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Vaccines: The Week in Review
2 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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William Foege, MD, MPH awarded Presidential Medal of Freedom Award. In a White House ceremony May 29th, 2012, President Barack Obama honored 13 recipients of the Presidential Medal of Freedom Award, including William Foege, MD, MPH, professor emeritus in Emory University's Rollins School of Public Health and a member of the Emory Global Health Institute advisory board. Dr. Foege was recognized for his role in smallpox eradication.
http://www.youtube.com/watch?v=HAog_BstxrQ&list=UUPTZWC3WPdtBbKk1_qlXcUw&feature=plcp

65th World Health Assembly: Additional coverage

WHO Media Release: *65th World Health Assembly closes with new global health measures*

26 May 2012
Excerpted

The Sixty-fifth World Health Assembly concluded Saturday after adopting 21 resolutions and three decisions on a broad range of health issues. The six days of discussions involved nearly 3000 delegates, including health ministers and senior health officials from amongst the 194 WHO Member States, as well as representatives from civil society and other stakeholders.

The agenda covered some of the biggest challenges and opportunities facing public health today.

"As challenges, let me mention noncommunicable diseases and ageing, maternal and child health, under- and over- nutrition, the eradication of polio and health demands during humanitarian emergencies," said Dr Margaret Chan, WHO Director-General. "As

opportunities, let me mention immunization, and the decade of vaccines, and the new multisectoral strategies made possible when we take a social determinants approach."…

The resolutions and decisions adopted by the Member States include:

- Humanitarian emergencies: The World Health Assembly adopted a resolution reaffirming the central role of health in humanitarian response and strongly endorsing WHO's role as Health Cluster Lead Agency. It calls on Member States and donors to allocate sufficient resources for health sector activities during humanitarian emergencies and for strengthening WHO's capacity to exercise its role as Lead Agency both at global and country levels. The resolution also calls on WHO to provide Member States and humanitarian partners with predictable support during emergencies, by coordinating rapid assessments, the development of strategies and action plans, and monitoring the health situation.
- Mass gatherings: The Health Assembly received the report by the Secretariat on "Global mass gatherings: implications and opportunities for global health security". The discussions were led by delegates from areas which have hosted mass gatherings recently or on a regular basis. Delegates expressed the need to exchange lessons learned on preparedness and management and Member States also stressed the need for efficient preventive measures and interventions.
- Millennium Development Goals: Member States endorsed the report on the progress and achievements of the health-related Millennium Development Goals and health goals after 2015. While the pace of progress has accelerated in many Member States, it was also acknowledged that more still needs to be done in the remaining three years to achieve the goals.
- A second report on The Commission on Information and Accountability for Women's and Children's Health, established at the request of the United Nations Secretary-General's in the context of the Global Strategy for Women's and Children's Health, presented 10 recommendations to improve accountability in countries and globally. The focus is on the 75 countries which together account for more than 95% of all maternal and child deaths in the world. Many countries and global partners have made specific commitments to accelerate action towards the achievement of MDG 4 (reduce child mortality) and 5 (improve maternal health).
- Pandemic influenza preparedness: Member States acknowledged that the pandemic influenza preparedness (PIP) framework is a crucial development for global health security, based on the lessons from the 2009 influenza pandemic. Delegates recognized that industry and other partners play important roles in the development of vaccines to counter outbreaks.

Delegates agreed on a 70% and 30% share of resources between preparedness and response respectively, but that this would be regularly reviewed. They welcomed the role of the framework's advisory group, but stressed the need for extra resources – both human and financial – to support WHO capacity and leadership.

- Intensification of the global polio eradication initiative: The delegates acknowledged that polio eradication is at a tipping point between success and failure and necessary funding is essential to ensure success. In this regard, Member States declared the completion of polio eradication a programmatic emergency for global health.
- Research and development: The Health Assembly welcomed the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination containing recommendations for securing new funds for health research and development on diseases that affect people in developing countries. It adopted a

resolution to hold Member States' consultations at national, regional and global levels to analyze the report and the feasibility of the recommendations.
http://www.who.int/mediacentre/news/releases/2012/wha65_closes_20120526/en/index.html

WHO Media Release: *World Health Assembly endorses the Global Vaccine Action Plan and World Immunization Week*_
28 May 2012
Ministers of Health from 194 countries at the 65th World Health Assembly endorsed the Global Vaccine Action Plan (GVAP), a roadmap to prevent millions of deaths by 2020 through more equitable access to vaccines for people in all communities. In addition, Member States also designate the last week of April as World Immunization Week.
http://www.who.int/immunization/newsroom/press/wha_endorses_gvap/en/index.html

IFPMA Statement under WHA 65 agenda item 13.12 on Draft global vaccine action plan
Extract
"…As a key partner in immunization, global health, and research and development, the IFPMA, welcomes the vision of the Decade of Vaccines, and lauds the Global Vaccine Action Plan (GVAP), as it outlines an ambitious strategy to achieve immunization goals, including sustained funding, higher national prioritization, enhanced awareness of the value of vaccination, the production of high-quality vaccines, and the adoption of a holistic approach to immunization practices.
"In order to fully achieve the vision of the Decade of Vaccines, further efforts should be undertaken to refine the plan. This requires clarifying interaction vis-à-vis other global vaccine programs and partnerships; prioritizing objectives and identifying opportunities for synergies amongst them; and defining human and financial resource needs and funding sources. In addition, further dialogue is needed to develop an accountability framework which would define stakeholders' roles and responsibilities, targeted indicators and a monitoring process.
"Equitable and sustained access to and use of high quality, safe and effective vaccines can be enhanced through well-functioning competitive market dynamics that reward innovation and strive for sustainable investments and collaboration. For example through recognition of current pricing and procurement mechanisms that have contributed significantly to progress in access of affordable vaccines.
"We recognize the potential value of facilitating access to vaccine technology and know-how through voluntary technology transfers, while preserving an environment that supports future immunization research and development through protection of intellectual property rights.
"The Decade of Vaccines' objectives cannot be achieved by countries acting alone. We stand ready to contribute to a country-led, broad-based and collective approach, and work with mutually accountable partners to achieve the GVAP goals. The decisions we make this year, this decade, will have repercussions on future generations – we cannot and we will not fail them."
http://www.ifpma.org/fileadmin/content/Events/Statements/IFPMA_WHA65_Statement_on_global_vaccine_action_plan__13.12_.pdf

