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NOTE FROM THE DIRECTOR

The beginning of 2008 is witnessing major advances for Hib vaccine introduction in GAVI eligible countries. The recently published WER/MMWR highlighted the dramatic increase in Hib vaccine adoption, but most importantly, documented the added benefit of initiatives that aim at accelerating evidence-informed decisions, and improving the timeliness of access of children in developing countries to life saving new and underutilized vaccines. In addition to supporting decision making, the Hib Initiative has recently worked closely with its partners to support post introduction evaluation, as in Ethiopia. In addition to the surveillance and research studies established in various sites to assess the long term impact of Hib vaccines, evaluation activities are crucial to strengthen and ensure the future sustainability of the vaccine programs. The success of these programs and the Hib Initiative is dependant on the commitment of many public health, civic and academic organizations, and we look forward to continue working closely and collaboratively with all our partners to enhance Hib vaccine coverage and get closer to pneumonia mortality reduction and MDG4.

Rana A. Hajjeh, MD

Events

February 19-21
Global Immunization Meeting,
WHO
Geneva, Switzerland

March 16-19
[ICEID \(International Conference on Emerging Infectious Diseases\)](#)
Atlanta, Georgia, USA

April 11-13
[8th International Congress of Tropical Pediatrics](#)
Manila, Philippines

March 17-20
42nd National Immunization
Conference, CDC
Atlanta, Georgia, USA

May 27-31
[International Conference on Global Health](#), Global Health
Council
Washington, DC, USA

June 8-12
[6th International Symposium on Pneumococci & Pneumococcal Diseases \(ISPPD\)](#)
Reykjavik, Iceland

June 19-22
[13th International Congress on Infectious Diseases](#)
Kuala Lumpur, Malaysia

For additional events please see:
Global Immunization News
http://www.who.int/immunization/GIN_Jan2008.pdf

Announcements & Deadlines

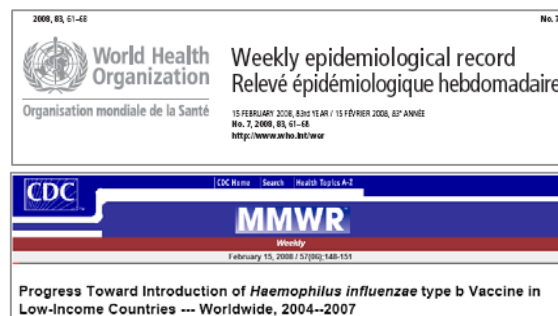
February 8th, 2008

Next deadline for applications to GAVI for new vaccines support, immunization services support and injection safety support

FEATURE STORY

Progress toward introducing Hib vaccine in low-income countries – from 2004 to 2007

Considerable progress has been made in the uptake of Hib vaccine in countries that most need it, according to reports released Thursday by the Centers for Disease Control and Prevention (CDC) and also from WHO in the WER (Weekly Epidemiological Record) of February 15, 2008. The reports briefly trace the history of the response of the GAVI Alliance, the largest donor of vaccine support, to the slow uptake of the vaccine prior to 2005. The report reviews the progress that has been made since 2000, including the progress made by the Hib Initiative, a consortium of partners brought together by the GAVI Alliance in 2005.



Since 2000, the GAVI Alliance has provided funding support and supplies for Hib vaccine to the poorest countries in the world. The 72 countries eligible for support have a Gross National Income (GNI) per capita less than US\$ 1,000. But despite the availability of financial support, few low income countries made the decision to introduce the vaccine. In 2005, GAVI Alliance launched the Hib Initiative with the mandate to accelerate the use of evidence-informed decision-making about Hib vaccine in these 72 low income countries.

Since 2005, the Hib Initiative, bolstered by a number of timely events, has witnessed the dramatic increase of adoption of Hib vaccine in countries where it is most needed. From 2004 to 2007, the proportion of low income countries using or approved for financing support for introduction of Hib vaccine has increased from 18 percent to 65 percent. The largest increase in countries making the decision came in 2007 when 26 countries applied for co-financing funding to procure Hib vaccine.

