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Vaccines: The Week in Review
16 June 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: Occasionally, we encounter a story from the general media that warrants headline attention as below]

Pakistani militant leader warns polio vaccination teams to stay away unless drone strikes stop

By Associated Press, Updated: Saturday, June 16, 12:17 PM

[Full text]

PESHAWAR, Pakistan — A militant commander in northwest Pakistan warned polio vaccination teams on Saturday to stay away from the territory he controls near the Afghan border, saying he would not allow immunizations until U.S. drone attacks in the country are stopped.

The statement by Hafiz Gul Bahadur is an obstacle to efforts to beat polio on Pakistan, one of only three nations where the virus is endemic.

The threat came in a pamphlet distributed Saturday in markets in the troubled North Waziristan tribal region. "We don't want benefits from well-wishers who spend billions to save children from polio, which can affect one or two out of hundreds of thousands, while on the other hand the same well-wisher (America) with the help of its slave (Pakistan's government) kills hundreds of innocent tribesmen including old women and children by unleashing numerous drone attacks," it said.

The pamphlet also said spies could enter the region under the cover of vaccination teams to get information for the United States about "holy warriors." It said teams who disregarded his warning would be responsible for any consequences.

The polio virus, which usually infects children living in unsanitary conditions, attacks the nerves and can kill or paralyze.

Bahadur is believed to have a truce with the Pakistani army, while he focuses on attacks against U.S. and NATO troops across the Afghan border. Some of his fighters have recently been killed in the U.S. drone attacks, which Pakistan's government also opposes.

Washington has refused to stop the strikes, which it holds are an essential weapon against militants. It is widely believed in Pakistan that most of the dead are civilians, but villagers living near the sites of a number of major strikes told the The Associated Press in a report published earlier this year that a significant majority of those killed were combatants.

The region's top health official Mohammed Sadiq said that teams had completed an initial round of anti-polio vaccinations, but would not start another round of the campaign that was scheduled to begin from June 20. He said 162,000 children were to be immunized.

Sadiq said they had informed Pakistani authorities and the World Health Organization about the warning.

UNICEF Press release 14 June 2012

Extract

World unites to accelerate progress in ending preventable child deaths

WASHINGTON, D.C.– Today over 80 governments and a multitude of partners from the private sector, civil society, and faith-based organizations gather at the Child Survival Call to Action – a high-level forum convened by the governments of Ethiopia, India and the United States, in collaboration with UNICEF, to launch a sustained, global effort to save children's lives.

Over the past 40 years, new vaccines, improved health care practices, investments in education, and the dedication of governments, civil society and other partners have contributed to reducing the number of child deaths by more than 50 per cent.

Still, millions of children – most of them in Sub-Saharan Africa and South Asia – die every year from largely preventable causes before reaching their fifth birthdays. In 2010, this translated to 57 children dying for every 1,000 live births.

The Call to Action challenges the world to reduce child mortality to 20 or fewer child deaths per 1,000 live births in every country by 2035. Reaching this historic target will save an additional 45 million children's lives by 2035, bringing the world closer to the ultimate goal of ending preventable child deaths.

Modelling shows that this goal can be reached by greater effort across five key areas:

1. Geography: Increasing efforts in the 24 countries that account for 80 percent of under-five deaths.
2. High Burden Populations: Focusing country health systems on scaling-up access for underserved populations, to include rural and low income groups
3. High Impact Solutions: Addressing the five causes that account for nearly 60 per cent of child deaths: pneumonia, diarrhea, malaria, pre-term births and intrapartum (around the time of childbirth)
4. Education for Women and Girls: Investing beyond health programs to include educating girls, empowering women, and promoting inclusive economic growth
5. Mutual Accountability: Unifying around a shared goal and using common metrics to track progress

At the Call to Action, governments and partners are being asked to pledge their support for A Promise Renewed , a commitment to work together on sharpening national plans for child survival, monitoring results, and focusing greater attention on the most disadvantaged and vulnerable children.

"We have the tools, the treatments, and the technology to save millions of lives every year, and there is no excuse not to use them," said UNICEF Executive Director Anthony Lake. "To renew our promise to the world's children, we have to focus on the leading causes of child mortality like diarrhea, pneumonia and malaria, scaling up coverage of high-impact, low-cost treatments, sparking greater innovation, and spurring greater political will to reach the hardest to reach children. The grand goal of preventing child deaths must be our common cause."…
http://www.unicef.org/media/media_62629.html

The GAVI Alliance said it will provide up to an additional US$162 million to control and prevent outbreaks in developing countries. GAVI "will exceptionally make" up to US$107 million available for measles control and prevention in six high-risk countries: Afghanistan, Chad, DR Congo, Ethiopia, Nigeria and Pakistan. A further US$ 55 million will be offered through the Measles & Rubella Initiative for rapid response vaccination campaigns in GAVI-eligible countries where outbreaks occur. The increased measles support, between now and 2017, will strengthen routine immunisation systems.
http://www.gavialliance.org/library/news/press-releases/2012/gavi-boosts-global-response-to-measles-outbreaks/

The U.S. Food and Drug Administration (FDA) announced approval of Menhibrix, a combination vaccine for infants and children ages 6 weeks through 18 months, for prevention of invasive disease caused by Neisseria meningitidis serogroups C and Yand Haemophilus influenzae type b. Ther vaccine is manufactured by GlaxoSmithKline Biologicals, based in Rixensart, Belgium. Karen Midthun, M.D., director of the FDA's Center for Biologics Evaluation and Research, said, "With today's approval of Menhibrix, there is now a combination vaccine that can be used to prevent potentially life-threatening Hib disease and two types of meningococcal disease in children. It is the first meningococcal vaccine that can be given starting as young as six weeks of age." The safety of Menhibrix was evaluated in about 7,500 infants and toddlers in the U.S., Mexico and Australia. Common adverse reactions reported after administration of Menhibrix were pain, redness and swelling at the injection site, irritability and fever. Menhibrix is given as a four-dose series at 2, 4, 6 and 12 through 15 months of age. The first dose may be given as early as 6 weeks of age. The fourth dose may be given as late as 18 months of age.
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm308350.htm

The Sabin Vaccine Institute said it began vaccinating participants for a Phase 1 clinical trial of a novel human hookworm vaccine in partnership with the George Washington University and the Children's National Medical Center,. The trial will investigate the Na-GST-1 antigen developed by the Sabin Vaccine Institute Product Development Partnership (Sabin PDP) to prevent hookworm infections in endemic areas. Dr. Peter Hotez, president of the Sabin Vaccine Institute and director of the Sabin Vaccine Institute and Texas Children's Hospital Center for Vaccine Development, said, "This trial signifies the great progress global health leaders are making to help combat diseases of poverty. This trial helps advance our goal to develop a safe, efficacious and

low-cost vaccine to reduce the global burden of human hookworm, which infects nearly 600 million people worldwide." This study will help to quickly determine the optimal vaccine formulation for future clinical testing of the Na-GST-1 antigen. A critical component of the vaccine being tested is a novel adjuvant developed by the Infectious Disease Research Institute (IDRI) of Seattle, Washington. The adjuvant, GLA-AF, could potentially help to stimulate the immune system for an improved specific antibody response to the vaccine antigen.

