

In this issue

You can click on the article you are interested in and access it directly!

News

- [Second round of oral cholera vaccine reaches nearly 400 000 people in Yemen](#)
- [Afghan women eradicating polio: WHO stories on World Humanitarian Day 2019 #womenhumanitarians](#)
- [Twenty five years of the certification of polio elimination in the Americas](#)
- [Burundi launches Ebola vaccination campaign for health and front-line workers](#)
- [Verification of hepatitis B control in the WHO South-East Asia Region](#)
- [EPILAMP builds immunization management and leadership capacity across 16 Countries](#)
- [WHO Director-General statement on the role of social media platforms in health information](#)
- [Australia's innovative approach to post-licensure vaccine safety monitoring: the AusVaxSafety active vaccine safety surveillance system](#)
- [Fulfilling dreams with vaccination – Guatemala launches nationwide campaign](#)

Past meetings / workshops

Resources

Calendar

Links

News

European Region loses ground in effort to eliminate measles

Catharina de Kat, WHO EURO
Hayatee Hasan, WHO Headquarters

Following several years of steady progress toward elimination of measles in the WHO European Region, the number of countries having achieved, or sustained elimination of the disease has declined. This was the conclusion of the European Regional Verification Commission for Measles and Rubella Elimination (RVC) based on an assessment of annual status updates for 2018 submitted by the 53 Member States of the Region.

At its annual meeting on 12-14 June 2019 in Warsaw, Poland, the RVC determined that for the first time since the verification process began in the Region in 2012, four countries - Albania, Czechia, Greece and the United Kingdom - lost their measles elimination status.

“Re-establishment of measles transmission is concerning. If high immunization coverage is not achieved and sustained in every community, both children and adults will suffer unnecessarily, and some will tragically die,” says Dr Günter Pfaff, Chair of the RVC.

The RVC was, on the other hand, pleased to conclude that Austria and Switzerland attained elimination status, having demonstrated the interruption of endemic transmission for at least 36 months.

For the Region as a whole, as of the end of 2018, 35 countries are considered to have achieved or sustained measles elimination (compared to 37 for 2017), two have interrupted the endemic transmission of measles (for 12–35 months), 12 remain endemic for measles and four that had previously eliminated the disease have re-established measles transmission.

[Read the news release](#)

The RVC also concluded that the situation for rubella has improved. 39 countries achieved or sustained elimination status (compared to 37 in 2017), three interrupted endemic transmission (compared to five in 2017) and 11 countries continue to be considered endemic for rubella.



Toddler getting the MR vaccine. Credit: Gavi/Thomas Kelly

SUBSCRIBE NOW

Send an email to listserv@who.int with the following text in the body of the email: subscribe GLOBALIMMUNIZATIONNEWS

VIEW PREVIOUS EDITIONS

For previous editions of the GIN, visit the GIN archive on the WHO website: www.who.int/immunization/gin

Second round of oral cholera vaccine reaches nearly 400 000 people in Yemen

Hayatee Hasan, WHO Headquarters

A six-day oral cholera vaccination campaign reached almost 400 000 people, including almost 65 000 children under the age of five in Aden, Al Dhale'e and Taiz, where high numbers of suspected cholera and acute watery diarrhoea cases have been recorded.

The first few months of 2019 saw an increase of reported acute watery diarrhoea cases in over 95% of districts across Yemen. Between January and the end of July 2019, there have been nearly 536 000 suspected cases and 773 associated deaths. Children under five represent one quarter of all suspected cases.

The vaccination campaign, run by local health authorities, UNICEF and WHO, was made possible thanks to GAVI, the Vaccine Alliance, and to the World Bank's 'Emergency Health and Nutrition Project.'

"Amid the fighting in surrounding areas, over 800 health workers, brave men and women, risked their lives to reach communities from cholera — these are the real heroes," said Altaf Musani, WHO Representative in Yemen.

[Read the news release](#)



Group of boys showing their vaccination card.

Afghan women eradicating polio: WHO stories on World Humanitarian Day 2019 # w o m e n h u m a n i t a r i a n s

Hayatee Hasan, WHO Headquarters

Dr Fariba, Provincial Polio Officer in Kabul



Dr Fariba holding the boy's hand while he receives the polio vaccine.

