

## Center for Vaccine Ethics and Policy

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### **Vaccines: The Week in Review 24 August 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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**NOTICE: *Vaccines: The Week in Review* resumes publication today following duty travel by the editor. This issue covers activity and publications from the period from 10 - 24 August 2013.**

### **Joint GAVI/WHO/UNICEF News Release: "Indonesia introduces five-in-one vaccine for children"**

22 August 2013, Jakarta, Indonesia

*Excerpt*

The pentavalent vaccine is part of "an ambitious plan to reach children across the country's 6,000 inhabited islands by the end of next year" with GAVI support. The vaccine will be purchased from Bio Farma, an Indonesian vaccine supplier based in Bandung, "meaning that Indonesian children will benefit from Indonesian innovation."

Full release:

[http://www.who.int/immunization/newsroom/indonesia\\_five\\_in\\_one\\_20130822/en/index.html](http://www.who.int/immunization/newsroom/indonesia_five_in_one_20130822/en/index.html)

**The U.K. Department for International Development (DFID) said it is investing £138 million over the next 5 years into 9 public-private partnerships** "to support the development of innovative new drugs, vaccines, insecticides, diagnostic tools and microbicides... The partnerships will bring together experts in the field while also sharing the costs and risks across partners." The nine Product Development Partnerships (PDPs) receiving support include *[Editor's bolded text]*:

- :: Drugs for Neglected Diseases initiative (DNDi): new drugs for sleeping sickness, skin sores, river blindness and other lymphatic diseases spread by parasites and mosquitoes
- :: Medicines for Malaria Venture (MMV): new drugs for malaria, with a focus on treating malaria in pregnancy and the relapsing form of malaria
- :: Innovative Vector Control Consortium (IVCC): new insecticides to control insects that carry malaria and some of the neglected tropical diseases
- :: Foundation for Innovative New Diagnostics (FIND): new diagnostic tests for TB, malaria and sleeping sickness
- :: TB Alliance: new drugs for people with TB and for those also infected with HIV
- :: **Aeras: development of new vaccines to prevent TB infection**
- :: **New Products for Diarrhoea and Malaria (PATH): developing new drugs, diagnostics and vaccines for diarrhoeal disease and diagnostics for malaria**
- :: **International AIDS Vaccine Initiative (IAVI): support for the development of new AIDS vaccines**
- :: International Partnership for Microbicides (IPM): support for the development of women-controlled HIV prevention technologies.

<https://www.gov.uk/government/news/dfid-invests-to-save-millions-from-deadly-diseases>

## **WHO: First medicine for treatment of a neglected tropical disease receives prequalification**

20 August 2013

The United Nations Prequalification of Medicines Programme managed by WHO announced the prequalification of a 100 mg tablet of diethylcarbamazine which will be used in large-scale treatment of individuals at risk of lymphatic filariasis. Media release:

[http://apps.who.int/prequal/info\\_press/documents/PQ\\_1st\\_NTD\\_medicine.pdf](http://apps.who.int/prequal/info_press/documents/PQ_1st_NTD_medicine.pdf)

## **Update: Polio this week - As of 21 August 2013**

Global Polio Eradication Initiative

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

*[Editor's extract and bolded text]*

- :: In Ethiopia, a case of WPV1 has been detected in an 18-month old child from the Somali Region (Warder district.) (see the Horn of Africa section for details)
- :: In Israel, WPV1 has been detected in 68 sewage samples collected from 3 February 2013 to 16 August 2013 from 24 sampling sites. (see the Israel section for details)
- :: In Somalia, eight new WPV1 cases have been reported this week from previously infected districts.

### **Pakistan**

- :: 1 new cVDPV2 case was reported in the past week from a new district, Mohmand, in FATA with the onset of paralysis on 13 July. The total number of cVDPV2 cases for 2013 is 12.
- :: FATA remains the major poliovirus reservoir in Pakistan and in Asia, both due to WPV1 and cVDPV2.

### **Chad, Cameroon and Central African Republic**

- :: Central African Republic (CAR) continues to be at serious risk of re-infection due to proximity with Chad, ongoing insecurity and humanitarian crises, and destruction of health infrastructure.

:: To minimize the risk and consequences of potential re-infection, two subnational immunization campaigns were conducted in June and July. A SNID is planned for September and a NID for October.

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

:: 11 new WPV1 cases were reported in the past week – in previously infected districts in Kenya and Somalia, and in a previously unaffected country, Ethiopia. The total number of WPV1 cases for 2013 is 121 (108 from Somalia, 12 from Kenya, 1 from Ethiopia). The most recent WPV1 case in the region had onset of paralysis on 14 July (from Kenya).

:: On 14 August, a case of WPV1 was reported in a child living in Ethiopia with date of onset of paralysis of 10 July 2013. The case is an 18-month old child from the Somali Region (Warder district) of Ethiopia who had never been vaccinated with oral polio vaccine (OPV).

:: Because of the known routes of poliovirus spread in previous outbreaks in the Horn of Africa, the Somali region of Ethiopia had been considered at 'high risk', and since June, two large-scale supplementary immunization activities (SIAs) had already been conducted as part of the broader Horn of Africa outbreak response.

:: In Ethiopia, an immediate local immunization campaign is being conducted in the vicinity of the case, with a larger-scale SIA planned targeting 950,000 children under the age of five years. Additional SIAs are planned from September to November. Confirmation of the case in Ethiopia underscores the risk this outbreak continues to pose to countries across the region.

:: Access in some areas of south-central Somalia remains a significant challenge. Analysis shows that as many as 70% of children in inaccessible areas are under-immunized. This compares to 20% in accessible areas of the country. Of the 108 cases reported from Somalia so far, 33 are from inaccessible or only partially-accessible areas; 75 cases are from accessible areas or accessible areas with security challenges.

:: In Kenya, the priority remains on increasing immunity levels in the Dadaab area of North Eastern province. Nearly 50% of children in this area remain under-immunized (compared to less than 5% in Kenya on the whole).

### ***Israel***

:: WPV1 has been detected in 67 sewage samples from 24 sampling sites in Israel, collected from 3 February 2013 to 4 August 2013. Initially restricted to southern Israel, WPV1 has now also been detected in environmental sampling sites elsewhere in Israel, indicating widespread transmission throughout the country. No case of paralytic polio has been reported.

:: To interrupt WPV1 transmission, a supplementary immunization activity (SIA) with bivalent oral polio vaccine (OPV) targeting children up to the age of nine years was initiated in the southern district of Israel during the week of 5 August; since August 18, the SIA was expanded to the entire country. The objective of the SIA with OPV is to boost intestinal immunity in children vaccinated with IPV only in order to rapidly interrupt wild poliovirus transmission.

## **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)

Disease outbreak news

### **Poliovirus detected from environmental samples in Israel – update 15 August 2013**

**The World Health Organization (WHO) estimates the risk of further international spread of wild poliovirus type 1 (WPV1) from Israel to remain moderate to high.** This risk assessment reflects evidence of increasing geographic extent of circulation over a prolonged period of time.

WPV1 has been detected in 67 sewage samples from 24 sampling sites in Israel, collected from 3 February 2013 to 4 August 2013. Initially restricted to southern Israel, WPV1 has now also been detected in the central district as well. WPV1 has also been isolated in stool samples from 27 healthy children (all under the age of nine years) and one adult, who had been fully immunized for their age as part of ongoing stool sample survey activities. No case of paralytic polio has been reported. In addition to routine acute flaccid paralysis, public health authorities have expanded the surveillance to all age groups and have increased enterovirus surveillance and are screening aseptic meningitis cases for polio.

A supplementary immunization activity (SIA) with bivalent oral polio vaccine (OPV) started in parts of southern Israel during the week of 5 August 2013, and a nationwide campaign is planned for 18 August 2013 for children up to the age of nine years. The objective of these SIAs with OPV is to boost mucosal immunity levels in cohorts of children naïve to OPV to rapidly interrupt virus circulation.

