Center for Vaccine Ethics and Policy
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Vaccines: The Week in Review
14 September 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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Executive Director
Center for Vaccine Ethics & Policy
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The 11 Member States of the WHO South-East Asia Region committed to eliminating measles and controlling rubella and congenital syndrome (CRS) by 2020. The commitment came at the Sixty-sixth Session of the WHO Regional Committee for South-East Asia. The announcement noted that these 11 countries constitute some 45% of global measles deaths and that WHO estimates that US$800 million will be needed to achieve these goals by 2020. The announcement also reported that "in order to reach the goal of measles elimination and rubella control, governments will need to achieve and maintain 95% population immunity against these diseases within each district through routine immunization and/or supplementary campaigns. Countries will also need to develop and sustain a sensitive and timely case-based measles and rubella/CRS surveillance system. The regional network of accredited measles and rubella laboratories needs to be expanded and strengthened. Strategic plans are being developed by all countries in the Region. These plans will need allocation of adequate funds and human resources."
http://www.searo.who.int/mediacentre/releases/2013/pr1565/en/index.html

IVI announced that the Yanghyun Foundation donated 30 million Korean won to support IVI programs for this year. The announcement came during a ceremony at the Hanjin Shipping Building in Seoul, Korea on September 6. As one of IVI's long-term donors, the philanthropic foundation has supported IVI since 2008, contributing a cumulative total of 243 million won.

Full announcement:
http://www.ivi.org/web/www/07_01?p_p_id=EXT_BBS&p_p_lifecycle=0&p_p_state=normal&p_

p_mode=view&_EXT_BBS_struts_action=%2Fext%2Fbbs%2Fview_message&_EXT_BBS_messageId=551

The Bill & Melinda Gates Foundation announced that CEO Jeff Raikes will retire, remaining in his position until a successor is named. In an email to BMGF employees, Mr. Raikes noted: "…I am proud of the work we've all done together in the past five years. We are having an impact on people's lives every single day, and we are set up to keep on having an even bigger impact in the years to come...Now, I'm looking forward to doing some things I haven't had time for, including my work at the Raikes Foundation, which is tackling youth and education issues. I have learned so much from Bill, Melinda, our grantees and partners, and all of you about catalytic philanthropy and specific issues like agriculture and education. I have also learned from—and been deeply moved by—the people I've met in the field, whether they're Ethiopian farmers trying to grow enough food to feed their children or a teacher in New Orleans helping students make a better future. These lessons will not only inspire me but also serve me day-to-day, because I will continue to invest my time and energy in these areas…"

Full media release: http://www.gatesfoundation.org/Media-Center/Press-Releases/2013/09/Jeff-Raikes-to-Retire-as-CEO-of-the-Bill-and-Melinda-Gates-Foundation

Aeras said it appointed Lewis K. Schrager, M.D., M.A., as Vice President of Scientific Affairs. As a member of the senior leadership team, Dr. Schrager "will oversee and maintain key external relationships focused on research and development and represent Aeras at major scientific meetings and symposiums (as well as) oversee the Regulatory Affairs, Global Affairs, Safety & Pharmacovigilance, Medical Writing and Market Access departments, and function s a member of the Vaccine Advisory Committee and the Aeras Portfolio Review Committee. Dr. Schrager fills the position left by Dr. Ann Ginsberg, who assumed the position of Chief Medical Officer earlier this year.

Full release: http://www.aeras.org/pressreleases/respected-vaccine-expert-lewis-schrager-joins-aeras#.UjT3sD_9qFg

The Albert and Mary Lasker Foundation announced the winners of the 2013 Lasker Awards –

:: Richard H. Scheller and Thomas C. Sudhof for basic medical research on discoveries concerning neurotransmitters;

:: Graeme M. Clark, Ingeborg Hochmair and Blake S. Wilson for clinical research leading to the development of the modern Cochlear Implant, and

:: Bill Gates and Melinda Gates for public service in improving the lives of the world's most vulnerable people." Alfred Sommer, Chair of the Lasker Foundation's Board of Directors, commented, "The Lasker Awards showcase the power of biomedical research to advance science, save lives, and avert suffering the world over. This year's awards celebrate that (68-year old) tradition by honoring fundamental discoveries about brain function, the creation of an innovative technology that confers hearing to profoundly deaf people, and the powerful impact of results-driven philanthropy that has enhanced the quality of life for millions around the globe."

Full media release: http://www.prnewswire.com/news-releases/2013-lasker-awards-honor-scientists-for-pioneering-medical-research-222955411.html

The Pharmaceutical Research and Manufacturers of America (PhRMA) announced today the recipients of the 2013 Research & Hope Awards, "honoring outstanding achievements in vaccines research and immunization by individuals and research teams in the biopharmaceutical sector, academic/public research and health care provider communities." Recipients of the PhRMA 2013 Research & Hope Awards are:

:: The PhRMA Research & Hope Award for Biopharmaceutical Industry Research in Vaccine Development - GlaxoSmithKline Malaria Vaccine Team

"The GlaxoSmithKline Malaria Vaccine Team, led by Dr. Sophie Biernaux, is receiving the 2013 PhRMA Research & Hope Award for Biopharmaceutical Industry Research for its ongoing development of a vaccine against malaria targeted to children in Sub-Saharan Africa. For more information on the team's work, now in the final stages of a large, multi-center Phase III clinical trial, see the video and team bio."

:: The PhRMA Research & Hope Award for Academic or Public Research in Vaccine Development – Douglas R. Lowy, MD, National Cancer Institute; John T. Schiller, PhD, National Cancer Institute

"Drs. Lowy and Schiller are receiving the 2013 PhRMA Research & Hope Award for Academic or Public Research for the discovery of the human papilloma virus (HPV) vaccine for the prevention of cervical cancer. For more information on their pivotal work, see the video and bios."

:: The PhRMA Research & Hope Award for Patient and Community Health – Linda Yu-Sing Fu, M.D., M.Sc., Children's National Medical Center (CNMC)

"Dr. Fu, on behalf of her team at CNMC, is receiving the 2013 PhRMA Research & Hope Award for Patient and Community Health for their efforts to increase awareness of the importance of childhood immunization and raise the quality of immunization delivery to an at-risk population in the District of Columbia. For more information, see the video and bio."

