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WHO recommendation on the malaria vaccine

Kristen Kelleher, WHO Headquarters

On 6 October 2021, the [World Health Organization \(WHO\)](#) recommended [widespread use of the RTS,S/AS01 \(RTS,S\) malaria vaccine](#) among children in sub-Saharan Africa and in other regions with moderate to high *P. falciparum* malaria transmission. The recommendation is based on results from the ongoing pilot programme in **Ghana, Kenya and Malawi** that has reached more than 800 000 children since 2019.



In announcing the WHO recommendation, Director-General Dr Tedros Adhanom Ghebreyesus said, "This long-awaited vaccine, developed in Africa, by African scientists, is a breakthrough for science, child health and malaria control... This vaccine is a gift to the world, but its value will be felt most in Africa, because that's where the burden of malaria is greatest."

The [Malaria Vaccine Implementation Programme \(MVIP\)](#) acknowledges the many contributions by countries and communities, WHO colleagues, and partners at PATH, GSK and UNICEF to achieve this milestone in the fight against malaria – this includes leaders and health officials in pilot countries, scientists, community leaders, health workers and other international and in-country partners, across the globe. WHO recognizes the leadership and commitment of the **Ministries of Health** in the pilot countries for this landmark that changes the course of public health history and thanks **Gavi, the Vaccine Alliance, The Global Fund and Unitaaid** for their generous support to fund the pilot programme.

For more:

Read the [Q&A on the RTS,S malaria vaccine](#).

Read press statements by partners [PATH](#) and [GSK](#), and funders Gavi, Unitaaid and the Global Fund [here](#).

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Progress on Human Papillomavirus Vaccine (HPV) introduction in the Eastern Mediterranean region - Success story

[WHO EMR](#)

At its 73rd World Health Assembly in November 2020, WHO announced the launch of the Global Strategy to Accelerate Elimination of Cervical Cancer. The strategy is based on HPV vaccination, screening and treatment. By implementing these three pillars, more than 40% of new cases of cervical cancer and five million related deaths can be averted by 2050. WHO defines cervical cancer elimination as less than four cases per 100,000 people annually, and set the global 90-70-90 targets as:

- 90% of women fully vaccinated by the age of 15 years;
- 70% of women screened with a high-precision test by 35 years of age; and
- 90% of women with cervical disease receiving appropriate treatment and care.

The HPV vaccine was successfully introduced in Libya in 2013 and in the United Arab Emirates in 2019. Despite the COVID-19 pandemic, Morocco will be introducing the vaccine in the routine immunization schedule to 11 year old girls in December 2021 to ensure administration of the second dose at the end of the same scholastic year.

The Kingdom of Saudi Arabia has joined the elimination strategy by including the HPV vaccine in its national vaccination programme and will be starting the vaccination roll out among girls 9-13 years in Q1 2022.

In Egypt, the HPV vaccine is offered in the private sector to 11-14 years old girls. Several other countries in EMR (e.g. Pakistan and Sudan) are considering introduction of the HPV vaccine in their national immunization programme using Gavi support.

Iran and Qatar are discussing the introduction of the vaccine in a specialized high-risk group and Jordan has also shown interest to start planning for introduction.

EMRO along with regional partners will continue to advocate and support Member States for policy decision for introduction of this life-saving vaccine in national vaccination schedules to contribute to the achievement of elimination of cervical cancer globally.

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Vaccine logistic management information systeme : barcoding on vaccine vial

[Swarajh Mehta](#) and Himanshu Negandhi, Indian Institute of Public Health, India

Vaccination programmes are considered successful if a safe and potent vaccine reaches the beneficiary. The vaccine journey has multiple milestones, from the manufacturing plant (Tertiary Packaging) to the last-mile health center (Secondary Packaging) to the vaccine recipient (Primary packaging). Vaccine-related information is required at each milestone, where the existing system demands repeated data entry and is subject to potential errors.

To overcome this challenge, WHO recommends GSI compliant barcodes for secondary and tertiary packaging of vaccines— expected to be introduced by 31 December 2021— containing the Global Trade Item Number (GTIN), vaccine expiry date, and vaccine batch/lot number. With the GSI Global Data Synchronization Network (GDSN) implementation, once vaccine content is uploaded into the system, it can be shared automatically. This implementation ensures that stakeholders at various levels have immediate access to accurate information, saving time and making it a 'zero error' system.