"I've been doing this job for over 13 years now. I'm married with two kids. I used to work in Mazar in different local clinics, and gradually got promoted to where I am today," says Dr Fariba.

"I'm on the selection panel to find good polio workers, and I try to get qualified females to join, because it's really important to have more women on this programme. Parents usually talk to women more openly and respectfully, which makes our work easier. As a woman and mother, I get easy access to speak to families, and sometimes, it helps to convince them to vaccinate their children. Finding good female workers is very difficult though, if they show interest at all."

Dr Fariba, a provincial polio officer in Kabul, knows the back lanes of Kabul like the back of her hands. She has walked these streets for many years now, in scorching heat and freezing cold, ensuring that her team of supervisors and vaccinators visit houses and no child is left behind.

[Read more](#)

Twenty five years of the certification of polio elimination in the Americas: an achievement that encouraged the hope of living in a world free of polio

Ana Elena Chevez, Cuauhtemoc Ruiz, Eduardo Rivero, Lauren Vulanovic, Maite Vera Antelo, PAHO-Washington, DC

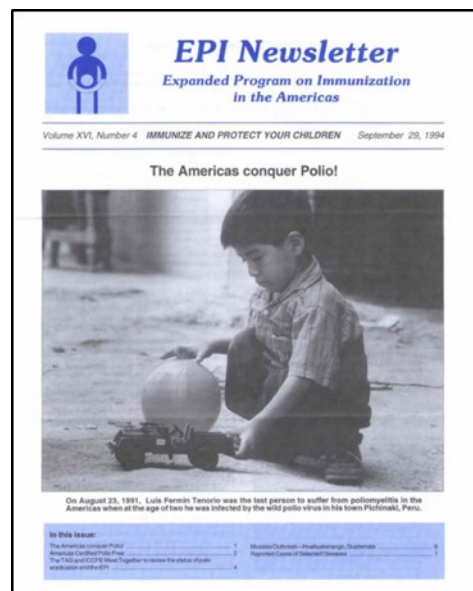
In 1994, the Region of the Americas was the first in the world to be certified as free from polio. Renowned scientists and independent experts who were part of the International Commission for the Certification of Polio Eradication (ICCPE) officially informed PAHO Director at the time, Dr Carlyle Guerra de Macedo, on 24-25 August 1994 and through him, Member States were informed that the transmission of wild poliovirus had been interrupted.

Hard work done by the Pan American Health Organization/World Health Organization's (PAHO/WHO) immunization team, led at the time by Dr Ciro de Quadros, political will, and courageous efforts made by each country helped eliminate the ancient disease, and stopped the mourning and disability it was causing. Vaccination coverage among children less than one year old went from 25% in 1978 to more than 80% in 1993.

In August 1994, after three years without cases in the Americas, based on data obtained by a comprehensive surveillance system involving more than 20,000 centers reporting weekly cases of acute flaccid paralysis, and thousands of laboratory samples analyzed by the ICCPE considering conclusive evidence submitted by national certification commissions, an announcement was made that polio had been conquered in the Americas!

In August 1991, a child born in the mountains of the Junín Department in Peru became the last victim of wild poliovirus. Thanks to collaborative efforts from countries, agencies committed to vaccination and strong community participation, children today in the Americas are guaranteed access to free, safe and quality vaccines. The combined efforts made the vaccine a social good, with universal and equitable access for all. Today, the legacy of the 1980's and 1990's lives on thanks to the work of the new generations of health care workers.

This has been a shortened version of a longer article on the celebration of 25 years since the certification of polio elimination in the Region of the Americas. If you would like to read the complete article, please click [here](#).



Cover of PAHO's Immunization Newsletter celebrating the elimination of polio in the Americas, September 1994.

SUBSCRIBE NOW

Send an email to listserv@who.int with the following text in the body of the email: subscribe GLOBALIMMUNIZATIONNEWS

VIEW PREVIOUS EDITIONS

For previous editions of the GIN, visit the GIN archive on the WHO website: www.who.int/immunization/gin

Burundi launches Ebola vaccination campaign for health and front-line workers

Hayatee Hasan, WHO Headquarters

On 13 August 2019, the Ministry of Public Health and AIDS Control kicked off the vaccination campaign for front-line staff against the Ebola virus disease. The campaign started at the Gatumba entry point at the Border with the Democratic Republic of Congo.

