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News

World Immunization Week

[Diane Abad-Vergara](#)

World Immunization Week – celebrated in the last week of April every year (24 to 30 April 2020) – aims to promote the use of vaccines to protect people of all ages against disease. Immunization saves millions of lives every year and is widely recognized as one of the world's most successful and cost-effective health interventions. Yet, there are still nearly 20 million children in the world today who are not getting the vaccines they need.

The theme this year is #VaccinesWork for All and the campaign will focus on how vaccines – and the people who develop, deliver and receive them – are heroes by working to protect the health of everyone, everywhere.

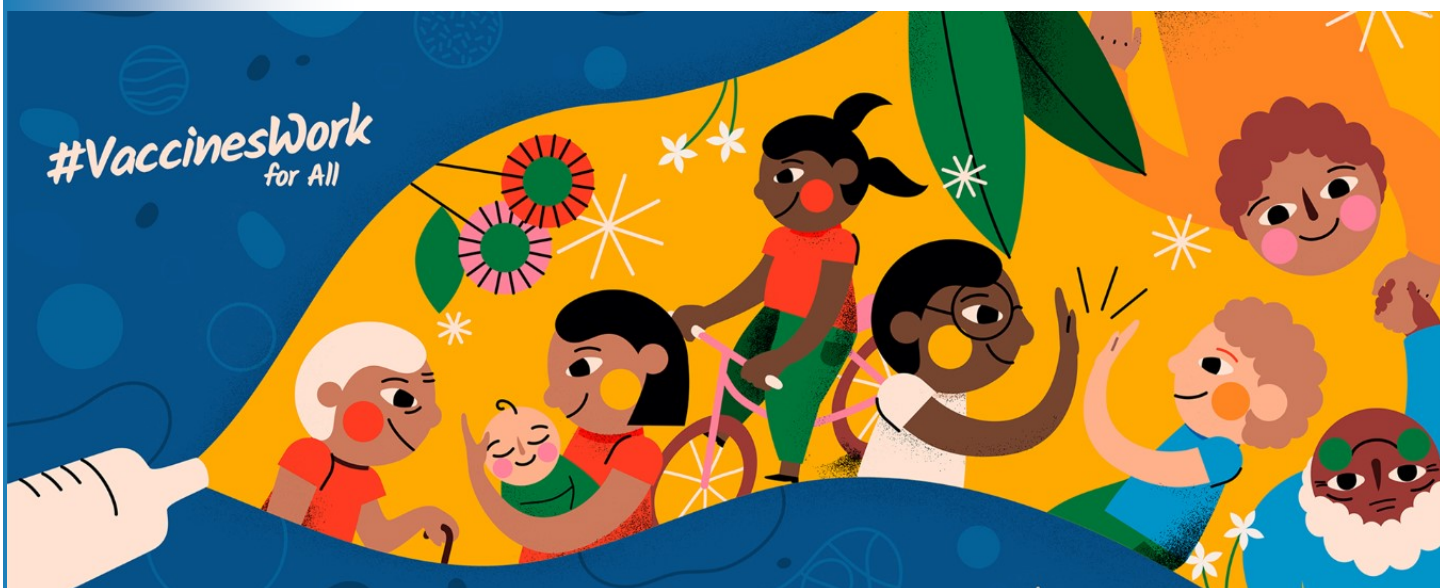
The main goal of the campaign is to urge greater engagement around immunization globally and the importance of vaccination in improving health and wellbeing of everyone, everywhere throughout life.

As part of the 2020 campaign, WHO and partners aim to:

- Demonstrate the value of vaccines for the health of children, communities and the world.
- Show how routine immunization is the foundation for strong, resilient health systems and universal health coverage.
- Highlight the need to build on immunization progress while addressing gaps, including through increased investment in vaccines and immunization.

Given that the World Health Organization (WHO) has designated 2020 the International Year of the Nurse and the Midwife, WHO will highlight nurses and midwives for their crucial role as early vaccine champions for new parents and parents-to-be.

More information on World Immunization Week, as well as videos, fact sheets and campaign materials can be found on the [WIW website](#).



One year on: first anniversary of landmark malaria vaccine pilot launch in Africa

[Kristen Kelleher](#), WHO Headquarters

A year ago, spirits were high as 30 years of public-private collaboration culminated in the start of country-led pilot introduction of the malaria vaccine – in Malawi and Ghana in April, and then in Kenya in September 2019.

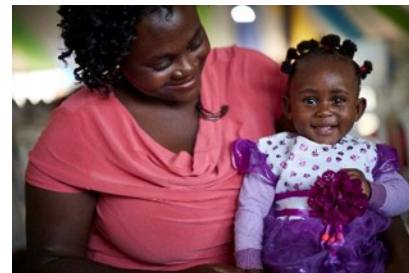
One year on, approximately **275 000 children** have received their first dose of the malaria vaccine across the three countries and should benefit from the added protection provided by the vaccine when added to recommended malaria preventive measures.



Health care worker preparing to vaccinate. Credit: WHO/F. Combrink

The milestone coincides with World Immunization Week and [World Malaria Day](#), and at a time when the world confronts the threat of the COVID-19 pandemic. In this sobering time, WHO thanks colleagues and partners for their ongoing contributions to the malaria vaccine pilot programme and public health.