The 72 GAVI-eligible countries represent a birth cohort of approximately 79 million children. Of this large birth cohort, only 6.8 million from these low-income countries had access to Hib vaccine in 2004. At the end of 2007 over 14 million children of the birth cohort had access to Hib vaccine. And with a total of 53 countries using or expected to be using (29 countries that plan to introduce in 2008) by the end of 2008, it is estimated that 35.1 million of the birth cohort in low income countries will have access to a vaccine that prevents Hib pneumonia and meningitis. This is a considerable change in the health and welfare of the world's children and the social and economic benefits will be felt in these countries almost immediately.

By the end of 2008, approximately 35.1 million children in low income, GAVI-eligible countries will have access to Hib vaccine.

In countries that have recently made the decision to adopt Hib vaccine, the Hib Initiative has worked to better inform decision makers on vaccine policy, including increasing awareness of existing data on Hib disease and the potential impact of Hib vaccination. For countries with limited Hib disease data, the initiative has worked to provide countries with data regarding Hib disease burden, effect of Hib vaccine on disease in specific regions and populations, and cost-effectiveness. Regional forums have given countries the opportunity to focus on Hib-specific issues and for countries to compare data as well as review data from the region.

The report credits additional events affecting decision-making regarding Hib vaccine. In 2006, WHO revised its position paper on Hib vaccine for a stronger recommendation for all countries to include Hib vaccine in routine immunization programmes and that a lack of local data should not delay a decision for Hib vaccine use. This recommendation pertained particularly to those countries that while not *showing* sufficient local data, regional evidence indicated a high burden of Hib disease. Another important event occurred in 2006 with the availability of a second Hib-containing pentavalent product. With the availability of two pentavalent products and additional production in the pipeline, it is expected that there will most likely be a decrease in the cost of the vaccine resulting from a more competitive vaccine market. This news addresses concerns by many countries about the possibility of shortages of the vaccine as well as the cost—and future cost—of the pentavalent vaccine.

In 2007, 26 of 72 low-income (GAVI-eligible) countries applied to GAVI for financing support for Hib vaccine.

The report can be read in its entirety in the World Health Organization's WER (Weekly Epidemiological Record) of February 15, 2008, available online at <http://www.who.int/wer/2008/wer8307.pdf>. The report is also available in the MMWR (Morbidity and Mortality Weekly Report) from the Centers for Disease Control and Prevention (CDC), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5706a3.htm>.

Sri Lanka launches pentavalent vaccine



Sri Lanka Minister of Health speaks at the launch ceremony in Colombo; the Minister of Health, along with the chief epidemiologist and other officials, declares open the building complex of central cold stores; the first recipient of the pentavalent vaccine is congratulated by the minister. (Photos courtesy of Dr. Ranjith Batuwathudawe)

The Healthcare and Nutrition Ministry of Sri Lanka announced the launch of pentavalent vaccine into the National Vaccination Programme beginning January 2008. Sri Lanka is the first country in the South East Asia region to introduce pentavalent vaccine which includes vaccination against Hib disease. The pentavalent vaccine includes DTP, Hepatitis B and Hib and in Sri Lanka the single—just one injection—vaccine will replace the current vaccine schedule of DTP and HepB which was given to infants in two separate injections. Three doses of this vaccine will be given to all infants at the age of two, four, and six months.

A number of countries have been using the monovalent Hib vaccine in the area. Malaysia (in 2002) and Mongolia (in 2005) are the first countries in the Western Pacific region to include the pentavalent vaccine in their national immunization program. Countries soon to introduce the pentavalent vaccine include Pakistan, Papua New Guinea, Kiribati and the Solomon Islands.

Sri Lanka is the first GAVI-eligible country in South East Asia to include Hib vaccine in their national routine immunization programme.

Hib pneumonia and meningitis are an emerging health threat for children under 5 years of age in Sri Lanka. A burden of Hib disease study carried out in 2004 has indicated that it is an emerging public health issue in Sri Lanka¹. Investing in the pentavalent vaccine has been proven to be highly effective in the region².

