

Vaccines: The Week in Review 14 April 2012 Center for Vaccine Ethics & Policy (CVEP)

This weekly summary targets news, announcements, articles 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 also posted in pdf form and as a set of blog posts at <http://centerforvaccineethicsandpolicy.wordpress.com/>. This blog allows full-text searching of some 2,500 entries..

Comments and suggestions should be directed to

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Editor's Notes:

- *New issues will now be distributed on Saturdays, allowing for weekend review.*
- *A pdf version of this issue is available here: <http://centerforvaccineethicsandpolicy.wordpress.com/>*
- *Readers can also follow developments on twitter: @vaxethicspolicy*

The American Red Cross said it contributed US\$1 million to purchase and distribute oral cholera vaccinations to 100,000 people in urban and rural Haitian communities. These funds will support a US\$1.3 million vaccination project led by Partners In Health, the Haitian Ministry of Public Health and Population, and the Haitian nonprofit GHESKIO. This project is part of an ongoing effort to improve control and prevent the spread of the disease that has claimed more than 7,000 lives since its outbreak more than a year ago. The cholera epidemic in Haiti is currently the largest outbreak in the world. Dr. Louise Ivers, Senior Health and Policy Advisor to Partners In Health and Assistant Professor of Medicine at Harvard Medical School, commented, "Support from the American Red Cross is essential to our delivering this safe, affordable and effective oral cholera vaccine in Haiti. While access to clean water and sanitation systems is the ultimate solution to stopping the spread of cholera, we must utilize all tools available to help prevent continued needless deaths," The vaccine, Shanchol, is delivered in two doses. Shanchol has been pre-qualified by the WHO and is 65 to 75 percent effective in protecting recipients for at least 36 months. To date, the American Red Cross has contributed more than US\$17 million to fight the cholera outbreak in Haiti.

<http://www.sacbee.com/2012/04/11/4407276/american-red-cross-funds-pioneer.html#storylink=cpy>

The Global Fund "hailed a call by G8 Foreign Ministers for new donors to support the organization's lifesaving work as a ringing endorsement of major reforms that are underway to strengthen the Global Fund's management and financial oversight." G8 Foreign Ministers meeting in Washington on April 12 also called on existing donors to meet their pledges of support and appealed to implementing countries to show leadership in taking on health challenges. The statement noted: "The G8 supports the call for an AIDS-free generation and efforts to achieve universal access

to prevention, treatment, care, and support with respect to HIV/AIDS. The G8 renews and recommits to supporting the Global Fund to Fight AIDS, Tuberculosis, and Malaria on the tenth anniversary of its establishment and as the Fund adopts a comprehensive reform agenda.”

http://www.theglobalfund.org/en/mediacenter/pressreleases/2012-04-13_G8_Foreign_Ministers_call_on_Donors_to_support_Global_Fund_Reform_agenda_endorsed/

GAVI said it secured lower prices for rotavirus vaccine through supply agreements that result in pricing 67% lower than before. GAVI noted that “had (it) been prepared to buy the vaccine at the previous price, it would have needed to pay US\$650 million more.” The bulk of the supply volume contracted —132 million doses— will be procured at a cost of \$5 dollars per (two-dose) course, a two-third price reduction compared to the previous lowest price offered to GAVI of US\$15 a course. This price drop “is the result of an acceleration of GAVI’s market shaping activities and discussions with manufacturers carried out together with the Bill & Melinda Gates Foundation and the Supply Division of UNICEF, key Alliance partners.” GAVI CEO Dr Seth Berkley said, “Influencing vaccine markets to the benefit of children in the poorest countries is core to GAVI’s mandate. We strive to make our donors’ funds go further so we can help developing countries protect more children against deadly diseases and accelerate efforts towards reaching the Millennium Development Goals.” The supply agreements, covering purchases to 2016, were concluded with the two rotavirus vaccine manufacturers, GlaxoSmithKline (GSK) and Merck & Co. Inc. The announcement also noted that GAVI partners, including PATH, supported by the Bill & Melinda Gates Foundation, “are advancing the development of several promising new rotavirus vaccines by collaborating with emerging country manufacturers in the hope of new market entrances from 2015.”