It is important that all countries, in particular those with frequent travel and contacts with polio affected countries, strengthen surveillance for cases of acute flaccid paralysis (AFP), in order to rapidly detect any new poliovirus importations and facilitate a rapid response. Countries should also analyze routine immunization coverage data to identify any subnational gaps in population immunity to guide catch-up immunization activities and thereby minimize the consequences of any new virus introduction. Priority should be given to areas at high-risk of importations and where OPV3/DPT3 vaccine coverage is less than 80 percent.

WHO's International Travel and Health recommends that all travellers to and from poliovirus-affected areas be fully vaccinated against polio. Three countries remain endemic for indigenous transmission of WPV: Nigeria, Pakistan and Afghanistan. Additionally, in 2013, the Horn of Africa has been affected by an outbreak of WPV1.

[http://www.who.int/csr/don/2013\\_08\\_15/en/index.html](http://www.who.int/csr/don/2013_08_15/en/index.html)

The **Weekly Epidemiological Record (WER) for 16 August 2013**, vol. 88, 33 (pp. 349–356) includes:

:: Poliomyelitis outbreak in Somalia and Kenya, 2013

<http://www.who.int/entity/wer/2013/wer8833.pdf>

The **WER for 23 August 2013, vol. 88, 34** (pp. 357–364) includes:

:: Japanese encephalitis: status of surveillance and immunization in Asia and the Western Pacific, 2012

<http://www.who.int/entity/wer/2013/wer8834.pdf>

**CDC/MMWR Watch** [to 24 August 2013]

MMWR August 23, 2013 / Vol. 62 / No. 33

***Polio Field Census and Vaccination of Underserved Populations — Northern Nigeria, 2012–2013***

August 23, 2013 / 62(33);663–665

In 2012, the World Health Assembly declared completion of polio eradication a public health emergency (1,2). However, wild poliovirus (WPV) transmission remains endemic in three countries (Afghanistan, Nigeria, and Pakistan) (2–4). In Nigeria, the National Stop Transmission of Polio (N-STOP) program, under the umbrella of the Nigerian Field Epidemiology and Laboratory Training Program (FELTP), has been developed to implement innovative strategies that address the remaining polio eradication challenges in Nigeria. One N-STOP initiative

focuses on locating and vaccinating children aged <5 years in remote nomadic, scattered, and border populations in northern Nigeria, where low polio vaccination coverage likely contributes to ongoing WPV transmission. During August 2012–April 2013, N-STOP conducted field outreach activities that enumerated 40,212 remote settlements, including 4,613 (11.5%) settlements never visited by vaccination teams during previous polio supplemental immunization activities (SIAs). Enumeration resulted in documentation of 906,201 children aged <5 years residing in these settlements, including 53,738 (5.9%) who had never received polio vaccination, and in detection of 211 unreported cases of acute flaccid paralysis (AFP) with onset of illness in the 6 months before enumeration. Sustaining access to underserved populations in remote settlements in future SIAs will increase overall population immunity and should decrease WPV transmission. By providing a flexible and capable workforce consisting of Nigerian citizens, N-STOP is able to support evaluation and implementation of innovative polio eradication strategies in Nigeria while building local public health capacity with a potential to address other public health problems following the eradication of polio from Nigeria.

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6233a3.htm?s\\_cid=mm6233a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6233a3.htm?s_cid=mm6233a3_w)

*No new relevant content*

### **WHO SAGE: Call for nominations for SAGE Working Group on hepatitis E vaccine**

The Working Group will be asked to review the evidence with respect to the following questions/issues and to propose recommendations for review by SAGE. This will lead to the publication of a WHO vaccine position paper on the use of hepatitis E. The target date of the publication of the position paper is early 2015. Details here:

[http://www.who.int/immunization/sage/nominations\\_working\\_group\\_hep\\_E\\_aug2013/en/index.html](http://www.who.int/immunization/sage/nominations_working_group_hep_E_aug2013/en/index.html)

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

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

*No new content.*

### **UN Watch to 24 August 2013**

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

*No new content.*

### **World Bank/IMF Watch to 24 August 2013**

Selected press releases and other selected content relevant to immunization, vaccines, infectious diseases, global health, etc. <http://www.worldbank.org/en/news/all>

*No new content.*

### **Reports/Research/Analysis/ Conferences/Meetings/Book Watch**

*Vaccines: The Week in Review has expanded its coverage of new reports, books, research and analysis published independent of the journal channel covered in Journal Watch below. Our interests span immunization and vaccines, as well as global public health, health governance,*

and associated themes. If you would like to suggest content to be included in this service, please contact David Curry at: [david.r.curry@centerforvaccineethicsandpolicy.org](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)  
No new content

### **Journal Watch**

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

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

### **The American Journal of Bioethics**

Volume 13, Issue 9, 2013

[http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az\\_hfIY](http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az_hfIY)

#### **Editorial**

#### **Vaccine Mandates Are Justifiable Because We Are All in This Together**

John D. Lantos & Mary Anne Jackson

pages 1-2

[http://www.tandfonline.com/doi/full/10.1080/15265161.2013.815021#.Uhk8pj\\_hfIY](http://www.tandfonline.com/doi/full/10.1080/15265161.2013.815021#.Uhk8pj_hfIY)

*No abstract*

#### **An Ethical Analysis of Mandatory Influenza Vaccination of Health Care Personnel: Implementing Fairly and Balancing Benefits and Burdens**

Armand H. Matheny Antommaria

pages 30-37

DOI:10.1080/15265161.2013.814731

Published online: 16 Aug 2013

#### **Abstract**

Health care institutions have paid increasing attention to preventing nosocomial transmission of influenza through vaccination of health care personnel. While multifaceted voluntary interventions have increased vaccination rates, proponents of mandatory programs contend the rates remain unacceptably low. Conventional bioethical analyses of mandatory programs are inadequate; they fail to account for the obligations of nonprofessional personnel or to justify the weights assigned to different ethical principles. Using an ethics framework for public health permits a fuller analysis. The framework's focus on fairness accentuates the potential differences between the risk of transmitting infection and employment status, and the need to equitably evaluate exemptions. The framework's emphasis on balancing benefits and burdens highlights the need to justify a specific goal and questions the need to exclude all nonmedical exemptions. While mandatory vaccination programs are justifiable, greater attention should be paid to their implementation.

#### **The Case for Mandatory Flu Vaccination of Children**

Ben Bambery, Michael Selgelid, Hannah Maslen, Andrew J. Pollard & Julian Savulescu  
pages 38-40

DOI:10.1080/15265161.2013.813602

Published online: 16 Aug 2013

*No abstract*

**[Guidance From Vaccination Jurisprudence](#)**

Michael R. Ulrich

pages 40-42

DOI:10.1080/15265161.2013.813608

Published online: 16 Aug 2013

*No abstract*

**[Before the Mandate: Cultivating an Organizational Culture of Trust and Integrity](#)**

Joshua E. Perry

pages 42-44

DOI:10.1080/15265161.2013.813600

Published online: 16 Aug 2013

*No abstract*

**[Exemptions From Influenza Vaccinations for Health Care Personnel Based on Self or Identity Issues: Are They Justified?](#)**

David Trafimow

pages 44-46

DOI:10.1080/15265161.2013.813598

Published online: 16 Aug 2013

*No abstract*

**[Evidence and Ethics in Mandatory Vaccination Policies](#)**

Jason L. Schwartz

pages 46-48

DOI:10.1080/15265161.2013.815023

Published online: 16 Aug 2013

*No abstract*

**[Mandatory Influenza Vaccination: How Far to Go and Whom to Target Without Evidence?](#)**

Jean-Christophe Bélisle Pipon & Marjolaine Frenette

pages 48-50

DOI:10.1080/15265161.2013.813607

Published online: 16 Aug 2013

*No abstract*

**[Professional Solidarity: The Case of Influenza Immunization](#)**

Mariëtte van den Hoven & Marcel Verweij

pages 51-52

DOI:10.1080/15265161.2013.813606

Published online: 16 Aug 2013

*No abstract*

**[How the Weight of the Ethical Arguments Depends on the Empirical "Facts"](#)**

Georg Marckmann, Anna M. Sanktjohanser & Sabine Wicker

pages 53-55

DOI:10.1080/15265161.2013.813605

Published online: 16 Aug 2013



*No abstract*

**Applying Kass's Public Health Ethics Framework to Mandatory Health Care Worker Immunization: The Devil is in the Details**