DoVC Blog: *World Health Assembly: WHO Carves Out Leadership Role In "Vaccine Decade"*
Posted: 31 May 2012 09:23 AM PDT

In this piece, journalist Rachel Marusak Hermann reports from the Sixty-fifth World Health Assembly on the endorsement of the Global Vaccine Action Plan. The article originally appeared on Intellectual Property Watch and can also be read at GenevaLunch.com.

World Health Assembly: WHO Carves Out Leadership Role In "Vaccine Decade"
By Rachel Marusak Hermann for Intellectual Property Watch

With a generous pledge and a grand vision, Bill Gates launched the "Decade of Vaccines" two years ago. By endorsing a "Global Vaccine Action Plan" during the World Health Assembly last week, the world's health authority stands as the lead agency in advancing the initiative.

The 65th World Health Assembly (WHA), which met 21-26 May, endorsed the Global Vaccine Action Plan (GVAP), a broad set of objectives, goals and guiding principles to increase worldwide access to immunzsation.

Although member states and stakeholders widely supported the plan, some said that greater attention needed to be given to addressing the high-cost of new vaccines and that products needed to be better adapted for use in developing countries. Others called for the need to hammer out details related to governance and financial implications. Read more here.

WHO and HPA offer travel health advice for EURO 2012 and the London Olympics
30-05-2012
[Full text]

Two major sporting events -- the European football championships and the Olympic Games -- happen this summer in the WHO European Region, while the fight to control outbreaks of vaccine-preventable diseases continues in several countries of the Region. It is, therefore, critical to check your vaccination status, particularly before travelling to large public events. Measles, for example, is a very infectious disease, and mass gatherings can help it spread through intensive contact between large numbers of people. If you are up-to-date on your vaccines, you will be protected from diseases such as measles, rubella and polio. Vaccination also stops these diseases from spreading at public events and from being imported to your country.

WHO and the Health Protection Agency (HPA) have collaborated in providing travel health advice to team physicians both for the EURO 2012 football championships and for the 2012 London Summer Olympics. HPA have also produced guidance for travelers to London during the Olympic Games this summer alongside WHO/Europe's health recommendations for travelers to Poland and Ukraine during EURO 2012.
http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/vaccines-and-immunization/news/news/2012/05/who-and-hpa-offer-travel-health-advice-for-euro-2012-and-the-london-olympics

WHO: List of contracted laboratories performing tests on behalf of the WHO vaccine prequalification programme

Extract

In 2010 the prequalification programme for vaccines has undergone a substantial revision process following the recommendations of the ad hoc committee on vaccines prequalification. One of the changes introduced was the decision to publish on the website the list of laboratories contracted by WHO to perform tests on behalf of the prequalification programme.

The independent testing of vaccines is part of the procedure for evaluation of the acceptability, in principle, of vaccines for purchase by United Nations agencies. The testing is performed to assess the consistency of final product characteristics and represents one of the decision making criteria for granting prequalification. Tests undertaken are the most relevant to reflect the quality, safety and efficacy of the vaccines. Usually potency and toxicity are tested. However, depending on the nature of the vaccines, other relevant tests can be performed. A targeted testing strategy is followed. Vaccines are expected to comply with WHO recommended requirements as well as with the UN tender specifications…

…The publication of the list of qualified laboratories contracted by WHO for specific tests is important for transparency reasons, to recognize the work performed by these laboratories in a collaborative effort with WHO and also to give access to this information to countries that can become occasional users.

List of WHO contracted laboratories performing tests on behalf of the WHO vaccine prequalification programme
pdf, 37kb

The **MMWR Weekly for June 1, 2012** / Vol. 61 / No. 21 includes:

- Measles Outbreak Associated with an Arriving Refugee — Los Angeles County, California, August–September 2011
- Licensure of 13-Valent Pneumococcal Conjugate Vaccine for Adults Aged 50 Years and Older
- Notes from the Field: False-Positive Measles Test — Maine, February 2012

Twitter Watch *[accessed 2 June 2012 – 18:46]*

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.