“We acknowledge the commitment of the Ministries of health and the partnership of PATH, UNICEF, GSK, and other in-country and international organizations who support the pilot implementation,” says Dr Mary Hamel, the WHO lead for the programme. She also thanks donors – Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Unitaïd – for their generous funding.



A mother and her child waiting for Malaria vaccination. Credit: WHO/F. Combrink

Global and African news and feature stories amplify the call to maintain malaria services and collective endeavors to protect children from malaria, and advance health for all. Some highlights:

- [Lusitana and the world's first malaria vaccine](#)
- [Malaria vaccine “first babies”](#)
- [Malaria and immunization heroes](#)
- [Malaria vaccine pilot in African one year on: new vaccine could boost Kenya's malaria fight](#)
- [Malaria services must be maintained amid COVID-19 pandemic – Global Health NOW, by Dr Pedro Alonso](#)
- [World Malaria Day statement by His Excellency Uhuru Kenyatta, President of the Republic of Kenya and Chairperson of the African Leaders Malaria Alliance](#)

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Joint National and International Expanded Programme on Immunization (EPI) and Vaccine Preventable Disease Surveillance (VPDS) Review in Indonesia 10-18 Feb2020

Sigrun Roesel and Fina Tams, World Health Organization South-East Asia Regional Office, WHO SEARO

Indonesia has many achievements in immunization, including having a strong legal framework for this service, financing 99% of its national immunization programme, being largely self-sufficient in vaccine production, having achieved polio-free status and maternal and neonatal tetanus elimination (MNTE), and introducing IPV, measles rubella, PCV, JE and HPV vaccines. Nonetheless, vaccination coverage has stagnated at around 80% for the past decade and this review was conducted to develop recommendations for strengthening various foundations such as routine immunization coverage, the quality and use of data, demand generation, addressing inequity, strengthening the capacity of immunization and surveillance officers, reviewing and revising existing policies and identifying barriers at all levels.



Data collection teams visit a health centre during the EPI review in Indonesia

The review was carried out in 15 out of 34 provinces selected by a set of defined criteria and was combined with an MNTE post validation assessment (PVA) in selected high-risk districts. The review highlighted that Indonesia has many comparative advantages to improve its immunization coverage, including good and modern health and transportation infrastructure in most areas, an adequate number of health workers available as vaccinators, mechanisms for community participation, and high mobile phone and social media coverage.

Immediate priorities identified during the review included identifying those districts with high numbers of drop-outs between DTPI and DTP3 to improve coverage through intensifying defaulter tracking, updating micro plan - particularly in peri-urban areas - addressing concerns over multiple injections, particularly for administration of new vaccines, and developing tailored demand generation strategies for these populations. A recommendation was also made for the Ministry of Health and partners to coordinate and collaborate to ensure that there is dedicated technical assistance (at minimum one medical epidemiologist/public health expert in all provinces), to increase technical capacity, coordination and advocacy sub-nationally, enhance capacity to scale up IPV, PCV and HPV vaccines, and strengthen the capacity of weak districts through supportive supervision. These recommendations will be incorporated into the comprehensive Multi Year Plan (cMYP) 2020-2024.

WHO-UNICEF's Joint Reporting Form (JRF) goes online in 11 pilot countries

[Kristi James](#), WIISE – WHO Immunization Information System

Since 1998, WHO and UNICEF have jointly collected immunization-related information through a standard questionnaire called the [Joint Reporting Form](#) (JRF) sent to all Member States annually.



Alain Poy, Edinam Agbenu, and Md Shari-fuzzaman with a certificate of completion for the eJRF training in the AFRO region. No handshakes but plenty of hand sanitizer was available at this training in early March.

After more than two decades, the process is being upgraded to an interactive online reporting form called the electronic Joint Reporting Form (eJRF). This online tool enables countries to quickly validate their data, retrieve data from previous years and focus on only updating new data, and will eliminate version control issues. The eJRF saves countries and regions time at the same time as improving the quality of the data submitted.

The eJRF is being piloted in 2020 and will go live globally in 2021. Trainings for pilot countries began in February 2020 but were unfortunately suspended in mid-March due to COVID-19 developments. Eleven of the original twenty-seven countries have completed training and will move forward with pilot testing their 2020 eJRFs.

Participating countries (Barbados, Bolivia, Chile, Dominica, Guatemala, Myanmar, Nepal, Paraguay, Rwanda, Sudan, and Zambia) will enter their data using the eJRF during the month of April 2020. For the pilot, the eJRF will be available in English and Spanish. Next year, it will also be available in French and Russian.



Floristine Lewis, Ministry of Health, Dominica in a video testimonial about the benefits of eJRF and what she is most looking forward to with the new tool.

