

Vaccines: The Week in Review

21 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 Executive Directors of the World Bank Group selected Dr. Jim Yong Kim as President for a five-year term beginning on July 1, 2012. The President is Chair of the Boards of Directors of the International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA). The President is also ex officio Chair of the Boards of Directors of the International Finance Corporation (IFC), the Multilateral Investment Guarantee Agency (MIGA), and the Administrative Council of the International Centre for Settlement of Investment Disputes (ICSID). In a statement, the Executive Directors said "We, the Executive Directors, wish to express our deep appreciation to all the nominees, Jim Yong Kim, José Antonio Ocampo and Ngozi Okonjo-Iweala. Their candidacies enriched the discussion of the role of the President and of the World Bank Group's future direction. The final nominees received support from different member countries, which reflected the high caliber of the candidates. We all look forward to working with Dr. Kim when he assumes his responsibilities."

Dr. Jim Yong Kim is currently President of Dartmouth College. A U.S. national, Dr. Kim is a co-founder of Partners in Health (PIH) and a former director of the Department of HIV/AIDS at the World Health Organization (WHO). Before assuming the Dartmouth presidency, Dr. Kim held professorships at Harvard Medical School and the Harvard School of Public Health. He also served as chair of the Department of Global Health and Social Medicine at Harvard Medical School, chief of the Division of Global Health Equity at Brigham and Women's Hospital, and director of the François Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health.

<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:23170638~pagePK:34370~piPK:34424~theSitePK:4607,00.html>

Dr. Jim Yong Kim released a statement in response to his selection by the World Bank's Executive Directors as 12th President of the World Bank:

"I am honored to accept the Executive Directors' decision to select me as the next President of the World Bank Group. I am delighted to succeed Robert Zoellick, who has

served with excellence and distinction during the last five years, and I am grateful to the Bank's member countries for the broad support I have received....

I have spoken with Minister Okonjo-Iweala and Professor Ocampo. They have both made important contributions to economic development, and I look forward to drawing on their expertise in the years to come.

It is befitting that I conclude my global listening tour in Peru. It was here in the shantytowns of Lima that I learned how injustice and indignity may conspire to destroy the lives and hopes of the poor. It was here that I saw how communities struggle to prosper because of a lack of infrastructure and basic services. It was here that I learned that we must raise our sights to match the aspirations of those most excluded. And it was here that I learned that we can triumph over adversity by empowering the poor and focusing on results.

As President, I will seek a new alignment of the World Bank Group with a rapidly changing world. Together, with partners old and new, we will foster an institution that responds effectively to the needs of its diverse clients and donors; delivers more powerful results to support sustained growth; prioritizes evidence-based solutions over ideology; amplifies the voices of developing countries; and draws on the expertise and experience of the people we serve.

My discussions with the Board and member countries point to a global consensus around the importance of inclusive growth. We are closer than ever to achieving the mission inscribed at the entrance of the World Bank - "Our Dream is a World Free of Poverty." The power of this mission is matched by the talent of the World Bank Group staff. May this shared mission embolden our efforts to end the disparities which too often diminish our shared humanity. Let us work together to provide every woman and man with the opportunity to determine their own future."

<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:23170832~pagePK:34370~piPK:34424~theSitePK:4607,00.html>

The World Bank Board of Executive Directors said it approved in principle the creation of a Global Partnership for Social Accountability (GPSA). The GPSA is described as "a new mechanism to scale up and support social accountability by beneficiary groups and civil society organizations (CSOs) in developing countries." The Bank's Board will review operational details of the proposed Partnership in June. World Bank Group President Robert B. Zoellick commented, "The Bank understands now more than ever that citizen voice and the engagement of project beneficiaries are crucial for lasting development results. This new dedicated partnership will support critical work on social accountability, including beneficiary monitoring and oversight of projects and programs. I hope this new Partnership can become an integral part of the Bank Group's work going forward." The Bank said it plans to invest US\$20 million in seed money to create the Partnership and will work with others to raise additional funds. The GPSA will focus on exchanging knowledge of best practice, as well as investing in projects to boost social accountability. The scope of the GPSA is global, and over 20 potential partners—including foundations, think tanks, governments and bilateral organizations – "have provided input to its design, along with more than 1,300 representatives of civil society organizations from 60 countries, who have participated in consultations on the proposed Partnership."

http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:23175490~pagePK:64257043~piPK:437376~theSitePK:4607,00.html?cid=EXT_TWBN_D_EXT

Meeting Documentation: SAGE meeting of April 2012

Geneva, 10-12 April 2012

The report of this meeting will be made available in French and English in the Weekly Epidemiological Record (WER) on 25 May 2012.

Background documents

Session: Report from Director, IVB

- [SAGE report of November 2011 meeting](#)

[pdf, 870kb](#)

- [SAGE report from the DoV meeting of February 2012](#)

[pdf, 299kb](#)

- [SAGE tracking record of recommendations and action points](#)

[pdf, 481kb](#)

- [Draft Global Vaccines Action Plan, 19 March 2012](#)

[pdf, 923kb](#)

- [Immunization and Vaccines related Implementation Research Advisory Committee \(IVIR-AC\) - Terms of reference](#)

[pdf, 254kb](#)

- [TFI members' meeting, Summary report, Windhoek, Namibia, 2-3 December 2011](#)

[pdf, 660kb](#)

Session: Reports from other advisory committees on immunization

- [GACVS report](#)

[pdf, 1.10Mb](#)

Documentation for the sessions below are available here:

http://www.who.int/immunization/sage/meetings/2012/april/presentations_background_docs/en/index.html

Session: Polio eradication

Session: Seasonal influenza vaccine

Session: Impact of introduction of new vaccines on the strengthening of immunization and health systems

Session: Vaccination in humanitarian emergencies

Session: Rotavirus vaccine schedules

Session: Use of hepatitis A vaccines

Session: Report from the GAVI Alliance Secretariat

Session: Information on vaccines for an Intergovernmental Negotiating Committee on Mercury

WHO Strategic Advisory Group of Experts (SAGE) on immunization: Request for nominations

WHO is soliciting proposals for nominations for current vacancies on its Strategic Advisory Group of Experts (SAGE) on immunization. Nominations should be submitted no later than 29 June 2012. In view of the current SAGE membership, nominations are solicited for experts from the African, American, Eastern Mediterranean, and Western Pacific regions. Nominations will then be carefully reviewed by the SAGE membership

selection panel, which will propose the selection of nominees to the WHO Director-General for appointment. Please see this link for further information:

