Center for Vaccine Ethics and Policy
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Vaccines: The Week in Review
28 July 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, international organization and industry sources, key peer-reviewed journals and other media channels This summary proceeds from the broad base of themes and issues monitored by the Center for Vaccine Ethics & Policy in its work, 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 over 3,000 entries..

Comments and suggestions should be directed to
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World Hepatitis Day 2012: 28 July 2012
"The campaign focuses on raising awareness of the different forms of hepatitis: what they are and how they are transmitted; who is at risk; and the various methods of prevention and treatment. Despite its staggering toll on health, hepatitis remains a group of diseases that are largely unknown, undiagnosed and untreated.
Technical resources
- Prevention and control of viral hepatitis infection: framework for global action
- Hepatitis A, B, C, and E fact sheets
- Position paper on hepatitis A vaccines
pdf, 1.24Mb
- Position paper on hepatitis B vaccines
pdf, 830kb
- Guidance on prevention of viral hepatitis B and C among people who inject drugs
http://www.who.int/csr/disease/hepatitis/world_hepatitis_day/en/index.html

The **XIXth International AIDS Conference** held in Washington DC, USA 22–27 July 2012 concluded. Conference web site Key speeches given at the conference or at satellite events included:

Speech: Changing the global health architecture
Dr Margaret Chan
Director-General of the World Health Organization

Statement at the WHO satellite symposium on strategic use of antiretrovirals: bringing HIV prevention and treatment together
International AIDS Conference
Washington DC, USA
22 July 2012
http://www.who.int/dg/speeches/2012/global_health_architecture_20120722/en/index.html

Speech: Towards the elimination of new HIV infections among children
Dr Margaret Chan
Director-General of the World Health Organization
Opening remarks at the UNICEF high-level meeting on innovations for elimination of new HIV infections among children
International AIDS Conference
Washington DC, USA
22 July 2012
http://www.who.int/dg/speeches/2012/aids_pmtct_20120722/en/index.html

Speech: From scientific advances to public health implementation
Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID) at the National Institutes of Health
At AIDS 2012, Fauci delivers opening plenary on ending the HIV/AIDS pandemic
http://www.nih.gov/news/health/jul2012/niaid-23.htm

Speech: World Bank Group President Jim Yong Kim Remarks at the Opening Plenary of the International AIDS Conference 2012
World Bank Group President Jim Yong Kim
Opening Plenary, International AIDS Conference 2012
Washington, DC, United States
July 22, 2012
As Prepared for Delivery
http://www.worldbank.org/en/news/2012/07/22/world-bank-group-president-jim-yong-kim-remarks-at-the-opening-plenary-international-aids-conference-2012

The Korea National Institute of Health and the International Vaccine Institute (IVI) announced a memorandum of understanding to "expedite research and development of vaccines for public use." According to the MOU, the two organizations "will boost research cooperation in vaccine development, and strengthen and expand cooperation in diverse fields of interest, including:
- Development of vaccines against emerging or re-emerging infectious diseases with a public health purpose;
- Molecular epidemiological studies for vaccine development; and
- Sharing information and resources in the field of emerging and re-emerging infectious diseases.

The two organizations "expect strengthened cooperation between the two sides will generate synergistic effect in the field of vaccine R&D, and thus enable them to emerge as global centers of research, including in the development of next-generation vaccines." IVI Director-General Dr. Christian Loucq added, "IVI is very pleased to collaborate with KNIH on vaccine research projects and training initiatives, which will mutually benefit the two organizations as well as Korea's vaccine R&D. More importantly, this collaboration will ultimately contribute to improving the health and well-being of people in Korea and worldwide."
http://www.ivi.org/web/www/07_01?p_p_id=EXT_BBS&p_p_lifecycle=0&p_p_state=normal&p_p_mode=view&_EXT_BBS_struts_action=%2Fext%2Fbbs%2Fview_message&_EXT_BBS_messageId=278

The Global Fund "welcomed an announcement by Spain's Ministry of Foreign Relations and Cooperation that it will contribute €10 million (around US$12.1 million) to the Global Fund, a resumption of funding that signals Spain's deep commitment to disease prevention and treatment." The decision is expected to be confirmed by the Board of Spain's Fund for the Promotion of Development on 30 July. Spain ranks as the 9th largest donor to the Global Fund based on its cumulative contributions. In addition to contributing financially, Spain "participates in the development of policies and strategies to fight the three diseases through its representation on the Global Fund's Board."
http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-07-25_Global_Fund_Recognizes_Signal_of_Deep_Commitment_by_Spain/

The Decade of Vaccines (DoV) Collaboration announced that its Leadership Council organizations "are now focusing on the points made in the resolution passed by WHA on the GVAP." These include "working to help countries and regions apply the GVAP vision, creating strategies to develop immunization components of national health plans and allocating adequate human and financial resources to achieve immunization goals and monitor progress made." The DoV Collaboration Secretariat "is beginning to transition key areas to the Leadership Council organizations as part of the GVAP implementation planning process for the coming decade. The DoV Collaboration Secretariat will wrap up their work as originally planned by December 31, 2012." Current areas of work include defining a Monitoring and Accountability Framework which involves "…a group of experts working to further refine and define the GVAP indicators that will be monitored, as well as a framework and process to evaluate progress at national, regional and global levels."
More at: http://www.dovcollaboration.org/dov-collaboration-updates/july-2012-dov-collaboration-update/

UN Appointment: Secretary-General Appoints Michel Kazatchkine as Special Envoy for HIV/AIDS in Eastern Europe and Central Asia (20 July 2012)
SG/A/1361-AIDS/181

The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) called for "broad-based cooperation to fight online sales of counterfeit medicines around the world." 23 July 2012
Media Release:
http://www.ifpma.org/fileadmin/content/News/2012/FINAL_press_release_-_Fight_against_counterfeiting_-_IFPMA_PhRMA_EFPIA_JPMA_23_JULY_2012.pdf
Statement:
http://www.ifpma.org/fileadmin/content/News/2012/FINAL_Joint_Industry_Internet_Statement.pdf

The Weekly Epidemiological Record (WER) for 27 July 2012, vol. 87, 30 (pp 277–288) includes: Health conditions for travellers to Saudi Arabia for the pilgrimage to Mecca (Hajj); Global Advisory Committee on Vaccine Safety, June 2012
http://www.who.int/entity/wer/2012/wer8730.pdf

The **MMWR Weekly for July 27, 2012** / Vol. 61 / No. 29 includes:
- World Hepatitis Day — July 28, 2012
- Progress Toward Prevention and Control of Hepatitis C Virus Infection — Egypt, 2001–2012
- Notes from the Field: Outbreak of Influenza A (H3N2) Virus Among Persons and Swine at a County Fair — Indiana, July 2012

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

Repeating from last week:
Call for Public Comment on Paper: Study Designs for the Safety Evaluation of Different Childhood Immunization Schedules. By Martin Kulldorff, Ph.D
IOM Committee on Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule.