The Ebola vaccination campaign is part of Burundi's preparation for a possible case of Ebola. The campaign will be implemented under the leadership of the Ministry of Public Health and AIDS Control, with the support of the World Health Organization (WHO). Financial support is provided by GAVI, the Vaccine Alliance.



Health worker getting the Ebola vaccine.

Burundi has received doses of the Ebola vaccine (rVSV-ZEBOV) to provide protection against the Zairian strain of the virus, which is currently affecting the Democratic Republic of the Congo (DRC). Although this vaccine is not yet approved, and its commercial use is not yet authorized, it has been shown to be effective and safe during Ebola outbreaks in West Africa. Further scientific research is required before the vaccine can be licensed.

The vaccine is used for humanitarian purposes to protect people most at risk of an Ebola outbreak. It will be administered to health and front-line staff working in priority areas where there is a risk of transmission. These are health workers working at points of entry into the country as well as other people potentially exposed to the Ebola virus disease, such as laboratory workers, surveillance teams and people responsible for carrying out dignified and secure burials.

[Read the news release](#)

Verification of hepatitis B control in the WHO South-East Asia Region

Sigrun Roesel, WHO South-East Asia



Baby receiving the HepB vaccine.

Recognizing the significant public health burden, hepatitis B control has gained promising momentum in the South-East Asia Region over the past few years, especially through the following:

- Regional Action Plan for Viral Hepatitis 2016–2021; adopted by the WHO Regional Committee for South-East Asia.
- Regional Vaccine Action Plan 2016–2020; with the goal of accelerating hepatitis B control.
- Regional control target of $\leq 1\%$ hepatitis B surface antigen (HBsAg) seroprevalence among children aged five years by 2020 recommended by the Immunization Technical Advisory Group (ITAG); aligned with the Global Health Sector Strategy on Viral Hepatitis 2016–2021.

Subsequently, to measure progress towards, and verify the achievement of, this goal, the Regional Director appointed the South-East Asia Regional Expert Panel for Verification of Hepatitis B Control (SEA REP) in May 2019. Since its inception, the SEA REP has held two consultations (28–29 May 2019 and 25–26 June 2019), finalized the verification framework and prepared a verification workplan and timelines. The respective 'Guidelines for verification of achievement of hepatitis B control target through immunization in the WHO South-East Asia Region' were endorsed by the ITAG during its tenth meeting held from 8–12 July 2019.

The SEA REP verified in July 2019 that Bangladesh, Bhutan, Nepal and Thailand have achieved the 2020 target of $\leq 1\%$ HBsAg seroprevalence among children aged five years. Strong routine immunization systems and dedicated health workers use hepatitis B vaccination as a powerful tool very early in life to prevent chronic hepatitis B infection which may later develop into life threatening complications like liver cirrhosis or cancer.

EPILAMP builds immunization management and leadership capacity across 16 countries

[Erika Linnander](#), Yale Global Health Leadership Initiative

Commissioned by Gavi, the Vaccine Alliance, EPILAMP is a nine-month certificate programme for teams of national EPI managers and Ministry of Health officials. The team-based educational model includes over 60 hours of e-learning, three week-long in-person forums, technical and management coaching tailored to the needs and priorities of each team, and a breakthrough project to address complex adaptive challenges that impede immunization programme performance. Core curricular areas include: strategic problem solving; leading effective teams; political engagement; human resource management; financial management; and supply chain management. Outcomes include improved individual management competency, improved organizational culture and ways of working, and improved EPI programme performance based on a measure prioritized by each national team.



EPILAMP Cohort I delegation members from the Gambia use strategic problem solving to generate new insights into dropouts between MRI and MR2.

Yale's Global Health Leadership Initiative anchors the consortium, joined by PATH, the University of Global Health Equity in Rwanda (for anglophone cohorts), and the University of Yaoundé I in Cameroon (for francophone cohorts). This diverse consortium allows country delegations to engage in a learning environment that overcomes traditional cultural and linguistic limitations and allows for cross-country sharing of best practices and lessons learned. Participating teams have come from Asia (India, Kiribati, Myanmar, Solomon Islands), anglophone Africa (Ethiopia, the Gambia, Liberia, Rwanda, Tanzania, Zambia,) and francophone Africa (Burkina Faso, Burundi, Cameroon, Congo Republic, Democratic Republic of the Congo, Guinea).