<http://www.who.int/immunization/sage/en/>

The Board of Directors of the Global Health Council (GHC) announced “with deep regret” that the Council will close operations within the coming months following “serious deliberations about the state of global health issues, the role of the Council as a convenor, and the Council’s current operating model.” GHC “is the world’s largest membership alliance dedicated to saving lives by improving health throughout the world, and worked to ensure that all who strive for improvement and equity in global health have the information and resources they need to succeed.” But the GHC Board said that “the compelling needs that gave rise to the Global Health Council’s mission have shifted. Funding that once existed to promote a broad-based health agenda is now focused on specific health issues. The fundamental shifts in the health landscape have led the Board to revisit the relevance of the organization and determine that the Council’s current operating model is no longer sustainable...We wish to thank our staff, leadership past and present and our members of the international community who have supported the Global Health Council for the last 40 years. We have accomplished much together, but despite the progress we have made, millions of people, many of them children, remain without access to basic health care. Our commitment to them must not waver. Although The Global Health Council will no longer play the same role, we will continue to fight for the goals that first inspired us to action.”
April 20, 2012
<http://www.globalhealth.org/>

The Global Fund reported that United Kingdom International Development Secretary, Andrew Mitchell, told a parliamentary hearing that “the speed and effectiveness of reforms underway at the Global Fund to Fight AIDS, Tuberculosis and Malaria are on target.” Mr. Mitchell told a select committee for international development on Tuesday that he “thought the new leadership at the Global Fund warranted renewed confidence, and he singled out the Global Fund’s new General Manager, Gabriel Jaramillo, for bringing in improved management and financial supervision.” Mr. Mitchell told the hearing that the UK was already committed to giving the Global Fund 128 million pounds (204 million US dollars) “this year, next year and the year after,” and that the UK could significantly increase its annual contribution from 2013 to 2015 if reforms currently underway are successful.
[http://www.theglobalfund.org/en/mediacenter/pressreleases/2012-04-19 UK Development Minister Praises Reforms at Global Fund/](http://www.theglobalfund.org/en/mediacenter/pressreleases/2012-04-19%20UK%20Development%20Minister%20Praises%20Reforms%20at%20Global%20Fund/)

Statement: NSABB Review of Revised H5N1 Manuscripts
NIH Director Francis Collins, M.D., Ph.D.
April 20, 2012

Extract

"On March 29 and 30, the National Science Advisory Board for Biosecurity (NSABB), an independent expert committee that advises the National Institutes of Health (NIH), the Department of Health and Human Services (HHS) and other Federal departments and agencies on matters of biosecurity, convened to review unpublished revised manuscripts describing NIH-funded research on the transmissibility of H5N1 influenza virus—the strain commonly referred to as "bird flu."...The NSABB reviewed the revised manuscripts to make recommendations as to whether, and if so how, they should be communicated...

"...During its March meeting, the NSABB took into account the new and clarified information in the manuscripts, additional perspectives provided by influenza biology experts, highly pertinent but as yet unpublished epidemiologic data, and relevant security information.

"After careful deliberation, the NSABB unanimously recommended the revised manuscript by Dr. Yoshihiro Kawaoka be communicated in full. The NSABB also recommended, in a 12-to-6 decision, that the data, methods, and conclusions presented in the revised manuscript by Dr. Ron Fouchier be communicated fully after a number of further scientific clarifications are made in the manuscript. The recommendation to communicate the research was based on the observation that the information in the revised manuscripts has direct applicability to ongoing and future influenza surveillance efforts and does not appear to enable direct misuse of the research in ways that would endanger public health or national security.

"The HHS Secretary and I concur with the NSABB's recommendation that the information in the two manuscripts should be communicated fully and we have conveyed our concurrence to the journals considering publication of the manuscripts. This information has clear value to national and international public health preparedness efforts and must be shared with those who are poised to realize the benefits of this research...."

http://www.nih.gov/about/director/04202012_NSABB.htm

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](#)

Global Initiative: World Malaria Day, 25 April 2012

"In 2010, about 3.3 billion people - almost half of the world's population - were at risk of malaria. Every year, this leads to about 216 million malaria cases and an estimated 655 000 deaths. People living in the poorest countries are the most vulnerable. World Malaria Day - which was instituted by the World Health Assembly at its 60th session in May 2007 - is a day for recognizing the global effort to provide effective control of malaria. It is an opportunity:

- for countries in the affected regions to learn from each other's experiences and support each other's efforts;
- for new donors to join a global partnership against malaria;
- for research and academic institutions to flag their scientific advances to both experts and general public; and
- for international partners, companies and foundations to showcase their efforts and reflect on how to scale up what has worked.

Related links

[More about World Malaria Day](#)

[Roll Back Malaria Partnership](#)

[WHO Global Malaria Programme](#)

<http://www.who.int/mediacentre/events/annual/malaria/en/index.html>

Global Initiative: World Meningitis Day, 24 April 2012

The Confederation of Meningitis Organisations (CoMO) "is urging people all over the world to 'Join Hands Against Meningitis' in an effort to reduce the global impact of the disease. The call-to-action encourages individuals, families and communities to learn the signs and symptoms of meningitis, the importance of urgent treatment of the disease, and that prevention is available through vaccination against some forms of meningitis.

<http://www.multivu.com/mnr/55808-world-meningitis-day-join-the-fight-to-stop-meningitis>

The MMWR Weekly for April 20, 2012 / Vol. 61 / No. 15 includes"

- [Measles — United States, 2011](#)

- [Human Papillomavirus–Associated Cancers — United States, 2004–2008](#)
- [Tracking Progress Toward Global Polio Eradication, 2010–2011](#)
- [Announcements: World Malaria Day — April 25, 2012](#)
- [Announcements: National Infant Immunization Week — April 21–28, 2012](#)

The Weekly Epidemiological Record (WER) for 20 April 2012, vol. 87, 16 (pp 153–160) includes: Tracking progress towards global polio eradication, 2010–2011
<http://www.who.int/entity/wer/2012/wer8716.pdf>

Twitter Watch [accessed 21 April 2012 – 15:20]

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.

