- The country has initiated the process to apply for **second dose measles vaccination** in routine programme for **Health Systems Strengthening** support. Both initiatives are endorsed in principle by the ICC.
- Surveillance for **rotavirus** will begin in June 2006 at Mulago National Referral Hospital.

WEST & CENTRAL AFRICA

REGIONAL INFORMATION

24/05/06 from W&C AFRO:

All 17 countries in the West African block were represented at the annual meeting of **EPI Managers** held in Ouagadougou from 17-19 April 2006. Among the highlights of this year's meeting was the sensitization on support available to countries in GAVI Phase Two and the implementation of GIVS. Specific routine EPI recommendations include:

- The extension of the RED approach to all districts in all countries;
- The development of cMYPs in line with the GIVS approach;
- Strengthening the forecasting and management of vaccines at all levels of the health system.

The **West & Central African Sub-Regional Working Group** met on 20 April, immediately after the EPI Managers' meeting. Below are some of the major decisions taken:

- The creation of a financing sub-committee for providing support to countries in matters of financing decision-making, and also for a better monitoring of the use of GAVI resources;
- The creation of a sub-committee responsible for the monitoring of EPI performance and the introduction of new vaccines;
- Documentation of the activities of the ICCs using the minutes of their meetings;
- The organization of a training workshop for countries under the purview of the SRWG on the development of costed multi-year plans and also for the sensitization on GAVI Phase two.

The terms of reference for the functioning of the group were also revised.

BURKINA FASO

24/05/06 from W&C AFRO: The country has successfully introduced **pentavalent vaccine** into its EPI since January 2006.

GUINEA BISSAU

24/05/06 from W&C AFRO: The nationwide **measles catch-up campaign** for children aged 9 months to 14 years started on 15 May 2006, and will last for two weeks.

EUROPEAN REGION

REGIONAL INFORMATION

24/05/06 from EURO:

Surveillance Training Package developed and tested: A Surveillance Training package has been developed by WHO/EURO for strengthening surveillance of vaccine preventable diseases and adverse events following immunization. It was piloted from 19-21 April 2006 in Copenhagen with the future facilitators of the training as critical

participants providing views, advice and ideas on how to strengthen the training.

The objectives of the training package are to:

- Improve tools and skills in surveillance (planning, active surveillance, monitoring, case investigation, outbreak investigation, data analysis, role of staff); and
- Work on national plans of action to strengthen surveillance.

An essential aspect of the training package is thorough preparation in close cooperation with the Member State. Each training will be prepared by detailed discussions and a situation analysis developed in collaboration with the Ministry of Health. This will provide a common understanding of the core problems affecting the quality of surveillance in the given country.

Lessons learned from the pilot training were that surveillance is definitely an important area which needs strengthening. As the training courses will target national and provincial staff, comments were made on targeting the messages to this specific group.

The training package has been revised according to the pilot recommendations and will now be put into action. Surveillance trainings are planned for 2006-2007 in Albania, Bosnia & Herzegovina, Bulgaria, Kyrgyzstan, Slovakia, Tajikistan, Turkey, Turkmenistan, Former Yugoslav Republic of Macedonia, Ukraine and Uzbekistan.

European Immunization Week initiative evaluated - hailed a success: An evaluation report on the first *European Immunization Week* has been finalized, based on broad consultations with participating Member States. The European Immunization Week was launched in October 2005 by WHO/EURO and a number of Member states, as an initiative to raise awareness, improve communication and advocate immunization across Europe.

The initiative was born out of a concern that immunization is becoming less valued due to a decline in the incidence of, and reduced fear of, infectious disease. Vaccination coverage is declining or stagnating in many European countries, often resulting in large, sporadic disease outbreaks.

The evaluation demonstrated that the initiative succeeded in generating strong interest from internal and external stakeholders and notable impact among target audiences. The initiative furthermore enabled immunization teams to gain support from senior policy makers and to advocate for future programme investment.

One of the strengths of the initiative proved to be its potential for commonality across the Region, while still allowing individual countries to tailor their strategies, messages and activity plans according to their audiences, communication activities and channels.

