

Center for Vaccine Ethics and Policy

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Vaccines: The Week in Review 17 November 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

David R. Curry, MS

Editor and

Executive Director

Center for Vaccine Ethics & Policy

david.r.curry@centerforvaccineethicsandpolicy.org

WHO: Global Alert and Response (GAR) - Yellow fever in Sudan

13 November 2012 - The Federal Ministry of Health (FMOH) in Sudan has notified WHO of a yellow fever outbreak affecting 23 localities in Greater Darfur. As of 11 November 2012, a total of 329 suspected cases including 97 deaths were reported from this outbreak. Central and South Darfur have reported most of the suspected cases.

Laboratory confirmation was conducted by WHO regional reference laboratory for yellow fever, the Institut Pasteur in Dakar, Senegal, on two samples which tested positive for yellow fever by IgM ELISA test and RT-PCR Differential diagnosis for other flavivirus was negative.

WHO is supporting the FMOH and other partners in the epidemiological investigation and response to the outbreak. Ongoing activities include strengthening of epidemiological surveillance, conducting entomological assessment and standardizing clinical case management. Community leaders are also being mobilized to support with raising awareness on yellow fever in the affected localities.

The government of Sudan has requested the International Coordinating Group on Yellow Fever Vaccine Provision (YF-ICG) to provide support for a reactive mass vaccination campaign. The YF-ICG has approved of 2.4 million doses of vaccine, which is expected to arrive in the country shortly. Sudan, with support from WHO, is expected to start the emergency mass vaccination campaign in the affected areas in order to protect the at-risk populations and stop the spread of the disease.

The YF-ICG consists of representatives from United Nations Children's Fund (UNICEF), Médecins sans Frontières (MSF) and the International Federation of Red Cross and Red Crescent Societies (IFRC) and WHO, which also serves as its Secretariat.

http://www.who.int/csr/don/2012_11_13/en/index.html

Media Release: *Revolutionary meningitis vaccine breaks another barrier; first to gain approval to travel outside cold chain*

14 November 2012

The Meningitis Vaccine Project (MVP) – a partnership between PATH and the WHO to eliminate epidemic meningitis as a public health problem in sub-Saharan Africa – announced at the American Society of Tropical Medicine and Hygiene (ASTMH) conference that regulatory authorities, after conducting a rigorous review of stability data, will for the first time allow a vaccine in Africa to be transported and stored for as long as four days without refrigeration or even an icepack.” The vaccine involved is MenAfriVac, created to meet the needs of Africa’s meningitis belt, and the regulatory action means that the vaccine can now be kept in a controlled temperature chain (CTC) at temperatures of up to 40°C for up to four days, a decision that could help increase campaign efficiency and coverage and save funds normally spent maintaining the challenging cold chain during the “last mile” of vaccine delivery.

The outcome of the review and decisions of the Drugs Controller General of India (DCGI), supported by a Health Canada analysis and confirmed by WHO Vaccines Pre-qualification Programme. Michel Zaffran, director of Optimize, the PATH-WHO collaboration aimed at improving immunization systems and technologies, said, “The potential for some vaccines to remain safely outside the cold chain for short periods of time has been widely known for over 20 years. But this is the first time that a vaccine intended for use in Africa has been tested and submitted to regulatory review and approved for this type of use. And we expect this announcement to build momentum for applying the CTC concept to other vaccines and initiatives, allowing us to save more lives in low-income countries.”

More at: http://www.who.int/immunization/newsroom/menafrivac_20121114/en/index.html

WHO SAGE: Meeting Summary 6-8 November 2012

[Full text]

IPV recommended for countries to mitigate risks and consequences associated with OPV2 withdrawal

In May 2012, the World Health Assembly declared the completion of polio eradication a programmatic emergency for global public health and requested the Director-General to rapidly finalize a comprehensive eradication and endgame strategy for the period 2013-2018. The draft strategic plan and current status of the global polio eradication programme were presented to SAGE. Noting the substantive progress made in implementing polio emergency action plans in the remaining polio infected countries, detailed attention to oral polio vaccine (OPV) campaign planning in the field, and new evidence in improving performance, SAGE was alarmed by the considerable funding shortfalls at a time when eradication is in sight, with OPV campaigns already cancelled or scaled back in over 25 high risk countries in 2012.

SAGE endorsed the four major objectives and milestones in the new strategic plan. SAGE also recommended that all countries should introduce at least one dose of inactivated polio vaccine (IPV) in their routine immunization programmes to mitigate the risks and consequences associated with the eventual withdrawal of the type 2 component of OPV (OPV2). SAGE will review progress on achieving the pre-requisites for OPV2 withdrawal, including the availability of affordable IPV products, every six months to ensure the earliest possible date for OPV2

withdrawal but with sufficient advance notification to ensure programmatic readiness and vaccine availability.

