

World Health Organization

Global Immunization News



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MULTI-ANTIGEN, INTEGRATED SUPPLEMENTARY IMMUNIZATION ACTIVITIES IN CAMBODIA AND LAO PEOPLE'S DEMOCRATIC REPUBLIC

05/01/2012 from Richard Duncan, Keith Feldon, Sigrun Roesel, David H. Sniadack, and Xiaojun Wang, WHO WPRO

During October – November 2011, Cambodia conducted a sub-national multi-antigen, integrated supplementary immunization activity (SIA) targeting high risk communities. The SIA reached 318,129 children ages five to nine years with measles vaccine and 249,914 under-five years old children with OPV, as of 1 December 2011. Children under five years old also received vitamin A supplementation and mebendazole. Extensive use of rapid coverage assessments (RCAs) were critical to identify inadequately performing areas and take corrective actions. The Deputy Prime Minister and Health Minister played a key role during the SIA, making field visits to several high risk communities. High risk communities were selected based on socio-economic status and access to and utilization of health facilities and/or outreach sites. The targeted communities usually included remote, migrant, ethnic minority, urban poor and unregistered communities. The SIA was linked to a series of efforts made by the Ministry of Health to identify high risk communities as part of a reaching every community strategy with support from WHO. The effort promotes equity in immunization services through practical approaches to reach and protect underserved populations.



Child receives OPV during SIA in Cambodia



Teenager receives MR vaccine during SIA in Lao PDR

The Cambodian subnational SIA was considered the second round of a nationwide multi-antigen, integrated SIA conducted during February-April 2011 that reached 1,504,216 million children ages 9-59 months with measles vaccine and 345,015 children under five years old with OPV in high risk communities. Vitamin A and mebendazole were also provided nationwide. Cambodia will introduce a second dose of measles vaccine to children 18-24 months of age beginning in mid-2012 with GAVI support.

During November-December 2011, the Lao People's Democratic Republic (PDR) conducted a nationwide multi-antigen, integrated

SIA, reaching 2,566,782 children, adolescents and young adults from nine months to 19 years old with MR vaccine and 716,478 children under five years old with OPV, as of 4 December 2011. Vitamin A and mebendazole were also provided to under five year old children. Mopping up operations are currently being conducted together with routine immunization sessions to identify and vaccinate left out children, focusing on underperforming areas identified by local village leaders and RCAs. Measles and rubella vaccine will be incorporated into the routine immunization schedule in 2012.

Cambodia and Lao PDR demonstrate how SIAs can be used effectively to achieve multiple objectives and deliver critical health services efficiently and equitably for all. Both countries have made important interventions to eliminate measles by 2012. At the same time, these countries recognized and were able to mitigate the risk of wild poliovirus importation and subsequent transmission by increasing population immunity against polio, the best defence against imported poliovirus. The co-administration of vitamin A supplements, in addition to preventing blindness, will reduce morbidity and mortality from pneumonia and diarrhoea, the major killers of under five years old children. Finally, the administration of deworming medicine will improve children's nutritional status, cognitive development, ability to learn and overall health.

GAVI related Information

UPDATE ON THE GAVI ALLIANCE BOARD MEETING

05/01/2012 from Lisa Menning, PATH

The GAVI Alliance Board held its second meeting for 2011 in Dhaka, Bangladesh from 16-17 November 2011. The timing marked four months since Dr Seth Berkley became Chief Executive Officer of GAVI, and it was an opportunity for him to provide some early impressions and present a number of new possibilities and perspectives. In particular, Dr Berkley discussed the priority for all of the different players in the immunization field to work more closely together and look for synergies.

During the two-day meeting, the Board reviewed progress on the roll out of vaccines, particularly pentavalent, pneumococcal and rotavirus vaccines, approved a new vaccine supply and procurement strategy, a new window in support of HPV and rubella vaccines, and a new approach to performance-based funding support for strengthening immunization and health systems to start in 2012. The Board also emphasized the importance of tailoring approaches to country circumstances for example, the large fragile and underperforming countries.

The Board took the first steps towards the introduction of Human Papillomavirus (HPV) and rubella vaccines (which will also include the measles antigen) in GAVI-eligible countries. To apply for funding for rubella vaccines, countries should demonstrate that they can achieve and maintain immunization coverage of 80% or greater with measles and rubella containing vaccines delivered through routine immunization or regular supplementary immunization strategies.

For HPV vaccine, GAVI will negotiate appropriate and sustainable price commitments from manufacturers. Once such price commitments are secured, HPV proposals will be required to demonstrate the ability of countries to deliver the vaccine to the WHO-recommended target population of adolescent girls, including through successful demonstration projects. Subject to price commitments for HPV vaccines being secured and country readiness to introduce the vaccine, countries may start applying for both HPV and rubella vaccines from 2012 onwards for introduction in 2013.