Cohort I graduated in December 2018. Cohorts II and III are midway through the nine-month programme and are working on their breakthrough projects. We welcome WHO colleagues in each participating country to engage with the programme! For more information on the overall EPILAMP approach or the country-specific work, please visit this [link](#) or contact [Kali Bechtold](#), EPILAMP Programme Manager.

WHO Director-General statement on the role of social media platforms in health information

Hayateen Hasan, WHO Headquarters



Mothers checking their mobile phone for more information on vaccines. Credit: ICRH-K/J Mwaisaka.

Misinformation about vaccines is as contagious and dangerous as the diseases it helps to spread. WHO welcomes Pinterest's leadership in protecting public health by only providing evidence-based information about vaccines to its users. We hope to see other social media platforms around the world following Pinterest's lead.

Misinformation about vaccination has spread far and fast on social media platforms in many different countries, including during critical vaccination campaigns like those for polio in Pakistan or yellow fever in South America.

Social media platforms are the way many people get their information and they will likely be major sources of information for the next generations of parents. We see this as a critical issue and one that needs our collective effort to protect people's health and lives.

The truth is, vaccines work. Smallpox has been eradicated thanks to vaccines, and vaccines have brought us to the brink of eradicating polio. Rates of many other diseases including measles have been dramatically reduced thanks to the life-saving power of vaccines.

Vaccines are one of the most powerful innovations in the history of public health, and one of the best investments in a healthier, safer world. WHO estimates that vaccines save at least 2 million lives every year. Countless more children avoid debilitating diseases, prolonged hospital stays and time out of school.

[Read the full statement](#)

Australia's innovative approach to post-licensure vaccine safety monitoring: the AusVaxSafety active vaccine safety surveillance system

Nicola Carter, [Chloé Damon](#), Catherine Glover, Kristine Macartney, Alexis Pillsbury, and Helen Quinn
National Centre for Immunisation Research and Surveillance (NCIRS)

AusVaxSafety is Australia's active vaccine safety surveillance system, conducting sentinel post-licensure monitoring of National Immunization Programme (NIP) Schedule vaccines using automated short message service (SMS) to rapidly solicit consumer feedback. AusVaxSafety began following an unexpected vaccine safety incident in 2010, which triggered the temporary suspension of paediatric influenza vaccinations. Amid the heightened vaccine safety concerns that followed, AusVaxSafety was collaboratively launched in 2014 to monitor adverse events following immunization (AEFI) with influenza vaccines in children. AusVaxSafety has now significantly expanded to actively monitor several NIP vaccines across the lifespan, thereby enhancing Australia's ability to monitor and detect potential vaccine safety events.

AusVaxSafety monitors AEFI and facilitates early detection of potential vaccine safety signals at over 280 sentinel sites nationwide, including general practice, hospitals, Aboriginal Medical Services, community clinics and school-based immunization programmes. In the days following vaccination, responses to a survey are solicited from vaccine recipients (or their parent or carer) via an automated SMS sent using AusVaxSafety surveillance tools, SmartVax or Vaxtracker. AusVaxSafety extracts the de-identified vaccination encounter and demographic information for adverse event analysis, safety signal detection and reporting.

AusVaxSafety produces prospective routine reports for seasonal inactivated influenza vaccines, pertussis-containing booster vaccines, zoster vaccine and human papillomavirus vaccine. These reports include demographic data, details of symptoms and any medical attendance sought following immunization and signal detection results. The routine reports are reviewed by immunization experts and health authorities, including the federal Therapeutic Goods Administration, which has the regulatory mandate in Australia for post-licensure vaccine safety surveillance. Key results are also made publicly available via the AusVaxSafety website. AusVaxSafety also conducts detailed retrospective analyses of all NIP data and analyses of novel vaccine brands.

AusVaxSafety continues to expand and explore ways to better integrate active surveillance with passive surveillance mechanisms nationally.

