children are at greatest risk of serious complications from the disease, which include blindness, pneumonia, and encephalitis (an infection causing brain swelling and potentially brain damage).

As measles cases surge and outbreaks increase, the world's elimination goal, as laid out in Immunization Agenda 2030, is under threat. Worldwide, 82 countries had achieved or maintained measles elimination at the end of 2023. Just this week, Brazil was reverified as having eliminated measles, making the WHO Americas Region once again free of endemic measles. With the exception of the African Region, at least 1 country in all WHO regions has eliminated the disease.

Urgent and targeted efforts by countries and partners, particularly in the African and Eastern Mediterranean regions, and in fragile, conflict-affected and vulnerable settings, are needed to vaccinate all children fully with two doses of measles vaccine. This requires achieving and maintaining high-performing routine immunization programmes and delivering high-quality, high-coverage campaigns when those programmes are not yet sufficient to protect every child.

Countries and global immunization partners must also strengthen disease surveillance, including the Global Measles Rubella Laboratory Network (GMRLN). Strong disease surveillance is critical to optimizing immunization programmes and detecting and responding rapidly to measles outbreaks in order to mitigate their size and impact.

Available from: **https://www.who.int/news/item/14-11-2024-measles-cases-surge-worldwide--infecting-10.3-million-people-in-2023**

## WHO ADDS LC16M8 MPOX VACCINE TO EMERGENCY USE LISTING

**19 November 2024** - The World Health Organization (WHO) has granted Emergency Use Listing (EUL) for the LC16m8 mpox vaccine, making it the second mpox vaccine to be supported by WHO following the Director-General's declaration of an mpox public health emergency of international concern (PHEIC) on 14 August 2024.

This decision is expected to facilitate increased and timely access to vaccines in communities where mpox outbreaks are surging. In 2024, cases have been reported across 80 countries, including 19 countries in Africa, based on data as of 31 October 2024. The Democratic Republic of the Congo, the hardest-hit country, recorded a large majority of suspected cases – over 39 000 – as well as more than 1000 deaths.

Today's move is particularly relevant as the Government of Japan has announced that it will donate 3.05 million doses of the LC16m8 vaccine, along with specialized inoculation needles, to the Democratic Republic of the Congo. This is the largest donation package announced to date in response to the current mpox emergency.

LC16m8 is a vaccine developed and manufactured by KM Biologics in Japan. The Technical Advisory Group (TAG) for EUL of vaccines convened to discuss the outcome of the LC16m8 vaccine review, including the product and programmatic suitability assessments. The TAG recommended the vaccine for use in individuals over one year of age as a single dose vaccine, via a multiple puncture technique using a bifurcated needle.

"WHO emergency use listing of the LC16m8 vaccine against mpox marks a significant step in our response to the current emergency, providing a new option to protect all populations, including children," said Dr Yukiko Nakatani, WHO Assistant Director-General for Access to Medicines and Health Products. "Vaccines are one of the important tools to help contain the outbreak as part of a comprehensive response strategy that also includes improved testing and diagnosis, treatment and care, infection prevention control, and engagement and education within affected communities."

WHO's assessment for EUL is based on information submitted by the manufacturer and review by the Pharmaceuticals and Medical Devices Agency (PMDA), the Japanese regulatory agency of record for this vaccine. The LC16m8 vaccine has been used in Japan during previous mpox outbreaks and was shown to be safe and effective, including in people with well-controlled HIV.

The WHO Strategic Advisory Group of Experts (SAGE) on Immunization reviewed available evidence and recommended the use of LC16m8 vaccine in outbreak settings in children and others with a documented high-risk of exposure to mpox.

However, minimally replicating vaccines, such as LC16m8, should not be used during pregnancy and in people who are immunocompromised. Immunocompromised persons include those with active cancer, transplant recipients, immunodeficiency, and active treatment with immunosuppressive agents. They also include people living with HIV with a current CD4 cell count of <200 cells µl.

The Global Advisory Committee on Vaccine Safety reviewed the updated safety data on LC16m8 on 20 September 2024 and recommended that healthcare workers are provided with training on the use of bifurcated needles to prevent injuries and adverse effects. In light of the changing epidemiology and emergence of new virus strains, it remains important to collect as much data as possible on vaccine safety and effectiveness in different contexts.

WHO continues to work closely with manufacturers, global partners and countries to ensure the availability and administration of safe and effective life-saving products.

On 13 September 2024, WHO prequalified the Modified Vaccinia Ankara-Bavarian Nordic (MVA-BN) vaccine and expanded its indication to include use in individuals aged 12 years and older on 8 October 2024.

Available from: **https://www.who.int/news/item/19-11-2024-who-adds-lc16m8-mpox-vaccine-to-emergency-use-listing**