



10th meeting of the
European Technical Advisory Group
of Experts on Immunization (ETAGE)

Copenhagen, Denmark

29–30 September 2009



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Abstract

The European Technical Advisory Group of Experts on Immunization (ETAGE) met on 29–30 September 2009 to review and discuss immunization activities and developments in the WHO European Region and provide advice to the WHO Regional Office on appropriate activities.

Following the advice of the 9th ETAGE meeting, a full day was spent on discussing surveillance for vaccine preventable diseases. EU Member States are currently required to report surveillance data to both WHO and to ECDC. Establishment of a multiagency working group to rationalize and harmonize reporting requirements was urged.

Faced with a large potential funding gap for 2010–2011, WHO was advised to establish a meeting with funding partners and potential partners as soon as possible, to extend collaborative activities with partner agencies and immunization initiatives, and continue to outsource activities to WHO collaborating centres and other technical institutions where possible.

Keywords

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Abbreviations

CDC	United States Centers for Disease Control and Prevention
ECDC	European Centre for Disease Control and Prevention
EIW	European Immunization Week
ETAGE	European Technical Advisory Group of Experts on Immunization
EU	European Union
EUVAC.NET	European Surveillance Community Network for Vaccine Preventable Diseases
GAVI	Global Alliance for Vaccines and Immunization
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
IHR(2005)	International Health Regulations (2005)
JRF	WHO/UNICEF Joint Reporting Form
NITAG	National Immunization Technical Advisory Group
SAGE	Strategic Advisory Group of Experts on Immunization
SAM	Surveillance, Monitoring and Evaluation Team
SIVAC	Supporting National Independent Immunization and Vaccine Advisory Committees initiative
TB	tuberculosis
TDI	Targeted Diseases and Immunization Team
TESSy	The European Surveillance System
UNICEF	United Nations Children's Fund
VPD	Vaccine-preventable diseases
WER	Weekly Epidemiological Record
WHO	World Health Organization

Executive summary

The European Technical Advisory Group of Experts on Immunization (ETAGE) held its tenth meeting on 29–30 September 2009 in the WHO Regional Office for Europe, Copenhagen, Denmark. Members of National Immunization Technical Advisory Groups (NITAGs) from nine countries and the chairperson of SAGE participated in the meeting. Main topics for discussion included the status and nature of reporting systems for surveillance of vaccine preventable diseases in the Region, most recent recommendations from the SAGE, availability and recommendations for use of vaccine against pandemic H1N1 2009 influenza, status of the TDI Strategic Plan 2010–2015, and likelihood of achieving the 2010 measles elimination regional target.

Based on a recommendation from the 9th ETAGE meeting a full day session on vaccine preventable diseases surveillance, including representatives from WHO, ECDC, CDC and selected Member States, was held. This session focussed on the types and sources of surveillance information and on efforts to improve both the quality and timeliness reported by Member States. It also addressed the issue of additional burdens placed on EU Member States in meeting the reporting requirements of both WHO and ECDC. A panel discussion revealed that the data needs of WHO and ECDC are not identical and the surveillance and reporting systems established by WHO and ECDC are not duplicative. Although there are overlaps, these are systems performing different but complementary functions. As such, ETAGE recommended a joint working group be established to develop common sets of reporting variables and a common data reporting platform that will meet the information needs of both WHO and ECDC.

During this session ETAGE also heard that for the 2010–2011 funding biennium the Regional Office faces a funding gap for immunization-related activities of approximately 40% of the proposed working budget. In the current global economic environment attracting funding to fill this gap is expected to be difficult. Failure to secure sufficient funding will result in reduced levels of staffing, reduction in the scope of activities, and place severe restrictions on the capacity of WHO to outsource planned activities. ETAGE recommended a partner meeting for mobilization of resources for immunization and VPD surveillance in the European Region be held as soon as possible.