MAINTAINING VACCINATION DURING THE COVID-19 PANDEMIC

WHO releases guidelines to help countries maintain essential health services during the COVID-19 pandemic

WHO/HQ Media Team

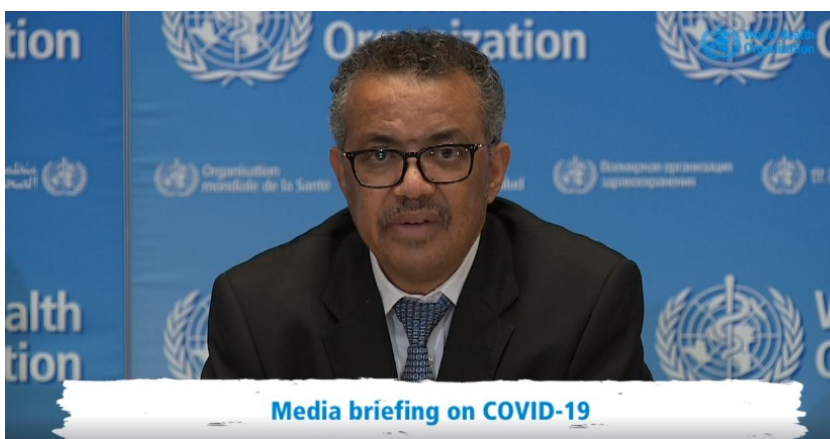
The COVID-19 pandemic is straining health systems worldwide. The rapidly increasing demand on health facilities and health care workers threatens to leave some health systems overstretched and unable to operate effectively. Previous outbreaks have demonstrated that when health systems are overwhelmed, mortality from vaccine-preventable and other treatable conditions can also increase dramatically.

“The best defence against any outbreak is a strong health system,” stressed WHO Director-General Tedros Adhanom Ghebreyesus. “COVID-19 is revealing how fragile many of the world’s health systems and services are, forcing countries to make difficult choices on how to best meet the needs of their people.”

To help countries navigate through these challenges, the World Health Organization (WHO) has published [operational planning guidelines](#) in balancing the demands of responding directly to COVID-19 while maintaining essential health service delivery, and mitigating the risk of system collapse. This includes a set of targeted immediate actions that countries should consider at national, regional, and local level to reorganize and maintain access to high-quality essential health services for all.

To access the full guidance please visit this [website](#).

For further information and guidance on COVID-19 please visit this [website](#).



WHO Director-General Tedros Adhanom Ghebreyesus during a media briefing.

Guiding principles for immunization activities during the COVID-19 pandemic

WHO/HQ EPI Team

Prior disease outbreaks and humanitarian emergencies have underscored the importance of maintaining essential health services such as immunization, and effectively engaging communities in planning and service delivery. Yet the complexity and global reach of the COVID-19 response with respect to mandatory physical distancing (also referred to as social distancing) and economic impact on households is unprecedented for public health. Immunization is an essential health service which may be affected by the current COVID-19 pandemic. Disruption of immunization services, even for brief periods, will result in increased numbers of susceptible individuals and raise the likelihood of outbreak-prone vaccine preventable diseases (VPDs) such as measles.

To support programmes, WHO has issued **guidance on immunization services during the COVID-19 pandemic**. This [document](#) (PDF) and related [frequently asked questions](#) provides guiding principles and considerations to support countries in their decision-making regarding provision of immunization services during the COVID-19 pandemic and is endorsed by the WHO's Strategic Advisory Group of Experts (SAGE) on Immunization. It is complemented by a range of WHO technical materials on response and mitigation measures for COVID-19. Each country will need to make individual risk assessments based on the local dynamics of COVID-19 transmission, immunization and health system characteristics, and current VPD epidemiology in their setting.

If immunization services are disrupted, it is important to plan for urgent catch-up vaccination of missed children when physical distancing measures are lifted. The guidance further recommends temporary suspension of preventive mass vaccination campaigns and provides advice on conducting careful risk assessment before implementing outbreak response vaccination, with attention to appropriate protective measures to avoid transmission of the COVID-19 virus.

Frequently Asked Questions: Immunization in the context of COVID-19 pandemic

[This document](#) provides technical answers to frequently asked questions on immunization services, vaccine-preventable disease surveillance, cold chain and supplies, among others. While committing to sustaining immunization systems, countries should use approaches that respect the principle of do-no-harm and limit transmission of COVID-19 while providing immunization activities.

COVID-19 and Immunization Guidance

[Guiding principles for immunization activities during the COVID-19 pandemic](#)

Related documents

[Guidance for health-care workers during COVID-19](#)

[COVID-19: Operational guidance for maintaining essential health services during an outbreak](#)

[Scientific brief on Bacille Calmette-Guérin vaccine \(BCG\) and COVID-19](#)

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Understanding the disruption to programmes through rapid polling

[Carolina Danovaro](#), [Santosh Gurung](#), [Lee Lee Ho](#), and [Ann Lindstrand](#), WHO

An Immunization Pulse Poll in the context of COVID-19 conducted between 14 and 24 April, with 801 responses from 107 countries, showed that disruption to the routine immunization program are widespread and affect all WHO regions. 64% of countries represented in the poll indicated that routine immunization has been disrupted or even suspended. Most respondents noting immunization disruptions have indicated that no or limited outreach is taking place and that fewer users are visiting vaccination posts (Data analysis ongoing). Reasons for decreased immunizations visits reported were physical distance measure, difficulties with transportation and fear of COVID-19 transmission in health care facilities as well as lack of community engagement and communication. Three in four respondents from MOH, WHO or UNICEF noted that some special efforts are being made to monitor interruptions in immunization services in order to better plan catch-up activities (catch-up immunization, campaigns, etc.). Regarding involvement of immunization staff (vaccinators and more management/ coordination roles) in the COVID response, respondents noted in most cases that supervision activities are not taking place and that there are disruptions in the normal distribution of vaccines within the country². Responses about campaigns came to complement efforts by partners that are looking into SIAs for a variety of vaccine-preventable diseases as per the table below.

