

Vaccines: The Week in Review

2 May 2011

Center for Vaccine Ethics & Policy

<http://centerforvaccineethicsandpolicy.wordpress.com/>

A program of

- Center for Bioethics, University of Pennsylvania

<http://www.bioethics.upenn.edu/>

- The Wistar Institute Vaccine Center

<http://www.wistar.org/vaccinecenter/default.html>

- Children's Hospital of Philadelphia, Vaccine Education Center

<http://www.chop.edu/consumer/jsp/microsite/microsite.jsp>

This weekly summary targets news and events in global vaccines ethics and policy gathered from key governmental, NGO and industry sources, key journals and other sources. This summary supports ongoing initiatives of the Center for Vaccine Ethics & Policy, and is not intended to be exhaustive in its coverage. Vaccines: The Week in Review is now also posted in pdf form and as a set of blog posts at <http://centerforvaccineethicsandpolicy.wordpress.com/>. This blog allows full-texting searching of some 1,200 items.

Comments and suggestions should be directed to

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The Government of Rwanda, QIAGEN N.V. and Merck announced "the launch of a comprehensive national cervical cancer prevention program that includes vaccination with GARDASIL [Human Papillomavirus Quadrivalent (Types 6, 11, 16 and 18) Vaccine, Recombinant] for appropriate girls 12 to 15 years of age and modern molecular diagnostic screening for women between the ages of 35 and 45." Rwanda "is the first nation in Africa to offer a comprehensive prevention program that incorporates both HPV vaccination and HPV testing." Rwanda has a population of 2.72 million women ages 15 years and older. Cervical cancer ranks as the most frequent cancer in women of all ages in Rwanda. Dr. Richard Sezibera, Rwanda's Minister of Health, commented, "It is our goal to create a comprehensive, coordinated program that includes HPV vaccination, cancer screening with HPV DNA testing, and treatment in order to address the nation's unmet needs for cervical cancer-related health services. This vaccination and screening program brings us one step closer to reaching our goal of protecting the girls and women in our country. We are pleased to have the support of Merck and QIAGEN on this important government initiative."

Merck "will provide more than two million doses of GARDASIL to the Government of Rwanda at no cost, while QIAGEN will provide 250,000 HPV screening tests at no cost along with all necessary equipment and training to successfully perform the tests. Thereafter, the Government of Rwanda will continue routine vaccination of appropriate 12 year old girls, and Merck will provide GARDASIL at a discounted access price that is made available for national vaccination programs in GAVI-eligible countries. Similarly, QIAGEN will make its HPV tests accessible under a tiered-market pricing structure designed to enable developing countries to establish and maintain the use of HPV testing within national cervical cancer screening and treatment programs."

<http://www.businesswire.com/news/home/20110425005622/en/Rwanda-Merck-QIAGEN-Launch-Africa's-Comprehensive-Cervical>

Caliber Biotherapeutics, "a fully-integrated biopharmaceutical company," announced the **opening of the world's largest plant-made pharmaceutical manufacturing facility in Bryan, Texas, "with the capability of producing 10-100 million doses of vaccines per month,"** and hundreds of thousands of doses of protein biotherapeutics such as monoclonal antibodies. Caliber "will also develop a proprietary product pipeline for cancer and infectious diseases utilizing cell- and microbial-based production systems. The end result will be new, more effective and affordable vaccines and biotherapeutics for patients – delivered in a time frame in which they are needed." <http://www.prnewswire.com/news-releases/new-biopharmaceutical-company-to-accelerate-delivery-of-vaccines-and-protein-therapeutics-120619094.html>

"We need to make rotavirus vaccines available to all children"

Statement by the GAVI Alliance interim CEO, Helen Evans

Geneva, 28 April 2011 – Rotavirus disease continues to be a significant global health problem. As illustrated in newly released surveillance data by WHO and CDC, globally, 36% of children's hospitalisation for diarrhoea are due to rotavirus infection.

But while the global rotavirus disease burden remains high, encouraging and growing evidence suggests that the introduction of rotavirus vaccines substantially reduce severe and fatal diarrhoea in young children.

Recognising the enormous potential impact of rotavirus vaccines on reducing child mortality, GAVI added rotavirus vaccines to its portfolio of vaccines for the poorest countries around the world. To date, four GAVI eligible countries have introduced the vaccine: Nicaragua, Honduras, Bolivia and Guyana. Sudan will be the first African country to introduce rotavirus vaccines before the end of the year.

GAVI is committed to working with its partners to accelerate the introduction of rotavirus vaccines in poor countries, and demand for rotavirus vaccines from GAVI-eligible countries is high.