Established in 2000 with funding from the Bill & Melinda Gates Foundation and with additional support from the Dutch Ministry of Foreign Affairs, the Brazilian Ministry of Health, the George Washington University, and the Children's National Clinical and Translational Science Institute, the Sabin PDP is "the first and only program that aims to reduce the prevalence of human hookworm infection by developing the world's first vaccine targeting the disease."
http://www.sabin.org/news-resources/in-news/2012/06/13/clinical-trial-human-hookworm-vaccine-begins-children%E2%80%99s-national-m

Meeting: *Coalition against Typhoid (CaT)*
June 13, 2012 - Bangkok, Thailand

The Coalition against Typhoid (CaT), an initiative of the Sabin Vaccine Institute, brought together global health leaders from across Asia to discuss the high burden of endemic typhoid and the growing number of typhoid outbreaks in the region. Experts called on policymakers and ministries of health to make typhoid vaccination a priority in their countries.

"Pediatric associations and others across the region recognize typhoid's serious impact, particularly the rising and widespread threat of drug resistant typhoid. Many – including India and Indonesia - have made recommendations supporting the use of typhoid vaccines." said Dr. Lalitha Mendis, Chairperson of the Technical Consultative Group on immunization for the World Health Organization's (WHO) South East Asia Regional Office (SEARO) in New Delhi and immediate past President of the Sri Lanka Medical Council. "National stakeholders and policy makers should review the evidence and discuss the adoption of typhoid vaccines."

Despite a WHO recommendation and the prioritization of typhoid vaccines for "immediate" implementation at a 2009 WHO SEARO meeting, many countries in Asia have yet to recommend or introduce typhoid vaccines.

More about the typhoid burden in Asia and a full list of speakers:
http://coalitionagainsttyphoid.org/.
http://www.sabin.org/news-resources/in-news/2012/06/13/health-experts-highlight-growing-typhoid-pandemic-asia

NIH announced that five more pharmaceutical companies join Discovering New Therapeutic Uses for Existing Molecules program, an initiative to "help scientists research promising new treatments for patients. Funding and molecular compound information is available now for the initial phase of the recently unveiled program. This NIH-industry collaboration will match researchers with 58 compounds to test ideas for new therapeutic uses. Since the launch of the program last month, the total number of compounds the companies are making available has more than doubled. Abbott, Bristol-Myers Squibb Company, GlaxoSmithKline, Janssen Pharmaceutical

Research & Development, L.L.C., and Sanofi have joined Pfizer, AstraZeneca, and Eli Lilly and Company. The NIH's new National Center for Advancing Translational Sciences (NCATS) created the Therapeutics Discovery program "to help re-engineer the research pipeline. By crowdsourcing compounds that already have cleared several key steps in the development process, including safety testing in humans, scientists nationwide have the opportunity to contribute their expertise to advancing these resources for new disease therapies." The eight participating companies will provide their compounds and related data, which were determined by the NIH to meet specific eligibility criteria. For example, each compound must have advanced to clinical studies but been unsuccessful in its original therapeutic indication or not pursued for business reasons. Preliminary information about the compounds, including mechanism of action, route of administration, and any limitations in use based on safety and tolerability, are available at http://ncats.nih.gov/therapeutics-directory.html.
http://www.nih.gov/news/health/jun2012/ncats-12.htm

The Weekly Epidemiological Record (WER) for 15 June 2012, vol. 87, 24 (pp 233–240) includes: Review of the 2011–2012 winter influenza season, northern hemisphere
http://www.who.int/entity/wer/2012/wer8724.pdf

Twitter Watch *[accessed 16 June 2012 – 16:17]*
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.

Gates Health @gateshealth
The Polio End Game. "The World is closer than ever to eradicating the polio virus." (via @washingtonpost) http://cot.ag/LRX5Ee
Retweeted by GAVI Alliance
12:51 PM - 15 Jun 12

GAVI Alliance @GAVIAlliance
Child Survival Call to Action meeting sees governments and CSOs pledge to end preventable child deaths - http://ht.ly/bCKNX #5thBDay
2:45 PM - 16 Jun 12

Doctors w/o Borders @MSF_USA
Fighting Neglect: A new report from @msf_access on neglected tropical diseases (#NTDs) http://bit.ly/Nsqiay
9:13 AM - 16 Jun 12

GAVI Alliance @GAVIAlliance
"U.S. Leadership at Home Is Saving Lives Around the World" - Read @GAVISeth latest blog: http://ht.ly/bCqY2 via @HuffingtonPost
7:00 AM - 16 Jun 12

PAHO/WHO @pahowho
"Water and Sustainable Development: The Elimination of #Cholera on the Island of Hispaniola" Tue 19JUN #pahowho http://bit.ly/LSmoGv @rio+20
3:14 PM - 15 Jun 12

APHA @PublicHealth
Washington state's whooping cough epidemic surpassed 2K cases this week & is upping vaccination demand: http://goo.gl/tSk9u
2:52 PM - 15 Jun 12

Partners In Health @PIH
Vaccination is key to preventing child deaths. Example: @PIH's #Haiti #cholera vaccination effort. http://ow.ly/bAr30 #Promise4Children
2:00 PM - 15 Jun 12

WHO/Europe @WHO_Europe
New WHO/Europe report released on urban dimension & role of local gov on social determinants of health http://bit.ly/L9OFar #healthycities
Retweeted by Health Evidence
8:13 AM - 15 Jun 12

