



GLOBAL IMMUNIZATION NEWS

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

30 October 2006

TECHNICAL INFORMATION

MATERNAL & NEONATAL TETANUS

30/10/06 from Ali Mbae Said (UNICEF/Comoros), Nassuri Ahamada (WHO/Comoros), Ahmadu Yakubu (UNICEF ESARO): Comoros is one of the 48 countries worldwide where MNT continues to be a public health problem. A data review in 2001 identified all 17 districts in the country as high risk districts. TT-SIAs were conducted between 2001 and 2003 in all districts targeting 186,900 women of child bearing age and reaching 80% of these with at least two doses of TT vaccine. Furthermore, in the last two years, the country has begun implementation of the RED strategy in three districts to improve routine coverage (including TT), with plans for a nation-wide expansion. The country is also planning to launch "mother and child health week" to offer multiple high impact interventions, including TT in selected districts, in October 2006. Reported routine TT2+ coverage in 2005 was 80%. Given the level of activities going on, the country's MNTE status was recently reviewed through a data assessment and field visits.

According to the immunization schedule, tetanus toxoid containing vaccines are provided in childhood (3 doses of DTP) and during pregnancy, but protection in terms of TT2+ coverage, protection at birth, or fully immunized women are not being effectively monitored. During field visits, over 75% of the CBAW interviewed had already completed their five dose TT schedule. It is therefore concluded that true protection is higher than the reported TT2+ coverage of 80%. There is need to introduce the protection-at-birth method to more reliably assess protection against Tetanus. While 60-70% of deliveries take place at home, the vast majority is assisted by trained TBAs using safe delivery kits. A very strong referral system for complicated deliveries is also in place. Application

of substances to the umbilical cord was found to be an uncommon practice in most communities in the country.

Integrated disease surveillance and response (IDSR) system was introduced in the country two years ago. Although there is very limited active surveillance and no community-based surveillance, it is very unlikely that cases of neonatal tetanus will occur in any significant numbers without being picked by the system.

The review concluded that it is very likely that the Neonatal Tetanus rate in Comoros is probably much below the 1/1000 live births needed to claim elimination. Therefore following completion of the next two mother and child health weeks, the country may be ready to begin the validation process to confirm MNT elimination.

ROTAVIRUS

30/10/06 from Deborah Phillips, PATH: WHO's *Weekly Epidemiologic Record* (September 15) featured recommendations on assessing the cost-effectiveness of rotavirus vaccines. A meeting was convened by WHO, CDC, and PATH in March 2006 to review country-level data as well as global guidelines and a standard protocol for future costing studies. Cost-effectiveness analyses form an important component of the evidence that decision-makers will evaluate in considering potential rotavirus vaccine introduction.

**30/10/06 from Chris Nelson, Merck:
Merck and Nicaraguan Ministry of Health
announce Rotavirus Vaccine Partnership**

On 27 October 2006 the Nicaraguan Ministry of Health introduced ROTATEQ® (rotavirus vaccine, live, oral, pentavalent) into their national immunization program. The introduction was marked by a public event at the presidential palace in Managua.

Merck & Co., Inc. and the Nicaraguan Ministry of Health announced a partnership aimed at demonstrating the public health impact of

rotavirus vaccination at the 2006 Clinton Global Initiative in September. As part of the partnership agreement, over the next three years Nicaraguan infants will receive ROTATEQ® free of charge through the national immunization program. In addition, Merck will also provide introduction support and technical assistance for the duration of the program.

As a result of this program, Nicaragua will be the first GAVI country to introduce rotavirus vaccine.

Importantly, ROTATEQ® will become available in Nicaragua during the same year that it is licensed and available in the USA, EU and other developed nations, eliminating the introduction delay seen historically with vaccines such as HepB and Hib.