GAVI, through its supply partner UNICEF, “applied some of the key elements of its new vaccine supply and procurement strategy” in achieving this pricing. These elements include:

- Committing to an “advance” purchase: by prepaying a portion of the vaccine supply, GAVI allows manufacturers to recoup their fixed costs earlier and offer a more competitive price.
- Offering mid-term market certainty: by extending the deal period - to five years in the case of the rotavirus vaccines deal - GAVI provides manufacturers with increased visibility, another incentive to commit to lower prices in return for more predictability of demand.
- Offering a long-term view of the market: by sending signals of a viable market to future manufacturers, GAVI aims at enlarging the vaccine supplier base and encouraging developing country manufacturers to join the market. Moving forward, GAVI said it will continue its proactive efforts to shape the vaccine market, and will seek to apply innovative measures specifically tailored to each vaccine.

<http://www.gavialliance.org/library/news/press-releases/2012/gavi-secures-lower-price-rotavirus-vaccine/>

GAVI Board Chair Dagfinn Høybråten said the appointment of three women to the GAVI Alliance Board “achieves a key target on gender.” Her Royal Highness the Infanta Cristina of Spain, Dr Maria C. Freire, and Yifei Li take up their positions with immediate effect. These appointments result in 11 out of 26 Board members being women. GAVI’s Board achieved its target of at least 40 percent representation for both genders within two years of approving guidelines at its meeting in July 2010. At that time, only 10% of Board members were women. “This new balance positions us as a leader on gender policy among international organisations. We make high-impact decisions that affect the lives of millions of women and children and it is critical that we as a Board are properly represented and have a diversity of viewpoints,” Mr Høybråten said.

Geneva, 13 April 2012

<http://www.gavialliance.org/library/news/gavi-features/2012/gavi-board-achieves-goal-on-gender/>

The International AIDS Vaccine Initiative (IAVI) announced the appointment of Dr. Adel A.F. Mahmoud to its Board of Directors. Dr. Mahmoud is a professor at Princeton University, former President of Merck Vaccines and former Chairman of Medicine at Case Western Reserve University. He joins a “diverse group of 12 directors from ten countries with backgrounds in finance, vaccinology, international development, academia and HIV treatment and prevention that oversees IAVI’s progress and shapes its long-term strategy.” IAVI President & CEO Margaret McGlynn said, “We are very pleased to have Adel join IAVI’s Board of Directors. His experience in the private sector, especially the development and delivery of preventive vaccines, and his in-depth knowledge of immunology and infectious diseases combined with his passion for the development of an AIDS vaccine will prove invaluable to IAVI. I look forward to working closely with Adel again, and welcome his addition to our Board.”

<http://www.businesswire.com/news/home/20120409005637/en/Leading-Global-Health-Expert-Dr.-Adel-A.F.>

Global Initiative: World Immunization Week

21–28 April 2012

“To underscore the importance of immunization in saving lives, and to encourage families to vaccinate their children against deadly diseases WHO is uniting countries across the globe for a week of vaccination campaigns, public education and information sharing under the umbrella of World Immunization Week.

“Worldwide collaboration provides an opportunity to boost momentum and focus on specific actions such as:

- raising awareness on how immunization saves lives;
- increasing vaccination coverage to prevent disease outbreaks;
- reaching underserved and marginalized communities (e.g. those living in remote areas, deprived urban settings, fragile states and strife-torn regions) with existing and newly available vaccines;

- reinforcing the medium- and long-term benefits of immunization (e.g. giving children a chance to grow up healthy, go to school and improve their life prospects).

“Immunization is one of the most successful and cost-effective health interventions. It prevents between 2 and 3 million deaths every year. Immunization prevents debilitating illness, disability and death from vaccine-preventable diseases such as diphtheria, hepatitis A and B, measles, mumps, pneumococcal disease, polio, rotavirus diarrhoea, tetanus and yellow fever. The benefits of immunization are increasingly being extended to adolescents and adults, providing protection against life-threatening diseases such as influenza, meningitis, and cancers (e.g. cervical and liver cancers) that occur in adulthood.

