Center for Vaccine Ethics and Policy
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Vaccines: The Week in Review
29 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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[Editor's Note: We present selected links and the full–text of the media release supporting the UN side-event last week on polio eradication]

GPEI Media Release: *Global Luminaries Unite to Issue Urgent Call for a Polio-Free World*

"…The high-level event, "Our Commitment to the Next Generation: The Legacy of a Polio-free World," featured opening remarks from UN Secretary-General Ban Ki-moon and was moderated by Senator Timothy E. Wirth, president of the UN Foundation.

"Speakers included leaders of the three polio-endemic countries: President Hamid Karzai, Islamic Republic of Afghanistan; President Goodluck Jonathan, Federal Republic of Nigeria; and President Asif Ali Zardari, Islamic Republic of Pakistan. Earlier this year, these leaders launched national emergency plans to stop transmission of polio in their countries…"
http://www.polioeradication.org/tabid/461/iid/251/Default.aspx

Statement: UN Secretary-General's remarks at side event on Polio Eradication
New York, 27 September 2012: http://www.un.org/sg/statements/index.asp?nid=6328

Joint Media Release: *Leaders at UN event unite behind final push to eradicate polio*

7 September 2012 – World leaders, donors and experts today hailed a "once-in-a-generation" opportunity to eradicate polio, as they gathered at the United Nations to celebrate efforts that have already reduced the incidence of the crippling and potentially fatal disease by 99 per cent around the globe.

"Globally, we have the lowest number of cases reported this year," Secretary-General Ban Ki-moon told the high-level event on polio eradication, which took place on the sidelines of the General Assembly debate at UN Headquarters in New York.

"But everything hinges on stopping polio in a few districts in Nigeria, Pakistan and Afghanistan," he said, referring to the three remaining countries where the disease is endemic.

The vaccine-preventable infectious disease raged in 125 countries when the global fight against it began in 1988 under the banner of the Global Polio Eradication Initiative (GPEI). While India had long been regarded as the nation facing the greatest challenges to eradication, it has been polio free for more than 18 months.

But Mr. Ban said the success of the final push depended on the "quality" of the world's efforts in those remaining areas.

He called not only for close cooperation from government, religious, traditional and community leaders, but also for belligerents to play their part in helping end the disease.

"Where there is fighting and insecurity, we need warring parties to allow aid workers to operate," he told the gathering, which included the participation of Presidents Hamid Karzai of Afghanistan, Goodluck Jonathan of Nigeria and Asif Ali Zardari of Pakistan. "I appeal to all parties to provide safe passage for health workers to access and vaccinate children."

Polio is among five major afflictions Mr. Ban pledged to aggressively tackle during this, his second term as Secretary-General. He is also committed to tackling malaria, new paediatric HIV infections, maternal and neonatal tetanus, and measles.

"This is a matter of health and justice. Every child should have the right to start life with equal protection from these diseases," Mr. Ban said.

The World Health Organization (WHO) spearheads the GPEI, whose ultimate success would mark an early milestone in the Decade of Vaccines, which in turn represents a global vision to provide all children with the vaccines they need.

"No single one of us can bring this long, hard drive over the last hurdle," WHO Director-General Margaret Chan said. "But together we can."

A major GPEI donor is the Bill & Melinda Gates Foundation, whose co-chair, Bill Gates, also spoke of the significance eradicating polio would have for combating other diseases. "When we defeat polio, it will motivate us to aim for other great health and development milestones," he said.

GPEI is currently developing a long-term roadmap for ending polio through a strategy whose investment legacy will benefit other vaccine-preventable disease goals. This comes after 194 States of the World Health Assembly declared the final push towards polio eradication to be a "programmatic emergency for global public health."

"Governments need to step up and honour their commitments," Wilfred J. Wilkinson, Chair of Rotary Foundation Trustees, told today's gathering. For its part, Rotary International, which already has contributed $1.2 billion to polio eradication, announced additional funding of $75 million over three years for GPEI.

Pledges, initiatives and simple reinforcement of commitments came from a host of leaders and senior government officials, including those of Australia, Canada, Japan, Pakistan, the United Kingdom and the United States.

The Islamic Development Bank, a new donor to the polio eradication effort, announced a three-year $227 million financing package to Pakistan, and a $3 million grant for Afghanistan. Sandro Rosell, President, Football Club Barcelona (FCB) and FCB Foundation, announced the club's engagement on the polio issue in collaboration with the Gates Foundation and Etisalat, the largest telecomm operator in the Middle East.

Among significant related upcoming events, some 60,000 people are expected to attend a concert in New York's Central Park on 29 September. The organizers, Global Poverty Project, say their Global Citizen Festival aims to inspire a global movement to voice support for both eradicating polio and for advancing the group's core cause, ending extreme poverty.
http://www.un.org/apps/news/story.asp?NewsID=43081&Cr=polio&Cr1=#.UGdvd67vwbQ

Update: ***Polio this week - As of 25 Sep 2012***
Global Polio Eradication Initiative
[Editor's Extract]
Afghanistan
One new case was reported in the past week (WPV1 from Kandahar), bringing the total number of cases for 2012 to 18. It is the most recent case in the country and had onset of paralysis on 28 August…
Nigeria
Two new cases were reported in the past week (WPV1s from Kaduna and Jigawa), bringing the total number of cases for 2012 to 90. The case from Kaduna is the most recent in the country and had onset of paralysis on 1 September…
Pakistan
Two new cases were reported in the past week (WPV1s from Khyber Pakhtunkhwa - KP - and Federally Administered Tribal Areas), bringing the total number of cases for 2012 to 37. The most recent case had onset of paralysis on 30 August (WPV1 from KP)…
http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx

Media Release: ***Most of world will fail to meet goals for women's and children's health by 2015 amid declining donor funding***
iERG on Information and Accountability for Women's and Children's
26 September 2012
The first report of the UN Secretary-General's independent Expert Review Group (iERG)* on Information and Accountability for Women's and Children's Health, to be launched on September 26 at the UN General Assembly, concludes that although headline reductions in maternal and child mortality during the past decade have been impressive in some countries, millions of women and children still die every year from preventable causes. Unless those causes are more urgently addressed globally and in countries, Millennium Development Goals (MDGs) 4 and 5 will not be met by most nations by the target year of 2015. What is more, declining rates of donor funding and a failure to target resources to the countries with the greatest need could have devastating consequences for the survival of millions of women and children worldwide.
http://www.who.int/pmnch/media/news/2012/20120926_ierg_pr/en/index.html

Pledge: ***DoV Collaboration Leadership commits to making DoV vision a reality***
September 25th, 2012
This pledge proclaims the commitment by the Decade of Vaccines Collaboration Leadership Council to make the vision of the Decade of Vaccines a reality through the implementation of

the Global Vaccine Action Plan (GVAP). This pledge also shows the DoV Collaboration's commitment to the principles of Every Woman Every Child.

