Center for Vaccine Ethics and Policy
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Vaccines: The Week in Review
30 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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Report: WHO - Accountability of Dr Margaret Chan during her first term as WHO Director-General

June 2012

"This document sets out the Director General's assessment of achievements, setbacks, and remaining challenges, structured around the 22 specific promises made prior to her election." http://www.who.int/entity/dg/Report_card_cover_28_06.pdf

Forward:

Keeping promises

During 2006, to support my candidacy for the post of WHO Director-General, I issued a manifesto with a six-point agenda for leading the Organization forward. Specific commitments were made under each agenda item. I promised results and am holding myself accountable.

This document sets out my frank and personal assessment of achievements, setbacks, and remaining challenges, structured around the 22 specific promises I made prior to my election.

These commitments were personal and are not always formal WHO priorities, which are established by Member States. Some commitments addressed neglected problems. Others aligned with internationally agreed goals. Still others were "natural" choices as they reflect the traditional technical strengths of WHO.

Given the large number of agencies and initiatives working to improve health, many of the achievements described in this document cannot be attributed solely to the efforts of WHO. At the same time, WHO has unquestionably shaped the health agenda and gathered the technical expertise and guidance that have paved the way for other initiatives to move forward towards their goals.

Across the board, the greatest gains were made when governments gave health objectives high-level political support. In such cases, the job of WHO, at country, regional, and head office levels, has been to follow the country's lead, stepping in with technical support and guidance whenever needed or requested.

I am proud that WHO, as a custodian of vast technical expertise, can be called upon to provide this kind of support, and trusted to deliver it well.

Midway through my term, the world was rocked by financial, fuel, and food crises, all highly contagious and all with disruptive and lingering effects. I am equally pleased that the determination to improve health remained steadfast despite these jolts, though the task has, in some areas, become harder as funding has fallen.

As my first term in office draws to a close, I humbly submit this personal account of my promises made nearly six years ago, and the extent to which these promises have been kept.

Extracts around immunization/vaccine topics and issues

p.2 "…To expand the power of vaccines to save lives, innovative mechanisms were established to purchase more vaccines and guarantee a market for new vaccines that protect against pneumonia and severe diarrhoea, the two biggest killers of young children. With GAVI support, many countries added yellow fever, hepatitis B, rotavirus, and pneumonococal vaccines to their routine immunization programmes. For the rotavirus vaccine, the impact in early-adopting countries was dramatic, in some cases halving deaths from diarrhoeal disease.

"The Decade of Vaccines was launched in 2010. The following year, leading drug companies announced significant slashes in vaccine prices for the developing world, including a 95% price reduction for the new rotavirus vaccines. Also in 2011, donors pledged more than $4 billion to support the work of GAVI, an amount that exceeded expectations.

"Despite these positive developments, several countries were reluctant to introduce expensive new vaccines into their routine immunization programmes, especially in the absence of an evidence base demonstrating their efficacy. To guide sound policy decisions, WHO supported research, funded in part by GAVI, to establish an evidence base, published in a 2012 supplement to the journal Vaccine, assessing the efficacy of oral rotavirus vaccines in a range of epidemiological settings…."

p.7 "…Several public-private partnerships established to develop new products for the neglected diseases of the poor have matured. Vaccines for malaria have reached the most advanced stage of clinical trials ever experienced for this disease. The Medicines for Malaria Venture has recently licensed new products and has a promising portfolio of novel molecules in the R&D pipeline.

"The Meningitis Vaccine Project, coordinated by WHO and PATH, culminated in December 2010 with the introduction of a new conjugate vaccine, priced at only 50 cents per dose, in the most hyper-endemic countries among the 25 countries that make up Africa's Meningitis Belt. Coverage was expanded in 2011, when more than 35 million people were protected, promising to end the terror and havoc of recurring seasonal epidemics. The payback will be enormous. A single case of meningitis can cost a household the equivalent of three to four months of income. Mounting a reactive emergency response to epidemics can absorb more than 5% of the country's entire health budget.

"African countries frequent have to wait years, if not decades, for new medical products to trickle into their health systems. For once, the best technology that the world, working together, can offer was introduced in Africa.

"The WHO prequalification programme allows manufacturers from low- and middle-income countries to enter the market on an equal footing with established manufacturers, provided they produce products that meet international standards for quality, efficacy, and safety. Expansion of the programme continues to change the dynamics of the market for public health vaccines. By assuring the quality of products manufactured in developing and emerging economics, the programme has increased competition as well as supplies, getting prices down and augmenting the purchasing power of investment dollars…."

p.8

…Commitment: Complete polio eradication.

"This commitment has not been met. Though progress towards polio eradication has been made, the goal remains elusive. At the request of the World Health Assembly, an Independent Monitoring Board was convened to monitor and guide the progress of the Global Polio Eradication Initiative's 2010–2012 Strategic Plan. The plan aims to interrupt polio transmission globally by the end of 2012.

"The Board's reports have been frequent and hard-hitting. They are consistently frank in their assessment of obstacles and strident in their demands for better programme performance. This public and critical prodding, which has included some bold proposals for doing things differently, brought several significant changes in both operational aspects of the initiative and signals of government commitment in the remaining countries where transmission continues.

"In May 2012, the Health Assembly approved a resolution declaring the completion of poliovirus eradication a "programmatic emergency for public health, requiring the full implementation of current and new eradication strategies, the institution of strong national oversight and accountability mechanisms for all areas affected by poliovirus, and the application of appropriate vaccination recommendations for all travellers to and from areas affected with poliovirus. "

"In June 2012, the Independent Monitoring Board issued its most optimistic report to date. As noted, polio is at its lowest level since records began and the virus is gone from India, "a magnificent achievement and proof of the capability of a country to succeed." The report also stressed the magnitude of remaining challenges, pointing out that 2.7 million children in the persistently affected countries have never received even a single dose of polio vaccine. While recent successes have created a unique window of opportunity, the current funding shortfall threatens to undermine the increasing containment of the virus. As the report concluded, "the prize of a polio-free world is drawing closer, but is far from secure"…

p.11 "…In 2010, the international humanitarian community was overwhelmed by two mega-disasters following the earthquake in Haiti and the massive floods in Pakistan. Events in Haiti, and earlier in Zimbabwe, dramatically illustrated the impact of cholera on vulnerable populations. No one anticipated the cholera outbreak in Haiti, a country that had not seen a case of this disease for more than half a century.

