Center for Vaccine Ethics and Policy
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Vaccines: The Week in Review
23 February 2013
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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Executive Director
Center for Vaccine Ethics & Policy
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Editor's Notes:

- A pdf version of this issue is available on our blog: http://centerforvaccineethicsandpolicy.wordpress.com/

The MMWR Weekly for February 22, 2013 / Vol. 62 / No. 7, includes:

- Interim Adjusted Estimates of Seasonal Influenza Vaccine Effectiveness — United States, February 2013

February 22, 2013 / 62(07);119-123

Editor's Excerpt and Bolding

Early influenza activity during the 2012–13 season (1) enabled estimation of the unadjusted effectiveness of the seasonal influenza vaccine (2). This report presents updated adjusted estimates based on 2,697 children and adults enrolled in the U.S. Influenza Vaccine Effectiveness (Flu VE) Network during December 3, 2012–January 19, 2013. During this period, overall vaccine effectiveness (VE) (adjusted for age, site, race/ethnicity, self-rated health, and days from illness onset to enrollment) against influenza A and B virus infections associated with medically attended acute respiratory illness was 56%, similar to the earlier interim estimate (62%) (2). VE was estimated as 47% against influenza A (H3N2) virus infections and 67% against B virus infections. When stratified by age group, the point estimates for VE against influenza A (H3N2) and B infections were largely consistent across age groups, with the exception that lower VE against influenza A (H3N2) was observed among adults aged ≥65 years. These adjusted VE estimates indicate that vaccination with the 2012–13 influenza season vaccine reduced the risk for outpatient medical visits resulting from influenza by approximately one half to two thirds for most persons, **although VE was lower and not statistically significant among older adults**. Antiviral medications should be used as recommended for treatment of suspected influenza in certain patients, including those aged ≥65 years, regardless of their influenza vaccination status…

…Among the patients with influenza, 32% had been administered the 2012–13 seasonal influenza vaccine, compared with 50% of the influenza-negative controls (Table 2). For all persons with medically attended acute respiratory illness, the overall VE (adjusted for age group, study site, race/ethnicity, self-rated health status, and days from illness onset to enrollment) against influenza A and B virus infections was 56% (95% confidence interval [CI] = 47%–63%) (Table 2). Significant VE against influenza A and B viruses was observed among persons in all age groups, except for adults aged ≥65 years.

Editorial Note

These updated and age-adjusted VE estimates for the 2012–13 influenza vaccine confirm moderate effectiveness in preventing outpatient medical visits caused by circulating influenza viruses, similar to earlier unadjusted estimates in the United States (2) and to recent interim estimates from Canada and Europe (4,5). Overall, influenza vaccination reduced the risk for medical visits resulting from influenza A and B by 56%, from influenza A (H3N2) by 47%, and from influenza B by 67%. The preventive benefits against influenza B were consistent across age groups. The adjusted VE estimates against influenza A (H3N2) viruses also were largely consistent (46%–58%) for persons aged 6 months–64 years, but the estimate was not significant among persons aged ≥65 years. These VE estimates are not final; an increased sample size and adjustment for additional potential confounders (such as chronic medical conditions and functional status) at the end of the season could change these estimates.

Confirmation of the protective benefits of the 2012–13 influenza vaccine among persons aged 6 months–64 years offers further support for the public health benefit of annual seasonal influenza vaccination and supports the expansion of vaccination, particularly among younger age groups. **The nonsignificant adjusted VE of 9% against A (H3N2) among persons aged ≥65 years is similar to the estimate in a recent interim report from Europe (6) and reinforces the need for continued advances in influenza vaccines, especially to increase protective benefits for older adults.**

One possible explanation for these findings is that some older adults did not mount an effective immune response to the influenza A (H3N2) component of this season's vaccine. Nonetheless, this finding should not discourage future vaccination by persons aged ≥65 years, who are at greater risk for more severe cases and complications from influenza. Influenza vaccines remain the best preventive tool available, and VE is known to vary by virus type/subtype, age group, season, host immunity, and the outcome measured (7). This study observed a VE point estimate against influenza B (67%) that was much higher than the 9% VE estimate against A (H3N2) among older adults, although the precision of estimates was limited by the small sample. Although some previous studies have shown influenza vaccine benefits for older adults, others have failed to demonstrate statistically significant benefits against specific influenza types or subtypes (7). Variability among studies and across seasons and age groups is to be expected and should not change recommendations for annual vaccination. It is also important to note that the VE estimates in this report are limited to the prevention of outpatient medical visits, rather than more severe illness outcomes, such as hospitalization or death. A previous multiseason study found that the influenza vaccine reduced the risk for influenza-associated hospitalizations among older adults by 61% (CI = 18%–82%) (8). A full evaluation of the VE for older adults this season must await consideration of additional data and outcomes…

- Update: Influenza Activity — United States, September 30, 2012–February 9, 2013
- Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine (Tdap) in Pregnant Women — Advisory Committee on Immunization Practices (ACIP), 2012

Update: Polio this week - *As of 20 February 2013*
Global Polio Eradication Initiative
http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
[Editor's Extract and bolded text]
- In Somalia, a new circulating vaccine-derived poliovirus type 2 (cVDPV2) from January 2013 was reported.
- This latest case is confirmation that the cVDPV2 outbreak from 2011 in south-central Somalia is ongoing. In 2012, this outbreak had also spread across the border into neighbouring Kenya. Outbreak response continues to be implemented. See 'Horn of Africa' section below for more.

Afghanistan
- No new WPV cases were reported in the past week…
- Two new cases of cVDPV2 were reported in the past week, bringing the total number of cVDPV2 cases for 2012 to nine, and one for 2013. The most recent cVDPV2 case had onset of paralysis on 22 January 2013 (from Hilmand). This is the first case reported in Afghanistan in 2013**.**

Nigeria
- One new WPV case was reported in the past week (WPV1 from Kano), bringing the total number of WPV cases for 2012 to 122. It is the most recent case in the country and had onset of paralysis on 22 December.

Horn of Africa
- One new cVDPV2 case was reported in the past week, from Somalia, with onset of paralysis on 9 January 2013.
- This latest case is linked to a cVDPV2 outbreak ongoing in south-central Somalia since 2011 – nine cases were reported in 2011 and one case in 2012 (July). Additionally, in 2012 this outbreak spread across the border to Kenya, with three cases reported from Dadaab, in North Eastern Province between April and June 2012.
- In late 2012 and January 2013, access to populations is being achieved for the first time in three years in key areas of south-central Somalia, as a result of concerted local-access negotiations. An emergency action plan for south-central Somalia has been developed and is being implemented. At the same time, efforts are on-going to further boost population immunity levels in accessible, polio-free areas of Somalia, as well as in border areas of Kenya.
- However, confirmation of this most recent case underscores that the outbreak is ongoing and more outbreak response must be implemented.

West Africa
- In Niger, outbreak response immunization activities were conducted 15-18 January, in close coordination with Nigeria, and were followed by NIDs with trivalent OPV on 2-5 February, again synchronized with Nigeria. Vaccinations also focused on reaching mobile populations associated with population movements from Mali, including in refugee camps. OPV continues to be added to broader humanitarian assistance efforts in the region, including in Mali, Mauritania, Burkina Faso and Niger.

WHO: Prequalification of Poliomyelitis Vaccine (Oral) Bivalent Types 1 and 3 in 20-dose
22 February 2013

Vaccine Trade Name: Poliomyelitis Vaccine (oral) Bivalent types 1 and 3
Vaccine Type: OPV (Oral Polio vaccine) bivalent types 1 and 3
Manufacturer: Serum Institute of India Ltd.
Country of Manufacture: India
Date of prequalification: 04 February 2013
Package insert
pdf, 331kb
http://www.who.int/immunization_standards/vaccine_quality/pq_262_bopv13_20dose_sii/en/index.html

WHO - Global Alert and Response (GAR)
Disease Outbreak News - Most recent news items
- Novel coronavirus infection – update

21 February 2013 - The Ministry of Health in Saudi Arabia has informed WHO of another confirmed case of infection with the novel coronavirus (NCoV).

The patient was hospitalized on 29 January 2013 and died on 10 February 2013. The case was laboratory-confirmed on 18 February 2013. Further investigation into this case is ongoing.

In the United Kingdom, the Health Protection Agency continues to investigate the family cluster where three members of the family tested positive for NCoV infection. One member of this family, who had an underlying health condition, has died.

To date, WHO has been informed of a total of 13 confirmed cases of human infection with NCoV, including seven deaths.

Based on the current situation and available information, WHO encourages all Member States (MS) to continue their surveillance for severe acute respiratory infections (SARI) and to carefully review any unusual patterns. Testing for the NCoV should be considered in patients with unexplained pneumonias, or in patients with unexplained, severe, progressive or complicated respiratory illness not responding to treatment, particularly in persons traveling from or resident in areas of the world known to be affected.