The Decade of Vaccines is a vision to reach all people with the vaccines they need. The Leadership Council of the Decade of Vaccines has made a commitment to this vision and asks for your organization's pledge to improve the health and lives of women and children everywhere by systematically addressing their unmet needs in immunization. Immunization throughout a person's lifetime is crucial if we are to achieve the ambitious goals of the UN Secretary General's Global Strategy for Women's and Children's Health.

As representatives of the numerous organizations that worked on the Decade of Vaccines Collaboration, we are proud to say that millions of lives will be saved thanks to the promise of the Global Vaccine Action Plan, an ambitious roadmap approved by the World Health Assembly in May 2012 to deliver universal access to immunizations.

The leadership of the World Health Organization, UNICEF, the Bill & Melinda Gates Foundation, the GAVI Alliance, the U.S. National Institute of Allergy and Infectious Diseases, the African Leaders Malaria Alliance and others that formed the Decade of Vaccines Collaboration, have pledged our support to this joint effort. Many governments, health leaders, non-government organizations and other agencies have joined us.

We are all committed to improving the health of every woman and every child on the planet. Our vision to achieve this is straightforward: We will work together to extend, by 2020 and beyond, the full benefits of immunization to all people, regardless of where they are born, who they are or where they live. We will use the powerful tools already available to most, but not yet all people, including existing and new vaccines that prevent disease and save lives.
We have achieved many things through immunization: We eradicated smallpox from the world, in what has been called one of mankind's greatest triumphs. We are on the verge of eradicating polio, and the toll of other diseases has dropped tremendously. The Region of the Americas has eliminated measles and rubella, saving many lives.

Despite these accomplishments, and the lives that have been improved through immunization, we cannot rest while the lives of so many depend on our actions at this seminal moment. We must reach forward, work together and make this vision of the Decade of Vaccines a reality. We all have a role in making this happen. We ask that you make your voices heard and your actions count, in support of the Global Vaccine Action Plan.
http://www.dovcollaboration.org/dov-collaboration-updates/dov-collaboration-leadership-commits-to-making-dov-vision-a-reality/
[Editor's Note: While no individual names are included in the pledge above, the DoV leadership is listed here: http://www.dovcollaboration.org/about-us/our-structure/]

IVI Director General Christian Loucq, MD announced that Dr. Alejandro Cravioto will join IVI as Chief Scientific Officer (CSO) effective October 15, 2012. As CSO, Dr. Cravioto will "assume responsibility for the oversight of all scientific affairs at IVI and will provide expert advice on matters relevant to vaccine science and technology, potential opportunities, and emerging orientations and trends in the field of vaccine research." IVI noted that Dr. Cravioto brings a breadth of experience that will be critical for the further development of IVI. For the past 7 years, he was the Deputy Director and Executive Director of ICDDR,B in Dhaka, Bangladesh. In 2011, he was appointed by the UN Secretary General Ban Ki-moon to head a panel investigating the cholera outbreak in Haiti. Dr. Cravioto is a Mexican National who obtained his MD at the Faculty of Medicine of the National Autonomous University of Mexico. He

trained as a Pediatrician (National Institute of Pediatric, Mexico City) and received a Diploma in Tropical Public Health and a Ph.D. at the London School of Hygiene and Tropical Medicine. While in Mexico Dr. Cravioto served as Head of the Research Department and Deputy Director of the National Institute of Health and Technology for Child Health. He later became Director of the Division of Microbiology at the National Institute of Public Health of Cuernavaca and Professor and Chair of the Department of Public Health of the Faculty of Medicine of the National Autonomous University of Mexico before being appointed as the Dean of the Faculty of Medicine from 1995 to 2003.
[IVI email announcement, 27 September 2012]

Atreca, Inc. announced a collaboration with the Bill & Melinda Gates Foundation to accelerate the discovery and development of novel vaccines and therapeutics for human infectious diseases. The US$6 million BMGF investment "…provides Atreca an opportunity to apply its Immune Repertoire Capture technology to meet key challenges in global health." This technology "leverages next-generation sequencing to identify rapidly and comprehensively the set of functional antibodies produced in patients during an immune response. These antibodies both have utility themselves and can be employed to identify the targets of an immune response. Applied to human disease, Immune Repertoire Capture is an engine for the discovery and development of antibody-based therapeutics, vaccines, diagnostics, and research reagents. Atreca recently licensed exclusive rights to the technology for all fields of use from Stanford University." Atreca is a privately held biopharmaceutical founded in 2010 with headquarters in San Carlos, California.
http://www.atreca.com/press/september-25-2012/

In a joint announcement, the Global Network for Neglected Tropical Diseases, the Sabin Vaccine Institute, and the Association of Research-Based Pharmaceutical Companies (vfa), said **"global health advocates and the pharmaceutical industry came together (in Berlin) to discuss strategies for improved collaboration and increased private sector involvement in neglected tropical disease (NTD) treatment and control programs. The announcement said the experts from WHO, BMGF, vfa,** Merck KGaA, Merck & Co., Inc., Eisai Co. Ltd., Bayer HealthCare, Sanofi, and the British Parliament "exchanged new ideas and called for expanded partnerships in order to meet WHO's target to control and eliminate the most common NTDs by 2020." The workshop also evaluated progress made since the "London Declaration," including drug donations from pharmaceutical companies, donor government support for NTD programs and new research and development initiatives. The group also discussed the need for new partnerships between the private sector and non-governmental organizations (NGOs) in order to create treatment models that will ultimately allow endemic countries to manage their NTD programs.
http://www.prnewswire.com/news-releases/industry-ngos-share-joint-progress-on-neglected-tropical-disease-control-171730051.html

WHO Europe: Updates

Pilot testing of behaviour-based immunization toolkit enters second phase in Bulgaria
27-09-2012

The second phase of a pilot project on implementation of a toolkit focused on vaccination behaviours among vulnerable populations took place in Sofia, Bulgaria, on 10–14 September 2012. This second mission was dedicated to testing the formative phase of the toolkit.

European Immunization Week 2012 in review
26-09-2012

In 2012, all 53 Member States in the WHO European Region took part in European Immunization Week (EIW), a milestone in the initiative's seven-year history. The 2012 campaign focused on the elimination of measles and rubella by 2015, and the vital role of health workers as the most trusted source of information about vaccines.

