

Center for Vaccine Ethics and Policy

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Vaccines: The Week in Review 11 August 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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Editor and

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Editor's Note:

Vaccines: The Week in Review will resume publication on 25 August 2012 following a staff vacation break.

[CDC Update on H3N2v Cases Telebriefing](#) Transcript – August 9, 2012

MMWR Early Release

August 10, 2012 / Vol. 61 / Early Release

[Evaluation of Rapid Influenza Diagnostic Tests for Influenza A \(H3N2\)v Virus and Updated Case Count — United States, 2012](#)

The Bill & Melinda Gates Foundation named Dr. Orin Levine as Director of Vaccine Delivery within the Global Development Program. Dr. Levine is currently Professor of International Health and Executive Director of the International Vaccine Access Center (IVAC) at the Johns Hopkins University's Bloomberg School of Public Health. He will start work at the foundation on October 1. Chris Elias, president of the foundation's Global Development Program, said, "Dr. Levine is a recognized expert in the fields of international public health, immunization, child survival and pneumonia, and we are very fortunate to have him join the foundation. His leadership at IVAC has accelerated global access to vaccines, helping save millions of lives each year."

<http://www.gatesfoundation.org/press-releases/Pages/orin-levine-joins-gatesfoundation.aspx>

IVAC named Deputy Director Kate O'Brien as Acting Executive Director while a process takes place to name a permanent Executive Director. The action follows the announcement that Dr. Orin Levine will be taking up a new position at the Bill & Melinda Gates Foundation as Director of Vaccine Delivery starting October 1st .
<http://www.jhsph.edu/research/centers-and-institutes/ivac/about-us/news.html>

The Global Fund to Fight AIDS, Tuberculosis and Malaria named Daniel Camus as Chief Financial Officer. Mr. Camus is described as having "more than 25 years of experience as a senior executive, implementing long-term expansion in complex financial operations, including a recent position as Group Executive Director of Electricité de France (EDF), where he also oversaw international operations at the largest electric utility company in the world." He holds a PhD in Finance and Economics from the Sorbonne in Paris. Gabriel Jaramillo, General Manager of the Global Fund, commented, "Daniel is a keystone of our transformation. He brings rock-solid financial expertise, private-sector perspective and unparalleled strategic thinking to the Global Fund. We are thrilled to have him join us."
http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-08-06_Global_Fund_Appoints_Daniel_Camus_as_Chief_Financial_Officer/

Solicitation: Nominations for GAVI Alliance Board Member Representing Technical and Health Research Institutes

Applications deadline: September 15, 2012

Background: GAVI's board includes members representing specific constituencies in addition to several unaffiliated members. One seat on the board is designated for Technical and health research institutes. Nominations for a candidate to serve in this role are sought to replace outgoing board member, Dr. Anne Schuchat (Centers for Disease Control and Prevention) after her three-year term ends in December 2012. Application instructions: Nomination packages should include a cover letter documenting the nominee's qualifications related to vaccines and immunization, global technical advisory experience, and institutional support to carry out duties associated with service on the Board and related committees. The package should also include the candidate's Curriculum Vitae as well as a letter confirming support from the nominee's institution director.

Additional information related to the GAVI Alliance is available at www.gavialliance.org. Applications should be submitted by email with the subject line 'GAVI Nomination' to duk3@cdc.gov.
<http://www.gavialliance.org/about/governance/>

Global Immunization News 31 July 2012

- Country-specific Estimates of Immunization Coverage for 1980-2011
- Information on Vaccines for an Intergovernmental Negotiating Committee to Prepare a Global Legally Binding Instrument on the Use of Mercury

- Hepatitis A Vaccination should be part of a Comprehensive Plan for Prevention and Control of Viral Hepatitis
 - Notes From the Field: Salmonella Typhi Infections Associated with Contaminated Water in Zimbabwe
 - Vaccine pharmacovigilance system in Ghana
 - AMP's Africhol Monitors Impact of Mass Cholera Vaccination Campaign in Guinea should be part of a Comprehensive Plan for Prevention and Control of Viral Hepatitis
- AMERICAS
- The Dominican Republic Introduces Rotavirus Vaccine into National Immunization Schedule
 - International Workshop on Cold Chain Operations in Nicaragua
 - Guatemala Celebrates the World Hepatitis Day
- SOUTH EAST ASIA
- DPR Korea Launches Pentavalent Vaccine
- WESTERN PACIFIC
- Effective Vaccine Management (EVM) Assessment in Fiji
 - China's continued progress towards maternal and neonatal tetanus (MNT) elimination
- Regional Meetings & Key Events
- http://www.who.int/entity/immunization/GIN_July_2012.pdf

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

Book: *Ethical and Scientific Issues in Studying the Safety of Approved Drugs*

Authoring Institutions:

[Board on Population Health and Public Health Practice \(BPH\)](#)

[Institute of Medicine \(IOM\)](#)

ISBN-10: 0-309-21813-6

ISBN-13: 978-0-309-21813-9

Free pdf: https://download.nap.edu/login.php?record_id=13219&page=%2Fcatalog.php%3Frecord_id%3D13219%26utm_medium%3Detmail%26utm_source%3DThe%2520National%2520Academies%2520Press%26utm_campaign%3DNAP%2Bmail%2Bnew%2B8.7.12%26utm_content%3D%26utm_term%3D

Description:

An estimated 48 percent of the population takes at least one prescription drug in a given month. Drugs provide great benefits to society by saving or improving lives. Many drugs are also associated with side effects or adverse events, some serious and some discovered only after the drug is on the market. The discovery of new adverse events in the postmarketing setting is part of the normal natural history of approved drugs, and timely identification and warning about drug risks are central to the mission of the Food

and Drug Administration (FDA). Not all risks associated with a drug are known at the time of approval, because safety data are collected from studies that involve a relatively small number of human subjects during a relatively short period.

