



**4th meeting of the European Technical Advisory
Group of Experts for Immunization
(ETAGE)**

Copenhagen, Denmark, 14–15 June 2005

**Vaccine-preventable Diseases and Immunization
Programme**

ABSTRACT

The fourth meeting of the European Technical Advisory Group of Experts (ETAGE) was held in Copenhagen from 14 to 15 June 2005 with the objective of reviewing the main strategies, activities and technical issues of the Vaccine-preventable Diseases and Immunization Programme (VPI) of the European Region of WHO, and providing advice on key future areas for further development.

ETAGE was briefed on the implementation of recommendations made during the previous two meetings, and detailed presentations were given on the status of surveillance and monitoring for vaccine-preventable diseases, including laboratory-based surveillance. The current status and future plans of WHO partnerships and advocacy were discussed, including preparations for European Immunization Week. The operational plan for measles and rubella elimination and congenital rubella syndrome prevention, including projected budget requirement, was reviewed, and the proposed Regional Committee resolution on measles and rubella elimination was endorsed.

New global initiatives and reorganization were discussed, including the Global Immunization Vision and Strategy (GIVS), together with the proposed guidelines for immunization of people living with HIV/AIDS. The current status of polio eradication was reviewed and the conclusions and recommendations of the 18th meeting of the Regional Certification Commission held in May 2005 for Polio Eradication were endorsed.

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Abbreviations

AFP	Acute flaccid paralysis
AEFI	Adverse events following immunization
CISID	Centralized Information System for Infectious Diseases
CRI	Congenital rubella infection
CRS	Congenital rubella syndrome
cVDPV	Circulating vaccine-derived polioviruses
DTP	Diphtheria–tetanus–pertussis
DTR	Division of Technical Support, Reducing Disease Burden
EIDIS	Strengthening Information Systems for Management of Immunization Programmes and Surveillance of Vaccine Preventable Diseases in Selected Countries of Europe
ECDC	The European Centre for Disease Prevention and Control
ETAGE	European Technical Advisory Group of Experts on Immunization
EU	European Union
GIVS	Global Immunization Vision and Strategy
GTN	Global Training Network
Hib	<i>Haemophilus influenzae</i> type b
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IICC	Interagency Immunization Coordination Committee
IPV	Inactivated poliovirus vaccine
MCV1	First dose of measles vaccine
MMR	Measles–mumps–rubella vaccine
MR	Measles-rubella vaccine
OPV	Oral poliovirus vaccine
PLWHA	People Living with HIV/AIDS
RC	Regional Committee of the WHO European Region
RCC	Regional Certification Commission for Polio Eradication in the European Region
RED	Reaching Every District
SAM	Surveillance Assessment and Monitoring
UNICEF	United Nations Children’s Fund
VDPV	Vaccine-derived polioviruses
VPI	Vaccine-preventable Diseases and Immunization programme of the WHO Regional Office for Europe
WHA	World Health Assembly
WHO	World Health Organization

Background

The European Technical Advisory Group of Experts (ETAGE) was established in 2003 in response to the challenging new targets for the control and/or elimination of many vaccine-preventable diseases outlined in the HEALTH21 strategy, a health-for-all framework for the Region. The role of ETAGE is to provide guidance to the VPI in implementing the current Regional immunization programme and to respond to the changing and diverse immunization requirements of the WHO Member States. The inaugural meeting of ETAGE was held in Copenhagen from 18 to 19 September 2003, when the terms of reference for the new group were established. The second meeting of the group was held from 9 to 10 March 2004, during which the following topics were reviewed and discussed: the proposed plans for measles elimination and prevention of congenital rubella infection; sustaining polio-free status and containment of wild polioviruses; vaccine safety; and safety of immunization. The third meeting, held from 9 to 10 November 2004, reviewed the VPI proposed work plan for 2005, focusing specifically on measles and rubella elimination and immunization safety issues.

Opening of the meeting

Dr Gudjon Magnusson, Director, Division of Technical Support, Reducing Disease Burden (DTR), and Dr Nedret Emiroglu, Regional Adviser, Vaccine Preventable Diseases and Immunization Programme (VPI) opened the meeting, welcoming members and meeting participants. Two new ETAGE members, Dr Pierre Van Damme from Belgium and Dr Paata Imnadze from Georgia, were welcomed, and two outgoing members, Dr Adam Vass from Hungary and Dr Alenka Kraiger from Slovenia, were thanked for their dedication and support during their tenure as members. Dr Peet Tull was welcomed as the representative from the European Centre for Disease Prevention and Control (ECDC). Dr Nick Ward once again took the chair of the meeting, and Dr Ray Sanders was the rapporteur.

