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

Copenhagen, 25–26 March 2009

ABSTRACT

The European Technical Advisory Group of Experts on Immunization (ETAGE) met on 25–26 March 2009 to review immunization developments in the WHO European Region and advise the Communicable Diseases Unit (CDS) of the WHO Regional Office for Europe on relevant issues and activities.

CDS is prioritizing its immunization efforts in the face of the global financial crisis. It has also been exploring ways to extend their impact, e.g. by providing a platform to develop public health interventions with WHO Collaborating Centres.

Vaccination coverage continues to increase in the Region, notably for measles, rubella and hepatitis B, while incidence rates decline. Effective surveillance is critical to monitor these trends, however, and ETAGE asked CDS to strengthen its facilitation of national surveillance for these diseases as well as rotavirus, invasive bacteria and influenza.

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Abbreviations

AEFI	adverse event following immunization
ART	Alert and Response Team *(part of CDS)*
CDC	United States Centers for Disease Control and Prevention
CDS	Communicable Diseases Unit *(part of the WHO Regional Office for Europe)*
ECDC	European Centre for Disease Prevention and Control
EIW	European Immunization Week
ETAGE	European Technical Advisory Group of Experts on Immunization
GAVI Alliance	*not an abbreviation but the organization's full official name; GAVI formerly stood for the Global Alliance for Vaccines and Immunization*
HPA	United Kingdom Health Protection Agency
IPV	inactivated polio vaccine
IVB	Department of Immunization, Vaccines and Biologicals *(part of WHO headquarters)*
OPV	oral polio vaccine
polio	poliomyelitis
SAGE	Strategic Advisory Group of Experts on Immunization *(advises WHO headquarters)*
TDI	Targeted Diseases and Immunization Systems Team *(part of CDS)*
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive summary

The European Technical Advisory Group of Experts on Immunization (ETAGE) held its ninth meeting in Copenhagen on 25–26 March 2009 to advise the WHO Regional Office for Europe on current immunization issues. The meeting also served as a forum for the Targeted Diseases and Immunization Team in the Communicable Diseases Unit (CDS) to update ETAGE on its immunization efforts in the European Region.

The new CDS structure is now in place. The prospect of decreased funding due to the global financial crisis is forcing the teams to streamline their priorities and seek new funding sources.

Measles incidence and rubella incidence continue to decline, though outbreaks of measles and rubella still occur, primarily in unvaccinated populations. Rubella surveillance in particular needs to be strengthened, and CDS will use the publication of new surveillance guidelines to promote improvements. It will also provide countries assistance in setting up surveillance of rotavirus and invasive bacterial diseases. ETAGE also discussed the use of inactivated polio vaccine (IPV) and oral polio vaccine (OPV) before and after eradication, but it deferred a recommendation until it can review the forthcoming guidelines from the IPV working group appointed by its global counterpart, the Strategic Advisory Group of Experts on Immunization (SAGE).

Acute infection rates for hepatitis B have fallen sharply throughout the Region, though six countries do not provide universal vaccination coverage, and birth-dose coverage needs to be reported better. CDS is developing hepatitis B and C surveillance guidelines, and ETAGE requested a thorough review of hepatitis prevention, control and treatment to help it develop a comprehensive viral hepatitis control strategy.

Although most countries in the Region use a seasonal influenza vaccine, chiefly for the elderly, regional seasonal and pandemic influenza efforts are patchy and somewhat uncoordinated. Most low- and middle-income countries are ill prepared for a pandemic, in terms of both organization and vaccine supply.

ETAGE also discussed the importance of pre- and in-service immunization training for health workers. While various training modules exist, the offerings are rather spotty in content as well as coverage. Online programmes would be one promising way to expand coverage dramatically. ETAGE urged CDS to serve as a platform to advise and facilitate national training efforts through WHO Collaborating Centres and partners in countries, and to explore ways to integrate vaccinology into basic medical, nursing and midwifery education.

Building on last year's success, the 2009 European Immunization Week (EIW) will focus on the basic benefits of vaccination. CDS has commissioned an online video as the centrepiece of a viral marketing campaign that will seek to boost regional and national awareness of vaccination effectiveness and safety.

