

## Center for Vaccine Ethics and Policy

NYU | Wistar Institute | CHOP

### Vaccines: The Week in Review

15 June 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*

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**The GAVI Alliance Board said it has requested an “in-depth analysis to inform its decisions on the future of GAVI’s vaccines portfolio and requested the GAVI Secretariat to develop a long-term strategy on how GAVI will support the introduction of Inactivated Polio Vaccine in partner countries.”** The request “...was taken based on initial assessments of the potential effect of vaccine interventions on a range of life-threatening diseases. The cost and user-friendliness of vaccines, as well as their potential to benefit vulnerable groups and to aid outbreak prevention were also considered.” The requested analysis WILL “evaluate the potential impact vaccines could have in five disease areas under consideration for future Alliance support: cholera, influenza (for pregnant women), malaria, rabies and further support for yellow fever.” Final decisions on future vaccine support are expected to be taken at the November 2013 GAVI Board meeting. GAVI’s support for vaccines already in its portfolio remains unchanged.

Separately, the Board agreed that the GAVI Alliance “should play a lead role in the introduction of Inactivated Polio Vaccine (IPV) into routine immunisation services in countries where GAVI currently works” and “recognised the importance of strong partnership and complementarity between the GAVI Alliance and the Global Polio Eradication Initiative and requested the GAVI Secretariat to present a long-term strategy in support of the Alliance’s specific role and activities in relation to IPV to the Board by November 2013.”

<http://www.gavialliance.org/library/news/statements/2013/gavi-board-asks-to-begin-preparations-for-introduction-of-inactivated-polio-vaccine-and-considers-investment-in-other-new-vaccines/>

**GPEI: Emergency meeting called in response to the polio outbreak in the Horn of Africa, 9–10 June 2013**

WHO Regional Office for the Eastern Mediterranean hosted a two-day emergency meeting in Cairo, Egypt, from 9 to 10 June 2013, on the response to the polio outbreak in the Horn of Africa. The meeting was to be attended by the Chairman of the Horn of Africa Technical Advisory Group, and representatives of WHO headquarters, WHO Regional Office for Africa, and WHO country offices in Kenya, Ethiopia, Somalia and Yemen. It will be chaired by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean.

The objectives of the meeting were to:

- :: review the current status and risks for poliovirus circulation in Somalia, Kenya, Ethiopia and Yemen
- :: review and strengthen national response plans to rapidly stop the polio outbreak and prevent its spread to Ethiopia, Yemen and other countries
- :: review and strengthen intercountry and inter-regional coordination of the outbreak response in the Horn of Africa
- :: activate and implement the necessary emergency protocols and process to urgently deploy human, logistic and financial resources for a robust outbreak response and develop advocacy plans to optimize access to children in Somalia
- :: enhance political commitment and support for the national outbreak response.

Optimal mechanisms and protocols for intercountry and inter-regional coordination will be discussed in the meeting, together with the advocacy and outreach needed to optimize access to children in Somalia and enhance political commitment and support for the national outbreak response.

<http://www.emro.who.int/polio/polio-events/response-polio-outbreak-horn-of-africa.html>

### **Update: Polio this week - As of 12 June 2013**

Global Polio Eradication Initiative

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

*[Editor's extract and bolded text]*

:: An emergency Horn of Africa polio outbreak meeting was held this week (9-10 June) in Cairo, Egypt, hosted by the WHO Regional Office for the Eastern Mediterranean (EMRO). Chaired by EMRO Regional Director Dr Ala Alwan, the meeting was attended by the Chair of the Horn of Africa Technical Advisory Group, as well as representatives from WHO headquarters (including Dr Bruce Aylward, Assistant Director-General for Polio, Emergencies and Country Collaboration), EMRO, and country office teams from Somalia, Kenya, Ethiopia and Yemen.

:: The meeting reviewed the current status and risks associated with the outbreak, as well as outbreak response activities and their expected impact and discussed strategies to further increasing support to countries and strengthening the outbreak response. [see meeting coverage above]

#### ***Nigeria***

:: One new WPV case was reported in the past week (WPV1 from Kano), bringing the total number of WPV cases for 2013 to 25. It is the most recent WPV case in the country and had onset of paralysis on 4 May.

#### ***Pakistan***

:: Four new WPV cases were reported in the past week (WPV1s from Federally Administered Tribal Areas – FATA, including three from Khyber Agency), bringing the total number of WPV cases for 2013 to 14. One of the newly-reported cases is the most recent WPV case in the country and had onset of paralysis on 19 May.

:: One new cVDPV2 case was reported in the past week (from Gadap town, greater Karachi, Sindh), bringing the total number of cVDPV2 cases for 2013 to five. It is the most recent cVDPV2 case in the country and had onset of paralysis on 8 May

### ***Horn of Africa***

:: Five new WPV cases were reported in the past week (two WPV1s from Somalia and three WPV1s from Kenya), bringing the total number of WPV1 cases in the region to 14 (nine WPV1s from Somalia and five WPV1s from Kenya). Two of these new cases are the most recent and had onset of paralysis on 18 May (both from Kenya).

:: Outbreak response activities are continuing across the Horn of Africa.

:: In Somalia, two large-scale immunization campaigns have already been implemented, including in Banadir (which includes Mogadishu), including targeting children aged less than ten years. Lessons from these campaigns are now being addressed in preparation of the next rounds starting on 12 June. In Banadir, all age groups are being targeted. Focus is on fine-tuning microplans to include schools, more clearly define vaccinator team daily workloads, improving supervision and expanding the scope and content of monitoring activities.

:: In Kenya, immunization activities began on 26 May to reach nearly 440,000 children aged less than 15 years across the Dadaab area. Preparations are ongoing for the next SNIDs, on 15 June, covering broader areas including all age groups in the Dadaab area. Further campaigns planned for late June and mid-August.

:: Immunization campaigns are also planned and being conducted in other areas of the Horn of Africa, notably Ethiopia and Yemen, to urgently boost population immunity levels and minimize the risk of spread of the outbreak.

:: In Ethiopia, in border areas with Kenya and Somalia, an immunization activity was held on 31 May (targeting children aged less than 15 years). Focus was particularly on reaching children in refugee camps. Broader activities are planned to start 16 June and in early July.

:: In Yemen, activities were held last week (2-5 June) to reach 2.1 million children, with a second round planned for late June to reach 3.5 million children and National Immunization Days in August.

