

Center for Vaccine Ethics and Policy

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Vaccines: The Week in Review **15 September 2012** **Center for Vaccine Ethics & Policy (CVEP)**

This weekly summary targets news, events, announcements, articles and research in the global vaccine ethics and policy space and is aggregated 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: it 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 3,500 entries.

Comments and suggestions should be directed to

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UNICEF released the 2012 Progress Report on [Committing to Child Survival: A Promise Renewed](#) noting that “countries across the world are making rapid progress in reducing child deaths, demonstrating that it is possible to radically reduce child mortality over the span of two decades.” The report examines trends in child mortality estimates since 1990, and shows that major reductions have been made in under-five mortality rates in all regions and diverse countries, translating into a sharp drop in the estimated number of under-five deaths worldwide. Data released today by UNICEF and the UN Inter-agency Group for Child Mortality Estimation show that the number of children under the age of five dying globally fell from nearly 12 million in 1990 to an estimated 6.9 million in 2011. The report “underscores that neither a country’s regional affiliation nor economic status need be a barrier to reducing child deaths. Low-income countries such as Bangladesh, Liberia and Rwanda, middle-income countries such as Brazil, Mongolia and Turkey, and high-income countries such as Oman and Portugal, have all made dramatic gains, lowering their under-five mortality rates by more than two-thirds between 1990 and 2011.” Anthony Lake, UNICEF Executive Director, commented, “The global decline in under-five mortality is a significant success that is a testament to the work and dedication of many, including governments, donors, agencies and families. But there is also unfinished business: Millions of children under five are still dying each year from largely preventable causes for which there are proven, affordable interventions. These lives could be saved with vaccines, adequate nutrition and basic medical and maternal care. The world has the technology and know-how to do so. The challenge is to make these available to every child.”

More at: http://www.unicef.org/media/media_65823.html

Report: Committing to Child Survival: A Promise Renewed

http://www.unicef.org/media/files/APR_Progress_Report_2012_final.pdf

Speech: WHO Director-General addresses Europe's ministers of health

Dr Margaret Chan, Director-General of the World Health Organization

Address to the Regional Committee for Europe, Sixty-second session

Malta

11 September 2012

[Editor's Extract, Bolding]

"...The target date for reaching the Millennium Development Goals (MDGs) is fast approaching. The debate about the post-2015 development agenda is in full swing. Rest assured, WHO is taking a leadership role in moving this debate through processes and procedures aimed at collecting a broad range of views. There are many political and technical processes under way. WHO is working with many partners, including other United Nations organizations.

Pursuit of the MDGs taught us many lessons. We learned the critical importance of a well-functioning and inclusive health system that offers financial protection against catastrophic health expenditures.

We learned that good aid builds self-reliance. It aims to eliminate the need for aid. It does so by channelling resources in ways that strengthen existing capacities and infrastructures, instead of circumventing, undermining, or overburdening them.

We learned the value of concentrating international efforts on a limited number of time-bound goals that resonate with the public and parliamentarians, and of course with the development community. Individual diseases benefited greatly from innovation, including new financing mechanisms and technical innovations, like new vaccines, better medicines, patient-friendly formulations and simplified point-of-care diagnostic tests.

These are some of the successes that helped drive dramatic reductions in morbidity and mortality. They have paved the way for a new agenda that builds on these achievements. And I'm happy to see our colleagues from GAVI and the Global Fund here; they are important partners.

But, as I said, we absolutely must get this right. The MDGs strongly influenced development priorities and directed resource flows. The temptation will be great to expand the number of goals, rather than keep the agenda sharp, focused, time bound and feasible. So competition is keen among sectors to get a goal on the list.

As we think about the post-2015 agenda, we must never forget that the health-related MDGs were largely an infectious disease agenda. At the start of this century, AIDS, tuberculosis, and malaria were public health emergencies that warranted sharply focused efforts to stop the epidemics from expanding further and reduce the number of deaths. This happened.

Efforts to control these diseases can now address them not as emergencies, but as part of general health services. In turn, general health services can benefit broadly from the refined and simplified strategies developed to control these diseases.

As just one example, the recent WHO policy requiring diagnostic confirmation of malaria before medicines are dispensed has strengthened detection capacity for all diseases.

My advice is this. We dare not reduce the current pressure on vaccine-preventable diseases, AIDS, tuberculosis, malaria, and the neglected tropical diseases. Constant mutation and adaptation are the survival mechanisms of the microbial world.

Complacency gives infectious diseases the perfect opportunity to return with a vengeance. I need only mention the problems we are already facing with

antimicrobial resistance. The momentum to control these diseases must not stop in 2015...”

http://www.who.int/dg/speeches/2012/euro_20120911/en/index.html

CARPHA (Caribbean Public Health Agency) – a new regional health organization – has been created by the Caribbean Community (CARICOM) with support from the PAHO/WHO and international partners including Canada, the United States, and the United Kingdom. CARPHA merges the operations of five regional health institutions: the Caribbean Epidemiology Centre (CAREC), the Caribbean Food and Nutrition Institute (CFNI), the Caribbean Health Research Council (CHRC), Caribbean Environmental Health Institute (CEHI), and the Caribbean Regional Drug Testing Laboratory (CRDTL). Based in Port of Spain, Trinidad and Tobago, CARPHA is scheduled to become operational in January 2013. CARPHA will serve as the lead agency for coordinating pan-Caribbean action in areas including disease surveillance, development of human resources for health, emergency preparedness and response, health promotion and communication, and policy development. It will house a regional laboratory and will coordinate a network of laboratories in other Caribbean countries as well.