Campaigns planned in 2020 that have postponed/ are likely to be postponed because of COVID-19
*counting from Mar 2020

Diseases	Total no. of countries affected *with postponed/ likely to be postponed campaigns	No. of countries affected by regions					
		AFRO	EMRO	SEARO	PAHO	WPRO	EURO
Measles/ Measles Rubella/ Measles Mumps Rubella (M/MR/MMR)	32	7	3	3	9	5	5
Polio (IPV)	4	3	0	0	0	1	0
Bivalent oral poliovirus vaccine (bOPV)	27	15	6	4	0	2	0
Monovalent Oral Poliovirus Type 2 (mOPV2)	15	12	2	0	0	1	0
Meningitis A (MenA)	5	5	0	0	0	0	0
Yellow Fever (YF)	4	4	0	0	0	0	0
Typhoid (TCV)	2	2	0	0	0	0	0
Cholera (OCV)	3	2	0	1	0	0	0
Tetanus (Td)	7	3	3	0	0	1	0

*data as of 29 April 2020

GIN/2020 1 Title of the presentation

19

Regarding measles surveillance, no suspension was reported. However, for over half of countries (58/107), disruptions related to case detection, case investigations, and notification (fewer reports, limited staff for case investigations, etc.) were reported. Information about measles laboratory diagnosis was available for 98 countries, it was reported (by a unique or a majority of respondents) as continuing for 47 countries, as disrupted for 36, and had conflicted information for 15. Many respondents highlighted limitations in lab personnel, some issues related to transportation of lab supplies and/or specimens and some labs being switched to testing for COVID-19 almost exclusively (Data analysis ongoing).

The results of this poll (in addition to information received from Regional Offices) are being used to revise/prioritize the immunization guidance and FAQs being produced to help Member States maintain essential services and plan for immunization activities in the recovery phase. Based on the final analysis further planning will be carried out.

This poll was coordinated between WHO, UNICEF, Gavi and Sabin's Boost Initiative and shared through regional offices, the Boost network, TechNet-21 and immunization partners and their networks. The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

Training needs survey and follow up actions

[Jhilmil Bahl](#), WHO

In the context of the current COVID-19 pandemic, approaches to immunization service delivery are changing and immunization staff may need new knowledge and skills. To better understand the needs and perspectives of immunization staff, a survey was conducted from 20 April to 6 May 2020 to generate insights on most important training issues and preferred training modalities.

The survey was implemented through the Scholar community by the Geneva Learning Foundation and WHO. The survey was carried out in English and French, with 708 respondents in English and 884 in French, in total representing 100 countries. 78% of respondents reported to work at a sub-national level.

The survey found that the **three most critical challenges that the immunization services could face due to the COVID-19 pandemic were:**

- Caregivers may be reluctant to come to health facilities for immunization due to fear of COVID-19 infection
- Health workers may have concerns about their own safety while conducting immunization sessions
- There is a shortage of qualified health workers, as they might still be involved in COVID-19 response

The top five topics for which health worker training is most needed were reported to be:

- Infection, prevention, and control measures to minimize COVID-19 transmission
- Identifying and following up on children who missed immunization during COVID-19
- Communicating and engaging with the community
- Supportive supervision and motivation of staff related to any changes to service delivery
- Micro-planning to ensure all children due and overdue for vaccination are provided the required vaccines.

The top three most preferred training methodologies were:

- Short how-to videos on various topics that can be shared via WhatsApp
- Downloadable lessons that can be locally facilitated
- Practical planning and action with peers online.

With partners, WHO-MB is in the process of rapidly planning to promote relevant existing materials or prepare new or updated operational guidance and training materials to address the top issues identified in the survey. This will include added interactions with country immunization staff through the Scholar platform.

Existing materials for health workers related to the COVID response can be accessed through OpenWHO [website](#), in various languages.

Standard precautions: Hand hygiene

Self-paced
English

Most health care-associated infections are preventable through good hand hygiene – cleaning hands at the right times and in the right way...

Show course details >> Enroll me for this course

COVID-19: How to put on and remove personal protective equipment (PPE)

Self-paced
English

This is a guide for healthcare workers involved in patient care activities in a healthcare setting. It aims to show the type of personal protective equipment (PPE) to use...

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Introduction to Go.Data – Field data collection, chains of transmission and contact...

Self-paced
English

Go.Data is a field data collection platform focusing on case data (including lab, hospitalization and other variables through case reports)...

Show course details >> Enroll me for this course

Severe Acute Respiratory Infection (SARI) Treatment Facility Design

Self-paced
English

Screening areas, treatment centres and community facilities are part of the strategic priorities for Severe Acute Respiratory Infection (SARI)...

Show course details >> Enroll me for this course



COVID-19: Operational Planning Guidelines and COVID-19 Partners Platform...

Self-paced
English

In order to assist UN country teams in scaling up country preparedness and response to COVID-19, WHO has developed these learning modules...