WHO contributes to strengthening Bulgaria's vaccine regulatory system
24-09-2012

From 1 to 4 October 2012 WHO will conduct a reassessment of Bulgaria's national regulatory authority (NRA) responsible for the regulatory oversight of vaccines. This is a key and mandatory step in the WHO vaccine prequalification procedure.

The **MMWR Weekly for September 28, 2012** / Vol. 61 / No. 38 includes:

- Influenza Vaccination Coverage Among Health-Care Personnel — 2011–12 Influenza Season, United States

Extract

"Influenza vaccination of health-care personnel (HCP) is recommended by the Advisory Committee on Immunization Practices (ACIP) (1). Vaccination of HCP can reduce morbidity and mortality from influenza and its potentially serious consequences among HCP, their family members, and their patients (1–3). To provide timely estimates of influenza vaccination coverage and related data among HCP for the 2011–12 influenza season, CDC conducted an Internet panel survey with 2,348 HCP during April 2–20, 2012. This report summarizes the results of that survey, which found that, overall, 66.9% of HCP reported having had an influenza vaccination for the 2011–12 season. By occupation, vaccination coverage was 85.6% among physicians, 77.9% among nurses, and 62.8% among all other HCP participating in the survey. Vaccination coverage was 76.9% among HCP working in hospitals, 67.7% among those in physician offices, and 52.4% among those in long-term care facilities (LTCFs). Among HCP working in hospitals that required influenza vaccination, coverage was 95.2%; among HCP in hospitals not requiring vaccination, coverage was 68.2%. Widespread implementation of comprehensive HCP influenza vaccination strategies is needed, particularly among those who are not physicians or nurses and who work in LTCFs, to increase HCP vaccination coverage and minimize the risk for medical-care–acquired influenza illnesses…"

- Influenza Vaccination Coverage Among Pregnant Women — 2011–12 Influenza Season, United States
- Influenza A (H3N2) Variant Virus-Related Hospitalizations — Ohio, 2012
- Postvaccination Serologic Testing Results for Infants Aged ≤24 Months Exposed to Hepatitis B Virus at Birth — United States, 2008–2011
- Announcements: Final State-Level 2011–12 Influenza Vaccination Coverage Estimates Available Online

WHO: Vaccinate dogs to save human lives – World Rabies Day 2012
On 28 September – World Rabies Day – rabies experts at WHO and around the world are highlighting dog vaccination programmes as the most effective way to reduce the risk of this disease that kills around 50 000 people every year.
September 2012
http://www.who.int/features/2012/world_rabies_day/en/index.html

CDC: World Rabies Day
Raising Rabies Awareness
September 28 is World Rabies Day, a global health observance that seeks to raise awareness about rabies and enhance prevention and control efforts. Co-sponsored by CDC and the Alliance for Rabies Control (ARC) since 2007, World Rabies Day has been celebrated in countries throughout the world, including the U.S.
World Rabies Day is an excellent time to take steps that can help prevent and control rabies, such as vaccinating pets including dogs and cats and providing education on how to avoid the animals that typically transmit rabies: raccoons, bats, skunks, and foxes.
http://www.cdc.gov/worldrabiesday/

The **Weekly Epidemiological Record (WER) for 28 September 2012**, vol. 87, 39 (pp. 369–380) includes:
- Meetings of the WHO working group on surveillance of influenza antiviral susceptibility – Geneva, November 2011 and June 2012
- Meeting of the WHO working group on polymerase chain reaction protocols for detecting subtype influenza A viruses – Geneva, June 2012
- Monthly report on dracunculiasis cases, January–June 2012
http://www.who.int/entity/wer/2012/wer8739.pdf

WHO: Global Alert and Response (GAR)
Disease Outbreak News
Most recent news items
- 29 September 2012
Novel coronavirus infection - update - revised interim case definition
- 28 September 2012
Novel coronavirus infection - update
- 27 September 2012
Ebola outbreak in Democratic Republic of Congo – update
- 25 September 2012
Novel coronavirus infection - update

WHO: Vaccine Reaction Rates Information Sheets

The information sheets on this page provide details on reaction rates of selected vaccines – whether single antigen or combined in a single product. WHO's Immunization, Vaccines and Biologicals department has developed these sheets within its priority area supporting the introduction of vaccines in Member States.

The papers are primarily designed for use by national public health officials and immunization programme managers but may appeal to others interested in such information. Data from these sheets can be used for the evaluation of Adverse Events Following Immunization (AEFI) reported during national immunization programmes, but also for preparing communication materials about specific vaccines.
http://www.who.int/vaccine_safety/initiative/tools/vaccinfosheets/en/index.html

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

[No new relevant content]

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

American Journal of Public Health
Volume 102, Issue 10 (October 2012)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

Annals of Internal Medicine
18 September 2012, Vol. 157. No. 6
http://www.annals.org/content/current
[Reviewed earlier; No relevant content]

British Medical Bulletin
Volume 103 Issue 1 September 2012
http://bmb.oxfordjournals.org/content/current
[Reviewed earlier]

British Medical Journal
29 September 2012 (Vol 345, Issue 7876)
http://www.bmj.com/content/345/7876
[No relevant content]

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 29 September 2012)
http://www.resource-allocation.com/
[No new relevant content]

Emerging Infectious Diseases
Volume 18, Number 10—October 2012
http://www.cdc.gov/ncidod/EID/index.htm
[Reviewed earlier; No relevant content]

Eurosurveillance
Volume 17, Issue 39, 27 September 2012
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Perspectives
I-MOVE: a European network to measure the effectiveness of influenza vaccines
by M Valenciano, BC Ciancio, on behalf of the I-MOVE study team
Since 2007, the European Centre for Disease Prevention and Control (ECDC) has supported I-MOVE (influenza monitoring vaccine effectiveness), a network to monitor seasonal and pandemic influenza vaccine effectiveness (IVE) in the European Union (EU) and European Economic Area (EEA). To set up I-MOVE, we conducted a literature review and a survey on methods used in the EU/EEA to measure IVE and held expert consultations to guide the development of generic protocols to estimate IVE in the EU/EEA. On the basis of these protocols, from the 2008/09 season, I-MOVE teams have conducted multicentre case–control, cohort and screening method studies, undertaken within existing sentinel influenza surveillance systems. The estimates obtained include effectiveness against medically attended laboratory-confirmed influenza and are adjusted for the main confounding factors described in the literature. I-MOVE studies are methodologically sound and feasible: the availability of various study designs, settings and outcomes provides complementary evidence, facilitating the

interpretation of the results. The IVE estimates have been useful in helping to guide influenza vaccine policy at national and European level. I-MOVE is a unique platform for exchanging views on methods to estimate IVE. The scientific knowledge and experience in practical, managerial and logistic issues can be adapted to monitor surveillance of the effectiveness of other vaccines.