WHO has been supporting the establishment of NITAGs in Member States. These national expert committees meet to provide advice on existing immunization policies and on the introduction of new policies and strategies. A recent survey has shown that 34 of the 53 Regional Member States, have standing NITAGs, and an additional 7 have groups that convene on an ad hoc basis in response to special circumstances. WHO is working with Member States and with SIVAC to strengthen existing NITAGs and support those countries without Advisory Groups to establish them.

Within the WHO European Region, 48 of 53 Member States have now confirmed cases of pandemic (H1N1) 2009 influenza infection, with over 56 000 laboratory-confirmed cases and 176 deaths in laboratory-confirmed cases. Experience gained in Australia, South Africa and countries of South America over the past southern hemisphere influenza season provides some indication of what to expect from pandemic influenza in Europe over the winter season. ETAGE endorsed the SAGE recommendations that immunization against pandemic H1N1 2009 influenza should not alter existing plans for immunization of target groups with vaccine against seasonal influenza, or delay or adjust routine immunization schedules for other antigens. ETAGE

also urged Member States to follow the SAGE recommendations on prioritization of groups for receipt of pandemic (H1N1) 2009 influenza vaccine.

A draft of the TDI Strategic Plan 2010–2014 has been prepared; this draft will be completed as soon as possible and forwarded to the ETAGE and key partners for review and comment. It is intended that the plan will be completed, including comments and amendments received, during a planned retreat in December 2009, and submitted for clearance and publishing by the Regional Office.

There has been a steady decline in the Regional incidence of measles cases over the past decade, but the level remains at approximately 1 per 100 thousand population. Vaccine coverage in most Member States is now high, but the number of countries with coverage less than 95% of target has recently increased, and several now need to conduct supplementary immunization activities to combat low coverage, particularly in subnational areas and higher risk populations. The Regional Office has evaluated immunization services in the Region and considers that the 2010 measles elimination goal is unlikely to be achieved in at least 10 Member States. WHO is working with these countries to address immunity gaps and pockets of low coverage, improve overall measles vaccine coverage, strengthen surveillance, and develop systems for the verification and validation of coverage and surveillance data.

Introduction

The European Technical Advisory Group of Experts on Immunization (ETAGE) meets twice a year to review the progress of the Targeted Diseases and Immunization (TDI) and Surveillance, Monitoring and Evaluation (SAM) Teams, formerly the Vaccine Preventable Diseases Programme (VPD), towards the European Regional disease prevention goals. The 10th meeting of the ETAGE was held at the WHO Regional Office for Europe, Copenhagen, on 29 and 30 September 2008.

Professor Pierre Van Damme chaired the meeting and Dr Ray Sanders was rapporteur. Dr David Mercer, Unit Head a.i. of the Communicable Diseases Unit, welcomed ETAGE members, representatives of partner agencies and Regional immunization initiatives, representative of selected Member States, and staff from WHO headquarters to the meeting.

The objectives of the meeting were to:

- request guidance from ETAGE towards the regional goals;
- review surveillance systems and reporting mechanisms for vaccine-preventable diseases in the Region;
- provide an update on the progress towards the 2010 measles and rubella elimination goal in the Region;
- review the WHO Regional Office for Europe's response to availability and deployment of pandemic (H1N1) 2009 influenza vaccines;
- review SAGE recommendations and the role of National Immunization Technical Advisory Groups in implementing SAGE recommendations; and
- provide updates from the Communicable Diseases Unit.

Opening Statements

Dr Mercer welcomed the group and participants on behalf of WHO, and highlighted the important role ETAGE plays in setting the technical direction and priorities for the immunization programme in the WHO European Region. Since the last ETAGE meeting, administrative changes within the Regional Office, in terms of structural reorganization, have continued. Several countries in the European Region have also suffered outbreaks of pandemic (H1N1) 2009 influenza. Responding to these challenges has been taxing on Regional Office staff, and made it difficult for the secretariat to complete all of the tasks set during the last ETAGE meeting.