Scope and purpose of the meeting

The scope and purpose of the fourth meeting of ETAGE were:

- to summarize the follow-up actions taken to implement previous ETAGE recommendations and to plan future activities;
- to discuss the main issues and priorities for:
 - vaccine-preventable diseases surveillance and monitoring including Regional Laboratory Network activities for measles, rubella and polio;
 - partnership and advocacy including preparations for European Immunization Week;
- to discuss and endorse:
 - the operational plan for measles and rubella elimination and congenital rubella syndrome (CRS) prevention;
 - immunization guidelines for people living with HIV/AIDS;
- to brief ETAGE on:
 - background documents for the WHO Regional Committee meeting 2005;
 - the 18th meeting of the Regional Certification Commission for Polio Eradication in the European Region (RCC), May 2005;
 - new global initiatives and reorganization, including the Global Immunization Vision and Strategy (GIVS).

Summary of follow-up actions to implement ETAGE recommendations from previous meetings

In response to previous ETAGE recommendations, the second edition of the Global Training Network (GTN) course on adverse events following immunization (AEFI) was conducted (25–30 April, 2005) in Moscow, with participation by representatives from Armenia, Georgia, Moldova, Kazakhstan, Russian Federation and Ukraine. In-country training on AEFI was provided in Uzbekistan and is planned for Georgia. A new joint surveillance assessment protocol and training package, which includes an AEFI surveillance component, is being developed and additional information on AEFI is being requested through the annual UNICEF/WHO joint reporting form. Ukraine is revising and updating its national policy on injection safety and health-care waste management, based on the results of a two-year pilot project. Subsequent to the subregional meeting on injection safety and health-care waste management, Kiev, Ukraine (February 2005), Russia and Belarus intend to follow the same path as Ukraine in piloting the use of needle cutters and recycling the plastic from syringes. Turkmenistan is presently developing its national plan on health-care waste management after having conducted a rapid assessment.

As requested, ETAGE was updated on overall programme management and implementation. From the working budget of US\$ 10.3 million from the 2004–2005 programme, approximately 22% remains for funding activities to the end of December 2005. Implementation rates of collaborative agreements with Member States are generally on track. A new programme planning tool has been developed to help prioritize activities, provide financial and staff forecasting and identify areas with potential for integration at both Regional and country level. The Programme currently employs 30 staff in Copenhagen, with two intercountry positions based in Ukraine and Almaty, and three national professional officers of VPI staff in Uzbekistan, Tajikistan and Azerbaijan. Plans exist to extend country staff in the Caucasus and the Balkans and to recruit national professional officers in Armenia, Kazakhstan, Kyrgyzstan, Turkmenistan, Georgia and Bosnia and Herzegovina.

Discussion

The focus of AEFI training has been the highest priority in countries, but a Regional strategy to cover all Member States is being developed and a draft will be available later this year. At present, most AEFI investigations and assessments have been ad hoc, based on requests from countries. The Headquarters of the World Health Organization is working with the Uppsala centre on the Brighton Initiative to develop standard case definitions and a standard database for AEFI reporting, and requests all Member States to report AEFI data to Uppsala. The WHO Regional Office for Europe will be involved in this work later this year, and a meeting is planned at Uppsala to identify the means of improved collaboration. There is currently no formal mechanism for sharing AEFI information between countries, and the Regional Office should be playing a central role in developing and implementing an information exchange system.

The number of staff based in Copenhagen has increased considerably in recent years, potentially presenting challenges for effective integrated activities and management. Recognizing that VPI is investigating opportunities to integrate selected programme components, a revision of the technical management structure and adjusting the Programme into more target- and goal-oriented functions will be necessary. Proposed staffing increases will be funded by the Headquarters of WHO and international partners, and not directly by the Regional Office. The effects of WHO reorganization and decentralization remain difficult to predict, and may require changes to projected staffing and planned activities. Alternative plans have been prepared in the event of expected funding not being made available; however, this may result in a substantial decrease in technical and financial support provided to Member States.

Meetings of National Programme Managers appear to be effective vehicles for reviewing the status of national programmes and updating and providing feedback to the National Immunization Programme Managers. It is planned that a full meeting, with representatives from

all Member States, will be held every two years, with subregional meetings held more frequently. The next subregional meeting will be held in Turkey in November 2005, with participants from the Newly Independent States and selected Balkan countries.

Technical session 1: Surveillance of vaccine-preventable diseases in the Region – Main issues and challenges

Regional surveillance objectives are currently focused on the priority diseases: polio, measles/rubella and diphtheria, on extending immunization performance monitoring, and on improving data quality. At the country level, attention is focused on supporting enhancement of surveillance and improving data management. These Regional objectives form an integral part of the Global Immunization Vision and Strategy (GIVS), developed to guide global immunization and vaccine-preventable diseases surveillance activities for the next 10 years.

