

**Center for Vaccine
Ethics and Policy**

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Vaccines: The Week in Review

2 March 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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Editor's Notes:

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

Bloomberg Philanthropies announced a US\$100 million donation to support polio eradication efforts in the context of the Global Polio Eradication Initiative's (GPEI) six year plan. In making the announcement, Michael Bloomberg said, "It's unthinkable that polio still exists in the world when we have the tools and technology to protect children from this preventable, debilitating disease. Now is the time to invest in making polio history. Doing so will protect future generations of children and pave the way for other life-saving interventions to reach the world's most vulnerable populations. We are thrilled to join the Gates Foundation and other partners in the effort to end this disease once and for all."

Full media release: <http://www.prnewswire.com/news-releases/bloomberg-philanthropies-to-donate-100-million-to-help-global-initiative-to-end-polio-forever-193799251.html>

Reuters reports that "top World Health Organization officials and Islamic leaders will meet in Egypt next week in an effort to stop attacks on polio workers, which are hampering the eradication of the virus in some countries with large Muslim populations." WHO's Assistant Director-General Bruce Aylward told Reuters in Canberra said, "Shooting health workers who are protecting kids from this crippling disease is against the Koran and everything Islam stands for...Muslim leaders have been great advocates of immunization and generally the support has always been there. In Cairo, we are meeting senior Islamic leaders to get a sense of what we can do, and ask them 'how can you help us?'"

<http://www.reuters.com/article/2013/03/01/us-polio-idUSBRE92005320130301>

Update: Polio this week - As of 27 February 2013

Global Polio Eradication Initiative

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

[Editor's Extract and bolded text]

- In Pakistan on 26 February, a police officer providing security to a polio vaccination team was shot and killed in Mardan, Khyber Pakhtunkhwa (KP). No vaccinators were harmed. The prevailing security situation in this district has been a challenge to polio eradication activities. - This is yet another example of the often dangerous circumstances faced by frontline workers, and those who protect them.

- Afghanistan and Nigeria have reported their first wild poliovirus cases of 2013

Afghanistan

- One new WPV case was reported in the past week, a WPV1 from Nangarhar, with onset of paralysis on 31 January. It is the first WPV case in the country for 2013. The total number of WPV cases for 2012 remains 37.

Nigeria

- Two new WPV cases were reported in the past week, both WPV1s from Federal Capital Territory (FCT) and Nasarawa, with onset of paralysis on 25 January and 29 January, respectively. These are the first WPV cases in the country for 2013. The total number of WPV cases for 2012 remains 122.

- The wards of Nasarawa State and Federal Capital Territory (FCT), with recently-confirmed WPV cases, have been covered by supplementary immunization activities using bivalent OPV.

Pakistan

- One new cVDPV2 case was reported in the past week, with onset of paralysis on 11 January (from Balochistan). It is the first cVDPV2 case in the country for 2013. The total number of cVDPV2 cases for 2012 remains 16.

- The security situation continues to be monitored closely, in consultation with law enforcement agencies. Based on these security evaluations, immunization campaigns then proceed at local level as and when the situation allows. Immunization campaigns were conducted throughout February in key reservoir areas.

The **Weekly Epidemiological Record (WER) for 1 March 2013**, vol. 88, 9 (pp. 89–100) includes:

- Framework for verifying elimination of measles and rubella
- Monthly report on dracunculiasis cases, January–December 2012

<http://www.who.int/entity/wer/2013/wer8809.pdf>

Global Immunization News February 2013 Issue

http://www.who.int/immunization/GIN_February_2013.pdf

Inside this issue:

- Burundi introducing Measles second dose
- Project Optimize Comes to an End in Guatemala
- Trinidad and Tobago rolls out HPV Vaccination Programme for Adolescent girls
- WHO and GAVI conduct a Joint Review of the Bhutan Health Trust Fund

- PAHO Revolving Fund Makes Influenza Vaccines More Available to Countries
- V3P Vaccine Product, Price and Procurement Project Entering Development Phase
- First Mobile Laboratory in Guinea
- Vaccine Procurement System Assessment in Ukraine

Meetings/Workshops

- Regional Consultation on the Introduction of New Vaccines in South East Asia

Excerpt

NEW GAVI POLICY ON FRAGILITY AND IMMUNIZATION

Introducing greater flexibility will enable GAVI to better respond to long and short term challenges faced by countries.

In December 2012, the GAVI Alliance Board approved a new policy on a country-by-country approach for GAVI in states that are fragile and face immunization challenges. The policy allows GAVI to work with its partners to strengthen its focus on countries that require more intensive support and attention.

What is the purpose of the policy?

Public, country and expert consultations show that there are a number of GAVI-eligible countries that face exceptional challenges over long periods of time, limiting their ability to access and implement GAVI support.

Working closely with partners and in-country stakeholders, the new policy allows GAVI to develop a tailored approach for each of these countries and to adjust our support to better relate to the specific country context.

The policy also recognises that there are countries that may experience time-limited man-made or natural emergencies. For these situations, GAVI will provide one-off flexibilities in order to help protect immunisation systems and existing GAVI support. After such an event has occurred, the country Government or an in-country partner (WHO or UNICEF) may submit a request to GAVI using the short template available on the GAVI web site.

When is the policy applied and how does it work?

The policy includes a framework that serves as a transparent tool for identifying a number of countries to receive long-term intensified support from the GAVI Alliance. The framework will be applied on an annual basis to ensure that GAVI responds to those countries most in need.

The new policy also offers guidance for countries that experience emergency situations, in which case a request can be submitted to GAVI by the country, WHO or UNICEF.

For countries that are not identified for a tailored approach, several other work streams are available within GAVI and across the Alliance to address specific challenges, e.g. focused support for countries with DTP3 coverage under 70%, equity or data quality challenges.

