

**Center for Vaccine  
Ethics and Policy**

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

**7 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*

*David R. Curry, MS  
Editor and  
Executive Director  
Center for Vaccine Ethics & Policy  
[david.r.curry@centerforvaccineethicsandpolicy.org](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)*

*[Editor's Note: We provide the full text of this GAR update below given the continuing identification of this presumably infectious syndrome]*

#### **WHO: Global Alert and Response (GAR) - Undiagnosed illness in Cambodia - update**

6 July 2012 - The Ministry of Health of the Kingdom of Cambodia is conducting active investigation into the cause of a recent undiagnosed syndrome that has caused illness and deaths among children in the country.

Preliminary findings of the investigation identified a total of 74 cases who were hospitalised from April to 5 July 2012. Of these, 57 cases (including 56 deaths), presented a common syndrome of fever, respiratory and neurological signs, which is now the focus of the investigation.

The majority of the identified cases to date were under three years old. Most of them were from the southern and central parts of the country and received treatment at Kantha Bopha Children's hospital, which is a reference paediatric hospital. Despite all efforts, many of the children died within 24 hours of admission.

Available samples have been tested at the Institut Pasteur in Cambodia. Although a causative agent remains to be formally identified, all these samples were found negative for H5N1 and other influenza viruses, SARS, and Nipah.

The Ministry of Health was first alerted to this by Kantha Bopha Children's hospital in Phnom Penh, where the majority of the cases were hospitalised.

The Ministry of Health notified WHO about this event through the IHR notification mechanism as it met the criteria for notification of any event where the underlying agent or disease or mode of transmission is not formally identified.

WHO and partners are assisting the Ministry of Health with this event which focuses on hospitalised cases, early warning surveillance data, laboratory data and field investigations.

While this event is being actively investigated, the Government is also looking at other diseases occurring in the country, including dengue, hand-foot-mouth and Chikungunya. Parents have been advised to take their children to hospital if they identify any signs of unusual illness. The Government is also reinforcing awareness of good hygiene practices to the public, which includes frequent washing of hands.

[http://www.who.int/csr/don/2012\\_07\\_06a/en/index.html](http://www.who.int/csr/don/2012_07_06a/en/index.html)

## **Announcement: U.S. State Department Global Health Initiative Office (S/GHI) to close, Office of Global Health Diplomacy (S/GHD) formed**

*Global Health Initiative Next Steps - A Joint Message from Administrator Rajiv Shah, Ambassador Eric Goosby, Director Thomas Frieden, and GHI Executive Director Lois Quam*

### *Extract*

“...The Quadrennial Diplomacy and Development Review (QDDR) provided a forum for review of the structure of GHI. After careful consideration of evolving U.S. global health leadership needs, we have reached several key conclusions that will help guide the next phase of GHI:

First, we continue to recognize the capabilities of our global health agencies. Each has critical leadership responsibilities that must be maintained in the next phase of GHI as we seek greater impact and efficiency from our collective whole-of-government efforts to implement our health programs.

Second, we believe that a continued emphasis on country-level leadership of our global health activities will best achieve improved USG coordination of programs in the field, stronger country partnerships and ownership, and innovation for results.

Third, we recognize the critical role of health diplomacy to increase political will and resource commitments around global health among partner countries and increase external coordination among donors and stakeholders.

As a result of our analysis and conclusions, we have made a collective recommendation to close the QDDR benchmark process and shift our focus from leadership within the U.S. Government to global leadership by the U.S. Government. This recommendation has been accepted.

Our recommendation and the decision to move forward are a reflection of the strength and leadership of each agency.

- The success of the recent Child Survival Call to Action, spearheaded by USAID, to launch a program to end preventable child death is a sterling example of our GHI principles at work, challenging countries with the greatest child mortality to take greater ownership and coordinating efforts from partners.
- USAID is also assuming management responsibility for Saving Mothers, Giving Life, a public-private partnership to help reduce maternal mortality during labor, delivery, and the first 24 hours postpartum.
- The Office of the Global AIDS Coordinator will continue to lead PEPFAR, ensuring that all Country Operational Plans reflect the principles of GHI in activities, thus improving programmatic integration and coordination, supporting country ownership and health systems strengthening, and focusing on gender equality. Through these activities, among others, PEPFAR is helping to create an AIDS free generation.

- CDC is continuing its remarkable work implementing programs and leading the strengthening of public health systems across a diverse range of activities around the world.

What does this approach mean for the future of GHI work in country and at headquarters? The Global Health Initiative will continue as the priority global health initiative of the U.S. Government. GHI will continue to function with a collaborative leadership structure headed by the three core entities - USAID, CDC, OGAC - and with the enduring mandate of ensuring the GHI principles are implemented in the field to achieve our ambitious GHI goals. GHI country teams and GHI planning leads will continue to work to implement GHI strategies under the leadership of the U.S. Ambassador.