[Orin Levine @OrinLevine](#)

This@GAVIAlliance video is why i'm going 2 Ghana next week, & why we do the work we do [@IVACTweets](#) <http://vimeo.com/38946570>

Retweeted by [GAVI Alliance](#)

11:48 AM - 20 Apr 12

[Dagfinn Høybråten @Hoybraten](#)

Celebrating 1st World Immunisation Week in Haiti and 10 years of Vaccination Week in the Americas [@pahowho](#) <http://pic.twitter.com/jNivCID9>

Retweeted by [GAVI Alliance](#)

1:50 PM - 21 Apr 12

[PATH MVI @MalariaVaccine](#)

T-4 days to [#WorldMalariaDay](#) | [#Malaria](#) accounts for up to 40% of Africa's public health expenditures. <http://bit.ly/MVIwmd>

2:00 PM - 21 Apr 12

[UNICEF @UNICEF](#)

Join the first ever World [#Immunization](#) Week, 21-28 April. Vaccines save lives, protect kids against deadly diseases <http://goo.gl/M37Yb>

10:25 AM - 21 Apr 12

[RWJF PublicHealth @RWJF_PubHealth](#)

2011 was the worst year for [#measles](#) in 15 years: <http://bit.ly/IW2XW6> [#publichealth](#)

9:35 AM - 20 Apr 12

[GHS @GHS](#)

Why is it important to engage the public ahead of [#vaccine](#) introductions? Check out LSHTM's reasons here: <http://bit.ly/IXULtH>

Retweeted by [Sabin Vaccine Inst.](#)

5:45 PM - 19 Apr 12

[DoV Collaboration @DofVC](#)

Decade of Vaccines Collaboration - April 2012 News Report - <http://eepurl.com/k7XwX>

5:10 AM - 20 Apr 12

[IHME at UW @IHME_UW](#)

[Close](#)

Jimmy Carter: Key to changing health outcomes is reaching journalists in countries afflicted by hard-to-eradicate diseases. [#AHCJ12](#)

6:19 PM - 19 Apr 12

[WHO @WHO](#)

[Close](#)

Over 19 million infants did not receive the basic vaccine against diphtheria-tetanus-pertussis in 2010 <http://goo.gl/tCakV> [#vaccineswork](#)

5:10 PM - 19 Apr 12

[GAVI Alliance @GAVIAlliance](#)

DTP3 coverage in low-income countries has increased from 66% in 2000 to 82% in 2011 - highest level ever! <http://ht.ly/aoCeb> [#vaccineswork](#)

5:07 PM - 19 Apr 12

[WHO @WHO](#)

Ten years of vaccination weeks in the Americas, 365m people have been vaccinated since <http://goo.gl/fUicI> [#vaccineswork](#)

12:04 PM - 19 Apr 12

[Partners In Health @PIH](#)

VIDEO: In [#Haiti](#), health workers deliver the first of two doses of [#cholera](#) vaccine: <http://ow.ly/ao6c4>

11:29 AM - 19 Apr 12

[Partners In Health @PIH](#)

Dr. Jim Yong Kim ([@PIH](#) co-founder) named [@WorldBank](#) president! <http://ow.ly/ajyMP> via [@washingtonpost](#)

Retweeted by [USAID Global Health](#)

1:42 PM - 16 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

The Pharmaceutical Research and Manufacturers of America (PhRMA) released [Report \(2012\): Medicines in Development for Vaccines](#), profiling “nearly 300 vaccines for the prevention and treatment of a wide variety of diseases in development by America’s biopharmaceutical research companies.” The vaccines – all either currently tested in clinical trials or under review by the Food and Drug Administration – include 170 for infectious diseases, 102 for cancers and eight for neurological disorders. PhRMA noted that the report includes discussion of vaccines currently in development including:

- A genetically-modified vaccine for the treatment of pancreatic cancer.
- A therapeutic vaccine that increases the immune response against the HIV virus.
- A vaccine that protects infants against meningococcal disease, a leading cause of meningitis.
- An immunotherapeutic vaccine for the treatment of Alzheimer’s disease.
- A recombinant vaccine to prevent malaria.

REPORT: [Report \(2012\): Medicines in Development for Vaccines](#)

April 20, 2012

<http://www.phrma.org/media/releases/nearly-300-vaccines-development-prevention-treatment-disease>

The World Bank released the 2012 edition of World Development Indicators (WDI), providing “updated data on global development, the quality of people's lives, the environment, the economy, the functioning of states and markets, and global links - how actions in one part of the world affect people elsewhere.” WDI 2012 “includes data for the first ten years of the Millennium Development Goals (MDGs), providing an important data resource for the Global Monitoring Report (GMR)...Measured against 1990 benchmarks, progress accelerated in the past decade, lifting millions out of poverty, enrolling millions of children in school, and sharply reducing the loss of life due to preventable causes.”

WDI and Regional Highlights: <http://data.worldbank.org/data-catalog/world-development-indicators>

April 19, 2012

<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:23175850~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 17, 2012; 156 (8)

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

Original Research

The Cost-Effectiveness of Preexposure Prophylaxis for HIV Prevention in the United States in Men Who Have Sex With Men

Jessie L. Juusola, Margaret L. Brandeau, Douglas K. Owens, and Eran Bendavid

Ann Intern Med April 17, 2012 156:541-550;

Abstract

Preexposure chemoprophylaxis (PrEP) with antiretroviral drugs significantly reduces the risk for HIV infection in HIV-negative men who have sex with men (MSM), but its cost-effectiveness is uncertain. In a dynamic model of HIV transmission and progression, a strategy that targeted PrEP to the 20% of MSM considered to be at highest risk for HIV prevented twice as many infections over the long term, and at better economic value, than one that provided PrEP to 20% of all HIV-negative MSM. Targeted PrEP could have a substantial impact on the U.S. HIV epidemic at an acceptable cost.

British Medical Bulletin

Volume 101 Issue 1 March 2012

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

[Reviewed earlier]

British Medical Journal

21 April 2012 (Vol 344, Issue 7853)

<http://www.bmj.com/content/344/7853>

Editorial

Reducing neonatal mortality in resource poor settings

BMJ 2012; 344 doi: 10.1136/bmj.e2197 (Published 21 March 2012)

Cite this as: BMJ 2012;344:e2197

Kim Eva Dickson, Mickey Chopra

Extract

What works is now clearer but implementation is a challenge

Since the announcement in 2000 of the millennium development goals (MDGs), progress towards achieving these goals has resulted in considerable reductions in deaths from communicable diseases such as HIV, tuberculosis, and malaria (MDG 6); maternal mortality (MDG 5); and child deaths (MDG 4). Child deaths for instance have declined from more than 12 million in 1990 to 7.6 million in 2010.¹ However, progress in reducing neonatal deaths—deaths within the first month of life—has lagged behind. Neonatal deaths now account for a greater proportion of global child deaths than ever before—nearly 41% of all deaths in children under 5 years occur during the neonatal period.²

In this context, the results of the linked trial by Bhandari and colleagues (doi:10.1136/bmj.e1634) are of particular interest and importance.³ It is the first study to evaluate India's large and complex Integrated Management of Neonatal and Childhood Illness (IMNCI) programme, which is an approach to neonatal and child care that is being implemented across the country. Bhandari and colleagues evaluated the Indian IMNCI programme and ...

