

## Center for Vaccine Ethics and Policy

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### Vaccines: The Week in Review 8 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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#### **UN Watch** to 8 June 2013

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

#### **Speech: Ban appeals to philanthropists to help fight five deadly diseases, curb cholera in Haiti**

UN News Centre

5 June 2013

*Excerpt*

Secretary-General Ban Ki-moon today appealed to philanthropists to “make a smart investment in the world’s future” by joining the United Nations in accelerating the fight against five of the most deadly infectious diseases which kill millions of people every year.

“Today we have the power and the knowledge to wipe out deaths from five of the world’s biggest health threats: malaria, polio, tetanus, measles and HIV infections in newborns,” Mr. Ban told the Second Annual Forbes 400 Summit, which took place at UN Headquarters in New York.

“We can do this not just in our lifetimes, but in just five years,” he declared.

While there has been progress on many of these diseases, most notably polio, malaria and HIV infections, Mr. Ban stressed that increased engagement from the private sector and the philanthropic community is needed to keep the world on track to a prosperous path.

“Supporting these challenges is a smart investment in the world’s future well-being,” Mr. Ban said, noting how every dollar spent in fighting malaria in Africa generates \$40 in gross domestic product, strengthening national economies...

...Tetanus and measles do not get as much international attention, Mr. Ban noted, adding that they too have the same potential for significant results.

"Tetanus is often contracted by mothers and babies during unhygienic deliveries. The fatality rate can be 100 per cent. But a vaccine and other simple measures can eliminate the threat," Mr. Ban said. "Measles deaths have been cut by more than 70 per cent since 2000. But this disease is still a leading killer of children.

"I ask all of you here to help us finish the job. Five diseases. Five years. We can do it."

Mr. Ban also drew attention to the elimination of cholera in Haiti, where the disease has claimed the lives of more than 7,750 people and infected over 620,000 since the outbreak in 2010.

"The United Nations is striving to do everything it can to eliminate cholera from Haiti. But to support the Government, we need to fill a severe funding gap," Mr. Ban said.

In the long-term, the country's health system needs to be strengthened and clean drinking water and sanitation must be available to all citizens. However, Mr. Ban noted that in the oral cholera vaccine is a need that needs to be addressed immediately.

"What Haiti needs is a partner ready to provide \$1 million a year for the next three to five years to underwrite free vaccines for the poor and vulnerable people who need them most," he said. "The United Nations will do its part to raise resources and strengthen the cholera response, but we also need partners who can make a difference for the people of Haiti."

Mr. Ban underlined the UN's support to translate philanthropic initiatives to the ground and establish partnerships to "save millions of lives and set the world on course for a better future."

<http://www.un.org/apps/news/story.asp?NewsID=45089&Cr=mdg&Cr1=#.UbPDoJwXaul>

## **Meeting Report: IMB May 2013 – Success against polio by end-2014 realistic prospect; Key fundamental changes needed**

*Excerpt*

June 05, 2013

The Independent Monitoring Board (IMB) for polio eradication has underscored that 'stopping polio transmission by end 2014 is a realistic prospect'. In the report of its 7-9 May meeting, the Board commended the programme on the fundamental changes that have transformed the effort into a more responsive and coordinated health initiative, which has brought polio to the lowest levels ever.

At the same time, however, the IMB put forward key recommendations to address fundamental changes that are still needed. In the words of the IMB: "Whilst the poliovirus has been knocked down, it is certainly not knocked out... In the midst of so many strengths, why focus on the weaknesses? Because the poliovirus will seize on them. Impressive as recent progress has been, the IMB is firmly of the view that the task of stopping transmission in the remaining endemic areas is enormous and should not be under-estimated."

The IMB highlighted three programme areas in particular that needed to be addressed:

1. Communications & social mobilization: across the entire Global Polio Eradication Initiative (GPEI), a fundamental change is essential to ensure that parental and community concerns about vaccine safety and efficacy can be adequately addressed, and to generate genuine demand for polio vaccinations.
2. Inactivated polio vaccine (IPV) in endemic countries: a final decision is urgently required (by end-2013) whether to introduce IPV in the remaining endemic countries prior to the universal introduction of IPV as outlined in the new Polio Eradication and Endgame Strategic Plan 2013-2018.
3. Responsive and coordinated global management: a more focused approach is needed at the

global level to ensure that countries receive the most optimal support possible.

The IMB put forward key recommendations to the remaining endemic countries, as well as to urgently address the outbreak currently affecting the Horn of Africa. On financing, the IMB commended the pledges made at the recent Global Vaccine Summit, however cautioned that the remaining US\$1.5 billion for the life of the new Endgame Plan needed to be found, and that pledged funds must quickly reach the frontline: "There is no room for complacency on these crucial financial matters."

In response to the IMB's report, the GPEI partners are undertaking a number of inter-agency and cross-regional consultations to discuss the recommendations and their appropriate integration into polio eradication plans.

The IMB started its report with a tribute to those who have given their lives in the name of polio eradication, in particular those tragically killed in Pakistan and northern Nigeria. "Their loss is deeply felt by the whole public health world. Their lives and service to public health will be honoured if the goal of eradication is achieved quickly and decisively."

<http://www.polioeradication.org/tabid/488/iid/306/Default.aspx>

### **IMB Report – May 2013:**

[http://www.polioeradication.org/Portals/0/Document/Aboutus/Governance/IMB/8IMBMeeting/8IMB\\_Report\\_EN.pdf](http://www.polioeradication.org/Portals/0/Document/Aboutus/Governance/IMB/8IMBMeeting/8IMB_Report_EN.pdf) [download problem at 21h09 - 8 June 2013]

### **Update: Polio this week - As of 5 June 2013**

Global Polio Eradication Initiative

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

*[Editor's extract and bolded text]*

- . The Independent Monitoring Board (IMB) meeting report... [see above]
- . Wild poliovirus type 1 (WPV1) was isolated from environmental sampling from Israel [see WHO GAR below]
- . Outbreak response in the Horn of Africa is continuing, following detection of WPV cases in Somalia and Kenya. Two large-scale campaigns have already been implemented in Somalia, with overall good coverage and community participation reported. See 'Horn of Africa' section for more.

#### ***Pakistan***

- . One new WPV case was reported in the past week (WPV1 from Khyber Agency, Federally Administered Tribal Areas – FATA), bringing the total number of WPV cases for 2013 to ten. It is the most recent WPV case in the country and had onset of paralysis on 10 May.
- . One new positive environmental sample (WPV1) has been confirmed, from Peshawar, Khyber Pakhtunkhwa (KP). This year, 18 environmental samples positive for WPV1 have been reported (of which 12 were collected in Peshawar, FATA and Hyderabad, Sindh).

