Center for Vaccine Ethics and Policy
NYU | Wistar Institute | CHOP

Vaccines: The Week in Review
11 May 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 and
Executive Director
Center for Vaccine Ethics & Policy
david.r.curry@centerforvaccineethicsandpolicy.org

GAVI announced "a new record low price for human papillomavirus (HPV) vaccines (which) will help ensure millions of girls in developing countries can be protected against cervical cancer." UNICEF acted as procurement partner for the GAVI Alliance in running a public tender process, and, under the new GAVI HPV Vaccine Programme, will now purchase HPV vaccines from Merck & Co. at US$ 4.50 per dose and from GlaxoSmithKline at US$ 4.60 per dose for the award period, 2013-2017. Additionally, Merck has agreed to extend significantly lower prices to GAVI if total volumes increase in the future.

GAVI said its "market shaping efforts…work to address market failures for vaccines by aggregating volume, increasing certainty of demand, stimulating competition where possible and ensuring that a sufficient quantity of appropriate, quality vaccines is available through a diverse manufacturer base at affordable and sustainable prices." GAVI noted that among stakeholders involved are WHO, PATH, UNICEF, UNFPA, National Cancer Institute, World Bank, Union for International Cancer Control, Pink Ribbon Red Ribbon, UNAIDS, International Agency for Research on Cancer, and the US Centers for Disease Control. GAVI also said that in addition to "bringing down dramatically the price of the HPV vaccines, GAVI has also helped to halve the time lag that can exist in getting new vaccines out to poor countries, down to just six years. Since GAVI began accepting applications for HPV vaccines support in 2012 it has received unprecedented demand, with 15 countries applying last year and a further 15 to 20 expected this year."

Dr Seth Berkley, CEO of the GAVI Alliance, commented, "A vast health gap currently exists between girls in rich and poor countries. With GAVI's programmes we can begin to bridge that gap so that all girls can be protected against cervical cancer no matter where they are born. By 2020 we hope to reach more than 30 million girls in more than 40 countries. This is a

transformational moment for the health of women and girls across the world. We thank the manufacturers for working with us to help make this happen." GAVI will begin support for HPV vaccines in Kenya as early as this month followed by Ghana, Lao PDR, Madagascar, Malawi, Niger, Sierra Leone and the United Republic of Tanzania.

Full media release: http://www.gavialliance.org/library/news/press-releases/2013/hpv-price-announcement/

GlaxoSmithKline (GSK) announced "a new commitment to the GAVI Alliance to supply its cervical cancer vaccine as part of a new long term programme to help protect girls against cervical cancer in the world's poorest countries." To start the programme and over the next two years, GSK will supply doses of *Cervarix*® (Human Papillomavirus vaccine [Types 16, 18] (Recombinant, adjuvanted, adsorbed)) to four new GAVI demonstration projects at a significantly discounted price of $4.60 per dose. Christophe Weber, President and General Manager, GSK Vaccines, said, "Cervical cancer is a significant issue especially in poorer countries where the availability of screening is limited. We are pleased to be expanding our commitment to GAVI by delivering our *Cervarix®* vaccine to help protect girls in the developing world. This continues our significant commitment to make our vaccines accessible to as many people as possible, no matter where in the world they live. We hope that this will help reduce the burden of cervical cancer and positively impact future generations."

Full media release:
http://www.gsk.com/media/press-releases/2013/gsk-enters-new-commitment-with-the-gavi-alliance-to-supply-cervi.html

Merck/MSD announced an award for "a significant portion of the UNICEF human papillomavirus (HPV) vaccine tender, and will provide sustained supply of GARDASIL® [Human Papillomavirus Quadrivalent (Types 6, 11, 16, and 18) Vaccine, Recombinant] to GAVI-eligible countries." Through this initial tender award, Merck said it expects to supply approximately 2.4 million doses of GARDASIL to GAVI-eligible countries between 2013 to 2017 to help meet vaccine demand for countries already approved or recommended for approval by GAVI for HPV vaccine demonstration projects and national introductions. Julie L. Gerberding, M.D., president, Merck Vaccines, said, "It is essential that every young girl around the world have access to HPV vaccines. Today's decision by UNICEF is an important step forward. This partnership highlights Merck's commitment to working closely with GAVI to ensure broad and sustained access to GARDASIL in the world's poorest countries, where the burden of cervical cancer is greatest."

Full media release:
http://www.businesswire.com/news/home/20130509005227/en/GARDASIL%C2%AE-Human-Papillomavirus-Quadrivalent-Types-6-11

Update: Polio this week - *As of 8 May 2013*
Global Polio Eradication Initiative
http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
[Editor's extract and bolded text]
- Two new wild poliovirus (WPV) cases are officially reported this week, both from Nigeria, bringing the total number of WPV cases in 2013 to 26 (compared to 53 at this time last year).