To improve surveillance and reduce duplication of Member State efforts, ETAGE will review at its next meeting ways to organize surveillance for all vaccine-preventable diseases, as well as the harmonization of case definitions and the sharing of surveillance data.

See page 14 for a full list of ETAGE recommendations from this meeting.

Introduction

This report summarizes the presentations and discussions of the ninth ETAGE meeting and sets out the group's resulting recommendations. The meeting was held in Copenhagen on 25 and 26 March 2009. Targeted Diseases and Immunization Team organized it, Dr Pierre Van Damme chaired it and Mr Misha Hoekstra served as rapporteur.

ETAGE meets twice a year to review the progress of the Targeted Diseases and Immunization Systems Team (TDI) in meeting the disease prevention goals of the WHO Regional Office for Europe. The Team is part of the Regional Office's Communicable Diseases Unit (CDS). For more information on ETAGE goals and methods, please consult its terms of reference, which are available online at http://www.euro.who.int/vaccine/20081222_3.

The WHO Regional Director for Europe appoints the outside experts who serve in ETAGE. ETAGE also works closely with SAGE, which advises WHO's Department of Immunization, Vaccines and Biologicals (IVB) in Geneva on global policies and strategies.

Reports

CDS update

(Recommendations 1 and 12)

The CDS structure is now in place, but nine staff positions remain unfilled in TDI. TDI has chosen to cover essential tasks and to prioritize its activities, especially as it prepares its workplan for the upcoming 2010–2011 biennium and finalizes its 2010–2015 strategic plan.

The acute economic downturn, the expiration of 2008 donor streams and an absence of 2009 corporate funding have all contributed to a funding shortfall in 2009. For the current year, the team has secured funding from WHO's IVB department in Geneva. Its largest partners remain the GAVI Alliance and the United States Centers for Disease Control and Prevention (CDC). It is clear that further prioritization, review of outsourcing possibilities and revision of the staffing profile will be needed for the next biennium, even as the team has begun to pursue new donors, emphasize national resource mobilization and identify new technical partners. As part of an "intelligent advocacy" package, TDI is asking ETAGE members to sign a letter of support.

SAGE meeting, November 2008

SAGE expressed particular concern about the European Region report of misinformation on vaccine safety and adverse events following immunization (AEFIs) in recent measles and rubella campaigns, and the resulting public mistrust and fear of vaccination. Given the historically strong immunization record of the Region, SAGE wondered if complacency in some countries might be a factor. It stressed the need for a proactive communication strategy to respond to misinformation and anti-immunization activities, and urged countries to invest in AEFI risk assessment and management. SAGE also suggested that the Region explore ways to improve health worker training in vaccinology (see Technical Session 4 below).

Chief among SAGE's general recommendations was a suggestion that countries include human papillomavirus (HPV) in national immunization programmes, so long as prevention of cervical cancer is a public health priority and such a programme is financially feasible.

See http://www.who.int/entity/wer/2009/wer8401_02.pdf for a full account of the meeting conclusions and recommendations.

Global Immunization Meeting, February 2009

GAVI Alliance, the United Nations Children's Fund (UNICEF) and WHO were the major participants in this meeting, which focused on the importance of sustaining the funding and focus of global immunization efforts. If current trends continue, these efforts will reduce under-5 mortality due to vaccine-preventable diseases by 60–70% in the decade that ends in 2015, when it will prevent 2.5 million deaths annually. GAVI Alliance has approved nearly US$ 4 billion for country programmes through 2015, three fourths of it for new and underutilized vaccines.

The meeting stressed the importance of linking immunization to poverty eradication efforts. Participants noted that new vaccine introductions provide a good opportunity to revitalize the fight against pneumonia and diarrhoea. They also discussed a possible goal for eliminating

hepatitis B transmission, as well as the resources needed to care for the 350 million people who are already chronically infected with the virus.

New immunization initiatives and resources include the following.