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

- . Three new WPV cases were reported in the past week (all from Banadir, Somalia), bringing the total number of WPV1 cases in the region to nine (two WPV1s from Kenya and seven WPV1s from Somalia). The most recent WPV1 case in the region had onset of paralysis on 14 May (WPV1 from Kenya).
- . Outbreak response activities are continuing across the Horn of Africa.
- . In Somalia, the second large-scale immunization campaign was conducted last week, including in Banadir (which includes Mogadishu), including targeting children aged less than ten years. Overall, high-quality coverage was reported with strong community participation. Two-large scale campaigns have now been implemented in Somalia.

. Lessons from these campaigns are now being addressed in preparation of the next rounds on 12 June. 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 Dadaab. Preparations are already ongoing for the next SNIDs, including parts of Nairobi, on 15 June.

. 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 for late June. In Yemen, activities were held this week (2-5 June) to reach 2.1 million children, with a second round planned for late June to reach 3.5 million children.

. A full Horn of Africa outbreak response plan for the end of 2013 and the first half of 2014 is being finalized.

## **WHO Europe: Polio commission calls on Europe to improve surveillance and reporting**

06-06-2013

On the basis of evidence provided by the Member States in the WHO European Region, summarizing their efforts for poliomyelitis (polio) surveillance, monitoring and immunization, the European Regional Commission for the Certification of Poliomyelitis Eradication (RCC) reaffirmed the Region's polio-free status at its 27th annual meeting in Copenhagen, Denmark on 30–31 May 2013.

Nevertheless, the RCC called for significantly greater engagement in the Region to maintain polio-free status until global eradication is achieved. Professor David Salisbury of the United Kingdom, RCC chair, expressed its concern that national programmes are “not sustaining the level of quality needed”...

<http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/poliomyelitis/news/news/2013/06/polio-commission-calls-on-europe-to-improve-surveillance-and-reporting>

*[Editor's Note: We are generally conservative in the range of general media sources we include in this digest, even where the news and opinion is generally relevant to our interests in vaccine ethics and policy. We judged that this report from dawn.com of Pakistan was important enough in its content to include.]*

### **'Those attacking polio workers are infidels'**

Ikram Junaidi  
dawn.com

June 6, ISLAMABAD,: Religious scholars from Pakistan and abroad here on Thursday declared that anybody attacking health workers assigned the job to administer polio vaccine to children will be considered as an infidel.

Moreover, they also said polio vaccine being used in Pakistan was Halal, dispelling the impression as if the medicine was made of some material banned in Islam. Hitting out at drone

attacks in the tribal areas, the scholars argued that it was because of these attacks Taliban had banned administration of polio drops to 261,000 children in the area.

The unanimous declaration was announced by the scholars belonging to Pakistan, Egypt, Saudi Arabia and Yemen during the closing ceremony of a two-day conference on 'Polio eradication in the light of Islam' hosted by the International Islamic University Islamabad (IIUI) in collaboration with the Al-Azhar University of Egypt. The conference was a follow-up to the March 5-6, 2013, Ulema Conference held in Cairo under the aegis of the Al-Azhar University. Senior scholars Dar Al Ifta Al Missriya, Dr Mohammad Wesam, secretary general Council of Health Services Dr Yagoub Al Mazrou, director of Fatwa Department at the International Islamic Fiqh Academy, Jeddah, Dr Abdulqahir Mohammed Qamar and others participated from abroad.

The head of Jamiah Darul Uloom Haqqaniah, Nowshera, Senator Maulana Samiul Haq, Chairman Pakistan Ulema Council, Lahore, Maulana Tahir Ashrafi, President Darul Uloom, Korangi, Karachi, Maulana Rafi Usmani and others represented Pakistan.

The participants lashed out at Dr Shakeel Afridi who was allegedly funded by the CIA for using a polio eradication campaign to trace Osama Bin Laden. They were of the view that Dr Afridi had not only betrayed his country but also put the polio eradication campaign at risk. They suggested that the health department should not be used for spying anywhere in the world. The scholars also recommended that Dr Afridi should be punished strictly.

#### *Declaration*

The participants of the conference showed concerns over hurdles being created by some elements against the polio eradication campaign. They also condemned the killing of polio workers and suggested that compensation should be paid to the families of the victims. It was demanded that the government of Pakistan should ensure peace in the tribal areas.

The scholars said they had reached the conclusion that the vaccine being used in Pakistan was Halal and it did not damage the reproductive system of the male or female child.

They suggested that polio vaccine should be given to children during each campaign. The participants vowed to play their role in removing the cultural and political hurdles in the way of the polio campaign.

It is pertinent to mention that while Pakistan was trying to eliminate the crippling disease, some elements started attacking polio workers all over the country in 2012 and killed 14 of them along with two policemen in different parts of the country.

Maulana Samiul Haq declared that drone attacks were a major hurdle in the way of the polio eradication campaign. He suggested that drone attacks should be stopped by using all possible resources.

"People of Pakistan, especially in the KP and tribal areas, assume that there must be some hidden interest of the West in the polio campaign because it is killing us through the drones and by giving us the vaccine on the pretext of eradicating polio," he said.

The scholars, however, vowed to achieve a polio-free Islamic world by the end of 2014. They said it was the religious obligation of parents to ensure immunisation of their children.

However, the Saudi Fatwa department director, Dr Abdulqahir Mohammad Qamar, said his country may impose travel restrictions on Pakistanis if Islamabad failed to check transmission of polio virus to Saudi Arabia.

<http://beta.dawn.com/news/1016644/those-attacking-polio-workers-are-infidels>

**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 [7 June 2013](#)**

7 June 2013 - The Ministry of Health in Saudi Arabia has notified WHO of an additional laboratory-confirmed case with Middle East respiratory syndrome coronavirus (MERS-CoV).

The patient is a 83-year-old man with underlying medical conditions, who became ill on 27 May 2013 and died on 31 May 2013. He is from Al-Ahsa, where an outbreak began in a health care facility since April 2013.

Globally, from September 2012 to date, WHO has been informed of a total of 55 laboratory-confirmed cases of infection with MERS-CoV, including 31 deaths...

### **Meningococcal disease: 2013 epidemic season in the African Meningitis Belt - update [6 June 2013](#)**

6 June 2013 - From 1 January to 12 May 2013 (epidemiologic week 19), 9 249 suspected cases of meningitis, including 857 deaths, with a case fatality ratio of 9.3 percent, have been reported from 18 of the 19 African countries under enhanced surveillance<sup>1</sup> for meningitis. The number of cases reported so far are the lowest recorded during the epidemic season in the last ten years...

...The decrease in the number of cases of meningitis reported during the period under review is thought to be due to the progressive introduction of the newly developed Meningococcal A conjugate vaccine in countries of the African Meningitis Belt since 2010. The introduction of this first meningococcal vaccine available for preventive purposes in Africa has enabled the immunization of over 100 million people from 10 countries in the Meningitis Belt in the past three years (2010-2012). The reduced case load and epidemic activity observed this year, adds to the evidence on the impact of the introduction of this vaccine, which is expected to eliminate epidemics of Nm A, which is the predominant cause of the disease in Africa. Given that large-scale epidemics in the African Meningitis Belt appear to occur in waves of 4 to 10 years, close surveillance for meningitis remains essential...

