



GLOBAL IMMUNIZATION NEWS

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

28 November 2005

TECHNICAL INFORMATION

CAPACITY BUILDING & TRAINING

28/11/05 from Evariste Mutabaruka, WHO/AFRO: The main capacity building activities for the African region for the last quarter of 2005 are the following:

- Editing and printing of the 2000-2004 MLM evaluation and publishing of an article related to it.
- Preparation of the 2006-2015 AFR/CB Strategy and Plan of Action 2006-2009.
- Finalization of the EPI curriculum prototypes for medical and nursing schools.

MEASLES

28/11/05 from Hayatee Hasan, WHO/HQ:

TIME Global Health Summit: The Measles Initiative partners gathered at the TIME Magazine Global Health Summit in New York on 2 November 2005 to announce that tremendous progress has been made in Africa in the fight against measles. Largely due to the technical and financial support of the Measles Initiative and commitment from African governments, more than 200 million children in Africa have been vaccinated against measles and one million lives have been saved since 1999. Measles cases and deaths have dropped by 60%, thanks to improvements in routine and supplementary immunization activities in Africa.

UN Foundation Chairman Ted Turner also announced a \$20 million commitment from the UN Foundation to the Measles Initiative over the next four years, bringing the UN Foundation's support for the Measles Initiatives to more than \$57 million since 2001. Additionally, global medical technology company BD announced its expanded collaboration with the American Red Cross to support the Measles Initiative, valued at \$1.7 million.

To view the press release on this event, please visit:

<http://www.who.int/mediacentre/news/releases/2005/pr55/en/index.html>

Measles Initiative host a media tour to Benin: The Measles Initiative will host a media tour to Benin during its measles vaccination campaign from 12-18 December 2005. The Benin campaign will mark the culmination and success of the Initiative's five-year program goal of reducing measles deaths by vaccinating 200 million children, saving 1.2 million lives. The media will have the opportunity to travel with Measles Initiative partners to meet doctors, mothers and children who have all known someone who has had measles and many who have seen loved ones die. The media will visit temporary vaccination posts around the country; students will put on skirts and sing their 'measles' songs; vitamin A drops will be delivered to children under five years of age; and media will also see the thousands of Benin Red Cross Society volunteers going house to house throughout markets and down long dirt roads, delivering the news of a free vaccine.

MATERNAL & NEONATAL TETANUS

28/11/05 from Fouzia Shafique, UNICEF:

The Republic of Congo and Cameroon are among the 57 countries globally that have yet to eliminate MNT, and both are also among the 60 countries with high under-five mortality. Both have recently updated their plans for MNT elimination. These countries in collaboration with immunization partners conducted comprehensive review of individual district performance data to identify districts still at risk for MNT in need of supplemental immunization activities and priority districts where majority of un-reached children and women reside and are in need of accelerated routine immunization activities to improve coverage.

A desk review of each district performance was conducted by the national team based on a selected number of indicators recommended by

WHO and UNICEF, including the performance of past TT SIAs conducted. A list of coverage indicators used can be obtained by request by sending an email to Fouzia Shafique (fshafique@unicef.org). UNICEF and WHO remain committed to the elimination of Maternal and Neonatal Tetanus worldwide.

Congo - Main Findings:

The 2004 EPI data review has shown that 45% of all children are not immunized with **DTP3**. Of these, 35% live in rural districts and 65% in the urban districts. In rural districts, the main reasons appear to be limited access to regular immunization services due to insufficient logistics support for outreach activities. In urban areas, children are missed despite high access due to drop in motivation level in mothers to complete children's immunization schedules. It was concluded that the first priority with resources available was to develop social mobilization/communication plan to target health workers and mothers to make use of the existent functional immunization services. In the rural districts with majority of un-immunized children, focus should be on re-establishing outreach from health facilities.

Of Congo's 27 districts, a data assessment has shown that 10 rural districts (31% of total child bearing age women) are high risk for **MNT** and require TT-SIAs. Four districts remain questionable and will be re-classified following a field review, and the remaining 13 are at low risk. Strengthening clean delivery practices in high risk districts will be addressed through communication activities targeting communities in rural districts. UNFPA will take the lead on strengthening clean delivery practices in health facilities. It was decided to reinforce MNT surveillance through the active Integrated Disease Surveillance System with quarterly review jointly with AFP and measles.