The comment period has been extended until July 31, 2012, and can be accessed at: http://www.iom.edu/HealthOutcomesCommissionedPaper For more information, please visit the Committee on Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule's webpage: http://www.iom.edu/Activities/PublicHealth/ChildhoodImmunization.aspx.

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
17 July 2012, Vol. 157. No. 2
http://www.annals.org/content/current
[Reviewed earlier; No relevant content]

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

British Medical Journal
28 July 2012 (Vol 345, Issue 7867)
http://www.bmj.com/content/345/7867
Feature
Global Health
Paying the poor
Using cash incentives to encourage healthy behaviour among poor communities is being hailed as a new silver bullet in global health. Megan Tan and Gavin Yamey investigate why this popular idea went so badly wrong in Guatemala
Extract

The Economist calls it "the world's favourite new anti-poverty device."1 Global health donors, development agencies, and governments in developing countries praise it as a way of empowering women and investing in community development. A remarkably simple idea that took root in the late 1990s—offering poor mothers cash incentives to enrol their families in health and education programmes—is now being used in over 40 developing countries, from Mexico to Burkina Faso, Cambodia to Yemen.

Although each country's incentive programme has its own characteristics, the basic idea is the same: impoverished mothers are paid a regular cash stipend in exchange for meeting certain predetermined conditions, or "coresponsibilities" as they are often called in Latin America. Typically, these conditions include attending regular medical check-ups and ensuring that children go to school. In most countries, parents must also attend educational seminars on topics such as nutrition, hygiene, and money management. Advocates believe that that these cash rewards, known as "conditional cash transfers," will get transformed over the long run into improved maternal and child health and economic development.

But against this backdrop of intense fervour for cash rewards, a series of missteps and crises led Guatemala to recently suspend its conditional cash transfer programme, called Mi Familia Progresa (My Family Makes Progress) or MIFAPRO. The suspension takes the shine off the reputation of cash transfers as a silver bullet and serves as a cautionary tale for donors and developing countries that are currently planning similar programmes.

High hopes

Although the World Bank classifies Guatemala as a middle income country, over half the population lives in poverty. The country's …

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
[Reviewed earlier]

Cost Effectiveness and Resource Allocation
(Accessed 28 July 2012)
http://www.resource-allocation.com/
Research
Planning influenza vaccination programs: a cost benefit model
Ian G Duncan, Michael S Taitel, Junjie Zhang and Heather S Kirkham
Cost Effectiveness and Resource Allocation 2012, 10:10 doi:10.1186/1478-7547-10-10
Published: 26 July 2012
Abstract (provisional)
Background
Although annual influenza vaccination could decrease the significant economic and humanistic burden of influenza in the United States, immunization rates are below recommended levels, and concerns remain whether immunization programs can be cost beneficial. The research objective was to compare cost benefit of various immunization strategies from employer, employee, and societal perspectives.
Methods
An actuarial model was developed based on the published literature to estimate the costs and benefits of influenza immunization programs. Useful features of the model included customization by population age and risk-level, potential pandemic risk, and projection year. Various immunization strategies were modelled for an average U.S. population of 15,000 persons vaccinated in pharmacies or doctor's office during the 2011/12 season. The primary outcome measure reported net cost savings per vaccinated (PV) from the perspective of various stakeholders.

Results
Given a typical U.S. population, an influenza immunization program will be cost beneficial for employers when more than 37% of individuals receive vaccine in non-traditional settings such as pharmacies. The baseline scenario, where 50% of persons would be vaccinated in non-traditional settings, estimated net savings of $6 PV. Programs that limited to pharmacy setting ($31 PV) or targeted persons with high-risk comorbidities ($83 PV) or seniors ($107 PV) were found to increase cost benefit. Sensitivity analysis confirmed the scenario-based findings.
Conclusions
Both universal and targeted vaccination programs can be cost beneficial. Proper planning with cost models can help employers and policy makers develop strategies to improve the impact of immunization programs.
The complete article is available as a provisional PDF. The fully formatted PDF and HTML versions are in production.

Emerging Infectious Diseases
Volume 18, Number 8—August 2012
http://www.cdc.gov/ncidod/EID/index.htm
Synopses
Vaccination of Health Care Workers to Protect Patients at Increased Risk for Acute Respiratory Disease
PDF Version [PDF - 291 KB - 10 pages]
G. P. Dolan et al.
Evidence is limited but sufficient to sustain current vaccination recommendations.

Eurosurveillance
Volume 17, Issue 30, 26 July 2012
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
[No new relevant content]

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

Globalization and Health
[Accessed 28 July 2012]
http://www.globalizationandhealth.com/

Health Affairs
July 2012; Volume 31, Issue 7
http://content.healthaffairs.org/content/current
Theme: Assessing The President's Emergency Plan For AIDS Relief
[Reviewed last week]

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 03 - July 2012
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
[Reviewed earlier]

Health Policy and Planning
Volume 27 Issue 5 August 2012
http://heapol.oxfordjournals.org/content/current
Original articles
Avian and pandemic human influenza policy in South-East Asia: the interface between economic and public health imperatives
Health Policy Plan. (2012) 27(5): 374-383 doi:10.1093/heapol/czr056
Petcharat Pongcharoensuk, Wiku Adisasmito, Le Minh Sat, Pornpit Silkavute, Lilis Muchlisoh, Pham Cong Hoat, and Richard Coker
Abstract
The aim of this study was to analyse the contemporary policies regarding avian and human pandemic influenza control in three South-East Asia countries: Thailand, Indonesia and Vietnam. An analysis of poultry vaccination policy was used to explore the broader policy of influenza A H5N1 control in the region. The policy of antiviral stockpiling with oseltamivir, a scarce regional resource, was used to explore human pandemic influenza preparedness policy. Several policy analysis theories were applied to analyse the debate on the use of vaccination for poultry and stockpiling of antiviral drugs in each country case study. We conducted a comparative analysis across emergent themes.