SUBSCRIBE NOW

Send an email to listserv@who.int
with the following text in the body of the email:
subscribe GLOBALIMMUNIZATIONNEWS

VIEW PREVIOUS EDITIONS

For previous editions of the GIN,
visit the GIN archive on the WHO website:
www.who.int/immunization/gin

Fulfilling dreams with vaccination – Guatemala launches nationwide campaign

Evelyn López and Marc Rondy, PAHO-Guatemala

Children dream big. They dream of becoming a musician, a doctor, a teacher or an airplane pilot. If children are healthy, they can make their dreams come true. This is the statement of the nationwide measles, mumps and rubella/Oral Polio Vaccine (MMR/OPV) vaccination campaign that the Ministry of Health, along with PAHO/WHO, the Foundation for the Development of Guatemala (FUNDESA), the Nutrition Alliance and UNICEF launched in Guatemala.

Fathers, mothers, children, media, international partners, representatives from the government and private sectors participated in this event carried out in the Children's Museum in Guatemala City. The indigenous children symphony orchestra *Ri Nab'ey Qach'abal* (our mother tongue in the Mayan language Kaqchiquel) also participated showing their talent and inviting others to believe in children's dreams.

The campaign is involving Guatemalan influencers and celebrities like Harris Witbeck, CNN International reporter and host of the Discovery Channel reality show, the Amazing Race; Diego Gomez, a child journalist and winner of the Eagle Award for Latin journalists, among others.

"We want to encourage people to contribute to the achievement of their children's dreams by giving them the gift of vaccination," said Oscar Barreneche, PAHO/WHO Representative in Guatemala.

The campaign "Our children can fulfill their dreams. Protect them with vaccination!" will be broadcast in rural and national television and radio stations. Around 10,000 health professionals will be deployed within the country and five PAHO international consultants will be giving their technical support to reach more than two million children under 7 years old with one dose of oral polio vaccine and one dose of measles vaccine. The campaign, which will run from 1 September to 11 October 2019, aims to maintain the eradication status of polio and measles in the country. The last nationwide campaign in Guatemala was carried out in 2013 achieving 94% vaccination coverage.

Please [click here](#) to read the press release.



Five-year-old Xareni Gómez fulfilling her dream to be a violinist. Credit: Fernando Castañeda/PAHO/WHO-Guatemala.



The launch of the MMR/OPV vaccination campaign. Credit: Edwin Benavente/Ministry of Health.



A poster from the Guatemala MMR/OPV vaccination campaign. Credit: PAHO/WHO-Guatemala.

Past Meetings/Workshops

Tenth meeting of the WHO South-East Asia Regional Technical Advisory Group (SEAR-ITAG)

Sunil Bahl, WHO South-East Asia

Location: New Delhi, India

Date: 9-12 July 2019

Participants: ITAG members, chairs/representatives from National Technical Advisory Groups from the 11 countries of the Region, the chairperson and members of the Strategic Advisory Group of Experts representing the South-East Asia (SEA) Region, chairpersons of the SEA Regional Certification Commission for Polio Eradication and the SEA Regional Verification Commission for measles elimination and rubella/CRS control, national EPI programme managers and surveillance focal points of Ministries of Health of the 11 countries, representatives of partner agencies (including UNICEF, US Centers for Disease Control, Gavi, the Vaccine Alliance, PATH and Rotary International) and a WHO Secretariat.



World Health Organization
South-East Asia
Tenth Meeting of the WHO South-East Asia Regional Immunization
Technical Advisory Group (SEAR ITAG)
New Delhi, India, 9-12 July 2019

Group photo of the participants

Purpose:

- To review progress in performance of national immunization programmes relative to the strategic goals outlined in the South-East Asia Regional Vaccine Action Plan (RVAP) 2016-2020.
- To review progress in implementation of recommendations of the ninth SEAR-ITAG meeting held in July 2018.
- To seek guidance of SEAR-ITAG on priority actions that should be taken during 2019-2020 to achieve milestones and goals outlined in the RVAP.

Details: Besides reviewing country progress towards the RVAP strategic goals, national and international immunization partners discussed progress and challenges related to measles elimination and rubella control, strengthening routine immunization, maintaining polio-free status and elimination of maternal and neonatal tetanus, accelerating hepatitis B control, introduction of new vaccines and access to high quality vaccines. During the meeting it was announced that Sri Lanka has become the fourth country in the Region, after Bhutan, Maldives and Timor-Leste, to eliminate measles and control rubella, a flagship priority programme of WHO in the SEA Region, ahead of the 2020 regional target.

