

## **Vaccines: The Week in Review**

### **12 May 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 Note:** *The draft of the Global Vaccine Action Plan (GVAP) developed by the Decade of Vaccines Collaboration was posted as part of the 65<sup>th</sup> World Health Assembly meeting documentation [http://apps.who.int/gb/e/e\\_wha65.html](http://apps.who.int/gb/e/e_wha65.html) The 39-page document is available as a pdf here:*

*[http://apps.who.int/gb/ebwha/pdf\\_files/WHA65/A65\\_22-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_22-en.pdf) We extract (full text) the "Continuing Momentum..." and "Action by the Health Assembly" sections below.*

### **SIXTY-FIFTH WORLD HEALTH ASSEMBLY A65/22**

#### **Provisional agenda item 13.12 11 May 2012**

#### **Draft global vaccine action plan**

...CONTINUING MOMENTUM FOR THE DECADE OF VACCINES (2011–2020)

100. Ensuring success throughout the Decade of Vaccines requires additional focus and action beyond the development of the draft global vaccine action plan. Four critical sets of activities will be required in order to translate the action plan into actions and results: development of tools for translation of the plan; development of a complete accountability framework; securing commitments from the stakeholder community; and communicating Decade of Vaccines opportunities and challenges.

101. Tools are needed that provide the full thinking behind the draft global vaccine action plan, together with details, in order to enable implementation. The production, publication and communication of these tools will help stakeholders better understand how to translate the actions recommended in the action plan into the local context.

102. The draft global vaccine action plan lays the groundwork for an accountability framework, which will be finalized with more detailed roles and responsibilities for stakeholders, a complete set of indicators, the methodology and data sources for each indicator detailed and baselines established where required. Investments are needed to improve data quality and develop more robust in-country monitoring and evaluation systems. Regular audits should be conducted to verify data quality. Progress should be reviewed annually, beginning in 2013, by country, the WHO regional committees and the Health Assembly.

103. Commitments aligned to the draft global vaccine action plan from countries, civil society organizations, multilateral agencies, development partners and vaccine manufacturers can transform the action plan from a document to a movement. Efforts to build these commitments and a strategy for coordinating them will be required at the

global, regional and country levels. Appropriate channels must be identified and targeted communications developed to ensure that Decade of Vaccines messages reach and resonate with all stakeholders.

104. The period of time immediately following the Sixty-fifth World Health Assembly will be critical for ensuring that the agenda-setting translates into effective action. Key opportunities to sustain and build on the current momentum during the remainder of 2012 include the WHO regional committee meetings, the meeting of the Board of the GAVI Alliance, the UNICEF Executive Board meeting, the GAVI Alliance Partners' Forum and the Child Survival: A Call to Action summit.

105. The Decade of Vaccines collaboration is a time-limited effort that ends with the completion of the draft global vaccine action plan and related activities identified above. There will be no new structure to support the implementation phase of the Decade of Vaccines/global vaccine action plan. Lead stakeholders need to assume ownership to support implementation and progress monitoring.

106. WHO will play a leadership role for the action plan as the normative lead agency in global health, including the defining of norms and standards for production and quality control of vaccines, as well for strengthening immunization delivery, programme monitoring and surveillance systems. In collaboration with other stakeholders, the WHO Secretariat will also advocate for and provide technical support to Member States in promoting greater country ownership, creating synergies between immunization and other primary health-care programmes and implementing research, notably to increase programme efficiencies and impact.

#### ACTION BY THE HEALTH ASSEMBLY

107. The Health Assembly is invited to adopt the resolution on World Immunization Week recommended by the Executive Board in resolution EB130.R12.

108. It is further invited to consider the following draft resolution:

The Sixty-fifth World Health Assembly,

- Having considered the report on the draft global vaccine action plan;<sup>1</sup>
- Recognizing the importance of immunization as one of the most cost-effective interventions in public health which should be recognized as a core component of the human right to health;
- Acknowledging the remarkable progress made in immunization in several countries to ensure that every eligible individual is immunized with all appropriate vaccines, irrespective of geographic location, age, gender, disability, educational level, socioeconomic level, ethnic group or work condition;
- Applauding the contribution of successful immunization programmes in achieving global health goals, in particular in reducing childhood mortality and morbidity, and their potential for reducing mortality and morbidity across the life-course;
- Noting that the introduction of new vaccines targeted against several important causes of major killer diseases such as pneumonia, diarrhoea and cervical cancer can be used as a catalyst to scale up complementary interventions and create synergies between primary health care programmes; and that beyond the mortality gains, these new vaccines will prevent morbidity with resulting economic returns even in countries that have already succeeded in reducing mortality;
- Concerned that, despite the progress already made, disease eradication and elimination goals such as the eradication of poliomyelitis, the elimination of measles,

rubella, and maternal and neonatal tetanus cannot be met without achieving and sustaining high and equitable coverage;