Surveillance Assessment and Monitoring (SAM) in the Regional Office relies on a system that includes a complex data flow, with weekly, monthly, quarterly or annual updates according to the component of the immunization programme monitored. SAM is also supported by the Centralized Information System for Infectious Diseases (CISID) tool that contributes to the collection, validation, analysis and dissemination of information. SAM results in regular feedback for Member States and interested bodies, up-to-date analyses and a monthly publication of a polio and measles newsletter. SAM also contributes to detecting and verifying alerts of hot cases for polio, monitoring trends, highlighting the Member States or particular areas of the immunization programme that need attention and by providing objective assessment methods that can be used at the country level.

Surveillance activities are also conducted at the country level, where projects such as Reach Every District (RED), the European Infectious Diseases Information System (EIDIS), and Data Quality Self Assessment (DQS) are conducted. These projects and activities are intended to improve immunization coverage monitoring at national level and raise the capacity and quality of data management at the district level. Systems for quarterly monitoring of activities, national and subnational training sessions, national and subnational assessments and intercountry forums for exchanges on best practices have been arranged. In addition, assessment protocols and training materials (immunization in practice, surveillance training) are being piloted in some countries.

The heterogeneous nature of disease surveillance systems used in the Region continues to provide a source of difficulty for the Regional Office. The use of different case definitions, surveillance sensitivity and specificity, the presence or absence of laboratory confirmation services, and the priority given to controlling specific diseases by different Member States, all make establishing a Region-wide surveillance system complex. The Regional Office also faces challenges in sustaining the current system while addressing a larger number of diseases and changes in the monitoring structures. It is clear that the surveillance objectives of the EU and WHO must be made to converge, not only in terms of definitions but also in terms of a smooth exchange of information through shared platforms.

Immunization coverage assessment remains a main indicator for immunization programme management, but different methods are used in different countries. For example: Administrative methods, defined as routine collection of immunization data, (registering, annual immunization record checking, reporting of number of doses administered) are used in many of the Newly Independent States, the Scandinavian countries and the United Kingdom; population-based surveys are used in Belgium and France; convenience samples are used in Cyprus and Greece; and record checking is used in Germany. A number of studies have compared coverage rates derived from administrative methods with those of surveys and found that administrative methods tend to overestimate coverage, in some cases by as much as 20%. The WHO/UNICEF Joint Reporting Form is also used to collect information on vaccine coverage and disease surveillance, but there are concerns over the quality of data collected, particularly when different methods are used in different countries.

Current strengths of the programme include the establishment of an automated, organized flow of information from collection to reporting, with performance monitoring, in standard format, and validation at entry and analysis. The system allows both routine and ad hoc analysis of the situation in Member States at both national and subnational level. Communication systems have been established permitting regular feedback and information to Member States, the distribution of programme-specific newsletters and information bulletins, and allowing the presentation of analysis results in management and scientific meetings.

Challenges to the Region include the diversity and increasing complexity of the Region, with 52 Member States, at least eight different information sources to be reconciled, seven areas of work within the programme, and sometimes non-overlapping goals and strategies of the Headquarters of WHO and other partner agencies to contend with. Resources are limited and funding for staff and proposed activities are often unsecured. A longer-term strategy for securing funding to maintain and strengthen surveillance services is needed.

Discussion

The goal of the programme is to develop and maintain an infrastructure for the collection, analysis and dissemination of high-quality information on vaccine-preventable disease occurrence and vaccine coverage.

Due to the complexity of the Region, a pragmatic approach to surveillance is required, particularly with regard to partnerships. WHO should be working with the EU at both political and technical levels to establish standard case definitions, datasets and monitoring methods, and ensuring that efforts are not being duplicated or that some important areas or diseases are not being covered at all. The efforts of WHO and its partners must be focused on areas and activities where the greatest improvements are required.

Not all information needs to be updated on a frequent basis; some can be meaningfully updated on an annual basis, others require constant update. These differences must be acknowledged by the surveillance system and the different approaches to collecting and validating the relevant data recognized.

Dissemination of information and feedback to programme managers and country staff has improved, but needs to be further strengthened.

The regional laboratory networks

To monitor the success of the WHO polio eradication initiative and the measles and rubella elimination programme, a strong surveillance system plays a crucial role by offering in-depth epidemiological and virological data. Laboratory confirmation of acute flaccid paralysis (AFP) cases, wild type polio importation, circulating vaccine-derived polioviruses (cVDPV) detection or of suspected measles/rubella cases is critical when countries are approaching the target for disease eradication or enhanced control. The Regional Office has supported the development of a European Regional Laboratory Network for polio and another one for measles/rubella. Both laboratory networks consist of national and subnational laboratories supported by Regional and Global Reference Laboratories.