Saad B. Omer

pages 55-57

DOI:10.1080/15265161.2013.825122

Published online: 16 Aug 2013

*No abstract*

**American Journal of Infection Control**

Vol 41 | No. 8 | August 2013 | Pages 667-758

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

[Reviewed earlier]

**American Journal of Public Health**

Volume 103, Issue 9 (September 2013)

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

[Reviewed earlier]

**Annals of Internal Medicine**

20 August 2013, Vol. 159. No. 4

<http://annals.org/issue.aspx>

[No relevant content]

**BMC Public Health**

(Accessed 24 August 2013)

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

[No new relevant content]

**British Medical Bulletin**

Volume 106 Issue 1 June 2013

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

[Reviewed earlier; No relevant content]

**British Medical Journal**

24 August 2013 (Vol 347, Issue 7922)

<http://www.bmj.com/content/347/7922>

[No relevant content]

17 August 2013 (Vol 347, Issue 7921)

<http://www.bmj.com/content/347/7921>

[No relevant content]



**Bulletin of the World Health Organization**

Volume 91, Number 8, August 2013, 545-620

<http://www.who.int/bulletin/volumes/91/8/en/index.html>

[Reviewed earlier]

**Clinical Therapeutics**

Vol 35 | No. 7 | July 2013 | Pages 901-1050

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

[Reviewed earlier]

**Cost Effectiveness and Resource Allocation**

(Accessed 24 August 2013)

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

[No new relevant content]

**Current Opinion in Infectious Diseases.**

August 2013 - Volume 26 - Issue 4 pp: v-vi,295-398

<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>

[Reviewed earlier]

**Development in Practice**

[Volume 23](#), Issue 4, 2013

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

[Reviewed earlier; No relevant content]

**Emerging Infectious Diseases**

Volume 19, Number 9—September 2013

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

***Dispatch*****Middle East Respiratory Syndrome Coronavirus in Bats, Saudi Arabia**

Ziad A. Memish, Nischay Mishra, Kevin J. Olival, Shamsudeen F. Fagbo, Vishal Kapoor, Jonathan H. Epstein, Rafat AlHakeem, Abdulkareem Durosinioun, Mushabab Al Asmari, Ariful Islam, Amit Kapoor, Thom

[http://wwwnc.cdc.gov/eid/article/19/11/13-1172\\_article.htm](http://wwwnc.cdc.gov/eid/article/19/11/13-1172_article.htm)

***Abstract***

The source of human infection with Middle East respiratory syndrome coronavirus remains unknown. Molecular investigation indicated that bats in Saudi Arabia are infected with several alphacoronaviruses and betacoronaviruses. Virus from 1 bat showed 100% nucleotide identity to virus from the human index case-patient. Bats might play a role in human infection.

***Research***

## **Protection by Face Masks against Influenza A(H1N1)pdm09 Virus on Trans-Pacific Passenger Aircraft, 2009**

Lijie Zhang<sup>1</sup>, Zhibin Peng<sup>1</sup>, Jianming Ou<sup>1</sup>, Guang Zeng<sup>1</sup>, Robert E. Fontaine, Mingbin Liu, Fuqiang Cui, Rongtao Hong, Hang Zhou, Yang Huai, Shuk-Kwan Chuang, Yiu-Hong Leung, Yunxia Feng, Yuan Luo, Tao Shen, Bao-Ping Zhu, Marc-Alain Widdowson, and Hongjie Yu  
[http://wwwnc.cdc.gov/eid/article/19/9/12-1765\\_article.htm](http://wwwnc.cdc.gov/eid/article/19/9/12-1765_article.htm)

### *Abstract*

In response to several influenza A(H1N1)pdm09 infections that developed in passengers after they traveled on the same 2 flights from New York, New York, USA, to Hong Kong, China, to Fuzhou, China, we assessed transmission of influenza A(H1N1)pdm09 virus on these flights. We defined a case of infection as onset of fever and respiratory symptoms and detection of virus by PCR in a passenger or crew member of either flight. Illness developed only in passengers who traveled on the New York to Hong Kong flight. We compared exposures of 9 case-passengers with those of 32 asymptomatic control-passengers. None of the 9 case-passengers, compared with 47% (15/32) of control-passengers, wore a face mask for the entire flight (odds ratio 0, 95% CI 0–0.71). The source case-passenger was not identified. Wearing a face mask was a protective factor against influenza infection. We recommend a more comprehensive intervention study to accurately estimate this effect

## **The European Journal of Public Health**

Volume 23 Issue 4 August 2013

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

[Reviewed earlier]

## **Eurosurveillance**

Volume 18, Issue 34, 22 August 2013

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

### ***Rapid communications***

#### **Investigation of an imported case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection in Florence, Italy, May to June 2013**

by S Puzelli, A Azzi, MG Santini, A Di Martino, M Facchini, MR Castrucci, M Meola, R Arvia, F Corcioli, F Pierucci, S Baretta, A Bartoloni, D Bartolozzi, M de Martino, L Galli, MG Pompa, G Rezza, E Balocchi, I Donatelli

## **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 24 August 2013]

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

Review

### **Health technology assessments as a mechanism for increased value for money: recommendations to the global fund**

Teerawattananon Y, McQueston K, Glassman A, Yothasamut J and Myint CY Globalization and Health 2013, **9**:35 (21 August 2013)

*Abstract (provisional)*

The Global Fund is experiencing increased pressure to optimize results and improve its impact per dollar spent. It is also in transition from a provider of emergency funding, to a long-term, sustainable financing mechanism. This paper assesses the efficacy of current Global Fund investment and examines how health technology assessments (HTAs) can be used to provide guidance on the relative priority of health interventions currently subsidized by the Global Fund. In addition, this paper identifies areas where the application of HTAs can exert the greatest impact and proposes ways in which this tool could be incorporated, as a routine component, into application, decision, implementation, and monitoring and evaluation processes. Finally, it addresses the challenges facing the Global Fund in realizing the full potential of HTAs.

## **Health Affairs**

August 2013; Volume 32, Issue 8

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

*Theme: States, Health IT, Payment & Practice Reforms*

[No relevant content]

## **Health and Human Rights**

Volume 15, Issue 1

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

**Theme: Realizing the Right to Health Through a Framework Convention on Global Health**

[Reviewed earlier]

## **Health Economics, Policy and Law**

Volume 8 - Issue 03 - July 2013

<http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue>

[Reviewed earlier; No relevant content]

## **Health Policy and Planning**

Volume 28 Issue 5 August 2013

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

**Preparing routine health information systems for immediate health responses to disasters**

Eindra Aung<sup>1,\*</sup> and Maxine Whittaker<sup>2</sup>

Accepted July 7, 2012.

[Free text] <http://heapol.oxfordjournals.org/content/28/5/495.abstract>

*Abstract*

During disaster times, we need specific information to rapidly plan a disaster response, especially in sudden-onset disasters. Due to the inadequate capacity of Routine Health Information Systems (RHIS), many developing countries face a lack of quality pre-disaster health-related data and efficient post-disaster data processes in the immediate aftermath of a disaster. Considering the significance of local capacity during the early stages of disaster response, RHIS at local, provincial/state and national levels need to be strengthened so that they provide relief personnel up-to-date information to plan, organize and monitor immediate relief activities. RHIS professionals should be aware of specific information needs in disaster response (according to the Sphere Project's Humanitarian Minimum Standards) and requirements in data processes to fulfil those information needs. Preparing RHIS for disasters can be guided by key RHIS-strengthening frameworks; and disaster preparedness must be incorporated into countries' RHIS. Mechanisms must be established in non-disaster times and maintained between RHIS and information systems of non-health sectors for exchanging disaster-related information and sharing technologies and cost.