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 21 April 2012)

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

[No new relevant content]

Emerging Infectious Diseases

Volume 18, Number 5—May 2011

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

[Transmission Dynamics, Border Entry Screening, and School Holidays during the 2009 Influenza A \(H1N1\) Pandemic, China](#)

H. Yu et al.

Abstract

Pandemic influenza A (H1N1) 2009 virus spread rapidly around the world in 2009. We used multiple data sources from surveillance systems and specific investigations to characterize the transmission patterns of this virus in China during May–November 2009 and analyze the effectiveness of border entry screening and holiday-related school closures on transmission. In China, age distribution and transmission dynamic characteristics were similar to those in Northern Hemisphere temperate countries. The epidemic was focused in children, with an effective reproduction number of ≈ 1.2 – 1.3 . The 8 days of national holidays in October reduced the effective reproduction number by 37% (95% credible interval 28%–45%) and increased underreporting by $\approx 20\%$ – 30% . Border entry screening detected at most 37% of international travel-related cases, with most (89%) persons identified as having fever at time of entry. These findings suggest that border entry screening was unlikely to have delayed spread in China by >4 days.

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 21 April 2012]

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

[No new relevant content]

Health Affairs

April 2012; Volume 31, Issue 4

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

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

[Reviewed last week]

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 3 May 2012

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

Original articles

Influencing policy change: the experience of health think tanks in low- and middle-income countries

Sara Bennett, Adrijana Corluka, Jane Doherty, Viroj Tangcharoensathien, Walaiporn Patcharanarumol, Amar Jesani, Joseph Kyabaggu, Grace Namaganda, A M Zakir Hussain, and Ama de-Graft Aikins

Health Policy Plan. (2012) 27(3): 194-203 doi:10.1093/heapol/czr035

[Open access]

Abstract

In recent years there has been a growth in the number of independent health policy analysis institutes in low- and middle-income countries which has occurred in response to the limitation of government analytical capacity and pressures associated with democratization. This study aimed to: (i) investigate the contribution made by health policy analysis institutes in low- and middle-income countries to health policy agenda

setting, formulation, implementation and monitoring and evaluation; and (ii) assess which factors, including organizational form and structure, support the role of health policy analysis institutes in low- and middle-income countries in terms of positively contributing to health policy. Six case studies of health policy analysis institutes in Bangladesh, Ghana, India, South Africa, Uganda and Vietnam were conducted including two NGOs, two university and two government-owned policy analysis institutes. Case studies drew on document review, analysis of financial information, semi-structured interviews with staff and other stakeholders, and iterative feedback of draft findings. Some of the institutes had made major contributions to policy development in their respective countries. All of the institutes were actively engaged in providing policy advice and most undertook policy-relevant research. Relatively few were engaged in conducting policy dialogues, or systematic reviews, or commissioning research. Much of the work undertaken by institutes was driven by requests from government or donors, and the primary outputs for most institutes were research reports, frequently combined with verbal briefings. Several factors were critical in supporting effective policy engagement. These included a supportive policy environment, some degree of independence in governance and financing, and strong links to policy makers that facilitate trust and influence. While the formal relationship of the institute to government was not found to be critical, units within government faced considerable difficulties.

Editor's Choice: 10 best resources on ... the current effects of global health initiatives on country health systems

Neil Spicer and Aisling Walsh

Health Policy Plan. (2012) 27(3): 265-269 doi:10.1093/heapol/czr034

Extract

The last decade has seen momentous shifts in the global development assistance architecture for health. Actors at global level are changing. In addition to the WHO, UNICEF, the World Bank and donor governments, new actors including philanthropic trusts and other civil society organizations, private-for-profit organizations, global health initiatives (GHIs) and partnerships are becoming increasingly significant (Brugha 2008; Walt et al. 2009). GHIs are mobilizing substantial new resources for disease control programmes in low- and middle- income countries (LMICs) leading to dramatic scaling up of services, especially for HIV and AIDS. The Global Fund to Fight AIDS, Tuberculosis and Malaria, the President's Emergency Plan For AIDS Relief (PEPFAR) and the World Bank's HIV and AIDS programmes including the Multi-Country AIDS Program (MAP) collectively contribute more than two-thirds of all external funding for HIV and AIDS-related programmes in LMICs (Global Fund 2007; Oomman et al. 2007).¹ They have also introduced new forms of governance, engaged non-traditional actors—private-for-profit actors and civil society—and promoted increased political support around focal diseases and public health issues.

Due to the magnitude of funding there is a growing interest in the effects of these and other major GHIs, including the GAVI Alliance (Global Alliance for Vaccines and Immunisations).² Among the concerns expressed about GHIs are the unintended negative effects of disease-specific programmes (often perceived as 'vertical' programmes) including whether they undermine efforts to improve donor harmonization (co-ordination between donors) and alignment (co-ordination between donors and recipient government policies and programmes),³ place increased burdens on already weak health systems and unintentionally weaken the delivery of services for non-focal

diseases (Brugha 2008; WHO Maximizing Positive Synergies Academic Consortium 2009).

Evidence is beginning to emerge from empirical studies conducted in several countries on GHI effects on country health systems. Much of ...

[\[Full Text of this Article\]](#)

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>

[Reviewed earlier; No relevant content]

JAMA

April 18, 2012, Vol 307, No. 15, pp 1555-1657

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

Theme Issue: Comparative Effectiveness Research

Viewpoints

The Patient-Centered Outcomes Research Institute (PCORI) National Priorities for Research and Initial Research Agenda

Joe V. Selby, Anne C. Beal, Lori Frank

JAMA. 2012;307(15):1583-1584.doi:10.1001/jama.2012.500

Extract

The Patient Protection and Affordable Care Act of 2010 created the Patient-Centered Outcomes Research Institute (PCORI) to fund and promote comparative clinical effectiveness research (CER) that will “assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis.”¹ CER is not a new concept,^{2,3} but appreciation of its potential for providing patients and their clinicians with uniquely valuable information on what works, tailored to the clinical situation and to patient priorities, has increased rapidly in recent years.

The research institute founded by this legislation was named to emphasize the critical importance of a patient-centered perspective in conducting this research.⁴ The PCORI Board of Governors determined early on that taking this ...