Immunization represents one of the most cost-effective public health interventions, and the GAVI Secretariat is grateful for the close working relationships it has with partners and countries striving towards common goals.

CIVIL SOCIETY AND THE GAVI ALLIANCE: ENGAGEMENT AND EVOLUTION THE GAVI CIVIL SOCIETY CONSTITUENCY

05/01/2012 from GAVI CSO Constituency Steering Committee

The GAVI Alliance CSO Constituency consists of a broad network of over 200 Civil Society Organizations in both the global South and the North, ranging from large international NGOs to local, indigenous CSOs. The Constituency functions through periodic in-person meetings and an email listserv where ideas, information and new developments are exchanged and debated on a daily basis. The Constituency is open to all civil society organizations who support GAVI's mission of reaching every child with immunization.

The Role of Civil Society in the GAVI Alliance and Immunization Activities

Civil Society participates in all aspects of the Alliance, including in the governance structure through a seat on the GAVI Board, and representation on the Programme and Policy Committee and the Governance Committee, as well as in ongoing task teams.

At the country level, civil society's multi-faceted role in immunization includes direct service provision, creating demand for immunization and child health services (and increasing acceptability and uptake of these services), advocating for increased access to immunization, and playing a watchdog role to ensure that governments and international actors are accountable to the people and communities they serve. Civil society also works with national parliamentarians, local law makers and leaders to ensure that immunization systems are well-functioning and properly resourced, and that the wider health systems that support them are strengthened.

At the global level, civil society actors play a key role in bringing community perspectives to global forums, ensuring that funding mechanisms are needs-driven and based on country priorities, and helping to reinforce the capacity of local civil society actors to serve their communities.

Constituency Evolution

Given its relatively young age, the GAVI CSO Constituency has made significant progress, particularly in the past two years. The development and release of the Civil Society Call to Action at the GAVI Hanoi Partners' Forum in November 2009 marked the beginning of a major effort to organize and formalize civil society's role as a partner in the GAVI Alliance. The Constituency Steering Committee was formed in early 2010 and the Charter developed and approved later that year.

Civil Society played a key role in the Alliance's June 2011 Pledging Conference, issuing a second Call to Action in support of the GAVI Alliance which garnered hundreds of institutional signatories.

Civil Society Engagement with the GAVI Alliance is an evolutionary process; our perspectives are increasingly sought by the Alliance and our contributions acknowledged. For the first time in the Alliance's eleven-year history, civil society is a lead implementing partner after obtaining a grant from the GAVI Secretariat to coordinate CSO involvement in health systems strengthening mechanisms in eight pilot countries. The CSO-led activities fall under the Alliance's second strategic goal and supports in-country CSOs to work side-by-side with governments, WHO and UNICEF.

For more information, please check this [link](#).

"Immunizing in the context of global independence"

The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to:

gaudink@who.int

"Integrating Immunization, other linked health interventions and surveillance in the health systems context"

Technical Information

VACCINE PRODUCT, PRICE AND PROCUREMENT (V3P)

05/01/2012 from Miloud Kaddar, WHO HQ

The Vaccine Product, Price and Procurement (V3P) project, launched in August 2011, is well underway to achieving its first objective of information gathering and analysis. Over the last several weeks, the project team has been engaging with stakeholders (countries, partners, vaccine manufacturers and others) to solicit their input into the development of a tool that will enable Low and Middle Income Countries (LMICs) and countries graduating from GAVI support, to access accurate and useful information on vaccine product characteristics, their prices, and options for more effective procurement. The project is designed to provide the information needed for planning and budgeting of vaccine programmes in LMICs, including information on the terms and conditions, best practices and processes, which would allow them to obtain sustainable prices. The project is not designed to create a list of reference prices for LMICs. Other non-price information important for planning and budgeting includes vaccine presentation options (for example in single dose or multi-dose vials), the refrigeration space requirements and the procurement policies and practices that lead to sustainable prices and secure supply over the long term.

The V3P project, funded by the Bill & Melinda Gates Foundation, is one of several ongoing complimentary and synergistic initiatives designed to help LMIC address the challenges they face in accessing new and relatively more expensive vaccines. The stakeholder analysis is helping the V3P to coordinate its work with these other actors and to focus on the issues around 'access to' and the 'transparency of' information. Other initiatives being conducted by partners, including WHO and UNICEF, are addressing other identified LMIC challenges. Working together in this multi-faceted approach our aim is to provide the necessary tools to assist in country decision making and to improve the sustainable implementation of new vaccines in LMICs.

