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News

Celebrating leaders of Polio Eradication in the Americas

Ana Elena Chevez, Eduardo Rivero and Elizabeth Thrush, PAHO-Washington, DC, USA

The theme for the fifth Regional Polio Meeting was “One step away from making history: a world without polio.” During this meeting, PAHO/WHO developed banners to honor four important leaders in polio eradication:

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- **Albert Bruce Sabin (1906-1993):** Polish virologist, nationalized American, developed the oral poliovirus vaccine. Dr Sabin not only dedicated his entire professional career to innovative medical advances to reduce human suffering, but also undertook a tireless campaign against poverty and in favor of knowledge throughout his life.



- **Jonas Edward Salk (1914-1995):** Medical researcher and American virologist discovered and developed the inactivated poliovirus vaccine. In addition to his research work, he continuously promoted the creation of collaborative environments to explore the basic principles of life and contemplate the wider implications of scientific discoveries for the future of humanity and thus contribute to the well-being and understanding of man.

- **Ciro de Quadros (1940-2014):** Brazilian epidemiologist who was one of the central figures in polio eradication in Latin America and the Caribbean, distinguished as Public Health Hero of the Americas by the Pan American Health Organization. In the late 1970s, he founded the PAHO/WHO Expanded Programme on Immunization (EPI) and successfully mobilized technical support to Member States. He was also a key figure behind the creation of the PAHO Revolving Fund for the Purchase of Vaccines, established in 1977.



- **Donald A. Henderson (1928-2016):** American physician, educator and epidemiologist, led the global smallpox eradication programme of the World Health Organization (WHO) and in 1974, promoted the global polio eradication programme. In the Region of the Americas, he was president of PAHO’s Technical Advisory Group (TAG) on Vaccine-preventable Diseases. He is an example for thousands of health professionals and was recognized for his meritorious work by many institutions and governments, having received honorary titles and prizes, among them, the PAHO Public Health Hero award.

PAHO/WHO also developed a video that shows both historic and current immunization leaders across the Region talking about their experiences being a part of the polio eradication process, available [here](#) (Spanish only).



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Progress on Maternal and Neonatal Tetanus Elimination as of December 2017

Willibald Zeck, Ahmadu Yakubu, Azhar Abid Raza, Flint Zulu

The Maternal and Neonatal Tetanus Elimination (MNTE) initiative has continued to score successes with the recent validations in Ethiopia, Haiti and the Philippines in 2017. As a result, 44 countries out of 59 at risk since 1999 have achieved MNTE. In addition, the Punjab Province of Pakistan and the South East zone of Nigeria have also achieved MNTE status. Successful pre-validation assessments in Chad and Kenya qualifies these countries to undertake an MNTE validation survey in 2018. The elimination journey continues, including in fragile countries (Democratic Republic of Congo, Mali, South Sudan, Sudan and Yemen), with supplementary vaccination with tetanus toxoid containing vaccines targeting close to three million women of reproductive age conducted. The MNTE initiative in collaboration with partners and donors, aims to accelerate implementation of elimination activities in the remaining 15 high risk countries to ensure achievement of the global elimination goal by 2020. However, the persistent challenges of insecurity, inaccessibility, lack of access to appropriate technology and disease outbreak responses often interrupt implementation. MNTE donors have reaffirmed their commitment to the initiative till 2020 with the main challenge being to match programme funding with the readiness of countries.

WHO Preferred Product Characteristics (PPCs) for new tuberculosis vaccines

Johan Vekemans, WHO Headquarters

Tuberculosis (TB) is the world's leading infectious cause of death. It is estimated that about a third of the world's population are infected with *Mycobacterium tuberculosis* (*Mtb*). Despite significant advances in reducing mortality in recent decades through improved diagnosis and drug treatment regimens, in 2015 an estimated 10.4 million people became ill with TB. In addition to enormous human suffering, TB causes substantial economic burden and is one of the major drivers of global inequity. Whilst neonatal BCG vaccination is partially efficacious at protecting infants and young children, particularly from the most severe consequences of TB disease, it is poorly protective against pulmonary disease in adolescents and adults, and therefore at reducing *Mtb* transmission. Reaching the WHO End TB Strategy targets of a 95% reduction in TB mortality and a 90% reduction in TB incidence, worldwide, by 2035, will require a new vaccine that is effective in adult individuals who have not yet been infected with *Mtb*, as well as in those with latent *Mtb* infection. Vaccines also offer the best chance to contain the accelerating spread of multi-drug resistant tuberculosis.

The TB vaccine candidate pipeline incorporates various vaccine platforms including whole cell vaccines, adjuvanted proteins, and vectored subunit vaccines. Candidate vaccines are being developed for prevention of TB disease in adolescents and adults, for early life immunization as BCG replacement, as BCG boosters, for vaccination of TB patients after treatment to prevent disease recurrence, or as immunotherapeutic adjuncts to drug therapy intended to reduce treatment duration. Currently, there is no coherently communicated consensus as to the preferred product characteristics (PPC) that would adequately support favorable policy recommendations for implementation where needed.