Written in response to a request by the FDA, *Ethical and Scientific Issues in Studying the Safety of Approved Drugs* discusses ethical and informed consent issues in conducting studies in the postmarketing setting. It evaluates the strengths and weaknesses of various approaches to generate evidence about safety questions, and makes recommendations for appropriate followup studies and randomized clinical trials. The book provides guidance to the FDA on how it should factor in different kinds of evidence in its regulatory decisions....

Book: *The Impact of Health Insurance on Low- and Middle-Income Countries*

EDITORS

Charles C. Griffin, Maria-Luisa Escobar, R. Paul Shaw

Publisher: Brookings Institution Press

ISBN-13: 978-0-8157-0546-8

Pdf:

http://www.brookings.edu/~media/press/books/2011/1/theimpactofhealthinsuranceonlowandmiddleincomecountries/theimpactofhealthinsurance_fulltext.pdf

Over the past twenty years, many low- and middle-income countries have experimented with health insurance options. While their plans have varied widely in scale and ambition, their goals are the same: to make health services more affordable through the use of public subsidies while also moving care providers partially or fully into competitive markets.

Colombia embarked in 1993 on a fifteen-year effort to cover its entire population with insurance, in combination with greater freedom to choose among providers. A decade later Mexico followed suit with a program tailored to its federal system. Several African nations have introduced new programs in the past decade, and many are testing options for reform. For the past twenty years, Eastern Europe has been shifting from government-run care to insurance-based competitive systems, and both China and India have experimental programs to expand coverage. These nations are betting that insurance-based health care financing can increase the accessibility of services, increase providers' productivity, and change the population's health care use patterns, mirroring the development of health systems in most OECD countries.

Until now, however, we have known little about the actual effects of these dramatic policy changes. Understanding the impact of health insurance-based care is key to the public policy debate of whether to extend insurance to low-income populations—and if so, how to do it—or to serve them through other means.

Using recent household data, this book presents evidence of the impact of insurance programs in China, Colombia, Costa Rica, Ghana, Indonesia, Namibia, and Peru. The contributors also discuss potential design improvements that could increase impact. They provide innovative insights on improving the evaluation of health insurance reforms and on building a robust knowledge base to guide policy as other countries tackle the health insurance challenge.

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

7 August 2012, Vol. 157. No. 3

<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

11 August 2012 (Vol 345, Issue 7869)

<http://www.bmj.com/content/345/7869>

[No relevant content]

Bulletin of the World Health Organization

Volume 90, Number 8, August 2012, 557-632

<http://www.who.int/bulletin/volumes/90/8/en/index.html>

[Reviewed earlier]

Cost Effectiveness and Resource Allocation

(Accessed 11 August 2012)

<http://www.resource-allocation.com/>

[No new relevant content]

Emerging Infectious Diseases

Volume 18, Number 8—August 2012

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

[Reviewed earlier]

Eurosurveillance

Volume 17, Issue 32, 09 August 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 11 August 2012]

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

[No new relevant content]

Health Affairs

August 2012; Volume 31, Issue 8

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

Theme: Challenges Facing The Safety Net

[No relevant content]

Health and Human Rights

Vol 14, No 1 (2012)

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

[Reviewed earlier]

Health Economics, Policy and Law

Volume 7 - Issue 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>

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 8, Issue 8 August 2012

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

[Reviewed earlier]

International Journal of Infectious Diseases

Volume 16, Issue 8, Pages e573-e644 (August 2012)
<http://www.sciencedirect.com/science/journal/12019712>
[Reviewed earlier]

JAMA

August 08, 2012, Vol 308, No. 6
<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 5 September 1, 2012
<http://www.journals.uchicago.edu/toc/jid/current>

Deborah Watson-Jones, Kathy Baisley, Riziki Ponsiano, Francesca Lemme, Pieter Remes, David Ross, Saidi Kapiga, Philippe Mayaud, Silvia de Sanjosé, Daniel Wight, John Changalucha, and Richard Hayes

Human Papillomavirus Vaccination in Tanzanian Schoolgirls: Cluster-Randomized Trial Comparing 2 Vaccine-Delivery Strategies

J Infect Dis. (2012) 206(5): 678-686 doi:10.1093/infdis/jis407

Abstract

Background. We compared vaccine coverage achieved by 2 different delivery strategies for the quadrivalent human papillomavirus (HPV) vaccine in Tanzanian schoolgirls.

Methods. In a cluster-randomized trial of HPV vaccination conducted in Tanzania, 134 primary schools were randomly assigned to class-based (girls enrolled in primary school grade [class] 6) or age-based (girls born in 1998; 67 schools per arm) vaccine delivery. The primary outcome was coverage by dose.

Results. There were 3352 and 2180 eligible girls in schools randomized to class-based and age-based delivery, respectively. HPV vaccine coverage was 84.7% for dose 1, 81.4% for dose 2, and 76.1% for dose 3. For each dose, coverage was higher in class-based schools than in age-based schools (dose 1: 86.4% vs 82.0% [P = .30]; dose 2: 83.8% vs 77.8% [P = .05]; and dose 3: 78.7% vs 72.1% [P = .04]). Vaccine-related adverse events were rare. Reasons for not vaccinating included absenteeism (6.3%) and parent refusal (6.7%). School absenteeism rates prior to vaccination ranged from 8.1% to 23.5%.