Any clusters of SARI or SARI in healthcare workers should be thoroughly investigated, regardless of where in the world they occur.

All MS are reminded to promptly assess and notify WHO of any new case or clusters of cases with NCoV infection.

WHO does not advise special screening at points of entry with regard to this event nor does it recommend that any travel or trade restrictions be applied.

WHO continues to closely monitor the situation.
http://www.who.int/csr/don/2013_02_21/en/index.html

WHO - Humanitarian Health Action
http://www.who.int/hac/en/index.html
No new reports

NIH: Researchers begin trial of Shigella vaccine candidates
Aim to thwart a principal cause of diarrheal disease worldwide

NIH-funded researchers have launched an early-stage human clinical trial of two related candidate vaccines to prevent infection with Shigella, bacteria that are a significant cause of diarrheal illness, particularly among children. The Phase I clinical trial, funded by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, will evaluate the vaccines for safety and their ability to induce immune responses among 90 healthy adults ages 18 to 45 years. The trial is being conducted at the Cincinnati Children's Hospital Medical Center, one of the eight NIAID-funded Vaccine and Treatment Evaluation Units in the United States.

Shigella infection, called shigellosis, is an intestinal disease spread via contact with infected feces, by consumption of contaminated food or water or by contact with a contaminated surface. Symptoms include diarrhea, abdominal pain, fever, nausea and vomiting. In healthy adults, the infection generally clears on its own in five to seven days, but if left untreated, can lead to hospitalization or death, especially among young children and adults with weakened immune systems.

According to the World Health Organization, shigellosis causes roughly 90 million cases of severe disease each year and 108,000 deaths, most of which occur in the developing world and affect children under 5 years of age. In the United States, 14,000 shigellosis cases are reported annually, with most cases occurring among children ages 1 to 4 years….
http://www.nih.gov/news/health/feb2013/niaid-20.htm

European Medicines Agency: Committee for Medicinal Products for Human Use (CHMP) 18-21 February 2013

Meeting highlights

Positive recommendations on new medicines

Hexacima

- Sanofi Pasteur S.A.
- diphtheria, tetanus, pertussis (acellular, component), hepatitis B (rDNA), poliomyelitis (inactivated) and Haemophilus influenzae type B conjugate vaccine (adsorbed)
- Primary and booster vaccination of infants and toddlers from six weeks to 24 months of age against diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and invasive diseases caused by Haemophilus influenzae type B (Hib).
- Summary of opinion for Hexacima

Hexyon

- Sanofi Pasteur MSD, SNC
-diphtheria, tetanus, pertussis (acellular, component), hepatitis B (rDNA), poliomyelitis (inactivated) and Haemophilus influenzae type B conjugate vaccine (adsorbed)
- Primary and booster vaccination of infants and toddlers from six weeks to 24 months of age against diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and invasive diseases caused by Haemophilus influenzae type B (Hib).
- Summary of opinion for Hexyon

Positive recommendations on extensions of therapeutic indications

Cervarix

- GlaxoSmithKline Biologicals
- human papillomavirus vaccine [types 16, 18] (recombinant, adjuvanted, absored)
- Cervarix is a vaccine for use from the age of 9 years for the prevention of premalignant genital (cervical, vulvar and vaginal) lesions and cervical cancer causally related to certain

oncogenic human papillomavirus (HPV) types. See section 5.1 for important information on the data that support this indication.
- Summary of opinion for Cervarix

Speech: *Inequalities is not a choice - it's a moral and practical necessity*
Anthony Lake, UNICEF Executive Director
Global Consultation on Addressing Inequalities in the Post-2015 Development Agenda
COPENHAGEN,
19 February 2013
Excerpt

…So we can — we must — put a renewed focus on equity in all countries, because pursuing equity is not only right in principle — it's right in practice.

First, because it is cost-effective to do so in our programmes. In the race to achieve the MDGs, many countries and many development agencies have naturally focused on those children, families and communities that are the easiest to reach — the 'low-hanging fruit.' Helping the neglected, excluded and under-served is, by definition, 'harder' — and may be more expensive, at least in the short term.

But a UNICEF analysis has found that working in the most disadvantaged communities, focusing on the hardest-to-reach children, yields the most cost-effective results. The additional results usually outweigh the additional efforts and costs. An extensive modelling exercise showed that in the poorest countries with the highest burden of under-five mortality, a pro-equity approach could save up to 60 per cent more children per dollar than through our current approach. In other words, when we invest in equity — and equitably in people — we get better, more cost-effective results for our investment.

Scaling-up immunizations is a good example. Two studies by Johns Hopkins Bloomberg School of Public Health show that if we scaled up the use of existing vaccines in 72 of the poorest countries, we could save 6.4 million lives, and avert US$6.2 billion in treatment costs and US$145 billion in productivity losses over the next decade. This, necessarily, would include a focus on getting vaccines to those who are not now covered — almost 20 per cent of the world's population. The 'fifth child'…the forgotten children. Indeed, polio is now making its last stand in some of the hardest to reach places in the world, where many of these children live.

Which leads me to the second reason why equity is right in practice — because it spurs long-term, sustainable growth. Highly unequal societies grow more slowly and erratically than more equal ones…
http://www.unicef.org/media/media_67945.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

Report: *Evaluation of PEPFAR*

IOM
20 Feb 2013-02-23
http://www.iom.edu/Reports/2013/Evaluation-of-PEPFAR.aspx
Abstract

Through the President's Emergency Plan for AIDS Relief (PEPFAR), the United States has provided an unprecedented level of health and development assistance and health diplomacy around the world. PEPFAR has saved and improved the lives of millions of people; supported HIV prevention, care, and treatment; strengthened systems; and engaged with partner countries to facilitate HIV policy and planning for sustainable responses to their epidemic.

The IOM evaluation drew upon a variety of data sources, including quantitative data, extensive document review, and primary qualitative data collection through more than 400 interviews, including some site visits, with diverse stakeholders in 13 PEPFAR partner countries, at PEPFAR's headquarters, and at other institutions and agencies involved in the global HIV response.

PEPFAR has been globally transformative. Across partner countries, PEPFAR was described as a lifeline, and people credit PEPFAR for restoring hope. The initiative's future contributions will be informed by its past achievements and lessons learned from challenges it has faced. PEPFAR will continue a new direction as it supports partner countries in taking on more central roles in accountability and setting strategic priorities for investment in their HIV response.

Report: *Leading and Leveraging*
US Agency for International Development (USAID)
Report to Congress on international foreign assistance efforts to control tuberculosis (TB).
http://pdf.usaid.gov/pdf_docs/PDACT268.pdf
Executive Summary Excerpt

The U.S. Government's (USG) tuberculosis (TB) program is mainly implemented through USAID as the lead agency in international TB control, in close collaboration and coordination with U.S. Centers for Disease Control and Prevention (CDC), Department of State/ The Office of the Global AIDS Coordinator (OGAC), the National Institutes of Health (NIH), and Department of Defense (DoD). The U.S. Government continues to prioritize support to countries with high rates of TB and multi-drug resistant TB (MDR-TB), lagging case detection, poor program performance, and where the HIV epidemic is a driver of TB disease. This prioritization of countries led to investments in 20 "Tier 1" or focus countries, with funding levels of at least $3 million per country; and in 21 "Tier 2" countries, with smaller but strategically targeted interventions.1

Sustained and well-focused investments in fighting TB have begun to make their mark on the global TB burden. By 2010, death and prevalence rates in Tier 1 countries had decreased 29 percent and 14 percent, respectively, compared with 1990 levels. Detection of all forms of TB cases in U.S. Government TB programs reached 60 percent in 2010, and treatment success rates reached 85 percent, the global target, for the 2009 cohort of TB cases. Significant progress is being made to achieve the Global Health Initiative (GHI) targets for TB….

Meeting: High-level Dialogue on Health in the Post-2015 Development Agenda
United Nations
Place: Botswana
Date: 5–6 March 2013
http://www.who.int/mediacentre/events/meetings/2013/post_2015_development/en/index.html
Excerpt

The High-level Dialogue on Health in the Post-2015 Development Agenda is part of a United Nations led global conversation as to what development goals the global community should set after the 2015, the date set for achieving the Millennium Development Goals.

About 50 senior officials and experts are due to attend: Heads of United Nations agencies, including the WHO Director-General Dr Margaret Chan, the Executive Director of the United Nations Children's Fund (UNICEF) Anthony Lake, and ministers of health from a number of countries as well as representatives from the UN Secretary General's High-level Panel of Eminent Persons on Post-2015 development planning, global health partnerships, the private sector, civil society organizations and academia.

The Dialogue is the culmination of six months of face-to-face and online consultations reaching out to Member States, civil society, academics, and the private sector. A synthesis report has been prepared from three sources: background papers, the more than 100 papers submitted during the web-based consultation, and reports from the different stakeholder meetings, e-surveys and e discussions. The report is now available online for comments at public comments.