In addition to its activities in providing advice and technical support to the WHO Communicable Diseases Unit, ETAGE also has an important advocacy role, particularly for achieving the Regional measles and rubella elimination goals. WHO also looks to ETAGE to provide advice on developing a consensus strategy for vaccine preventable diseases surveillance reporting, and particularly for fostering concordance between WHO and ECDC in establishing a common reporting system. In the wake of the global economic downturn, WHO looks to the ETAGE for advice on making best possible use of available resources.

Professor Van Damme reminded the ETAGE of their responsibility to provide independent review and expert technical input to the WHO European Region's immunization programme, with the objectives of facilitating and accelerating the achievement of the Regional targets. He also reminded participants of the importance of infectious disease surveillance to Member States of the Region.

Report: Progress made since the last ETAGE meeting

Responding to the pandemic (H1N1) 2009 influenza outbreaks in several Member States and to the ongoing structural reorganizations within WHO have placed constraints on WHO Regional Office staff in completing tasks set by ETAGE at its last meeting. As a result, activities have necessarily been prioritized. Highest priority activities have been completed, but some remain in progress and others have been postponed. ETAGE recognized the need for prioritization of activities, and approved the order of prioritization.

One of the delayed activities is the revision, publication and distribution of the TDI Strategic Plan 2010–2014. Revision of the plan has now been completed, and ETAGE was requested to review the draft document. When the review process has been completed the final draft will be published and distributed electronically as a working document that can be periodically reviewed and revised as necessary. It is anticipated the document will be finalized and cleared by the end of the calendar year.

The Regional Office is currently exploring the feasibility of developing a web page for posting key recommendations and documents produced by the national advisory committees for immunization. It is expected that the web site will be launched early next year.

Although it is now unlikely that the Region will meet its 2010 goal of measles and rubella elimination, the Regional goal has not yet been changed. Due to the need to focus activities on pandemic influenza vaccines, the proposed measles/rubella meeting with key Member States from western Europe has been postponed to early 2010. The Regional Office continues to monitor Member States reporting measles outbreaks and provides advice on evaluation of susceptible populations. A consultation will be held in January 2010 to establish a Regional Verification Committee for measles and rubella elimination. Updated surveillance guidelines have been published, and the Regional Office is working with Member States on adapting rubella case-based surveillance and establishing sentinel surveillance for congenital rubella syndrome.

Technical Session 1: Surveillance of vaccine-preventable diseases in the Region: experiences and challenges from Member States, ECDC and WHO Regional Office for Europe

The WHO/UNICEF Joint Reporting Form (JRF) is used to collect information from Member States on their immunization and surveillance activities on an annual basis. Information reported on the JRF is submitted by the Ministry or Department of Health and constitutes the official data for the country. Many Member States have problems in completing the forms by the submission deadlines, and some cannot complete all of the required data fields, particularly routine vaccine coverage. By the time the Regional data has been collected, cleaned, analysed and published it is

a year old. These data are useful for planning, trend analysis and advocacy, but is not useful for outbreak detection and response.

Annual data on TB and HIV/AIDS infections is collected in collaboration with ECDC, through the TESSy platform maintained by ECDC. Both WHO and ECDC collect monthly data on measles and rubella infections, with some Member States reporting through EUVAC.NET for ECDC. Twelve Member States also provide monthly surveillance data on diphtheria. WHO continues to maintain weekly reporting of AFP and associated enterovirus and environmental sampling systems. There is also ad hoc reporting of sentinel surveillance and supplementary immunization activities.

The main challenge for WHO is to expand the number of diseases reported on a monthly basis but at the same time to improve reporting compliance and the quality. This requires working closely with Member States to improve national data collection and reporting systems.

ECDC collects surveillance data from EU Member States and is committed to strengthening surveillance systems in these countries. ECDC collects surveillance data from nationally nominated "Competent Bodies" that include national institutes, centres of excellence and recognized disease experts. As such, the data collected are not always fully compatible with that collected by WHO from the Health Ministries.