¹ Watanabe H, et al. Possible prevalence and transmission of acute respiratory tract infections caused by *Streptococcus pneumoniae* and *Haemophilus influenzae* among the internally displaced persons in tsunami disaster evacuation camps of Sri Lanka. *Intern Med* 2007. 46(17):1395-402. Epub 2007 Sept 3

² Baqui A, et al. Effectiveness of *Haemophilus influenzae* Type B Conjugate Vaccine on Prevention of Pneumonia and Meningitis in Bangladeshi Children: A Case-Control Study. *Pediatr Infect Dis J* 2007. 26(7):565-571.

Sudan introduces Hib vaccine

Sudan introduced the pentavalent vaccine containing DTP-HepB/Hib on January 2, 2008. The country was approved for new vaccine support in May 2007. The Sudan is one of three countries in the Eastern Mediterranean (EMRO) region eligible for GAVI funding that have included Hib vaccine into their routine immunization programme to date: Djibouti introduced in 2007 and Yemen introduced in 2005. Two other countries are expected to introduce in 2008: Pakistan was approved in 2007 for introduction with support from the GAVI Alliance, and in February, Afghanistan resubmitted their conditionally approved application for support for the DTP-HepB/Hib pentavalent vaccine. Somalia remains ineligible for support from GAVI due to the country's coverage of 3 doses of diphtheria-tetanus-pertussis (DTP) at less than 50%.

Country applications for GAVI support

Uzbekistan submitted their application in the February 8 round of applications to the GAVI Alliance for support of Hib vaccine. Of the eight GAVI-eligible countries in the European region, Albania, Moldova and Tajikistan have been approved for financing support; and Azerbaijan, Georgia and Kyrgyzstan plan to submit application for financing support in 2008. Armenia has yet to make a decision on including Hib vaccine in its routine immunization programme.

In addition, 5 countries re-submitted their applications this February in order to provide supporting information as required by the GAVI Alliance for review of their application. The five countries, Afghanistan, Bangladesh, Bhutan, Mozambique and Nepal, had previously applied in 2007 and received a conditional approval on their application. It is expected that these countries will be ready to introduce the pentavalent vaccine in 2008.

2008 GAVI Applications deadlines for new vaccines *

May 2

September 25

*** These deadlines are the same for Immunization Services Support (ISS) and Injection Safety Support (INS)**

GAVI Alliance approves US\$ 369.98 million support for introduction of Hib vaccine

The GAVI Alliance announced last November 2007, the approval of US\$ 537.52 million for critically needed vaccines and health system support for 29 low income countries. The largest portion of the funding, US\$ 369.98 million will go to countries immunizing against *Haemophilus influenzae* type b (Hib). By the end of 2007, GAVI will have devoted US \$181 million to secure supplies of the pentavalent (diphtheria, pertussis, tetanus, hepatitis B and Hib combination) vaccine. The support approval means that 44 countries (64% of GAVI-targeted countries) will now be eligible to receive support for this vaccine – a 40% increase.

The Hib Initiative and regional partners welcomed the announcement after months of focusing efforts toward introduction of Hib vaccine in the 16 countries. “The continued support from the GAVI Alliance ensures that so many children in developing countries can be protected from the devastating effects of Hib pneumonia and meningitis,” said Dr. Rana Hajjeh, Director of GAVI’s Hib Initiative. “We are encouraged to see so many countries now adopting the vaccine, but we won’t rest until all are protected. In developing countries more than half of children with Hib meningitis can die or develop life-long disabilities. Hib is also estimated to be responsible for 20% of life-threatening pneumonia, the leading infectious cause of death in children less than 5 year of age globally. From various studies and experience in multiple countries, we know the vaccine can prevent the majority of Hib disease. ”

“This is wonderful news,” said professor Eng Huot, Cambodia’s Secretary of State for Health. “On average, 20% of children who contract Hib meningitis die. The decisions taken today by GAVI give us hope that we can defeat this awful killer.”