PhRMA noted that recipients of the Biopharmaceutical Industry Research and Academic or Public Research Awards were selected by the Science Advisory Board of the PhRMA Foundation following an open nominations process. The recipient of the Patient and Community Health Award was chosen by an inter-departmental committee of representatives from PhRMA.

Full media release: http://www.businesswire.com/news/home/20130911005390/en/PhRMA-Honors-Vaccines-Pioneers-Research-Hope-Awards

Update: Polio this week - *As of 11 September 2013*

Global Polio Eradication Initiative

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

[Editor's extract and bolded text]

:: Due to the Horn of Africa outbreak, the bulk of polio cases this year (over two-thirds) are in countries which were previously polio-free.

:: Between the endemic countries, cases are down 40% over the same period last year (78 compared to 131); this indicates progress particularly in Afghanistan and Nigeria, which are poised to enter the traditional 'high season' for polio transmission in a strong position. The subsequent 'low season' will be the most critical in the history of polio eradication.

Nigeria

::One new WPV1 case was reported in the past week (from Taraba), bringing the total number of WPV1 cases for 2013 to 46. It is the most recent WPV case in the country and had onset of paralysis on 17 August…

Pakistan
:: One new WPV1 case was reported in the past week (from Khyber Pakhtunkhwa – KP), bringing the total number of WPV1 cases for 2013 to 28. It is the most recent WPV case in the country and had onset of paralysis on 19 August.
:: FATA remains the major poliovirus reservoir in Pakistan and in Asia, both due to WPV1 and cVDPV2. Efforts are ongoing to curb transmission in this area, including through vaccination at transit points and conducting Short Interval Additional Dose (SIADs) campaigns in areas that have recently become accessible….
Horn of Africa
:: Four new WPV1 cases were reported in the past week, three from Somalia and one from Kenya. The total number of WPV1 cases for 2013 in the Horn of Africa is 179 (163 from Somalia, 14 from Kenya and one from Ethiopia). The most recent WPV1 case in the region had onset of paralysis on 7 August (from Somalia).
:: The Global Polio Eradication Initiative has conducted a three month assessment of the polio outbreaks in Somalia and Kenya. The assessment conclusions are that the response was rapid and aggressive, with strong national leadership and international coordination.
:: In both countries, there is a significant risk that the outbreak will extend beyond six months, due to large numbers of under vaccinated children in Somalia and inconsistent campaign quality in Kenya. Outbreak response planning should therefore continue into 2014…

WHO: Global Alert and Response (GAR) – *Disease Outbreak News*
http://www.who.int/csr/don/2013_03_12/en/index.html
Disease outbreak news
No new content

The **Weekly Epidemiological Record (WER) for 13 September 2013**, vol. 88, 37 (pp. 389–400) includes:
:: Global programme to eliminate lymphatic filariasis: progress report for 2012
http://www.who.int/entity/wer/2013/wer8837.pdf

CDC/MMWR Watch [to 14 September 2013]
:: National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2012
:: Measles — United States, January 1–August 24, 2013
:: Influenza Vaccination Practices of Physicians and Caregivers of Children with Neurologic and Neurodevelopmental Conditions — United States, 2011–12 Influenza Season
:: Notes from the Field: Measles Outbreak Among Members of a Religious Community — Brooklyn, New York, March–June 2013
:: Notes from the Field: Measles Outbreak Associated with a Traveler Returning from India — North Carolina, April–May 2013

CDC Telebriefing: National Immunization Survey, Vaccine for Children Program, and recent measles outbreaks in the U.S.
Thursday, September 12, 2013 Noon ET
http://www.cdc.gov/media/releases/2013/t0912_measles-outbreaks-data.html
Press Briefing Transcript [Audio recording [MP3, 5.51 MB]
Excerpt:

ANNE SCHUCHAT:

"….Twenty years ago, the VFC program was developed to fix a national crisis of missed opportunities. Today we have a strong public private partnership for immunizing children that reflects the success of the VFC program. But today we also have local measles outbreaks representing a very different dynamic. Instead of our system missing opportunities to vaccinate young children, in some communities people have been rejecting opportunities to be vaccinated.

Let me start with our National Immunization Report Card— National Immunization Survey of Toddlers, age 19 to 35 months, or the NIS. According to the 2012 NIS, the vast majority of parents are vaccinating their children against potentially serious diseases…

The 2012 NIS report shows most that children are complete on the recommended vaccinations. The U.S. continues to have high rates of immunization coverage at the national level. Vaccination coverage remains near or above 90 percent for measles, mumps and rubella vaccine or MMR. For the polio series, for hepatitis B series, and for varicella or chicken pox vaccine. The percentage of children who received no vaccinations remains low. Only 0.8 percent or less than one percent of children in this survey had received no vaccines at all. These are really good results, but there is opportunity for improvement. Vaccination coverage varies by state. Both for individual vaccines and for the series measure….

…So, next I want to briefly discuss the national measles situation so far this year. It is a far cry from that crisis that we had 24 years ago. But with measles things can change very quickly. And we need to stay ahead of this virus which means we need to make sure that immunization coverage is high everywhere. This year, the U.S. is experiencing a higher than usual number of measles cases. There are three outbreaks that account for most of this year's measles cases in New York City, North Carolina, and Texas. From January 1st to August 24th, 159 measles cases have been reported across the United States. That's the second largest number of measles cases we have had in this country since measles was eliminated in 2000. During this period, 16 states reported measles cases and the age of cases ranged widely from birth to 61 years. Thirty-seven percent of the cases were children under five. And 18 or 11 percent of all cases were in babies under 12 months who are too young to be routinely vaccinated. Seventeen or 11 percent of the cases required hospitalization. Four of the patients had pneumonia. Fortunately none of the measles cases here in the U.S. this year died. Most of this year's cases were unvaccinated. One hundred and thirty-one or 82 percent. Four had unknown vaccinations status, 16 cases or nine percent. Among the 140 U.S. residents, 117 were unvaccinated.