UNICEF@UNICEF
'Today, we all are launching Committing to Child Survival: A Promise Renewed' -Anthony Lake #promise4children
4:33 PM - 14 Jun 12

Reports/Research/Analysis/Book Watch

Vaccines: The Week in Review has expanded 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

Report: *Building a Future for Women and Children: The 2012 Report*
The Partnership (PMNCH) for Maternal, Newborn and Child Health
June 2012

Countdown's new report, *Building a Future for Women and Children: The 2012 Report*, highlights country progress—and obstacles to progress—towards achieving Millennium Development Goals (MDGs) 4 and 5 to reduce child mortality and improve maternal health. It focuses, like previous Countdown reports, on evidence-based solutions—health interventions proven to save lives—and on the health systems, policies, financing and other factors that affect the equitable delivery of these lifesaving interventions to women and children. Updated country profiles for 75 Countdown

countries were published together with the report. Country-by-country data gathered and analyzed for the 2012 report highlight progress, and show where greater efforts are needed, in the 75 countries that account for more than 95% of all maternal and child deaths:

Annual maternal deaths are down by 47 percent over the past two decades. Nine Countdown countries are on track to meet MDG 5, but more than a third of the Countdown countries have made little, if any progress. In efforts to reduce deaths of children under age 5, 23 Countdown countries are expected to achieve MDG 4. But 13 countries have made no progress in reducing child deaths…

…High coverage levels for vaccines (averaging over 80%) and rapid progress in distribution of insecticide-treated bed nets show what is possible with political commitment and financial investment, but progress is much slower for skilled attendant at birth and other interventions that require a strong health system…

Countdown to 2015 is a multi-disciplinary, multi-institutional collaboration that tracks, stimulates, and supports country progress on maternal, newborn, and child survival. It calls on governments and development partners to be accountable, identifies knowledge gaps, and proposes new actions to achieve MDGs 4 and 5, to reduce child mortality and improve maternal health. It presents data on coverage levels, trends, and equity of coverage for health interventions proven to improve reproductive, maternal, newborn and child health, as well as on critical determinants of coverage including health systems functionality, health policies, and financing.
http://www.who.int/pmnch/topics/part_publications/countdown_2012_report/en/index.html

Report: ***Fighting Neglect: Finding ways to manage and control visceral leishmaniasis, human African trypanosomiasis and Chagas disease***
MSF, June 2012
Abstract
"Fighting Neglect" charts MSF's 25 years of experience in diagnosing and treating Chagas disease, sleeping sickness, and kala azar, in Latin America, Sub-Saharan Africa, South Asia and the Caucasus. It examines past, present, and future management of the diseases and shows that treatment is possible even with existing diagnostic tools and medicines. However, additional research and development toward new and more effective diagnostics and treatments are desperately needed to address the overwhelming neglect of people whose needs fail to be met by pharmaceutical companies. It will take increased political will among international donors and national governments where these diseases are endemic to improve access to quality life-saving treatment.
Report pdf:
http://www.msfaccess.org/sites/default/files/MSF_assets/NegDis/Docs/NTD_Report_FightingNeglect_ENG_2012.pdf

Report: ***The International Compilation of Human Research Standards***
A listing of over 1,000 laws, regulations, and guidelines on human subjects protections in over 100 countries and from several international organizations. Many of the listings

embed hyperlinks to the source document. These laws, regulations, and guidelines are classified into six categories:
- General, i.e., applicable to most or all types of human subjects research
- Drugs and Devices
- Research Injury
- Privacy/Data Protection
- Human Biological Materials
- Genetic
- Embryos, Stem Cells, and Cloning

Disclaimer: Though this Compilation contains information of a legal nature, it has been developed for informational purposes only and does not constitute legal advice or opinions as to the current operative laws, regulations, or guidelines of any jurisdiction. In addition, because new laws, regulations, and guidelines are issued on a continuing basis, this Compilation is not an exhaustive source of all current applicable laws, regulations, and guidelines relating to international human subject research protections. While reasonable efforts have been made to assure the accuracy and completeness of the information provided, researchers and other individuals should check with local authorities and/or research ethics committees before starting research activities.
Document:
http://www.hhs.gov/ohrp/international/intlcompilation/intlcompil2012.doc.doc
http://www.hhs.gov/ohrp/international/intlcompilation/intlcompilation.html

Journal Watch

Vaccines: The Week in Review continues its weekly scanning of key peer-reviewed 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
June 5, 2012; 156 (11)
http://www.annals.org/content/current
[Reviewed earlier; No relevant content]

British Medical Bulletin
Volume 102 Issue 1 June 2012
http://bmb.oxfordjournals.org/content/current
[Reviewed earlier; No relevant content]

British Medical Journal
16 June 2012 (Vol 344, Issue 7861)
http://www.bmj.com/content/344/7861
Feature
Infectious Disease
Trials at the ready: preparing for the next pandemic
BMJ 2012; 344 doi: 10.1136/bmj.e2982 (Published 3 May 201
Ed Yong, Science writer
Extract

Researchers have previously struggled to carry out clinical trials on epidemics and the drugs used to treat them. Ed Yong finds out about the scientists who are changing that by planning ahead…

In 2009 the world squandered a prime opportunity to study a harmful virus. From March a strain of H1N1 influenza virus swept the globe, reaching six continents in three months. It infected between 11% and 21% of all the people on the planet, and gave us the perfect chance to learn more about a virus that has been troubling humanity for centuries. But we failed to make the most of it and, to date, still know surprisingly little about how to treat the pandemic strain.

The problem is that while viruses are fast and adaptable, clinical research is lumbering and cumbersome. Epidemics tend to arrive with little warning, spread quickly, and end abruptly. By contrast, clinical trials can take months to plan. Forms must be designed to record the right data and ethical approval must be sought. By the time would-be researchers can vault over these obstacles the epidemic is history.