WHO - Global Alert and Response (GAR)

Disease Outbreak News – *No news update posted since 21 February 2013*

<http://www.who.int/csr/don/en/index.html>

WHO - Humanitarian Health Action

<http://www.who.int/hac/en/index.html>

No new reports since 25 February 2013

UN Secretary-General Ban Ki-moon announced the appointment of Ray Chambers of the United States as his Special Envoy for Malaria and for the Financing of the Health-Related Millennium Development Goals. The announcement noted that

Mr. Chambers has served as the Secretary-General's Special Envoy for Malaria since February 2008. During that time, "visibility, awareness, and funding for malaria have increased exponentially, with more than \$4 billion raised, over 400 million mosquito nets distributed and millions of treatment courses administered. Yet, malaria continues to kill an African child every minute. With a further push, deaths can be brought down to near zero by the end of 2015." In his new capacity and focus on financing, Mr. Chambers "will collaborate with United Nations agencies, funds and programmes to promote and secure increased investment by the public and private sectors to achieve the health-related Millennium Development Goals of child and maternal mortality, HIV/AIDS, malaria, tuberculosis and other diseases by the end of December 2015, the internationally agreed deadline for achieving the Goals."

<http://www.un.org/News/Press/docs//2013/sga1391.doc.htm>

The Global Fund to Fight AIDS, Tuberculosis and Malaria today launched "a new funding model that allows it to invest more strategically, achieve greater impact, and engage implementers and partners more effectively. The new funding model provides countries that implement grants with more flexibility around when they apply for funds, as well as more predictability on the level of funding available, while still encouraging countries to clearly express how much funding they need to effectively treat and prevent HIV and AIDS, TB and Malaria." The Global Fund noted that up to US\$1.9 billion may be available for the new funding model's transition period, in 2013 and 2014. Full implementation of the new funding model will begin in early 2014 and will grant money in the 2014-2016 period. Based on the available funding, "47 countries may receive up to US\$1.5 billion through renewals, grant extensions and redesigned programs that can rapidly make use of funds in 2013. As 'interim applicants,' these countries can immediately accelerate current programs that are highly effective." The new funding model "also encourages countries to strengthen national strategies by incorporating HIV and AIDS, tuberculosis and malaria treatment and prevention in a holistic, programmatic approach. Further, it supports countries in consolidating existing funding streams and redesigning grants as needed around coherent, strategic and high impact investments that are aligned with domestic and other external funding sources."

http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-02-28_Global_Fund_Launches_New_Funding_Model/

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

Consultative Report: *Health in the Post-2015 Development Agenda*

UN-WHO

March 2013 - 77 pages

<http://www.worldwewant2015.org/health>

Draft report - health in the post-2015 development agenda

<http://www.worldwewant2015.org/file/311537/download/338636>

Based on the comments received a revised draft report has been prepared, to be considered at the High Level Dialogue on health in the post-2015 development which will take place in Botswana 5 and 6 of March 2013. This report can be seen at the link below, and a final report will be issued by the end of March. [draft report](#)

Policy Report: *Renewing US Leadership: Policies to Advance Global Health Research*

Global Health Technologies Coalition, PATH

March 2013

This research highlights recent scientific and policy achievements that have spurred the development of important health innovations such as vaccines, drugs, and diagnostics. It also offers recommendations for how US policymakers can continue making critical investments to produce the next generation of global health tools—proposals that are especially timely given the looming US budget cuts that threaten decades of work to develop tools against major killers, including AIDS, tuberculosis, and malaria. The report makes recommendations in two areas: advancing global health research and maximizing US investments in research and development.

<http://www.path.org/news/an130226-ghtc-report.php>

Meeting: *Eighth International Conference on Typhoid Fever and Other Invasive Salmonelloses*

Dhaka, Bangladesh

1-2 March 2013

International and regional health experts will convene in to review progress on the control and prevention of typhoid fever, enteric fever (disease caused by typhoid or paratyphoid), and disease caused by invasive non-typhoidal salmonella, including news on the development/licensure of next generation vaccines. The is being organized by the [Coalition against Typhoid](#) (CaT) Secretariat, alongside its partners [icddr,b](#), the [Bangladesh Pediatric Association \(BPA\)](#) and the [International Vaccine Institute \(IVI\)](#).

Dr. Christopher Nelson, Director of the CaT Secretariat at Sabin Vaccine Institute, said, "This meeting will facilitate a vital conversation between clinicians, researchers and government leaders from around the world and across Asia. It is important to discuss the highly endemic rates of typhoid in the region and how typhoid vaccines can help control and prevent disease." www.typhoidconference.org.

About The Coalition against Typhoid (CaT)

The Coalition against Typhoid (CaT) is a global forum of scientists and immunization experts working to save lives and reduce suffering by advancing typhoid vaccination in high burden communities who is one amongst other leading alliances. By prioritizing typhoid on the global health agenda and developing a comprehensive work plan to combat this disease, the Coalition against Typhoid eagerly anticipates expanding access to these life-saving vaccines. Learn more about CaT at <http://www.coalitionagainsttyphoid.org/>

<http://www.sabin.org/updates/pressreleases/international-conference-present-progress-typhoid-fever-control-and-prevention>

WHO Euro: Intersectoral coordination and disease control at points of entry – critical to avert and control health crises

1 March 2013

European countries have identified intersectoral coordination and disease control at international airports, ports and ground crossings (points of entry) as critical to ensuring their effective implementation of the International Health Regulations (IHR). This would help avert and control health crises, such as the influenza pandemic and the recent outbreaks of foodborne disease and of measles affecting many European countries.

This was the main conclusion of over 100 participants from 50 IHR State Parties, who gathered in Luxembourg on 26–27 February 2013 to discuss the achievements and remaining challenges in the WHO European Region in improving preparedness for and response to health crises under the IHR.

The meeting addressed the IHR as a collective responsibility to foster global health security, including crisis preparedness and response. It is part of a global series of such implementation meetings taking place in all WHO regions.