WHO has engaged into the development of new TB vaccines PPC(s). PPCs are official WHO guidance documents that describe WHO preferences for parameters of vaccines, in particular their indications, target groups, possible immunization strategies, and features of clinical data desired related to safety and efficacy, supportive of policy decision making. The primary target audience for the PPC is any entity intending to eventually seek WHO policy recommendations and prequalification for their products, required for procurement by UN agencies. Vaccine PPCs are built through a wide consensus building process and result from interactions with a variety of stakeholders. The [draft WHO PPCs for new TB vaccines](#) are now available for public review and comment.

Reviewers are kindly requested to relay comments via the [Comment Review Form](#) by 15 February 2018. Completed forms should be directed to: [Dr Johan Vekemans](#), Medical Officer, WHO IVB/IVR.

Please note that anonymous reviews will be disregarded.

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Acute flaccid paralysis surveillance review in Papua New Guinea

Mohammad Salim Reza, WHO Country Office, Papua New Guinea, Tigran Avagyan and Nyambat Batmunkh, WHO WPRO, Ed Maes, US CDC and Eric Laurent, WHO Consultant

For several years, Papua New Guinea has remained a high-risk country for poliovirus circulation in case of any importation of wild poliovirus or the emergence of circulating vaccine-derived poliovirus (VDPV). One of the main reasons for such classification is continuously underperforming surveillance for acute flaccid paralysis (AFP). In 2016, the National Certification Committee (NCC) recommended to the National Department of Health to conduct a comprehensive review of the AFP surveillance.



Participants in the review

A joint WHO-US CDC review was held in five selected provinces in Papua New Guinea from 5-15 December 2017 to assess performance of AFP surveillance, identify limitations/gaps and underlying causes, and make recommendations on how to address the limitations/gaps that were identified.

Although the detection of AFP cases has improved in recent years, it was still sub-optimal in 2017 with a non-polio AFP rate at 0.87, a sub-optimal rate of adequate stool samples collected from reported AFP cases at 48%, and many provinces not detecting/reporting AFP cases for the last three years (2015-2017).

The main factors contributing to low performance include a loss of interest and motivation for AFP surveillance, weak operational links between national and subnational levels, weak communication and coordination among stakeholders, inaccessible health services for some population groups, a lack of supervision and active surveillance, and limited financing and incentives to support routine AFP surveillance activities.

To sustain its polio-free status, it will be critical for the country to ensure high population immunity against poliovirus and maintain high quality of AFP surveillance. Key recommendations addressing review findings were provided during a debriefing meeting on 15 December 2017, gathering key health officials from the National Department of Health and partners.

Vaccinate more children in Guatemala!

Alma Amas and Evelyn Lopez, PAHO Guatemala

The Vice Minister of Primary Attention to Health, Dr Ruben Gonzalez, and his technical team from the Ministry of Health and Social Assistance, along with the PAHO/WHO Representative in Guatemala, Dr Oscar Barreneche, multi-disciplinary teams from the Secretariat of Nutritional Food Safety (SESAN) and the United States Agency for International Development (USAID), held a technical coordination meeting allowing for more children to complete their vaccination schedules.



Immunization experts. Credit: Fredy Vivar, MSPAS.



Vice Minister of Primary Attention to Health in Guatemala, Dr. Rubén González (left) and Dr. Oscar Barreneche, PAHO/WHO Representative in Guatemala (right). Credit: Fredy Vivar, MSPAS

Martha Velandia, Gloria Rey and Bertha Capistran, immunization experts from PAHO/WHO in Washington, DC, also participated in the meeting. Areas such as logistics, promotion and communication, information systems, and cold chain were among some of the topics discussed when planning vaccination activities.

This meeting is part of a plan to Intensify Vaccination that the Ministry of Health hopes to implement with support from international partners, universities, the Ministry of Education, and municipalities, amongst others. It is also hoped that international experts advising the PAHO/WHO Representative in Guatemala continue to support the country during this process.

A new homepage for home-based records (HBRs) within TechNet

Marta Gacic-Dobo, WHO Headquarters and David W Brown, BCGI LLC (DWB)

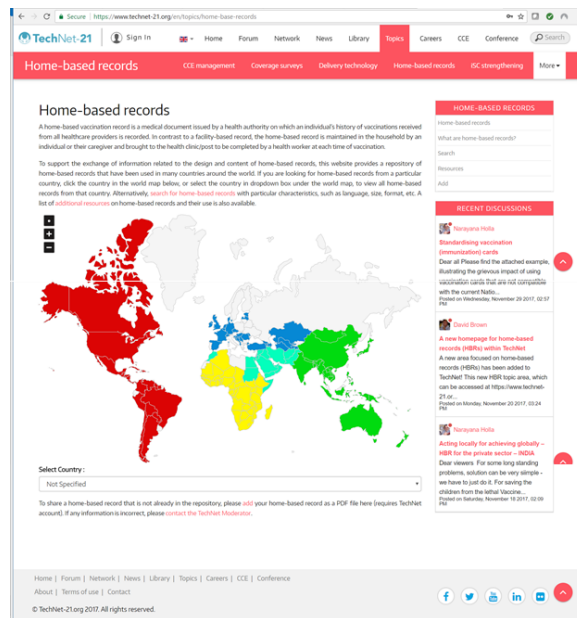
A new area focused on [home-based records](#) (HBRs) has been added to [TechNet](#). This new HBR topic area, further builds on prior sites aimed at (1) raising awareness of HBRs as critical tool within immunization service delivery and (2) facilitating the exchange of information on HBR design.