This explains why, during the 2009 A/H1N1 influenza pandemic, virtually no patients were enrolled in a randomised controlled trial designed to identify the best ways of treating the infection. Such trials are the gold standard of medicine and the best way of getting rigorous evidence for a treatment's effectiveness. During the pandemic millions of people were treated with the front line drug oseltamivir (Tamiflu). But the only evidence that oseltamivir actually saved lives came from retrospective observational studies, with all the biases they entail. To this date, serious questions remain about the drug's effectiveness. "A Tamiflu trial during the last pandemic would have resolved all the controversy over whether it works or not," says Mike Clarke, Director …

Bulletin of the World Health Organization
Volume 90, Number 6, June 2012, 401-476
http://www.who.int/bulletin/volumes/90/6/en/index.html
[Reviewed earlier]

Cost Effectiveness and Resource Allocation
(Accessed 16 June 2012)
http://www.resource-allocation.com/
[No new relevant content]

Emerging Infectious Diseases
Volume 18, Number 7—July 2012

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

Perspective

World Health Organization Perspective on Implementation of International Health Regulations

M. Hardiman

Abstract

In 2005, the International Health Regulations were adopted at the 58th World Health Assembly; in June 2007, they were entered into force for most countries. In 2012, the world is approaching a major 5-year milestone in the global commitment to ensure national capacities to identify, investigate, assess, and respond to public health events. In the past 5 years, existing programs have been boosted and some new activities relating to International Health Regulations provisions have been successfully established. The lessons and experience of the past 5 years need to be drawn upon to provide improved direction for the future.

Assessment of Public Health Events through International Health Regulations, United States, 2007–2011

K. S. Kohl et al.

Abstract

Under the current International Health Regulations, 194 states parties are obligated to report potential public health emergencies of international concern to the World Health Organization (WHO) within 72 hours of becoming aware of an event. During July 2007–December 2011, WHO assessed and posted on a secure web portal 222 events from 105 states parties, including 24 events from the United States. Twelve US events involved human influenza caused by a new virus subtype, including the first report of influenza A(H1N1)pdm09 virus, which constitutes the only public health emergency of international concern determined by the WHO director-general to date. Additional US events involved 5 Salmonella spp. outbreaks, botulism, Escherichia coli O157:H7 infections, Guillain-Barré syndrome, contaminated heparin, Lassa fever, an oil spill, and typhoid fever. Rapid information exchange among WHO and member states facilitated by the International Health Regulations leads to better situation awareness of emerging threats and enables a more coordinated and transparent global response.

International Health Regulations—What Gets Measured Gets Done

K. Ijaz et al.

Abstract

The global spread of severe acute respiratory syndrome highlighted the need to detect and control disease outbreaks at their source, as envisioned by the 2005 revised International Health Regulations (IHR). June 2012 marked the initial deadline by which all 194 World Health Organization (WHO) member states agreed to have IHR core capacities fully implemented for limiting the spread of public health emergencies of international concern. Many countries fell short of these implementation goals and requested a 2-year extension. The degree to which achieving IHR compliance will result in global health security is not clear, but what is clear is that progress against the threat of epidemic disease requires a focused approach that can be monitored and measured efficiently. We developed concrete goals and metrics for 4 of the 8 core capacities with other US government partners in consultation with WHO and national collaborators worldwide. The intent is to offer an example of an approach to implementing and

monitoring IHR for consideration or adaptation by countries that complements other frameworks and goals of IHR. Without concrete metrics, IHR may waste its considerable promise as an instrument for global health security against public health emergencies.

Research

Validity of International Health Regulations in Reporting Emerging Infectious Diseases

M. Edelstein et al.

Abstract

Understanding which emerging infectious diseases are of international public health concern is vital. The International Health Regulations include a decision instrument to help countries determine which public health events are of international concern and require reporting to the World Health Organization (WHO) on the basis of seriousness, unusualness, international spread and trade, or need for travel restrictions. This study examined the validity of the International Health Regulations decision instrument in reporting emerging infectious disease to WHO by calculating its sensitivity, specificity, and positive predictive value. It found a sensitivity of 95.6%, a specificity of 38%, and a positive predictive value of 35.5%. These findings are acceptable if the notification volume to WHO remains low. Validity could be improved by setting more prescriptive criteria of seriousness and unusualness and training persons responsible for notification. However, the criteria should be balanced with the need for the instrument to adapt to future unknown threats.

Costing Framework for International Health Regulations (2005)

R. Katz et al.

Abstract

The revised International Health Regulations (IHR [2005]) conferred new responsibilities on member states of the World Health Organization, requiring them to develop core capacities to detect, assess, report, and respond to public health emergencies. Many countries have not yet developed these capacities, and poor understanding of the associated costs have created a barrier to effectively marshaling assistance. To help national and international decision makers understand the inputs and associated costs of implementing the IHR (2005), we developed an IHR implementation strategy to serve as a framework for making preliminary estimates of fixed and operating costs associated with developing and sustaining IHR core capacities across an entire public health system. This tool lays the groundwork for modeling the costs of strengthening public health systems from the central to the peripheral level of an integrated health system, a key step in helping national health authorities define necessary actions and investments required for IHR compliance.

Book Reviews

Infectious Disease: A Geographic Guide and Atlas of Human Infectious Diseases

- Eskild Petersen, Lin H. Chen, and Patricia Schlangenhauf, editors

Infectious Disease: A Geographic Guide, Wiley-Blackwell, Oxford, UK, 2011

ISBN: 978-0-470-65529-0

Pages: 480; Price: US $84.95

- Heiman F.L. Wertheim, Peter Horby, and John P. Woodall, editors

Atlas of Human Infectious Diseases, Wiley-Blackwell, Oxford, UK, 2012

ISBN: 978-1-4051-8440-3

Pages: 306; Price: US $130.00

Infectious Disease: A Geographic Guide and Atlas of Human Infectious Diseases, 2 books recently published by Wiley-Blackwell, deliver to the global medicine bookshelf diagnostic adjuncts for expatriate clinicians and those who see immigrants or returning travelers, while also serving as pretravel references on regional disease risk and authoritative sources for anyone needing infectious diseases information. Mary Wilson, who contributed to the first book and wrote the foreword for the second, filled a similar need in 1991 with A World Guide to Infections. Now these new books remind us that even in the age of near–real-time, electronic references, a printed volume to hold in one's hands can be an unmatched resource.
- Nancy Leys Stepan

Eradication: Ridding the World of Diseases Forever?

Cornell University Press, Ithaca, NY, USA, 2011
ISBN-10: 0801450586
ISBN-13: 978-0801450587
Pages: 272; Price: US $35.00

Public health, like any dynamic field filled with social reformers, scientists, and passionate believers, generates conflicting views, approaches, and goals. Thus, on domestic and global fronts, public health advocates compete for priority and resources for vertical (single-disease) versus horizontal (infrastructure or systems) programs; infectious diseases versus noncommunicable diseases; targeting diseases to improve health versus emphasizing the role of economic development or social determinants; and primary health care versus eradicating diseases.

