



5th Meeting of
the European Technical Advisory Group of
Experts for Immunization
(ETAGE)

2-3 February 2006
Copenhagen, Denmark

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Abbreviations

AFP	Acute flaccid paralysis
CDC	Centers for Disease Control and Prevention, Atlanta, USA
CISID	Centralized Information System for Infectious Diseases
CRI	Congenital rubella infection
CRS	Congenital rubella syndrome
ECDC	The European Centre for Disease Prevention and Control, Stockholm, Sweden
EIW	European Immunization Week
ETAGE	European Technical Advisory Group of Experts on Immunization
GIVS	Global Immunization Vision and Strategies
Hib	Haemophilus influenzae type b
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IHR	International Health Report
RC	Regional Committee of the WHO European Region
VPI	Vaccine-preventable Diseases and Immunization programme, WHO Regional Office for Europe
WHO	World Health Organization
WHO/EURO	WHO Regional Office for Europe
WHO/HQ	Headquarters of the World Health Organization

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Executive summary

The fifth meeting of the European Technical Advisory Group of Experts (ETAGE) was held in Copenhagen from 2 to 3 February 2006 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 continuing advice on key areas for further development.

The ETAGE was briefed on implementation of recommendations made during its fourth meeting, and details of the VPI plan of action for 2006-2007 were presented. The apparent success of the first European Immunization Week was discussed, and preparations for the 2006 event reviewed. Regional plans for introduction of new and underused vaccines were presented. The current status of the measles/rubella elimination and polio eradication activities were reviewed. Performance of the Regional surveillance system for VPI in 2005 was presented, and the proposed framework for surveillance in 2006-2007 was discussed.

Opening of the meeting

Dr Gudjon Magnusson, Director, Division of Technical Support, Reducing Disease Burden (DTR) opened the meeting, welcoming ETAGE members and participants. Dr Magnusson provided an overview of the continued importance of the VPI programme in achieving Regional goals and targets, and described major features of the organizational restructuring of WHO.

Apologies for absence were received from ETAGE members Dr Stefania Salmaso and Dr Dilbar Makhmudova. Dr Nick Ward and Dr Pierre van Damme chaired the meeting, and Dr Ray Sanders was rapporteur. The meeting programme is provided in Annex 1, and the list of meeting participants is provided in Annex 2.

Scope and purpose of the meeting

The scope and purpose of the fifth meeting of the ETAGE were as follows:

- 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 :
 - Implementation of the Global Immunization Vision and Strategies (GIVS) in the Region: first steps in 2005;
 - The 2006-2007 vaccine-preventable diseases strategic plan;
 - Lessons learned from the First European Immunization Week and plans for EIW 2006;
 - Global polio eradication efforts in 2005 and the Regional plan of action to sustain “polio-free” Europe for 2006-2007.
- To discuss and endorse:
 - Operational plan for the elimination of measles and rubella and the prevention of congenital rubella infections for 2006-2007;
 - Introduction of new vaccines: Regional policies and strategies
 - Surveillance performance in 2005 (polio, measles, rubella, CRS) and strategies for strengthening surveillance performance.

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

A summary of actions taken to implement recommendations from earlier ETAGE meetings was given by Mr Eric Laurent.

ETAGE expressed general satisfaction that many recommendations had been implemented and others were in process of implementation. While recognising that many ETAGE recommendations addressed long-term generic concerns, attention should now also focus on addressing and highlighting specific technical and programme issues, such as critical obstacles to achieving Regional goals and targets. To do this, an assessment of critical constraints and obstacles must be conducted. A presentation of difficulties and constraints faced in implementing ETAGE recommendations should be made at the next meeting.

Technical Session 1: The Vaccine-Preventable diseases and Immunization plan for 2006-2007 and the implementation of the Global Immunization Vision and Strategies (GIVS)

Dr Nedret Emiroglu presented the VPI plan of action together with activities underway to implement this plan. In the 2006-2007 work plan activities over five broad programmatic areas have been detailed according to Regional strategic priorities, and, where appropriate, in line with the Global Immunization Vision and Strategies. More than 400 activities have been listed for implementation within the 2 year period. Ongoing constraints on programme management capacity and funding availability require that effective integration of activities remains a priority for achieving set goals.