The exchange of HBR design ideas improves with an expanded set of HBRs to view. Presently, around 360 HBRs have been entered into the system from 163 countries. We encourage everyone to visit the site, check to see if their country's current and historical versions of the HBRs is present and add the HBR using the "Add Record" facility if they are not currently in the system. A map on the HBR home page helps identify countries with and without HBR submissions.

To facilitate viewing HBRs across countries, users can search HBRs by country, WHO region, remit (national or sub-national), language as well as physical characteristics such as HBR format, size and type of information included.

To further facilitate the exchange of information on the HBR systems, both successes and challenges, links are provided to background material, relevant resources and TechNet forum postings. It is hoped that the TechNet HBR topic area will become a central repository of the evolving knowledge of **HBR systems** for TechNet users and beyond. We look forward to your contributions!

Please share any comments and feedback on the HBR topic area with the [TechNet Moderator](#).



Home-based records (HBR) homepage

Call for consultants

Vacancy notice: consultant for RSV vaccines

[Erin Sparrow](#), WHO Headquarters

The WHO Department of Immunization, Vaccines and Biologicals (IVB) seeks an experienced public health professional and senior expert in infectious diseases to support the Initiative for Vaccine Research (IVR) unit on a range of projects related to the development of Respiratory Syncytial Virus (RSV) immunization strategies. More information about the consultancy can be found [here](#).

Please [submit](#) your curriculum vitae, indicating "Consultant for RSV vaccines" in the subject line. Only candidates under serious consideration will be contacted (individually) by the WHO Secretariat. The closing date for applications is 04 February 2018.

Past Meetings/Workshops

Vaccination Survey Scholar 2017: a successful distance learning experience

Felicity Cutts, consultant to the Bill & Melinda Gates Foundation; Carolina Danovaro, WHO Headquarters; Dale Rhoda and John Wagai, consultant to WHO; Hanna Kaade and Reda Sadki, Learning Strategies International (LSi).

Location: Distance learning, globally

Date: Modules A1-A3, 28 August to 24 December 2017

Participants: Persons from Ministries of Health, academic and research institutions, independent consultants, US Centers for Disease Control and Prevention (CDC), John Snow Inc. (JSI), Agence Medicine Preventive (AMP), World Health Organization (WHO) and UNICEF staff from all over the world. Training facilitators are epidemiologists and statisticians from WHO, CDC, UNICEF, and consultants for WHO and the Bill & Melinda Gates Foundation.

Purpose: To train immunization practitioners, epidemiologists and statisticians interested in leading or supporting high-quality and statistically robust vaccination coverage surveys, based on the revised [WHO Vaccination Coverage Survey Manual](#).

Details: The distance-based portion of this training initiative, Modules A was conducted from August to December 2017, divided in three modules:

- Designing a vaccination coverage survey, with a focus on objectives, scope and sample size calculation (six weeks)
- Reviewing a protocol for a vaccination coverage survey, with a focus on sampling (six weeks)
- Data analysis for vaccination coverage surveys (five weeks), divided in survey managers and survey analysts.



VACCINATION COVERAGE
SURVEY SCHOLAR

Conducting high-quality and statistically robust vaccination coverage surveys
A learning initiative aimed at epidemiologists and statisticians interested in leading or supporting vaccination coverage surveys

Survey Scholar participants engaged in weekly Internet-based group discussions and presentations, self-study, weekly assignments, and the development of one project per module: 1) a survey concept note, 2) the review of a draft vaccination coverage survey protocol and the write-up of the sampling section of a protocol; and 3) a write-up of the results and interpretation, discussion (with limitations), conclusion and recommendations of a survey report; or the analysis of survey data (those in the “analyst track”). The draft projects were reviewed by peers, and by facilitators as needed, with learners using feedback to improve their projects.

As reported in the [GIN October 2017](#), the WHO’s Survey Scholar initiative not only supports the development of technical competencies, but also leadership and critical thinking. It is grounded in evidence-based adult-learning methodologies for distance learning, and follows the successful use of the same platform and approach for training on the Global Routine Immunization Strategies and Practices (GRISP) guide. Participants’ evaluations for Survey Scholar were extremely positive (97% satisfaction for Module A1) and expressed strong interest in further peer learning and collaboration.

In tracking student progress, 211, 143, and 108 participants started Modules A1, A2, and A3, respectively, with 130 (62%), 90 (63%), and 75 (69%) submitting final projects. A community of Survey Scholar Alumni is being developed and a Commencement online ceremony will take place on 24 January 2018.

It is expected that in 2018 a residential and field-based portion of Survey Scholar can be done for selected participants among those who successfully completed all three distance learning modules in 2017. Also, funding has been requested so that in 2018, Module A3 on survey analysis can be repeated and that the entire theoretical Modules (A1 to A3) of Survey Scholar can be offered in French.

Eighth meeting of the Regional Certification Commission for the Polio Endgame in the Region of the Americas

Ana Elena Chévez, Gloria Rey, Elizabeth Thrush and Andrea Villalobos, PAHO, Washington DC, USA

Location: Lima, Peru

Dates: 3 December 2017

Participants: RCC Members: Dr Arlene King, Chair of the Regional Certification Commission (RCC) and medical specialist in public health and preventive medicine; Dr Jose Luis Díaz-Ortega, epidemiologist; Dr Angela Gentile, infectologist; Dr Mark Pallansch, virologist; and Dr Eliseu Waldman, epidemiologist. Two RCC members were not present, Dr Rosa Alba Salas, virologist, and Dr José Félix Sánchez Largaespada, pediatrician.