The Vaccine Innovation Prioritization Strategy (VIPS) alliance collaborates with Gavi, the Vaccine Alliance, WHO, BMGF, UNICEF, and PATH to evaluate, prioritize and drive forward vaccine product innovations. The VIPS in May 2020 prioritized "Barcodes on primary packaging". Under this initiative, barcode-encoded information can be scanned to automatically capture stored information, enable the tracking and monitoring of vaccine products in supply chains, and provide information to relevant stakeholders involved in the Vaccine Logistics Management Information System. Therefore, it mitigates the not-uncommon challenge of counterfeiting.



As the barcode system will be made effective for secondary and tertiary packaging soon, extending to primary packaging should not face many challenges. It will have the advantage of tracking inventory, help estimate antigen-wise vaccination coverage, and strengthen safety reporting. Furthermore, barcodes can be integrated with other data operating systems such as patient electronic medical records (EMR), thus enabling healthcare providers to monitor the vaccination of individual patients or vaccine-associated Adverse Events following Immunization (AEFIs).

REFERENCES

- <https://www.gs1.org/standards/gsi-healthcare-gtin-allocation-rules-standard/current-standard#1-Introduction> accessed on 26/10/2021.
- Guidelines on the international packaging and shipping of vaccines, [WHO/IVB/05.23](#) accessed on 24/09/2021.
- https://www.dcvmn.org/IMG/pdf/2020_07_16_vips_dcvmn_webinar.pdf accessed on 26/10/2021.

Opportunities for consultative engagement with national and sub-national immunization staff facilitated by the Geneva Learning Foundation (TGLF)

[Ian Steed](#), the Geneva Learning Foundation (TGLF)

From 8 November 2021, more than 400 immunization practitioners will implement action plans focused on the Strategies Priorities of Immunization Agenda 2030 (IA2030). Francophone and Anglophone participants in the TGLF **Impact Accelerator Launchpad** represent all levels of health systems in over 50 countries.

In January 2022, thousands of national and sub-national immunization staff will engage in peer-learning exercises to identify and analyze workplace challenges, and develop and implement action plans to address these through English and French **Full Learning Cycles** intended to contribute to the broader movement for IA2030.

These activities are opportunities for global partners to listen to immunization staff addressing specific issues of interest – and engage with ‘how-to’ implementation data from a wide range of contexts. Activities are delivered in partnership with the Wellcome Trust and Bridges to Development.

Teach to Reach: Connect is a quarterly networking event typically attracting 1000+ national and sub-national immunization participants. The [10 December 2021 and forthcoming sessions](#) will see additional engagement sessions from USAID MOMENTUM, the WHO Global Immunization Monitoring team and IA2030 Working Group I: PHC/UHC. Everyone is welcome to register and engage via the link above.

Experiential data gathered through written exercises and online engagements are shared through [TGLF Insights](#), which will soon launch formally. The [podcast page](#) hosts both global expert content and narratives from practitioners describing and analyzing the challenges they face, both individually and in conversation with one another and global experts.

These and other activities represent a large and growing range of opportunities for two-way engagement between immunization practitioners and immunization partners. To discuss how these could complement your learning and engagement agenda, contact: ian.steed@learning.foundation.

Past Meetings/Workshops

The 14th meeting of the Regional Certification Commission for Polio Eradication (RCCPE) in the WHO South-East Asia Region (SEAR)

[Sigrun Roesel](#) and Sudhir Joshi, WHO SEARO

Location: Virtual Zoom meeting

Date: 20-22 October 2021

Participants: RCCPE members
Chairpersons/representatives of National Certification Committees for Polio Eradication (NCCPEs)
Representatives of Ministries of Health and partner agencies
WHO HQ, EMRO and SEARO



Purpose:

- To review country performances on maintaining polio-free status, based on abridged NCCPE reports as well as data submitted by countries to WHO SEARO, and provide recommendations on:
 - immunization coverage and supplementary immunization activities;
 - quality of polio surveillance;
 - national risk assessments; and
 - performance of catch-up activities, especially in COVID-19 context;
- To review implementation status of the recommendations made at the 13th meeting of the SEA-RCCPE; and
- To prepare an update to the Global Certification Commission on the regional polio-free certification status.