As part of this effort, Merck has also committed to working with GAVI, bi-lateral donors and international organizations to ensure that ROTATEQ is available to the world's poorest nations. In this spirit, Merck has applied for WHO prequalification of ROTATEQ®.

In Nicaragua, diarrhoea is a leading cause of hospitalization and death among children under five years of age. National surveillance data indicate that rotavirus is associated with 40-55% of seasonal acute diarrhoea cases among children attending health services. Rotavirus was also identified in 59% of tested specimens (n=253) during a major 2005 outbreak where a total of 64 088 gastroenteritis cases were reported. 73% of cases and 100% of deaths were among children less than five years of age.

Importantly, a different dominating rotavirus serotype has been identified in each of the seasonal diarrhoea peaks over the past five years (2001-G2, 2002-G1, 2003-G3, 2004-G4, 2005-G4). Use of rotavirus vaccines will contribute to achieving MDG target 4: reducing child mortality. This partnership will contribute to achieving MDG target 8: develop a global partnership for development. This activity is also consistent with WHO's GIVS.

PUBLICATIONS

NEWLY PUBLISHED WHO DOCUMENTS

30/10/06 from Mario Conde, WHO/HQ: The following new publications are available online on the WHO website:

Global Pandemic influenza action plan to increase vaccine supply (WHO/IVB/06.13) –

This publication describes strategies for the short, mid and long term, aiming to increase influenza vaccine production and surge capacity before and during an influenza pandemic:

<http://www.who.int/vaccines-documents/DocsPDF06/863.pdf>

GAVI-RELATED INFORMATION

HIB INITIATIVE

30/10/06 from Layla Lavasani, JHSPH: The Hib Initiative is in the process of re-designing the website (<http://www.hibaction.org>) in order to better serve user needs. This survey will help to determine attitudes towards the current site, and better define the needs of our audiences. The survey will be open until 8 November 2006, and will take approximately 10 minutes to complete:

<http://www.zoomerang.com/survey.zgi?p=U25CW2CMVBE3>

All feedback received will be greatly appreciated.

REVIEW PROCESS

Next Review Dates:

HSS Applications: The GAVI review dates for reviewing applications for HSS are **10-20 November 2006**. The **deadline** to receive applications for HSS is **3 November 2006**.

ISS & INS Applications: The next GAVI review for applications submitted for Immunization Services Strengthening and Injection Safety is from **22-27 November 2006**. The **deadline** to receive applications is **3 November 2006**.

New Vaccines & Measles 2nd Dose: The next GAVI review for applications submitted for new vaccines and measles 2nd dose is from **22-31 January 2006**. The deadline for receiving applications is **12 January 2007**. The new guidelines for new vaccines and measles 2nd dose support in Phase 2 are expected in mid-October 2006.

COUNTRY INFORMATION¹ BY REGION

AMERICAS

REGIONAL INFORMATION

30/10/06 from Merle Lewis, PAHO:
HPV

PAHO has continued to work proactively towards the implementation of its preparedness plan on HPV vaccine introduction in Latin America and the

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

Caribbean. In July 2006, PAHO's Immunization Unit convened the second meeting of its HPV Vaccine Partners in Guatemala City, Guatemala. This meeting provided a unique opportunity to update the more than 100 participants on the efficacy and safety profiles of the two HPV vaccine candidate vaccines, while also addressing issues of epidemiology, surveillance and herd immunity and its programmatic implications. Recommendations from this meeting included that:

- PAHO should actively collaborate with its HPV Vaccine Partners to articulate optimal strategies for the conduct of surveillance, economic analyses and demand forecasting in Member States and that this be supported by the development and application of appropriate tools;
- PAHO and its HPV Vaccine Partners work collaboratively to assist Member States in exploring innovative mechanisms for increasing fiscal space in their budgets so that the introduction and sustained maintenance of this new vaccine is guaranteed and the platform for effective cervical cancer prevention and control is realized.