TT SIAs will be implemented in 2006 and will be accompanied by distribution of treated mosquito bed nets and Vitamin A supplementation. Other potential interventions (IPT, deworming) will be determined by a technical group.

Cameroon - Main Findings:

The 2004 EPI data review has shown that 33% of all children are not immunized with **DTP3** and live mainly in 52 of the total 159 districts of the country. These 52 districts lack access to immunization services due to dispersed population, poor road infrastructure and inefficient outreach services, compounded by poor monitoring. It was concluded that the RED approach should be implemented and closely monitored in the districts with a maximum number of un-reached children. This analysis will be the basis to develop the cMYP in November 2005 as planned by the MoH.

The data review also showed that out of 159 districts, 30 are at high risk for **MNT** (including three districts that did not perform well during past

SIAs) and will require TT SIAs in 2006. There were 102 districts which were categorized as low risk, and 27 that were considered at medium risk. Strengthening routine immunization in these districts will be sufficient to eliminate tetanus. The intermediate risk districts will be reviewed to determine their status by end of 2005 and 2006, using all MNT risk assessment indicators that were not available during this exercise. MNT surveillance will benefit from integration into the AFP and measles surveillance activities, special attention being given to case detection, investigation and response through integrated training.

The first round of TT SIAs will be carried out jointly with measles campaigns and bed net distribution in the high risk districts for MNT.

General Conclusion: At country level, national managers and the team, in collaboration with stakeholders in immunization should review the district level performance data to identify the following:

- Where the majority of the un-reached children and mothers live;
- The main reasons for these populations being unreached; and
- Where to prioritize efforts and resources to those areas to rapidly increase coverage using RED approach in these districts on priority basis with close follow up of progress.

It will be essential that technically sound updated microplans for these districts are fully funded.

POLIO

28/11/05 from Oliver Rosenbauer, WHO/HQ:

Massive International Effort Stops Polio Epidemic Across 10 West and Central African Countries:

Public health experts have confirmed that a polio epidemic in ten countries in central Africa - Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Ghana, Guinea, Mali and Togo - has been successfully stopped. The epidemic has paralysed nearly 200 children for life since mid-2003, but no new cases have been reported in these countries since early June 2005. At the same time, polio eradication efforts are intensifying in Nigeria, where extensive disease transmission continues, as part of a mass polio campaign across 28 African countries which began on 11 November 2005.

Emergency efforts to stop the epidemic had been launched under the auspices of the African Union (AU) and largely underwritten through US\$135 million in emergency funding from the European Commission (EC), Canada and Sweden. The ten countries, which had previously been polio-free, participated in a series of mass immunization drives across 23 countries, reaching as many as

100 million children with multiple doses of polio vaccine over the last ten months.

Experts cautioned that ongoing disease transmission in remaining endemic areas continues to pose a risk of more outbreaks across the region. To minimize this risk, 28 African countries (including the ten countries which have stopped their epidemics) launched the first element of a "maintenance" programme to sustain this progress, with an additional series of synchronized immunization activities to reach more than 100 million children with polio vaccine in November and December 2005.

The "maintenance" programme is part of a four-pronged strategy to protect the US\$ 4 billion invested globally since the 1988 launch of the Global Polio Eradication Initiative. The other elements of the strategy include: strengthening routine immunization at country level in close collaboration with GAVI and through the Global Immunization Vision and Strategy (GIVS); increasing surveillance sensitivity and outbreak response capacity, and increasing both the number and quality of polio campaigns in the remaining endemic areas, particularly in Nigeria.

The Nigerian government has signalled strong commitments to further strengthening its polio eradication programme. With virus now beaten back to the north of the country, efforts are focusing on re-deploying support staff to the northern states during the upcoming immunization campaigns. Nigeria needs the ongoing support of the international community to ensure every child is reached throughout the country with polio vaccine.

Key to success is ensuring the necessary funds continue to be made available. A US\$200 million funding gap for 2006 must urgently be filled, US\$ 75 million of which is needed by December 2005 to ensure activities in the first quarter of next year can proceed. Underlining the urgency of closing the funding gap, late arrivals of the funds may compromise the quality of the immunization campaigns in some countries.