The **Weekly Epidemiological Record (WER) for 14 June 2013**, vol. 88, 24 (pp. 241–256) includes:

- Poliomyelitis, Somalia and Kenya
- Global Alliance for the Elimination of Blinding Trachoma by 2020
- Nationwide rubella epidemic in Japan, 2013

<http://www.who.int/entity/wer/2013/wer8824.pdf>

### **WHO: Global Alert and Response (GAR) – *Disease Outbreak News***

[http://www.who.int/csr/don/2013\\_03\\_12/en/index.html](http://www.who.int/csr/don/2013_03_12/en/index.html)

**Middle East respiratory syndrome coronavirus (MERS-CoV)** - update [14 June 2013](#)

#### *Excerpt*

14 June 2013 - The Ministry of Health in Saudi Arabia has announced an additional three laboratory-confirmed cases, including one death with Middle East respiratory syndrome coronavirus (MERS-CoV)...

...Globally, from September 2012 to date, WHO has been informed of a total of 58 laboratory-confirmed cases of infection with MERS-CoV, including 33 deaths.

WHO has received reports of laboratory-confirmed cases originating in the following countries in the Middle East to date: Jordan, Qatar, Saudi Arabia, and the United Arab Emirates (UAE). France, Germany, Italy, Tunisia and the United Kingdom also reported laboratory-confirmed cases; they were either transferred there for care of the disease or returned from the Middle East and subsequently became ill. In France, Italy, Tunisia and the United Kingdom, there has been limited local transmission among patients who had not been to the Middle East but had been in close contact with the laboratory-confirmed or probable cases...

**Yellow fever in the Democratic Republic of Congo** [14 June 2013](#)

*Excerpt*

14 June 2013 - The Ministry of Health of the Democratic Republic of Congo (DRC) is launching an emergency mass vaccination campaign against yellow fever from 20 June 2013, following laboratory confirmation of six cases in the country on 6 June 2013...

...The mass vaccination campaign aims to cover at least 503,426 people in the three affected health zones.

The International Coordinating Group on Yellow Fever Vaccine Provision (YF-ICG11) will provide 559,000 doses of yellow fever vaccine for the mass vaccination campaign run by the Ministry of Health in DRC, with support from the GAVI Alliance, Medicins Sans Frontiers and other partners. WHO is closely supporting the management of the outbreak in monitoring, preventive and control activities in the field, and resource mobilization...

**WHO - Humanitarian Health Action**

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

*No new content.*

**UN Watch** to 15 June 2013

*Selected meetings, press releases, and press conferences relevant to immunization, vaccines, infectious diseases, global health, etc. <http://www.un.org/en/unpress/>*

**[Secretary-General, in Message to Roll Back Malaria Meeting, Expresses Concern over Funding Gap Threatening Progress 'Across the Board' \(11 June 2013\)](#)**

SG/SM/15093-DEV/3000

**Statement: On the Occasion of the Organization of American States' Resolution "Elimination of Neglected Diseases and Other Poverty-Related Infections"**

Sabin Vaccine Institute

June 13, 2013

*Excerpt*

Last week, the Organization of American States (OAS), the main political and social governmental forum for nations in Latin America and the Caribbean, approved a resolution supporting the control and elimination of neglected tropical diseases (NTDs) during the 43<sup>rd</sup> General Assembly in Antigua, Guatemala.

Ambassador Hubert J. Charles, Permanent Representative of Dominica to OAS, presented a resolution to endorse the Pan American Health Organization's 2009 resolution, "Elimination of

Neglected Diseases and Other Poverty-Related Infections.” While not every Member State has NTDs, there was broad agreement that the OAS resolution would add value to existing efforts and renew a collective commitment to significantly reduce the prevalence of these diseases in the region by 2015. Fifteen countries co-sponsored the resolution and it received approval from the majority of the 35 independent states represented in the OAS.

Dr. Peter Hotez, president of the Sabin Vaccine Institute, issued the following statement applauding the OAS for their leadership in the fight against NTDs:

*“We applaud the Organization of American States for its recognition of the important goal of reducing the burden of infectious and neglected tropical diseases in Latin America and the Caribbean.*

*These diseases continue to perpetuate the cycle of poverty, often holding back marginalized communities. Though the region has made significant progress towards NTD control and elimination, more work still needs to be done to alleviate the suffering of the 100 million people currently infected in this region. This resolution aligns with the OAS’ core mission to reduce poverty among its Member States. Success in eliminating these diseases will bolster the region’s ongoing efforts to improve health systems, equity and economic development.*

*We expect this new political endorsement to stimulate interest, action and the necessary resources to meet the targets outlined by the Pan American Health Organization as we approach the 2015 deadline for a number of NTD elimination goals.”*

<http://www.sabin.org/updates/pressreleases/statement-sabin-vaccine-institute-occasion-organization-american-states%E2%80%99>

**WHO: [Pregualified vaccine: Meningococcal ACYW-135 Polysaccharide \(10 dose vial\)](#)**

19 June 2013

Manufacturer: Sanofi Pasteur

**Media Release: *New Four-Strain Influenza Vaccine from Now Licensed By FDA for Broad Age Range of Children and Adults***

Sanofi Pasteur: 10 June 2013

*Excerpt*

“...the U.S. Food and Drug Administration has approved the supplemental biologics license application (sBLA) for licensure of its four-strain influenza vaccine, Fluzone Quadrivalent vaccine. Fluzone Quadrivalent vaccine is the newest addition to the Fluzone family of influenza vaccines. Like Sanofi Pasteur’s Fluzone vaccine, which is administered to more than 50 million people in the U.S. each year, Fluzone Quadrivalent vaccine is licensed for use in children six months of age and older, adolescents, and adults.

The 2013 influenza season will be the first in which quadrivalent influenza vaccines will be available in the U.S. Until this year, seasonal influenza vaccines included only one B strain. Fluzone Quadrivalent vaccine includes two A strains and two B strains to help protect against influenza disease. Epidemics of influenza B occur every two to four years in all age groups. Influenza B is a common cause of influenza-related morbidity and mortality in children and has been associated with pneumonia and other respiratory illnesses, nervous system disease, muscle pain and inflammation, and other

complications. In recent years, up to 44 percent of influenza-associated deaths in children and adolescents 18 years of age and younger were due to influenza B...  
<http://www.multivu.com/mnr/61694-sanofi-pasteur-fluzone-quadrivalent-influenza-virus-vaccine-fda-approval>

### ***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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)

### **Meeting: ACIP (Advisory Committee on Immunization Practices)**

Wednesday, June 19th; 8:00 am - 5:30 pm ET

Thursday, June 20th; 8:00 am - 3:15 pm ET

Webstream: If you cannot attend the meeting in person, it will be web streamed. More information can be found at <http://www.cdc.gov/vaccines/acip/meetings/webcast-instructions.html>

More: <http://www.cdc.gov/media/releases/2013/a0612-immunization-practices.html>

### **WHO: *Pandemic Influenza Risk Management***

Interim Guidance

Overview Publication date: 10 June 2013

Languages: English

This interim guidance replaces the 2009 Pandemic Influenza Preparedness and Response: a WHO guidance document.