The role of the laboratory networks is to assist the vaccine-preventable diseases programmes at each stage of implementation by providing complete and reliable laboratory data. The most important tasks include: monitoring and verifying virus transmission; monitoring the susceptibility profile of the population; and investigating potential adverse events following vaccination. The laboratory networks have developed standards for diagnosis, mechanisms for quality assurance, and provide training opportunities. WHO supports the laboratory networks by sharing expertise, offering possibilities for the exchange of experience, upgrading laboratories and routinely providing laboratory reagents and supplies and

equipment to selected countries. WHO has developed a mechanism to monitor the performance of the laboratories within the networks through the weekly or monthly online reporting of laboratory data, and by annual accreditation reviews, including proficiency testing.

Challenges facing the laboratory networks include maintaining political commitment to polio laboratory surveillance in Member States in a Region certified as polio-free, strengthening the laboratory component of supplementary surveillance for polioviruses in a Region with declining AFP surveillance, and maintaining a high quality of polio laboratory performance in the absence of wild polioviruses. The number of stool samples collected from AFP cases and contacts has shown a significant decline since certification. Integration of polio network laboratories into networks for other diseases, for example measles/rubella or influenza, presents a potential opportunity to maintain the network, but also presents a set of new challenges. Expanding poliovirus laboratory activities to include other diseases not yet covered by WHO laboratory networks (rotavirus, Hib, diphtheria and hepatitis, for example) has been considered as an opportunity for better use of the existing network, however, no firm proposals have been developed yet. The measles/rubella laboratories are also challenged by the complexity and duration of ongoing reforms of the public-health systems in many Member States, making allocation of available resources difficult.

An additional challenge is the declining level of WHO funding allocated for the polio laboratory network. It is perhaps inevitable that in the face of competing priorities, international funding support for the network has declined after certification. Continuing to give priority to this area is extremely important and Member States should be persuaded about the public-health value of the laboratories and encouraged to take on more of the responsibility for maintaining these laboratories.

Discussion

Evidence for declining political commitment to polio surveillance and a decrease in the quality of AFP surveillance being carried out is of great concern.

The potential for polio laboratory network laboratories to expand their activities to cover other diseases is great, and is worth investigating further. Laboratory activities must be linked to the national surveillance programmes, however, and it is these that will create demand for laboratory confirmation of specific diseases. One of the key areas of polio laboratory experience to be shared is the concept of laboratory quality control and quality assurance, which creates great potential. Introduction of these concepts into public-health laboratories in the Region has been slow and is facing a lack of available resources.

Surveillance at national level (experience of selected countries)

Presentations on the surveillance structures and experiences of Sweden, the Czech Republic and Kazakhstan were provided.

General discussion

The advantages of operating an electronic data management system are clear and Member States should be encouraged to invest in these systems, using the set of common core variables recommended by WHO.

It appears that in general, in response to the relative rarity of serious infectious diseases of public-health importance in Western Europe, very little public-health training is now being given in medical schools. This has the result that clinicians are often unaware of the value of public-health surveillance and of reporting diseases of public-health importance.

Recent experience of disease outbreaks, the measles outbreak in Kazakhstan, for example, could be developed into a powerful teaching tool and used as a practical example of consequential epidemiology. Member States need to be reminded of the likely outcomes arising from failure to maintain adequate immunization coverage or failing to recognize low immunization coverage in minority populations.

There are elements that are common to all good surveillance systems. It would be advantageous if the Regional Office attempted to identify these common elements and presented them to Member States in the form of guidelines or a best practices model.

Technical session 2: Partnership, advocacy and European Immunization Week

The Regional Office has continued to work on developing and extending partnerships with other international agencies. The interagency immunization coordinating committee (IICC) continues to be a successful forum for interagency coordination, and the fifteenth annual meeting of the committee is planned for November 2005. Smaller meetings on a more frequent basis are also planned, to address specific issues. A meeting of Chief Medical Officers from some Member States will be held in September to discuss current issues relating to immunization. To ensure best use of resources available, there are plans to circulate summaries of country priorities to a targeted selection of key partners. Coordination and collaboration with the new European Centre for Disease Prevention and Control (ECDC) has been initiated.

Concern exists over the decreasing and unequal vaccination coverage rates in and within some countries of the WHO European Region and the large sporadic outbreaks that have been occurring across the Region during the last few years. Vaccine-preventable disease incidence is relatively low in the Region and it is perceived that attention to immunization, at both the community and national levels, is decreasing as a result. The European Immunization Week is an initiative intended to encourage countries to address specific national immunization programme concerns and take the necessary steps to improve vaccination coverage, ensuring that all children, particularly the vulnerable groups, are able to receive high-quality, timely immunization.