Special Communication

Methodological Standards and Patient-Centeredness in Comparative Effectiveness Research: The PCORI Perspective

Methodology Committee of the Patient-Centered Outcomes Research Institute (PCORI)

JAMA. 2012;307(15):1636-1640.doi:10.1001/jama.2012.466

Abstract

Rigorous methodological standards help to ensure that medical research produces information that is valid and generalizable, and are essential in patient-centered outcomes research (PCOR). Patient-centeredness refers to the extent to which the preferences, decision-making needs, and characteristics of patients are addressed, and is the key characteristic differentiating PCOR from comparative effectiveness research. The Patient Protection and Affordable Care Act signed into law in 2010 created the Patient-Centered Outcomes Research Institute (PCORI), which includes an independent, federally appointed Methodology Committee. The Methodology Committee is charged to develop methodological standards for PCOR. The 4 general areas identified by the committee in which standards will be developed are (1) prioritizing research questions, (2) using appropriate study designs and analyses, (3) incorporating patient perspectives throughout the research continuum, and (4) fostering efficient dissemination and implementation of results. A Congressionally mandated PCORI methodology report (to be issued in its first iteration in May 2012) will begin to provide standards in each of these areas, and will inform future PCORI funding announcements and review criteria. The work of the Methodology Committee is intended to enable generation of information that is relevant and trustworthy for patients, and to enable decisions that improve patient-centered outcomes.

Editorials

Is It Time for Medicine-Based Evidence?

John Concato

JAMA. 2012;307(15):1641-1643.doi:10.1001/jama.2012.482

Comparative Effectiveness Research: Relative Successes

Robert M. Golub, Phil B. Fontanarosa

Journal of Infectious Diseases

Volume 205 Issue 9 May 1, 2012

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

[Reviewed earlier]

The Lancet

Apr 21, 2012 Volume 379 Number 9825 p1461 - 1560

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

Comment

Why we need a Commission on Global Governance for Health

Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, and Thailand

Preview

5 years ago, the foreign ministers of Brazil, France, Indonesia, Norway, Thailand, Senegal, and South Africa, launched the Global Health and Foreign Policy Initiative¹ in recognition of the central importance of health and its connection to multiple global governance processes. In many ways, protecting and enhancing the health of its population is one of the most important goals and duties of any state. With globalisation and increased interdependency among countries, health issues have become even more central to states' interests.

Series

The importance of quantitative systemic thinking in medicine

Geoffrey B West

Preview

The study and practice of medicine could benefit from an enhanced engagement with the new perspectives provided by the emerging areas of complexity science and systems biology. A more integrated, systemic approach is needed to fully understand the processes of health, disease, and dysfunction, and the many challenges in medical research and education. Integral to this approach is the search for a quantitative, predictive, multilevel, theoretical conceptual framework that both complements the present approaches and stimulates a more integrated research agenda that will lead to novel questions and experimental programmes.

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 7394 pp287-410 19 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>

[Reviewed earlier]

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 19, 2012 Vol. 366 No. 16

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

[No relevant content]

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>

[Reviewed last week]

PLoS One

[Accessed 21 April 2012]

<http://www.plosone.org/article/browse.action;jsessionid=577FD8B9E1F322DAA533C413369CD6F3.ambra01?field=date>

Single Endemic Genotype of Measles Virus Continuously Circulating in China for at Least 16 Years

Yan Zhang, Songtao Xu, Huiling Wang, Zhen Zhu, Yixin Ji, Chunyu Liu, Xiaojie Zhang, Liwei Sun, Jianhui Zhou, Peishan Lu, Ying Hu, Daxing Feng, Zhenying Zhang, Changyin Wang, Xueqiang Fang, Huanying Zheng, Leng Liu, Xiaodong Sun, Wei Tang, Yan Wang, Yan Liu, Hui Gao, Hong Tian, Jiangtao Ma, Suyi Gu, Shuang Wang, Yan Feng, Fang Bo, Jianfeng Liu, Yuan Si, Shujie Zhou, Yuyan Ma, Shengwei Wu, Shunde Zhou, Fangcai Li, Zhengrong Ding, Zhaohui Yang, Paul A. Rota, David Featherstone, Youngmee Jee, William J. Bellini, Wenbo Xu

PLoS ONE: Research Article, published 20 Apr 2012 10.1371/journal.pone.0034401

Abstract

The incidence of measles in China from 1991 to 2008 was reviewed, and the nucleotide sequences from 1507 measles viruses (MeV) isolated during 1993 to 2008 were phylogenetically analyzed. The results showed that measles epidemics peaked approximately every 3 to 5 years with the range of measles cases detected between 56,850 and 140,048 per year. The Chinese MeV strains represented three genotypes; 1501 H1, 1 H2 and 5 A. Genotype H1 was the predominant genotype throughout China continuously circulating for at least 16 years. Genotype H1 sequences could be divided into two distinct clusters, H1a and H1b. A 4.2% average nucleotide divergence was found between the H1a and H1b clusters, and the nucleotide sequence and predicted

amino acid homologies of H1a viruses were 92.3%–100% and 84.7%–100%, H1b were 97.1%–100% and 95.3%–100%, respectively. Viruses from both clusters were distributed throughout China with no apparent geographic restriction and multiple co-circulating lineages were present in many provinces. Cluster H1a and H1b viruses were co-circulating during 1993 to 2005, while no H1b viruses were detected after 2005 and the transmission of that cluster has presumably been interrupted. Analysis of the nucleotide and predicted amino acid changes in the N proteins of H1a and H1b viruses showed no evidence of selective pressure. This study investigated the genotype and cluster distribution of MeV in China over a 16-year period to establish a genetic baseline before MeV elimination in Western Pacific Region (WPR). Continuous and extensive MeV surveillance and the ability to quickly identify imported cases of measles will become more critical as measles elimination goals are achieved in China in the near future. This is the first report that a single endemic genotype of measles virus has been found to be continuously circulating in one country for at least 16 years.

PLoS Medicine

(Accessed 21 April 2012)

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

[New Methodology for Estimating the Burden of Infectious Diseases in Europe](#)

Mirjam Kretzschmar, Marie-Josée J. Mangen, Paulo Pinheiro, Beate Jahn, Eric M. Fèvre, Silvia Longhi, Taavi Lai, Arie H. Havelaar, Claudia Stein, Alessandro Cassini, Piotr Kramarz, for the BCoDE consortium Policy Forum, published 17 Apr 2012

doi:10.1371/journal.pmed.1001205

Summary Points

- The major objectives of the Burden of Communicable Diseases in Europe (BCoDE) study are to further develop the methodology to estimate the burden of infectious diseases (IDs), and to estimate and report on the current and future burden of IDs in the European Union member states and European Economic Area/European Free Trade Association countries.
- The BCoDE project uses a pathogen-based incidence approach to generate estimates, fully taking into account all chronic and long-term sequelae that can be causally related to an infectious agent.
- An important focus is the assessment of underreporting and under-ascertainment in various types of incidence data.
- Future challenges are the integration of demographic changes and infection dynamics into the methodology for estimating the burden of IDs.