Additionally, a new circulating vaccine-derived poliovirus type 2 (cVDPV2) case is reported in Pakistan. Please see country-specific sections below, for more information.
- The Independent Monitoring Board (IMB) is meeting this week in London, United Kingdom (UK), to review the latest global polio epidemiology. The report from the meeting is expected by end-May. The agenda for the meeting and country-level presentations available here.
- Health ministers from around the world will convene in Geneva at the annual World Health Assembly (WHA), starting on 20 May. Polio eradication will also feature on the health ministers' agenda, and to facilitate discussions, the GPEI has prepared a report for the WHA: here.

Nigeria

-Two new WPV cases were reported in the past week (WPV1s from Kano and Taraba), bringing the total number of WPV cases for 2013 to 18. The case from Kano is the most recent WPV case in the country, and had onset of paralysis on 12 April.

Pakistan

-One new cVDPV2 case was reported in the past week, bringing the total number of cVDVP2 cases in 2013 to three. It is the most recent cVDPV2 case in the country, and had onset of paralysis on 10 April (from Federally Administered Tribal Areas – FATA).
-This latest cVDPV2 case is from North Waziristan, an area where immunizations have been suspended by local leaders since last June. To minimize the risk of an outbreak in this area, it is critical that access to children is granted as quickly as possible. Immunizations in neighbouring high-risk areas are being intensified, to further boost population immunity levels in those areas and prevent further spread of this outbreak.
-Genetic sequencing has confirmed that this cVDPV2 case is linked to the ongoing outbreak previously restricted to Balochistan and parts of Karachi, resulting in 19 cases in Pakistan since middle of last year. In 2012, this strain had also spread into Afghanistan, causing 12 cases there since August.
- Pakistan is also affected by transmission of WPV1, with six cases this year (compared to 13 cases for the same period in 2012). Wild poliovirus type 3 has not been detected in the country in more than 12 months (since April 2012, from Khyber Agency, FATA).
- Confirmation of this latest cases underscores the risk ongoing polio transmission (be it due to WPV or cVDPV) in the country continues to pose to children everywhere, and in particular to children living in areas where access has not been possible for extended periods of time.
- One new positive environmental sample was confirmed this week (WPV1, collected on 10 April), from Hyderabad, Sindh. This year, 14 environmental samples positive for WPV1 have been reported, most from Peshawar, Khyber Pakhtunkhwa and Hyderabad.
-The security situation continues to be monitored closely, in consultation with law enforcement agencies. Immunization activities continue to be implemented, in some areas staggered or postponed, depending on the security situation at the local level.

WHO: Global Alert and Response (GAR) – *Disease Outbreak News*
http://www.who.int/csr/don/2013_03_12/en/index.html
Novel coronavirus infection – *update 9 May 2013*
- The Ministry of Health in Saudi Arabia has informed WHO of an additional two laboratory confirmed cases of infection with the novel coronavirus (nCoV).
The first patient is a 48-year-old man with multiple coexisting medical conditions who became ill on 29 April 2013. He is in stable condition. The second patient is a 58-year-old man with

existing medical condition who became ill on 6 April 2013. He fully recovered and was discharged from the hospital on 3 May 2013.
The two patients are from the same cluster reported since the beginning of May 2013, which is linked to an outbreak in a health care facility. The government is conducting ongoing investigation into this outbreak. Since the beginning of May 2013, a total of 15 patients have been reported from this outbreak, of which seven have died. Of the 15 patients, 12 are men and three women. The age range of the patients are from 24 to 94 years old.
From September 2012 to date, WHO has been informed of a global total of 33 laboratory confirmed cases of human infection with nCoV, including 18 deaths…

Human infection with avian influenza A(H7N9) virus – *update 8 May 2013*

- As of 8 May 2013 (11:00 CET), the National Health and Family Planning Commission, China notified WHO of an additional laboratory-confirmed case of human infection with avian influenza A(H7N9) virus.
The patient is a 79-year-old woman from Jiangxi province who became ill on 3 May 2013. Additionally, a patient earlier reported has died.
To date, a total of 131 laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus including 32 deaths have been reported to WHO. Contacts of the confirmed cases are being closely monitored…

***The MMWR* Weekly for May 10, 2013 / Vol. 62 / No. 18** includes:

- Prevention and Control of Influenza with Vaccines: Interim Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2013
- Emergence of Avian Influenza A(H7N9) Virus Causing Severe Human Illness — China, February–April 2013

The Sabin Vaccine Institute announced new Neglected Tropical Disease (NTD) Special Envoys supporting the Global Network for Neglected Tropical Diseases. His Excellency, President Alvaro Arzú Irigoyen of Guatemala (1996-2000), His Excellency, President Ricardo Lagos Escobar of Chile (2000-2006) and former Pan American Health Organization (PAHO) Director Dr. Mirta Roses Periago has joined the initiative. They join current NTD Special Envoy: His Excellency, President John A. Kufuor of the Republic of Ghana (2001-2009), who was appointed in April 2012. The collaboration was announced at a panel hosted by the Global Network and the Center for Strategic and International Studies (CSIS).

