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News

Release of the 2018 Assessment Report of the Global Vaccine Action Plan

2 This year's Assessment Report of the
3 Global Vaccine Action Plan focuses on
4 the status of immunization today, to-
5 gether with lessons learned from this
6 Decade of Vaccines. It comes at a cru-
7 cial time, as the global immunization
8 community looks towards shaping a
9 new post-2020 strategy that will aim to
deliver the full benefits of vaccines to
all.

The report highlights that without sus-
tained attention, hard-fought gains can
easily be lost. Where children are unvaccinated, outbreaks occur and diseases that were eliminated
become endemic once again.



Now more than ever, it is crucial that national immunization systems have the political commitment, sustainable investment and public support they need to succeed. To cement and expand gains:

- All countries need to see immunization as core to their health systems, and all citizens need to see immunization as a basic human right. This will mean efforts to strengthen national immunization systems, build demand and tackle hesitancy where it exists.
- Equity must continue to be a strong driver, to ensure that everyone enjoys the benefits of immunization, particularly the most disadvantaged, marginalized and hard-to-reach populations – including those affected by conflict, natural disasters and other humanitarian emergencies.
- The next chapter of immunization must be one of integration, with immunization positioned as a central pillar of universal health coverage, at the heart of primary healthcare, health security and the Sustainable Development Goal agenda.
- Thanks to innovative new research and development, we are closer than ever before to having effective vaccines for HIV, malaria and tuberculosis. In addition to the development of new vaccines, research must help deliver and expand innovations that enhance access and acceptability, and continually improve vaccine services to reach the poorest, most marginalized communities.

For the full story and links to the report and related publications, click on this [link](#).

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Introduction of pneumococcal vaccine in Haiti for children under one year of age

Maria Tereza Da Costa Oliveira and Lucia Helena De Oliveira, PAHO-Washington, DC

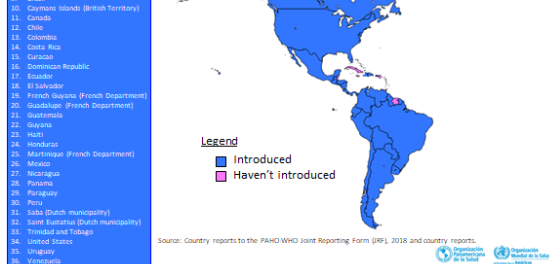
Haiti introduced the pneumococcal vaccine (PCV13) for children under one year old, supported by Gavi, the Vaccine Alliance, on 29 October 2018. As of November 2018, 36 countries and territories of the Region of the Americas have introduced one of the two pneumococcal vaccines (PCV10 or PCV13), in their Expanded Programme on Immunization (EPI).

In preparing for this introduction, PAHO and Haiti's Ministry of Health held a meeting on 23 October 2018 for health professionals, including those from the universities and medical scientific societies.



Meeting with PAHO and Haiti's EPI for health professionals on the introduction of PCV13 in Haiti, October 2018. Credit: PAHO.

An overview about immunization programmes in the Region and in Haiti was presented, including subjects like pneumococcal infections, main agents for bacterial pneumonia and meningitis in the Region, PCV vaccination in the Region and its impact, among other relevant topics.



Map of the Region of the Americas indicating introductions of PCV10 or PCV13. Source: PAHO.

The main issue during the discussions was the schedule adopted by the country, 3+0 and not 2+1. Health professionals were informed about the benefits of this schedule for the country, which took into consideration the high mortality rate among infants and other local epidemiological factors, and recommendations from PAHO's Technical Advisory Group (TAG) on Vaccine-Preventable Diseases and WHO's Strategic Advisory Group of Experts (SAGE) on Immunization.

It was a very successful meeting that reinforced the importance of preparing health professionals and responding to any questions before the introduction of a new vaccine. This contributes to building their support, which is mandatory to reaching high coverage.

Health workers also play an important role in promoting vaccines and providing accurate information that counteracts misinformation and myths about vaccines. Haiti's EPI manager asked PAHO to support the promotion of an annual meeting with different topics for this audience, which contributed to the success of this meeting.



Ceremony on PCV13 introduction in Haiti, October 2018. Credit: Gue Edmond, PAHO.

Polio risk analysis and mitigation plan in the Americas

Bertha Capistran, Ana Elena Chévez, Paola Ojeda and Elizabeth Thrush, PAHO-Washington, DC

As part of the polio eradication certification process, until there is no poliovirus in the world, it is necessary to continuously carry out activities that identify the risk of reintroduction of wild poliovirus or poliovirus emergency vaccine-derived poliovirus in the Americas.