A number of EC-funded disease surveillance networks and initiatives existed in Europe prior to the establishment of ECDC. Of these the European Union Invasive Bacterial Infections Surveillance Network (EU-IBIS) transferred to ECDC in October 2007 and the Diphtheria Surveillance Network (DIPNET) will transfer in January 2010. The Surveillance Community Network for Vaccine-preventable Diseases (EUVAC.NET) is granted until February 2011. A decision will be made on its possible long-term future before this date. EUVAC.NET collects surveillance data on measles and other childhood vaccine-preventable diseases including pertussis, rubella (and congenital rubella syndrome), mumps and varicella. It is intended that a routine monthly reporting system for these diseases will be established.

A panel discussion, chaired by Professor David Salisbury, posed the questions (i) what is the objective or purpose of surveillance, and (ii) what is the timeliness of surveillance in terms of the time taken for information to move from case investigation to highest level reporting?

WHO surveillance functions through national governments and national programmes and has both process indicators and outcome indicators that are evaluated separately. For WHO, the primary objectives of surveillance are to tailor support and assistance that is provided to Member States, and to monitor progress made by Member States, in controlling infectious diseases. The Regional Office also contributes data to global surveillance systems. With regard to timeliness, data collected through the JRF are obviously not timely, in the sense of being immediate, but they provide information for planning and advocacy. Data collected from the monthly and weekly reporting systems, when they are fully operational, are used to provide a rapid response to needs. This is particularly important for diseases covered by the IHR(2005) reporting requirements.

A primary objective of ECDC is to strengthen infectious disease surveillance in Europe. A main focus for ECDC is quality, so that data is comparable and can be analysed and shared. It attempts this through institutionalization of communications between Competent Bodies and harmonization of data and systems. The use of Competent Bodies, which includes National

Infectious Disease institutes, state epidemiologists and local disease experts, greatly extends the influence of ECDC into national surveillance systems. Timeliness of data collection and reporting systems is disease specific. Reporting of influenza data is on a weekly basis, measles and rubella on a monthly basis, and data on other vaccine-preventable diseases is on an annual basis.

The data needs of WHO and ECDC are not identical and the surveillance and reporting systems established by WHO and ECDC are not duplicative, but are systems performing different, complementary functions. As such, it should be possible to develop common sets of reporting variables and a common data reporting platform that will meet the information needs of both WHO and ECDC. This would avoid the current situation where countries are requested to submit two similar, but different data reports to WHO and ECDC.

In several Member States disease surveillance systems remain in a state of transition. Reporting systems that formerly provided data only for planning and trend analysis are being revised to provide information for action. In many western European countries, surveillance systems have been established that are both sensitive and rapidly responsive. These countries provide model systems of effectiveness and efficiency that are still some way from being realized in many other countries. Timeliness and completeness of investigation, and timeliness and quality of reporting remain problems in several Member States. In many countries with health care systems in transition, primary health care doctors and nurses are not aware of the importance of disease surveillance and are not fully responsive to the needs of surveillance systems. More training is required, and greater emphasis should be placed on the importance of surveillance to national disease control programmes. It is also important to recognize that new and novel surveillance activities and protocols are being developed, and investigation of these advances and innovations may be beneficial to Member States struggling to establish more traditional surveillance systems. Information on advances and innovations in surveillance should be provided to Member States by WHO and ECDC through a common, easily accessed information distribution and feedback platform.

The new funding biennium for WHO starts in January 2010, and as in previous biennia, there is a gap between the funds required for planned activities and the funds currently pledged. This biennium, however, the funding gap is larger than usual, being approximately 40% of the proposed working budget. In the current global economic environment attracting funding to fill this gap is expected to be difficult. Failure to secure sufficient funding will result in reduced levels of staffing, reduction in the scope of activities, and place severe restrictions on the capacity of WHO to outsource activities. Currently 64% of funds for the Region are provided by two partners, CDC Atlanta and GAVI, and there is an urgent need to increase the number of Regional partners. Furthermore, 88% of funds received by the Region are strictly linked to specific activities. While these funds are welcomed, strict linking can reduce the capacity of the Regional Office to make best use of available funds for highest priority activities. There is an urgent need for greater proportion of funds received to be for unspecified expenditures.