The V3P project will complete the analysis of the information gathering processes in the coming months and take into consideration all of the relevant inputs in the design and implementation of a portal of accurate information for LMICs, including countries graduating from GAVI support. For more information please contact kaddarm@who.int or schmitt_sl@hotmail.com.

See also the letter to the BMJ editor on transparent pricing of vaccines ([BMJ 2011;343:d7414](#)).

COLD CHAIN & LOGISTICS (CCL) TASKFORCE UPDATE

05/01/2012 from Kate Eun-Hee Bai, United Nations Children's Fund

The value of a forum for technical ideas and developing consensus among partners and experts was again reaffirmed at the CCL Taskforce Workshop, hosted by UNICEF in New York, from 29 November - 2 December 2011. The primary focus of the workshop was a review of the Effective Vaccine Management (EVM) tool and methods. The EVM, jointly launched by WHO and UNICEF in Cairo in July 2010, provides a standard way to systematically assess the cold chain and logistics system and address areas that need improvement in a resulting Improvement Plan. Several areas of improvements were identified, including the need to develop a 'concept note' on the EVM that would aim to improve quality, and the need to prevent misperceptions, such as the EVM tool's ability to assess 'readiness' for new vaccine introduction. It does not; but the tool does highlight systemic deficiencies that need to be addressed before adding vaccines to the CCL system. A key recommendation was to establish an EVM Secretariat to support the field work, maintain a database to carry out further analysis from the EVM results, and continually update the EVM tools and methods based on feedback from the field.

The workshop also provided an opportunity to review the Taskforce work in mapping the WHO guidance for every 'Task' in the CCL system; the guidance pages are expected to be ready for ongoing development on the Technet21 site in the Quarter 2, 2012. The workshop also endorsed the approach proposed by UNICEF for increasing support for CCL. This approach involves both innovation as well as building national systems that generate routine data. The initial focus is on systems for managing vaccine stocks, cold chain equipment, and temperature monitoring.

For 2012, Members agreed that the CCL Taskforce should continue as a forum for sharing information through emails and developing consensus on technical issues through monthly calls. The Taskforce is open to anyone who has contributions on related topics, and is also seeking suggestions of technical areas to focus on in 2012.

For more information, please contact [Kate Eun-Hee Bai](#).

"Introducing new vaccines and technologies"

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"Integrating Immunization, other linked health interventions and surveillance in the health systems context"

New Publications

REPORT OF THE AD-HOC CONSULTATION ON AGEING AND IMMUNIZATION. 21-23 MARCH 2011, GENEVA, SWITZERLAND (WHO/IVB/11.10)

This document is now [online](#). An ad-hoc consultation on Ageing and Immunization was held at the World Health Organization combining expertise on populations and gerontology with molecular biology and immunology, to generate the bases for a future research programme to support vaccination of groups beyond infancy, particularly on developing countries. The consultation was jointly organized and conducted by the Initiative of Vaccine Research (IVR) of the Immunization, Vaccines and Biologicals department and the Ageing and Life Course (ALC) department.

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“Integrating Immunization, other linked health interventions and surveillance in the health systems context”

WHO PREQUALIFICATION NEWS

NEW VACCINES PREQUALIFIED

Bivalent Oral Poliomyelitis Vaccine Type 1 and Type 3 produced by Novartis Vaccines and Diagnostics in Italy was prequalified on 10 November 2011 and has been added to the [list of prequalified vaccines](#).

Country Information by Region

AFRICAN REGION

RELAUNCHING ROUTINE IMMUNIZATION IN WEST AFRICA

05/01/2012 from Crépin Hilaire Dadjo, WHO/AFRO IST West Africa

WHO/Intercountry Support Team for West Africa hosted from 13-15 December 2011 a three-day communications workshop in Ouagadougou (Burkina Faso) on Routine Expanded Programme on Immunization (EPI) programmes in West Africa. The 25 participants of the meeting were a mix of communications specialists and epidemiologists working in the sub region for the ministry of Health, UNICEF and WHO. Countries represented at the event included Burkina Faso, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal and Sierra Leone.

The workshop dealt with four key issues: how to stimulate demand for Routine Immunization and in the process solve the recurrent problem of under and un-immunized children; how to reach those children who are continually missed and to maximally utilize any opportunity to finish the job of eradicating Polio; planning for the celebration of the African



Photo Credit: C.H. Dadjo

Vaccination Week in 2012 and how feasible it is for communicators to network for promoting advocacy and sharing information for the strengthening of Routine EPI programmes in West Africa .