In October 2006, PAHO convened an Ad Hoc Meeting of Experts on Surveillance of HPV Associated Disease in the Americas, the primary objective of which was to discuss and arrive at consensus on optimal strategies, tools and data requirements for HPV surveillance. Mexico, Brazil, Costa Rica and Chile also participated in this discussion of end points and HPV associated diseases for surveillance as well as the specific methodologies to be employed for surveillance. One significant theme emerging from this meeting was that it would neither be necessary nor productive for each individual country to develop a sophisticated array of HPV surveillance strategies, given the potential costs and availability of essential infrastructural supports, such as laboratories for HPV genotyping. Rather, it was suggested that a stratified approach be adopted to ensure that all of the relevant measures of vaccine impact are available from the Region.

Many countries in Latin America and the Caribbean are expressing a very keen interest in HPV vaccine introduction, given the magnitude of the cervical cancer burden in this Region. However, the affordability of this vaccine will pose significant challenges for its equitable introduction. To date, the quadrivalent HPV vaccine has been licensed for use in Mexico, the United States, Canada, Brazil and Peru.

30/10/06 from Lucia De Oliveira, PAHO:

Rotavirus

Bolivia, El Salvador, Guatemala, Honduras, Paraguay and Venezuela are reporting monthly data of sentinel hospital surveillance of rotavirus diarrhoeal disease. In these countries, the average

diarrhea cases positive for rotavirus until August 2006 was 46%, with a range of 29% (Venezuela) to 52% (Honduras). In the Region, five countries have introduced the rotavirus vaccine in the year 2006: Brazil, El Salvador, Mexico (in prioritized areas), Panama and Venezuela.

In October 2006, the second meeting of Sentinel Adverse Event Surveillance Network, which focused on rotavirus vaccine, took place in Panama City through PAHO coordination. Participants included: Argentina, Brazil, Mexico, Panama, Venezuela and the US FDA. Nicaragua, having plans for the introduction of the vaccine by end October, also participated at this meeting. Preliminary data from the Region, regarding rotavirus vaccine, dose not indicate an increase in events supposedly attributable to the vaccine (ESAVIs).

Guatemala and Bolivia are currently developing studies of cost-effectiveness for this vaccine.

EAST & SOUTH AFRICA

REGIONAL INFORMATION

30/10/06 from E&S AFRO: The next Regional Working Group meeting for East & South Africa is scheduled for 14-15 November 2006 in Harare, Zimbabwe. The main objectives of the meeting are to:

- Provide a technical and coordination forum for immunization partners in Eastern & Southern Africa;
- Provide an update on progress made in implementation in countries of routine immunization strengthening activities, GAVI policy issues;
- Provide an update on GAVI phase 2.
- Provide an update on new vaccines development.
- Discuss polio outbreaks and challenges for the sub-region.
- Discuss the immunization support activities undertaken in the priority countries in the sub-region.

COMOROS

30/10/06 from E&S AFRO:

- GAVI support for **injection safety** ended in 2005, and UNICEF is currently funding the injection safety supplies.
- The **cMYP** will be completed shortly.

LESOTHO

30/10/06 from E&S AFRO:

- The **DQS** is scheduled for the last quarter in 2006, and the **DQA** is due in the first quarter of 2007.
- Preparations are ongoing for the **EPI Review** scheduled for the last quarter of 2006.

- GAVI support for **injection safety** ended in 2005, and JICA supplied AD syringes in 2006.

MALAWI

30/10/06 from E&S AFRO:

- Eight additional districts will be trained on **RED** during the last quarter of 2006, as soon as funding has been secured.
- The **cMYP** was completed in May 2006.

MOZAMBIQUE

30/10/06 from E&S AFRO:

- The **DQS** is scheduled to be conducted in April 2007.
- The **cMYP** was expected to be developed in mid October 2006.

