

In this issue

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

News

- [Lao PDR's first ever cholera vaccination campaign launched in flood-hit Attapeu Province](#)
- [Protecting women in Solomon Islands from cervical cancer](#)
- [Missed opportunities for vaccination assessment report: findings, lessons learned and experiences from a high-performing middle-income country](#)
- [Publication of the data reported by WHO Member States on immunization](#)
- [Publication of 2017 Subnational Coverage Data](#)
- [New WHO study highlights importance of understanding surveillance costs in monitoring vaccine-preventable diseases](#)
- [A child under 15 dies every five seconds around the world](#)
- [In Memoriam: Anthony Hilton Burton — 1954-2018](#)

Upcoming Conference

Past meetings / workshops

Resources

Calendar

Links

News

Vaccine Heroes photo exhibition

Every year, vaccines save millions of lives. Every day, they prevent illness and death. None of this would be possible without the vaccinators, nurses, doctors, advocates, celebrities, scientists and parents: the vaccine heroes. It is only through their dedication that we can reach millions of children with vaccines every year. The photographs in the Gavi, the Vaccine Alliance exhibition convey the stories of these vaccine heroes, the challenges they face and the successes they achieve in their everyday work. This photo exhibition provides us with the opportunity to remember, thank and celebrate them.

At the launch event of the exhibition by Lac Léman in downtown Geneva, Switzerland on 10 September, Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, commented that there can be "no health for all without vaccines for all," as he reflected on 70 years of WHO, noting that vaccines have played a central role in some of the organization's most notable achievements.

The free exhibition will be on display until 6th October in Geneva at the Rotonde du Mont-Blanc, opposite Hotel Beau Rivage. [More about the exhibition](#)



Dr Tedros Adhanom Ghebreyesus, WHO Director-General together with Dr Princess Nothemba Simelela, WHO Assistant Director-General of Family, Women, Children and Adolescents and Dr Seth Berkley, Gavi CEO at the photo exhibition launch event.

Welcome to Dr Ann Lindstrand, Coordinator of the WHO Expanded Programme on Immunization team in Geneva

We are delighted to announce the arrival of Dr Ann Lindstrand as Coordinator of the WHO Expanded Programme on Immunization (EPI) Team in the Department of Immunization, Vaccines and Biologicals (IVB), at WHO Headquarters in Geneva. Ann started work with WHO on 17 September.



Prior to joining WHO, Ann was the Programme Manager for the National Immunization Programme in Sweden, and NITAG Chair at the Public Health Agency of Sweden. Throughout her career, Ann has also gained significant in-country experience in pediatric care and vaccination programmes in countries such as Angola, French Guyana, Mozambique, and India.

In addition, for over 25 years Ann has been a lecturer in global child health, mainly focusing on maternal and child health, humanitarian aid and vaccinology.

Ann is a Paediatrician and specialist in Public Health and Social Medicine with a MPH from Harvard University and a PhD in pneumococcal vaccine epidemiology from the Karolinska Institute.

Please join us in extending a warm welcome to Ann.

SUBSCRIBE NOW

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

VIEW PREVIOUS EDITIONS

For previous editions of the GIN, visit the GIN archive on the WHO website:

Lao PDR's first ever cholera vaccination campaign launched in flood-hit Attapeu Province

Irene Tan, WHO Country Office Lao People's Democratic Republic

The Lao People's Democratic Republic launched its first-ever cholera vaccination campaign on 23 August 2018 targeting flood-affected communities. The campaign is being implemented by the National Immunization programme (NIP) with technical support from WHO and UNICEF.

In total, 12,350 people will receive two doses of the oral cholera vaccine (OCV) administered in two phases of this campaign until end September 2018. The target population is displaced persons residing in camps in Sanamxai District, Attapeu Province and the surrounding host communities.



Health care worker during the cholera vaccination campaign. Credit: Pongpat Sensouphone WHO.

“Cholera is a devastating disease which can spread quickly and kills fast. Increased risks can be seen following severe flooding. The Ministry of Health has been monitoring 15 communicable diseases to protect the affected communities against potential outbreaks, and this vaccination campaign along with the efforts made to improve water, sanitation and hygiene (WASH) will protect the people living in the shelters,” stated Assoc Prof Dr Bounkong Syhavong, Health Minister.