SAGE reviewed and endorsed the monitoring and evaluation/accountability framework for the Decade of Vaccines Global Vaccine Action Plan (GVAP). A SAGE working group is being established to review progress in rolling out the GVAP and will submit annual reports to SAGE. Following SAGE's input, the report will then be submitted to the WHO Executive Board and the World Health Assembly for discussion.

SAGE commended countries for the progress made in globally reducing measles mortality. While the Region of the Americas has achieved measles and rubella elimination and the Western Pacific region is close to interrupting endemic measles transmission, current data indicate that global and regional elimination targets for 2015 and 2020 will not be achieved on time. SAGE urges the South-East Asia region to establish a measles elimination goal and for the regions of Africa, Eastern Mediterranean, South-East Asia and Western Pacific to work towards establishing regional rubella elimination goals. SAGE also endorsed the Global Measles and Rubella Strategic Plan for 2012-2020 and recommended the full implementation of key strategies in a manner that elicits country ownership, strengthens routine immunization system, promotes equity and reinforces linkages with polio eradication and other health programmes.

SAGE welcomed the framework on Vaccination in Humanitarian Emergencies, which provides an objective approach to decision making and closes an existing gap on the use of vaccination in humanitarian emergencies. SAGE endorsed the framework and proposed some suggestions to be incorporated in the final document including piloting the framework before finalization.

SAGE noted that Middle Income Countries (MIC) representing a population of 5 billion now have the greatest proportion of the world's poor. In addition, many of these countries are not eligible for GAVI Alliance funding or support and are lagging behind in their ability to sustainably introduce new vaccines. Reasons for this are broader than just prices and procurement of vaccines, and include equity, sustainability, capacity building and partner support. As the approach from all organizations to assist MICs is currently fragmented and incomplete, SAGE requested WHO to establish a task force to coordinate an inclusive stakeholder engagement mechanism to create an enabling environment and assist MICs.

The report of the meeting will be published in the WHO Weekly Epidemiological Record on 4 January 2013. The meeting documents, including presentations and background readings can be found here: [SAGE november 2012 meeting documentation](http://www.who.int/immunization/sage/meetings/2012/november/news_sage_ipv_opv_nov2012/en/index.html)
http://www.who.int/immunization/sage/meetings/2012/november/news_sage_ipv_opv_nov2012/en/index.html

Media Release: SK Chemicals and International Vaccine Institute sign MOU on Typhoid Vaccine Development and Supply

Seoul, October 9, 2012

Under the terms of the MOU, SK Chemicals and IVI will exchange their technology for the development of a Typhoid vaccine and will collaborate on future clinical studies and application for the prequalification from the WHO. SK Chemicals will manufacture and supply about 10 million doses of the Typhoid vaccine to developing countries through the United Nations Children's Fund (UNICEF).

More at: http://www.ivi.org/web/www/07_01?

[p_p_id=EXT_BBS&p_p_lifecycle=0&p_p_state=normal&p_p_mode=view&EXT_BBS_struts_action=%2Fext%2Fbbs%2Fview_message&EXT_BBS_messageId=465](http://www.ivi.org/web/www/07_01?p_p_id=EXT_BBS&p_p_lifecycle=0&p_p_state=normal&p_p_mode=view&EXT_BBS_struts_action=%2Fext%2Fbbs%2Fview_message&EXT_BBS_messageId=465)

Update: Polio this week - As of 14 Nov 2012

Global Polio Eradication Initiative

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

[Editor's Extract]

- The Strategic Advisory Group of Experts on immunization (SAGE) met last week in Geneva, Switzerland. During this meeting, the draft polio eradication and endgame strategy for 2013-2018 and current status of the global polio eradication programme were presented to SAGE. Substantial progress has been made in implementing polio emergency action plans in the remaining polio-infected countries, detailed attention to oral polio vaccine (OPV) campaign planning in the field, and new evidence in improving performance. SAGE was alarmed, however, by the considerable funding shortfalls at a time when eradication is in sight.
- SAGE endorsed the four major objectives and milestones in the new strategic plan. SAGE also recommended that all countries should introduce at least one dose of inactivated polio vaccine (IPV) in their routine immunization programmes to mitigate the risks and consequences associated with the eventual withdrawal of the type 2 component of OPV (OPV2). SAGE will review progress on achieving the pre-requisites for OPV2 withdrawal, including the availability of affordable IPV products, every six months to ensure the earliest possible date for OPV2 withdrawal but with sufficient advance notification to ensure programmatic readiness and vaccine availability.