### **Poliovirus detected from environmental samples in Israel - update [3 June 2013](#)**

3 June 2013 - In Israel, wild poliovirus type 1 (WPV1) was isolated from sewage samples collected on 9 April 2013 in Rahat, southern Israel. The virus has been detected in sewage only; no case of paralytic polio has been reported. Genetic sequencing and epidemiological investigations are ongoing to determine its origin. Preliminary analyses indicate the strain is not related to the virus currently affecting the Horn of Africa. The virus isolate was detected through routine environmental surveillance in Israel that involves regular testing of sewage water. Israel has been free of indigenous WPV transmission since 1988. In the past, wild poliovirus has been detected in environmental samples collected in this region between 1991 and 2002 without occurrence of cases of paralytic polio in the area...

The **Weekly Epidemiological Record (WER) for 7 June 2013**, vol. 88, 23 (pp. 233–240) includes;

. Progress towards measles elimination in the Western Pacific Region, 2009–2012

<http://www.who.int/entity/wer/2013/wer8823.pdf>

### **WHO - Humanitarian Health Action**

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



## **Health priorities in the appeals for the crises in the Syrian Arab Republic and neighbouring countries**

The United Nations and its partners have dramatically increased their 2013 humanitarian appeal for the Syrian Arab Republic and neighbouring countries to approximately US\$4.4 billion. Health requirements in this appeal amount to US\$177 million for the Syrian Arab Republic, representing 12% of the total, and US\$242 million for neighbouring countries, representing 19% of the total. The health aspects of the two appeals are restricted to priority life-saving health needs and medicines, and by no means aim to cover all that is needed for comprehensive health care. Within Syria, the health system has been severely disrupted. More than half of the country's public hospitals have been affected by the conflict, with 20% damaged and 37% no longer functioning at all. Hospitals that continue to operate are heavily overburdened.

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

## **WHO Feature: [HPV vaccine in Argentina: a leap forward for girls' and women's health](#)**

5 June 2013 Argentina is one of the first countries in the Region of the Americas to provide the WHO-recommended human papillomavirus (HPV) vaccine to girls to prevent cervical cancer later in life. The Pan American Health Organization (PAHO), WHO's Regional Office for the Americas, runs a Revolving Fund for the procurement of vaccines, syringes and related supplies for participating Member States. It ensures that immunization programmes have a continuous supply of high-quality products for a low price. Argentina acquires the HPV vaccines through the PAHO Revolving Fund.

More: <http://www.who.int/immunization/en/>

## **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: The 8th Global Conference on Health Promotion**

Finlandia Hall, Helsinki, Finland  
10–14 June 2013

This conference is co-hosted by WHO and the Ministry of Social Affairs and Health, Finland. The main theme of the conference is "Health in All Policies" (HiAP) and its focus is on implementation, the "how-to". It is structured around six themes.

The conference aims to:

- . facilitate the exchange of experiences and lessons learnt and give guidance on effective mechanisms for promoting intersectoral action;
- . review approaches to address barriers and build capacity for implementing Health in All Policies;

- . identify opportunities to implement the recommendations of the Commission on Social Determinants of Health through Health in All Policies;
  - . establish and review economic, developmental and social case for investing in HiAP;
  - . address the contribution of health promotion in the renewal and reform of primary health care; and
  - . review progress, impact and achievements of health promotion since the Ottawa Conference.
- [http://www.who.int/mediacentre/events/meetings/2013/health\\_promotion/en/index.html](http://www.who.int/mediacentre/events/meetings/2013/health_promotion/en/index.html)

### ***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>

#### **Timeliness of Pediatric Influenza Vaccination Compared With Seasonal Influenza Activity in an Urban Community, 2004–2008**

Annika M. Hofstetter, MD, PhD, MPH, Karthik Natarajan, PhD, Daniel Rabinowitz, PhD, Raquel Andres Martinez, PhD, David Vawdrey, PhD, Stephen Arpadi, MD, MS, and Melissa S. Stockwell, MD, MPH

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301351>

#### ***Abstract***

**Objectives.** We assessed pediatric influenza vaccination in relation to community influenza activity.

**Methods.** We examined seasonal influenza vaccination in 34 012 children aged 6 months through 18 years from 5 academically affiliated clinics in northern Manhattan, New York (an urban low-income community) during the 2004–2008 seasons using hospital and city immunization registries. We calculated the cumulative number of administered influenza vaccine doses and proportion of children with any ( $\geq 1$  dose) or full (1–2 doses per age recommendations) vaccination at the onset and peak of community polymerase chain reaction–confirmed influenza activity according to state surveillance reports and by March 31 each season.



Results. Influenza vaccine administration began before October 1, peaked before influenza activity onset, and declined gradually over each season. Coverage at influenza activity onset, peak, and by March 31 increased over the 5 seasons. However, most children lacked full vaccination at these time points, particularly adolescents, minorities, and those requiring 2 doses.

Conclusions. Despite early initiation of influenza vaccination, few children were fully vaccinated when influenza began circulating. Interventions should address factors negatively affecting timely influenza vaccination, especially in high-risk populations.

### **Community Health Workers in Low- and Middle-Income Countries: What Do We Know About Scaling Up and Sustainability?**

Sarah Wood Pallas, MPhil, Dilpreet Minhas, MPH, Rafael Pérez-Escamilla, PhD, Lauren Taylor, MPH, Leslie Curry, PhD, and Elizabeth H. Bradley, PhD

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.301102>

#### *Abstract*

Objectives. We sought to provide a systematic review of the determinants of success in scaling up and sustaining community health worker (CHW) programs in low- and middle-income countries (LMICs).

Methods. We searched 11 electronic databases for academic literature published through December 2010 (n = 603 articles). Two independent reviewers applied exclusion criteria to identify articles that provided empirical evidence about the scale-up or sustainability of CHW programs in LMICs, then extracted data from each article by using a standardized form. We analyzed the resulting data for determinants and themes through iterated categorization.

Results. The final sample of articles (n = 19) present data on CHW programs in 16 countries. We identified 23 enabling factors and 15 barriers to scale-up and sustainability, which were grouped into 3 thematic categories: program design and management, community fit, and integration with the broader environment.

Conclusions. Scaling up and sustaining CHW programs in LMICs requires effective program design and management, including adequate training, supervision, motivation, and funding; acceptability of the program to the communities served; and securing support for the program from political leaders and other health care providers.

### **Annals of Internal Medicine**

4 June 2013, Vol. 158. No. 11

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

[No relevant content]

### **BMC Public Health**

(Accessed 8 June 2013)

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

#### **Research article**

#### **A qualitative study of the coverage of influenza vaccination on Dutch news sites and social media websites**

Birthe A Lehmann, Robert AC Ruiter, Gerjo Kok BMC Public Health 2013, 13:547 (5 June 2013)

#### *Abstract*

Background

Information about influenza and the effectiveness of vaccination against influenza is largely available on the Internet, and may influence individual decision making about participation in future influenza vaccination rounds. E-health information has often been found to be inaccurate, or even to contradict Health Authority recommendations, especially when it concerns controversial topics.