**From reaching every district to reaching every community: analysis and response to the challenge of equity in immunization in Cambodia**

[Sann Chan Soeung](#)<sup>1</sup>, [John Grundy](#)<sup>2</sup>, [Richard Duncan](#)<sup>3,\*</sup>, [Rasoka Thor](#)<sup>4</sup> and [Julian B Bilous](#)<sup>5</sup>

Accepted July 11, 2012.

*Abstract*

**Background** An international review of the Cambodian Expanded Programme on Immunization (EPI) in 2010 and other data show that despite immunization coverage increases and vaccine preventable diseases incidence reductions, inequities in access to immunization services exist. Utilizing immunization and health systems literature, analysis of global health databases and the EPI review findings, this paper examines the characteristics of immunization access and outcome inequities, and describes proposed longer-term strategic and operational responses to these problems.

**Findings** The national programme has evolved from earlier central and provincial level planning to strengthening routine immunization coverage through the District level 'Reaching Every District Strategy'. However, despite remarkable improvements, the review found over 20% of children surveyed were not fully immunized, primarily from communities where inequities of both access and impact persist. These inequities relate mainly to socio-economic exposures including wealth and education level, population mobility and ethnicity. To address these problems, a shift in strategic and operational response is proposed that will include (a) a re-focus of planning on facility level to detect disadvantaged communities, (b) establishment of monitoring systems to provide detailed information on community access and utilization, (c) development of communication strategies and health networks that enable providers to adjust service delivery according to the needs of vulnerable populations, and (d) securing financial, management and political commitment for 'reaching every community'.

**Conclusions** For Cambodia to achieve its immunization equity objectives and disease reduction goals, a shift of emphasis to health centre and community is needed. This approach will maximize the benefits of new vaccine introduction in the coming 'Decade of Vaccines', plus potentially extend the reach of other life-saving maternal and child health interventions to the socially disadvantaged, both in Cambodia and in other countries with a similar level of development.

## **Human Vaccines & Immunotherapeutics** (formerly Human Vaccines)

August 2013 Volume 9, Issue 8

<http://www.landesbioscience.com/journals/vaccines/toc/volume/9/issue/8/>

[Reviewed earlier]

## **Infectious Agents and Cancer**

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

[Accessed 24 August 2013]

[No new relevant content]

## **Infectious Diseases of Poverty**

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

[Accessed 24 August 2013]

[No new relevant content]

## **International Journal of Epidemiology**

Vol 17 | No. 9 | September 2013

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

[No relevant content]

## **International Journal of Infectious Diseases**

Vol 17 | No. 9 | September 2013

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

Infectious disease risk from the Syrian conflict

Eskild Petersen, Susan Baekeland, Ziad A. Memish, Hakan Leblebicioglu

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<http://www.ijidonline.com/article/S1201-9712%2813%2900200-2/fulltext>

*Preview*

The breakdown of health care in Syria under the present conflict has been highlighted in ProMED reports on the increasing risk of leishmaniasis and rabies. However, these reports merely reflect the dr...

## **JAMA**

<http://jama.jamanetwork.com/issue.aspx>

August 21, 2013, Vol 310, No. 7

[No relevant content]

August 14, 2013, Vol 310, No. 6

***Original Investigation / August 14, 2013***

**The State of US Health, 1990-2010 Burden of Diseases, Injuries, and Risk Factors**

US Burden of Disease Collaborators; Christopher J. L. Murray, MD, DPhil, et al

<http://jama.jamanetwork.com/article.aspx?articleid=1710486>

## **ABSTRACT**

**Importance** Understanding the major health problems in the United States and how they are changing over time is critical for informing national health policy.

**Objectives** To measure the burden of diseases, injuries, and leading risk factors in the United States from 1990 to 2010 and to compare these measurements with those of the 34 countries in the Organisation for Economic Co-operation and Development (OECD) countries.

**Design** We used the systematic analysis of descriptive epidemiology of 291 diseases and injuries, 1160 sequelae of these diseases and injuries, and 67 risk factors or clusters of risk factors from 1990 to 2010 for 187 countries developed for the Global Burden of Disease 2010 Study to describe the health status of the United States and to compare US health outcomes with those of 34 OECD countries. Years of life lost due to premature mortality (YLLs) were computed by multiplying the number of deaths at each age by a reference life expectancy at that age. Years lived with disability (YLDs) were calculated by multiplying prevalence (based on systematic reviews) by the disability weight (based on population-based surveys) for each sequela; disability in this study refers to any short- or long-term loss of health. Disability-adjusted life-years (DALYs) were estimated as the sum of YLDs and YLLs. Deaths and DALYs related to risk factors were based on systematic reviews and meta-analyses of exposure data and relative risks for risk-outcome pairs. Healthy life expectancy (HALE) was used to summarize overall population health, accounting for both length of life and levels of ill health experienced at different ages.

**Results** US life expectancy for both sexes combined increased from 75.2 years in 1990 to 78.2 years in 2010; during the same period, HALE increased from 65.8 years to 68.1 years. The diseases and injuries with the largest number of YLLs in 2010 were ischemic heart disease, lung cancer, stroke, chronic obstructive pulmonary disease, and road injury. Age-standardized YLL rates increased for Alzheimer disease, drug use disorders, chronic kidney disease, kidney cancer, and falls. The diseases with the largest number of YLDs in 2010 were low back pain, major depressive disorder, other musculoskeletal disorders, neck pain, and anxiety disorders. As the US population has aged, YLDs have comprised a larger share of DALYs than have YLLs. The leading risk factors related to DALYs were dietary risks, tobacco smoking, high body mass index, high blood pressure, high fasting plasma glucose, physical inactivity, and alcohol use. Among 34 OECD countries between 1990 and 2010, the US rank for the age-standardized death rate changed from 18th to 27th, for the age-standardized YLL rate from 23rd to 28th, for the age-standardized YLD rate from 5th to 6th, for life expectancy at birth from 20th to 27th, and for HALE from 14th to 26th.

**Conclusions and Relevance** From 1990 to 2010, the United States made substantial progress in improving health. Life expectancy at birth and HALE increased, all-cause death rates at all ages decreased, and age-specific rates of years lived with disability remained stable. However, morbidity and chronic disability now account for nearly half of the US health burden, and improvements in population health in the United States have not kept pace with advances in population health in other wealthy nations.

## **JAMA Pediatrics**

August 2013, Vol 167, No. 8

<http://archpedi.jamanetwork.com/issue.aspx>

[No relevant content]

**Journal of Community Health**

Volume 38, Issue 4, August 2013

<http://link.springer.com/journal/10900/38/4/page/1>

[Reviewed earlier; No relevant content]

**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 6 September 15, 2013

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

[No relevant content]

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

July-September 2013 Volume 5 | Issue 3 Page Nos. 91-124

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

[No relevant content]

**Journal of Medical Ethics**

September 2013, Volume 39, Issue 9

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

[No relevant content]

**Journal of Medical Microbiology**

September 2013; 62 (Pt 9)

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

[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 163 | No. 3 | September 2013 | Pages 613-928

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

[No relevant content]



## Journal of the Royal Society – Interface

November 6, 2013; 10 (88)

<http://rsif.royalsocietypublishing.org/content/current>

[No relevant content]

## Journal of Virology

September 2013, volume 87, issue 18

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

[No relevant content]

## The Lancet

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

Aug 24, 2013 Volume 382 Number 9893 p659 - 742

### **Comment**

### **Assessing the pandemic potential of MERS-CoV**

Chris T Bauch, Tamer Oraby

[Preview](#) /

The emergence in 2012 of a new disease-causing coronavirus has generated substantial concern. As of June 26, 2013, Middle East respiratory syndrome coronavirus (MERS-CoV) had caused 77 laboratory-confirmed cases and 40 deaths.<sup>1</sup> The virus is related to the severe acute respiratory syndrome coronavirus (SARS-CoV) that emerged in 2002–03. And, as SARS-CoV had during its prepandemic stage, MERS-CoV has probably been transmitted from an unknown animal host to human beings repeatedly in the past year.<sup>2,3</sup> Cases of human-to-human transmission have also been documented in several countries.