Show course details >> Enter course



Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19)

Self-paced
English

This course provides information on what facilities should be doing to be prepared to respond to a case of an emerging respiratory virus...

Show course details >> Enroll me for this course

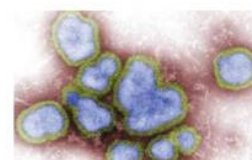


ePROTECT Respiratory Infections (EN)

Self-paced
English

All personnel responding to outbreaks of Acute Respiratory Infections (ARIs) need to have the basic knowledge and skills to mount an effective response...

Show course details >> Enroll me for this course



Clinical Care Severe Acute Respiratory Infection

Self-paced
English

Welcome to the Clinical Care Training for Severe Acute Respiratory Infection (SARI).

Show course details >> Enroll me for this course

Past Meetings/Workshops

Global consultation on implementing vaccination checks at school

Stephanie Shendale, WHO HQ

Location: Kuala Lumpur, Malaysia

Date: 26-28 November 2019

Participants: Participants from eight countries across four WHO regions (Bhutan, China, Ghana, India, Jamaica, Malaysia, Sri Lanka, and Thailand) as well as regional focal points from the WHO African, European, and Western Pacific Regional Offices and WHO Headquarters (HQ) Essential Programme on Immunization (EPI) and Maternal, Newborn, Child and Adolescent Health (MCA). Global immunization partners, including the US Centers for Disease Control and Prevention (CDC) and Gavi, the Vaccine Alliance, also participated.



Participants at the Global consultation on implementing vaccination checks at school. Kuala Lumpur, Malaysia, 26-28 November 2019

Purpose: [The Global consultation on implementing vaccination checks at school](#) brought together global immunization partners, WHO regional focal points, and a selection of countries that have successfully implemented a programme of vaccination checks at school, to:

- Share experiences, challenges, and lessons learned,
- Discuss and disseminate findings from a global survey included with the WHO/UNICEF Joint Reporting Form (JRF) to gather information on the existence and implementation of such policies globally, and
- Assess resource needs, evidence gaps, and plans to develop operational guidance to assist national programmes interested in implementing this strategy and/or strengthening existing practices.

Details: Checking of vaccination status at entry to, or during, childcare or school is a strategy that has been widely recommended, particularly in the context of measles elimination. JRF data from 2018 indicated that over two thirds of WHO Member States report a routine practice of checking vaccination status at school. However, to date very little has been documented about the implementation, design, strengths and challenges, and effects of this strategy, particularly in low- and middle-income country settings.

This meeting, hosted by WHO, brought together global partners, regional focal points, and a selection of countries that have successfully implemented a programme of vaccination checks at school to share experiences, opinions, and ideas. Participating countries outlined their approach to implementing the programme and highlighted key enablers and challenges within their specific national contexts. The diversity of approaches across countries emphasized the very context-specific nature of this strategy and the lack of a 'one size fits all approach'. However, common factors for success include:

- Good access to education and high school enrollment rates
- Strong collaboration between ministries of health and ministries of education with clear roles and responsibilities
- Existence of legislation or written policy requiring the collection of vaccination history at entry to. Or during, school
- Well-defined and enabling catch up vaccination policy
- Clear implementation guidance and standard operating procedures (SOPs) outlining how individual vaccination records are collected, checked, kept, and reported
- Sufficient supply of routinely recommended vaccines and accessible immunization services
- Widespread availability of up-to-date home-based records or an electronic registry
- Sufficient funding and staff time to carry out this activity on an annual basis
- Public outreach and sensitization to promote community awareness and cooperation

Key learnings and actions items are summarized in the meeting report, along with detailed country examples, available [online](#).

Third consultation of the WHO South-East Asia Regional Expert Panel for Verification of Hepatitis B Control (SEA REP)

Sigrun Roesel, World Health Organization South-East Asia Regional Office

Location: New Delhi, India

Date: 20-21 January 2020

Participants: All eight members of the expert verification panel, WHO Secretariat (HQ and SEARO).

Purpose:

- To brief the SEA REP on latest developments in global and regional hepatitis B control.
- To review implementation status of recommendations made at the 2nd SEA REP consultation.
- To identify and discuss relevant technical aspects in hepatitis B control pertinent to verification, especially hepatitis B birth dose and prepare the report to 2020 Immunization Technical Advisory Group meeting.
- To finalize the 2020-2021 verification workplan and timeline for verifying the status of the hepatitis B control target in the WHO South-East Asia Region.

Details: Since its inception, the SEA REP has held two consultations, one in May and the other in June 2019, finalized the hepatitis B control verification framework, and verified in July 2019 that four countries (Bangladesh, Bhutan, Nepal and Thailand) have achieved the 2020 target of $\leq 1\%$ hepatitis B surface antigen (HBsAg) seroprevalence among children aged five years.

During its 3rd consultation, the SEA REP noted the current Regional Vaccine Action Plan is ending in 2020 and the Regional Action Plan on Viral Hepatitis Control will end in 2021. While progress among the different key strategies is variable, and prevention through immunization is proving very effective for reaching the control prevalence target, the expert panel noted that immunization alone will not achieve the elimination target of 0.1% HBsAg in children five years old by 2030. The SEA REP therefore urged a comprehensive consultative process for developing subsequent plans and strategies and ensuring consistency in global and regional guidelines. In recognizing the importance of the hepatitis B vaccine birth dose, the SEA REP encouraged the WHO South-East Asia Regional Office (SEARO) to support systematic reviews of current relevant technical guidelines. As further technical capacity building and information exchange for and with national programmes is needed it also requested SEARO to organize seminars and training opportunities so that country viral hepatitis B action plans reflect hepatitis B birth dose vaccination strategies adequately.



