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News

Ebola outbreak in the DRC declared a Public Health Emergency of International Concern

Hayatee Hasan, WHO Headquarters

WHO Director-General Dr Tedros Adhanom Ghebreyesus has declared the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) a Public Health Emergency of International Concern (PHEIC).

Dr Tedros, WHO Director-General speaking during the Emergency Committee for Ebola Viral Disease in the Democratic Republic of the Congo, chaired by Professor Robert Steffen (r). Credit: WHO/Christopher Black.

"It is time for the world to take notice and redouble our efforts. We need to work together in solidarity with the DRC to end this outbreak and build a better health system," said Dr Tedros. "Extraordinary work has been done for almost a year under the most difficult circumstances. We all owe it to these responders -- coming from not just WHO but also government, partners and communities -- to shoulder more of the burden."

The declaration followed a meeting of the International Health Regulations Emergency Committee for EVD in the DRC. The Committee cited recent developments in the outbreak in making its recommendation, including the first confirmed case in Goma, a city of almost two million people on the border with Rwanda, and the gateway to the rest of DRC and the world.

This was the fourth meeting of the Emergency Committee since the outbreak was declared on 1 August 2018.

News release
Statement by the Emergency Committee
Speech by Dr Tedros

Vaccinating more than a million people against cholera in the Democratic Republic of the Congo

Hayatee Hasan, WHO Headquarters

Phase 2 of the biggest ever oral vaccination campaign against cholera was held from 3-8 July 2019 in 15 health districts in the four central provinces of the Democratic Republic of the Congo (DRC) - Kasaï, Kasaï Oriental, Lomami et Sankuru.

A local official receives a dose of oral cholera vaccine in Tshilenge, July 2019. Credit: WHO.

The second dose of vaccine confers lasting immunity against cholera and an estimated 1.2 million people over one year of age will receive the vaccine. The five-day, door-to-door campaign involved more than 2600 vaccinators recruited mainly from local communities, whose job it is to administer the oral cholera vaccine, fill in vaccination cards and tally sheets, and compile a daily summary of the teams' progress.

The campaign was organized by the Ministry of Health with technical, logistic and financial support from WHO, Gavi, the Vaccine Alliance and the Global Task Force on Cholera Control (GTFCC). It is the second such campaign in this central region of the DRC.

News release

Haiti launches a nationwide Measles, Rubella, and Polio campaign

Luis Felipe Codina, Edmond Gue, Eduardo Rivero, PAHO/WHO-Haiti
Jennifer Sanwogou, Pamela Bravo and Ana Elena Chévez, PAHO/WHO-Washington, DC

Haiti's nationwide vaccination campaign against measles, rubella, and polio. Credit: PAHO/WHO.

On 15 July 2019, Haiti launched a nationwide vaccination campaign against measles, rubella, poliomyelitis, together with the administration of vitamin A with the aim of decreasing the risks of reintroducing measles in the country.

The campaign is being led by the Ministry of Health and Population (MSPP) with the support from Gavi the Vaccine Alliance, the Inter American Development Bank (IDB), the World Bank (WB), the American Red Cross, the Haitian Red Cross, UNICEF and PAHO/WHO.

The country plans to vaccinate 1,500,000 children aged two to 59 months across the country's ten departments, for which 6,828 health care workers were mobilized. "Influencing Children to Protect Their Health" is the theme of this national immunization campaign that aims to protect the health of children by preventing the reintroduction of polio, measles and rubella into the country.

Haiti's nationwide vaccination campaign against measles, rubella, and polio. Credit: PAHO/WHO.

The Americas has been certified polio-free since 1994. However, since 2018 the world has been suffering from the worst measles outbreak in two decades with approximately 1,838 cases confirmed in more than 14 countries in the Americas (as of 27 June 2018). The official launch of this campaign comes as Haiti celebrates its 17th year without measles and the 25th anniversary of the certification of polio eradication in the Americas.

Vaccination against measles increases amid ongoing measles outbreaks in Europe

Catharina de Kat, WHO EURO

The WHO European Region achieved 91% routine immunization coverage for the second dose of measles vaccination in 2018. This marks the second consecutive year in which the level of coverage has reached a record high in the Region, according to the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC).