The study found that whilst Indonesia and Vietnam introduced poultry vaccination programmes, Thailand rejected this policy approach. By contrast, all three countries adopted similar strategic policies for antiviral stockpiling in preparation. In relation to highly pathogenic avian influenza, economic imperatives are of critical importance. Whilst Thailand's poultry industry is large and principally an export economy, Vietnam's and Indonesia's are for domestic consumption. The introduction of a poultry vaccination policy in Thailand would have threatened its potential to trade and had a major impact on its economy. Powerful domestic stakeholders in Vietnam and Indonesia, by contrast, were concerned less about international trade and more about maintaining a healthy domestic poultry population. Evidence on vaccination was drawn upon differently depending upon strategic economic positioning either to support or oppose the policy.

With influenza A H5N1 endemic in some countries of the region, these policy differences raise questions around regional coherence of policies and the pursuit of an agreed overarching goal, be that eradication or mitigation. Moreover, whilst economic imperatives have been critically important in guiding policy formulation in the agriculture

sector, questions arise regarding whether agriculture sectoral policy is coherent with public health sectoral policy across the region.

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 8, Issue 7 July 2012
http://www.landesbioscience.com/journals/vaccines/toc/volume/8/issue/7/
[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
July 25, 2012, Vol 308, No. 4
http://jama.ama-assn.org/current.dtl
This issue of JAMA is largely themed to HIV/AIDS including editorials, research and clinical practice topics.
Viewpoint |
Toward an AIDS-Free Generation
Anthony S. Fauci, MD; Gregory K. Folkers, MS, MPH
JAMA. 2012;308(4):343-344. doi:10.1001/jama.2012.8142
Extract

… The prospect of an HIV cure remains challenging.7 Despite the considerable success of antiretroviral therapy in reducing viremia and improving patient health, it has not been possible to cure an individual of HIV infection—ie, to induce permanent remission in the absence of therapy. Over the past 3 years, an accelerated research effort has been undertaken to elucidate the exact mechanisms of HIV persistence and to develop interventions to eliminate or permanently suppress recalcitrant HIV reservoirs. The effects of a cure would substantially benefit the individual, obviating the need for lifelong daily therapy. In addition, society would benefit because of the reduction in treatment costs and rates of HIV transmission.

The availability of combination antiretroviral therapy for prevention as well as treatment, advances in preexposure prophylaxis with oral or mucosally delivered antiretroviral medications to reduce an individual's risk of acquiring HIV infection, together with scaling up medical male circumcision, services for pregnant HIV-infected women, condom provision, and other proven prevention tools suggest that controlling and ultimately ending the global HIV/AIDS pandemic is possible. Achieving this goal, however, will require implementing a multifaceted global effort to expand testing, treatment, and prevention programs, as well as meet the scientific challenges of developing an HIV vaccine and possibly a cure. Realization of success will require a global commitment of resources involving additional donor countries, strengthening health care systems overall, and fostering greater ownership by host countries of HIV/AIDS effort, including investing more in the health of their people. With collective

and resolute action now and a steadfast commitment for years to come, an AIDS-free generation is indeed within reach.

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 4 August 15, 2012
http://www.journals.uchicago.edu/toc/jid/current
[Reviewed last week]

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
August 2012; 61 (Pt 8)
http://jmm.sgmjournals.org/content/current
[No relevant content]

The Lancet
Jul 28, 2012 Volume 380 Number 9839 p307 - 446
http://www.thelancet.com/journals/lancet/issue/current
[No relevant content]

The Lancet Infectious Disease
Aug 2012 Volume 12 Number 8 p577 - 646
http://www.thelancet.com/journals/laninf/issue/current
Editorial
Cambodian outbreak tests International Health Regulations
The Lancet Infectious Diseases
Preview
The news that emerged from Cambodia in the first week of July of an unknown fatal illness that had killed at least 60 children in the previous 3 months, and the subsequent interagency response, shows how the International Health Regulations (IHRs) can work in practice. The event also serves as a timely reminder of the progress that still needs to be made to implement the IHR provisions in all WHO member states.
Comment
Vaccines targeting serogroup B meningococci

Muhamed-Kheir Taha, Ala Eddine Deghm

Preview

In The Lancet Infectious Diseases, Peter Richmond and colleagues1 report results of a phase 2 trial of a bivalent vaccine for Neisseria meningitidis containing two variants of lipoprotein 2086, a surface-exposed and immunogenic factor H binding protein. This protein is conserved in N meningitidis and is polymorphic, with a high number of variants that are classified into two families (A and B).2 Lipoprotein 2086 induces bactericidal antibodies against strains of different phenotypes.3 Cross-immune reactivity occurs for proteins encoded by alleles of the same family but not of different families.

Articles

Safety, immunogenicity, and tolerability of meningococcal serogroup B bivalent recombinant lipoprotein 2086 vaccine in healthy adolescents: a randomised, single-blind, placebo-controlled, phase 2 trial

Peter C Richmond, Helen S Marshall, Michael D Nissen, Qin Jiang, Kathrin U Jansen, Maria Garcés-Sánchez, Federico Martinón-Torres, Johannes Beeslaar, Leszek Szenborn, Jacek Wysocki, Joseph Eiden, Shannon L Harris, Thomas R Jones, John L Perez, on behalf of the 2001 Study Investigators

Summary

Background

Neisseria meningitidis serogroup B is a major cause of invasive meningococcal disease, but a broadly protective vaccine is not currently licensed. A bivalent recombinant factor H-binding protein vaccine (recombinant lipoprotein 2086) has been developed to provide broad coverage against diverse invasive meningococcus serogroup B strains. Our aim was to test the immune response of this vaccine.