http://new.paho.org/hq/index.php?option=com_content&view=article&id=7180&Itemid=1926

The Sabin Vaccine Institute Product Development Partnership (Sabin PDP) announced a new collaboration with Eisai Co., Ltd. to advance vaccine development efforts for neglected tropical diseases (NTDs). Sabin said that Eisai’s adjuvant material donation will enable the Sabin PDP to expand ongoing research and development for its leishmaniasis and Chagas disease vaccine candidates. This new partnership “represents an important first step in what will be an ongoing effort to find solutions to some of the world’s most pervasive diseases of poverty.” The announcement noted that Eisai is among 13 pharmaceutical companies and other global partners, including WHO, the World Bank, the Bill & Melinda Gates Foundation and several national governments, to commit resources to controlling or eliminating 10 NTDs by 2020. The historic announcement, known as the London Declaration, marked the first time that the global health community joined together in a renewed effort to fight NTDs by offering in-kind support, expertise and funding. As part of their commitment, Eisai is providing their E6020 adjuvant material free of charge.

More at: <http://www.sabin.org/news-resources/in-news/2012/09/12/eisai-and-sabin-vaccine-institute-partner-develop-vaccines-chagas->

The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria said it approved “a new approach to funding grants that will enable the organization to invest the world’s money more strategically and for greater impact.” The announcement noted that the new funding model “is designed to significantly improve grant-making, with a process that is more predictable and reliable, and also more flexible, so that it can achieve a higher success rate in all grants and more effectively save the lives of people affected by the three diseases.” Further, the new funding model “will change the way implementers apply for financing, get approval of their proposals and then manage their grants.

Once fully developed, it will encourage national strategic plans in each country, and strive for more simplicity and efficiency." Several aspects of the new funding model require further preparation, and the Board agreed to consider them at its next meeting in November.

The Global Fund said that one key element of the new system will be for applicants to submit a concept note, shorter than previous applications, and then get early feedback from the Global Fund, other donors and technical experts on how the proposal may need adjusting before moving forward. That is expected to reduce waiting times, and to improve the overall success rate of applications. Another important change will be more flexible timing for grant applications: instead of having to apply at one set time, implementers will be able to better align the submission of grant proposals with their own national budgeting schedules. Also under the new approach, countries will be grouped in bands, which will enable the Board to ensure focus is placed on countries with the highest disease burden and least ability to pay, among other factors.

More at: http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-09-14_Global_Fund_Adopts_New_Approach_to_Funding_Grants/

The **Weekly Epidemiological Record (WER) for 14 September 2012**, vol. 87, 37 (pp. 345–356) includes:

- Outbreak news; Hantavirus pulmonary syndrome, Yosemite National Park, United States of America;
- Global programme to eliminate lymphatic filariasis: progress report, 2011
http://www.who.int/entity/wer/2012/REH_37.pdf

Update: *Polio this week - As of 11 Sep 2012*

Global Polio Eradication Initiative

[Editor's Extract]

- In the previous six months, 92 cases have been reported worldwide, 63 of which from Nigeria, 15 from Pakistan, 12 from Afghanistan, and two from Chad. Nigeria currently accounts for more than two-thirds (68%) of global polio cases over the previous six months.

Nigeria

- One new case was reported in the past week (WPV3 from Borno, with onset of paralysis on 10 August), bringing the total number of cases for 2012 to 84. The most recent case had onset of paralysis on 15 August (WPV1 from Kaduna).

Nigeria continues to be the only country in the world affected by transmission of all three serotypes: WPV1, WPV3 and a cVDPV type 2...

- The Expert Review Committee on Polio Eradication and Routine Immunization (ERC) met this week (10-11 September), to review impact of the national emergency action plan and recommend strategies going forward.

Pakistan

- One new case was reported in the past week (WPV1 from Khyber Pakhtunkhwa – KP, with onset of paralysis on 22 August), bringing the total number of cases for 2012 to 30. This case is the most recent case in the country.

- Additionally, two new positive environmental samples were reported, from northern Sindh and southern Sindh...

<http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx>

Nigeria Not On Track To Achieving Polio Eradication – WHO

Leadership [Newspaper, Nigeria]

[Editor's Extract]

The World Health Organisation (WHO) on Tuesday said Nigeria was not on track in the effort to eradicate wild polio virus before the end of December this year.

Dr Bruce Alyward, WHO Assistant Director-General, Polio, Emergencies and Country Collaboration, said in Abuja that the increasing cases of the virus in the country constitutes "real and growing danger to international public health."

Alyward said during the 24th session of Expert Review Committee Meeting on Polio Eradication, that the country had the tools and capacity to rapidly reverse the trend.

"Every country is expected to operate in the emergency mode, Congo, India and China have stopped polio in the last three months, Nigeria is the only country in the world that has polio type 1 and type 2 in the last three months. It is also the only country in the world with increasing cases; it is the number that puts the country at risk not the quality of prevalence."

He recommended eight major steps for polio eradication for the country, including the implementation of the new house-based micro planning and monitoring method.

Alyward said the new house based micro plan was initiated in August this year to improve polio immunisation.