One of the drivers of increased vaccination may have been the resurgence of measles in the Region and globally over the past two years. From 1 January 2018 to 30 May 2019, 49 of the 53 countries in the Region together reported over 160,000 measles cases and over 100 measles-related deaths (More information). Thse dramatic increase in measles cases and measles-related deaths compared to previous years has been a wake-up call that the disease is serious, highly infectious and a persistent health risk for any susceptible child or adult, no matter where they live.

Enhanced support to stop measles in the European Region

Following a risk assessment of the situation and in line with the WHO Emergency Response Framework (ERF), on 6 May 2019 WHO activated a Grade 2 emergency response to measles circulation in the Region.

WHO's grading process for emergencies is an internal procedure laid out in the ERF that informs the Organization of the extent, complexity and potential duration of the required response. It raises the profile of the emergency within WHO as well as in Member States, and allows WHO to mobilize the needed technical, financial and human resources in support of the affected countries.

The first situation report for measles in the Region provides an overview of the regional status of outbreaks and response measures.

European Region maintains polio-free status

Catharina de Kat, WHO EURO

The WHO European Region has retained its poliomyelitis (polio)-free status, as assessed by the European Regional Commission for the Certification of Poliomyelitis Eradication (RCC) at its 33rd annual meeting, held on 28–29 May 2018 in Copenhagen, Denmark. The RCC concluded that there was no poliovirus transmission in the WHO European Region in 2018 and that any importation or circulation of a poliovirus would have been detected promptly by existing health/surveillance systems.

The RCC further acknowledged improvements and significant efforts taken by some countries to reduce the risk that a poliovirus could circulate if imported into the Region. Nevertheless, four countries, Bosnia and Herzegovina, Romania, Ukraine, and provisionally Poland, were considered to be of concern due to lack of sufficient population immunity, outbreak preparedness plans and/or sensitivity of surveillance.

Professor David Salisbury, Chair of both the Global Certification Commission and the European RCC, congratulated all countries for the timely submission of their annual progress reports along with the provision of convincing evidence that the European Region is polio-free. Professor Salisbury stressed that countries of the Region must maintain their population immunity through high vaccination coverage; the sensitivity of their surveillance to detect polioviruses; and their preparedness to respond while threats remain from outside the Region.

The full conclusions and recommendations of the RCC's 33rd meeting will be available in a forthcoming meeting report.

Sri Lanka eliminates measles

Hayatee Hasan, WHO Headquarters

On 9 July 2019, WHO announced Sri Lanka has eliminated measles, interrupting transmission of the indigenous virus that causes the killer childhood disease.

"Sri Lanka's achievement comes at a time when globally measles cases are increasing. The country's success demonstrates its commitment, and the determination of its health workforce and parents to protect children against measles," said Dr Poonam Khetrapal Singh, Regional Director WHO South-East Asia, congratulating the island nation.

Credit: WHO

An independent verification committee reviewed in detail all data and ongoing efforts for measles elimination in the island nation and concluded that Sri Lanka has stopped transmission of indigenous measles virus. The country reported its last case of measles caused by an indigenous virus in May 2016. Sporadic cases, reported in the last three years have all been importations that were quickly detected, investigated and rapidly responded to.

Sri Lanka's success follows its persistent efforts to ensure maximum coverage with two doses of measles and rubella vaccines being provided in the childhood immunization programme. The vaccination coverage in the country has been consistently high – over 95% with both the first and second dose of measles and rubella vaccine provided to children under the routine immunization programme. Additionally, mass vaccination campaigns with a measles-rubella vaccine have been held periodically to fill the immunization gaps, the last one in 2014.

News release

Use of mobile app for real time field monitoring and management dashboard to support MR campaign and Bivalent Oral Polio Vaccine (b-OPV) response to Vaccine-derived poliovirus (VDPV) in Myanmar

Htar Htar Lin and Aye Mya Chan Thar, Ministry of Health & Sports, Myanmar; Satish Gupta and Nay Myo Thu, UNICEF Myanmar; Stephen Chacko, WHO Country Office Myanmar

The real time availability of field level monitoring reports is critical for timely responses and to reach the desired target of 95% coverage during supplementary immunization activities (SIAs). In February 2019, in response to a measles outbreak in Yangon, Myanmar decided to vaccinate approximately 600,000 children aged nine months - 15 years with Measles and Rubella (MR) vaccine.