There were also poster presentations by countries on innovations to improve immunization coverage and equity and sharing best practices on immunization, informational sessions on dengue and malaria vaccines and cross-cutting sessions of special interest such as data management, quality and coverage estimations. Participants participated in special group sessions for looking beyond 2020 and supporting co-creation of a global vision and strategy; aligning global and regional vaccine preventable disease control and elimination priorities and goals.

Post-campaign coverage surveys (PCCS) Webinar (in French)

Carolina Danovaro and Carole Tevi-Benissan WHO HQ; David Koffi, consultant; Reda Sadki and Alain Blaise Tatsinkou, The Geneva Learning Foundation; and Mamadou S. Diallo, UNICEF

Location: Webinar

Date: 15 July 2019

Participants: 465 participants worldwide from 33 countries for the live event, additional 224 views on YouTube and 841 people reached on the #DigitalScholar Facebook page.

Purpose: The objectives of this webinar were to discuss the particularities of post-campaign coverage surveys, with a focus on measles/rubella (MR) campaigns, and to share materials to facilitate PCCS planning, implementation and analysis. The webinar was carried out in the context of the Impact Accelerator initiative, which is new approach designed to support immunization professionals who seek to improve coverage and reduce inequities in their countries to take concrete steps in project implementation, following Scholar courses.

Details: The Webinar covered the objectives of conducting vaccination post-campaign coverage surveys (PCCS), Gavi requirements on PCCS, and introduced WHO support material, most notably a Practical Guide for the implementation of PCCS (currently available in French and being translated into English). It also included questions and answers from participants and introduced the newly created groups in TechNet-21 for [Vaccination Coverage Surveys](#).

The objectives of conducting a PCCS is to have an independent estimation of the coverage obtained in the supplementary immunization activity (SIA) or campaign. The PCCS results can help plan future SIAs as well as other vaccination activities. A PCCS, however, does not replace a “good” campaign with adequate planning, supervision and monitoring.

Countries receiving Gavi support for SIA implementation are required to implement a quality PCCS with national representativeness and using probability sampling. If there are specific questions for selected areas or populations, oversampling of those groups can be done.

The aim of the WHO materials to support PCCS are to promote the implementation of quality surveys, where the risks of bias have been considered and measures have been put in place to minimize them to provide surveys that have been analyzed properly and ultimately surveys that are useful to national immunization programmes and stakeholders.

The recording of the Webinar is available [here](#) and all materials can be accessed at this [link](#) and on [TechNet-21](#).

SUBSCRIBE NOW

Send an email to listserv@who.int with the following text in the body of the email: subscribe GLOBALIMMUNIZATIONNEWS

VIEW PREVIOUS EDITIONS

For previous editions of the GIN, visit the GIN archive on the WHO website: www.who.int/immunization/gin

HPV communications strategy development workshop

Hilaire DADJO, Communications Officer, WHO/IST West Africa, dadjoh@who.int

Location: Koudougou, Burkina Faso

Date: 13-16 August 2019

Participants: 15 participants from the :

- MoH (EPI Directorate; Family health Directorate; Disease Control Directorate; Communication and Media Relations Directorate), Burkina Faso
- Ministry of Education
- WHO Country Office, Burkina Faso
- WHO Inter-Country Support Team for West Africa, Burkina Faso



Group photo of the workshop participants.
Credit: Tasré Kaboré.

Purpose: To develop a communication strategy for the scaling up of HPV vaccine into routine immunization

Details: Best estimates indicate that every year more than 2 500 women are diagnosed with cervical cancer in Burkina Faso and almost 2 100 die from the disease. Cervical cancer ranks as the first most frequent cancer among women between 15 and 44 years of age in the country. To fight this burden, a demonstration HPV project which involved a rural district (Solenzo) and an urban one (Baskuy), was successfully completed by end December 2016. The findings of this pilot phase are being used to lay the foundation for the national introduction of the HPV vaccine into the routine immunization schedule. To this end, the national immunization programme convened two back-to-back workshops. The first workshop was held from 5-10 August 2019 to prepare the documentation necessary to apply for Gavi support to introduce the HPV vaccine. The second workshop was held from 13-16 August 2019 to develop a communication strategy to support the introduction of the new vaccine which targets girls aged nine years old. A crisis communication strategy has also been designed to help prepare for and effectively respond to any immunization related crisis (AEFIs, false statements and rumours, anti-vaccination groups, etc.). The participation of colleagues from the Family Health and Education Directorates was instrumental to adjusting the approach adopted.