StateDept @StateDept
#SecClinton at #HealthOSL in #Norway: Improving #maternalhealth is a priority for the United States. http://youtu.be/OhsQ-tD25cY
View video

Partners In Health @PIH
New @TheLancet article by Drs. Ivers, Farmer & Pape on #cholera vaccine in #Haiti http://ow.ly/bj4yc
2:15 PM - 2 Jun 12

Partners In Health @PIH
.@washingtonpost editorial board endorses #cholera vaccine rollout in #Haiti. http://ow.ly/bj5lX

UNICEF @UNICEF
New White Paper on #BigData for #Development by @UN innovation initiative @UNGlobalPulse http://bit.ly/LN34sL
2:52 PM - 1 Jun 12

UNICEF @UNICEF
In the Central African Republic, we're reaching out to ethnic minorities in the fight against #polio http://uni.cf/N3ZITK @unicefpolio
2:40 PM - 1 Jun 12

Eurosurveillance @Eurosurveillanc
#16 cases of #W135 #invasive #meningococcal infection reported in #France: #8 linked to #recent Sub-#Saharan travel: http://bit.ly/LtHaKr
Retweeted by ECDC
11:02 AM - 29 May 12

Sabin Vaccine Inst. @sabinvaccine
Chagas is making news today-We're making a vaccine. http://nyti.ms/KDecaa
5:18 PM - 30 May 12

Sabin Vaccine Inst. @sabinvaccine
Finding the Final Fifth: Inequalities in Immunisation - http://www.viewsoftheworld.net/?p=2258 @savethechildren
1:42 PM - 30 May 12

IAVI @AIDSvaccine
IAVI (@AIDSvaccine) is pleased to announce the appointment of Louis Schwartz as CFO. Read more about Louis: http://bit.ly/L5MHF5
1:24 PM - 30 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

Report: *Nearly 1,000 Medicines in Development to Help Patients in Their Fight Against Cancer*
Date:5/30/2012
Source: Pharmaceutical Research and Manufacturers of America (PhRMA)

"America's biopharmaceutical research companies are testing 981 medicines and vaccines to fight the many types of cancer affecting millions of patients worldwide, according to a report released today by the Pharmaceutical Research and Manufacturers of America (PhRMA). These potential medicines, which are either in clinical trials or under review by the Food and Drug Administration, include 121 for lung cancer, 117 for lymphoma and 111 for breast cancer."

Journal Watch

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

If you would like to suggest other journal titles to include in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

Annals of Internal Medicine
May 15, 2012; 156 (10)
http://www.annals.org/content/current
[Reviewed earlier]

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

British Medical Journal
02 June 2012 (Vol 344, Issue 7859)
http://www.bmj.com/content/344/7859
[No relevant content]

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

A Bayesian network approach to the study of historical epidemiological databases: modelling meningitis outbreaks in the Niger
A Beresniak, E Bertherat, W Perea, G Soga, R Souley, D Dupont & S Hugonnet
Objective
To develop a tool for evaluating the risk that an outbreak of meningitis will occur in a particular district of the Niger after outbreaks have been reported in other, specified districts of the country.

Methods
A Bayesian network was represented by a graph composed of 38 nodes (one for each district in the Niger) connected by arrows. In the graph, each node directly influenced each of the "child" nodes that lay at the ends of the arrows arising from that node, according to conditional probabilities. The probabilities between "influencing" and "influenced" districts were estimated by analysis of databases that held weekly records of meningitis outbreaks in the Niger between 1986 and 2005. For each week of interest, each district was given a Boolean-variable score of 1 (if meningitis incidence in the district reached an epidemic threshold in that week) or 0.
Findings
The Bayesian network approach provided important and original information, allowing the identification of the districts that influence meningitis risk in other districts (and the districts that are influenced by any particular district) and the evaluation of the level of influence between each pair of districts.
Conclusion
Bayesian networks offer a promising approach to understanding the dynamics of epidemics, estimating the risk of outbreaks in particular areas and allowing control interventions to be targeted at high-risk areas.

Cost Effectiveness and Resource Allocation
(Accessed 2 June 2012)
http://www.resource-allocation.com/
[No new relevant content]

Emerging Infectious Diseases
Volume 18, Number 6—June 2012
http://www.cdc.gov/ncidod/EID/index.htm
[No relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Snapshot,
May 24, 2012
Healthy Governance
By Devi Sridhar, Lawrence O. Gostin, and Derek Yach
For decades, the WHO has debated whether to address specific diseases or to broadly strengthen healthcare systems. With the increasing threat of noncommunicable diseases, however, the WHO has to double down on the latter, and convince states that health concerns are integral to decisions about trade, agriculture, and urban planning -- the whole of government.

Foreign Policy
http://www.foreignpolicy.com/
Losing Polio

Did the CIA ruin our chance to eradicate one of the world's worst diseases?
BY LAURIE GARRETT | MAY 31, 2012
http://www.foreignpolicy.com/articles/2012/05/31/losing_polio

Global Health
Winter 2012
http://www.globalhealthmagazine.com/in_this_issue/
[Reviewed earlier]

Globalization and Health
[Accessed 2 June 2012]
http://www.globalizationandhealth.com/
Research
What are the barriers to scaling up health interventions in low and middle income countries? A qualitative study of academic leaders in implementation science
Gavin M Yamey
Abstract (provisional)
Background
Most low and middle income countries (LMICs) are currently not on track to reach the health-related Millennium Development Goals (MDGs). One way to accelerate progress would be through the large-scale implementation of evidence-based health tools and interventions. This study aimed to: (a) explore the barriers that have impeded such scale-up in LMICs, and (b) lay out an "implementation research agenda"--a series of key research questions that need to be addressed in order to help overcome such barriers.
Methods
Interviews were conducted with fourteen key informants, all of whom are academic leaders in the field of implementation science, who were purposively selected for their expertise in scaling up in LMICs. Interviews were transcribed by hand and manually coded to look for emerging themes related to the two study aims. Barriers to scaling up, and unanswered research questions, were organized into six categories, representing different components of the scaling up process: attributes of the intervention; attributes of the implementers; scale-up approach; attributes of the adopting community; socio-political, fiscal, and cultural context; and research context.
Results
Factors impeding the success of scale-up that emerged from the key informant interviews, and which are areas for future investigation, include: complexity of the intervention and lack of technical consensus; limited human resource, leadership, management, and health systems capacity; poor application of proven diffusion techniques; lack of engagement of local implementers and of the adopting community; and inadequate integration of research into scale-up efforts.
Conclusions
Key steps in expanding the evidence base on implementation in LMICs include studying how to: simplify interventions; train "scale-up leaders" and health workers dedicated to scale-up; reach and engage communities; match the best delivery strategy to the specific health problem and context; and raise the low profile of implementation science.