Third Consultation of the South-East Asia Regional Expert Panel for Verification of Hepatitis B Control (SEA-REP)
New Delhi, India, 20-21 January 2020

Gavi 5.0 'leaving no-one behind with immunization' – Countries & Partners Retreat

Quentin Guillon, Gavi

Location: Geneva, Switzerland

Date: 25-27 February 2020

Participants: >100 participants representing Gavi-supported country governments, Gavi Alliance partner organizations, Civil Society Organizations and the Gavi Secretariat



Group photo from the Countries and Partners Retreat

Purpose: Key objectives of the retreat were to:

- Introduce participants to the [Gavi Alliance 2021-2025 strategy](#) ('Gavi 5.0')
- Discuss the key implications of shifting towards a **greater focus on zero-dose children and missed communities** for the Alliance in Gavi 5.0
- Share initial hypotheses of **key changes in the Gavi model for the new strategic period** for feedback and reactions

Details: At its meeting in June 2019, the Board of the Gavi Alliance approved the Alliance's new 2021 -2025 Strategy (called 'Gavi 5.0'). In preparation for the 2021-2025 strategic period, the Gavi Secretariat hosted a three-day retreat, with representatives from the Alliance to cover a set of critical topics in order to prepare and start operationalizing the main changes for Gavi 5.0.

The retreat started with discussions on key strategic shifts in Gavi 5.0. A broad agreement emerged that 'zero-dose' children and missed communities are a key priority in Gavi 5.0, yet, the ultimate objective is to reach all under-immunized children with a core set of vaccines. The second day focused on discussing concrete policy and programmatic shifts needed to deliver on Gavi 5.0. These included conversations on simplification to co-financing, updates to Gavi's health system strengthening support or gender policies. Finally, on the final day, critical conversations on Gavi's operating model in the new strategic period enabled discussion on a set of concrete changes across Gavi's portfolio management processes, partner engagement model, innovation approach, and new measurement framework.

Training in Rapid Response for Measles Outbreak in Buenos Aires, Argentina

Desiree Pastor, Regina Duron, Analía Aquino and Tamara Mancero, PAHO/WHO

Location: Buenos Aires, Argentina

Date: 27-28 February 2020

Participants: 100 participants representing different disciplines such as immunization, epidemiology, and laboratory responsible for the national level and 17 municipalities in the Buenos Aires province

Purpose: To support the country in measles outbreak response through a case study training for health care workers of the Buenos Aires province



Participants at the workshop on rapid responses to measles/rubella outbreaks in Buenos Aires, Argentina, February 2020. Credit: PAHO/WHO

Details: A measles outbreak started in Argentina in epidemiological week (EW) 35 of 2019 and by EW 7 of 2020, 124 cases had been confirmed. Since December 2020, the Minister of Health of Argentina has responded with vaccination activities, case investigation and contact tracing; however, by the end of February, the virus was spreading to more municipalities into the Buenos Aires province.

The Pan-American Health Organization (PAHO) collaborated with national authorities to organize a workshop to convene over 100 healthcare workers to be trained in the preparedness of a rapid response for measles outbreaks. The workshop was held in the City of Buenos Aires with participation from healthcare workers from 17 municipalities of the Buenos Aires province. The technical agenda consisted of presentations on topics such as virus and clinical aspects of measles, epidemiology of measles and rubella, contact tracing, preventing nosocomial transmission, laboratory diagnosis, closing outbreak criteria, and the role of rapid response teams.

The participants formed ten working groups to discuss a real life case study of a measles outbreak which was adapted to include the above-mentioned topics and technical discussions were held on the lessons learned regarding measles case management. A pre-test and post-test of the participants' knowledge demonstrated an increase in the level of knowledge acquired through this two-day meeting.

Videos were made during this workshop to showcase the work that was done. Links to these videos can be found below:

Measles workshop [clip video](#)

Measles workshop [clip photos](#)

Meeting on Enteric and Diarrhoeal Disease Surveillance, Prevention and Control with Focus on Cholera, Typhoid and Rotavirus in the Eastern Mediterranean Region

Kamal Fahmy, WHO EMRO

Location: Cairo, Egypt

Date: 2-5 March 2020

Participants: Fifty-five participants, representing seven countries (Djibouti, Iraq, Somalia, Sudan, Syria, Tunisia and Yemen), WHO country, regional and HQ offices, the Unicef Middle East and North Africa (MENA) Regional Office, the U.S. Centers For Disease Control and Prevention (CDC), the Bill and Melinda Gates Foundation (BMGF), Monastir University, and the Wellcome Trust Research Laboratory.