Pakistan

- Six new WPV cases were reported in the past week (one WPV1 from Federally Administered Tribal Areas - FATA - and five WPV1s from Khyber Pakhtunkhwa - KP), bringing the total number of cases for 2012 to 54. The most recent case was one of the newly reported WPV1 cases from KP with onset of paralysis on 27 October.
- In addition to transmission of WPV, the country is also responding to a cVDPV2 outbreak (five cases, all from the greater Quetta area of Balochistan). The most recent NIDs held in October had been conducted with trivalent OPV.
- Initial data from the October NIDs indicates overall good progress achieved, including in key reservoir areas. Efforts to engage all levels of civil society are continuing, including through the distribution of 6.5 million SMS messages during the three-day campaign in polio reservoir areas.

Horn of Africa

- Efforts are continuing to stop an ongoing cVDPV2 outbreak in Kenya and parts of Somalia (in a Somali refugee camp in Dadaab, Kenya, and Kismayo, south-central Somalia).
- Immunizations of older age groups have taken place in Dadaab. In Somalia, campaigns have been conducted in border areas with Kenya and Ethiopia, and in some areas of central Somalia (access allowing).
- Across the region, OPV continues to be added to broader humanitarian response activities.

[Editor's Note: The Global Fund made a series of announcements last week, including the appointment of a new Executive Director. Excerpt's from the five media releases are presented below]

Global Fund Appoints Mark Dybul as Executive Director

15 November 2012

GENEVA – The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria today appointed as its new Executive Director Ambassador Mark R. Dybul, a former United States Global AIDS Coordinator.

Dr. Dybul is widely recognized as a visionary leader on global health for his role in helping create and then lead the President's Emergency Program for AIDS Relief, known as PEPFAR, which has been highly effective in helping limit and reverse the growth of HIV infection worldwide. Trained as a medical doctor with a specialty in immunology, he became an expert on AIDS as a clinician, a scientist and as a strategically minded administrator.

"Mark Dybul is a true leader, who can take the Global Fund to the next level," said Simon Bland, Board Chair of the Global Fund. "He has a really impressive vision of how to achieve global health goals. He is passionate, energetic and focused."

Dr. Dybul currently co-directs the Global Health Law Program at the O'Neill Institute for National and Global Health Law at Georgetown University, where he is also a Distinguished Scholar...

...Dr. Dybul may be best known for playing a key role in creating, and later leading, PEPFAR - the largest global health initiative ever undertaken to address a single disease, which is widely credited with helping reverse the trend of AIDS, reducing new infection in many countries.

...Dr. Dybul also has deep knowledge of implementation of programs to treat and prevent AIDS, TB and malaria in developing countries, and has experience working with health administrators at many levels, especially in Africa.

In addition, he currently serves as a director on numerous executive and advisory boards of health organizations, including Malaria No More, the Elizabeth Glaser Pediatric AIDS Foundation, the Children's Investment Fund Foundation and the Global Business Coalition for Health.

In addition to the medical degree he earned from Georgetown University School of Medicine, he has received honorary doctorates from Georgetown and from the University of San Francisco.

<http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-11-15-Global-Fund-Appoints-Mark-Dybul-as-Executive-Director/>

Global Fund Board Decides on Transition to New Approach for Funding Grants

15 November 2012

GENEVA – The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria today voted to start an immediate transition to a new approach to funding grants by investing additional money in health programs that are poised to achieve the quickest impact.

A new funding model is designed to significantly improve the way the Global Fund invests in health programs, 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.

The framework for the new funding model was adopted by the Board in September. Today, the Board decided on additional aspects, including a transition to the new funding model starting in 2013.

Special consideration will be given to countries applying with programs that are, among other things, underfunded over the 2013-2014 period or at risk of service interruptions, as well as programs in a position to achieve rapid impact...

...The new system will rely on country dialogue to inform a process that leads to submitting a concept note, as well as 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.

http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-11-15_Global_Fund_Board_Decides_on_Transition_to_New_Approach_for_Funding_Grants/

Board Approves Integration of AMFm into Core Global Fund Grant Processes

15 November 2012

GENEVA – The Global Fund Board decided to integrate the Affordable Medicines Facility - malaria (AMFm) into core Global Fund grant management and financial processes, following an orderly transition period in 2013. The decision was reached after extensive consultations with implementers, technical partners and donors about lessons learned from a pilot phase of AMFm.