Conclusions. HPV vaccine can be delivered with high coverage in schools in sub-Saharan Africa. Compared with age-based vaccination, class-based vaccination located more eligible pupils and achieved higher coverage. HPV vaccination did not increase absenteeism rates in selected schools. Innovative strategies will be needed to reach out-of-school girls.

Clinical Trials Registration. [NCT01173900](http://www.clinicaltrials.gov/ct2/show/study/NCT01173900).

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

Aug 11, 2012 Volume 380 Number 9841 p537 - 620

<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>

[Reviewed earlier]

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 488 Number 7410 pp129-246 9 August 2012

http://www.nature.com/nature/current_issue.html

[No relevant content]

Nature Immunology

August 2012, Volume 13 No 8 pp705-795

<http://www.nature.com/ni/journal/v13/n8/index.html>

[No relevant content]

Nature Medicine

August 2012, Volume 18 No 8 pp1155-1302

<http://www.nature.com/nm/journal/v18/n7/index.html>

Opinion

The time for pharmaceutical compulsory licensing has expired

Randall Kuhn & Reed F Beall

doi:10.1038/nm0812-1168

Published online

06 August 2012

The compulsory license mechanism is broken and will not bring drug access to the world's poorest nations. It's time to consider another option—a tax levied on patents—to fund drugs for developing countries, rather than the erratic compulsory licensing mechanism.

Nature Reviews Immunology

August 2012 Vol 12 No 8

<http://www.nature.com/nri/journal/v12/n8/index.html>

[Reviewed earlier]

New England Journal of Medicine

August 9, 2012 Vol. 367 No. 6

<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/16/7-8>

[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

August 2012, VOLUME 130 / ISSUE 2

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

[Reviewed earlier]

Pharmacoeconomics

September 1, 2012 - Volume 30 - Issue 9 pp: 749-858

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

Systematic Review

Assessing the Quality of Pharmacoeconomic Studies in India: A Systematic Review

Desai, Pooja R.; Chandwani, Hitesh S.; Rascati, Karen L.
Pharmacoeconomics. 30(9):749-762, September 1, 2012.
doi: 10.2165/11590140-000000000-00000

Abstract:

Objective: The aim of the study was to evaluate the quality of pharmacoeconomic studies based in India.

Methods: A literature search was conducted using PubMed, MEDLINE, EconLit, PsycInfo and Google Scholar to identify published work on pharmacoeconomics studies based in India. Articles were included if they were original studies that evaluated pharmaceuticals, were based in India and were conducted between 1990 and 2010. Two reviewers independently reviewed the articles using a subjective 10-point quality scale in addition to the 100-point Quality of Health Economic Studies (QHES) questionnaire.

Results: Twenty-nine articles published between 1998 and May 2010 were included in the review. The included articles were published in 23 different journals. Each article was written by an average of five authors. The mean subjective quality score of the 29 articles was 7.8 (standard deviation [SD] = 1.3) and the mean QHES scores for the complete pharmacoeconomic studies (n = 24) was 86 (SD = 6). The majority of authors resided in India (62%) at the time of publication and had a medical background (90%). The quality score was significantly ($p \leq 0.05$) related to the country of residence of the primary author (non-India = higher) and the study design (randomized controlled trials = higher).

Conclusion: Although the overall quality scores were comparable to (e.g. Nigeria) or higher than (e.g. Zimbabwe) similar studies in other developing countries, key features such as an explicit study perspective and the use of sensitivity analyses were missing in about 40% of the articles. The need for economic evaluation of pharmaceuticals is imperative, especially in developing countries such as India as this helps decision makers allocate scarce resources in a justifiable manner.

PLoS One

[Accessed 11 August 2012]

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

Optimizing Reactive Responses to Outbreaks of Immunizing Infections: Balancing Case Management and Vaccination

Petra Klepac, Ottar N. Bjørnstad, C. Jessica E. Metcalf, Bryan T. Grenfell

PLoS ONE: Research Article, published 10 Aug 2012 10.1371/journal.pone.0041428

Abstract

For vaccine-preventable infections, immunization generally needs to be supplemented by palliative care of individuals missed by the vaccination. Costs and availability of vaccine doses and palliative care vary by disease and by region. In many situations, resources for delivery of palliative care are independent of resources required for

vaccination; however we also need to consider the conservative scenario where there is some trade-off between efforts, which is of potential relevance for resource-poor settings. We formulate an SEIR model that includes those two control strategies – vaccination and palliative care. We consider their relative merit and optimal allocation in the context of a highly efficacious vaccine, and under the assumption that palliative care may reduce transmission. We investigate the utility of a range of mixed or pure strategies that can be implemented after an epidemic has started, and look for rule-of-thumb principles of how best to reduce the burden of disease during an acute outbreak over a spectrum of vaccine-preventable infections. Intuitively, we expect the best strategy to initially focus on vaccination, and enhanced palliative care after the infection has peaked, but a number of plausible realistic constraints for control result in important qualifications on the intervention strategy. The time in the epidemic when one should switch strategy depends sensitively on the relative cost of vaccine to palliative care, the available budget, and R_0 . Crucially, outbreak response vaccination may be more effective in managing low- R_0 diseases, while high R_0 scenarios enhance the importance of routine vaccination and case management.

Human Papillomavirus Infection: Knowledge, Attitudes, and Behaviors among Lesbian, Gay Men, and Bisexual in Italy

Concetta P. Pelullo, Gabriella Di Giuseppe, Italo F. Angelillo

PLoS ONE: Research Article, published 08 Aug 2012 10.1371/journal.pone.0042856

Abstract

Background

This cross-sectional study assess knowledge, attitudes, and behavior towards the human papillomavirus (HPV) and the vaccination among a random sample of 1000 lesbian, gay men, and bisexual women and men.