"The international humanitarian community needs to anticipate that, as the climate continues to change and extreme weather events become more common, more mega-disasters will occur, often accompanied by outbreaks of infectious diseases. As part of the reform process at WHO, capacity to lead the health cluster during humanitarian

emergencies is being strengthening, also by relying on mechanisms and operational protocols that have been so successful in outbreak response.

"Mechanisms that worked well against epidemics of meningitis and yellow fever are now being used to strengthen WHO's response to cholera outbreaks. The deaths in Haiti were way too high and tragic, but each and every year in Africa, similar numbers of people, sometimes more, die from cholera.

"Much controversy has surrounded the role of vaccines in bringing a cholera outbreak under control. In April 2012, WHO brought the world's top cholera experts to Geneva for an urgent consultation. They advised WHO to establish a 2-million dose stockpile of oral cholera vaccines, under the same umbrella mechanism as used for vaccines for epidemic meningitis and outbreaks of yellow fever. WHO will do so, also as a way of stimulating increased vaccine manufacturing capacity.

"At the same time, vaccines will not solve the cholera problem. Evidence of the impact of vaccines during cholera outbreaks is incomplete. This is another objective of the initiative: to gather the evidence to support well-informed policy decisions when responding to future outbreaks of cholera…."

Milestone: European Region marks tenth anniversary of polio-free certification

Copenhagen, 21 June 2012

"The WHO European Region marked 10 years since it was certified free of poliomyelitis (polio). Stopping transmission of indigenous wild poliovirus in the 53 countries in the Region was a landmark in the effort to eradicate polio globally, and helped accelerate international momentum towards that goal. Certification "followed years of intensive effort by Member States, supported by a public–private coalition of WHO, the United Nations Children's Fund (UNICEF), Rotary International and the United States Centers for Disease Control and Prevention (CDC). Thus, countries demonstrated the value of large, internationally coordinated vaccination campaigns and of special efforts to reach traditionally underserved groups, such as migrants or nomads."

"…the past 10 years have not been without challenges, as surveillance for polio and immunity against it have waned. While poliovirus could travel to the Region easily from infected areas, this had not led to outbreaks before 2010, thanks to quick detection and a well-vaccinated population. By 2010, however, immunity had dropped to the point where an importation of wild poliovirus type 1 led to a large polio outbreak in Tajikistan and three neighbouring countries. This outbreak paralysed 478 people – including many adults – and killed 29. The risk of further deadly outbreaks is rising, underscoring the urgent need to eradicate polio globally.

"We have had many successes in the past 10 years, and we should recognize and applaud them," said the WHO Regional Director for Europe, Zsuzsanna Jakab. "When we faced challenges, such as the 2010 outbreak, we saw countries and international partners mount a rapid and effective response. While this was a powerful reminder of the success we can achieve when we work together to fight common threats, it is important to emphasize that we cannot afford to become complacent. What we do here in Europe will have a significant impact on both the regional and global fight to eradicate polio."

…"Less than 24 months ago, the countries of Europe rallied to respond to a terrible outbreak on the Region's eastern borders," said Bruce Aylward, WHO Assistant Director-General for Polio, Emergencies and Country Collaboration at WHO headquarters. "Today, there are fewer cases of polio in fewer places of the world than ever before, but Europe faces the spectre of similar outbreaks unless it invests in the emergency plan to eradicate polio in the last reservoirs of the virus. The generosity of the people and governments of Europe will be essential to protecting future generations of children in perpetuity."
http://www.euro.who.int/en/what-we-publish/information-for-the-media/sections/latest-press-releases/european-region-marks-tenth-anniversary-of-polio-free-certification

GAVI said it launched a public consultation on its Country by Country Approach. The consultation will be open until Monday 30 July 2012. At its November 2011, the GAVI Alliance Board requested the Secretariat "to develop a policy that clearly defines the GAVI Alliance's approach to fragile and under-performing countries". The main objectives of this work are to:
- Recognise current limitations faced by a subset of countries in their ability to access and leverage GAVI support.
- Ensure that country-specific challenges to accessing immunisation support are identified.
- Propose flexibilities in current GAVI policies and how they could be applied equitably on a country by country basis.

Based on preliminary analysis from the work, GAVI's Programme and Policy Committee (PPC) on 23-24 April 2012 "agreed that a country by country approach would be a more useful option than developing a policy centred on a specific fragile states definition. At the PPC, it was further agreed that links with fragility would, if possible, include immunisation coverage and government structure. The policy should stay simple and indicate clearly what the approaches are and who is eligible, and the final framework should be transparent to avoid an unfair application of the policy between countries." The Country by Country policy process has consisted of country and expert consultations with various groups of stakeholders.

The consolidated comments and feedback received during this consultation process as well as a revised draft version of the Country by Country Approach and framework will be presented to the PPC in October before it is taken to the Board for endorsement in December 2012.
More information is available on the GAVI Alliance website
http://www.gavialliance.org/about/gavis-business-model/country-by-country-approach/

GAVI posted documentation associated with its Board meeting held 12-13 June 2012 in Washington DC: http://www.gavialliance.org/about/governance/gavi-board/minutes/2012/12-june/
Editor's Note: The GAVI Board meting covered a range of topics as detailed in the posted agenda document. WE extract language about a specific decision on measles below:
Decision 7: Options for enhancing GAVI's investment in measles prevention
The GAVI Alliance Board:

¼Approved, on an exceptional basis, the Secretariat to put in place the necessary arrangements in accordance with Annex 2, Option 2 of Doc 12, for six large countries at high risk of measles outbreaks (Afghanistan, Chad, DR Congo, Ethiopia, Nigeria, and Pakistan) to be able to receive GAVI support for measles vaccines and operational costs until these countries are forecasted to have implemented a measles-rubella (MR) campaign, or by no later than 2017. This support would be provided in collaboration with the Measles & Rubella Initiative (MR Initiative, formerly the Measles Initiative).
- Approved US$ 55 million to be made available to the MR Initiative through the UN Foundation for use through 2017 for outbreaks and other emerging needs requiring rapid responses, using the mechanism described in Annex 2, Option 1 of Doc 12.
- Requested the Secretariat - given the importance of measles as an indication of country support for routine immunisation – to develop an indicator for measles first dose routine vaccine coverage as part of the achievement of GAVI's 2011-2015 Strategy for review by the Evaluation Advisory Committee.

