



**Eighth Meeting of the
European Technical Advisory Group of
Experts on Immunization
(ETAGE)**

**8–9 October 2008
Copenhagen, Denmark**

Communicable Diseases Unit

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

© **World Health Organization 2009**

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Contents

INTRODUCTION.....	4
OPENING STATEMENTS.....	6
TECHNICAL SESSION 1	7
COMMUNICABLE DISEASE UNIT REORGANIZATION.....	7
TECHNICAL SESSION 2	8
ELIMINATION OF MEASLES AND RUBELLA AND MAINTAINING POLIO-FREE STATUS IN THE REGION	8
TECHNICAL SESSION 3	10
ACCELERATED VACCINE INTRODUCTION.....	10
TECHNICAL SESSION 4	11
VACCINE-PREVENTABLE DISEASE SURVEILLANCE	11
TECHNICAL SESSION 5	12
NATIONAL ADVISORY COMMITTEES ON IMMUNIZATION AND CONSOLIDATED IMMUNIZATION SCHEDULES	12
TECHNICAL SESSION 6	13
TARGETED DISEASES AND IMMUNIZATION STRATEGIC PLAN	13
OTHER UPDATES	14
EUROPEAN IMMUNIZATION WEEK 2008	14
ETAGE MEETING PROGRAMME FOR 2009	14
PROPOSED TOPICS FOR THE NEXT ETAGE MEETING.....	14
CONCLUSIONS AND RECOMMENDATIONS.....	15
COMMUNICABLE DISEASE UNIT REORGANIZATION.....	15
ELIMINATION OF MEASLES AND RUBELLA AND MAINTAINING POLIO-FREE STATUS IN THE REGION	15
ACCELERATED VACCINE INTRODUCTION.....	16
VACCINE-PREVENTABLE DISEASE SURVEILLANCE	17
NATIONAL ADVISORY COMMITTEES ON IMMUNIZATION AND CONSOLIDATED IMMUNIZATION SCHEDULE	17
TARGETED DISEASES AND IMMUNIZATION STRATEGIC PLAN 2008-2013	18
EUROPEAN IMMUNIZATION WEEK 2008	18
 ANNEX 1. PROGRAMME	
ANNEX 2. LIST OF PARTICIPANTS	

List of Abbreviations

AFP	acute flaccid paralysis
BCG	Bacille Calmette-Guerin
CDS	Communicable Diseases Unit
CRS	Congenital rubella syndrome
cVDPV	circulating vaccine-derived polio virus
ECDC	European Centre for Disease Prevention and Control
EIW	European Immunization Week
ETAGE	European Technical Advisory Group of Experts on Immunization
GAVI	Global Alliance for Vaccines and Immunization
Hib	Haemophilus influenzae Type b
HPV	Human papillomavirus
IPV	Inactivated Polio Vaccine
MCV1	Measles-containing vaccine 1 st dose
MCV2	Measles-containing vaccine 2 nd dose
NACIs	national advisory committees on immunization
OPV	Oral Polio Vaccine
SAGE	Strategic Advisory Group of Experts on Immunization
SAM	Surveillance, Monitoring and Evaluation team
TDI	Targeted Diseases and Immunization team
VPI	Vaccine-preventable Diseases and Immunization Programme
WHO	World Health Organization

Executive summary

The eighth meeting of the European Technical Advisory Group of Experts on Immunization (ETAGE) took place on 8–9 October 2008 at the WHO Regional Office for Europe, in Copenhagen, Denmark. During this meeting, discussions focused on the progress towards the 2010 regional measles and rubella elimination goals, the introduction of new vaccines, vaccine-preventable disease surveillance and strengthening the national advisory committees on immunization (NACIs). On this occasion, ETAGE also endorsed the Regional Office's strategic plan for Targeted Diseases and Immunization for 2008–2013.

With regard to measles and rubella elimination, major achievements have been made in reducing measles incidence across the Region and reaching the 95% target for the first dose of measles-containing vaccine MCV1 coverage. However, ETAGE was concerned about the recent measles outbreaks in the European Region and the ramifications of exporting virus to measles-free areas of the world, such as the Americas. ETAGE recommended urgent action be taken in countries where measles and rubella outbreaks have occurred in order to address susceptible populations. ETAGE noted that the current level of political commitment must be maintained through advocacy, strengthening surveillance and laboratory support and securing long-term funding for national immunization programmes. It was also recommended that the Region establish regional and national technical committees to document the progress of measles and rubella elimination.

Positive progress has been seen in moving countries to measles case-based surveillance, especially from the central Asian republics. However, ETAGE acknowledged the alarming stagnation or decline in several of the acute flaccid paralysis (AFP) surveillance indicators, particularly in high-risk areas of the Region. It was recommended that greater attention be placed on accelerating the integration of rubella laboratory-based surveillance and the introduction of congenital rubella syndrome surveillance into existing rubella surveillance networks.