The overall objective of European Immunization Week is to increase vaccination coverage by raising awareness of the importance of every child's need and right to be protected against vaccine-preventable diseases. A special focus will be placed on activities to reach vulnerable groups. Eight Member States; Belarus, Ireland, Tajikistan, Hungary, Russian Federation, Romania, Serbia and Montenegro and the former Yugoslav Republic of Macedonia, will be taking part in the pilot project during the week of 17 October. A pilot has already been conducted in the Czech Republic, and France has planned an activity for 29 November. A strategic framework has been developed. Four key strategies have been identified to enable countries to focus on their specific message, target audience, data requirements and provide some ideas about the types of activities and initiatives that could be developed, including the most relevant channels of communication.

The media office at the Regional Office will be briefing the major media sources regarding Immunization Week, and have already agreed to investigate the scientific and medical press for interest. Press releases and conferences at regional level will be held closer to the activity. Criteria for evaluation of the effectiveness of communication strategy have been proposed, but process indicators need to be developed.

It is foreseen that 2005 will provide the initial "testing" of this type of initiative and it is hoped that the European Immunization Week concept will continue hereafter, with more and more countries becoming involved, to improve vaccination coverage and awareness of the broad range of benefits of strong immunization systems across the WHO European Region.

Discussion

The concept of a common activity, European Immunization Week, is a very good initiative to increase awareness on the value of immunization. However, there is concern that insufficient time remains for all preparations to be made before the target date of 17 October. There is also concern that two Member States have conducted or plan to conduct activities on different dates. Much of the impact from this type of activity comes from Member States acting in unison, and attempts should be made to ensure that in any future activities all participating Member States act on the same date. However, it is also important that the activities undertaken are tailored to the needs of individual Member States, to address specific immunization-related problems encountered. Another concern is that the date chosen is very close to the date already chosen to conduct influenza immunization campaigns, raising the possibility of diluting the impact of one or both activities.

Technical session 3: Reorganization of the global immunization programme

The Global Immunization Vision and Strategy (GIVS) framework was presented for comment and discussion. GIVS is a joint WHO and UNICEF initiative, prepared after a broad consultative process and presented to the World Health Assembly in May 2005. The resolution was endorsed with positive comments from Member States and major partners and forms the framework for immunization programme activities for the next decade. The document provides a vision of an expanded role for immunization in improving public health, not as a blueprint, but as an evolving plan.

A proposed Regional Protocol for Immunization of People Living with HIV/AIDS (PLWHA) has been developed in response to requests from national immunization programme managers, HIV/AIDS clinical care providers and immunization staff delivering services.

Discussion

Reorganization and decentralization of the Headquarters of WHO promises an extensive redistribution of funds and resources, placing more responsibility on WHO regions and countries to implement activities more effectively. It will be critical to ensure that technical and managerial capacity at Regional level is sufficient to support the increased responsibility, and that there is the correct balance between Regional- and national-level responsibilities to ensure that there is the appropriate capacity at regional level to support the national staff.

The GIVS document provides a technical vision of the future of immunization services, but provides little detail on proposals for infrastructure and management development. The document does, however, return immunization services to their place at the centre of health-care systems, and expands beyond infant immunization, and this is to be applauded.

Guidelines on immunization of PLWHA are clearly required, and it is appropriate that the Regional office should be preparing documents. This is a health-care topic with a very high public and media profile, and every effort must be made to ensure that any document released has the positive effects intended. In addition to being technically accurate, recommendations in the guidelines must be very carefully worded to exclude misinterpretation that may affect immunization service delivery. The consultation and review process is critical in this instance, and draft documents must be circulated to appropriate bodies and experts for comment and review in advance of finalization.

It is timely for the Region to be addressing this issue because national immunization programmes are now beginning to systematically deal with the issues of immunizing HIV-infected individuals. The protocol should focus on the risk and benefit assessment aspects of immunization, with a recognition that risks vary between groups. It would be helpful if summaries of specific immunization requirements for different groups could be provided. Member States should use

these guidelines to develop their own national protocols for immunization of PLWHA, tailored to meet their own requirements.

Technical session 4: Measles elimination and congenital rubella infection (CRI) prevention: Operational plan for 2005–2007

ETAGE has been very supportive of the *Strategic plan for measles and congenital rubella infection in the WHO European Region*; however, concerns have been raised about the resources required and the commitment needed from the Regional Office if the targets are to be attained. At its November 2004 meeting, ETAGE endorsed the new regional target for rubella elimination in addition to the previously identified targets and urged the revision of the Strategic plan. ETAGE also recognized the need to develop country-specific strategies, due to differences in the epidemiological patterns of disease transmission, and to better document the burden of congenital rubella syndrome (CRS) through strengthened surveillance and/or targeted studies.