World Bank President Robert B. Zoellick said he would join the Belfer Center for Science and International Affairs at Harvard University and the Peterson Institute for International Economics in Washington DC after he steps down as World Bank Group President on June 30. Mr. Zoellick will become the Peterson Institute's first Distinguished Visiting Fellow as a Senior Fellow at the Belfer Center.
http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:23229940~pagePK:34370~piPK:34424~theSitePK:4607,00.html

The **Weekly Epidemiological Record (WER) for 29 June 2012**, vol. 87, 26 (pp 245–252) includes: Index of countries/areas; Index, Volume 87, 2012, Nos. 1–26; Performance of acute flaccid paralysis (AFP) surveillance and incidence of poliomyelitis, 2012
http://www.who.int/entity/wer/2012/wer8726.pdf

The **MMWR Weekly for June 29, 2012** / Vol. 61 / No. 25 includes:
- Progress in Immunization Information Systems — United States, 2010
- Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis (Tdap) Vaccine in Adults Aged 65 Years and Older — Advisory Committee on Immunization Practices (ACIP), 2012

Twitter Watch *[accessed 30 June 2012 – 15:52]*
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.

OPS/OMS @opsoms
New partner organizations back water and sanitation investments to eliminate cholera from #Hispaniola. Check it out. http://fb.me/1zH3D344E
Retweeted by PAHO/WHO
2:58 PM - 30 Jun 12

UN Development @UNDP
Check out this insightful 2012 edition of the World Economic & Social Survey: http://bit.ly/McLUXI v @unpublications
3:30 PM - 30 Jun 12

USAID @USAID
Learn how we are reforming the agency: http://ow.ly/bVk1x #USAIDForward
3:05 PM - 30 Jun 12

UNICEF @UNICEF
In #Zimbabwe, a weeklong #immunization campaign focuses on ending preventable diseases http://uni.cf/MGlxVW #vaccineswork
12:16 PM - 30 Jun 12

World Bank @WorldBank
World Bank Group support to promote growth and overcome poverty in developing countries hits nearly $53 billion in 2012 http://bit.ly/KJ29WM
10:24 PM - 29 Jun 12

HarvardPublicHealth @HarvardHSPH
TB is mistakenly viewed as a problem of poverty, experts say: "Anyone can get it" http://ht.ly/bVl9t #globalhealth
4:56 PM - 29 Jun 12

WHO @WHO
Dr Chan's statement looking back at what she accomplished during her first term as WHO Director-General http://goo.gl/Yp1eY
12:30 PM - 29 Jun 12

Arthur Caplan @ArthurCaplan
hpv and catholic bishop http://www.theglobeandmail.com/commentary/we-all-need-the-hpv-vaccine/article4375582/
8:17 PM - 28 Jun 12

UN Spokesperson @UN_Spokesperson
#UNSG's remarks to General Assembly on outcome of #Rioplus20 http://bit.ly/NSHDaM
5:18 PM - 28 Jun 12

Seth Berkley @GAVISeth
See @GAVIAlliance's impact by the numbers in our 2011 progress report. Great strides in #globalhealth: http://bit.ly/MY3g55
11:45 AM - 28 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

Analysis: *Aligning U.S. Health Care with U.S. Foreign Policy*

Council on Foreign Relations | 28 June 2012

Laurie Garrett

Extract

Millions of lives are prolonged or saved throughout the world, thanks to United States-supported health programs. But Americans aren't so lucky. For many, the best way to get affordable treatment at U.S. taxpayers' expense might be to move to a poor country that is committed to building universal coverage, backed by U.S. development aid.

The Supreme Court decision on the Affordable Care Act (PDF) opens the possibility that the United States may now begin to domestically implement policies that foreign aid agencies and the Department of Defense have long supported, both politically and economically, as elements of U.S. foreign policy. It may now be possible to harmonize longstanding U.S. foreign and domestic policies regarding health-care access for poor and middle class peoples…

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

19 June 2012, Vol. 156. No. 12

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

[Reviewed earlier]

British Medical Bulletin

Volume 102 Issue 1 June 2012

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

[Reviewed earlier; No relevant content]

British Medical Journal
30 June 2012 (Vol 344, Issue 7863)
http://www.bmj.com/content/344/7863
[No relevant content]

Bulletin of the World Health Organization
Volume 90, Number 7, July 2012, 477-556
http://www.who.int/bulletin/volumes/90/7/en/index.html
Supplementary polio immunization activities and prior use of routine immunization services in non-polio-endemic sub-Saharan Africa
Stephane Helleringer, Jemima A Frimpong, Jalaa Abdelwahab, Patrick Asuming, Hamadassalia Touré, John Koku Awoonor-Williams, Thomas Abachie & Flavia Guidetti
http://www.who.int/entity/bulletin/volumes/90/7/11-092494/en/index.html
Objective
To determine participation in polio supplementary immunization activities (SIAs) in sub-Saharan Africa among users and non-users of routine immunization services and among users who were compliant or non-compliant with the routine oral poliovirus vaccine (OPV) immunization schedule.
Methods
Data were obtained from household-based surveys in non-polio-endemic sub-Saharan African countries. Routine immunization service users were children (aged < 5 years) who had ever had a health card containing their vaccination history; non-users were children who had never had a health card. Users were considered compliant with the OPV routine immunization schedule if, by the SIA date, their health card reflected receipt of required OPV doses. Logistic regression measured associations between SIA participation and use of both routine immunization services and compliance with routine OPV among users.
Findings
Data from 21 SIAs conducted between 1999 and 2010 in 15 different countries met inclusion criteria. Overall SIA participation ranged from 70.2% to 96.1%. It was consistently lower among infants than among children aged 1–4 years. In adjusted analyses, participation among routine immunization services users was > 85% in 12 SIAs but non-user participation was > 85% in only 5 SIAs. In 18 SIAs, participation was greater among users ($P < 0.01$ in 16, 0.05 in 1 and < 0.10 in 1) than non-users. In 14 SIAs, adjusted analyses revealed lower participation among non-compliant users than among compliant users ($P < 0.01$ in 10, < 0.05 in 2 and < 0.10 in 2).
Conclusion
Large percentages of children participated in SIAs. Prior use of routine immunization services and compliance with the routine OPV schedule showed a strong positive association with SIA participation.
PERSPECTIVES
Cash transfer schemes and the health sector: making the case for greater involvement

- Ian Forde et al.
doi: 10.2471/BLT.11.097733
Extract

Cash transfer schemes can be important contributors to human development and social protection. Although they have significant health benefits, they have rarely been considered an integral part of the health policy portfolio. We believe that a case can be made for greater health sector involvement in the design, implementation and evaluation of such schemes.