Other recommendations are optimising the emergency surge through cross agency refresher training for all personnel, identifying chronically missed children, establishing true emergency oversight and having planned programme for insecure areas, among others. Alyward urged the country to address the chronic surveillance gaps, and called for urgent implementation of environmental surveillance in Maiduguri...

http://leadership.ng/nga/articles/34656/2012/09/11/nigeria_not_track_achieving_polio_eradication_who.html

Pfizer announced that WHO granted an expansion to the prequalification of Pfizer's pneumococcal conjugate vaccine, Prevenar 13 (Pneumococcal polysaccharide conjugate vaccine [13-valent, adsorbed]), to include adults 50 years of age and older against pneumonia and invasive disease caused by the 13 pneumococcal serotypes (1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F) contained in the vaccine. Luis Jodar, vice president, Vaccines, Global, Medicines Development Group and Scientific Affairs, Pfizer, said, "This expanded designation will allow for broader global access to the vaccine and provide the opportunity for a new prevention option for adults 50 years of age and older in developing nations."

<http://www.businesswire.com/news/home/20120911005783/en/World-Health-Organization-Grants-Expansion-Prequalification-Prevenar>

WHO: Initiative for Vaccine Research (IVR)

Dengue vaccine research

Dengue is a mosquito-borne flavivirus disease that has spread to most tropical and many subtropical areas. The disease is caused by four closely related viruses, the Dengue viruses 1-4.

There are no specific dengue therapeutics and prevention is currently limited to vector control measures. A dengue vaccine would therefore represent a major advance in the control of the disease.

Status of vaccine development

While no licensed dengue vaccine is available, several vaccine candidates are currently being evaluated in clinical studies.

The candidate currently at the most advanced clinical development stage, a live-attenuated tetravalent vaccine based on chimeric yellow fever-dengue virus (CYD-TDV), has progressed to phase III efficacy studies. Results from a phase IIb efficacy study in Thailand have been published in September 2012.

[More information on the phase IIb study of CYD-TDV \(September 2012\) pdf, 55kb](#)

Several other live-attenuated vaccines, as well as subunit, DNA and purified inactivated vaccine candidates, are at earlier stages of clinical development. Additional technological approaches, such as virus-vectored and VLP-based vaccines, are under evaluation in preclinical studies...

http://www.who.int/vaccine_research/diseases/dengue/dengue_vaccines/en/index.html

WHO: Global Alert and Response (GAR)

Disease Outbreak News

- [14 September 2012](#) Ebola outbreak in Democratic Republic of Congo – update
 - [12 September 2012](#) Hantavirus pulmonary syndrome – Yosemite National Park, United States of America – update
 - [8 September 2012](#) Cholera in Sierra Leone – update
- <http://www.who.int/csr/don/en/index.html>

WHO Europe: WHO Epidemiological Brief 26: Measles, rubella and polio update

"This issue provides an overview of selected epidemiological characteristics of measles and rubella in the WHO European Region for the first seven months of 2012. The analysis is based on cases with disease onset dates during this period. The report also provides information on acute flaccid paralysis (AFP) surveillance."

http://www.euro.who.int/_data/assets/pdf_file/0017/173060/EpiBrief-Issue-26-Sept-2012.pdf

SHEA Guidance Statement

Infection Control and Hospital Epidemiology

[Vol. 33, No. 10, October 2012](#)

<http://www.jstor.org/stable/10.1086/667772>

The Use of Live Attenuated Influenza Vaccine (LAIV) in Healthcare Personnel (HCP): Guidance from the Society for Healthcare Epidemiology of America (SHEA)

Thomas R. Talbot, MD, MPH,¹ Hilary Babcock, MD, MPH,² Deborah Cotton, MD, MPH,^{3,4} Lisa L. Maragakis, MD, MPH,⁵ Gregory A. Poland, MD,⁶ Edward J. Septimus, MD,^{7,8} Michael L. Tapper,

MD,⁹ David J. Weber, MD, MPH,¹⁰ and writing as the SHEA Task Force on Healthcare Personnel Influenza Vaccination

[Editor's Extract]

"...SHEA endorses the use of LAIV as an alternative to the inactivated influenza vaccine, particularly for those HCP who avoid an annual influenza vaccination because of fear of needle injections. SHEA also agrees with the restriction of LAIV from those HCP who, in the week following vaccination, have frequent contact with patients who reside in a protective environment (eg, HCP in a bone marrow transplantation unit), but it notes that this recommendation is made as a result of an abundance of caution. Those HCP who have frequent contact with patients in protective environments but who will not care for such patients in the week following vaccination may still receive LAIV. HCP who have the potential for infrequent contact with patients in protective environments (ie, when the majority of patients contacted do not reside in a protective environment, such as a radiology technologist performing a chest radiograph or an emergency department physician during the initial patient evaluation) should not be excluded from vaccination with LAIV. Finally, HCP who provide care to other immunosuppressed populations (eg, neonatal and burn unit patients and oncologic patients undergoing chemotherapy but not requiring a formal protective environment) may still receive LAIV..."