Evidence has been presented that programme management capacity in the Regional Office has strengthened considerably in recent years. Concerns were expressed, however, that organizational changes within EURO and devolvement of responsibilities from WHO/HQ to the Region would place additional constraints on management at the Regional level. Funding to support additional Regional activities has been received from WHO/HQ, but as yet no additional staff, or funding for additional staff, has been received. In addition, with approximately 50% of expected funding needs for 2006-2007 currently unmet a more aggressive, coordinated approach to resource mobilisation and advocacy is required.

Technical Session 2: The first European Immunization Week: lessons learned and plans for 2006

A summary of the activities and lessons learned from the first European Immunization Week (EIW) was provided by Mr Eric Laurent. Activities were piloted in six countries, with a focus of addressing areas with poor vaccine coverage of marginalized groups. There was a high level of interest and effective activities were made in the pilot countries, with no reported negative response and feedback or negative media coverage. Effective use was generally made to access National-level decision-makers and media sources and the Immunization Week presented strong potential for sharing of experience and resources between countries. Although full evaluation of the activities has yet to be completed, it was clear that detailed target audience research is critical to understanding potential barriers to effective immunization activities and to developing effective communications strategies. It was also clear that planning for the 2006 EIW should commence as early as possible.

ETAGE congratulated the Regional Office and Member States on the apparent success of the pilot EIW, and approved the concept of integral evaluation of EIW activities. However, regrets were expressed over the delay in providing the evaluation results, and ETAGE urged that the evaluation with regard to activity outcome and impact be completed as soon as possible. Concern was expressed over the readiness of Member States to take full responsibility for the planning and support their own EIW activities, and over

the acceptance within the Regional Office that the EIW represents an independent activity requiring a high level competence and commitment, and adequate resources.

Technical Session 3: Introduction of new and underutilized vaccines: policies and strategies

Dr Andrei Lobanov provided an overview of the Regional policies and strategies for introduction of new and underused vaccines. The aim is to support countries in evidence based decision making process for introduction of new and underutilized vaccines. The introduction of new and underused vaccines should be reflected in the multi-year planning process, which should help to ensure financial sustainability. The strategy includes provision for development of guidelines for monitoring vaccine implementation and impact, and recommendations on assessing disease burden, cost effectiveness, and monitoring.

ETAGE considered the development of a Regional plan of action both appropriate and realistic. Concerns were expressed, however, over the predicted workload increase and the capacity of the Regional Office to successfully absorb this workload. Emphasis was placed on the importance of providing Member States with accurate information on all aspects of new vaccine introduction, particularly in the face of pressure from commercial interests to introduce new vaccines as soon as possible. The intention of producing guidelines was applauded, but notice was drawn to the lack of available data on several aspects of introduction of new vaccines, for example, the efficacy and safety of co-administration of different vaccines, and any effect this may have on the use of established vaccines.

Country experience: Evidence for decision making on introduction of Hib vaccine in Bulgaria

A presentation on the experience gained when collecting evidence for decision making on the introduction of Hib vaccine in Bulgaria was presented. A WHO-sponsored population based study on Haemophilus influenzae type b (Hib) meningitis in children 0–59 months of age was conducted in July 1997 - December 1999 (Research project title: "Epidemiology of meningitis due to Haemophilus influenzae type B in children in Bulgaria", WHO - V/28/181/20). The study was intended to assess the incidence of meningitis caused by Hib among children and to provide evidence for an informed decision on the use of Hib vaccines in Bulgaria. Findings from the active surveillance for meningitis conducted in six regions fully confirmed results obtained from a retrospective Hib burden study, showing a relatively low incidence of meningitis due to Hib infection in children < 5 years (5.9/100,000) during 1992 – 1996. During the 2.5-year active surveillance period, there were 21 cases of Hib meningitis, giving a mean annual incidence of 6.1 cases per 100 000 children < 5 years. The case-fatality rate was 10%. Nearly 60% of Hib isolates were resistant to one or more antibiotics, but they were not resistant to third-generation cephalosporins.

On the basis of these findings, Hib vaccine was in year 2000 added by the Bulgarian Ministry of Health to the list of vaccines recommended for all children < 5 years and for immunocompromised persons for administration on a voluntary (fee-for-service) basis, but not to the list of compulsory (state-provided) vaccines. The recommended initial treatment for paediatric bacterial meningitis has been changed to third generation cephalosporins.

ETAGE queried the conclusion that the true incidence of Hib-related disease was low, as meningitis is not the only common outcome of Hib infection.