Cash transfers (CTs) are attracting increasing interest as effective and acceptable means of improving the welfare of disadvantaged households in low- and middle-income countries. They give households regular, predictable amounts of money in the form of pensions, child benefits or regular household grants. Although such social protection mechanisms are often the norm in high-income countries, CTs have historically been rare in low- and middle-income countries. Instead, governments and donors have typically preferred supply-side interventions (expanding health care coverage, for example) or in-kind transfers of goods or food. Financial shocks during the late 1990s, however, triggered a global shift towards social protection schemes more closely resembling European models (emphasizing social security rather than assistance as a last resort). This shift also reflected a desire to correct shortcomings associated with reforms advocated under the Washington consensus, characterized by the dismantling of State services and their replacement with segmented private services…

Reduced price on rotavirus vaccines: enough to facilitate access where most needed?

- Lizell B Madsen et al.
doi: 10.2471/BLT.11.094656
Introduction

Rotavirus infections, the most common cause of severe childhood diarrhoea, result in approximately 527 000 child deaths every year. The majority of these deaths occur in low-income countries, particularly in Africa and Asia.[1] Rotavirus-associated diarrhoea can be prevented by new live attenuated human rotavirus vaccines. These vaccines have proved safe and efficacious in large-scale clinical trials and post-licensure studies have confirmed their effectiveness in middle- and high-income countries.[2,3] However, they have only been partially implemented in national immunization programmes in low-income countries, even though these countries have higher rates of death from rotavirus infection.[4]

The pharmaceutical companies behind the two internationally licensed rotavirus vaccines, Rotarix® (GlaxoSmithKline Biologicals, Rixensart, Belgium) and RotaTeq® (Merck & Co. Inc., Whitehouse Station, United States of America), have recently pledged to the United Nations Children's Fund and the international donor community to provide their vaccines to low-income countries at greatly reduced prices.[4,5] In spite of these reductions, rotavirus vaccines continue to be more expensive than most traditional childhood vaccines included in the Expanded Programme on Immunization (EPI). This rekindles the traditional debate surrounding access to new childhood vaccines in low-income countries.

In this paper, we examine whether the newly-proposed vaccine prices are low enough to make rotavirus vaccines universally accessible to the millions of children in need of protection against rotavirus infection, a major threat to child health. Furthermore, we

discuss the steps that need to be taken in the future to facilitate the introduction of rotavirus vaccines and ensure their sustained financing in low-income countries.

Cost Effectiveness and Resource Allocation
(Accessed 30 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
[Reviewed earlier]

Eurosurveillance
Volume 17, Issue 26, 28 June 2012
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Review articles
Healthcare workers' role in keeping MMR vaccination uptake high in Europe: a review of evidence
B Simone, P Carrillo-Santisteve, P L Lopalco
http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20206
Abstract [Free full text]
Measles is a highly contagious and potentially fatal disease. Europe is far from the 95% coverage rates necessary for elimination of the disease, although a safe and cost-effective vaccine is available. We reviewed the literature on studies carried out in European countries from January 1991 to September 2011 on knowledge, attitudes and practices of health professionals towards measles vaccination and on how health professionals have an impact on parental vaccination choices. Both quantitative and qualitative studies were considered: a total of 28 eligible articles were retrieved. Healthcare workers are considered by parents as a primary and trustworthy source of information on childhood vaccination. Gaps in knowledge and poor communication from healthcare workers are detrimental to high immunisation rates. Correct and transparent information for parents plays a key role in parental decisions on whether to have their children vaccinated. Healthcare workers' knowledge of and positive attitudes towards measles-mumps-rubella (MMR) vaccination are crucial to meeting the measles elimination goal. An effort should be made to overcome potential communication barriers and to strengthen vaccine education among healthcare professionals.

Global Health Governance
Volume V, Issue 2: Spring 2012
[Reviewed earlier]

Globalization and Health

[Accessed 30 June 2012]
http://www.globalizationandhealth.com/
Research
Global health and national borders: the ethics of foreign aid in a time of financial crisis
Johri M, Chung R, Dawson A and Schrecker T Globalization and Health 2012, 8:19 (28 June 2012)
*Abstract (*provisional) [Open Access]
Background
The governments and citizens of the developed nations are increasingly called upon to contribute financially to health initiatives outside their borders. Although international development assistance for health has grown rapidly over the last two decades, austerity measures related to the 2008 and 2011 global financial crises may impact negatively on aid expenditures. The competition between national priorities and foreign aid commitments raises important ethical questions for donor nations. This paper aims to foster individual reflection and public debate on donor responsibilities for global health.
Methods
We undertook a critical review of contemporary accounts of justice. We selected theories that: (i) articulate important and widely held moral intuitions; (ii) have had extensive impact on debates about global justice; (iii) represent diverse approaches to moral reasoning; and (iv) present distinct stances on the normative importance of national borders. Due to space limitations we limit the discussion to four frameworks.
Results
Consequentialist, relational, human rights, and social contract approaches were considered. Responsibilities to provide international assistance were seen as significant by all four theories and place limits on the scope of acceptable national autonomy. Among the range of potential aid foci, interventions for health enjoyed consistent prominence. The four theories concur that there are important ethical responsibilities to support initiatives to improve the health of the worst off worldwide, but offer different rationales for intervention and suggest different implicit limits on responsibilities.
Conclusions
Despite significant theoretical disagreements, four influential accounts of justice offer important reasons to support many current initiatives to promote global health. Ethical argumentation can complement pragmatic reasons to support global health interventions and provide an important foundation to strengthen collective action. The complete article is available as a provisional PDF. The fully formatted PDF and HTML versions are in production.