Regarding the introduction of new vaccines, ETAGE encouraged the continued establishment of surveillance systems for the collection and use of high quality evidence-based data for decision-making for the introduction and use of new vaccines.

ETAGE acknowledged the role and importance of national advisory committees on immunization in strengthening evidence based decision-making, and recommended the regional office to reinforce the normative support in establishing and strengthening such committees.

Introduction

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 and Immunization Programme (VPI), towards the European Regional disease prevention goals. The 8th meeting of the ETAGE was held at the WHO Regional Office for Europe, Copenhagen, on 8 and 9 October 2008.

Dr Pierre Van Damme chaired the meeting. Dr Nedret Emiroglu, Director a.i. of the Division of Health Programmes, welcomed ETAGE members, representatives of partner agencies and staff from WHO headquarters to the meeting.

The objectives of the meeting were:

- **To brief ETAGE members on:**
 - The reorganization of the Communicable Diseases Unit
 - The progress on achieving measles and rubella elimination targets in the WHO European Region
 - The progress on new vaccines introduction in the Region
 - The progress on strengthening surveillance at the regional level
 - The regional status of national advisory committees on immunization
- **To discuss and request policy guidance from ETAGE members on:**
 - The recommendations for inactivated polio vaccine (IPV) versus oral polio vaccine (OPV) and implications for national schedules
 - The vision to integrate communicable diseases surveillance, including the laboratory network
 - The strategies for establishing and strengthening national advisory committees on immunization
 - The adaptation of Strategic Advisory Group of Experts on Immunization (SAGE) recommendations to the regional context
- **To discuss and endorse:**
 - The “Targeted Diseases & Immunization” Strategic plan 2008–2013
 - The future meetings/teleconferences and selected activities for ETAGE in 2009.

Opening statements

Director a.i, Division of Health Programmes

Dr Emiroglu welcomed the group and highlighted the important role ETAGE plays in setting the technical direction and priorities for the immunization programme in the WHO European Region. The Regional Director has placed greater emphasis on immunization and vaccine-preventable disease activities in recent years through the WHO resolution on strengthening immunization systems through measles and rubella elimination and congenital rubella infection prevention (WHO Regional Committee in 2005), which was reviewed in 2008 at the Regional Committee meeting in Tbilisi, Georgia. There were a large number of measles outbreaks in the last year and this has

again served to highlight the necessity of maintaining high political commitment to immunization and guarding against complacency in the Region. The European Immunization Week was implemented in 32 countries in 2008, showing that most countries are interested and engaged in raising awareness at a local/regional/national level to promote immunization.

Since the last ETAGE meeting, there have been some changes within the Regional Office and within the immunization programme itself in terms of structural reorganization. However, the technical functions remain the same, as does the role of ETAGE.

Chair, ETAGE

Dr 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 the participants that ETAGE is an independent advisory body to the Regional Director of the WHO European Region.

Technical Session 1

Communicable Disease Unit reorganization

Dr Matic and Mr Laurent presented an overview of the changes relating to the recent reorganization within WHO. During 2008, several changes took place within the WHO Regional Office for Europe; at the global level with the introduction of mid-term strategic planning and the introduction of a global management system; at the regional level with more decentralization of power to WHO country offices and reform within the Regional Office at the divisional level with the setting up of 2 new units, one for communicable and one for non-communicable diseases and the environment.

The vision behind the reorganization was to better integrate communicable disease programmes and optimize common resources (management, resource mobilization and advocacy activities, surveillance and human resources.)

The main activities of the Communicable Diseases (CDS) Unit continue to be working with the Member States through the country offices to agree on priorities, share implementation and provide technical supervision and guidance .

The CDS unit, with 168 staff in the Regional Office and Member States, works in the following areas:

- Targeted Diseases and Immunization (TDI): comprising vaccine-preventable diseases, immunization system strengthening, malaria and seasonal influenza.
- HIV/AIDS and TB Plus: including sexually transmitted infections, viral hepatitis (linking with immunization), and linking with agencies outside the Regional Office.
- Surveillance, Monitoring and Evaluation (SAM): this team comprises technical staff from each of the teams including the Regional Laboratory

Network, and provides a cross cutting "service" to all of CDS creating synergy and providing a "critical mass" of epidemiological and data management skill to the unit.

- Alert and Response (ART): this team includes pandemic preparedness and International Health Regulations.

An advocacy and community relations group also works within the Unit to enhance and run advocacy activities and to facilitate the development of publications. This has already greatly benefited teams with high need and limited capacity.

The TDI Team in the CDS Unit is comprised of 2 sub-groups: immunization systems strengthening and targeted disease initiatives, including malaria. Vaccine-preventable diseases surveillance, including laboratory, have moved to the SAM Team.

There will be no change in the function of ETAGE or in relationships with partner agencies.

