

EXPANDED PROGRAMME ON IMMUNIZATION:
MEASLES AND HEPATITIS B

The Regional Committee,

Noting the historic achievement of the Region in becoming the second WHO region to be declared poliomyelitis-free;

Recognizing the positive impact of poliomyelitis eradication in the Western Pacific Region on the Expanded Programme on Immunization (EPI) and the wider health sector;

Mindful of the high burden of disease, disability, and deaths from vaccine-preventable diseases, especially measles and hepatitis B;

Aware that this burden could be very significantly reduced by use of available vaccines that are safe, effective and inexpensive;

Noting that in some countries there is a lack of laboratory capacity for confirmation of measles cases;

Recalling resolution WHA56.20 on global reduction of measles mortality;

Noting that 95% population immunity is essential to achieve measles elimination;

Recognizing that some countries have made significant progress towards achieving this level of immunity;

Noting with appreciation the significant contribution to hepatitis B control in the Region by the Global Alliance on Vaccines and Immunization and other partners;

1. DECIDES that, in the Western Pacific Region, measles elimination and hepatitis B control should be the two new pillars to strengthen the EPI;

2. CONFIRMS that measles elimination should be a regional goal and that the establishment of a target date should be made at the earliest opportunity and should be based on an annual review of progress;

3. FURTHER CONFIRMS that the objective of hepatitis B control programmes should be HBsAg prevalence of less than 1% in five-year-olds born after hepatitis B immunization started;

4. ENDORSES the Western Pacific Regional Plan of Action for Measles Elimination and the Western Pacific Regional Plan to Improve Hepatitis B Control through Immunization;

5. URGES Member States:

(1) to develop or strengthen national plans for measles elimination and hepatitis B control as part of overall plans for immunization services;

(2) to use measles elimination and hepatitis B control strategies to strengthen EPI and other public health programmes, such as prevention of congenital rubella syndrome;

(3) to offer, in principle, all children two doses of measles vaccine, taking into account local situations, so that the 95% population immunity of each birth cohort can be achieved and maintained in every district;

(4) to develop or strengthen measles surveillance systems and laboratory confirmation of cases;

(5) to ensure that at least 80% (ideally 95%) of each birth cohort in every district receives three doses of hepatitis B vaccine by the age of 12 months, except in countries where a high-risk approach (i.e. immunization for babies of carrier mothers) has been shown to be effective;

(6) to improve the quality of routinely reported immunization coverage data and to monitor both immunization (including timely scheduled birth dose of hepatitis B vaccine, i.e. within 24 hours of birth) and disease data at district level in order to improve programme management;

6. REQUESTS the Regional Director:

- (1) to further strengthen technical cooperation with Member States, in particular the improvement of immunization coverage and surveillance, including strengthening laboratory capacity in the Region, in order to achieve measles elimination and to improve hepatitis B control;
- (2) to seek the additional resources required to support these activities;
- (3) to report on progress regularly to the Regional Committee and to propose a target date for regional measles elimination in due course.