The output of the meeting will be recommendations on the future direction of health in the post-2015 development agenda. These will be included in a report to be submitted to the High-level Panel of Eminent Persons on Health in the post-2015 development agenda, and to inform and influence the wider debate.

Meeting: WHO - Strategic Advisory Group of Experts (SAGE) on Immunization
9-11 April 2013
Geneva
Draft Agenda as of 13 February 2013:
http://www.who.int/entity/immunization/sage/DRAFT_Agenda_SAGE_Apr_2013.pdf
Selected Agenda Topics:
- Dengue
- Global polio eradication initiative
- Yellow Fever
- Non-specific effects of vaccines on childhood mortality
- Overcoming vaccine hesitancy

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 103, Issue 3 (March 2013)

http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

Annals of Internal Medicine
19 February 2013, Vol. 158. No. 4
http://www.annals.org/content/current
[No relevant content]

BMC Public Health
(Accessed 23 February 2013)
http://www.biomedcentral.com/bmcpublichealth/content
Research article
Are healthcare workers' intentions to vaccinate related to their knowledge, beliefs and attitudes? A systematic review
Raúl Herzog, Mª José Álvarez-Pasquin, Camino Díaz, José Luis Del Barrio, José Manuel Estrada, Ángel Gil BMC Public Health 2013, 13:154 (19 February 2013)
Abstract (provisional) Open Access
Background
The Summit of Independent European Vaccination Experts (SIEVE) recommended in 2007 that efforts be made to improve healthcare workers' knowledge and beliefs about vaccines, and their attitudes towards them, to increase vaccination coverage. The aim of the study was to compile and analyze the areas of disagreement in the existing evidence about the relationship between healthcare workers' knowledge, beliefs and attitudes about vaccines and their intentions to vaccinate the populations they serve.
Methods
We conducted a systematic search in four electronic databases for studies published in any of seven different languages between February 1998 and June 2009. We included studies conducted in developed countries that used statistical methods to relate or associate the variables included in our research question. Two independent reviewers verified that the studies met the inclusion criteria, assessed the quality of the studies and extracted their relevant characteristics. The data were descriptively analyzed.
Results
Of the 2354 references identified in the initial search, 15 studies met the inclusion criteria. The diversity in the study designs and in the methods used to measure the variables made it impossible to integrate the results, and each study had to be assessed individually. All the studies found an association in the direction postulated by the SIEVE experts: among healthcare workers, higher awareness, beliefs that are more aligned with scientific evidence and more favorable attitudes toward vaccination were associated with greater intentions to vaccinate. All the studies included were cross-sectional; thus, no causal relationship between the variables was established.
Conclusion
The results suggest that interventions aimed at improving healthcare workers' knowledge, beliefs and attitudes about vaccines should be encouraged, and their impact on vaccination coverage should be assessed.
The complete article is available as a provisional PDF. The fully formatted PDF and HTML versions are in production.

British Medical Bulletin
Volume 104 Issue 1 December 2012
http://bmb.oxfordjournals.org/content/current
[Reviewed earlier; No relevant content]

British Medical Journal
23 February 2013 (Vol 346, Issue 7896)
http://www.bmj.com/content/346/7896

Influenza A/H1N1 MF59 adjuvanted vaccine in pregnant women and adverse perinatal outcomes: multicentre study

BMJ 2013;346:f393 (Published 4 February 2013)

F Rubinstein, director of epidemiology and academic affairs[1][2][3], P Micone, associate investigator[4], A Bonotti, associate investigator[1], V Wainer, associate investigator[4], A Schwarcz, associate investigator[4], F Augustovski, director of health technology assessment and economic evaluations[1][2][3], A Pichon Riviere, executive director and director of health technology assessment and economic evaluations[1][2], A Karolinski, general coordinator and head of education and research[4] on behalf of "EVA" Study Research Group (Estudio "Embarazo y Vacuna Antigripal")

Abstract

Objective To assess the risk of adverse perinatal events of vaccination of pregnant women with an MF59 adjuvanted vaccine.

Design Cross sectional multicentre study.

Setting 49 public hospitals in major cities in Argentina, from September 2010 to May 2011.

Participants 30 448 mothers (7293 vaccinated) and their 30 769 newborns.

Main outcome measure Primary composite outcome of low birth weight, preterm delivery, or fetal or early neonatal death up to seven days postpartum.

Results Vaccinated women had a lower risk of the primary composite outcome (7.0% (n=513) v 9.3% (n=2160); adjusted odds ratio 0.80, 95% confidence interval 0.72 to 0.89). The propensity score analysis showed similar results. Adjusted odds ratios for vaccinated women were 0.74 (0.65 to 0.83) for low birth weight, 0.79 (0.69 to 0.90) for preterm delivery, and 0.68 (0.42 to 1.06) for perinatal mortality. These findings were consistent in further subgroup analysis. No significant differences in maternal outcomes were found.

Conclusion This large study using primary data collection found that MF59 adjuvanted A/H1N1 influenza vaccine did not result in an increased risk of adverse perinatal events and suggested a lower risk among vaccinated women. These findings should contribute to inform stakeholders and decision makers on the prescription of vaccination against influenza A/H1N1 in pregnant women.

Bulletin of the World Health Organization
Volume 91, Number 2, February 2013, 81-156
http://www.who.int/bulletin/volumes/91/2/en/index.html
Special Issue on Opioids
[Reviewed earlier]

Clinical Therapeutics
Vol 35 | No. 2 | February 2013 | Pages 101-198
http://www.clinicaltherapeutics.com/current
[Reviewed earlier]

Cost Effectiveness and Resource Allocation
(Accessed 23 February 2013)
http://www.resource-allocation.com/
[No new relevant content]

Emerging Infectious Diseases
Volume 19, Number 3—March 2013
http://www.cdc.gov/ncidod/EID/index.htm
Perspective
Measles Elimination Efforts and 2008–2011 Outbreak, France
PDF Version [PDF - 1.58 MB - 8 pages]
D. Antona et al.
Abstract
Although few measles cases were reported in France during 2006 and 2007, suggesting the country might have been close to eliminating the disease, a dramatic outbreak of >20,000 cases occurred during 2008–2011. Adolescents and young adults accounted for more than half of cases; median patient age increased from 12 to 16 years during the outbreak. The highest incidence rate was observed in children <1 year of age, reaching 135 cases/100,000 infants during the last epidemic wave. Almost 5,000 patients were hospitalized, including 1,023 for severe pneumonia and 27 for encephalitis/myelitis; 10 patients died. More than 80% of the cases during this period occurred in unvaccinated persons, reflecting heterogeneous vaccination coverage, where pockets of susceptible persons still remain. Although vaccine coverage among children improved, convincing susceptible young adults to get vaccinated remains a critical issue if the target to eliminate the disease by 2015 is to be met.
Effects of Vaccine Program against Pandemic Influenza A(H1N1) Virus, United States, 2009–2010
PDF Version [PDF - 653 KB - 10 pages]
R. H. Borse et al.
Abstract
In April 2009, the United States began a response to the emergence of a pandemic influenza virus strain: A(H1N1)pdm09. Vaccination began in October 2009. By using US surveillance data (April 12, 2009–April 10, 2010) and vaccine coverage estimates (October 3, 2009–April 18, 2010), we estimated that the A(H1N1)pdm09 virus vaccination program prevented 700,000–1,500,000 clinical cases, 4,000–10,000 hospitalizations, and 200–500 deaths. We found that the national health effects were greatly influenced by the timing of vaccine administration and the effectiveness of the vaccine. We estimated that recommendations for priority vaccination of targeted priority groups were not inferior to other vaccination prioritization strategies. These results emphasize the need for relevant surveillance data to facilitate a rapid evaluation of vaccine recommendations and effects.

Eurosurveillance
Volume 18, Issue 8, 21 February 2013
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
[No relevant content]

Global Health Governance
Volume VI, Issue 1: Fall 2012
– December 31, 2012
[Reviewed earlier]

Globalization and Health
[Accessed 23 February 2013]
http://www.globalizationandhealth.com/
[No new relevant content]

Health Affairs
February 2013; Volume 32, Issue 2
http://content.healthaffairs.org/content/current
Theme: New Era of Patient Engagement
[No specific relevant content on vaccines/immunization]

Health and Human Rights
Vol 14, No 2 (2012)
http://hhrjournal.org/index.php/hhr
[Reviewed earlier]

Health Economics, Policy and Law
Volume 8 - Issue 01 - January 2013
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
Special Section: ACA
[Reviewed earlier]

Health Policy and Planning
Volume 28 Issue 1 January 2013
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 9, Issue 2 February 2013
http://www.landesbioscience.com/journals/vaccines/toc/volume/9/issue/2/

[Reviewed earlier]

Infectious Diseases of Poverty
2012, 1
http://www.idpjournal.com/content
[Accessed 23 February 2013]
[No new relevant content]

International Journal of Infectious Diseases
March 2013, Vol. 17, No. 3
http://www.ijidonline.com/current
[No relevant content]

JAMA
February 20, 2013, Vol 309, No. 7
http://jama.ama-assn.org/current.dtl
Global Health
Anti-Polio Campaign Reboot
M. J. Friedrich
Excerpt
Pakistan has reinstated its polio vaccination efforts in the northwest area of the country, with tighter security measures to prevent attacks against health workers who provide the vaccinations (http://tinyurl.com/alladv9).