At the State Department, the GHI Office (S/GHI) will close and the Office of Global Health Diplomacy (S/GHD) will be stood up. Unlike S/GHI's focus on interagency coordination, the S/GHD office's mandate will be to champion the priorities and policies of GHI in the diplomatic arena. Success in the next phase will be measured by our ability to leverage our collective interagency leadership to influence global stakeholders, align donor investments with country resources and oversight and maintain and build country-focused technical support that expands capacity for global health priorities.

As we move into the next phase of GHI, we are committed to working together to achieve our ambitious GHI goals and to support and enhance our combined efforts to save lives."

<http://www.ghi.gov/newsroom/blogs/2012/194472.htm>

## **Speech: General Manager Says Global Fund Offers Outstanding Value for Money**

Gabriel Jaramillo, General Manager of the Global Fund to Fight AIDS, Tuberculosis and Malaria

5 July 2012, Tunis: Conference of Ministers of Finance and Health by Harmonization for Health in Africa (HHA)

### *Media Release – Extract*

General Manager Jaramillo, told a gathering of finance and health ministers that the financing institution offers outstanding value for money by effectively treating and preventing the spread of disease. He said the changing economic climate had forced the Global Fund to change its operations to make grants more strategic, improve efficiency and become more effective overall.

The Global Fund will invest US\$8 billion over the coming 20 months, US\$5 billion of it in Africa. Mr. Jaramillo said that with productivity gains and more co-investment by countries that receive grants, there is a tremendous opportunity.

"As a former banker, I know a good deal when I see one," said Mr. Jaramillo. "There is no better deal than investing to prevent these diseases."

Mr. Jaramillo urged the ministers not to fear the investment necessary just because the up-front costs look high, because maintaining gains is less-expensive than the initial investments.

"Front-end these programs now, put your skin in the game now, because the out-years will be much cheaper as your number of cases goes down," he said. "Sustaining

your programs is much-less costly than you believe, and the return on investment is potentially huge."

[http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-07-05\\_General\\_Manager\\_Says\\_Global\\_Fund\\_Offers\\_Outstanding\\_Value\\_for\\_Money/](http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-07-05_General_Manager_Says_Global_Fund_Offers_Outstanding_Value_for_Money/)

### **Blog Post: Global Fund Consults on New Funding Model**

[full text]

Strategic planners at the Global Fund are designing a new funding model, and have been seeking suggestions and comments from committee members and some outside partners. In an effort to modify the way countries apply for grants, the new funding model will replace the old 'rounds-based' system with a procedure that allows dialogue and early feedback, which should strengthen proposals and increase overall success rates. Early preparation for grant implementation, built-in to the system, is expected to speed up the entire process. Instructions from the Board are to make the funding model more flexible and more effective. Senior staff in the Global Fund's Strategy Investment and Impact division have been reaching out to partners and committee members to canvass their views, gathering input for the designing the new funding model.

"It's important that we hear views from different stakeholders," said Ruwan de Mel, Head of Strategy and Access to Funding at the Global Fund. "We will be consulting broadly over the coming weeks." A meeting of the Board's Strategy and Investment and Impact Committee starting 9 July will consider aspects of the new funding model. The principles being followed in the design include a commitment to remaining global while focusing on interventions, countries and populations most in need, and simplifying the grant process while maintaining high standards of technical review. More flexibility on timing, and more predictability on available funding, are other improvements.

Consultations are expected to continue. The aim will also be to figure out how to best forecast true need or demand for support treating and preventing disease, and how other funding models or donor processes might improve the design of an allocation and application process.

*Global Fund News Flash: Issue 05*

Posted on Tuesday, 03 July 2012: <http://www.theglobalfund.org/en/blog/29479/>

The **Weekly Epidemiological Record (WER) for 6 July 2012**, vol. 87, 27 (pp 253–260) includes: Elimination of maternal and neonatal tetanus in Senegal  
<http://www.who.int/entity/wer/2012/wer8727.pdf>

### **Twitter Watch [accessed 7 July 2012 – 13:29]**

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.

#### **WHO @WHO**

UPDATE: Cambodia unknown disease: Samples tested were found negative for [#H5N1](#), other [#influenza](#), SARS and Nipah <http://goo.gl/N3rvS>

1:24 PM - 6 Jul 12

[UNDP Policy Centre @UNDP\\_IPC](#)

'Looking beyond Rio+20' - Special issue of the Inclusive Growth bulletin launched today:  
<http://bit.ly/NbRKA2> @UNDPS @UNEP @UNDP

10:20 AM - 6 Jul 12

[GAVI Alliance @GAVIAlliance](#)

. [@GAVISeth](#) emphasises importance of long-term sustainable funding 4 vaccines at high-level Ministerial conference. <http://ht.ly/c3z5u>

9:30 AM - 6 Jul 12

[Seth Berkley @GAVISeth](#)

Seismic change in vaccine market; Serum Institute buys Dutch vax co for production of inactivated polio & other vax <http://bit.ly/L1Hty7>