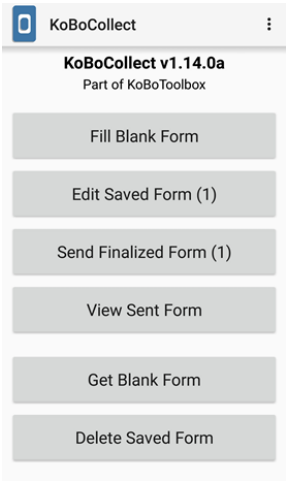


Figure 1: Mobile Application

To monitor the quality of the outbreak responses, UNICEF, with support from the Ministry of Health & Sports (MoHS) and WHO introduced a mobile application to get real-time results of session monitoring and house-to-house visits to locate unvaccinated children. Various options of mobile applications were considered, and KoBoCollect was chosen, as this is freely available, a commonly used android mobile based, requires no separate server space to host the application and features a simple automatic generation of a dashboard. Standard WHO tools of Rapid Convenience Assessment (RCA) and session monitoring checklists were used to generate XLS forms and were uploaded on KoBoCollect to generate online forms for the application, with geolocation of the missed children. The mobile forms can be completed offline, and internet connection is only needed to upload the forms (Figure 1).

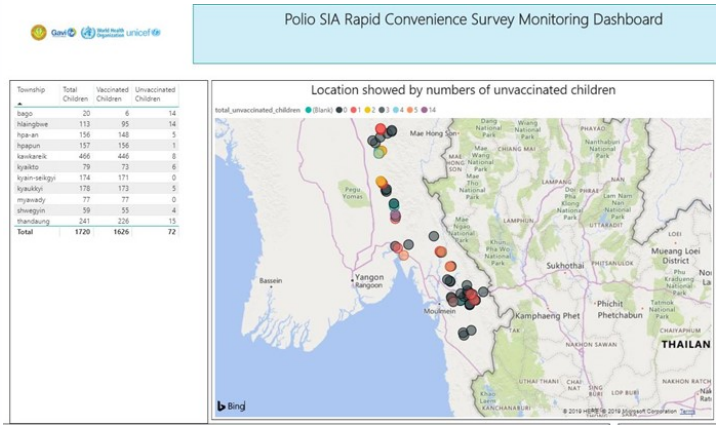


Figure 2: Dashboard

Monitors from MoHS, Myanmar (national/state/township level staffs), WHO and UNICEF were oriented on the use of this mobile application for session monitoring and RCA, and the data collected was analyzed daily, using a simple dashboard to track progress and take remedial actions as needed. In March 2019, during the measles outbreak response, a total of 6,736 children were monitored using the Kobo ColleKoBoCollect application. This allowed the availability and use of daily data unlike previous paper-based RCAs. Later, during the vaccine-derived poliovirus (VDPV) response with bOPV vaccine in July 2019, this KoBoCollect application was further improved and data was imported to the Power Business Intelligence tool to create customized dashboards with graphs and maps to help management decisions for ensuring timely response to reach every targeted child (Figure 2).

Yellow Fever diagnostic application guidelines and form

Remedios Lefevre, Gavi, the Vaccine Alliance

Gavi, the Vaccine Alliance released the application guidelines and form for countries requesting new support for **Yellow Fever diagnostic reagents, supplies, and equipment**.

The Gavi Board approved this support to facilitate more timely and reliable yellow fever laboratory testing. This is to allow more effective and efficient yellow fever vaccine usage, particularly in response to outbreaks and in addressing the gaps in population immunity identified through the detection of yellow fever cases.

The support for yellow fever diagnostic reagents, supplies, and equipment is currently **available to Gavi-eligible African countries classified as "high-risk" for yellow fever** by WHO as part of the Eliminate Yellow fever Epidemics (EYE) strategy. Countries are invited to **apply by 15 September 2019.**

Related materials, in English and French, can be accessed through the Gavi website here.