I want to tell you in particulars about why they were unvaccinated because it's so different than what we were seeing in back in 1989 to 1991. Seventy-nine percent of the U.S. residents cases that were unvaccinated had philosophical objections to the vaccine. A smaller numbers, 15 cases or 13 percent, were babies under 12 months that cannot directly be vaccinated but rely on those around them being vaccinated. Let me say a few words about the outbreaks. New York City reported 58 cases, making this the largest outbreak reported in the United States since 1996. None of the patients in that outbreak had documentation of measles vaccination. North Carolina reported the second largest outbreaks so far with 23 cases. Cases mainly occurred among people who were unvaccinated due to philosophical objection. And in the current outbreak in Texas, 20—actually 21 cases, more since we've made the report in the MMWR, have -- been reported. The numbers may continue to change as this outbreak may be ongoing. Seventeen of those cases in Texas were unvaccinated. As these outbreaks are showing, clusters of people with like-minded beliefs leading them to forego vaccines can be susceptible to outbreaks when measles outbreaks are imported from elsewhere. Measles, as

we know, is highly contagious and can lead to serious complications and even death. We need very high rates of immunization to protect the most vulnerable –children too young to be vaccinated and those who can't be vaccinated due to health conditions.

Importation of measles in the U.S. continues to occur and it poses a threat to our country. It poses a particular threat to people who are not vaccinated. All of the measles cases reported in the U.S. in 2013 were associated with importations from other countries. There were 42 actual importations from 18 other countries. You can think of an import associated case as being linked back to a traveler who brought the disease into the U.S. from another country. Half of the imported measles cases we had in the U.S. originated from Europe. Not a place that many people think of when they try to update their vaccine records before travel. Measles is still common in many parts of the world. And, unfortunately, about 160,000 people around the world die from the disease each year. Rapid public health response to measles is critical. Given how very infectious measles is and the fact we still have pockets of unvaccinated people. We have to rapidly investigate and respond to measles cases. But thanks to the high vaccination rates and rapid public health response the outbreak in 2013 has been contained and it is – that is at the cost of tremendous effort on the part of public health workers who respond to these outbreaks when they occur….

20 Years of Success: CDC Celebrates 20th Anniversary of Vaccines for Children Program - Digital Press kit

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

UN Watch *to 14 September 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 relevant content.

World Bank/IMF Watch *to 14 September 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 relevant content.

Reports/Research/Analysis/ Conferences/Meetings/Book Watch
Vaccines: The Week in Review has expanded its coverage of new reports, books, research and analysis published independent of the journal channel covered in Journal Watch below. Our interests span immunization and vaccines, as well as global public health, health governance, and associated themes. If you would like to suggest content to be included in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

GSK research released at the 2013 Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) reported that "the incidence of pertussis among U.S. adults 50 and older may be greatly under-reported and under-recognized." The

research estimated that the actual number of pertussis cases was approximately 520,000 versus the 8,764 medically-attended cases among U.S. adults ages 50 to 64, and approximately 465,000 versus 6,359 medically-attended pertussis cases among adults 65 and older in the same database. That equates to an incidence on average of 202 per 100,000 in adults 50-64, and 257 per 100,000 among adults 65 and older. These estimated incidences were about 42 to 105 times higher than the medically-attended pertussis cases documented in the same database during the years 2006-2010. In 2010, the estimated incidence was 94 and 264 times higher than nationally reported incidences for individuals aged 50-64 and 65 and older, respectively. The GSK researchers who led the study, Cristina Masseria, Ph.D, and Girishanthy Krishnarajah, MPH, MBA/MS, utilized data from the IMS private practice database that included more than 80 million claims per year and analyzed approximately 48 million cases of cough-related illness in the U.S. between 2006 and 2010. The commercial laboratory testing database represents approximately 40 percent of respiratory-laboratory testing that took place in the U.S. during the years looked at in the study.

Leonard Friedland, M.D., Vice President and Director of Scientific Affairs and Public Health for GSK Vaccines, noted, "The CDC, other public health authorities and infectious disease experts have long suspected that pertussis cases in adults go undetected or are misdiagnosed as other respiratory ailments . To our knowledge, this is the first attempt to quantify the incidence of cough illness attributed to *B. pertussis* via regression modeling among those greater than 50 years old. The authors plan to share their research methods and welcome other researchers to further examine and build upon the findings of this study. These findings suggest a major need for healthcare providers to consider the possibility of pertussis in older patients they see who have respiratory symptoms."

Full media release: http://www.prnewswire.com/news-releases/gsk-research-estimates-significantly-higher-rates-of-pertussis-among-older-adults-than-now-reported-223473661.html

Report: *Medicines in Development – Vaccines – A Report on the Prevention and Treatment of Disease Through Vaccines*

The Pharmaceutical Research and Manufacturers of America (PhRMA)
September 2013: 36 pages Link: report

PhRMA released a report which noted that America's biopharmaceutical companies are currently developing 271 vaccines to prevent – and in some cases treat – a variety of conditions, including infectious diseases, various forms of cancer and neurological disorders. These potential vaccines – all in human clinical trials or under review by the Food and Drug Administration (FDA) – include 137 for infectious diseases, 99 for cancer, 15 for allergies and 10 for neurological disorders. The report also noted that there are 204 active clinical trials for vaccines in the U.S., including 107 that have not yet started recruiting patients or are just now seeking volunteers to participate.

UN Report: Global child deaths down by almost half since 1990

WHO, UNICEF, World Bank Group, UN-DESA Population Division
13 September 2013
:: Download the report.
:: Detailed explanation of the B3 model used in developing the UN IGME child mortality estimates is available here.
:: Under-five mortality estimates: Rates and Deaths

:: Infant mortality estimates: Rates and Deaths
:: Neonatal mortality estimates: Rates and Deaths
:: Sex-specific under-five mortality rate: Estimates
:: Sex-specific infant mortality rate: Estimates
::: Annual rate of reduction of under-five mortality: Estimates and 90% uncertainty intervals
:: Country-specific methodological notes: Summary

The report notes that in 2012, approximately 6.6 million children worldwide – 18 000 children per day – before reaching their fifth birthday, roughly half the number of under-fives who died in 1990, when more than 12 million children died. Anthony Lake, UNICEF Executive Director, commented, "This trend is a positive one. Millions of lives have been saved. And we can do still better. Most of these deaths can be prevented, using simple steps that many countries have already put in place – what we need is a greater sense of urgency." The leading causes of death among children aged less than five years include pneumonia, prematurity, birth asphyxia, diarrhoea and malaria. Globally, about 45% of under-five deaths are linked to undernutrition. About half of under-five deaths occur in only five countries: China, Democratic Republic of the Congo, India, Nigeria, and Pakistan. India (22%) and Nigeria (13%) together account for more than one-third of all deaths of children under the age of five.
http://www.who.int/mediacentre/news/releases/2013/child_mortality_causes_20130913/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