Dr David Salisbury, Chair of the Global Certification Commission (GCC), and Dr Deblina Datta, CDC epidemiologist and member of the Risk Assessment Task Team (RATT).

PAHO/WHO secretariat: Dr Cuauhtémoc Ruiz, Chief of the Comprehensive Family Immunization Unit (FGL/IM), Dr Ana Elena Chévez, Dr Gloria Rey, Andrea Villalobos, Elizabeth Thrush, Daniela Dietz Chavez and Eduardo Rivero.



Eighth Meeting of the Regional Certification Commission for the Polio Endgame in the Region of the Americas, Peru, December 2017.

Purpose:

- Discuss the recommendations from the GCC and the next steps for the RCC;
- Discuss advances on the harmonization of the global, regional and national risk assessments;
- Review country-specific challenges for very high-risk countries; and
- Review the initial proposal for an annual report from countries on polio eradication status and activities conducted for risk mitigation.

Details: The RCC reviewed and provided feedback on a proposed format for annual country reports on polio eradication activities. The secretariat provided an update on the regional surveillance and coverage situation, advances with containment activities and a proposed strategy for increasing the visibility of polio eradication activities and highlighting the work of the countries in fulfilling the objectives of the Polio Eradication and Endgame Strategic Plan. Each presentation was followed by a discussion and development of recommendations from the RCC.

Country delegations from high-risk countries were invited to private sessions with the RCC to present a report on the challenges they are facing with polio eradication activities, including meeting coverage goals and surveillance indicators. Each country presented a risk analysis that they conducted and actions they are taking in order to mitigate the identified risks. The RCC provided country-specific recommendations and will send a letter to the National Certification Committees (NCCs) of these countries with their recommendations.

Expert consultation on Elimination of Mother to Child Transmission (EMTCT) of hepatitis B virus

Mark Bultreys, Po-Lin Chan, Lance Rodewald and Joseph [Woodring](#), WHO Western Pacific Regional Office

Location: Beijing, China

Dates: 4-5 December 2017

Participants: 30 participants included WHO Headquarters, WPRO HSI and EPI, China Center for Disease Control and Prevention, US Centers for Disease Control and Prevention, Applied Global Health Modelling Group of the Imperial College London, National Center for Clinical Laboratories, National Center for Women and Children's Health at China CDC, Institut de recherche pour le développement (IRD), Capital Medical University, Zhejiang University, Yunnan Provincial Maternal and Child Health Hospital, Peking University Health Science Center.

Purpose: To discuss the latest science in EMTCT of HBV and the domestic initiatives to reach elimination of HBV new infections among infants and children within the context of triple elimination of HIV, syphilis and HBV. The expected outcomes were to have a common understanding of the challenges and opportunities, and a road map for further work in China. This workshop brought together experts from clinical science, research, public health and implementation. This meeting contributes to the ongoing discussions at WHO global and regional levels on getting to the vision of zero new infections among infants and children, and validating elimination of HBV mother to child transmission. During and following the workshop, planning for the 2019 nationally representative hepatitis B serosurveys was also discussed.

Details: In China, the elimination of mother-to-child transmission of HBV has reached the last mile. By 2014, only an estimated 0.32% of children under five years of age were HBV-infected. However, given the large population of newborns in China (17.9 million in 2016), this still represents approximately 50,000 breakthrough infected children each year. Modelling by ICL (presented by Dr Shevanthi Nayagam) indicates that China will reach the 0.1% WHO target by 2029, given current high coverage of HBV vaccine, including high vaccine coverage (timely birth dose plus HepB3), high HBV screening of pregnant women and high HBIG administration to exposed newborns. However, if tenofovir would be provided to those pregnant mothers with high DNA viral load (10 million I.U. or higher), this target could likely be reached by 2024.

The SHIELD project indicated less than 1% HBV transmission among 1000 HBsAg and e-antigen positive mothers who received TDF in the third trimester of pregnancy. Other pilot programmes were also presented (e.g. Hainan province funded by ZeShan Foundation; Qinghai province in collaboration with Stanford University; Beijing University cohort study, etc.).

Joseph Woodring presented that validation of the GHSSVH goal of 0.1% would require a serosurvey with sample size of 27,100 (feasible in China but not in many other countries in the Asia region). A two-step pass or fail (null) threshold survey would require approx. 10,000 children. This would be less costly than the more precise traditional nationally representative serosurvey. China is considering doing the larger, traditional HBV serosurveys among children again in 2019, following prior serosurveys conducted in 2009 and 2014.

Strong recommendations were provided to the national China CDC by workshop participants, including ensuring that women are tested for antibodies to determine if they should be HBV immunized before their next pregnancy. Since 2015, China has a two-child policy (rather than the one-child policy previously); in 2016, 45% of pregnancies were among women with already one child. This cohort tends to be older, not vaccinated at birth and more likely to be HBsAg-positive.