Key highlights include the following:

- . Focus upon risk assessment at national level to guide national level actions
- . Revised approach to global phases
- . Flexibility through uncoupling of national actions from global phases
- . Inclusion of principles of emergency risk management for health
- . New and updated annexes on planning assumptions, ethical considerations, whole-of-society approach, business continuity planning, representative parameters for core severity indicators, and containment measures.

The guidance has been released in this interim form in order to support the risk management of pandemic threats, at the request of Member States.

Guidance document:

[http://www.who.int/entity/influenza/preparedness/pandemic/GIP\\_PandemicInfluenzaRiskManagementInterimGuidance\\_Jun2013.pdf](http://www.who.int/entity/influenza/preparedness/pandemic/GIP_PandemicInfluenzaRiskManagementInterimGuidance_Jun2013.pdf)

[Frequently Asked Questions  
pdf, 92kb](#)

### **RotaFlash: Rotavirus Vaccine Update – PATH – 12 June 2013**

<http://vad.cmail5.com/t/ViewEmail/r/2437542A8D4C64E42540EF23F30FEDED/E38B11B8894CC5F5DBC23BD704D2542D>

Rotavirus vaccines deliver powerful public health impacts in the United States

### **Map of Vaccine-Preventable Outbreaks**

Council on Foreign Relations |

12 June 2013

This interactive map visually plots global outbreaks of measles, mumps, whooping cough, polio, rubella, and other diseases as undertaken by the Global Health Program at the Council on Foreign Relations which has been tracking news reports on these outbreaks since the fall of 2008.

[http://www.cfr.org/interactives/GH\\_Vaccine\\_Map/index.html#map](http://www.cfr.org/interactives/GH_Vaccine_Map/index.html#map)

### **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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)*

### **American Journal of Infection Control**

Vol 41 | No. 6 | June 2013 | Pages 481-574

<http://www.ajicjournal.org/current>

[Reviewed earlier]

### **American Journal of Public Health**

Volume 103, Issue 7 (July 2013)

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

[Reviewed earlier]

### **Annals of Internal Medicine**

4 June 2013, Vol. 158. No. 11

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

[No relevant content]

### **BMC Public Health**

(Accessed 15 June 2013)



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

**Research article**

**Human influenza A H5N1 in Indonesia: health care service-associated delays in treatment initiation**

Wiku Adisasmito, Dewi Nur Aisyah, Tjandra Yoga Aditama, Rita Kusriastuti, Trihono, Agus Suwandono, Ondri Dwi Sampurno, Prasenoahadi, Nurshanty A Sapada, MJN Mamahit, Anna Swenson, Nancy A Dreyer and Richard Coker

<http://www.biomedcentral.com/1471-2458/13/571/abstract>

*Abstract* (provisional)

**Background**

Indonesia has had more recorded human cases of influenza A H5N1 than any other country, with one of the world's highest case fatality rates. Understanding barriers to treatment may help ensure life-saving influenza-specific treatment is provided early enough to meaningfully improve clinical outcomes.

**Methods**

Data for this observational study of humans infected with influenza A H5N1 were obtained primarily from Ministry of Health, Provincial and District Health Office clinical records. Data included time from symptom onset to presentation for medical care, source of medical care provided, influenza virology, time to initiation of influenza-specific treatment with antiviral drugs, and survival.

**Results**

Data on 124 human cases of virologically confirmed avian influenza were collected between September 2005 and December 2010, representing 73% of all reported Indonesia cases. The median time from health service presentation to antiviral drug initiation was 7.0 days. Time to viral testing was highly correlated with starting antiviral treatment ( $p < 0.0001$ ). We found substantial variability in the time to viral testing ( $p = 0.04$ ) by type of medical care provider. Antivirals were started promptly after diagnosis (median 0 days).

**Conclusions**

Delays in the delivery of appropriate care to human cases of avian influenza H5N1 in Indonesia appear related to delays in diagnosis rather than presentation to health care settings. Either cases are not suspected of being H5N1 cases until nearly one week after presenting for medical care, or viral testing and/or antiviral treatment is not available where patients are presenting for care. Health system delays have increased since 2007.

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

**British Medical Bulletin**

Volume 106 Issue 1 June 2013

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

[Reviewed earlier; No relevant content]

**British Medical Journal**

15 June 2013 (Vol 346, Issue 7912)

<http://www.bmj.com/content/346/7912>

[No relevant content]



## **Bulletin of the World Health Organization**

Volume 91, Number 6, June 2013, 389-464

<http://www.who.int/bulletin/volumes/91/6/en/index.html>

[Reviewed earlier; No relevant content]

## **Clinical Therapeutics**

Vol 35 | No. 5 | May 2013 | Pages 541-744

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

[Reviewed earlier; No relevant content]

## **Cost Effectiveness and Resource Allocation**

(Accessed 15 June 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>

[Reviewed earlier; No relevant content]

## **Emerging Infectious Diseases**

Volume 19, Number 6—June 2013

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

[Reviewed earlier]

## **Eurosurveillance**

Volume 18, Issue 24, 13 June 2013

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

### ***Rapid communications***

### **First cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infections in France, investigations and implications for the prevention of human-to-human transmission, France, May 2013**

by A Mailles, K Blanckaert, P Chaud, S van der Werf, B Lina, V Caro, C Campese, B Guéry, H Prouvost, X Lemaire, MC Paty, S Haeghebaert, D Antoine, N Ettahar, H Noel, S Behillil, S Hendricx, JC Manuguerra, V Enouf, G La Ruche, C Semaille, B Coignard, D Lévy-Bruhl, F Weber, C Saura, D Che, The investigation team

## ***Perspectives***

### **Transmission scenarios for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and how to tell them apart**

by S Cauchemez, MD Van Kerkhove, S Riley, CA Donnelly, C Fraser, NM Ferguson

## **Forum for Development Studies**

Volume 40, Issue 2, 2013

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

[Reviewed earlier; No relevant content]

## **Global Health Governance**

[Volume VI, Issue 1: Fall 2012](#)

– December 31, 2012

[Reviewed earlier]

## **Globalization and Health**

[Accessed 15 June 2013]

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

[No new relevant content]