UGANDA

30/10/06 from Fiona Braka-Makmot, WHO/Uganda:

- The country hosted the **Africa Regional Certification Commission (ARCC)** from 16-18 October 2006. Six countries, including Uganda, presented their documentation for certification of polio eradication status to the ARCC.
- Preparations are ongoing for the integrated follow up **measles, polio and TT campaigns** and accelerated routine immunization activities scheduled for 10-12 November 2006.

ZAMBIA

30/10/06 from E&S AFRO:

- The costing component of the **cMYP** is being finalized.
- The preparations for the scaling up of **RED** is ongoing.
- GAVI support for **injection safety** is ending and the government has taken over its funding since 2006.

ZIMBABWE

30/10/06 from E&S AFRO:

- The **cMYP** was completed.
- The **DQA** was started on 1 October 2006.

WEST & CENTRAL AFRICA

CAMEROON

30/10/06 from Central AFRO: The country has started working on the **cMYP**.

COTE D'IVOIRE

30/10/06 from Western AFRO:

- The **EPI Review** has been undertaken and the country is in the process of reviewing its **cMYP**.
- The **DQA** is scheduled for December 2006.

LIBERIA

30/10/06 from Western AFRO: The country has started working on its **cMYP** in October 2006.

RWANDA

30/10/06 from Central AFRO: The first draft of the **cMYP** has been completed, and it is expected to be finalized by the last quarter of 2006.

EASTERN MEDITERRANEAN

AFGHANISTAN

30/10/06 from EMRO:

- The **cMYP** has been drafted, and the costing and financing components need to be finalized.
- Received 1.1 million doses of **tetavalent vaccine**, of which 950,000 has been distributed to the field. Implementation started in July 2006 in the central and south-east regions and in August 2006 in the north, north-east and eastern regions.
- There was an outbreak of **measles** in September 2006. A follow-up measles campaign combined with a TT campaign is planned in three phases, targeting 4.3 million children aged from 9 to 59 months, and 4.2 million women of child-bearing age against tetanus. The first phase of targeting the hard to reach areas was completed in August 2006. The second phase is planned for December 2006, and the third phase for May 2007.

DJIBOUTI

30/10/06 from EMRO:

- EMRO is assisting with the development of the **cMYP**.
- The **measles** campaign has been completed nation-wide for children aged 9 months to 15 years. Training was provided, and focus was on strengthening surveillance.

PAKISTAN

30/10/06 from EMRO:

- The **cMYP** was developed in 2004 and needs some revision especially on the costing component. Technical assistance was provided in October 2006 for this activity.
- A **coverage survey** was conducted in May 2006 in all 120 districts comprising of approximately 60,000 children.
- The **tetavalent vaccine** has been received, and the country is planning to introduce the vaccine in selected provinces. Five million children are targeted for tetavalent vaccine in 2007.

SOMALIA

30/10/06 from EMRO:

- The **EPI review** was conducted in June 2006 in Puntland only. A similar review is planned for the next couple of weeks in Somaliland as well, where there is a routine acceleration immunization campaign occurring.
- **Measles campaigns** were planned in three zones (North East, North West and South). Two of the campaigns were completed in the North West Zone (Somaliland) and North East Zone (Puntland). The campaign is almost completed in the Southern Zone, which accounts for 70% of the population.

SUDAN

30/10/06 from EMRO:

- The country is working on the costing exercise for the **cMYP**.
- The **cold chain central store** has improved significantly, and the country is ready for certification this year.

YEMEN

30/10/06 from EMRO:

- The introduction of **pentavalent vaccine** is going well.
- The **DQA** is expected to be conducted in November 2006.
- The country has successfully completed the nationwide **measles campaign** in May 2006.

EUROPEAN REGION

REGIONAL INFORMATION

30/10/06 from EURO:

European Immunization Week Planning Meeting:

Representatives from 18 countries across the European Region met in Copenhagen on 18-19 September 2006, to discuss ways of engaging the European Immunization Week 2007 – the initiative to increase immunization coverage through advocacy and awareness-raising. ECDC and UNICEF were also invited to participate in the meeting.