To support Nigeria and west and central Africa in polio eradication efforts, Rotary International is also gearing up its support to the region. Rotary International and its 1.2 million volunteers worldwide have been integral to the global eradication of polio. Collectively, Rotarians have committed well over US\$ 600 million to the effort, and contributed countless volunteer hours during immunization campaigns.

For further information, please contact Oliver Rosenbauer (rosenbauero@who.int)

PUBLICATIONS

NEWLY PUBLISHED WHO DOCUMENTS

28/11/05 from Mario Conde, WHO/HQ:

The following is a list of documents recently published:

- GIVS, Global Immunization Vision and Strategy 2006-2015 (WHO(IVB/05.05) - WHO-UNICEF publication.
- Generic Protocol for estimating the burden of pertussis in young children (WHO/IVB/05.15)
- Study protocol for temperature monitoring in the vaccine cold store (WHO(IVB/05.01)
- Guidelines for estimating the economic burden of diarrhoeal disease (WHO/IVB/05.10)

These are available on the WHO website: www.who.int/vaccines-documents/ or can be ordered by sending an email to vaccines@who.int

OTHER PUBLICATIONS

28/11/05 from Houkje Ross, Public Health Foundation:

The Public Health Foundation is pleased to announce the February 2006 release of the ninth edition of "Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book). The Pink Book is developed and published by the National Immunization Program, Centers for Disease Control and Prevention.

The Pink Book provides physicians, nurses, pharmacists and other public health and healthcare professionals with comprehensive vaccine information and recommendations, such as: general recommendations on immunizations including timing and spacing of vaccines; screening for contraindications and precautions like pregnancy and HIV infection; specific strategies to achieve high vaccine coverage; and vaccine safety.

New recommendations for the 9th edition include:

- Pertussis (licensure of Tdap and recommendations of its use)
- Meningococcal (licensure of conjugate vaccine and recommendations for its use)
- Hepatitis A (universal recommendation for children 12-23 months and reduction of minimum age from 2 years to 12 months)
- Measles, Mumps, Rubella and Varicella and the licensure of MMRV.

Purchase details of the publication can be obtained online at: <http://bookstore.phf.org/prod463.htm>.

GAVI-RELATED INFORMATION

REVIEW PROCESS

The next **Proposals Review** will be held from 1-9 June 2006. The **deadline** for receiving applications is **5 May 2006**.

The next **Monitoring Review** will be held from 5-16 June 2006, and the **deadline** for receiving reports is **12 May 2006**.

COUNTRY INFORMATION¹ BY REGION

EAST & SOUTH AFRICA

REGIONAL INFORMATION

28/11/05 from Bob Davis, UNICEF: The GAVI East and South African regional working group met in Harare, Zimbabwe from 4-5 October 2005. Main issues discussed at the meeting were Polio, GAVI Phase 2, Measles, Tetanus, Rotavirus Vaccine, Evaluation of MLM trainings, Logistics, Malaria Vaccines, Hib disease and Hib vaccination, and the RED evaluation. Draft recommendations from the meeting include:

- Exploring the possibility of AFRO and EMRO to meet on polio in the Horn of Africa;
- Targeting of districts with largest number of unimmunized children for special attention in RED planning and implementation;
- Identification of post-INS funding for countries coming to the end of INS support;
- W.H.O should update the RWG on possible GAVI support to waste management for EPI;
- The African countries involved in bridge financing should meet at a ministerial level with the GAVI Secretariat to review government and GAVI commitments in Phase 2;
- The RWG should review the medium term direction of measles control in the Region after all countries have completed under-15 campaigns;
- Review the issues between support to routine EPI and accelerated disease control, with focus on country specific experiences; perhaps with a view to future analysis of DTP trends in selected SIA countries with good DQAs over time;

- Develop a summary document on the future development of EPI vaccines, technologies and national decision making implications for presentation to the meeting;
- Partners should work together on joint annual and multi-year planning reviews.

ANGOLA

28/11/05 from AFRO E&S:

- The **cMYP** is planned sometime between December 2005 and February 2006.
- Implementation of **pentavalent vaccine** is planned for 2006, and the vaccine will be introduced possibly in early January 2006. The vaccine shipment will be delivered in December 2005.
- The 9th **polio virus** has been found, and the country will go through the fourth round of monovalent OPV during end November/December 2005.