Related links

[World Immunization Week 2012](#)

http://www.who.int/mediacentre/events/annual/immunization_week/en/index.html

Cartagena, Colombia, 13 April 2011 (PAHO/WHO) — The Pan American Health Organization/World Health Organization (PAHO/WHO), with support from partner organizations, launched the 10th annual Vaccination Week in the Americas on April 13 in the lead-up to the VI Summit of the Americas, being held this weekend in Cartagena, Colombia.

<http://new.paho.org/hq/index.php?>

[option=com_content&task=view&id=6641&Itemid=1926](http://new.paho.org/hq/index.php?option=com_content&task=view&id=6641&Itemid=1926)

Meeting Documentation: Sixty-fifth World Health Assembly

21–26 May 2012

Geneva, Switzerland

The Sixty-fifth session of the World Health Assembly will take place in Geneva during 21-26 May 2012. At this session, the Health Assembly will discuss a number of public health issues such as universal health coverage, Millennium Development Goals, noncommunicable diseases, mental disorders, nutrition and adolescent pregnancy. The Health Assembly will also discuss the programme budget, administration and management matters of WHO.

Documentation

[Provisional agenda \[pdf 34.4kb\]](#)

[Complete documentation](#)

[Editor’s note: we will update as below documentation supporting agenda items related broadly to immunization and global vaccines]

[A65/14](#)

Monitoring of the achievement of the health-related Millennium Development Goals
Progress in the achievement of the health-related Millennium Development Goals, and global health goals after 2015

[A65/15](#)

Monitoring the achievement of the health-related Millennium Development Goals
Implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health

[A65/16](#)

Social determinants of health: outcome of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, October 2011)

[A65/17](#)

Implementation of the International Health Regulations (2005)
Report by the Director-General

[A65/18](#)

Global mass gatherings: implications and opportunities for global health security

[A65/19](#)

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits: report of the Advisory Group

[A65/20](#)

Poliomyelitis: intensification of global eradication initiative

[A65/21](#)

Elimination of schistosomiasis

[A65/23](#)

Substandard/spurious/falsely-labelled/falsified/counterfeit medical products: report of the Working Group of Member States

[A65/25](#)

WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies

UNICEF said it joined the International Aid Transparency Initiative (IATI) "to improve public accessibility to information on how aid is spent," joining the World Bank, Britain's Department for International Development, the African Development Bank, the European Commission and others in the initiative. As part of its commitment to greater transparency and accountability, UNICEF will make public online the volume, allocation and results of development expenditure. This will allow better tracking of what aid is used for and what it achieves by taxpayers and those who benefit from aid. IATI provides a common, open and international standard, agreed in 2011, for publishing more and better information about aid.
http://www.unicef.org/media/media_62210.html

The **Weekly Epidemiological Record (WER) 13 April 2012**, vol. 87, 15 (pp 145–152) includes: Validation of maternal and neonatal tetanus elimination in Ghana, 2011
<http://www.who.int/entity/wer/2012/wer8715.pdf>

Twitter Watch [accessed 14 April 2012 – 15:10]

Items of interest from a variety of twitter feeds associated with immunization, vaccines and global public health. This capture is highly selective and is by no means intended to be exhaustive.

[Dagfinn Høybråten @Hoybraten](#)

Thanks to Foundation Atletico de Madrid for supporting [@GAVIAlliance](#)
<http://pic.twitter.com/H0VYCGgl>

Retweeted by [GAVI Alliance](#)

5:06 AM - 13 Apr 12

[The Global Fund@globalfundnews](#)

G8 Foreign Ministers call on Donors to support the Global Fund

[http://www.theglobalfund.org/en/mediacenter/pressreleases/2012-04-](http://www.theglobalfund.org/en/mediacenter/pressreleases/2012-04-13)

[13 G8 Foreign Ministers call on Donors to support Global Fund Reform agenda en dorsed/](http://www.theglobalfund.org/en/mediacenter/pressreleases/2012-04-13)

12:43 PM - 13 Apr 12

[Partners In Health @PIH](#)