Participants during the RCCPE

Details:

- Based on reports received from 10/11 NCCPEs, the data presented to it by the WHO Secretariat, and based on the absence of any evidence of poliovirus transmission in the WHO SEAR, the RCCPE concluded that the WHO SEAR has remained polio-free during the period of review.
- The RCCPE acknowledged progress made in global polio eradication efforts over past years but also noted that challenges remain; with particular concerns about the continuous polio outbreaks due to circulating vaccine derived poliovirus in other Regions and wild poliovirus type 1 remaining endemic in countries bordering the SEAR.
- The RCCPE noted the negative impact of the COVID-19 pandemic on surveillance (both for acute flaccid paralysis and environmental) and immunization coverage in the Region while commending countries on efforts made to increase COVID-19 vaccination coverage and noting the contribution of polio staff in the COVID-19 response.
- The RCCPE recommended proper planning and impact assessment to guide resumption of surveillance and immunization and catch-up campaigns for children who missed polio vaccines due to the COVID-19 pandemic as well as due to vaccine shortages in earlier years, especially the birth cohorts between 2018-2020 which missed inactivated polio vaccine.

18th Annual Meeting On Surveillance, Preparedness And Response To Meningitis Outbreaks In Africa & 8th MenAfriNet Partners Meeting

[Hilaire DADJO](#) and [Ado BWAKA](#), WHO/IST West Africa, [André BITA](#), WHO/Regional Office, [Anderson LATT](#), WHO/EPR Dakar Hub

Location: Accra (Ghana) and Virtual (Zoom)

Date: 9-10 November 2021

Participants: More than 150 participants representing 35 countries of the Meningitis belt and other priority countries: Benin, Burkina Faso, Burundi, Cameroon, Chad, Central African Republic, Cote d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, the Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Malawi, Angola, Congo republic, Madagascar, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Sudan, Tanzania, Togo, Uganda and Zambia.

Partners included WHO, CDC Atlanta, CDC foundation, UNICEF, Gavi, BMGF, PATH, MRF, WHO CCs, University of Nebraska, Faculty of Medicine and Pharmaceutical Sciences of University of Douala, EPICENTRE, IFAIN, London School of Tropical Medicine and Hygiene, University of Cambridge, CVD, CADEC, ACMAD and other partner organizations involved in the battle against meningitis.



High table in Accra



Dr Richard Mihigo representing AFRO director general Dr Moeti

- Purpose:
- Evaluate the response to the meningitis epidemics reported in 2021 and the lessons learned;
 - Evaluate the risk analysis for the next epidemic season 2022;
 - Update countries' meningitis epidemic response plans for 2022;
 - Define the next steps for the finalization, validation and implementation of countries' meningitis epidemic response plans for 2022;
 - Analyze the performance of meningitis surveillance, data management, laboratory performance, and case management and follow-up of survivors;
 - Evaluate the progress and perspectives for introduction of MenAfriVac® through mass vaccination campaigns and routine immunization;
 - Evaluate the implementation and performance of the MenAfriNet II project countries;
 - Inform on the regional framework on defeating meningitis in Africa by 2030 and the regional strategic plan and M&E framework.

Details: Seven (7) sessions were held in two days to review, among other topics, the response provided during last year's epidemic season and how to best prepare for the upcoming one; the progress made with the introduction of meningococcal vaccines (MenAfriVac, multivalent); the Africa regional framework to defeat meningitis by 2030; and Gavi support.

The Minister of Health of Ghana (Hon. Kwaku Agyemang-Manu) opened the meeting which was chaired on day one by the former WHO Deputy Director General (Dr Asamoah Baah) and on day two by WHO Representative in Ghana (Dr Francis Kasolo).