The workshop adopted ten recommendations/action points including the celebration of the African Vaccination Week, the inclusion of messages on Routine Immunization during the Polio Supplemental Immunization Activities and the joint holding by WHO/IST West Africa and UNICEF/WCARO of a workshop on Results-Based Management to address the issue of indicators of progress in Routine and Polio communications activities.



Photo credit: C.H. Dadjo Some participants at the Workshop.



Country Information by Region

AFRICAN REGION

PREDICTING THE RISK OF YELLOW FEVER OUTBREAKS IN AFRICA

05/01/2012 from Crépin Hilaire Dadjou, WHO/AFRO IST West Africa

Reactive and preventive mass campaigns along with the introduction of the vaccine in routine Expanded Programme on Immunization (EPI) in 23 countries in Africa have decreased the number of yellow fever cases in the African Region of WHO. Epidemiological surveillance is in place in 20 countries and since 2007, the number of confirmed cases reported through the surveillance network has always been lower than 100 per year for the whole region. However, outbreaks of yellow fever are still occurring and all countries remain at risk, as evidenced by the 2010 epidemic in Uganda. In addition, it is recognized that surveillance is probably missing a number of cases.

To address this issue and look into complementary control strategies, WHO/Intercountry Support Team for West Africa and the WHO/Multi Disease Surveillance Centre (MDSC) held the first meeting on Entomological Surveillance of Yellow Fever from 15-16 November 2011 in Ouagadougou, Burkina Faso. The purpose of the meeting was to evaluate the importance and relevance of a surveillance system that coherently predicts the risk of Yellow Fever outbreaks, based on entomological data complemented by environmental findings.

Experiences in entomological surveillance already exist, as the one conducted by the Onchocerciasis Control Programme in West Africa (OCP) since 1974 and Institut Pasteur in Kedougou (Senegal) since 1972. Country experiences in entomological investigations have also been shared during the meeting by Centre MURAZ (Burkina Faso) and Cote d'Ivoire. Based on this know-how and relying on the WHO/AFRO Integrated Vector Management approach, a pilot study protocol is being developed with partners including the University of South Florida (USA) to develop a model linking information derived from ecological and climatic remote sensing activities together with mosquito activity and competency. Five countries are being considered to host the data collection sites. These data will be collected during the three-year pilot study during which critical detection points indicative of higher Yellow Fever risk transmission in Africa will be determined, supporting the predictability of Yellow Fever outbreaks.

IMPROVING ACCESS TO, AND DEMAND FOR IMMUNIZATION THROUGH HEALTH SYSTEMS STRENGTHENING – PEER REVIEW OF COUNTRY PROPOSALS FOR GAVI HSS FUNDS

05/01/2012 from Nasir Yusuf, UNICEF/ESARO and Prosper Tumusiime, WHO/IST East and South Africa

Recent programme reviews and assessments in sub-Saharan African countries have identified a number of health systems-related bottlenecks to reaching children with immunization and other child interventions. As part of the efforts to support countries in overcoming these barriers, GAVI launched a call for health systems strengthening (HSS) proposals on 15 August 2011 with submission deadlines of 30 December 2011 and 1 March 2012.

WHO/AFRO organized with the participation of UNICEF/ESARO, GAVI and the World Bank, a workshop from 28 November-2 December 2011 in Harare, Zimbabwe to help countries better understand the Platform and application requirements specific to each agency, and to identify ways to build on existing national health plans (and other relevant country documentation) to develop high quality proposals. For countries submitting proposals in December 2011, the workshop provided an opportunity to review the draft proposals. For other participating countries, the workshop sought to discuss ways of improving GAVI annual progress reports and possibly reprogram GAVI HSS grants as well as to prepare for 1 March 2012 submissions.

The workshop brought together representatives from 18 African countries preparing HSS funding requests to GAVI and was facilitated by experts from WHO, UNICEF, GAVI and World Bank staff included experts in HSS, immunization, HIV, TB, malaria and maternal and child health. At the end of the four-day workshop, countries' GAVI/HSS funding proposals had been peer-reviewed and improved upon. Countries also developed road maps for completing their proposals in time to meet the submission deadlines. Agency-specific technical support needs by countries were also identified.

HSS = Health Systems Strengthening;
IST = Inter Country Support Team;
ISS = Immunization Services Support;
INS = Injection Safety Support;
NVS = New Vaccine Support;
DQA = Data Quality Audit;
DQS = Data Quality Self Assessment;
RED = Reach Every District;
cMYP = Fully costed multi-year plan;
NITAG = National Immunization Technical Advisory Group;
NRA = National Regulatory Authority

“Protecting more people in a changing world”

Country Information by Region

AFRICAN REGION

AFRICHOL CHOLERA SURVEILLANCE PROJECT REACHES FURTHER AFIELD

05/01/2012 from Sam Davies, Agence de Médecine Préventive

A project to improve data on cholera disease burden and epidemiology is now active in all eight participating countries following its implementation in Cameroon in November 2011. The project is led by the Agence de Médecine Préventive and executed through local ministry of health structures in the Democratic Republic of the Congo (DRC), Guinea, Kenya, Mozambique, Tanzania, Togo, and Uganda.