Methods

This randomised, placebo-controlled trial enrolled healthy adolescents from 25 sites in Australia, Poland, and Spain. Exclusion criteria were previous invasive meningococcal disease or serogroup B vaccination, previous adverse reaction or known hypersensitivity to the vaccine, any significant comorbidities, and immunosuppressive therapy or receipt of blood products in the past 6 months. Participants were randomly assigned with a computerised block randomisation scheme to receive ascending doses of vaccine (60, 120, or 200 μg) or placebo at 0, 2, and 6 months. Principal investigators, participants and their guardians, and laboratory personnel were masked to the allocation; dispensing staff were not. Immunogenicity was measured by serum bactericidal assays using human complement (hSBA) against eight diverse meningococcus serogroup B strains. The co-primary endpoints were seroconversion for the two indicator strains (PMB1745 and PMB17) analysed by the Clopper-Pearson method. Local and systemic reactions and adverse events were recorded. The study is registered at ClinicalTrials.gov, number NCT00808028.

Findings

539 participants were enrolled and 511 received all three study vaccinations—116 in the placebo group, 21 in the 60 μg group, 191 in the 120 μg group, and 183 in the 200 μg group. The proportion of participants responding with an hSBA titre equal to or greater than the lower limit of quantitation of the hSBA assays (reciprocal titres of 7 to 18, depending on test strain) was similar for the two largest doses and ranged from 75·6 to 100·0% for the 120 μg dose and 67·9 to 99·0% for the 200 μg dose. Seroconversion for the PMB1745 reference strain was 17 of 19 (89·5%) participants for the 60 μg dose, 103 of 111 (92·8%) participants for the 120 μg dose, 94 of 100 (94·0%) participants for

the 200 μg dose, and four of 73 (5·5%) participants for placebo. For the PMB17 reference strain seroconversion was 17 of 21 (81·0%) participants for the 60 μg dose, 97 of 112 (86·6%) participants for the 120 μg dose, 89 of 105 (84·8%) participants for the 200 μg dose, and one of 79 (1·3%) participants for placebo. The hSBA response was robust as shown by the high proportion of responders at hSBA titres up to 16. Mild-to-moderate injection site pain was the most common local reaction (50 occurrences with the 60 μg dose, 437 with the 120 μg dose, 464 with the 200 μg dose, and 54 with placebo). Systemic events, including fatigue and headache, were generally mild to moderate. Overall, adverse events were reported by 18 participants (81·8%) in the 60 μg group, 77 (38·9%) in the 120 μg group, 92 (47·2%) in the 200 μg group, and 54 (44·6%) in the placebo group. Fevers were rare and generally mild (one in the 60 μg group, 24 in the 120 μg group, 35 in the 200 μg group, and five in the placebo group; range, 0—6·3% after each dose). Incidence and severity of fever did not increase with subsequent vaccine dose within groups. One related serious adverse event that resolved without sequelae occurred after the third dose (200 μg).

Interpretation

The bivalent recombinant lipoprotein 2086 vaccine is immunogenic and induces robust hSBA activity against diverse invasive meningococcus serogroup B disease strains and the vaccine is well tolerated. Recombinant lipoprotein 2086 vaccine is a promising candidate for broad protection against invasive meningococcus serogroup B disease.

Funding

Wyeth, Pfizer.

Comment

Male vaccination against human papillomavirus

David M Salisbury

Preview

If high enough coverage for vaccination against human papillomavirus (HPV) can be achieved in girls and women, boys and men should be protected from infection. Hence, routine vaccination of male adolescents might not be cost effective. At present, only Austria and the USA have recommended routine vaccination against HPV in boys and men as well as in girls and women. No reports of the coverage among male recipients seem to be available for Austria, and the US recommendation is only newly made. The consequences of such programmes, therefore, cannot be assessed.

Review

Population-wide vaccination against human papillomavirus in adolescent boys: Australia as a case study

Melina Georgousakis, Sanjay Jayasinghe, Julia Brotherton, Nicole Gilroy, Clayton Chiu, Kristine Macartney

Summary

Female-only vaccination programmes for human papillomavirus (HPV) have been introduced in many countries aimed at the prevention of cervical cancer in women. One HPV vaccine is registered for male vaccination, but boys, men, or both, are not yet included in nationally funded HPV vaccination programmes. In this Review we discuss the different considerations relevant to the introduction of population-wide HPV vaccination of boys in Australia, which was the first country to publicly fund HPV vaccination of girls. Several factors need to be taken into account during decision making around the introduction of population-based vaccination programmes, such as local disease burden, vaccine efficacy, vaccine safety, and cost-effectiveness. Social and

ethical factors are also important. Although evidence for men is increasing in these areas, uncertainties need to be kept in mind. The features discussed in this Review are likely to be applicable, with caveats, to policy making in other developed countries.

Medical Decision Making (MDM)
July–August 2012; 32 (4)
http://mdm.sagepub.com/content/current
Theme: Patients' Choices: Perceived Risk, Health State Values, and Decisions
Original Articles/Presenting Probabilities to Patients
[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 487 Number 7408 pp405-524 26 July 2012
http://www.nature.com/nature/current_issue.html
[No relevant content]

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
July 2012, Volume 18 No 7 pp989-1153
http://www.nature.com/nm/journal/v18/n7/index.html
[No relevant content]

Nature Reviews Immunology
July 2012 Vol 12 No 7
http://www.nature.com/nri/journal/v12/n7/index.html
[Reviewed earlier]

New England Journal of Medicine
July 26, 2012 Vol. 367 No. 4
http://content.nejm.org/current.shtml
[No relevant content]

OMICS: A Journal of Integrative Biology
July – August 2012, 16(7-8)
http://online.liebertpub.com/toc/omi/16/6
[No relevant content]

The Pediatric Infectious Disease Journal
August 2012 - Volume 31 - Issue 8 pp: A7-A8,795-887,e99-e140
http://journals.lww.com/pidj/pages/currenttoc.aspx
[No relevant content]

Pediatrics
July 2012, VOLUME 130 / ISSUE 1
http://pediatrics.aappublications.org/current.shtml
[Reviewed earlier]

Pharmacoeconomics
August 1, 2012 - Volume 30 - Issue 8 pp: 633-747,e1-e15
http://adisonline.com/pharmacoeconomics/pages/currenttoc.aspx
[Reviewed earlier]