BURUNDI

28/11/05 from AFRO E&S: The **DQA** is scheduled for the period between June and September 2006.

COMOROS

28/11/05 from AFRO E&S: There was a **measles outbreak** in July 2005, and SIAs have been conducted on one island, while plans are being finalized for nation-wide SIAs. Meanwhile, technical assistance to strengthen measles surveillance is being provided with CDC support from 7-21 November 2005.

KENYA

28/11/05 from AFRO E&S:

- The **cMYP** is planned for early 2006, with a programme review (there are ongoing RED and CDC pilot project reviews).
- Support for **injection safety** is ending in 2005, and the government has allocated funds for 2006.
- The country is busy with **polio SIAs** in districts near Somalia.
- There are a few cases of **measles** in Nairobi, and the offices are investigating this.

MALAWI

28/11/05 from AFRO E&S: The **cMYP** is tentatively scheduled for 12-16 December 2005. The ICP will send support for this activity.

RWANDA

28/11/05 from AFRO E&S: The **cMYP** is planned for 2006, and will be aligned with GIVS.

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

ZAMBIA

28/11/05 from AFRO E&S: The **pentavalent vaccine** was launched on 13 October 2005, and the country will submit a report to GAVI.

ZIMBABWE

28/11/05 from Alison Delo, WHO/HQ: An **injection safety assessment** is being carried out from 14 November - 5 December 2005.

WEST & CENTRAL AFRICA

BENIN

28/11/05 from AFRO W&C: **Pentavalent vaccine** has been introduced in June-July 2005.

BURKINA FASO

28/11/05 from AFRO W&C: The **DQA** was carried out in October 2005.

COTE D'IVOIRE

28/11/05 from AFRO W&C:

- The **DQS** was carried out in October 2005.
- The **cMYP** has been postponed to 2006.

GAMBIA

28/11/05 from Alison Delo, WHO/HQ: An **injection safety assessment** is planned for 27 December 2005 - 17 January 2006.

LIBERIA

28/11/05 from AFRO W&C: The **DQA** was conducted in July 2005.

MALI

28/11/05 from AFRO W&C:

- The phased introduction of **pentavalent vaccine** started in May 2005 in Bamako.
- The **EPI review** has been postponed to 2006, and the **cMYP** will be conducted after the EPI review.

MAURITANIA

28/11/05 from AFRO W&C: The introduction of **HepB vaccine** started in March 2005.

SENEGAL

28/11/05 from Alison Delo, WHO/HQ: An **injection safety assessment** was carried out from 9-29 November 2005.

EASTERN MEDITERRANEAN

DJIBOUTI

28/11/05 from EMRO: The country is currently busy with a **measles campaign**, targeting children from 6 months to 16 years.

PAKISTAN

28/11/05 from EMRO:

- EMRO is recruiting a short term consultant to assist with supervising the data analysis and conducting field work for the **coverage survey**.
- Three provincial level **immunization advisors** are being recruited.

SOMALIA

28/11/05 from EMRO: **Measles mortality reduction** activities are currently going on.

SUDAN

28/11/05 from EMRO:

- A **cMYP** exercise is planned for December 2005, and a consultant has been requested to assist with this.
- A **Hib Initiative** visit is planned for early January 2006.

EUROPEAN REGION

REGIONAL INFORMATION

28/11/05 from EURO: The Sub-Regional Meeting for National Immunization Programme Managers was held in Antalya, Turkey from 15-17 November 2005. The objectives of the meeting were to:

- Brief participants on the current status of global and regional immunization programmes, including progress achieved and future priorities in countries of the Region;
- Present and discuss programmatic areas of work (accelerated disease control, advocacy and communication, new vaccines introduction, immunization quality and safety) and future priority areas towards strengthening national immunization systems within the concept of child and adolescent health with specific focus on vulnerable groups.

The expected results from the meeting were to:

- Increase knowledge and understanding of programme priorities, strategies and objectives for effective decision making, planning and implementation of activities in the country;
- Obtain commitment for the implementation of programme priority activities;
- Exchange information and experience to improve coordination and partnership.

SOUTH EAST ASIA REGION

BHUTAN

28/11/05 from SEARO: An **AFP surveillance review** was carried out.

INDONESIA

28/11/05 from SEARO: A **DQS** review was undertaken which provided an opportunity to review some of the data monitoring quality issues.