As of June 2005, 48 Member States (92%) are using rubella vaccine and 46 are using it in the combined measles-mumps-rubella (MMR) vaccine. Albania is planning to switch from measles-rubella vaccine (MR) to MMR this year. The percentage of countries using rubella vaccine in 2001 was 76%. The number of Member States reporting an incidence of measles of <1 per million in 2004 was 28 (54%). Further analysis will focus on countries grouped by measles incidence (< or > 1 per million) and by first dose of measles vaccine (MCV1) coverage (< or > 95%) to identify common approaches, which could be used for each of the four categories of countries (incidence ≥ 1 million - MCV1 coverage <95%; incidence ≥ 1 million - MCV1 coverage $\geq 95\%$; incidence <1 million - MCV1 coverage <95%; incidence <1 million - MCV1 coverage $\geq 95\%$). This analysis will inform the subsequent discussion on an operational plan and on estimated resource requirements.

Priorities for 2005–2007 include obtaining endorsement from the WHO Regional Committee resolution on measles and rubella elimination; revising the measles/rubella surveillance guidelines; conducting joint surveillance assessments and training; improving the quality of immunization coverage data; collaborating with Member States on providing support for Supplementary Immunization Activities; advocating immunization through the European Immunization Week; and extending the Vaccine Safety Network.

Discussion

ETAGE commends the Regional Office on the quality of the presentation made and is confident that the strategy proposed will lead to a successful result. The analytical approach being taken is very helpful, and the planning and budget preparation appears reasonable. The proposed budget figures, however, appear insufficient considering the scope of work to be undertaken. These figures should be frequently reviewed and updated as necessary.

Monitoring for CRI and CRS is particularly difficult and indicators for performance need to be broad. Having a rubella elimination goal to some extent removes the pressure to establish comprehensive CRI/CRS surveillance. The indicators selected to monitor the programme, both for rubella and measles, are not performance indicators, but final goals. Indicators that monitor the performance of the programme (for example, the number of tests conducted, the number of immunizations given, the number of positive tests, etc.) provide more effective monitoring of the programme than simply measuring the level of achievement of final goals. The Regional Office should consider establishing a set of performance monitors for the programme, including appropriate milestones and interim targets.

The Regional strategy focuses on use of MR vaccine rather than MMR vaccine, while the choice of vaccine is left to individual Member States, and at present most are adopting MMR. There is

clearly a need to establish a balance between the resources available, the desired outcomes and the need to counter adverse events.

Technical session 5: Documents for the WHO Regional Committee 2005

Strengthening national immunization systems through measles and rubella elimination and prevention of congenital rubella infections in WHO's European Region has been accepted by the Standing Committee of the Regional Committee (SCRC) as an agenda item for fifty-fifth session of the Regional Committee for Europe (RC55), to be held in Bucharest, 12–15 September 2005. A draft resolution has also been approved by SCRC and a background document developed, which has been approved by the Regional Director.

Discussion

ETAGE strongly endorses the proposed resolution.

Technical session 6: “Polio-free” Europe

Report of the Regional Certification Commission (May 2005)

The eighteenth meeting of the WHO European Regional Certification Commission (RCC) for poliomyelitis eradication was held in Copenhagen on 24–26 May 2005 to review annual programme updates on poliomyelitis eradication and poliovirus containment activities submitted by Member States. The RCC was extremely concerned that the Region is now facing a clear increase in the risk of importation of wild poliovirus due to the recent resurgence of wild poliovirus transmission in Africa and some countries of the Eastern Mediterranean Region. In the face of this stark reminder that polio-free countries and areas still have a significant risk of virus importation and subsequent spread, there are strong indications that, three years after Regional Certification, decreasing political commitment, changing public-health priorities and decreasing levels of funding threaten the gains made through polio eradication efforts in the Region. In particular, funding for the Regional Polio Laboratory Network has dropped below the critical minimum level of support it needs.

The RCC recognized that in May 2005 the European Region became the first WHO region to complete Phase I of laboratory containment. The RCC re-evaluated the risk of transmission following importation of wild poliovirus and, based on data from Member States and Regional Office assessment missions, added Greece to the list of high-risk countries (together with Tajikistan, Bosnia & Herzegovina and the Netherlands). In addition, the RCC approved the first draft of the Regional Office Strategic Plan to Sustain the Status of Polio-Free Europe - 2005–2008.

Discussion

The threat posed by the resurgence of polio in Africa, particularly in the horn of Africa, must not be taken lightly. It has clearly been demonstrated that wild poliovirus can spread where vaccine coverage is low. ETAGE endorses the statements and recommendations of the RCC, particularly with regard to resource allocation and the continued need for advocacy for polio eradication.

Although the main responsibility for maintaining capacity to respond to polio outbreaks must be held with the Headquarters of WHO, the Region needs well-developed contingency plans for immediate response and notification. A clear course of action and a clear chain of command must

be established in the Regional Office should re-introduction of wild poliovirus be detected, and Member States should have clear guidelines on all actions that need to be taken.