4:32 AM - 5 Jul 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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)

**Report: 2012 Report on the Millennium Development Goals**

United Nations, 2 July 2012

Report: (pdf; 72 pages):[2012 Report on the Millennium Development Goals](#)

Chart: (pdf; 1 page) [2012 MDG Progress Chart](#)

[Press Release](#): extract

With three important targets on poverty, slums and water having been met, a new United Nations report stresses the need for a true global partnership to achieve the remaining Millennium Development Goals (MDGs) by the 2015 deadline. The 2012 MDG Report offers "the most comprehensive picture yet" on global progress towards the Goals, Secretary-General Ban Ki-moon said as he launched the report at the high-level segment of the annual session of the UN Economic and Social Council (ECOSOC). "The current economic crises besetting much of the developed world must not be allowed to decelerate or reverse the progress that has been made. Let us build on the successes we have achieved so far, and let us not relent until all the MDGs have been attained," he said in the foreword.

*[Full text from initial Overview section of report]*

**Overview**

***Three years to the deadline, we can report broad progress on the MDGs***

The Millennium Development Goals (MDGs) agreed to by world leaders over a decade ago have achieved important results. Working together, Governments, the United Nations family, the private sector and civil society have succeeded in saving many lives and improving conditions for many more.

The world has met some important targets—ahead of the deadline.

**•• Extreme poverty is falling in every region**

For the first time since poverty trends began to be monitored, the number of people living in extreme poverty and poverty rates fell in every developing region—including in sub-Saharan Africa, where rates are highest. The proportion of people living on less than \$1.25 a day fell from 47 per cent in 1990 to 24 per cent in 2008—a reduction from over

2 billion to less than 1.4 billion.

**•• The poverty reduction target was met**

Preliminary estimates indicate that the global poverty rate at \$1.25 a day fell in 2010 to less than half the 1990 rate. If these results are confirmed, the first target of the MDGs—cutting the extreme poverty rate to half its 1990 level—will have been achieved at the global level well ahead of 2015.

**•• The world has met the target of halving the proportion of people without access to improved sources of water**

The target of halving the proportion of people without sustainable access to safe drinking water was also met by 2010, with the proportion of people using an improved water source rising from 76 per cent in 1990 to 89 per cent in 2010. Between 1990 and 2010, over two billion people gained access to improved drinking water sources, such as piped supplies and protected wells.

**•• Improvements in the lives of 200 million slum dwellers exceeded the slum target**

The share of urban residents in the developing world living in slums declined from 39 per cent in 2000 to 33 per cent in 2012. More than 200 million gained access to either improved water sources, improved sanitation facilities, or durable or less crowded housing. This achievement exceeds the target of significantly improving the lives of at least 100 million slum dwellers, well ahead of the 2020 deadline.

**•• The world has achieved parity in primary education between girls and boys**

Driven by national and international efforts and the MDG campaign, many more of the world's children are enrolled in school at the primary level, especially since 2000. Girls have benefited the most. The ratio between the enrolment rate of girls and that of boys grew from 91 in 1999 to 97 in 2010 for all developing regions. The gender parity index value of 97 falls within the plus-or-minus 3-point margin of 100 per cent, the accepted measure for parity.

**•• Many countries facing the greatest challenges have made significant progress towards universal primary education**

Enrolment rates of children of primary school age increased markedly in sub-Saharan Africa, from 58 to 76 per cent between 1999 and 2010. Many countries in that region succeeded in reducing their relatively high out-of-school rates even as their primary school age populations were growing.

**•• Child survival progress is gaining momentum**

Despite population growth, the number of under-five deaths worldwide fell from more than 12.0 million in 1990 to 7.6 million in 2010. And progress in the developing world as

a whole has accelerated. Sub-Saharan Africa—the region with the highest level of under-five mortality—has doubled its average rate of reduction, from 1.2 per cent a year over 1990-2000 to 2.4 per cent during 2000-2010.

**•• Access to treatment for people living with HIV increased in all regions**

At the end of 2010, 6.5 million people were receiving antiretroviral therapy for HIV or AIDS in developing regions. This total constitutes an increase of over 1.4 million people from December 2009, and the largest one-year increase ever. The 2010 target of universal access, however, was not reached.

**•• The world is on track to achieve the target of halting and beginning to reverse the spread of tuberculosis**

Globally, tuberculosis incidence rates have been falling since 2002, and current projections suggest that the 1990 death rate from the disease will be halved by 2015.

**•• Global malaria deaths have declined**

The estimated incidence of malaria has decreased globally, by 17 per cent since 2000. Over the same period, malaria-specific mortality rates have decreased by 25 per cent. Reported malaria cases fell by more than 50 per cent between 2000 and 2010 in 43 of the 99 countries with ongoing malaria transmission.

***Inequality is detracting from these gains, and slowing advances in other key areas***

Achievements were unequally distributed across and within regions and countries. Moreover, progress has slowed for some MDGs after the multiple crises of 2008-2009.