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

Globalization and Health
[Accessed 29 September 2012]
http://www.globalizationandhealth.com/
[No new relevant content]

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/9/
[Reviewed earlier]

International Journal of Infectious Diseases
October 2012, Vol. 16, No. 10
http://www.ijidonline.com/
[Reviewed earlier; No relevant content]

JAMA
September 26, 2012, Vol 308, No. 12
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 8 October 15, 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
October 2012, Volume 38, Issue 10
http://jme.bmj.com/content/current
Research ethics
A randomised controlled trial to compare opt-in and opt-out parental consent for childhood vaccine safety surveillance using data linkage
Jesia G Berry, Philip Ryan, Michael S Gold, Annette J Braunack-Mayer, Katherine M Duszynski, for the Vaccine Assessment Using Linked Data (VALiD) Working Group
J Med Ethics 2012;38:619-625 Published Online First: 19 April 2012 doi:10.1136/medethics-2011-100145
Abstract
Introduction No consent for health and medical research is appropriate when the criteria for a waiver of consent are met, yet some ethics committees and data custodians still require informed consent.
Methods A single-blind parallel-group randomised controlled trial: 1129 families of children born at a South Australian hospital were sent information explaining data linkage of childhood

immunisation and hospital records for vaccine safety surveillance with 4 weeks to opt in or opt out by reply form, telephone or email. A subsequent telephone interview gauged the intent of 1026 parents (91%) in relation to their actions and the sociodemographic differences between participants and non-participants in each arm.
Results The participation rate was 21% (n=120/564) in the opt-in arm and 96% (n=540/565) in the opt-out arm ($\chi 2$ (1 df) = 567.7, $p<0.001$). Participants in the opt-in arm were more likely than non-participants to be older, married/de facto, university educated and of higher socioeconomic status. Participants in the opt-out arm were similar to non-participants, except men were more likely to opt out. Substantial proportions did not receive, understand or properly consider study invitations, and opting in or opting out behaviour was often at odds with parents' stated underlying intentions.
Conclusions The opt-in approach resulted in low participation and a biased sample that would render any subsequent data linkage unfeasible, while the opt-out approach achieved high participation and a representative sample. The waiver of consent afforded under current privacy regulations for data linkage studies meeting all appropriate criteria should be granted by ethics committees, and supported by data custodians.
Trial registration number Australian New Zealand Clinical Trials Registry ACTRN12610000332022.

Journal of Medical Microbiology
October 2012; 61 (Pt 10)
http://jmm.sgmjournals.org/content/current
[Reviewed earlier; 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 29, 2012 Volume 380 Number 9848 p1121 - 1202
http://www.thelancet.com/journals/lancet/issue/current
Comment
The Countdown for 2015: what lies ahead?
Zulfiqar A Bhutta, Mickey Chopra
Preview
As the 2015 deadline for achieving the Millennium Development Goals (MDGs) approaches, there is a growing sense of urgency to accelerate progress, especially for reducing child and maternal deaths. The most recent Countdown Report1 suggests that at the present rate of progress 23 (31%) of 75 countries are on track to achieve the MDG 4 target for child survival, whereas only nine (12%) are projected to reach the MDG 5 target for maternal mortality. Other estimates from the Institute of Health Metrics and Evaluation2 suggest that only nine and four of the 75 countries are expected to reach the MDG 4 and MDG 5 targets, respectively, by 2015.
Correspondence
Reducing the global burden of congenital rubella syndrome

Susan E Reef, Susan Y Chu, Stephen L Cochi, Robert Kezaala, Maya van den Ent, Andrea Gay, Ciro de Quadros, Peter M Strebel

Preview

In their Correspondence letter (July 21, p 217),1 F T Cutts and colleagues highlight challenges to rubella vaccination programmes that might arise with GAVI Alliance support for eligible countries to introduce rubella-containing vaccines. We wholeheartedly agree that expansion of rubella vaccination programmes cannot be "business as usual".

Articles

How changes in coverage affect equity in maternal and child health interventions in 35 Countdown to 2015 countries: an analysis of national surveys

Cesar G Victora, Aluisio JD Barros, Henrik Axelson, Zulfiqar A Bhutta, Mickey Chopra, Giovanny VA França, Kate Kerber, Betty R Kirkwood, Holly Newby, Carine Ronsmans, J Ties Boerma

Summary

Background

Achievement of global health goals will require assessment of progress not only nationally but also for population subgroups. We aimed to assess how the magnitude of socioeconomic inequalities in health changes in relation to different rates of national progress in coverage of interventions for the health of mothers and children.

Methods

We assessed coverage in low-income and middle-income countries for which two Demographic Health Surveys or Multiple Indicator Cluster Surveys were available. We calculated changes in overall coverage of skilled birth attendants, measles vaccination, and a composite coverage index, and examined coverage of a newly introduced intervention, use of insecticide-treated bednets by children. We stratified coverage data according to asset-based wealth quintiles, and calculated relative and absolute indices of inequality. We adjusted correlation analyses for time between surveys and baseline coverage levels.

Findings

We included 35 countries with surveys done an average of 9·1 years apart. Pro-rich inequalities were very prevalent. We noted increased coverage of skilled birth attendants, measles vaccination, and the composite index in most countries from the first to the second survey, while inequalities were reduced. Rapid changes in overall coverage were associated with improved equity. These findings were not due to a capping effect associated with limited scope for improvement in rich households. For use of insecticide-treated bednets, coverage was high for the richest households, but countries making rapid progress did almost as well in reaching the poorest groups. National increases in coverage were primarily driven by how rapidly coverage increased in the poorest quintiles.

Interpretation

Equity should be accounted for when planning the scaling up of interventions and assessing national progress.

Funding

Bill & Melinda Gates Foundation; World Bank; Governments of Australia, Brazil, Canada, Norway, Sweden, and UK.