Conferences/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

Meeting: IOM - Improving Health, Health Systems, and Health Policy Around the World

September 24, 2012

The Conference Center at The New York Academy of Medicine (Library Reading Room) • 1216 Fifth Avenue, New York, NY 10029 [Map](#)

The Institute of Medicine's Roundtable on Health Literacy will host its next workshop on September 24, 2012 at The Conference Center at The New York Academy of Medicine. International Approaches to Health Literacy is the topic of the workshop. Experts will present material on the subject to the Roundtable. The workshop is free and open to the public. If you would like to register to attend, please do so under "attend this meeting". Please see the posted agenda for a schedule of the day.

http://www.iom.edu/Activities/PublicHealth/HealthLiteracy/2012-SEP-24.aspx?utm_medium=email&utm_source=Institute%20of%20Medicine&utm_campaign=09.11.12+Meeting+Alert&utm_content=Meetings%20&utm_term=Academic

IOM Report: *How Far Have We Come in Reducing Health Disparities? Progress Since 2000 - Workshop Summary*

https://download.nap.edu/login.php?record_id=13383&page=%2Fcatalog.php%3Frecord_id%3D13383

Released: September 12, 2012

At the turn of the 21st century, several important reports and events designed to raise awareness of health disparities and to describe initial efforts to reduce health disparities took place. The Surgeon General's office released several reports that showed dramatic disparities, for example, in tobacco use and access to mental health services by race and ethnicity. Second, the first real legislation focused on reducing health disparities was signed into law, creating the National Center for Minority Health and Health Disparities within the NIH. In 2001, the IOM released its landmark report, [Crossing the Quality Chasm: A New Health System for the 21st Century](#), highlighting the importance of a focus on health care quality rather than a focus on only access and cost issues. Building upon these reports and events, the IOM held a workshop on April 8, 2010, that discussed progress to address health disparities and focused on the success of various federal initiatives to reduce health disparities. This document summarizes the workshop.

Book: *Genome-Based Therapeutics: Targeted Drug Discovery and Development: Workshop Summary*

Authors:

Adam C. Berger and Steve Olson, Rapporteurs; Roundtable on Translating Genomic-Based Research for Health; Board on Health Sciences Policy; Institute of Medicine
IOM

September 5, 2012

http://iom.edu/Reports/2012/Genome-Based-Therapeutics-Targeted-Drug-Discovery-and-Development.aspx?utm_medium=email&utm_source=Institute%20of%20Medicine&utm_campaign=09.05.12+Report+-+Genomics+Therapeutics&utm_content=New%20Reports&utm_term=Academic

Description

Genome-Based Therapeutics summarizes a workshop that was held on March 21, 2012, titled New Paradigms in Drug Discovery: How Genomic Data Are Being Used to Revolutionize the Drug Discovery and Development Process. At this workshop the goal was to examine the general approaches being used to apply successes achieved so far, and the challenges ahead.

Genome-Based Therapeutics explains that new technologies have the potential to open up avenues of development and to identify new drug targets to pursue. Specifically, improved validation of gene-disease associations through genomics research has the potential to revolutionize drug production and lower development costs. Genetic information has helped developers by increasing their understanding of the mechanisms of disease as well as individual patients' reactions to their medications. There is a need to identify the success factors for the various models that are being developed, whether they are industry-led, academia-led, or collaborations between the two.

Directory: *Developing World Health Partnerships*

The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)

September 2012

Now totaling 220 and reaching people in more than 160 countries, these health partnerships highlight the commitment of research-based pharmaceutical industry and its many partners

including governments, intergovernmental organizations, nongovernmental organizations, private sector companies and universities to improve health around the world.

The launch of this directory coincides with the release of an independent review of the contributions these health partnerships' make to the health of people in low- and middle-income countries. This review was conducted by BSR, a global business network and consultancy focused on sustainability.

"Global health issues are complex, and solutions often require a range of organizations working together," said Eduardo Pisani, IFPMA Director General. "Understanding the value of partnerships, our industry and partners have increased these programs dramatically in recent years as highlighted in our directory. This year, we are pleased that BSR analyzed these programs and made suggestions for increasing the benefit people in developing countries."

The industry-led health partnerships catalogued in the IFPMA's Developing World Health Partnerships Directory focus on a wide range of activities from developing new treatments and improving their availability to strengthening health systems, raising awareness, prevention and training. They also cover various types of diseases such as HIV/AIDS, neglected tropical diseases, malaria, non-communicable diseases and more cross-cutting challenges such as women and children's health.

Developing World Health Partnerships Directory or BSR's review can be found at:

<http://partnerships.ifpma.org/>

http://www.ifpma.org/fileadmin/content/News/2012/FINAL_IFPMA_press_release_-_partnerships_-_11_September_2012.pdf

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

4 September 2012, Vol. 157. No. 5

21 August 2012, Vol. 157. No. 4

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

[Reviewed earlier; No relevant content]

British Medical Bulletin

Volume 103 Issue 15 September 2012

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

[Reviewed earlier]

British Medical Journal

14 September 2012 (Vol 345, Issue 7874)

<http://www.bmj.com/content/345/7874>

Editorial

WHO's ambitious new European health strategy

BMJ 2012; 345 doi: 10.1136/bmj.e5928 (Published 5 September 2012)

Cite this as: BMJ 2012;345:e5928

David J Hunter, professor of health policy and management

[Extract]

Political will must be galvanised for Health 2020 to succeed

It may seem the wrong moment to launch an ambitious European health policy framework and strategy and invite governments to adopt it, as the World Health Organization's Regional Office for Europe is asking its 53 member states to do. However, the architects of Health 2020,^{1 2} WHO's flagship strategy that has been in preparation for almost two years and will be launched at the 62nd Regional Committee in Malta, 10-14 September 2012, regard the timing as propitious. They insist that, although the economic and fiscal crises facing Europe present major challenges, they also present opportunities to renew efforts to improve the health of European people. The argument that lies at the heart of Health 2020 is that "good health is essential for economic and social development." It echoes Derek Wanless's recommendation a decade ago to the UK government that it should emphasise public health more strongly to ensure the survival of the NHS.³

WHO issues its European health report every three years. The 2012 report provides the context that explains why the Health 2020 strategy needs to be taken seriously.⁴ Although people across Europe are generally living longer, often in better health, these improvements are not being shared equally. Substantial health inequalities persist between and within countries and are increasing in some cases, as set out in WHO's European review of social determinants of health ...