PLoS One
[Accessed 28 July 2012]
http://www.plosone.org/article/browse.action;jsessionid=577FD8B9E1F322DAA533C413369CD6F3.ambra01?field=date
Personal Decision-Making Criteria Related to Seasonal and Pandemic A(H1N1) Influenza-Vaccination Acceptance among French Healthcare Workers
Lila Bouadma, François Barbier, Lucie Biard, Marina Esposito-Farèse, Bertrand Le Corre, Annick Macrez, Laurence Salomon, Christine Bonnal, Caroline Zanker, Christophe Najem, Bruno Mourvillier, Jean Christophe Lucet, Bernard Régnier, Michel Wolff, Florence Tubach, for the INFLUENCE-A Study Group
PLoS ONE: Research Article, published 27 Jul 2012 10.1371/journal.pone.0038646
Abstract
Background
Influenza-vaccination rates among healthcare workers (HCW) remain low worldwide, even during the 2009 A(H1N1) pandemic. In France, this vaccination is free but administered on a voluntary basis. We investigated the factors influencing HCW influenza vaccination.
Methods
In June–July 2010, HCW from wards of five French hospitals completed a cross-sectional survey. A multifaceted campaign aimed at improving vaccination coverage in this hospital group was conducted before and during the 2009 pandemic. Using an anonymous self-administered questionnaire, we assessed the relationships between

seasonal (SIV) and pandemic (PIV) influenza vaccinations, and sociodemographic and professional characteristics, previous and current vaccination statuses, and 33 statements investigating 10 sociocognitive domains. The sociocognitive domains describing HCWs' SIV and PIV profiles were analyzed using the classification-and-regression–tree method.

Results

Of the HCWs responding to our survey, 1480 were paramedical and 401 were medical with 2009 vaccination rates of 30% and 58% for SIV and 21% and 71% for PIV, respectively ($p<0.0001$ for both SIV and PIV vaccinations). Older age, prior SIV, working in emergency departments or intensive care units, being a medical HCW and the hospital they worked in were associated with both vaccinations; while work shift was associated only with PIV. Sociocognitive domains associated with both vaccinations were self-perception of benefits and health motivation for all HCW. For medical HCW, being a role model was an additional domain associated with SIV and PIV.

Conclusions

Both vaccination rates remained low. Vaccination mainly depended on self-determined factors and for medical HCW, being a role model.

Research Questions and Priorities for Tuberculosis: A Survey of Published Systematic Reviews and Meta-Analyses

Ioana Nicolau, Daphne Ling, Lulu Tian, Christian Lienhardt, Madhukar Pai

PLoS ONE: Research Article, published 27 Jul 2012 10.1371/journal.pone.0042479

Abstract

Background

Systematic reviews are increasingly informing policies in tuberculosis (TB) care and control. They may also be a source of questions for future research. As part of the process of developing the International Roadmap for TB Research, we did a systematic review of published systematic reviews on TB, to identify research priorities that are most frequently suggested in reviews.

Methodology/Principal Findings

We searched EMBASE, MEDLINE, Web of Science, and the Cochrane Library for systematic reviews and meta-analyses on any aspect of TB published between 2005 and 2010. One reviewer extracted data and a second reviewer independently extracted data from a random subset of included studies. In total, 137 systematic reviews, with 141 research questions, were included in this review. We used the UK Health Research Classification System (HRCS) to help us classify the research questions and priorities. The three most common research topics were in the area of detection, screening and diagnosis of TB (32.6%), development and evaluation of treatments and therapeutic interventions (23.4%), and TB aetiology and risk factors (19.9%). The research priorities determined were mainly focused on the discovery and evaluation of bacteriological TB tests and drug-resistant TB tests and immunological tests. Other important topics of future research were genetic susceptibility linked to TB and disease determinants attributed to HIV/TB. Evaluation of drug treatments for TB, drug-resistant TB and HIV/TB were also frequently proposed research topics.

Conclusions

Systematic reviews are a good source of key research priorities. Findings from our survey have informed the development of the International Roadmap for TB Research by the TB Research Movement.

Improving Community Coverage of Oral Cholera Mass Vaccination Campaigns: Lessons Learned in Zanzibar

Christian Schaetti, Said M. Ali, Claire-Lise Chaignat, Ahmed M. Khatib, Raymond Hutubessy, Mitchell G. Weiss

PLoS ONE: Research Article, published 23 Jul 2012 10.1371/journal.pone.0041527

Abstract

Background

Recent research in two cholera-endemic communities of Zanzibar has shown that a majority (~94%) of the adult population was willing to receive free oral cholera vaccines (OCVs). Since OCV uptake in the 2009 campaign reached only ~50% in these communities, an evaluation of social and cultural factors and of barriers was conducted to understand this difference for future cholera control planning.

Methodology/Principal Findings

A random sample of 367 adult peri-urban and rural community residents (46.6% immunized vs. 53.4% unimmunized) was studied with a semi-structured interview that inquired about social and cultural features of cholera depicted in a vignette and barriers to OCV uptake. Symptoms (rectal pain, loose skin only in rural community) and perceived causes (uncovered food, contact with contaminated water) specific for severe diarrhea were associated with uptake. Purchasing drugs from pharmacies to stop diarrhea and vomiting was negatively associated with uptake. Increasing household size, age and previous enteric illness episode were positively related to uptake, the latter only at the rural site. The most prominent barrier to uptake was competing obligations or priorities (reported by 74.5%, identified as most important barrier by 49.5%). Next most prominent barriers were lacking information about the campaign (29.6%, 12.2%), sickness (14.3%, 13.3%) and fear of possible vaccine side effects (15.3%, 5.6%). The majority of unvaccinated respondents requested repetition of the vaccination with free OCVs.

Conclusions/Significance

Factors associated with uptake indicated a positive impact of the vaccination campaign and of sensitization activities on vaccine acceptance behavior. Unlike communities opposed to cholera control or settings where public confidence in vaccines is lacking, identified barriers to uptake indicated a good campaign implementation and trust in the health system. Despite prospects and demand for repeating the vaccination, local decision-makers should reconsider how careful logistical arrangements may improve community coverage and thus effectiveness of vaccination campaigns.

Epidemiologic and Economic Burden of Influenza in the Outpatient Setting: A Prospective Study in a Subtropical Area of China

Ru-ning Guo, Hui-zhen Zheng, Li-qun Huang, Yong Zhou, Xin Zhang, Chan-kun Liang, Jin-yan Lin, Jian-feng He, Jin-qing Zhang

PLoS ONE: Research Article, published 20 Jul 2012 10.1371/journal.pone.0041403

Abstract

Objectives

To understand the incidence of outpatient influenza cases in a subtropical area of China and the associated economic burden on patients' families.