Technical Session 2: Roles and status of advisory groups at global, regional, and national levels (SAGE, ETAGE and NITAG)

SAGE is WHO's principle advisory group on immunization and vaccine-preventable diseases. The group has 15 members, appointed by the WHO Director General, meets twice a year and

publishes recommendations from meetings in the Weekly Epidemiological Record (WER). SAGE maintains strong links with the Regional advisory groups, providing advice and guidance to these groups and responding to information, queries and requests from them.

WHO has been supporting the establishment of National Immunization Technical Advisory Groups (NITAGs) in Member States. These national expert committees meet to provide advice on existing immunization policies and on the introduction of new policies and strategies. They represent a technical resource to assist national authorities in evidence-based decision-making, empowering governments to accept stewardship of national immunization programmes. They also act to resist pressure from any interest group, including vaccine manufacturers, increase credibility of national programmes, and promote a more comprehensive approach to the health of national populations. In order to strengthen links between ETAGE and NITAGS, WHO invited members of NITAGs from nine countries in the Region to participate in the 10th meeting of the ETAGE.

The Regional Office has recently conducted a survey of the status of NITAGS in Member States. Of the 53 Regional Member States, 34 have standing NITAGS, and an additional 7 have groups that convene on an ad hoc basis in response to special circumstances. Of the 34 standing NITAGs 19 have formally written terms of reference, 27 have members with at least 5 years experience in the 5 basis areas of expertise recommended by WHO, 22 meet on at least an annual basis, and 18 require members to declare any conflict of interests. Regional WHO guidelines on establishing and maintaining NITAGs have been drafted and will be distributed next year. Plans for the development of a Regional web site, for sharing experience of best practices, are also in hand, and WHO is exploring the possibility of establishing supporting networks, through twinning and increased collaboration with partners such as the Supporting National Independent Immunization and Vaccine Advisory Committees initiative (SIVAC).

The SIVAC initiative is supported by Agence de Médecine Préventive and the International Vaccine Institute, and works with GAVI-eligible countries worldwide. The initiative works with eligible Member States to establish a project infrastructure and develop partnerships to ensure coordination with other global and regional efforts for improving evidence-based decision-making in immunization policies and programmes. SIVAC is currently in discussion with the Regional Office regarding inclusion of European Member States in the initiative and is working collaboratively to align and support the TDI Strategic Plan. Plans exist to support development of a NITAG in Romania in 2010, with the possibility of supporting additional countries after 2010. SIVAC also plans to support Kyrgyzstan in strengthening its NITAG to meet international standards, with the possibility of supporting existing NITAGs in other countries after 2010.

Technical Session 3: Vaccine for pandemic (H1N1) 2009 influenza

Within the WHO European Region, 48 of 53 Member States have now confirmed cases of pandemic (H1N1) 2009 influenza infection, with over 56 000 laboratory-confirmed cases and 176 deaths in laboratory-confirmed cases. Experience gained in Australia, South Africa and countries of South America over the past southern hemisphere influenza season provides some indication of what to expect from pandemic influenza in Europe over the winter season. Generally, the southern hemisphere influenza season was dominated by pandemic (H1N1) 2009 influenza virus, with the median age of cases being around 20 years of age, and the median age of laboratory-confirmed case deaths being approximately 40 years of age. The majority of

reported cases presented with uncomplicated influenza-like illness that resolved without antiviral treatment. The case fatality rate (CFR) remained at less than 1% of confirmed cases, with the majority of these having pre-existing underlying medical conditions. Although virus isolates analysed to date show no antigenic diversity from candidate vaccine strains, the genetic and antigenic evolution of this virus remains unpredictable.