Bulletin of the World Health Organization

Volume 90, Number 9, September 2012, 633-712

<http://www.who.int/bulletin/volumes/90/9/en/index.html>

[Reviewed earlier]

Cost Effectiveness and Resource Allocation

(Accessed 15 September 2012)

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

[No new relevant content]

Emerging Infectious Diseases

Volume 18, Number 9—September 2012

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

[Reviewed earlier]

Eurosurveillance

Volume 17, Issue 37, 13 September 2012

<http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678>

News

Health requirements for pilgrims attending the Hajj in Mecca, Kingdom of Saudi Arabia, 24–29 October 2012

Eurosurveillance editorial team

European Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden

Hajj is the annual pilgrimage to Mecca, the Kingdom of Saudi Arabia (KSA). The 2012 Hajj is expected to gather over two million Muslims from more than 180 countries across the globe between 24 and 29 October and is by far the largest mass gathering in the world. With the Hajj approaching, the Ministry of Health of Saudi Arabia has issued information in Arabic and English about health requirements and recommendations on its website [1].

A publication in the Weekly Epidemiological Record informs visitors in English and French of the full requirements for entry into Saudi Arabia and information is also available in English from The National Travel Health Network and Centre (NaTHNaC) website [2,3].

Special requirements for visitors to the Hajj concern vaccinations against meningococcal meningitis, polio and yellow fever.

Health authorities in countries of origin are required to provide information to pilgrims on infectious diseases symptoms, methods of transmission, complications and means of prevention. In an attempt to prevent the spread of foodborne infections Hajj performers are not allowed to bring fresh food to Saudi Arabia. Only properly canned or sealed food or food stored in containers with easy access for inspection is allowed in small quantities, sufficient for one person for the duration of his or her trip.

The KSA provides free healthcare to all visiting pilgrims during the Hajj, with the KSA Ministry of Health as one of the main contributors.

References

- Saudi Ministry of Health Requirements and Health Matters. Riyadh: Ministry of Hajj. Kingdom of Saudi Arabia. [Accessed 13 Sep 2012]. Available from: <http://www.hajjinformation.com/main/t20.htm>
- Health conditions for travellers to Saudi Arabia for the pilgrimage to Mecca (Hajj). Wkly Epidemiol Rec. 2012;87(30):277-80.
- National Travel Health Network and Centre. Advice for Pilgrims for the Hajj and Umrah Season of 1433 (2012). London: Health protection Agency. [accessed 13 Sep 2012]. Available from: http://www.nathnac.org/pro/factsheets/pdfs/Hajj_Umrah.pdf

Global Health Governance

[Volume V, Issue 2: Spring 2012](#)

[Reviewed earlier]

Globalization and Health

[Accessed 15 September 2012]

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

Review

[**Understanding India, globalisation and health care systems: a mapping of research in the social sciences**](#)

Bisht R, Pitchforth E and Murray SF
Globalization and Health 2012, 8:32 (10 September 2012)

Health Affairs

September 2012; Volume 31, Issue 9

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

Theme: Payment Reform To Achieve Better Health Care

[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 6 September 2012

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

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 8, Issue 9 September 2012

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

[Reviewed earlier]

International Journal of Infectious Diseases

September 2012, Vol. 16, No. 9

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

[Reviewed earlier]

JAMA

September 12, 2012, Vol 308, No. 10

<http://jama.ama-assn.org/current.dtl>

[No relevant content]

Journal of Health Organization and Management

Volume 26 issue 6 - 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 7 October 1, 2012

<http://www.journals.uchicago.edu/toc/jid/current>

[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)

July-September 2012

Volume 4 | Issue 3 Page Nos. 139-186

<http://www.jgid.org/currentissue.asp?sabs=n>

[Reviewed earlier]

Journal of Medical Ethics

September 2012, Volume 38, Issue 9

<http://jme.bmj.com/content/current>

[Reviewed earlier]

Journal of Medical Microbiology

October 2012; 61 (Pt 10)

<http://jmm.sgmjournals.org/content/current>

[No relevant content]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 1 Issue 3 September 2012

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

[Reviewed earlier; No relevant content]

The Lancet

Sep 15, 2012 Volume 380 Number 9846 p949 – 1030 e2 - 6

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

Comment

Treatment of tuberculosis: have we turned the corner?

Giovanni Battista Migliori, Giovanni Sotgiu

Preview

The number of multidrug-resistant (MDR) tuberculosis cases officially reported to WHO increased from 29 000 to 53 000 between 2008 and 2010,¹ still representing only 18% of the estimated 290 000 patients potentially identifiable if drug susceptibility testing was done in all notified cases of tuberculosis.¹ A recent study done in Belarus² showed a new global record for prevalence of MDR tuberculosis with 35·3% of new patients and 76·5% of previously treated

patients diagnosed with the disease. This finding clearly shows how far case mismanagement can affect the chances to control (and eventually eliminate) the disease.