For this purpose, PAHO encourages every country to carry out an annual risk analysis. The purpose of the risk analysis is to highlight the conditions that may lead to the occurrence of an event or outbreak of polio, to act in a timely manner and take actions that mitigate and address the risks.

The risk analysis proposed in the Region of the Americas was developed by PAHO, with support from the Regional Certification Committee (RCC) and the approval from the Technical Advisory Group (TAG) on vaccine-preventable diseases. The main components included in the risk analysis are: vaccination coverage, surveillance of acute flaccid paralysis, preparation for responding to the occurrence of an outbreak, as well as social determinants of each country.

These components predict population immunity, national capacity to identify poliovirus circulation on a timely basis and respond rapidly to the occurrence of a polio outbreak or an event of circulating vaccine-derived poliovirus (cVDPV), as well as the risk of propagation of the virus or disease.

The result of the risk analysis should immediately generate a mitigation plan for the affected areas. The mitigation plan should be carried out with the national authorities of each programme, that is, immunization, epidemiological surveillance and health services, to identify the underlying causes that relate to the risk, to propose activities and mitigation tasks.

PAHO has developed a standardized tool for this aim, which has already been used by Bolivia, Chile, Costa Rica, Guatemala, Honduras, Nicaragua, Peru, and Venezuela.

Piloting the PAHO's risk assessment tool for measles and rubella in Colombia

Pamela Bravo, Claudia Ortiz and Desiree Pastor, PAHO-Washington, DC

PAHO adapted and validated the Risk Assessment Tool (RAT) for measles and rubella in Colombia, with health delegates responsible for measles surveillance, information system and immunization from nine departments (sub-national level). At least five of the nine departments have experienced or are experiencing measles outbreaks in districts, like Barranquilla, Bogota, Cartagena and Cucuta. The activity took place from 14-16 November 2018 in Bogota, the country's capital.



Participants at the measles Risk Assessment Tool activity in Colombia, November 2018. Credit: PAHO.

Since 2017, PAHO has begun adapting the original WHO/CDC risk assessment tool, which was mainly implemented in endemic countries for measles and rubella virus in other regions of the world. PAHO's tool aims to identify areas that are at high risk for measles and rubella virus re-introduction and dissemination, should an importation occur. Therefore, these areas should immediately implement corrective actions to reduce the risk of outbreaks.

The tool is intended to be used periodically by programme managers from the national and subnational levels to monitor the implementation of measles elimination sustainability plans within a country. Additionally, some districts will use the tool to analyze indicators by locality.

The tool assesses risk as the sum of indicator scores in five categories by district level: population immunity, surveillance quality, programme performance, threat assessment and rapid responses to measles and rubella virus importations. Each district in a country is assigned to a programmatic risk category of low, medium, high, or very high risk, based on the overall risk score. Scoring for each indicator was developed based on expert consensus.

The piloting activity was a success, as participants (end-users of the tool) greatly welcomed the tool and highlighted its several features such as user-friendliness, and power of visualization, as results were shown by maps with districts color-coded by risk category and with an automatized final report to summarize the results for national authorities. Participants also provided valuable feedback to shape the final version of the tool, which will be released in 2019.



Polio workshop where the risk assessment tool was discussed, Honduras, November 2018. Credit: PAHO.

Past Meetings/Workshops

Strengthening national teams of experts to support HPV vaccine introduction in Eastern Mediterranean countries

Carine Dochez, Network for Education and Support in Immunisation (NESI)/University of Antwerp, Belgium, Mohammed Bouskraoui, University Cadi Ayyad & Société Marocaine d'Infectiologie Pédiatrique et de Vaccinologie (SOMIPEV), Morocco, Salah Al Awaidey, Ministry of Health, Oman, Ezzeddine Mohsni, Global Health Development/Eastern Mediterranean Public Health Network (GHD/EMPHNET), Jordan and Kamal Fahmy, WHO Regional Office for the Eastern Mediterranean (WHO/EMRO)

Location: Marrakech, Morocco

Date: 14-16 October 2018

Participants: A total of 57 delegates (participants and facilitators) from the Ministry of Health and/or National Immunization Technical Advisory Group (NITAG) members from the following countries: Jordan, Morocco, Palestine, Somalia, Sudan, Tunisia, United Arab Emirates.

Other participants came from academia, national and international organizations, International Islamic Fiqh Academy, Islamic Development Bank, and industry.

Facilitators were from: Cadi Ayyad University, Société Marocaine d'Infectiologie Pédiatrique et de Vaccinologie (SOMIPEV), Global Health Development/the Eastern Mediterranean Public Health Network (GHD/EMPHNET), Ministry of Health, Oman, WHO/EMRO, IARC/WHO, London School of Hygiene and Tropical Medicine, Gavi the Vaccine Alliance, WHO/Morocco, Network for Education and Support in Immunization (NESI)/University of Antwerp.