<http://www.euro.who.int/en/what-we-do/health-topics/emergencies/international-health-regulations/news/news/2013/03/intersectoral-coordination-and-disease-control-at-points-of-entry-critical-to-avert-and-control-health-crises>

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>

[Reviewed earlier; No relevant content]

BMC Public Health

(Accessed 2 March 2013)

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

[No relevant content]

British Medical Bulletin

Volume 104 Issue 1 December 2012

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

[Reviewed earlier; No relevant content]

British Medical Journal

02 March 2013 (Vol 346, Issue 7897)

<http://www.bmjjournals.org/content/346/7897>

Research

Risk of narcolepsy in children and young people receiving AS03 adjuvanted pandemic A/H1N1 2009 influenza vaccine: retrospective analysis

Elizabeth Miller, consultant epidemiologist¹, Nick Andrews, senior statistician², Lesley Stellitano, public health researcher¹³, Julia Stowe, research fellow¹⁴, Anne Marie Winstone, public health researcher¹³, John Shneerson, consultant physician⁵, Christopher Verity, consultant paediatric neurologist¹³

BMJ 2013;346:f794 (Published 26 February 2013)

<http://www.bmjjournals.org/content/346/bmj.f794>

Abstract

Objective - To evaluate the risk of narcolepsy in children and adolescents in England targeted for vaccination with ASO3 adjuvanted pandemic A/H1N1 2009 vaccine (Pandemrix) from October 2009.

Design - Retrospective analysis. Clinical information and results of sleep tests were extracted from hospital notes between August 2011 and February 2012 and reviewed by an expert panel to confirm the diagnosis. Vaccination and clinical histories were obtained from general practitioners.

Setting - Sleep centres and paediatric neurology centres in England.

Participants - Children and young people aged 4-18 with onset of narcolepsy from January 2008.

Main outcome measures The odds of vaccination in those with narcolepsy compared with the age matched English population after adjustment for clinical conditions that were indications for vaccination. The incidence of narcolepsy within six months of vaccination compared with the incidence outside this period measured with the self controlled cases series method.

Results - Case notes for 245 children and young people were reviewed; 75 had narcolepsy (56 with cataplexy) and onset after 1 January 2008. Eleven had been vaccinated before onset; seven within six months. In those with a diagnosis by July 2011 the odds ratio was 14.4 (95% confidence interval 4.3 to 48.5) for vaccination at any time before onset and 16.2 (3.1 to 84.5) for vaccination within six months before onset. The relative incidence from the self controlled cases series analysis in those with a diagnosis by July 2011 with onset from October 2008 to December 2010 was 9.9 (2.1 to 47.9). The attributable risk was estimated as between 1 in 57 500 and 1 in 52 000 doses.

Conclusion - The increased risk of narcolepsy after vaccination with AS03 adjuvanted pandemic A/H1N1 2009 vaccine indicates a causal association, consistent with findings from Finland. Because of variable delay in diagnosis, however, the risk might be overestimated by more rapid referral of vaccinated children.

Bulletin of the World Health Organization

Volume 91, Number 3, March 2013, 157-236

<http://www.who.int/bulletin/volumes/91/3/en/index.html>

Identifying high-risk areas for sporadic measles outbreaks: lessons from South Africa

Benn Sartorius, C Cohen, T Chirwa, G Ntshoe, A Puren & K Hofman

<http://www.who.int/bulletin/volumes/91/3/12-110726-ab/en/index.html>

Abstract

Objective

To develop a model for identifying areas at high risk for sporadic measles outbreaks based on an analysis of factors associated with a national outbreak in South Africa between 2009 and 2011.

Methods

Data on cases occurring before and during the national outbreak were obtained from the South African measles surveillance programme, and data on measles immunization and population size, from the District Health Information System. A Bayesian hierarchical Poisson model was used to investigate the association between the risk of measles in infants in a district and first-dose vaccination coverage, population density, background prevalence of human immunodeficiency virus (HIV) infection and expected failure of seroconversion. Model projections were used to identify emerging high-risk areas in 2012.

Findings

A clear spatial pattern of high-risk areas was noted, with many interconnected (i.e. neighbouring) areas. An increased risk of measles outbreak was significantly associated with both the preceding build-up of a susceptible population and population density. The risk was also elevated when more than 20% of infants in a populous area had missed a first vaccine dose. The model was able to identify areas at high risk of experiencing a measles outbreak in 2012 and where additional preventive measures could be undertaken.

Conclusion

The South African measles outbreak was associated with the build-up of a susceptible population (owing to poor vaccine coverage), high prevalence of HIV infection and high population density. The predictive model developed could be applied to other settings susceptible to sporadic outbreaks of measles and other vaccine-preventable diseases.

Clinical Therapeutics

Vol 35 | No. 2 | February 2013 | Pages 101-198

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

[Reviewed earlier]

Cost Effectiveness and Resource Allocation

(Accessed 2 March 2013)

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

[No new relevant content]

Development in Practice

Volume 23, Issue 1, 2013

<http://www.tandfonline.com/toc/cdip20/current>

Reaching beyond the health post: Community-based surveillance for polio eradication

Dora Curry, Filimona Bisrat, Ellen Coates & Penny Altman

pages 69-78 DOI:10.1080/09614524.2013.753410

Abstract

This article discusses the CORE Group Polio Project Ethiopia's introduction of community-based surveillance (CBS) of acute flaccid paralysis (AFP) to support polio eradication. A USAID-funded collaboration among Ethiopian and US-based NGOs, the CGPP supports volunteers in education about AFP and encouraging case reporting. Volunteers also conduct active case searches, visiting community leaders likely to have contact with paralysis cases. The project's methods strengthen communities' awareness of AFP and their connection to the health system. Data indicate a near doubling of AFP reporting in project areas since the implementation of CBS, according to MOH-E (Ministry of Health, Ethiopia)/WHO statistics.