The AMFm was created to improve access to artemisinin-based combination therapies (ACTs), the most effective anti-malaria treatment. The AMFm pilot phase was launched in April 2009 and began operations in July 2010. As demonstrated by an independent evaluation, it increased availability and drove down the price of ACTs through a factory-gate subsidy on behalf of buyers in pilot countries, combined with measures to support the safe and effective scale-up of access to ACTs. The pilot phase ends on 31 December 2012.

During a transition period in 2013, the lessons learned from the operations and resourcing of Phase 1 of the AMFm, such as manufacturer negotiations and the co-payment mechanism, will be integrated into core Global Fund processes. At its September 2012 meeting, the Board extended the Global Fund's mandate to host the AMFm until 31 December 2013 in order to ensure that access to quality-assured ACTs is not disrupted during the transition phase.

Under the new, integrated model, eligible countries will be able to allocate funding from their core Global Fund grants and determine how the money should be spent. Following an assessment by technical partners, the AMFm model may be further modified to include malaria rapid diagnostic tests (RDTs)...

http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-11-15_Board_Approves_Integration_of_AMFm_into_Core_Global_Fund_Grant_Processes/

Global Fund Terminates the Employment of Inspector General

15 November 2012

GENEVA – The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria announced today that it had decided to terminate the employment of its Inspector General, John Parsons. The Board decision came after a careful review of his performance, which was found to be unsatisfactory.

Mr. Parsons was responsible for overseeing audits and investigations by the Office of the Inspector General, whose mission is to provide the Global Fund with independent and objective assurance over the design and effectiveness of controls in place to manage risks affecting programs supported by the Global Fund...

http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-11-15_Global_Fund_Terminates_the_Employment_of_Inspector_General/

Statement on Investigation in Cambodia

14 November 2012

An investigation by the Global Fund's Office of the Inspector General into grants in Cambodia uncovered credible and substantive evidence of serious financial wrongdoing, on procurement and other issues. Immediate action has been taken to protect the health of people supported by Global Fund grants in Cambodia, by adopting safeguards in procurement, financing and

management. The Global Fund and country stakeholders are also considering potential changes in implementer arrangements.

The evidence of wrongdoing uncovered by the Global Fund does not diminish the striking successes and impact that Global Fund grants have helped achieve through programs implemented by health officials, civil society organizations and partners in Cambodia. Recently-completed program reviews show an 80 percent decline in malaria deaths over the last decade, and a 43 percent fall in TB prevalence over the same period. These impressive gains, reflecting the hard work and dedication of health workers, civil society and partner organizations, are gaining global recognition...

http://www.theglobalfund.org/en/mediacenter/announcements/2012-11-14_Statement_on_Investigation_in_Cambodia/

The **Weekly Epidemiological Record (WER) for 16 November 2012**, vol. 87, 45 (pp. 449–460) includes:

- Outbreak news: Yellow fever, Sudan
- Validation of elimination: maternal and neonatal tetanus in Burkina Faso, 2012

<http://www.who.int/entity/wer/2012/wer8746.pdf>

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: Counterfeit and/or Falsely-Labeled Medical Products

WHO and the Ministry of Health of Argentina

This is described as “the first global meeting of Member States to focus on counterfeit and/or falsely labeled medical products. The encounter will take place in Buenos Aires from 19 to 21 November 2012 with the presence of WHO Director-General Dr. Margaret Chan and experts and staff from more than 70 countries.”

http://new.paho.org/hq/index.php?option=com_content&view=article&id=7467%3Afuncionarios-y-expertos-debaten-en-cumbre-mundial-de-la-oms-sobre-falsificacion-de-medicamentos&catid=740%3Anews-press-releases&Itemid=1926&lang=en

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 12 (December 2012)

<http://ajph.aphapublications.org/toc/ajph/current>

[Reviewed earlier; No relevant content]

Annals of Internal Medicine

6 November 2012, Vol. 157. No. 9

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

[Reviewed earlier]

BMC Public Health

(Accessed 17 November 2012)

<http://www.biomedcentral.com/bmcpublichealth/content>

Research article

[The effect of physician's recommendation on seasonal influenza immunization in children with chronic diseases](#)

Elisabetta Pandolfi, Maria Giulia Marino, Emanuela Carloni, Mariateresa Romano, Francesco Gesualdo, Piero Borgia, Roberto Carloni, Alfredo Guarino, Antonietta Giannattasio, Alberto E Tozzi BMC Public Health 2012, 12:984 (15 November 2012)

Open Access

Abstract (provisional)