Methods

A hospital-based prospective study was conducted in Zhuhai City during 2008–2009. All outpatient influenza-like illness (ILI) cases were identified in 28 sentinel hospitals. A representative sample of throat swabs from ILI cases were collected for virus isolation

using Madin-Darby canine kidney cells. The incidence of outpatient influenza cases in Zhuhai was estimated on the basis of the number of influenza patients detected by the sentinel sites. A telephone survey on the direct costs associated with illness was conducted as a follow-up.
Results
The incidence of influenza was estimated to be 4.1 per 1,000 population in 2008 and 19.2 per 1,000 population in 2009. Children aged <5 years were the most-affected population, suffering from influenza at the highest rates (34.3 per 1,000 population in 2008 and 95.3 per 1,000 population in 2009). A high incidence of 29.2–40.9 per 1000 population was also seen in young people aged 5–24 years in 2009. ILI activity and influenza virus isolations adopted a consistent seasonal pattern, with a summer peak in July 2008 and the longest epidemic period lasting from July–December 2009. The medical costs per episode of influenza among urban patients were higher than those for rural patients. A total of $1.1 million in direct economic losses were estimated to be associated with outpatient influenza during 2008–2009 in Zhuhai community.
Conclusions
Influenza attacks children aged <5 years in greater proportions than children in other age groups. Seasonal influenza 2008 and Pandemic influenza A (H1N1) 2009 had different epidemiological and etiological characteristics. Direct costs (mostly medical costs) impose an enormous burden on the patient family. Vaccination strategies for high-risk groups need to be further strengthened.

PLoS Medicine
(Accessed 28 July 2012)
http://www.plosmedicine.org/article/browse.action?field=date
[No new relevant data]

PLoS Neglected Tropical Diseases
June 2012
http://www.plosntds.org/article/browseIssue.action
[Reviewed earlier]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
(Accessed 28 July 2012)
http://www.pnas.org/content/early/recent
Agriculture Development and Nutrition Security Special Feature - Introduction
Laurette Dubé, Prabhu Pingali, and Patrick Webb
2012 ; published ahead of print July 23, 2012, doi:10.1073/pnas.0912951109
http://www.pnas.org/content/early/2012/07/20/0912951109.abstract
Abstract
This special feature calls for forward thinking around paths of convergence for agriculture, health, and wealth. Such convergence aims for a richer integration of smallholder farmers into national and global agricultural and food systems, health

systems, value chains, and markets. The articles identify analytical innovation, where disciplines intersect, and cross-sectoral action where single, linear, and siloed approaches have traditionally dominated. The issues addressed are framed by three main themes: (i) lessons related to agricultural and food market growth since the 1960s; (ii) experiences related to the integration of smallholder agriculture into national and global business agendas; and (iii) insights into convergence-building institutional design and policy, including a review of complexity science methods that can inform such processes. In this introductory article, we first discuss the perspectives generated for more impactful policy and action when these three themes converge. We then push thematic boundaries to elaborate a roadmap for a broader, solution-oriented, and transdisciplinary approach to science, policies, and actions. As the global urban population crosses the 50% mark, both smallholder and nonsmallholder agriculture are keys in forging rural–urban links, where both farm and nonfarm activities contribute to sustainable nutrition security. The roadmaps would harness the power of business to reduce hunger and poverty for millions of families, contribute to a better alignment between human biology and modern lifestyles, and stem the spread of noncommunicable chronic diseases.

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

Science
27 July 2012 vol 337, issue 6093, pages 381-496
http://www.sciencemag.org/current.dtl
Policy Forum
Intellectual Property
Challenges to India's Pharmaceutical Patent Laws
Bhaven N. Sampat, Kenneth C. Shadlen, and Tahir M. Amin
Science 27 July 2012: 414-415.
Published online 5 July 2012 [DOI:10.1126/science.1224892]
The Indian Supreme Court will soon hear final arguments in a challenge by the pharmaceutical company Novartis against the Indian Patent Office's (IPO) rejection of a patent for the leukemia drug Glivec. We discuss key issues, particularly the patentability of new compounds versus variants of existing compounds, and how the outcome of the case might affect patent terms and access to drugs in the developing world.

Science Translational Medicine
25 July 2012 vol 4, issue 144
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 37 pp. 5449-5584 (10 August 2012)

Risk factors for low vaccination coverage among Roma children in disadvantaged settlements in Belgrade, Serbia

Original Research Article
Pages 5459-5463
Kristefer Stojanovski, Gerry McWeeney, Nedret Emiroglu, Piroska Ostlin, Theadora Koller, Lucianne Licari, Dorit Nitzan Kaluski

Abstract
Background
Full vaccination coverage for children under 59 months of age in Serbia is over 90%. This study assesses vaccination coverage and examines its association with birth registration among Roma children who resided in disadvantaged settlements in Belgrade, Serbia.
Methods
The First Roma Health and Nutrition Survey in Belgrade settlements, 2009, was conducted among households of 468 Roma children between the ages of 6–59 months. The 2005 WHO Immunization Coverage Cluster Survey sampling methodology was employed. Vaccinations were recorded using children's vaccination cards and through verification steps carried out in the Primary Health Care Centers. For those who had health records the information on vaccination was recorded.
Results
About 88% of children had vaccination cards. The mean rate of age appropriate full immunization was 16% for OPV and DTP and 14.3% for MMR. Multivariate analyses indicated that children whose births were registered with the civil authorities were more likely to have their vaccination cards [OR = 6.1, CI (2.5, 15.0)] and to have their full, age appropriate, series vaccinations for DTP, OPV, MMR and HepB [OR = 3.8, CI (1.5, 10.0), OR = 3.2, CI (1.5, 6.6), OR = 4.8, CI (1.1, 21.0), OR = 5.4, CI (1.4, 21.6), respectively].
Conclusions
The immunization coverage among Roma children in settlements is far below the WHO/UNICEF MDG4 target in achieving prevention and control of vaccine preventable diseases. It demonstrates the need to include "invisible" populations into the health systems in continuous, integrated, comprehensive, accessible and sensitive modes.

