### Public health round-up

### **GAVI supports IPV** introduction for polio

The GAVI Alliance has decided to support the introduction of inactivated polio vaccine (IPV) as part of routine immunization programmes in the world's 73 poorest countries.

The Polio Eradication and Endgame Strategic Plan 2013-2018, endorsed by the World Health Assembly last May, calls on countries to introduce at least one dose of IPV before the planned phased removal of oral polio vaccines, beginning with those manufactured with poliovirus type 2, as early as 2016.

Although there are three serotypes of the virus, the type 2 component in the trivalent oral polio vaccine (that targets all three virus types) is the one responsible for more than 80% of the cases of vaccine-derived polioviruses that have triggered outbreaks. That is why removing the type 2 component from the vaccine is vital to success.

Introducing IPV is an important part of the larger strategy to reduce the risks associated with the phased removal of all oral polio vaccines by improving overall immunity, continuing to provide immunity to type 2 and reducing the risk of new vaccine-derived outbreaks.

"The decision by GAVI to support the introduction of IPV in the world's poorest countries is absolutely critical to help secure a lasting polio-free world," said Dr Bruce Aylward, Assistant Director-General for Polio, Emergencies and Country Collaboration at the World Health Organization (WHO).

"At the same time, GAVI will help build synergies between existing polio and other childhood immunization infrastructures and services. This is good for GAVI, good for the polio eradication effort and, most importantly, good for children," he said.

The introduction of IPV will also help to hasten the eradication of the remaining wild poliovirus strains 1 and 3 in the three endemic countries of Afghanistan, Nigeria and Pakistan by boosting immunity to those serotypes in both the endemic countries and in areas most vulnerable to imported cases.

While polio vaccination efforts are most intense in these three countries. all countries need to maintain high immunization coverage with their polio vaccination programmes, as they all face the risk of re-infection as long as cases are still occurring somewhere in the world.

http://www.gavialliance.org/lii brary/news/press-releases/2013/gavialliance-to-support-introduction-ofinactivated-polio-vaccine-in-worlds-73-poorest-countries/

#### **Decade of Vaccines gets off** to a slow start

A global campaign that aims to prevent millions of deaths by 2020 through more equitable access to vaccines is making slow progress, according to a progress report by WHO's principal advisory group on vaccines and immunization. Much more needs to be done to overcome major barriers to success, the

The Global Vaccine Action Plan (GVAP) was endorsed by the World Health Assembly in May 2012 to achieve its "Decade of Vaccines" vision of universal access to immunization.

But, according to the Strategic Advisory Group of Experts (SAGE) on Immunization, governments, their development partners and international agencies are not doing enough to achieve this ambitious goal.

Data quality is poor and efforts to improve immunization coverage and surveillance data needed to be a top priority. In many countries, the data that are currently available are of poor quality and, therefore, not adequate for the proper management of their immunization programmes, the expert group

### Spinal cord injury affects millions



As many as 500 000 people suffer a spinal cord injury each year, according to a new WHO report that summarizes the best available evidence on the causes, prevention, care and experience of people with this injury. The report, International perspectives on spinal cord injury, was released last month. The cover design is by Brian Kellett, who has had paraplegia since a mountain bike accident in 2003. http://www.who.int/disabilities/policies/spinal cord injury

#### **Cover photo**

Air pollution causes respiratory and other health problems. This month's cover photo shows the Kuznetsk Basin, one of the world's largest coal producing regions, in Siberia, the Russian Federation.



said in its report that was published last month.

The group called on countries to step up their efforts to eradicate polio globally and to eliminate measles, rubella and congenital rubella syndrome (CRS) in all regions, apart from the Americas where these have already been eliminated.

"Countries with low and stagnant coverage for routine immunization must urgently intensify efforts to improve programme performance, utilizing administrative data and surveys to direct their corrective actions," the expert group said.

"Optimal performance requires that countries take ownership of their national programmes, establish good governance and invest the required resources. Therefore countries should establish and/or strengthen National Immunization Technical Advisory Groups and utilize them to advise on policy recommendations," the expert group concluded.

http://www.who.int/immunization/global\_vaccine\_action\_plan

# IHR emergency committee meets on MERS-CoV

A committee of experts last month confirmed their earlier advice to WHO Director-General Dr Margaret Chan that the appearance of a new virus in the Middle East did not constitute "a public health emergency of international concern".

Leading experts in various fields and from all over the world participated in a teleconference on 4 December to examine the evidence on Middle East Respiratory Syndrome – coronavirus (MERS-CoV).

It was the fourth time since the International Health Regulations (IHR) mechanism came into force in 2007 that an emergency committee was convened to advise whether the MERS- CoV situation constitutes a public health emergency of international concern.

In addition to members of the emergency committee, two expert advisors and representatives from Kuwait, Oman, Qatar, Saudi Arabia and Spain, which are among the countries where MERS-CoV cases have occurred, also participated.

They concluded that countries need to strengthen their surveillance and diagnostic testing capacity and that they should continue efforts to raise awareness of the new virus. They said that more investigative work was needed to identify the source of the virus.

MERS-CoV is a virus whose origin is unknown and for which no vaccine or antivirals exist. No one knows how humans become infected with it. But more than half of the people known to be infected with the virus have died.

Globally, from September 2012 to date, WHO has been informed of a total of 163 laboratory-confirmed cases of infection with MERS-CoV, including 71 deaths. While cases are not widespread, there is concern that the number of cases of disease caused by this virus, and their geographical spread, could increase.

The emergency committee commended Saudi Arabia for its extensive public health preparation for last year's Hajj pilgrimage as well as its surveillance and management during the event.

http://www.who.int/mediacentre/ news/statements/2013/mers\_ cov\_20131204

# Guidelines on HIV infection and adolescents

More than two million adolescents between the ages of 10 and 19 years are living with HIV, and many of them do not receive the care and support that they need to stay in good health and prevent transmission. In addition, millions more adolescents are at risk of infection.

WHO recently released HIV and adolescents: guidance for HIV testing and counselling and care for adolescents living with HIV, guidance that health providers can use to address the specific needs of adolescents.

According to the new publication, the failure to support effective and acceptable HIV services for adolescents has resulted in a 50% increase in reported AIDS-related deaths in this group compared with the 30% decline seen in the general population from 2005 to 2012.

http://www.who.int/campaigns/aids-day/2013

## New mental health resource for countries

A new online platform called WHO MINDbank gives countries access to a wide range of policies, strategies, laws and service standards in mental health and in the related areas of substance abuse, disability and human rights from countries all over the world.

People with mental disabilities often face discrimination and exclusion. "Mental health policies, laws and services in many countries reinforce violations against people with mental disabilities or fail to promote their rights," said Dr Michelle Funk, coordinator of the Mental Health Policy and Service Development unit at WHO in Geneva.

"We hope that by making these tools easily accessible, governments will use them to reform their laws and policies regarding people with mental disabilities in line with international human rights and best practice."

www.who.int/mental\_health/mindbank ■

#### Looking ahead

20-25 January - WHO Executive Board (EB134) meeting

27–31 January – Prince Mahidol Award Conference: Transformative Learning for Health Equity, Bangkok, Thailand http://www. pmaconference.mahidol.ac.th

30 January – World Leprosy Day 4 February – World Cancer Day