With such life-saving tools within our reach, GAVI counts on the support of policymakers and donors to help accelerate the introduction of new and underused vaccines to the poorest children of the world. A successful outcome of GAVI's Pledging Conference on 13 June will allow another 4 million lives to be saved.

http://www.gavialliance.org/media_centre/statements/rotavirus.php

The **Weekly Epidemiological Record (WER) for 29 April 2011**, vol. 86, 18 (pp 173–176) includes: Outbreak news – Measles outbreaks in Europe; Rotavirus surveillance worldwide – 2009

<http://www.who.int/entity/wer/2011/wer8618.pdf>

Twitter Watch

A selection of items of interest this week from a variety of twitter feeds. This capture is highly selective and by no means intended to be exhaustive.

[GAVIAlliance](#) GAVI Alliance

News Update: We need to make rotavirus vaccines available to all children

<http://ow.ly/1cpEki>

29 Apr

[gatesfoundation](#) Gates Foundation

Stories, videos, and photos from European [#Immunization](#) Week:

<http://gates.ly/kGSxKg>

[AIDSvaccine](#) IAVI

We're pleased to announce the launch of IAVI's Fellowship Program in [#AIDS](#) [#Vaccine](#) [#Research](#) & Dev <http://bit.ly/j2oX0L> [#globalhealth](#) [#HIV](#)

[USAIDGH](#) USAID

Polio Immunization Efforts Showing Positive Results in Southern Sudan. Read more here: <http://go.usa.gov/bb0>

27 Apr

[GAVIAlliance](#) GAVI Alliance

Malaria vaccine development: Marking progress and impact <http://ht.ly/4GXeM>

26 Apr

[PATHtweets](#) PATH

Elias: Malaria drug resistance is a growing threat. We need to keep investing in new tools to stay ahead of the parasite. [#WorldMalariaDay](#)

[WorldBank](#) World Bank

by gatesfoundation

The world has seen dramatic progress against malaria. Read country snapshots

<http://cot.ag/hLBHGv> [#WorldMalariaDay](#)

[MalariaVaccine](#) PATH MVI

Interview: MVI's Dr. Christian Loucq discusses his life-long passion for [#vaccines](#) one.org/blog/2011/04/2... [#malaria](#)

Journal Watch

[Editor's Note]

Vaccines: The Week in Review continues its weekly scanning of key journals to identify and cite articles, commentary and editorials, books reviews and other content supporting our focus on vaccine ethics and policy. ***Journal Watch* is not intended to be exhaustive, but indicative of themes and issues the Center is actively tracking.** We selectively provide full text of some editorial and comment articles that are specifically relevant to our work. Successful access to some of the links provided may require

subscription or other access arrangement unique to the publisher. If you would like to suggest other journal titles to include in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

Annals of Internal Medicine

April 19, 2011; 154 (8)

<http://www.annals.org/content/current>

[Reviewed earlier; No relevant content]

British Medical Bulletin

Volume 97 Issue 1 March 2011

<http://bmb.oxfordjournals.org/content/current>

[Reviewed earlier]

British Medical Journal

30 April 2011 Volume 342, Issue 7804

<http://www.bmj.com/content/current>

[No relevant content]

Clinical Infectious Diseases

Volume 52 Issue 10 May 15, 2011

<http://www.journals.uchicago.edu/toc/cid/current>

[Reviewed last week]

Cost Effectiveness and Resource Allocation

(accessed 1 May 2011)

<http://www.resource-allocation.com/>

[No relevant content]

Emerging Infectious Diseases

Volume 17, Number 5–May 2011

<http://www.cdc.gov/ncidod/EID/index.htm>

Perspective

Vector-borne Infections

R. Rosenberg and C.B. Beard

Abstract

Infections with vector-borne pathogens are a major source of emerging diseases. The ability of vectors to bridge spatial and ecologic gaps between animals and humans increases opportunities for emergence. Small adaptations of a pathogen to a vector can have profound effects on the rate of transmission to humans.

Health Affairs

April 2011; Volume 30, Issue 4

<http://content.healthaffairs.org/content/30/2.toc>

[Reviewed earlier; No relevant content]

Health Economics, Policy and Law

Volume 6 - Issue 02

<http://journals.cambridge.org/action/displayJournal?jid=HEP>

[Reviewed earlier; No relevant content]

Human Vaccines

Volume 7, Issue 4 April 2011

<http://www.landesbioscience.com/journals/vaccines/toc/volume/7/issue/4/>

[Reviewed earlier]

JAMA

April 27, 2011, Vol 305, No. 16, pp 1625-1722

<http://jama.ama-assn.org/current.dtl>

[No relevant content]