Fifth Regional Polio Meeting: One step away from making history: a world without polio

Ana Elena Chávez, Gloria Rey, Elizabeth Thrush, Andrea Villalobos, Pan American Health Organization – Washington, DC, USA

Location: Lima, Peru

Dates: 4-6 December 2017

Participants: Representatives from 28 countries, including participation from the Expanded Programme on Immunization (EPI), AFP surveillance, NCC presidents and the polio reference laboratory network. RCC members, GCC chair and representatives from CDC, UNICEF, Rotary International, Path, Task Force for Global Health, WHO-HQ, WHO-EURO and PAHOMWHO.



Participants at the fifth regional polio meeting in Lima, Peru, December 2017

Purpose: Build capacity for national teams to detect and respond adequately and opportunistically to an importation of wild poliovirus or emergence of a circulating vaccine-derived poliovirus (cVDPV) and prepare for global certification and the post-certification era.

Specific objectives:

- Review the global and regional containment situation
- Review the standards for certification and documentation of global polio eradication
- Discuss the methodology of the risk assessment
- Perform a simulation exercise to evaluate the capacity to respond to the detection of poliovirus or an outbreak of poliomyelitis
- Raise visibility for the final stage of polio eradication and the work of the RCC and NCCs
- Present the proposed post-certification strategy.

Details: On day one of this meeting, presentations were given on the global and regional advances towards global polio eradication, the regional polio surveillance and containment situation, and preparation towards the global certification process, including risk assessments. WHO-EURO shared experiences on lessons learned to sustain polio eradication in the European Region. The afternoon session focused on the regional progress towards implementing the recent TAG and SAGE recommendation to introduce fractional doses of the inactivated poliovirus vaccine (fIPV).

Day two of the meeting was dedicated to testing the practicality and completeness of the national polio outbreak response plans. Countries were placed in small working groups and conducted a realistic and dramatized outbreak response simulation exercise. After this exercise, countries evaluated the completeness of their plan and identified areas that need to be strengthened.

On day three, feedback on the national outbreak response plans was given. The post-certification strategy was discussed, and there was a presentation on how to improve national communication strategies to support the certification process.

The final report with conclusions and recommendations from this meeting is being developed and will be disseminated to countries in January 2018.

Applying tools to monitor and analyze the data quality of vaccination coverage

Marcela Contreras, Cuauhtemoc Ruiz Matus, Martha Velandia, PAHO, Washington DC; Edgar Barillas, PAHO consultant

Location: Lima, Peru

Dates: 6-8 December 2017

Participants: Representatives from the National Immunization Programme in Bolivia, Brazil, Colombia, Costa Rica, Dominican Republic, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay and Venezuela, as well as PAHO representatives in Argentina, Bolivia, Brazil, Nicaragua, Panama, Paraguay, Peru and Washington, DC in the United States.

Purpose: Characterize the vaccination coverage situation in the Region of the Americas and identify the best practices to improve and maintain optimal coverage, as well as the definition of technical assistance that the Member States require for the implementation the best practices.



Participants at meeting focused on applying tools to monitor and analyze the data quality of vaccination coverage held in Lima, Peru, December 2017. Credit: PAHO/WHO

Details: During the meeting, a description on the vaccination coverage situation and the performance indicators of the Region's immunization programmes was presented, emphasizing the disparities observed at the municipal level. Subsequently, country representatives presented the problems they have faced in trying to reach higher vaccination coverage and the innovative strategies they are implementing. These contributions enriched the group discussions, during which participants analyzed the major challenges facing the Region and the most viable national and regional interventions to overcome them. A group exercise conducted through an electronic application led to consensus on the priority problems and interventions.

Reasons from various components of the programme explaining lower vaccination coverage were discussed, with activities suggested to address them. A summary of a few select reviewed components are presented in the following table:

Component	Reason	Activity
Access	Physical barriers to access continue to be important problems in certain remote localities that are only accessible via air or river.	Improve microplanning at the local levels.
	Problems with production at the global level and problems communicating effectively with PAHO's Revolving Fund have caused stock-outs or reductions in security stocks.	Improve the planning and demand processes for the countries; adjust the security stock.
Information systems	Problems with vaccination data quality, considering problems with the dose report in the numerator and denominator; increase in the complexity and burden of vaccination schedules when incorporating new vaccines, changes in schedules and new target groups for vaccination.	Improve data use and analysis, as well as incorporate quality control for the information in the supervision. Extend the use of electronic immunization registries.
Communication campaigns and training	The incorporation of new vaccines leads to personnel requiring ongoing training; in some countries with indigenous communities, there are cultural barriers that impede the extension of vaccination coverage.	Promote the use of existing methodologies and guidelines, combining the virtual and physical parts; conduct social communication campaigns according to the programme's target groups (health professionals, administrative personnel, social communicators, parents and caretakers, among others).

Poliovirus Laboratory Containment workshop

Sigrun Roesel, World Health Organization Regional Office for South-East Asia (SEARO) and Khondoker Mahbuba Jamil, Institute of Public Health (IPH), Dhaka, Bangladesh

Location: Dhaka, Bangladesh

Dates: 12-13 December 2017

Participants: The workshop was organized by the Bangladesh National Authority for Containment (NAC) and Institute of Public Health (IPH) and also attended by representatives of the National Containment Taskforce (NCTF), National Certification Committee for Polio Eradication (NCCPE), International Centre for Diarrhoeal Disease Research Bangladesh (ICDRR,B), Institute of Epidemiology, Disease Control and Research (IEDCR), Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka Shishu Hospital, Incepta Pharmaceuticals, Armed Forces Institute of Pathology (AFIP), Ibrahim Medical College, US Centers for Disease Control and WHO SEARO and Bangladesh.