Full media release: http://www.sabin.org/updates/pressreleases/new-advocates-join-global-effort-eliminate-neglected-tropical-diseases

Aeras, the University of Oxford, and Okairos, a biopharmaceutical company specializing in T-cell vaccines announced a US$2.9 million grant to Aeras "in support of a collaboration among the three parties to support the development of vaccines against tuberculosis, HIV and malaria." The grant, provided by the Bill & Melinda Gates Foundation, "allows the three groups to work together to develop scalable methods to enable large-scale production of multiple novel chimpanzee adenovirus vector constructs." Novel constructs to be

pursued include Okairos' proprietary technology platform that "uses potent chimpanzee adenovirus vectors to stimulate robust T-cell and antibody responses against selected antigens."
Full media release: http://www.businesswire.com/news/home/20130507005346/en/Aeras-Oxford-University-Okairos-TB-HIV-Malaria

The Scripps Research Institute (TSRI) announced a five-year agreement with Janssen Pharmaceuticals, Inc. (Janssen) to collaborate on focused research projects in the infectious disease area, with the initial project targeting the influenza virus. Under the agreement Janssen will receive certain license rights to the results of the research. Janssen Pharmaceuticals will collaborate in the research on influenza through its Crucell Vaccine Institute. The new agreement builds on research on the influenza virus conducted jointly by TSRI and Janssen's Crucell Vaccine Institute.
Full media release: http://www.prnewswire.com/news-releases/the-scripps-research-institute-announces-new-research-and-license-agreement-with-janssen-pharmaceuticals-inc-206392741.html

The Global Fund to Fight AIDS, Tuberculosis and Malaria "welcomed an announcement from Switzerland that it intends to increase its contribution to the Global Fund by 43 per cent in 2013." Swiss Federal Councillor Didier Burkhalter said that Switzerland would increase its contribution for 2013 to 10 million Swiss francs from an initial pledge of 7 million Swiss francs, and also indicated that Switzerland wanted to make a big increase in its support to the Global Fund in the 2014-16 period but did not confirm a figure.
Full media release: http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-05-06_Switzerland_Raises_Contribution_to_Global_Fund_by_43_Percent/

WHO SAGE Meeting of April 2013: GVAP Updates
-Global vaccine action plan – Report by the Secretariat
A66/19
Provisional agenda item 16.1
22 March 2013
SIXTY-SIXTH WORLD HEALTH ASSEMBLY
http://www.who.int/immunization/sage/meetings/2013/april/2_GVAP_final.pdf
-Global Report: key updates & challenges – including from the Regions
J M Okwo-Bele, Director, Immunization Vaccines & Biologicals, WHO
Slide 8:
GVAP Monitoring & Accountability
SAGE Decade of Vaccine Working Group:

- Narendra Arora
- Yagob Al-Mazrou
- Alejandro Cravioto
- Funqiang Cui
- Elizabeth Ferdinand

- Shawn Gilchrist
- Alan Hinman
- Stephen Inglis
- Amani Mustafa Mahmoud
- Rebecca Martin
- Rozina Mistry
- David Salisbury

http://www.who.int/immunization/sage/meetings/2013/april/SAGE_Apr_2013_Okwo_Bele.pdf

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

UN Watch to 11 May 2013
Selected meetings, press releases, and press conferences relevant to immunization, vaccines, infectious diseases, etc. http://www.un.org/en/unpress/
-No new relevant content.

Reports/Research/Analysis/ Conferences/Meetings/Book Watch
Vaccines: The Week in Review has expanded its coverage of new reports, books, research and analysis published independent of the journal channel covered in Journal Watch below. Our interests span immunization and vaccines, as well as global public health, health governance, and associated themes. If you would like to suggest content to be included in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org
-No new relevant content

Journal Watch
Vaccines: The Week in Review continues its weekly scanning of key peer-reviewed journals to identify and cite articles, commentary and editorials, books reviews and other content supporting our focus on vaccine ethics and policy. ***Journal Watch* is not intended to be exhaustive, but indicative of themes and issues the Center is actively tracking.** We selectively provide full text of some editorial and comment articles that are specifically relevant to our work. Successful access to some of the links provided may require subscription or other access arrangement unique to the publisher.

