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

The Global Fund to Fight AIDS, Tuberculosis and Malaria announced new results "that show significant gains in the treatment of people living with HIV and in the prevention of mother-to-child transmission of the virus." The Global Fund results show that 5.3 million people living with HIV are receiving antiretroviral therapy under programs supported by the Global Fund as of 1 July 2013, up from 4.2 million at the end of 2012. The results also show a 21 percent increase in the number of women treated to prevent mother-to-child transmission of HIV, in the first half of 2013. The number of cases of malaria treated grew by 13 percent in the same half-year. Mark Dybul, Executive Director of the Global Fund, said, "These results show that we can have a transformative effect on these diseases by working together. More people affected by HIV today can go to work, send their children to school and lead healthy lives thanks to the hard work of all our partners."

The increase of 1.1 million people on ARV therapy since late 2012 reflected a significant improvement in the quality of grant management in Nigeria and Malawi, enabling these two countries to fulfill all stringent criteria for inclusion of their national data in the Global Fund's aggregated results. Zimbabwe also contributed, by significantly raising coverage of ARVs for new patients, to 11 percent of the increase. In the first half of 2013, the number of pregnant women living with HIV who have received a complete course of ARV therapy to prevent transmission to their unborn children under programs supported by the Global Fund grew to 2.1 million from 1.7 million. Four countries accounted for 65 percent of the increase from the end of 2012: Mozambique (28 percent), Zambia (15 percent), Tanzania (12 percent) and Zimbabwe (10 percent). In these countries, efforts in the prevention of mother-to-child transmission have accelerated sharply over the last year.

Full release: 21 September 2013
http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-09-20_Global_Fund_Results_Show_Dramatic_Gains/

NIH said Phase II clinical trials are underway for an investigational H7N9 avian influenza vaccine candidate. Researchers at nine sites nationwide have begun testing in two concurrent trials sponsored by the National Institute of Allergy and Infectious Diseases (NIAID). The trials "are designed to gather critical information about the safety of the candidate vaccine and the immune system responses it induces when administered at different dosages and with or without adjuvants, substances designed to boost the body's immune response to vaccination." Human cases of H7N9 influenza first emerged in China in February 2013, with the majority of reported infections occurring in the spring. As of Aug. 12, 135 confirmed human cases, including 44 deaths, have been reported by WHO. Most of these cases involved people who came into contact with infected poultry.

Full media release: http://www.nih.gov/news/health/sep2013/niaid-18.htm

Update: Polio this week - *As of 18 September 2013*
Global Polio Eradication Initiative
Full report: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
[Editor's extract and bolded text]
:: The next meeting of the Independent Monitoring Board (IMB) will take place on 1-2 October, in London, UK. The IMB will review latest epidemiology and programme developments, and is expected to issue its report as usual within two weeks of the meeting.
:: 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. In endemic countries, cases are down 40% over the same period last year, indicating progress particularly in Afghanistan and Nigeria.
Nigeria
:: One new WPV1 case was reported in the past week (from Borno), bringing the total number of WPV1 cases for 2013 to 47. The most recent WPV1 case in the country had onset of paralysis on 17 August (from Taraba)…
Horn of Africa
:: Seven new WPV1 cases were reported in the past week, six from Somalia and one from Kenya. The total number of WPV1 cases for 2013 in the Horn of Africa is 185 (169 from Somalia, 15 from Kenya and one from Ethiopia). The most recent WPV1 case in the region had onset of paralysis on 14 August (from Somalia)…

WHO: Global Alert and Response (GAR) – *Disease Outbreak News*
http://www.who.int/csr/don/2013_03_12/en/index.html
Disease outbreak news
Middle East respiratory syndrome coronavirus (MERS-CoV) - update
21 September 2013 - Two patients earlier reported as laboratory-confirmed with Middle East respiratory syndrome coronavirus (MERS-CoV) infection in Italy in the Disease Outbreak News on 2 June 2013 are being reclassified as probable cases.

The reclassification follows further analysis of the laboratory tests performed in May 2013, which has shown that the two cases do not fulfil the current WHO case definition for a

"confirmed case" for MERS-CoV. The two cases are the two-year-old girl and a 42-year-old woman who were identified as close contacts of the index case who travelled from Jordan.