- Concerned that low- and middle-income countries where the adoption of available vaccines has been slower may not have the opportunity to access newer and improved vaccines expected to become available during this decade;

- Alarmed that globally routine immunization services are not reaching one child in five, and that substantial gaps persist in routine immunization coverage within countries; Recalling resolutions WHA58.15 and WHA61.15 on the global immunization strategy,

1. ENDORSES the Global Vaccine Action Plan;

2. URGES Members States:

- (1) to apply the vision and the strategies of the Global Vaccine Action Plan to develop the vaccines and immunization components of their national health strategy and plans, according to the epidemiological situation in their respective countries;

- (2) to commit themselves to allocating adequate human and financial resources to achieve the immunization goals and other relevant key milestones;

- (3) to report every year to the regional committees during a dedicated Decade of Vaccines session, on lessons learnt, progress made, remaining challenges and updated actions to reach the national immunization targets;

3. REQUESTS the Director-General:

- (1) to foster alignment and coordination of global immunization efforts by all stakeholders in support of the implementation of the Global Vaccine Action Plan;

- (2) to identify human and financial resources for the provision of technical support in order to implement the national plans of the Global Vaccine Action Plan and monitor their impact;

- (3) to monitor progress and report annually, through the Executive Board, to the Health Assembly, until the Seventy-first World Health Assembly, on progress towards achievement of global immunization targets, as a substantive agenda item, utilizing the proposed accountability framework to guide discussions and future actions.

**A new collaboration was announced to help advance research towards the development of a therapeutic vaccine for Chagas disease.** The collaboration involves Baylor College of Medicine and SouthWest Electronic Energy Medical Research Institute, and "allots \$250,000 per year for two years to support ongoing efforts at BCM in the research and development of a vaccine for Chagas disease, a tropical disease spread by insects that is an important cause of heart disease in South and Central America. This therapeutic vaccine would work to treat individuals already affected by this disease, which is common in those living in poverty." Dr. Peter Hotez, dean of the newly established Baylor College of Medicine National School of Tropical Medicine and Texas Children's Hospital Endowed Chair of Tropical Pediatrics, commented, "Chagas disease is one of the most devastating diseases of poverty in Latin America and the Caribbean region, including new foci in the Amazon Region. Chagas disease has also emerged in Texas and elsewhere in the U.S. There is an urgent need to develop new therapeutics for this infection, including a therapeutic vaccine." SouthWest Electronic Energy recently established its Medical Research Institute under the leadership of company chairman and CEO Len Benckenstein. The goal of the Medical Research

Institute is to collaborate directly in the active conduct of medical research with the most talented and productive medical researchers available.

<http://www.sabin.org/news-resources/releases/2012/05/10/new-collaboration-helps-advance-research-chagas-disease>

**PATH said it received two Grand Challenges Explorations grants from the Gates Foundation to explore new ways to deliver and manage vaccine supplies.** Each winning proposal receives US\$100,000. The first grant supports a PATH project to advance the development of a protective liner for vaccine carriers. The liner is prefilled with a newly developed material derived from biomass known as an engineered phase-change material. It can prevent vaccines from freezing during transport to remote locations while also extending the cooling capacity of vaccine carriers. The low-cost liner will use the novel phase-change material to protect vaccines from temperature extremes. The nontoxic material helps stabilize the temperature inside the carrier as frozen ice packs gradually warm, buffering vaccines from freezing temperatures. The liner can be retrofitted for use in existing carriers. PATH will work with companies that make vaccine carriers to conduct lab and field tests and develop product specifications that can be shared broadly with manufacturers. The second grant-funded project will assess the feasibility of using bar code technology to improve vaccine inventory management and supply forecasting when introducing new vaccines in low-income countries.