The complete article is available as a provisional PDF

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 23, 2012, Vol 307, No. 20
http://jama.ama-assn.org/current.dtl
[Reviewed earlier]

Journal of Health Organization and Management
Volume 26 issue 4 - Latest Issue

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
http://www.journals.uchicago.edu/toc/jid/current
[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
[No relevant content]

The Lancet
Jun 02, 2012 Volume 379 Number 9831 p777 - 2116
http://www.thelancet.com/journals/lancet/issue/current
Editorials
Shaping cities for health: a UCL/Lancet Commission
The Lancet
Preview
Cities are bustling, vibrant, built-up places where millions of people reside, often in close proximity to each other. Most, whether in high-income or low-income countries, exist with vast, and very visible, social and health inequalities between inhabitants. But the provision of health services cannot reduce these inequalities alone; the physical fabric and design of a city also have parts to play. In today's Lancet, we publish a joint Commission with University College London (UCL) that sets out how policy makers can develop urban areas to foster the health of citizens so that they become healthy cities.
Comment
Oral cholera vaccine and integrated cholera control in Haiti
Louise C Ivers, Paul E Farmer, William J Pape
Preview
On April 14, 2012, some 18 months after the first cases of cholera were documented in Haiti, a group of Haitians were offered the first of two doses of oral cholera vaccine as part of the Haiti cholera vaccination project. The epidemic is not only the first in this region in nearly two decades, it is also the worst epidemic of the post-antibiotic, post-vaccine era.1 This vaccine rollout, linked to efforts to increase access to safe drinking water, seeks to vaccinate 100 000 people with a low-cost vaccine recently prequalified by WHO.
The Lancet Commissions
Shaping cities for health: complexity and the planning of urban environments in the 21st century
Yvonne Rydin, Ana Bleahu, Michael Davies, Julio D Dávila, Sharon Friel, Giovanni De Grandis, Nora Groce, Pedro C Hallal, Ian Hamilton, Philippa Howden-Chapman, Ka-Man

Lai, CJ Lim, Juliana Martins, David Osrin, Ian Ridley, Ian Scott, Myfanwy Taylor, Paul Wilkinson, James Wilson
Key messages
- Cities are complex systems, so urban health outcomes are dependent on many interactions
- The so-called urban advantage—whereby urban populations are, on average, at an advantage compared with rural populations in terms of health outcomes—has to be actively promoted and maintained
- Inequalities in health outcomes should be recognised at the urban scale
- A linear or cyclical planning approach is insufficient in conditions of complexity
- Urban planning for health needs should focus on experimentation through projects
- Dialogue between stakeholders is needed, enabling them to assess and critically analyse their working practices and learn how to change their patterns of decision making

The Lancet Infectious Disease
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 485 Number 7400 pp547-672 31 May 2012
http://www.nature.com/nature/current_issue.html
Editorial
A war not yet won
Nature 485, 547–548 (31 May 2012)
doi:10.1038/485547b
Published online
30 May 2012
The eradication of polio is within reach, but it is too early for self-congratulation.
Extract
Just 25 years ago, some 350,000 people contracted polio every year. So far this year, just 60 cases have been reported across four countries worldwide. No wonder, then, that some can foresee world leaders slapping one another on the back for ending polio's scourge on humanity in a few years' time, much as their predecessors did in 1980 when the world was declared smallpox-free.

The Global Polio Eradication Initiative started in 1988 to target poliomyelitis, a paralysing viral disease that mostly affects children. Some US$9 billion later, the result is the lowest number of cases ever tallied, as well as the fewest countries affected.

But it is too early for self-congratulation and complacency. The polio-eradication campaign faces a US$1-billion budget shortfall over the next two years that threatens to erase this year's hard-won successes. Despite a long history of mismanagement and missed deadlines (goals of ending viral spread by 2000 and 2005 passed the programme by, and the same is likely to be true of 2012), the world has come too close to vanquishing this ancient disease to fail to see the task through…

Nature Immunology
June 2012 - Vol 13 No 6
http://www.nature.com/ni/journal/v13/n6/index.html
[Reviewed earlier]

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
[Reviewed earlier]

New England Journal of Medicine
May 31, 2012 Vol. 366 No. 22
http://content.nejm.org/current.shtml
[No relevant content]

OMICS: A Journal of Integrative Biology
May 2012, 16(5)
http://online.liebertpub.com/toc/omi/16/5
[Reviewed earlier]

The Pediatric Infectious Disease Journal
June 2012 - Volume 31 - Issue 6 pp: A7-A8,547-658,e78-e91
http://journals.lww.com/pidj/pages/currenttoc.aspx
Original Studies
Pandemic Influenza A in Residential Summer Camps—Maine, 2009
Robinson, Sara; Averhoff, Francisco; Kiel, John; Blaisdell, Laura; Haber, Michael; Sites, Anne; Copeland, Daphne
Pediatric Infectious Disease Journal. 31(6):547-550, June 2012.
doi: 10.1097/INF.0b013e31824f8124
Abstract:

Objective: The aim of this study was to evaluate the preparedness for and response of Maine summer camps to the 2009 pandemic influenza H1N1 (pH1N1).
Methods: We conducted a retrospective web-based survey of the Maine Youth Camping Foundation members at the end of the 2009 camping season. The outcome measures were responses to the pandemic including educational efforts, isolation practices and antiviral usages as well as percentage of influenza-like illness (ILI) and laboratory-confirmed influenza outbreaks among Maine residential summer camps.
Results: Of 107 residential camps queried, 91 (85%) responded. Although 43 (47%) of 91 camps reported cases of ILI, and 19 (21%) had outbreaks (ie, 3 or more confirmed cases of pH1N1), no respondents reported closing camps or canceling sessions. Most camps reported that they communicated with campers' families about pH1N1 and implemented control measures, including educating campers and staff about symptoms, isolating ill campers and staff, encouraging increased hand washing and hygiene practices and increasing the availability of hand sanitizers. Of the 43 camps with cases of ILI or laboratory-confirmed pH1N1, 25 (58%) used antiviral medication for treatment, and 18 (42%) used antiviral medications for prophylaxis; antiviral practices varied among camps.
Conclusions: Summer camps in Maine were in general well prepared for pH1N1. Most camps followed public health guidance and implemented preventive measures. Many camps experienced ILI and outbreaks during the season, but did not report major disruptions. Camps should review their preparedness and disease control plans annually and public health authorities should keep guidance and recommendations simple and consistent.

Vaccine Reports

Attitudes Regarding Occupational Vaccines and Vaccination Coverage Against Vaccine-preventable Diseases Among Healthcare Workers Working in Pediatric Departments in Greece

Maltezou, Helena C.; Lourida, Athanasia; Katragkou, Aspasia; Grivea, Ioanna N.; Katerelos, Panos; Wicker, Sabine; Syrogiannopoulos, George A.; Roilides, Emmanuel; Theodoridou, Maria
Pediatric Infectious Disease Journal. 31(6):623-625, June 2012.
doi: 10.1097/INF.0b013e31824ddc1e
Abstract:
We studied the attitudes with regard to occupational vaccines and vaccination coverage among healthcare workers in pediatric departments. Completed vaccination rates were 33%, 33%, 41.7%, 3%, 5.8%, 69.2% and 36.3% against measles, mumps, rubella, varicella, hepatitis A, hepatitis B and tetanus-diphtheria, respectively. Susceptibility rates were 14.2%, 15.7%, 14.6%, 7.6%, 87.4%, 22.6% and 61.8% for measles, mumps, rubella, varicella, hepatitis A, hepatitis B and tetanus-diphtheria, respectively. Mandatory vaccinations were supported by 70.6% of healthcare workers, with considerable differences by target disease.

Pediatrics
June 2012, VOLUME 129 / ISSUE 6
http://pediatrics.aappublications.org/current.shtml

Articles

Low Rates of Influenza Immunization in Young Children Under Ontario's Universal Influenza Immunization Program

Michael A. Campitelli, Miho Inoue, Andrew J. Calzavara, Jeffrey C. Kwong, and Astrid Guttmann

Pediatrics 2012; 129:e1421-e1430

Abstract

OBJECTIVES: To determine physician-administered influenza vaccine coverage for children aged 6 to 23 months in a jurisdiction with a universal influenza immunization program during 2002–2009 and to describe predictors of vaccination.

METHODS: By using hospital records, we identified all infants born alive in Ontario hospitals from April 2002 through March 2008. Immunization status was ascertained by linkage to physician billing data. Children were categorized as fully, partially, or not immunized depending on the number and timing of vaccines administered. Generalized linear mixed models determined the association between immunization status and infant, physician, and maternal characteristics.

RESULTS: Influenza immunization was low for the first influenza season of the study period (1% fully immunized during the 2002–2003 season), increased for the following 3 seasons (7% to 9%), but then declined (4% to 6% fully immunized during the 2006–2007 to 2008–2009 seasons). Children with chronic conditions or low birth weight were more likely to be immunized. Maternal influenza immunization (adjusted odds ratio 4.31; 95% confidence interval 4.21–4.40), having a pediatrician as the primary care practitioner (adjusted odds ratio 1.85; 95% confidence interval 1.68–2.04), high visit rates, and better continuity of care were all significantly associated with full immunization, whereas measures of social disadvantage were associated with nonimmunization. Low birth weight infants discharged from neonatal care in the winter were more likely to be immunized.

CONCLUSIONS: Influenza vaccine coverage among children aged 6 to 23 months in Ontario is low, despite a universal vaccination program and high primary care visit rates. Interventions to improve coverage should target both physicians and families.

Effectiveness and Net Cost of Reminder/Recall for Adolescent Immunizations

Christina A. Suh, Alison Saville, Matthew F. Daley, Judith E. Glazner, Jennifer Barrow, Shannon Stokley, Fran Dong, Brenda Beaty, L. Miriam Dickinson, and Allison Kempe

Pediatrics 2012; 129:e1437-e1445

Abstract

OBJECTIVE: To assess the effectiveness of reminder/recall (R/R) for immunizing adolescents in private pediatric practices and to describe the associated costs and revenues.

METHODS: We conducted a randomized controlled trial in 4 private pediatric practices in metropolitan Denver. In each practice, 400 adolescents aged 11 to 18 years who had not received 1 or more targeted vaccinations (tetanus-diphtheria-acellular pertussis, meningococcal conjugate, or first dose of human papillomavirus vaccine for female patients) were randomly selected and randomized to intervention (2 letters and 2 telephone calls) or control (usual care) groups. Primary outcomes were receipt of >1 targeted vaccines and receipt of all targeted vaccines 6 months postintervention. We calculated net additional revenue for each additional adolescent who received at least 1 targeted vaccine and for those who received all targeted vaccines.