If you would like to suggest other journal titles to include in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

American Journal of Infection Control
Vol 41 | No. 5 | May 2013 | Pages 389-480
http://www.ajicjournal.org/current
[Reviewed earlier]

American Journal of Public Health
Volume 103, Issue 6 (June 2013)
http://ajph.aphapublications.org/toc/ajph/current

Population-Based Versus Practice-Based Recall for Childhood Immunizations: A Randomized Controlled Comparative Effectiveness Trial

Allison Kempe, MD, MPH, Alison Saville, MSPH, MSW, L. Miriam Dickinson, PhD, Sheri Eisert, PhD, Joni Reynolds, RN, MSN, Diana Herrero, MS, Brenda Beaty, MSPH, Karen Albright, PhD, Eva Dibert, MHA, Vicky Koehler, MPH, Steven Lockhart, BA, and Ned Calonge, MD
http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.301035
Abstract
Objectives. We compared the effectiveness and cost-effectiveness of population-based recall (Pop-recall) versus practice-based recall (PCP-recall) at increasing immunizations among preschool children.
Methods. This cluster-randomized trial involved children aged 19 to 35 months needing immunizations in 8 rural and 6 urban Colorado counties. In Pop-recall counties, recall was conducted centrally using the Colorado Immunization Information System (CIIS). In PCP-recall counties, practices were invited to attend webinar training using CIIS and offered financial support for mailings. The percentage of up-to-date (UTD) and vaccine documentation were compared 6 months after recall. A mixed-effects model assessed the association between intervention and whether a child became UTD.
Results. Ten of 195 practices (5%) implemented recall in PCP-recall counties. Among children needing immunizations, 18.7% became UTD in Pop-recall versus 12.8% in PCP-recall counties ($P < .001$); 31.8% had documented receipt of 1 or more vaccines in Pop-recall versus 22.6% in PCP-recall counties ($P < .001$). Relative risk estimates from multivariable modeling were 1.23 (95% confidence interval [CI] = 1.10, 1.37) for becoming UTD and 1.26 (95% CI = 1.15, 1.38) for receipt of any vaccine. Costs for Pop-recall versus PCP-recall were $215 versus $1981 per practice and $17 versus $62 per child brought UTD.
Conclusions. Population-based recall conducted centrally was more effective and cost-effective at increasing immunization rates in preschool children.
Read More: http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.301035

Annals of Internal Medicine
7 May 2013, Vol. 158. No. 9
http://www.annals.org/content/current
[No relevant content]

BMC Public Health
(Accessed 11 May 2013)
http://www.biomedcentral.com/bmcpublichealth/content
[No new relevant content]

British Medical Bulletin
Volume 105 Issue 1 March 2013

http://bmb.oxfordjournals.org/content/current
[Reviewed earlier]

British Medical Journal
11 May 2013 (Vol 346, Issue 7907)
http://www.bmj.com/content/346/7907
Editorial
HPV vaccination—reaping the rewards of the appliance of science
Simon Barton
Excerpt
National programmes could virtually eliminate certain diseases and substantially reduce costs
The optimism generated by scientific breakthroughs often turns to disappointment when applied to the real world of clinical care. It is therefore worth celebrating the extraordinary success of Australia's national human papillomavirus (HPV) vaccination programme, which was implemented five years ago, as reported in the linked paper by Ali and colleagues (doi:10.1136/bmj.f2032).1 This analysis of data on 85 770 new patients from six Australian sexual health clinics shows a remarkable reduction in the proportion of women under 21 years of age presenting with genital warts—from 11.5% in 2007 to 0.85% in 2011 ($P<0.001$). Only 13 cases of genital warts were diagnosed in women under the age of 21 across all six health clinics in 2011. Such a reduction in this distressing disease caused by a sexually transmitted virus is a major public health achievement. Furthermore, the near eradication of genital warts in young Australian women will probably have a major impact on the costs of sexual healthcare…
http://www.bmj.com/content/346/bmj.f2184
Editorial
Revising the Declaration of Helsinki
Vivienne Nathanson
Excerpt
Your chance to influence research governance
In the middle of the 20th century, the Nuremberg trials laid bare the abuse of medical knowledge and techniques used in human experimentation, with perhaps the most famous offender being Joseph Mengele. The outcomes of the trials included the Nuremberg Code—a legal document intended to stop such abuses—and the establishment of the World Medical Association (WMA). Both were intended to ensure that doctors never again performed such inhuman experiments.

Over the next two decades the newly formed WMA began to put together a core set of policies, designed to reflect ethical thinking, to which doctors were expected to conform. The Declaration of Helsinki, published in 1964,1 set out rules and limits for human experimentation based on the findings of the Nuremberg trials and an unshakeable conviction that human experimental subjects have fundamental rights that drive a series of duties for the experimenter. Key to its development and adoption was that it was essentially written by doctors for doctors.