Purpose:

- Discuss the burden of HPV related diseases, especially cervical cancer, in the Eastern Mediterranean Region
- Discuss the available HPV vaccines and their use in national immunisation programmes
- Discuss potential adolescent health interventions to be delivered alongside HPV vaccination
- Discuss optimal communication strategies for the introduction of HPV vaccination
- Strengthen national teams of experts in the participating countries to make evidence-based recommendations and decisions to support and advocate for the introduction of HPV vaccination
- Strengthen the international community to further stimulate discussion and research on cervical cancer, HPV vaccination and adolescent health

Details: The workshop was organized by NESI/University of Antwerp, Cadi Ayyad University and SOMIPEV, in collaboration with GHD/EMPHNET, Ministry of Health of Oman and WHO/EMRO.

Presentations highlighted key aspects on burden of disease, cervical cancer screening, updated on HPV vaccines and cost-effectiveness, delivery platforms for HPV vaccination, and effective communication strategies for building public trust in HPV vaccination.

The role of the NITAGs in the decision-making process for HPV vaccine introduction was highlighted. Experiences of HPV vaccine introduction from other regions were shared by delegates from Indonesia and Senegal.

Two round table discussions addressed: Overcoming hurdles for HPV vaccine introduction and cervical cancer screening, focusing on socio-cultural and religious challenges; HPV data required to make a decision to introduce HPV vaccine; and, monitoring HPV vaccination coverage.

During the final session of the workshop, group work was conducted, addressing the following issues: (a) Status of decision-making about HPV vaccine introduction in the participating countries; (b) Any needs for operational research to support the decision-making; (c) Technical and financial support that might be required from partners. Recommendations were made on how to advance the decision-making process for HPV vaccine introduction.



PAHO holds workshop in Honduras on rapid responses to imported measles, rubella, CRS cases and polio outbreaks

Diana Núñez, Health Secretary; Odalys García, PAHO-Honduras; Desiree Pastor, Pamela Bravo, Paola Ojeda, PAHO-Washington, DC

Location: Tegucigalpa M.D.C, Honduras

Date: 6-9 November 2018

Participants: Those responsible for epidemiology, microbiology and staff from the Expanded Programme on Immunization (EPI) at the national and sub-national levels and of all the health regions of the country.

Purpose:

- Strengthen national and sub-national technical capacities to rapidly respond to imported measles, rubella, congenital rubella syndrome (CRS) cases
- Conduct an exercise simulating a polio outbreak

Details: In response to the regional Plan of Action for the Sustainability of Measles, Rubella and Congenital Rubella Syndrome Elimination 2018-2023 and to the Polio Eradication and Endgame Strategic Plan, Honduras' EPI conducted a national workshop on preparing rapid responses to imported measles cases and polio outbreaks with support from PAHO/WHO.

This workshop sought to strengthen national and sub-national technical capacities to develop strong responses to diseases that have been eliminated in the Region and avoid their re-establishment in the country. Forty epidemiologists from the national and regional levels, EPI coordinators and microbiologists from the twenty health regions of the country, participated in the workshop.

The methodology established for this workshop included evaluations of participants at the beginning and end, aiming to proportionally determine the knowledge acquired prior to and during this workshop, oriented to handling imported measles cases. Five presentations were given, followed by a case study and a simulation exercise to respond to imported measles cases.

Each group of ten participants had support from a facilitator, allowing participants to implement what they learned and self-assess their knowledge of the national polio outbreak response plan in the case study and simulation exercises.

A regional and global overview of the current epidemiological situation for polio and diphtheria was presented on the last day, as well as the methodology to reintroduce poliomyelitis risk assessment to the Region. Finally, every participant participated in the polio outbreak simulation exercise (POSE).

The POSE is designed for national and subnational health authorities to execute a discussion based on fictitious scenarios of detection events or polio outbreaks, to know the level of preparedness and response capacity before an event or outbreak of polio.

The main objective of the POSE is to reinforce the knowledge of response plans and standardized work procedures (guidelines) to respond to a poliovirus event or polio outbreak.

Some of the most important results from this workshop have been activating the rapid response teams at the subnational level, as well as provincial epidemiologists taking initiative and replicating these workshops.

The country has held sensitization and training meetings with other actors on the regional measles situation and rapid response mechanisms, in the event of a case.



Rapid response workshop participants, Honduras, November 2018. Credit: PAHO/WHO.