In December, deadly assaults on vaccination workers in Pakistan brought a halt to the country's polio immunizations efforts. In January, Pakistani police arrested several Taliban members suspected of carrying out the killings (http://tinyurl.com/awuk8fw). With paramilitary and police support for the workers, vaccination efforts have recommenced in Sindh province, with hopes of resuming the nationwide effort.

JAMA Pediatrics
February 2013, Vol 167, No. 2
http://archpedi.jamanetwork.com/issue.aspx?journalid=75&issueid=926339
[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 207 Issue 6 March 15, 2013
http://www.journals.uchicago.edu/toc/jid/current

[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)
January-March 2013
Volume 5 | Issue 1
Page Nos. 1-36
http://www.jgid.org/currentissue.asp?sabs=n
[Reviewed earlier; No relevant content]

Journal of Medical Ethics
March 2013, Volume 39, Issue 3
http://jme.bmj.com/content/current
Justice
Paper: Lifetime QALY prioritarianism in priority setting
Trygve Ottersen
J Med Ethics 2013;39:175-180 Published Online First: 30 November 2012
doi:10.1136/medethics-2012-100740
Abstract
Two principles form the basis for much priority setting in health. According to the greater benefit principle, resources should be directed toward the intervention with the greater health benefit. According to the worse off principle, resources should be directed toward the intervention benefiting those initially worse off. Jointly, these principles accord with so-called prioritarianism. Crucial for its operationalisation is the specification of the worse off. In this paper, we examine how the worse off can be defined as those with the fewer lifetime Quality-Adjusted Life Years (QALYs). We contrast this proposal with several alternative specifications.
http://jme.bmj.com/content/39/3/175.abstract

Journal of Medical Microbiology
March 2013; 62 (Pt 3)
http://jmm.sgmjournals.org/content/current
[No relevant content]

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Volume 2 Issue 1 March 2013
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[Reviewed earlier]

Journal of Virology
March 2013, volume 87, issue 6
http://jvi.asm.org/content/current
[No relevant content]
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Multiple Independent Emergences of Type 2 Vaccine-Derived Polioviruses during a Large Outbreak in northern Nigeria

Cara C. Burns[1,#], Jing Shaw[1], Jaume Jorba[1], David Bukbuk[3], Festus Adu[4], Nicksy Gumede[5], Muhammed Ali Pate[6], Emmanuel Ade Abanida[6], Alex Gasasira[7], Jane Iber[1], Qi Chen[1], Annelet Vincent[1], Paul Chenoweth[2], Elizabeth Henderson[1], Kathleen Wannemuehler[2], Asif Naeem[8], Rifqiyah Nur Umami[8], Yorihiro Nishimura[8], Hiroyuki Shimizu[8], Marycelin Baba[3], Adekunle Adeniji[4], A. J. Williams[1], David R. Kilpatrick[1], M. Steven Oberste[1], Steven G. Wassilak[2], Oyewale Tomori[9], Mark A. Pallansch[1] and Olen Kew[1]

ABSTRACT

Since 2005, a large poliomyelitis outbreak associated with type 2 circulating vaccine-derived poliovirus (cVDPV2) has occurred in northern Nigeria, where immunization coverage with trivalent oral poliovirus vaccine (tOPV) has been low. Phylogenetic analysis of P1/capsid region sequences of isolates from each of the 403 cases reported in 2005–2011 resolved the outbreak into 23 independent VDPV2 emergences, at least seven of which established circulating lineage groups. Virus from one emergence (lineage group 2005-8; 361 isolates) was estimated to have circulated for over six years. The population of the major cVDPV2 lineage group expanded rapidly in early 2009, fell sharply after two tOPV rounds in mid-2009, and gradually expanded again through 2011. The two major determinants of attenuation of the Sabin 2 OPV strain (A481 in the 5′ -untranslated region [5′ -UTR] and VP1-Ile143) had been replaced in all VDPV2 isolates; most A481 5′ -UTR replacements occurred by recombination with other enteroviruses. cVDPV2 isolates representing different lineage groups had biological properties indistinguishable from those of wild polioviruses, including efficient growth in neuronal-derived HEK293 cells, the capacity to cause paralytic disease in both humans and PVR-Tg21 transgenic mice, loss of the temperature-sensitive phenotype, and the capacity for sustained person-to-person transmission. We estimate from the poliomyelitis case count and the paralytic case:infection ratio for type 2 wild poliovirus infections that ~700,000 cVDPV2 infections have occurred during the outbreak. The detection of multiple concurrent cVDPV2 outbreaks in northern Nigeria highlights the risks of cVDPV emergence accompanying tOPV use at low rates of coverage in developing country settings.

The Lancet

Feb 23, 2013 Volume 381 Number 9867 p599 - 698

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

Series

Non-Communicable Diseases

Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries

Rob Moodie, David Stuckler, Carlos Monteiro, Nick Sheron, Bruce Neal, Thaksaphon Thamarangsi, Paul Lincoln, Sally Casswell, The Lancet

Preview |

The 2011 UN high-level meeting on non-communicable diseases (NCDs) called for multisectoral action including with the private sector and industry. However, through the sale and promotion of tobacco, alcohol, and ultra-processed food and drink (unhealthy commodities), transnational corporations are major drivers of global epidemics of NCDs. What role then should these industries have in NCD prevention and control? We emphasise the rise in sales of these unhealthy commodities in low-income and middle-income countries, and consider the common strategies that the transnational corporations use to undermine NCD prevention and control.

Promotion of access to essential medicines for non-communicable diseases: practical implications of the UN political declaration
Hans V Hogerzeil, Jonathan Liberman, Veronika J Wirtz, Sandeep P Kishore, Sakthi Selvaraj, Rachel Kiddell-Monroe, Faith N Mwangi-Powell, Tido von Schoen-Angerer, The Lancet
Preview |
Access to medicines and vaccines to prevent and treat non-communicable diseases (NCDs) is unacceptably low worldwide. In the 2011 UN political declaration on the prevention and control of NCDs, heads of government made several commitments related to access to essential medicines, technologies, and vaccines for such diseases. 30 years of experience with policies for essential medicines and 10 years of scaling up of HIV treatment have provided the knowledge needed to address barriers to long-term effective treatment and prevention of NCDs.

Viewpoint

Improving responsiveness of health systems to non-communicable diseases
Rifat Atun, Shabbar Jaffar, Sania Nishtar, Felicia M Knaul, Mauricio L Barreto, Moffat Nyirenda, Nicholas Banatvala, Peter Piot
Preview |
In almost all countries, development of health systems that are responsive to the challenge of prevention and treatment of non-communicable diseases (NCDs) is a priority. NCDs consist of a vast group of conditions, but in terms of premature mortality, emphasis has been on cardiovascular disease, cancer, diabetes, and chronic respiratory diseases—diseases that were also the focus of the UN high-level meeting on NCDs, held in 2011.1

The Lancet Infectious Disease
Mar 2013 Volume 13 Number 3 p183 - 276
http://www.thelancet.com/journals/laninf/issue/current

Editorial

2018 must be the final target for polio eradication
The Lancet Infectious Diseases

Since the eradication of smallpox in the late 1970s, no other diseases have followed suit; the goal that has come closest so far is eradication of polio. The development of vaccines in the 1950s led to cases of polio plummeting: whereas hundreds of thousands were affected annually in the middle of last century, in 2012 around 250 people were paralysed by the disease. But the final stages of eradication are proving more difficult than the early phases. The disease remains entrenched in three countries—Afghanistan, Nigeria, and Pakistan—where social, political, and logistical factors prevent effective vaccination campaigns and lead to export of virus to countries that have previously been free of the disease.

As Haris Riaz and Anis Rehman reported in the journal last month, the global polio eradication programme suffered a grave setback in December last year when seven vaccination workers were shot dead by terrorists as they took part in a 3 day campaign to deliver vaccine in Karachi and Peshawar. At the end of January, two more vaccine workers were killed in a landmine explosion in the Kurrum tribal region. These two latest casualties are not thought to have been directly targeted, but unwitting victims of sectarian violence.