"If cholera had exploded in the US like it did in Haiti, everybody would have gotten the

12:30 PM - 13 Apr 12

[PATH MVI @MalariaVaccine](#)

Video: Introduction to MVI's director, Dr. David Kaslow <http://bit.ly/J6Tfk4>

12:15 PM - 13 Apr 12

[EndPolioNow @EndPolioNow](#)

The birth of polio eradication: the Salk Vaccine turns 57. Thank you to everyone for fighting polio. <http://bit.ly/HEpoBV>

5:46 PM - 12 Apr 12

[PATH MVI @MalariaVaccine](#)

Straight talk with... David Kaslow | [@naturemedicine](#) Q&A with our director

<http://bit.ly/HOyBIC>

4:57 PM - 12 Apr 12

[GAVI Alliance @GAVIAlliance](#)

T-9: From 2011-2015, GAVI support will immunise 90M more children against pneumococcal disease. <http://ht.ly/af91N> [#vaccineswork](#)

3:43 PM - 12 Apr 12

[Partners In Health @PIH](#)

Vaccination Against [#Cholera](#) Finally Begins In [#Haiti](#): <http://ow.ly/aeSFU> via

[@NPRHealth @nprnews](#)

12:53 PM - 12 Apr 12

[Orin Levine @OrinLevine](#)

Today [@IVACTweets](#) released our Landscape Analysis of Routine [#Immunization](#) in [#Nigeria](#) read: <http://bit.ly/I4nM14> [#globalhealth](#)

12:26 PM - 11 Apr 12

[Arthur Caplan @ArthurCaplan](#)

Good summary meeting at RS on engineering flu <http://bit.ly/IgWHTU>

11:38 AM - 11 Apr 12

[IAVI @AIDSvaccine](#)

If you missed IAVI CEO Margie McGlynn's [#wvcusa](#) presentation yesterday, [@vaccination](#) has a short recap <http://bit.ly/IkJ4Nk> [#globalhealth](#)
10:54 AM - 11 Apr 12

[Sabin Vaccine Inst. @sabinvaccine](#)
[#wvcusa](#) Mcquestion PPT available! From paternalism to country ownership of national immunization programs <http://slidesha.re/HxfmoW>
10:06 AM - 11 Apr 12

[USAID Global Health @USAIDGH](#)
[Close](#)
[@GAVIalliance](#) just signed a deal to reduce rotavirus vaccine costs by 2/3, for a value of US\$650M <http://ow.ly/abYhA>
3:27 PM - 10 Apr 12

[IVAC at JHSPH @IVACTweets](#)
New blog! Reflections on 40+ yr old [@WHO](#) docs, & how they inspire today's [#globalhealth](#) & [#vaccine](#) efforts: <http://bit.ly/Hv1kVz> [@dofvc](#)
10:14 AM - 10 Apr 12

[WHO/Europe @WHO_Europe](#)
Can new media help parents to make informed [#vaccination](#) decisions?:
http://youtu.be/pYbhMTyk9_g [#immunization](#)
6:33 AM - 7 Apr 12

Report/Research/Book Watch

Vaccines: The Week in Review is expanding its coverage of new reports, books, research and analysis published independent of the journal channel covered in *Journal Watch* below. Our interests span immunization and vaccines, as well as global public health, health governance, and associated themes. *If you would like to suggest content to be included in this service, please contact David Curry at:*
david.r.curry@centerforvaccineethicsandpolicy.org

Research: *Landscape Analysis of Routine Immunization in Nigeria (LARI)*

International Vaccine Access Center (IVAC)/Johns Hopkins Bloomberg School of Public Health
April 2012

The study was conducted with the collaboration of the government of Nigeria and Solina Health and identified high-impact solutions in the areas of financing and vaccine security, transportation, cold chain technology, performance management, advocacy, leadership and demand creation that together have the potential to significantly improve vaccine access. Currently, access to and availability of vaccines varies widely among the country's 36 states and vaccine stock-outs remain common, particularly in the poorest and most remote areas.