Background

Despite recommendations by Health Authorities, influenza immunization coverage remains low in children with chronic diseases. Different medical providers involved in the management of children with chronic conditions may affect the pattern of influenza vaccine recommendations and coverage. The likelihood of vaccination by type of provider in children with chronic conditions is poorly understood. Therefore, the objectives of this study were to analyze the pattern and the effect of recommendations for seasonal influenza immunization provided by different physician profiles to families of children with chronic diseases and to measure the frequency of immunization in the study population

Methods

We recruited children with chronic diseases aged 6 months--18 years who subsequently presented to specialty clinics for routine follow-up visits, during spring 2009, in three Italian Regions Families of children with chronic diseases were interviewed during routine visits at reference centers through a face-to-face interview. We analyzed the following immunization predictors: having received a recommendation toward influenza immunization by a health provider; child's sex and age; mothers and fathers' age; parental education and employment; underlying child's disease; number of contacts with health providers in the previous year. Influenza immunization coverage was calculated as the proportion of children who received at least one dose of seasonal influenza vaccine in the previous season. We calculated prevalence

ratios and we used a generalized linear model with Poisson family, log link and robust error variance to assess the effect of socio-demographic variables, underlying diseases, and recommendations provided by physicians on influenza immunization.

Results

We enrolled 275 families of children with chronic diseases. Overall influenza coverage was 57.5%, with a low of 25% in children with neurological diseases and a high of 91.2% in those with cystic fibrosis. While 10.6% of children who did not receive any recommendation toward influenza immunization were immunized, among those who received a recommendation 87.5-94.7% did, depending on the health professional providing the recommendation. Receiving a recommendation by any provider is a strong predictor of immunization (PR = 8.5 95% CI 4.6;15.6) Most children received an immunization recommendation by a specialty (25.8%) or a family pediatrician (23.3%) and were immunized by a family pediatrician (58.7%) or a community vaccinator (55.2%).

Conclusions

Receiving a specific recommendation by a physician is a strong determinant of being immunized against seasonal influenza in children with chronic diseases independently of other factors. Heterogeneity exists among children with different chronic diseases regarding influenza recommendation despite international guidelines. Increasing the frequency of appropriate recommendations toward influenza immunization by physicians is a single powerful intervention that may increase coverage in children with chronic conditions.

The complete article is available as a [provisional PDF](#). The fully formatted PDF and HTML versions are in production.

British Medical Bulletin

Volume 103 Issue 1 September 2012

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

[Reviewed earlier]

British Medical Journal

17 November 2012 (Vol 345, Issue 7883)

<http://www.bmj.com/content/345/7883>

[No relevant content]

Bulletin of the World Health Organization

Volume 90, Number 11, November 2012, 793-868

<http://www.who.int/bulletin/volumes/90/11/en/index.html>

[Reviewed earlier]

Cost Effectiveness and Resource Allocation

(Accessed 17 November 2012)

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

[No new relevant content]

Emerging Infectious Diseases

Volume 18, Number 11—November 2012

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

[Reviewed earlier]

Eurosurveillance

Volume 17, Issue 46, 15 November 2012

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

[No new relevant content]

Global Health Governance

Volume V, Issue 2: Spring 2012

<http://blogs.shu.edu/ghg/2012/06/22/volume-v-issue-2-spring-2012/>

[Reviewed earlier]

Globalization and Health

[Accessed 17 November 2012]

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

[No new relevant content]

Health Affairs

November 2012; Volume 31, Issue 11

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

Theme: ACOs, Medical Homes, Nursing, Costs and Quality

[No specific relevant content on vaccines/immunization]

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 04 / October 2012, pp 383 - 384

<http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue>

Special Issue: End of Life Care and Evaluation

[No specific relevant content on vaccines/immunization]

Health Policy and Planning

Volume 27 Issue 7 October 2012

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

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 8, Issue 11 November 2012

<http://www.landesbioscience.com/journals/vaccines/toc/volume/8/issue/11/>

Special Issue: DNA Vaccines

[Reviewed earlier]

Infectious Diseases of Poverty

2012, 1

<http://www.idpjournal.com/content>

[Accessed 17 November 2012]

[No new relevant content]

International Journal of Infectious Diseases

December 2012, Vol. 16, No. 12

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

Neonatal tetanus elimination in Pakistan: progress and challenges

December 2012 (Vol. 16 | No. 12 | Pages e833-e842)

Jonathan A. Lambo, Tharsiya Nagulesapillai

Summary

Pakistan is one of the 34 countries that have not achieved the neonatal tetanus (NT) global elimination target set by the World Health Organization (WHO). NT, caused by *Clostridium tetani*, is a highly fatal infection of the neonatal period. It is one of the most underreported diseases and remains a major but preventable cause of neonatal and infant mortality in many developing countries. In 1989, the World Health Assembly called for the elimination of NT by 1995, and since then considerable progress has been made using the following strategies: clean delivery practices, routine tetanus toxoid (TT) immunization of pregnant women, and immunization of all women of childbearing age with three doses of TT vaccine in high-risk areas during supplementary immunization campaigns. This review presents the activities, progress, and challenges in achieving NT elimination in Pakistan.