In July 2009, the SAGE held an extraordinary meeting in Geneva to discuss issues and make recommendations related to vaccine for the pandemic (H1N1) 2009 influenza. SAGE recommended:

- immunization of health care workers (1–2% of population) be given first priority;
- a stepwise approach is adopted to vaccinate particular groups: based on country epidemiology and objectives:
 - pregnant women (2% of the world population)
 - those aged >6 months with one or more chronic medical conditions
 - healthy young adults >15–49 years;
 - healthy children
 - healthy adults >49–65 years
 - healthy adults >65 years

The WHO Regional Office for Europe has recently conducted a survey to assess the level and status of access of countries to pandemic vaccine and to identify their needs. Technical assistance is being provided to Member States through a series of workshops targeted on improving country-level planning capacity for vaccine management and delivery. Further technical assistance will be provided to Member States in need of operational planning for vaccination. Collaboration with international partners is being conducted through weekly tele- and video-conferences with the European Commission, ECDC, WHO headquarters and other Regional Offices to share information and to discuss strategies. When vaccine becomes available, a close follow up of vaccination response, including vaccine safety, is planned by WHO. Outcome indicators, including disease incidence, hospitalizations and school attendance have been established for monitoring the impact of the vaccination response.

Technical Session 4: TDI Strategic Plan

The Targeted Diseases and Immunization (TDI) strategic plan, 2010–2014 provides a framework for Regional planning and activity implementation that is aligned with the WHO mid-term strategic plan and under the strategic direction of the Global Immunization Vision and Strategies (2006–2015). The plan has three strategic areas: immunization strengthening; targeted disease initiatives; and surveillance, laboratories and monitoring. A draft of the plan has been prepared; this draft will be completed as soon as possible and forwarded to the ETAGE and key partners for review and comment. It is intended that the plan will be completed, including comments and amendments received, during a planned retreat in December 2009, and submitted for clearance and publishing by the Regional Office. As the strategic plan is a living document, it will be reviewed bi-annually and updated and revised as needed.

Technical session 5: Status of 2010 goal for measles and rubella elimination goal

There has been a steady decline in the Regional incidence of measles cases over the past decade, but the level remains at approximately 1 per 100 thousand population. Vaccine coverage in most Member States is now high, but the number of countries with coverage less than 95% of target has recently increased, and several now need to conduct supplementary immunization activities to combat low coverage, particularly in subnational areas and higher risk populations.

Suboptimal immunization coverage led to measles outbreaks and resurgence of indigenous measles in several western European countries. Six Member States: Bulgaria, France, Ireland, Germany, Switzerland and the United Kingdom, together representing 25% of the Region's population, accounted for 91% of total measles cases in 2009 to date. The Regional Office has evaluated immunization services in Member States and considers that the 2010 measles elimination goal is unlikely to be achieved in at least 10 Member States. WHO is working with these countries to address immunity gaps and pockets of low coverage, improve overall measles vaccine coverage, strengthen surveillance, and develop systems for the verification and validation of coverage and surveillance data.

The Regional Office is also developing a strategy and framework for documenting and validating measles and rubella elimination. The framework will be finalized after a WHO internal consultation in January 2010.

Recommendations

Technical Session 1: Surveillance of vaccine-preventable diseases in the Region: experiences and challenges from Member States, ECDC and WHO Regional Office for Europe

ETAGE recognizes that WHO and ECDC have different, but complementary, objectives for surveillance of infectious diseases, and that the requirement to respond to the objectives of both WHO and ECDC may place an additional burden on Member States. Delays in reporting present a significant problem for all infectious disease surveillance systems and any additional burden on Member States causes further delays, making it less likely that improvement in the timeliness of reporting will be achieved.

ETAGE recommends the establishment of a Working Group, to include representatives from WHO, ECDC and selected Member States, to rationalize and harmonize requirements and mechanisms for reporting vaccine preventable disease strategic information to WHO and ECDC. Activities of the Working Group should be focussed on establishing a common platform for Member States for reporting surveillance data, with open access to both organizations. In addition, a core variable dataset should be defined from which both organizations can then add other variables. Experience gained through the operation of EUVACNET should be reviewed and utilized.