"Nigerian government leaders have made major improvements in routine immunizations over the past three years," said Dr. Orin Levine, Executive Director of

IVAC. "But the full promise of immunization and its economic benefits won't be fully realized until vaccines reach every Nigerian child."

Some of the specific solutions proposed in the LARI study include the establishment of government basket funds for local immunization programs; transportation contracts and ongoing vehicle maintenance to improve delivery from state cold stores to community clinics; provision of solar refrigeration and satellite cold storage units to keep vaccines at a viable temperature despite challenges involving distance and power outages; mid-level management training to staff responsible for vaccine delivery; and text message reminders and incentive programs such as conditional cash transfers to parents to improve vaccine uptake and timeliness.

<http://nigeriavaccinesummit.org/>.

The World Bank announced that it will implement a new Open Access policy for its research outputs and knowledge products effective July 1, 2012. The new policy builds on recent efforts to increase access to information at the World Bank and to make its research as widely available as possible. As the first phase of this policy, the Bank launched today a new [Open Knowledge Repository](#) and adopted a set of Creative Commons copyright licenses. World Bank Group President Robert B. Zoellick said, "Knowledge is power. Making our knowledge widely and readily available will empower others to come up with solutions to the world's toughest problems. Our new Open Access policy is the natural evolution for a World Bank that is opening up more and more."

<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:23164491~pagePK:34370~piPK:34424~theSitePK:4607,00.html>

Journal Watch

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 3, 2012; 156 (7)

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

[Reviewed last week]

British Medical Bulletin

Volume 101 Issue 1 March 2012

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

[Reviewed earlier]

British Medical Journal

14 April 2012 (Vol 344, Issue 7852)

<http://www.bmj.com/content/344/7852>

[No relevant content]

Bulletin of the World Health Organization

Volume 90, Number 4, April 2012, 245-320

<http://www.who.int/bulletin/volumes/90/4/en/index.html>

Special theme: influenza

[Reviewed earlier]

Cost Effectiveness and Resource Allocation

(Accessed 14 April 2012)

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

[No new relevant content]

Emerging Infectious Diseases

Volume 18, Number 4—April 2012

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

[Reviewed earlier]

Foreign Affairs

March/April 2012 Volume 91, Number 2

<http://www.foreignaffairs.com/>

[Reviewed earlier]

Global Health

Winter 2012

http://www.globalhealthmagazine.com/in_this_issue/

[Reviewed earlier]

Globalization and Health

[Accessed 14 April 2012]

<http://www.globalizationandhealth.com/>

Editorial

Global health funding and economic development

Martin G, Grant A and D'Agostino M Globalization and Health 2012, 8:8 (10 April 2012)

[Open Access]

Abstract (provisional)

The impact of increased national wealth, as measured by Gross Domestic Product (GDP), on public health is widely understood, however an equally important but less well-acclaimed relationship exists between improvements in health and the growth of an economy. Communicable diseases such as HIV, TB, Malaria and the Neglected Tropical Diseases (NTDs) are impacting many of the world's poorest and most vulnerable populations, and depressing economic development. Sickness and disease has decreased the size and capabilities of the workforce through impeding access to education and suppressing foreign direct investment (FDI). There is clear evidence that by investing in health improvements a significant increase in GDP per capita can be attained in four ways: Firstly, healthier populations are more economically productive; secondly, proactive healthcare leads to decrease in many of the additive healthcare costs associated with lack of care (treating opportunistic infections in the case of HIV for example); thirdly, improved health represents a real economic and developmental outcome in-and-of itself and finally, healthcare spending capitalises on the Keynesian 'economic multiplier' effect. Continued under-investment in health and health systems represent an important threat to our future global prosperity. This editorial calls for a recognition of health as a major engine of economic growth and for commensurate investment in public health, particularly in poor countries.