Countdown to 2015: changes in official development assistance to maternal, newborn, and child health in 2009–10, and assessment of progress since 2003

Justine Hsu, Catherine Pitt, Giulia Greco, Peter Berman, Anne Mills

Summary

Background

Tracking of financial resources to maternal, newborn, and child health provides crucial information to assess accountability of donors. We analysed official development assistance (ODA) flows to maternal, newborn, and child health for 2009 and 2010, and assessed progress since our monitoring began in 2003.
Methods
We coded and analysed all 2009 and 2010 aid activities from the database of the Organisation for Economic Co-operation and Development, according to a functional classification of activities and whether all or a proportion of the value of the disbursement contributed towards maternal, newborn, and child health. We analysed trends since 2003, and reported two indicators for monitoring donor disbursements: ODA to child health per child and ODA to maternal and newborn health per livebirth. We analysed the degree to which donors allocated ODA to 74 countries with the highest maternal and child mortality rates (Countdown priority countries) with time and by type of donor.
Findings
Donor disbursements to maternal, newborn, and child health activities in all countries continued to increase, to $6511 million in 2009, but slightly decreased for the first time since our monitoring started, to $6480 million in 2010. ODA for such activities to the 74 Countdown priority countries continued to increase in real terms, but its rate of increase has been slowing since 2008. We identified strong evidence that targeting of ODA to countries with high rates of maternal mortality improved from 2005 to 2010. Targeting of ODA to child health also improved but to a lesser degree. The share of multilateral funding continued to decrease but, relative to bilaterals and global health initiatives, was better targeted.
Interpretation
The recent slowdown in the rate of funding increases is worrying and likely to partly result from the present financial crisis. Tracking of donor aid should continue, to encourage donor accountability and to monitor performance in targeting aid flows to those in most need.
Funding
Bill & Melinda Gates Foundation; World Bank; Governments of Australia, Canada, Norway, Sweden, and the UK.

The Lancet Infectious Disease
Oct 2012 Volume 12 Number 10 p737 – 816 e1
http://www.thelancet.com/journals/laninf/issue/current
Comment
A vaccine to prevent epidemic meningitis in Africa
Brian Greenwood, James M Stuart
Preview
Epidemics of meningococcal meningitis continue to occur at frequent but irregular intervals in countries of the African meningitis belt.1 Most of these large epidemics are caused by meningococci belonging to serogroup A. For the past three decades, control of epidemic meningitis in Africa has relied on reactive vaccination initiated only after the incidence of meningitis in a particular district or region has passed the epidemic threshold.2 This approach has prevented many cases but it has not reduced the frequency of epidemics because the polysaccharide vaccines used in these campaigns are poorly immunogenic in young children, do not induce immunological memory, and have little or no effect on pharyngeal carriage.
Articles

Serogroup A meningococcal conjugate vaccination in Burkina Faso: analysis of national surveillance data

Ryan T Novak, Jean Ludovic Kambou, Fabien VK Diomandé, Tiga F Tarbangdo, Rasmata Ouédraogo-Traoré, Lassana Sangaré, Clement Lingani, Stacey W Martin, Cynthia Hatcher, Leonard W Mayer, F Marc LaForce, Fenella Avokey, Mamoudou H Djingarey, Nancy E Messonnier, Sylvestre R Tiendrébéogo, Thomas A Clark

Summary

Background

An affordable, highly immunogenic Neisseria meningitidis serogroup A meningococcal conjugate vaccine (PsA—TT) was licensed for use in sub-Saharan Africa in 2009. In 2010, Burkina Faso became the first country to implement a national prevention campaign, vaccinating 11·4 million people aged 1—29 years. We analysed national surveillance data around PsA—TT introduction to investigate the early effect of the vaccine on meningitis incidence and epidemics.

Methods

We examined national population-based meningitis surveillance data from Burkina Faso using two sources, one with cases and deaths aggregated at the district level from 1997 to 2011, and the other enhanced with results of cerebrospinal fluid examination and laboratory testing from 2007 to 2011. We compared mortality rates and incidence of suspected meningitis, probable meningococcal meningitis by age, and serogroup-specific meningococcal disease before and during the first year after PsA—TT implementation. We assessed the risk of meningitis disease and death between years.

Findings

During the 14 year period before PsA—TT introduction, Burkina Faso had 148,603 cases of suspected meningitis with 17,965 deaths, and 174 district-level epidemics. After vaccine introduction, there was a 71% decline in risk of meningitis (hazard ratio 0.29, 95% CI 0.28—0.30, p<0·0001) and a 64% decline in risk of fatal meningitis (0.36, 0.33—0.40, p<0·0001). We identified a statistically significant decline in risk of probable meningococcal meningitis across the age group targeted for vaccination (62%, cumulative incidence ratio [CIR] 0.38, 95% CI 0.31—0.45, p<0.0001), and among children aged less than 1 year (54%, 0.46, 0.24—0.86, p=0.02) and people aged 30 years and older (55%, 0.45, 0.22—0.91, p=0.003) who were ineligible for vaccination. No cases of serogroup A meningococcal meningitis occurred among vaccinated individuals, and epidemics were eliminated. The incidence of laboratory-confirmed serogroup A N meningitidis dropped significantly to 0.01 per 100,000 individuals per year, representing a 99.8% reduction in the risk of meningococcal A meningitis (CIR 0.002, 95% CI 0.0004—0.02, p<0.0001).

Interpretation

Early evidence suggests the conjugate vaccine has substantially reduced the rate of meningitis in people in the target age group, and in the general population because of high coverage and herd immunity. These data suggest that fully implementing the PsA—TT vaccine could end epidemic meningitis of serogroup A in sub-Saharan Africa.

Funding

None.

Review

Burden of disease associated with human cytomegalovirus and prospects for elimination by universal immunisation

Paul D Griffiths

Summary

Cytomegalovirus is the most frequent cause of intrauterine infection and the commonest infectious agent to affect allograft recipients, yet the virus is acknowledged rarely as an occupational hazard for women of childbearing age or as a nosocomial infection. The potential role of cytomegalovirus in hastening the death of patients with AIDS, elderly people, individuals admitted to intensive-care units, and the general population is not emphasised. Development of vaccines against this important human pathogen has been delayed by reluctance to initiate proof-of-concept studies, but after recent trials, protection is a distinct possibility.

Cytomegalovirus deserves to be eliminated from selected populations by means of universal immunisation as soon as suitable vaccines become licensed. This action should control disease in neonates and transplant recipients and could provide substantial additional benefits if other disease associations prove to be causal.