Impact of postpartum information about pertussis booster to parents in a university maternity hospital

Original Research Article
Pages 5472-5481
Bertrand Leboucher, Loïc Sentilhes, Fatma Abbou, Estelle Henry, Emmanuel Grimprel, Philippe Descam

Abstract

Parent-to-infant transmission of pertussis remains an issue in France. Although adult booster vaccination was introduced in 2004 as part of a cocooning strategy targeted primarily to parents of young infants, vaccination coverage in this population has remained low. The aim of this study was to evaluate the impact on vaccination coverage, over two consecutive years, of a protocol in which information about the pertussis booster and a prescription for pertussis vaccine were given to parents upon discharge from a French university maternity hospital. A questionnaire was administered to mothers two months after delivery, during two 3-month periods in 2008 and 2009. Participation rates were 67% (first period) and 76.3% (second period). Information about pertussis was delivered mainly by paediatricians and midwives and was considered clear and pertinent in more than 95% of cases. In 2009, 69% of mothers and 63% of fathers who received a prescription for pertussis vaccine before discharge from the maternity declared being vaccinated, with no difference as compared to 2008. Vaccination was done by a general practitioner (95.9%) and mostly in the first month after birth (81%). Postpartum information about pertussis was successfully implemented and well understood by parents in the maternity hospital and should contribute towards increasing pertussis vaccination coverage in parents of young children.

Reduction of HPV infections through vaccination among at-risk urban adolescents

Original Research Article

Pages 5496-5499

Teresa Cummings, Gregory D. Zimet, Darron Brown, Wanzhu Tu, Ziyi Yang, J. Dennis Fortenberry, Marcia L. Shew

Abstract

Introduction

Human papillomavirus (HPV) vaccine trials have demonstrated high efficacy in preventing HPV infections and HPV related disease in females ages 16–26. However, there is no source data to demonstrate the impact of the vaccine in other populations who may be at higher risk for HPV related disease. This study examines the impact of HPV vaccination on subsequent HPV detection and sexual behaviors among urban adolescents in a clinical setting.

Methods

A cohort of adolescent women, ages 14–17, were recruited prospectively and matched to historical controls to assess the impact of HPV vaccination. All women completed the same questionnaire and face-to-face interview that assessed sexual behaviors; all provided a clinician or self-collected vaginal swab that was used to test for sexually transmitted infections, including HPV. Logistic regression models, incorporating random pair effects, were used to assess the impact of the HPV vaccine on HPV detection and sexual behaviors between the two groups.

Results

Each woman recruited (N = 75) was matched to 2 historical controls (HC); most of the recruited women (89.3%) had received one or more doses of the HPV vaccine. At enrollment, detection of quadrivalent vaccine types (HPV 6, 11, 16 and 18) was significantly less in the recruited group (5.3%) as compared to the HC (24%): OR = 5.6 (CI = 1.9, 16.5), p = 0.002. Adolescent women in the HC had a 9.5 times greater odds of HPV infection when the analysis was adjusted to compare those who had 2 or more vaccine doses to their matched controls. The only behavioral difference found was that the recruited women used condoms more frequently.

Conclusion
This study demonstrates that HPV vaccination was associated with fewer vaccine-type HPV infections despite incomplete vaccination and high risk sexual behaviors. These data also suggest that sexual behaviors were not altered because of the vaccine.

Potential impact of parental Tdap immunization on infant pertussis hospitalizations

Original Research Article
Pages 5527-5532
Timothy R. Peters, Gretchen C. Banks, Beverly M. Snively, Katherine A. Poehling

Abstract
We estimated the potential impact of parental Tdap immunization before delivery, at delivery and at the 2-week newborn visit on U.S. infant pertussis hospitalizations. We used published data for pertussis hospitalization rates among U.S. infants aged 0–4 months, the Tdap vaccine efficacy in adults, and the proportion of infants with pertussis <6 months of age in which either parent was the source (16–40% from mothers and 16–20% from fathers). Immunizing parents before pregnancy or ≥2 weeks prior to delivery should reduce pertussis hospitalizations among infants 0–4 months by 2694–9314 if both parents are vaccinated, and by 1347–6909 if only mothers are vaccinated. Greater reductions in pertussis hospitalizations would be achieved if parents are immunized ≥2 weeks prior to delivery than after delivery or the 2-week newborn visit. Although immunizing parents prior to pregnancy or delivery is best, immunizing parents in the postpartum period should provide protection to that newborn and to infants of subsequent pregnancies.

High HPV vaccination uptake rates for adolescent girls after regional governmental funding in Shiki City, Japan

Original Research Article
Pages 5547-5550
Y. Hayashi, Y. Shimizu, S. Netsu, S. Hanley, R. Konno

Abstract
Background
In Japan, the bivalent HPV vaccine was approved in October, 2009 and became available as a non-routine vaccine from December, 2009. While routine vaccinations are free, the cost and responsibility for non-routine vaccinations are left to the individual. In exceptional circumstances regional governments fund non-routine vaccinations. This was the case in Shiki City, Saitama Prefecture, where a high uptake rate for individual (non-school based) HPV vaccination was obtained.
Materials
On January 20, 2010, the mayor of Shiki City announced to the media his decision to vaccinate adolescent girls in Shiki City against HPV. A project team for HPV vaccination was set up in the city's Health Promotion Center. To gain mutual consent for HPV vaccination, senior health professionals, city officials, the head of the board of education, school principals and health-care teachers met several times. The cohort to be vaccinated was 1254 girls aged 12–15 years. Individual notifications were mailed to each girl on April 23, 2010, along with information about the HPV vaccine.
Conclusions
As of April 10th, 2011, the uptake rate for girls aged 15 years old was 90.7% for the 1st dose. The vaccine registry is managed by the health care system of the city. The

success of the HPV vaccination program and high uptake rates in Shiki City is a good model for the nationwide HPV vaccination program that started in February, 2011.

An economic evaluation of the use of Japanese encephalitis vaccine in the expanded program of immunization of Guizhou province, China

Original Research Article
Pages 5569-5577
Zundong Yin, Garrett R. Beeler Asay, Li Zhang, Yixing Li, Shuyan Zuo, Yvan J. Hutin, Guijun Ning, Hardeep S. Sandhu, Lisa Cairns, Huiming Luo, Guizhou JE Study Group

Abstract

Background

Historically, China's Japanese encephalitis vaccination program was a mix of household purchase of vaccine and government provision of vaccine in some endemic provinces. In 2006, Guizhou, a highly endemic province in South West China, integrated JE vaccine into the provincial Expanded Program on Immunization (EPI); later, in 2007 China fully integrated 28 provinces into the national EPI, including Guizhou, allowing for vaccine and syringe costs to be paid at the national level. We conducted a retrospective economic analysis of JE integration into EPI in Guizhou province.