Methods

A face-to-face interview sought information about: socio-demographic characteristics, knowledge about HPV infection, perception of risk towards HPV infection and/or cervical, anal, and oropharyngeal cancers, perception of the benefits of a vaccination to prevent cervical, anal, and oropharyngeal cancers, sexual behaviors, health-promoting behaviors, and willingness to receive the HPV vaccine.

Results

Only 60.6% had heard about the HPV infection and this knowledge was significantly higher in female, in those being a member of a homosexual association, in those having had the first sexual experience at a younger age, in those having received information about the HPV infection from physicians, and in those having no need of information about HPV infection. A higher perceived risk of contracting HPV infection has been observed in those younger, lesbian and gay men, who have heard of HPV infection and knew the risk factors and its related diseases, who have received information about HPV infection from physicians, and who need information about HPV infection. Only 1.7% have undergone HPV immunization and 73.3% professed intent to obtain it in the future. The significant predictors of the willingness to receive this vaccine were belief that the vaccination is useful, perception to be at higher risk of contracting HPV infection, and perception to be at higher risk of developing cervical, anal, and oropharyngeal cancers.

Conclusions

Information and interventions are strongly needed in order to overcome the lack of knowledge about HPV infection and its vaccination. Inclusion of boys in the national

vaccination program and initiate a catch-up program for men who have sex with men up to 26 years may reduce their burden of HPV-related disease.

[Understanding Reduced Rotavirus Vaccine Efficacy in Low Socio-Economic Settings](#)

Benjamin A. Lopman, Virginia E. Pitzer, Rajiv Sarkar, Beryl Gladstone, Manish Patel, John Glasser, Manoj Gambhir, Christina Atchison, Bryan T. Grenfell, W. John Edmunds, Gagandeep Kang, Umesh D. Parashar

PLoS ONE: Research Article, published 06 Aug 2012 10.1371/journal.pone.0041720

Abstract

Introduction

Rotavirus vaccine efficacy ranges from >90% in high socio-economic settings (SES) to 50% in low SES. With the imminent introduction of rotavirus vaccine in low SES countries, understanding reasons for reduced efficacy in these settings could identify strategies to improve vaccine performance.

Methods

We developed a mathematical model to predict rotavirus vaccine efficacy in high, middle and low SES based on data specific for each setting on incidence, protection conferred by natural infection and immune response to vaccination. We then examined factors affecting efficacy.

Results

Vaccination was predicted to prevent 93%, 86% and 51% of severe rotavirus gastroenteritis in high, middle and low SES, respectively. Also predicted was that vaccines are most effective against severe disease and efficacy declines with age in low but not high SES. Reduced immunogenicity of vaccination and reduced protection conferred by natural infection are the main factors that compromise efficacy in low SES.

Discussion

The continued risk of severe disease in non-primary natural infections in low SES is a key factor underpinning reduced efficacy of rotavirus vaccines. Predicted efficacy was remarkably consistent with observed clinical trial results from different SES, validating the model. The phenomenon of reduced vaccine efficacy can be predicted by intrinsic immunological and epidemiological factors of low SES populations. Modifying aspects of the vaccine (e.g. improving immunogenicity in low SES) and vaccination program (e.g. additional doses) may bring improvements.

PLoS Medicine

(Accessed 11 August 2012)

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

[No new relevant data]

PLoS Neglected Tropical Diseases

July 2012

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

Editorial

[Nigeria: "Ground Zero" for the High Prevalence Neglected Tropical Diseases](#)

Peter J. Hotez, Oluwatoyin A. Asojo, Adekunle M. Adesina

Among all of the African nations, Nigeria has the greatest number of people infected with neglected tropical diseases (NTDs). With the right political will, the country has sufficient resources to expand its current investments for the important work of Nigeria's NTD program.

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

(Accessed 11 August 2012)

<http://www.pnas.org/content/early/recent>

[No new relevant data]

Public Health Ethics

Volume 5 Issue 1 April 2012

<http://phe.oxfordjournals.org/content/current>

[Reviewed earlier]

Science

10 August 2012 vol 337, issue 6095, pages 613-768

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

Perspective

Virology

A Henipavirus Vaccine in Sight

Veronika von Messling, Roberto Cattaneo

Nipah virus emerged in pig farms in Malaysia in the 1990s. Outbreaks were difficult to miss: The cough of infected animals could be heard 1 mile away from the farms. It soon became clear that Nipah is an important zoonotic threat. Fruit bats can transmit the virus to many mammals, including humans (1). The frequency of recurring Nipah virus outbreaks is on the rise (2). These outbreaks, which often affect Bangladesh or India, have caused more than 300 human fatalities since 1999 often due to encephalitis.