Articles

Effect of intermittent preventive treatment for malaria during infancy on serological responses to measles and other vaccines used in the Expanded Programme on Immunization: results from five randomised controlled trials

Jane Crawley, Charalambos Sismanidis, Tracey Goodman, Paul Milligan, WHO Advisory Committee on serological responses to vaccines used in the Expanded Programme on Immunization in infants receiving Intermittent Preventive Treatment for malaria

Preview

IPTi with sulfadoxine-pyrimethamine does not affect serological responses to EPI vaccines. This analysis, therefore, supports the WHO recommendation for coadministration of IPTi with sulfadoxine-pyrimethamine to infants at the time of the second and third doses of DTP and measles vaccination, in areas of sub-Saharan Africa with moderate to high malaria transmission and where malaria parasites are sensitive to these drugs. It also suggests that treatment of clinical malaria at or around the time of vaccination does not compromise vaccine responsiveness.

Review

WHO European review of social determinants of health and the health divide

Michael Marmot, Jessica Allen, Ruth Bell, Ellen Bloomer, Peter Goldblatt, on behalf of the Consortium for the European Review of Social Determinants of Health and the Health Divide

Summary

The European region has seen remarkable health gains in those populations that have experienced progressive improvements in the conditions in which people are born, grow, live, and work. However, inequities, both between and within countries, persist. The review reported here, of inequities in health between and within countries across the 53 Member States of the WHO European region, was commissioned to support the development of the new health policy framework for Europe: Health 2020. Much more is understood now about the extent, and social causes, of these inequities, particularly since the publication in 2008 of the report of the Commission on Social Determinants of Health. The European review builds on the global evidence and recommends policies to ensure that progress can be made in reducing health inequities and the health divide across all countries, including those with low incomes. Action is needed—on the social determinants of health, across the life course, and in wider social and economic spheres—to achieve greater health equity and protect future generations.

The Lancet Infectious Disease

Sep 2012 Volume 12 Number 9 p647 - 736

<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 489 Number 7415 pp177-330 13 September 2012

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

[No relevant content]

Nature Immunology

September 2012, Volume 13 No 9 pp797-899

<http://www.nature.com/ni/journal/v13/n9/index.html>

[Reviewed earlier; No relevant content]

Nature Medicine

September 2012, Volume 18 No 9 pp1305-1445

<http://www.nature.com/nm/journal/v18/n9/index.html>

[Reviewed earlier; No relevant content]

Nature Reviews Immunology

September 2012 Vol 12 No 9

<http://www.nature.com/nri/journal/v12/n9/index.html>

[Reviewed earlier]

New England Journal of Medicine

September 13, 2012 Vol. 367 No. 11

<http://content.nejm.org/current.shtml>

Original Article

Waning Protection after Fifth Dose of Acellular Pertussis Vaccine in Children

Nicola P. Klein, M.D., Ph.D., Joan Bartlett, M.P.H., M.P.P., Ali Rowhani-Rahbar, M.D., M.P.H., Ph.D., Bruce Fireman, M.A., and Roger Baxter, M.D.

N Engl J Med 2012; 367:1012-1019 [September 13, 2012](#)

Background

In the United States, children receive five doses of diphtheria, tetanus, and acellular pertussis (DTaP) vaccine before 7 years of age. The duration of protection after five doses of DTaP is unknown.

Methods

We assessed the risk of pertussis in children in California relative to the time since the fifth dose of DTaP from 2006 to 2011. This period included a large outbreak in 2010. We conducted a case-control study involving members of Kaiser Permanente Northern California who were

vaccinated with DTaP at 47 to 84 months of age. We compared children with pertussis confirmed by a positive polymerase-chain-reaction (PCR) assay with two sets of controls: those who were PCR-negative for pertussis and closely matched controls from the general population of health-plan members. We used logistic regression to examine the risk of pertussis in relation to the duration of time since the fifth DTaP dose. Children who received whole-cell pertussis vaccine during infancy or who received any pertussis-containing vaccine after their fifth dose of DTaP were excluded.

Results

We compared 277 children, 4 to 12 years of age, who were PCR-positive for pertussis with 3318 PCR-negative controls and 6086 matched controls. PCR-positive children were more likely to have received the fifth DTaP dose earlier than PCR-negative controls ($P<0.001$) or matched controls ($P=0.005$). Comparison with PCR-negative controls yielded an odds ratio of 1.42 (95% confidence interval, 1.21 to 1.66), indicating that after the fifth dose of DTaP, the odds of acquiring pertussis increased by an average of 42% per year.

Conclusions

Protection against pertussis waned during the 5 years after the fifth dose of DTaP. (*Funded by Kaiser Permanente*).

Drs. Klein and Baxter report receiving grant support to their institution from Sanofi Pasteur, GlaxoSmithKline, Novartis, Merck, and Pfizer. No other potential conflict of interest relevant to this article was reported.