Medical Decision Making (MDM)
September–October 2012; 32 (5)
http://mdm.sagepub.com/content/current
[Reviewed earlier]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
September 2012 Volume 90, Issue 3 Pages 417–629
http://onlinelibrary.wiley.com/doi/10.1111/milq.2012.90.issue-3/issuetoc
[No relevant content]

Nature
Volume 489 Number 7417 pp473-596 27 September 2012
http://www.nature.com/nature/current_issue.html
[No relevant content]

Nature Immunology
October 2012, Volume 13 No 10 pp901-1019
http://www.nature.com/ni/journal/v13/n9/index.html
Focus issue:
Checks and Balances in the Immune System
Contents
Editorial
Commentary
Reviews
Research Highlights
Immune cells drive a potent response after encounter with a pathogen. Nature Immunology presents a series of specially commissioned articles that discuss the metabolic requirements of immune responses and the regulatory circuits that balance eradication of the pathogen with minimal collateral damage to the host.

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
October 2012 Vol 12 No 10
http://www.nature.com/nri/journal/v12/n9/index.html
[No relevant content]

New England Journal of Medicine
September 27, 2012 Vol. 367 No. 13
http://content.nejm.org/current.shtml
Review Article
Current Concepts: Hepatitis E
J.H. Hoofnagle, K.E. Nelson, and R.H. Purcell
Hepatitis E may be the most common cause of acute hepatitis in the world, occurring primarily in developing countries but increasingly recognized in developed countries. It can have striking clinical manifestations, including acute-on-chronic liver failure and neurologic complications

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
October 2012 - Volume 31 - Issue 10 pp: 9-1105,e176-e188
http://journals.lww.com/pidj/pages/currenttoc.aspx
Evolving Picture of Invasive Pneumococcal Disease in Massachusetts Children: A Comparison of Disease in 2007–2009 With Earlier Periods
Yildirim, Inci; Stevenson, Abbie; Hsu, Katherine K.; Pelton, Stephen I.
Pediatric Infectious Disease Journal. 31(10):1016-1021, October 2012.
doi: 10.1097/INF.0b013e3182615615
Abstract:
Background: As expected, the heptavalent pneumococcal conjugate vaccine (PCV7) had a significant impact on invasive pneumococcal disease (IPD) in children. In addition to the substantial decline in IPD, increased disease due to nonvaccine serotypes and a changing clinical presentation emerged. The objective of this study is to describe these trends in IPD in the late PCV7-era.
Methods: We report on continued, prospective, population-based surveillance of childhood IPD in Massachusetts children during the period 2007 to 2009 and make comparisons with the earlier 2001 to 2006 PCV7-era. Demographic and clinical data were collected for all cases. Streptococcus pneumoniae isolates from normally sterile sites were serotyped and further

evaluated using antimicrobial susceptibility testing, multilocus sequence typing and eBURST analysis. IPD incidence rates are calculated by age, year and serotype.

Results: There were 326 cases of IPD between 2007 and 2009 in children < 18 years of age. Overall IPD incidence rate was 7.5 cases per 100,000 population and was not statistically different from the observed incidence in 2001 to 2006 ($P > 0.05$). As compared with the earlier period, the proportion of bacteremic pneumonia among all IPD cases was almost 3-fold greater in 2009 to 2010 ($P < 0.01$). PCV7 serotypes accounted for 7%, whereas the 13-valent pneumococcal conjugate vaccine serotypes accounted for 77% of all cases between 2007 and 2009. IPD due to serotypes 19A and 7F increased, and 19A and 7F were isolated in 41% and 20% of all IPD cases in the same period, respectively. Serotype 19A also comprised a majority of the penicillin- and ceftriaxone-resistant isolates. Analysis of multilocus sequence typing data showed a significant increase in ST191, ST695 and ST320 and a significant decrease in ST199 and ST180.

Conclusions: The reduction in IPD after introduction of PCV7 persists in Massachusetts children; however, serotypes causing IPD have changed significantly in the last decade. Continued surveillance is necessary to determine the impact of 13-valent pneumococcal conjugate vaccine, as well as track potential changes in disease incidence and character due to non–13-valent pneumococcal conjugate vaccine serotypes.

Pediatrics
September 2012, VOLUME 130 / ISSUE 3
http://pediatrics.aappublications.org/current.shtml
[Reviewed earlier]

Pharmacoeconomics
October 1, 2012 - Volume 30 - Issue 10 pp: 859-980
http://adisonline.com/pharmacoeconomics/pages/currenttoc.aspx
[Reviewed earlier]

PLoS One
[Accessed 29 September 2012]
http://www.plosone.org/article/browse.action;jsessionid=577FD8B9E1F322DAA533C413369CD6F3.ambra01?field=date

Fatigue and Fear with Shifting Polio Eradication Strategies in India: A Study of Social Resistance to Vaccination

Rashid S. Hussain, Stephen T. McGarvey, Tabassam Shahab, Lina M. Fruzzetti Resistance to Vaccination Fatigue and Fear with Polio
PLoS ONE: Research Article, published 26 Sep 2012 10.1371/journal.pone.0046274
Abstract
Shifting polio eradication strategies may have generated fear and "resistance" to the eradication program in Aligarh, India during the summer of 2009. Participant observation and formal interviews with 107 people from May to August 2009 indicated that the intensified frequency of vaccination was correlated with patients' doubt in the efficacy of the vaccine. This doubt was exacerbated in a few cases as families were uninformed of the use of monovalent mOPV1, while P3 cases continued to occur. Many families had also come to believe that their children

had been adversely affected by OPV after being told the vaccine carried no risk. Though polio is now largely eradicated in India, with only a single case in 2011, greater transparency about changes with vaccination policy may need to be considered to build trust with the public in future eradication programs.

PLoS Medicine
(Accessed 29 September 2012)
http://www.plosmedicine.org/article/browse.action?field=date
Who Sets the Global Health Research Agenda? The Challenge of Multi-Bi Financing
Devi Sridhar Essay, published 25 Sep 2012
doi:10.1371/journal.pmed.1001312
Summary Points
- A major challenge in the governance of research funding is agenda-setting, given that the priorities of funding bodies largely dictate what health issues and diseases are studied.
- The challenge of agenda-setting is a consequence of a larger phenomenon in global health —"multi-bi financing."
- Multi-bi financing refers to the practice of donors choosing to route non-core funding—earmarked for specific sectors, themes, countries, or regions—through multilateral agencies such as the World Health Organization (WHO) and the World Bank and to the emergence of new multistakeholder initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance.
- These new multistakeholder initiatives have five distinct characteristics: a wider set of stakeholders that include non-state institutions, narrower problem-based mandates, financing based on voluntary contributions, no country presence, and legitimacy based on effectiveness, not process.
- The shift to multi-bi financing likely reflects a desire by participating governments, and others, to control international agencies more tightly.