Health Affairs
June 2012; Volume 31, Issue 6
http://content.healthaffairs.org/content/current
Theme: Focus On The Care Span For The Elderly & Disabled
[Reviewed earlier; No relevant content]

Health and Human Rights

Vol 14, No 1 (2012)
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 4 July 2012
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

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
[Reviewed earlier]

JAMA
June 27, 2012, Vol 307, No. 24
http://jama.ama-assn.org/current.dtl
[No relevant content]

Journal of Health Organization and Management
Volume 26 issue 5 Published: 2012
http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest
[Reviewed earlier; No relevant content]

Journal of Infectious Diseases
Volume 206 Issue 2 July 15, 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
[Reviewed earlier; No relevant content]

Journal of Medical Microbiology
July 2012; 61 (Pt 7)
http://jmm.sgmjournals.org/content/current
[Reviewed earlier]

The Lancet
Jun 30, 2012 Volume 379 Number 9835 p2401 - 2500
http://www.thelancet.com/journals/lancet/issue/current
Perspective
Profile -
Bill Foege: gentle giant of global health
Richard Lane
The Lancet's support for clinical trials in children and young people
Dougal S Hargreaves
Preview
In March, 2012, the European Medicines Agency (EMA) issued a call for more clinical trials to be done in children. Despite 5 years of European Union incentives to increase paediatric research, the EMA estimates that only 12% of clinical trials involve children.1 As a result, many medicines are still prescribed to children off licence.
Seminar
Cholera
Jason B Harris, Regina C LaRocque, Firdausi Qadri, Edward T Ryan, Stephen B Calderwood
Summary
Cholera is an acute, secretory diarrhoea caused by infection with Vibrio cholerae of the O1 or O139 serogroup. It is endemic in more than 50 countries and also causes large epidemics. Since 1817, seven cholera pandemics have spread from Asia to much of the world. The seventh pandemic began in 1961 and affects 3—5 million people each year, killing 120 000. Although mild cholera can be indistinguishable from other diarrhoeal illnesses, the presentation of severe cholera is distinct, with pronounced diarrhoeal purging. Management of patients with cholera involves aggressive fluid replacement; effective therapy can decrease mortality from more than 50% to less than 0·2%. Antibiotic treatment decreases volume and duration of diarrhoea by 50% and is recommended for patients with moderate to severe dehydration. Prevention of cholera depends on access to safe water and sanitation. Two oral cholera vaccines are available and the most effective use of these in integrated prevention programmes is being actively assessed.

The Lancet Infectious Disease
Jul 2012 Volume 12 Number 7 p497 - 576
http://www.thelancet.com/journals/laninf/issue/current

Comment

Understanding the efficacy variables of an HIV vaccine trial

José Esparza

Preview

In The Lancet Infectious Diseases, Merlin Robb and colleagues1 report results from a post-hoc analysis of the Thai HIV vaccine trial RV 144. The Article provides important insights into behavioural and temporal variables that might have affected the protective efficacy of the vaccine.

Articles

Risk behaviour and time as covariates for efficacy of the HIV vaccine regimen ALVAC-HIV (vCP1521) and AIDSVAX B/E: a post-hoc analysis of the Thai phase 3 efficacy trial RV 144

Merlin L Robb, Supachai Rerks-Ngarm, Sorachai Nitayaphan, Punnee Pitisuttithum, Jaranit Kaewkungwal, Prayura Kunasol, Chirasak Khamboonruang, Prasert Thongcharoen, Patricia Morgan, Michael Benenson, Robert M Paris, Joseph Chiu, Elizabeth Adams, Donald Francis, Sanjay Gurunathan, Jim Tartaglia, Peter Gilbert, Don Stablein, Nelson L Michael, Jerome H Kim

Summary

Background

The Thai phase 3 HIV vaccine trial RV 144 showed modest efficacy of a vaccine against HIV acquisition. Baseline variables of age, sex, marital status, and risk did not modify vaccine efficacy. We did a post-hoc analysis of the trial's data to investigate behavioural risk and efficacy every 6 months after vaccination.

Methods

RV 144 was a randomised, multicentre, double-blind, placebo-controlled efficacy trial testing the combination of the HIV vaccines ALVAC-HIV (vCP1521) and AIDSVAX B/E to prevent HIV infection or reduce setpoint viral load. Male and female volunteers aged 18—30 years were recruited from the community. In this post-hoc analysis of the modified intention-to-treat population (16 395 participants), HIV risk behaviour was assessed with a self-administered questionnaire at the time of initial vaccination in the trial and every 6 months thereafter for 3 years. We classified participants' behaviour as low, medium, or high risk. Both the acquisition endpoint and the early viral-load endpoint were examined for interactions with risk status over time and temporal effects after vaccination. Multiple proportional hazards regression models with treatment and time-varying risk covariates were analysed.

Findings

Risk of acquisition of HIV was low in each risk group, but 9187 (58·2%) participants reported higher-risk behaviour at least once during the study. Participants classified as high or increasing risk at least once during follow-up were compared with those who maintained low-risk or medium-risk behaviour as a time-varying covariate, and the interaction of risk status and acquisition efficacy was significant (p=0·01), with greater benefit in low-risk individuals. Vaccine efficacy seemed to peak early—cumulative vaccine efficacy was estimated to be 60·5% (95% CI 22—80) through the 12 months after initial vaccination—and declined quickly. Vaccination did not seem to affect viral load in either early or late infections.

Interpretation

Future HIV vaccine trials should recognise potential interactions between challenge intensity and risk heterogeneity in both population and treatment effects. The regimen tested in the RV 144 phase 3 trial might benefit from extended immunisation schedules.
Funding
US Army Medical Research and Materiel Command and Division of AIDS, National Institute of Allergy and Infectious Disease, National Institutes of Health.