Journal of Infectious Diseases

Volume 203 Issue 10 May 15, 2011

<http://www.journals.uchicago.edu/toc/jid/current>

[Reviewed earlier; No relevant content]

The Lancet

Apr 30, 2011 Volume 377 Number 9776 Pages 1465 - 1542

<http://www.thelancet.com/journals/lancet/issue/current>

[No relevant content]

The Lancet Infectious Disease

May 2011 Volume 11 Number 5 Pages 333 - 416

<http://www.thelancet.com/journals/laninf/issue/current>

Editorial

The worldwide epidemic of multidrug-resistant tuberculosis

The Lancet Infectious Diseases

WHO estimates that a third of the world's population is infected with *Mycobacterium tuberculosis*. In 2009, there were almost 9 million new cases of tuberculosis and the disease killed almost 1 million people around the world. Since the discovery of the BCG vaccine, and the development of new antibiotics in the 1950s, the incidence of tuberculosis has fallen substantially. From 1995 to 2009, about 49 million people received treatment for the disease, 41 million of whom were cured, saving up to 6 million.

Comment

Jeddah declaration on mass gatherings health

Ziad A Memish, Abdullah A Alrabeeah

Planning of events attended by millions of people is a daunting undertaking, and all too often it is done on an ad-hoc basis or via general operations oversight that includes health care along with a multitude of other responsibilities. Recognition that mass gatherings need a coordinated medical infrastructure is not new. What is new and different is an improved understanding of infectious diseases that originate and then disseminate from mass gatherings. Containment of this risk is a global priority.

Newsdesk

Vaccines and public health in Europe

Raffaella Bosurgi

The European Society of Clinical Microbiology and Infectious Diseases (ESCMID) conference on the Impact of Vaccines on Public Health was held in Prague, Czech Republic (April 1–3, 2011), with support from The Lancet Infectious Diseases. The conference shared expert insights and scientific evidence about a diverse range of topics including human papillomavirus (HPV) and women's health, vaccines for infants and elderly people, the pipeline for malaria vaccines, vaccination for HIV, and the big challenges of the 21st century.

Medical Decision Making (MDM)

March/April 2011; 31 (2)

<http://mdm.sagepub.com/content/current>

[Reviewed earlier]

Nature

Volume 472 Number 7344 pp389-508 28 April 2011

http://www.nature.com/nature/current_issue.html

[No relevant content]

Nature Medicine

April 2011, Volume 17 No 4

<http://www.nature.com/nm/index.html>

[Reviewed earlier]

New England Journal of Medicine

April 28, 2011 Vol. 364 No. 17

<http://content.nejm.org/current.shtml>

[No relevant content]

The Pediatric Infectious Disease Journal

May 2011 - Volume 30 - Issue 5 pp: A9-A10,365-450,e75-e87

<http://journals.lww.com/pidj/pages/currenttoc.aspx>

[Reviewed earlier; No relevant content]

Pediatrics

May 2011 / VOLUME 127 / ISSUE 5

<http://pediatrics.aappublications.org/current.shtml>

[No relevant content]

Pharmacoeconomics

May 1, 2011 - Volume 29 - Issue 5 pp: 361-454

<http://adisonline.com/pharmacoeconomics/pages/currenttoc.aspx>

[Reviewed earlier]

PLoS Medicine

(Accessed 2 May 2011)

<http://www.plosmedicine.org/article/browse.action?field=date>

[No relevant content]

Science

29 April 2011 vol 332, issue 6029, pages 501-624

<http://www.sciencemag.org/current.dtl>

News & Analysis - Infectious Diseases

'Breakthrough' Deal on Flu Strains Has Modest Provisions

Martin Enserink

When exhausted negotiators in Geneva finally reached a deal about the global sharing of influenza viruses early in the morning on Saturday, 15 April, the World Health Organization (WHO) was quick to call it a "landmark agreement." WHO chief Margaret Chan hailed the 45-page document as "a very significant victory for public health." But the most significant breakthrough may be that, after 4 years of complex and often contentious negotiations, there is a deal at all. The actual text of the agreement—which promises developing countries certain benefits in return for sharing their flu viruses with the world—contains mostly "soft" language that's not legally binding.

Science Translational Medicine

27 April 2011 vol 3, issue 80

<http://stm.sciencemag.org/content/current>

[No relevant content]

Vaccine

Volume 29, Issue 21 pp. 3725-3826 (12 May 2011)

<http://www.sciencedirect.com/science/journal/0264410X>

[Reviewed last week]

Value in Health

December 2010 Volume 13, Issue 8 Pages 863–1065

<http://onlinelibrary.wiley.com/doi/10.1111/vhe.2010.13.issue-8/issuetoc>

[Reviewed earlier]