### **Interhuman transmissibility of Middle East respiratory syndrome coronavirus: estimation of pandemic risk**

Romulus Breban PhD [a](#), Julien Riou [a](#), Prof Arnaud Fontanet PhD [a](#) [b](#)

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961492-0/abstract>

Summary

Background

The new Middle East respiratory syndrome coronavirus (MERS-CoV) infection shares many clinical, epidemiological, and virological similarities with that of severe acute respiratory syndrome (SARS)-CoV. We aimed to estimate virus transmissibility and the epidemic potential of MERS-CoV, and to compare the results with similar findings obtained for prepandemic SARS.

Methods

We retrieved data for MERS-CoV clusters from the WHO summary and subsequent reports, and published descriptions of cases, and took into account 55 of the 64 laboratory-confirmed cases of MERS-CoV reported as of June 21, 2013, excluding cases notified in the previous 2 weeks. To assess the interhuman transmissibility of MERS-CoV, we used Bayesian analysis to estimate the basic reproduction number ( $R_0$ ) and compared it to that of prepandemic SARS. We considered two scenarios, depending on the interpretation of the MERS-CoV cluster-size data.

Results

With our most pessimistic scenario (scenario 2), we estimated MERS-CoV  $R_0$  to be 0·69 (95% CI 0·50–0·92); by contrast, the  $R_0$  for prepandemic SARS-CoV was 0·80 (0·54–1·13). Our optimistic scenario (scenario 1) yielded a MERS-CoV  $R_0$  of 0·60 (0·42–0·80). Because of recent

implementation of effective contact tracing and isolation procedures, further MERS-CoV transmission data might no longer describe an entire cluster, but only secondary infections directly caused by the index patient. Hence, we calculated that, under scenario 2, eight or more secondary infections caused by the next index patient would translate into a 5% or higher chance that the revised MERS-CoV  $R_0$  would exceed 1—ie, that MERS-CoV might have pandemic potential.

#### Interpretation

Our analysis suggests that MERS-CoV does not yet have pandemic potential. We recommend enhanced surveillance, active contact tracing, and vigorous searches for the MERS-CoV animal hosts and transmission routes to human beings.

#### Funding

Agence Nationale de la Recherche (Labex Integrative Biology of Emerging Infectious Diseases), and the European Community's Seventh Framework Programme project PREDEMICS.

Aug 17, 2013 Volume 382 Number 9892

[No relevant content]

## The Lancet Global Health

Sep 2013 Volume 1 Number 3 e116 - 168

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

### **Performance-based financing at the Global Fund to Fight AIDS, Tuberculosis and Malaria: an analysis of grant ratings and funding, 2003–12**

Victoria Y Fan, Denizhan Duran, Rachel Silverman, Amanda Glassman

<http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2813%2970017-2/abstract>

#### *Summary*

##### Background

Performance-based financing can be used by global health funding agencies to improve programme performance and thus value for money. The Global Fund to Fight AIDS, Tuberculosis and Malaria was one of the first global-health funders to deploy a performance-based financing system. However, its complex, multistep system for calculating and paying on grant ratings has several components that are subjective and discretionary. We aimed to test the association between grant ratings and disbursements, an indication of the extent to which incentives for performance are transmitted to grant recipients.

##### Methods

We obtained publicly available data for 508 Global Fund grants from 2003 to 2012 with performance ratings and corresponding disbursements, merged with other datasets that contained data for relevant country characteristics. We used regression analysis to identify predictors of grant disbursements in phase 2 (typically the latter 3 of 5 years of a grant), using two dependent variables: whether a grant had any phase-2 disbursements, and the phase-2 disbursement amount. In a separate analysis, we also investigated the predictors of grant performance ratings.

##### Findings

Grant performance rating in phase 1 was positively associated with having any disbursements in phase 2, but no association was seen between phase-1 ratings and phase-2 disbursement amounts. Furthermore, performance ratings are not replicable by external observers, both because subjective and discretionary decisions are made in the generation of performance measures and because the underlying data are not available.

## Interpretation

The Global Fund's present performance-based funding system does not adequately convey incentives for performance to recipients, and the organisation should redesign this system to explicitly link a portion of the funds to a simple performance measure in health coverage or outcomes, measured independently and robustly.

## Funding

Bill & Melinda Gates Foundation

## The Lancet Infectious Diseases

Sep 2013 Volume 13 Number 9 p725 - 822

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

### **Risk of Guillain-Barré syndrome after seasonal influenza vaccination and influenza health-care encounters: a self-controlled study**

Jeffrey C Kwong, Priya P Vasa, Michael A Campitelli, Steven Hawken, Kumanan Wilson, Laura C Rosella, Therese A Stukel, Natasha S Crowcroft, Allison J McGeer, Lorne Zinman, Shelley L Deeks

<http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2813%2970104-X/abstract>

#### *Summary*

#### Background

The possible risk of Guillain-Barré syndrome from influenza vaccines remains a potential obstacle to achieving high vaccination coverage. However, influenza infection might also be associated with Guillain-Barré syndrome. We aimed to assess the risk of Guillain-Barré syndrome after seasonal influenza vaccination and after influenza-coded health-care encounters.

#### Methods

We used the self-controlled risk interval design and linked universal health-care system databases from Ontario, Canada, with data obtained between 1993 and 2011. We used physician billing claims for influenza vaccination and influenza-coded health-care encounters to ascertain exposures. Using fixed-effects conditional Poisson regression, we estimated the relative incidence of hospitalisation for primary-coded Guillain-Barré syndrome during the risk interval compared with the control interval.

#### Findings

We identified 2831 incident admissions for Guillain-Barré syndrome; 330 received an influenza vaccine and 109 had an influenza-coded health-care encounter within 42 weeks before hospitalisation. The risk of Guillain-Barré syndrome within 6 weeks of vaccination was 52% higher than in the control interval of 9–42 weeks (relative incidence 1·52; 95% CI 1·17–1·99), with the greatest risk during weeks 2–4 after vaccination. The risk of Guillain-Barré syndrome within 6 weeks of an influenza-coded health-care encounter was greater than for vaccination (15·81; 10·28–24·32). The attributable risks were 1·03 Guillain-Barré syndrome admissions per million vaccinations, compared with 17·2 Guillain-Barré syndrome admissions per million influenza-coded health-care encounters.

#### Interpretation

The relative and attributable risks of Guillain-Barré syndrome after seasonal influenza vaccination are lower than those after influenza illness. Patients considering immunisation should be fully informed of the risks of Guillain-Barré syndrome from both influenza vaccines and influenza illness.

#### Funding

Canadian Institutes of Health Research.

### **Medical Decision Making (MDM)**

August 2013; 33 (6)

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

[Reviewed earlier; No relevant content]

### **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-2/issuetoc>

[Reviewed earlier; No relevant content]

### **Nature**

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

Volume 500 Number 7463 pp377-496 22 August 2013

[No relevant content]

Volume 500 Number 7462 pp253-372 15 August 2013

[No relevant content]

Nature | Scientific American

### **The hidden threat that could prevent Polio's global eradication**

*Polio could soon be wiped out—but only if scientists can track down the last carriers*

[Helen Branswell](#)

14 August 2013

*Extract*

Global eradication of polio has been the ultimate game of Whack-a-Mole for the past decade; when it seems the virus has been beaten into submission in a final refuge, up it pops in a new region. Now, as vanquishing polio worldwide appears again within reach, another insidious threat may be in store from infection sources hidden in plain view.

Polio's latest redoubts are "chronic excretors," people with compromised immune systems who, having swallowed weakened polioviruses in an oral vaccine as children, generate and shed live viruses from their intestines and upper respiratory tracts for years. Healthy children react to the vaccine by developing antibodies that shut down viral replication, thus gaining immunity to infection. But chronic excretors cannot quite complete that process and instead churn out a steady supply of viruses. The oral vaccine's weakened viruses can mutate and regain wild polio's hallmark ability to paralyze the people it infects. After coming into wider awareness in the mid-1990s, the condition shocked researchers...