An essential recommendation of the evaluation was to continue the European Immunization Week as an annual, region-wide initiative. The next initiative will take place in spring 2007.

First integrated WHO EURO LabNet meeting: The first meeting on the integrated laboratory network (LabNet) for countries of the Commonwealth of Independent States (CIS) was conducted from 25-28 April 2006 at the National Centers for Disease Control in Tbilisi, Georgia.

Georgia's First Lady, Ms. Sandra Roelofs-Saakashvili, the Dutch wife of President Michael Saakashvili, a strong supporter of the Georgian immunization program, opened the meeting.

The meeting was attended by heads of national measles/rubella and polio laboratories from CIS as well as representatives of the Georgian Ministry of Health. It had a successful outcome and spurred high media attention.

The LabNet is a network of nationally nominated reference laboratories, coordinated and accredited by WHO/EURO. The network was originally conceived for the Polio Eradication Program. It was created to ensure that virological investigations are performed according to set standards.

A measles/rubella LabNet has been developed, using the experience and resources built up by the polio LabNet. The fact that five national *polio* reference laboratories have been nominated *measles and rubella* reference laboratory emphasizes the integrated approach (Armenia, Belarus, Kazakhstan, Kyrgyzstan and Ukraine).

The integrated approach is becoming a continuously stronger pillar of WHO immunization activities in Europe. It not only ensures sharing of experience and expertise, it assures the best utilization of investments in terms of staff training and laboratory equipment. This is further strengthened by the fact that the LabNet in future will expand to other vaccine preventable diseases such as influenza and rotavirus.

UKRAINE

24/05/06 from Robin Biellik, PATH and Andrei Lobanov, EURO: On 12 May 2006, a national meeting was held in Kyiv, Ukraine, to sensitize senior paediatric, virology and public health officers and decision-makers on **rotavirus epidemiology, surveillance and vaccine**. The Ministry of Health presented available data concerning diarrhoeal disease morbidity and mortality. However, different studies have given widely different estimates of the proportion of diarrhoea cases and deaths due to rotavirus. WHO presented rotavirus surveillance methodology and surveillance data from other countries in Eastern Europe and Central Asia. PATH presented an overview of the evidence that countries use to take a decision on the value of

introducing rotavirus vaccines, and outlined the estimated timeline for the inclusion of subsidized rotavirus vaccine in the GAVI portfolio. The consensus of the meeting was that rotavirus surveillance should be established at 2-3 sentinel hospitals in Ukraine to accurately estimate the disease and economic burden associated with rotavirus, in order to permit a rational decision on vaccine introduction in the country.

SOUTH EAST ASIAN REGION

BANGLADESH

24/05/06 from SEARO: SEARO is in the process of helping the country with their **cMYP**.

BHUTAN

24/05/06 from SEARO: The **MR vaccine** was introduced in the country this year.

INDIA

24/05/06 from Robin Biellik, PATH and Pem Namgyal, SEARO: India will implement a **Japanese Encephalitis (JE) vaccination campaign** among all children 1-15 years of age in 11 high-endemicity districts. A total of 7 districts in Uttar Pradesh (UP), 2 districts in Assam, and one district each in West Bengal and Karnataka states will be targeted. The timing of the campaign has been arranged to allow a period of at least 4 weeks between the JE campaign and OPV NIDs. The campaign was initiated in 4 districts of UP state on 15 May 2006, and as of 17 May, 370,000 children had been vaccinated. During 16-17 May, a meeting with state officials was held in Delhi to finalize micro-plans and discuss campaign implementation for the states of Assam, West Bengal and Karnataka. Furthermore, plans were unveiled for post-vaccination side effects and immunogenicity studies in each state, in collaboration with local medical colleges.

WESTERN PACIFIC REGION

REGIONAL INFORMATION

24/05/06 from WPRO:

A **Bi-Regional Meeting of WPR and SEAR** along with the **Global Hib Initiative** was organized in Kuala Lumpur, Malaysia on 30-31 March 2006, to share the latest information and develop regional action plans on preventing childhood pneumonia and meningitis by vaccination.