Such events are not only tragic losses—people dedicating their time to a global health effort senselessly killed—but also they leave children who would have received vaccine unprotected and allow the virus to continue to circulate. The consequences of which can be extremely far reaching: in January, poliovirus related to strains circulating in Pakistan was detected in sewage samples in Cairo, Egypt, more than 3000 km away (the last case of polio in Egypt was recorded

in 2004). No new cases of polio have been recorded in Cairo, but health authorities are surveying the impoverished districts of Al Salam and Al Haggana where the virus was found for recent cases of paralysis, and vaccination campaigns have been initiated.

In the middle of the 20th century, children in developed countries of Europe and North America would return to school at the end of the summer break and look around to see empty chairs of classmates who had not returned because they had been crippled or killed by polio. When the global polio eradication initiative (GPEI) was launched in 1988, the disease was endemic in 125 countries and caused paralysis in around 350 000 people every year. Recent events highlight how a threat that for many is thankfully a distant memory—or for younger generations in some developed countries unknown—remains a real and present danger.

The Bill & Melinda Gates Foundation is one of the major contributors of financial aid to the polio eradication effort, and speaking recently in London at the Richard Dimbleby lecture, Bill Gates reiterated his commitment to wiping out the diseases, highlighting the new eradication target of 2018. On January 23, the GPEI published a draft Polio Eradication and Endgame Strategic Plan (2013—18). The plan has four main objectives and four milestones for eradication. The four objectives are, detection and interruption of wild poliovirus, strengthening of routine immunisation and withdrawal of the oral polio vaccine, containment and certification (enabling some facilities to store poliovirus and outlining the processes for certification of eradication), and legacy planning to ensure that resources put aside for polio eradication are repurposed when the goal is achieved. The milestones for the new strategic plan are for the last case of wild polio by 2014, withdrawal of type 2 oral polio vaccine by 2015—16, worldwide certification of polio eradication by the end of 2018, and cessation of bivalent oral polio vaccination during 2019.

This is not the first deadline for polio eradication. When the GPEI was set up, the planned date for eradication was 2000. As the cases become fewer, the problems become knottier, and hindrances to final eradication become ever more dependent on localised factors and characteristics of the virus's remaining toeholds. As the saying goes, the devil is in the detail.

The new plan encouragingly contains intricate analyses of recent outbreaks in the three remaining countries, reasons for programmatic declines, and reflection on the lessons learned from success in India, which has not recorded a case in more than 2 years. It is an excellent example of how data, local knowledge, and experience can be synthesised to provide clear goals and realistic targets. 2018 seems soon, but for some children it will not be soon enough. And for the vaccination workers who have lost their lives, eradication of polio within 5 years would be a tribute to their efforts.

http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2813%2970050-1/fulltext

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January 2013; 33 (1)
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[Reviewed earlier]

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A Multidisciplinary Journal of Population Health and Health Policy
December 2012 Volume 90, Issue 4 Pages 631–807
http://onlinelibrary.wiley.com/doi/10.1111/milq.2012.90.issue-4/issuetoc

[Reviewed earlier]

Nature
Volume 494 Number 7437 pp281-396 21 February 2013
http://www.nature.com/nature/current_issue.html

Editorial

Vital statistics

That robust data are not collected on births, deaths and causes of death is a scandal. A new drive and greater investment are needed to grow the field of health metrics.

19 February 2013

Many readers of Nature will take it for granted that they have a birth certificate, and that when they die, their death, and its cause, will be officially recorded, as will their health problems in the intervening years. When aggregated, such data allow researchers to estimate disease burdens and risks to help shape public-health policies and investment in everything from high blood pressure to infectious diseases — and to monitor the impact of disease control efforts.

Yet more than 100 countries, and not just the poorest, lack even basic birth and death registration systems. Furthermore, only 34 nations — covering just 15% of the global population — generate decent cause-of-death data, and even some of those data are unreliable because doctors have not correctly assigned the cause of death.

There is a shocking lack of national and international political will to invest in the basic statistical systems needed to track this most fundamental information. Bodies such as the World Health Organization (WHO) continue to push out charts of global trends. These are handy for advocacy purposes, but the underlying data are often scarce and poor.

Initiatives such as the Global Burden of Disease study — published in The Lancet last December by an international consortium led by the Institute for Health Metrics and Evaluation in Seattle, Washington — have helped. They have sucked up what data are available from demographic health surveys, papers and other sources, and brought unparalleled scientific expertise and advanced modelling to bear on extracting meaning from the sparse and heterogeneous data — and filled in gaps where no data exist at all (see Nature 492, 311–312; 2012). But even the researchers involved are the first to admit that this situation is far from ideal, and that what is really needed is more and better raw data.

The issue of how to improve global health estimates was the subject of a two-day meeting convened in Geneva, Switzerland, last week by the WHO. Many people thought the meeting was constructive, although the consensus recommendations that emerged — for the WHO and academics to collaborate more closely; increased investment in registration systems and training; and better sharing of data and methods — will need to be accompanied by consolidated political commitment to gathering health metrics.

"The size of the field is incommensurate with the immense task at hand."

Although their intergovernmental nature and direct contact with ministries mean that the WHO and other United Nations (UN) agencies are essential players in getting better registration systems, they can also be part of the problem. Numerous agencies are involved in health metrics, but they are largely uncoordinated, overly bureaucratic and politicized and too oriented towards defending their turf. No one agency is responsible for promoting civil birth and death registration.

The latest disappointment is the Health Metrics Network (HMN), a WHO-hosted partnership of international organizations created in 2005 to boost civil registration health data with US$50

million from the Bill & Melinda Gates Foundation. Despite a promising start, observers say that there have been few accomplishments to show for the money, and the WHO dissolved the network last November.

That makes the goal to boost civil registration systems more necessary than ever. The new reality is that most of the expertise in health estimates is no longer within the UN; it is in academia. Nature has learnt that at the same time as the WHO meeting in Geneva, other leading scientists in the field were meeting with philanthropists in New York on how to replace the HMN with a new organization — one that would not be hosted within the WHO.

A fundamental problem is that the size of the field is incommensurate with the immense task at hand, and that is further complicated by intense competition for limited funds. The community must work to better present its very justified case for greater political attention and funding — and for a much needed injection of fresh blood and expertise, especially with a national focus.

Given the information technology of the twenty-first century, it is simply unacceptable that the relatively cheap and simple registration systems needed to gather data on births and causes of death on a continuous basis are absent across much of the planet. The development of such systems is largely the responsibility of individual nations, but greater political attention is needed at both the national and international levels to make it happen. A good place to start would be placing the seemingly mundane, yet crucial, issue of civil registration systems higher on the agenda of organizations such as the G20.
http://www.nature.com/news/vital-statistics-1.12440

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March 2013, Volume 14 No 3 pp187-305
185
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February 2013, Volume 19 No 2 pp113-246
http://www.nature.com/nm/journal/v19/n2/index.html
[Reviewed earlier]

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February 2013 Vol 13 No 2
http://www.nature.com/nri/journal/v13/n2/index.html
[Reviewed earlier; No relevant content]

New England Journal of Medicine
February 21, 2013 Vol. 368 No. 8
http://content.nejm.org/current.shtml
Perspective
Yellow Fever Outbreak in Sudan
L. Markoff

Excerpt [Free Full Text]
On November 16, 2012, the Weekly Epidemiological Record of the World Health Organization (WHO) reported that an outbreak of yellow fever was under way in Sudan. By the end of November, the disease had been detected in 26 localities in Sudan's Darfur region, with 459 suspected cases and 116 related deaths.1 As of January 16, the Centers for Disease Control and Prevention (CDC) confirmed that 849 cases and 171 deaths had been reported.2.
Since most suspected cases have occurred in Central, South, and West Darfur, Sudan's Federal Ministry of Health (supported by international partners) began a mass vaccination campaign in that region on November 20 in 12 highly affected localities with a total population of 2.2 million. The CDC is advising visitors to Sudan to receive the yellow fever vaccine in advance of travel to the area and to take precautions to avoid contact with mosquitoes while there…
http://www.nejm.org/doi/full/10.1056/NEJMp1300772

OMICS: A Journal of Integrative Biology
February 2013, 17(2)
http://online.liebertpub.com/toc/omi/17/2
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Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
January 2013 Vol. 33, No. 1
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March 2013 - Volume 32 - Issue 3 p: A7-A8,199-305,e94-e127
http://journals.lww.com/pidj/pages/currenttoc.aspx
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February 2013, VOLUME 131 / ISSUE 2
http://pediatrics.aappublications.org/current.shtml
[Reviewed earlier]

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February 2013 - Volume 31 - Issue 2 pp: 93-176
http://adisonline.com/pharmacoeconomics/pages/currenttoc.aspx
[Reviewed earlier]

PLoS One
[Accessed 23 February 2013]
http://www.plosone.org/

Acceptability of HPV Vaccines and Associations with Perceptions Related to HPV and HPV Vaccines Among Men Who Have Sex with Men in Hong Kong

Joseph T. F. Lau, Zixin Wang, Jean H. Kim, Mason Lau, Coco H. Y. Lai, Phoenix K. H. Mo
Research Article | published 22 Feb 2013 | PLOS ONE 10.1371/journal.pone.0057204
Abstract

HPV vaccines are available to men but there are few studies investigating the acceptability of HPV vaccines among men who have sex with men (MSM), a high risk group. We assessed the intention to take up HPV vaccines among MSM in Hong Kong and the associated factors related to cognitions on HPV and HPV vaccines, basing on the Health Belief Model (n = 542). The acceptability of HPV vaccines was 20% (unconditional on efficacies and price), 29.2% (conditional on efficacies and market price), 51.7% (conditional on efficacies and discounted price) and 79.1% (conditional on efficacies and free price). Adjusting for background variables, composite scores of perceived susceptibility, perceived severity, perceived barriers and cue to actions were significantly associated with acceptability of HPV vaccines conditional on specific efficacies and the market price. Acceptability of HPV vaccines was highly price sensitive. Future studies need to use conditional measures. Implementation and translational researches are warranted.