WHO recommends that vaccination against cholera be considered in emergencies like severe flooding where there are increased threats of outbreaks. Data have shown OCV to be safe and effective in humanitarian crises with high risk of cholera. The vaccines should always be used in conjunction with other cholera prevention and control strategies.

“Considering the water and sanitation conditions in the overcrowded shelters and the increased risk of disease outbreaks during this rainy season, we need to support the Ministry of Health to take all possible measures to prevent cholera and other water and vector borne diseases.” said Dr Juliet Fleischi, WHO Representative to Lao PDR.

Most of the vaccine used in the OCV campaign was provided by the global cholera vaccine stockpile. This stockpile is funded in full by Gavi and is managed by the Global Task Force on Cholera Control (GTFCC) and the International Coordinating Group (ICG).

Protecting women in Solomon Islands from cervical cancer

While the cervical cancer is the fourth most frequent cancer in women in the world, it is even more in Solomon Islands. Cervical cancer screening is limited in Solomon Islands and low laboratory capacity means that the tests must be sent overseas for analysis. Options for treatment and management of cervical cancer are similarly slim.

That is why the Solomon Islands are focusing on prevention of cervical cancer using the Human Papillomavirus (HPV) vaccine to protect girls aged nine-14 years old against the disease.

[Read the feature story](#)

Measles vaccine campaign launched in Afghanistan

The Government of Afghanistan, in collaboration with WHO, UNICEF and Gavi, the Vaccine Alliance, have launched a nationwide vaccination campaign to protect 13.8 million children aged nine months to 10 years against measles.

Measles is one of the most contagious infections known to humans, and ranks among the top four childhood killers worldwide. In Afghanistan, of the 25,000 reported cases in 2017, 85% are amongst children under the age of 10.

[Read the news release](#)



Health care worker during the cholera vaccination campaign. Credit: Pongpat Sensouphone WHO.

Missed opportunities for vaccination assessment report: findings, lessons learned and experiences from a high-performing middle-income country

[Nahad Sadr-Azodi](#), UNICEF, Middle East and North Africa Regional Office (MENARO)

Led by the Ministry of Health with technical support from UNICEF, WHO and US CDC, Jordan undertook the first [Missed Opportunities for Vaccination \(MOV\) Assessment](#) in the MENA region and in a middle-income country using the revised 2015 WHO MOV strategy. The assessment was also the first to include data collection on tetanus toxoid (TTCV) coverage among women of child-bearing age (WCBA) and the cost implications of healthcare visits for caregivers.

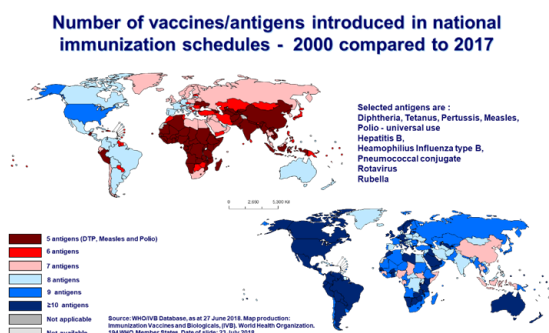
MOV prevalence among eligible children aged under 2 years was 36 per cent (102 children in total). Higher MOV prevalence was estimated among children attending a clinic for a non-vaccination visit (65 per cent), children who did not possess a vaccination card at the time of interview (63 per cent), children of caregivers with no formal education (47 per cent), children of caregivers employed as laborers or employees (40 per cent), and older children (37 per cent among those aged 12–24 months versus 25 per cent for those aged 0–11 months).

On average, the cost of a visit to a clinic for those experiencing MOV was JOD 2.93 (4.13 US\$). Almost every income category of caregivers experiencing MOV faced higher costs on average. Among WCBA, MOV could not be estimated because only 9 per cent had documented vaccination information even though 87 per cent recalled receipt of TTCV in school.

The findings of the assessment and proposed strategies may pertain to middle-income and Gavi transitioning countries that have high-performing immunization programs and systems. Undertaking and scaling up improvement strategies, with particular focus on equity and disadvantaged households, will require evidence-based advocacy and political will in individual countries. In this effort, UN and development partners, academia and civil society are encouraged to coordinate and support countries and immunization programs in generating evidence, influencing policies, mobilizing domestic resources, and providing technical and operational assistance.