- The Accelerated Vaccines Introduction Initiative (AVI) will advise countries on pneumococcal and rotavirus vaccines, with plans to introduce 42 pneumococcal and 44 rotavirus vaccines by 2015 and provide a platform for other new vaccines. The individual Accelerated Development and Introduction Plans (ADIPs) are being replaced by the Technical Advisory Consortium (TAC) comprised of the same partners.
- WHO has consolidated all its routine vaccination recommendations into two tables and posted them at http://who.int/immunization/policy/immunization_tables.
- WHO and UNICEF have developed the Global Action Plan for the Prevention and Control of Pneumonia (GAPP). Its key interventions are case management, promotion of care-seeking and immunization against measles, pertussis, *Haemophilus influenzae* type B (Hib) and pneumococcus.
- The Gates Foundation has funded a global network for the post-marketing surveillance of vaccines (the WHO Programme for International Drug Monitoring) to support vaccine programmes with safety data, monitor AEFIs consistently and identify safety signals promptly.

Stakeholder panel on the impact of WHO immunization recommendations and norms

This international survey of decision-makers' awareness and use of WHO guidance found that the agency's vaccine advisory committees – including ETAGE – play an increasingly important role in determining global and regional vaccine policy, and that their recommendations are critical to the introduction and use of vaccines. The panel recommends that these committees assume a more strategic role and actively seek out emerging issues in the field. It also suggests that WHO develop ways to encourage the support of outside stakeholders, including international civil society and professional organizations, and that it reduce the lag between committee recommendations and WHO policy recommendations.

Systematic monitoring and evaluation is also important, and the panel advises WHO to regularly encourage feedback from end-users and analyse the uptake of its recommendations. Finally, while advisory committee recommendations and vaccine position papers are widely accessible, WHO should communicate them more actively, for instance by emailing them to key in-country users, issuing routine press releases and translating recommendations into all working languages.

Technical sessions

1. Elimination, eradication and accelerated disease control updates in the European Region

Measles and rubella

(Recommendations 3 and 4)

The Regional Office has identified 15 priority countries for measles and/or rubella elimination efforts and has begun to work with them to increase routine coverage and target susceptible populations. It plans to convene a regional verification committee for measles and rubella elimination in the fourth quarter of 2009.

The incidence of measles continues to decline due to ongoing immunization efforts, and regional coverage is now 93–94%. However, areas of low coverage, particularly in the western part of the Region, have led to continuing outbreaks. Seven countries accounted for 90% of the new measles cases in 2008, with the highest incidence rates being in Switzerland, Israel and France. Unvaccinated individuals accounted for 82% of the new cases.

Rubella outbreaks, on the other hand, have been occurring chiefly in the central and eastern parts of the Region. Despite figures showing an overall increase in the number of cases, rubella incidence is actually falling. The apparent increase is due to the greater number of Member States conducting surveillance. Nonetheless, rubella surveillance remains relatively non-standard in the Region, hampering national comparisons and a coordinated regional response. The Region's most populous countries do not report monthly or even in some cases yearly. In fact, only five or six Member States submit case-based monthly reports, though nearly two thirds of them collect the data.

Preliminary results from the survey of rubella surveillance systems, which will be finished in June, shows that 90% of the responding countries have comprehensive national surveillance. Unfortunately, many public health officials still conflate measles and rubella epidemiology and believe that good measles surveillance renders rubella surveillance superfluous. As recommended at the last ETAGE meeting, TDI will be using the publication of the revised surveillance guidelines for the two diseases to clarify the need for and promote better rubella surveillance. WHO is discussing joint missions to address surveillance issues with the European Centre for Disease Prevention and Control (ECDC) and EUVAC.NET.

Although there are clearly challenges to meet in achieving the 2010 measles and rubella elimination targets, ETAGE members agree that the goals should remain unchanged and efforts intensified. The group also discussed whether measles and rubella elimination could be put on the agenda of next year's Group of Eight (G8) meeting, which Canada will host.

Poliomyelitis (polio)

(Recommendation 5)

The SAGE Working Group on Inactivated Polio Vaccine was established last August to help SAGE prepare:

- an updated WHO position paper on pre-eradication switching from OPV to IPV, scheduled for publication in April 2010; and

- guidelines on post-eradication use of IPV in low- and low middle-income settings, scheduled for publication in April 2011.