Review

Optimising the manufacture, formulation, and dose of antiretroviral drugs for more cost-efficient delivery in resource-limited settings: a consensus statement

Keith W Crawford, David H Brown Ripin, Andrew D Levin, Jennifer R Campbell, Charles Flexner, for the participants of The Conference on Antiretroviral Drug Optimization

Summary

It is expected that funding limitations for worldwide HIV treatment and prevention in resource-limited settings will continue, and, because the need for treatment scale-up is urgent, the emphasis on value for money has become an increasing priority. The Conference on Antiretroviral Drug Optimization—a collaborative project between the Clinton Health Access Initiative, the Johns Hopkins University School of Medicine, and the Bill & Melinda Gates Foundation—brought together process chemists, clinical pharmacologists, pharmaceutical scientists, physicians, pharmacists, and regulatory specialists to explore strategies for the reduction of antiretroviral drug costs. The antiretroviral drugs discussed were prioritised for consideration on the basis of their market impact, and the objectives of the conference were framed as discussion questions generated to guide scientific assessment of potential strategies. These strategies included modifications to the synthesis of the active pharmaceutical ingredient (API) and use of cheaper sources of raw materials in synthesis of these ingredients. Innovations in product formulation could improve bioavailability thus needing less API. For several antiretroviral drugs, studies show efficacy is maintained at doses below the approved dose (eg, efavirenz, lopinavir plus ritonavir, atazanavir, and darunavir). Optimising pharmacoenhancement and extending shelf life are additional strategies. The conference highlighted a range of interventions; optimum cost savings could be achieved through combining approaches.

Fulfilling the promise of rotavirus vaccines: how far have we come since licensure?

Manish M Patel, Roger Glass, Rishi Desai, Jacqueline E Tate, Umesh D Parashar

Summary

Rotavirus is the most common cause of fatal and severe childhood diarrhoea worldwide. Two new rotavirus vaccines have shown efficacy against severe rotavirus disease in large clinical trials. Between 2006 and 2010, 27 countries introduced rotavirus vaccination into national immunisation programmes and, subsequently, the burden of severe rotavirus disease in these countries has decreased substantially in both vaccinated and unvaccinated children. Rotavirus vaccination has led to large, sustained declines in childhood deaths from diarrhoea in Brazil and Mexico, which supports estimates that rotavirus was the leading cause of diarrhoeal deaths in these countries. Studies after licensing have provided new insights into these vaccines, such as the duration of protection, relative effectiveness in poor populations, and strain evolution after vaccine introduction. The challenge for policy makers worldwide is to analyse the

effect of vaccination in early adopter countries and to assess whether the benefits outweigh the costs and encourage wider dissemination of these vaccines.

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

The Milbank Quarterly
June 2012 Volume 90, Issue 2 Pages 215–416
http://onlinelibrary.wiley.com/doi/10.1111/milq.2012.90.issue-2/issuetoc
[Reviewed earlier]

Nature
Volume 486 Number 7404 pp439-564 28 June 2012
http://www.nature.com/nature/current_issue.html
News Feature
Influenza: Five questions on H5N1
Scientists now know that the deadly bird flu virus is capable of causing a human pandemic. That makes tackling the remaining unknowns all the more urgent.
Ed Yong
21 June 2012 [Free full text]

Nature Immunology
July 2012, Volume 13 No 7 pp623-702
http://www.nature.com/ni/journal/v13/n7/index.html
[Reviewed earlier; No relevant content]

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

Nature Reviews Immunology
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 28, 2012 Vol. 366 No. 26
http://content.nejm.org/current.shtml

[No relevant content]

OMICS: A Journal of Integrative Biology
June 2012, 16(6)
http://online.liebertpub.com/toc/omi/16/6
[Reviewed earlier; No relevant content]

The Pediatric Infectious Disease Journal
July 2012 - Volume 31 - Issue 7 pp: A7-A8,667-794,e92-e98
http://journals.lww.com/pidj/pages/currenttoc.aspx
Original Studies
Bacteremic Pneumococcal Community-acquired Pneumonia in Children Less Than 5 Years of Age in Italy
Esposito, Susanna; Marchese, Anna; Tozzi, Alberto E.; Rossi, Giovanni A.; Dalt, Liviana Da; Bona, Gianni; Pelucchi, Claudio; Schito, Gian Carlo; Principi, Nicola; the Italian Pneumococcal CAP Group
Pediatric Infectious Disease Journal. 31(7):705-710, July 2012.
doi: 10.1097/INF.0b013e31825384ae
Abstract:
Background: This study was designed to determine the proportion of bacteremic pneumococcal cases in a group of pediatric subjects with community-acquired pneumonia (CAP), the importance of the different serotypes and the impact of the currently available pneumococcal conjugate vaccines (PCVs).
Methods: The study involved children who were ≤5 years with radiographically confirmed CAP admitted to hospital in Italy between September 2008 and March 2011. A diagnosis of laboratory-confirmed bacteremic pneumococcal CAP was made in the presence of a culture and/or real-time polymerase chain reaction (PCR) positive for Streptococcus pneumoniae.
Results: A total of 510 children were included in the study. Pneumococcal CAP was diagnosed in 73 cases (14.3%): S. pneumoniae was identified by means of positive real-time PCR in 67 cases (91.8%), a positive blood culture in 1 (1.4%) and both in 5 (6.8%). Complicated pneumonia was observed significantly more often in the pneumococcal-positive cases (P= 0.02) and empyema was the main complication (P= 0.007). Serotype 19A was most frequently encountered (17 cases; 25.8%), followed by serotypes 14 (10 cases, 15.1%), 4 (5 cases, 7.6%) and 3 (4 cases, 6.1%). The theoretical coverage offered by the available PCVs was calculated to be 31% for PCV7, 37% for PCV10 and 71% for PCV13.
Conclusions: In Italy, bacteremic pneumococcal CAP accounts for a significant number of CAP cases in children who were ≤5 years, with serotypes 19A and 14 being the most frequent. This suggests that PCV13 is the best means of preventing pneumococcal CAP.
Vaccine Reports
Postmarketing Surveillance of Intussusception Following Mass Introduction of the Attenuated Human Rotavirus Vaccine in Mexico
Velázquez, F. Raúl; Colindres, Romulo E.; Grajales, Concepción; Hernández, M. Teresa; Mercadillo, María Guadalupe; Torres, F. Javier; Cervantes-Apolinar, MariaYolanda;