Since then, the declaration has been incorporated into national laws in several countries and has been a touchstone for researchers. It has not remained static; changes have been made on eight occasions. Another revision is now under way, and a draft document is currently open …
http://www.bmj.com/content/346/bmj.f2837
Research

Genital warts in young Australians five years into national human papillomavirus vaccination programme: national surveillance data

Hammad Ali, lecturer[1], Basil Donovan, professor[12], Handan Wand, senior lecturer[1], Tim R H Read, sexual health physician[34], David G Regan, senior lecturer[1], Andrew E Grulich, Professor[1], Christopher K Fairley, professor[34], Rebecca J Guy, associate professor[1]

Open Access: http://www.bmj.com/content/346/bmj.f2032

Abstract

Objective To measure the effect on genital warts of the national human papillomavirus vaccination programme in Australia, which started in mid-2007.

Design Trend analysis of national surveillance data.

Setting Data collated from eight sexual health services from 2004 to 2011; the two largest clinics also collected self-reported human papillomavirus vaccination status from 2009.

Participants Between 2004 and 2011, 85 770 Australian born patients were seen for the first time; 7686 (9.0%) were found to have genital warts.

Main outcome measure Rate ratios comparing trends in proportion of new patients diagnosed as having genital warts in the pre-vaccination period (2004 to mid-2007) and vaccination period (mid-2007 to the end of 2011).

Results Large declines occurred in the proportions of under 21 year old (92.6%) and 21-30 year old (72.6%) women diagnosed as having genital warts in the vaccination period—from 11.5% in 2007 to 0.85% in 2011 (P<0.001) and from 11.3% in 2007 to 3.1% in 2011 (P<0.001), respectively. No significant decline in wart diagnoses was seen in women over 30 years of age. Significant declines occurred in proportions of under 21 year old (81.8%) and 21-30 year old (51.1%) heterosexual men diagnosed as having genital warts in the vaccination period—from 12.1% in 2007 to 2.2% in 2011 (P<0.001) and from 18.2% in 2007 to 8.9% in 2011 (P<0.001), respectively. No significant decline in genital wart diagnoses was seen in heterosexual men over 30 years of age. In 2011 no genital wart diagnoses were made among 235 women under 21 years of age who reported prior human papillomavirus vaccination.

Conclusions The significant declines in the proportion of young women found to have genital warts and the absence of genital warts in vaccinated women in 2011 suggests that the human papillomavirus vaccine has a high efficacy outside of the trial setting. Large declines in diagnoses of genital warts in heterosexual men are probably due to herd immunity.

Bulletin of the World Health Organization

Volume 91, Number 5, May 2013, 313-388
http://www.who.int/bulletin/volumes/91/5/en/index.html
[Reviewed earlier]

Clinical Therapeutics

Vol 35 | No. 4 | April 2013 | Pages 351-540
http://www.clinicaltherapeutics.com/current
[Reviewed earlier]

Cost Effectiveness and Resource Allocation

(Accessed 11 May 2013)
http://www.resource-allocation.com/

[No new relevant content]

Current Opinion in Infectious Diseases.
June 2013 - Volume 26 - Issue 3 pp: v-v,213-293
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
[Reviewed earlier]

Development in Practice
Volume 23, Issue 3, 2013
http://www.tandfonline.com/toc/cdip20/current
[No relevant content]

Emerging Infectious Diseases
Volume 19, Number 5—May 2013
http://www.cdc.gov/ncidod/EID/index.htm
[No relevant content]

Eurosurveillance
Volume 18, Issue 19, 09 May 2013
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
[No relevant content]

Forum for Development Studies
Volume 40, Issue 1, 2013
http://www.tandfonline.com/toc/sfds20/current
[Reviewed earlier]

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

Globalization and Health
[Accessed 11 May 2013]
http://www.globalizationandhealth.com/
Research
Emergence of multilateral proto-institutions in global health and new approaches to governance: analysis using path dependency and institutional theory
Eduardo J Gómez and Rifat Atun
Abstract (provisional)

The role of multilateral donor agencies in global health is a new area of research, with limited research on how these agencies differ in terms of their governance arrangements, especially in relation to transparency, inclusiveness, accountability, and responsiveness to civil society. We argue that historical analysis of the origins of these agencies and their coalition formation processes can help to explain these differences. We propose an analytical approach that links the theoretical literature discussing institutional origins to path dependency and institutional theory relating to proto institutions in order to illustrate the differences in coalition formation processes that shape governance within four multilateral agencies involved in global health. We find that two new multilateral donor agencies that were created by a diverse coalition of state and non-state actors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and GAVI, what we call proto-institutions, were more adaptive in strengthening their governance processes. This contrasts with two well-established multilateral donor agencies, such as the World Bank and the Asian Development Bank, what we call Bretton Woods (BW) institutions, which were created by nation states alone; and hence, have different origins and consequently different path dependent processes.
The complete article is available as a provisional PDF. The fully formatted PDF and HTML versions are in production.