The position paper will consider the risks of both the importation and circulation of poliovirus.

Continued use of OPV ought not to be an option in the post-eradication era, due to the risks of circulating vaccine-derived poliovirus (cVDPV) outbreaks and vaccine-associated paralytic poliomyelitis (VAPP). The Working Group is looking at differences in IPV performance in low- and high-income settings and examining supply and cost issues. Because IPV currently costs 5–15 times as much as OPV, SAGE recognizes that low-income countries are unlikely to consider IPV affordable. The Working Group is exploring four post-eradication scenarios, ranging from no immunization to immune priming to full immunization in early infancy (three or four IPV doses).

The European Regional Commission for the Certification of Poliomyelitis Eradication (European RCC) has requested ETAGE guidance on vaccine stockpiling and which vaccine to use in case of importation. ETAGE will defer a response until the IPV working group formulates its post-eradication recommendations, which it is scheduled to present at the November 2010 SAGE meeting. It will also need to assess the stockpiling of IPV for the Region. The Regional Office needs to ensure that manufacturers will be able to provide vaccines in the case of importation.

With many Member States wishing to move to the use of IPV or combination vaccines, there has been an increase in requests for technical guidance from TDI in several areas, including the introduction of IPV with a combination acellular pertussis (aP) vaccine, and the number of OPV doses needed for a primary and booster series.

New and underutilized vaccines

WHO promotes surveillance as a standard part of vaccination efforts. According to the part of the Global Immunization Vision and Strategy (GIVS) concerning new vaccine surveillance, which was formulated at a meeting in November 2007, every country should have case-based sentinel surveillance sites for rotavirus and bacterial meningitis, and priority countries should also have such sites for invasive bacterial diseases. At present, there are rotavirus surveillance networks in 21 of the 53 European Region Member states and invasive bacterial disease networks in 31 (including almost the entire European Union). Case-based surveillance has been defined as the most effective form of surveillance for these diseases. Although it is not essential that every country assess the burden of these diseases, it *is* critical for each one to document the impact of vaccination on disease burden and epidemiology.

The Regional Office provides a variety of technical support in setting up these surveillance efforts. While its initial focus has been on countries that receive assistance from GAVI Alliance, it is important that middle-income countries do not fall through the cracks. Vaccine surveillance data for these diseases is generally available for the GAVI beneficiaries but not the countries of western Europe. Last October, WHO headquarters held a meeting on the introduction of new and under-utilized vaccines and discussed surveillance standards, including case definitions, specimen collection and reporting. While bacterial surveillance in particular varies from country to country, depending on which diseases are being tracked, it is important to develop a standard approach and encourage the lab network to focus more on infectious agents than syndromes. Improved collaboration with ECDC and other Regional Office partners, including the CDC and the United Kingdom Health Protection Agency (HPA), will be critical in establishing surveillance standards and facilitating the exchange of data.

2. Goals for hepatitis B control in the Region

(Recommendations 6 and 7)

Universal immunization coverage for hepatitis B has risen steadily in the European Region since 1995, reaching 80% in 2007. At the same time, acute infection rates in the western and, recently, the eastern parts of the Region have declined sharply. Half the Member States in the European Region have implemented a universal birth dose, including all countries with high endemicity, and most of the others have universal coverage for infants or children. The United Kingdom and the five Nordic lands, however, have targeted immunization instead. In addition, there remain questions about the accuracy and validity of reported birth-dose coverage in some highly endemic countries, and there is concern that some national data may conceal under-vaccinated populations.

The chief challenges for the Regional Office include:

- persuading the last six countries to institute universal coverage
- increasing birth-dose coverage during the first 24 hours
- improving monitoring of birth-dose timing.

In 2008, SAGE urged all regions and countries to set goals for controlling hepatitis B. The Regional Office needs to define concrete objectives for hepatitis B control and develop a regional control programme to achieve them. For the goals to be meaningful, however, there needs to be better surveillance to establish what the hepatitis B burden in the Region actually is, and then to monitor progress. The key indicators needed include birth-dose coverage and timing, third-dose coverage and prevalence of hepatitis B surface antigen (HBsAg). The Regional Office will establish an expert advisory group and develop surveillance guidelines in 2009.