Technical Session 2

Elimination of measles and rubella and maintaining polio-free status in the Region

Measles and Rubella elimination and congenital rubella prevention

Drs Martin, Deshevoi and Jankovic reported that substantial progress has been achieved in the Region in the elimination of measles and rubella; all 53 countries have a routine 2-dose measles vaccination programme. All countries have introduced routine rubella vaccine except Tajikistan, which will introduce it in 2009. The number of countries reporting a measles incidence of <1 per 1 000 000 population (the elimination target) increased to 29 in 2007 (from 19 in 2006).

However, there are still challenges in reaching the elimination goal. Routine immunization coverage rates at sub-national level are declining in some countries and there are susceptible populations that are either hard to reach or refuse vaccination – with the result that outbreaks are still occurring in these populations. Nine of the ten countries with the lowest mean measles immunization rates from 2000 to 2007 are in the European Union. As of September 2008, over 6 760 measles cases have been reported in Europe: six western European countries (Austria, Germany, Italy, Spain, Switzerland and the United Kingdom) and Israel accounted for 92% of these cases. Italy, Switzerland and the United Kingdom have reported the most measles cases (62%). The European Region is also exporting measles viruses to regions that have eliminated measles (e.g. the Americas).

In the countries with the lowest immunization coverage rates, immunization programmes are challenged by a combination of public and political complacency regarding the value of vaccines and by a disturbing rise in the influence of anti-vaccination groups.

A further challenge is the status of the national and regional disease-specific surveillance systems needed to monitor progress towards elimination. Measles and rubella-case based surveillance has not been implemented in a few countries and

many countries are not reporting suspected cases of measles or rubella, however, there are laboratory tests being performed at national level. The timeliness of reporting is also poor. Strong links must be maintained with EUVAC.NET^Y (<http://www.euvac.net/graphics/euvac/index.html>) that provides measles data from the EU Member States. The project was due to end in December 2008 however, an extension has been granted until January 2009 until a new project leader is identified. A call for tenders was being undertaken.

The Regional Office needs to begin the process of documenting measles and rubella elimination by forming an independent regional review body and ensuring that Member States set up a similar body at national level.

Political and financial commitment must be strengthened to reach the 2010 elimination goals, particularly in western Europe. WHO must continue to work with countries to ensure that the gains made to date are sustained and that the goals for 2010 are not jeopardized.

Maintaining polio-free status in the European Region

The Regional Certification Committee recently concluded that the Region remains free of wild poliovirus transmission. However the risk of wild poliovirus importation remains very high due to continuing transmission of wild poliovirus in four endemic countries in the world and frequent travel between these countries and Europe. As the Region celebrates its tenth year since the last indigenous case of polio, most countries report polio immunization coverage at 95% or more; however, sub-national data show lower coverage rates and the timely provision of immunization is a problem in several countries. While immunization coverage is sufficiently high to prevent poliovirus transmission in most areas of the Region, there could be transmission in a few geographical areas and/or populations with low immunization coverage.

There is an overall trend in the Region to switch from OPV to either combined OPV/IPV or IPV only schedules (33/53 are now using IPV). Any policy decisions regarding a switch from OPV to IPV in polio-free countries should be carefully assessed. Most countries conduct AFP surveillance but some countries conduct enterovirus and environmental surveillance exclusively. There is a slow decline in AFP surveillance. *Guidelines on Responding to the Detection of Wild Poliovirus in the WHO European Region* (2007) have been published; 17/53 Member States have developed national plans based on these guidelines. The performance of the National Certification Committees has also declined in recent years and needs to be revitalized to ensure continued polio-free status and to prepare the Region for global certification.

Priority activities by the Regional Office ensure continuous political commitment and support for global polio eradication, maintaining a high level of immunity against poliomyelitis, sustaining high quality AFP surveillance, preserving and expanding supplementary virological surveillance for polioviruses, assuring appropriate responses to possible importation of wild poliovirus or detected circulating vaccine-derived polio virus (cVDPV), meeting requirements for laboratory containment of

^Y EUVAC.NET is a European surveillance network for vaccine-preventable diseases and incorporates all 27 EU Member States together with Croatia, FYROM, Iceland, Norway, Switzerland and Turkey

wild polioviruses, preparing for cessation of OPV and ensuring appropriate financial and human resources. The European Regional Strategic Plan to Sustain Polio-Free Status of the Region 2009-2013 is in final draft form and will be published in 2009.

Technical Session 3

Accelerated vaccine introduction

Dr Mosina informed that significant progress was made with *Haemophilus influenzae* Type b (Hib) vaccine introduction. Currently, 40 countries have introduced routine Hib-containing vaccine. The introduction of vaccine in the 4 poorest countries of the Region is the direct result of GAVI support. However, 5 middle-income countries of the Region where Hib diseases have significant impact on mortality and morbidity have not yet made decision on Hib vaccine introduction.