Launched two years ago with funding from the Bill & Melinda Gates Foundation, Africhol is working to achieve its aims through the construction of a network of sentinel surveillance sites and by studying outbreaks of severe cholera among people aged older than one year. These data will ultimately help decision-makers determine the most appropriate interventions for the prevention and control of cholera, including vaccination and improvements in water quality and sanitation.

Africhol is implemented through a consortium comprising the eight participating countries and international academic and administrative institutions such as EPIVAC, AFENET, University of Marseille, Centres for Disease Control and Prevention (CDC), Coordinating Organization for the Fight Against Endemic Diseases in Central Africa (OCEAC), West African Health Organization (WAHO), and the Centre for Vaccine Development (CVD) in Mali. Project outcomes are shared among the consortium members. An external advisory board comprising experts in the field of enteric disease provides guidance and advice to the project and ensures that it maintains high scientific standards. The project is scheduled to continue until April 2013.

Find more information on [Africhol](#).
Find more information on [AMP](#).

AMERICAS

REGIONAL MEETING ON ROTAVIRUS AND BACTERIAL PNEUMONIA/ MENINGOCOCCAL SURVEILLANCE – MONTEVIDEO, URUGUAY

05/01/2012 from Lucía de Oliveira, WHO PAHO

On 16-17 November 2011, a Regional meeting on rotavirus and bacterial pneumonia and meningitis surveillance took place in Montevideo, Uruguay. It included the participation of 102 professionals from 20 Latin American and Caribbean (LAC) countries; professionals from the Centres for Disease Control and Prevention of the United States (CDC), and from the Fiocruz Foundation of Brazil. Each country was represented by the national rotavirus and bacterial pneumonia/meningococcal surveillance focal points; a central rotavirus laboratory representative; a SIREVA II (the Regional laboratory network for bacterial invasive diseases) representative, and PAHO's in-country immunization focal point. This meeting provided the opportunity to review evidence concerning the importance and usefulness of surveillance data in the assessments of new vaccine impact.

Taking into consideration the key messages highlighted by the speakers in their presentations, the main conclusions and key messages are listed below:

- Sentinel surveillance can be used as the platform to conduct vaccine impact assessments, including effectiveness studies.
- Improving the quality of the data being sent to PAHO and WHO is critical. Currently, it is clear that data is being sent without a preliminary analysis at the country level.
- It is preferable to have just one sentinel site with good technical quality, sending reliable and timely information and with laboratory and epidemiological capabilities, rather than having several sites suffering in any or all of these areas.
- Surveillance is the cornerstone for the introduction of new vaccines. Laboratory surveillance should go hand-in-hand with epidemiological surveillance.
- Before introducing a new vaccine, countries should plan how to measure vaccination impact. There are several methods to evaluate the impact of a vaccine, all with different weaknesses and strengths. However, the most important aspect is having reliable data to feed any given model.
- The use of the new VINUVA tool for data reporting to PAHO will help countries improve surveillance data quality. Countries should begin using VINUVA as soon as possible. (VINUVA is the new vaccines surveillance informatics Web-based tool. It will facilitate the process of the systematic reporting of countries' surveillance data on bacterial invasive infections and rotavirus diarrhoea. It will also assist with the development of the epidemiological profile for these diseases in the Latin America and the Caribbean.)

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Country Information by Region

AMERICAS

FOURTH PROVAC NETWORK OF CENTERS OF EXCELLENCE MEETING – CARTAGENA, COLOMBIA

05/01/2012 from Cara Janusz and Barbara Jauregui, WHO PAHO

The Pan American Health Organization's (PAHO) ProVac Initiative created a network of Centres of Excellence to foster south-south collaboration among academic institutions specializing in the areas of health economics and decision science to support ongoing efforts to build national capacity around evidence-based decision making for new vaccine introduction in Latin America and the Caribbean. The network is currently comprised of research teams from the Universidade do Estado do Rio de Janeiro, Universidade do Sao Paulo, Universidad de Cartagena, Universidad Nacional de Colombia, and the Instituto de Efectividad Clínica y Sanitaria (in Buenos Aires, Argentina). In its first year, the five participating academic institutions have been developing economic evaluation tools and guidelines aimed at helping countries to collect or generate the necessary evidence-base to make informed decisions about the introduction of new and underutilized vaccines, including pneumococcal conjugate, rotavirus, HPV, and seasonal influenza vaccines.