Emerging Infectious Diseases

Volume 19, Number 3—March 2013

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

[Reviewed earlier]

Eurosurveillance

Volume 18, Issue 9, 28 February 2013

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

Research articles

The number of deaths among infants under one year of age in England with pertussis: results of a capture/recapture analysis for the period 2001 to 2011

A J van Hoek 1, H Campbell1, G Amirthalingam1, N Andrews2, E Miller1

Immunisation, Hepatitis and Blood Safety Department, Health Protection Agency, London, United Kingdom

Statistics Unit, Health Protection Services, Health Protection Agency, London, United Kingdom

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20414>

Abstract

Pertussis activity in England in 2012 was at its highest level for more than 12 years, leading to an increased number of deaths, especially among infants who were too young to be vaccinated. To support decision making on the introduction of maternal immunisation as an outbreak response measure to prevent these early deaths, we analysed reported deaths amongst infants of less than one year of age during the period from 2001 to 2011 with a capture/recapture analysis. We used log linear regression to allow for interactions. Reported deaths were obtained from the Hospital Episode Statistics for England, death registered by the Office of National Statistics and the enhanced surveillance of laboratory-confirmed pertussis conducted by the

Health Protection Agency. There were a total of 48 deaths recorded; of these 41 had a disease onset before being fully protected by vaccination. Around half of these deaths (23) were recorded in all three datasets and 10 in only one. Due to the high coverage of the datasets the estimated number of deaths missed was small with 1.6 (95% confidence interval (CI): 0.5–4.5) deaths. The total average incidence was 0.721 (95% CI: 0.705–0.763) per 100,000 maternities. We concluded that under ascertainment of deaths from diagnosed pertussis cases is small.

Forum for Development Studies

Volume 40, Issue 1, 2013

<http://www.tandfonline.com/toc/sfds20/current>

Frontline Vaccinators and Immunisation Coverage in Malawi

Lot Nyirenda & Rune Flikke

pages 27-46

Abstract

Access to health services for the poor, especially in the Global South, is a major challenge to achieving health targets like those under the millennium development goals. In Malawi, health surveillance assistants (HSAs) have been instrumental in bringing health services, including immunisation, to remote areas amidst an acute shortage of professional healthcare workers. On the basis of ethnographic fieldwork and historical sources, we describe and analyse the roles played by HSAs in delivering immunisation in Malawi. As frontline vaccinators, HSAs work under adverse conditions with low remuneration, rare upward career mobility and inadequate equipment. All the same, HSA immunisation services are generally considered satisfactory by supervisors as well as by caretakers/mothers among the local population. Without adequate resources for the supervision and continuous training of HSAs, however, the quality of immunisation and other services may be compromised. Unlike professional healthcare workers like nurses and doctors, HSAs undergo only limited training and can be easily replaced. Such a situation makes them vulnerable, a scenario which throws up a cruel paradox: in the HSAs' vulnerability lies the key to the health system. Amidst high unemployment and poverty levels however, the admittedly low salaries help to retain HSAs and enable them have a better life than most Malawians who live below the poverty line. The Malawi case demonstrates that, rather than relying on unpaid volunteers, community health work can be sustainable if the workers have a secure salary mainstreamed within the public health sector.

Global Health Governance

Volume VI, Issue 1: Fall 2012

– December 31, 2012

[Reviewed earlier]

Globalization and Health

[Accessed 2 March 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 2 March 2013
<http://heapol.oxfordjournals.org/content/current>
[No relevant content]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 9, Issue 3 March 2013 Pages 447 - 719
<http://www.landesbioscience.com/journals/vaccines/toc/volume/9/issue/3/>
Special Issue: Vaccines, Immunisation and Immunotherapy
*Based on the Eighth World Congress on Vaccines, Immunisation and Immunotherapy
Barcelona, Spain, June 5-7, 2012*

Results of the rubella elimination program in Catalonia (Spain), 2002–2011
Irene Barrabeig, Nuria Torner, Ana Martínez, Gloria Carmona, Pilar Ciruela, Joan Batalla, Josep Costa, Sergi Hernández, Luis Salleras, Angela Domínguez and the Rubella Surveillance Group of Catalonia
Pages 642 - 648
<http://dx.doi.org/10.4161/hv.23260>

[Abstract](#) | [PDF](#)

REVIEW

Progress in the elimination of measles and congenital rubella in Central Italy
Angela Bechini, Miriam Levi, Sara Boccalini, Emilia Tiscione, Donatella Panatto, Daniela Amicizia and Paolo Bonanni
Pages 649 - 656
<http://dx.doi.org/10.4161/hv.23261>

[Abstract](#) | [PDF](#)

Surveillance of hospitalized and outpatient cases of pertussis in Catalonia from 2003 to 2009

Inma Crespo Fernández, Núria Soldevila, Gloria Carmona, Maria Rosa Sala, Pere Godoy, Angela Domínguez and the Pertussis Surveillance Group of Catalonia

Pages 667 - 670

<http://dx.doi.org/10.4161/hv.23263>

[Abstract](#) | [Full Text](#) | [PDF](#)

[Epidemiology of two large measles virus outbreaks in Catalonia: What a difference the month of administration of the first dose of vaccine makes](#)

Núria Torner, Andres Anton, Irene Barrabeig, Sara Lafuente, Ignasi Parron, César Arias, Neus Camps, Josep Costa, Ana Martínez, Roser Torra, Pere Godoy, Sofia MingueLL, Glòria Ferrús, Carmen Cabezas, Ángela Domínguez, the Measles Elimination Program Surveillance Network of Catalonia and Spain

Pages 675 - 680

<http://dx.doi.org/10.4161/hv.23265>

[Abstract](#) | [Full Text](#) | [PDF](#)

[Epidemiology of vaccine-preventable invasive diseases in Catalonia in the era of conjugate vaccines](#)