Science Translational Medicine

8 August 2012 vol 4, issue 146

<http://stm.sciencemag.org/content/current>

[No relevant content]

Vaccine

<http://www.sciencedirect.com/science/journal/0264410X>

Volume 30, Issue 40, Pages 5801-5900 (31 August 2012)

Editorial

[Influenza vaccine, Guillain–Barré syndrome, and chasing zero](#)

Pages 5801-5803

Gregory A. Poland, Steven J. Jacobsen

No abstract

[Student nurses' reasons behind the decision to receive or decline influenza vaccine: A cross-sectional survey](#)

Original Research Article

Pages 5824-5829

Charlotte Hunt, Antony Arthur

Abstract

This cross-sectional questionnaire survey examined influenza vaccination among 430 student nurses. Only 12.2% (95% CI 9.1–15.3%) of student nurses received the seasonal vaccine regularly with 27.6% (95% CI 23.3–31.8%) ever having received seasonal or pandemic H1N1 vaccine. Intention to be vaccinated was associated with having previously been vaccinated ($p < 0.001$) but not whether the vaccine was perceived as beneficial ($p = 0.36$). Previous influenza illness was associated with having the influenza vaccine ($p < 0.001$). The most frequently reported reason for receiving the seasonal influenza vaccine was being deemed at risk (42.4%) and for H1N1 vaccine was because it was offered for free (32.6%). For both vaccines the most reported reason for not being vaccinated was a perception of it not being needed. Student nurses form a substantial and influential part of the future healthcare workforce but to translate the widely held acceptance that influenza vaccine is beneficial into actual uptake, a more targeted and persuasive message is needed.

[Vaccine trials in the developing world: Operational lessons learnt from a phase IV poliomyelitis vaccine trial in South Africa](#)

Original Research Article

Pages 5839-5843

H. Geldenhuys, Z. Waggie, M. Jacks, M. Geldenhuys, L. Traut, M. Tameris, M. Hatherill, W.A. Hanekom, R. Sutter, G. Hussey, H. Mahomed

Abstract

Background

Conducting vaccine trials in developing nations is necessary but operationally complex. We describe operational lessons learnt from a phase IV poliomyelitis vaccine trial in a semi-rural region of South Africa.

Methods

We reviewed operational data collected over the duration of the trial with respect to staff recruitment and training, participant recruitment and retention, and cold chain maintenance.

Results-Lessons Learnt

The recruitment model we used that relied on the 24 h physical presence of a team member in the birthing unit was expensive and challenging to manage. Forecasting of enrolment rates was complicated by incomplete baseline data and by the linear nature of forecasts that do not take into account changing variables. We found that analyzing key operational data to monitor progress of the trial enabled us to identify problem areas timeously, and to facilitate a collegial problem-solving process by the extended trial team.

Pro-actively nurturing a working relationship with the public sector health care system and the community was critical to our success. Despite the wide geographical area and lack of fixed addresses, we maintained an excellent retention rate through community assistance and the use of descriptive residential information. Training needs of team members were ongoing and dynamic and we discovered that these needs that were

best met by an in-house, targeted and systemized training programme. The use of vaccine refrigerators instead of standard frost-free refrigerators is cost-effective and necessary to maintain the cold-chain.

Conclusion

Operational challenges of a vaccine trial in developing world populations include inexperienced staff, the close liaison required between researchers and public health care services, impoverished participants that require complex recruitment and retention strategies, and challenges of distance and access. These challenges can be overcome by innovative strategies that allow for the unique characteristics of the setting, trial population, and trial team.

[Socioeconomic inequalities in completion of hepatitis B vaccine series among Korean women: Results from a nationwide interview survey](#)

Original Research Article

Pages 5844-5848

Boyoung Park, Kui Son Choi, Hoo-Yeon Lee, Jae Kwan Jun, Eun-Cheol Park

Abstract

Background

Hepatitis B virus (HBV) infection and its sequelae are major global health problems. This study was conducted to investigate the association between factors related to socioeconomic status and HBV vaccination in the general population of women in Korea.

Methods

Data from annual nationwide cross-sectional interview surveys conducted between 2005 and 2008 were reviewed. These surveys included representative samples of cancer-free people and 4350 women interviewed within the study period were included in the present report. Polychotomous logistic regression was used in the analysis.

Results

The complete HBV coverage rate was 39.8%. Older age, lower household income and lower education level showed significant unfavorable influences on the completion of the HBV vaccine series (P-trend <0.001 for all three variables). Lack of private insurance and having a routine and manual job were also associated with a lower complete vaccination rate (OR: 0.69, 95% CI: 0.57–0.84; OR: 0.56, 95% CI: 0.38–0.82, respectively), whereas living in an urban area was related to a higher rate (OR: 1.18, 95% CI: 1.02–1.37). Older age, lower education level, and not having private insurance were associated with incomplete vaccination compared with unvaccination (P-trend 0.001, <0.001, OR: 0.68, 95% CI: 0.53–0.78, respectively). Among women of reproductive age, similar results were seen for education level, household income, and occupation. Significant disparities in vaccination status according to socioeconomic status, as indicated by the combination of household income and education level, were seen (P-trend <0.001). The most common reason for unvaccination was lack of knowledge about the necessity for HBV vaccination.

[Acceptance of a post-partum influenza vaccination \(cocooning\) strategy for neonates in Greece](#)

Original Research Article

Pages 5871-5874

Helena C. Maltezou, Kleopatra Kalogriopoulou, Vasileios Pergialiotis, Tania Siahaidou, Anna V. Skiathitou, Panos Katerelos, Nikolaos Goumalatsos, Evangelos Kostis, Aristides Antsaklis, Maria Theodoridou

Abstract

Young infants are at increased risk for influenza-associated serious illness, onset of complications, utilization of health-care services, and hospitalization. We investigated the feasibility and acceptance of an influenza vaccination (cocooning) strategy by household contacts implemented in a maternity hospital and the neonatal unit of a pediatric hospital in Athens. A total of 224 mothers (mean age: 30.2 years) who gave birth to 242 neonates were studied. Of them, 165 (73.7%) mothers were vaccinated. Multiple logistic regression revealed that statistically significant factors associated with increased vaccination rates among mothers were: being of Roma origin (p-value = 0.002), being an immigrant (p-value = 0.025), giving birth to a neonate with birth weight <2500 g (p-value = 0.012), and residing in a family with ≥ 4 family members (p-value = 0.017). Of the 224 fathers, 125 (55.8%) received the influenza vaccine. Fathers of neonates whose mothers were vaccinated had 6-fold higher vaccination rates compared to fathers of neonates whose mothers refused vaccination (p-value < 0.001). Overall, influenza vaccine was administered to 348 (46.9%) of a total of 742 household contacts of the 242 neonates. Upon entering the 2011–2012 influenza season, 51 (22.7%) of 224 families had all household contacts vaccinated against influenza (complete cocoon). Among parents, the statement “I do not want to receive the vaccine” was the prevalent reason for declining influenza vaccination, followed by the misconception “I am not at risk for contracting influenza” (41.1% and 38.2%, respectively).