**•• Vulnerable employment has decreased only marginally over twenty years**

Vulnerable employment—defined as the share of unpaid family workers and own-account workers in total employment—accounted for an estimated 58 per cent of all employment in developing regions in 2011, down only moderately from 67 per cent two decades earlier. Women and youth are more likely to find themselves in such insecure and poorly remunerated positions than the rest of the employed population.

**•• Decreases in maternal mortality are far from the 2015 target**

There have been important improvements in maternal health and reduction in maternal deaths, but progress is still slow. Reductions in adolescent childbearing and expansion of contraceptive use have continued, but at a slower pace since 2000 than over the decade before.

**•• Use of improved sources of water remains lower in rural areas**

While 19 per cent of the rural population used unimproved sources of water in 2010, the rate in urban areas was only 4 per cent. And since dimensions of safety, reliability and sustainability are not reflected in the proxy indicator used to track progress towards the MDG target, it is likely that these figures overestimate the actual number of people using safe water supplies. Worse, nearly half of the population in developing regions—2.5 billion—still lacks access to improved sanitation facilities. By 2015, the world will have reached only 67 per cent coverage, well short of the 75 per cent needed to achieve the MDG target.

**•• Hunger remains a global challenge**

The most recent FAO estimates of undernourishment set the mark at 850 million living in hunger in the world in the 2006/2008 period—15.5 per cent of the world population. This continuing high level reflects the lack of progress on hunger in several regions, even as income poverty has decreased. Progress has also been slow in reducing child

undernutrition. Close to one third of children in Southern Asia were underweight in 2010.

**•• The number of people living in slums continues to grow**

Despite a reduction in the share of urban populations living in slums, the absolute number has continued to grow from a 1990 baseline of 650 million. An estimated 863 million people now live in slum conditions.

***In the years ahead, we have the opportunity to achieve more and to shape the agenda for our future***

The 2015 deadline is fast approaching. The contributions of national Governments, the international community, civil society and the private sector will need to intensify as we take on the longstanding and long-term challenge of inequality, and press forward on food security, gender equality, maternal health, rural development, infrastructure and environmental sustainability, and responses to climate change. A new agenda to continue our efforts beyond 2015 is taking shape. The MDG campaign, with its successes as well as setbacks, provides rich experience on which this discussion can draw, as well as confidence that further success is feasible.

**•• Gender equality and women's empowerment are key**

Gender inequality persists and women continue to face discrimination in access to education, work and economic assets, and participation in government. Violence against women continues to undermine efforts to reach all goals. Further progress to 2015 and beyond will largely depend on success on these interrelated challenges.

**•• MDG progress shows the power of global goals and a shared purpose**

The MDGs have been a fundamental framework for global development. A clear agenda, with measurable goals and targets, and a common vision have been crucial for this success. There is now an expectation around the world that sooner, rather than later, all these goals can and must be achieved. Leaders will be held to this high standard.

Sectors such as government, business, academia and civil society, often known for working at cross-purposes, are learning how to collaborate on shared aspirations. The comprehensive statistics and clear analysis in this year's MDG Report give us all a good idea of where our efforts should be directed.

*Sha Zukang*

*Under-Secretary-General for Economic and Social Affairs*

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

**Annals of Internal Medicine**

3 July 2012, Vol. 157, No. 1

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

[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**

07 July 2012 (Vol 345, Issue 7864)

<http://www.bmjjournals.org/content/345/7864>

**Analysis****Vaccine programmes must consider their effect on general resistance**

BMJ 2012; 344 doi: 10.1136/bmj.e3769 (Published 14 June 2012)

Cite this as: BMJ 2012;344:e3769

Peter Aaby, Hilton Whittle, Christine Stabell Benn,

**Extract**

*Recent randomised trials have shown that live vaccines such as measles and BCG enhance general resistance, preventing other infections as well as the target infection. However, current vaccination strategies assume a proportionate response. Peter Aaby, Hilton Whittle, and Christine Stabell Benn argue that we need to rethink our approach*

Global health leaders have committed to making 2010-19 the decade of vaccines, with the aim of ensuring that lifesaving vaccines are available globally. The Bill and Melinda Gates Foundation pledged \$10bn (£6.5bn; €8bn) to the new decade,<sup>1</sup> which was established in recognition of the astonishing technological progress in developing new vaccines and our ethical obligation to make these vaccines available to all children in the poorest countries of the world.<sup>1 2 w1-8</sup> The ultimate goal is to save lives, and vaccination programmes measure potential impact in terms of the lives saved.<sup>1 2 w1</sup>

Surprisingly, therefore, there are few observational studies and virtually no randomised clinical trials documenting the effect on child mortality of any of the existing vaccines. A notable exception is the high titre measles vaccine, which was withdrawn because an interaction with diphtheria-tetanus-pertussis (DTP) vaccine resulted in a 33% (95% confidence interval 2% to 73%) increase in mortality among children aged 4-60 months in several west African randomised trials.<sup>3 w9</sup> Among the newer vaccines, conjugate pneumococcal vaccine has been found to be associated with an 11% (-1% to 21%) reduction in mortality in a meta-analysis.<sup>4</sup>

The lack of data on mortality is not considered a problem. If a vaccine is shown to produce immunity against a specific disease, the effect on survival is estimated using the burden of disease, and the efficacy and the coverage of the specific vaccine. For example, if rotavirus causes 527 000 annual deaths, 90% occurring in low income ...