## **Health Affairs**

June 2013; Volume 32, Issue 6

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

**Theme: Medicaid Expansion & Vulnerable Populations**

[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 6 June 2013

<http://www.landesbioscience.com/journals/vaccines/toc/volume/9/issue/5/>

[Reviewed earlier]

**Infectious Diseases of Poverty**

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

[Accessed 15 June 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. 8 | August 2013

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

[No relevant content]

**JAMA**

June 12, 2013, Vol 309, No. 22

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

[No relevant content]

**JAMA Pediatrics**

June 2013, Vol 167, No. 6

<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 5 - Latest Issue

<http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest>

[No relevant content]

**Journal of Infectious Diseases**

Volume 208 Issue 1 July 1, 2013

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

[Reviewed earlier]

**Journal of Global Infectious Diseases (JGID)**

April-June 2013 Volume 5 | Issue 2 Page Nos. 43-90

<http://www.jgid.org/currentissue.asp?sabs=n>

[Reviewed earlier; No relevant content]

**Journal of Medical Ethics**

June 2013, Volume 39, Issue 6

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

[Reviewed earlier]

**Journal of Medical Microbiology**

June 2013; 62 (Pt 6)

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

[Reviewed earlier; No relevant content]

**Journal of the Pediatric Infectious Diseases Society (JPIDS)**

Volume 2 Issue 2 June 2013

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

[Reviewed earlier]

**Journal of Pediatrics**

Vol 162 | No. 6 | June 2013 | Pages 1087-1298

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

[Reviewed earlier]

**Journal of Virology**

[July 2013, volume 87, issue 13](#)

<http://jvi.asm.org/content/current>

**Molecular Evolution of the HIV-1 Thai Epidemic between the Time of RV144 Immunogen Selection to the Execution of the Vaccine Efficacy Trial**

Gustavo H. Kijak, Sodsai Tovanabutra, Supachai Rerks-Ngarm, Sorachai Nitayaphan, Chirapa Eamsila, Prayura Kunasol, Chirasak Khamboonruang, Prasert Thongcharoen, Chawetsan Namwat, Nakorn Premisri, Michael Benenson, Patricia Morgan, Meera Bose, Eric Sanders-Buell, Robert Paris, Merlin L. Robb, Deborah L. Bix, Mark S. De Souza, Francine E. McCutchan, Nelson L. Michael, and Jerome H. Kim

*J. Virol.* July 2013 87:7265-7281; published ahead of print 10 April 2013 ,  
doi:10.1128/JVI.03070-12

<http://jvi.asm.org/content/87/13/7265.abstract>

Open Access

#### **ABSTRACT**

The RV144 HIV-1 vaccine trial (Thailand, 2003 to 2009), using immunogens genetically matched to the regional epidemic, demonstrated the first evidence of efficacy for an HIV-1 vaccine. Here we studied the molecular evolution of the HIV-1 epidemic from the time of immunogen selection to the execution of the efficacy trial. We studied HIV-1 genetic diversity among 390 volunteers who were deferred from enrollment in RV144 due to preexisting HIV-1 infection using a multiregion hybridization assay, full-genome sequencing, and phylogenetic analyses. The subtype distribution was 91.7% CRF01\_AE, 3.5% subtype B, 4.3% B/CRF01\_AE recombinants, and 0.5% dual infections. CRF01\_AE strains were 31% more diverse than the ones from the 1990s Thai epidemic. Sixty-nine percent of subtype B strains clustered with the cosmopolitan Western B strains. Ninety-three percent of B/CRF01\_AE recombinants were unique; recombination breakpoint analysis showed that these strains were highly embedded within the larger network that integrates recombinants from East/Southeast Asia. Compared to Thai sequences from the early 1990s, the distance to the RV144 immunogens increased 52% to 68% for CRF01\_AE Env immunogens and 12% to 29% for subtype B immunogens. Forty-three percent to 48% of CRF01\_AE sequences differed from the sequence of the vaccine insert in Env variable region 2 positions 169 and 181, which were implicated in vaccine sieve effects in RV144. In conclusion, compared to the molecular picture at the early stages of vaccine development, our results show an overall increase in the genetic complexity of viruses in the Thai epidemic and in the distance to vaccine immunogens, which should be considered at the time of the analysis of the trial results.

#### **The Lancet**

Jun 15, 2013 Volume 381 Number 9883 p2055 - 2134

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

#### **Comment**

##### **Public and global engagement with global health**

Peter Friberg, Stig Wall, Yulia Blomstedt, Robert Beaglehole, Ruth Bonita, Gunhild Stordalen, Peter Byass

##### *Preview |*

Global health is widely regarded as being grounded in public and global engagement. But much of the process of global health is dominated by Northern institutions, expert groups, think-tanks, high-level meetings, and the like. Indeed, the exponential growth of global health in the past decade may soon turn into terminal decline unless truly global and broad-based ownership of the concept can be achieved.<sup>1</sup>

#### **Health Policy**

##### **Good Health at Low Cost 25 years on: lessons for the future of health systems strengthening**

Dina Balabanova, Anne Mills, Lesong Conteh, Baktygul Akkazieva, Hailom Banteyerga, Umakant Dash, Lucy Gilson, Andrew Harmer, Ainura Ibraimova, Ziaul Islam, Aklilu Kidanu, Tracey P Koehlmoos, Supon Limwattananon, VR Muraleedharan, Gulgun Murzalieva, Benjamin Palafox, Warisa Panichkriangkrai, Walaiporn Patcharanarumol, Loveday Penn-Kekana, Timothy Powell-Jackson, Viroj Tangcharoensathien, Martin McKee

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2962000-5/abstract>

### *Summary*

In 1985, the Rockefeller Foundation published *Good health at low cost* to discuss why some countries or regions achieve better health and social outcomes than do others at a similar level of income and to show the role of political will and socially progressive policies. 25 years on, the Good Health at Low Cost project revisited these places but looked anew at Bangladesh, Ethiopia, Kyrgyzstan, Thailand, and the Indian state of Tamil Nadu, which have all either achieved substantial improvements in health or access to services or implemented innovative health policies relative to their neighbours. A series of comparative case studies (2009–11) looked at how and why each region accomplished these changes. Attributes of success included good governance and political commitment, effective bureaucracies that preserve institutional memory and can learn from experience, and the ability to innovate and adapt to resource limitations. Furthermore, the capacity to respond to population needs and build resilience into health systems in the face of political unrest, economic crises, and natural disasters was important. Transport infrastructure, female empowerment, and education also played a part. Health systems are complex and no simple recipe exists for success. Yet in the countries and regions studied, progress has been assisted by institutional stability, with continuity of reforms despite political and economic turmoil, learning lessons from experience, seizing windows of opportunity, and ensuring sensitivity to context. These experiences show that improvements in health can still be achieved in countries with relatively few resources, though strategic investment is necessary to address new challenges such as complex chronic diseases and growing population expectations.

