



International Coordinating Group on Vaccine Provision for Yellow Fever

Report of the Annual Meeting

Geneva

11–12 May 2017

WHO/WHE/IHM/2017.11

© World Health Organization 2017

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. International Coordination Group on Vaccine Provision for Yellow Fever. Report of the annual meeting, Geneva, 11–12 May 2017. Geneva: meeting report: World Health Organization; 2017 (WHO/WHE/IHM/2017.11). Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. 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 WHO 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 and dashed 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 WHO 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 WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

This publication contains the report of the meeting of International Coordination Group on Vaccine Provision for Yellow Fever and does not necessarily represent the decisions or policies of WHO.

Table of contents

List of abbreviations	iv
Executive summary	v
1. Epidemiological update 2016–2017	1
1.1 AFRO	1
1.2 PAHO	2
1.3 Eliminating yellow fever epidemics (EYE) strategy	3
2. ICG response and performance	4
3. Vaccine supply, procurement and forecasting, 2017	4
4. Evaluation of the ICG	5
5. Discussion	5
6. Action points	6
Annex 1. Agenda	9
Annex 2. List of participants	11

List of tables

Table 1. AFRO: Yellow fever outbreaks, 2016–2017	1
Table 2. ICG average days of decision-making, 2017	4
Table 3. Summary of requests delivered, available suppliers, and forecasted availability, 2017	4
Table 4. Forecast of yellow fever supply in 2017 through UNICEF	5

List of abbreviations

AFRO	WHO Regional Office for Africa
EMRO	WHO Regional Office for the Eastern Mediterranean
EPI	Expanded Programme for Immunization
GAVI	Gavi, the Vaccine Alliance
ICG	International Coordinating Group
MSF	Médecins sans Frontières
PAHO	Pan American Health Organization
RF	Revolving Fund
SD	Supply Division of UNICEF
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Executive summary

The International Coordinating Group (ICG) on Vaccine Provision for Yellow Fever held its annual meeting in Geneva from 11 to 12 May 2017. The goals of the meeting were for partners and stakeholders: to review relevant epidemic response activities since the last meeting in September 2016; to provide an update on the planned evaluation of the ICG; and to discuss anticipated stockpile needs for the coming year together with longer term plans. The meeting followed a two-day event on Eliminating Yellow fever Epidemics (EYE) strategy.

Participants included representatives from World Health Organization (WHO) headquarters (HQ), including the ICG Secretariat, the WHO Regional Office for Africa (AFRO), and the WHO Regional Office for the Eastern Mediterranean (EMRO), the Pan American Health Organization (PAHO), United Nations Children's Fund (UNICEF), with participants from both HQ and the Supply Division (SD), Médecins sans Frontières (MSF), and Gavi, the Vaccine Alliance (Gavi).

On the second day of the meeting, representatives of vaccine manufacturers presented plans for current and future vaccine production and supply.

1. Epidemiological update 2016–2017

1.1 AFRO

A yellow fever outbreak began in December 2015 in Angola and was declared ended 12 months later. A total of 884 cases were confirmed including 121 confirmed deaths. The ICG released a total of 20 031 900 vaccine doses. More than 20 million people were vaccinated, with estimated vaccine coverage of 95%.

A yellow fever outbreak was declared in the Democratic Republic of Congo in March 2016 and lasted until February 2017. Seventy-nine cases including 16 confirmed deaths were confirmed. WHO recommended a pre-emptive vaccination campaign for Kinshasa (35 health zones) and along the border areas (28 health zones) between Angola and the Democratic Republic of Congo. The outbreak included Kinshasa, where 35 health zones were covered by vaccination. A total of 9 395 339 vaccine doses were approved, with 14 259 315 people were vaccinated (coverage rate of 97.5%). Significantly, 7.5 million people were vaccinated with a 1/5th fractional dose.¹

In Uganda, three districts were affected by outbreaks of yellow fever with seven confirmed cases and three deaths. A total of 776 249 doses of vaccine were approved and 627 706 people vaccinated (coverage rate of 94%). Rapid, targeted responses proved particularly effective in containing the outbreak.

Table 1. AFRO: Yellow fever outbreaks, 2016–2017

Country	Suspected/confirmed cases	Deaths (among confirmed cases)	Confirmed cases (%)	Comment
Angola	4188/884	121	13.7	80/166 districts (48%) with laboratory-confirmed cases
Democratic Republic of Congo	3256/79	16	21	63 health zones covered
Uganda	65/ 7	3	42	Masaka, Rukungiri and Kalangala districts
Total	7509/970	140	14	30 898 324 people vaccinated 30 203 470 vaccines shipped

The meeting participants agreed that suspected cases should be excluded from the report if, following investigation, they were discarded or, through differential diagnosis, confirmed as negative. Suspected cases should be included only when they have not been classified. It was recommended that AFRO discuss with countries the possibility of removing this information when cases had been discarded.

1.2 PAHO

There has been a significant reduction in the number of yellow fever cases in countries that have implemented their routine immunization programme for yellow fever according to schedule. However, cases and outbreaks continue in unvaccinated populations. Shortages of vaccine could jeopardize progress through the accumulation of susceptible populations in risk areas and low vaccination coverage among children. Re-urbanization of yellow fever continues to be a threat in the region, as reflected in the outbreak in Brazil.

In Brazil, since the beginning of the outbreak in December 2016 up until 27 April 2017, 3131 cases of yellow fever were reported, of which 715 were confirmed, together with 240 confirmed deaths. The outbreak began in the southern state of Minas Gerais, and by early 2017 was spreading to coastal areas, including Rio de Janeiro, Espirito Santo and Bahia, none of which were previously considered to be at risk for yellow fever.

The response to the Brazilian outbreak is complicated by ecological, structural and political elements. In Brazil, *aedes aegypti* has not been reported as significant in transmission, while epizootics have been confirmed in both Espirito Santo and Bahia, and could potentially change the transmission cycle. By April 2017, 474 non-human primates epizootics had been confirmed as yellow fever.

The country's health system is based upon a decentralized primary health model, which devolves responsibilities, including the EPI, to more than 5600 local municipalities. State-level responsibilities are limited to regulation and provision of assistance. The ICG received an emergency vaccination request from the Government of Brazil before a formal declaration of the emerging nature of the outbreak was made.

An estimated 19 million doses will be required for people at risk together with a further 15 million for non-endemic areas.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26293