Should We Vaccinate? An interview with Dr Walter Orenstein

Hayatee Hasan, WHO Headquarters

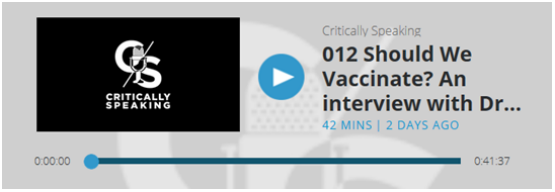
In this podcast, Dr Walter Orenstein discusses *"Should we vaccinate?"*. After the elimination of measles in the USA in 2000, the first six months of 2019 has seen over 1000 cases. Vaccination does not cause autism, but lack of vaccination can result in serious long-term consequences in some infected children.

Dr Walter Orenstein, Professor, Division of Infectious Diseases, Emory University School of Medicine and Director of the Emory-UGA Center of Excellence for Influenza Research and Surveillance, provides a sound basis for making informed decisions about this currently controversial topic.

Key Takeaways:

- Vaccination does not cause autism: the original report was retracted, and its author relieved of his license to practice medicine.
- Hearings on vaccine approval are open to public participation.
- While the decision to vaccinate is an individual right, there are many facts and factors those seeking exemptions could consider. This is a topic where separating fact from fallacy is in everyone's best interest.

"Science does not support a relationship between the MMR vaccine and autism. The published article, which has been retracted, was inappropriate in terms of validity and deception and real biases in it: It was bad science. Quality science has shown very clearly no relationship between MMR vaccine and autism." - Dr Walter Orenstein



To listen to the podcast, go to **iTunes**, **Google Play**, **Stitcher** and **Spotify**.

20 million children miss out on lifesaving measles, diphtheria and tetanus vaccines in 2018

Hayatee Hasan, WHO Headquarters

20 million children worldwide – more than one in 10 – missed out on lifesaving vaccines such as measles, diphtheria and tetanus in 2018, according to new data from WHO and UNICEF.

Globally, since 2010, vaccination coverage with three doses of diphtheria, tetanus and pertussis (DTP3) and one dose of the measles vaccine has stalled at around 86%. While high, this is not sufficient. Ninety-five percent coverage is needed – globally, across countries, and communities - to protect against outbreaks of vaccine-preventable diseases.

A child receiving measles vaccination in Venezuela, 2018. Credit: PAHO

"Vaccines are one of our most important tools for preventing outbreaks and keeping the world safe," said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization. "While most children today are being vaccinated, far too many are left behind. Unacceptably, it's often those who are most at risk– the poorest, the most marginalized, those touched by conflict or forced from their homes - who are persistently missed."

Most unvaccinated children live in the poorest countries and are disproportionately in fragile or conflict-affected states. Almost half are in just 16 countries - Afghanistan, the Central African Republic, Chad, Democratic Republic of the Congo (DRC), Ethiopia, Haiti, Iraq, Mali, Niger, Nigeria, Pakistan, Somalia, South Sudan, Sudan, Syria and Yemen.

If these children do get sick, they are at risk of the severest health consequences, and least likely to access lifesaving treatment and care.
Read the news release, fact sheet and WHO DG Op-Ed.

To access the full set of 2018 immunization coverage data, statistics and graphs, visit this website.

Global immunization coverage 2018 at 86%, with varying regional and country trends

WHO/UNICEF WUENIC Team

On 15 July 2019, the WHO/UNICEF estimates of national immunization coverage, data 1980 to 2018, were published.

Global vaccination coverage – the proportion of the world's children who receive recommended vaccines – has remained at the same level over the past few years.

During 2018, about 86% of infants worldwide (116.3 million infants) received three doses of diphtheria-tetanus-pertussis (DTP3) vaccine with 129 countries reaching the Global Vaccine Action Plan (GVAP) goal of 90%. coverage with the first dose of a measles-containing vaccine (MCV1) was also estimated at 86% for 2018. The estimated number of infants not reached with DTP3 worldwide is at 19.4 million.