More western European countries are now using conjugate vaccines against meningitis C (12 countries), pneumococcal (10 countries) and HPV (13 countries). Rotavirus vaccine is licensed in 33 countries, but has only been introduced for use in the public sector in 3 countries.

There are several obstacles for introducing new vaccines in low and middle-income countries which include limited political and financial commitment due to underestimation of disease burden; insufficient data driven decision making, for disease burden estimation and cost-effectiveness, the absence or inappropriateness of advisory bodies on immunization to support the decision making process and negative attitudes to vaccination in general and to new vaccines in particular. There is also uncertainty regarding long-term financial sustainability including the status of GAVI support after 2010 and the cost of vaccine.

The Regional Office continues to support Member States to implement a variety of strategies to maximize the benefits of new vaccines through evidence-based decision-making and planning for vaccine introduction, financing and evaluation. At country level this includes relevant data collection to support decision-making and prioritization, establishing effective deliberative processes that include key stakeholders, ensuring that programmes provide high coverage with newly introduced vaccines, strengthening surveillance and management information systems to measure impact and monitor adverse events following immunization as well as developing plans to ensure programmatic and financial sustainability and ownership. Advocacy, communication and training are fundamental to the process.

Countries, particularly the “middle-income” group, need support in prioritizing new vaccines for introduction, even in the face of limited evidence-based data. The national advisory bodies and committees play a critical role in supporting the immunization programmes in making these decisions.

It is recognized that these new finances present a great opportunity for the countries, however the components of the system must be in place to support and sustain the implementation of new vaccines. WHO will continue its activities to strengthen country capacity by working with them to implement strategies and guidelines for

new vaccine introduction, supporting the national immunization programme managers with training and enhancing the role of the national advisory committees for immunization. Support will also be provided for developing and improving surveillance, particularly for rotavirus according to the new guidelines. GAVI will be meeting in October 2009 to review GAVI-eligibility and confirm funding support available for new vaccine introduction in the Region in the coming years.

Technical Session 4

Vaccine-preventable disease surveillance

Dr Mercer presented the current situation for surveillance of targeted diseases. Regarding polio, the AFP surveillance index decreased substantially between 2000–2007, with small improvements in 2008, however, sub-nationally the situation is of particular concern. The high-risk areas remain the southern Caucasus and Turkey. Regarding measles surveillance good progress continues; this year, 39 countries are submitting case-based surveillance data and 11 provide monthly aggregate data. The remaining 3 countries do not report at all (Bosnia and Herzegovina, Monaco and San Marino). There has been a substantial decrease in measles incidence during the last 5 years across the Region, and towards the end of 2007, the majority of cases were being reported from western European Member States. Regarding rubella surveillance, the situation is not as positive, insufficient data is being produced particularly by western European Member States to make informed programmatic decisions.

By the end of 2008, the revised measles and rubella surveillance guidelines will be published and made available to all Member States in English and Russian. The major change in strategy is to move away from the classification of “suspect” case. The goal is for all clinically defined cases of measles and rubella to be investigated and classified as clinical, laboratory confirmed, epidemiologically linked (to a laboratory confirmed case) or discarded (confirmed as not measles or rubella, through laboratory or epidemiologic linkage). The surveillance performance indicators have been revised in parallel. However, this may present problems for the western European countries due to the high incidence and the inability to report discarded cases.

The priorities for the 2008-09 will be to continue the expansion of case based reporting for measles and rubella. The official EU case definition was published during 2008 and differs slightly from the WHO case classification. However, it is still possible to analyse and compare data for the whole WHO Region. This is of significant importance as, in collaboration with the European Centre for Disease Prevention and Control (ECDC), the process of Regional verification of measles and rubella elimination will be started soon. This will require alignment of definitions and classifications. Increased advocacy and information initiatives will be required to support this process.

Regarding the internal reorganization, the surveillance, monitoring and evaluation team has revised its mission to “ensure that the Regional Office and the Communicable Diseases Unit teams have access to the epidemiologic expertise and programme data required to meet their public health responsibilities to the Region, Member States and international partners”. The functions will broadly continue as

previously and will include the coordinated and systematic data collection, verification and analysis for all communicable diseases, the development and maintenance of up-to-date databases and the preparation of the epidemiological data for publication, the monitoring of communicable diseases and responses to them Regionally and nationally, and strengthening laboratory services for communicable disease surveillance, prevention, treatment and control.

In addition to polio, measles and rubella, the Laboratory Network will gradually be supporting surveillance for the new bacterial infections. However, an external resource group may be developed in the interim, until the Laboratory core team is established at the Regional level.

Technical Session 5

National advisory committees on immunization and consolidated immunization schedules

Dr Cakmak provided information about the national advisory committees on immunization, including the results of a recent survey to assess the functionality of these committees in the Region. The vaccine world is changing, and with it the demands and expectations of global and national policy makers, donors and other interested parties. The changes include the development of new vaccines and technologies, vaccine safety issues, regulation and approval of vaccines, expanding the immunization schedule and increased funding flowing through new financing mechanisms. As the scope of immunization expands, the local and global immunization environments are changing, with increased efforts needed to coordinate the public and private sectors and a renewed emphasis on monitoring and ensuring vaccine safety.