PLoS Neglected Tropical Diseases

March 2012

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

[Reviewed earlier]

PNAS - Proceedings of the National Academy of Sciences of the United States of America

(Accessed 21 April 2012)

<http://www.pnas.org/content/early/recent>

[No new relevant content]

Public Health Ethics

Volume 5 Issue 1 April 2012

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

[Reviewed earlier]

Science

20 April 2012 vol 336, issue 6079, pages 269-380

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

News & Analysis

Biosecurity

Will Dutch Allow 'Export' of Controversial Flu Study?

Martin Enserink

He already defended the merits of his controversial H5N1 avian influenza study at meetings in Geneva, Washington, and London. Now, Dutch virologist Ron Fouchier will do the same at home. One of the meetings, to be held behind closed doors, will likely help decide the fate of Fouchier's paper on how he made the H5N1 virus transmissible in mammals. The Dutch government must decide whether it will invoke export-control laws in a bid to prevent Fouchier from submitting a revised version of his paper to Science.

Science Translational Medicine

18 April 2012 vol 4, issue 130

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

[No relevant content]

Tropical Medicine & International Health

May 2012 Volume 17, Issue 5 Pages 531–682

[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1365-3156/currentissue](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-3156/currentissue)

Malaria

The Gates Malaria Partnership: a consortium approach to malaria research and capacity development (pages 558–563)

Brian Greenwood, Amit Bhasin and Geoffrey Targett

Article first published online: 16 MAR 2012 | DOI: 10.1111/j.1365-3156.2012.02970.x

Abstract

Recently, there has been a major increase in financial support for malaria control. Most of these funds have, appropriately, been spent on the tools needed for effective prevention and treatment of malaria such as insecticide-treated bed nets, indoor residual spraying and artemisinin combination therapy. There has been less investment in the training of the scientists from malaria-endemic countries needed to support these large and increasingly complex malaria control programmes, especially in Africa. In 2000, with support from the Bill & Melinda Gates Foundation, the Gates Malaria Partnership was established to support postgraduate training of African scientists

wishing to pursue a career in malaria research. The programme had three research capacity development components: a PhD fellowship programme, a postdoctoral fellowship programme and a laboratory infrastructure programme. During an 8-year period, 36 African PhD students and six postdoctoral fellows were supported, and two research laboratories were built in Tanzania. Some of the lessons learnt during this project – such as the need to improve PhD supervision in African universities and to provide better support for postdoctoral fellows – are now being applied to a successor malaria research capacity development programme, the Malaria Capacity Development Consortium, and may be of interest to other groups involved in improving postgraduate training in health sciences in African universities.

Health systems

Disease control and health systems in low- and middle-income countries: enhancing positive interrelation (pages 646–651)

Charles Collins, Miguel Angel Gonzalez Block and Shenglan Tang

Article first published online: 16 MAR 2012 | DOI: 10.1111/j.1365-3156.2012.02968.x

Abstract [Open Access]

There is a growing interest in improving the relationship between disease control programmes and the rest of the health system in low- and middle-income countries. This short study seeks to contribute to this movement by providing a multi-dimensional approach for policy-makers and researchers. It recognizes the different and often conflicting perspectives in health systems held by stakeholders. Two such perspectives are those of disease control programmes and health systems. Both are based on perceived health needs and put forward requirements on each other through resource demands and organizational needs. Failure to reconcile these perspectives can lead to health system fragmentation. This study proposes a framework to address the importance of mutual support across stakeholder perspectives, striving to understand and analyse the consequences of their reciprocal views. In doing this, the study stresses the importance of common understanding around health system values, the political interplay between stakeholders, the contextual setting and the need to integrate research and capacity development in this area.

Vaccine

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

Volume 30, Issue 23 pp. 3355-3488 (14 May 2012)

Regular Papers

Seroprevalence of measles among children affected by national measles elimination program in Korea, 2010

Original Research Article

Pages 3355-3359

Eun Seong Kim, Young June Choe, Heeyeon Cho, You-Jin Kim, Hee Sook Yoon, Jeong-Sun Yang, Kisoan Kim, Geun-Ryang Bae, Duk-hyoung Lee

Abstract

Background

Following the implementation of national measles elimination plan in Korea, the elimination was declared in 2006. In order to sustain the elimination, high population immunity should be continuously monitored. To evaluate the current age-related

susceptibility within the Korean population, we conducted the seroprevalence in children and adolescents who were affected by the national measles elimination plan.

Methods

We used residual serum specimens to measure measles specific IgG and geometric mean titer (GMT) in birth cohorts 2007–2008 and 1997–2003. Among birth cohorts, 2007–2008 cohorts were grouped to evaluate the timeliness of first dose of MMR, 1994–2003 cohorts were grouped to evaluate the effect of keep-up MMR2 campaign, and 1992–1993 cohorts were grouped to evaluate the effect of catch-up campaign in 2001.

Results

Overall, measles seropositivity rate was 86%. The highest seroprevalence of measles IgG was in birth cohorts 2007–2008. Measles seropositivity declined continuously in age groups. The birth cohorts 1994–1996 showed significantly lower levels of seropositivity and GMT than did the other birth cohorts.

Conclusion

Despite efforts to eliminate measles for the past 10 years in Korea, our study revealed specific birth cohorts remaining at risk for transmission. The adolescents born during 1994–1996 had the lowest measles seropositivity levels, and might represent a 'pocket' that has potential at increased risk for measles transmission. Further discussion for follow-up immunization should be placed for consideration in the near future.

[Why did patients with cardiovascular disease in the Netherlands accept Q fever vaccination?](#)

Original Research Article

Pages 3369-3375

Marloes Bults, Desirée J.M.A. Beaujean, Clementine J. Wijkmans, Aura Timen, Jan Hendrik Richardus, Hélène A.C.M. Voeten

Abstract

This study examines patient's reasons for accepting Q fever vaccination, including risk perception, feelings of doubt, social influence, information-seeking behavior, preventive measures taken, and perceptions regarding received information and governmental action. Data was obtained from exit interviews conducted after Q fever vaccination, between January and April 2011. A total of 413 patients with specific cardiovascular conditions in the Netherlands participated in exit interviews; 70% were older than 60 years. Most reported reasons for accepting Q fever vaccination were: "I am at an increased risk for developing (chronic) Q fever" (69%) and "my general practitioner recommends Q fever vaccination for me" (34%). The majority (86%) reported a high perceived severity of Q fever, and only 6% felt vulnerable to Q fever after vaccination. One-third had doubts about getting vaccinated, primarily related to fears of side effects and practical barriers. Fifty-two percent solicited advice from their social networks; of these, 67% reported influence on their vaccination decision. General practitioners and family were the most reported sources of advice. Thirty percent actively sought information about Q fever vaccination. Twenty-two percent of all respondents had taken other preventive measures, such as avoiding contact with goats and sheep (74%), and cancelling or postponing visits to Q fever-affected areas (36%). Almost one-half of all respondents reported negative feelings regarding governmental action to control Q fever. Significant differences were observed regarding feelings of doubt, information-seeking behavior, perceived vulnerability, preventive measures taken, and perceptions regarding received information and governmental action regarding gender, age, educational level, and/or employment status. Vaccination decision-making may differ

among socio-demographic subgroups. When preparing future vaccination campaigns, it is important to obtain greater insight into these differences and take these aspects into account in risk communication strategies by tailoring information to specific target groups.