RESULTS: Eight hundred adolescents were randomized to the intervention and 800 to the control group. Baseline rates of having already received tetanus-diphtheria-acellular

pertussis, meningococcal conjugate, and first dose of human papillomavirus vaccine before R/R ranged from 33% to 54%. Postintervention, the intervention group had significantly higher proportions of receipt of at least 1 targeted vaccine (47.1% vs 34.6%, P < .0001) and receipt of all targeted vaccines (36.2% vs 25.2%, P < .0001) compared with the control group. Three practices had positive net revenues from R/R; 1 showed net losses.
CONCLUSIONS: R/R was successful at increasing immunization rates in adolescents and effect sizes were comparable to those in younger children. Practices conducting R/R may benefit financially if they can generate additional well-child care visits and keep supply costs low.

Effectiveness and Cost of Immunization Recall at School-Based Health Centers

Allison Kempe, Jennifer Barrow, Shannon Stokley, Alison Saville, Judith E. Glazner, Christina Suh, Steven Federico, Lisa Abrams, Laura Seewald, Brenda Beaty, Matthew F. Daley, and L. Miriam Dickinson
Pediatrics 2012; 129:e1446-e1452

Abstract

BACKGROUND AND OBJECTIVE: Effectiveness of recall for immunizations has not been examined in the setting of school-based health centers (SBHCs). We assessed (1) immunization rates achieved with recall among sixth-grade girls (demonstration study); (2) effectiveness of recall among sixth-grade boys (randomized controlled trial [RCT]); and (3) cost of conducting recall in SBHCs.
METHODS: During October 2008 through March 2009, in 4 Denver public SBHCs, we conducted (1) a demonstration study among 265 girls needing ≥1 recommended adolescent vaccine and (2) an RCT among 264 boys needing vaccines, with half randomized to recall and half receiving usual care. Immunization rates for recommended adolescent vaccines were assessed 6 months after recall. First dose costs were assessed by direct observation and examining invoices.
RESULTS: At the end of the demonstration study, 77% of girls had received ≥1 vaccine and 45% had received all needed adolescent vaccines. Rates of receipt among those needing each of the vaccines were 68% (160/236) for tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine, 57% (142/248) for quadrivalent meningococcal conjugate vaccine, and 59% (149/253) for the first human papillomavirus vaccine. At the end of the RCT, 66% of recalled boys had received ≥1 vaccine and 59% had received all study vaccines, compared with 45% and 36%, respectively, of the control group (P < .001). Cost of conducting recall ranged from $1.12 to $6.87 per recalled child immunized.
CONCLUSIONS: SBHC-based recall was effective in improving immunization rates for all adolescent vaccines, with effects sizes exceeding those achieved with younger children in practice settings.

Middle School Vaccination Requirements and Adolescent Vaccination Coverage

Erin Bugenske, Shannon Stokley, Allison Kennedy, and Christina Dorell
Pediatrics 2012; 129:1056-1063

Abstract

OBJECTIVE: To determine if middle school vaccination requirements are associated with higher coverage for adolescent vaccines.

METHODS: School entry requirements for receipt of vaccination for school entry or education of parents for 3 vaccines recommended for adolescents: tetanus/diphtheria-containing (Td) or tetanus/diphtheria/acellular pertussis (TdaP), meningococcal conjugate (MenACWY), and human papillomavirus (HPV) vaccines in place for the 2008–2009 school year were reviewed for the 50 states and the District of Columbia. Vaccination coverage levels for adolescents 13 to 17 years of age by state requirement status and change in coverage from 2008 to 2009 were assessed by using the 2008–2009 National Immunization Survey-Teen.
RESULTS: For the 2008–2009 school year, 32 states had requirements for Td/TdaP (14 specifically requiring TdaP) and none required education; 3 states required MenACWY vaccine and 10 others required education; and 1 state required HPV vaccine and 5 required education. Compared with states with no requirements, vaccination requirements were associated with significantly higher coverage for MenACWY (71% vs 53%, P < .001) and Td/TdaP (80% vs 70%, P < .001) vaccines. No association was found between education-only requirements and coverage levels for MenACWY and HPV vaccines. States with new 2008–2009 vaccination requirements (n = 6, P = .04) and states with preexisting vaccination requirements (n = 26, P = .02) for Td/TdaP experienced a significant increase in TdaP coverage over states with no requirements.
CONCLUSIONS: Middle school vaccination requirements are associated with higher coverage for Td/TdaP and MenACWY vaccines, whereas education-only requirements do not appear to increase coverage levels for MenACWY or HPV vaccines. The impact on coverage should continue to be monitored as more states adopt requirements.