A "probable" designation by WHO criteria refers to patients who are considered to have a high likelihood of having been infected with MERS-CoV, but from whom adequate samples could not be obtained for complete testing according to the current criteria established for laboratory confirmation.

http://www.who.int/csr/don/2013_09_20/en/index.html

Poliovirus detected from environmental samples in Israel and West Bank and Gaza Strip

21 September 2013 - WHO considers the risk of further international spread of wild poliovirus type 1 (WPV1) from Israel to be high. The risk assessment reflects evidence of increasing geographic extent of WPV1 circulation in Israel over a prolonged period of time. Recently, WPV1 has also been isolated from sewage samples collected by the Palestinian Authority , both in West Bank and the Gaza Strip. No cases of paralytic polio have been reported by Israel or the Palestinian Authority.

Health authorities of Israel and the Palestinian Authority have taken steps to respond to the threat posed by WPV1 circulation by strengthening surveillance for acute flaccid paralysis and increasing the frequency of environmental sample collection. A supplementary immunization activity with bivalent oral polio vaccine (bOPV) is being conducted in Israel since early August, targeting children up to nine years of age to rapidly interrupt WPV1 circulation. As of now, 60 percent of the 1.38 million children targeted in Israel have been vaccinated. Health authorities of the Palestinian Authority are preparing to conduct two supplementary immunization activities with trivalent OPV in the Gaza Strip and in West Bank.

It is important that all polio-free countries, in particular those with frequent travel and contacts with poliovirus-affected countries and areas, strengthen surveillance for cases of acute flaccid paralysis in order to rapidly detect any new virus importations and to facilitate a rapid response. Countries, territories and areas should also maintain uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.

WHO's 'International Travel and Health' recommends that all travellers to and from poliovirus-affected countries and areas be fully vaccinated against polio. Three countries remain endemic for indigenous transmission of wild poliovirus virus: Afghanistan, Nigeria and Pakistan. Additionally, in 2013, the Horn of Africa has been affected by an outbreak of wild poliovirus type 1.

http://www.who.int/csr/don/2013_09_20_polio/en/index.html

The **Weekly Epidemiological Record (WER) for 21 September 2013**, vol. 88, 38 (pp. 401–412) includes:

:: Meeting of the WHO working group on polymerase chain reaction protocols for detecting subtype influenza A viruses – Geneva, July 2013

:: Assessing and mitigating the risks of wild poliovirus outbreaks in polio-free African countries, January 2012–July 2013

http://www.who.int/entity/wer/2013/wer8838.pdf

CDC/MMWR Watch [to 21 September 2013]

No new relevant content.

WHO - Humanitarian Health Action
http://www.who.int/hac/en/index.html
Read the latest situation report on Syrian Arab Republic, Jordan, Lebanon and Iraq [pdf, 240MB]

UN Watch *to 21 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 21 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

Report: A Roadmap for Promoting Women's Economic Empowerment
United Nations Foundation and the ExxonMobil Foundation
http://womeneconroadmap.org/

Research has demonstrated that when women are economically empowered, entire communities benefit. Yet until now, there has been a crucial knowledge gap regarding the most effective interventions to advance women's economic opportunities. The report identifies interventions that are proven, promising or have a high potential to increase productivity and earnings for different groups of women in diverse country contexts.

Eighteen research studies were commissioned to help identify the most effective interventions to empower women economically across four categories of employment – entrepreneurship, farming, wage employment and young women's employment. Some of the commissioned studies conducted new data analyses while others reviewed existing evidence – analyzing available evidence on the effectiveness, cost-effectiveness and sustainability of programs. The project includes a total of 136 published empirical evaluations.