The Regional Office should continue to promote universal vaccination and the vaccination of older cohorts, particularly health care workers and members of high-risk groups, including people with HIV. While the Regional Office has, in general, adopted appropriate strategies, poor reporting makes it hard to assess their efficacy and improve implementation.

At the SAGE meeting in April 2009, the Hepatitis Working Group will be reviewing evidence for the importance of birth-dose timing and the value of booster doses. This review should facilitate ETAGE's recommendations on these issues.

3. Influenza

(Recommendation 8)

Forty-one European Member States, representing 85% of the Region's population, responded to WHO's 2007 global influenza survey. Three quarters of the responding countries in the European Region – more than any other WHO region – were using a seasonal influenza vaccine, and the number is rising. Most countries were targeting the elderly for seasonal shots, though in a pandemic they would vaccinate all age groups. Unfortunately, due to poor survey design and inadequate response, a definite assessment of global pandemic preparedness was not possible.

In the event of an influenza pandemic, countries should be able to distribute a vaccine within seven days. Unfortunately, most low- and middle-income countries in the Region do not have what is required to do so: a distribution plan, the leadership to coordinate a multisectoral response, periodic simulations to maintain preparedness, and funding to enable immediate action. Countries must also arrange a sufficient supply of vaccine with manufacturers beforehand. The Regional Office should continue to assist countries in reviewing their pandemic preparedness plans.

In the next few months, WHO will again be conducting its annual global survey on influenza vaccination coverage. The Regional Office plans to use the results in developing a strategy to address coverage gaps and weaknesses in national immunization programs. In the Regional Office, the primary responsibility for influenza lies within CDS in the Alert and Response Team (ART), which coordinates efforts with TDI and the Surveillance, Monitoring and Evaluation Team (SAM). To date, however, TDI involvement has been somewhat minimal.

In its 2009–2014 strategic plan, TDI articulated the goal of establishing seasonal influenza immunization programmes in all European Member States. It also plans to work with countries to improve seasonal influenza surveillance and use the data for monitoring. At present, the European Influenza Surveillance Scheme (EISS) provides a web-based surveillance platform and a weekly bulletin on influenza activity throughout the European Region (http://eiss.org). TDI is exploring providing Member States with an annual overview of seasonal influenza vaccines. It is also considering including seasonal influenza in the 2010 EIW.

In the field of avian influenza, ART has been responding to outbreaks, conducting simulation exercises and helping countries develop contingency plans. Until the SAGE Working Group on H5N1 delivers its recommendations later this year, WHO is advising low- and medium-resource countries not to prioritize the replacement of expiring H5N1 vaccine stockpiles.

ART also conducts missions and workshops to support countries in pandemic preparedness. While some countries – chiefly in the European Union – have advanced purchase agreements with manufacturers for pandemic vaccines, most Member States in the Region do not. The ECDC is concerned that there is no industry capacity to provide vaccine to these countries. If a pandemic does occur, it will take countries with advance purchase arrangements 4–6 months to obtain vaccine, and the rest 30–36 months to produce their own.

The Regional Office may wish to promote the American and Canadian model of universal influenza vaccination for children under 19.

4. Human resources for immunization programmes

(Recommendations 9 and 10)

Immunization training for health workers is quite patchy in the European Region, both in terms of content and coverage. Materials for active health care workers (in-service training) include:

- course materials assembled by the Immunization Training Partnership on the global WHO web site (http://www.who.int/immunization_delivery/systems_policy/training);
- the Advanced Immunization Management (AIM) online training tool for immunization programme managers, in English, French and Russian (http://aim.path.org);
- the Advanced Course of Vaccinology (ADVAC) in Annency (http://www.advac.org);

- HPA slide sets; and
- update modules from the European Society for Paediatric Infectious Diseases (ESPID).