Purpose: The objectives of the workshop were to:
Understand the epidemiology and overall burden of diarrhoeal diseases, including rotavirus, cholera and extensively drug resistant Typhoid fever (XDR), in the Eastern Mediterranean Region
Share lessons learned and global updates on the different rotavirus vaccines available to countries and on Global Pediatric Diarrheal Surveillance (GPDS)
Discuss the current cholera and typhoid situation in the Eastern Mediterranean Region
Share experiences from countries, and
Develop an overall approach for prevention and control of diarrhoeal diseases in the region

Details: The four-day meeting included presentations and panel discussions on the global and regional burden of enteric and diarrhoeal diseases, updates on the rotavirus surveillance network and available strategies to prevent and control cholera and typhoid outbreaks in the EMR/MENA Region. There were also presentations on diagnostic modalities and their impact in prevention and control of enteric and diarrhoeal diseases, updates on diarrhoeal disease prevention, outbreak preparedness and response, rotavirus vaccine availability and potential adverse events following immunization (AEFIs), typhoid fever vaccine introduction at the global and regional level, the support provided by Gavi, the Vaccine Alliance for typhoid conjugate vaccine (TCV) and the impact of oral cholera vaccine (OCV) on minimizing cholera morbidity.

Country specific presentations included success stories, challenges and lessons learnt about national experiences with rotavirus, cholera and typhoid surveillance and outbreak detection and response to diarrhoeal diseases. There were also presentations on the future role of partners in supporting rotavirus surveillance and rotavirus vaccine introduction, in addition to the risk assessment and mapping of hotspots to inform and support national cholera control programmes.

Based on the deliberations of the meeting, preliminary recommendations in the form of general and country specific recommendations, were prepared and shared with the participants for discussion and approval.



Meeting on Enteric and Diarrheal diseases surveillance, prevention and control with focus on Cholera, Typhoid and Rotavirus in Eastern Mediterranean Region



Resources

World Meningitis Day 2020: Defeat Meningitis Together

Molly Patrick, Confederation of Meningitis Organisations (CoMO)

World Meningitis Day is on 24 April 2020.

Survivors, families, health professionals, patient advocacy groups and medical organizations all over the world will be raising awareness of how we can, and why we must, Defeat Meningitis.

2020 is a landmark year for meningitis advocacy, as the Executive Board of the World Health Organization formally agreed that the [Defeating Meningitis by 2030 Global Roadmap](#) should be brought before the World Health Assembly in May 2020.

This year's World Meningitis Day will be an opportunity to show support for the global plan and highlight its necessity, as meningitis presents a unique challenge to health systems worldwide. Unlike other infectious diseases, meningitis is vaccine-preventable, so a big focus will be to raise awareness of the available vaccines that can help to protect individuals and communities against the disease.

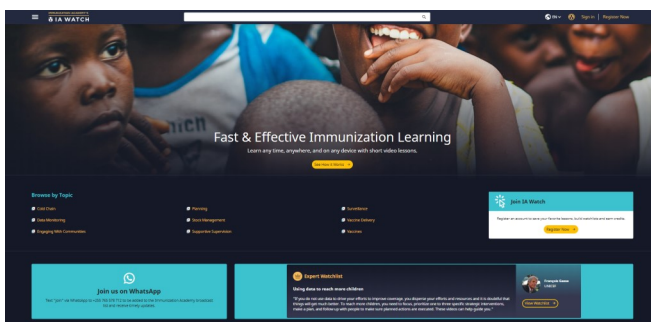
The World Meningitis Day Advocacy Toolkit contains lots of resources that may be useful in awareness-raising activities, including vaccine myth buster infographics, testimonial tiles and fact sheets.

The toolkit is available on the CoMO [website](#).

For more information, please send an [email](#).

Immunization Academy Launches Social Features for Community Members

Alice Bumgarner, Immunization Academy



The IA watch home page

[Immunization Academy's IA Watch](#) now includes social features that will give registered users the ability to connect with one another, strengthening information exchange within this global community of immunization professionals.

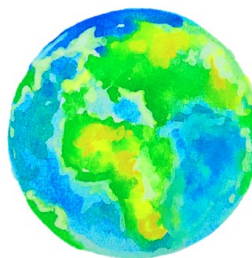
IA Watch members can now ask questions, connect with peers, and see how others are advancing their immunization knowledge using the following new offerings:

- Member Directory with User Profiles
- Curated Expert Watchlists
- Message Boards
- Achievement Leaderboards

Visit this [page](#) to learn how community members can use the new social tools to connect with other registered users.

Immunization Academy launched in the summer of 2017 to provide short, how-to video lessons for immunization professionals on topics such as cold chain, data monitoring, vaccine delivery, and more. The video platform now serves over 50,000 learners in 195 countries, with ~100 instructional videos in English, French, Hausa, and Swahili. More learning tools will be announced this spring and summer, including an assessment tool for uncovering skill/knowledge gaps, an online learning platform for taking courses, and a manager's tool for tracking the learning of others. This suite of tools will all be part of the Immunization Academy and, of course, free for all learners.

The best way to stay current with upcoming products and tools, and to access IA Watch's newest features, register for an Immunization Academy account.