Eradication: Ridding the World of Diseases Forever? by Nancy Leys Stepan provides a rich context for the role of eradication historically and conceptually in public health and, along the way, touches on many of the fault lines that stress and enrich public health. The depth and breadth of the author's approach also enrich her book and broaden its appeal to readers whose interests go beyond the topic of disease eradication and include public health history, governance, leadership, philosophy, and dependence on multiple disciplines.

Global Health Governance

Volume V, Issue 1: Fall 2011
http://blogs.shu.edu/ghg/

Are the 'Good Times' Over? Looking to the Future of Global Health Governance

Owain David Williams and Simon Rushton

Abstract
After ten years of unprecedented attention and funding for global health, and a simultaneous increase in the range and number of institutions involved in global health governance, we have arrived at what seems to be a watershed moment. This paper assesses the future of global health governance in this context. In particular, the financial crisis, the rise of middle- income powers, and changes in US domestic politics are all viewed as injecting new fault lines and dynamics into the existing system of governance. Although the impacts of these changes are likely to be profound, the paper argues that the private and hybrid public-private institutions that have become prominent in global health governance in the last decade will continue to play a central role in tackling a narrowly delineated range of global health problems, albeit with

potentially fewer resources. Indeed the trend for a greater emphasis on 'private' forms of authority seems likely to become further entrenched by the financial crisis-engendered emphasis on the delivery of efficient global health interventions.

The Global Governance of Bioethics: Negotiating UNESCO's Universal Declaration on Bioethics and Human Rights (2005)

Adèle Langlois

Abstract

UNESCO's Universal Declaration on Bioethics and Human Rights (2005) was drawn up by an independent panel of experts (the International Bioethics Committee) and negotiated by member states. UNESCO aimed for a participatory and transparent drafting process, holding national and regional consultations and seeking the views of various interest groups, including religious and spiritual ones. Furthermore, reflecting UNESCO's broad interpretation of bioethics, the IBC included medics, scientists, lawyers and philosophers among its membership. Nevertheless, several potential stakeholders—academic scientists and ethicists, government policy-makers and NGO representatives—felt they had not been sufficiently consulted or even represented during the Declaration's development. Better communications and understanding within and between national, regional and international layers of governance would help to avoid a recurrence of this problem in future negotiations.

Globalization and Health

[Accessed 16 June 2012]

http://www.globalizationandhealth.com/

[No new relevant content]

Health Affairs

June 2012; Volume 31, Issue 6

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

Theme: Focus On The Care Span For The Elderly & Disabled

[No relevant content]

Health and Human Rights

Vol 14, No 1 (2012)

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

Pillars for progress on the right to health: Harnessing the potential of human rights through a Framework Convention on Global Health

Eric A. Friedman, Lawrence O. Gostin

Abstract

Ever more constitutions incorporate the right to health, courts continue to expand their right to health jurisprudence, and communities and civil society increasingly turn to the right to health in their advocacy. Yet the right remains far from being realized. Even with steady progress on numerous fronts of global health, vast inequities at the global and national levels persist, and are responsible for millions of deaths annually. We propose a four-part approach to accelerating progress towards fulfilling the right to health: 1) national legal and policy reform, incorporating right to health obligations and

principles including equity, participation, and accountability in designing, implementing, and monitoring the health sector, as well as an all-of-government approach in advancing the public's health; 2) litigation, using creative legal strategies, enhanced training, and promotion of progressive judgments to increase courts' effectiveness in advancing the right to health; 3) civil society and community engagement, empowering communities to understand and claim this right and building the capacity of right to health organizations; and 4) innovative global governance for health, strengthening World Health Organization leadership on health and human rights, further clarifying the international right to health, ensuring sustained and scalable development assistance, and conforming other international legal regimes (e.g., trade, intellectual property, and finance) to health and human rights norms. We offer specific steps to advance each of these areas, including how a new global health treaty, a Framework Convention on Global Health, could help construct these four pillars.

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 4 July 2012
http://heapol.oxfordjournals.org/content/current
Review
David Berlan and Jeremy Shiffman
Holding health providers in developing countries accountable to consumers: a synthesis of relevant scholarship
Health Policy Plan. (2012) 27(4): 271-280 doi:10.1093/heapol/czr036
Abstract

Health care providers in low-income countries often treat consumers poorly. Many providers do not consider it their responsibility to listen carefully to consumer preferences, to facilitate access to care, to offer detailed information, or to treat patients with respect. A lack of provider accountability to health consumers may have adverse effects on the quality of health care they provide, and ultimately on health outcomes.

This paper synthesizes relevant research on health provision in low-, middle- and high-income countries with the aim of identifying factors that shape health provider accountability to consumers, and discerning promising interventions to enhance responsiveness. Drawing on this scholarship, we develop a framework that classifies factors into two categories: those concerning the health system and those that pertain to social influences. Among the health systems factors that may shape provider accountability are oversight mechanisms, revenue sources, and the nature of competition in the health sector—all influences that may lead providers to be accountable to entities other than consumers, such as governments and donors. Among the social factors we explore are consumer power, especially information levels, and provider beliefs surrounding accountability.

Evidence on factors and interventions shaping health provider accountability is thin. For this reason, it is not possible to draw firm conclusions on what works to enhance

accountability. This being said, research does suggest four mechanisms that may improve provider responsiveness:
- Creating official community participation mechanisms in the context of health service decentralization;
- Enhancing the quality of health information that consumers receive;
- Establishing community groups that empower consumers to take action;
- Including non-governmental organizations in efforts to expand access to care.

This synthesis reviews evidence on these and other interventions, and points to future research needs to build knowledge on how to enhance health provider accountability to consumers.

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 8, Issue 6 June 2012
http://www.landesbioscience.com/journals/vaccines/toc/volume/8/issue/6/
[Reviewed earlier]

International Journal of Infectious Diseases
Volume 16, Issue 7, Pages e469-e572 (July 2012)
http://www.sciencedirect.com/science/journal/12019712
Perspective
The discovery of viruses: advancing science and medicine by challenging dogma
Pages e470-e473
Andrew W. Artenstein
Summary
The discovery of viruses in the final years of the nineteenth century represented the culmination of two decades of work on tobacco mosaic disease by three botanical scientists. Eventually their discovery led to a paradigm shift in scientific thought, but it took more than 20 years to appreciate its implications because it was inconsistent with the prevailing dogma of the time—Koch's postulates. Although these 'rules' were actually conceived of as guidelines upon which to establish microbial causality and their implementation resulted in many new discoveries, they also had the unintended effect of limiting the interpretation of novel findings. However, by challenging existing dogma through rigorous scientific observation and sheer persistence, the investigators advanced medicine and heralded new areas of discovery.