### **Nature Immunology**

September 2013, Volume 14 No 9 pp879-975

<http://www.nature.com/ni/journal/v14/n9/index.html>

[No relevant content]

**Nature Medicine**

August 2013, Volume 19 No 8 pp947-1072

<http://www.nature.com/nm/journal/v19/n8/index.html>

[No relevant content]

**Nature Reviews Immunology**

September 2013 Vol 13 No 9

<http://www.nature.com/nri/journal/v13/n9/index.html>

Broadly neutralizing antibodies and the search for an HIV-1 vaccine: the end of the beginning

Peter D. Kwong, John R. Mascola & Gary J. Nabel

<http://www.nature.com/nri/journal/v13/n9/abs/nri3516.html>

*Abstract*

The field of HIV-1 vaccine research has seen a renaissance with the identification of antibodies that neutralize most circulating HIV-1 strains. An understanding of the structural mode of target recognition that these antibodies use and the immune pathways that lead to their development is emerging. This knowledge has provided fundamental insights into the pathways that elicit broadly neutralizing antibodies and provides a foundation for active and passive immunization strategies to prevent HIV-1 infection.

**New England Journal of Medicine**

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

August 22, 2013 Vol. 369 No. 8

[No relevant content]

August 15, 2013 Vol. 369 No. 7

[No relevant content]

**OMICS: A Journal of Integrative Biology**

August 2013, 17(8)

<http://online.liebertpub.com/toc/omi/17/7>

[No relevant content]

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

July 2013 Vol. 34, No. 1

[http://www.paho.org/journal/index.php?option=com\\_content&task=view&id=128&Itemid=226](http://www.paho.org/journal/index.php?option=com_content&task=view&id=128&Itemid=226)

[No relevant content]

**The Pediatric Infectious Disease Journal**

August 2013 - Volume 32 - Issue 8 pp: A15-A16,e314-e347,805-929

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

[Reviewed earlier]

## **Pediatrics**

August 2013, VOLUME 132 / ISSUE 2

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

[Reviewed earlier]

## **Pharmaceutics**

[Volume 5](#), Issue 3 (September 2013), Pages 371-

<http://www.mdpi.com/1999-4923/5/3>

[No new relevant content]

## **Pharmacoeconomics**

Volume 31, Issue 8, August 2013

<http://link.springer.com/journal/40273/31/8/page/1>

[Reviewed earlier]

## **PLoS One**

[Accessed 24 August 2013]

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

### **Knowledge, Attitude, Practice and Barriers on Vaccination against Human Papillomavirus Infection: A Cross-Sectional Study among Primary Care Physicians in Hong Kong**

Martin C. S. Wong, Albert Lee, Karry L. K. Ngai, Josette C. Y. Chor, Paul K. S. Chan

Research Article | published 21 Aug 2013 | PLOS ONE 10.1371/journal.pone.0071827

#### *Abstract*

This study explored the knowledge, attitude, practice and barriers to prescribe human papillomavirus (HPV) vaccines among private primary care physicians in Hong Kong. A self-administered questionnaire survey was conducted by sending letters to doctors who had joined a vaccination program for school girls. From 720 surveys sent, 444 (61.7%) completed questionnaires were returned and analyzed. For knowledge, few responded to questions accurately on the prevalence of cervical HPV (27.9%) and genital wart infection (13.1%) among sexually active young women in Hong Kong, and only 44.4% correctly answered the percentage of cervical cancers caused by HPV. For attitude, most agreed that HPV vaccination should be fully paid by the Government (68.3%) as an important public health strategy. Vaccination against HPV was perceived as more important than those for genital herpes (52.2%) and Chlamydia (50.1%) for adolescent health, and the majority selected adolescents aged 12–14 years as the ideal group for vaccination. Gardasil® (30.9%) and Cervarix® (28.0%) were almost equally preferred. For practice, the factors influencing the choice of vaccine included strength of vaccine protection (61.1%), long-lasting immunity (56.8%) and good antibody response (55.6%). The most significant barriers to prescribe HPV vaccines consisted of parental refusal due to safety concerns (48.2%), and their practice of advising vaccination was mostly affected by local Governmental recommendations (78.7%). A substantial proportion of physicians had recommended HPV vaccines for their female clients/patients aged 18–26 years

for protection of cervical cancer (83.8%) or both cervical cancer and genital warts (85.5%). The knowledge on HPV infection was low among physicians in Hong Kong. Prescription of HPV vaccine was hindered by the perceived parental concerns and was mostly relied on Governmental recommendations. Educational initiatives should be targeted towards both physicians and parents, and the Government should consider full subsidy to enhance vaccine uptake rate.

**The Expected Number of Background Disease Events during Mass Immunization in China** YouXin Wang, LiJuan Wu, XinWei Yu, FeiFei Zhao, Alyce Russell, ManShu Song, Wei Wang

Research Article | published 20 Aug 2013 | PLOS ONE 10.1371/journal.pone.0071818

*Abstract*

It is critical to distinguish events that are temporarily associated with, but not caused by, vaccination from those caused by vaccination during mass immunization. We performed a literature search in China National Knowledge Infrastructure and Pubmed databases. The number of coincident events was calculated based on its incidence rate and periods after receipt of a dose of hypothesized vaccine. We included background incidences of Guillain-Barré syndrome, anaphylaxis, seizure, sudden adult death syndrome, sudden cardiac death, spontaneous abortion, and preterm labour or delivery. In a cohort of 10 million individuals, 7.71 cases of Guillain-Barré syndrome would be expected to occur within six weeks of vaccination as coincident background cases. Even for rare events, a large number of events can be expected in a short period because of the large population targeted for immunization. These findings may encourage health authorities to screen the safety of vaccines against unpredictable pathogens.

**PLoS Medicine**

(Accessed 24 August 2013)

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

[No new relevant content]

**PLoS Neglected Tropical Diseases**

July 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 24 August 2013)

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

[No new relevant content]

**Public Health Ethics**

Volume 6 Issue 2 July 2013

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

[Reviewed earlier]



## **Qualitative Health Research**

September 2013; 23 (9)

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

### **Vaccine Perceptions Among Oregon Health Care Providers**

[Sandra J. Bean<sup>1</sup>](#), [Joseph A. Catania<sup>1</sup>](#)

<sup>1</sup>Oregon State University, Corvallis, Oregon, USA

Sandra J. Bean, Oregon State University, School of Social and Behavioral Health Sciences, 322 Milam Hall, Corvallis, OR 97333-5102, USA.

<http://qhr.sagepub.com/content/23/9/1251.abstract>

#### *Abstract*

Health care providers exert a significant influence on parental pediatric vaccination decisions. We conducted hour-long interviews with traditional and alternative health care providers in which we explored a range of associations between vaccination perceptions and practice. A key finding was that the Health Belief Model constructs of perceived susceptibility to and severity of either an illness or an adverse vaccine event partially explained health care provider (HCP) beliefs about the risks or benefits of vaccination, especially among alternative care providers. Low or high perceived susceptibility to a vaccine-preventable disease (VPD) or of the severity of a given VPD affects whether an HCP will promote or oppose pediatric vaccination recommendations. Beyond these perceptions, health and vaccination beliefs are affected by the contextual factors of personal experience, group norms, immunology beliefs, and beliefs about industry and government. Building powerful affective heuristics might be critical to balancing the forces that defeat good public health practices.

## **Risk Analysis**

August 2013 Volume 33, Issue 8 Pages 1383–1563

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-8/issuetoc>

[No relevant content]

## **Science**

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

23 August 2013 vol 341, issue 6148, pages 813-928

[No relevant content]

16 August 2013 vol 341, issue 6147, pages 689-812

<http://www.sciencemag.org/content/341/6147.toc>

[No relevant content]

## **Science Translational Medicine**

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

21 August 2013 vol 5, issue 199

[No relevant content]

14 August 2013 vol 5, issue 19

<http://stm.sciencemag.org/content/5/198.toc>

[No relevant content]

## **Social Science & Medicine**

Volume 92, [In Progress](#) (September 2013)

<http://www.sciencedirect.com/science/journal/02779536/93>

[No new relevant content]

## **UN Chronicle**

Vol 1, No.2, 2013

<http://www.un.org/wcm/content/site/chronicle/home/archive/issues2013/security>

### **[National Security and Pandemics](#)**

By Sara E. Davies 18.07.2013

Pandemics are for the most part disease outbreaks that become widespread as a result of the spread of human-to-human infection. Beyond the debilitating, sometimes fatal, consequences for those directly affected, pandemics have a range of negative social, economic and political consequences.