For the first time, there is also data on the coverage of human papillomavirus (HPV) vaccine (under section 4 of the linked web page), which protects girls against cervical cancer later in life. As of 2018, 90 countries – home to one in three girls worldwide - had introduced the HPV vaccine into their national programmes. Just 13 of these are lower-income countries. This leaves those most at risk of the devastating impacts of cervical cancer still least likely to have access to the vaccine.

Since 2000, WHO and UNICEF jointly produce the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) for Member States on an annual basis. In addition to producing the immunization coverage estimates for 2018, the WHO and UNICEF estimation process revises the entire historical series of immunization data with the latest available information. The 2018 revision covers 39 years of coverage estimates, from 1980 to 2018. DTP3 coverage is used as an indicator to assess the proportion of children vaccinated and is calculated for children under one year of age. The estimated number of vaccinated children are calculated using population data provided by the 2019 World Population Prospects (WPP) from the UN.

Fact sheet
News release

Past Meetings/Workshops

Meeting of the Regional Working Group On Immunization For West and Central Africa

Ado Mpia BWAKA and Crepin Hilaire DADJO, WHO/IST West Africa

Location: Dakar, Senegal

Date: 18-20 June 2019

Participants: WHO (Senegal, IST West Africa, IST Central Africa, HQ), UNICEF (Senegal, WCARO, HQ), Gavi Secretariat, CDC/Atlanta, AMP, PATH/Senegal, JSI/Senegal, and UNFPA/ Senegal

Purpose:
1. Review status of implementation of previous meeting recommendations and action points
2. Discuss reasons for the stagnation of immunization coverage in West and Central African countries over the last five years despite increased resources;
3. Discuss and adopt an accountability framework for all stakeholders benefiting from Gavi Alliance resources in the implementation of immunization activities benefiting from Gavi Alliance resources;
4. Adopt a code of good conduct to improve the working environment among Alliance partners;
5. Review the activities of the first half of 2019 and plan for the second half of the year.

Group photo of the participants

Details: The Regional Working Group (RWG) on Immunization for West and Central Africa held its first statutory meeting of 2019 from 18-20 June in Dakar, Senegal and gathered 30 participants including the EPI Manager of Chad representing the Minister of Health of Chad, a Gavi Board Member.

The format of the meeting was made up of presentations in plenary and "open forums" of small groups discussing themes proposed by participants themselves. The presentations focused on: the level of implementation of the action points adopted at the last meeting in Cotonou, Benin; the new Gavi 5.0 strategy; WHO's new "Immunization Agenda, 2021-2030"; the analysis of Targeted Country Assistance (TCA) provided; and an update on the co-financing status in countries. The 18 different "open forums" discussed: Targeted Country Assistance (TCA); unvaccinated children; the need for an increase in demand generation; community perceptions of low coverage; and how to best conduct Joint Appraisals of Gavi funded programmes.

At the closure of the meeting, three areas with specific action points were identified for the RWG to focus on during the second semester of 2019. These include: support to countries; how the RWG can better work to best deliver; and the new vaccination approach in the Region. Agreed action points pertaining to the first area of focus include the following: the RWG to advocate for more funding for communication activities for Routine Immunization in countries; and for the Gavi Secretariat to accept the alignment of TCA with countries' annual EPI operational plans.

PAHO's XXV Meeting of PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases

Nathalie El Omeiri, Cuauhtemoc Ruiz Matus and Octavia Silva, PAHO, Washington DC, USA

Location: Cartagena, Colombia

Date: 9-11 July 2019

Participants: PAHO TAG Members, 220 participants from 52 countries and territories in the Americas, including national immunization programme managers, national managers of epidemiological surveillance of vaccine-preventable diseases (VPDs), National Immunization Technical Advisory Group (NITAG) representatives, PAHO immunization staff and representatives from the World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC), Rotary International, Sabin Vaccine Institute, among other immunization partners and experts.

Participants of the XXV Meeting of PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases, July 2019, Colombia. Credit: Harold Ruiz, PAHO/WHO.

Purpose: To review the regional progress on selected topics and issue recommendations to address the current and future challenges faced by national immunization programmes in the Region of the Americas.