#### Methods

By means of an online media monitoring programme, Dutch news sites and social media websites were scanned for the Dutch counterparts of the terms influenza, vaccination, vaccine and epidemic during February, March and April 2012. Data were processed with QSR NVivo 8.0 and analysed using a general inductive approach.

#### Results

Three overarching themes were found in both media sources: (1) the (upcoming) influenza epidemic, (2) general information regarding the virus, its prevention and treatment, and (3) uncertainty and mistrust regarding influenza vaccination. Social media tended to report earlier on developments such as the occurrence of an influenza epidemic. The greatest difference was that in social media, influenza was not considered to be a serious disease, and more opposition to the flu shot was expressed in social media, as compared to news media.

#### Conclusions

News media and social media discussed the same topics regarding influenza, but differed in message tone. Whereas news media reports tended to be more objective and non-judgmental, social media more critically evaluated the harmfulness of influenza and the necessity of the flu shot. Media may influence decision making and behaviours of Internet users and may thereby influence the success of vaccination campaigns and recommendations made by health authorities. Social media may be more of a problem in this sense, since it is neither controlled nor censored. Future research should investigate the actual impact of Internet media on the influenza decision making process of its users.

### **British Medical Bulletin**

Volume 106 Issue 8 June 2013

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

[No relevant content]

### **British Medical Journal**

08 June 2013 (Vol 346, Issue 7911)

<http://www.bmj.com/content/346/7911>

[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 8 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 23, 06 June 2013

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

[No relevant content]

### **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 8 June 2013]

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

## **Research**

### **Understanding how and why health is integrated into foreign policy - a case study of health is global, a UK Government Strategy 2008--2013**

Gagnon ML and Labonté R

Globalization and Health 2013, 9:24 (6 June 2013)

*Abstract* (provisional)

#### **Background**

Over the past decade, global health issues have become more prominent in foreign policies at the national level. The process to develop state level global health strategies is arguably a form of global health diplomacy (GHD). Despite an increase in the volume of secondary research and analysis in this area, little primary research, particularly that which draws directly on the perspectives of those involved in these processes, has been conducted. This study seeks to fill this knowledge gap through an empirical case study of Health is Global: A UK Government Strategy 2008--2013. It aims to build understanding about how and why health is integrated into foreign policy and derive lessons of potential relevance to other nations interested in developing whole-of-government global health strategies.

#### **Methods**

The major element of the study consisted of an in-depth investigation and analysis of the UK global health strategy. Document analysis and twenty interviews were conducted. Data was organized and described using an adapted version of Walt and Gilson's policy analysis triangle. A general inductive approach was used to identify themes in the data, which were then analysed and interpreted using Fidler's health and foreign policy conceptualizations and Kingdon's multiples streams model of the policymaking process.

#### **Results**

The primary reason that the UK decided to focus more on global health is self-interest - to protect national and international security and economic interests. Investing in global health was also seen as a way to enhance the UK's international reputation. A focus on global health to primarily benefit other nations and improve global health per se was a prevalent though weaker theme. A well organized, credible policy community played a critical role in the process and a policy entrepreneur with expertise in both international relations and health helped catalyze attention and action on global health when the time was right. Support from the Prime Minister and from the Foreign and Commonwealth Office was essential. The process to arrive at a government-wide strategy was complex and time-consuming, but also broke down silos. Significant negotiation and compromise were required from actors with widely varying perspectives on global health and conflicting priorities.

#### **Conclusions**

As primarily an exploratory study, this research sheds significant light on the global health policymaking process at the level of the state. It provides a useful and important starting point for further hypothesis driven empirical research that focuses on the integration of health in foreign policy, how and why this happens and whether or not it makes an impact on improving global health.

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

## **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/>

**Commentary**

**Vaccination against RSV: Is maternal vaccination a good alternative to other approaches?**

<http://dx.doi.org/10.4161/hv.24096>

Patricia Kaaijk, Willem Luytjes and Nynke Y. Rots

*Abstract:*

The respiratory syncytial virus (RSV) is the major cause of lower respiratory tract illness (LRI) in infants worldwide. Also persons with heart/lung disease or an immunodeficiency disorder, and the elderly are at increased risk for severe LRI upon RSV infection. Although there is at present no licensed RSV vaccine available, it is a priority target for several vaccine developers. For the implementation of a future RSV vaccination within national immunization schemes, various strategies can be considered even without the availability of extended clinical data on RSV vaccines. For this purpose, the extensive knowledge on RSV with respect to disease pathology, epidemiology and immunology can be used. This article discusses different aspects that should be considered to enable a successful implementation of a new RSV vaccine in national immunization programs. In addition, gaps in knowledge that needs further attention are identified. The maternal immunization strategy is highlighted, but also vaccination in the youngest infants and specific risk group immunization strategies are evaluated in this paper. Key factors such as the seasonality of RSV disease, interference of maternal antibodies and the immaturity of the infants' immune system are addressed.

**Commentary**

**Malaria vaccine can prevent millions of deaths in the world**

Authors: Ramesh Verma, Pardeep Khanna and Suraj Chawla

<http://dx.doi.org/10.4161/hv.23950>

**Abstract:**

Malaria is a major public health problem, afflicting ~36% of the world's population. The World Health Organization (WHO) has estimated that there were 216 million cases of malaria in 2010, and ~655,000 people died from the disease (~2000 per day), many under age five. Yet the disease, a killer for centuries, remains endemic in many poor nations, particularly in Africa, where it is blamed for retarding economic growth. India contributes ~70% of the 2.5 million reported cases in Southeast Asia. Malaria is also an important threat to travelers to the tropics, causing thousands of cases of illness and occasional deaths. The 5 Plasmodium species known to cause malaria are *P. falciparum*, *P. vivax*, *P. ovale*, *P. malariae* and *P. knowlesi*. Most cases of malaria are uncomplicated, but some can quickly turn into severe, often fatal, episodes in vulnerable individuals if not promptly diagnosed and effectively treated. Malaria vaccines have been an area of intensive research, but there is no effective vaccine. Vaccines are among the most cost-effective tools for public health; they have historically contributed to a reduction in the spread and burden of infectious diseases. Many antigens present throughout the parasite life cycle that could be vaccine targets. More than 30 of these are being researched by teams worldwide in the hope of identifying a combination that can elicit protective immunity. Most vaccine research has focused on the *P. falciparum* strain due to its high mortality and the ease of conducting in vitro and in vivo studies. DNA-based vaccines are a new technology that may hold hope for an effective malaria vaccine.