INDIA

28/11/05 from SEARO: The **training needs assessment** for basic healthcare workers in India is in progress. This includes interviewing and

observing the practices of over 200 basic healthcare workers to ensure training modules are relevant and appropriate.

MYANMAR

28/11/05 from SEARO: An **AFP surveillance review** which seeks to assess the broader VDP surveillance is under way.

END

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



LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: November 2005 - 2006					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Nov-05					
GAVI Working Group Meeting	02-Nov	03-Nov	Geneva	GAVI Secretariat	Global
57th Regional Directors' Meeting with WHO Representatives	14-Nov	18-Nov	New Delhi, India	SEARO	SEAR
SEAR Meeting to Develop Regional Reference Standard on Pertussis & JE Vaccines	14-Nov	18-Nov	Kasauli, India	SEARO	SEAR
European Sub-Regional Meeting of National Immunization Programme Managers	15-Nov	17-Nov	Antalya, Turkey	EURO	EUR
Viral Hepatitis Prevention Board (VHPB) Meeting	17-Nov	18-Nov	United Kingdom	EURO	EUR
SEAR Developing Countries Vaccine Regulators Network Meeting for Clinical Trials	17-Nov	25-Nov	Bangkok, Thailand	SEARO	SEAR
15th Meeting of the European Interagency Immunization Coordinating Committee	18-Nov	19-Nov	Antalya, Turkey	EURO	EUR
ICH Good Clinical Practices Training Workshop in South East Asia	21-Nov	25-Nov	Bangkok, Thailand	SEARO	SEAR
Challenges in the African Meningitis Belt: From Genomics to Surveillance, Control and Prevention Strategies	26-Nov	29-Nov	Niamey, Niger	AFRO	AFR
Caribbean EPI Managers Meeting	28-Nov	02-Dec	Bermuda	PAHO	Americas
Dec-05					
11th Meeting of the Regional Commission for the Certification (RCC) of Polio Eradication in WPRO	03-Dec	07-Dec	Manila, Philippines	WPRO	WPR
UNAPSA Xth Congress Union of National African Pediatric Societies and Associations: Health of Child in Africa in Question	04-Dec	08-Dec	Cotonou, Benin	AFRO	AFR
GAVI Board Meeting	06-Dec	06-Dec	New Delhi, India	GAVI Secretariat	Global
SEAR Global Training Network workshop on GMPs for Vaccines	06-Dec	16-Dec	Bandung, Indonesia	SEARO	SEAR
Joint GAVI/Vaccine Fund Board Meeting (a.m.)	07-Dec	07-Dec	New Delhi, India	GAVI Secretariat	Global
Vaccine Fund Board Meeting (p.m.)	07-Dec	07-Dec	New Delhi, India	GAVI Secretariat	Global
GAVI/VF Partners' Meeting: Opening Event	07-Dec	07-Dec	New Delhi, India	GAVI Secretariat	Global
GAVI/VF Partners' Meeting	08-Dec	09-Dec	New Delhi, India	GAVI Secretariat	Global

GAVI European Regional Working Group Meeting	08-Dec	08-Dec	Copenhagen	EURO	EUR
EMRO Measles-Rubella Inter-Country Meeting	11-Dec	13-Dec	Cairo, Egypt	EMRO	EMR
Intl. Workshop on Rotavirus Epidemiological Surveillance	12-Dec	16-Dec	Rio de Janeiro, Brazil	PAHO	Americas
GAVI Eastern Mediterranean Regional Working Group Meeting	14-Dec	15-Dec	Cairo, Egypt	EMRO	EMR
2006					
EPI Managers Meeting for the East African Block	mid Feb	mid Feb	tbd	AFRO	AFR
AFRO Task Force on Immunization	28-Feb	03-Mar	Congo Brazzaville	AFRO	AFR
PAHO EPI TAG and ICC/RWG Meeting	08-May	12-May	tbd	PAHO	Americas
GAVI Proposals Review (Deadline: 5 May 2006)	01-Jun	09-Jun	Geneva	GAVI Secretariat	Specific
GAVI Monitoring Review (Deadline: 12 May 2006)	05-Jun	16-Jun	Geneva	GAVI Secretariat	Specific
European Immunization Week	09-Oct	15-Oct		EURO	EUR