Participants at the Poliovirus Laboratory Containment workshop

Purpose: Bangladesh has a long history of poliovirus laboratory containment, relevant expertise and an active multi-sectorial NCTF. Additionally, the NAC was established in February 2017. Various activities are ongoing to meet the requirements outlined in the 'WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use' (GAPIII); currently applying to poliovirus type 2. The workshop discussed GAPIII principals, global and regional developments, introduced and applied the draft Guidance for non-poliovirus facilities to minimize risk of sample collections potentially infectious for polioviruses (PIM) and developed roadmaps including timelines for all key players to complete phase I of GAPIII.

Details: Previous surveys conducted under GAPII provide a good foundation for the GAPIII inventories; specific new survey activities have been conducted to complete phase Ia and Ib. The 2015 NCCPE report had stated that wild poliovirus type 2 (WPV2) was never isolated in the country since laboratory supported acute flaccid paralysis (AFP) surveillance began in 1996. As vaccine derived poliovirus type 2 (VDPV2) has not emerged in Bangladesh the report concluded that no WPV2/VDPV2 infectious materials are stored in the country. Still it was considered necessary to double-check if international research collaboration may have brought WPV2/VDPV2 potentially infectious materials into Bangladesh. The workshop confirmed that such materials also do not exist in the country. Equally relevant is the identification of PIM in non-poliovirus facilities that collect and store clinical and environmental samples for other purposes and present a poliovirus transmission risk if samples were collected in a time and place where oral polio vaccine (OPV/Sabin) was in use. Inventories of eight laboratories in three institutions identified by the NCTF at risk for having Sabin 2 PIM were reviewed by using the draft guidance and risk mitigation measures discussed.

Advanced seminar on evidence-based decision making for immunization

[Yue Chenyan](#), James Dawson Heffelfinger, Louise Henaff and Lance E. Rodewald, WHO Country Office China

Location: Beijing, China

Dates: 12-14 December 2017

Participants: 200 participants including China's National Immunization Advisory Committee (NIAC) Chair and members; leaders and members of the 16 NIAC Technical Working Groups (WGs); National Health and Family planning commission (NHFPC); Chinese Center for Disease Control and Prevention (China CDC); WHO; the Bill and Melinda Gates Foundation; and UNICEF. Seminar faculty included Chinese experts, NITAG representatives from Sweden, the United Kingdom, and the United States.



Participants at the seminar on evidence-based decision making for immunization

Purpose: To provide NIAC members and WGs with international experience and perspectives on NITAGs and WGs member roles, responsibilities, authorities, working styles, and the value of their recommendations.

Details: China's State Council requested that National Health and Family planning commission (NHFPC) establish a National Immunization Advisory Committee. In Oct 2017, NHFPC established China's new NIAC.

The first day of the seminar included presentations on the history and progress of EPI in China, the NIAC charter, the anticipated value of NIAC to China's EPI system, and the Working Groups' (WGs) support for NITAGs in general and NIAC specifically. The next two days included didactic and case-based presentations on international experiences and the development of evidence-based recommendations for immunization.

Faculty presented six in-depth case-studies of immunization policy making, including considerations for Tdap during every pregnancy; HPV vaccination of boys in Sweden; development of and challenges with HPV vaccination recommendations in the U.S; development of the United Kingdom's meningococcal B vaccine recommendations; progress in development of U.S. influenza policy; and development of U.S. pneumococcal conjugate vaccine policy. Moreover, faculty presented considerations for use of GRADE and economic evaluation for immunization recommendations. The advanced seminar helped the NIAC WGs to outline their terms of reference and WGs leaders also introduced their work plans. WHO, NHFPC, China CDC will continue the collaboration on new vaccine introduction, updating immunization schedule etc.

Resources

Information package on HPV

[Catharina de Kat](#), EURO

After 10 years of use and over 270 million doses administered, there is now ample proof that HPV vaccination is very safe and effective. The immediate signs of this are reductions in the number of women with pre-cancer cervical lesions and in the number of men and women suffering from genital warts.

Considering HPV vaccines' success and their potential to drastically reduce cervical and other cancers, WHO/Europe is working with immunization programmes across the European Region to communicate the benefits of the vaccine, to identify and address any obstacles to high uptake and to prepare for the introduction of the vaccine where it is not yet part of the routine immunization programme.

As part of this work WHO/Europe has led or collaborated in the production of [information materials](#), including videos, fact sheets, job aids and a field guide for formative research prior to introduction.

The latest addition to this package is a set of Q&As that provide answers to the most frequently asked questions posed by parents, health care professionals, young people eligible to receive the vaccine and the media. The questions are based on field research conducted prior to introduction of the vaccine in several countries.