165 participants successfully complete the second Module of training in French on the 2018 WHO vaccination coverage survey guidance

Carolina Danovaro, WHO HQ; Gnourfateon Palenfo Dramane, WHO Scholar Accompanist; David Koffi, Cabinet ADS Conseil; Vasiliki Mourgela, Learning Strategies International (LSi); Reda Sadki, The Geneva Learning Foundation

Location: Distance learning, globally

Date: WHO Survey Scholar course in French, 3 modules, 2 of them delivered in 2019.

Participants: Two hundred and two (202) participants began the Module and 165 participants from 20 countries (17 countries in francophone Africa) successfully completed it.

Purpose: Train immunization practitioners, epidemiologists and statisticians interested in leading or supporting high-quality and statistically robust vaccination coverage surveys, based on the 2018 WHO Vaccination Coverage Survey Manual;
Encourage comprehension and adoption of the new Manual;
Disseminate the Manual to stakeholders likely to be involved in coverage surveys.

Details: Following the completion of Module A1 “Designing a vaccination coverage survey, with a focus on objectives, scope and sample size calculation” in French in Q4 2018 ([GIN March 2019](#)), 205 persons were invited to join Module A2 “Reviewing a protocol for a vaccination coverage survey, with a focus on determinants of quality”. Two hundred and two (202) participants started the course, and 165 participants earned certification that required successful individual production of a final project. In this Module, participants had to select either an SIA (post-campaign or supplementary immunization activity) or a routine immunization draft protocol and provide comments on the protocol aimed at anticipating and reducing potential biases, and in general to promote high quality implementation of the survey.

As in other Scholar courses, volunteer peer tutors known as Accompanists, recruited from Alumni of other WHO Scholar programme courses, helped achieve this high completion rate. The Scholar approach, developed by the Geneva Learning Foundation to support effective learning for global health and humanitarian work, draws on action and applied learning, leadership acceleration, mentoring, and other peer learning methodologies.

Module A3, in French, on “Data analysis and interpretation for vaccination coverage surveys” is planned for Q4 2019.

SUBSCRIBE NOW

Send an email to listserv@who.int with the following text in the body of the email:
subscribe GLOBALIMMUNIZATIONNEWS

VIEW PREVIOUS EDITIONS

For previous editions of the GIN, visit the GIN archive on the WHO website:
www.who.int/immunization/gin

Resources

New measles surveillance data from WHO

Hayatee Hasan, WHO Headquarters

Measles outbreaks continue to spread rapidly around the world, according to the latest preliminary reports provided to the World Health Organization (WHO), with millions of people globally at risk of the disease.

In the first six months of 2019, reported measles cases are the highest they have been in any year since 2006, with outbreaks straining health care systems, and leading to serious illness, disability, and deaths in many parts of the world. There have been almost three times as many cases reported to date in 2019 as there were at this same time last year.

This follows successive yearly increases since 2016, indicating a concerning and continuing upsurge in the overall measles burden worldwide.

The Democratic Republic of the Congo, Madagascar and Ukraine have reported the highest numbers of cases this year. However, cases have dramatically decreased in Madagascar in the past several months as a result of nationwide emergency measles vaccine campaigns, highlighting how effective vaccination is in ending outbreaks and protecting health.

Major outbreaks are ongoing in Angola, Cameroon, Chad, Kazakhstan, Nigeria, Philippines, South Sudan, Sudan and Thailand.

[Read the full story](#)

WHO EpiBrief 2/2019

Catharina de Kat, WHO EURO

This issue of [WHO EpiBrief](#) provides an overview of selected epidemiological characteristics of measles and rubella in the WHO European Region based on monthly surveillance data for the first half of 2019.

Highlights of European Immunization Week 2019

Catharina de Kat, WHO EURO



European Immunization Week (EIW) is an annual event that involves all countries of the WHO European Region. This year EIW focused on spreading the facts about vaccines and celebrating everyday vaccine heroes – the individuals who contribute to protecting lives through vaccination in so many ways.