ETAGE endorses the draft Strategic Plan and recommends it be further developed in collaboration with the European Centre for Disease Prevention and Control (ECDC) and other partner agencies.

Conclusions and recommendations

ETAGE applauds the Regional Director for his continued commitment to immunization and for inclusion of discussions on immunization strategy and goals at the Regional Committee Meeting in September this year.

ETAGE also congratulates the Regional Office on the continued successes of its Vaccine-preventable Diseases and Immunization Programme, particularly on its achievements in the introduction and implementation of quality evaluation and use of best practices in immunization and disease control.

Increased emphasis on immunization by the Regional Office over the past two or more years has been instrumental in restating the public-health value of immunization programmes and re-establishing immunization as a priority concern for WHO. Continued focus and support will be required, however, if current Regional targets for immunization coverage and disease control are to be met, and ETAGE urges the Regional Director to continue providing the resources and opportunities necessary to ensure that these public-health goals can be attained.

ETAGE again emphasizes the important partnership role of WHO in developing and sustaining immunization activities within the Region and appreciates steps taken by the WHO Regional Office for Europe to establish and sustain partnerships with other agencies. Of particular importance is the partnership with the new ECDC. Development of a joint plan of action to implement coordinated immunization related activities is essential to avoid duplication of effort and ensure best use of available regional resources. ETAGE appreciates the participation of a representative of the ECDC at this meeting and anticipates participation of ECDC staff at future meetings of ETAGE.

ETAGE notes the on-going process of organizational reform at the Headquarters of WHO and the planned decentralization of the Organization, potentially investing greater technical responsibility with the WHO regional offices. Although detailed outcomes of decentralization cannot yet be determined, continued success for the Programme will require establishing a new balance of resources and staff between the Regional Office and the countries. ETAGE urges the Regional Office to use this opportunity to further strengthen the effectiveness of the Programme by ensuring that strong technical capacity is maintained at Regional level, and that country-based staff have both the resources required to achieve their goals and the flexibility needed to implement activities most effectively.

General recommendations:

1. ETAGE expresses its appreciation to the WHO Regional Director for Europe for his continued commitment to the VPI initiatives to control vaccine-preventable diseases by emphasizing their inclusion among the regional priorities.
2. ETAGE supports the goals and objectives of the planned programme of work for VPI and urges the Regional Director and executive management to ensure that human and financial resources are available for full implementation of the work plan, particularly with regard to allocation of resources, for the next WHO funding biennium.

3. Member States responsible for securing vaccine supplies for national immunization programmes are urged, whenever possible, to establish diverse sources for vaccine procurement and avoid relying solely on a single source for vaccine supplies. This will reduce the risk of vaccine shortages and stock-outs that have been experienced by some Member States in the Region during the past one to two years. Establishing and maintaining a 20% buffer stock of oral poliovirus vaccine (OPV) in OPV-using countries will also reduce the immediate risk of vaccine stock-outs and should be considered by vulnerable countries.
4. The conclusions and recommendations from the third meeting of ETAGE are agreed and endorsed.
5. The next meeting of ETAGE should be held during the first quarter of 2006 and the agenda include updates on:
 - Polio eradication
 - Surveillance performance
 - Measles and rubella elimination
 - European immunization week
 - The 2006/2007 VPI Strategic Plan
 - Introduction of new vaccines
 - Feedback from the fifty-fifth session of the Regional Committee for Europe
 - Partnerships with other international agencies

Recommendations from the technical sessions:

Technical session 1: Surveillance of vaccine-preventable diseases in the Region

6. Recognizing that strengthening systems of surveillance for vaccine-preventable diseases contributes to broad public-health system improvements, ETAGE urges that surveillance be made an increased Regional priority and that actions be undertaken to ensure adequate resources and staffing are available to meet Regional goals. ETAGE recommends that WHO, in collaboration with its partner agencies and the Member States, develop an infrastructure for the long-term support and maintenance of surveillance systems.
7. ETAGE urges that a pragmatic approach be taken to establishing and maintaining surveillance systems in partnership with other appropriate Regional agencies, to ensure common strategic directions are developed and actions and responsibilities are shared. Every effort should be made to ensure that activities are not duplicated by partner agencies, particularly with ECDC, and that all areas of concern are covered.
8. ETAGE recommends that mechanisms for dissemination and feedback of information on surveillance be further strengthened. The advantages of electronic data recording and reporting systems are clear, and Member States should be encouraged and supported in establishing these systems where practical and relevant, using current WHO guidelines and surveillance standards to ensure international compatibility of national systems.
9. ETAGE strongly endorses the intent to make experience in laboratory-based surveillance gained by the polio eradication initiative available to other disease control programmes. Where possible, the polio laboratory network should be expanded to include other diseases. It is essential, however, that sufficient funding to maintain even the current level and quality of laboratory performance be ensured before extensive expansion of the polio laboratory functions are

considered. ETAGE recommends that the Regional Office take every opportunity to secure adequate funding for continued polio laboratory network activities and to remind Member States of the importance of national support for laboratory-based surveillance.