Pharmacoeconomics
June 1, 2012 - Volume 30 - Issue 6 pp: 447-535
http://adisonline.com/pharmacoeconomics/pages/currenttoc.aspx
[Reviewed earlier]

PLoS One
[Accessed 2 June 2012]
http://www.plosone.org/article/browse.action;jsessionid=577FD8B9E1F322DAA533C413369CD6F3.ambra01?field=date
Post-Arrival Health Screening in Karen Refugees in Australia
Georgia A. Paxton, Katrina J. Sangster, Ellen L. Maxwell, Catherine R. J. McBride, Ross H. Drewe
PLoS ONE: Research Article, published 31 May 2012 10.1371/journal.pone.0038194
Abstract
Objective
To document the prevalence of nutritional deficiencies, infectious diseases and susceptibility to vaccine preventable diseases in Karen refugees in Australia.
Design
Retrospective audit of pathology results.
Setting
Community based cohort in Melbourne over the period July 2006–October 2009.
Participants

1136 Karen refugee children and adults, representing almost complete local area settlement and 48% of total Victorian Karen humanitarian intake for the time period.
Main Outcome Measures
Prevalence of positive test results for refugee health screening, with breakdown by age group (<6 years, 6–11 years, 12–17 years, 18 years and older).
Results
Overall prevalence figures were: anaemia 9.2%, microcytosis 19.1%, iron deficiency 13.1%, low vitamin B12 1.5%, low folate 1.5%, abnormal thyroid function tests 4.4%, vitamin D<50 nmol/L 33.3%, hypocalcaemia 7.4%, raised alkaline phosphatase 5.2%, abnormal liver transaminases 16.1%, hepatitis B surface antigen positive 9.7%, hepatitis B surface antibody positive 49.5%, isolated hepatitis B core antibody positive 9.0%, hepatitis C positive 1.9%, eosinophilia 14.4%, Schistosoma infection 7%, Strongyloides infection 20.8%, malaria 0.2%, faecal parasites 43.4%. Quantiferon-gold screening was positive in 20.9%. No cases of syphilis or HIV were identified. Serological immunity to vaccine preventable diseases was 87.1% for measles, 95% for mumps and 66.4% for rubella; 56.9% of those tested had seroimmunity to all three.
Conclusions
Karen refugees have high rates of nutritional deficiencies and infectious diseases and may be susceptible to vaccine preventable diseases. These data support the need for post-arrival health screening and accessible, funded catch-up immunisation.

PLoS Medicine
(Accessed 2 June 2012)
http://www.plosmedicine.org/article/browse.action?field=date
[No new relevant content]

PLoS Neglected Tropical Diseases
May 2012
http://www.plosntds.org/article/browseIssue.action
Editorial
Chagas Disease: "The New HIV/AIDS of the Americas"
Peter J. Hotez, Eric Dumonteil, Laila Woc-Colburn, Jose A. Serpa, Sarah Bezek, Morven S. Edwards, Camden J. Hallmark, Laura W. Musselwhite, Benjamin J. Flink, Maria Elena Bottazzi
Endemic Chagas disease has emerged as an important health disparity in the Americas. As a result, we face a situation in both Latin America and the US that bears a resemblance to the early years of the HIV/AIDS pandemic.

PNAS - Proceedings of the National Academy of Sciences of the United States of America
(Accessed 2 June 2012)
http://www.pnas.org/content/early/recent
[No new relevant content]

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

Science
1 June 2012 vol 336, issue 6085, pages 1069-1196
http://www.sciencemag.org/current.dtl
[No relevant content]

Science Translational Medicine
30 May 2012 vol 4, issue 136
http://stm.sciencemag.org/content/current
[No relevant content]

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]

Vaccine
http://www.sciencedirect.com/science/journal/0264410X
Volume 30, Issue 28 pp. 4123-4298 (13 June 2012)
Regular Papers
Public perspectives on consent for the linkage of data to evaluate vaccine safety
Original Research Article
Pages 4167-4174
Jesia G. Berry, Michael S. Gold, Philip Ryan, Katherine M. Duszynski, Annette J. Braunack-Mayer, For the Vaccine Assessment Using Linked Data (VALiD) Working Group
Abstract
Introduction
We sought community opinion on consent alternatives when linking childhood immunisation and hospital attendance records for the purpose of vaccine safety surveillance.
Methods
We conducted computer-assisted telephone interviewing (CATI) of a sample of rural and metropolitan residents of South Australia in 2011.
Results
Of 2002 households interviewed (response rate 55.6%), 96.4% supported data linkage for postmarketing surveillance of vaccines; very few were completely opposed (1.5%) or undecided (2.2%). The majority (75.3%) trusted the privacy protections used in data linkage and most wished to have minimal or no direct involvement, preferring either opt-out consent (40.4%) or no consent (30.6%). A quarter of respondents (24.6%)

favoured opt-in consent, but their preferences were divergent; half requested consent be sought prior to every use (11.4%) while the remainder preferred to give broad consent just once (3.4%) or renewed at periodic intervals (9.8%). Over half of the respondents gave higher priority to rapid vaccine safety surveillance (56.5%) rather than first seeking parental consent (26.6%) and one in seven was undecided (14.5%). Although 91.6% of respondents believed childhood vaccines are safe, over half (53.1%) were very or somewhat concerned that a vaccine could cause a serious reaction. Nevertheless, 92.4% of the parents in the sample (556/601) reported every child in their care as being fully immunised according to the National Immunisation Program schedule. Only 3.7% of parents (22/601) reported one or more children as under immunised, and 3.9% (23/601) reported that none of their children were immunised.
Conclusions
This survey demonstrates that data linkage for vaccine safety surveillance has substantial community support and that a system utilising opt-out consent or no consent was preferred to one using opt-in consent. These findings should inform public health policy and practice; data linkage should be established where feasible to address limitations in passive surveillance systems.