Key to the expansion and improvement of routine immunization programmes and the sustainable introduction of new vaccines and technologies is for countries to ensure that they have the relevant evidence to make informed decisions regarding the establishment of programme priorities. Similarly, such evidence and processes are needed to justify the continuation of, or adjustments to, existing immunization programmes and policies.

A body such as a national advisory committee on immunization with the appropriate membership can assist national governments to address issues of vaccine quality and safety, immunization policy and strategies, introduction of new vaccines and immunization technologies and sustaining routine immunization, promoting regional and national vaccine security, and guiding national authorities on the public health needs for new and emerging vaccine-preventable diseases.

Some European Member States have formally constituted such national technical advisory bodies to guide immunization policies; other countries are currently working towards establishing or contemplating the establishment of such bodies. However, many countries lack independent decision-making processes that can facilitate the review and assessment of immunization interventions and strategies. It may be useful to publish relevant data gleaned from the global survey on national advisory

committees to provide examples of best practise on the way these committees are most effectively used.

Consolidated immunization schedules

The global Strategic Advisory Group of Experts on Immunization was presented with a description of the process that was followed to develop a draft of a consolidated table of all current WHO recommendations for vaccine administration (known as the schedule) and with an introduction to the practical issues at country level in customizing an immunization schedule.

The development and dissemination of a consolidated table of current recommendations aims at giving easy access to WHO's recommendations and is anticipated to: (i) provide a flexible framework to help policy-makers develop and fine-tune their own national immunization schedules; (ii) communicate the need for expansion of the range of vaccines and age groups and provide a basis for discussing integration with other health interventions; and (iii) assist SAGE in its global review of current recommendations with the aim of moving towards optimizing the immunization schedule. This work has to be seen in the context of WHO's broader effort to develop an optimal immunization schedule; the effort includes an analysis of age at vaccination and research on the use of conjugate vaccines.

This document does not represent a new WHO schedule but a summary of existing recommendations for programme managers; and it is part of a multifaceted process by which SAGE will in the future advise on a new optimized schedule. The target audiences for distribution are national immunization managers and key decision-makers, chairs of national advisory committees on immunization and partner organizations, including industry.

SAGE recommended that WHO develop additional materials to help countries improve their immunization schedules. First, a companion document should provide guidance to countries to improve their capacity to implement the recommendations and should address issues and practical considerations for improving a national immunization schedule (including the need for regular training). Second, a document is also needed that addresses implementation of vaccination programmes targeted at older age groups, including adults. Third, tools (e.g. both electronic and for training) need to be developed to assist health workers in avoiding missed opportunities for children whose immunization has been delayed or whose schedules have been interrupted.

Technical Session 6

Targeted Diseases and Immunization strategic plan 2008-13

The strategic plan highlighting the priorities and strategies for TDI was circulated to ETAGE members and participants prior to the meeting. A few minor edits were made and the Plan was endorsed for publication and implementation.

Other updates

European Immunization Week 2008

Ms Jagessar presented the results of the 2008 European Immunization Week held in March. The event was launched in Slovenia by the Regional Director, Dr Marc Danzon, and Her Royal Highness Crown Princess Mary of Denmark.

This year, 32 Member States participated in raising awareness and working with key target communities to highlight the benefits of vaccination. Activities included door-to-door visits, reaching over half a million hard-to-reach people, competitions, trainings and workshops, school lessons and roundtable discussions. During EIW almost 2 million supplementary vaccinations were administered. Across the Region, the media coverage was positive and balanced.

A full evaluation will be published on the WHO website: www.euro.who.int/eiw. The dates for next year's immunization week will be 20-26 April 2009.

ETAGE meeting programme for 2009

Two meetings are planned for 2009. The tentative dates are 25-26 March and 29-30 September 2009.

Proposed topics for the next ETAGE meeting

1. Review the implementation of recommendations from 8th meeting of ETAGE
2. Polio: review the latest position paper and make recommendations about implementation in the Region
3. BCG vaccination
4. Measles and rubella elimination, with a focus on surveillance and the verification process
5. CRS Surveillance
6. European Immunization Week update
7. Revision to the ETAGE website, including links to the various national, regional and global technical advisory bodies.
8. Feedback from the SAGE meeting to be held in November 2008.
9. Results of the evaluation of the CDS reorganization.

Conclusions and recommendations

Technical session 1

Communicable Disease Unit reorganization

Conclusions

- ETAGE stressed the importance of not losing the strong technical support provided by TDI and SAM to countries and the gains made towards the Regional targets until now.
- It is understood that ETAGE will continue to provide the same function of advising the Regional Director on immunization related issues for the foreseeable future.
- ETAGE noted the current human resource capacity at the WHO European Regional Office with regards to the current workplan.