**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 7 July 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 27, 05 July 2012  
<http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678>  
[No relevant content]

**Global Health Governance**  
<http://www.globalhealthgovernance.org/>  
[Reviewed earlier]

**Globalization and Health**  
[Accessed 7 July 2012]  
<http://www.globalizationandhealth.com/>

**Research**  
**Availability, prices and affordability of the World Health Organization's essential medicines for children in Guatemala**  
Angela Anson, Brooke Ramay, Antonio Ruiz de Esparza and Lisa Bero  
*Abstract (provisional)*  
**Background**  
Several World Health Organization (WHO) initiatives aim to improve the accessibility of safe and effective medicines for children. A first step in achieving this goal is to obtain a baseline measure of access to essential medicines. The objective of this project was to measure the availability, prices, and affordability of children's medicines in Guatemala.  
**Methods**  
An adaption of the standardized methodology developed by the World Health Organization and Health Action International (HAI) was used to conduct a cross sectional survey to collect data on availability and final patient prices of medicines in public and private sector medicine outlets during April and May of 2010.  
**Results**

A subset of the public sector, Programa de Accesibilidad a los Medicamentos (PROAM), had the lowest average availability (25%) compared to the private sector (35%). In the private sector, highest and lowest priced medicines were 22.7 and 10.7 times more expensive than their international reference price comparison. Treatments were generally unaffordable, costing as much as 15 days wages for a course of ceftriaxone. Conclusions

Analysis of the procurement, supply and distribution of specific medicines is needed to determine reasons for lack of availability. Improvements to accessibility could be made by developing an essential medicines list for children and including these medicines in national purchasing lists.

*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]

## **Call for Submissions: Special Issue on Proposed Framework Convention on Global Health**

Health and Human Rights, a peer-reviewed open access journal under the editorship of Partners in Health co-founder Paul Farmer, is published semi-annually, with new issues released in June and December. From 2012, selected papers in press are available prior to issue publication, thereby fast-tracking access to new research and enabling authors to cite their work. Submissions are welcomed at any time.

Health and Human Rights will be publishing a special issue in June 2013 on a proposed Framework Convention on Global Health (FCGH). An FCGH would be based in the right to health and aimed at reducing national and global health inequities. It would ensure universal health coverage, establish a framework for sufficient and sustained funding, improve accountability, raise the priority of health in other legal regimes, and meet major challenges in global governance for health, such as poor coordination. For more information, please see the website for the Joint Action and Learning Initiative on National and Global Responsibilities for Health (JALI): <http://www.jalihealth.org>.

## **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 7 July 2012

<http://www.landesbioscience.com/journals/vaccines/toc/volume/8/issue/7/>

### **Special Focus: Meningococcal Vaccine Development**

**RESEARCH PAPERS** [Open Access Articles]

#### [\*\*The immunogenicity and safety of an investigational meningococcal serogroups A, C, W-135, Y tetanus toxoid conjugate vaccine \(ACWY-TT\) compared with a licensed meningococcal tetravalent polysaccharide vaccine: A randomized, controlled non-inferiority study\*\*](#)

Mari Rose Aplasca-De Los Reyes, Efren Dimaano, Veronique Bianco, Yaela Baine and Jacqueline Miller

<http://dx.doi.org/10.4161/hv.20211>

[Abstract](#) | [Full Text](#) | [PDF](#)

#### [\*\*The investigational meningococcal serogroups A, C, W-135, Y tetanus toxoid conjugate vaccine \(ACWY-TT\) and the seasonal influenza virus vaccine are immunogenic and well-tolerated when co-administered in adults\*\*](#)

Mari Rose Aplasca-De Los Reyes, Efren Dimaano, Noel Macalalad, Ghassan Dbaibo, Veronique Bianco, Yaela Baine and Jacqueline Miller

<http://dx.doi.org/10.4161/hv.20212>

[Abstract](#) | [Full Text](#) | [PDF](#)

#### [\*\*A Phase 1, randomized, open-label, active-controlled trial to assess the safety of a meningococcal serogroup B bivalent rLP2086 vaccine in healthy adults\*\*](#)

Eric Sheldon, Howard Schwartz, Qin Jiang, Peter Giardina and John Perez

[Abstract](#) | [Full Text](#)

### **REVIEW**

#### [\*\*Effectiveness and harms of seasonal and pandemic influenza vaccines in children, adults and elderly: A critical review and re-analysis of 15 meta-analyses\*\*](#)