<http://www.path.org/news/an120509-grand-challenges.php>

### ***Global Fund News Flash: Issue 01***

Posted on Thursday, 10 May 2012

*Extract (full text)*

#### **Available Funding**

We start with a piece of very good news: a financial forecast by the Global Fund surprised everyone by finding that about \$1.6 billion in additional funding will be available in the 2012-14 period for investment in projects that save lives. There were many factors that piled up on the plus side of the ledger, but most of the reasons grew out of tough choices that the Board made last year. A back-to-basics approach, focusing on the core business of managing grants, with common sense management, has created a situation where good things happen. Many of our friends noticed. Some got more generous. Others found they could speed up existing plans to make a donation. Still others jumped in for the first time. What the new forecast means is that in addition to the \$616 million in funding for existing programs, known in Global Fund-speak as the 'Transitional Funding Mechanism,' there is another billion dollars for new grants. This has no effect on the \$7 billion in grants that were already approved and scheduled to be disbursed over the next 18 months or so. But it means we can now help fund new projects that are designed to meet the most pressing need for service. Our mission statement sums it up best: We are investing the world's money, to save lives.

#### **Transformation in 90 Days**

Gabriel Jaramillo, who became General Manager in February, 2012, reported to the Board of the Global Fund at its meeting today about the transformation he has led in his 90 days on the job. The place is not really the same as it was before he arrived. A full 245 jobs were eliminated. And 189 new positions were created, almost all in grant management. Net-net, it's only an 8 percent drop. But inside the building, it felt like an earthquake. Now that the aftershocks have died down, the change is evident. It's all about grant management. The division reset its priorities, with three 'High Impact' teams that concentrate on the countries with most of the disease burden, meaning the ones that require the most intensive work. Two other teams concentrate on smaller countries so every region gets the attention it needs. A reorganization like this can create more cohesion, by breaking down internal barriers. Plus, new executive committees make for better oversight and course correction. Jaramillo's approach is that common sense rules.

<http://www.theglobalfund.org/en/blog/29070/>

**PAHO Director Dr. Mirta Roses Periago received Order of Merit in the Grade of Grand Officer from the government of Peru.** The award resolution recognizes that Dr. Roses Periago "has led important and recognized efforts throughout Latin America, that have contributed substantially to improving health policies in Peru" and stressed "the high professional performance, specifically in the areas of immunization, malaria and tobacco control. These results have been properly applied and incorporated in public health policies in Peru."

[http://new.paho.org/hq/index.php?option=com\\_content&task=view&id=6775&Itemid=1926](http://new.paho.org/hq/index.php?option=com_content&task=view&id=6775&Itemid=1926)

The **Weekly Epidemiological Record (WER) for 11 May 2012**, vol. 87, 19 (pp 177–188) includes:

- Dracunculiasis eradication – global surveillance summary, 2011
- Monthly report on dracunculiasis cases, January–March 2012

<http://www.who.int/entity/wer/2012/wer8719.pdf>

### **WHO: GIN (Global Immunization News)**

30 April 2012

[http://www.who.int/entity/immunization/GIN\\_April\\_2012.pdf](http://www.who.int/entity/immunization/GIN_April_2012.pdf)

### **WHO Fact sheet N°286: Measles**

April 2012

*Extract*

Key Facts

- Measles is one of the leading causes of death among young children even though a safe and cost-effective vaccine is available.

- In 2010, there were 139 300 measles deaths globally – nearly 380 deaths every day or 15 deaths every hour.
  - More than 95% of measles deaths occur in low-income countries with weak health infrastructures.
  - Measles vaccination resulted in a 74% drop in measles deaths between 2000 and 2010 worldwide.
  - In 2010, about 85% of the world's children received one dose of measles vaccine by their first birthday through routine health services – up from 72% in 2000.
- <http://www.who.int/mediacentre/factsheets/fs286/en/index.html>

The **MMWR Weekly for May 11, 2012** / Vol. 61 / No. 18 includes:

- [New Framework \(GRADE\) for Development of Evidence-Based Recommendations by the Advisory Committee on Immunization Practices](#)

***Twitter Watch*** [accessed 12 May 2012 – 16:46]

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.

[EndPolioNow @EndPolioNow](#)

Amazing photos from the [@UNICEF](#) polio vaccination campaigns in South Sudan  
[http://www.unicef.org/photography/photo\\_infocus.php#UNI122548](http://www.unicef.org/photography/photo_infocus.php#UNI122548)  
 2:16 PM - 12 May 12

[IVAC at JHSPH @IVACtweets](#)

Good wknd reading: Monitoring the Fight - blog on new estimates of global child mortality, & what they mean: <http://bit.ly/JsChzX>  
 9:00 AM - 12 May 12

[Dagfinn Høybråten @Hoybraten](#)