1. ETAGE recognizes the continuing urgent need to improve pre-service and in-service training for vaccinology and surveillance of VPDs. ETAGE encourages the Regional Office to:
 - develop a platform for sharing best practices in these areas;

- provide advice on national training activities; and
- explore with WHO headquarters the possibility of making vaccinology and surveillance for VPDs a standard global component of medical and allied health education.

ETAGE is concerned with the projected funding gap for 2010–2011. Although a gap often exists at the beginning of a funding biennium, the magnitude of the projected gap, together with anticipated reduced opportunities to meet the currently un-met requirements, have the potential to seriously disrupt Regional immunization activities.

2. ETAGE recommends that:

- a partner meeting for mobilization of resources for immunization and VPD surveillance in the European Region be held as soon as possible;
- opportunities for including partners and potential partners in EIW activities should be explored;
- the process of engaging and involving WHO collaborating centres and other technical institutions in providing technical support and facilitating and conducting activities within the Region should be continued and extended.

Technical session 2: Roles and status of advisory groups at global, regional, and national levels (SAGE, ETAGE and NITAG)

Following requests from Member States for further actions in establishing and strengthening NITAGs, and supporting them through provision of technical information and procedural tools,

3. ETAGE recommends that:

- the WHO Regional Office continue development of NITAG support and strengthening tools and procedures to establish an effective system of immunization information sharing and exchange, both between Member States and with WHO Regional Office;
- every opportunity should be taken to make full use of resources and information provided by SAGE;
- collaborations with other agencies and initiatives, such as SIVAC, should be continued and extended.

Technical Session 3: Vaccine for pandemic (H1N1) 2009 influenza

In response to requests for information regarding use of vaccines against pandemic (H1N1) 2009 influenza, ETAGE:

- endorses the SAGE recommendations that immunization against pandemic (H1N1) 2009 influenza should not alter existing plans for immunization of target groups with vaccine against seasonal influenza, or delay or adjust routine immunization schedules for other antigens;
- endorses the SAGE recommendations on prioritization of groups for receipt of pandemic (H1N1) 2009 influenza vaccine; and
- requests SAGE to address the issues of co-administration of influenza vaccines and age- and group-specific dose requirements at its meeting in October 2009.

4. ETAGE recommends that WHO work with Member States, UNICEF and other agencies to establish methods for identification of unused stocks of pandemic influenza vaccine for provision to Member States that are unable to provide sufficient vaccine to immunize high priority groups.

Technical Session 4: TDI Strategic Plan

Recognizing that the Regional TDI Strategic Plan 2010–2014 has been drafted and preparations are in hand to finalize the document,

5. ETAGE recommends the draft Plan be finalized as a working document for distribution. ETAGE expects that this document will be open for periodic review and possible revision through 2014.

Technical Session 5: Status of 2010 goal for measles and rubella elimination goal

ETAGE acknowledges the successful efforts made by many Member States to eliminate measles in accordance with the Regional 2010 elimination goal. It notes, however, that a number of Member States, particularly in western Europe, are not only unlikely to meet the 2010 target, but pose a significant threat for exporting measles virus to other Member States. ETAGE recommendations from October 2008 and March 2009 should continue to be followed up by WHO European Regional Office and Member States.