Technical Session 4: Measles elimination and CRI prevention: situation analysis and operational plan for 2006-2007

Dr John Spika provided an analysis of the current measles/rubella situation in the Region together with an outline of the operational plan for 2006-2007. Measles outbreaks in the Region in 2005 had an important impact: the outbreak in KAZ could have been prevented had the planned SIA started in 2004 as recommended by WHO. Also the outbreak in Romania may be related to children not registered in the system, particularly from high risk population groups, due to health sector reforms and also to a 6-month

delay in measles vaccine procurement. A large measles outbreak in the Ukraine started in 2005; 7000 cases were reported in January 2006 alone. The Regional resolution on measles and rubella elimination and CRI prevention was adopted by the Regional Committee in September 2005, and the strategic plan was revised in 2005. Supplementary immunization activities conducted in 2005 were highly successful, and there are now at least 28 Member States with a measles incidence of <1/million population. There have also been increases in both the number of countries using rubella vaccine and the number using case-based measles reporting. However, there remain at least 10 countries in the Region with a measles incidence of >1/100,000. Most of the funding for WHO measles/rubella activities in the Region comes from CDC Atlanta; there is an increasing need for resource mobilisation among European partners to support activities.

ETAGE congratulated the Regional Office on the successes of the programme, and expressed its confidence in the appropriateness of the operational plan for 2006-2007. These successes should be more effectively publicised, and the Regional Office should provide regular fact sheets on the declining measles and rubella incidence. Information on recent measles outbreaks could be used to raise the political profile of measles and the need for high-level support. Efforts should be made to ensure that in addition to reaching the national decision makers, information on the successes and failures of the programme should also reach the health care providers at vaccination centres. Recent experience has also highlighted the difficulty of accessing trained epidemiologists and outbreak investigators who would be available for the investigation of outbreaks. It is hoped that in future ECDC will be among the major partners working closely with WHO in outbreak investigation.

Global polio eradication efforts in 2005 and the Regional action plan to sustain “polio-free” status.

Dr James Zingesser provided a briefing on the status of the global polio eradication initiative and Regional plans and activities to maintain Regional polio-free status.

ETAGE was reassured that despite the ongoing transmission of wild poliovirus in endemic foci in Africa and Asia, the programme in the European Region is being maintained at a high level of competence. Continued importance of the highest quality surveillance with appropriate funding secured was emphasised. ETAGE also expressed the importance of giving high priority to sustaining polio free status with continued regional and national commitment.

Technical Session 5: Surveillance performance in 2005 (polio/AFP, measles, rubella, CRS)

An overview of surveillance performance in 2005, and analysis of constraints and obstacles to efficient disease surveillance, was provided by Dr Francois-Xavier Hanon.

There has been excellent progress in the collection, analysis and reporting of surveillance data in recent years and ETAGE expressed its appreciation for the quality and quantity of information now being made available. The Regional Office has established an increasingly collaborative partnership with the Member States and was encouraged to continue. To improve the effectiveness of the information being fed back to the country programmes, it may now be appropriate to concentrate on fewer indicators that can be analysed and presented to national-level decision makers in a format that can be more easily understood and acted upon.

Concerns were expressed over long-term sustainability of the data collection, analysis and feedback systems maintained within the Regional Office, and the extent of coordination with other disease surveillance data systems. The appropriate approach to ensuring long-term sustainability and widespread uniform use is increasing adoption of CISID as the preferred data collection system as well as ongoing discussions with international partners to establish and refine international standards and reduce the requirement for Member States to report the same data to different agencies. Also of concern was the ability of the existing system to absorb the increasing workload projected for measles and rubella surveillance, particularly with the progression to case-based reporting.

Policy and strategies for strengthening surveillance on VPD and plans for 2006-2007

The regional framework for strengthening surveillance for immunization and vaccine preventable diseases was presented by Dr Nedret Emiroglu. The development of the framework is a work in progress and intended to strengthen disease surveillance capabilities throughout the Region. A large amount of high quality data are now being collected, but data analysis is not uniform, and the interpretation and feedback of information for action is less than optimal in several areas. The regional framework will attempt to address and rectify these shortcomings, while linking with other regional disease surveillance and control programmes to ensure best use of available resources and encourage long term sustainability.

ETAGE commended and encouraged the efforts for surveillance capacity building and strengthening of surveillance core functions within the Region. Recent revisions to the International Health Regulations should raise the profile of disease surveillance with Member States, encouraging more support. GIVS can also be used to provide a broad framework in which the Regional strategy can be formulated.