Potential overestimation of HPV vaccine impact due to unmasking of non-vaccine types: Quantification using a multi-type mathematical model

Original Research Article

Pages 3383-3388

Yoon Hong Choi, Ruth Chapman, Nigel Gay, Mark Jit

Abstract

Introduction

Estimates of human papillomavirus (HPV) vaccine impact in clinical trials and modelling studies rely on DNA tests of cytology or biopsy specimens to determine the HPV type responsible for a cervical lesion. DNA of several oncogenic HPV types may be detectable in a specimen. However, only one type may be responsible for a particular cervical lesion. Misattribution of the causal HPV type for a particular abnormality may give rise to an apparent increase in disease due to non-vaccine HPV types following vaccination ("unmasking").

Methods

To investigate the existence and magnitude of unmasking, we analysed data from residual cytology and biopsy specimens in English women aged 20–64 years old using a stochastic type-specific individual-based model of HPV infection, progression and disease. The model parameters were calibrated to data on the prevalence of HPV DNA and cytological lesion of different grades, and used to assign causal HPV types to cervical lesions. The difference between the prevalence of all disease due to non-vaccine HPV types, and disease due to non-vaccine HPV types in the absence of vaccine HPV types, was then estimated.

Results

There could be an apparent maximum increase of 3–10% in long-term cervical cancer incidence due to non-vaccine HPV types following vaccination.

Conclusion

Unmasking may be an important phenomenon in HPV post-vaccination epidemiology, in the same way that has been observed following pneumococcal conjugate vaccination.

Parental and societal values for the risks and benefits of childhood combination vaccines

Original Research Article

Pages 3445-3452

Courtney Gidengil, Tracy A. Lieu, Katherine Payne, Donna Rusinak, Mark Messonnier, Lisa A. Prosser

Abstract

Background

New combination vaccines reduce the number of injections needed for immunization. However, possible drawbacks include higher prices, extra doses of vaccine antigens and increased minor adverse events. Our objective was to measure parental and societal values for attributes of childhood combination vaccines.

Methods

We conducted a discrete choice experiment using an online survey of adults administered by Knowledge Networks. Values were measured for attributes of

combination vaccines for a hypothetical child aged 6 months: (1) number of injections, (2) extra dose of hepatitis B vaccine, (3) 20% higher chance of fever, (4) community-level immunization coverage of 2-year-olds of 90% or 80%, and (5) cost per visit. Logistic regression with generalized estimating equations was used to analyze the value of different attributes and generate a marginal willingness-to-pay for a change in attribute level.

Results

The response rate was 64% (N = 558). Most respondents were parents (63%) and most respondents agreed that combination vaccines were safe (77%). Respondents were willing to pay \$7.68 to avoid an injection (compared to \$9.94 when looking at parents only). However, respondents were willing to pay \$41.57 to avoid higher risk of fever after one set of immunizations (10% versus 30%) and \$65.42 for higher immunization coverage rates. These results were very similar for parents only. There was no significant preference to avoid an extra dose of hepatitis B vaccine.

Conclusions

Respondents were willing to pay larger amounts to avoid increased risk of minor adverse events and to increase community-level immunization coverage than to avoid injections. These values should be taken into account when determining the risks and benefits of combination vaccines.

[Health and economic impact of the seasonal influenza vaccination programme in England](#)

Original Research Article

Pages 3459-3462

Marc Baguelin, Mark Jit, Elizabeth Miller, William John Edmund

Abstract

Background

The seasonal influenza vaccination programme in England targets individuals over 65 years old and in clinical risk groups.

Methods

A model of influenza transmission and disease was fitted to weekly primary care consultations due to influenza in a typical pre-pandemic season (2006/2007). Different scenarios were constructed about influenza severity and how well vaccines match circulating strains to assess the impact and cost-effectiveness of the current vaccination programme.

Results

A well-matched vaccine may reduce the incidence of laboratory-confirmed influenza illness from 8.2% (95% range 4.3–13%) to 5.9% (95% range 2.9–9.7%), with 56–73% of this due to indirect protection. The programme is likely to be cost-effective unless both low severity and poor matching is assumed.

Conclusion

The current seasonal influenza vaccination programme appears to substantially reduce disease burden and provides good value for money.

Vaccine

Volume 30, Issue 22 pp. 3249-3350 (9 May 2012)

Letter to the Editor

[Charting a course for equal access to immunization](#)

Pages 3249-3250

Ciro A. de Quadros

[No preview or extract]

Brief Report

Atypical forms of Guillain-Barré syndrome and H1N1-influenza vaccination

Pages 3251-3254

Aasef G. Shaikh, Pichet Termsarasab, Chinasa Nwankwo, Anitha Rao-Frisch, Bashar Katirji

Abstract

Recent epidemiological studies established extremely rare incidence of Guillain-Barre syndrome (GBS) after contemporary H1N1-influenza vaccine. We saw five patients with 'atypical' GBS variants that started within four weeks of 2010/2011 H1N1-influenza vaccine. There was no evidence for other etiologies of GBS. The patients presented with sensory ataxia, areflexia, extremity and oropharyngeal paresthesias, numbness, pain, weakness, sphincteric disturbances, and dysautonomia. One patient had Miller Fisher syndrome. All had elevated cerebrospinal fluid protein, and classic electrodiagnostic finding suggestive of GBS. All received the treatment with intravenous immunoglobulin with variable response. These pilot observations suggest that H1N1-influenza vaccine may be associated with rare and atypical variants of GBS. However, epidemiological studies with large cohorts are necessary to confirm excess cases of atypical GBS after H1N1-influenza vaccination.