For future health care workers (pre-service training), major resources include:

- the Vaccine Safety – Attitudes, Training and Communication (VACSATC) project, sponsored by the European Union and ending this year;
- Teaching Immunization for Medical Education (TIME), an American initiative; and
- the Network for Education and Support in Immunisation (NESI), which works with low- and middle-income countries, including those in eastern Europe.

Studies have pointed out the wide variety of health workers who require vaccinology training, and the strong link between their knowledge of the subject and vaccination rates. Regardless of whether they actually perform vaccinations, all health care workers can be important sources of vaccination information and ought to be trained in that role. That is why vaccinology should be a mandatory component of pre-service training, particularly for doctors, nurses and midwives.

Unfortunately, a VACSATC study of medical, nursing and midwifery education in Europe found that vaccinology material tends to be spread out over many different courses and that important topics are often absent, such as vaccine safety, patient communication and addressing anti-vaccination arguments. VACSATC will test some student modules this July at the International Summer School on Vaccinology in Antwerp (http://www.ua.ac.be/cev/summerschool).

TDI only supports in-service training at present. Its support has included adapting global materials for the Region, training national immunization coordinators and providing occasional technical and financial support for national training efforts. However, the Regional Office simply does not have the financial, human and assessment resources to provide the level of support needed.

The long-term solution is to concentrate on developing vaccinology pre-service training. To do so, the Regional Office would need to support development of a generic curriculum – in major European languages – and guidelines for integrating it into existing educational programmes. It would also need to identify partner institutions in each country. It would take a generation for such changes in pre-service training to be felt in vaccination efforts, but they would be substantive and enduring. In-service training would continue be important, especially given the evolving nature of vaccinology, and should be regarded as supplementary.

Meanwhile, the Regional Office should leverage two opportunities to expand in-service training: professional licensure requirements, including continuing medical education (CME), and training conducted for the transition to family medicine. It should also explore online training ("e-learning") and video-based training as excellent, cost-effective ways to expand and update training coverage. The CDC has enjoyed great success with these models. More fundamentally, the Regional Office needs to develop a comprehensive regional strategy on vaccinology training, identify potential regional partners (including collaborating centres) and secure donor funding.

5. European Immunization Week (EIW)

(Recommendations 11 and 12)

The 2008 EIW was a great success, with half the 32 participating countries reporting improved immunization attitudes or behaviours in the targeted groups, particularly health care workers and parents. Two million supplemental vaccinations were administered. Although it elicited a greater response from anti-vaccination groups than previous years, the 2008 EIW also received better media coverage and in some cases stimulated immunization action plans and donor activity.

The 2009 EIW, which will run 20–26 April, is cosponsored by WHO, ECDC and UNICEF. This year's theme is Back to Basics, focusing on the simple fact that vaccination is a safe, effective tool for preventing disease and death. Member State participation (at this writing) is up to 36.

While the message marks a return to fundamentals, the methods are forward-looking. The centrepiece is a YouTube video targeting parents and caregivers aged 24–35. Deliberate use of social media and viral marketing will drive traffic to the EIW campaign web site, http://www.euro.who.int/eiw2009, with links to national partner sites. Anticipating that the site may prove an attractive target for anti-immunization groups, TDI will embargo it until EIW's peak, 22–24 April, and maintain a "war room" to monitor the YouTube page, blogs and social networking sites and respond immediately to attacks with information and evidence.

In response to feedback from last year, when only 30% of the participating countries completed an evaluation, TDI has developed a shorter assessment tool with new impact indicators. It has also striven to distribute planning materials earlier and respond to requests for assistance promptly. In general, it is also encouraging each country to take ownership of the event.

Once again, the Regional Office has coordinated EIW to run in parallel with Vaccination Week in the Americas (VWA).

Meeting evaluation and proposed topics for the Fall 2009 meeting

Participant feedback

Participants appreciated the thoroughness of the meeting preparation and were particularly glad to have copies of materials in advance.

It was very useful to begin the meeting by going through the list of recommendations from last time and hear which items have been acted upon. The report back from the SAGE meeting was another valuable addition that should be made a regular part of the agenda.

To facilitate implementation, the ETAGE recommendations should specify timeframes for action.