JAMA
June 13, 2012, Vol 307, No. 22
http://jama.ama-assn.org/current.dtl
Viewpoint | June 13, 2012
Adaptive Clinical Trials - A Partial Remedy for the Therapeutic Misconception?
William J. Meurer, MD, MS; Roger J. Lewis, MD, PhD; Donald A. Berry, PhD
Extract
There is a common "therapeutic misconception" among patients considering participation in clinical trials.1 Some trial participants and family members believe that

the goal of a clinical trial is to improve their outcomes—a misperception often reinforced by media advertising of clinical research.[2] Clinical trials have primarily scientific aims and rarely attempt to collectively improve the outcomes of their participants. The overarching goal of most clinical trials is to evaluate the effect of a treatment on disease outcomes.[3] Comparisons are usually made with placebo for conditions having no established treatments and with standard care for conditions having effective treatments. Any benefit to an individual trial participant is a chance effect of randomization and the true, but unknown, relative effects of the treatments. Available evidence is conflicting regarding whether patients receive some benefit from simply participating in a clinical trial.[3] Thus, even though serving as a research participant is essentially an altruistic activity, many clinical trial volunteers do not participate in research out of altruism.[4] An adaptive clinical trial design can be used to increase the likelihood that study participants will benefit by being in a clinical trial…

Viewpoint | June 13, 2012

Adaptive Trials in Clinical Research - Scientific and Ethical Issues to Consider

Rieke van der Graaf, PhD; Kit C. B. Roes, PhD; Johannes J. M. van Delden, MD, PhD

Extract

Interest in the use of adaptive trial design has increased among clinical investigators, pharmaceutical companies, and regulatory authorities. Adaptive trials are randomized clinical trials that allow for adaptations in the study design while the study is being conducted. Modifications as a study is being conducted can include changes in sample size, adjustments in medication dosage, or changes in the number of treatment groups. Adaptive trials can often decrease drug development time, which can have clinical and economic advantages.

Adaptive trials also have certain ethical advantages because fewer participants are assigned to the inferior procedure or drug compared with trials with fixed designs. For instance, in the ASTIN trial, researchers conducted an adaptive phase 2 dose response trial to determine whether a neutrophil inhibitory factor improved recovery in patients with acute ischemic stroke; it did not. However, this trial needed to enroll 966 patients, compared with the need to enroll 1080 patients if a traditional design had been used. Furthermore, the adaptive design made it possible to stop the trial early for futility.[1] However, certain features of adaptive trials may create some potential scientific and ethical challenges.[2] This Viewpoint explores several ethical issues that researchers and participants in adaptive trials should consider…

Journal of Health Organization and Management

Volume 26 issue 5 Published: 2012

http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest

[No relevant content]

Journal of Infectious Diseases

Volume 206 Issue 1 July 1, 2012

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[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)
April-June 2012 Volume 4 | Issue 2 Page Nos. 99-138
http://www.jgid.org/currentissue.asp?sabs=n
[Reviewed earlier; No relevant content]

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Jun 16, 2012 Volume 379 Number 9833 p2213 – 2312 e55
http://www.thelancet.com/journals/lancet/issue/current
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Jun 2012 Volume 12 Number 6 p423 - 496
http://www.thelancet.com/journals/laninf/issue/current
[Reviewed earlier]

Medical Decision Making (MDM)
May–June 2012; 32 (3)
http://mdm.sagepub.com/content/current
[Reviewed earlier]

Nature
Volume 486 Number 7402 pp157-286 14 June 2012
http://www.nature.com/nature/current_issue.html
Nature | News
Cholera vaccine deployed to control African outbreak
Patients in Guinea are first in Africa to be given oral vaccination during an epidemic.
Gozde Zorlu
11 June 2012

For the first time, health officials in West Africa have begun a vaccination campaign to try to control cholera during an active epidemic.

In collaboration with the Ministry of Health in Guinea, the charity Médecins Sans Frontières (MSF; also known as Doctors Without Borders) has been administering the cholera vaccine Shanchol in the region of Boffa, 150 kilometres northwest of the country's capital, Conakry. The programme began in late April, with patients receiving a two-dose oral vaccine. In total, almost 150,000 people received at least one dose of vaccine, and just over 110,000 people received a second dose.

Iza Ciglenecki, project manager for diarrhoeal diseases at MSF, ran the campaign in Guinea. She hopes that the results will lead to more widespread use of the vaccine in epidemics. "Until very recently, no one was using this as an extra tool to control cholera," she says. "We hope to add to the evidence base regarding this vaccine to help develop an intervention criteria for the control of cholera in outbreaks."

The programme follows on the heels of two modelling studies, published in the journal PLoS Neglected Tropical Diseases last year, which suggested that cholera vaccines were

beneficial after outbreaks occurred in Vietnam and Zimbabwe[1], [2]. But more information is needed on how and when to administer the vaccine, explains Ciglenecki. Surveillance systems in Boffa have been strengthened to enable the MSF to monitor the Guinean epidemic and to assess the effectiveness of the vaccine over the next six months.

William Perea of the Control of Epidemic Diseases Unit at the World Health Organization (WHO) in Geneva, Switzerland, is watching the intervention closely. Alongside other control measures such as cleaning up the water supply, the WHO now recommends using available cholera vaccines to control outbreaks. Opinions were divided among vaccination experts at the start of the 2010 cholera epidemic in Haiti regarding vaccine efficacy and availability. There were also concerns that time and resources would be better spent on improving water and sanitation systems than on vaccines (see 'Would cholera vaccines have helped in Haiti?').

Time for action

The real issue now is not the vaccine, but the mechanism by which to deliver a vaccination programme in response to an outbreak, says Perea. "We know enough about the vaccine to say it is very likely to work, but in the field where you have to respond quickly, other elements will come into consideration," he says. "So we need to make sure we collect data and do the necessary work to make sure that the cholera vaccine will have an impact in these situations. It is time to stop talking and time to start acting."