### **The Lancet Infectious Diseases**

Jun 2013 Volume 13 Number 6 p465 - 558

<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*

June 2013 Volume 91, Issue 2 Pages 219–418

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2013.91.issue-1/issuetoc>

[No relevant content]

### **Nature**

Volume 498 Number 7453 pp137-266 13 June 2013

[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)

[No relevant content]

## **Nature Immunology**

June 2013, Volume 14 No 6 pp523-643

<http://www.nature.com/ni/journal/v14/n6/index.html>

[Reviewed earlier; No relevant content]

## **Nature Medicine**

June 2013, Volume 19 No 6 pp653-790

<http://www.nature.com/nm/journal/v19/n6/index.html>

[Reviewed earlier]

## **Nature Reviews Immunology**

June 2013 Vol 13 No 6

<http://www.nature.com/nri/journal/v13/n6/index.html>

[Reviewed earlier; No relevant content]

## **New England Journal of Medicine**

June 13, 2013 Vol. 368 No. 24

<http://www.nejm.org/toc/nejm/medical-journal>

### ***Original Article***

#### **Clinical Findings in 111 Cases of Influenza A (H7N9) Virus Infection**

Hai-Nv Gao, M.D., Hong-Zhou Lu, M.D., Ph.D., Bin Cao, M.D., Bin Du, M.D., Hong Shang, M.D., Jian-He Gan, M.D., Shui-Hua Lu, M.D., Yi-Da Yang, M.D., Qiang Fang, M.D., Yin-Zhong Shen, M.D., Xiu-Ming Xi, M.D., Qin Gu, M.D., Xian-Mei Zhou, M.D., Hong-Ping Qu, M.D., Zheng Yan, M.D., Fang-Ming Li, M.D., Wei Zhao, M.D., Zhan-Cheng Gao, M.D., Guang-Fa Wang, M.D., Ling-Xiang Ruan, M.D., Wei-Hong Wang, M.D., Jun Ye, M.D., Hui-Fang Cao, M.D., Xing-Wang Li, M.D., Wen-Hong Zhang, M.D., Xu-Chen Fang, M.D., Jian He, M.D., Wei-Feng Liang, M.D., Juan Xie, M.D., Mei Zeng, M.D., Xian-Zheng Wu, M.D., Jun Li, M.D., Qi Xia, M.D., Zhao-Chen Jin, M.D., Qi Chen, M.D., Chao Tang, M.D., Zhi-Yong Zhang, M.D., Bao-Min Hou, M.D., Zhi-Xian Feng, M.D., Ji-Fang Sheng, M.D., Nan-Shan Zhong, M.D., and Lan-Juan Li, M.D.

N Engl J Med 2013; 368:2277-2285 June 13, 2013 DOI: 10.1056/NEJMoa1305584

<http://www.nejm.org/doi/full/10.1056/NEJMoa1305584>

### ***Abstract***

#### **Background**

During the spring of 2013, a novel avian-origin influenza A (H7N9) virus emerged and spread among humans in China. Data were lacking on the clinical characteristics of the infections caused by this virus.

[Full Text of Background...](#)

#### **Methods**

Using medical charts, we collected data on 111 patients with laboratory-confirmed avian-origin influenza A (H7N9) infection through May 10, 2013.

[Full Text of Methods...](#)

#### **Results**

Of the 111 patients we studied, 76.6% were admitted to an intensive care unit (ICU), and 27.0% died. The median age was 61 years, and 42.3% were 65 years of age or older; 31.5%



were female. A total of 61.3% of the patients had at least one underlying medical condition. Fever and cough were the most common presenting symptoms. On admission, 108 patients (97.3%) had findings consistent with pneumonia. Bilateral ground-glass opacities and consolidation were the typical radiologic findings. Lymphocytopenia was observed in 88.3% of patients, and thrombocytopenia in 73.0%. Treatment with antiviral drugs was initiated in 108 patients (97.3%) at a median of 7 days after the onset of illness. The median times from the onset of illness and from the initiation of antiviral therapy to a negative viral test result on real-time reverse-transcriptase–polymerase-chain-reaction assay were 11 days (interquartile range, 9 to 16) and 6 days (interquartile range, 4 to 7), respectively. Multivariate analysis revealed that the presence of a coexisting medical condition was the only independent risk factor for the acute respiratory distress syndrome (ARDS) (odds ratio, 3.42; 95% confidence interval, 1.21 to 9.70;  $P=0.02$ ).

[Full Text of Results...](#)

#### Conclusions

During the evaluation period, the novel H7N9 virus caused severe illness, including pneumonia and ARDS, with high rates of ICU admission and death. (Funded by the National Natural Science Foundation of China and others.)

#### **OMICS: A Journal of Integrative Biology**

June 2013, 17(6)

<http://online.liebertpub.com/toc/omi/17/6>

[No relevant content]

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

May 2013 Vol. 33, No. 5

[http://www.paho.org/journal/index.php?option=com\\_content&task=view&id=125&Itemid=224](http://www.paho.org/journal/index.php?option=com_content&task=view&id=125&Itemid=224)

[No relevant content]

#### **The Pediatric Infectious Disease Journal**

June 2013 - Volume 32 - Issue 6 pp: A15-A16,585-707,e227-e264

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

[Reviewed earlier ; No relevant content]

#### **Pediatrics**

June 2013, VOLUME 131 / ISSUE 6

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

[Reviewed earlier]

#### **Pharmaceutics**

Volume 5, Issue 2 (June 2013), Pages 220-

<http://www.mdpi.com/1999-4923/5/2>

[Reviewed earlier; No relevant content]

## **Pharmacoeconomics**

Volume 31, Issue 6, June 2013

<http://link.springer.com/journal/40273/31/6/page/1>

[Reviewed earlier; No relevant content]

## **PLoS One**

[Accessed 15 June 2013]