Details: PAHO convened its regional TAG from 9-11 July 2019. The TAG welcomed new member Pablo Bonvehi, who was previously chair of Argentina's NITAG, and said goodbye to longtime member Akira Homma. PAHO's Assistant Director, Jarbas Barbosa, Colombia's Minister of Health, Juan Pablo Uribe, PAHO/WHO Representative in Colombia Gina Tambini, and TAG chair Peter Figueroa, opened the meeting in Cartagena with welcoming remarks touching on the importance of such a meeting and the challenges currently facing the Region. Informative sessions and discussions followed, covering the following topics:

- Update of the Regional Immunization Programme
- Monitoring and re-verification of measles, rubella and congenital rubella syndrome (CRS)
- Strengthening Pertussis Surveillance in the Americas
- Maternal Pertussis Immunization
- Immunization Data Quality and Analysis
- Update on the Progress towards Polio Eradication
- Update on the Yellow Fever Situation in the Americas and Yellow Fever Vaccination
- Elimination of Cervical Cancer as a Public Health Problem
- Strengthening the Decision-Making Capacity of National Immunization Programmes
- Strengthening the Cold Chain, Supply Chain Operations and Vaccine Management in the Americas
- Improving Access and Timely Supply of Vaccines/Syringes through PAHO's Revolving Fund
- Pneumococcal Conjugate Vaccines: New Evidence and Use among the Elderly
- Access, Acceptance and Demand: Challenges in Vaccination
- Diphtheria in the Americas
- Progress towards the Elimination of Hepatitis B in the Americas.

Under the leadership of Dr Peter Figueroa (TAG chair), TAG members set out to review and issue recommendations for the issues raised. The TAG members acknowledged the contribution from the PAHO Secretariat to the meeting's success. The 2019 PAHO Immunization Award was given to former immunization technical advisor Beryl Irons, whom had received nominations from Guyana and Bermuda.

The 2019 TAG final meeting report covering all the previously mentioned topics and recommendations for each will be available at this link.

Immunization Economics iHEA pre-congress session

iHEA Immunization Economics Special Interest Group

Location: Basel, Switzerland

Date: 13-14 July 2019

Participants: At least 126 individuals from 31 countries attended the two full-day session. Participants and presenters represented organizations including the WHO, ThinkWell, Johns Hopkins University, Harvard University, LSHTM, NUS Singapore, US CDC, PATH, Gavi, the Vaccine Alliance, iDSI, Results for Development, and the Bill & Melinda Gates Foundation

Immunization Economics iHEA pre-congress session. Credit: Kremolens photography.

Purpose: This pre-congress session provides a forum to exchange relevant research methods and practices, and to disseminate the results to a broader audience. In addition, the session cultivates new researcher interest in the area of vaccine economics, and leverages lessons learned from other priority health issues.

Details: Programme includes:

1. featured updates on research findings, methodology, and cases;
2. concurrent sessions on economic analysis refresher course and implementation/advocacy workshop;
3. panel sessions on effective dissemination and future direction.

41 poster presentations from 20 countries

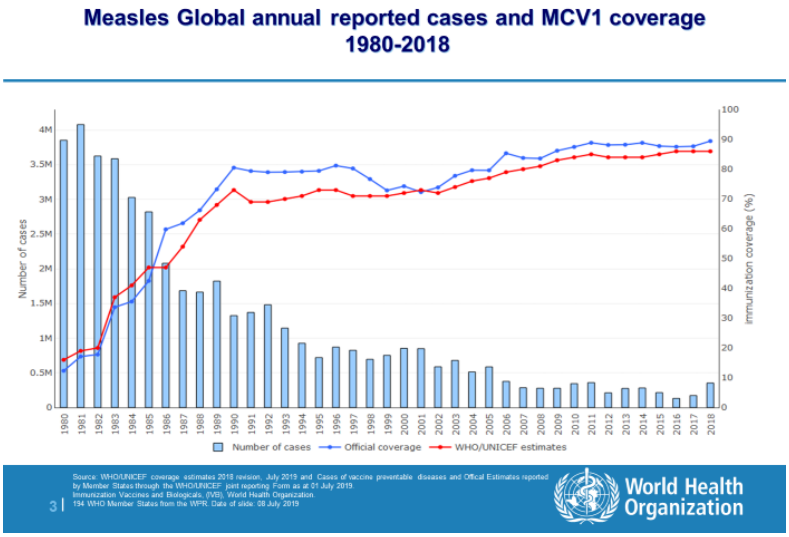
Please find all meeting materials, including presentations, posters, and photos at this link.