A WHO technical group has recommended that cholera vaccine is stockpiled ready for use in response to outbreaks, says Perea. To fund this, the organization needs to gain support from major donors, such as the GAVI Alliance in Geneva and the Bill & Melinda Gates Foundation in Seattle, Washington. Perea hopes that a stockpile will be established by January 2013, but acknowledged that it may take longer.

Meanwhile, in Haiti, the organization Partners in Health, headquartered in Boston, Massachusetts, has implemented a cholera vaccination programme to protect the thousands of people still at risk of cholera from the epidemic that broke out in the wake of the 2010 earthquake. After several delays, the programme started in April this year. Vaccine uptake has been good so far, and the results of the programme will be known by the end of September, according to Louise Ivers, chief of mission for Partners in Health in Haiti.

Ivers is excited about the MSF vaccination campaign in Guinea and hopes that the two organizations can learn from each other. "We have a vaccine that is pretty good but it is not used," she says. "So the more information we can gather to help inform public health officials and ministries of health on the use of vaccine in the field, the better". Ivers explains that the most important objectives are to show that a sufficient number of patients will come back for their second dose of vaccine, and that the logistical and supply systems are able to deliver the vaccines successfully.

Cholera experts are agreed on the need to tackle the root of the problem: improving water and sanitation systems in countries where these are lacking. But because this can take a significant amount of investment, in terms of time and resources, a vaccine can offer protection during an outbreak. "It's a good tool, we have to use it," says Perea.

Nature
doi:10.1038/nature.2012.10801

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June 2012 - Vol 13 No 6
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[Reviewed earlier]

Nature Medicine
June 2012, Volume 18 No 6 pp835-987
http://www.nature.com/nm/journal/v18/n6/index.html
[Reviewed earlier]

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June 2012 Vol 12 No 6
http://www.nature.com/nri/journal/v12/n6/index.html
[Reviewed earlier; No relevant content]

New England Journal of Medicine
June 14, 2012 Vol. 366 No. 24
http://content.nejm.org/current.shtml
Review Article
Guillain–Barré Syndrome
Nobuhiro Yuki, M.D., Ph.D., and Hans-Peter Hartung, M.D.
Extract
The Guillain–Barré syndrome, which is characterized by acute areflexic paralysis with albuminocytologic dissociation (i.e., high levels of protein in the cerebrospinal fluid and normal cell counts), was described in 1916.1 Since poliomyelitis has nearly been eliminated, the Guillain–Barré syndrome is currently the most frequent cause of acute flaccid paralysis worldwide and constitutes one of the serious emergencies in neurology. A common misconception is that the Guillain–Barré syndrome has a good prognosis — but up to 20% of patients remain severely disabled and approximately 5% die, despite immunotherapy.2 The Miller Fisher syndrome, which is characterized by ophthalmoplegia, ataxia, and areflexia, was . .

OMICS: A Journal of Integrative Biology
June 2012, 16(6)
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June 2012 - Volume 31 - Issue 6 pp: A7-A8,547-658,e78-e91
http://journals.lww.com/pidj/pages/currenttoc.aspx

[Reviewed earlier]

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June 2012, VOLUME 129 / ISSUE 6
http://pediatrics.aappublications.org/current.shtml
[Reviewed earlier]

Pharmacoeconomics
July 1, 2012 - Volume 30 - Issue 7 pp: 537-631
http://adisonline.com/pharmacoeconomics/pages/currenttoc.aspx
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[Accessed 16 June 2012]
http://www.plosone.org/article/browse.action;jsessionid=577FD8B9E1F322DAA533C413369CD6F3.ambra01?field=date
[No new relevant content]

PLoS Medicine
(Accessed 16 June 2012)
http://www.plosmedicine.org/article/browse.action?field=date
Protecting Clinical Trial Participants and Protecting Data Integrity: Are We Meeting the Challenges?
Susan S. Ellenberg
Essay, published 12 Jun 2012
doi:10.1371/journal.pmed.1001234
Summary Points
- Although there is substantial consensus regarding the need for interim monitoring of certain types of trials, there is controversy about specific aspects of data monitoring.
- Approaches to ensuring independence of those who perform the interim monitoring and confidentiality of interim data vary substantially by type of trial and trial funder.
- The "independent statistician" model, involving a separate statistician to analyze interim data and report to the data monitoring committee (DMC), remains controversial but provides important protections of data integrity.
- Early stopping guidelines should be clearly understood and accepted by all parties, and only deviated from if there are unexpected findings that confound the overall benefit-risk assessment at interim analysis.
- Liability of DMC members is an important concern that has not been dealt with adequately by either commercial or government trial sponsors.
Clinical Trials Have Gone Global: Is This a Good Thing?
Trudie Lang, Sisira Siribaddana
Essay, published 12 Jun 2012
doi:10.1371/journal.pmed.1001228
Summary Points

- Clinical trials are conducted across the globe for perfectly good reasons. This is positive because populations in developing countries are under-represented in research.
- Research sites in developing countries benefit from working with externally sponsored clinical trials because they benefit from increased capacity development and investment.
- Locally led research is becoming harder to undertake in developing countries because of complex trial regulations and administrative burdens. There should be a balance between local and externally led trials.
- There is a need for more trials that compare different approaches to managing disease and health issues. This is especially true in low-income settings where simple interventions could make significant improvements to health outcomes if there was evidence to support implementation.
- Clinical trials operations should be specific to the risk and complexity of each trial and not governed by one-size-fits-all requirements of sponsors and their contracted organisations. Overly burdening trials with too-rigorous requirements is pushing up costs and putting off investigators to undertake research.
- Trials in low-income settings need to contribute to clinical trial methodology research efforts.

PLoS Neglected Tropical Diseases
May 2012
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[Reviewed earlier]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
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[No new relevant content]

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Volume 5 Issue 1 April 2012
http://phe.oxfordjournals.org/content/current
[Reviewed earlier]

Science
15 June 2012 vol 336, issue 6087, pages 1353-1472
http://www.sciencemag.org/current.dtl
News Focus - Global Health
How Do You Count the Dead?
Gretchen Vogel
Extract
Understanding how many people die of which causes is invaluable for designing effective public health programs, global health experts say. But most of the world's deaths occur in places with few or no hospitals or doctors to record deaths and their

causes, forcing scientists to extrapolate from survey data, incomplete records, and research studies. Various groups use different statistical methods, sometimes resulting in very different numbers that are hotly debated. Now the Institute for Health Metrics and Evaluation is conducting the most massive study of deaths and disease ever undertaken, which aims to assemble the cause of 1 billion deaths worldwide going back to 1980. It will be published in a series of papers later this year and is likely to trigger new debates. Some say that's necessary and healthy. Others worry that the sharply diverging estimates and the bickering will erode policymakers' trust in science.