Lamberto Manzoli, John P.A. Ioannidis, Maria Elena Flacco, Corrado De Vito and Paolo Villari

*Abstract:*

Fifteen meta-analyses have been published between 1995 and 2011 to evaluate the efficacy/effectiveness and harms of diverse influenza vaccines—seasonal, H5N1 and 2009(H1N1)—in various age-classes (healthy children, adults or elderly). These meta-analyses have often adopted different analyses and study selection criteria. Because it is difficult to have a clear picture of vaccine benefits and harms examining single systematic reviews, we compiled the main findings and evaluated which could be the most reasonable explanations for some differences in findings (or their interpretation) across previously published meta-analyses. For each age group, we performed analyses that included all trials that had been included in at least one relevant meta-analysis, also exploring whether effect sizes changed over time. Although we identified several discrepancies among the meta-analyses on seasonal vaccines for children and elderly,

overall most seasonal influenza vaccines showed statistically significant efficacy/effectiveness, which was acceptable or high for laboratory-confirmed cases and of modest magnitude for clinically-confirmed cases. The available evidence on parenteral inactivated vaccines for children aged < 2 y remains scarce. Pre-pandemic "avian" H5N1 and pandemic 2009 (H1N1) vaccines can achieve satisfactory immunogenicity, but no meta-analysis has addressed H1N1 vaccination impact on clinical outcomes. Data on harms are overall reassuring, but their value is diminished by inconsistent reporting.

#### **Commentary**

#### **Inactivated Polio Vaccine: Time to introduce it in India's national immunization schedule**

Ramesh Verma, Pardeep Khanna and Suraj Chawla

<http://dx.doi.org/10.4161/hv.20089>

#### **Abstract:**

Polio is a communicable disease caused by poliovirus that may attack nerve cells of the brain and spinal cord. The victims develop neurological complications, like stiffness of the neck, muscular weakness, or paralysis of one or more limbs. In severe cases, it may be fatal due to respiratory paralysis. The world has seen tremendous gains in polio eradication over the past year. India and Nigeria saw a reduction in cases of almost 95% from 2009 to 2010, and cases of wild poliovirus type 3 (WPV3) fell by 92% globally over the same period. In fact, no case has been reported in India since February 2011, such that India may be on the verge of eradicating polio. Nevertheless, polio control experts are particularly worried about Vaccine-Derived Poliovirus (VDPV). Global surveillance efforts picked up 430 cases of VDPV from several countries between July 2009 and March 2011. In India, 7 cases of VDPV were reported during the year 2011. As long as OPV is used, virologists say that the world is at risk of VDPV causing polio in unprotected children. Achieving a polio-free world will require the "cessation of all OPV" and with it the elimination of the risk of vaccine-associated paralytic polio (VAPP) or VDPV infections. To this effect, in 2011 the Global Polio Eradication Initiative (GPEI) will produce and develop a new roadmap for VDPV Elimination. Several countries have shifted from all OPV to sequential OPV-IPV schedules and all-IPV schedules with elimination of live poliovirus. IPV will be indispensable in the post-eradication era when use of OPV has to stop but "vaccination against polio" cannot stop. IPV offers complete individual protection and has been considered as an additional tool at present for those who can afford the vaccine, and since we are nearing the eradication of polio, it is time to shift from OPV to sequential OPV-IPV schedule in India. Such a strategy will avoid inevitable problems with VAPP.

#### **SPECIAL FOCUS COMMENTARIES**

#### **Report from the field: Fifth vaccine renaissance in Providence RI**

Denice Spero, Nikolai Petrovsky and Annie De Groot

#### **Abstract:**

Emerging and re-emerging infectious diseases represent a major challenge to vaccine development since it involves two seemingly contradictory requirements. Rapid and flexible vaccine generation while using technologies and processes that can facilitate accelerated regulatory review. Development in the "-omics" in combination with advances in vaccinology offer novel opportunities to meet these requirements. Here we describe how a consortium of five different organizations from academia and industry is addressing these challenges. This novel approach has the potential to become the new

standard in vaccine development allowing timely deployment to avert potential pandemics.

**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 04, 2012, Vol 308, No. 1

<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**

Jul 07, 2012 Volume 380 Number 9836 p1 - 74

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

**Comment**

**Mass gatherings medicine and global health security**

Abdullah Al Rabeeah, Ziad A Memish, Alimuddin Zumla, Shuja Shafi, Brian McCloskey, Ahmad Moolla, Maurizio Barbeschi, David Heymann, Richard Horton

*Preview*

Mass gatherings continue to draw ever larger crowds from all corners of the globe.<sup>1</sup> Although these events offer great potential for a health legacy through intense periods of unprecedented focus and funding for improvements in health systems, they pose several significant public health challenges to health and security authorities both within the host country and abroad.<sup>2,3</sup> There is no existing global consensus or evidence base regarding the most effective public health measures that are required to be in place within the host country.