Support of US\$ 28.59 million was also approved for the first time for two new-generation vaccines against rotavirus and pneumococcal disease. These diseases kill an estimated 1.5 million children every year in the world’s poorest regions. The approval marks the beginning of a total US\$ 200 million GAVI investment directed at fighting these two diseases.

Post introduction evaluation in Ethiopia

In March 2007, Ethiopia became the first GAVI-eligible country to introduce the fully liquid formulation of pentavalent vaccine. At the request of the Government of Ethiopia, a post introduction evaluation (PIE) was conducted in Ethiopia from November 19-30, 2007, to assess the impact of the vaccine on the overall immunization program. The World Health Organization (WHO) recommends that PIEs be conducted within 6-12 months of introduction of a new vaccine in order to rapidly identify and fix problems associated with the new vaccine introduction, which may adversely affect the impact of the new vaccine and the overall immunization program. As more and more countries plan to introduce Hib vaccine in the near future, findings of the PIE will assist countries in a smooth transition in introduction of the pentavalent vaccine.

Members of the Hib Initiative and representatives of WHO prepared the evaluation tool and participated in the evaluation. The team was composed of representatives from the Ethiopian Ministry of Health, WHO (Geneva and Ethiopia), UNICEF Ethiopia, Centers for Disease Control and Prevention, London School of Hygiene and Tropical Medicine, USAID/Ethiopia Essential Services for Health and CORE/Christian Relief and Development Association. The teams visited six zones in five regions which were selected based on criteria of good, medium and poor performance. Interviews and site observations were conducted at central, regional, zonal, district and health facility levels, and interviews were carried out with caregivers on exit from immunization sessions. In total, approximately 50 sites were evaluated during the 7-day field trip.

In summary, the introduction of pentavalent vaccine in Ethiopia went smoothly, with the country transitioning from liquid DPT 10-dose vials to fully liquid formulation of DTP-HepB-Hib in 1-dose vials.



Some key lessons learned for other countries introducing a new vaccine in the future:

- A firm date for the expected arrival of the vaccine should be made available with ample time for the country to prepare and complete social mobilization and training activities
- Training on new vaccine should provide sufficient written materials and have sample vials of the vaccine available for demonstration at all levels of training
- Vaccine transport and cold chain capacity needs should be carefully evaluated and communicated to all levels of the health system so that adequate preparations can be made prior to vaccine introduction
- Vaccine management should be optimized prior to introduction to support a cold chain which may be functioning at near-capacity levels
- Careful assessment of current vaccine supplies and anticipated arrival of the new vaccine should be made to avoid any gaps in immunization
- Supervisory visits following introduction should be prioritized to quickly address problems that develop or become apparent after introduction
- Adverse Events Following Immunization monitoring for routine immunization activities should be established and functioning prior to introduction

OPINION EDITORIAL

Working Together to Protect Children's Health

By Dr. Najwa Khuri-Bulos and Dr. Rana Hajjeh

[Published December 2007 in 12 Arab and English language daily newspapers in Egypt, Jordan and other Arab countries; and covered in *Good Morning Egypt* TV morning news program.]

This week in Amman, leaders from across the Arab world are meeting to focus attention on an all-too-often ignored subject: childhood vaccines. For more than a century, vaccines have proven to be one of the world's most effective public health tools. Yet, despite the Arab region's advances in healthcare many Arab countries have fallen behind in achieving the goal of universal vaccination.

Arab countries share a common culture and language – but there is a huge chasm when it comes to providing childhood vaccines. Some relatively wealthy countries provide an array of vaccines to all children, while poorer countries are often unable to reach every child with even basic vaccines. Because diseases do not respect international boundaries, this gap threatens all of us.

More than most other parts of the globe, the Arab world is interconnected. Workers, tourists, and refugees travel frequently across borders, allowing health problems in one country to quickly spread to another. Therefore, when one Arab nation has universal vaccination but the neighbor country does not, many citizens are put at risk for contracting easily preventable diseases.