**Review**

**A critical literature review of health economic evaluations of rotavirus vaccination**

Volume 9, Issue 6 June 2013

<http://dx.doi.org/10.4161/hv.24253>

Samuel Aballéa, Aurélie Millier, Sibilia Quilici, Stuart Carroll, Stavros Petrou and Mondher Toumi

**Abstract:**

Two licensed vaccines are available to prevent RVGE in infants. A worldwide critical review of economic evaluations of these vaccines was conducted. The objective was to describe differences in methodologies, assumptions and inputs and determine the key factors driving differences in conclusions. 68 economic evaluations were reviewed. RV vaccination was found to be cost-effective in developing countries, while conclusions varied between studies in developed countries. Many studies found that vaccination was likely to be cost-effective under some scenarios, such as lower prices scenarios, inclusion of herd protection, and/or adoption of a societal perspective. Other reasons for variability included uncertainty around healthcare visits incidence and lack of consensus on quality of life (QoL) valuation for infants and caregivers. New evidence on the vaccination effectiveness in real-world, new ways of modeling herd protection and assessments of QoL in children could help more precisely define the conditions under which RV vaccination would be cost-effective in developed countries.

**Research Paper**

**Secular trends of chickenpox among military population in Israel in relation to introduction of varicella zoster vaccine 1979–2010**

Volume 9, Issue 6 June 2013

<http://dx.doi.org/10.4161/hv.23943>

Daniel Mimouni, Hagai Levine, Anat Tzurel Ferber, Inbal Rajuan-Galor and Michael Huerta-Hartal

**Abstract:**

Chickenpox is a contagious disease caused by the varicella zoster virus. There is scarce data on



long-term trends of chickenpox and its relation to vaccinations practices. We aimed to evaluate trends of chickenpox in a military population during the period 1979–2010 and to assess temporal associations in relation with the introduction of varicella zoster vaccine to the civilian population in Israel in 2000. The archives of the Epidemiology Section of the Israel Defense Forces, where chickenpox is a notifiable disease, were reviewed for all cases of chickenpox from January 1, 1979–December 31, 2010. Annual and monthly incidence rates were calculated and analyzed in relation to vaccine introduction. Between 1979–2000, incidence rates fluctuated around 10 cases per 10,000 soldiers without a clear trend. Since 2000 there has been a dramatic 10-fold decline in incidence, especially notable since 2008, from eight per 10,000 soldiers in 2000 to the lowest rate ever recorded, in 2009, of 0.57 cases per 10,000 soldiers. A seasonal sinusoidal pattern was clearly demonstrated, with rising incidence from November to May followed by a gradual decline to October. The results of this long-term study suggest that the rates of chickenpox in the military population have significantly declined since the introduction of the vaccine to the civilian population in Israel and almost disappeared completely since 2008 as the vaccine was included in the state-funded routine childhood immunization schedule.

### ***Research Paper***

#### **Evaluation of the frequency of immunization information system use for public health research**

Volume 9, Issue 6 June 2013

<http://dx.doi.org/10.4161/hv.24033>

Eileen A. Curran, Robert A. Bednarczyk and Saad B. Omer

#### ***Abstract:***

Immunization information systems (IIS) have been useful for consolidating immunization data and increasing coverage, and have the potential to be a valuable resource for immunization research, but the extent which IIS data are used for research purposes has not been evaluated. We reviewed studies conducted using data from federally supported state and city immunization program IIS, and categorized research type based on study objectives to evaluate patterns in the types of research conducted. Research papers using IIS data published between 1999 and July 3, 2012 were identified by searching the CDC IIS publication database and PubMed. These searches produced 304 and 884 papers, respectively, 44 of which were eligible to be included in this evaluation. The most common research category was evaluation of factors associated with vaccine coverage and vaccine coverage estimates ( $n = 20$ ). This study shows that IIS may not be used to their full potential with regards to research. Further research is needed to determine barriers to using IIS data for research purposes.

### **Special Section: NIC23**

#### **EDITOR'S CORNER**

#### **NIC23**

David Baxter and Martin J. Guppy

[Full Text](#)

#### **SPECIAL FOCUS REVIEWS**

#### **The evidence for use of pneumococcal conjugate over polysaccharide in children**

Ray Borrow

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

#### **Meningococcal group B vaccines**

Jamie Findlow

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

## **Should childhood MMR vaccination be compulsory? Rights, duties and the public interest**

Julian Sheather

### *Abstract:*

When children and young people lack the capacity to make decisions about their care and treatment, decisions have to be made on their behalf based on an assessment of their welfare or interests. In law, parents, or others with the relevant parental responsibility, are ordinarily regarded as the appropriate decision-makers. One way of framing this is to say that parents have certain decision-making rights with respect to their children. Such rights, however, are not generally regarded as absolute, rather they can be seen as secondary to and limited by the duties that parents have with regard to their children, duties to promote their welfare. It is against these parental duties that children could, at least in theory if not in practice, claim a right to certain kinds of protection. The legal rights of parents here, as opposed to the rights of the children, can be thought of as rights that secure for parents the freedom from interference necessary to fulfill the underlying duty.

## **Pneumococcal vaccination of older adults: conjugate or polysaccharide?**

David S. Fedson

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

## **Accessing hard to reach groups, travelers and looked after children**

Fiona Print

## **Improving vaccine uptake: An overview**

Michelle Anne Falconer

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

### *Abstract:*

A task group was formed with the aim to improve the quality of the service offered by ensuring that all children waiting for an appointment for vaccination would be offered one at the earliest opportunity. Children aged between 12 mo–5 y that were not completely immunized for their age were identified and included in a pilot catch-up session. Following evaluation of the pilot session, four further immunization sessions were delivered. A total of 398 children attended the four sessions, representing an improved attendance rate of 39%. Most parents brought their children between 11am–3pm and 728 vaccines were administered: 339 MMR; 255 Pre-school boosters; 53 Hib/MenC and 81 PCV. Uptake of MMR vaccine in the PCT at age 24 mo increased by 9% by Q3 2008. For children aged five years, uptake of the first dose of MMR vaccine increased from 91.9% to 94% for the first dose and from 82.3 to 82.5% for the second dose by Q3 2008. This project demonstrates that new ways of delivering immunization sessions can be successfully implemented which can enhance access through the use of alternative venues and subsequently lead to increased vaccine uptake.

## **The effect of ageing of the immune system on vaccination responses**

Janet M. Lord

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

## **Infectious Diseases of Poverty**

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

[Accessed 8 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. 7 | July 2013

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

[Reviewed earlier]

**JAMA**

June 05, 2013, Vol 309, No. 21

<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 3

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

[Reviewed earlier; 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**

June 2013, volume 87, issue 11

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

[Reviewed earlier; No relevant content]

**The Lancet**

Jun 08, 2013 Volume 381 Number 9882 p1959 – 2054 e18 - 19

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

**Comment****EV71 vaccine: protection from a previously neglected disease**

Nigel W Crawford, Steve M Graham

*Preview |*

The eagerly awaited results of a phase 3 trial of an inactivated enterovirus 71 (EV71) vaccine are reported by Feng-Cai Zhu and colleagues in The Lancet.<sup>1</sup> EV71 is an important cause of hand, foot, and mouth disease (HFMD), but is also associated with more severe diseases in young children (aged <5 years), including aseptic meningitis and encephalitis.<sup>2</sup> This multicentre randomised controlled trial done in China is a notable advance in protection against EV71. It included more than 10 000 participants (aged 6–35 months), with a vaccine efficacy of 90·0% (95% CI 67·1–96·9) for EV71-associated HFMD and 80·4% (58·2–90·8) for EV71-associated disease (including herpangina, neurological complications, and non-specific illnesses caused by EV71).