### **The Lancet Infectious Disease**

Jul 2012 Volume 12 Number 7 p497 - 576

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

[Reviewed earlier]

### **Medical Decision Making (MDM)**

May–June 2012; 32 (3)

<http://mdm.sagepub.com/content/current>

[Reviewed earlier]

### **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 7405 pp5-134 5 July 2012

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

#### **Correspondence**

#### **Disease outbreaks: Support for a cholera vaccine stockpile**

[Agnes Binagwaho](#), [Thierry Nyatanyi](#), [Cameron T. Nutt](#) & [Claire M. Wagner](#)

doi:10.1038/487039c

Published online

04 July 2012

#### **Extract**

As researchers and policy-makers in Rwanda's health sector, we congratulate Guinea and Haiti on integrating oral cholera vaccination into their regular control efforts during epidemics (see *Nature* <http://doi.org/h2c>; 2012). Rwanda has also learned valuable lessons about the costs of inaction from the world's delayed response to cholera outbreaks in post-earthquake...

### **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>

**Reviews****Nucleic acid sensing at the interface between innate and adaptive immunity in vaccination**

Christophe J. Desmet & Ken J. Ishii

p479 | doi:10.1038/nri3247

Extract

It is becoming increasingly clear that the activation of the innate immune system by host or microbial nucleic acids contributes to the immunogenicity of many vaccines. This article describes the receptors and signalling pathways that are involved in sensing nucleic acids and discusses the implications for current and future vaccination strategies.

The demand is currently high for new vaccination strategies, particularly to help combat problematic intracellular pathogens, such as HIV and malarial parasites. In the past decade, the identification of host receptors that recognize pathogen-derived nucleic acids has revealed an essential role for nucleic acid sensing in the triggering of immunity to intracellular pathogens. This Review first addresses our current understanding of the nucleic acid-sensing immune machinery. We then explain how the study of nucleic acid-sensing mechanisms not only has revealed their central role in driving the responses mediated by many current vaccines, but is also revealing how they could be harnessed for the design of new vaccines.

**New England Journal of Medicine**

July 5, 2012 Vol. 367 No. 1

<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/>

[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>

[Reviewed earlier]

## Pediatrics

July 2012, VOLUME 130 / ISSUE 1

<http://pediatrics.aappublications.org/current.shtml>

### Articles

#### **Early Vaccinations Are Not Risk Factors for Celiac Disease**

Anna Mylénus, Hans Stenlund, Olle Hernell, Leif Gothefors, Marie-Louise Hammarström, Lars-Åke Persson, and Anneli Ivarsson

Pediatrics 2012; 130:e63-e70

##### *Abstract*

**OBJECTIVES:** To investigate if changes in the national Swedish vaccination program coincided with changes in the celiac disease (CD) incidence rate in infants (ie, the Swedish CD Epidemic), and to assess the potential association between these vaccinations and CD risk.

**METHODS:** All studies were based on the National Swedish Childhood Celiac Disease Register. Using an ecological approach, we plotted changes over time in the national vaccination program in the graph displaying CD incidence rate. A population-based incident case-referent study of invited infants was performed. Exposure information was received through a questionnaire and child health clinic records. Vaccines explored were diphtheria/tetanus, pertussis (acellular), polio (inactivated), *Haemophilus influenzae* type b (conjugated), measles/mumps/rubella, and live attenuated bacillus Calmette-Guérin (BCG) in children with increased tuberculosis risk. Findings were subjected to a birth cohort analysis.

**RESULTS:** Introduction of pertussis vaccine coincided in time with decreasing CD incidence rates. In the infant case-referent study, however, neither vaccination against pertussis (odds ratio 0.91; 95% confidence interval 0.60–1.4), nor against *Haemophilus influenzae* type b or measles/mumps/rubella was associated with CD. Coverage for the diphtheria/tetanus and polio vaccines was 99%. BCG was associated with reduced risk for CD (adjusted odds ratio 0.54; 95% confidence interval 0.31–0.94). Discontinuation of general BCG vaccination did not affect the cumulative incidence of CD at age 15 years.

**CONCLUSIONS:** Early vaccinations within the national Swedish program were not associated with CD risk, nor could changes in the program explain the Swedish epidemic. A protective effect by BCG was suggested, which could be subject to further studies.

#### **Frequency of Alternative Immunization Schedule Use in a Metropolitan Area**

Steve G. Robison, Holly Groom, and Collette Young

Pediatrics 2012; 130:32-38

##### *Abstract*

**OBJECTIVES:** Recent studies have described an increase in parental hesitancy regarding vaccines as well as increases in parental adoption of vaccine schedules that delay or limit receipt of recommended vaccines. This study quantifies potential prevalence and trends in alternative schedule compliance by measuring consistent shot-limiting in a metropolitan area of Oregon.