The ETAGE teleconferences are a good way to stay updated and confer on urgent matters between meetings.

Proposed agenda items for the 29-30 September 2009 meeting

(Recommendation 2)

Immediately before

- Meeting of viral hepatitis experts

Meeting proper

- Progress update on recommendations from 9th ETAGE meeting
- Full day on coordinating the collection surveillance data for vaccine-preventable diseases, including collaboration between WHO and ECDC and the role of Member States; country reporting personnel from perhaps three representative Member States will be invited for input
- Sharing of data among research institutions, public health institutes, ECDC and WHO
- Progress towards a comprehensive strategy on viral hepatitis control in the Region
- Report from SAGE meeting
- Update on the establishment of national immunization technical advisory groups
- Update on the status of measles and rubella elimination in the Region

Recommendations

TDI strategic plan

Following up on its recommendations from October 2008, ETAGE urges TDI to distribute its 2010–2015 strategic plan to relevant parties and publish it online.

1. In view of the delay in the release of its strategic plan, ETAGE requests the Regional Office to review it and prepare any necessary amendments for discussion during the ETAGE teleconference in June 2009.

Surveillance of vaccine-preventable diseases

ETAGE applauds the excellent communication between ECDC and the WHO Regional Office for Europe, and encourages them to continue working to improve it. Specifically, ETAGE requests that the two institutions explore how to better coordinate their initiatives and country reporting to avoid duplication of effort.

2. ETAGE recommends that a full day of the ETAGE meeting in September 2009 be devoted to surveillance of vaccine-preventable diseases in the WHO European Region. In preparation, ETAGE encourages the Regional Office to discuss with ECDC the harmonization of case definitions for vaccine-preventable diseases and provide an update in September.

Measles and rubella

ETAGE notes the importance of the 2010 measles and rubella elimination goal in the Region and strongly advises that the goal not be changed.

3. ETAGE nonetheless encourages the Regional Office to review the status of measles and rubella elimination in each Member State and make a technical decision about whether the target date needs to be revised.

ETAGE also acknowledges the need for technical exchange between Member States that are collecting data for the measles and rubella elimination indicators and Member States that are not to ensure the application of best practices.

4. ETAGE recommends that the Regional Office, in collaboration with ECDC, host a meeting of key western European Member States to exchange best practices and lessons learned in overcoming challenges in achieving measles and rubella elimination.

Polio

ETAGE would like to defer the 21st European RCC request that it develop a recommendation for the use of IPV (combination or stand-alone) and stockpiling considerations in the event of an importation of wild poliovirus until the SAGE IPV Working Group completes its work in 2010.

5. In the interim, ETAGE recommends that if an importation of wild poliovirus occurs in a Member State with a long history of IPV use (>10 years) in a routine immunization programme, either IPV or monovalent OPV may be used as a control measure.

Hepatitis B

ETAGE recognizes that the prevention, control and treatment of hepatitis B require the collaboration of multiple teams within the Communicable Diseases Unit.

6. To help ETAGE formulate hepatitis B prevention and control recommendations, ETAGE requests that the Regional Office:

   - perform a thorough internal review of hepatitis B material, including data on burden of disease, in preparation for developing a comprehensive strategy on viral hepatitis control; and
   - convene a meeting of viral hepatitis experts in connection with the ETAGE meeting in September 2009.

7. Recognizing that a birth dose of hepatitis B vaccine during the first 24 hours of life is critical in preventing vertical transmission, ETAGE recommends that all Member States report to the Regional Office annually the number of birth doses administered during the first 24 hours after birth.

Influenza

8. Recognizing that seasonal influenza is a vaccine-preventable disease, ETAGE recommends that the Regional Office ensure that surveillance for vaccine-preventable diseases includes seasonal influenza. The Regional Office may carry out additional efforts to address seasonal influenza as it deems feasible.

Capacity-building for immunization programmes

ETAGE recognizes the urgent need to improve pre-service and in-service training for vaccinology and the surveillance of vaccine-preventable disease. It also recognizes that the Regional Office cannot conduct actual trainings.