24th April 2020

**WORLD
MENINGITIS
DAY**

[#DefeatMeningitis](#)

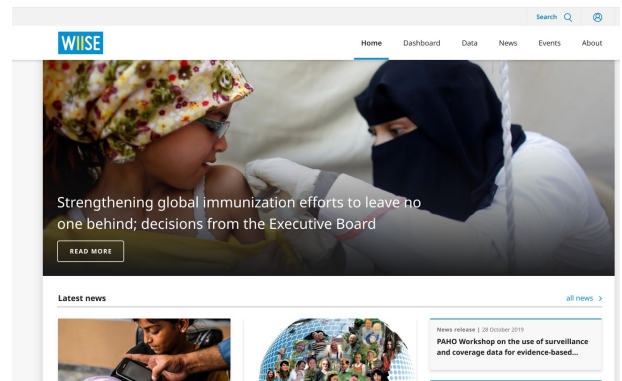
WIISE – Timely, accurate immunization data for healthier solutions

[Kirsti James](#), WIISE – WHO Immunization Information System

Imagine being able to access one site for global, regional and country level immunization data. Now imagine that data are current, accurate, and enabled for data visualization. This is what WHO's Immunization Information System (WIISE) team is working on!

The WIISE team is motivated because data on national immunization programme performance helps identify gaps in national vaccination programmes. This triggers interventions to ensure that everyone, everywhere, at every age fully benefits from vaccines for good health and well-being. Our data helps save lives.

The WIISE project is a collaborative effort between WHO HQ, Regional and Country Offices, national Ministries of Health, the Bill and Melinda Gates Foundation, Gavi, the Vaccine Alliance, the U.S. Centers for Disease Control and Prevention, and the United Nations Children's Fund. Together, these partners are streamlining processes, workflows and improving the overall governance of immunization data across the World Health Organization. The goal is to make immunization data easy to submit, understand and use.

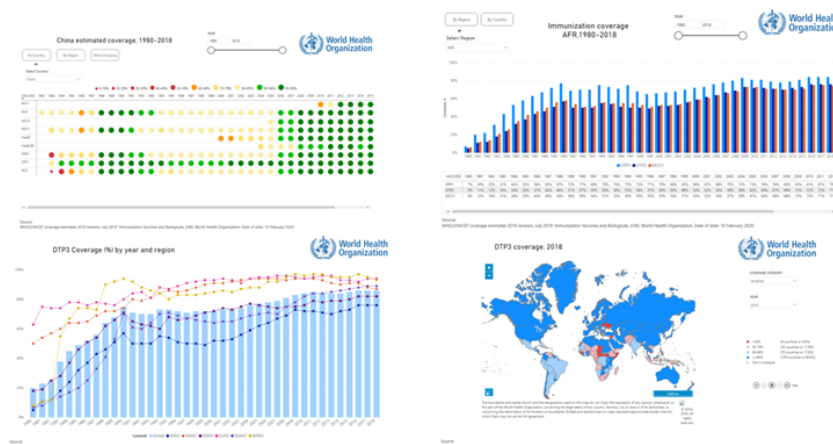


Mock-up of the future WIISE portal

In the coming months, watch for updates on the following three WIISE applications currently underway.

Data Source – The **electronic Joint Reporting Form (eJRF)** has digitized the 1,400+ data points in the annual WHO-UNICEF Joint Reporting Form. The new tool makes data entry and validation faster and easier for national immunization programmes. The eJRF is being piloted in 2020 and will be rolled out globally in 2021.

Data Warehousing – We are using xMART data storage to consolidate and harmonize global immunization data, creating a central data source of truth. Our **WIISE Mart** helps increase accessibility to this data. The eJRF will be connected to WIISE Mart, and pipelines are currently under development to facilitate the reporting of measles and rubella surveillance data to WHO.



Preview of charts that will be available on the WIISE portal

Data Visualization – WIISE Portals are being created so you can browse data and access standard graphs and charts. The portals will be user-friendly with downloadable charts and reports. They will be available in the coming months.

We are looking forward to sharing more information throughout the year about how the collaborative

efforts of the WIISE programme is contributing to the realization of the Immunization Agenda 2030.

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

[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](#)

[Immunization Economics resource](#)

[International Association of Public Health Logisticians](#)

[International Vaccine Institute](#)

[Measles & Rubella Initiative](#)

[Multinational Influenza Seasonal Mortality Study](#)

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

[Stop Pneumonia](#)

[TechNet-21](#)

[Vaccine Safety Net](#)

[Vaccines Today](#)

WHO Regional Websites

[Routine Immunization and New Vaccines \(AFRO\)](#)

[Immunization \(PAHO\)](#)

[Vaccine-preventable diseases and immunization \(EMRO\)](#)

[Vaccines and immunization \(EURO\)](#)

[Immunization \(SEARO\)](#)

[Immunization \(WPRO\)](#)

UNICEF Regional Websites

[Immunization \(Central and Eastern Europe\)](#)

[Immunization \(Eastern and Southern Africa\)](#)

[Immunization \(South Asia\)](#)

[Immunization \(West and Central Africa\)](#)

[Child survival \(Middle East and Northern Africa\)](#)

[Health and nutrition \(East Asia and Pacific\)](#)

[Health and nutrition \(Americas\)](#)

Newsletters

[Immunization Monthly update in the African Region](#) (AFRO)

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

[Immunization Newsletter](#) (PAHO)

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

[TechNet Digest](#)

[RotaFlash](#) (PATH)

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

[Gavi Programme Bulletin](#) (Gavi)

[Immunization Economics Community of Practice](#)