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

### **Predicting U.S. Tuberculosis Case Counts through 2020**

Rachel S. Y e l k Woodruff, Carla A. Winston, Roque Miramontes

Research Article | published 13 Jun 2013 | PLOS ONE 10.1371/journal.pone.0065276

#### *Abstract*

In 2010, foreign-born persons accounted for 60% of all tuberculosis (TB) cases in the United States. Understanding which national groups make up the highest proportion of TB cases will assist TB control programs in concentrating limited resources where they can provide the greatest impact on preventing transmission of TB disease. The objective of our study was to predict through 2020 the numbers of U.S. TB cases among U.S.-born, foreign-born and foreign-born persons from selected countries of birth. TB case counts reported through the National Tuberculosis Surveillance System from 2000–2010 were log-transformed, and linear regression was performed to calculate predicted annual case counts and 95% prediction intervals for 2011–2020. Data were analyzed in 2011 before 2011 case counts were known. Decreases were predicted between 2010 observed and 2020 predicted counts for total TB cases (11,182 to 8,117 [95% prediction interval 7,262–9,073]) as well as TB cases among foreign-born persons from Mexico (1,541 to 1,420 [1,066–1,892]), the Philippines (740 to 724 [569–922]), India (578 to 553 [455–672]), Vietnam (532 to 429 [367–502]) and China (364 to 328 [249–433]). TB cases among persons who are U.S.-born and foreign-born were predicted to decline 47% (4,393 to 2,338 [2,113–2,586]) and 6% (6,720 to 6,343 [5,382–7,476]), respectively. Assuming rates of declines observed from 2000–2010 continue until 2020, a widening gap between the numbers of U.S.-born and foreign-born TB cases was predicted. TB case count predictions will help TB control programs identify needs for cultural competency, such as languages and interpreters needed for translating materials or engaging in appropriate community outreach.

## **PLoS Medicine**

(Accessed 15 June 2013)

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

[No new relevant content]

## **PLoS Neglected Tropical Diseases**

May 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 15 June 2013)

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

[No new relevant content]

## **Public Health Ethics**

Volume 6 Issue 1 April 2013

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

[Reviewed earlier]

## **Qualitative Health Research**

July 2013; 23 (7)

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

[Reviewed earlier; No relevant content]

## **Risk Analysis**

June 2013 Volume 33, Issue 6 Pages 945–1173

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-6/issuetoc>

*New Issue* - [No relevant content]

## **Science**

14 June 2013 vol 340, issue 6138, pages 1257-1364

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

[No relevant content]

## **Science Translational Medicine**

12 June 2013 vol 5, issue 189

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

[No relevant content]

## **Social Science & Medicine**

Volume 91, [In Progress](#) (August 2013)

<http://www.sciencedirect.com/science/journal/02779536/85>

[No new relevant content]

## **Vaccine**

**Volume 31, Issue 31, Pages 3111-3206 (28 June 2013)**

**Developing Countries Vaccine Manufacturers Network (DCVMN): Engaging to step up for vaccine discovery and access. Meeting Report 2012**

Pages 3111-3115

Sonia Pagliusi, Morena Makhoana, Mahima Datla, Luciana Leite, Jan Hendriks, Alireza Gholami, Weidan Huang, Yongzhong Gao, Suresh Jadhav, Gutla V.J.A. Harshavardhan, Yonglin Wu, Mahendra Suhardono, Akira Homma

*Abstract*

At the annual general meeting of the Developing Countries Vaccine Manufacturers Network (DCVMN) members renewed their engagement and cooperative spirit in pursuing the mission of increasing the quality and availability of affordable vaccines for all people.

Thirteen years after its establishment, DCVMN moves into the Decade of Vaccines with renewed dynamism and synergy to create greater impact and shape the global and regional vaccination landscape, while supporting national growth. The DCVMN is growing: 12 new members joined in 2012, making a total of 37 members from 14 countries; 9 of these 37 manufacturers make WHO-prequalified vaccines.

More than one hundred and forty delegates from 23 countries attended the annual general meeting, representing 24 vaccine manufacturers and leaders of 20 major global health institutions. Over the course of two days, delegates exchanged information and ideas on how to jointly achieve the common goal of protecting people against known and emerging infectious diseases.

In an increasingly complex environment of new technologies, demanding regulatory requirements, higher cost of production, and a growing number of legal and intellectual property issues, it is observed that many manufacturers and stakeholders are engaged in technology transfer initiatives.

This well-attended meeting highlighted the growing impact and important contributions of developing country vaccine manufacturers in shaping the global vaccine landscape. The successful introduction of the first ever vaccine against hepatitis E and of a new vaccine against meningitis A, tailored for African meningitis belt countries, illustrate the innovative capacity of DCVMN members. An increase in the variety of collaborations, partnerships and alliances between DCVMN and various institutions was observed. Interestingly, bilateral technology transfer partnerships between DCVMNs themselves are on the rise.

**Correlates of HPV vaccination among adolescent females from Appalachia and reasons why their parents do not intend to vaccinate**

Pages 3121-3125

Paul L. Reiter, Mira L. Katz, Electra D. Paskett

*Abstract*

Limited research has examined HPV vaccination in Appalachia, a region with cervical cancer disparities. We analyzed 2008–2010 National Immunization Survey-Teen data for adolescent females ages 13–17 from Appalachia ( $n = 1951$ ) to identify correlates of HPV vaccination and reasons why their parents do not intend to vaccinate. HPV vaccine initiation was 40.8%, completion was 27.7%, and follow-through was 67.8%. Vaccination outcomes tended to be higher among females who were older, had visited their healthcare provider in the last year, or whose parents reported receiving a provider recommendation to vaccinate. Only 41.0% of parents with unvaccinated daughters intended to vaccinate in the next year. The most common reasons for not intending to vaccinate were believing vaccination is not needed or not necessary

(21.5%) and lack of knowledge (18.5%). Efforts to reduce missed opportunities for vaccination at healthcare visits and address reasons why parents are not vaccinating may help increase HPV vaccination in Appalachia.

**Prospective cost–benefit analysis of a two-dimensional barcode for vaccine production, clinical documentation, and public health reporting and tracking**

Original Research Article

*Pages 3179–3186*

Alan C. O'Connor, Erin D. Kennedy, Ross J. Loomis, Saira N. Haque, Christine M. Layton, Warren W. Williams, Jacqueline B. Amoozegar, Fern M. Braun, Amanda A. Honeycutt, Cindy Weinbaum