Vaccine

Volume 30, Issue 39, Pages 5699-5800 (24 August 2012)

[Acceptance of and attitudes towards human papillomavirus vaccination in Japanese mothers of adolescent girls](#)

Original Research Article

Pages 5740-5747

Sharon J.B. Hanley, Eiji Yoshioka, Yoshiya Ito, Ryo Konno, Yuri Hayashi, Reiko Kishi, Noriaki Sakuragi

Abstract

To better understand how to achieve high uptake rates of human papillomavirus (HPV) vaccination in Japan, we investigated acceptance of and attitudes towards HPV vaccination in 2192 mothers of girls aged 11–14 yrs. A school-based survey was conducted in five elementary and fourteen junior high schools in Sapporo, Japan. Responses from 862 participants were analyzed. Ninety-three percent of mothers would accept the vaccine for their daughter if free, but only 1.5% was willing to pay the minimum recommended price of ¥40,000. Vaccine acceptance was higher in mothers who had heard of HPV vaccine (adjusted odds ratio, aOR = 2.58, confidence interval, CI = 1.47–4.53), and who believed susceptibility to (aOR = 2.30, CI = 1.34–3.92) and severity of (aOR = 3.73, CI = 1.41–9.88) HPV to be high. Recommendations from a doctor (aOR = 12.60, CI = 7.06–21.48) and local health board (aOR = 27.80, CI = 13.88–55.86) were also positively associated with increased HPV vaccine acceptance. Concerns about side effects of both the HPV vaccine (aOR = 0.03, CI = 0.01–0.08) and routine childhood vaccines in general (aOR = 0.11, CI = 0.02–0.78) emerged as barriers to vaccination. Not participating in routine cervical screening also emerged as a deterrent (aOR = 0.49, CI = 0.27–0.91). While most mothers (66.8%) agreed that 10–14 yr was an appropriate age for vaccination, a further 30.6% believed >15 yr to be more appropriate.

In conclusion, attitudes of Japanese mothers toward HPV vaccination are encouraging. While lower vaccine acceptance in mothers who do not undergo regular cervical screening needs further investigation, this study indicates that high uptake may be possible in a publically funded HPV vaccination program if physicians actively address safety concerns and justify why the vaccine is needed at a particular age.

[Acceptability of human papillomavirus vaccination and sexual experience prior to disclosure to health care providers among men who have sex with men in Vancouver, Canada: Implications for targeted vaccination programs](#)

Original Research Article

Pages 5755-5760

Claudia Rank, Mark Gilbert, Gina Ogilvie, Gayatri C. Jayaraman, Rick Marchand, Terry Trussler, Robert S. Hogg, Reka Gustafson, Tom Wong, The ManCount Study Team

Abstract

Background

Men who have sex with men (MSM) may benefit from human papillomavirus (HPV) vaccine due to increased risk for HPV infection and related disease. We assessed HPV vaccine acceptability and sexual experience prior to disclosure to Health Care Providers (HCP) to understand implications of targeted vaccination strategies for MSM.

Methods

From July 2008 to February 2009, 1169 MSM aged ≥ 19 years were recruited at community venues in Vancouver. We assessed key variables from a self-administered questionnaire and independent predictors of HPV vaccine acceptability using multivariate logistic regression.

Results

Of 1041 respondents, 697 (67.0%) were willing to receive HPV vaccine and 71.3% had heard of HPV. Significant multivariate predictors of higher vaccine acceptability were (adjusted odds ratio [95% CI]): previous diagnosis of genital warts (1.7 [1.1, 2.6]), disclosure of sexual behavior to HCP (1.6 [1.1, 2.3]), annual income at least \$20,000 (1.5 [1.1, 2.1]), previous hepatitis A or B vaccination (1.4 [1.0, 2.0]), and no recent recreational drug use (1.4 [1.0, 2.0]). Most MSM (78.7%) had disclosed sexual behavior to HCP and median time from first sexual contact with males to disclosure was 6.0 years (IQR 2–14 years); for men ≤ 26 years these were 72.0% and 3.0 years (IQR 1–8 years) respectively.

Conclusions

Willingness to receive HPV vaccine was substantial among MSM in Vancouver; however, acceptability varied by demographics, risk, and health history. HPV vaccine programs delivered by HCP would offer limited benefit given the duration of time from sexual debut to disclosure to HCP.

Vaccine: Development and Therapy

(Accessed 11 August 2012)

<http://www.dovepress.com/vaccine-development-and-therapy-journal>

[No new relevant content]

Value in Health

Vol 15 | No. 5 | July-August 2012 | Pages 593-790

<http://www.valueinhealthjournal.com/current>

Cost-Effectiveness Analysis of the Bivalent Compared with the Quadrivalent Human Papillomavirus Vaccines in Taiwan

Nadia Demarteau, Chao-Hsiun Tang, Hui-Chi Chen, Chien-Jen Chen, [et al.](#)

Abstract

Objective

To compare the epidemiological and economic impact of additional cross-protection against oncogenic human papillomavirus (HPV) types beyond 16/18 of the bivalent vaccine (BV) versus protection against nononcogenic HPV types 6/11 of the quadrivalent vaccine (QV) in Taiwan.