Measles Outbreak in South Africa: Epidemiology of Laboratory-Confirmed Measles Cases and Assessment of Intervention, 2009–2011

Genevie M. Ntshoe, Johanna M. McAnerney, Brett N. Archer, Sheilagh B. Smit, Bernice N. Harris, Stefano Tempia, Mirriam Mashele, Beverley Singh, Juno Thomas, Ayanda Cengimbo, Lucille H. Blumberg, Adrian Puren, Jocelyn Moyes, Johann van den Heever, Barry D. Schoub, Cheryl Cohen Research Article | published 20 Feb 2013 | PLOS ONE 10.1371/journal.pone.0055682
Abstract

Background

Since 1995, measles vaccination at nine and 18 months has been routine in South Africa; however, coverage seldom reached >95%. We describe the epidemiology of laboratory-confirmed measles case-patients and assess the impact of the nationwide mass vaccination campaign during the 2009 to 2011 measles outbreak in South Africa.

Methods

Serum specimens collected from patients with suspected-measles were tested for measles-specific IgM antibodies using an enzyme-linked immunosorbent assay and genotypes of a subset were determined. To estimate the impact of the nationwide mass vaccination campaign, we compared incidence in the seven months pre- (1 September 2009–11 April 2010) and seven months post-vaccination campaign (24 May 2010–31 December 2010) periods in seven provinces of South Africa.

Results

A total of 18,431 laboratory-confirmed measles case-patients were reported from all nine provinces of South Africa (cumulative incidence 37 per 100,000 population). The highest cumulative incidence per 100,000 population was in children aged <1 year (603), distributed as follows: <6 months (302/100,000), 6 to 8 months (1083/100,000) and 9 to 11 months (724/100,000). Forty eight percent of case-patients were ≥5 years (cumulative incidence 54/100,000). Cumulative incidence decreased with increasing age to 2/100,000 in persons ≥40 years. A single strain of measles virus (genotype B3) circulated throughout the outbreak. Prior to the vaccination campaign, cumulative incidence in the targeted vs. non-targeted age group was 5.9-fold higher, decreasing to 1.7 fold following the campaign (P<0.001) and an estimated 1,380 laboratory-confirmed measles case-patients were prevented.

Conclusion
We observed a reduction in measles incidence following the nationwide mass vaccination campaign even though it was conducted approximately one year after the outbreak started. A booster dose at school entry may be of value given the high incidence in persons >5 years.

A Cross-Sectional Study to Assess HPV Knowledge and HPV Vaccine Acceptability in Mali Danielle N. Poole, J. Kathleen Tracy, Lauren Levitz, Mali Rochas, Kotou Sangare, Shahla Yekta, Karamoko Tounkara, Ben Aboubacar, Ousmane Koita, Mark Lurie, Anne S. De Groot
Research Article | published 19 Feb 2013 | PLOS ONE 10.1371/journal.pone.0056402

Abstract
Despite a high prevalence of oncogenic human papilloma virus (HPV) infection and cervical cancer mortality, HPV vaccination is not currently available in Mali. Knowledge of HPV and cervical cancer in Mali, and thereby vaccine readiness, may be limited. Research staff visited homes in a radial pattern from a central location to recruit adolescent females and males aged 12–17 years and men and women aged ≥18 years (N = 51) in a peri-urban village of Bamako, Mali. Participants took part in structured interviews assessing knowledge, attitudes, and practices related to HPV, cervical cancer, and HPV vaccination. We found low levels of HPV and cervical cancer knowledge. While only 2.0% of respondents knew that HPV is a sexually transmitted infection (STI), 100% said they would be willing to receive HPV vaccination and would like the HPV vaccine to be available in Mali. Moreover, 74.5% said they would vaccinate their child(ren) against HPV. Men were found to have significantly greater autonomy in the decision to vaccinate themselves than women and adolescents (p = 0.005), a potential barrier to be addressed by immunization campaigns. HPV vaccination would be highly acceptable if the vaccine became widely available in Bamako, Mali. This study demonstrates the need for a significant investment in health education if truly informed consent is to be obtained for HPV vaccination. Potential HPV vaccination campaigns should provide more information about HPV and the vaccine. Barriers to vaccination, including the significantly lower ability of the majority of the target population to autonomously decide to get vaccinated, must also be addressed in future HPV vaccine campaigns.

PLoS Medicine
(Accessed 23 February 2013)
http://www.plosmedicine.org/

Policy Forum

Who Should Pay for Global Health, and How Much?
Luis R. Carrasco, Richard Coker, Alex R. Cook mail
Summary Points [Open Access]
- Mechanisms to establish the expected financial contribution from each country to achieve the health Millennium Development Goals (MDGs) could encourage scaling-up of contributions.
- Mirroring global carbon permit markets to mitigate climate change, we propose a cap-and-trade system consisting of a global cost-effectiveness criterion and a disability-adjusted life year (DALY) global credit market.
- Under this system, high-income and middle-income countries should contribute, respectively, 74% and 26% of the additional US$36–US$45 billion annually needed to attain the health MDGs. The change relative to current contributions would vary, with some countries needing to scale-up substantially their expected annual contributions under the proposed market (e.g., US, US$7–US$10 billion; China, US$2–US$3 billion; Japan, US$2 billion; Germany, US$1.5–US$2

billion), while a few already meet or exceed their required contributions (i.e., Norway, the United Arab Emirates, Luxembourg, and the UK).
- A DALY tradable credit market offers the potential to increase the efficiency of global health investments while promoting international obligations to the pursuit of an agreed global common good.
http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001392

PLoS Neglected Tropical Diseases
January 2013
http://www.plosntds.org/article/browseIssue.action
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Volume 5 Issue 3 November 2012
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[Reviewed earlier]

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April 2013; 23 (4)
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[No specific vaccines/immunization content]

Science
22 February 2013 vol 339, issue 6122, pages 873-1000
http://www.sciencemag.org/current.dtl
Policy Forum - Infectious Disease
The Stability of Malaria Elimination
C. Chiyaka, A. J. Tatem, J. M. Cohen, P. W. Gething, G. Johnston, R. Gosling, R. Laxminarayan, S. I. Hay, and D. L. Smith
Science 22 February 2013: 909-910.
Eradication may not be necessary before countries can eliminate, scale back control, and rely on health systems.
Summary
When the Global Malaria Eradication Programme (GMEP) was launched in 1955 (1, 2), all malaria-endemic countries outside of Africa were (or would soon be) eliminating malaria (3). The GMEP's design was based on a theory of malaria transmission dynamics and control that

has become the standard for malaria elimination decisions today (4–6). When financial support for the GMEP collapsed in 1969, participating countries were caught at different stages of progress toward elimination (1). Examining their fate in the decades that followed provides a natural experiment that tests the theory. With a rise in funding (7) and renewed interest in eradication (8, 9), there is now a need to revisit the lessons learned from the GMEP. We identify changes in the epidemiology of malaria when elimination is reached that could explain its stability and discuss how this calls for a reassessment of strategies for eradication.

Science Translational Medicine
20 February 2013 vol 5, issue 173
http://stm.sciencemag.org/content/current
[No relevant content]

Vaccine
Volume 31, Issue 11, Pages 1453-1548 (1 March 2013)
http://www.sciencedirect.com/science/journal/0264410X
Conference Report
Priorities for research on meningococcal disease and the impact of serogroup A vaccination in the African meningitis belt
Pages 1453-1457
Brian Greenwood
Abstract

For over 100 years, large epidemics of meningococcal meningitis have occurred every few years in areas of the African Sahel and sub-Sahel known as the African meningitis belt. Until recently, the main approach to the control of these epidemics has been reactive vaccination with a polysaccharide vaccine after an outbreak has reached a defined threshold and provision of easy access to effective treatment but this approach has not prevented the occurrence of new epidemics. Meningococcal conjugate vaccines, which can prevent meningococcal carriage and thus interrupt transmission, may be more effective than polysaccharide vaccines at preventing epidemics. Because the majority of African epidemics have been caused by serogroup A meningococci, a serogroup A polysaccharide/tetanus toxoid protein conjugate vaccine (PsA–TT) has recently been developed. Results from an initial evaluation of the impact of this vaccine on meningococcal disease and meningococcal carriage in Burkina Faso have been encouraging.