## **Vaccine**

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

**Volume 31, Issue 40, Pages 4261-4464 (13 September 2013)**

### **[Research on vaccines during pregnancy: Reference values for vital signs and laboratory assessments](#)**

Original Research Article

*Pages 4264-4273*

Jeanne S. Sheffield, Flor M. Munoz, Richard H. Beigi, Sonja A. Rasmussen, Kathryn M. Edwards, Jennifer S. Read, R. Phillips Heine, Kevin A. Ault, Geeta K. Swamy, Indira Jevaji, Catherine Y. Spong, Kimberly B. Fortner, Shital M. Patel, Mirjana Nesin

#### **Highlights**

:: A toxicity grading scale is defined for adverse event reporting in pregnancy.

:: Vital sign changes in pregnancy are discussed and toxicity grading developed for each trimester.

:: Normal laboratory values are listed and a toxicity grade is assigned based on value and trimester of pregnancy.

#### ***Abstract***

The Division of Microbiology and Infectious Diseases at the National Institute of Allergy and Infectious Diseases, National Institutes of Health organized a series of conferences, "Enrolling Pregnant Women in Clinical Trials of Vaccines and Therapeutics", to discuss enrollment and safety assessments of pregnant women in clinical trials of vaccines. Experts in obstetrics, maternal-fetal medicine, infectious diseases, pediatrics, neonatology, genetics, vaccinology and clinical trial design were charged with identifying normal ranges for vital signs and laboratory assessments in pregnancy. A grading system for adverse events was then developed

**[Research on vaccines during pregnancy: Protocol design and assessment of safety](#)**

Original Research Article

*Pages 4274-4279*

Flor M. Munoz, Jeanne S. Sheffield, Richard H. Beigi, Jennifer S. Read, Geeta K. Swamy, Indira Jevaji, Sonja A. Rasmussen, Kathryn M. Edwards, Kimberly B. Fortner, Shital M. Patel, Catherine Y. Spong, Kevin Ault, R. Philips Heine, Mirjana Nesin

*Abstract*

The Division of Microbiology and Infectious Diseases at the National Institute of Allergy and Infectious Diseases, National Institutes of Health organized a series of conferences, entitled "Enrolling Pregnant Women in Clinical Trials of Vaccines and Therapeutics", to discuss study design and the assessment of safety in clinical trials conducted in pregnant women. A panel of experts was charged with developing guiding principles for the design of clinical trials and the assessment of safety of vaccines during pregnancy. Definitions and a grading system to evaluate local and systemic reactogenicity, adverse events, and other events associated with pregnancy and delivery were developed. The purpose of this report is to provide investigators interested in vaccine research in pregnancy with a basic set of tools to design and implement maternal immunization studies which may be conducted more efficiently using consistent definitions and grading of adverse events to allow the comparison of safety reports from different trials. These guidelines and safety assessment tools may be modified to meet the needs of each particular protocol based on evidence collected as investigators use them in clinical trials in different settings and share their findings and expertise.

**[A systematic review of interventions for reducing parental vaccine refusal and vaccine hesitancy](#)**

Review Article

*Pages 4293-4304*

Alina Sadaf, Jennifer L. Richards, Jason Glanz, Daniel A. Salmon, Saad B. Omer

*Abstract*

Unvaccinated individuals pose a public health threat to communities. Research has identified many factors associated with parental vaccine refusal and hesitancy toward childhood and adolescent immunizations. However, data on the effectiveness of interventions to address parental refusal are limited. We conducted a systematic review of four online databases to identify interventional studies.

We used criteria recommended by the WHO's Strategic Advisory Group of Experts on immunization (SAGE) for the quality assessment of studies. Intervention categories and outcomes were evaluated for each body of evidence and confidence in overall estimates of effect was determined. There is limited evidence to guide implementation of effective strategies to deal with the emerging threat of parental vaccine refusal. There is a need for appropriately designed, executed and evaluated intervention studies to address this gap in knowledge.

**[International collaboration to assess the risk of Guillain Barré Syndrome following Influenza A \(H1N1\) 2009 monovalent vaccines](#)**

Original Research Article

*Pages 4448-4458*

Caitlin N. Dodd, Silvana A. Romio, Steven Black, Claudia Vellozzi, Nick Andrews, Miriam Sturkenboom, Patrick Zuber, Wei Hua, Jan Bonhoeffer, Jim Buttery, Nigel Crawford, Genevieve Deceuninck, Corinne de Vries, Philippe De Wals, M. Victoria Gutierrez- Gimeno, Harald Heijbel, Hayley Hughes, Kwan Hur, Anders Hviid, Jeffrey Kelman, *et al*

*Abstract*

Background

The global spread of the 2009 novel pandemic influenza A (H1N1) virus led to the accelerated production and distribution of monovalent 2009 Influenza A (H1N1) vaccines (pH1N1). This pandemic provided the opportunity to evaluate the risk of Guillain–Barré syndrome (GBS), which has been an influenza vaccine safety concern since the swine flu pandemic of 1976, using a common protocol among high and middle-income countries. The primary objective of this project was to demonstrate the feasibility and utility of global collaboration in the assessment of vaccine safety, including countries both with and without an established infrastructure for vaccine active safety surveillance. A second objective, included a priori, was to assess the risk of GBS following pH1N1 vaccination.

#### Methods

The primary analysis used the self-controlled case series (SCCS) design to estimate the relative incidence (RI) of GBS in the 42 days following vaccination with pH1N1 vaccine in a pooled analysis across databases and in analysis using a meta-analytic approach.

#### Results

We found a relative incidence of GBS of 2.42 (95% CI 1.58–3.72) in the 42 days following exposure to pH1N1 vaccine in analysis of pooled data and 2.09 (95% CI 1.28–3.42) using the meta-analytic approach.

#### Conclusions

This study demonstrates that international collaboration to evaluate serious outcomes using a common protocol is feasible. The significance and consistency of our findings support a conclusion of an association between 2009 H1N1 vaccination and GBS. Given the rarity of the event the relative incidence found does not provide evidence in contradiction to international recommendations for the continued use of influenza vaccines.

### **Vaccine**

**Volume 31, Issue 39, Pages 4217–4260 (6 September 2013)**

#### **Special Issue: Poxvirus Vectors**

Edited by Joost H.C.M. Kreijtz, Sarah C. Gilbert and Gerd Sutte

<http://www.sciencedirect.com/science/journal/0264410X/31/39>

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

(Accessed 24 August 2013)

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

#### **Review of recent literature on microneedle vaccine delivery technologies**

Vrdoljak A

#### Abstract:

Microneedles (MNs) have been developed as medical devices for enhanced and painless transdermal drug and vaccine delivery. MN-based vaccine application, unlike conventional intramuscular or subcutaneous application using hypodermic needles, delivers vaccine directly into skin, which is known to be an immunologically much more relevant vaccination site than underlying tissue. Vaccination using MN devices targets the skin's rich immune system, leading to better utilization of the antigen and resulting in superior immune response, often achieved using a lower vaccine dose than required by conventional delivery routes. However, despite the number of advantages and nearly four decades of research, the number of licensed MN-based vaccines remains limited to date. Nevertheless, it is to be expected that on the back of a number of recently developed scalable and robust MN-fabrication methods, more intensive translation into clinical practice will follow. Here, we review the current status and trends in

research of MN-related vaccine delivery platforms, focusing on the most promising approaches and clinically relevant applications.