We are closer than ever to beating [#polio](#), but the funding shortfall may undermine the progress against the disease. <http://bit.ly/JHSJNP>  
 Retweeted by [GAVI Alliance](#)  
 1:15 AM - 12 May 12

[PATH @PATHtweets](#)

Congratulations to Dr. F. Marc LaForce for winning the prestigious Sabin Gold Medal Award! <http://ow.ly/aL11a>  
 Retweeted by [GAVI Alliance](#)  
 5:46 PM - 7 May 12

[UNICEF USA@unicefusa](#)

The [@UPS](#) Dir. of Humanitarian Logistics blogs about how logistical expertise helps [@UNICEF](#) in times of crisis <http://bit.ly/IUhGXu> [#SahelNOW](#)  
 Retweeted by [UNICEF](#)

9:02 AM - 10 May 12

[IVAC at JHSPH @IVACtweets](#)

How do [#globalhealth](#) workers deliver diff [#vaccines](#) w/ consistency? Expert group talking primary containers <http://bit.ly/JnBIG5>

9:00 AM - 10 May 12

[The Global Fund @globalfundnews](#)

[#GlobalFund](#) forecasts \$1.6b in available funds for 2012-2014 reflects strategic choices by board, renewed confidence <http://bit.ly/IZJ2N2>

3:56 AM - 10 May 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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)

### ***Report: [Ranking Vaccines: A Prioritization Framework - Phase I: Demonstration of Concept and a Software Blueprint](#)***

IOM

"As a number of diseases emerge or reemerge, thus stimulating new vaccine development opportunities to help prevent those diseases, it can be especially difficult for decision makers to know where to invest their limited resources. Therefore, it is increasingly important for decision makers to have the tools that can assist and inform their vaccine prioritization efforts. *Ranking Vaccines: A Prioritization Framework* describes a decision-support model and the blueprint of software called Strategic Multi-Attribute Ranking Tool for Vaccines, or SMART Vaccines, that should help decision makers prioritize new vaccines by accounting for demographic, economic, health, scientific, business, programmatic, social, policy and related factors. This study is being conducted in two phases. The first phase report which is being released describes a model—tested with three vaccine candidates—that can ultimately be used to prioritize new vaccines. Thus, this report describes a product that is purposefully midstream in development. In the next phase of this work, the committee will obtain feedback on the model from stakeholders to enhance SMART Vaccines. Moreover, the second phase of this study will test the model with three additional vaccines candidates."

[Read the Report >>](#)

### ***Report: [Assembling the pharmaceutical R&D puzzle for needs in the developing world.](#)***

Pugatch Consilium - Meir Perez Pugatch, Rachel Chu & David Torstensson  
May 2012

*New report offers a blueprint to boost research and development (R&D) for diseases of the developing world*

The IFPMA announced a new study was released "reviewing initiatives to encourage research and development (R&D) for diseases such as HIV, tuberculosis, malaria and neglected tropical diseases." The report introduces "a blueprint based on six enabling factors that comprise: identification of gaps in the R&D process, mitigation of risk and cost of R&D, ability to translate research into clinical outcomes, sustainability of funding for specific disease areas, effective access to new medicines, and compatibility with different R&D mechanisms." The report also provides a review of key mechanisms currently being discussed by global health policymakers which "delink the cost of R&D from the price of medicines, such as open databases, research grants, and advanced market commitments." The report's authors conclude that multiple mechanisms are required to effectively address diverse R&D needs of the developing world.

[http://www.ifpma.org/fileadmin/content/News/2012/FINAL - IFPMA Press Release - R\\_D in developing world study - 10 May 2012.pdf](http://www.ifpma.org/fileadmin/content/News/2012/FINAL_-_IFPMA_Press_Release_-_R_D_in_developing_world_study_-_10_May_2012.pdf)

Report:

[http://www.ifpma.org/fileadmin/content/Publication/2012/Assembling\\_the\\_RD\\_puzzle\\_FINAL.pdf](http://www.ifpma.org/fileadmin/content/Publication/2012/Assembling_the_RD_puzzle_FINAL.pdf)

### ***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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)*

### **Annals of Internal Medicine**

May 1, 2012; 156 (9)

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

[Reviewed earlier; No relevant content]

### **British Medical Bulletin**

Volume 101 Issue 1 March 2012

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

[Reviewed earlier]

### **British Medical Journal**

12 May 2012 (Vol 344, Issue 7856)

<http://www.bmj.com/content/344/7856>



[No relevant content]