A review of the literature found TT vaccination coverage in Pakistan ranged from 60% to 74% over the last decade. Low vaccination coverage, the main driver for NT in Pakistan, is due to many factors, including demand failure for TT vaccine resulting from inadequate knowledge of TT vaccine among reproductive age females and inadequate information about the benefits of TT provided by health care workers and the media. Other factors linked to low vaccination coverage include residing in rural areas, lack of formal education, poor knowledge about place and time to get vaccinated, and lack of awareness about the importance of vaccination. A disparity exists in TT vaccination coverage and antenatal care between urban and rural areas due to access and utilization of health care services. NT reporting is incomplete, as cases from the private sector and rural areas are underreported. To successfully eliminate NT, women of reproductive age must be made aware of the benefits of TT vaccine, not only to themselves, but also to their families. Effective communication strategies for TT vaccine delivery and health education focusing on increasing awareness of NT are strongly suggested. It is imperative that the private and government sectors work cooperatively to report NT cases and improve routine TT vaccination coverage.

JAMA

November 14, 2012, Vol 308, No. 18

<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 11 December 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

November 2012, Volume 38, Issue 11

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

[No relevant content]

Journal of Medical Microbiology

December 2012; 61 (Pt 12)

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

[No relevant content]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 1 Issue 4 December 2012

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

ORIGINAL ARTICLES**Laboratory-Confirmed Rotavirus Disease in Utah Children: Clinical and Economic Impact of Rotavirus Vaccination**

Angel Herrera Guerra, Chris Stockmann, Andrew T. Pavia, Adam L. Hersh, Emily A. Thorell, Hsin Yi Weng, Kent Korgenski, Carrie L. Byington, and Krow Ampofo

J Ped Infect Dis (2012) 1(4): 268-277 doi:10.1093/jpids/pis058

Abstract

Background. Rotavirus is the most common cause of infectious diarrhea in children worldwide. Recent studies have described changes in the burden of all-cause gastroenteritis; however, there are limited data on the clinical and economic impact of rotavirus vaccine on cases of laboratory-confirmed rotavirus disease.

Methods. We performed a retrospective study of laboratory-confirmed rotavirus disease from July 2003 through June 2010 at a children's hospital and a community hospital in Utah. Demographics and hospital costs for children <5 years with rotavirus symptoms and a positive rotavirus enzyme immunoassay test on a stool specimen were abstracted from electronic medical records. We compared the prevaccine period (2003–2007) with the postvaccine period (2008–2010).

Results. The overall incidence of rotavirus gastroenteritis declined in the postvaccine period, from 26.6 to 5.2 cases per 10 000 person-years for Salt Lake County residents. The largest decrease in the incidence of rotavirus gastroenteritis was among children <12 months (–87%; 95% confidence interval [CI], 79–93). Older children (12–23 months) also experienced significant decreases (–81%; 95% CI, 72–88), as did those 24–59 months (–61%; 95% CI, 51–71). In 2009, 3 years after rotavirus vaccine introduction, there was a 79% decrease in emergency department visits and a 78% decrease in hospitalizations across both hospitals. The cost of emergency department visits and hospitalizations for rotavirus gastroenteritis decreased by 79% and 72%, respectively, resulting in annual savings of \$790 000 at a children's hospital and \$140 000 at a community hospital.

Conclusion. Rotavirus vaccination in infants has dramatically decreased the clinical burden and direct medical costs of rotavirus gastroenteritis in both infants and young children.

INVITED REVIEW

Community-Acquired Pneumonia in the Conjugate Vaccine Era

Derek J. Williams and Samir S. Shah

J Ped Infect Dis (2012) 1(4): 314-328 doi:10.1093/jpids/pis101

Abstract

Community-acquired pneumonia (CAP) remains one of the most common serious infections encountered among children worldwide. In this review, we highlight important literature and recent scientific discoveries that have contributed to our current understanding of pediatric CAP. We review the current epidemiology of childhood CAP in the developed world, appraise the state of diagnostic testing for etiology and prognosis, and discuss disease management and areas for future research in the context of recent national guidelines.