**METHODS:** Retrospective cohort analysis using the Oregon ALERT Immunization Information System to track children born between 2003 and 2009 in the Portland metropolitan area. Joinpoint regression was used to analyze prevalence trends in

consistent shot-limiting during that time period. The 2007–2009 *Haemophilus influenzae* type b vaccine shortage and increased availability of combination vaccines were also examined for their effects on shot-limiting rates.

**RESULTS:** A total of 4502 of 97 711 (4.6%) children met the definition of consistent shot-limiters. The proportion of consistent shot-limiters in the population increased from 2.5% to 9.5% between 2006 and 2009. Compared with those with no or episodic limiting, consistent shot-limiters by 9 months of age had fewer injections (6.4 vs 10.4) but more visits when immunizations were administered (4.2 vs 3.3). However, only a small minority of shot-limiters closely adhered to published alternative schedules.

**CONCLUSIONS:** The percentage of children consistently receiving 2 or fewer vaccine injections per visit between birth and age 9 months increased threefold within a 2-year period, suggesting an increase in acceptance of non–Advisory Committee on Immunization Practices vaccine schedules in this geographic area.

## **Pharmacoeconomics**

July 1, 2012 - Volume 30 - Issue 7 pp: 537-631

<http://adisonline.com/pharmacoeconomics/pages/currenttoc.aspx>

[Reviewed earlier; No relevant content]

## **PLoS One**

[Accessed 7 July 2012]

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

### **[Participant Informed Consent in Cluster Randomized Trials: Review](#)**

Bruno Giraudeau, Agnès Caille, Amélie Le Gouge, Philippe Ravaud treatment

PLoS ONE: Research Article, published 06 Jul 2012 10.1371/journal.pone.0040436

#### *Abstract*

#### *Background*

The Nuremberg code defines the general ethical framework of medical research with participant consent as its cornerstone. In cluster randomized trials (CRT), obtaining participant informed consent raises logistic and methodologic concerns. First, with randomization of large clusters such as geographical areas, obtaining individual informed consent may be impossible. Second, participants in randomized clusters cannot avoid certain interventions, which implies that participant informed consent refers only to data collection, not administration of an intervention. Third, complete participant information may be a source of selection bias, which then raises methodological concerns. We assessed whether participant informed consent was required in such trials, which type of consent was required, and whether the trial was at risk of selection bias because of the very nature of participant information.

#### *Methods and Findings*

We systematically reviewed all reports of CRT published in MEDLINE in 2008 and surveyed corresponding authors regarding the nature of the informed consent and the process of participant inclusion. We identified 173 reports and obtained an answer from 113 authors (65.3%). In total, 23.7% of the reports lacked information on ethics committee approval or participant consent, 53.1% of authors declared that participant consent was for data collection only and 58.5% that the group allocation was not

specified for participants. The process of recruitment (chronology of participant recruitment with regard to cluster randomization) was rarely reported, and we estimated that only 56.6% of the trials were free of potential selection bias.

#### Conclusions

For CRTs, the reporting of ethics committee approval and participant informed consent is less than optimal. Reports should describe whether participants consented for administration of an intervention and/or data collection. Finally, the process of participant recruitment should be fully described (namely, whether participants were informed of the allocation group before being recruited) for a better appraisal of the risk of selection bias.

#### **PLoS Medicine**

(Accessed 7 July 2012)

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

[No new relevant data]

#### **PLoS Neglected Tropical Diseases**

June 2012

<http://www.plosncts.org/article/browseIssue.action>

[Reviewed earlier]

#### **PNAS - Proceedings of the National Academy of Sciences of the United States of America**

(Accessed 7 July 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**

6 July 2012 vol 337, issue 6090, pages 1-124

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

[No relevant content]

#### **Science Translational Medicine**

4 July 2012 vol 4, issue 141

<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](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 7 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]

**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 7 July 2012

[No new relevant content]

**Financial Times**

<http://www.ft.com>

*Accessed 7 July 2012*

[No new relevant content]

**Foreign Affairs**

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

July/August 2012 Volume 91, Number 4

*Accessed 7 July 2012*

[No new relevant content]

**Foreign Policy**

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

*Accessed 7 July 2012*

[No new relevant content]

**The Guardian**

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

*Accessed 7 July 2012*

**Rio\_20 Summit: World leaders accused of backsliding on women's rights**

<http://www.guardian.co.uk/lifeandstyle/2012/jul/05/world-leaders-backsliding-womens-rights?INTCMP=SRCH>

Mary Robinson says failure on reproductive rights could have devastating impact on poorest and most powerless women

By Jane Martinson

Thursday 5 July 2012 13.07 EDT

**The Huffington Post**

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

*Accessed 7 July 2012*

[No new unique, relevant content]

**New Yorker**

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

*Accessed 7 July 2012*

[No new unique, relevant content]

**New York Times**

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

*Accessed 7 July 2012*

[No new unique, relevant content]

**Washington Post**

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

*Accessed 7 July 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 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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