To address these problems, Arab countries must better coordinate immunization programs and ensure that the broadest possible package of vaccines is available to all children. Successful vaccines have already eliminated smallpox, and within a few years, the world may also finally eliminate polio and measles. New vaccines have been developed against diseases such as Hib, pneumococcal,

rotaviral diarrhea, HPV, hepatitis A and meningococcal disease, giving us even more tools to protect our children.

Though pediatricians obviously recognize the value of these vaccines, even important vaccines that have been available for many years have not yet made their way into routine immunization programs in some Arab countries. One key challenge is that the cost of newer vaccines is often higher than that of older ones. This problem is acute in middle-income countries who find themselves neither rich enough to finance a national vaccine program nor poor enough to receive international donor support for vaccines.

A typical example of this financing gap is the shortfall in providing children with the vaccine against *Haemophilus influenzae* type B (Hib), a bacterium that causes life threatening pneumonia and meningitis in children, and for which a safe and effective vaccine has been available in most countries for about 20 years. In 2002 the Egyptian Ministry of Health estimated that vaccinating against Hib could prevent more than 13,000 hospitalizations and save more than 1,900 lives each year. The Ministry of Health also found that providing Hib vaccine would save the government money by preventing disease.

Yet Egypt, which has a proud record of reducing childhood deaths by 60 percent over the past 15 years, has been unable to move forward on adopting Hib vaccine like other Arab neighbors, despite a call from the World Health Organization for all countries to adopt the Hib vaccine. Sadly, this is just one of many examples. Many Arab countries have not yet made vaccines against pneumococcus available to children

despite the fact that they have been ready since 2000.

Many of the most difficult challenges in providing widespread immunization are being overcome by innovation. For years, countries have found it difficult to transport and deliver the many different shots needed to fully immunize children. But today, advanced combination vaccines allow vaccines for diseases such as diphtheria, tetanus, pertussis, hepatitis B and Hib to be put together in just one full liquid, ready to use injection. These new combination vaccines make it much easier for countries to rapidly expand access to immunization.

Another common challenge is finding financing for vaccines. As the Arab world works together to increase access to immunization, one possible idea is to develop a regional financing mechanism. This type of regional cooperation has a long history in other regions of the world. For example, in Latin America, the Pan American Health Organization has created a "Revolving Fund" that pools money from countries in order to finance immunization across the region.

Despite the many obstacles blocking our path, it is crucial that all Arab countries work together to increase access to childhood immunization. This week in Jordan, scientists, public health experts, policymakers, advocates, and many others are meeting to begin the process of developing a truly regional response to this immense challenge. By working together, we can do more to protect the health of our children and improve their chances for a healthy and productive life.

Najwa Khuri-Bulos is Professor and Chairman of the Department of Pediatrics at the Jordan University Hospital in Amman, and is the lead organizer of the vaccine conference this week in Amman. Rana A. Hajjeh, MD is director of the Hib Initiative, a collaborative organization of experts from the Johns Hopkins Bloomberg School of Public Health and the Centers for Disease Control and Prevention in the United States, The London School of Hygiene and Tropical Medicine and The World Health Organization.

OPINION EDITORIAL

Give kids a chance to live

By Mathuram Santosham

Wednesday, December 26, 2007, San Francisco Chronicle

<http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2007/12/26/EDBEU4924.DTL>

The story of Christmas begins with a baby, which may explain why it stirs the emotions of individuals of all faiths. Its premise - that even an infant born in modest surroundings - can grow to become a world-saver represents the heartfelt hope of all new parents. Yet today's infants become tomorrow's leaders only when they survive childhood. Sadly, more than 2,000 years after a barn launched Christianity, adulthood never comes for nearly 10 million children each year.

That's why this season's hottest holiday idea should be new vaccines for kids - designed to shield even the tiniest and most vulnerable from pneumonia, the world's leading infectious killer of children. The vaccines target the leading causes of pneumonia, Hib and pneumococcus, two deadly bacteria that can also cause meningitis and septicemia. Used widely in developing countries, the vaccine would greatly reduce the incidence of pneumonia in kids, thus assuring a safer journey to adulthood for the poorest of children. It would be especially beneficial to kids infected with HIV, who are 40 times more susceptible to the disease than their uninfected peers.