The annual **Pacific Immunization Program Strengthening (PIPS) meeting** was organized in Nadi, Fiji from 8-12 May 2006. The meeting reviewed the progress made by national immunization programs in Pacific Island countries and made technical recommendations to various aspects of the program as needed.

The annual **Technical Advisory Group (TAG) meeting on Immunization and Vaccine Preventable Diseases of WPR** will be held in Manila, Philippines, from 20-22 June 2006. This meeting will review the technical and programmatic strategies adopted by Member States and progress made towards regional measles elimination and hepatitis B control goal by 2012. It also intends to review the situation of, and make recommendations for the maintenance of poliomyelitis-free status, also talking into account the recommendations of the last Regional Certification Commission held in December 2005. This meeting will also provide a platform for sharing the latest information on new and under-utilized vaccines and to make technical and programmatic recommendations to prepare immunization systems in countries to deliver the new vaccines.

An **expanded Regional Working Group Meeting** along with a hands-on GAVI training workshop will be organized on 23 June 2006 in Manila Philippines. All the GAVI eligible EPI managers, director, planning department (MOH), WHO and UNICEF country colleagues along with members of the RWG are expected to participate in the meeting. The workshop expects to provide hands-on training on different GAVI application and reporting procedures, including an explanation of the guidelines and support available in GAVI phase 2.

CAMBODIA

24/05/06 from WPRO: Following a recent detection of type 3 vaccine derived poliovirus (VDPV) in two cases of acute flaccid paralysis (AFP), the National Immunization Programme, with support of WHO and UNICEF conducted **large-scale supplementary immunization activities** with oral poliovirus vaccine (OPV) from March-May 2006, targeting 40% of all children under five-years of age in high risk communities. The communities where VDPV were detected had low routine immunization coverage. No further VDPV have been detected to date.

*** FIJI**

24/05/06 from WPRO: An outbreak of **measles** following importation was reported in February-May 2006. WPRO provided technical assistance to launch a rapid response by organizing population-based measles SIAs covering all children from 6 months to under six years of age. More than 100 cases of measles were reported during the outbreak.

LAO PDR

24/05/06 from WPRO: Technical support is planned for the **DQS** and development of the **cMYP** in the next few months.

MONGOLIA

24/05/06 from WPRO: Technical support was provided in April-May 2006 to train the national staff in **DQS methodology** and doing DQS in randomly sampled aimags and districts. The results indicated overall reasonable quality with some problems in specific areas.

VIETNAM

24/05/06 from WPRO:

- A survey supported by WHO and UNICEF using Lot Quality Assurance (LQA) and cluster sampling methods was carried out in December 2005 in three districts at the highest risk of **neonatal tetanus** incidence in Vietnam: Bao Yen and Bao Thang Districts in Lao Cai Province and Phuoc Long District in Binh Phuoc Province. The findings indicate that as of December 2005, neonatal tetanus had been eliminated as a public health problem in the country. The details of the survey will be published in the WER later this year. The National Immunization

Programme is currently developing a detailed plan on how to maintain this achievement.

- Technical assistance will be provided by WPRO to facilitate the GAVI application for **ISS funds** and options for **new vaccine introduction**.