Recommendations

1. The reorganization should be evaluated for impact on technical implementation, including internal collaborations between units.
2. The reorganization should be communicated clearly to key partners and other institutions. This is critical to continue close collaboration already established and ensure continuity of good partnership relations.
3. TDI should use the reorganization as an opportunity to work more innovatively in terms of outsourcing, increasing collaboration and making greater use of technical competence existing in the Region (joint missions, collaborating centres, providing technical support) particularly with European partners.
4. TDI should use the reorganization as an opportunity to work more collaboratively with other technical programmes within the Regional Office, (for example, with HPV and migrant health.)

Technical session 2

Elimination of measles and rubella and maintaining polio-free status in the Region

Conclusions

- Major achievements have been made in reducing measles incidence across the Region and reaching the 95% target for coverage.
- ETAGE was very concerned about recent measles outbreaks in Ukraine and western European Member States and the ramifications of exporting virus to measles-free areas of the world.
- The measles and rubella elimination targets are achievable, but countries must ensure the gains made so far are sustained through political commitment, advocacy, strengthening laboratory support and long term funding for the programme.
- The surveillance data for rubella and MCV2 coverage is inadequate.
- The decrease sub-nationally in routine polio vaccination coverage and surveillance indicators for polio is of great concern to ETAGE.

- ETAGE welcomes the publication of the Polio Eradication strategic plan this December.
- ETAGE welcomes the global position paper on IPV regarding the most appropriate Polio vaccine for controlling an introduction of poliovirus and for stockpiling.

Recommendations

5. ETAGE requests urgent action be taken in countries where measles and rubella outbreaks have occurred, to address susceptible populations.
6. The Region should begin the process of creating a Regional verification committee for measles and rubella elimination, using a multi-region approach following global guidance. This process will help define countries that need additional attention for political and financial commitment.
7. The publication of the revised measles and rubella surveillance guidelines should be used as an opportunity to advocate, raise awareness and re-engage with all Member States, highlighting areas where surveillance continues to be suboptimal.
8. Greater attention should be placed on adapting rubella laboratory-based surveillance to achieve the 2010 target and the introduction of surveillance for congenital rubella syndrome.
9. ETAGE members should be engaged to attend high-level country visits to advocate and strengthen political commitment particularly for measles, rubella and polio.
10. WHO should engage more regularly with the priority Member States, including western Europe, to advocate and reinforce the importance of immunization, particularly for measles and rubella.
11. The European Immunization Week should continue to be used as an additional opportunity to ensure countries are fully defining and targeting susceptible populations for immunization.
12. ETAGE will review the next global position paper on IPV and comment on considerations for changes in national immunization policy.

Technical session 3

Accelerated vaccine introduction

Conclusions

- Where national data does not exist, countries with similar epidemiological conditions could share data, assisting the prioritization and decision-making processes for introducing new vaccines.
- Great progress has been seen with the introduction of Hib vaccine. However, coverage levels should be higher.
- Good progress has been seen with the introduction of pneumococcal, meningococcal and HPV vaccine.
- The Region must remain cautious in light of the reduction in number of GAVI-eligible countries and the impact of this reduction on fund availability for lower and middle-income countries.
- The process of new vaccine introduction is complex and it cannot be rushed. It should be regarded as a gradual process to ensure sustainable capacity building and appropriate absorption capacity in the countries.

- New vaccine introduction presents a good opportunity for strengthening the national immunization programmes, particularly in the area of surveillance and quality and safety.

Recommendations

14. The close collaboration and capacity building with Member States that has already been started should continue without interruption.
15. The continued establishment of surveillance systems should be encouraged for the collection and use of relevant high quality evidence-based data for decision-making.
16. Where data are limited, the WHO Regional Office should work with Member States to facilitate alternative data exchange methods to assist the establishment of priorities for introducing new vaccines.
17. WHO should explore innovative technical partnerships with other experienced players in the area of new vaccine introduction (including “outsourcing” and collaborating centre networks), in particular to address the needs of the low and middle-income countries.

Technical session 4

Vaccine-preventable disease surveillance

Conclusions

- ETAGE acknowledged the stagnating and declining AFP surveillance indicators in high-risk areas of the Region.
- ETAGE welcomed the soon to be published revised measles and rubella surveillance guidelines as an opportunity to reinforce Member State commitment to this important area of work.
- ETAGE acknowledged the large amounts of data that are managed on a weekly and monthly basis and reinforces the importance of maintaining high quality, reliable data for decision making.

Recommendations

18. WHO should ensure that measles and rubella data continue to be received and analysed from the EU Member States irrespective of the current uncertainty regarding the continuity of the EUVAC Net project.
19. To ensure surveillance is not jeopardized, WHO should continue to explore models for coordinating with external partners.