Health Affairs
April 2013; Volume 32, Issue 4
http://content.healthaffairs.org/content/current
Theme: The 'Triple Aim' Goes Global
[Reviewed earlier; 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 02 - April 2013
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
[Reviewed earlier]

Health Policy and Planning
Volume 28 Issue 3 May 2013
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 9, Issue 5 May 2013
http://www.landesbioscience.com/journals/vaccines/toc/volume/9/issue/5/
[Reviewed earlier]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 11 May 2013]
[No new relevant content]

International Journal of Epidemiology
Volume 42 Issue 2 April 2013
http://ije.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Infectious Diseases
Vol 17 | No. 6 | June 2013
http://www.ijidonline.com/current
Focus on Bacterial Resistance
[Reviewed earlier; No relevant content]

JAMA
May 08, 2013, Vol 309, No. 18
http://jama.ama-assn.org/current.dtl
[No relevant content]

JAMA Pediatrics
May 2013, Vol 167, No. 5
http://archpedi.jamanetwork.com/issue.aspx
[No relevant content]

Journal of Community Health
Volume 38, Issue 3, June 2013
http://link.springer.com/journal/10900/38/3/page/1
[Reviewed earlier]

Journal of Health Organization and Management
Volume 27 issue 3
http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest
[No relevant content]

Journal of Infectious Diseases
Volume 207 Issue 11 June 1, 2013
http://jid.oxfordjournals.org/content/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
May 2013, Volume 39, Issue 5
http://jme.bmj.com/content/current
[Reviewed earlier; No relevant content]

Journal of Medical Microbiology
May 2013; 62 (Pt 5)
http://jmm.sgmjournals.org/content/current
[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 Pediatrics
May 2013, Vol. 162, No. 5
http://www.jpeds.com/
[Reviewed earlier]

Journal of Virology
June 2013, volume 87, issue 11
http://jvi.asm.org/content/current
[No relevant content]

The Lancet
May 11, 2013 Volume 381 Number 9878 p1597 - 1686
http://www.thelancet.com/journals/lancet/issue/current
[No relevant content]

The Lancet Infectious Diseases
May 2013 Volume 13 Number 5 p377 - 464
http://www.thelancet.com/journals/laninf/issue/current

[Reviewed earlier]

Medical Decision Making (MDM)
May 2013; 33 (4)
http://mdm.sagepub.com/content/current
[Reviewed earlier]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
March 2013 Volume 91, Issue 1 Pages 1–218
http://onlinelibrary.wiley.com/doi/10.1111/milq.2013.91.issue-1/issuetoc
[Reviewed earlier]

Nature
Volume 497 Number 7448 pp157-282 9 May 2013
http://www.nature.com/nature/current_issue.html
[No relevant content]

Nature Immunology
May 2013, Volume 14 No 5 pp415-522
http://www.nature.com/ni/journal/v14/n5/index.html
[Reviewed earlier]

Nature Medicine
May 2013, Volume 19 No 5 pp507-651
http://www.nature.com/nm/journal/v19/n4/index.html
[No relevant content]

Nature Reviews Immunology
May 2013 Vol 13 No 5
http://www.nature.com/nri/journal/v13/n5/index.html
[No relevant content]

New England Journal of Medicine
May 9, 2013 Vol. 368 No. 19
http://www.nejm.org/toc/nejm/medical-journal
[No relevant content]

OMICS: A Journal of Integrative Biology
May 2013, 17(5)

http://online.liebertpub.com/toc/omi/17/5
[No relevant content]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
April 2013 Vol. 33, No. 4
http://www.paho.org/journal/index.php?option=com_content&task=view&id=122&Itemid=222
[No relevant content]

The Pediatric Infectious Disease Journal
May 2013 - Volume 32 - Issue 5 pp: A15-A16,431-583,e182-e229
http://journals.lww.com/pidj/pages/currenttoc.aspx
[Reviewed earlier; No relevant content]

Pediatrics
May 2013, VOLUME 131 / ISSUE 5
http://pediatrics.aappublications.org/current.shtml
[Reviewed earlier]

Pharmaceutics
Volume 5, Issue 2 (June 2013), Pages 220-
http://www.mdpi.com/1999-4923/5/1
[No relevant content]

Pharmacoeconomics
Volume 31, Issue 4, April 2013
http://link.springer.com/journal/40273/31/4/page/1
[Reviewed earlier]