### **Bulletin of the World Health Organization**

Volume 90, Number 5, May 2012, 321-400

<http://www.who.int/bulletin/volumes/90/5/en/index.html>

#### **Special theme: e-health**

[Reviewed earlier]

### **Cost Effectiveness and Resource Allocation**

(Accessed 12 May 2012)

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

[No new relevant content]

### **Emerging Infectious Diseases**

Volume 18, Number 5—May 201

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

[Reviewed earlier]

### **Foreign Affairs**

May/June 2012 Volume 91, Number 3

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

[Reviewed earlier]

### **Global Health**

Winter 2012

[http://www.globalhealthmagazine.com/in\\_this\\_issue/](http://www.globalhealthmagazine.com/in_this_issue/)

[Reviewed earlier]

### **Globalization and Health**

[Accessed 12 May 2012]

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

[No new relevant content]

### **Health Affairs**

May 2012; Volume 31, Issue 5

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

#### ***Theme: Coverage Expansion & Implications***

[No relevant content]

### **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>  
[Reviewed earlier]

**Human Vaccines & Immunotherapeutics** (formerly Human Vaccines)

Volume 8, Issue 5 May 2012  
<http://www.landesbioscience.com/journals/vaccines/toc/volume/8/issue/5/>  
[Reviewed earlier]

**International Journal of Infectious Diseases**

Volume 16, Issue 6 pp. e413-e468 (June 2012)  
<http://www.sciencedirect.com/science/journal/12019712>  
[Reviewed earlier]

**JAMA**

May 9, 2012, Vol 307, No. 18, pp 1889-1990  
<http://jama.ama-assn.org/current.dtl>  
[No relevant content]

**Journal of Health Organization and Management**

Volume 26 issue 3 - Current Issue  
Published: 2012  
<http://www.emeraldinsight.com/journals.htm?issn=1477-7266&volume=26&issue=3>  
**Theme: *Social Values and Health Policy***  
[Reviewed earlier]

**Journal of Infectious Diseases**

Volume 205 Issue 11 June 1, 2012  
<http://www.journals.uchicago.edu/toc/jid/current>

**EDITORIAL COMMENTARIES**

**Biosecurity and Censorship: the H5N1 Influenza Controversy**

Martin S. Hirsch

In this issue of The Journal of Infectious Diseases (JID), 3 short articles by leaders in influenza virus research and/or biosecurity discuss current controversies regarding experiments with bioengineered H5N1 influenza virus. Sander Herfst and colleagues, the creators of an H5N1 virus strain with increased ...

**PERSPECTIVES:**

Sander Herfst, Albert D. M. E. Osterhaus, and Ron A. M. Fouchier

**The Future of Research and Publication on Altered H5N1 Viruses**

J Infect Dis. (2012) 205(11): 1628-1631 first published online March 27, 2012

doi:10.1093/infdis/jis257

[Abstract](#)

**PERSPECTIVES:**

Nicole M. Bouvier

**The Science of Security Versus the Security of Science**

J Infect Dis. (2012) 205(11): 1632-1635 first published online March 27, 2012

doi:10.1093/infdis/jis256

[Extract](#)

**PERSPECTIVES:**

Michael T. Osterholm and David A. Relman

**Creating a Mammalian-Transmissible A/H5N1 Influenza Virus: Social Contracts, Prudence, and Alternative Perspectives**

J Infect Dis. (2012) 205(11): 1636-1638 first published online March 27, 2012

doi:10.1093/infdis/jis259

[Extract](#)

**Journal of Global Infectious Diseases (JGID)**

January-March 2012 Volume 4 | Issue 1 Page Nos. 1-92

<http://www.jgid.org/currentissue.asp?sabs=n>

[Reviewed earlier]

**The Lancet**

May 12, 2012 Volume 379 Number 9828 p1763 – 1850 e50 - 51

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

**Comment**

**Re-engineering the European Union Clinical Trials Directive**

MJH Kenter, AF Cohen

*Preview*

The European Union Clinical Trials Directive 2001/20/EC (EU CTD), which was introduced in 2004 for drug trials, aims to protect European citizens who take part in research, safeguard data quality, and harmonise the review of clinical trials.

Unfortunately, the directive is based on an ill-defined, two-tier assessment system in which two review bodies—a national competent authority and a research ethics committee (REC)—both evaluate the same clinical trial application in every member state. The European Commission is currently considering a revision of the EU CTD, but this will simply build further on the current directive's flawed foundations.