Pilar Ciruela, Ana Martínez, Conchita Izquierdo, Sergi Hernández, Sonia Broner, Carmen Muñoz-Almagro, Ángela Domínguez and the Microbiological Reporting System of Catalonia Study Group

Pages 681 - 691

<http://dx.doi.org/10.4161/hv.23266>

[Abstract](#) | [Full Text](#) | [PDF](#)

RESEARCH PAPERS

Open Access Article

[Effectiveness of the WC/rBS oral cholera vaccine in the prevention of traveler's diarrhea: A prospective cohort study](#)

Rosa López-GigosoS and 21 others

Pages 692 - 698

<http://dx.doi.org/10.4161/hv.23267>

[Abstract](#) | [Full Text](#) | [PDF](#)

[Cost-effectiveness of new adult pneumococcal vaccination strategies in Italy](#)

Sara Boccalini, Angela Bechini, Miriam Levi, Emilia Tiscione, Roberto Gasparini and Paolo Bonanni

Pages 699 - 706

<http://dx.doi.org/10.4161/hv.23268>

[Abstract](#) | [Full Text](#) | [PDF](#)

[Economic benefits of inactivated influenza vaccines in the prevention of seasonal influenza in children](#)

Luis Salleras, Encarna Navas, Nuria Torner, Andreu A. Prat, Patricio Garrido, Núria Soldevila and Ángela Domínguez

Pages 707 - 711

<http://dx.doi.org/10.4161/hv.23269>

[Abstract](#) | [PDF](#)

Infectious Diseases of Poverty

2012, 1

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

[Accessed 2 March 2013]

[No new relevant content]

International Journal of Infectious Diseases

March 2013, Vol. 17, No. 3

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

[Reviewed earlier; No relevant content]

JAMA

February 27, 2013, Vol 309, No. 8

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

Why the Ethics of Parsimonious Medicine Is Not the Ethics of Rationing

Jon C. Tilburt, MD; Christine K. Cassel, MD

JAMA. 2013;309(8):773-774. doi:10.1001/jama.2013.368

<http://jama.jamanetwork.com/article.aspx?articleid=1656264>

Extract

The ethics of rationing health care resources has been debated for decades. Opponents of rationing are concerned that societal interests will supplant respect for individual patient choice and professional judgment. Advocates argue that injustices in the current system necessitate that physicians use resources prudently on behalf of society, even in their daily work with individual patients. The debate is important, potentially divisive, and unavoidable.

Various groups have championed the cause of medicine practiced leanly, consistent with the professional responsibility to use resources wisely. These initiatives, which champion “parsimonious medicine,” have highlighted the 20% of routine practices in US medicine that add no demonstrable value to health care but that persist in the inertia and rituals of clinical work.¹ The specialty societies and the Choosing Wisely collaborative² outline commonsense principles for avoiding unnecessary, wasteful care...

JAMA Pediatrics

February 2013, Vol 167, No. 2

<http://archpedi.jamanetwork.com/issue.aspx?journalid=75&issueid=926339>

[Reviewed earlier; 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 7 April 1, 2013

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

MAJOR ARTICLES AND BRIEF REPORTS

VIRUSES

Exposure to Influenza Virus Aerosols During Routine Patient Care

Werner E. Bischoff, Katrina Swett, Iris Leng, and Timothy R. Peters

J Infect Dis. (2013) 207(7): 1037-1046 doi:10.1093/infdis/jis773

<http://jid.oxfordjournals.org/content/207/7/1037.abstract>

Abstract

Background. Defining dispersal of influenza virus via aerosol is essential for the development of prevention measures.

Methods. During the 2010–2011 influenza season, subjects with influenza-like illness were enrolled in an emergency department and throughout a tertiary care hospital, nasopharyngeal swab specimens were obtained, and symptom severity, treatment, and medical history were recorded. Quantitative impaction air samples were taken not \leq 0.305 m (1 foot), 0.914 m (3 feet), and 1.829 m (6 feet) from the patient's head during routine care. Influenza virus was detected by rapid test and polymerase chain reaction.

Results. Sixty-one of 94 subjects (65%) tested positive for influenza virus. Twenty-six patients (43%) released influenza virus into room air, with 5 (19%) emitting up to 32 times more virus than others. Emitters surpassed the airborne 50% human infectious dose of influenza virus at all sample locations. Healthcare professionals (HCPs) were exposed to mainly small influenza virus particles (diameter, $<4.7\text{ }\mu\text{m}$), with concentrations decreasing with increasing distance from the patient's head ($P < .05$). Influenza virus release was associated with high viral loads in nasopharyngeal samples (shedding), coughing, and sneezing ($P < .05$). Patients who reported severe illness and major interference with daily life also emitted more influenza virus ($P < .05$). **Conclusions.** HCPs within 1.829 m of patients with influenza could be exposed to infectious doses of influenza virus, primarily in small-particle aerosols. This finding questions the current paradigm of localized droplet transmission during non-aerosol-generating procedures.

Combined Effects of Antenatal Receipt of Influenza Vaccine by Mothers and Pneumococcal Conjugate Vaccine Receipt by Infants: Results from a Randomized, Blinded, Controlled Trial

Saad B. Omer, Khalequ Zaman, Eliza Roy, Shams E. Arifeen, Rubhana Raqib, Laila Noory, Katherine Seib, Robert F. Breiman, and Mark C. Steinhoff

J Infect Dis. (2013) 207(7): 1144-1147 doi:10.1093/infdis/jit003

<http://jid.oxfordjournals.org/content/207/7/1144.abstract>

Abstract

A 2×2 factorial trial was performed to determine the efficacy of antenatal influenza vaccination of mothers plus pneumococcal conjugate vaccination of their infants against respiratory illness during early infancy. The efficacy of trivalent inactivated influenza vaccine (TIV; delivered to mothers) plus 7-valent pneumococcal vaccine (PCV7; delivered to infants) was higher than the efficacy of TIV alone or PCV7 alone. During the period of the study in which influenza was circulating, the efficacy of TIV plus PCV7 was 72.4% (95% confidence interval, 30.2%–89.1%) against febrile respiratory illness and 66.4% (95% CI, 14.3%–86.9%) against medically attended acute respiratory illness. Clinical Trials registration [NCT00142389](https://clinicaltrials.gov/ct2/show/NCT00142389).