DeAntonio-Suarez, Rodrigo; Ortega-Barria, Eduardo; Blum, Maxim; Breuer, Thomas; Verstraeten, Thomas
Pediatric Infectious Disease Journal. 31(7):736-744, July 2012.
doi: 10.1097/INF.0b013e318253add3
Abstract:
Background: Mexico initiated mass vaccination with the attenuated human rotavirus vaccine (Rotarix) in 2006. This postlicensure study aimed to assess any potential temporal association between vaccination and intussusception in Mexican infants.
Methods: Prospective, active surveillance for intussusception among infants aged less than 1 year was conducted in 221 hospitals across Mexico from the Mexican Institute of Social Security between January 2008 and October 2010. The temporal association between vaccination and intussusception was assessed by self-controlled case-series analysis.
Results: Of the 753 episodes of intussusception reported in 750 infants, 701 were in vaccinated infants (34.5% post–dose 1, 65.5% post–dose 2). The relative incidence of intussusception within 31 days of vaccination was 1.75 (95.5% confidence interval [CI]: 1.24–2.48; P = 0.001) post–dose 1 and 1.06 (95.5% CI: 0.75–1.48; P = 0.75) post–dose 2. The relative incidence of intussusception within 7 days of vaccination was 6.49 post–dose 1 (95.5% CI: 4.17–10.09; P < 0.001) and 1.29 post–dose 2 (95.5% CI: 0.80–2.11; P = 0.29). Clustering of intussusception within 7 days of vaccination was observed post–dose 1. An attributable risk of 3 to 4 additional cases of intussusception per 100,000 vaccinated infants was estimated.
Conclusion: This is the largest surveillance study for intussusception after rotavirus vaccination to date. A temporal increase in the risk for intussusception was seen within 7 days of administration of the first vaccine dose. It is still uncertain whether rotavirus vaccination has any impact on the overall incidence of intussusception. This finding has to be put in perspective with the well-documented substantial benefits of rotavirus vaccination.

ESPID Reports and Reviews

Current Measles Outbreaks: Can We Do Better for Infants at Risk?

Machaira, Maria; Papaevangelou, Vassiliki
Pediatric Infectious Disease Journal. 31(7):756-758, July 2012.
doi: 10.1097/INF.0b013e31825ad11b
Extract
The implementation of measles vaccination policies worldwide has decreased the mortality rate attributed to measles by 78% between 2000 and 2008.1 Routine measles vaccination coverage in Europe and Central Asia has increased to 93%, thus resulting steadily in <1000 deaths per year from 1999 to 2004. During the same period, the most significant reduction in mortality has been observed in the sub-Saharan African region (from 530,000 to 216,000 deaths per year) due to the increase in measles vaccination coverage (from 49% to 65%).2 However, outbreaks continue to occur highlighting the major obstacles to measles eradication, phenomena that are directly associated with pockets of susceptible children and adults due to accumulation of subjects with suboptimal vaccination coverage. Moreover, globalization, including enhanced travel and migration of population groups, impedes the elimination of measles.3,4 Recent data support that infants too young to get immunized are at increased risk due to earlier loss of maternal antibodies in offspring of vaccinated mothers.5 Moreover, current outbreaks have shown that although the majority of cases involve susceptible young adults, there

has been an increase in the percentage of infants affected.6,7 In Germany, the age-specific incidence of measles has increased between 2001 and 2006, while in France an increase in the percentage of infants affected was observed between 2008 and 2010.8,9 Table 1 summarizes the most recent measles outbreaks over the past couple of years in the developed world and the percentage of infants involved. This article reviews the window of susceptibility for infection during infancy, occurring from the loss of passively acquired maternal antibodies through the first dose of recommended vaccination, and also identifies potential solutions in light of current global epidemics…

Pediatrics
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
[No relevant content]

PLoS One
[Accessed 30 June 2012]
http://www.plosone.org/article/browse.action;jsessionid=577FD8B9E1F322DAA533C413369CD6F3.ambra01?field=date
Impact of H1N1 on Socially Disadvantaged Populations: Systematic Review
Andrea C. Tricco, Erin Lillie, Charlene Soobiah, Laure Perrier, Sharon E. Straus
PLoS ONE: Research Article, published 25 Jun 2012 10.1371/journal.pone.0039437
Abstract
Background
The burden of H1N1 among socially disadvantaged populations is unclear. We aimed to synthesize hospitalization, severe illness, and mortality data associated with pandemic A/H1N1/2009 among socially disadvantaged populations.
Methods/Principal Findings
Studies were identified through searching MEDLINE, EMBASE, scanning reference lists, and contacting experts. Studies reporting hospitalization, severe illness, and mortality attributable to laboratory-confirmed 2009 H1N1 pandemic among socially disadvantaged populations (e.g., ethnic minorities, low-income or lower-middle-income economy countries [LIC/LMIC]) were included. Two independent reviewers conducted screening, data abstraction, and quality appraisal (Newcastle Ottawa Scale). Random effects meta-analysis was conducted using SAS and Review Manager.
Conclusions/Significance
Sixty-two studies including 44,777 patients were included after screening 787 citations and 164 full-text articles. The prevalence of hospitalization for H1N1 ranged from 17–87% in high-income economy countries (HIC) and 11–45% in LIC/LMIC. Of those hospitalized, the prevalence of intensive care unit (ICU) admission and mortality was 6–76% and 1–25% in HIC; and 30% and 8–15%, in LIC/LMIC, respectively. There were

significantly more hospitalizations among ethnic minorities versus non-ethnic minorities in two studies conducted in North America (1,313 patients, OR 2.26 [95% CI: 1.53–3.32]). There were no differences in ICU admissions (n = 8 studies, 15,352 patients, OR 0.84 [0.69–1.02]) or deaths (n = 6 studies, 14,757 patients, OR 0.85 [95% CI: 0.73–1.01]) among hospitalized patients in HIC. Sub-group analysis indicated that the meta-analysis results were not likely affected by confounding. Overall, the prevalence of hospitalization, severe illness, and mortality due to H1N1 was high for ethnic minorities in HIC and individuals from LIC/LMIC. However, our results suggest that there were little differences in the proportion of hospitalization, severe illness, and mortality between ethnic minorities and non-ethnic minorities living in HIC.