Methods

We modeled two theoretical cohorts of 100,000 persons for 65 years; one using JE live-attenuated vaccine in EPI (first dose: 95% coverage and 94.5% efficacy; second dose: 85% coverage and 98% efficacy) and one not. We assumed 60% sensitivity of surveillance for reported JE rates, 25% case fatality, 30% chronic disability and 3% discounting. We reviewed acute care medical records and interviewed a sample of survivors to estimate direct and indirect costs of illness. We reviewed the EPI offices expenditures in 2009 to estimate the average Guizhou program cost per vaccine dose.

Results

Use of JE vaccine in EPI for 100,000 persons would cost 434,898 US$ each year (46% of total cost due to vaccine) and prevent 406 JE cases, 102 deaths, and 122 chronic disabilities (4554 DALYs). If we ignore future cost savings and only use EPI program cost, the program would cost 95.5 US$/DALY, less than China Gross Domestic Product per capita in 2009 (3741 US$). From a cost–benefit perspective taking into account future savings, use of JE vaccine in EPI for a 100,000-person cohort would lead to savings of 1,591,975 US$ for the health system and 11,570,989 US$ from the societal perspective.

Conclusions

In Guizhou, China, use of JE vaccine in EPI is a cost effective investment. Furthermore, it would lead to savings for the health system and society.

Vaccine: Development and Therapy

(Accessed 28 July 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]

Media Watch

Beginning in June 2012, *Vaccines: The Week in Review* expanded 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 CVERP 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 28 July 2012
[No new relevant content]

Financial Times
http://www.ft.com
Accessed 28 July 2012
[No new relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
July/August 2012 Volume 91, Number 4
Accessed 28 July 2012
[No new relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 28 July 2012
[No new relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 28 July 2012

The Huffington Post
http://www.huffingtonpost.com/
Accessed 28 July 2012
[No new unique, relevant content]

New Yorker
http://www.newyorker.com/

Accessed 28 July 2012
[No new unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 28 July 2012
[No new unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page
OPINION
July 24, 2012, 6:57 p.m. ET
How to Eradicate Polio Once and for All
Only three endemic countries remain—Pakistan, Afghanistan and Nigeria. But they pose special problems.
BY JAY WINSTEN AND EMILY SERAZIN
Extract
Earlier this year, the World Health Organization removed India from the list of polio-endemic countries, a victory that involved 2.4 million volunteers administering vaccine to nearly 172 million children. Only three endemic countries remain—Pakistan, Afghanistan, and Nigeria—and a massive 24-year global effort to eradicate the disease forever is now within striking distance of its goal. However, there is still a very real danger that the entire campaign could come undone if obstacles to vaccination stall further progress and enable the disease to escape its current confines.
An intensive effort is underway to prevent any further spread of the virus while ...
http://online.wsj.com/article/SB10000872396390444025204577546562570306028.html?mod=dist_smartbrief

Washington Post
http://www.washingtonpost.com/
Accessed 28 July 2012
[No new unique, relevant content]

Twitter Watch *[accessed 28 July 2012 – 18:42]*
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.

USAID Global Health @USAIDGH
A new #GlobalHealth journal is seeking submissions. Learn more: http://ow.ly/ctf6D #AIDS2012 @GHSPJournal @JohnsHopkinsCCP @K4Health
8:50 AM - 28 Jul 12

GAVI Alliance @GAVIAlliance
Today is World Hepatitis Day! #Vaccines are critical 2 protecting kids against hepatitis B. http://ht.ly/cz1aV #worldhepday @GAVIAlliance
8:44 AM - 28 Jul 12

Seth Berkley @GAVISeth
Really exciting! Fiji with AusAid help will introduce 3 life saving vax: Pneumo, Rota & HPV in Q3. First country to do so! #vaccineswork
4:47 PM - 27 Jul 12

IVAC at JHSPH @IVACtweets
Tomorrow is World Hepatitis Day! A shocking 1 in 12 people live with either chronic #hepatitis B or C. http://bit.ly/OqCtCQ #worldhepday
11:25 AM - 27 Jul 12

Kaiser Family Found @KaiserFamFound
VIDEO http://ow.ly/cxPIA Check out "The Global Fund: The Next 5 Years" from @aids2012 conference #AIDS2012 #HIV
10:33 AM - 27 Jul 12

Americas Quarterly @AmerQuarterly
AQ's new issue: Lessons from #cholera in the Americas by Jonathan Weigel and Paul Farmer, co-founder of @PIH | http://bit.ly/NYUNU7 #Haiti
Retweeted by Partners In Health
5:45 PM - 26 Jul 12

The Wistar Institute @TheWistar
With #pertussis (whooping cough) on the rise, Wistar's Dr. Ertl comments on "Halting the Backwards Slide…" http://www.wistar.org/wistar-today/wistar-wire/2012-07-26/halting-the-backward-slide-toward-epidemic #vaccines
10:25 AM - 26 Jul 12

AIDS2012 @aids2012
Barton Haynes: Towards an HIV Vaccine: We Now Understand the Face of the Enemy http://youtu.be/8BYcQrce8CI #AIDS2012
Retweeted by IAVI
8:10 PM - 25 Jul 12

CDC Global Health @CDCGlobal
A7: Currently NIH, CDC, DOD, & IAVI do vaccine research in Kenya & are launching new trials of promising new vaccines #CDCiac3 #AIDS2012
Retweeted by IAVI
1:56 PM - 25 Jul 12

APHA @PublicHealth
UK to offer free flu vaccine to all kids, @dhgovuk announces: http://goo.gl/GlJtR
6:09 PM - 25 Jul 12

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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 its governing institutions – Department of Medical Ethics, NYU Medical School; The Wistar Institute Vaccine Center and the Children's Hospital of Philadelphia Vaccine Education Center. Additional support is provided by 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, NGOs and other international institutions, academia and research organizations, and industry.*

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