Indirect, out-of-pocket and medical costs from influenza-related illness in young children

Original Research Article
Pages 4175-4181
Ismael R. Ortega-Sanchez, Noelle-Angelique M. Molinari, Gerry Fairbrother, Peter G. Szilagyi, Kathryn M. Edwards, Marie R. Griffin, Amy Cassedy, Katherine A. Poehling, Carolyn Bridges, Mary Allen Staat

Abstract
Background
Studies have documented direct medical costs of influenza-related illness in young children, however little is known about the out-of-pocket and indirect costs (e.g., missed work time) incurred by caregivers of children with medically attended influenza.
Objective
To determine the indirect, out-of-pocket (OOP), and direct medical costs of laboratory-confirmed medically attended influenza illness among young children.
Methods
Using a population-based surveillance network, we evaluated a representative group of children aged <5 years with laboratory-confirmed, medically attended influenza during the 2003–2004 season. Children hospitalized or seen in emergency department (ED) or outpatient settings in surveillance counties with laboratory-confirmed influenza were identified and data were collected from medical records, accounting databases, and follow-up interviews with caregivers. Outcome measures included work time missed, OOP expenses (e.g., over-the-counter medicines, travel expenses), and direct medical costs. Costs were estimated (in 2009 US Dollars) and comparisons were made among children with and without high risk conditions for influenza-related complications.
Results
Data were obtained from 67 inpatients, 121 ED patients and 92 outpatients with laboratory-confirmed influenza. Caregivers of hospitalized children missed an average of 73 work hours (estimated cost $1456); caregivers of children seen in the ED and outpatient clinics missed 19 ($383) and 11 work hours ($222), respectively. Average OOP expenses were $178, $125 and $52 for inpatients, ED-patients and outpatients,

respectively. OOP and indirect costs were similar between those with and without high risk conditions ($p > 0.10$). Medical costs totaled $3990 for inpatients and $730 for ED-patients.

Conclusions

Out-of-pocket and indirect costs of laboratory-confirmed and medically attended influenza in young children are substantial and support the benefits of vaccination.

Factors mediating seasonal and influenza A (H1N1) vaccine acceptance among ethnically diverse populations in the urban south

Original Research Article

Pages 4200-4208

Paula M. Frew, Julia E. Painter, Brooke Hixson, Carolyn Kulb, Kathryn Moore, Carlos del Rio, Alejandra Esteves-Jaramillo, Saad B. O

Abstract

Objective

We examined the acceptability of the influenza A (H1N1) and seasonal vaccinations immediately following government manufacture approval to gauge potential product uptake in minority communities. We studied correlates of vaccine acceptance including attitudes, beliefs, perceptions, and influenza immunization experiences, and sought to identify communication approaches to increase influenza vaccine coverage in community settings.

Methods

Adults ≥18 years participated in a cross-sectional survey from September through December 2009. Venue-based sampling was used to recruit participants of racial and ethnic minorities.

Results

The sample ($N = 503$) included mostly lower income (81.9%, $n = 412$) participants and African Americans (79.3%, $n = 399$). Respondents expressed greater acceptability of the H1N1 vaccination compared to seasonal flu immunization ($t = 2.86$, $p = 0.005$) although H1N1 vaccine acceptability was moderately low (38%, $n = 191$). Factors associated with acceptance of the H1N1 vaccine included positive attitudes about immunizations [OR = 0.23, CI (0.16, 0.33)], community perceptions of H1N1 [OR = 2.15, CI (1.57, 2.95)], and having had a flu shot in the past 5 years [OR = 2.50, CI (1.52, 4.10). The factors associated with acceptance of the seasonal flu vaccine included positive attitudes about immunization [OR = 0.43, CI (0.32, 0.59)], community perceptions of H1N1 [OR = 1.53, CI (1.16, 2.01)], and having had the flu shot in the past 5 years [OR = 3.53, CI (2.16, 5.78)]. Participants were most likely to be influenced to take a flu shot by physicians [OR = 1.94, CI (1.31, 2.86)]. Persons who obtained influenza vaccinations indicated that Facebook ($\chi2 = 11.7$, $p = 0.02$) and Twitter ($\chi2 = 18.1$, $p = 0.001$) could be useful vaccine communication channels and that churches ($\chi2 = 21.5$, $p < 0.001$) and grocery stores ($\chi2 = 21.5$, $p < 0.001$) would be effective "flu shot stops" in their communities.

Conclusions

In this population, positive vaccine attitudes and community perceptions, along with previous flu vaccination, were associated with H1N1 and seasonal influenza vaccine acceptance. Increased immunization coverage in this community may be achieved through physician communication to dispel vaccine conspiracy beliefs and discussion about vaccine protection via social media and in other community venues.

Cost-effectiveness of 13-valent pneumococcal conjugate vaccine in Switzerland
Original Research Article
Pages 4267-4275
Patricia R. Blank, Thomas D. Szucs
Abstract
The 7-valent pneumococcal conjugate vaccine (PCV7) has been shown to be highly cost-effective. The 13-valent pneumococcal conjugate vaccine (PCV13) offers seroprotection against six additional serotypes. A decision-analytic model was constructed to estimate direct medical costs and clinical effectiveness of PCV13 vaccination on invasive pneumococcal disease (IPD), pneumonia, and otitis media relative to PCV7 vaccination. The option with a one-dose catch-up vaccination in children of 15–59 months was also considered. Assuming 83% vaccination coverage and considering indirect effects, 1808 IPD, 5558 pneumonia and 74,136 otitis media cases could be eliminated from the entire population during a 10-year modelling period. The PCV13 vaccination programme would lead to additional costs (+€26.2 Mio), but saved medical costs of −€77.1 Mio due to cases averted and deaths avoided, overcompensate these costs (total cost savings −€50.9 Mio). The national immunisation programmes with PCV13 can be assumed cost saving when compared with the current vaccine PCV7 in Switzerland.

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
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