Resources

Publication of the data reported by WHO Member States on immunization

Olivier Beauvais, Laure Dumolard, Randie Gibson and Claudia Steulet, WHO Headquarters

Since 1998, WHO and UNICEF annually collect data on national immunization systems through the WHO/UNICEF Joint Reporting Form on Immunization (JRF). The JRF collects national level data on reported cases of selected vaccine-preventable diseases, immunization coverage, recommended immunization schedules, supplementary immunization activities, vaccine supply, and other information on the structure, policies and performance of national immunization systems.



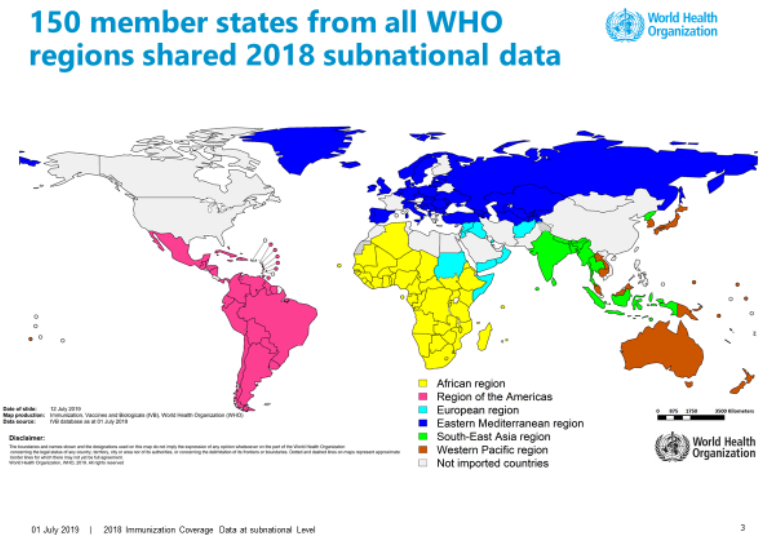
In addition to contributing to numerous publications, this data is the main source of information for WHO Member States and Partners for annual review at the World Health Assembly (WHA), on the progress made towards achieving the Global Vaccine Action Plan (GVAP) goals.

The WHO vaccine-preventable diseases monitoring system is updated with 2018 data and can be accessed through country profiles, or by subject. By visiting our website, you will be able to view and download graphs of indicators overtime, as well as other analyses such as slides on the status of introduction of new and under-utilized vaccines, and summary presentations of routine immunization key indicators.

Publication of the subnational administrative coverage data reported by WHO Member States

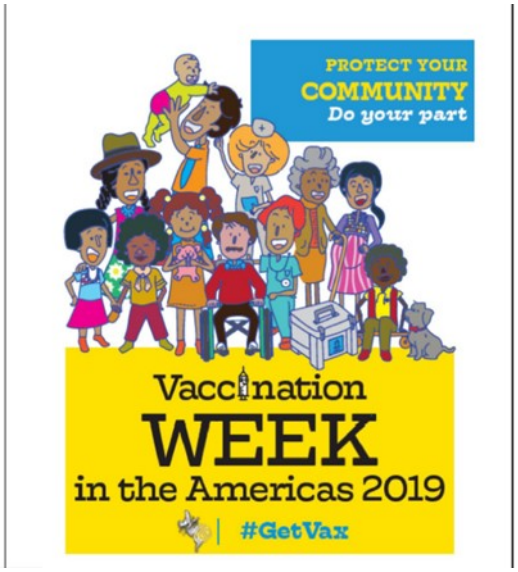
Laure Dumolard and Yoann Nedelec, WHO Headquarters

In 2019, and for the third time worldwide, WHO collected and is publishing subnational immunization coverage data reported by its Member States. Member States were asked to report their numerator (number of doses administered), denominator (number of eligible individuals) and coverage data (% of eligible individuals receiving the relevant dose of vaccine) for the first and third dose of DTP -containing vaccines (DTP1, DTP3) and measles-containing vaccines (MCV1) from their second administrative level ("*admin2*", often called districts).



