

Report on the Immunization and Vaccines Related Implementation Research (IVIR)

**Advisory Committee Meeting
Geneva, 26-28 June 2013**

Immunization, Vaccines and Biologicals



**World Health
Organization**

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**The Department of Immunization, Vaccines and Biologicals
thanks the donors whose unspecified financial support
has made the production of this document possible.**

This document was produced by the
Initiative for Vaccine Research (IVR)
of the Department of Immunization, Vaccines and Biologicals

Ordering code: WHO/IVB/14.02
Printed: April 2014

This publication is available on the Internet at:
www.who.int/vaccines-documents/

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Printed by the WHO Document Production Services, Geneva, Switzerland

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Abbreviations

CFR	Case-fatality rate
CDC	Centers for Disease Control
DALY	Disability Adjusted Life Year
GMP	Global Malaria Programme
HBsAg	Hepatitis B serum antigen
HBV	Hepatitis B vaccine
HPV	Human papilloma virus
IARC	WHO International Agency for Research on Cancer
IVB	WHO Department of Immunization, Vaccines and Biologicals
IVIR-AC	Immunization and Vaccines-related Implementation Research Advisory Committee
IVR	Initiative for Vaccine Research
JTEG	Joint Technical Expert Group on Malaria Vaccines in Pivotal Phase III Trials and Beyond
LiST	Lives Saved Tool
LMICs	Low and middle income countries
MPAC	Malaria Policy Advisory Committee
QUIVER	Quantitative Immunization and Vaccines related Research
SAGE	Strategic Advisory Group of Experts
Swiss TPH	Swiss Tropical and Public Health Institute
WHO	World Health Organization
WPR	WHO Western Pacific Region

Executive summary

- WHO is funding a project to provide new data on hepatitis B disease, vaccination and infection measures in relation to vaccine implementation levels, in order to update evidence-based vaccine recommendations. The proposal was well-received by IVIR-AC, although the committee made some suggestions that will be taken into account in a revised proposal. Two IVIR-AC members have also agreed to join the project working group.
- A malaria vaccine (RTS,S/AS01) has shown efficacy over 12 months of follow-up in a large Phase 3 trial, with full trial results expected in late 2014. Five modelling groups have used preliminary trial data to explore the impact and cost-effectiveness of malaria vaccination. IVIR-AC will provide experts on health economics and health systems to advise on these issues to ensure that they are comprehensively captured in the models. IVIR-AC is also considering providing methodological guidelines around how projected demographic changes in low and middle income countries (LMICs) -represented population mobility- should be handled in models. IVIR-AC will be available to review model findings and conclusions before they are presented to SAGE.
- A model to explore the case for investing in measles eradication has been revised to perform analyses at the country-level following feedback from IVIR-AC in 2012. However, IVIR-AC registers concern that the model does not capture within-country heterogeneities in coverage and transmission adequately. Hence, the current model may be insufficient to assess measles elimination goals. Further work that incorporates within country heterogeneity is critical to adequately assess elimination at country, regional and global levels. The modeling group agreed to build in sub-national heterogeneity in their model and will present this to the IVIR-AC subgroup on measles eradication.
- A model has been constructed to re-evaluate the burden of yellow fever in Africa, estimating 850,000-2 million infections with yellow fever virus, yielding 85,000-200,000 cases and 30,000-70,000 deaths per year. The case-fatality

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