The [Questions and answers about HPV vaccination](#) series includes:

- Information for parents and caregivers
- Facts about the virus and the vaccine
- Information for health professionals
- Answers to common questions asked by adolescents and young adults

See also:

- [Video: HPV and cervical cancer – a personal story](#)
- [Video: How the HPV vaccine works](#)
- [Video: Monitoring the side effects of the HPV vaccine](#)
- [Talking with patients and parents about HPV vaccination for girls: Information for health care professionals](#)
- [A field guide to qualitative research for new vaccine introduction](#)

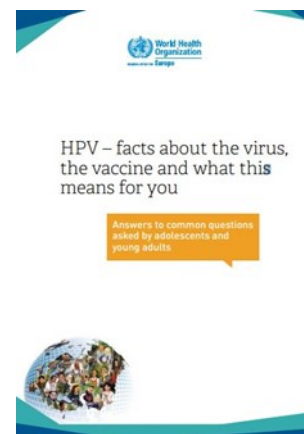
A field guide to qualitative research for new vaccine introduction

Step-by-step instructions to help immunization programmes understand their target audiences before communicating about the introduction of a new vaccine

[Catharina de Kat](#), EURO

Expanding a national routine immunization schedule to include a new vaccine is a positive step forward in reducing a country's burden of disease. This [field guide](#) is intended for staff of any national immunization programme planning to introduce a new vaccine. It guides the reader through a simple and step-wise process, building the skills needed to design and conduct qualitative formative research with key target groups, analyse the findings and utilize the outcomes by developing targeted communication activities.

The guide was developed based on field experience, lessons learned and literature on qualitative formative research and communication in the context of new vaccine introduction into routine national immunization programmes. It was pre-tested in the field with immunization programmes preparing to introduce the human papillomavirus (HPV) vaccine. However, the guidance provided is equally applicable to the introduction of any new vaccine.



A review of evidence on equitable delivery, access and utilization of immunization services for migrants and refugees in the WHO European Region

[Catharina de Kat](#), EURO



[This review](#) focuses on existing immunization policies and practices for migrants and refugees and provides an overview of barriers and facilitators for access to and utilization of immunization services. Evidence was obtained by a scoping review of academic and grey literature in English and a further 11 languages and included official documents available from the websites of ministries of health and national health institutes of the WHO European Region Member States.

The review highlights that vaccination policies tailored to migrants and refugees are very heterogeneous among WHO European Region Member States. By comparison, common barriers for the implementation and utilization of immunization services can be identified across countries. Outlined policy options are intended to strengthen information about immunization for migrants and refugees, support future evidence-informed policy-making, enable the achievement of national vaccination coverage goals and improve the eligibility of migrants and refugees to access culturally competent immunization services.

Tools for monitoring integrated public health interventions available on the PAHO website

Martha Velandia, PAHO-Washington, DC

To improve the well-being of the population and bridge gaps in health service delivery, it is necessary to guarantee access to various health interventions, including proven strategies such as vaccination and deworming. Meeting programme coverage goals, however, depends on identifying and reaching target populations. This means, in turn, promoting universal access to health using integrated approaches and a more efficient use of resources. What's more, health services must adopt monitoring and systematic analysis of coverage as indispensable activities.

The Pan American Health Organization's (PAHO) Comprehensive Family Immunization Unit and Regional Programme on Neglected Infectious Diseases (NIDs) have highlighted the need to systematize and integrate methods for monitoring coverage of health interventions among preschool- and school-age populations and are offering strategies and opportunities for joint collaboration.

The tools presented in these [modules](#) are the result of reviewing and integrating concepts and methodologies that draw on the experiences and lessons learned in countries, with a view towards facilitating joint interventions and monitoring activities under various health programmes and platforms.

It is expected that the concepts, methods, and tools in each of the modules will be incorporated into ongoing processes to improve the quality of coverage registries, build capacity in appropriate data analysis, and make timely use of the resulting information for decision-making and the implementation of interventions that provide effective access to health care.



Regional Plan for Containment of Poliovirus in the Americas, Regional-GAPIII

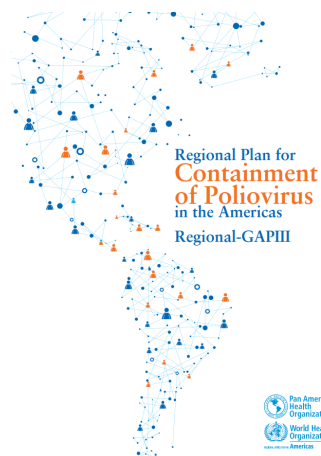
[Gloria Rey-Benito](#) and [Andrea Villalobos](#), Pan American Health Organization

The original document was developed by the WHO at global level. In the [WHO version](#), only Sabin 2 and WPV2 are included. The PAHO adaptation includes the containment of Sabin 2 and wild poliovirus (WPV) type 2; and advances with a process of destruction of all unneeded WPV1/WPV3 poliovirus materials.

A decision based on the widespread use of OPV in the countries of the Region and the last confirmed case of paralytic polio caused by wild poliovirus occurred in 1991. The WHO document gives the indications to GAP III that must be taken, but does not include the “how to.” The [Regional GAPIII](#) version operationalizes WHO recommendations and includes four annexes: regional survey (Annex A), attestation of final disposal of poliovirus materials (Annex B), National Report (Annex C) and validation form of National Containment Report (Annex D).