Publication of the data reported by WHO Member States on immunization

Laure Dumolard, WHO Headquarters



Since 1998, WHO and UNICEF annually collect data on national immunization systems through the WHO/UNICEF Joint Reporting Form on Immunization (JRF).

For twenty years now, 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 2018, for the first time, all of the 194 WHO Member States reported their JRF to WHO and UNICEF.

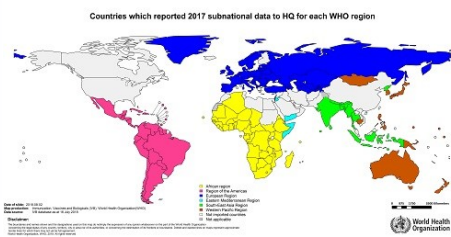
In addition to contributing to numerous publications, this data is the main source of information for WHO Member States and Partners for annual review at the World Health Assembly, of the progress made towards achieving the Global Vaccine Action Plan (GVAP) goals.

The WHO vaccine preventable diseases monitoring system is updated with 2017 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 over-time and other analyses such as slides on [status of introduction](#) of new and under-utilized vaccines or [summary presentations](#) of routine key indicators.



Publication of 2017 Subnational Coverage Data

Yoann Nedelec and Laure Dumolard (WHO/HQ)



In 2018 and for the second time worldwide, WHO has 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 vaccine (MCV1) from their second administrative level (“admin2” often called districts). The data

collection is done through the [WHO/UNICEF Joint Reporting Form process](#).

In 2018, 141 member states have 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 23,000 admin1 and/or admin2, and represents about two-third of the total number of surviving infants worldwide. Among them, 88 member states report coverage for DTP3 at admin2 level, and 53 member states report coverage for DTP3 at admin1 level only (bubble charts from 128 of these countries are accessible at the bottom of this page). Of note is that the size of the target population (in the case of DTP3, the number of infants surviving at 12 months of age) of reporting districts varies significantly from a district to another. Indeed the median number of surviving infants in all reported districts is 563, ranging from a population of surviving infants of 1 in the smallest districts to more than 180,000 in the largest (Bangalore Urban, India).

A summary analysis is available [here](#), and you can also access [128 country visuals](#) for DTP3 coverage at subnational levels

For more information, visit our [web page](#).

New WHO study highlights importance of understanding surveillance costs in monitoring vaccine-preventable diseases

Despite the importance of vaccine-preventable disease (VPD) surveillance, little is known about the costs of monitoring diseases. Very few studies have attempted to quantify VPD surveillance expenditures, and those that have encompassed only a handful of countries.

To address this knowledge gap, researchers from WHO used comprehensive multi-year plans for immunization (cMYPs) to estimate expenditures on VPD surveillance at the country level in 63 low- and middle-income countries. The study is now published online in the journal [Vaccine](#).

WHO researchers found a wide range of reported annual expenditures on VPD surveillance between countries – from about US\$1,000 in Kiribati to over US\$21 million in Nigeria – as well as significant differences between countries in reported per capita and per infant spending. On average, countries reported allocating 4.3% of their routine immunization expenditure to surveillance.

[More about the study](#)

[Read the full article](#)

Coming of age: adolescent health

The world now has more young people than ever before – of the 7.2 billion people worldwide, over three billion are younger than 25 years, making up 42% of the world population. Around 1.2 billion of these young people are adolescents aged between 10 and 19 years.

Adolescence is a critical time of life. It is a time when people become independent individuals, forge new relationships and develop social skills. It can also be one of the most challenging periods.

WHO has developed an in-depth web story that shines a spotlight on key adolescent health data and initiatives and highlights the new WHO report “Engaging young people for health and sustainable development” which is available [online](#).

[Find out more about adolescent health](#)

[Read the story on protecting adolescents with HPV vaccine](#)

A child under 15 dies every five seconds around the world

An estimated 6.3 million children under 15 years of age died in 2017, or one every five seconds, mostly of preventable causes, according to [new mortality estimates](#) released by WHO, UNICEF, the United Nations Population Division and the World Bank Group.