9. Therefore, ETAGE encourages the Regional Office to develop a platform for sharing best practices in these areas and to advise and facilitate national training efforts.

10. ETAGE recommends that, prior to the next ETAGE meeting in September 2009, the Regional Office explore with WHO headquarters the possibility of making vaccinology a standard global component of medical and allied health education.

European Immunization Week (EIW)

ETAGE continues to promote EIW in collaboration with participating countries and key partners.

11. ETAGE encourages Member States to get their governments to sign a letter supporting resource mobilization for EIW in the Regional Office to ensure its future sustainability.

12. ETAGE urges its members to advocate for and support EIW 2009; to promote the EIW Internet-based activities, especially during the peak days of 22–24 April; and to contribute to planning for EIW 2010.

Annex 1. Programme

Ninth meeting of the European Technical Advisory Group of Experts for Immunization (ETAGE)

WHO Regional Office for Europe: Copenhagen Hall 2

Wednesday, 25 March

Time	Item	Speaker
9:45–10:00	*Registration*	Reception desk
10:00–10:45	**Opening**	
	- Opening remarks from CDS Unit Head a.i.	Dr S. Matic
	- Opening remarks from ETAGE Chair	Dr P. Van Damme
	- Administrative issues for meeting	Dr R. Martin
	- Recommendations from eighth ETAGE meeting	Dr R. Martin
10:45–11:15	**Technical Session 1** **Elimination, eradication and accelerated disease control updates in the Region**	
	– Status of measles and rubella elimination in the Region	Dr S. Deshevoi
	– Update on rubella surveillance in the Region	Dr D. Jankovic
11:15–11:30	*Coffee break*	
11:30–12:45	**Technical Session 1** *(continued)*	
	- Surveillance systems and data exchange for new and underutilized vaccines	Dr L. Mosina
	- Update on activities of the SAGE Working Group on IPV	Professor Liz Miller
	- Which polio vaccine to use? Controlling introduction of poliovirus and vaccine stockpiling in the Region	Dr R. Martin
	- Policy guidance	ETAGE members
12:45–13:45	*Lunch*	
13:45–15:30	**Technical Session 2** **Goals for hepatitis B control in the Region**	
	- Current status of hepatitis B control globally and hepatitis B vaccination strategy in the Region	Dr N. Cakmak
	- Hepatitis B surveillance in the Region	Dr D. Mercer
	- Policy guidance	ETAGE members
	Brief update on SAGE; and stakeholder panel review of impact of WHO recommendations, norms and standards	Dr P. Duclos

15:30–16:00	*Coffee break*	
16:00–17:30	**Private session – ETAGE**	
17:30	**Summary of the day**	Chair
18:00	**Reception**	

Thursday, 26 March

	CDS updates	
8:30–9:15	– TDI technical updates	Dr R. Martin
	– TDI financial situation	Mr L. Weakland
	– TDI resource mobilization	Mr L. Weakland
	– Vaccine web site updates	Mr L. Weakland
	– Policy guidance	ETAGE members
9:15–10:00	**Technical Session 3** **Influenza**	
	- WHO Global Influenza Survey: results for the Region	**Dr D. Mercer**
	- Influenza activities in the Regional Office	Dr R. Martin
	- Policy guidance	ETAGE members
10:00–11:00	**Technical Session 4** **Human resources for health (immunization programmes)**	
	- Projects to build capacity (pre-service and in-service)	Dr P. Van Damme
	- Current training activities supported by the Regional Office	Dr N. Cakmak
	- Policy guidance	ETAGE members
11:00–11:30	*Coffee break*	
11:30–12:30	**Technical Session 5** **European Immunization Week**	Mr L. Weakland
	Highlights from the Global Immunization Meeting	Dr R. Martin
12:30–14:00	**Private session – ETAGE**	
14:00–14:30	**ETAGE meeting programme for October 2009**	
	- Terms of reference and membership	Chair
	- Next meeting and teleconference and topics to cover	Secretariat
14:30–15:00	**ETAGE recommendations**	Rapporteur
	Summary and closing	Chair

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WHO
Regional Office for Europe

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