The overall conclusion of the meeting was that the European Immunization Week is an effective tool and framework to strengthen focused communication and advocacy for immunization, complementing other related activities to strengthen immunization systems. Based on the

experience from last year's Immunization Week, the meeting participants agreed that hard-to-reach groups should remain a focus of the initiative. Communication activities should be based on in-depth analyses and knowledge of the reasons for low immunization coverage and the relevant target groups. The participants were keen to establish inter-country links and share information to increase the impact of any single activity, EURO/VPI was requested to facilitate this interaction.

The meeting participants emphasized that support from WHO facilitates the participation and commitment of national policy makers. They requested WHO to continue encouraging commitment to the European Immunization Week, thus fostering the appropriate environment for advocacy.

The next European Immunization Week will be held from 16-22 April 2007. All countries in the Region are encouraged to take part. More information on: www.euro.who.int/vaccine.

European Technical Advisory Group of Experts for Immunization meets in Copenhagen:

The European Technical Advisory Group of Experts for Immunization (ETAGE) met in Copenhagen on 24-25 October 2006. The ETAGE provides independent review and expert technical input to the WHO European Region's Vaccine-preventable Diseases and Immunization Programme (VPI), within the scope of the Global Immunization Vision and Strategies (GIVS).

At the meeting, follow-up actions on previous ETAGE recommendations were summarized and presented to the ETAGE members. The main strategic priorities and challenges for the coming two years were discussed.

The meeting topics included an update on VPI activities implemented in 2006 and those planned for 2007; the status of the accelerated disease control programmes; and the progress and challenges relating to vaccine-preventable disease surveillance in the Region. Furthermore, the ETAGE discussed and endorsed a number of VPI reports and guidelines, including reports on MECACAR - New Millennium and the European Immunization Week initiative.

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 - December 2006 to 2009					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Nov-06					
Western European Measles and Rubella Laboratory Network	01-Nov	04-Nov	tbd	EURO	EUR
GAVI Review for HSS Applications (Deadline: 3 November 2006)	10-Nov	20-Nov	Geneva	GAVI Secretariat	Specific
Caribbean Sub-Regional EPI Manager's Meeting	12-Nov	17-Nov	Suriname	PAHO	Americas
GAVI East & South African Regional Working Group Meeting	14-Nov	15-Nov	Harare	AFRO (E&S)	AFR
EMRO Inter-Country Workshop on Bacterial Meningitis Surveillance Network	19-Nov	20-Nov	Cairo, Egypt	EMRO	EMR
EMRO Inter-Country Meeting on Hib Initiative	20-Nov	21-Nov	Cairo, Egypt	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
EURO Polio Reference Laboratory Network meeting	21-Nov	22-Nov	Rome, Italy	WHO/EURO	EUR
GAVI Review for ISS & INS Applications (Deadline: 3 November 2006)	22-Nov	27-Nov	Geneva	GAVI Secretariat	Specific
EMRO Annual Inter-country Meeting on Measles/Rubella Control/Elimination	27-Nov	29-Nov	Amman, Jordan	EMRO	EMR
African Task Force on Immunization and Regional ICC Meeting	27-Nov	30-Nov	Maputo, Mozambique	AFRO	AFR
GAVI Alliance Board Meeting	28-Nov	29-Nov	Berlin	GAVI Secretariat	Global
GAVI Fund Board Meeting	29-Nov	30-Nov	Berlin	GAVI Secretariat	Global
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	29-Nov	30-Nov	Geneva	WHO/HQ	Global
EMRO Measles Lab Focal Points Meeting	30-Nov	30-Nov	Amman, Jordan	EMRO	EMR
EMRO EPI TAG Members Meeting	30-Nov	30-Nov	Amman, Jordan	EMRO	EMR
Dec-06					
SEARO GAVI Regional Working Group Meeting	04-Dec	05-Dec	Katmandu, Nepal	SEARO	SEAR
Global Vaccine Research Forum	04-Dec	06-Dec	Bangkok, Thailand	WHO	Global
SEAR TCG & EPI Managers Meeting	05-Dec	08-Dec	Katmandu, Nepal	SEARO	SEAR