PLoS Medicine

(Accessed 30 June 2012)

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

Global Health Governance and the Commercial Sector: A Documentary Analysis of Tobacco Company Strategies to Influence the WHO Framework Convention on Tobacco Control

Heide Weishaar, Jeff Collin, Katherine Smith, Thilo Grüning, Sema Mandal, Anna Gilmore

Research Article, published 26 Jun 2012

doi:10.1371/journal.pmed.1001249

Abstract

Background

In successfully negotiating the Framework Convention on Tobacco Control (FCTC), the World Health Organization (WHO) has led a significant innovation in global health governance, helping to transform international tobacco control. This article provides the first comprehensive review of the diverse campaign initiated by transnational tobacco corporations (TTCs) to try to undermine the proposed convention.

Methods and Findings

The article is primarily based on an analysis of internal tobacco industry documents made public through litigation, triangulated with data from official documentation relating to the FCTC process and websites of relevant organisations. It is also informed by a comprehensive review of previous studies concerning tobacco industry efforts to influence the FCTC. The findings demonstrate that the industry's strategic response to the proposed WHO convention was two-fold. First, arguments and frames were developed to challenge the FCTC, including: claiming there would be damaging economic consequences; depicting tobacco control as an agenda promoted by high-income countries; alleging the treaty conflicted with trade agreements, "good governance," and national sovereignty; questioning WHO's mandate; claiming the FCTC would set a precedent for issues beyond tobacco; and presenting corporate social responsibility (CSR) as an alternative. Second, multiple tactics were employed to promote and increase the impact of these arguments, including: directly targeting FCTC delegations and relevant political actors, enlisting diverse allies (e.g., mass media outlets and scientists), and using stakeholder consultation to delay decisions and secure industry participation.

Conclusions

TTCs' efforts to undermine the FCTC were comprehensive, demonstrating the global application of tactics that TTCs have previously been found to have employed nationally

and further included arguments against the FCTC as a key initiative in global health governance. Awareness of these strategies can help guard against industry efforts to disrupt the implementation of the FCTC and support the development of future, comparable initiatives in global health.

PLoS Neglected Tropical Diseases
June 2012
http://www.plosntds.org/article/browseIssue.action
Editorial
Neglected Tropical Diseases as Hidden Causes of Cardiovascular Disease
Yasmin Moolani, Gene Bukhman, Peter J. Hotez
Extract
An important component of the burden of cardiovascular disease in low- and middle-income countries may be attributed to the neglected tropical diseases.
There is a growing awareness of the importance of chronic non-communicable diseases (CNCDs) in the world's low- and middle-income countries (LMICs). Beginning in the 1990s, Murray and Lopez predicted a doubling of death rates due to cardiovascular disease in developing countries by 2020 [1], while a substantial rise was also predicted by Leeder et al. [2]. Based on World Health Organization (WHO) predictions, 75% of the burden of cardiovascular disease is found in LMICs [3]. Alarming increases have also been noted for other CNCDs in LMICs including cancer, chronic respiratory diseases, and diabetes [4]. In September 2011, a report by the World Economic Forum and the Harvard School of Public Health estimated the global economic burden of CNCDs over the next two decades to be US$47 trillion [5]. During this same month, the United Nations General Assembly held a high-level meeting to discuss prevention and control of CNCDs, including cardiovascular diseases, in LMICs [6]. These initiatives have focused on preventable risk factors attributable to lifestyle changes such as tobacco and alcohol use, prolonged unhealthy nutrition, and physical inactivity, which currently account for a high proportion of cardiovascular deaths in North America and Europe [4]–[6]…

PNAS - Proceedings of the National Academy of Sciences of the United States of America
(Accessed 30 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
29 June 2012 vol 336, issue 6089, pages 1609-1740
http://www.sciencemag.org/current.dtl

[No relevant content]

Science Translational Medicine
27 June 2012 vol 4, issue 140
http://stm.sciencemag.org/content/current
[No relevant content]

Tropical Medicine & International Health
July 2012 Volume 17, Issue 7 Pages 795–933
http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-3156/currentissue
[Reviewed earlier]

Vaccine
http://www.sciencedirect.com/science/journal/0264410X
Volume 30, Issue 33 pp. 4897-5058 (13 July 2012)
[Reviewed earlier]

Vaccine: Development and Therapy
(Accessed 30 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* above which scans the peer-reviewed journal ecology. We acknowledge the Western/Northern bias in this initial selection of titles and invite

suggestions for expanded coverage. Most publications require either a registration or a fee-based subscription for access. We will provide full-text where content is published without restriction.

Economist
http://www.economist.com/
Accessed 30 June 2012
[No new relevant content]

Financial Times
http://www.ft.com
Accessed 30 June 2012
Gates Foundation in venture capital shift
By Andrew Jack in London
Financial Times | 26 June 2012
http://www.ft.com/cms/s/0/17bec15e-bfa8-11e1-bb88-00144feabdc0.html#ixzz1zJ5dm9g
Extract
The Gates Foundation plans to take equity stakes in up to a dozen biotech companies this year, signalling a shift towards a "venture capital" approach at the world's biggest philanthropic organisation. Trevor Mundel, the foundation's recently appointed head of global health, told the Financial Times he hoped to oversee a series of investments in companies each likely to be worth several million dollars. The move – still on a small financial scale given the foundation's endowment of $37bn – marks a further move away from its traditional approach of grant-giving and towards a more business-oriented way to support the development of treatments and vaccines for infectious diseases affecting the world's poor….

Foreign Affairs
http://www.foreignaffairs.com/
July/August 2012 Volume 91, Number 4
Accessed 30 June 2012
[No new relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 30 June 2012
[No new relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 30 June 2012
[No new unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 30 June 2012
[No new unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 30 June 2012
[No new unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 30 June 2012
Seeking, and Resisting, Vaccines
2 days ago ... Instead of going to great lengths to delay or avoid vaccination, as some American parents do, mothers in the developing world struggle to get to ...
June 28, 2012 - By KJ DELL'ANTONIA - Style - Motherlode Blog

Washington Post
http://www.washingtonpost.com/
Accessed 30 June 2012
[No new unique, relevant content]

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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 – the 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, and 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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