Health Affairs

April 2012; Volume 31, Issue 4

<http://content.healthaffairs.org/content/current>

Theme: Issues In Cancer Care: Value, Quality & Costs

How Cancer Patients Value Hope And The Implications For Cost-Effectiveness Assessments Of High-Cost Cancer Therapies

Darius N. Lakdawalla, John A. Romley, Yuri Sanchez, J. Ross Maclean, John R. Penrod, and Tomas Philipson

Health Aff April 2012 31:676-682; doi:10.1377/hlthaff.2011.1300

Abstract

Assessments of the medical and economic value of therapies in diseases such as cancer traditionally focus on average or median gains in patients' survival. This focus ignores the value that patients may place on a therapy with a wider "spread" of outcomes that offer the potential of a longer period of survival. We call such treatments "hopeful gambles" and contrast them with "safe bets" that offer similar average survival but less chance of a large gain. Real-world therapy options do not have these stylized forms, but they can differ in the spread of survival gains that patients face. We found that 77 percent of surveyed cancer patients with melanoma, breast cancer, or other kinds of solid tumors preferred hopeful gambles to safe bets. This suggests that current technology assessments, which often determine access to such cancer therapies, may be missing an important source of value to patients and should either incorporate hope into the value of therapies or set a higher threshold for an acceptable cost-effectiveness ratio in the end-of-life context.

Health and Human Rights

Vol 13, No 2 (2011) December

<http://hhrjournal.org/index.php/hhr>

[Reviewed earlier]

Health Economics, Policy and Law

Volume 7 - Issue 02 - April 2012

<http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue>

[Reviewed earlier]

Health Policy and Planning

Volume 27 Issue 2 March 2012

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

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 8, Issue 4 April 2012

<http://www.landesbioscience.com/journals/vaccines/toc/volume/8/issue/4/>

Reviewed earlier]

International Journal of Infectious Diseases

Volume 16, Issue 5 pp. e311-e412 (May 2012)

<http://www.sciencedirect.com/science/journal/12019712>

[No relevant content]

JAMA

April 11, 2012, Vol 307, No. 14, pp 1480a-1542

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

[No relevant content]

Journal of Infectious Diseases

Volume 205 Issue 9 May 1, 2012

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

[Reviewed last week]

The Lancet

Apr 14, 2012 Volume 379 Number 9824 p1365 – 1460 e48

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

Correspondence

Serotype replacement after pneumococcal vaccination

Kim Mulholland, Catherine Satzke

[Preview](#) |

Serotype replacement after pneumococcal vaccination

William P Hausdorff, Melissa K Van Dyke, Thierry Van Effelterre

[Preview](#) |

Serotype replacement after pneumococcal vaccination

Mark J DiNubile

[Preview](#) |

Serotype replacement after pneumococcal vaccination – Authors' reply

Daniel M Weinberger, Richard Malley, Marc Lipsitch

[Preview](#) |

Viewpoint

Balance between clinical and environmental responses to infectious diseases

Justin V Remais, Joseph NS Eisenberg

Preview

A child enters a village clinic in China, presenting with symptoms of lead poisoning. She is treated and the area around her house is investigated to find the source of the poisoning—an environmental response designed to prevent re-exposure. A child enters the same clinic, presenting with symptoms of acute schistosomiasis. He is treated and sent home, only to be reinfected in his contaminated community. This contrasting response to chemical and infectious environmental hazards is not an isolated example; rather, it is a reflection of the largely clinical orientation of many efforts to control infectious diseases worldwide,¹ despite the potential for environmental interventions to sustainably and cost effectively limit re-exposure to environmental pathogens.

The Lancet Infectious Disease

Apr 2012 Volume 12 Number 4 p255 - 354

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

[Reviewed earlier]

Medical Decision Making (MDM)

March–April 2012; 32 (2)

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

[Reviewed earlier]

Nature

Volume 484 Number 7393 pp141-282 12 April 2012

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

[No relevant content]

Nature Medicine

April 2012, Volume 18 No 4 pp469-630

<http://www.nature.com/nm/journal/v18/n4/index.html>

Q&A

Straight talk with...David Kaslow

Roxanne Khamsi

doi:10.1038/nm0412-479

Abstract

The precise human cost of malaria has come into dispute following the publication of a February paper that revised the estimated death toll to more than 1.2 million annually (Lancet 379, 413–431, 2012). But one thing that most people in the public health field can agree on is that a vaccine against malaria is necessary to make real strides against this global killer. To that effect, in 1999 the Bill & Melinda Gates Foundation funded the Malaria Vaccine Initiative (MVI) through the Program for Appropriate Technology in Health, the Seattle-based nonprofit now simply known as PATH.