The fourth ProVac Network of Centres of Excellence Meeting was held in Cartagena, Colombia on 12-13 December 2011. The meeting brought together principle and junior researchers from each centre to discuss the final outcomes of their year-long work plans towards developing online economic evaluation courses, a vaccine programme costing tool, guidelines for estimating disease burden, cost-of-illness and productivity losses, health service utilization, and vaccine programme costs. These guidelines and tools are expected to be published and available for country-level use in June 2012. The outcomes of the Centres' projects will help countries tackle a host of challenges related to insufficient or poor quality data when conducting economic evaluations. Projects for the 2012-2013 period will focus on decision support needs for countries considering the introduction of HPV vaccines. The outcomes of the 2012 cycle of projects will help the ProVac Initiative to continue to provide timely support to countries considering the implementation of an adolescent HPV vaccination programme.

PAHO/WHO DONATES A REFRIGERATED TRUCK TO THE DOMINICAN REPUBLIC'S EXPANDED PROGRAMME ON IMMUNIZATION (EPI)

05/01/2012 from Irene Leal and Melania Febles, WHO PAHO

The Pan American Health Organization/World Health Organization (PAHO/WHO) donated a refrigerated truck to the Dominican Republic's Ministry of Public Health. This truck is meant to transport exclusively EPI vaccines aiming at ensuring the safety and quality of biologicals distributed to all provinces. The truck has GPS, temperature and door sensors, ignition block, monitoring service and an insulated box, among other features. The GPS allows the EPI to remotely monitor the trajectory of the truck at all times, as well as the opening of the doors, track any stops it makes, and the length of time it stops during every delivery.



Photo Credit: Melania Febles

Additionally, the donation of 700 WHO prequalified vaccine carriers and 500 thermometers for refrigerator temperature control was included as part of the technical

cooperation to strengthen the country's cold chain in preparation for rotavirus vaccine introduction in 2012.



PAHO/WHO Country Representative, Dr Lilian Reneau-Vernon; EPI National Director, Dr Zacarias Garib and Health Minister, Dr Bautista Rojas. Photo Credit: Melania Febles

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Country Information by Region

SOUTH EAST ASIA REGION

TYPHOID FEVER IN BANGLADESH: ENDEMIC DISEASE, WIDESPREAD DRUG RESISTANCE AND LACK OF EFFECTIVE DIAGNOSTICS HIGHLIGHT NEED FOR PREVENTION

05/01/2012 from Firdausi Qadri, ICDDR,B and Chris Nelson, Coalition against Typhoid Secretariat

Typhoid fever is a leading cause of vaccine preventable disease in Bangladesh. While case management can be effective, half of typhoid cases are resistant to commonly used antibiotics leading to typhoid case fatality rates as high as 30%, in some settings. Typhoid affects very young and school-age children throughout the country. The prevalence of *S. Paratyphi A* is also increasing. These were some of the findings reported at a congress - Typhoid Fever and the Bangladesh Perspective – organized by the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) in Dhaka on 14 November 2011.

Attending the congress were Professor MR Khan and representatives from Bangladesh Pediatric Association, Dhaka Hospital, Bangladesh Red Crescent Society, Members of Parliament and the Prime Minister's Office.

"The high morbidity and mortality from typhoid fever reported here demonstrate the need for improved treatment methods and diagnostics, and highlight the importance of using available typhoid vaccines," said Dr Firdausi Qadri, Director at the Centre for Vaccine Sciences and Senior Scientist & Head of the Immunology Unit at icddr,b in Dhaka. The congress served to raise awareness of the very high typhoid burden in Bangladesh, the need for improved enteric fever diagnostics, the rising prevalence of antibiotic resistant typhoid, and the need to prevent disease using available vaccines.

For more information, click on this [link](#).



School children in Bangladesh. Photo Credit: Pierre Holtz

WESTERN PACIFIC REGION

ENSURING ACCESS AND USE OF ASSURED QUALITY VACCINES IN NATIONAL IMMUNIZATION PROGRAMME: FIRST WORKSHOP FOR NATIONAL REGULATORY AUTHORITY FOR VACCINES IN WESTERN PACIFIC REGION, SEOUL, REPUBLIC OF KOREA

05/01/2012 from Md. Shafiqul Hossain and Sato Yoshikuni, WHO WPRO; and Lahouari Belgharbi, WHO HQ

The Western Pacific Regional Office organized the first workshop for National Regulatory Authority (NRA) for vaccines in Seoul, Republic of Korea from 9-11 November 2011. The Korean Food and Drug Administration (KFDA) were co-organizers of this workshop. Participants from 11 countries including observers from donors and technical cooperation agencies attended the Workshop. The objectives of the workshop were to identify lessons learnt and best practices on strengthening medicine regulatory system in the area of vaccines with focus on developing country action plans of regulatory systems to ease introduction of new vaccines and respond to challenging needs around quality, safety and efficacy of vaccines used in national immunization programmes. The workshop also aimed to discuss the concept of a regional alliance that can use WHO as main convener of this initiative to strengthen regional, interregional and inter-country collaboration among National Regulatory Authorities.

