

http://www.who.int/immunization/sage/sage_wg_measles_rubella_nov11/en/

Immunization, Vaccines and Biologicals

SAGE Working Group on measles and rubella vaccines (established November 2011)

Terms of Reference

- Review progress towards global measles control targets and regional measles and rubella elimination goals and highlight key obstacles.
- Prepare for regular updates and review by SAGE on progress and challenges in achieving existing measles and rubella control targets and propose necessary updating of current WHO recommendations on vaccines (including outbreak response immunization) and surveillance strategies.
- Identify gaps in essential evidence and programme barriers to achieving measles and rubella/CRS elimination targets and present SAGE with proposed areas for operational or basic science research. The working group will liaise with other relevant technical advisory committees (e.g. Immunization and vaccines related implementation research advisory committee (IVIR-AC), and the Immunization Practice Advisory Committee (IPAC)) to address relevant quantitative issues as well as those related to immunization practices.
- Explore the potential use of new technologies that could help improve coverage and thereby expedite elimination of measles/rubella.
- Advise SAGE, no later than 2020, whether a formal global goal for measles eradication and/or rubella eradication should be set with timeframes for its achievement.

Composition

SAGE Members

- Nikki Turner, General Practice and Primary Care, University of Auckland, New Zealand (Chair of the Working Group, Member of the Working Group since October 2015, SAGE Member since 2014);
- Ilesh Jani, Instituto Nacional de Saúde (National Institute for Health), Mozambique (Member of the Working Group since October 2015, SAGE Member since 2015);
- Jaleela Sayed Jawad, Ministry of Health, Kingdom of Bahrain (Member of the Working Group since January 2017, SAGE Member since 2015).

Experts

- Narendra Arora, International Clinical Epidemiology Network, India (Member of the Working Group since November 2011, SAGE Member 2010 - 2016);
- Natasha Crowcroft, Public Health Ontario, Canada (Member of the Working Group since November 2011);
- David Durrheim, Hunter New England Area Health Service, Public Health Medicine, University of Newcastle, Australia (Member of the Working Group since November 2011, SAGE Member 2009 - 2012);

- Mark Jit, London School of Hygiene and Tropical Medicine, UK (Member of the Working Group since January 2017);
- Susan Reef, Global Immunization Division, Centers for Disease Control and Prevention, USA (Member of the Working Group since November 2011);
- Helen Rees, University of Witwatersrand, South Africa (Member of the Working Group since November 2011, SAGE Member 2005 - 2013);
- William Moss, Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, USA (Member of the Working Group since November 2011);
- Walter Orenstein, Emory University School of Medicine, USA (Member of the Working Group since January 2017).

WHO Secretariat

- Alya Dabbagh
- Peter Strebel

Former experts and SAGE members

- Hyam Bashour, retired from Department of Family and Community Medicine, Damascus University, Syria (Member of the Working Group November 2011 - December 2016, SAGE Member 2004-2010);
- Peter Figueroa, University of the West Indies, Jamaica, Former Chair of Working Group (Member of the Working Group November 2011 - December 2016, SAGE Member 2009 - 2015);
- Heidi Larson, Faculty of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, United Kingdom (Member of the Working Group November 2011- 2015);
- Pier Luigi Lopalco, European Centre for Disease Prevention and Control, Sweden (Member of the Working Group November 2011 -February 2015);
- El Tayeb Ahmed El Sayed, Federal Ministry of Health, Sudan (Member of the Working Group November 2011 - May 2012, SAGE member 2011 - 2012);
- Makoto Takeda, Department of Virology, National Institute of Infectious Diseases, Japan (Member of the Working Group November 2011 -September 2015).

DECLARATION OF INTERESTS FOR WHO EXPERTS

All Working Group members completed a declaration of interests.

Two member reported relevant interests. All interests were assessed not to constitute a conflict of interest. It was concluded that all members could take part in full in all of the discussions. The reported relevant interests are summarized below:

Walter Orenstein

- His institution currently receives salary support from the Bill and Melinda Gates Foundation (BMGF). This support supplements his efforts on polio transition of resources and the switch from trivalent oral polio vaccine to bivalent vaccine with incorporation of inactivated polio vaccine into routine immunization. This interest was perceived as non-personal, non-specific and financially significant*.
- His institution currently has a National Institutes of Health (NIH) contract on influenza pathogenesis and surveillance as well as enhancing uptake of recommended vaccines. He is the Principal

Investigator for this entitled award, “Center of Excellence for Influenza Research and Surveillance (CEIRS) Emory / University of Georgia (UGA)”. This interest was perceived as non-personal, non-specific and financially significant*.

- His institution had a subcontract with the Task Force for Global Health (TFGH) with the prime sponsor being BMGF to work on polio transition of resources and the switch from trivalent oral polio vaccine to bivalent vaccine with incorporation of inactivated polio vaccine into routine immunization. This interest was perceived as non-personal, non-specific and financially significant*.
- In July 2016, he received a travel grant from GlaxoSmithKline (GSK) for a scientific exchange meeting in Rockville Maryland on “Emerging Infectious Diseases – Planning a sustainable future – the role of biologics”. In July 2015, he received a travel grant from GSK for a scientific exchange meeting in Siena Italy on “Global Health 2035: Mission Grand Convergence” (vaccine innovation). This interest was perceived as non-personal, non-specific and financially insignificant*.

Nikki Turner

- Her institution received a research grant from GSK for a vaccine effectiveness trial of conjugate pneumococcal PCV10 vaccine. This interest was perceived as non-personal, nonspecific and financially significant*.
- Her institution receives a research grant from GSK to assess the safety of pertussis vaccine during pregnancy. This interest was perceived as non-personal, non-specific and financially significant*.
- The Immunisation Advisory Centre, for which she serves as the Director, ran a one-day symposium - the NZ Influenza Symposium on the 12 November 2014, and they accepted sponsorship from Sanofi, GSK, Abbott and MSD. None of the speakers were funded and the sponsorship had no involvement in the setting of the programme. This interest was assessed as non-personal, non-specific and financially significant*.
- The Immunisation Advisory Centre, for which Nikki Turner is the Director, ran a national immunisation conference in September 2015 with sponsorship from GSK, Myland EPD, Sanofi, Pfizer, Pharmacia, bioCSL, MSD, Bell Technology, Rollex Medical, Green Cross Health, Obtain and Temprecord. None of the speakers were funded and the sponsorship had no involvement in the setting of the programme. This interest was assessed as non-personal, non-specific and financially significant*.

* According to WHO's Guidelines for Declaration of Interests (WHO expert), an interest is considered "personal" if it generates financial or non-financial gain to the expert, such as consulting income or a patent. "Specificity" states whether the declared interest is a subject matter of the meeting or work to be undertaken. An interest has "financial significance" if the honoraria, consultancy fee or other received funding, including those received by expert's organization, from any single vaccine manufacturer or other vaccine-related company exceeds 10,000 USD in a calendar year. Likewise, a shareholding in any one vaccine manufacturer or other vaccine-related company in excess of 1,000 USD would also constitute a "significant shareholding".

Last updated: 24 January 2017