In 2019, 150 Member States shared their subnational data, either from their first subnational administrative level ("*admin1*") or *admin2* level for DTP1, DTP3 and/or MCV1. Data has been shared for nearly 24,000 *admin1* and/or *admin2* and represents approximately three quarters of the total number of surviving infants worldwide. Among them, 102 Member States report coverage for DTP3 at *admin2* level, and 48 Member States report coverage for DTP3 at *admin1* level only.

Vaccination Week in the Americas 2019 Final Report



From 20-27 **April 2019,** the Region of the Americas celebrated its **17th annual** Vaccination Week in the Americas (VWA) and its 8th World Immunization Week (WIW). The 2019 Regional Slogan was **"Protect your community. Do your part. #GetVax.".**

Forty-five countries and territories participated, vaccinating over **65 million individuals. Twenty-two** countries administered over **450,000 doses against measles and** protected the achievement of **polio eradication,** by including three national polio campaigns in Cuba, Dominican Republic and Haiti, administering **1,625,255 doses of bOPV.**

Nineteen countries used VWA 2019 to intensify activities in their routine national immunization programmes, administering multiple antigens to improve coverage by beginning, updating or **completing childhood vaccination schedules.**

As in previous years, Brazil executed its **massive influenza campaign,** successfully vaccinating over **59 million people against this disease. Thirteen** other countries held influenza campaigns targeting various population groups with the "southern hemisphere" formulation of the seasonal vaccine.

Sixteen countries utilized VWA as an opportunity to vaccinate **adolescents against HPV,** administering a total of **1,084,311 doses. Sixteen** countries prioritized **health care workers** and other high-risk occupations, and made special efforts to reach **vulnerable populations,** including pregnant and postpartum women, older adults, indigenous populations, individuals with chronic disease, sex workers, immigrants, travelers, and border communities.

A total of 34 countries conducted outreach and **social mobilization activities,** including press releases, social media, radio, television, health fairs, and parades to encourage populations to be fully vaccinated.

Nineteen countries held **integrated health interventions** in conjunction with VWA 2019, such as: Vitamin A and antiparasitic administration; education on the prevention of mosquito borne illnesses; health screening, including mental health and sexually transmitted illnesses; basic nursing and dental care; vaccination for pets; promotion of healthy eating habits; and cancer awareness. Finally, **11** countries conducted **monitoring and evaluation activities,** including the assessment of the public's confidence in, and satisfaction with. vaccination.

Since 2003, over **806 million people of all ages have been vaccinated during Vaccination Week in the Americas (VWA).**

To read the full report, visit this website.

Calendar

2019

July

30-1Aug	12th African Rotavirus Symposium	Johannesburg, South Africa

September

11-12	M&RI Partner Meeting	Washington DC, USA
13-15	Asian Vaccine Conference (ASVAC)	Yangoon, Myanmar
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

October

8-10	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland
15-17	EPI Managers' meeting for Central African countries	Bujumbura, Burundi
21-23	20th DCVMN Annual General Meeting	Rio de Janeiro, Brazil

November

12-14	Africa Regional Immunization Technical Advisory Group (RITAG) meeting	Brazzaville, Republic of the Congo
18-21	Global Rotavirus and Pediatric Diarrhea Surveillance meeting	Rio de Janeiro, Brazil

December

4-5	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland

2020

February

24-25	Global NITAG Network Meeting	Atlanta, USA

March

10-12	Global Rotavirus and Pediatric Diarrhea Surveillance meeting	Seoul, Korea
31Mar-2Apr	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland

June

3-4	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland

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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

Rota*Flash* (PATH)

Vaccine Delivery Research Digest (Uni of Washington)

Gavi Programme Bulletin (Gavi)

Immunization Economics Community of Practice