Regular Papers

Safety reporting in developing country vaccine clinical trials—A systematic review

Review Article

Pages 3255-3265

Susann Muehlhans, Georgina Richard, Mohammad Ali, Gabriela Codarini, Chris Elemuwa, Ali Khamesipour, Wolfgang Maurer, Edison Mworozzi, Sonali Kochhar, Gabriella Rundblad, Dominique Vuitton, Barbara Rath

Abstract

With more vaccines becoming available worldwide, vaccine research is on the rise in developing countries. To gain a better understanding of safety reporting from vaccine clinical research in developing countries, we conducted a systematic review in Medline and Embase (1989–2011) of published randomized clinical trials (RCTs) reporting safety outcomes with $\geq 50\%$ developing country participation (PROSPERO systematic review registration number: CRD42012002025). Developing country vaccine RCTs were analyzed with respect to the number of participants, age groups studied, inclusion of safety information, number of reported adverse events following immunization (AEFI), type and duration of safety follow-up, use of standardized AEFI case definitions, grading of AEFI severity, and the reporting of levels of diagnostic certainty for AEFI.

The systematic search yielded a total number of 50 randomized vaccine clinical trials investigating 12 different vaccines, most commonly rotavirus and malaria vaccines. In these trials, 94,459 AEFI were reported from 446,908 participants receiving 735,920 vaccine doses. All 50 RCTs mentioned safety outcomes with 70% using definitions for at least one AEFI. The most commonly defined AEFI was fever (27), followed by local (16) and systemic reactions (14). Logistic regression analysis revealed a positive correlation between the implementation of a fever case definition and the reporting rate for fever as an AEFI ($p = 0.027$). Overall, 16 different definitions for fever and 7 different

definitions for erythema were applied. Predefined AEFI case definitions by the Brighton Collaboration were used in only two out of 50 RCTs.

The search was limited to RCTs published in English or German and may be missing studies published locally. The reported systematic review suggests room for improvement with respect to the harmonization of safety reporting from developing country vaccine clinical trials and the implementation of standardized case definitions.

A comparison of parent and provider reported influenza vaccination status of adolescents

Original Research Article

Pages 3278-3285

Peng-jun Lu, Christina Dorell, David Yankey, Tammy A. Santibanez, James A. Singleton

Abstract

Objective

To compare parent and provider reported influenza vaccination status among adolescents.

Methods

Data from the 2009 National Immunization Survey-Teen (NIS-Teen) were analyzed. The NIS-Teen is a nationally representative random-digit-dialed telephone survey of households with adolescents 13–17 years at the time of interview, followed by a mail survey to the adolescent's vaccination providers to obtain provider-reported vaccination histories. During the interview a parent or guardian was asked if the adolescent had received an influenza vaccination and whether their response was based upon recall only or from consulting a parent-held vaccination record (i.e., shot card) with recall of additional vaccinations not recorded on the shot card. Parent-reported influenza vaccination status was compared with provider-reported vaccination status by calculating various validity measures (sensitivity, specificity, positive predictive value [PPV], negative predictive value [NPV], and kappa), overall and stratified by several demographic characteristics. In the main analysis, provider-reported vaccinations were considered the gold standard. To evaluate the completeness of provider-reporting, we conducted additional analysis that also considered vaccinations reported by parents from the shot card or reported received in a non-medical setting as "true" vaccinations.

Results

During the 2008–2009 season, influenza vaccination coverage among adolescents based on provider report was 11.3%. Based on parent report, influenza vaccination coverage was 21.7%. Twenty-two percent of parents retrieved and referred to a shot card during the interview. In the shot card group, provider versus parent reported coverage was 12.5% versus 18.2% while among the recall only group coverage was 10.9% versus 22.7%, respectively. Overall, compared to provider report as the gold standard, parental report of influenza vaccination had a sensitivity of 86.7%, a specificity of 86.2%, a positive predictive value (PPV) of 43.1%, and a negative predictive value (NPV) of 98.0%. Among the shot card group, of vaccinations reported either by provider or by parent reading vaccination off shot card, only 66% were reported by providers. In the shot card group, the "true" vaccination level (16–17%) was closer to the parent reported coverage when it was assumed that vaccinations read by the parent from a shot card but not reported by a provider were considered true vaccinations. Overall, assuming that providers reported 64% of "true" vaccinations, sensitivity increased to 91%, specificity to 93%, and PPV to 71%.

Conclusions

Overall estimated influenza vaccination coverage was more than ten percentage points higher based on parental report than on provider report, with the difference between provider and parent report greater among the recall only group. The two estimates are closer for those with shot cards, but few parents utilized shot cards in our study and most national surveys do not ask parents to consult shot cards when responding about their adolescent's vaccination. The actual vaccination coverage of adolescents studied is likely between coverage estimates obtained from parent report and provider report.

Economic evaluation of vaccination programme of 7-valent pneumococcal conjugate vaccine to the birth cohort in Japan

Original Research Article

Pages 3320-3328

Shu-ling Hoshi, Masahide Kondo, Ichiro Okubo

Abstract

Aiming to introduce 7-valent pneumococcal conjugate vaccine (PVC-7) into routine vaccination schedule, the government of Japan gives a temporary budget to encourage municipalities in launching public vaccination programme which started on November 26, 2010 and ends on March 31, 2012. This study aims to appraise the 'value for money' of PCV-7 vaccination programme from the societal perspective and the budget impact from the perspective of municipalities, which is responsible for providing routine vaccination.

We conducted a cost-effectiveness analysis with Markov modelling and calculated incremental cost-effectiveness ratio (ICER) value of launching such programme with two levels of co-payment, ¥1000 (US\$13) or ¥0, and two scenarios of the uptake of vaccine (vaccinated-alone or co-vaccinated with other vaccines).

We found that when vaccinated-alone, ICERs in QALY were ¥7,441,000 (US\$93,013) or ¥9,065,000 (US\$113,313), and when co-vaccinated ¥7,441,000 (US\$93,013) or ¥5,489,000 (US\$68,613), without or with productivity loss, respectively, regardless of co-payment level of the programme. Co-vaccinated programmes had lower ICER than vaccinated-alone programmes due to the savings in productivity loss. By adopting WHO's classification that an intervention is 'cost-effective' if ICER (in QALY) is between 1 and 3 times of GDP as a criterion, PCV-7 vaccination programme in Japan is concluded as "cost-effective" from the perspective of society.

The introduction of either no co-payment or ¥1000 (US\$13) co-payment vaccination programme appears to be not budget saving for the first 6 years, whereas the level of budget impact are less than ¥11,000,000 (US\$137,500) or ¥8,500,000 (US\$106,250), respectively, for a municipality with 1000 birth cohort in the 1st year and 2nd to 5th year birth cohort proportional to the birth cohort population of estimated future population.

Value in Health

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

<http://www.valueinhealthjournal.com/current>

[Reviewed earlier]

World Journal of Vaccines

Volume 02, Number 01 (February 2012)

<http://www.scirp.org/journal/Home.aspx?IssueID=1399#17225>

[Reviewed earlier]

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