The vast majority of these deaths – 5.4 million – occur in the first five years of life, with newborns accounting for around half of the deaths. Globally, in 2017, half of all deaths under five years of age took place in sub-Saharan Africa, and another 30% in Southern Asia. In sub-Saharan Africa, one in 13 children died before their fifth birthday. In high-income countries, that number was one in 185.

“Millions of babies and children should not still be dying every year from lack of access to water, sanitation, proper nutrition or basic health services,” said Dr Princess Nono Simelela, Assistant Director-General for Family, Women and Children’s Health at WHO. “We must prioritize providing universal access to quality health services for every child, particularly around the time of birth and through the early years, to give them the best possible chance to survive and thrive.”

[Read the news release](#)

In Memoriam: Anthony Hilton Burton — 1954-2018

Mr Anthony (Tony) Hilton Burton, who died at age 63 on 12 July 2018, will be best remembered for his quick wit, critical thinking, and willingness to share his knowledge with others. Born on 30 September 1954, Tony was a systems analyst who had worked for the World Health Organization (WHO) in Geneva for 25 years. Since his retirement in September 2014, Tony continued to contribute to public health, supporting vaccination coverage surveys in several countries, participating in seminars at the Swiss Tropical and Public Health Institute, and serving as an advisor to numerous colleagues at WHO and beyond.

Tony started his career in public health at the US Centers for Disease Control and Prevention, where he worked from 1978 to 1987. During this time he helped author the first versions of Epi Info™, a public health tool that continues to be used worldwide, and was at the forefront of the development of the US Electronic Network for Nationally Notifiable Diseases. In 1988, he joined WHO in the Global Programme on AIDS, where he helped to establish a global HIV/AIDS surveillance network and to produce estimates of national and global prevalence of HIV. From 1995 until his retirement, Tony worked for WHO’s immunization department, establishing data management systems for disease surveillance, calculating estimates of national and global vaccination coverage and vaccine-preventable disease burden, and assisting in polio vaccine trials.

A graduate of Georgia State University in Atlanta, Georgia, USA, Tony was a man of sharp intellect, charisma, kindness, and an inexhaustible energy for life. He was an avid reader with a diverse library, and seemingly always had a good book recommendation. As a classical violinist, he enjoyed a good symphony and often wrote programming code with classical music playing in the background. He relished in lively conversation on literally almost any topic, whether probing existential questions to exchanging amusing anecdotes from near and far, old and new. No matter where he went, he formed genuine connections with people, whether administrative staff or senior officials. Despite his many accomplishments and experiences, Tony was a very humble person. In fact, this memoriam will likely make him rather uncomfortable, and we hope that we have avoided any of the clichés that he so disliked.

Tony is survived by his wife of 24 years, Claudine, and their two children (son, Ian; daughter, Fiona) as well as two brothers and their families. Having spent many days of his life giving of himself to others while on duty travel, Tony enjoyed spending time with his family, whether completing puzzles in the salon, Sunday morning walks along Lac Léman, or filling the world travel map posted on the kitchen wall with new holiday adventures.

While criss-crossing the globe during his remarkable career of more than 30 years, Tony left a trail of ideas, inspiration, and friends. His trademark blue jeans and white, pressed, buttoned down shirts were seen in more than 120 countries. He touched the hearts and minds of many. Through his contributions to public health, he leaves behind a legacy of using statistics to find practical solutions to programme challenges. Tony will be deeply missed, but all who knew him will strive to keep alive his spirit, his jokes, and his passion for life.



Upcoming conference

11th International Conference on Typhoid and Other Invasive Salmonellosis – Hanoi, Vietnam – 26-28 March 2018

The 11th International Conference on Typhoid and Other Invasive Salmonellosis aims to invigorate and coordinate the global response to typhoid and other invasive salmonellosis by:

- Advancing the knowledge base through disseminating new data on typhoid and other invasive salmonellosis
- Sharing and promoting best practices and strategies in the prevention and control of typhoid and other invasive salmonellosis
- Catalyzing the uptake and roll-out of the new typhoid conjugate vaccine
- Equipping participants with tools to contribute to national, regional and global advocacy efforts in the fight against typhoid and other invasive salmonellosis
- Fostering partnerships across sectors and regions to strengthen prevention and control efforts for typhoid and other invasive salmonellosis.