Since MVI's inception, the Washington, DC-based initiative has played an instrumental part in advancing a number of leading vaccine candidates, including RTS,S, the first to show clinical efficacy in a major phase 3 trial. Steering the ship in the next phase of the journey is David Kaslow, who joined MVI as its director in March. As former head of the Merck Research Laboratories' vaccine pipeline and architect of the Malaria Vaccine Development Unit at the US National Institutes of Health (NIH), Kaslow spoke with Roxanne Khamsi about how his experience in the public and private sectors will help inform his decisions in the nonprofit world.

Nature Reviews Immunology

April 2012 Vol 12 No 4

<http://www.nature.com/nri/journal/v12/n4/index.html>

[Reviewed earlier; No relevant content]

New England Journal of Medicine

April 12, 2012 Vol. 366 No. 15

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

Review Article

Dengue

Cameron P. Simmons, Ph.D., Jeremy J. Farrar, M.D., Ph.D., Nguyen van Vinh Chau, M.D., Ph.D., and Bridget Wills, M.D., D.M.

N Engl J Med 2012; 366:1423-1432 [April 12, 2012](#)

This article has no abstract; the first 100 words appear below.

Dengue is a self-limited, systemic viral infection transmitted between humans by mosquitoes. The rapidly expanding global footprint of dengue is a public health challenge with an economic burden that is currently unmet by licensed vaccines, specific therapeutic agents, or efficient vector-control strategies. This review highlights our current understanding of dengue, including its clinical manifestations, pathogenesis, tests that are used to diagnose it, and its management and prevention.

Determinants of the Current Dengue Pandemic

The global burden of dengue is large; an estimated 50 million infections per year occur across approximately 100 countries, with potential for further spread (Figure 1).¹

Central . . .

OMICS: A Journal of Integrative Biology

April 2012, 16(4)

<http://online.liebertpub.com/toc/omi/16/4>

[No relevant content]

The Pediatric Infectious Disease Journal

April 2012 - Volume 31 - Issue 4 pp: 325-359,e59-e72

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

[Reviewed earlier]

Pediatrics

April 2012, VOLUME 129 / ISSUE 4

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

[Reviewed earlier]

Pharmacoeconomics

May 1, 2012 - Volume 30 - Issue 5 pp: 355-445

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

Review Articles

Issues in the Economic Evaluation of Influenza Vaccination by Injection of Healthy Working Adults in the US: A Review and Decision Analysis of Ten Published Studies

Hogan, Thomas J.

Pharmacoeconomics. 30(5):355-371, May 1, 2012.

doi: 10.2165/11596890-000000000-00000

Abstract

The objective was to review recent economic evaluations of influenza vaccination by injection in the US, assess their evidence, and conclude on their collective findings. The literature was searched for economic evaluations of influenza vaccination injection in healthy working adults in the US published since 1995. Ten evaluations described in nine papers were identified. These were synopsised and their results evaluated, the basic structure of all evaluations was ascertained, and sensitivity of outcomes to changes in parameter values were explored using a decision model. Areas to improve economic evaluations were noted.

Eight of nine evaluations with credible economic outcomes were favourable to vaccination, representing a statistically significant result compared with a proportion of 50% that would be expected if vaccination and no vaccination were economically equivalent. Evaluations shared a basic structure, but differed considerably with respect to cost components, assumptions, methods, and parameter estimates. Sensitivity analysis indicated that changes in parameter values within the feasible range, individually or simultaneously, could reverse economic outcomes. Given stated misgivings, the methods of estimating influenza reduction ascribed to vaccination must be researched to confirm that they produce accurate and reliable estimates. Research is also needed to improve estimates of the costs per case of influenza illness and the costs of vaccination.

Based on their assumptions, the reviewed papers collectively appear to support the economic benefits of influenza vaccination of healthy adults. Yet the underlying

assumptions, methods and parameter estimates themselves warrant further research to confirm they are accurate, reliable and appropriate to economic evaluation purposes.