The American Journal of Bioethics
Volume 13, Issue 10, 2013
http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az_hflY
[No relevant content]

American Journal of Infection Control
Vol 41 | No. 9 | September 2013 | Pages 759-852
http://www.ajicjournal.org/current
[Reviewed earlier]

American Journal of Public Health
Volume 103, Issue S1 (October 2013)

http://ajph.aphapublications.org/toc/ajph/current
[No relevant content]

Annals of Internal Medicine
3 September 2013, Vol. 159. No. 5
http://annals.org/issue.aspx
[Reviewed earlier; No relevant content]

BMC Public Health
(Accessed 14 September 2013)
http://www.biomedcentral.com/bmcpublichealth/content
[No new relevant content]

British Medical Bulletin
Volume 107 Issue 1 September 2013
http://bmb.oxfordjournals.org/content/current
[Reviewed earlier]

British Medical Journal
14 September 2013 (Vol 347, Issue 7924)
http://www.bmj.com/content/347/7924
[No relevant content]

Bulletin of the World Health Organization
Volume 91, Number 9, September 2013, 621-715
http://www.who.int/bulletin/volumes/91/9/en/index.html
Special theme: women's health beyond reproduction - a new agenda
[Reviewed earlier]

Clinical Therapeutics
Vol 35 | No. 8 | August 2013 | Pages 1051-1252
http://www.clinicaltherapeutics.com/current
[No relevant content]

Cost Effectiveness and Resource Allocation
(Accessed 14 September 2013)
http://www.resource-allocation.com/
Research
Drug versus vaccine investment: a modelled comparison of economic incentives
Stéphane A Régnier[12*] and Jasper Huels[2]
http://www.resource-allocation.com/content/11/1/23

Abstract
Background
Investment by manufacturers in research and development of vaccines is relatively low compared with that of pharmaceuticals. If current evaluation technologies favour drugs over vaccines, then the vaccines market becomes relatively less attractive to manufacturers.
Methods
We developed a mathematical model simulating the decision-making process of regulators and payers, in order to understand manufacturers' economic incentives to invest in vaccines rather than curative treatments. We analysed the objectives and strategies of manufacturers and payers when considering investment in technologies to combat a disease that affects children, and the interactions between them.
Results
The model confirmed that, for rare diseases, the economically justifiable prices of vaccines could be substantially lower than drug prices, and that, for diseases spread across multiple cohorts, the revenues derived from vaccinating one cohort per year (routine vaccination) could be substantially lower than those generated by treating sick individuals.
Conclusions
Manufacturers may see higher incentives to invest in curative treatments rather than in routine vaccines. To encourage investment in vaccines, health authorities could potentially revise their incentive schemes by: (1) committing to vaccinate all susceptible cohorts in the first year (catch-up campaign); (2) choosing a long-term horizon for health technology evaluation; (3) committing higher budgets for vaccines than for treatments; and (4) taking into account all intangible values derived from vaccines.

Current Opinion in Infectious Diseases.
October 2013 - Volume 26 - Issue 5 pp: v-vi,399-492
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
[Reviewed earlier]

The European Journal of Public Health
Volume 23 Issue 4 August 2013
http://eurpub.oxfordjournals.org/content/current
[Reviewed earlier]

Eurosurveillance
Volume 18, Issue 37, 12 September 2013
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Research articles
The test-negative design: validity, accuracy and precision of vaccine efficacy estimates compared to the gold standard of randomised placebo-controlled clinical trials
by G De Serres, DM Skowronski, XW Wu, CS Ambrose
Laboratory-confirmed invasive meningococcal disease: effect of the Hajj vaccination policy, Saudi Arabia, 1995 to 2011
by Z Memish, R Al Hakeem, O Al Neel, K Danis, A Jasir, D Eibach

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 14 September 2013]
http://www.globalizationandhealth.com/
[No new relevant content]

Health Affairs
September 2013; Volume 32, Issue 9
http://content.healthaffairs.org/content/current
Theme: Navigating The Thorns That Await The ACA
[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 04 / October 2013

http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
[No relevant content]

Health Policy and Planning
Volume 28 Issue 14 September 2013
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

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

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 14 September 2013]
[No new relevant content]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 14 September 2013]
[No new relevant content]

International Journal of Epidemiology
Volume 42 Issue 4 August 2013
http://ije.oxfordjournals.org/content/current
[Reviewed earlier; No relevant content]

International Journal of Infectious Diseases
Vol 17 | No. 10 | October 2013
http://www.ijidonline.com/current
[No relevant content]

JAMA
September 11, 2013, Vol 310, No. 10
http://jama.jamanetwork.com/issue.aspx
Viewpoint | September 11, 2013
Reconsidering the Politics of Public Health
Dave A. Chokshi, MD, MSc1; Nicholas W. Stine, MD2
http://jama.jamanetwork.com/article.aspx?articleid=1731672
Initial language

A central dilemma in public health is reconciling the role of the individual with the role of the government in promoting health. On the one hand, governmental policy approaches—taxes, bans, and other regulations—are seen as emblematic of "nanny state" overreach. In this view, public health regulation is part of a slippery slope toward escalating government intrusion on individual liberty. On the other hand, regulatory policy is described as a fundamental instrument for a "savvy state" to combat the conditions underlying an inexorable epidemic of chronic diseases. Proponents of public health regulation cite the association of aggressive tobacco control, physical activity, and nutritional interventions with demonstrable increases in life expectancy...1

JAMA Pediatrics
September 2013, Vol 167, No. 9
http://archpedi.jamanetwork.com/issue.aspx
[No relevant content]

Journal of Community Health
Volume 38, Issue 5, October 2013
http://link.springer.com/journal/10900/38/5/page/1
[Reviewed earlier]

Journal of Health Organization and Management
Volume 27 issue 5 - Latest Issue
http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest
[No relevant content]

Journal of Infectious Diseases
Volume 208 Issue 7 October 1, 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
[Reviewed earlier; 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 3 September 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 Public Health Policy
Volume 34, Issue 3 (August 2013)
http://www.palgrave-journals.com/jphp/journal/v34/n3/index.html
[No relevant content]

Journal of the Royal Society – Interface
November 6, 2013; 10 (88)
http://rsif.royalsocietypublishing.org/content/current
[Reviewed earlier; No relevant content]

Journal of Virology
October 2013, volume 87, issue 19
http://jvi.asm.org/content/current
[No relevant content]

The Lancet
Sep 14, 2013 Volume 382 Number 9896 p913 - 998
http://www.thelancet.com/journals/lancet/issue/current
Editorial
Closing the killer gap in children's health inequality
The Lancet
Preview /
Globally, the pervasive disparities in the health and wellbeing of children are detrimental not only to the poorest and most vulnerable children and their families and communities, but also to the whole of society. To eliminate such disparities, three major questions need to be answered. How wide is the health gap? What are the underlying and driving factors? What can be done?