To review how the research agenda for meningococcal disease in Africa has been changed by the advent of PsA–TT and to define a new set of research priorities for study of meningococcal infection in Africa, a meeting of 41 scientists was held in Dakar, Senegal on April 24th and 25th 2012. The research recommendations developed during the course of this meeting are presented in this paper.

The need for enhanced surveillance for meningitis in defined populations with good diagnostic facilities in African countries at risk of epidemics was identified as the highest priority. This is needed to determine the duration of protection against serogroup A meningococcal disease provided by PsA–TT and to determine the risk of disease and carriage caused by meningococci of other serogroups. Other research areas given high priority included identification and validation of serological correlates of protection against meningococcal disease and carriage, development of improved methods for detecting carriage and epidemiological studies aimed at

determining the reasons underlying the peculiar epidemiology of meningococcal disease in the African meningitis belt. Minutes and working papers from the meeting are provided in supplementary tables and some of the presentations made at the meeting are available on the MenAfriCar consortium website () and on the web site of the Centers for Disease Control ().

A qualitative study on knowledge, perceptions, and attitudes of mothers and health care providers toward pneumococcal conjugate vaccine in Bandung, West Java, Indonesia

Original Research Article

Pages 1516-1522

Agnes Tri Harjaningrum, Cissy Kartasasmita, Joanna Orne-Gliemann, Marthe-Aline Jutand, Nicolas Goujon, Jean-Louis Koeck

Abstract

Due to the high burden of pneumonia in Indonesia, the inclusion of pneumococcal conjugate vaccine (PCV) into Indonesia's National Immunization Program (NIP) is recommended by World Health Organization. Prior to the introduction of new vaccines, it is imperative to assess the perceptions of the public and medical community about the disease and the vaccine. The purpose of this qualitative study was to explore the knowledge, perceptions, and attitudes of mothers and health care providers (HCPs) toward PCV in Bandung, West Java, Indonesia.

Methodology

Fifty-five respondents (26 mothers and 29 HCPs) were interviewed at public and private health care facilities in Bandung using semi-structured interviews in May–June 2011. Data were analyzed manually according to pre-defined themes.

Results

Although most mothers had low knowledge about PCV, did not perceive themselves as susceptible to the disease, perceived that cost was the main barrier to PCV access, and obtained little information on PCV, they considered pneumonia as a severe disease and a priority health problem, perceived benefits of the vaccine, and were likely to adopt it. Similarly, knowledge about PCV among most HCPs was limited. Despite perceiving cost as the main barrier, most HCPs perceived benefits of the vaccine, susceptibility and severity of the disease, regarded pneumonia as a priority health problem, and were likely to suggest the new vaccination.

Discussion/Conclusions

Despite the poor knowledge of mothers and HCPs about PCV, they are aware of the high burden of pneumonia and the need for a vaccine in the NIP. Perceived severity and benefits among mothers, and, additionally, perceived susceptibility among HCPs were manifested in the willingness to accept PCV. The findings would contribute to better understanding the factors, which could support decision-making about vaccine introduction, and be utilized for developing suitable messages for mothers and HCPs.

Uptake of oral rotavirus vaccine and timeliness of routine immunization in Brazil's National Immunization Program

Original Research Article

Pages 1523-1528

Brendan Flannery, Samia Samad, José Cássio de Moraes, Jacqueline E. Tate, M. Carolina Danovaro-Holliday, Lúcia Helena de Oliveira, Jeanette J. Rainey

Abstract

Introduction

In March, 2006, oral rotavirus vaccine was added to Brazil's infant immunization schedule with recommended upper age limits for initiating (by age 14 weeks) and completing (by age 24

weeks) the two-dose series to minimize age-specific risk of intussusception following rotavirus vaccination. Several years after introduction, estimated coverage with rotavirus vaccine (83%) was lower compared to coverage for other recommended childhood immunizations (≥94%).
Methods
We analyzed data from Brazil's national immunization program on uptake of oral rotavirus vaccine by geographic region and compared administrative coverage estimates for first and second doses of oral rotavirus vaccine (Rota1 and Rota2) with first and second doses of diphtheria-tetanus-pertussis-Haemophilus influenzae type b vaccine (DTP-Hib1 and DTP-Hib2). For 27 Brazilian cities, we compared differences between estimated rotavirus and DTP-Hib coverage in 2010 with delayed receipt of DTP-Hib vaccine among a cohort of children surveyed before rotavirus introduction.
Results
In 2010, infant vaccination coverage was 99.0% for DTP-Hib1 versus 95.2% for Rota1 (3.8% difference), and 98.4% for DTP-Hib2 versus 83.0% for Rota2 (15.4% difference), with substantial regional variation. Differences between DTP-Hib and rotavirus vaccination coverage in Brazilian cities correlated with delay in DTP-Hib vaccination among children surveyed. Age restrictions for initiating and completing the rotavirus vaccination series likely contributed to lower coverage with rotavirus vaccine in Brazil.
Conclusion
To maximize benefits of rotavirus vaccination, strategies are needed to improve timeliness of routine immunizations; monitoring rotavirus vaccine uptake and intussusception risk is needed to guide further recommendations for rotavirus vaccination.

Vaccine: Development and Therapy
(Accessed 23 February 2013)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Value in Health
Vol 16 | No. 1 | January-February 2013 | Pages 1-228
http://www.valueinhealthjournal.com/current
[Reviewed earlier; No relevant content]

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

Interim estimates of influenza vaccine effectiveness in 2012/13 from Canada s sentinel surveillance network, January 2013.
D Skowronski, N Janjua, G De Serres, J Dickinson… - Euro surveillance: bulletin …, 2013
Interim estimates of influenza vaccine effectiveness in 2012/13 from Canada s sentinel surveillance network, January 2013. ... Skowronski D, Janjua N, De Serres G, Dickinson J, Winter A, Mahmud S, Sabaiduc S, Gubbay J, Charest H, Petric M, Fonseca K, Van Caeseele P, Kwindt T,...

The need for a new vaccine against lyme borreliosis

PN Barrett, D Portsmouth - Expert Review of Vaccines, 2013
Editorial no evidence to support this hypothesis. A retrospective study of joint complaints after vaccination, reported to the Vaccine Adverse Event Reporting System, showed no unusual frequency of adverse events (AEs)[15]. Only 7.4% of AEs were classified as...

Vaccine strategies for glioblastoma: progress and future directions
C Jackson, J Ruzevick, H Brem, M Lim - Immunotherapy, 2013
Recent advances in glioblastoma therapy have led to optimism that more effective therapies will improve outcomes. Immunotherapy is a promising approach that has demonstrated the potential to eradicate cancer cells with cellular-level accuracy while minimizing damage to...

Progress and pitfalls in Shigella vaccine research
EM Barry, MF Pasetti, MB Sztein, A Fasano, KL Kotloff… - Nature Reviews …, 2013
Abstract Renewed awareness of the substantial morbidity and mortality that Shigella infection causes among young children in developing countries, combined with technological innovations in vaccinology, has led to the development of novel vaccine...

Can clinical tests help monitor human papillomavirus vaccine impact?
E Meites, C Lin, ER Unger, M Steinau, S Patel… - International Journal of Cancer…, 2013
ABSTRACT As immunization programs for human papillomavirus (HPV) are implemented more widely around the world, interest is increasing in measuring their impact. One early measurable impact of HPV vaccine is on the prevalence of specific HPV types in a...

Media/Policy 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.