Parts of the original text of the WHO GAPIII were eliminated or adapted to align the regional plan with the recommendations of the small working group that met in April 2015 in Washington, DC. At its 23rd meeting, the PAHO Technical Advisory Group (TAG) on Vaccine-preventable Diseases endorsed the proposed Regional Plan for Containment of Poliovirus in the Region of the Americas.

The document is available in English and Spanish, which are the languages used in the majority of territories in the Region of the Americas.



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Calendar

February

13-15	Third meeting of the Regional Working Group on Immunization for Gavi-Supported Countries in the Western Pacific	Manila, Philippines
19-20	Fourth coordination meeting of the Measles and Rubella Initiative and Gavi	New York, USA
20	South-eastern Europe Health Ministerial Meeting on Immunization	Podgorica, Montenegro

March

6-8	Immunization Practices Advisory Committee (IPAC)	Geneva, Switzerland
14-15	Gavi Board	Evian-les-Bains, France
20-22	Global Vaccine and Immunization Research Forum (GVIRF)	Bangkok, Thailand
20-22	EPI Managers' Meeting for East & Southern Africa	Kigali, Rwanda

April

17-19	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland
17-19	Third Meeting of the South-East Asia Regional Verification Commission for Measles Elimination and Rubella/CRS Control (SEA-RVC)	Kathmandu, Nepal
23-29	European Immunization Week	Across Europe

May

1-3	Teach to Reach: Innovative Methods for Immunization Training	Tanzania
21-26	71st World Health Assembly	Geneva, Switzerland

June

12-14	Global Task Force for Control of Cholera (GTFCC)	Annecy, France
26-28	Global Immunization Meeting (GIM)	Kigali, Rwanda

August

27-29	13th International Rotavirus Symposium	Minsk, Belarus
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October

23-25	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland
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December

6-7	Global NITAG Network meeting	Ottawa, Canada
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Links

Organizations and Initiatives

American Red Cross
[Child Survival](#)

Agence de Médecine Préventive
[Africhol](#)
[EpiVacPlus](#)
[LOGMAC Project](#)

Centers for Disease Control and Prevention
[Polio](#)
[Global Vaccines and Immunization](#)

Johns Hopkins
[International Vaccine Access Center](#)
[VIEW-hub](#)

JSI
[IMMUNIZATIONbasics](#)
[Immunization Center](#)
[Maternal and Child Health Integrated Program \(MCHIP\)](#)
[Publications and Resources](#)
[Universal Immunization through Improving Family Health Services \(UI-FHS\) Project in Ethiopia](#)

PAHO
[ProVac Initiative](#)

PATH
[Better Immunization Data \(BID\) Initiative](#)
[Center for Vaccine Innovation and Access](#)
[Defeat Diarrheal Disease Initiative](#)
[Vaccine Resource Library](#)
[Malaria Vaccine Initiative](#)
[RHO Cervical Cancer](#)

Sabin Vaccine Institute
[Sustainable Immunization Financing](#)

UNICEF
[Immunization](#)
[Supplies and Logistics](#)

USAID
[Maternal and Child Health Integrated Program](#)

WHO
[Department of Immunization, Vaccines & Biologicals](#)
[ICO Information Centre on HPV and Cancer](#)
[Immunization financing](#)
[Immunization service delivery](#)
[Immunization surveillance, assessment and monitoring](#)
[National Immunization Technical Advisory Groups Resource Center](#)
[SIGN Alliance](#)

Other
[Coalition Against Typhoid](#)
[Confederation of Meningitis Organisations](#)
[Dengue Vaccine Initiative](#)
[European Vaccine Initiative](#)
[Gardasil Access Program](#)
[Gavi the Vaccine Alliance](#)
[International Association of Public Health Logisticians](#)
[International Vaccine Institute](#)
[Measles & Rubella Initiative](#)
[Multinational Influenza Seasonal Mortality Study](#)
[Network for Education and Support in Immunisation \(NESI\)](#)
[TechNet-21](#)
[Vaccine Safety Net](#)
[Vaccines Today](#)

WHO Regional Websites

[Routine Immunization and New Vaccines \(AFRO\)](#)
[Immunization \(PAHO\)](#)
[Vaccine-preventable diseases and immunization \(EMRO\)](#)
[Vaccines and immunization \(EURO\)](#)
[Immunization \(SEARO\)](#)
[Immunization \(WPRO\)](#)

UNICEF Regional Websites

[Immunization \(Central and Eastern Europe\)](#)
[Immunization \(Eastern and Southern Africa\)](#)
[Immunization \(South Asia\)](#)
[Immunization \(West and Central Africa\)](#)
[Child survival \(Middle East and Northern Africa\)](#)
[Health and nutrition \(East Asia and Pacific\)](#)
[Health and nutrition \(Americas\)](#)

Newsletters

[Immunization Monthly update in the African Region \(AFRO\)](#)
[Immunization Newsletter \(PAHO\)](#)
[The Civil Society Dose \(GAVI CSO Constituency\)](#)
[TechNet Digest](#)
[RotaFlash \(PATH\)](#)
[Vaccine Delivery Research Digest \(Uni of Washington\)](#)
[Gavi Programme Bulletin \(Gavi\)](#)
[The Pneumonia Newsletter \(Johns Hopkins Bloomberg School of Public Health\)](#)