Meningitis disease remains a burden for African meningitis belt countries. This year in the context of response to the COVID-19 pandemic, from January to September 2021, 16,340 suspected cases including 732 deaths were reported while Benin, DRC, Ghana and Niger were declared in an epidemic situation. A lot of hurdles are impeding countries' responses to the epidemic, including lack of funds to implement the preparedness and response plans; the low laboratory capacity for the confirmation of cases in some countries; the lack of national vaccine stockpiles for reactive vaccination; the scarcity of global supply of multivalent vaccines; and the non-affordability of multivalent conjugate vaccines.

The discussions that took place laid the ground for the adopted recommendations which target the areas of surveillance, laboratory, data management, resource mobilization, defeating Meningitis by 2030, communication, care and support to meningitis survivors and monitoring/evaluation.

Resources

New guidance and resources on COVID-19 vaccination

Operational guidance on microplanning:

This [operational guidance](#) is a companion document to the [National Deployment and Vaccination Plans](#) (NDVPs) that provides a framework for countries to develop their national strategies. The document provides guidance and information to planners and immunization programme managers at the national and sub-national levels responsible for microplanning for COVID-19 vaccination, while they manage multiple products with different vaccine characteristics and target different population groups. Countries are encouraged to adapt the information in this guide based on their COVID-19 vaccine implementation strategies and to consider increased resourcing where appropriate.

This is a living guidance and will be updated as feedback on its use in countries is received. Translation into other UN languages is in progress and will be available at the above link.

Other references related to COVID-19:

WHO: [Classification of Omicron \(B.1.1.529\): SARS-CoV-2 Variant of Concern \(26 November 2021\)](#)

WHO: [Interim Statement on COVID-19 vaccination for children and adolescents \(24 November 2021\)](#)

Job Aid: [How to manage storage and distribution of COVID-19 Vaccine Janssen delivered at -20°C and at +2–8°C temperatures](#)

Updated WHO SAGE Recommendations: Pfizer BioNTech & Moderna (19 November 2021)

[Interim recommendations for use of the Pfizer–BioNTech COVID-19 vaccine, BNT162b2, under Emergency Use Listing \(who.int\)](#)

[Interim recommendations for use of the Moderna mRNA-1273 vaccine against COVID-19 \(who.int\)](#)

Upcoming ECHO Training – registration required:

- 8 December 2021 – COVID-19 Vaccines Impact Modelling – Key Issues to know about Modelled Evidence to Inform Prioritization and Delivery
- 15 December 2021 – Global Status Update: A year in reflection and a year ahead.

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Updated summary tables of WHO routine immunization recommendations

The **summary tables of WHO routine immunization recommendations** have been updated. The latest versions (November 2021) of the Summary Tables (available in both FRENCH and ENGLISH) can be downloaded from the [WHO website](#). As these tables are updated regularly, it is always best to go to the website for the most recent version.

The main updates include the following:

- **Polio:** Revised to reflect and provide links to the March 2021 ([WER9622-eng-fre.pdf \(who.int\)](#)), October 2020 ([WER9548-585-607-eng-fre.pdf \(who.int\)](#)) and March 2020 ([WER9522-eng-fre.pdf \(who.int\)](#)) SAGE Meeting recommendations (clarifying the bOPV+IPV schedule options)
- **DTP-containing vaccine:** Revised to provide link to the evidence supporting the off-license use of Td vaccine in children 4-7 years of age ([Use of tetanus-diphtheria \(Td\) vaccine in children 4–7 years of age: World Health Organization consultation of experts - ScienceDirect](#))
- **Pneumococcal (Conjugate):** Revised to include NEW June 2021 Concept Note on considerations for pneumococcal vaccination in older adults ([WER9623-217-228-eng-fre.pdf \(who.int\)](#)) resulting from the evidence review by the WHO SAGE Working Group on Pneumococcal Vaccines and SAGE at its October 2020 meeting ([WER9548-585-607-eng-fre.pdf \(who.int\)](#))
- **Rotavirus:** **NEW** WHO Position Paper – July 2021 ([WER9628-eng-fre.pdf \(who.int\)](#)) (to include recent developments in the field, such as 2 additional rotavirus vaccines prequalified by WHO in 2018, as well as updated post-licensure safety and effectiveness data for the 2 previously prequalified rotavirus vaccines)
- **Rubella:** **NEW** WHO Position Paper – July 2020 ([WER9527-306-324-eng-fre.pdf \(who.int\)](#)) (incorporating the most recent developments in the field of rubella vaccines and updated guidance on their introduction and use in national immunization schedules. Including co-administration of rubella vaccine with yellow fever (YF) vaccine and the WHO position on the control and elimination of rubella)
- **HPV:** Revised to include the October 2019 SAGE Meeting recommendations ([WER9447-eng-fre.pdf \(who.int\)](#)) (recommending the following additional strategies: All countries should temporarily pause implementation of boy, older age group (>15 years) and multi-age cohort (MAC) HPV vaccination strategies until vaccine supply allows equitable access to HPV vaccine by all countries. Countries can adopt an extended interval of 3-5 years between the 2 doses. This strategy constitutes off-label use of the vaccine.)
- **Minor updates to measles, YF, JE (live vaccine co administration (i.e. should be co administered or wait 4 weeks))**
- **Revision of Table 3 footnotes to only include information related to interrupted and delayed schedules.**