The Lancet

Nov 17, 2012 Volume 380 Number 9855 p1713 – 1790 e10

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

Comment

Global health metrics and evaluation: a call for abstracts

GHME Conference Organising Committee

Preview

The Institute for Health Metrics and Evaluation, The Lancet, the London School of Hygiene and Tropical Medicine, the Harvard School of Public Health, and the University of Queensland School of Population Health invite submission of abstracts for oral or poster presentation at their conference on Global Health Metrics and Evaluation, to be held on June 17–19, 2013, in Seattle, WA, USA.

The Lancet Infectious Disease

Nov 2012 Volume 12 Number 11 p817 - 896

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

[Reviewed earlier]

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>

[Reviewed earlier; No relevant content]

Nature

Volume 491 Number 7424 pp301-488 15 November 2012

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

[No relevant content]

Nature Immunology

November 2012, Volume 13 No 11 pp1021-1128

<http://www.nature.com/ni/journal/v13/n11/index.html>

[Reviewed earlier; No relevant content]

Nature Medicine

November 2012, Volume 18 No 11 pp1593-1715

<http://www.nature.com/nm/journal/v18/n11/index.html>

[Reviewed earlier]

Nature Reviews Immunology

November 2012 Vol 12 No 11

<http://www.nature.com/nri/journal/v12/n11/index.html>

[Reviewed earlier; No relevant content]

New England Journal of Medicine

November 15, 2012 Vol. 367 No. 20

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

[No relevant content]

OMICS: A Journal of Integrative Biology

November 2012, 16(11)

<http://online.liebertpub.com/toc/omi/16/11>

[Reviewed earlier ; No relevant content]

The Pediatric Infectious Disease Journal

November 2012 - Volume 31 - Issue 11 pp: 1107-1138,e189-e231

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

[Reviewed earlier; No relevant content]

Pediatrics

November 2012, VOLUME 130 / ISSUE 5

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

[Reviewed earlier]

Pharmacoeconomics

December 1, 2012 - Volume 30 - Issue 12 pp: 1097-1214

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

[No relevant content]

PLoS One

[Accessed 17 November 2012]

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

[No new relevant content]

PLoS Medicine

(Accessed 17 November 2012)

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

[No new relevant content]

PLoS Neglected Tropical Diseases

October 2012

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

[Reviewed earlier]

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

(Accessed 17 November 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 11, Pages 627-688 (November 2012)
<http://www.sciencedirect.com/science/journal/14714914>
[Reviewed earlier; No relevant content]

Science
16 November 2012 vol 338, issue 6109, pages 853-1000
<http://www.sciencemag.org/current.dtl>
[No relevant content]

Science Translational Medicine
14 November 2012 vol 4, issue 160
<http://stm.sciencemag.org/content/current>
[No relevant content]

Vaccine
<http://www.sciencedirect.com/science/journal/>
Volume 30, Issue 49, Pages 6957-7130 (19 November 2012)
[Reviewed earlier]

Vaccine: Development and Therapy
(Accessed 17 November 2012)
<http://www.dovepress.com/vaccine-development-and-therapy-journal>
[No new relevant content]

Value in Health
Vol 15 | No. 7 | November 2012
<http://www.valueinhealthjournal.com/current>
ISPOR 15th Annual European Congress Research Abstracts
[Reviewed earlier]

From Google Scholar+: Dissertations, Theses, Selected Journal Articles

No new relevant content.

Nature Biotechnology

30(10), 2012

Innovative drugs and vaccines in China, India and Brazil.

Rahim Rezaie, Anita M. McGahan, Abdallah S. Daar and Peter A. Singer..

<http://www.nature.com/nbt/journal/v30/n10/full/nbt.2380.html>

Just how much innovation is going on within private-sector enterprises in emerging markets? What is the nature of these innovations? Who are the companies in China, India and Brazil innovating for? These are some of the questions addressed in this article. The article details 165 innovative vaccines and medicines in the pipeline of 41 domestic companies in the stated countries. It concludes that: a) a growing number of domestic health enterprises in the stated countries are developing innovative medicines and vaccines, and b) as a group they exhibit a predilection for diseases that are most relevant domestically. It foresees that the rising innovation capacity in emerging markets will have a major effect not only on developing world health systems but also health systems in the developed world, especially as the latter struggle with escalating costs.

Health Research Policy and Systems

10:18, 2012.

Emergence of biopharmaceutical innovators in China, India, Brazil, and South Africa as global competitors and collaborators.

Rahim Rezaie, Anita M. McGahan, Sarah E. Frew, Abdallah S. Daar and Peter A. Singer.