Technical session 5

National Advisory Committees on Immunization and consolidated immunization schedule

Conclusions

- ETAGE acknowledged the many differences between countries and difficulties faced by them to ensure transparency and credibility in the face of limited technical expertise in some countries.
- ETAGE appreciated the very useful and detailed survey providing interesting insight to the national committees, which will enable prioritizing and planning support to countries in this important area.

- ETAGE felt it might be useful to consider a web page providing access to the recommendations of the existing national immunization committees in the Region. The location of this web page should be explored (for example WHO Collaborating Centre). The recommendations could be translated in the main European languages to enable sharing of information and real time comparison of policy decisions. Practical aspects and budgeting should be assessed before next ETAGE meeting.
- ETAGE appreciated the utility of the consolidated routine immunization schedule. It is important that SAGE is aware of the Regional specificities and that this issue be further discussed before the schedule is finalized in December 2008.

Recommendations

20. WHO should review and prioritize the areas or countries where they can provide normative support to the national advisory committees for immunization, including guidelines, best practice models and encouraging networking and participation between the national committees.
21. WHO should explore the feasibility of developing a web page for posting key recommendations and documents produced by the national advisory committees for immunization. The recommendations should be available in the major European languages.
22. The WHO Regional Office and Headquarters should discuss and finalise the recommended routine immunization tables, ensuring the relevance of the tool to all countries in the Region.

Technical session 6

Targeted Diseases and Immunization Strategic Plan 2008–2013

Conclusions

- ETAGE welcomed and endorsed the *Targeted Diseases and Immunization Strategic Plan 2008–2013*, which will be useful for regional planning and prioritization, and will also be of use to the national advisory committees on immunization and the national immunization programme managers.

Recommendations

23. WHO should publish and distribute the TDI Strategic Plan to relevant partners and online.
24. WHO should provide the Strategic Plan to SAGE as a background document for the forthcoming November meeting.

European Immunization Week 2008

Conclusions

- ETAGE congratulated WHO and the 32 Member States involved in another successful European Immunization Week, informing and engaging populations to raise awareness on the importance of immunization.

Recommendations

25. WHO should continue to promote the initiative in collaboration with countries and key partners.
26. WHO should develop a more detailed set of evaluation indicators to measure the impact of the initiative at the regional level and present the proposal at the next ETAGE meeting.

ANNEX 1. Programme

8 October, Wednesday

08.30-09.00	Registration	Reception desk
09.00-09.15	Opening	Dr N. Emiroglu WHO/EURO
	- Director a.i. Division of Health Programmes (DHP)	Dr P. Van Damme Antwerp University
	- Chairperson	
09.15-10.15	Technical Session 1:	
	• Communicable Diseases Unit reorganization	Dr S. Matic WHO/EURO
	• New structure and its implication for the immunization programme	Mr E. Laurent WHO/EURO
10.15-11.45	<i>Coffee break</i>	
10.45-12.30	Technical Session 2:	
	• Elimination of measles and rubella & maintaining polio-free status in the Region	
	- Progress report on achieving measles and rubella elimination targets in EURO	Dr S. Deshevoi WHO/EURO
	- Surveillance issues related to MR elimination and CRS prevention	Dr D. Jankovic WHO/EURO
	- Brief update from the June 2008 RCC meeting	Dr R. Martin WHO/EURO
	- Review of global recommendations for IPV and implications for national schedules, and response to potential outbreaks	
	- Requesting policy guidance from ETAGE members	
12.30-13.30	<i>Lunch</i>	
13.30-15.30	Technical Session 3:	
	• Accelerated vaccine introduction	Dr L. Mosina WHO/EURO
	- Progress report on new vaccines introduction in EURO	
	- Surveillance issues related to new vaccines	
	- SAGE meetings (Nov.07 and Apr.08) related issues to new vaccines	
	- Accelerated vaccine introduction (AVI) global programme and EURO perspective	
	- Requesting policy guidance from ETAGE members	

15.30-16.00	<i>Coffee break</i>	
16.00-17.30	Technical Session 4 :	
	<ul style="list-style-type: none"> • Vaccine-preventable diseases surveillance - Report on progress of strengthening surveillance at the regional level - Presentation of the vision to integrate Communicable Diseases surveillance - Challenges and benefits of this integration process to meeting regional goals and objectives - Presentation of the vision to integrate laboratory network - Requesting policy guidance from ETAGE members 	<p>Dr D. Mercer WHO/EURO</p> <p>Dr G. Gavrilin WHO/EURO</p>
17.30	Summary of the day	Chairperson
18.00	Reception	