The [call for abstracts and symposia submissions](#) is open from 1 August to 15 October 2018. Researchers from all fields are invited to submit abstracts and symposia exhibiting original research or innovative programs related to typhoid and other invasive salmonellosis for consideration. We encourage submissions that introduce new ideas, research and understandings to the field, as well as analysis of both successes and failures.

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

Past Meetings/Workshops

A Dialogue with Pediatric Societies and Immunization Partners including the Measles and Rubella Initiative: Partners' Working Meeting

Hannah Foehringer Merchant, American Academy of Pediatrics and Mary Agocs, American Red Cross

Location: Geneva, Switzerland

Date: 23 May 2018

Participants: American Academy of Pediatrics; Children's Hospital of Philadelphia; Gavi the Vaccine Alliance; Indonesia Pediatric Society; International Federation of Red Cross Red Crescent Societies; Kenya Paediatric Association; Measles and Rubella Initiative (American Red Cross; US Centers for Disease Control and Prevention; UNICEF; United Nations Foundation; WHO) Paediatric Association of Nigeria; Philippines Pediatric Society



Purpose: To explore how to strengthen the collaboration in shared objectives between national pediatric societies and global MRI partners of vaccinating children against measles, rubella and other diseases.

Global immunization partners and pediatric society representatives from the United States of America, Indonesia, Kenya, Nigeria, and the Philippines met during the World Health Assembly in May. Credit: Hannah Foehringer Merchant, AAP.

Details: Participants shared knowledge, discussed current activities around measles elimination and routine immunization; strategies for improved collaboration, and vaccine hesitancy. Most global partners agreed on how national pediatric societies could be engaged in supporting measles and rubella elimination and strengthening routine immunization (including, but not limited to, advocacy to the national level government and for improved surveillance activities).

However, national pediatric society partners highlighted challenges in influencing national policy due to existing and established structures that historically exclude professional societies or have misconceptions of the roles of pediatric societies. Partners agreed that pediatric societies must work hard to correct these misconceptions and ensure they are appropriately represented at the national level. A key outcome of the discussion also highlighted the impact pediatric societies have had at influencing sub-national vaccine systems. The importance of sub-national advocacy is often overlooked, though extremely important due to the variance in implementation and execution of national-level policies due to devolution.

The discussion around vaccine hesitancy, including presentations from WHO Europe, resulted in a call for ensuring strategies used by all partners are documented and submitted for publication due the lack of evidence around current experiences and practices. Next steps are in the [meeting report](#).

Gavi Alliance Immunization Supply Chain Steering Committee (iSC2) Quarterly Meeting

Karan Sagar, Gavi, the Vaccine Alliance ; [Melissa West](#), VillageReach and Ousmane Dia, UNICEF

Location: UNICEF Supply Division, Copenhagen

Date: 5-6 June 2018

Participants: Global supply chain partners from Bill & Melinda Gates Foundation, CHAI, Gavi, Global Fund, JSI, PATH, UNICEF, VillageReach

Purpose: This iSC2 meeting had two areas of focus:

- 1) Discussing progress and plans related to the Gavi immunization supply chain strategy, which is nearing its mid-point; and
- 2) Discussing and organizing technical resources, guidance and case studies to support countries in implementing supply chain changes that improve coverage and equity. Many of these resources are related to the use of data to ensure a reliable supply of vaccines for all.

Details: Ministries of health in Gavi-eligible countries manage millions of dollars of vaccines annually. Participants discussed opportunities to support EPI managers in considering supply chain improvements within country planning processes. A great place to start: understanding the vaccine stock flowing through different levels of the supply chain.

The improved use of data helps ensure vaccine availability and safety and reduce wastage. To make data actionable, EPI managers should familiarize themselves with the process of [developing a dashboard as well as the DISC indicators](#). Simple processes, e.g. instituting a regular data review meeting that looks at the same KPI(s) over time is a good place to start. This should be done at all levels of the supply chain. These data can then be used to drive action at the operational and strategic level. One example from DRC: a district used existing data to switch to a consumption instead of allocation-based method to set targets. As a result, they realized the need to schedule more mobile and outreach sessions, and increased vaccine consumption 163% over a six-month period.

Additional guidance is being developed to help countries make better informed decisions about when to implement electronic logistics systems and what types based on country-specific needs.