Shockingly, little attention is paid to the threat pneumonia poses and to the toll it can take with astonishingly little money spent to contain or treat it. Yet Hib and pneumococcal diseases claim the lives of more than 1.2 million children each year. To provide

perspective on these large numbers, this toll on child survival is even larger than malaria, a well-recognized global killer of children. Even when children survive, the effects of these diseases may continue to impact their lives.

When pneumococcal and Hib disease strike as meningitis, it ends in death for about one-third of its victims and leaves another one-third with life-long disabilities such as blindness, deafness and mental impairment.

Whether Christmas arrives on religious or secular wings, most who observe the holiday see it as more than a festival of joy and togetherness graced by gifts from a red-suited visitor. Some consider it a time for welcoming the stranger, comforting the poor, shielding the helpless and healing the sick. Of the countless ways to heed that counsel, few offer more promise than supporting an immunization campaign to protect children around the world from the diseases that threaten them most.

That mission is already being pursued by groups like World Vision and the GAVI Alliance - a global coalition of governments and nonprofits, researchers and religious groups dedicated to broader and swifter distribution of life-saving vaccines throughout developing countries. Since its formation six years ago, the alliance has significantly boosted the use of existing vaccines and launched immunization campaigns against several illnesses for which vaccines have only recently been developed.

Hib vaccine has been available since 2000 through the GAVI Alliance, and in an exciting new development for 2008, developing countries can now access pneumococcal vaccines through GAVI's support. The campaign's success will require developing countries to demand and deploy the vaccine and upon continuing commitment from all of us in wealthy countries to make their access to the vaccine possible through our financial support.

In this season of hope, this is an opportunity to shine a bright light in the darkness. A universal immunization program is the very definition of "the gift that keeps on giving" and together Hib and pneumococcal vaccination will save over 5.4 million kids by 2030. All in all, it's hard to imagine a less controversial, or more effective, way of showing our love. Saving the lives of children evokes the very spirit of Christmas in a mission of good will that individuals of all faiths can support.

For all of us, no matter when and how we celebrate life's blessings, this season is a fitting time to remember that all the world's children are precious, that each deserves our reverence and care. And it's worth keeping in mind that while we can show our love for our children with gifts under the tree, we can show our love for children in Africa with a vaccine.

Mathuram Santosham is a professor of International Health at Johns Hopkins Bloomberg School of Public Health and professor of Pediatrics at Johns Hopkins Medical School in Baltimore, Md.

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Advocacy workshop for childhood pneumonia prevention in Asia

The Hib Initiative and PneumoADIP are hosting an Asia Regional Advocacy for Childhood Pneumonia Prevention Workshop in Indonesia, April 22-24, 2008. This workshop will gather together leading public health professionals committed to advancing child health and survival initiatives. Prominent child health experts from eight different Asian countries have been invited from Bangladesh, Cambodia, China, Indonesia, Pakistan, Nepal and Vietnam, united by a common interest in preventing childhood pneumonia. The workshop will be facilitated by professional trainers from the Johns Hopkins Center for Communication Programs (CCP).

Over the course of the three day workshop, participants will strengthen their skills in the following areas:

- Key principles of advocacy
- Strategy development and identifying audiences
- Customizing pneumonia prevention messages for in-country context
- Building coalitions and enlisting champions
- Formulating an advocacy action plan for pneumonia prevention

Participants will have the opportunity to actively participate and share ideas in group discussions and presentations working together to develop an advocacy action plan for their country to raise the profile of child pneumonia as an urgent healthcare need. The workshop follows a successful advocacy workshop conducted in October 2007 in Tanzania.