***Abstract***

In the United States recording accurate vaccine lot numbers in immunization records is required by the National Childhood Vaccine Injury Act and is necessary for public health surveillance and implementation of vaccine product recalls. However, this information is often missing or inaccurate in records. The Food and Drug Administration (FDA) requires a linear barcode of the National Drug Code (NDC) on vaccine product labels as a medication verification measure, but lot number and expiration date must still be recorded by hand. Beginning in 2011, FDA permitted manufacturers to replace linear barcodes with two-dimensional (2D) barcodes on unit-of-use product labels. A 2D barcode can contain the NDC, expiration date, and lot number in a symbol small enough to fit on a unit-of-use label. All three data elements could be scanned into a patient record. To assess 2D barcodes' potential impacts, a mixed-methods approach of time–motion data analysis, interview and survey data collection, and cost–benefit analysis was employed. Analysis of a time–motion study conducted at 33 practices suggests scanning 2D-barcode vaccines could reduce immunization documentation time by 36–39 s per dose. Data from an internet survey of primary care providers and local health officials indicate that 60% of pediatric practices, 54% of family medicine practices, and 39% of health departments would use the 2D barcode, with more indicating they would do so if they used electronic health records. Inclusive of manufacturer and immunization provider costs and benefits, we forecast lower-bound net benefits to be \$310–334 million between 2011 and 2023 with a benefit-to-cost ratio of 3.1:1–3.2:1. Although we were unable to monetize benefits for expected improved immunization coverage, surveillance, or reduced medication errors, based on our findings, we expect that using 2D barcodes will lower vaccine documentation costs, facilitate data capture, and enhance immunization data quality.

**Vaccine**

**Volume 31, Issue 30, Pages 3035–3110 (26 June 2013)**

<http://www.sciencedirect.com/science/journal/0264410X/31/30>

**Parental and societal support for adolescent immunization through school based immunization programs**

Original Research Article

*Pages 3059–3064*

Helen S. Marshall, Joanne Collins, Thomas Sullivan, Rebecca Tooher, Maree O'Keefe, S. Rachel Skinner, Maureen Watson, Teresa Burgess, Heather Ashmeade, Annette Braunack-Mayer

***Abstract***

**Objectives**

Adolescent immunizations such as human papillomavirus vaccine have been implemented through school based immunization programs (SBIPs) in Australia. We assessed community attitudes toward immunization of adolescents through SBIPs.

## Methods

A cross-sectional population survey of rural and metropolitan households in South Australia in 2011. Univariate and multiple regression analyses identified predictors of support for a SBIP.

## Results

Participation rate was 57.3% with 1926 adults interviewed. Overall, 75.9% regarded school as the best place to offer adolescent immunizations, with 16.4% preferring the family physician. Parents of high school students were most supportive (88.4%) of a SBIP with 87.9% of their adolescents reported as having participated in the program. Adults 18–34 years (79.4%) were more likely to support a SBIP compared to older adults (68.7% of >55 years) [adjusted OR = 2.39,  $p = 0.002$ ] and men were more supportive (80.3%) than women (71.7%) [adjusted OR = 1.54,  $p = 0.003$ ]. Reasons for participation in the SBIP included convenience (39.9%), public funding for the service (32.4%), and confidence in immunization recommendations (21.0%).

## Conclusions

Public support for the SBIP was very high particularly amongst parents whose adolescent/s had participated in the program

## **Influences on parental acceptance of HPV vaccination in demonstration projects in Uganda and Vietnam**

Original Research Article

*Pages 3072-3078*

Sean R. Galagan, Proma Paul, Lysander Menezes, D. Scott LaMontagne

## *Abstract*

This study investigates the effect of communication strategies on human papillomavirus (HPV) vaccine uptake in HPV vaccine demonstration projects in Uganda and Vietnam. Secondary analysis was conducted on data from surveys of a representative sample of parents and guardians of girls eligible for HPV vaccine, measuring three-dose coverage achieved in demonstration projects in 2008–2010. Univariate and multivariate logistic regression analysis calculated the unadjusted and adjusted odds of receiving at least one dose of HPV vaccine depending on exposure to community influencers; information, education, and communication (IEC) channels; and demographic factors. This study found that exposure to community influencers was associated with HPV vaccine uptake in a multivariate model controlling for other factors. Exposure to non-interactive IEC channels was only marginally associated with HPV vaccine uptake. These results underscore the need of HPV vaccine programs in low- and middle-income countries to involve and utilize key community influencers and stakeholders to maximize HPV vaccine uptake.

## **Vaccine**

Volume 31, Issue 29, Pages 2973-3034 (24 June 2013)

<http://www.sciencedirect.com/science/journal/0264410X/31/29>

[No relevant content]

## **Vaccine**

Volume 31, Issue 28, Pages 2911-2972 (19 June 2013)

<http://www.sciencedirect.com/science/journal/0264410X/31/28>

## **Factors associated with human papillomavirus vaccination among young adult women in the United States**

Original Research Article

*Pages 2937-2946*

Walter W. Williams, Peng-Jun Lu, Mona Saraiya, David Yankey, Christina Dorell, Juan L. Rodriguez, Deanna Kepka, Lauri E. Markowitz

### *Abstract*

#### Background

Human papillomavirus (HPV) vaccination is recommended to protect against HPV-related diseases.

#### Objective

To estimate HPV vaccine coverage and assess factors associated with vaccine awareness, initiation and receipt of 3 doses among women age 18–30 years.

#### Methods

Data from the 2010 National Health Interview Survey were analyzed to assess associations of HPV vaccination among women age 18–26 (n = 1866) and 27–30 years (n = 1028) with previous HPV exposure, cervical cancer screening and selected demographic, health care and behavioral characteristics using bivariate analysis and multivariable logistic regression.

#### Results

Overall, 23.2% of women age 18–26 and 6.7% of women age 27–30 years reported receiving at least 1 dose of HPV vaccine. In multivariable analyses among women age 18–26 years, not being married, having a regular physician, seeing a physician or obstetrician/gynecologist in the past year, influenza vaccination in the past year, and receipt of other recommended vaccines were associated with HPV vaccination. One-third of unvaccinated women age 18–26 years (n = 490) were interested in receiving HPV vaccine. Among women who were not interested in receiving HPV vaccine (n = 920), the main reasons reported included: not needing the vaccine (41.3%); concerns about safety of the vaccine (12.5%); not knowing enough about the vaccine (11.9%); not being sexually active (8.2%); a doctor not recommending the vaccine (7.6%); and already having HPV (2.7%). Among women with health insurance, 10 or more physician contacts within the past year and no contraindications, 74.5% reported not receiving HPV vaccine.

#### Conclusions

HPV vaccination coverage among women age 18–26 years remains low. Opportunities to vaccinate are missed. Healthcare providers can play an important role in educating young women about HPV and encouraging vaccination. Successful public health and educational interventions will need to address physician attitudes and practice patterns and other factors that influence vaccination behaviors.