Participants in the Gavi Alliance iSC2 quarterly meeting

Regional Meeting of Virologists from the WHO South-East Asia Measles, Rubella and Polio Laboratory Networks

[Sirima Pattamadilok](#), World Health Organization, Regional Office for South-East Asia

Location: Bangkok, Thailand

Date: 13–17 August 2018

Participants: The workshop was attended by virologists/representatives from the WHO South-East Asia regional laboratory networks for Measles and Rubella (MR) and Polio as well as experts from U.S. CDC, WHO headquarters and SEARO

Purpose: To enhance the technical and managerial capacity of the regional Measles and Rubella (MR) and polio laboratory networks

Details: The MR laboratory network in the WHO South-East Asia (SEA) Region, established in 2003 with eight laboratories, has since expanded to 40 functioning laboratories and additional 10 laboratories proposed for inclusion in the network. These laboratories have provided and will continue to provide critical support for MR surveillance as part of the regional measles elimination and rubella/congenital rubella syndrome (CRS) control goal in 2020.

The polio laboratory network (PLN) in the SEA Region, established in 1993, has sixteen laboratories that have been instrumental in achieving regional certification in March 2014 and continue to be critical in maintaining the polio-free status. The risk of importation of wild poliovirus from currently infected countries as well as emergence of vaccine derived polioviruses (VDPV) remains in the Region, requiring that the PLN continues to operate optimally under the 'Polio Endgame' strategy.

Both MR and polio laboratory networks are recognized as the backbone of high quality surveillance and need to work at highest quality level to provide accurate and timely reporting in accordance with programmes requirements. The meeting provided updates on latest technology and testing procedures, troubleshooting solutions for issues raised, followed-up on the implementation of laboratory quality management systems (LQMS) and biorisk management and facilitated sharing of experiences across the polio and MR laboratory networks.



Behavioural Insights Summer School

[Katrine Habersaat](#), WHO/Europe

Location: Erfurt, Germany

Date: 27-31 August 2018

Participants: The [Behavioural Insights Summer School](#) was attended by immunization programme managers and staff in Albania, Estonia, Kyrgyzstan, Latvia, Philippines, Portugal, Romania, Russian Federation and Vietnam as well as 9 PhD students. In addition to the organizers of the Summer School, it was attended and facilitated by global behaviour change academics, experts and representatives of UNICEF, CDC and WHO headquarters.



Participants during the Behavioural Insights Summer School. Credit: WHO/J. Schöps.

Purpose: The Summer School is organized jointly by the WHO Regional Office for Europe (Vaccine-preventable Diseases and Immunization programme) and the University of Erfurt to strengthen the understanding and knowledge of behaviour change and behavioural insights theories, methods and application in practice in national immunization programmes in the WHO European Region. The Summer School presents how immunization programmes can take the public's perception into account, listen and obtain behavioural insights to tailor their services or plan an intervention. It includes a detailed introduction to WHO's "Tailoring Immunization Programmes" (TIP) approach.



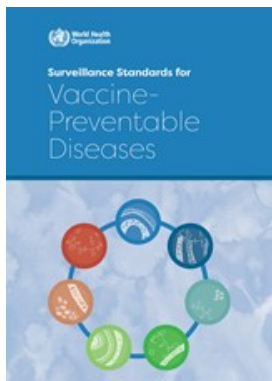
Participants during the Behavioural Insights Summer School. Credit: WHO/J. Schöps.

Details: The Summer School offered a variety of plenary presentations, facilitated discussions and case-based practice working sessions to develop strategies that enable and motivate health behaviour. It applied an interdisciplinary approach where immunization programme managers and staff worked together with PhD students in psychology, communication science and behavioural economics.

Interaction between professionals and academics from different technical fields allowed for practice-theory exchange, peer-to-peer learning and the sharing of experiences and ideas across cultural contexts and disciplines. Overall outcomes included stronger capacity to take into account the barriers and drivers to vaccination among key target groups and based on this more effective and cost-effective responses to challenges related to vaccination uptake or hesitancy in the participating Member States.