Methods

A lifetime Markov model calibrated to the Taiwanese setting simulated the natural history of low-risk (engendering cervical intraepithelial neoplasia [CIN] 1 and genital warts) and high-risk HPV (engendering CIN1, CIN2/3, and cervical cancer [CC]) infections, screening, and vaccination (100% coverage) for a cohort of 12-year-old girls (N = 153,000). Transition probabilities, costs, and utilities were estimated from published data and expert opinion. Vaccine efficacy was obtained from each vaccine's respective clinical trials. Price-parity and lifelong protection was assumed for both vaccines. The number of CIN lesions, CC cases, CC deaths and genital wart (GW) cases, and quality-adjusted life-years were estimated. Costs and outcomes (discounted at 3% and 1.5%, respectively) were compared from a payer's perspective.

Results

The model estimated that the BV led to an additional, undiscounted, 11,484 CIN1, 1,779 (+34.3% vs. QV) CIN2/3, 188 (+29.0% vs. QV) CC, and 69 (+29.0% vs. QV) CC deaths prevented compared with the QV, while the QV prevented 4,150 GW (+71%). This resulted in an additional 768 quality-adjusted life-years (QALY) and 11.6 million new Taiwan dollars costs saved for the BV versus the QV after discounting.

Conclusion

Both vaccines have a different epidemiological impact with an increased number of CC-related lesions potentially prevented for the BV because of additional cross-protection. In the Taiwanese setting, HPV mass vaccination using the BV was estimated to dominate vaccination using the QV.

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 11 August 2012

[No new relevant content]

Financial Times

<http://www.ft.com>

Accessed 11 August 2012

Opinion

August 9, 2012

The folly of resuming avian flu research

By Peter Hale, Simon Wain-Hobson and Robert May

<http://www.ft.com/cms/s/0/e8bb94-e20d-11e1-b3ff-00144feab49a.html#ixzz23CUYBFWG>

Extract

"Few pathogens known to man are as dangerous as [the H5N1 avian influenza virus](#). Of the 600 reported cases of people infected, almost 60 per cent have died. The virus is considered so dangerous in the UK and Canada that research can only be performed in the highest biosafety level laboratory, a so-called BSL-4 lab. If the virus were to become readily transmissible from one person to another (it is readily transmissible between birds but not humans) it could cause a catastrophic global pandemic that would decimate the world's population.

"The 1918 Spanish flu pandemic was caused by a virus that killed less than 2 per cent of its victims, yet went on to kill 50m worldwide. A highly pathogenic H5N1 virus that was as easily transmitted between humans could kill hundreds of millions more.

"This is why it is so important to maintain the moratorium on H5N1 research that involves dangerous experiments to see "what it would take" for the virus to become airborne – and therefore as transmissible from one person to another as the seasonal flu...

Foreign Affairs

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

July/August 2012 Volume 91, Number 4

Accessed 11 August 2012

[No new relevant content]

Foreign Policy

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

Accessed 11 August 2012

[No new relevant content]

The Guardian

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

Accessed 11 August 2012

Anti-polio campaign is hit by setbacks in Nigeria

The Guardian - Nigeria

NIGERIA will not be able to meet the Presidential target of stopping the transmission of the Wild Polio Virus (WPV) by December 2012, and eventually eradication by December 2013, following the sustained transmission of the virus.

Reasons: Insecurity has forced the federal government to postpone the Immunisation Plus Days (IPDs) campaign especially in northern states. A recent polio campaign was postponed in Kaduna, Yobe and Borno due to insecurity. The three states were part of the 11 northern states scheduled for IPDs between July 7 and 10, 2012.

It is feared that the number of new polio cases in Nigeria will continue to rise following the beginning of the rainy season, a "high season" for polio transmission. In many countries, the high transmission season for poliovirus begins with the rainy season.

Some Nigerians especially in the northern region have continued to reject the vaccine due to controversy on whether the administration of polio vaccines on children causes infertility among women and Human Immuno-deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS).

This is despite efforts by the Presidential Taskforce on Polio Eradication and the National Primary Health Care Development Agency (NPHCDA) to educate the Nigerian public on the causes of WPV spread and the need for them to allow their children to be administered with the Oral Polio Vaccine (OPV) to prevent the disease and the imminent paralysis...

The Huffington Post

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

Accessed 11 August 2012

[No new unique, relevant content]

New Yorker

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

Accessed 11 August 2012

[No new unique, relevant content]

New York Times

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

Accessed 11 August 2012

(WHO) HEALTH AGENCY OVERSHADOWED BUT VITAL

By YANZHONG HUANG

<http://nytwweekly.com/columns/intelarchives/08-03-12/>

Extract

"...Historically, the organization has undertaken a wide range of campaigns against major disease threats, which culminated in the successful eradication of smallpox in the 1970s. Beginning in the 1980s, the complex challenges posed by H.I.V./AIDS called into question the W.H.O.'s lead role in global health governance. The organization's failed 3 by 5 Initiative, which aimed to provide the three million people living with H.I.V./AIDS in low- and middle-income countries with life-prolonging antiretroviral drugs by the end of 2005, was a setback in its efforts to play a major role in tackling pressing global health problems. It is no coincidence that the director general of the W.H.O., Margaret Chan, was not one of the "prominent voices" to address the 2012 International AIDS

Conference in Washington last month, even though the W.H.O. initiated the world's most attended conference on H.I.V./AIDS 17 years ago.