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.bmjjournals.org/content/current>
[Reviewed earlier]

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

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 2 Issue 1 March 2013
<http://jpids.oxfordjournals.org/content/current>
[Reviewed earlier]

Journal of Virology
[March 2013, volume 87, issue 6](http://jvi.asm.org/content/current)
<http://jvi.asm.org/content/current>
[No relevant content]

The Lancet
Mar 02, 2013 Volume 381 Number 9868 p699 - 776
<http://www.thelancet.com/journals/lancet/issue/current>
Editorial
Health and the post-2015 development agenda
The Lancet
Preview |
Next week marks the culmination of a 4-month global consultation on the position of health in the next era of human development. The online consultation saw input from individuals, civil society, academia, the private sector, WHO member states, and UN partners, and was condensed into a highly accessible report that will provide the focus for discussions in Botswana on March 4–5. The consultation's aim was to summarise the achievements and shortcomings of the Millennium Development Goals (MDGs), which expire in 2015, and to devise a new set of health goals with suggestions for how they should be implemented and measured.
- *Health in the post-2015 development agenda* [draft report](#)

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

Medical Decision Making (MDM)
February 2013; 33 (2)
<http://mdm.sagepub.com/content/current>
[No relevant content]

The Milbank Quarterly
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 7438 pp401-512 28 February 2013
http://www.nature.com/nature/current_issue.html
[No relevant content]

Nature Immunology
March 2013, Volume 14 No 3 pp187-305
<http://www.nature.com/ni/journal/v14/n3/index.html>
[Reviewed earlier; No relevant content]

Nature Medicine
February 2013, Volume 19 No 2 pp113-246
<http://www.nature.com/nm/journal/v19/n2/index.html>
[Reviewed earlier]

Nature Reviews Immunology
March 2013 Vol 13 No 3
<http://www.nature.com/nri/journal/v13/n2/index.html>
[No relevant content]

New England Journal of Medicine
February 28, 2013 Vol. 368 No. 9
<http://content.nejm.org/current.shtml>
[No relevant content]

OMICS: A Journal of Integrative Biology
February 2013, 17(2)
<http://online.liebertpub.com/toc/omi/17/2>
[No relevant content]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)

January 2013 Vol. 33, No. 1

http://new.paho.org/journal/index.php?option=com_content&task=view&id=119&Itemid=220

[No relevant content]

The Pediatric Infectious Disease Journal

March 2013 - Volume 32 - Issue 3 p: A7-A8,199-305,e94-e127

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

[Reviewed earlier]

Pediatrics

March 2013, VOLUME 131 / ISSUE 3

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

[No relevant content]

Pharmacoeconomics

Volume 31, Issue 3, March 2013

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

[No relevant content]

PLoS One

[Accessed 2 March 2013]

<http://www.plosone.org/>

[No new relevant content]

PLoS Medicine

(Accessed 2 March 2013)

<http://www.plosmedicine.org/>

[No new relevant content]

PLoS Neglected Tropical Diseases

February 2013

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

Research Article

Economic and Disease Burden of Dengue in Southeast Asia

Donald S. Shepard, Eduardo A. Undurraga, Yara A. Halasa

<http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0002055;jsessionid=C2F39798C5198E1BE55C007C82AEE356>

Abstract

Background

Dengue poses a substantial economic and disease burden in Southeast Asia (SEA). Quantifying this burden is critical to set policy priorities and disease-control strategies.

Methods and Findings

We estimated the economic and disease burden of dengue in 12 countries in SEA: Bhutan, Brunei, Cambodia, East-Timor, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam. We obtained reported cases from multiple sources—surveillance data, World Health Organization (WHO), and published studies—and adjusted for underreporting using expansion factors from previous literature. We obtained unit costs per episode through a systematic literature review, and completed missing data using linear regressions. We excluded costs such as prevention and vector control, and long-term sequelae of dengue. Over the decade of 2001–2010, we obtained an annual average of 2.9 million (m) dengue episodes and 5,906 deaths. The annual economic burden (with 95% certainty levels) was US\$950m (US\$610m–US\$1,384m) or about US\$1.65 (US\$1.06–US\$2.41) per capita. The annual number of disability-adjusted life years (DALYs), based on the original 1994 definition, was 214,000 (120,000–299,000), which is equivalent to 372 (210–520) DALYs per million inhabitants.

Conclusion

Dengue poses a substantial economic and disease burden in SEA with a DALY burden per million inhabitants in the region. This burden is higher than that of 17 other conditions, including Japanese encephalitis, upper respiratory infections, and hepatitis B.

Author Summary

Dengue fever, or break bone fever, is the most common infectious disease transmitted by a mosquito, and is a major economic and disease burden in endemic countries. Between 100–200 million (m) infections occur each year in more than 100 countries, resulting in about 20,000 deaths. Quantifying the burden of dengue is critical for policy makers to set policy priorities and make informed decisions about disease control. We estimated the economic and disease burden of dengue in 12 countries in Southeast Asia, using a consistent methodology that allows comparison among countries. We estimated an annual average of 2.9 m dengue episodes and 5,906 deaths. This amounts to an annual cost per capita of US\$1.65 (0.03% GDP per capita in 2010), and a disease burden of 372 disability-adjusted life years (DALYs) per million inhabitants, a rate higher than that of 17 other conditions, including Japanese encephalitis, upper respiratory infections, and hepatitis B.