Just a reminder that a [User's Guide to the Summary Tables](#) exists and in [French](#).

This short guide has been developed as a companion piece to help orientate users of the summary tables.

What are the purposes of these guides?

- To promote the full spectrum of WHO recommendations for routine immunization in four summary tables
- To explain how the summary tables can be used at country level to review and possibly modify a national immunization schedule so that it has greater impact and efficiency.
- To highlight practical and operational issues that country decision-makers should consider when making a change to the national immunization schedule.

Supporting countries as they transition away from Gavi support with three new learning products

[Learning Network for Countries in Transition \(LNCT\)](#)

To support countries as they transition away from Gavi support to full domestic financing, the [Learning Network for Countries in Transition](#) (LNCT – pronounced linked) has produced three learning products featuring country experiences with transition.

1) [LNCT's Lessons Learned on Transition](#) synthesizes insights and some key lessons we have learned through LNCT engagements since the network's inception in 2016.

2.) The [Country Case Study: Lessons Learned from Sri Lanka's Experience Transitioning from Gavi Support](#), highlights some of the critical lessons learned, from both its successes and challenges, related to sustaining and expanding the gains made in vaccine preventable disease control over the past 30 years in Sri Lanka.

3) Lastly, the [Country Case Study: Lessons Learned from Georgia's Experience Transitioning from Gavi Support](#), outlines some of the key lessons learned from Georgia's transition, including enabling factors, as well potential risks, to its future programmatic and financial sustainability.



Representatives from Georgia discuss resource mobilization at LNCT's 2019 Network-wide Meeting in Jakarta

Policymakers, immunization practitioners, and other stakeholders in transitioning countries can use these case studies to understand some of the complex challenges that may arise during the Gavi transition process and adapt potential solutions based on lessons learned from their peers in other countries.

Link to our [full resource library](#).

Zero Dose Community of Practice

[Samir Sodha](#), WHO Headquarters

A [Zero-dose Community of Practice](#) has been launched to build momentum and cohesion to support countries to reach zero-dose children and missed communities, in line with the Immunization Agenda 2030. The Community aims to connect with other existing networks, working groups and communities to maximise the country impact.

We invite you to join the community on the new digital platform that has been co-created by community members from across the Gavi Alliance, to share knowledge, reports, publications, funding opportunities, case studies and other resources that enable members to learn from each other and develop best practices.

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](#)

[Malaria Vaccine Initiative](#)

[RHO Cervical Cancer](#)

Sabin Vaccine Institute

[Boost – A Global Community of Immunization Professionals](#)

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](#)

[Global Polio Eradication Initiative](#)

[Immunization Academy](#)

[International Association of Public Health Logisticians](#)

[Immunization Economics resource](#)

[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 \(AFRO\)](#)

[COVID-19 Vaccines Newsletter \(AFRO\)](#)

[WHO/Europe Vaccine-preventable diseases and immunization \(VPI\) news \(EURO\)](#)

[Immunization Newsletter \(PAHO\)](#)

[The Civil Society Dose \(GAVI CSO Constituency\)](#)

[TechNet Digest](#)

[Vaccine Delivery Research Digest \(Uni of Washington\)](#)

[Gavi Programme Bulletin \(Gavi\)](#)

[Immunization Economics Community of Practice](#)