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: May - December 2006					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
May-06					
WPRO EPI Workshop for Pacific Immunization Program Strengthening (PIPS)	08-May	12-May	Fiji	WPRO	WPR
RED Workshop for AFRO Southern Block countries	10-May	12-May	Durban, South Africa	AFRO (E&S)	AFR
EMRO Polio Consultation Meeting	14-May	14-May	Cairo, Egypt	EMRO	EMR
EMRO National EPI Managers Meeting	15-May	18-May	Cairo, Egypt	EMRO	EMR
GAVI Working Group Retreat	16-May	17-May	Ottawa, Canada	GAVI Secretariat	Specific
Eastern Mediterranean Regional Working Group Meeting	18-May	19-May	Cairo, Egypt	EMRO	EMR
Data Management Workshop for AFRO Southern Block countries	15-May	19-May	tbd	AFRO (E&S)	AFR
EMRO RTAG Meeting	19-May	19-May	tbd	EMRO	EMR
EMRO Regional network on bacterial meningitis pneumococcal surveillance meeting	29-May	31-May	Cairo, Egypt	EMRO	EMR
Jun-06					
New and under-utilized vaccine introduction retreat	06-Jun	07-Jun	Geneva	WHO/HQ	Global
Hib Initiative Retreat	08-Jun	10-Jun	Switzerland	WHO/HQ	Specific
GAVI Monitoring Review (Deadline: 12 May 2006)	05-Jun	16-Jun	Geneva	GAVI Secretariat	Specific
PAHO Workshop on Economic Analysis for the Introduction of New Vaccines	12-Jun	16-Jun	Washington DC	PAHO	Americas
GAVI Alliance Board Meeting	20-Jun	20-Jun	Washington DC (World Bank)	GAVI Secretariat	Global
Immunization financing and costing training workshop (jointly with World Bank)	19-Jun	23-Jun	Bangkok, Thailand	SEAR	SEAR
WPRO 16th TAG Meeting	20-Jun	22-Jun	Manila, Philippines	WPRO	WPR
WPRO Regional Working Group Meeting and GAVI Training Workshop	23-Jun	23-Jun	Manila, Philippines	WPRO	WPR
GAVI Proposals Review (Deadline: 2 June 2006)	26-Jun	05-Jul	Geneva	GAVI Secretariat	Specific
Jul-06					
SEARO Regional Working Group Meeting	10-Jul	11-Jul	tbd	SEARO	SEAR

PAHO Measles/Rubella Laboratory Network Meeting	23-Jul	23-Jul	Guatemala City	PAHO	Americas
GAVI Fund Board Meeting	25-Jul	25-Jul	tbd	GAVI Secretariat	Global
PAHO EPI TAG and ICC/RWG Meeting	25-Jul	27-Jul	Guatemala City	PAHO	Americas
Aug-06					
Informal Consultation of Global Polio Laboratory Network	23-Aug	25-Aug	Geneva	WHO/HQ	Global
SEARO Regional Committee Meeting	04-Sep	08-Sep	Dhaka, Bangladesh	SEARO	SEAR
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	tbd	EURO	EUR
EURO Regional Committee Meeting	11-Sep	14-Sep	Copenhagen, Denmark	EURO	EUR
WPRO Regional Committee Meeting	18-Sep	22-Sep	Auckland	WPRO	WPR
AMRO Regional Committee Meeting	25-Sep	29-Sep	Washington DC	PAHO	Americas
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
European Immunization Week	09-Oct	15-Oct	tbd	EURO	EUR
European Technical Advisory Group of Experts (ETAGE) meeting	24-Oct	25-Oct	tbd	EURO	EUR
Eastern Mediterranean Regional Working Group Meeting	30-Oct	31-Oct	Sanaa, Yemen	EMRO	EMR
Nov-06					
Caribbean EPI Managers Meeting	13-Nov	17-Nov	tbd	PAHO	Americas
EMRO Annual Inter-country Meeting on Measles/Rubella Control/Elimination	13-Nov	15-Nov	Amman, Jordan	EMRO	EMR
EMRO Meeting of RWG for Rotavirus Surveillance	20-Nov	21-Nov	Cairo, Egypt	EMRO	EMR
Strategic Advisory Group of Experts (SAGE) meeting	20-Nov	22-Nov	Geneva	WHO/HQ	Global
GAVI Alliance Board Meeting	28-Nov	29-Nov	Berlin	GAVI Secretariat	Global
GAVI Fund Board Meeting	29-Nov	30-Nov	Berlin	GAVI Secretariat	Global
Dec-06					
Global Vaccine Research Forum	04-Dec	06-Dec	Bangkok, Thailand	WHO	Global
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
SEAR TCG & EPI Managers Meeting	05-Dec	08-Dec	New Delhi, India	WHO	SEAR
2007 Meetings					
Strategic Advisory Group of Experts (SAGE) meeting	16-Apr	17-Apr	Geneva	WHO/HQ	Global