The workshop was designed to review country situation in the area of vaccine regulation, to discuss in plenary and working group session the gaps and strengths of the various country systems as well as to use existing global best practices documented with the help of WHO HQ. One main outcome was that eight countries had been able to either review or develop their NRA Institutional Development Plan (IDP) and all participants agreed on the way forward to launch the regional alliance to build capacity in the WPR member states. Australia, China, and Korea shared their best practices and expertise in regulatory field and support plan for non functional NRAs. Next steps will be to develop an action plan using a designated drafting group including Australia, China, Japan and South Korea then to submit it for discussion and endorsement by early 2012.

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Country Information by Region

WESTERN PACIFIC REGION

IMMUNIZATION RESPONSE TO POLIO OUTBREAK IN CHINA AFTER WILD POLIOVIRUS IMPORTATION FROM PAKISTAN

05/01/2012 from Sigrun Roesel, WHO WPRO

After having been polio-free for over a decade, China has experienced a polio outbreak in southern Xinjiang in Western China, following importation of wild poliovirus from Pakistan. Since detection of the outbreak on 25 August 2011 in Hotan prefecture, the Ministry of Health has acted swiftly and comprehensively to bring this outbreak under control as rapidly as possible. The key strategy has been high quality supplementary immunization activities carried out in the following ways.

The Ministry of Health conducted an initial province-wide response vaccination campaign from 8-12 September 2011, vaccinating 4,065,033 children. Six of the 14 prefectures in the province, including the provincial capital of Urumqi, targeted children under 15 years of age, while the other prefectures targeted children under five years of age. A further vaccination round for the same age groups was carried out 8-12 October 2011, immunizing 4,150,575 children. Vaccination campaigns observed by WHO representatives were of high quality. An additional vaccination



China polio outbreak: vaccination during November SIA in southern Xinjiang



China polio outbreak: November SIA southern Xinjiang – mother showing her mark on her arm that she was also immunized against polio like her baby

round, this time targeting those aged between 15 and 39, was carried out in Hotan since 13 September 2011. Vaccination targeting persons 15-39 years old in other prefectures in southern Xinjiang (Aksu, Bazhou, Kashgar and Kezhou prefectures) was held from 23 September 2011 onwards. A total of 4,837,844 individuals were immunized and the reported coverage was 99.4%. A third immunization response round to vaccinate all those targeted in the previous rounds was conducted from 15-22 November 2011 in Xinjiang using domestically produced monovalent OPV. External WHO and UNICEF monitors reported again observation of high quality. Final coverage reports are expected shortly. The next mass polio vaccination round is planned for March 2012.

As of 14 December 2011, China has reported a total of 20 polio cases (13 from Hotan Prefecture, five from Kashgar Prefecture, one from Aksu Prefecture and one from Bazhou Prefecture). The latest polio case had onset on 9 October 2011. Nine cases are in children under three years of age and 11 cases are in adults (19-53 years old). Two of the polio cases have died.

HSS= Health Systems Strengthening;
IST = Inter Country Support Team;
ISS = Immunization Services Support;
INS = Injection Safety Support;
NVS = New Vaccine Support;
DQA = Data Quality Audit;
DQS = Data Quality Self Assessment;
RED = Reach Every District;
cMYP = Fully costed multi-year plan;
NITAG = National Immunization Technical Advisory Group;
NRA = National Regulatory Authority

Country Information by Region

WESTERN PACIFIC REGION

REGIONAL WORKSHOP ON SURVEILLANCE FOR NEW VACCINE-PREVENTABLE DISEASES AND MULTI-YEAR PLANNING FOR NATIONAL IMMUNIZATION PROGRAMMES, MANILA, PHILIPPINES

05/01/2012 from Drs Yoshihiro Takashima, Kimberly Fox and Fem Paradin, WHO/WPRO

WHO has developed surveillance networks as an effective mechanism to coordinate surveillance among countries and maintain quality standards. Surveillance networks for rotavirus and invasive bacterial vaccine-preventable diseases, or IB-VPD, were established in 2009. Eight Member States in the Western Pacific Region participate in one or both of these networks, collecting data on children with severe diarrhoea, meningitis and pneumonia. The recent Technical Advisory Group on Immunization and Vaccine-Preventable Diseases in the Western Pacific Region recommended that rotavirus and IB-VPD surveillance be further standardized and strengthened to ensure the availability of high-quality data for decision-making and vaccine impact assessment. During the surveillance part of this workshop, the participants shared technical updates and reviewed progress in the global and regional rotavirus and IB-VPD surveillance networks and developed recommendations and country action plans to improve the quality of this surveillance.