In the 21st century, while the rise of noncommunicable diseases expands the discrepancy between the organization's mandate and its capacity, the W.H.O. finds it hard to adapt to a world that is focused on the "bottom line" and "value for money." As its budget and influence erode in a time of austerity, the W.H.O. is overshadowed by other health organizations and initiatives like the World Bank, which has substantial lending power, and the Gates Foundation, whose global health budget is about twice the size of W.H.O.'s core budget. Yet the W.H.O. is the organization that facilitates access to medicines for H.I.V./AIDS, malaria and tuberculosis; it rapidly mobilized an alert and response network in response to the 2003 SARS outbreak; and used its treaty-making power to negotiate the Framework Convention on Tobacco Control, one of the most widely and rapidly ratified of United Nations treaties. Any serious W.H.O. reform efforts should reflect its advantages.

During the H1N1 flu pandemic in 2009, the developing world did not look to the World Bank for information on how to respond to the spread of the unknown virus, nor did it go to the Gates Foundation for coordinating distribution of limited vaccines. In the wake of the swine flu pandemic, it was the W.H.O. that sponsored the landmark agreement to pave the way for virus sharing and access to affordable vaccines for Indonesia and the rest of the developing world. Like it or not, the W.H.O. is still the chief reference body for support in handling global health threats. To paraphrase Voltaire: If the W.H.O. didn't exist, it would be necessary to invent it.

Unfortunately, the W.H.O. is underfunded and overstretched, limiting its ability to respond effectively to health challenges. For the past two decades, the organization has seen zero nominal growth in contributions from its member states. The organization has to rely on voluntary contributions. Today, 75 percent of its funding is from voluntary contributions, which are usually set aside for specific diseases, sectors or regions. The lack of predictable, flexible and sustainable funding has seriously compromised its ability to fulfill its core functions. For example, a mere 3 percent of its 2012-13 budget is for addressing noncommunicable diseases..."

(Yanzhong Huang is a Senior Fellow for Global Health at the Council on Foreign Relations and associate professor at the John C. Whitehead School of Diplomacy and International Relations, Seton Hall University in New Jersey.)

Wall Street Journal

<http://online.wsj.com/home-page>

[No new unique, relevant content]

Washington Post

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

Accessed 11 August 2012

[No new unique, relevant content]

Twitter Watch [accessed 10 August 2012 – 19:42]

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.

[CDCgov @CDCgov](#)

Heard about pertussis outbreaks? Vaccine-preventable diseases are still real. Is your preteen protected? <http://shout.lt/b0RS>

2:30 PM - 10 Aug 12

[World Bank @WorldBank](#)

World Bank Group Announces Jin-Yong Cai as New Executive Vice President & CEO of the International Finance Corporation <http://bit.ly/QIEIEM>

11:30 AM - 10 Aug 12

[GAVI Alliance @GAVIAlliance](#)

. [@OrinLevine](#) : Congratulations on your appointment as Director of Vaccine Delivery at the [@gatesfoundation](#) ! [#vaccineswork](#)

6:06 AM - 10 Aug 12

[CDCgov @CDCgov](#)

U.S. will likely have most whooping cough cases since 1959. Vaccine urged for all, esp pregnant moms. <http://shout.lt/b0am>

3:30 PM - 9 Aug 12

[UNICEF @UNICEF](#)

On [#UNIndigenousDay](#), today, we celebrate the unique worldview of indigenous children and richness of their voices <http://uni.cf/QJyqDa>

2:05 PM - 9 Aug 12

[ECDC Eurovaccine @Eurovaccine](#)

[#Measles](#) transmission currently slow in Europe; read latest ECDC measles and [#rubella](#) monitoring report <http://bit.ly/QeUXTW>

9:32 AM - 8 Aug 12

[Arthur Caplan @ArthurCaplan](#)

Editorial: Continue ban on risky flu research | <http://StarTribune.com>
<http://www.startribune.com/opinion/editorials/164947126.html>

11:12 AM - 4 Aug 12

[CDCgov @CDCgov](#)

[@CDCgov](#) has staff in Uganda investigating the [#ebola](#) outbreak including lab & epi experts. <http://go.usa.gov/GjZ>

8:20 AM - 4 Aug 12

[World Bank @WorldBank](#)

Visualize [#globaldev](#) data with free data mapping tools. <http://bit.ly/PjreZi> [#opendata](#)

3:44 AM - 4 Aug 12

[ACP @ACPinternists](#)

Communicating Risk-Benefit of [#Vaccination](#) to Patients: free recorded webinar <http://bit.ly/xA9X0B> from American College of Physicians

8:55 AM - 3 Aug 12

[Amanda Glassman @glassmanamanda](#)

Global health policy summit - high-level but none of the usual names

<http://j.mp/N1Ee9Q>

2:56 PM - 2 Aug 12

[PATH @PATHtweets](#)

We welcome Dr. Ponni Subbiah, the new program leader for PATH's drug development program, [@OneWorldHealth](#). <http://ow.ly/cFAKd>

12:27 PM - 2 Aug 12

[UNICEF @UNICEF](#)

Via [@GdnDevelopment](#) [#Yemen](#) to vaccinate all children against diarrhoea rotavirus, plus UNICEF comment <http://uni.cf/OLIF9L> [#Promise4Children](#)

11:52 AM - 2 Aug 12

[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/GJtR>

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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