## **Efficacy, safety, and immunology of an inactivated alum-adjuvant enterovirus 71 vaccine in children in China: a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial**

Feng-Cai Zhu, Fan-Yue Meng, Jing-Xin Li, Xiu-Ling Li, Qun-Ying Mao, Hong Tao, Yun-Tao Zhang, Xin Yao, Kai Chu, Qing-Hua Chen, Yue-Mei Hu, Xing Wu, Pei Liu, Lin-Yang Zhu, Fan Gao, Hui Jin, Yi-Juan Chen, Yu-Ying Dong, Yong-Chun Liang, Nian-Min Shi, Heng-Ming Ge, Lin Liu, Sheng-Gen Chen, Xing Ai, Zhen-Yu Zhang, Yu-Guo Ji, Feng-Ji Luo, Xiao-Qin Chen, Ya Zhang, Li-Wen Zhu, Zheng-Lun Liang, Xin-Liang Shen

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961049-1/abstract>

### *Summary*

#### Background

A vaccine for enterovirus 71 (EV71) is needed to address the high burden of disease associated with infection. We assessed the efficacy, safety, immunogenicity, antibody persistence, and immunological correlates of an inactivated alum-adjuvant EV71 vaccine.

#### Methods

We did a randomised, double-blind, placebo-controlled, phase 3 trial. Healthy children aged 6–35 months from four centres in China were randomly assigned (1:1) to receive vaccine or alum-adjuvant placebo at day 0 and 28, according to a randomisation list (block size 30) generated by an independent statistician. Investigators and participants and their guardians were masked to the assignment. Primary endpoints were EV71-associated hand, foot, and mouth disease (HFMD) and EV71-associated disease during the surveillance period from day 56 to month 14, analysed in the per-protocol population. This study is registered with [ClinicalTrials.gov](http://ClinicalTrials.gov), number [NCT01508247](http://NCT01508247).

#### Findings

10 245 participants were enrolled and assigned: 5120 to vaccine versus 5125 to placebo. 4907 (with three cases of EV71-associated HFMD and eight cases of EV71-associated disease) versus 4939 (with 30 cases of EV71-associated HFMD and 41 cases of EV71-associated disease) were included in the primary efficacy analysis. Vaccine efficacy was 90·0% (95% CI 67·1–96·9) against EV71-associated HFMD ( $p=0·0001$ ) and 80·4% (95% CI 58·2–90·8) against EV71-associated disease ( $p<0·0001$ ). Serious adverse events were reported by 62 of 5117 (1·2%) participants in the vaccine group versus 75 of 5123 (1·5%) in the placebo group ( $p=0·27$ ). Adverse events occurred in 3644 (71·2%) versus 3603 (70·3%;  $p=0·33$ ).

#### Interpretation

EV71 vaccine provides high efficacy, satisfactory safety, and sustained immunogenicity.

#### Funding

China's 12—5 National Major Infectious Disease Program, Beijing Vigoo Biological.

## **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*

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 498 Number 7452 pp5-132 6 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>

[No relevant content]

**Nature Medicine**

June 2013, Volume 19 No 6 pp653-790

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

**Opinion****An updated Declaration of Helsinki will provide more protection - p664**

Cecil B. Wilson

doi:10.1038/nm0613-664

Almost 50 years ago, the World Medical Association adopted the Declaration of Helsinki as an ethical guide for research involving human subjects. There are now proposed revisions under consideration that will provide additional protection for study participants as well as increased clarity regarding the responsibilities of those conducting the research. Making these changes is important in a complex environment where what is ethical is not always self-evident.

[Abstract -](#) | [Full Text - An updated Declaration of Helsinki will provide more protection](#) | [PDF \(190 KB\)](#)

**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 6, 2013 Vol. 368 No. 23

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

**[How AIDS Invented Global Health](#)**

A.M. Brandt



*Excerpt* [Free Full Text]

Over the past half-century, historians have used episodes of epidemic disease to investigate scientific, social, and cultural change. Underlying this approach is the recognition that disease, and especially responses to epidemics, offers fundamental insights into scientific and medical practices, as well as social and cultural values. As historian Charles Rosenberg wrote, "disease necessarily reflects and lays bare every aspect of the culture in which it occurs."<sup>1</sup>

Many historians would consider it premature to write the history of the HIV epidemic. After all, more than 34 million people are currently infected with HIV. Even today, with long-standing public health campaigns and highly active antiretroviral therapy (HAART), HIV remains a major contributor to the burden of disease in many countries. As Piot and Quinn indicate in this issue of the *Journal* (pages 2210–2218), combating the epidemic remains a test of our expanding knowledge and vigilance.

Nonetheless, the progress made in addressing this pandemic and its effects on science, medicine, and public health have been far-reaching (see [timeline](#)). The changes wrought by HIV have not only affected the course of the epidemic: they have had powerful effects on research and science, clinical practices, and broader policy. AIDS has reshaped conventional wisdoms in public health, research practice, cultural attitudes, and social behaviors. Most notably, the AIDS epidemic has provided the foundation for a revolution that upended traditional approaches to "international health," replacing them with innovative global approaches to disease. Indeed, the HIV epidemic and the responses it generated have been crucial forces in "inventing" the new "global health."...

### ***Review Article***

#### ***Global Health***

#### **Response to the AIDS Pandemic — A Global Health Model**

Peter Piot, M.D., Ph.D., and Thomas C. Quinn, M.D.

*N Engl J Med* 2013; 368:2210–2218 [June 6, 2013](#) DOI: 10.1056/NEJMra1201533

<http://www.nejm.org/doi/full/10.1056/NEJMra1201533>

*Excerpt* [Free full text]

...International Response to AIDS — A Global Health Model

It was not until the third decade of the epidemic that the world's public health officials, community leaders, and politicians united to combat AIDS. In 2001, the United Nations General Assembly endorsed a historic Declaration of Commitment on HIV/AIDS, a commitment that was renewed in 2011.<sup>7</sup> These actions resulted in the formation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, which was established to finance anti-AIDS activities in developing countries. In 2003, President George W. Bush announced the President's Emergency Plan for AIDS Relief (PEPFAR), which allocated billions of dollars to the countries hardest hit by AIDS.