The comprehensive multi-year plan for immunization programmes (cMYP) is a critical tool for effective planning of routine immunization programmes and the introduction of new vaccines. The cMYP provides a systematic structure to plan delivery of immunization services and incorporation of new vaccines into these services and to budget associated costs. In the Western Pacific Region, seven countries developed and have been implementing cMYP since 2006 with technical support of WHO. During the multi-year planning part of this workshop, the national EPI managers and WHO staff from Cambodia, China, Fiji, Kiribati, Mongolia, Philippines, Solomon Islands and Viet Nam together with the regional office staff reviewed cMYP in the Region from the following aspects: (i) national goals, objectives and strategies of the immunization programme; (ii) synergies between the overall immunization system and specific VPDs control initiatives; (iii) introduction of new vaccines; and (iv) integration of immunization activities and other health interventions.

Lessons learned were extracted and good practices were identified in developing and implementing cMYP, and recommendations and action plans to further strengthen the national immunization programme through the use of cMYP. It was concluded that: (i) cMYP is a good tool to implement GIVS and strengthen the national immunization programme; (ii) while there are several operational challenges identified in implementation of cMYP, there are a lot of practical solutions as well; (iii) exchange of experiences, good practices and lessons learned in development and implementation of cMYP should be further facilitated among countries and partners; and (iv) WHO-UNICEF guidelines and experiences should continue to be reviewed to ensure cMYP to be more “immunization system strengthening” oriented.



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Regional Meetings & Key Events Related to Immunization

Title of Meeting	Start	Finish	Location	Region
2012 Meetings				
Progress Toward Rubella Elimination and CRS Prevention in Europe. More Information: www.rubella2012.org	09-Feb	10-Feb	Rome, Italy	Global
Caribbean EPI managers meeting	13-Feb	17-Feb	Barbados	PAHO
Global Measles Management Meeting	20-Mar	21-Mar	Geneva, Switzerland	Global
Strategic Advisory Group of Experts (SAGE) on immuni-	10-Apr	12-Apr	Geneva, Switzerland	Global
IPAC Immunization Practices Advisory Committee	17-Apr	19-Apr	Geneva, Switzerland	Global
AFRO Cervical Cancer Prevention and Control Meeting	Apr	Apr	TBD	AFRO
WPRO Regional Verification Committee for Measles Elimination	2012	2012	Philippines	WPRO

Links Relevant to Immunization

Global Websites

[Department of Immunization, Vaccines & Biologicals, World Health Organization](#)

[WHO New Vaccines](#)

[Immunization Financing](#)

[Immunization Monitoring](#)

[Agence de Médecine Préventive](#)

[EPIVAC](#)

[GAVI Alliance Website](#)

[IMMUNIZATION basics \(JSI\)](#)

[International Vaccine Institute](#)

[PATH Vaccine Resource Library](#)

[Pediatric Dengue Vaccine Initiative](#)

[SABIN Sustainable Immunization Financing](#)

[SIVAC Program Website](#)

[UNICEF Supply Division Website](#)

[Hib Initiative Website](#)

[Japanese Encephalitis Resources](#)

[Malaria Vaccine Initiative](#)

[Measles Initiative](#)

[Meningitis Vaccine Project](#)

[Multinational Influenza Seasonal Mortality Study \(MISMS\)](#)

[RotaADIP](#)

[RHO Cervical Cancer \(HPV Vaccine\)](#)

[WHO/ICO Information Center on HPV and Cervical Cancer](#)

[SIGN Updates](#)

[Technet](#)

[Vaccine Information Management System](#)

[PneumoAction](#)

Global Websites

[International Vaccine Access Center](#)

[American Red Cross Child Survival](#)

[PAHO ProVac Initiative](#)

[NUVI Website](#)

[Gardasil Access Program](#)

Regional Websites

[New Vaccines in AFRO](#)

[PAHO's website for Immunization](#)

[Vaccine Preventable Diseases in EURO](#)

[New Vaccines in SEARO](#)

[Immunization in WPRO](#)

Newsletters

[PAHO/Comprehensive Family Immunization Program-FCH: *Immunization Newsletter*](#)

[The Civil Society Dose - A quarterly newsletter of the GAVI CSO Constituency](#)

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