NEW ARTICLE

Vaccination greatly reduces disease, disability, death and inequity worldwide

ABSTRACT

In low-income countries, infectious diseases still account for a large proportion of deaths, highlighting health inequities largely caused by economic differences. Vaccination can cut health-care costs and reduce these inequities. Disease control, elimination or eradication can save billions of US dollars for communities and countries. Vaccines have lowered the incidence of hepatocellular carcinoma and will control cervical cancer. Travellers can be protected against “exotic” diseases by appropriate vaccination. Vaccines are considered indispensable against bioterrorism. They can combat resistance to antibiotics in some pathogens. Noncommunicable diseases, such as ischaemic heart disease, could also be reduced by influenza vaccination.

Immunization programmes have improved the primary care infrastructure in developing countries, lowered mortality in childhood and empowered women to better plan their families, with consequent health, social and economic benefits.

Vaccination helps economic growth everywhere, because of lower morbidity and mortality. The annual return on investment in vaccination has been calculated to be between 12% and 18%. Vaccination leads to increased life expectancy. Long healthy lives are now recognized as a prerequisite for wealth, and wealth promotes health. Vaccines are thus efficient tools to reduce disparities in wealth and inequities in health.

The entire article is available from the WHO Bulletin at <http://www.who.int/bulletin/volumes/86/2/07-040089/en/index.html>

Reference: Andre, FE et al. Vaccination greatly reduces disease, disability, death and inequity worldwide. *Bull World Health Organ* 2008; 86: 81-160.

Robert Austrian Research Awards in Pneumococcal Vaccinology

ISPPD-6, June 8-12, 2008, Reykjavik, Iceland

The 6th International Symposium on Pneumococci & Pneumococcal Diseases (ISPPD-6), to be held in Reykjavik, Iceland from June 8-12, is offering research awards, each in the amount of US\$ 25,000, in the field of pneumococcal vaccinology. Wyeth is sponsoring the research awards and they have selected the ISPPD-6 Advisory Board to administer the awards. The awards honor the memory of Robert Austrian for his pioneering and immensely important research on pneumococci and pneumococcal diseases. Dr. Austrian did much of the early research that led to the development of pneumococcal vaccine.

The ISPPD-6 Advisory Board has defined the research topics and criteria for selection of award recipients. Selections will be made by the Board from applications and nominations, and five candidates will be selected for the awards. Those that are eligible to apply are young scientists (under 40 years of age), including PhD students and post-docs; established scientists are not eligible for the awards. Candidates should be from Africa, Asia/Australasia, Europe, Latin American and North America geographical regions. Awards will be given in the following areas: preventing pneumococcal disease through research to discover, develop, and evaluate new and improved vaccines, delivery systems and vaccination strategies for an affordable and effective protection against pneumococci and to study the value of vaccination. Winners of the awards will be expected to present their results at ISPPD-7 in 2010.

Deadline for applications and nominations is March 1st 2008. Exact requirements and required application forms are available on the ISPPD-6 Web site at <http://www.congress.is/ISPPD-6/forsida.htm>.

Application/nomination with research proposal, curriculum vitae with a list of publications and a letter of recommendation should be sent electronically to ISPPD-6@decode.is. A printed version of the application, CV and letter of recommendation should be sent to:

Ingileif Jónsdóttir, Chair,
ISPPD-6 Organizing Committee
Sturlugata 8
IS - 101 Reykjavik
Iceland

Hib Focus newsletter

Rana Hajjeh
Director, the Hib Initiative

Lois Privor-Dumm
Director, Communications &
Strategy

Judy Heck
Editor

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We would like to hear from you

What topics would you like us to address in this newsletter? We appreciate your feedback, questions or suggestions. Please contact: Judy Heck at jheck@jhucp.org

Thanks

Photos courtesy of the Hib Initiative;
and Dr. Ranjith Batuwanthudawe (Sri Lanka article)



The Hib Initiative unites experts from Johns Hopkins Bloomberg School of Public Health, the London School of Hygiene and Tropical Medicine, the U.S. Centers for Disease Control and Prevention and the World Health Organization to advance evidence-informed decision-making regarding the introduction and use of Hib vaccination in the developing world.