PLoS One
[Accessed 11 May 2013]
http://www.plosone.org/
Identifying Optimal Vaccination Strategies for Serogroup A *Neisseria meningitidis* Conjugate Vaccine in the African Meningitis Belt
Sara Tartof, Amanda Cohn, Félix Tarbangdo, Mamoudou H. Djingarey, Nancy Messonnier, Thomas A. Clark, Jean Ludovic Kambou, Ryan Novak, Fabien V. K. Diomandé, Isaïe Medah, Michael L. Jackson
Research Article | published 09 May 2013 | PLOS ONE 10.1371/journal.pone.0063605
Abstract
Objective
The optimal long-term vaccination strategies to provide population-level protection against serogroup A Neisseria meningitidis (MenA) are unknown. We developed an age-structured

mathematical model of MenA transmission, colonization, and disease in the African meningitis belt, and used this model to explore the impact of various vaccination strategies.
Methods
The model stratifies the simulated population into groups based on age, infection status, and MenA antibody levels. We defined the model parameters (such as birth and death rates, age-specific incidence rates, and age-specific duration of protection) using published data and maximum likelihood estimation. We assessed the validity of the model by comparing simulated incidence of invasive MenA and prevalence of MenA carriage to observed incidence and carriage data.
Results
The model fit well to observed age- and season-specific prevalence of carriage (mean pseudo-R2 0.84) and incidence of invasive disease (mean R2 0.89). The model is able to reproduce the observed dynamics of MenA epidemics in the African meningitis belt, including seasonal increases in incidence, with large epidemics occurring every eight to twelve years. Following a mass vaccination campaign of all persons 1–29 years of age, the most effective modeled vaccination strategy is to conduct mass vaccination campaigns every 5 years for children 1–5 years of age. Less frequent campaigns covering broader age groups would also be effective, although somewhat less so. Introducing conjugate MenA vaccine into the EPI vaccination schedule at 9 months of age results in higher predicted incidence than periodic mass campaigns.
Discussion
We have developed the first mathematical model of MenA in Africa to incorporate age structures and progressively waning protection over time. Our model accurately reproduces key features of MenA epidemiology in the African meningitis belt. This model can help policy makers consider vaccine program effectiveness when determining the feasibility and benefits of MenA vaccination strategies.

PLoS Medicine
(Accessed 11 May 2013)
http://www.plosmedicine.org/
[No new relevant content]

PLoS Neglected Tropical Diseases
April 2013
http://www.plosntds.org/article/browseIssue.action
[No new relevant content]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
(Accessed 11 May 2013)
http://www.pnas.org/content/early/recent
Biological Sciences - Population Biology: Interventions for avian influenza A (H5N1) risk management in live bird market networks
Guillaume Fournié, Javier Guitian, Stéphanie Desvaux, Vu Chi Cuong, Do Huu Dung, Dirk Udo Pfeiffer, Punam Mangtani, and Azra C. Ghani

PNAS 2013 ; published ahead of print May 6, 2013, doi:10.1073/pnas.1220815110
http://www.pnas.org/content/early/2013/05/01/1220815110.abstract
Abstract
Highly pathogenic avian influenza virus subtype H5N1 is endemic in Asia, with live bird trade as a major disease transmission pathway. A cross-sectional survey was undertaken in northern Vietnam to investigate the structure of the live bird market (LBM) contact network and the implications for virus spread. Based on the movements of traders between LBMs, weighted and directed networks were constructed and used for social network analysis and individual-based modeling. Most LBMs were connected to one another, suggesting that the LBM network may support large-scale disease spread. Because of cross-border trade, it also may promote transboundary virus circulation. However, opportunities for disease control do exist. The implementation of thorough, daily disinfection of the market environment as well as of traders' vehicles and equipment in only a small number of hubs can disconnect the network dramatically, preventing disease spread. These targeted interventions would be an effective alternative to the current policy of a complete ban of LBMs in some areas. Some LBMs that have been banned still are very active, and they likely have a substantial impact on disease dynamics, exhibiting the highest levels of susceptibility and infectiousness. The number of trader visits to markets, information that can be collected quickly and easily, may be used to identify LBMs suitable for implementing interventions. This would not require prior knowledge of the force of infection, for which laboratory-confirmed surveillance would be necessary. These findings are of particular relevance for policy development in resource-scarce settings.

Public Health Ethics
Volume 6 Issue 1 April 2013
http://phe.oxfordjournals.org/content/current
[Reviewed earlier]

Qualitative Health Research
June 2013; 23 (6)
http://qhr.sagepub.com/content/current
Special Issue: Responses to Illness
[Reviewed earlier; No relevant content]

Risk Analysis
May 2013 Volume 33, Issue 5 Pages 751–944
http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-4/issuetoc
[No relevant content]

Science
10 May 2013 vol 340, issue 6133, pages 653-776
http://www.sciencemag.org/current.dtl
[No relevant content]

Science Translational Medicine
8 May 2013 vol 5, issue 184
http://stm.sciencemag.org/content/current
[No relevant content]

Social Science & Medicine
Volume 85, Pages 1-112 (May 2013)
http://www.sciencedirect.com/science/journal/02779536/85

Vaccine
Volume 31, Issue 20, Pages 2417-2480 (7 May 2013)
http://www.sciencedirect.com/science/journal/0264410X
[No relevant content]