9 October, Thursday

08.30-09.30	Technical Session 5:	
	<ul style="list-style-type: none"> • National advisory committees on immunization - Presentation on regional status: results of the recent survey - Presentation of proposed strategies for establishing and strengthening NACIs in EURO - Requesting policy guidance from ETAGE members - Consolidated immunization schedules: how the concept fits to EURO 	<p><i>Dr N. Cakmak</i> WHO/EURO</p> <p><i>Dr P. Duclos</i> WHO/HQ</p>
09.30-10.30	Technical Session 6:	
	<ul style="list-style-type: none"> • Targeted Disease & Immunization strategic plan - Final review and endorsement 	
10.30 - 11.00	<i>Coffee break</i>	
11.00-11.30	Other updates	
	<ul style="list-style-type: none"> - Brief update on European Immunization Week - Programmatic issues of the programme 	<p>Ms N. Jagessar WHO/EURO</p> <p>Mr E. Laurent WHO/EURO</p>
11.30-12.30	ETAGE meeting programme for 2009	
	<ul style="list-style-type: none"> - Terms of reference and membership - Next meeting/teleconference and topics to cover 	
12.30-13.15	<i>Lunch</i>	

13.15- 13.45	Private session – Recommendations drafting	ETAGE members
13.45- 14.00	Summary of the meeting and closing	Chairperson

ANNEX 2. LIST OF PARTICIPANTS

ETAGE Members

Prof Paata Imnadze

General Director
National Center for Disease Control
and Public Health (NCDC)
Ministry of Labour, Health and Social
Affairs
0177 Tbilisi
Georgia

Dr Mira Kojouharova

Head of Department
National Center for Infectious and
Parasitic Diseases
Ministry of Health
504 Sofia
Bulgaria

Dr Dilbar Makhmudova

Manager of Child Immunization Project
Scientific Research Institute of
Pediatrics
Ministry of Health
700179 Tashkent
Uzbekistan

Dr Patrick Olin

Department of Vaccine Immunology
and Vaccine Research
Swedish Institute for Infectious Disease
Control
SE-171 82 Solna
Sweden

Prof Christian Perronne

Infectious Diseases Unit
Hopital Universitaire Raymond Poincaré
92380 Garches
France

Prof Tatiana Semenenko

Professor and Head of Laboratory
Institute of Epidemiology and
Microbiology
Russian Academy of Medical Services
Russian Federation

Prof Pierre Van Damme

Chairperson
European Technical Advisory Group of
Experts on Immunization (ETAGE)
University of Antwerp - 3 Eiken
WHO Collaborating Centre
B-2610 Antwerp (Wilrijk)
Belgium

Representatives

CDC

Dr Stephen Cochi

Senior Advisor
Global Immunization Programme
National Center for Immunization and
Respiratory Diseases
Centres for Disease Control & Prevention
Atlanta, GA 30333
United States of America

Dr Steven Wassilak

Polio Eradication Branch
Global Immunization Division
National Immunization Programme
Centres for Disease Control and
Prevention
Atlanta GA 30333
United States of America

ECDC

Dr Andrew Amato Gauci

Deputy Head, Surveillance Unit
Head of the Disease Specific
Surveillance Section
European Centre for Disease Prevention and Control
171 83, Stockholm
Sweden

SAGE

Dr Silva Bino

Head of Control of Communicable Diseases
Department
Institute of Public Health
Tirana
Albania

UNICEF

Dr Oya Afsar

Consultant on Immunization
UNICEF CEE/CIS
1211 Geneva
Switzerland

World Health Organization

Headquarters

Dr Carsten Mantel

Medical Officer
Group Leader for the New and
Underutilized Vaccines group (NUVI)

Dr Philippe Duclos

Senior Health Adviser
IVB Immunization, Vaccines and Biologicals

Dr Peter Strebel

Medical Officer
EPI Expanded Programme on Immunization Plus

Regional Office for Europe

Dr Chinara Aidyralieva

Technical Officer
Measles Elimination and Hepatitis B control
WHO Country office in Moscow

Dr Niyazi Cakmak

Technical Officer

Dr Sergei Deshevoi

Medical Officer

Dr Nedret Emiroglu

Acting Director
Division of Health Programmes

Dr Eugene Gavrilin

Coordinator of the EURO Polio Laboratory Network

Mr Ajay Goel

Technical Officer

Ms Naroesha Jagessar

Technical Officer

Dr Dragan Jankovic

Technical Officer

Mr Eric Laurent

Acting Team Leader, Targeted Disease and Immunization

Mr Denis Maire

Technical Officer

Dr Rebecca Martin

Epidemiologist

Communicable Diseases

Dr David Mercer

Technical Officer

Dr Liudmila Mosina

Technical Officer

Dr Srdan Matic

Acting Unit Head

Communicable Diseases

Dr Valery Tashayev

Scientist, Coordinator of EUR

Measles/Rubella Laboratory Network

Mr Leo Weakland

Technical Officer

Rapporteur

Ms Louise Leech

Public Health Consultant

New Delhi, India

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.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

WHOLIS number
Original: English

World Health Organization Regional Office for Europe

Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark

Tel.: +45 39 17 17 17 · Fax: +45 39 17 18 18 · E-mail: vaccine@euro.who.int
www.euro.who.int/vaccine