Draft conclusions and recommendations

General conclusions and recommendations:

1. ETAGE applauds the Regional Director for his continued commitment to immunization through this period of organizational restructuring and decentralization. Continued focus and support will be required, however, if Regional targets for immunization coverage and disease control are to be met, and ETAGE urges the Regional Director to continue providing the encouragement, resources and opportunities necessary to ensure that these public health goals can be attained.
2. ETAGE also congratulates the Regional Office on the continued successes of its Vaccine-preventable Diseases and Immunization Programme, particularly on its achievements in piloting the first European Immunization Week, and gaining endorsement from the Regional Committee for the measles and rubella elimination and CRI prevention goals.
3. 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, both at the Regional Office and at country level, particularly with regard to the projected budget shortfall for the current WHO funding biennium.
4. 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, particularly the European Centre for Disease Prevention and Control.
5. ETAGE notes the on-going process of organizational reform at WHO Headquarters and decentralisation of the Organization, investing greater technical responsibility with the WHO Regional Offices. 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 and the technical support required to achieve their goals as well as the flexibility needed to implement activities most effectively.
6. ETAGE appreciates that many of its recommendations address long-term issues and concerns, attention should now also focus on addressing and highlighting specific technical and programme issues, such as critical obstacles to achieving Regional goals and targets. To do this, an assessment of critical constraints and obstacles must be conducted. A presentation of difficulties and constraints faced in implementing ETAGE recommendations should be made at the next meeting.
7. The next meeting of ETAGE should be held during the second half of September or the second half of October 2006 and the agenda include:
 - Assessment of critical constraints and obstacles
 - Accelerated disease control programme status

- Status and assessment of the European Immunization Week
- Regional programme needs assessment and breakdown of activities
- Review of the level of integration of training activities in countries
- Invitation to ECDC to present its mandate and planned activities
- Overview of medical waste management in the Region

Conclusions and recommendations from the Technical Sessions

Technical Session 1: The Vaccine – Preventable diseases and Immunization plan for 2006-2007 and the implementation of the Global Immunization Vision and Strategies (GIVS)

8. Concern has been expressed over current Programme Management capacity within the Regional Office. This particularly in light of the increased Regional responsibilities arising from decentralization of some functions from WHO/HQ as well as the expansion of the programme to new and more sophisticated areas. ETAGE requests the RD to ensure that any change in the management structure and function at Regional level that results in increased workload should be supported by increased staff and funding.

Technical Session 2: The first European Immunization Week: lessons learned and plans for 2006

9. ETAGE congratulates the Regional Office and Member States on the apparent success of the European Immunization Week 2005. It approves the integral evaluation of EIW activities but regrets the delay in providing the evaluation results, and urges that the evaluation with regard to outcome and impact be completed as soon as possible.
10. Every opportunity should be taken to share the experience gained by participating Member States with the Regional Office and other Member States.
11. ETAGE urges interested international agencies to form a partnership group jointly aimed at providing support for country EIW activities and encourages active participation of other international partner agencies.
12. The Regional Office must be mindful that the EIW is an independent activity requiring high level competence and commitment as well as adequate resources to be successful, and urges the Regional Director to ensure that the activity is given appropriate high priority and emphasis.
13. ETAGE endorses plans for EIW 2006, including:
 - Full support for a limited number of countries, with additional countries participating as appropriate. ETAGE urges Member States to accept full responsibility for planning and implementing their own EIW activities.
 - Tailoring the programme to be specific to meet the needs and tackle the immunization obstacles faced by Member States.
 - Planning ahead to ensure the longest possible time for preparation in the Regional Office and at country level
 - Specific activities should include:
 - A complete evaluation completed as soon as possible after the event
 - The Regional Director to contact all Member States with proposals for the EIW and to solicit opinion and comments

- The Regional Office to prepare specific plans for the EIW; to complete the Regional plan by end of April, have materials prepared by the end of June, and have specific country plans, with proposed activities available by the end of July

Technical Session 3: Introduction of new and underutilized vaccines: policies and strategies

14. ETAGE views the draft Regional plan supporting introduction of new and underused vaccines as appropriate and realistic, but is concerned that the large and predictably expanding workload will require careful management of staff and funding.
15. WHO must accept responsibility for providing technical information on new vaccines, and information and updates should be regularly shared with Member States.
16. While WHO/HQ has responsibility for research and development of new vaccines, the Regional Office should ensure that operational concerns, such as those affecting co-administration, are being addressed.
17. As in other areas, there is a need for continuing and closer collaboration with other agencies, particularly – because different case definitions from the EU, WHO and CDC are in use in the countries of the European Region - for the establishment of *common* case definitions and development of standardised approaches.