### **Vaccines — Open Access Journal**

<http://www.mdpi.com/journal/vaccines>

*Vaccines (ISSN 2076-393X), an international open access journal, is published by MDPI online quarterly.*

[No new relevant content]

### **Value in Health**

Vol 16 | No. 5 | July-August 2013 | Pages 699-906

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

#### **Potential Cost-Effectiveness of Pneumococcal Conjugate Vaccine (PCV) in Turkey**

Özden Türel, MD, Adnan Kisa, MSPH, PhD, E. David G. McIntosh, MBBS, MPH, LLM, PhD, ,  
[Mustafa Bakir](#), MD

<http://www.valueinhealthjournal.com/article/S1098-3015%2813%2901810-X/abstract>

#### **ABSTRACT**

##### **Background**

Pneumococcal infection is an important and preventable cause of morbidity and mortality. The Turkish government introduced 7-valent pneumococcal conjugate vaccine (PCV) into the national immunization program in 2009. This suggests that replacing 7-valent PCV with a higher-valent version could at least maintain “standard of care” if not improve it, and that it could be affordable.

##### **Objectives and Methods**

The aim of this analysis was to assess the potential direct cost-effectiveness of 13-valent PCV in Turkey, a country with a birth cohort of 1.4 million, against a “no vaccine” state, against the default 7-valent PCV state, and against a 10-valent PCV state, using a published cohort model with a 5-year horizon.

##### **Results and Conclusions**

The cost per life-year gained is below the 1 × per-capita gross domestic product threshold across large changes in key input parameters, indicating that the model is stable and suggesting that any PCV would be very cost-effective in a Turkish national pediatric immunization schedule.

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

#### **Study on the Performance of Cool Storage Material for Vaccine Transportation**

B Liu, TH Zou, QD Hong, XY Song, CH Li - Advanced Materials Research, 2013

Abstract. It is introduced about the characteristics, structure and application of refrigerator for vaccine transportation. From the test of thermophysical properties of cool storage material in cold closet using for vaccine transportation and the insulation performance of cold closet ...

[PDF] [Poliovirus vaccination options for achieving eradication and securing the endgame](#)

SGF Wassilak, RW Sutter, JD Wenger, WA Orenstein - Current Opinion in Virology, 2013  
... The GPEI Strategic Plan 2013-18 includes plans for a global switch from tOPV to bOPV for routine immunization around 2016, provided prerequisites are met, including elimination of persistent cVDPV2 transmission in Nigeria and Somalia [23,24 ]. ...

### **Media/Policy Watch**

This section is intended 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 CVP 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 in 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 24 August 2013*

### **Arab revolutions: Ignoring a potential catastrophe (infectious and tropical diseases)**

Peter Hotez

<http://www.aljazeera.com/indepth/opinion/2013/08/2013815123611973409.html>

#### *Excerpt*

Recent conflicts in Egypt, Iraq, Libya, Pakistan, Syria, Tunisia, Yemen, and elsewhere in the Middle East may have sufficiently destabilised national and international public health control measures to a point where several tropical diseases have either emerged and are sickening large populations in the region.

The most dramatic example is currently happening in Syria, where cutaneous leishmaniasis, a disfiguring parasitic skin disease transmitted by sandflies and also known as "Aleppo Evil", is now affecting tens of thousands of innocent civilians both within the country and among refugees fleeing across the [border to Lebanon or Turkey](#). But this disease is also flourishing in Afghanistan, Algeria, and Iraq where breakdowns in public health have allowed sandflies to breed and transmit disease.

Several mosquito-transmitted virus infections have also become important public health problems in the region. According to recent estimates 6 million cases of dengue fever occurred in Egypt in 2010 - more than 7 percent of that country's population, while almost 14 million cases occurred that year in Pakistan. Dengue has also emerged in Saudi Arabia, Syria, and Yemen, while in both Saudi Arabia and Yemen, Rift valley fever has also appeared - the first time this mosquito-transmitted viral infection has been [seen outside of Africa](#). There is concern that such viral infections could affect pilgrims entering Saudi Arabia during the Hajj this coming fall, as could the new [MERS coronavirus](#), or the recently discovered Alkhurma hemorrhagic virus. Both viruses were first discovered in Saudi Arabia...

### **The Atlantic**

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

*Accessed 24 August 2013*

[No new, unique, relevant content]

## **BBC**

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

*Accessed 24 August 2013*

[No new, unique, relevant content]

## **Brookings**

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

*Accessed 24 August 2013*

[No new, unique, relevant content]

## **Council on Foreign Relations**

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

*Accessed 24 August 2013*

[No new, unique, relevant content]

## **Economist**

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

*Accessed 24 August 2013*

[No new, unique, relevant content]

## **Financial Times**

<http://www.ft.com>

*Accessed 24 August 2013*

[No new, unique, relevant content]

## **Forbes**

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

*Accessed 24 August 2013*

### **[Measles Outbreak Traces To Vaccine-Refusing Megachurch](#)**

Texas measles outbreak tracing to vaccine-refusing megachurch endangers residents of two counties and has health officials in neighboring Oklahoma on guard.

[Emily Willingham](#), Contributor Aug 24, 2013

## **Foreign Affairs**

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

*Accessed 24 August 2013*

[No new, unique, relevant content]

## **Foreign Policy**

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

*Accessed 24 August 2013*

[No new, unique, relevant content]

## **The Guardian**



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

*Accessed 24 August 2013*

**Labor: families to lose tax benefit for failing to vaccinate children**

*Kevin Rudd says 'hardline' policy is aimed at getting immunisation rates as close to 100% as possible*

18 August 2013 <http://www.theguardian.com/world/2013/aug/18/labor-tax-benefit-vaccinate-children>

Families who do not vaccinate their children will lose a tax supplement of \$726 because other parents are worried about whether their children are safe at school from diseases such as whooping cough and measles, according to the prime minister, Kevin Rudd.

"That's a hardline decision," Rudd said. "I want to build an Australia where every mum and dad can feel safe and confident that when their kids go to school that practically every kid in that school is going to be immunised."

Rudd released details of changes to its vaccination policy, which cuts out the Family Tax Benefit A annual supplement, currently worth \$726 per child, for otherwise eligible parents who register as "conscientious objectors".

"One of the great barbecue stoppers in the community across Australia is immunisation and [parents worry] whether their kids are perfectly safe at school – they have a concern and anxiety," Rudd said.

The prime minister said although increased immunisation rates amongst five-year-olds had increased from 83% to 90% during Labor's term in office, the aim was close to 100%.

Vaccinations cover childhood diseases such as polio, measles, whooping cough and rubella.

Although government policy requires all children to be vaccinated to enter school, parents who refused to vaccinate their children could previously claim exemptions for religious, medical or ideological reasons if they provided a statement of reasoning.

Under the policy change, "conscientious objectors" will no longer be eligible to claim the FTBA supplement if Labor is returned to office. Exemptions will still be allowed for religious and medical reasons.

**The Huffington Post**

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

*Accessed 24 August 2013*

[No new, unique, relevant content]

**Le Monde**

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

*Accessed 24 August 2013*

[No new, unique, relevant content]

**New Yorker**

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

*Accessed 24 August 2013*

[No new, unique, relevant content]

**New York Times**

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

*Accessed 24 August 2013*

## **Africa and Pakistan Face Polio Outbreaks, in Blow to Global Fight**

[http://www.nytimes.com/2013/08/23/health/polio-outbreaks-seen-on-two-continents.html?\\_r=0](http://www.nytimes.com/2013/08/23/health/polio-outbreaks-seen-on-two-continents.html?_r=0)

By DONALD G. McNEIL Jr.

Published: August 22, 2013

*Excerpt*

The global effort to eradicate polio, a disease that has been on the brink of extinction for years, is facing serious setbacks on two continents. The virus is surging in Somalia and the Horn of Africa, which had been largely free of cases for several years. And a new outbreak has begun in a part of Pakistan that a warlord declared off limits to vaccinators 14 months ago...

## **Reuters**

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

Accessed 24 August 2013

[see story on extension of Israel's polio immunisation campaign above]

## **Wall Street Journal**

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

Accessed 24 August 2013

[No new, unique, relevant content]

## **Washington Post**

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

**[Vaccines: Science vs. skeptics](#)**

A growing anti-vaccine movement in the United States has public health officials concerned that deadly infectious diseases could return. Theresa Wrangham of the National Vaccine Information Center and Dr. Corey Hebert with Louisiana State University's Health Sciences Center weigh in.

\* \* \* \*

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