ANNEX 1. PROGRAMME

Tuesday, 29 September

09:15–10:00	<i>Registration</i>	Reception desk
10:00–10:30	Opening remarks	WHO Regional Office (WHO Regional Office for Europe) Chairperson, Professor P Van Damme
10:30–11:15	Progress since last ETAGE, March 2009	Dr R Martin
11:15–11:45	<i>Coffee break</i>	
11:45–12:30	Technical Session 1: Surveillance of vaccine-preventable diseases in the Region: experiences and challenges from Member States, ECDC and WHO Regional Office for Europe	
	<i>Issues for ETAGE:</i>	
	➤ <i>Review of reporting requirements of WHO Regional Office for Europe and ECDC on Member States</i>	
	➤ <i>Review of strategy and approach to Member States</i>	
	- WHO Regional Office for Europe	Dr D Mercer
	- ECDC	Dr L Pastore-Celentano
	- United Kingdom – Case-based surveillance for measles and rubella	Ms H Campbell
	- Turkey – Monitoring surveillance system performance	Dr A Coskun
12:30–13:30	<i>Lunch</i>	
13:30–15:30	Technical Session 1: (continued)	
	- Discussion	
	- <i>Panel discussion (Dr L Pastore-Celentano, Dr S Glissman, Dr H Campbell, Dr A Coskun, Dr L Mosina, Mr A Goel, Dr E Gavrilin, Dr D Mercer)</i>	Professor D Salisbury
15:30–16:00	<i>Coffee break</i>	
16:00–16:30	Targeted Diseases and Immunization Team Updates	Mr L Weakland
	- 2010–2011 activity and financial plan	
	- Resource mobilization	
	- European Immunization Week 2009 – report and 2010 planning	
16:30–17:30	<i>Private session – ETAGE</i>	
18:00–19:00	Reception	

Wednesday, 30 September

09:00–10:00	Technical Session 2: Roles and status of advisory groups at global, regional, and national levels (SAGE, ETAGE and NITAG)	
	<ul style="list-style-type: none"> - Update on SAGE - Progress on establishing and strengthening NITAGs - Update from SIVAC Initiative - Lessons learned in Kyrgyzstan 	<ul style="list-style-type: none"> Dr P. Duclos Dr N. Cakmak Dr K. Senouci Dr N Babadzanov
10:00–11:00	Technical Session 3: Vaccine for pandemic (H1N1) 2009 influenza:	
	<i>Issues for ETAGE:</i>	
	<ul style="list-style-type: none"> ➤ <i>Which priority groups should be recommended for immunization with pandemic (H1N1) 2009 influenza vaccine?</i> ➤ <i>What should be the recommendations to Member States about access to pandemic (H1N1) 2009 influenza vaccine?</i> ➤ <i>What should be the guidance on seasonal influenza vaccination during the pandemic?</i> 	
	<ul style="list-style-type: none"> - Regional overview of the pandemic (H1N1) 2009 influenza - Regional activities in availability and deployment - Policy guidance from ETAGE 	<ul style="list-style-type: none"> Dr J. Mott Dr N. Cakmak
11:00–11:30	<i>Coffee break</i>	
11:30–12:00	Technical Session 4: TDI Strategic Plan	Dr R. Martin
	<i>Issues for ETAGE</i>	
	<ul style="list-style-type: none"> ➤ <i>Does the strategic plan cover the scope of WHO Regional Office for Europe's work in immunization?</i> 	
	<ul style="list-style-type: none"> - WHO Regional Office for Europe's Regional Immunization Strategic Plan - Discussion 	
12:00–12:45	Technical Session 5: Status of 2010 goal for measles and rubella elimination goal	Dr S. Deshevoi
	<i>Issues for ETAGE:</i>	
	<ul style="list-style-type: none"> ➤ <i>Are Member States on track to reach the established targets?</i> ➤ <i>Are the implemented strategies enough to reach elimination?</i> 	
	<ul style="list-style-type: none"> - Status of reaching the 2010 goal for measles and rubella elimination in WHO Regional Office for Europe 	
12:45–15:00	<i>Lunch</i>	
12:45–15:00	Private session and lunch– ETAGE	
	<ul style="list-style-type: none"> - Recommendations - Membership in 2010 	
15:00–16:00	Conclusions and recommendations	Chairperson
	Closing remarks	WHO Regional Office for Europe

ANNEX 2. PARTICIPANTS

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**The WHO Regional
Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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