The World Health Report 2012 That Wasn't
The PLOS Medicine Editors
Editorial, published 25 Sep 2012
doi:10.1371/journal.pmed.1001317
A year and a half ago, PLOS Medicine announced a collaboration with the World Health Organization (WHO), inviting submission of articles to PLOS Medicine on the theme of "no health without research" [1]. That call for papers was intended to culminate in an open-access collection of original research and commentary articles to coincide with the launch in 2012 of a World Health Report on the same topic. The collection was to focus on eight key areas (detailed in [1]) relating to how countries can strengthen their health research systems, to better inform healthcare delivery and policymaking. The importance of a strategic, evidence-informed approach, particularly for low- and middle-income countries, is highlighted in a statement made at the 2008 Global Ministerial Forum on Research for Health, in Bamako, Mali, that "Countries don't need a national airline, but they do need a national health research strategy" [2].
The collection (available at http://www.ploscollections.org/whr2012) has been continually updated throughout 2011 and 2012, and includes articles published across the PLOS journals. It includes a wealth of studies and commentary that, for example, reflect countries' experiences with establishing and maintaining robust research systems such as developing evidence-based priority setting for maternal, neonatal, and child health in Africa [3]; the creation of regional vaccine research networks in Asia [4]; and the evaluation of research capacity strengthening

programmes in low- and middle-income countries [5]. The collection also includes four commissioned pieces from leading scholars in the area that contextualize and critically reflect on the intended theme of the 2012 World Health Report [2],[6],[7],[8].

In light of the interest in the collection, it is disappointing to learn now that the 2012 World Health Report will not exist, at least as originally envisaged. Communications to WHO staff on behalf of the Director-General Margaret Chan reveal that the report has been delayed until 2013. The original webpage describing the intended report has been removed and replaced by a new page that notes the report's focus will now be oriented towards "the contributions of research to universal health coverage" [9]. The reasons for these delays and for the changes in scope of WHO's flagship publication, are unclear. Previous World Health Reports, for example the 2000 edition on "Health Systems: Improving Performance," described as "an act of remarkable courage" [10], have represented bold political statements. Most notably, the 2000 Report, which ranked nations' health systems performance (to the delight or ire of many countries) has subsequently been described as leaving a clear legacy—for example, in stimulating critical research and filling data gaps on the performance of health systems [10]. At this stage the scope of the forthcoming Report is still vague, and linkages to the 2010 Report on Health Systems Financing are not yet apparent based on information in the public domain [9]. However, we look forward to seeing how the forthcoming Report develops, and hope that this publication makes a similarly bold and influential contribution as previous Reports have done.

We are proud of the papers that we have published as part of the current collection. PLOS would like to thank the authors who have responded enthusiastically to our call for papers and enabled us to publish such a diverse and incisive range of research and commentary reflecting the original theme of our collaboration with WHO [1]. While the 2012 World Health Report will not appear as previously envisioned, the WHO/PLOS Collection on "No Health Without Research," now closed to new submissions, remains an important resource for investigators, policy makers, and other readers, reflecting the original intentions of both WHO and PLOS.

PLoS Neglected Tropical Diseases
September 2012
http://www.plosntds.org/article/browseIssue.action

A Long Neglected World Malaria Map: Plasmodium vivax Endemicity in 2010

Peter W. Gething, Iqbal R. F. Elyazar, Catherine L. Moyes, David L. Smith, Katherine E. Battle, Carlos A. Guerra, Anand P. Patil, Andrew J. Tatem, Rosalind E. Howes, Monica F. Myers, Dylan B. George, Peter Horby, Heiman F. L. Wertheim, Ric N. Price, Ivo Müeller, J. Kevin Baird, Simon I. Hay

Abstract
Background
Current understanding of the spatial epidemiology and geographical distribution of Plasmodium vivax is far less developed than that for P. falciparum, representing a barrier to rational strategies for control and elimination. Here we present the first systematic effort to map the global endemicity of this hitherto neglected parasite.
Methodology and Findings
We first updated to the year 2010 our earlier estimate of the geographical limits of P. vivax transmission. Within areas of stable transmission, an assembly of 9,970 geopositioned P. vivax parasite rate (PvPR) surveys collected from 1985 to 2010 were used with a spatiotemporal Bayesian model-based geostatistical approach to estimate endemicity age-standardised to the

1–99 year age range (PvPR1–99) within every 5×5 km resolution grid square. The model incorporated data on Duffy negative phenotype frequency to suppress endemicity predictions, particularly in Africa. Endemicity was predicted within a relatively narrow range throughout the endemic world, with the point estimate rarely exceeding 7% PvPR1–99. The Americas contributed 22% of the global area at risk of P. vivax transmission, but high endemic areas were generally sparsely populated and the region contributed only 6% of the 2.5 billion people at risk (PAR) globally. In Africa, Duffy negativity meant stable transmission was constrained to Madagascar and parts of the Horn, contributing 3.5% of global PAR. Central Asia was home to 82% of global PAR with important high endemic areas coinciding with dense populations particularly in India and Myanmar. South East Asia contained areas of the highest endemicity in Indonesia and Papua New Guinea and contributed 9% of global PAR.
Conclusions and Significance
This detailed depiction of spatially varying endemicity is intended to contribute to a much-needed paradigm shift towards geographically stratified and evidence-based planning for P. vivax control and elimination.

PNAS - Proceedings of the National Academy of Sciences of the United States of America
(Accessed 29 September 2012)
http://www.pnas.org/content/early/recent
[No new relevant content]

Public Health Ethics
Volume 5 Issue 2 July 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
28 September 2012 vol 337, issue 6102, pages 1573-1716
http://www.sciencemag.org/current.dtl
[No relevant content]

Science Translational Medicine
26 September 2012 vol 4, issue 153
http://stm.sciencemag.org/content/current
[No relevant content]

Vaccine
Volume 30, Issue 45 pp. 6341-6508 (5 October 2012)
http://www.sciencedirect.com/science/journal/
[Reviewed earlier]

Vaccine: Development and Therapy
(Accessed 29 September 2012)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Value in Health
Vol 15 | No. 6 | September-October 2012 | Pages 791-990
http://www.valueinhealthjournal.com/current
[No relevant content]

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 29 September 2012
[No new unique, relevant content]

Financial Times
http://www.ft.com
Accessed 29 September 2012
September 27, 2012
Vaccines: Nowhere left to hide

...companies working on different types of vaccine – and related immunotherapy – to treat...disease. This type of "preventive vaccine" does have a role in cancer, blocking...that can lead to cancer. Hepatitis B vaccine, commercially available for 30 years... By Clive Cookson