OMICS: A Journal of Integrative Biology

September 2012, 16(9)

<http://online.liebertpub.com/toc/omi/16/7-8>

[No relevant content]

The Pediatric Infectious Disease Journal

September 2012 - Volume 31 - Issue 9 pp: A7-A8,889-1002,e141-e175

<http://journals.lww.com/pidj/pages/currenttoc.aspx>

[Reviewed earlier]

Pediatrics

September 2012, VOLUME 130 / ISSUE 3

<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>

[Reviewed earlier]

PLoS One

[Accessed 15 September 2012]

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

Addressing Health Inequalities in the Delivery of the Human Papillomavirus Vaccination Programme: Examining the Role of the School Nurse

Tammy Boyce, Alison Holmes

PLoS ONE: Research Article, published 13 Sep 2012 10.1371/journal.pone.0043416

Abstract

Background

HPV immunisation of adolescent girls is expected to have a significant impact in the reduction of cervical cancer. UK The HPV immunisation programme is primarily delivered by school nurses. We examine the role of school nurses in delivering the HPV immunisation programme and their impact on minimising health inequalities in vaccine uptake.

Methods and Findings

A rapid evidence assessment (REA) and semi-structured interviews with health professionals were conducted and analysed using thematic analysis. 80 health professionals from across the UK are interviewed, primarily school nurses and HPV immunisation programme coordinators. The REA identified 2,795 articles and after analysis and hand searches, 34 relevant articles were identified and analysed. Interviews revealed that health inequalities in HPV vaccination uptake were mainly related to income and other social factors in contrast to published research which emphasises potential inequalities related to ethnicity and/or religion. Most school nurses interviewed understood local health inequalities and made particular efforts to target girls who did not attend or missed doses. Interviews also revealed maintaining accurate and consistent records influenced both school nurses' understanding and efforts to target inequalities in HPV vaccination uptake.

Conclusions

Despite high uptake in the UK, some girls remain at risk of not being vaccinated with all three doses. School nurses played a key role in reducing health inequalities in the delivery of the HPV programme. Other studies identified religious beliefs and ethnicity as potentially influencing HPV vaccination uptake but interviews for this research found this appeared not to have occurred. Instead school nurses stated girls who were more likely to be missed were those not in education. Improving understanding of the delivery processes of immunisation programmes and this impact on health inequalities can help to inform solutions to increase uptake and address health inequalities in childhood and adolescent vaccination programmes.

PLoS Medicine

(Accessed 15 September 2012)

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

[No new relevant content]

PLoS Neglected Tropical Diseases

August 2012

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

[No relevant content]

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

(Accessed 15 September 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]

Trends in Molecular Medicine

Volume 18, Issue 9, Pages 503-574 (September 2012)

<http://www.sciencedirect.com/science/journal/14714914>

[Reviewed earlier]

Science

14 September 2012 vol 337, issue 6100, pages 1265-1424

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

Editorial

The Dual-Use Conundrum

Paul Berg

Paul Berg is the Cahill Professor of Biochemistry, Emeritus, at the Stanford University School of Medicine, Palo Alto, CA. He received the Nobel Prize in Chemistry in 1980 and was an organizer of the Asilomar conference on recombinant DNA in 1975.

Summary

Scientists are increasingly able to create genetically modified microorganisms whose properties are perceived as being beneficial as well as potentially useful for malevolent purposes. In 2004, a committee of the U.S. National Academy of Sciences adopted the term "dual use" for instances in which genetic or biosynthetic manipulations create new microorganisms, which, although valuable scientifically, are susceptible to misuse.* The premise was that the prospects for malevolent outcomes derive from deliberate actions to inflict specific or widespread harm. But in those and subsequent discussions, too little attention was given to the likelihood of an accidental laboratory release of modified agents that would allow them to spread in susceptible human populations. Recent research with a highly pathogenic influenza virus has highlighted the importance of this issue. Reviews of the influenza research concluded that given "the risk of accidental or malicious release," the benefits of such studies must be well justified.† Thus, specific guidelines must be enforced to thwart not only intentionally harmful outcomes but accidental releases as well.

Review

Rinderpest Eradication: Appropriate Technology and Social Innovations

Jeffrey C. Mariner, James A. House, Charles A. Mebus, Albert E. Sollod, Dickens Chibeu, Bryony A. Jones, Peter L. Roeder, Berhanu Admassu, and Gijs G. M. van 't Klooster

Abstract

Rinderpest is only the second infectious disease to have been globally eradicated. In the final stages of eradication, the virus was entrenched in pastoral areas of the Greater Horn of Africa, a region with weak governance, poor security, and little infrastructure that presented profound challenges to conventional control methods. Although the eradication process was a development activity rather than scientific research, its success owed much to several seminal research efforts in vaccine development and epidemiology and showed what scientific decision-making and management could accomplish with limited resources. The keys to success were the development of a thermostable vaccine and the application of participatory epidemiological techniques that allowed veterinary personnel to interact at a grassroots level with cattle herders to more effectively target control measures.

Science Translational Medicine

12 September 2012 vol 4, issue 151

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

[No relevant content]

Vaccine

Volume 30, Issue 44, Pages 6225-6340 (28 September 2012)

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

[Reviewed last week]

Measles, mumps, and rubella virus vaccine (M–M–R™II): A review of 32 years of clinical and postmarketing experience

Available online 6 September 2012

In Press, Uncorrected Proof — *Note to users*

[Fabio Lievanoa](#), [Susan A. Galeaa](#), [Michele Thornton](#), [Richard T. Wiedmanna](#), [Susan Manoffa](#), [Trung N. Trana](#), [Manisha A. Amina](#), [Margaret M. Seminacka](#), [Kristen A. Vagiea](#), [Adrian Danaa](#), [Stanley A. Plotkin](#)

Abstract

M–M–RII (measles, mumps, and rubella virus vaccine live; Merck & Co., Inc.) is indicated for simultaneous vaccination against measles, mumps, and rubella in individuals ≥12 months of age. Before the vaccine era, these viruses infected most exposed individuals, with subsequent morbidity and mortality. One of the greatest achievements of public health has been to eliminate these 3 diseases in large geographic areas.