The Lancet Global Health
Sep 2013 Volume 1 Number 3 e116 - 168
http://www.thelancet.com/journals/langlo/issue/current
[Reviewed earlier]

The Lancet Infectious Diseases
Sep 2013 Volume 13 Number 9 p725 - 822
http://www.thelancet.com/journals/laninf/issue/current
Editorial
USA missing opportunities for HPV vaccination
The Lancet Infectious Diseases
Preview
Since the US Advisory Committee for Immunization Practices (ACIP) recommended vaccination to protect against human papillomavirus (HPV) for girls at age 11–12 years, year-on-year increases in vaccine uptake have been disappointingly small. Data from the National Immunization Survey-Teen (NIS-Teen) show that the proportion of girls age 13–17 years who had received one dose of the vaccine increased from 25·1% in 2007 to just 53·0% in 2011. Despite substantial improvement in coverage in the early years, this slowed, and worryingly new figures released on July 26 indicate that uptake has stalled, with coverage at 53·8% in 2012.
Association between vaccination and Guillain-Barré syndrome
Lucija Tomljenovic, Yehuda Shoenfeld
Preview |
Guillain-Barré syndrome is a serious neurological autoimmune disorder characterised by inflammatory demyelination of peripheral nerves.1 Up to 25% of patients experience respiratory failure,2 and 4% die within the first year from disease complications.3 The disorder can be triggered by viral infections and bacterial and viral vaccinations.1,4 After the 1976 influenza vaccine campaign in the USA, an increase in the rate of Guillain-Barré syndrome resulted in the suspension of the vaccination programme...
Risk of Guillain-Barré syndrome after seasonal influenza vaccination and influenza health-care encounters: a self-controlled study
Dr Jeffrey C Kwong MD a b c j k, Priya P Vasa MD b l, Michael A Campitelli MPH a, Steven Hawken MSc a, Kumanan Wilson MD a g h, Laura C Rosella PhD a c j, Prof Therese A Stukel PhD a d, Natasha S Crowcroft MD(Cantab) c e j, Prof Allison J McGeer MD c e, Lorne Zinman MD f i, Shelley L Deeks MD c j
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.

The emergence of influenza A H7N9 in human beings 16 years after influenza A H5N1: a tale of two cities

Kelvin KW To FRCPath a †, Jasper FW Chan FRCPath a †, Honglin Chen PhD a c, Lanjuan Li MD b c, Dr Kwok-Yung Yuen MD a c

http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2813%2970167-1/abstract

Summary
Infection with either influenza A H5N1 virus in 1997 or avian influenza A H7N9 virus in 2013 caused severe pneumonia that did not respond to typical or atypical antimicrobial treatment, and resulted in high mortality. Both viruses are reassortants with internal genes derived from avian influenza A H9N2 viruses that circulate in Asian poultry. Both viruses have genetic markers of mammalian adaptation in their haemagglutinin and polymerase PB2 subunits, which enhanced binding to human-type receptors and improved replication in mammals, respectively. Hong Kong (affected by H5N1 in 1997) and Shanghai (affected by H7N9 in 2013) are two rapidly flourishing cosmopolitan megacities that were increasing in human population and poultry consumption before the outbreaks. Both cities are located along the avian migratory route at the Pearl River delta and Yangtze River delta. Whether the widespread use of the H5N1 vaccine in east Asia—with suboptimum biosecurity measures in live poultry markets and farms—predisposed to the emergence of H7N9 or other virus subtypes needs further investigation. Why H7N9 seems to be more readily transmitted from poultry to people than H5N1 is still unclear.

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
September 2013 Volume 91, Issue 3 Pages 419–65
http://onlinelibrary.wiley.com/doi/10.1111/milq.2013.91.issue-2/issuetoc
[No relevant content]

Nature
Volume 501 Number 7466 pp135-274 12 September 2013
http://www.nature.com/nature/current_issue.html
[No relevant content]

Nature Immunology
September 2013, Volume 14 No 9 pp879-975
http://www.nature.com/ni/journal/v14/n9/index.html
[Reviewed earlier; No relevant content]

Nature Medicine
September 2013, Volume 19 No 9 pp1073-1189
http://www.nature.com/nm/journal/v19/n9/index.html
[Reviewed earlier]

Nature Reviews Immunology
September 2013 Vol 13 No 9
http://www.nature.com/nri/journal/v13/n9/index.html
[Reviewed earlier]

New England Journal of Medicine
September 12, 2013 Vol. 369 No. 11
http://www.nejm.org/toc/nejm/medical-journal
[No relevant content]

OMICS: A Journal of Integrative Biology
Volume: 17 Issue 9: September 3, 2013
http://online.liebertpub.com/toc/omi/17/9
[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
[Reviewed earlier; No relevant content]

The Pediatric Infectious Disease Journal
September 2013 - Volume 32 - Issue 9 pp: A15,931-1044,e348-e382
http://journals.lww.com/pidj/pages/currenttoc.aspx
[Reviewed earlier]

Pediatrics
September 2013, VOLUME 132 / ISSUE 3
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 9, September 2013
http://link.springer.com/journal/40273/31/9/page/1
[No relevant content]

PLoS One
[Accessed 14 September 2013]
http://www.plosone.org/
[No new relevant content]

PLoS Medicine
(Accessed 14 September 2013)
http://www.plosmedicine.org/
Feasibility of Mass Vaccination Campaign with Oral Cholera Vaccines in Response to an Outbreak in Guinea
Iza Ciglenecki mail, Keita Sakoba, Francisco J. Luquero, Melat Heile, Christian Itama, Martin Mengel, Rebecca F. Grais, Francois Verhoustraeten, Dominique Legros
http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001512
Summary Points
:: Oral cholera vaccines are safe and effective, and in 2010 were added to WHO recommendations for cholera outbreak control. However, doubts about feasibility, timeliness, and acceptability by the population, and the fear of diverting resources from other preventive interventions, have discouraged their use during epidemics.
:: We report on the first large-scale use of oral cholera vaccine as an outbreak control measure in Africa; this was also the first time Shanchol vaccine was used in Africa.