10. Country experience suggests that strong surveillance systems share a number of common characteristics. ETAGE recommends the Regional Office to collate existing information on strong national surveillance systems and provide a description of common characteristics that can be used by countries to strengthen existing national systems.
11. ETAGE requests that a short briefing on surveillance be provided at each ETAGE meeting, and that surveillance for vaccine-preventable diseases be considered for inclusion on the agenda of the 2006 Meeting of the WHO Regional Committee.

Technical session 2: Partnership, advocacy and European Immunization Week

12. Recognizing the steps already taken by the WHO Regional Office for Europe, ETAGE urges the Regional Director to continue taking every opportunity to establish and sustain meaningful and appropriate partnerships with other agencies in the Region to further develop and sustain immunization services.
13. ETAGE strongly supports the proposed pilot implementation of the European Immunization Week, but expresses concern over the lack of remaining time available to complete all necessary preparations. The Regional Office is urged to accelerate progress in preparing for the event and to establish means of assessing and evaluating the effectiveness of activities to be carried out, particularly the effectiveness of communication strategies used.
14. ETAGE urges that, in coming years, attempts are made to ensure that the timing of the European Immunization Week is carefully planned so as not to compete with other major international public-health related events being staged at the same time and that all Member States conducting similar immunization awareness activities do so in the same week, emphasizing the Regional nature of the event.

Technical session 3: Reorganization of the global immunization programme

15. ETAGE supports the consideration given to development of a primary health care structure integrating immunization services and vaccine-preventable disease control. This structure must, however, be adaptable to the changing needs of the countries in the Region, and incorporate a communication component to increase public demand for these services with appropriate human and financial resources.
16. ETAGE welcomes the current world focus on poverty relief and the proposed establishment of the International Financing Facility to support priority countries in reaching the internationally agreed Millennium Development Goals. ETAGE notes that some of the listed countries in need of support are within the European Region, and that a portion of funds will be available for health and immunization services.
17. ETAGE welcomes the timely response to addressing the problem of immunization of people living with HIV/AIDS (PLWHA), but considers the present document in need of revision and clarification, to make it of use as a guide to immunization programme managers. The Regional Office is requested to prepare a short summary document on this subject, and to ensure that all such documents are circulated for peer-review prior to finalization. Countries should be requested to use the revised document to prepare appropriate national guidelines on immunization of

PLWHA, and to apply the principles established to the immunization of similar risk groups in future.

Technical session 4: Measles elimination and CRI prevention

18. ETAGE notes the good progress that is being made in measles elimination and CRI prevention at the national level and the improved programme management demonstrated at the Regional level.
19. ETAGE urges the Regional Office to secure additional resources to support further strengthening of the Regional measles and rubella laboratory network to provide laboratory confirmation of measles and rubella infections through use of standardized, quality assured procedures.
20. ETAGE expressed concern that the proposed progress indicators are too narrow and goal based, and recommends that the indicators be revised to include more process and management-based targets.
21. Large clusters of unvaccinated individuals and the apparent lack of information on susceptible populations in several countries are of concern. More extensive surveillance information is also required, particularly on the incidence of CRS/CRI. ETAGE recommends that the Regional Office continue its collaboration with Member States to improve the extent and quality of information on both vaccine coverage and disease incidence.

Technical session 5: Documents for the WHO Regional Committee 2005

22. ETAGE strongly endorses the WHO Regional Committee resolution on strengthening national immunization systems through measles and rubella elimination and prevention of congenital rubella infections.

Technical session 6: “Polio-free” Europe

23. ETAGE strongly endorses the conclusions and recommendations of eighteenth meeting of the Regional Certification Commission for Poliomyelitis Eradication.
24. ETAGE is greatly concerned over the increased risk of importation and spread of wild polioviruses following the resurgence of poliovirus transmission in the African and Eastern Mediterranean Regions at a time of apparent decline in political commitment to maintain a polio-free status in the European Region and a decline in surveillance quality, particularly in laboratory-based polio surveillance. This decline has been accompanied by a decrease in the polio-specific funding allocation. ETAGE urges the Regional Office to ensure that necessary resources, including funding support, are available as required and urges all Member States to intensify poliovirus surveillance activities to re-establish the levels attained immediately prior to certification of polio-free status.
25. ETAGE fully endorses the draft Strategic Plan to Sustain the Status of Polio-Free Europe - 2005–2008
26. ETAGE urges the Regional Director to take every opportunity to remind the Headquarters of WHO of the obligation to support the Region and Member States in the event of a polio importation or outbreak.