Vaccine: Development and Therapy
(Accessed 11 May 2013)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Value in Health
Vol 16 | No. 3 | May 2013
http://www.valueinhealthjournal.com/current
Examining Ontario's Universal Influenza Immunization Program With A New Dynamic Influenza Model
E.W. Thommes, C.T. Bauch, G. Meier, A. Chit
Preview
In 2000, Ontario initiated the world's first universal influenza immunization program (UIIP). Our objective was to simulate the effect of this program on influenza attack rates using a new multi-strai...
http://www.valueinhealthjournal.com/article/S1098-3015%2813%2900118-6/fulltext

From Google Scholar & other sources: Selected Journal Articles, Dissertations, Theses

Non-febrile Seizures after Mumps-, Measles-, Rubella-, Varicella-combination Vaccination with Detection of Measles Vaccine Virus RNA in Serum, Throat and Urine
I Eckerle, B Keller-Stanislawski, S Santibanez… - Clinical and **Vaccine** …, 2013
ABSTRACT We report the case of a child presenting with non-febrile seizures 6 and 13 days after the first vaccination with a measles-, mumps-, rubella-and varicella-(MMRV-) combination **vaccine**. Measles virus RNA was detected in the patient's serum, throat, and **.**

[HTML] Rift Valley fever virus vaccine strategies

N Lagerqvist - 2013
Rift Valley fever virus circulates throughout Africa and the Arabian Peninsula and is of great concern for animal and public health. Infections in humans are often manifested as mild self-limiting illness, although in some cases there are more severe symptoms such as **...**

Working together: interactions between vaccine antigens and adjuvants
CB Fox, RM Kramer, L Barnes, QM Dowling... - Therapeutic Advances in ..., 2013
Abstract The development of vaccines containing adjuvants has the potential to enhance antibody and cellular immune responses, broaden protective immunity against heterogeneous pathogen strains, enable antigen dose sparing, and facilitate efficacy in **...**

Rotavirus vaccine-Vaccinations-NHS Choices
NHS Choices - 2013
We bust common vaccine myths, for example, did you know that you CAN take your baby swimming
after they've had their jabs? **...** Did you know that the fascinating story of vaccination goes back all the way to ancient Greece? **...** From July 1 2013 a new **vaccine** against rotavirus **...**

An international regulatory clinical trial comparative
BA Fiedler, RJ Bebber - International Journal of Pharmaceutical and Healthcare ..., 2013
... Findings and practical implications - Outstanding best practices in national vaccine clinical trials
can guide the international economic development, manufacturing, and distribution policy strategies necessary to form the basis of a cross-cultural global delivery system. Page 2. **...**

Population genomics of post-vaccine changes in pneumococcal epidemiology
NJ Croucher, JA Finkelstein, SI Pelton, PK Mitchell... - Nature Genetics, 2013
Whole-genome sequencing of 616 asymptomatically carried Streptococcus pneumoniae isolates was used to study the impact of the 7-valent pneumococcal conjugate vaccine. Comparison of closely related isolates showed the role of transformation in facilitating **...**

Dynamic vaccine blocks relapse to compulsive intake of heroin
JE Schlosburg, LF Vendruscolo, PT Bremer... - Proceedings of the National ..., 2013
Abstract Heroin addiction, a chronic relapsing disorder characterized by excessive drug taking and seeking, requires constant psychotherapeutic and pharmacotherapeutic interventions to minimize the potential for further abuse. Vaccine strategies against many **...**

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.

Al Jazeera
http://www.aljazeera.com/Services/Search/?q=vaccine
Accessed 11 May 2013
[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 11 May 2013
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 11 May 2013
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 11 May 2013
[No new, unique, relevant content]

Economist
http://www.economist.com/
Accessed 11 May 2013
[No new, unique, relevant content]

Financial Times
http://www.ft.com
Accessed 11 May 2013
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 11 May 2013
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 11 May 2013
[No new, unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 11 May 2013

[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 11 May 2013
[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 11 May 2013
[No new, unique, relevant content]

Le Monde
http://www.lemonde.fr/
Accessed 11 May 2013
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 11 May 2013
[No new, unique, relevant content]

NPR/National Public Radio [U.S.]
Public Health
Accessed 11 May 2013
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
[No new, unique, relevant content]

Reuters
http://www.reuters.com/
Accessed 11 May 2013
[No new, unique, relevant content]

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

Washington Post
http://www.washingtonpost.com/
Accessed 11 May 2013
[No new, unique, relevant content]

***Twitter Watch* (discontinued…to be re-evaluated in 90 days)**

Editor's Note: We continue to follow the twitter feeds of a wide variety of organizations and institutions, but our observation is that twitter is functioning primarily (for our purposes) as a sentinel system, confirming availability of content we already capture for *Vaccines: The Week in Review*. We will continue to use twitter for this purpose and re-evaluate whether *Twitter Watch* can add important value to this weekly digest in 90 days.

* * * *

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 U.S. *(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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