The safety profile of M–M–RII is described using data from routine global postmarketing surveillance. Postmarketing surveillance has limitations (including incomplete reporting of case data), but allows collection of real-world information on large numbers of individuals, who may have concurrent medical problems excluding them from clinical trials. It can also identify rare adverse experiences (AEs).

Over its 32-year history, 575 million doses of M–M–RII have been distributed worldwide, with 17,536 AEs voluntarily reported for an overall rate of 30.5 AEs/1,000,000 doses distributed. This review provides evidence that the vaccine is safe and well-tolerated.

Vaccine: Development and Therapy

(Accessed 15 September 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>

[Reviewed earlier]

From Google Scholar: Dissertations, Theses, Selected Journal Articles

[No new relevant content]

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, but most publications require registration and some subscription level.

Economist

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

Accessed 15 September 2012

[No new unique, relevant content]

Financial Times

<http://www.ft.com>

Accessed 15 September 2012

[No new unique, relevant content]

Forbes

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

Accessed 15 September 2012

[No new unique, relevant content]

Foreign Affairs

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

September/October 2012 Volume 91, Number 5

Accessed 15 September 2012

[No new unique, relevant content]

Foreign Policy

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

Accessed 15 September 2012]

[No new unique, relevant content]

The Guardian

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

Accessed 15 September 2012

[No new unique, relevant content]

The Huffington Post

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

Accessed 15 September 2012

[No new unique, relevant content]

New Yorker

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

Accessed 15 September 2012

[No new unique, relevant content]

New York Times

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

Accessed 15 September 2012

[No new unique, relevant content]

Scientific American

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

10 September 2012

A Human-Powered Refrigeration System To Save Lives In Developing Countries

Ariel Schwartz

It's a big enough feat to ship much-needed vaccines to rural areas of the developing world.

Finding a way to keep those vaccines refrigerated in places that have spotty access to electricity?

<http://www.scientificamerican.com/article.cfm?id=a-human-powered-refrigeration-syste-2012-09>

Wall Street Journal

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

Accessed 15 September 2012

[No new unique, relevant content]

Washington Post

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

Accessed 15 September 2012

[No new unique, relevant content]

Twitter Watch [accessed 15 September 2012 15:08]

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.

[PAHO/WHO @pahowho](#)

New regional agency will enhance joint action for public health in the Caribbean [@carpha1](#) [#carpha](#) [#caricom](#) http://new.paho.org/hq/index.php?option=com_content&view=article&id=7180%3Anew-regional-agency-will-enhance-joint-action-for-public-health-in-the-caribbean&catid=1443%3Anews-front-page-items&lang=en&Itemid=1926#.UFTUZLp55C0.twitter ...

12:18 PM - 15 Sep 12

[Mirta Roses Periago @mirtaroses](#)

[#CARPHA](#) will become operational in Jan 2013 & merges the operations of 5 regional health institutions. Learn which here: <http://psc28.wordpress.com/2012/09/14/third-caribbean-public-health-agency-carpha-international-partners-event/#more-204> ...

Retweeted by [PAHO/WHO](#)

2:28 PM - 14 Sep 12

[Partners In Health @PIH](#)

Sign the [@HereIAmCampaign](#) petition & urge world leaders to support a fully funded Global Fund to fight [#AIDS](#) [#TB](#) <http://ow.ly/dJ55H>

9:01 AM - 15 Sep 12

[Sabin Vaccine Inst. @sabinvaccine](#)

Read about how [@EmoryUniversity](#) receives \$6M [#AIDS](#) research grant from [#GatesFoundation](#) <http://bit.ly/U7UMMJ>

1:11 PM - 14 Sep 12

[HIVVaccineEnterprise @HIVEnterprise](#)

[#AIDSVax2012](#) wraps up. Thanks to [@HarvardCFAR](#) and [#Ragon](#) Institute. Check our the webcasts, <http://aidsvac.capitalreach.com/> . pic.twitter.com/pGBnvK

Retweeted by [IAVI](#)

1:04 PM - 12 Sep 12

[WHO @WHO](#)

WHO has deployed epidemiologists and logisticians from [@WHOAFRO](#) and HQ to support the [#Ebola](#) response in DR Congo <http://goo.gl/PQ0rk>

5:44 AM - 14 Sep 12

[World Bank @WorldBank](#)

Free! Download the Global [#Financial](#) Development Report now: <http://bit.ly/Q5rnBL>

12:07 PM - 13 Sep 12

[Amanda Glassman @glassmanamanda](#)

Where Will the World's Poor Live? Updated Data on the Distribution of Global Poverty - <http://www.cgdev.org/content/publications/detail/1426481/> ... via [@CGDev](#)

8:21 AM - 13 Sep 12

[GAVI Alliance @GAVIAlliance](#)

China ready to expand collaboration with [@GAVIAlliance](#)! Learn more on [@GAVISeth](#) 1st high-level visit to Beijing: <http://ht.ly/dGyRx>

7:35 AM - 13 Sep 12

[WHO @WHO](#)

Half of all children under-five deaths occurred in India, Nigeria, Democratic Republic of Congo, Pakistan and China <http://goo.gl/ZJMx6>

10:51 PM - 12 Sep 12

* * * *

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