### **Vaccine: Development and Therapy**

(Accessed 15 June 2013)

<http://www.dovepress.com/vaccine-development-and-therapy-journal>

12 June 2013 vol 5, issue 189

[No new relevant content]

### **Value in Health**

Vol 16 | No. 3 | May 2013

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

[Reviewed earlier]



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

**Timeliness and completeness of vaccination and risk factors for low and late vaccine uptake in young children living in rural southern Tanzania**

OLP de Waroux, JRA Schellenberg, F Manzi, M Mrisho... - International Health, 2013  
Background We studied coverage and timeliness of vaccination and risk factors for low and delayed vaccine uptake in children aged < 2 years in rural Tanzania. Methods We used data from a cluster survey conducted in 2004, which included 1403 children. Risk factors were ...

**Promoting public health**

J Martin, R Director, RCNS West, L Benison, L Elsdon... - Practice Nursing, 2013  
... But perhaps no professional is more important in the process of conveying vaccine information to parents than the practice nurse. In a brief consultation, usually with mum and a wriggling infant or two, a practice nurse can help ...

**Long-term effect of the influenza A/H1N1 pandemic: attitudes and preventive behaviours one year after the pandemic**

X Garcia-Contiente, G Serral, MJ López, A Pérez... - The European Journal of ..., 2013  
... The questionnaire also gathered questions about attitudes towards health care services consultation and perceptions about the influenza A/H1N1 vaccine. ... Otherwise, perceptions on the safety and efficacy of the vaccine against influenza A/H1N1 markedly increased. ...

**Preventing the spread of measles**

H Ringwood - Practice Nursing, 2013  
... the number of recorded cases of measles in 2013 has reached 1225 (Public Health Wales, 2013a). Public Health Wales has also announced the results of a preliminary analysis of the effectiveness of measles, mumps and rubella vaccine (MMR). ...

**The Pandemic and All-Hazards Preparedness Act: Its Contributions and New Potential to Increase Public Health Preparedness**

R Morhard, C Franco - ... and Bioterrorism: Biodefense Strategy, Practice, and ..., 2013  
... After working closely with manufacturers to prepare a virus strain for vaccine production, perform necessary clinical trials, and license multiple vaccines, HHS began a voluntary national vaccination program. ... Title IV. Pandemic and Biodefense Vaccine and Drug Development ...

**... Papillomavirus Vaccination Intentions: Comparative Utility of the Theory of Reasoned Action and the Theory of Planned Behavior in Vaccine Target Age Women and ...**

WA Fisher, T Kohut, C Salisbury, MI Salvadori - The Journal of Sexual Medicine, 2013  
Aims This research applies two major theories of health behavior uptake, the Theory of Reasoned Action and the Theory of Planned Behavior, in an effort to understand intentions to receive HPV vaccine among vaccine target age women and men. The Theory of ...

**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 15 June 2013

[No new, unique, relevant content]

### **The Atlantic**

<http://www.theatlantic.com/magazine/>

Accessed 15 June 2013

[No new, unique, relevant content]

### **BBC**

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

Accessed 15 June 2013

[No new, unique, relevant content]

### **Brookings**

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

Accessed 15 June 2013

[No new, unique, relevant content]

### **Council on Foreign Relations**

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

Accessed 15 June 2013

#### **The Dilemma of Humanitarian Intervention -**

Jayshree Bajoria, and [Robert McMahon](#), Editor

Updated June 12, 2013

Syria's widening civil war and the growing toll on civilians have raised new debate about the international community's responsibility to mount a humanitarian intervention by outside forces. But any such efforts seem overshadowed by the Libya experience...

<http://www.cfr.org/human-rights/dilemma-humanitarian-intervention/p16524>

### **Economist**

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

Accessed 15 June 2013

[No new, unique, relevant content]

**Financial Times**

<http://www.ft.com>

*Accessed 15 June 2013*

**Fears of coronavirus mount as pilgrimage to Mecca nears**

[Financial Times](#) | 11 June 2013

**Forbes**

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

*Accessed 15 June 2013*

**How Will We End Preventable Child Deaths By 2035?**

11 June 2013

By Ariel Pablos-Méndez, Assistant Administrator for Global Health at USAID

<http://www.forbes.com/sites/skollworldforum/2013/06/10/how-will-we-end-preventable-child-deaths-by-2035/>

*Excerpt*

"...Nearly 30 years ago, USAID and UNICEF, with the support of the U.S. Congress, launched a "child survival revolution" aimed at reducing the number of deaths among young children in developing countries. At the time, an estimated 15 million children under age 5 in the developing world died from common preventable diseases each year. If the world had done nothing, that number today would be about 17 million each year. Instead, it was 6.9 million in 2011. This progress gives us great hope for success in the future..."

**Foreign Affairs**

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

*Accessed 15 June 2013*

[No new, unique, relevant content]

**Foreign Policy**

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

*Accessed 15 June 2013*

[No new, unique, relevant content]

**The Guardian**

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

*Accessed 15 June 2013*

[No new, unique, relevant content]

**The Huffington Post**

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

*Accessed 15 June 2013*

[No new, unique, relevant content]

**Le Monde**

<http://www.lemonde.fr/>

*Accessed 15 June 2013*

[No new, unique, relevant content]

**New Yorker**

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

*Accessed 15 June 2013*

[No new, unique, relevant content]

**New York Times**

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

[No new, unique, relevant content]

**Radio Free Europe**

10 June 2013

**Pakistani Villagers Vow 'No Electricity, No Polio Vaccinations'**

<http://www.rferl.org/content/polio-eradication-pakistan-electricity-politics/25012852.html>

*Excerpt*

By Sailab Mahsud and Antoine Blua

June 10, 2013

Tribal elders in a northwestern Pakistani region are taking extreme measures in an effort to bring electricity to their area, saying that as long as they have no electricity they won't vaccinate their children against polio.

Several hundred residents from villages in Lakki Marwat district staged a protest demonstration on June 10 and turned away polio-eradication teams.

Village elder Zaitullah Betanai told RFE/RL's Radio Mashaal that polio teams will not be allowed to go about their work until the central government accepts the villagers' demands.

"There is an electricity supply line but no electricity, and there is no electricity transformer in the area," Zaitullah said. "We have no mosquito kits and no spray against mosquitoes is arranged so far. Also, there is no ambulance in the area. We want the government to address the four demands immediately."...

**Reuters**

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

*Accessed 15 June 2013*

[No new, unique, relevant content]

**Voice of America**

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

*Accessed 15 June 2013*

[No new, unique, relevant content]

**Wall Street Journal**

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

*Accessed 15 June 2013*

[No new, unique, relevant content]

**Washington Post**

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

*Accessed 15 June 2013*

[No new, unique, relevant content]

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