Resources

Updated WHO vaccine preventable diseases surveillance standards



On 5 September 2018, WHO released the second edition of the [Surveillance Standards for Vaccine-Preventable Diseases](#). This new document is the culmination of work by over 175 people representing over 47 organizations. This is an update of the 2003/2008 standards, providing guidance on new diseases for the first time such as typhoid and non-neonatal tetanus, updated laboratory diagnostics, and more practical information that will help countries to adapt these standards to their specific situation. The first chapter outlines the basics of vaccine-preventable disease (VPD) surveillance, including why surveillance is done, how surveillance is done, how a country can prioritize which surveillance to do, basic definitions applicable to surveillance, as well as cross-cutting areas across all surveillance systems (e.g. data visualization). Chapters 2-22 cover the following diseases: cholera, congenital rubella syndrome, diphtheria, *Haemophilus influenzae*, hepatitis A, hepatitis B, human papillomavirus, influenza, Japanese encephalitis, measles, meningococcus, mumps, neonatal tetanus, non-neonatal tetanus, pertussis, pneumococcus, polio, rotavirus, rubella, typhoid, and varicella (yellow fever will

be coming soon). Two annexes are also provided: tools for a surveillance review and additional information on tetanus serosurveys. Yearly, WHO headquarters will review which standards need to be updated, and which new VPDs to incorporate into this guidance. French and Russian translations will be forthcoming. All comments and questions can be directed to vpdata@who.int.

WHO recommendations on home-based records for maternal, newborn and child health

A home-based record is a health document used to record the history of health services received by an individual. It is kept in the household, in either paper or electronic format, by the individual or their caregiver and is intended to be integrated into the health information system and complement records maintained by health facilities. They range from antenatal notes or vaccination-only cards, progressing to more expanded vaccination-plus cards, child health books or integrated maternal and child health books, which often include health education messages. While home-based records have been widely implemented for decades, the evidence of the benefits and harms has not been systematically reviewed and summarized.

This [report](#) summarizes the final recommendation and the process for developing the guideline on home-based records for maternal, newborn and child health. The primary audience for the guideline is policy makers and health programme managers of MNCH and immunization programmes in ministries of health where decisions are made and policies created on the use and implementation of homebased records. The guideline is also aimed at health providers who use home-based records as a tool for recording information and providing health education or communicating key information. Development and international agencies and non-governmental organizations that support the implementation of home-based records will also find this guideline of use.



WHO issues updated dengue vaccine position paper

In a revised position paper -- concerning the first licensed dengue vaccine -- published in the Weekly Epidemiological Record on 7 September 2018, WHO presents new evidence that became available in November 2017.

CYD-TDV (Dengvaxia®) has been shown in clinical trials to be efficacious and safe in persons who have had a dengue virus infection in the past (seropositive individuals), but increases the risk of severe dengue in those who experience their first natural dengue infection after vaccination. Therefore, countries should consider introduction of the dengue vaccine CYD-TDV only if the vaccination of seronegative individuals can be avoided.

For countries considering vaccination as part of their dengue control programme, pre-vaccination screening for past dengue infection is the recommended strategy. With this strategy, only persons with evidence of a past dengue infection would be vaccinated (based on an antibody test, or on a documented laboratory confirmed dengue infection in the past). Only if pre-vaccination screening is not feasible, vaccination without individual screening could be considered in carefully selected areas with recent documentation of seroprevalence rates of at least 80% by the age of nine years.

Screening tests would need to be highly specific to avoid vaccinating truly seronegative persons, and need to be highly sensitive to ensure that a high proportion of seropositive persons are vaccinated. No screening test is likely to be completely specific due to potential cross-reactivity with other flaviviruses.

Given the limitations regarding specificity, some seronegative individuals may be vaccinated because of a false positive test result. Furthermore, as vaccine-induced protection against dengue in seropositive individuals is high but not complete, breakthrough disease will occur in some seropositive vaccinees. These limitations will need to be communicated to populations offered vaccination.

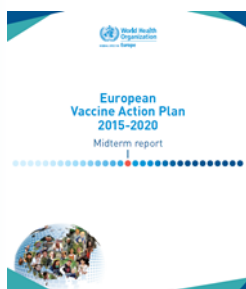
Decisions about implementing a pre-vaccination screening strategy will require careful assessment at the country level, including consideration of the sensitivity and specificity of available tests and of local priorities, dengue epidemiology, country-specific dengue hospitalization rates, and affordability of both CYD-TDV and screening tests.