Science Translational Medicine
13 June 2012 vol 4, issue 138
http://stm.sciencemag.org/content/current
Editorial
Vaccination Advocacy - Listen, Understand, Engage
Angus Thomson and Michael Watson
13 June 2012: 138ed6
Published ahead of print 30 May 2012
Abstract
For more effective vaccine advocacy, scientists and policy-makers must translate and apply insights from the cognitive and social sciences to the way they communicate and engage with the public.

Tropical Medicine & International Health
June 2012 Volume 17, Issue 6 Pages 683–794
http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-3156/currentissue
[Reviewed earlier]

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http://www.sciencedirect.com/science/journal/0264410X
All recent issues reviewed earlier

Vaccine: Development and Therapy
(Accessed 16 June 2012)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Value in Health
Vol 15 | No. 4 | June 2012
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]

Media Watch

Beginning in June 2012, *Vaccines: The Week in Review* is expanding to alert readers to substantive news, analysis and opinion from the general media on vaccines, immunization, global; public health and related themes. *Media Watch* is not intended to be exhaustive, but indicative of themes and issues the Center is actively tracking. This section will grow from an initial base of newspapers, magazines and blog sources, and is segregated from *Journal Watch* below which scans the peer-reviewed journal ecology. Most publications require either a registration or fee-based subscription for access. We will provide full-text where content is published without restriction.

Economist
http://www.economist.com/
[No new relevant content]

Financial Times
http://www.ft.com
June 13, 2012
Letter
Vaccines crucial in battle against TB
From Dr Onno Ruding and Mr John Bowis.

/Foreign Affairs
http://www.foreignaffairs.com/
[No new relevant content]

Foreign Policy
http://www.foreignpolicy.com/
[No new relevant content]

The Guardian
http://www.guardiannews.com/
[No new relevant content]

The Huffington Post
We Must Correct Imbalanced Global Investments in Immunization
| 13 June 2012
by Robert Steinglass
Summary
In recent years, the world of immunization has been dominated by a focus on life-saving vaccines and the prevention of individual diseases. The global community has launched what is being called the "Decade of Vaccines." Not a week goes by without a major medical journal publishing articles with exciting news on the development, efficacy,

value, supply, and financing of new vaccines. Relatively lost in all the excitement is recognition that vaccines do not deliver themselves. The vaccination program must routinely reach people of all ages with potent vaccines in a safe, effective, affordable, and timely way before exposure to disease. To accomplish this in many countries with weak health systems is a developmental challenge as much as it is a disease control challenge.

New Yorker
http://www.newyorker.com/
[No new relevant content]

Washington Post
http://www.washingtonpost.com/
Editorial
The polio endgame
By Editorial Board, Published: June 14

THE WORLD IS closer than ever to eradicating the polio virus. When the effort began in 1988, the disease was endemic in 125 countries, but now just three remain: Nigeria, Pakistan and Afghanistan. In recent months, there have been fewer cases in fewer districts of fewer countries than at any time in history. Margaret Chan, director-general of the World Health Organization (WHO), said recently that the battle against polio is at a "tipping point between success and failure."

Polio is a highly infectious disease that affects the nervous system and can lead to paralysis. It largely strikes children 5 years old and younger, but there have been more cases involving adults in recent years, with higher lethality. Obliterated in the United States 30 years ago, polio has proved a stubborn foe elsewhere in the world. As recently as the 1980s, polio killed or paralyzed more than 350,000 children each year. But the eradication effort has come a long way. There were only 650 cases last year and only 73 so far this year.

The county school board needs a policy for its student member, but not right now. The potential benefits of wiping out polio are improved lives for millions of children. Yet eradicating diseases is immensely difficult. So far, the campaign against smallpox stands as the only success. For years, there was concern that if the transmission of polio could not be halted in India, eradication would be impossible. But India has been free of polio since January 2011. Also, a more effective oral vaccine is targeting the two strains of the virus that are most prevalent.

On May 26, the 194 member states of the WHO declared polio eradication a "programmatic emergency." The idea is to galvanize work in the remaining polio-infected areas of Nigeria, Pakistan and Afghanistan. All three nations suffered alarming spikes in cases last year, and the goal of delivering oral vaccine to every child is up against the formidable obstacles of war, corruption, weak public health systems and widespread migration. This appears to be another make-or-break moment.

A renewed campaign will be costly. The Global Polio Eradication Initiative, set up in 1988 by the WHO, UNICEF, the Centers for Disease Control and Prevention (CDC) and Rotary International, says that it needs an additional $945 million for a total budget of $2.19 billion this year and next. For the current fiscal year, the United States has boosted support to $151.1 million, up $17.6 million over last year. Rotary International has exceeded its goal to raise more than $200 million to match a $355 million challenge

grant over several years from the Bill and Melinda Gates Foundation. The CDC has made polio a top priority; it put some 90 people to work on it every day in its emergency operations center. These examples and the urgency of the cause will hopefully inspire other donors around the world to fill the budget gap.

Stamping out polio is not a sure thing, but this may be the best chance in a generation. It should not be missed for lack of resources.
http://www.washingtonpost.com/opinions/the-polio-endgame/2012/06/14/gJQAEflTdV_story.html

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Vaccines: The Week in Review *is a service of the Center for Vaccines Ethics and Policy (CVEP) which is solely responsible for its content. Support for this service is provided by CVEP co-founders – - Penn Center for Bioethics, The Wistar Institute Vaccine Center and Children's Hospital of Philadelphia Vaccine Education Center. Additional support is provided by the PATH Vaccine Development Program and the International Vaccine Institute (IVI), and by vaccine industry leaders including GSK, Merck, Pfizer, sanofi pasteur (list in formation), as well as the Developing Countries Vaccine Manufacturers Network (DCVMN). Support is also provided by a growing list of individuals who use this service to support their roles in public health, clinical practice, government, IGOs/NGOs, research, industry and academia.*

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