:: We administered 312,650 doses of vaccine during two vaccination rounds in two coastal districts in Guinea. The feasibility, timeliness of implementation, and delivery cost were similar to those of other mass vaccination campaigns.
:: The campaign was well accepted by the population, and high vaccination coverage was achieved despite the short time available for preparation, the two-dose schedule, the remote rural setting, and the highly mobile population.
:: Oral cholera vaccines are a promising new tool in the arsenal of cholera control measures, alongside efforts to improve provision of safe water and sanitation and access to cholera treatment

PLoS Neglected Tropical Diseases
August 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 14 September 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
[Reviewed earlier]

Risk Analysis
September 2013 Volume 33, Issue 9 Pages 1565–1757
http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-9/issuetoc
Risk-Based Input-Output Analysis of Influenza Epidemic Consequences on Interdependent Workforce Sectors (pages 1620–1635)
Joost R. Santos, Larissa May and Amine El Haimar
Article first published online: 24 DEC 2012 | DOI: 10.1111/risa.12002
http://onlinelibrary.wiley.com/doi/10.1111/risa.12002/abstract
Abstract
Outbreaks of contagious diseases underscore the ever-looming threat of new epidemics. Compared to other disasters that inflict physical damage to infrastructure systems, epidemics can have more devastating and prolonged impacts on the population. This article investigates

the interdependent economic and productivity risks resulting from epidemic-induced workforce absenteeism. In particular, we develop a dynamic input-output model capable of generating sector-disaggregated economic losses based on different magnitudes of workforce disruptions. An ex post analysis of the 2009 H1N1 pandemic in the national capital region (NCR) reveals the distribution of consequences across different economic sectors. Consequences are categorized into two metrics: (i) economic loss, which measures the magnitude of monetary losses incurred in each sector, and (ii) inoperability, which measures the normalized monetary losses incurred in each sector relative to the total economic output of that sector. For a simulated mild pandemic scenario in NCR, two distinct rankings are generated using the economic loss and inoperability metrics. Results indicate that the majority of the critical sectors ranked according to the economic loss metric comprise of sectors that contribute the most to the NCR's gross domestic product (e.g., federal government enterprises). In contrast, the majority of the critical sectors generated by the inoperability metric include sectors that are involved with epidemic management (e.g., hospitals). Hence, prioritizing sectors for recovery necessitates consideration of the balance between economic loss, inoperability, and other objectives. Although applied specifically to the NCR, the proposed methodology can be customized for other regions.

Science
13 September 2013 vol 341, issue 6151, pages 1141-1312
http://www.sciencemag.org/current.dtl
[No relevant content]

Science Translational Medicine
11 September 2013 vol 5, issue 202
http://stm.sciencemag.org/content/current
[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
[Reviewed earlier]

Vaccine
Volume 31, Issue 42, Pages 4689-4932 (1 October 2013)
http://www.sciencedirect.com/science/journal/0264410X
EuSANH workshop "Reasons behind the differences in national vaccination schedules for under-five", European Public Health pre-conference workshop, Malta, 8 November 2012

Meeting Report
Pages 4694-4696
H. Theeten, H. Nohynek, T.M.M. Coenen, European Science Advisory Network for Health (EuSANH)
Abstract
Vaccination schedules for under-five children in the EU member states differ markedly, mainly as a consequence of differences in programme organization, decision making and history, and to a limited extent by epidemiological differences. There is little willingness towards unification since little evidence exists to prefer one schedule over the others, but the differences might impact on public confidence. Monitoring key determinants influencing individual decision making on immunization ('soft impacts') is thus as important as other existing monitoring systems of the 'hard' impacts of immunization programmes, and both should focus on the impact of these schedule differences. Harmonization of vaccination schedules is not the main issue, but the reasons behind the differences should be explained in an understandable and coherent way to the public. Scientists and advisory bodies should look over the country borders and communicate any crucial information, in order to improve scientific consensus on immunization schedules and programmes. These were the main conclusions of a members' experts panel of the European network of independent science advisory bodies on health (EuSANH), at a workshop in November 2012.

Use of alternative childhood immunization schedules in King County, Washington, USA

Pages 4699-4701
Douglas J. Opel, Ashmita Banerjee, James A. Taylor
Abstract
Objective
To determine the percentage of parents in King County, Washington using an alternative childhood immunization schedule (ACIS) and the type of ACIS used.
Patient and Methods
We distributed self-administered surveys to parents at 5 practices regarding the immunization schedule they planned to use or were using. Parents who selected an ACIS were asked to describe its main characteristics and information source.
Results
We received 517 surveys and included 502 in analysis. The percentage of parents using an ACIS was 9.4% (95% CI: 7%, 12.2%). Only 6% described their ACIS as the Dr. Sears Schedule, although the book in which it is featured was the most frequently cited ACIS information source (29%). There was a significant association between ACIS use and non-Hispanic white parents and parents of children 12–23 months old.
Conclusion(s)
A minority of King County parents use an ACIS. The Dr. Sears Schedule does not predominate.

Is there a lack of information on HPV vaccination given by health professionals to young women?

Pages 4710-4713
G. La Torre, E. De Vito, M.G. Ficarra, A. Firenze, P. Gregorio, A. Boccia, HPV Collaborative Group
Abstract
Objective
The aim of this survey is to compare the main sources of information about vaccination against Human papillomavirus (HPV) of young women aged over-18 and under-18 years.