Vaccination should be considered as part of an integrated dengue prevention and control strategy. There is an ongoing need to adhere to other disease preventive measures such as well-executed and sustained vector control. Individuals, whether vaccinated or not, should seek prompt medical care if dengue-like symptoms occur.

[Read the updated dengue vaccine position paper](#)

Midterm report: European Vaccine Action Plan 2015-2020

[Catharina de Kat](#), WHO/Europe



This [report](#) documents progress made by the WHO European Region in implementing the European Vaccine Action Plan 2015-2020 (EVAP) as of its mid-point at the end of 2017. It focuses on the EVAP goals and reflects on the key challenges to achieving all of the outlined targets. The report shows that the Region is on track for maintaining its polio-free status (Goal 1), off track for verification of measles and rubella elimination in all 53 Member States by 2020 (Goal 2), pending validation to ascertain the control of hepatitis B (Goal 3), at risk of not reaching vaccination targets (Goal 4), on track for making evidence-based decisions about introduction of new and underutilized vaccines (Goal 5) and on track for securing the financial sustainability of national immunization programmes (Goal 6).

Highlights of European Immunization Week 2018

[Catharina de Kat](#), WHO/Europe



Highlights of European
Immunization Week 2018
Report on regional and country activities



Since its initiation with eight pilot countries in 2005, [European Immunization Week](#) (EIW) has grown to become an annual event engaging all countries of the WHO European Region. In cooperation with World Immunization Week (WIW) and important partners, such as the European Centre for Disease Prevention and Control (ECDC), the European Commission, the United Nations Children's Fund (UNICEF), and Rotary, EIW aims to bring important stakeholders together to promote the value and benefits of vaccination and thereby also foster stronger partnerships both at the regional and country level.

Today EIW stands as one of the most visible annual health campaigns in the Region. The main objective of this year's EIW was to raise awareness of the importance of vaccination as an individual right and a shared responsibility. As in previous years, scores of conferences, technical meetings and expert panel debates 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.

Report: 7th meeting of the European Regional Verification Commission for Measles and Rubella Elimination (RVC)

[Catharina de Kat](#), WHO/Europe



The [European Regional Verification Commission for Measles and Rubella Elimination](#) (RVC) met for the seventh time on 13-15 June 2018 in Paris, France. The RVC evaluated national annual status updates (ASUs) and other relevant documents for 2017 from all 53 countries. The RVC concluded that, by the end of 2017, 43 Member States provided evidence to demonstrate that endemic transmission of measles was interrupted. Of these, 37 have eliminated measles, documenting interrupted transmission for at least 36 months. Endemic rubella transmission was interrupted in 42 Member States, of which 37 have eliminated rubella. Thirty-five Member States provided evidence for the elimination of both measles and rubella.

Report: 32nd Meeting of the European Regional Commission for Certification of Polio-myelitis Eradication (RCC)

[Catharina de Kat](#), WHO/Europe



The [32nd Meeting of the RCC](#) concluded that there was no wild poliovirus (WVP) transmission in the WHO European Region in 2017 and that WVP importation or circulation of vaccine-derived polio virus, if any, would have been detected promptly by existing health/surveillance systems. Bosnia and Herzegovina, Romania and Ukraine remain at high risk of a sustained polio outbreak following WVP importation or emergence of circulating VDPV due to suboptimal programme performance and low population immunity. The RCC expressed concern at the number of countries, particularly middle-income countries at intermediate risk of polio transmission, where vaccination coverage appears to be in decline and the quality of poliovirus surveillance is suboptimal. The RCC again expressed concern over the number of countries proposing to establish poliovirus essential facilities and urged the countries to carefully consider the stringent requirements for establishing and maintaining PEFs and weigh the costs against any potential benefit to the country.

Calendar

October

3-5	Gavi High Level Review Panel	Geneva, Switzerland
9-11	Partners' Meeting on improving the availability, quality and use of the data meeting	Budapest, Hungary
12	WHO and UNICEF Meeting on the WHO Immunization Information System (WIISE)	Budapest, Hungary
15-19	Fifth Annual MenAfriNet Partners' meeting	Dakar, Senegal
23-25	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland

November

26-30	Global Rotavirus and Pediatric Diarrhea and Invasive Bacterial Disease Surveillance Meeting	South Africa
27-29	MNTE Partners' meeting	New York, USA

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
-------	---------------	--------------------

March

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

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](#)