This unprecedented global response to the AIDS pandemic can serve as a model for the response to other global health threats. For example, the global AIDS response incorporated a multisectoral approach that involved public health officials, clinicians, politicians, and leaders in civil society, business and labor, the armed forces, and the law, working in concert and with financial resources in excess of \$15 billion per year<sup>8</sup> to reduce the incidence of HIV infection and associated mortality. The response to the pandemic required a coordinated global effort, which has been led by the Joint United Nations Program on HIV/AIDS (UNAIDS) since 1996. This transformational response helped redefine what is meant by health diplomacy and led to a new culture of accountability in international development. Tiered pricing of medicines became commonplace, and renewed optimism provided a boost for research on other neglected global health issues. This response to the AIDS pandemic highlighted the shortage of health care workers, inadequate availability of essential medications, and weaknesses in primary health

care and public health systems. The stigma of HIV infection and inequities in the care of those infected focused attention on social and medical equity and human rights...

**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>

[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/40273/31/5/page/1>

[No relevant content]

**PLoS One**

[Accessed 8 June 2013]

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

**Efficient Control of Epidemics Spreading on Networks: Balance between Treatment and Recovery**

Katarzyna Oleś, Ewa Gudowska-Nowak, Adam Kleczkowski

Research Article | published 04 Jun 2013 | PLOS ONE 10.1371/journal.pone.0063813

### *Abstract*

We analyse two models describing disease transmission and control on regular and small-world networks. We use simulations to find a control strategy that minimizes the total cost of an outbreak, thus balancing the costs of disease against that of the preventive treatment. The models are similar in their epidemiological part, but differ in how the removed/recovered individuals are treated. The differences in models affect choice of the strategy only for very cheap treatment and slow spreading disease. However for the combinations of parameters that are important from the epidemiological perspective (high infectiousness and expensive treatment) the models give similar results. Moreover, even where the choice of the strategy is different, the total cost spent on controlling the epidemic is very similar for both models.

### **Predictive Validation of an Influenza Spread Model**

Ayaz Hyder, David L. Buckeridge, Brian Leung

Research Article | published 03 Jun 2013 | PLOS ONE 10.1371/journal.pone.0065459

### *Abstract*

#### Background

Modeling plays a critical role in mitigating impacts of seasonal influenza epidemics. Complex simulation models are currently at the forefront of evaluating optimal mitigation strategies at multiple scales and levels of organization. Given their evaluative role, these models remain limited in their ability to predict and forecast future epidemics leading some researchers and public-health practitioners to question their usefulness. The objective of this study is to evaluate the predictive ability of an existing complex simulation model of influenza spread.

#### Methods and Findings

We used extensive data on past epidemics to demonstrate the process of predictive validation. This involved generalizing an individual-based model for influenza spread and fitting it to laboratory-confirmed influenza infection data from a single observed epidemic (1998–1999). Next, we used the fitted model and modified two of its parameters based on data on real-world perturbations (vaccination coverage by age group and strain type). Simulating epidemics under these changes allowed us to estimate the deviation/error between the expected epidemic curve under perturbation and observed epidemics taking place from 1999 to 2006. Our model was able to forecast absolute intensity and epidemic peak week several weeks earlier with reasonable reliability and depended on the method of forecasting-static or dynamic.

#### Conclusions

Good predictive ability of influenza epidemics is critical for implementing mitigation strategies in an effective and timely manner. Through the process of predictive validation applied to a current complex simulation model of influenza spread, we provided users of the model (e.g. public-health officials and policy-makers) with quantitative metrics and practical recommendations on mitigating impacts of seasonal influenza epidemics. This methodology may be applied to other models of communicable infectious diseases to test and potentially improve their predictive ability.

### **PLOS Medicine**

(Accessed 8 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 8 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**

May 2013 Volume 33, Issue 5 Pages 751–944

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-5/issuetoc>

[Reviewed earlier; No relevant content]

## **Science**

7 June 2013 vol 340, issue 6137, pages 1133-1256

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

[No relevant content]

## **Science Translational Medicine**

5 June 2013 vol 5, issue 188

<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>

[Mother's social capital and child health in Indonesia](#)

Original Research Article

Pages 1-9

Sujarwoto Sujarwoto, Gindo Tampubolon

*Abstract*

Social capital has been shown to be positively associated with a range of health outcomes, yet few studies have explored the association between mother's social capital and children's health. This study examines the relation between mothers' access to social capital (via participation in community activities) and child health. Instrumental variable estimation was applied to cross sectional data of the Indonesian Family Life Survey (IFLS) 2007 which consist of face-to-face interviews among the adult population in Indonesia (N/mothers = 3450, N/children = 4612, N/communities = 309, and participation rate at 92%). The findings show strong evidence for the causal flow running from a mother's social capital to her children's health. All instruments are highly correlated with mothers' social capital but uncorrelated with child health. The findings are also robust to individual and community characteristics associated with child health, and suggest that enlarging mothers' social capital through various community activities is a particularly relevant intervention for reducing child health disparities in Indonesia.

**[How do you measure trust in the health system? A systematic review of the literature](#)**

Review Article

Pages 10-14

Sachiko Ozawa, Pooja Sripad

*Abstract*

People's trust in the health system plays a role in explaining one's access to and utilization of medical care, adherence to medications, continuity of care, and even self-reported health status. Yet it is not easy to find trust measures and understand what they are measuring. A systematic review of scales and indices identified 45 measures of trust within the health system with an average of 12 questions each, which quantified levels of trust among various relationships across the health system. Existing evidence was narrow in scope, where half examined the relationship between doctors/nurses and patients, and the majority were designed, tested and validated in the United States. We developed a health systems trust content area framework, where we identified that honesty, communication, confidence and competence were captured frequently in these measures, with less focus on concepts such as fidelity, system trust, confidentiality and fairness. Half of the measures employed a qualitative method in the design of these measures and 33% were pilot tested. Reporting of test-retest reliability and inter-rater reliability were less common. This review identifies a need to develop measurements of trust beyond doctor-patient relationships and outside of U.S. contexts, and strengthen the rigor of existing trust measures. Greater development and use of trust measures in the health system could improve monitoring and evaluation efforts, which may in turn result in better health outcomes.

**Vaccine**

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

[All recent issues reviewed last week]

**Vaccine: Development and Therapy**

(Accessed 8 June 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>

[Reviewed earlier]

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

#### **Inactivated Influenza Vaccines for Prevention of Community-Acquired Pneumonia: The Limits of Using Nonspecific Outcomes in Vaccine Effectiveness Studies**

Ferdinands, Jill M.a,b; Gargiullo, Paula; Haber, Michaelc; Moore, Matthewa; Belongia, Edward A.d; Shay, David K.a

#### **Epidemiology**

July 2013 - Volume 24 - Issue 4 - p 530-537

doi: 10.1097/EDE.0b013e3182953065

#### ***Abstract***

Background: One to 4 million cases of community-acquired pneumonia (CAP) occur annually in the United States, resulting in 600,000 hospitalizations and 45,000 deaths. Influenza infection facilitates secondary bacterial infections, and influenza vaccination may prevent CAP directly by preventing influenza pneumonia or indirectly by preventing secondary bacterial CAP.