<http://www.health-policy-systems.com/content/10/1/18>

This paper analyzes factors that influence innovative activity in the indigenous health biotechnology and pharmaceutical sectors of China, India, Brazil, and South Africa. It a) shows how biopharmaceutical innovation is taking place within the entrepreneurial sectors of these emerging markets, b) identifies common challenges that indigenous entrepreneurs face, c) highlights the key role played by the state in advancing innovation, and d) reveals that the transition to innovation by companies in the emerging markets is characterized by increased global integration.

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 CVEP 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. WE are conservative in our outlook of adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where

content is published without restriction, but most publications require registration and some subscription level.

BBC

<http://www.bbc.co.uk/>

Accessed 17 November 2012

[No new, unique, relevant content]

Economist

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

Accessed 17 November 2012

[No new unique, relevant content]

Financial Times

<http://www.ft.com>

Accessed 17 November 2012

[No new unique, relevant content]

Forbes

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

Accessed 17 November 2012

[No new unique, relevant content]

Foreign Affairs

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

November/December 2012 Volume 91, Number 6

Accessed 17 November 2012

[No new unique, relevant content]

Foreign Policy

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

Accessed 17 November 2012

[No new unique, relevant content]

The Guardian

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

Accessed 17 November 2012

[No new, unique, relevant content]

The Huffington Post

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

Accessed 17 November 2012

[No new, unique, relevant content]

New Yorker

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

Accessed 17 November 2012

[No new, unique, relevant content]

NPR/National Public Radio [U.S.]

[Public Health](#)

Accessed 17 November 2012

[No new, unique, relevant content]

New York Times

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

Accessed 17 November 2012

[No new, unique, relevant content]

Reuters

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

Accessed 17 November 2012

Novartis receives positive CHMP opinion for Bexsero(R), a groundbreaking vaccine to help prevent devastating MenB infections, the leading cause of meningitis in Europe

<http://www.reuters.com/article/2012/11/16/idUS113890+16-Nov-2012+HUG20121116>

Wall Street Journal

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

Accessed 17 November 2012

[No new, unique, relevant content]

Washington Post

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

Accessed 17 November 2012

[No new, unique, relevant content]

Twitter Watch [accessed 17 November 2012 - 16:14]

[International Health @IntlHealthJHSPH](#)

[#Pneumonia](#) Progress Report 2012 Released - International Vaccine Access Center (@IVACTweets) <http://bit.ly/Wfontu> via [@ZeeNews](#)

11:22 AM - 16 Nov 12

[Amanda Glassman @glassmanamanda](#)

No Rest for the Weary: Reform 2.0 at the Global Fund | Amanda Glassman | Global Health Policy <http://blogs.cgdev.org/globalhealth/2012/11/no-rest-for-the-weary-reform-2-0-at-the-global-fund.php> ... via [@CGDev](#)

10:18 AM - 16 Nov 12

[Seth Berkley @GAVISeth](#)

Congrats Mark Dybul on your appointment as Executive Director GFATM. Looking forward 2 working w/you [@globalfundnews](#) <http://bit.ly/T3E18a>

12:18 PM - 15 Nov 12

[The Global Fund @globalfundnews](#)

Meet Mark Dybul, the new Executive Director of the [#GlobalFund!](#) <http://bit.ly/RF9BYA>

8:52 AM - 15 Nov 12

[The Global Fund @globalfundnews](#)

Global Fund Appoints Mark Dybul as Executive Director (15 November 2012)

<http://tinyurl.com/d3fsl9k>

8:46 AM - 15 Nov 12

[The Global Fund @globalfundnews](#)

Board Approves Integration of AMFm into Core Global Fund Grant Processes

<http://tinyurl.com/cj3hp8p>

6:34 AM - 15 Nov 12

[WHO @WHO](#)

[#Meningitis](#) A vaccine, MenAfriVac, is now the only vax that can be transported & stored for up to 4 days without refrigeration or an icepack

3:30 AM - 15 Nov 12

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Vaccines: The Week in Review is a service of the Center for Vaccines Ethics and Policy (CVEP) which is solely responsible for its content. Support for this service is provided by its governing institutions – [Department of Medical Ethics, NYU Medical School](#); [The Wistar Institute Vaccine Center](#) and the [Children's Hospital of Philadelphia Vaccine Education Center](#). Additional support is provided by [PATH Vaccine Development Program](#) and the [International Vaccine Institute \(IVI\)](#), and by vaccine industry leaders including GSK, Merck, Pfizer, and sanofi pasteur (list in formation), as well as the Developing Countries Vaccine Manufacturers Network ([DCVMN](#)). Support is also provided by a growing list of individuals who use this service to support their roles in public health, clinical practice, government, NGOs and other international institutions, academia and research organizations, and industry.

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