**The Lancet Infectious Disease**

May 2012 Volume 12 Number 5 p355 - 422

<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 485 Number 7397 pp147-272 10 May 2012

[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)

**Comment****Policy reform: Strengthen and stabilize the FDA**

Daniel Carpenter

Nature 485, 169–170 (10 May 2012)

doi:10.1038/485169a

*Published online* 09 May 2012

The US Food and Drug Administration needs to be more independent, says Daniel Carpenter.

*[No abstract]*

**Nature Medicine**

May 2012, Volume 18 No 5 pp631-834

<http://www.nature.com/nm/journal/v18/n5/index.html>

[Reviewed earlier]

**Nature Reviews Immunology**

May 2012 Vol 12 No 5

<http://www.nature.com/nri/journal/v12/n5/index.html>

[No relevant content]

**New England Journal of Medicine**

May 10, 2012 Vol. 366 No. 19

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

**Perspective****Measles in the 21st Century**

E. Kim Mulholland, M.D., Ulla Kou Griffiths, M.Sc., and Robin Biellik, Ph.D.

N Engl J Med 2012; 366:1755-1757 [May 10, 2012](#)

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

Barely 20 years ago, such a high proportion of childhood deaths globally was attributable to measles that the going estimate of more than 1 million measles-related deaths per year was almost certainly an underestimate. Pediatric wards in the developing world were filled with patients with measles and its complications, and measles continued to be a major cause of blindness globally. All this occurred despite the remarkable progress that had been achieved during the 1980s in bringing routine immunizations, including a single dose of measles vaccine, to the poorest countries of the world, culminating in the achievement of the global Universal . . .

### **OMICS: A Journal of Integrative Biology**

May 2012, 16(5)

<http://online.liebertpub.com/toc/omi/16/5>

[No relevant content]

### **The Pediatric Infectious Disease Journal**

May 2012 - Volume 31 - Issue 5

pp: A7-A8,431-537,e73-e77

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

[Reviewed earlier]

### **Pediatrics**

May 2012, VOLUME 129 / ISSUE 5

<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 earlier]

### **PLoS One**

[Accessed 12 May 2012]

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

#### **Understanding Disease Control: Influence of Epidemiological and Economic Factors**

Katarzyna Oleś, Ewa Gudowska-Nowak, Adam Kleczkowski

PLoS ONE: Research Article, published 09 May 2012 10.1371/journal.pone.0036026

#### *Abstract*

We present a model of disease transmission on a regular and small world network and compare different control options. Comparison is based on a total cost of epidemic, including cost of palliative treatment of ill individuals and preventive cost aimed at vaccination or culling of susceptible individuals. Disease is characterized by pre-

symptomatic phase, which makes detection and control difficult. Three general strategies emerge: global preventive treatment, local treatment within a neighborhood of certain size and only palliative treatment with no prevention. While the choice between the strategies depends on a relative cost of palliative and preventive treatment, the details of the local strategy and, in particular, the size of the optimal treatment neighborhood depend on the epidemiological factors. The required extent of prevention is proportional to the size of the infection neighborhood, but depends on time till detection and time till treatment in a non-linear (power) law. The optimal size of control neighborhood is also highly sensitive to the relative cost, particularly for inefficient detection and control application. These results have important consequences for design of prevention strategies aiming at emerging diseases for which parameters are not necessarily known in advance.

### **PLoS Medicine**

(Accessed 12 May 2012)

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

#### **Does Development Assistance for Health Really Displace Government Health Spending? Reassessing the Evidence**

Rajaie Batniji, Eran Bendavid Essay, published 08 May 2012

doi:10.1371/journal.pmed.1001214

##### *Summary Points*

- At the core of the current aid debate is the question of whether development assistance for health provided to developing country governments increases health expenditures.
- It has recently been suggested that development assistance for health to governments leads to a displacement of government spending, reinforcing skepticism about health aid.
- Here we examine a database of public financing for health from 1995 to 2006 and demonstrate that prior conclusions drawn from these data are unstable and driven by outliers.
- While government spending may be displaced by development assistance for health in some settings, the evidence is not robust and is highly variable across countries. We recommend that current evidence about aid displacement cannot be used to guide policy.

### **PLoS Neglected Tropical Diseases**

April 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 12 May 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]

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11 May 2012 vol 336, issue 6082, pages 633-760

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

[No relevant content]

**Science Translational Medicine**

9 May 2012 vol 4, issue 133

<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)

[Reviewed earlier]

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

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

[Reviewed earlier]

**Value in Health**

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

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

[Reviewed earlier]

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Volume 02, Number 01 (February 2012)

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

[Reviewed earlier]

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