Methods: We investigated how influenza vaccination could affect incidence of CAP using deterministic probability and stochastic simulation models. The models included likely influential factors, including vaccine effectiveness (VE) against influenza, rates of influenza in the unvaccinated, vaccination coverage, and the relative risk (RR) of pneumonia, given influenza infection. To estimate effectiveness of influenza vaccine against CAP, we assumed mean VE against influenza of 55% and vaccine coverage of 38%.

Results: Given our baseline parameters, influenza vaccine had a mean effectiveness against CAP of 7% (95% confidence interval = 0–25%). Effectiveness of influenza vaccine against CAP increased as its effectiveness against influenza increased, as RR of pneumonia after influenza infection increased, and as rates of influenza among unvaccinated persons increased.

Conclusions: No matter how effective vaccine may be in preventing influenza infection, it is only modestly effective at preventing CAP. Because of the large annual burden of CAP, a vaccine that is only moderately effective in preventing influenza infection has the potential to prevent a substantial number of CAP cases. This modeling approach may be useful for planning influenza vaccine-probe studies and evaluating the effectiveness of other interventions targeted against infections that manifest in nonspecific outcomes.

#### **A Licensed Combined Haemophilus influenzae Type b-Serogroups C and Y Meningococcal Conjugate Vaccine**

KP Perrett, TM Nolan, J McVernon - Infectious Diseases and Therapy, 2013

Abstract



The highest incidence of meningococcal disease occurs in infants younger than 1 year of age. However, in the US, prior to June 2012, there was no meningococcal vaccine licensed for use in this age group. In the US, where both serogroups C and Y contribute ...

### **The physiological paradox: reframing the polypill as a vaccine for cardiovascular disease**

MV Holmes, N Bhala - Journal of Epidemiology and Community Health, 2013

In his seminal work 'Sick individuals, sick populations,'<sup>1</sup> Geoffrey Rose postulated that reducing the population distribution of a causal risk factor would have a greater effect on population health than targeting only those at high risk (eg, as defined by a threshold ...

### **A Morphine Conjugate Vaccine Attenuates the Behavioral Effects of Morphine in Rats**

XY Shen, PW O'Malley, TA Kosten, BM Kinsey... - Progress in Neuro- ..., 2013

Abstract Vaccines for opioid dependence may provide a treatment that would reduce or slow the distribution of the drug to brain, thus reducing the drug's reinforcing effects. We tested whether a conjugate vaccine against morphine (keyhole limpet hemocyanin-6- ...

### **Targovax AS Raises \$3.6 Million in Private and Public Support for TG01 Pancreatic Cancer Vaccine Development**

[Business Wire; June 05, 2013]

Cancer vaccine specialist Targovax today announced that it has raised a total of \$3.6 million to accelerate development of its RAS mutation-targeted therapeutic cancer vaccine pipeline...

### **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 8 June 2013

[No new, unique, relevant content]

#### **The Atlantic**

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

Accessed 8 June 2013

[No new, unique, relevant content]

### **BBC**

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

*Accessed 8 June 2013*

[No new, unique, relevant content]

### **Brookings**

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

*Accessed 8 June 2013*

[No new, unique, relevant content]

### **Economist**

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

*Accessed 8 June 2013*

[No new, unique, relevant content]

### **Financial Times**

<http://www.ft.com>

*Accessed 8 June 2013*

June 7, 2013 2:08 pm

#### **Pakistan's polio war**

By Willem Marx

A campaign to eradicate polio in Pakistan, one of the world's last strongholds for the virus, has become an ideological battleground....

<http://www.ft.com/intl/cms/s/2/fe901856-ce40-11e2-a13e-00144feab7de.html#slide0>

### **Forbes**

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

*Accessed 8 June 2013*

[No new, unique, relevant content]

### **Foreign Affairs**

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

*Accessed 8 June 2013*

[No new, unique, relevant content]

### **Foreign Policy**

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

*Accessed 8 June 2013*

[No new, unique, relevant content]

### **The Guardian**

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

*Accessed 8 June 2013*

[No new, unique, relevant content]

### **The Huffington Post**

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

*Accessed 8 June 2013*

[No new, unique, relevant content]

### **Le Monde**

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

*Accessed 8 June 2013*

[No new, unique, relevant content]

### **New Yorker**

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

*Accessed 8 June 2013*

[No new, unique, relevant content]

### **New York Times**

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

[No new, unique, relevant content]

### **Reuters**

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

*Accessed 8 June 2013*

#### **Vaccine exemptions rising, tied to whooping cough**

NEW YORK | Mon Jun 3, 2013 12:10am EDT

*Excerpt*

(Reuters Health) - The number of New York parents who had their child skip at least one required vaccine due to religious reasons increased over the past decade, according to a new study.

What's more, researchers found counties with high religious exemption rates also had more whooping cough cases - even among children that had been fully vaccinated.

States set their own requirements on which vaccines a child must have received to enter school. All allow exemptions for medical reasons, and most, including New York, also permit parents with a religious objection to forgo vaccination.

Less than half of states permit exemptions due to personal or philosophical beliefs. But those also can get counted under religious views in places with less strict exemption policies.

"Particularly in New York State, I do believe that parents are using religious exemptions for their personal beliefs," said Dr. Jana Shaw, who worked on the study at SUNY Upstate Medical University in Syracuse...

<http://www.reuters.com/article/2013/06/03/us-vaccine-exemptions-idUSBRE95202G20130603>

### **Voice of America**

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

#### **UN Fighting Polio in Kenyan Refugee Camp**

June 01, 2013

The United Nations says it has completed the first phase of an aggressive vaccination campaign to contain a polio outbreak in Kenya's largest refugee camp.

The U.N. High Commissioner for Refugees and the World Health Organization issued a statement Friday, saying 288,000 children up to age 15 are being immunized.

Officials says four people have contracted polio in the Dadaab complex in northeastern Kenya since the first case was discovered in mid-May....

<http://www.voanews.com/content/un-fighting-polio-in-kenyan-refugee-camp/1673166.html>

## Wall Street Journal

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

### Novavax Develops Vaccine Candidate for Recently Identified Coronavirus

By Saabira Chaudhuri

*Excerpt*

June 6, 2013, 7:32 a.m. ET

Novavax Inc. (NVAX) said it has successfully produced a vaccine candidate designed to provide protection against the recently emerging Middle East Respiratory Syndrome Coronavirus...

...The vaccine candidate, which was made using Novavax' recombinant nanoparticle vaccine technology, is based on the major surface spike protein.

Also called MERS-CoV, Middle East Respiratory Syndrome Coronavirus was first identified in September by an Egyptian virologist, who isolated the previously unknown coronavirus from the lungs of a 60-year-old patient with pneumonia and renal failure...

...Novavax had previously produced a recombinant nanoparticle vaccine candidate for the SARS-CoV virus which was similarly based on its major surface S protein.

Novavax' SARS-CoV vaccine candidate study demonstrated immunogenicity and complete protection of animals in a live viral challenge.

<http://online.wsj.com/article/BT-CO-20130606-703919.html>

## Washington Post

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

*Accessed 8 June 2013*

[No new, unique, relevant content]

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