[Use of Expansion Factors to Estimate the Burden of Dengue in Southeast Asia: A Systematic Analysis](#)

Eduardo A. Undurraga, Yara A. Halasa, Donald S. Shepard

PLOS Neglected Tropical Diseases: published 21 Feb 2013 |

info:doi/10.1371/journal.pntd.0002056

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

(Accessed 2 March 2013)

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

[No new relevant content]

Public Health Ethics

Volume 5 Issue 3 November 2012

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

[Reviewed earlier]

Qualitative Health Research

April 2013; 23 (4)

<http://qhr.sagepub.com/content/current>

Special Issue: Health Inequities

[No specific vaccines/immunization content]

Science

1 March 2013 vol 339, issue 6123, pages 1001-1112

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

Policy Forum - Research Funding

A Framework for Decisions About Research with HPAI H5N1 Viruses

Amy P. Patterson^{1,*}, Lawrence A. Tabak¹, Anthony S. Fauci¹, Francis S. Collins¹, Sally Howard²

¹ Author Affiliations

1National Institutes of Health, Bethesda, MD 20892, USA.

2Department of Health and Human Services, Washington, DC 20201, USA.

Excerpt

Since it appeared in Hong Kong in 1997, the highly pathogenic avian influenza (HPAI) H5N1 virus has presented a persistent threat to public health and agriculture. Worldwide, hundreds of millions of birds have died as a result of infections or culling to prevent further spread of outbreaks among domestic flocks (1). HPAI H5N1 has caused severe respiratory illness and death in a relatively small number of humans—primarily those who have worked in direct contact with infected poultry (2). Of the ~600 laboratory-confirmed human cases from 2003 to the present, nearly 60% were fatal. At present, the virus does not appear well-adapted for sustained transmission among mammals by respiratory droplets. However, if the viruses occurring in nature were to become readily transmissible among mammals, they could pose the risk of a pandemic....

Science Translational Medicine

27 February 2013 vol 5, issue 174

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

[No relevant content]

Vaccine

Volume 31, Issue 12, Pages 1549-1650 (15 March 2013)

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

Validity of vaccination cards and parental recall to estimate vaccination coverage: A systematic review of the literature

Review Article

Pages 1560-1568

Melody Miles, Tove K. Ryman, Vance Dietz, Elizabeth Zell, Elizabeth T. Luman

Abstract

Immunization programs frequently rely on household vaccination cards, parental recall, or both to calculate vaccination coverage. This information is used at both the global and national level for planning and allocating performance-based funds. However, the validity of household-derived coverage sources has not yet been widely assessed or discussed. To advance knowledge on the validity of different sources of immunization coverage, we undertook a global review of literature. We assessed concordance, sensitivity, specificity, positive and negative predictive value, and coverage percentage point difference when subtracting household vaccination source from a medical provider source. Median coverage difference per paper ranged from -61 to +1 percentage points between card versus provider sources and -58 to +45 percentage points between recall versus provider source. When card and recall sources were combined, median coverage difference ranged from -40 to +56 percentage points. Overall, concordance, sensitivity, specificity, positive and negative predictive value showed poor agreement, providing evidence that household vaccination information may not be reliable, and should be interpreted with care. While only 5 papers (11%) included in this review were from low-middle income countries, low-middle income countries often rely more heavily on household vaccination information for decision making. Recommended actions include strengthening quality of child-level data and increasing investments to improve vaccination card availability and card marking. There is also an urgent need for additional validation studies of vaccine coverage in low and middle income countries.

From Agadez to Zinder: estimating coverage of the MenAfriVac™ conjugate vaccine against meningococcal serogroup A in Niger, September 2010 – January 2012

Original Research Article

Pages 1597-1603

Saverio Caini, Nam Seon Beck, Harouna Yacouba, Idrissa Maiga, Ibrahim Chaibou, Ide Hinsa, Aboubacar Adakal, Aboubacar Issoufou, Sung Hye Kim, Lorenzo Pezzoli

Abstract

MenAfriVac™ is a conjugate vaccine against meningitis A specifically designed for Africa. In Niger, the MenAfriVac™ vaccination campaign was conducted in people aged 1–29 years in three phases. The third phase was conducted in November/December 2011 targeting more than 7 million people. We estimated vaccination coverage for the third phase; classified the 31 target districts according to vaccination coverage levels; analysed the factors associated with being vaccinated; described the reasons for non-vaccination; and estimated coverage of the MenAfriVac™ introduction in Niger by aggregating data from all three phases.

We classified the districts by clustered lot quality assurance sampling according to a 75% lower threshold and a 90% upper threshold. We estimated coverage using a minimum cluster-sample of 30×10 in each region. Two criteria were used to document vaccination status: presentation of vaccination card only or by card and/or verbal history of vaccination (card + history).

We surveyed 2390 persons. After the third phase, estimated coverage was 68.8% (95% CI 64.9–72.8) by card only and 90.9% (95% CI 88.6–93.2) by card + history. Five districts were accepted for coverage above 75% based on card only, whereas 25 were accepted based on card + history. Factors positively associated with being vaccinated were younger age (<15 years), female sex, residing in the same household for more than three months, and being informed about the vaccination campaign. The main reason for non-vaccination was not being at home during the campaign. Overall coverage for MenAfriVac™ introduction via 3 phases was 76.1% (95% CI: 72.5–79.6) by card only and 91.9% (95%CI: 89.7–94.1) by card + history. Although estimated coverage was high, pockets of non-vaccination probably still exist in the country; thus, the implementation of mop-up campaigns should be considered.

Priorities for the future should include incorporating meningitis A vaccination into the existing immunization schedule and assessing its impact at a population level.