15th Meeting of Virologists from SEAR Polio Laboratory Network	05-Dec	08-Dec	Katmandu, Nepal	SEARO	SEAR
European GAVI Regional Working Group Meeting	07-Dec	07-Dec	Copenhagen, Denmark	EURO	EUR
European Inter-Agency Coordinating Committee Meeting	07-Dec	07-Dec	Copenhagen, Denmark	EURO	EUR
Annual General Meeting of Developing Countries Vaccine Manufacturers Network	08-Dec	09-Dec	Bangkok, Thailand	Serum Institute, India	Specific
SEARO Regional National Control Laboratory Meeting	11-Dec	13-Dec	Jakarta, Indonesia	SEARO	SEAR
GAVI EMRO Regional Working Group Meeting	18-Dec	19-Dec	Cairo, Egypt	EMRO	EMR
2007 Meetings					
GAVI Review for NVS & Measles 2nd Dose Applications (Deadline: 15 December 2006)	22-Jan	31-Jan	Geneva	GAVI Secretariat	Specific
Western European Measles and Rubella Laboratory Network	23-Jan	24-Jan	Bilthoven, Netherlands	WHO/EURO	EUR
East & South African EPI Managers Meeting	Feb	Feb	Mombasa, Kenya	AFRO (E&S)	AFR
Global Immunization Meeting	13-Feb	15-Feb	New York	UNICEF	Global
Second Integrated Polio and Measles/Rubella Laboratory Network Meeting for NIS Countries	13-Mar	16-Mar	Ashgabat, Turkmenistan	WHO/EURO	EUR
European Technical Advisory Group of Experts (ETAGE) meeting	26-Mar	26-Mar	tbd	EURO	EUR
European Programme Managers Meeting	27-Mar	29-Mar	tbd	EURO	EUR
Regional Inter-Agency Immunization Coordinating Committee for Europe	30-Mar	30-Mar	tbd	EURO	EUR
Strategic Advisory Group of Experts (SAGE) meeting	16-Apr	17-Apr	Geneva	WHO/HQ	Global
European Immunization Week	16-Apr	22-Apr	tbd	EURO	EUR
GAVI Working Group Meeting	11-May	12-May	Geneva	GAVI Secretariat	Global
EMRO EPI Managers Meeting	May	May	tbd	EMRO	EMR
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Jun	13-Jun	Geneva	WHO/HQ	Global
European Polio Regional Coordinating Committee Meeting	13-Jun	15-Jun	tbd	EURO	EUR
Strategic Advisory Group of Experts (SAGE) meeting	6 or 13 November	8 or 13 November	Geneva	WHO/HQ	Global
European Inter-Agency Coordinating Committee Meeting	09-Nov	09-Nov	tbd	EURO	EUR
European Technical Advisory Group of Experts (ETAGE) meeting	28-Nov	29-Nov	tbd	EURO	EUR

Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Dec	13-Dec	CICG	WHO/HQ	Global
2008 Meetings					
Strategic Advisory Group of Experts (SAGE) meeting	08-Apr	10-Apr	Geneva	WHO/HQ	Global
Strategic Advisory Group of Experts (SAGE) meeting	03-Nov	05-Nov	Geneva	WHO/HQ	Global
2009 Meetings					
Strategic Advisory Group of Experts (SAGE) meeting	07-Apr	09-Apr	Geneva	WHO/HQ	Global
Strategic Advisory Group of Experts (SAGE) meeting	27-Oct	29-Oct	Geneva	WHO/HQ	Global