Methods
A multicenter study was carried out in Italy through the administration of a questionnaire. Univariate analyses were conducted to evaluate possible differences between age groups and different locations (chi-square test and Fisher test where possible).
Results
The sample consisted of 987 young women. The main sources of information about HPV vaccination are represented by magazines/books (23.1%) and TV (20.5%) for the over-18s, while for the under-18s the sources are general practitioners (22.6%) and pediatricians (15.4%). The over-18s with health professionals as parents consult mostly gynecologists (27.7%) and general practitioners (20.5%).
Discussion
This study highlights lack of information on HPV vaccination given by health professionals to young women and underlines the need to improve education about cervical cancer, prevention and HPV vaccination.

Quantifying the impact of dissimilar HPV vaccination uptake among Manitoban school girls by ethnicity using a transmission dynamic model

Original Research Article
Pages 4848-4855
Leigh Anne Shafer, Ian Jeffrey, Brenda Elias, Brenna Shearer, Karen Canfell, Erich Kliewer
Abstract
Background
Gardasil, a human papillomavirus (HPV) vaccine, began among grade 6 girls in Manitoba, Canada in 2008. In Manitoba, there is evidence that First Nations, Métis, and Inuit women (FNMI) have higher HPV prevalence, lower invasive cervical cancer (ICC) screening, and higher ICC incidence than all other Manitoban (AOM) women. We developed a mathematical model to assess the plausible impact of unequal vaccination coverage among school girls on future cervical cancer incidence.
Methods
We fit model estimated HPV prevalence and ICC incidence to corresponding empirical estimates. We used the fitted model to evaluate the impact of varying levels of vaccination uptake by FNMI status on future ICC incidence, assuming cervical screening uptake among FNMI and AOM women remained unchanged.
Results
Depending on vaccination coverage, estimated ICC incidence by 2059 ranged from 15% to 68% lower than if there were no vaccination. The level of cross-ethnic sexual mixing influenced the impact that vaccination rates among FNMI has on ICC incidence among AOM, and vice versa. The same level of AOM vaccination could result in ICC incidence that differs by up to 10%, depending on the level of FNMI vaccination. Similarly, the same level of FNMI vaccination could result in ICC incidence that differs by almost 40%, depending on the level of AOM vaccination.
Conclusions
If we are unable to equalize vaccination uptake among all school girls, policy makers should prepare for higher levels of cervical cancer than would occur under equal vaccination uptake.

Associations between health communication behaviors, neighborhood social capital, vaccine knowledge, and parents' H1N1 vaccination of their children

Original Research Article
Pages 4860-4866
Minsoo Jung, Leesa Lin, K. Viswanath
Abstract

During the H1N1 pandemic in 2009–10, the vaccination behavior of parents played a critical role in preventing and containing the spread of the disease and the subsequent health outcomes among children. Several studies have examined the relationship between parents' health communication behaviors and vaccinations for children in general. Little is known, however, about the link between parents' health communication behaviors and the vaccination of their children against the H1N1 virus, and their level of vaccine-related knowledge. We drew on a national survey among parents with at least one child less than 18 years of age (n = 639) to investigate Parents' H1N1-related health communication behaviors including sources of information, media exposure, information-seeking behaviors, H1N1-related knowledge, and neighborhood social capital, as well as the H1N1 vaccination rates of their children. Findings showed that there is a significant association between the degree at which parents obtained H1N1 vaccination for their children and health communication variables: watching the national television news and actively seeking H1N1 information. And this association was moderated by the extent of the parents' H1N1-related knowledge. In addition, the parents' degree of neighborhood social capital mediated the association between H1N1 knowledge of the parents and H1N1 vaccination acceptance for their children. We found, compared to those with a low-level of neighborhood social capital, parents who have a high-level of neighborhood social capital are more likely to vaccinate their children. These findings suggest that it is necessary to design a strategic health communication campaign segmented by parent health communication behaviors.

Human papillomavirus vaccine communication: Perspectives of 11–12 year-old girls, mothers, and clinicians

Original Research Article

Pages 4894-4901

Tanya L. Kowalczyk Mullins, Anne M. Griffioen, Susan Glynn, Gregory D. Zimet, Susan L. Rosenthal, J. Dennis Fortenberry, Jessica A. Kahn

Abstract

Objectives

Because little is known about the content of human papillomavirus (HPV) vaccine-related discussions with young adolescent girls in clinical settings, we explored communication between 11- and 12 year-old girls, mothers, and clinicians regarding HPV vaccines and concordance in reports of maternal and clinician communication.

Methods

We conducted individual interviews with 33 girls who had received the quadrivalent HPV vaccine in urban and suburban clinical settings, their mothers, and their clinicians. Data were analyzed using qualitative methods.

Results

From the perspectives of both girls and mothers, clinicians and parents were the preferred sources of HPV vaccine information for girls. Vaccine efficacy and risks/benefits of vaccination were the most commonly reported desired and actual topics of discussion by mothers, girls, and clinicians. Clinician recommendation of vaccination was reported by nearly one-fifth of girls and nearly half of mothers. The most common concordant messages were related to efficacy of the vaccine, with concordance in 70% of triads. The most common discordant messages were related to sexual health. Approximately half of clinicians (16) reported discussing sexual health, but only 5 mothers (15%) and 4 girls (12%) reported this. Triads recruited from suburban (vs. urban) practices had higher degrees of concordance in reported vaccination communication.

Conclusions

HPV vaccine efficacy and safety are important topics for clinicians to discuss with both girls and mothers; educating mothers is important because parents are a preferred source of vaccine-related information for girls. Because girls may be missing important vaccine-related messages, they should be encouraged to actively engage in vaccine discussions.

Public finance of rotavirus vaccination in India and Ethiopia: An extended cost-effectiveness analysis

Original Research Article

Pages 4902-4910

Stéphane Verguet, Shane Murphy, Benjamin Anderson, Kjell Arne Johansson, Roger Glass, Richard Rheing

Abstract

Background

An estimated 4% of global child deaths (approximately 300,000 deaths) were attributed to rotavirus in 2010. About a third of these deaths occurred in India and Ethiopia. Public finance of rotavirus vaccination in these two countries could substantially decrease child mortality and also reduce rotavirus-related hospitalizations, prevent health-related impoverishment and bring significant cost savings to households.