Forbes
http://www.forbes.com/
Accessed 29 September 2012
[No new unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
September/October 2012 Volume 91, Number 5
Accessed 29 September 2012
[No new unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 29 September 2012]
[No new unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 29 September 2012
[No new unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 29 September 2012
The Big Push
Posted: 09/24/2012 11:40 am
Arianna Huffington
Extract
"…In fact, with the launch today of The Big Push campaign -- co-sponsored by The Global Fund and The Huffington Post -- this might be more than a thought exercise (except for Bill Gates going back to Microsoft). That's because the progress that's been made against these diseases in only the last 10 years has been so staggering that we may actually be in sight of the day when no child is born with HIV, nobody dies of malaria and we stop the spread of tuberculosis…"

New Yorker
http://www.newyorker.com/
Accessed 29 September 2012
[No new unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 29 September 2012
Editorial

An Unfinished Campaign Against Polio
Published: September 28, 2012

Leaders of the global fight to eradicate polio vowed at the United Nations on Thursday to step up their efforts to eliminate the virus from the three countries where the disease still has a foothold — Afghanistan, Pakistan and Nigeria. The challenge is that those countries are troubled by political unrest, violence and social customs that can interfere with the delivery of vaccines to the children and adults who need protection.

Polio erupted in frightening epidemics around the world during the 20th century and crippled or killed hundreds of thousands of victims a year. There is no cure, but vaccines eliminated the virus from advanced countries and relegated it to poorer regions of the world.
In 1988, a global campaign was organized by public and private organizations to eradicate the disease. It has been an enormous success. At its start, more than 350,000 children were paralyzed each year in more than 125 countries. This year, only 145 cases have been reported, and the disease remains endemic in only three countries.

Afghanistan pushed down the number of cases to 17 so far this year from 80 last year. Pakistan drove its polio burden down to 30 cases as of mid-August, but has run into difficulties because of opposition from the Taliban and Muslim religious leaders who depict vaccination campaigns as a cover for espionage. Nigeria experienced a drop in cases in 2010 followed by an upsurge to 84 cases this year, mostly in areas where militant groups are fighting and people distrust Western vaccines.

Ban Ki-moon, the secretary-general of the United Nations, said he would enlist agencies of the United Nations to make eradication a top priority this year. Ridding the world of polio should be a crucial part of a broad campaign to immunize all children against infectious diseases.
http://www.nytimes.com/2012/09/29/opinion/an-unfinished-campaign-against-polio.html

Editorial

A Duty of Health Care Workers
Published: September 27, 2012

Health care workers should know better than anyone that it is important to get vaccinated against the flu virus to protect their own health and prevent the possibility of infecting patients. There were some encouraging signs in an analysis issued Thursday by the Centers for Disease Control and Prevention that doctors and nurses are beginning to get the message. But other health care workers — a broad group that includes clinical personnel like nurse practitioners and physician assistants and various nonprofessional aides and assistants — show remarkable indifference to performing what ought to be considered their civic duty.

The C.D.C. survey found that 67 percent of all health care workers were vaccinated during the 2011-12 flu season, up slightly from 64 percent the season before. Looking back over the past three seasons, the C.D.C. found that the percentage of physicians getting flu vaccine rose from 81 to 86 percent; the percentage of nurses jumped from 69 to 80 percent. Those rates don't meet the national goal of 90 percent, but they are headed in the right direction.

Vaccination rates for other health care personnel remained roughly similar for all three years, in the low-60 percent range. Most disturbing, excluding doctors and nurses, only about half of the workers in long-term care facilities, which treat patients at high risk of complications if they get the flu, got vaccinated last season. When respondents were asked why they were not vaccinated, the most common reasons were a belief that they did not need it, concern about whether the vaccine was effective and worries about side effects.

Vaccinations of health care personnel should be required, either by state laws or by employers. The survey found that 95 percent of workers in hospitals that required vaccinations got them, compared with only 68 percent of those in hospitals without such a rule.

Even without making it mandatory, employers can make a difference by promoting vaccination through educational campaigns, by providing incentives and making vaccine easily available at no cost. Some 75 percent of workers whose institutions promoted vaccination got the flu vaccine. Employers need to press more of their workers to do so.
http://www.nytimes.com/2012/09/28/opinion/health-care-workers-have-a-duty-to-get-vaccinated.html?ref=opinion

Wall Street Journal
http://online.wsj.com/home-page
Accessed 29 September 2012
[No new unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 29 September 2012
[No new unique, relevant content]

Twitter Watch *[accessed 29 September 2012 16:46]*
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.

GAVI Alliance @GAVIAlliance
It's live! Video of @TheGPP CEO Hugh Evans and @GAVISeth talking about vaccines, equity, polio & more: http://ht.ly/e5Fly #vaccineswork
10:50 AM - 29 Sep 12

WHO @WHO
.@WHO does not advise special screening at airports, seaports, etc with regard to this new #coronavirus http://goo.gl/eKPJD
10:22 AM - 29 Sep 12

UN Foundation @unfoundation
Did you miss the action at the Social Good Summit? No worries we have all the [Video] highlights here: http://bit.ly/SiMwIJ #SGSglobal
2012 Social Good Summit
1:26 PM - 28 Sep 12

WHO @WHO
Every year, more than 20m people worldwide are vaccinated against rabies after being bitten. http://goo.gl/2lL05
5:44 AM - 28 Sep 12

WHO @WHO
Potentially dog rabies threatens over 3b people in Asia and Africa where more than 95% of human deaths occur. http://goo.gl/2lL05
5:33 AM - 28 Sep 12

WHO @WHO
Dog vaccination programmes are the most effective way to reduce the risk of rabies.
http://goo.gl/2lL05
5:24 AM - 28 Sep 12

United Nations @UN
Vaccinate dogs to save human lives – Friday is #WorldRabiesDay. Details from @WHO:
http://j.mp/OXRsHt
Retweeted by PAHO/WHO
3:00 PM - 27 Sep 12

Seth Berkley @GAVISeth
Great meeting this AM with Liberian President Ellen Johnson Sirleaf who is prioritizing children & will work on improving vaccine coverage
11:56 AM - 27 Sep 12

Seth Berkley @GAVISeth
Amazing high level meeting on Polio at UN with Presidents of Nigeria, Pakistan & Afghanistan with Bill Gates, Aust. PM, UNSG and US Sec HHS
11:50 AM - 27 Sep 12

* * * *

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.*

* * * *