International evaluation of the Expanded Programme on Immunization in the British Virgin Islands

Marcela Contreras, Beryl Irons, Karen Lewis-Bell, Robin Mowson and Jennifer Sanwogou, PAHO, Washington DC and Marina Bedeau, Ministry of Health, British Virgin Islands

Location: British Virgin Islands

Date: 29 October – 7 November 2018



Participants: Sixteen participants representing the Ministries of Health in the British Virgin Islands (BVI), Suriname, Trinidad and Tobago, and technical officers from PAHO. [Participants of BVI's international EPI evaluation. Credit: Karen Lewis Bell, PAHO.](#)

Purpose: To determine the overall status of the Expanded Programme on Immunization (EPI) and validate the accuracy of coverage data to facilitate improvement in performance of the EPI programme and provide information for decision making.

Details: The first international EPI evaluation of BVI, including the Data Quality Self-assessment (DQS), using the methodology established by WHO, was conducted during the period 29 October to 7 November.

The evaluation began with a training session for the internal and international evaluators, which covered the context and organization of the territory's health and information system, the methodological foundations of the EPI review and the DQS. Feedback was provided on the data collection tools to validate the forms and templates used; the adjustments that were identified as necessary in the instruments were agreed upon and incorporated prior to the fieldwork, which was carried out by four teams over a period of three days.

Field visits were conducted to all public and private clinics offering vaccination, as well as to the hospital and laboratories on the four major islands. Visits were also made to the Health Services Authority and the Ministry of Health. Interviews were conducted with 22 individuals in the public and private sector, and 65 users of the health system. Surveillance and data quality audits were also conducted in the public health clinics and the hospital.

At the end of the data collection phase, the evaluation teams identified strengths and challenges, then developed recommendations and a draft five-year plan of action that were presented to health authorities on 7 November 2018. The evaluation concluded that the EPI programme in BVI is successful and remains a high priority for the territory. There is strong public acceptance and vaccination coverage has consistently remained high. Dedicated and knowledgeable staff implement the program effectively and have already begun to address issues identified for action.

Resources

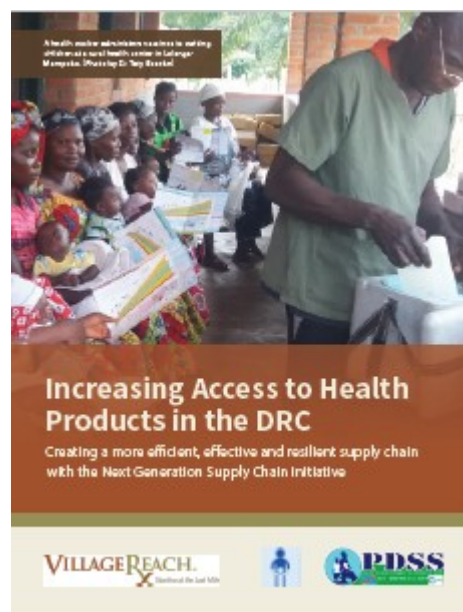
Five pillars of Equateur's supply chain transformation

Eomba Motomoke and Olivier Defawe, [VillageReach](#)

VillageReach is pleased to share with you its [recent publication](#) that describes how five pillars of supply chain transformation increased access to health products in Equateur province, DRC. An independent study conducted by Acasus in July 2018 verified that average monthly consumption of vaccine doses increased 22 percent in the three health districts supported by VillageReach. The same study confirmed that there were no vaccine stockouts in these districts, whilst in one of the districts stockouts occurred 11 times in the six months prior to VillageReach's intervention.

Furthermore, a financial study conducted in February 2018 revealed a 34 percent decrease in total supply chain costs through the streamlined distribution of health commodities.

You will also find in this publication how to adapt this approach to increase access to health products in low-resource communities.



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Calendar

December

5-6	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland
6-7	Global NITAG Network meeting	Ottawa, Canada
11-12	SEARO/WPRO Bi-Regional Rotavirus meeting	Manila, Philippines

2019

January

15-17	RITAG Meeting	Brazzaville, Congo
18	Immunization Stakeholders' meeting	Brazzaville, Congo
22-25	AFRO West and Central Sub-Regional Working Group Meeting	Abuja, Nigeria

24Jan-1Feb	WHO Executive Board	Geneva, Switzerland
29-31	Gavi High Level Review Panel (HLRP)	Geneva, Switzerland

March

26-28	11th International Conference on Typhoid and Other Invasive Salmonellosis	Hanoi, Vietnam
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April

2-4	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland
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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 \(NESI\)](#)

[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 \(Johns Hopkins Bloomberg School of Public Health\)](#)

[Immunization Economics Community of Practice](#)