Methods

We use a methodology of 'extended cost-effectiveness analysis' (ECEA) to evaluate a hypothetical publicly financed program for rotavirus vaccination in India and Ethiopia. We measure program impact along four dimensions: 1) rotavirus deaths averted; 2) household expenditures averted; 3) financial risk protection afforded; 4) distributional consequences across the wealth strata of the country populations.

Results

In India and Ethiopia, the program would lead to a substantial decrease in rotavirus deaths, mainly among the poorer; it would reduce household expenditures across all income groups and it would effectively provide financial risk protection, mostly concentrated among the poorest. Potential indirect benefits of vaccination (herd immunity) would increase program benefits among all income groups, whereas potentially decreased vaccine efficacy among poorer households would reduce the equity benefits of the program.

Conclusions

Our approach incorporates financial risk protection and distributional consequences into the systematic economic evaluation of vaccine policy, illustrated here with the case study of public finance for rotavirus vaccination. This enables selection of vaccine packages based on the quantitative inclusion of information on equity and on how much financial risk protection is being bought per dollar expenditure on vaccine policy, in addition to how much health is being bought.

Vaccine: Development and Therapy

(Accessed 14 September 2013)

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

[No new relevant content]

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
[Reviewed earlier]

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

Academic Pediatrics
Volume 13, Issue 5, September–October 2013,
A Randomized Trial to Increase Acceptance of Childhood Vaccines by Vaccine-Hesitant Parents: A Pilot Study
S. Elizabeth Williams, MDa, Russell L. Rothman, MD, MPPb, Paul A. Offit, MDd, William Schaffner, MDc, Molly Sullivana, Kathryn M. Edwards, MDa
Pages 475–480
http://www.sciencedirect.com/science/article/pii/S1876285913000661
Abstract
Objective
A cluster randomized trial was performed to evaluate an educational intervention to improve parental attitudes and vaccine uptake in vaccine-hesitant parents.
Methods
Two primary care sites were randomized to provide families with either usual care or an intervention (video and written information) for vaccine-hesitant parents. Eligible parents included those presenting for their child's 2-week well-child visit with performance on the Parent Attitudes about Childhood Vaccines (PACV) survey suggesting vaccine hesitancy (score ≥25). Enrollees completed PACV surveys at the 2-month well-child visit and vaccination status at 12 weeks of age was assessed. The primary outcome was the difference in PACV scores obtained at enrollment and 2 months between the 2 groups. The proportion of on-time vaccination was also compared at 12 weeks.
Results
A total of 454 parents were approached, and 369 (81.3%) participated; 132 had PACV scores of ≥25 and were enrolled, 67 in the control group (mean PACV score 37) and 55 in the intervention group (mean PACV score 40). Two-month PACV surveys were completed by 108 (~90%) of enrollees. Parents in the intervention group had a significant decrease in PACV score at 2 months compared to control (median difference 6.7, P = .049); this remained significant after adjustment for baseline PACV score, race/ethnicity, and income (P = .044). There was no difference in the on-time receipt of vaccines between groups at 12 weeks.
Conclusions
A brief educational intervention for vaccine-hesitant parents was associated with a modest but significant increase in measured parental attitudes toward vaccines.

A Mixed Methods Study of Parental Vaccine Decision Making and Parent–Provider Trust

Jason M. Glanz, PhDa, Nicole M. Wagner, MPHa, Komal J. Narwaney, PhDa, Jo Ann Shoup, MS, MSWa, David L. McClure, PhDb, Emily V. McCormick, MPHc, Matthew F. Daley, MDa
a Kaiser Permanente Colorado—Institute for Health Research, Denver, Colo
b Marshfield Clinic Research Foundation, Marshfield, Wis
c Denver Public Health Department, Denver, Colo
Pages 481–48
http://www.sciencedirect.com/science/article/pii/S1876285913001563
Abstract
Objective
To describe parental vaccine decision making behaviors and characterize trust in physician advice among parents with varying childhood vaccination behaviors.
Methods
Between 2008 and 2011, a mixed methods study was conducted with parents of children aged <4 years who were members of Kaiser Permanente Colorado health plan. Seven focus groups were conducted with vaccine-hesitant parents. On the basis of findings from the focus groups, a survey was developed, pilot tested, and mailed to a stratified sample of 854 parents who accepted (n = 500), delayed (n = 227), or refused (n = 127) vaccinations for one of their children. Survey results were analyzed by chi-square tests and multivariable logistic regression.
Results
Several themes emerged from the focus groups, including: 1) the vaccine decision-making process begins prenatally, 2) vaccine decision making is an evolving process, and 3) there is overall trust in the pediatrician but a lack of trust in the information they provided about vaccines. The survey response rate was 52% (n = 443). Parents who refused or delayed vaccines were 2 times more likely to report that they began thinking about vaccines before their child was born and 8 times more likely to report that they constantly reevaluate their vaccine decisions than parents who accepted all vaccines. Although parents tended to report trusting their pediatrician's advice on nutrition, behavior, and the physical examination, they did not believe their pediatrician provided "balanced" information on both the benefits and risks of vaccination.
Conclusions
These results have implications for future interventions to address parental vaccination concerns. Such interventions may be more effective if they are applied early (during pregnancy) and often (pregnancy through infancy), and cover both the risks and benefits of vaccination.

MIT Technology Review

12 September 2013
How Cell Phones Are Transforming Health Care in Africa

Seth Berkley
Mobile communications can help bridge a huge knowledge gap and reimagine healthcare across Africa.
http://www.technologyreview.com/view/519041/how-cell-phones-are-transforming-health-care-in-africa/

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 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 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 14 September 2013
[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 14 September 2013
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 14 September 2013
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 14 September 2013
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 14 September 2013
[No new, unique, relevant content]

Economist
http://www.economist.com/
Accessed 14 September 2013
[No new, unique, relevant content]

Financial Times
http://www.ft.com
Accessed 14 September 2013
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 14 September 2013
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 14 September 2013
[No new, unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 14 September 2013
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 14 September 2013
[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 14 September 2013
[No new, unique, relevant content]

Le Monde
http://www.lemonde.fr/
Accessed 14 September 2013
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 14 September 2013
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 14 September 2013
[No new, unique, relevant content]

Reuters
http://www.reuters.com/
Accessed 14 September 2013
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page

Accessed 14 September 2013
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 14 September 2013
[No new, unique, relevant content]

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