Vaccine production training to develop the workforce of foreign institutions supported by the BARDA influenza vaccine capacity building program

Original Research Article

Pages 1646-1649

E. Bart Tarbet, James T. Dorward, Craig W. Day, Kamal A. Rashid

Abstract

In the event of an influenza pandemic, vaccination will be the best method to limit virus spread. However, lack of vaccine biomanufacturing capacity means there will not be enough vaccine for the world's population. The U.S. Department of Health and Human Services, Biomedical Advanced Research and Development Authority (BARDA) provides support to the World Health Organization to enhance global vaccine production capacity in developing countries. However, developing a trained workforce in some of those countries is necessary. Biomanufacturing is labor-intensive, requiring unique skills not found in traditional academic programs. Employees must understand the scientific basis of biotechnology, operate specialized equipment, and work in an environment regulated by good manufacturing practices (cGMP). Therefore, BARDA supported development of vaccine biomanufacturing training at Utah State University. The training consisted of a three-week industry-focused course for participants from institutions supported by the BARDA and WHO influenza vaccine production capacity building program. The curriculum was divided into six components: (1) biosafety, (2) cell culture and growth of cells in bioreactors, (3) virus assays and inactivation, (4) scale-up strategies, (5) downstream processing, and (6) egg- and cell-based vaccine production and cGMP. Lectures were combined with laboratory exercises to provide a balance of theory and hands-on training. The initial course included sixteen participants from seven countries including: Egypt, Romania, Russia, Serbia, South Korea, Thailand, and Vietnam. The participant's job responsibilities included: Production, Quality Control, Quality Assurance, and Research; and their education ranged from bachelors to doctoral level. Internal course evaluations utilized descriptive methods including surveys, observation of laboratory activities, and interviews with participants. Generally, participants had appropriate academic backgrounds, but lacked expertise in vaccine production. All participants acknowledged the utility of the training, and many expressed interest in receiving additional support to implement new practices at their home institutions.

Vaccine: Development and Therapy

(Accessed 2 March 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

[PDF] [**Parenting Blog Coverage of the Autism-Vaccine Controversy**](#)

A Bryant - 2012

Abstract This study examines source type, citation accuracy, and anecdotal reliance in parenting blog articles about the autism/vaccine controversy. Existing literature on common errors and shortcomings of traditional health journalism, in conjunction with existing ...

[**Safety of Meningococcal Polysaccharide-Protein Conjugate Vaccine in Pregnancy: a Review of Vaccine Adverse Event Reporting System**](#)

Y Zheteyeva, P Moro, X Yue, K Broder - American Journal of Obstetrics and ..., 2013

Objective We characterized reports to the Vaccine Adverse Event Reporting System (VAERS) of pregnant women who received meningococcal polysaccharide-protein conjugate vaccine Menactra (MenACWY-D). Study design We searched VAERS for ...

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 2 March 2013

[No new, unique, relevant content]

BBC

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

Accessed 2 March 2013

[No new, unique, relevant content]

Brookings

<http://www.brookings.edu/>

Accessed 2 March 2013

[No new, unique, relevant content]

Economist

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

Accessed 2 March 2013

[No new, unique, relevant content]

Financial Times

<http://www.ft.com>

Accessed 2 March 2013

[No new, unique, relevant content]

Forbes

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

Accessed 2 March 2013

[No new, unique, relevant content]

Foreign Affairs

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

January/February 2013 Volume 92, Number 1

Accessed 2 March 2013

[No new unique, relevant content]

Foreign Policy

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

Accessed 2 March 2013]

[No new unique, relevant content]

The Guardian

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

Accessed 2 March 2013

[No new unique, relevant content]

The Huffington Post

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

Accessed 2 March 2013

World's First Alcoholism Vaccine Set To Begin Preclinical Trials In Chile (VIDEO)

By [Sara Gates](#) Posted: 01/29/2013 7:55 pm EST | Updated: 01/29/2013 7:59 pm EST

http://www.huffingtonpost.com/2013/01/29/first-alcoholism-vaccine-chile-preclinical-trial_n_2569033.html

New Yorker

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

Accessed 2 March 2013

[No new, unique, relevant content]

NPR/National Public Radio [U.S.]

[Public Health](#)

Accessed 2 March 2013

[No new, unique, relevant content]

New York Times

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

Accessed 2 March 2013

Reuters

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

Accessed 2 March 2013

[No new, unique, relevant content]

Wall Street Journal

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

Accessed 2 March 2013

[No new, unique, relevant content]

Washington Post

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

Accessed 2 March 2013

[No new, unique, relevant content]

Twitter Watch (2 March 2013 – 16:35)

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.

PATH @PATHtweets

Let no vaccines go to waste! The [@GAVIAlliance #TEDchallenge](#) just got highlighted on [#TED2013](#) main stage. <http://ow.ly/ibtge>

12:43 p.m. - Mar 1, 2013

The Lancet @TheLancet

Health and the post-2015 development agenda <http://ow.ly/iatCU>

7:30 a.m. - Mar 1, 2013

Vaccination PAHO/WHO @OPSPAHO_VAC

The 2013 World Immunization Week site is now live! Check out news, campaign materials, and more! <http://fb.me/2bMMHRbqe>

Retweeted by [M&R Initiative](#)

7:51 a.m. - Feb 28, 2013

M&R Initiative @MeaslesRubella

[#Nigeria](#): 6 children have died now over [#measles](#) outbreak in [#Niger](#) state. MOH in the process of re-[#immunizing](#) kids. <http://bit.ly/15nnWzb>

7:11 a.m. - Mar 1, 2013

The Global Fund @globalfundnews

Today we announced our new funding model. Up to \$1.9 billion Available in 2013 and 2014.

More info here: <http://bit.ly/YDVN2C>

1:31 p.m. - Feb 28, 2013

[Wall Street Journal @WSJ](#)

New York Mayor Michael Bloomberg to announce \$100 million personal donation to eradicate polio. <http://on.wsj.com/ZKW1K0>

Retweeted by [EndPolioNow](#)

6:11 a.m. - Feb 28, 2013

* * * *

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, 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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