This [report](#) highlights a selection of activities conducted in 2019. As in previous years, this includes scores of conferences, technical meetings and expert panel debates that were organized. Health care workers received additional training, parents were reminded about their children's scheduled vaccines and public events were organized in parks, city centres and health care centres to raise awareness among the general population. Media attention and social media engagement were ensured through the launching of reports, social media messages and infographics, press releases, radio and television shows, videos as well as web stories.

Calendar

2019

September

11-12	M&RI Partner Meeting	Washington DC, USA
11-12	Global Vaccine Summit	Brussels, Belgium
13-15	Asian Vaccine Conference (ASVAC)	Yangon, Myanmar
15-17	Defeat meningitis meeting	United Kingdom
17-29	12th meeting of the South-East Asia Regional Certification Commission for Polio Eradication	Dhaka, Bangladesh
18-20	Advisory Committee on Immunization and Vaccines-related Implementation Research (IVIR-AC)	Geneva, Switzerland
24-26	EPI Managers' meeting for West African countries	Cotonou, Benin
27Sep-1 Oct	Center for Strategic and International Studies (CSIS) Fall Conference New Era of Global Immunization	USA
30Sep-1 Oct	Gavi High Level Review Panel (HLRP)	Geneva, Switzerland

October

8-10	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland
15-16	Vaccine Safety Net workshop	Geneva, Switzerland
15-17	EPI Managers' meeting for Central African countries	Bujumbura, Burundi
21-23	20th DCVMN Annual General Meeting	Rio de Janeiro, Brazil
24-25	Gavi Programme and Policy Committee (PPC)	Geneva, Switzerland
28Oct-8Nov	Gavi Independent Review Committee (IRC)	Geneva, Switzerland
29-30	19th Meeting of the European Technical Advisory Group of Experts on Immunization (ETAGE)	Copenhagen, Denmark
30	20th World Vaccine Congress	Barcelona, Spain

November

12-14	Africa Regional Immunization Technical Advisory Group (RITAG) meeting	Brazzaville, Republic of the Congo
18-22	Global Rotavirus and Pediatric Diarrhea Surveillance meeting	Rio de Janeiro, Brazil
20-24	American Society of Tropical Medicine and Hygiene (ASTMH) 68th Annual Meeting	Washington DC, USA
24-26	Global consultation on Implementing School Entry Checks for Vaccination Status	Kuala Lumpur, Malaysia

December

2-3	Global Vaccine Safety Summit: updating the blueprint and celebrating 20 years of GACVS	Geneva, Switzerland
4-5	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland
4-5	Gavi Board Meeting	New Delhi, India

2020

February

11-13	SEARO & WPRO Regional Working Group meeting	Siam Reap, Cambodia
24-25	Global NITAG Network Meeting	Atlanta, USA

Links

Organizations and Initiatives

American Red Cross

[Child Survival](#)

Centers for Disease Control and Prevention

[Polio](#)

[Global Vaccines and Immunization](#)

Johns Hopkins

[International Vaccine Access Center](#)

[Value of Immunization Compendium of Evidence \(VoICE\)](#)

[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

[USAID Immunization](#)

[USAID Maternal and Child Survival Program](#)

WHO

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

[ICO Information Centre on HPV and Cancer](#)

[National programmes and systems](#)

[Immunization planning and financing](#)

[Immunization monitoring and surveillance](#)

[National Immunization Technical Advisory Groups Resource Center](#)

[SIGN Alliance](#)

Other

[Coalition Against Typhoid](#)

[Confederation of Meningitis Organizations](#)

[Dengue Vaccine Initiative](#)

[European Vaccine Initiative](#)

[Gardasil Access Program](#)

[Gavi the Vaccine Alliance](#)

[Immunization Economics resource](#)

[International Association of Public Health Logisticians](#)

[International Vaccine Institute](#)

[Measles & Rubella Initiative](#)

[Multinational Influenza Seasonal Mortality Study](#)

[Network for Education and Support in Immunisation \(NESI\)](#)

[Stop Pneumonia](#)

[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 \(Gavi\)](#)

[Immunization Economics Community of Practice](#)