PLoS One

[Accessed 14 April 2012]

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Gender Based Within-Household Inequality in Childhood Immunization in India: Changes over Time and across Regions

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PLoS ONE: Research Article, published 11 Apr 2012 10.1371/journal.pone.0035045

Abstract

Background and Objectives

Despite India's substantial economic growth in the past two decades, girls in India are discriminated against in access to preventive healthcare including immunizations. Surprisingly, no study has assessed the contribution of gender based within-household discrimination to the overall inequality in immunization status of Indian children. This study therefore has two objectives: to estimate the gender based within-household inequality (GWHI) in immunization status of Indian children and to examine the inter-regional and inter-temporal variations in the GWHI.

Data and Methods

The present study used households with a pair of male-female siblings (aged 1–5 years) from two rounds of National Family Health Survey (NFHS, 1992–93 and 2005–06). The overall inequality in the immunization status (after controlling for age and birth order) of children was decomposed into within-households and between-households components using Mean log deviation to obtain the GWHI component. The analysis was conducted at the all-India level as well as for six specified geographical regions and at two time points (1992–93 and 2005–06). Household fixed-effects models for immunization status of children were also estimated.

Results and Conclusions

Findings from household fixed effects analysis indicated that the immunization scores of girls were significantly lower than that of boys. The inequality decompositions revealed that, at the all-India level, the absolute level of GWHI in immunization status decreased from 0.035 in 1992–93 to 0.023 in 2005–06. However, as a percentage of total inequality, it increased marginally (15.5% to 16.5%). In absolute terms, GWHI decreased in all the regions except in the North-East. But, as a percentage of total inequality it increased in the North-Eastern, Western and Southern regions. The main conclusions are the following: GWHI contributes substantially to the overall inequality in immunization status of Indian children; and though the overall inequality in immunization status declined in all the regions, the changes in GWHI were mixed.

Determinants of Refusal of A/H1N1 Pandemic Vaccination in a High Risk Population: A Qualitative Approach

Eugenie d'Alessandro, Dominique Hubert, Odile Launay, Laurence Bassinet, Olivier Lortholary, Yannick Jaffre, Isabelle Sermet-Gaudelus

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Abstract

Background

Our study analyses the main determinants of refusal or acceptance of the 2009 A/H1N1 vaccine in patients with cystic fibrosis, a high-risk population for severe flu infection, usually very compliant for seasonal flu vaccine.

Methodology/Principal Findings

We conducted a qualitative study based on semi-structured interviews in 3 cystic fibrosis referral centres in Paris, France. The study included 42 patients with cystic fibrosis: 24 who refused the vaccine and 18 who were vaccinated. The two groups differed quite substantially in their perceptions of vaccine- and disease-related risks. Those who refused the vaccine were motivated mainly by the fears it aroused and did not explicitly consider the 2009 A/H1N1 flu a potentially severe disease. People who were vaccinated explained their choice, first and foremost, as intended to prevent the flu's potential consequences on respiratory cystic fibrosis disease. Moreover, they considered vaccination to be an indirect collective prevention tool. Patients who refused the vaccine mentioned multiple, contradictory information sources and did not appear to consider the recommendation of their local health care provider as predominant. On the contrary, those who were vaccinated stated that they had based their decision solely on the clear and unequivocal advice of their health care provider.

Conclusions/Significance

These results of our survey led us to formulate three main recommendations for improving adhesion to new pandemic vaccines. (1) it appears necessary to reinforce patient education about the disease and its specific risks, but also general population information about community immunity. (2) it is essential to disseminate a clear and effective message about the safety of novel vaccines. (3) this message should be conveyed by local health care providers, who should be involved in implementing immunization.

PLoS Medicine

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PLoS Neglected Tropical Diseases

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<http://www.plosntds.org/article/browseIssue.action>

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

Volume 30, Issue 21 pp. 3147-3248 (2 May 2012)

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Value in Health

Vol 15 | No. 2 | March-April 2012 | Pages 215-400

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