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 23 February 2013
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 23 February 2013
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 23 February 2013
Article | March/April 2013
Own the Goals: What the Millennium Development Goals Have Accomplished
By: John McArthur
For more than a decade, the Millennium Development Goals -- a set of time-bound targets agreed on by heads of state in 2000 -- have unified, galvanized, and expanded efforts to help the world's poorest people. The overarching vision of cutting the amount of extreme poverty worldwide in half by 2015, anchored in a series of specific goals, has drawn attention and resources to otherwise forgotten issues. The MDGs have mobilized government and business leaders to donate tens of billions of dollars to life-saving tools, such as antiretroviral drugs and modern mosquito nets. The goals have promoted cooperation among public, private, and nongovernmental organizations (NGOs), providing a common language and bringing together disparate actors….
http://www.brookings.edu/research/articles/2013/02/21-millennium-dev-goals-mcarthur

Economist
http://www.economist.com/
Accessed 23 February 2013
Nigeria
The kidnap fear
Foreign firms may become scared to send their people to northern Nigeria
Feb 23rd 2013 | ABUJA |
MOST foreign investors in Nigeria have reckoned that the profits outweigh the risks and the hassle. But a spate of kidnappings, on top of an Islamist insurgency that refuses to die down, may make them think twice before venturing into the country's northern reaches. On February 16th an Islamist group calling itself Ansaru nabbed seven foreign construction workers from their compound in the state of Bauchi. Three days later another gang of Islamist militants suspected of hailing from Nigeria's north-eastern state of Borno abducted a French family of seven across the border in northern Cameroon. Ansaru said that European countries have committed "transgressions and atrocities against the religion of Allah" in such places as Afghanistan and Mali.
Ansaru, an acronym for "Vanguard for the Protection of Muslims in Black Africa", may be a breakaway from Boko Haram ("Western teaching is sinful"), a group that was responsible for 800-plus deaths last year alone. Ansaru is thought to be based in and around Kano, a northern city that has become a hub of Islamist militancy. It publicly distances itself from Boko Haram but shares much of its ideology. It may, however, be closer in tactics to al-Qaeda.
The kidnapping is rattling foreigners working in Nigeria's north. Total, a French oil company, has transferred the families of its staff from Abuja, Nigeria's capital, to Port Harcourt in the south. Setraco, which employs the foreigners who were snatched on February 16th, is one of Nigeria's biggest construction companies. "Any company operating in northern Nigeria will now be considering if it can have any expatriates working there," says a Western security expert. "There are serious consequences for operating in Nigeria, for sure."
Ansaru is believed to have carried out several previous abductions, including the kidnap of two construction workers—one British, the other Italian—who died in a failed rescue attempt in March last year. It also claimed responsibility for kidnapping a French engineer in December in

Katsina state. The attack on February 16th resulted in the biggest tally of captured foreigners since the insurgency began two years ago.

A fourfold increase in polio has been reported in Nigeria since the rebellion started, with the disease spreading into neighbouring countries, according to the World Health Organisation. Polio vaccinators have been a particular target of the extremists. Early this month at least nine health workers were killed. Shortly afterwards three North Korean doctors were murdered in the north-eastern state of Yobe
http://www.economist.com/news/middle-east-and-africa/21572232-foreign-firms-may-become-scared-send-their-people-northern-nigeria

Financial Times
http://www.ft.com
Accessed 23 February 2013
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 23 February 2013
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
January/February 2013 Volume 92, Number 1
Accessed 23 February 2013
[No new unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 23 February 2013]
[No new unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 23 February 2013
[No new unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 23 February 2013
[No new unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 23 February 2013
[No new, unique, relevant content]

NPR/National Public Radio [U.S.]
Public Health

Accessed 23 February 2013
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 23 February 2013
Op-Ed Contributor
A Chance to Right a Wrong in Haiti
By LOUISE C. IVERS
Published: February 22, 201

On Thursday, the United Nations secretary general, Ban Ki-moon, rejected a legal claim for compensation filed in 2011 on behalf of cholera victims in Haiti. Through a spokesperson, Mr. Ban said the claims, brought by a nongovernmental organization, were "not receivable" because of the United Nations' diplomatic immunity.

Regardless of the merits of this argument, the United Nations has a moral, if not legal, obligation to help solve a crisis it inadvertently helped start. The evidence shows that the United Nations was largely, though not wholly, responsible for an outbreak of cholera that has subsequently killed some 8,000 Haitians and sickened 646,000 more since October 2010. The United Nations has not acknowledged its culpability.

Now, as the cholera epidemic appears to worsen, Mr. Ban and the United Nations have an opportunity to save thousands of lives, restore good will — and, yes, fulfill the mandate that brought the organization to Haiti in the first place: stabilizing a fragile country. The United Nations should immediately increase its financial support for the Haitian government's efforts to control the epidemic. While that may not satisfy everyone, it will go at least some way toward compensating the people of Haiti for the unintentional introduction of the bacteria that caused the epidemic.

Before October 2010, cholera — a diarrheal illness caused by consuming water or food contaminated with the bacterium Vibrio cholerae — had never been reported in the country. In the epidemic's first year, the striking loss of life attracted international media attention. Even in its third year, the outbreak continues to sicken thousands.

There were 11,220 cases nationwide during the month of December — significantly more than the 8,205 cases seen during December 2011. Our clinic in St. Marc treated more people with the infection last month than in the previous eight months combined.

That soldiers at the United Nations camp were responsible for introducing the bacteria seems apparent. After local and national protests and an Associated Press investigation, Mr. Ban empaneled a group of international experts to determine the disease's source. Their report stated that evidence "overwhelmingly supports the conclusion that the source of the Haiti cholera outbreak was due to contamination of the Meye Tributary of the Artibonite River with a pathogenic strain of current South Asian type Vibrio cholerae as a result of human activity." The strain was not indigenous to Haiti.

The report also found that sanitation conditions at the United Nations camp were not sufficient to prevent contamination of the local waterway with human waste. Investigators found that the potential existed for feces to enter the tributary from a drainage canal in the camp and from the open septic disposal pit that was used to handle the waste.

A research study published in January 2011 in The New England Journal of Medicine lent further support to the claim that the cholera came from the United Nations camp, as did an August 2011 study in another scholarly journal.

The interplay of biosocial factors inherently involved in epidemics make it difficult to pinpoint causality. If Haitians had better access to clean water and sanitation, of course, the cholera epidemic would have had a smaller impact and thousands of deaths might have been averted. (By comparison, there were few, if any, deaths from cholera in countries with effective water and sanitation systems where the organism appeared as part of this same epidemic — including the United States.)

But all of this is background to the urgent matter at hand. The United Nations recently started a 10-year initiative to eliminate cholera in Haiti and the Dominican Republic, based on a plan that was developed with multiple partners, including the governments of both countries. It is a collaborative and comprehensive approach that aims to eliminate transmission of the disease with substantial investments in water and sanitation infrastructure, as well as through prevention and treatment.

On Feb. 27, Haiti's minister of health will introduce one important component of this plan — an initiative to expand access to cholera vaccination.

If the United Nations were to finance this initiative, along with the rest of the government's anti-cholera program, it could have a significant and immediate impact on stemming this epidemic. As of now, however, the United Nations plans to contribute just 1 percent of the cost. That is not enough.

Meanwhile, the organization's stabilization mission in Haiti is budgeted for $648 million this year — a sum that could more than finance the entire cholera elimination initiative for two years.

It's time for the United Nations to rethink what true stabilization could be: preventing people from dying of a grueling, painful — and wholly preventable — disease is a good start.

Louise C. Ivers, a senior health and policy adviser at Partners In Health and associate professor at Harvard Medical School, has been leading cholera treatment and prevention activities in Haiti.

http://www.nytimes.com/2013/02/23/opinion/a-chance-to-right-a-wrong-in-haiti.html?_r=1&

Reuters
http://www.reuters.com/
Accessed 23 February 2013
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page
Accessed 23 February 2013
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 23 February 2013
[No new, unique, relevant content]

***Twitter Watch* (23 February 2013 – 15:55)**

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.

Partners In Health @PIH
PIH's Dr. Louise Ivers in the #NYTimes makes a case for why the U.N. should invest in eliminating cholera in Haiti http://ow.ly/hZ5VT
9:43 a.m. - Feb 23, 2013

EndPolioNow @EndPolioNow
On this day in 1954, a group of children in Pittsburgh were the first to receive Jonas Salk's polio vaccine. http://ow.ly/hXT5O
9:20 a.m. - Feb 23, 2013

IHME at UW @IHME_UW
@HansRosling declares global burden of disease statistics "sexy": http://bit.ly/VnlIN9 #GBD2010 #globalhealth
5:02 p.m. - Feb 22, 2013

The Wistar Institute @TheWistar
Wistar immunologist Scott Hensley comments on recent #CDC report on the #flu and the elderly http://www.wistar.org/wistar-today/wistar-wire/2013-02-22/expert-commentary-insight-year%E2%80%99s-flu-vaccine-and-the-elderly …
12:55 p.m. - Feb 22, 2013

MSF Access Campaign @MSF_access
MSF's Vaccines Advisor Kate Elder interviewed by @NewsMedical on why children aren't getting the #vaccines they need http://ow.ly/hRg3o
12:15 a.m. - Feb 20, 2013

Arthur Caplan @ArthurCaplan
so here is the case for mandates for HCWs the vaccine stinks in the elderly http://www.reuters.com/article/2013/02/21/us-usa-flu-vaccine-idUSBRE91K16D20130221 …
4:33 p.m. - Feb 21, 2013

WHO @WHO
WHO encourages all Member States to continue surveillance for severe acute respiratory infections, carefully review unusual patterns. #NCoV
9:49 a.m. - Feb 21, 2013

PATH @PATHtweets
Powering up the fight against #tuberculosis with a new online forum for advocates. http://ow.ly/hTBZz
2:40 p.m. - Feb 20, 2013

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