Technical Session 4: Measles elimination and CRI prevention: situation analysis and operational plan for 2006-2007

18. ETAGE applauds the progress that has been made, congratulates the Regional Director on promoting the programme, and acknowledges the increased commitment from Member States, particularly after adopting the Regional Committee resolution EUR/RC55/R7.
19. Concern is expressed over the measles outbreaks in Romania and Ukraine, that these outbreaks are important and full epidemiological investigation should be conducted to determine all factors responsible. Current concerns over recent outbreaks may be utilised to ensure implementation of Regional goals and appropriate national policies and activities.
20. There is a predictable need to have a cadre of trained international experts (ECDC, EPIET, Collaborating Centres, etc) to conduct epidemiological investigation of outbreaks and persistent transmission, and ETAGE urges all interested agencies to facilitate such a Regional resource.
21. The Regional Office should provide routine updates/fact sheets on progress in measles/rubella elimination. Every effort should be made to ensure that these updates are distributed to the peripheral level, where the majority of immunizations are given.

Technical Session 5: Surveillance performance in 2005 (polio/AFP, measles, rubella, CRS)

22. Considerable progress has been made over the past two years, particularly in reporting consistency and in establishing good communications with Member States. Improvements now must be made in the quality and consistency of surveillance data analysis and ensuring that appropriate information for action is fed back to the countries.
23. Ensuring sustainability of the data collection and analysis system is now a priority, and the framework for strengthening surveillance acknowledges this approach. Moving away from vertical, disease-specific reporting systems and integrating other existing disease reporting systems should help provide long-term sustainability. Close collaboration with other agencies in the Region, particularly ECDC, will be crucial.

ANNEX 1: Programme

2 February, Thursday

9.00	Registration	
9.30	Opening DTR Chairperson	Dr Gudjon Magnusson WHO/EURO
10.00	Technical Session 1: The Vaccine – Preventable diseases and Immunization plan for 2006-2007 and the implementation of the Global Immunization Vision and Strategies (GIVS) Presentation (35 min)	Dr Nedret Emiroglu WHO/EURO
10.30	Discussion	
11.00	<i>Coffee break</i>	
11.30	Summary of follow up actions to implement the ETAGE recommendations from previous meetings	Mr Eric Laurent WHO/EURO
12.05	Technical Session 2: The first European Immunization Week: lessons learned and plans for 2006 Presentation (20 min)	Mr Eric Laurent WHO/EURO
12.30	<i>Lunch</i>	
13.30	Report of the Hungarian Immunization Week Discussion	Dr Adam Vass ETAGE Member
14.15	Technical Session 3: Introduction of new and underutilized vaccines: policies and strategies Presentation (25 min) Discussion	Dr Andrei Lobanov WHO/EURO
15.00	Country experience: Evidence for decision making on introduction of Hib vaccine in Bulgaria Presentation (20 min) Discussion	Dr Mira Kojouharova Dr Radosveta Filipova Bulgaria
15.45	<i>Coffee break</i>	
16.00	Technical Session 4: Measles elimination and CRI	Dr John Spika

- prevention: situation analysis and operational plan for 2006-2007:** WHO/EURO
Presentation (35 min)
- Discussion
- 17.00 Global polio eradication efforts in 2005 and the Regional action plan to sustain “polio-free” status. *Briefing (15 min)* Dr James Zingesser
WHO/EURO
- Discussion (15 min)
- 17.45 Summary of the day: private session

3 February, Friday

- 09.00 **Technical Session 5: Surveillance performance in 2005** Dr Francois-Xavier
(polio/AFP, measles, rubella, CRS); Hanon
Presentation (20 min) WHO/EURO
- Policy and strategies for strengthening surveillance on VPD and plans for 2006-2007**
Presentation (25 min) Dr Nedret Emiroglu
WHO/EURO
- Discussion**
- 11.00 *Coffee break*
- 11.30 ETAGE Private Session:**
Activities of ETAGE in 2005 – 2006
- 12.30 *Lunch (working lunch: private session – RD’s dining room)*
General Discussion
Review of main conclusions and recommendations
- 15.30 Close of meeting

ANNEX 2: List of participants

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