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
17 September 2013, Vol. 159. No. 6
http://annals.org/issue.aspx
[No relevant content]

BMC Public Health
(Accessed 21 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
21 September 2013 (Vol 347, Issue 7925)
http://www.bmj.com/content/347/7925
[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 21 September 2013)
http://www.resource-allocation.com/
[No new relevant content]

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 10—October 2013
http://www.cdc.gov/ncidod/EID/index.htm
Research
Emergence of Vaccine-derived Polioviruses, Democratic Republic of Congo, 2004–2011
Nicksy Gumede , Olivia Lentsoane, Cara C. Burns, Mark Pallansch, Esther de Gourville, Riziki Yogolelo, Jean Jacques Muyembe-Tamfum, Adrian Puren, Barry D. Schoub, and Marietjie Venter
Author affiliations: National Institute for Communicable Diseases, Johannesburg, South Africa (N. Gumede, O. Lentsoane, A. Puren, B.D. Schoub, M. Venter); University of Witwatersrand, Johannesburg (N. Gumede, B.D. Schoub); University of Pretoria, Pretoria, South Africa (M. Venter); Centers for Disease Control and Prevention, Atlanta, Georgia, USA (C.C. Burns, M. Pallansch); World Health Organization, Geneva, Switzerland (E. de Gourville); National Institute for Biomedical Research, Kinshasa/Gombe, Democratic Republic of Congo (R. Yogolelo, J.J. Muyembe-Tamfum)
http://wwwnc.cdc.gov/eid/article/19/10/13-0028_article.htm
Abstract

Polioviruses isolated from 70 acute flaccid paralysis patients from the Democratic Republic of Congo (DRC) during 2004–2011 were characterized and found to be vaccine-derived type 2 polioviruses (VDPV2s). Partial genomic sequencing of the isolates revealed nucleotide sequence divergence of up to 3.5% in the viral protein 1 capsid region of the viral genome relative to the Sabin vaccine strain. Genetic analysis identified at least 7 circulating lineages localized to specific geographic regions. Multiple independent events of VDPV2 emergence occurred throughout DRC during this 7-year period. During 2010–2011, VDPV2 circulation in eastern DRC occurred in an area distinct from that of wild poliovirus circulation, whereas VDPV2 circulation in the southwestern part of DRC (in Kasai Occidental) occurred within the larger region of wild poliovirus circulation.

Declining Influenza Vaccination Coverage among Nurses, Hong Kong, 2006–2012
Shui Shan Lee, Ngai Sze Wong, and Sing Lee
http://wwwnc.cdc.gov/eid/article/19/10/pdfs/13-0195.pdf
Seasonal influenza vaccination of nurses in Hong Kong fell from 57% in 2005 to 24% in 2012, paralleling concern for adverse reactions associated with vaccination. Decreased acceptance of vaccination was most prominent among nurses who had less work experience and more frequent contact with patients.

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

Eurosurveillance
Volume 18, Issue 38, 19 September 2013
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Rapid communications
Insidious reintroduction of wild poliovirus into Israel, 2013
by E Anis, E Kopel, SR Singer, E Kaliner, L Moerman, J Moran-Gilad, D Sofer, Y Manor, LM Shulman, E Mendelson, M Gdalevich, B Lev, R Gamzu, I Grotto
Pertussis immunisation and control in England and Wales, 1957 to 2012: a historical review
by G Amirthalingam, S Gupta, H Campbell

Forum for Development Studies
Volume 40, Issue 2, 2013
http://www.tandfonline.com/toc/sfds20/current
[Reviewed earlier; No relevant content]

Global Health Governance
Summer 2013 Archive
http://blogs.shu.edu/ghg/category/complete-issues/summer-2013/
Special Series on Universal Health Coverage

Globalization and Health
[Accessed 21 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 21 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 21 September 2013]
[No new relevant content]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 21 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 18, 2013, Vol 310, No. 11
http://jama.jamanetwork.com/issue.aspx
Viewpoint
PEPFAR's Antiprostitution PledgeSpending Power and Free Speech in Tension
Lawrence O. Gostin, JD[1]
http://jama.jamanetwork.com/article.aspx?articleid=1733774
*Excerpt (*per Jama convention)
The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, which established the President's Emergency Plan for AIDS Relief (PEPFAR), exemplifies the nation's extraordinary compassion and generosity—granting $48 billion over the current 5-year period (2009-2013). PEPFAR, however, has mired successive administrations in controversy for politicizing public health. PEPFAR must report to Congress if a country fails to spend at least one-half of its prevention funding to promote "abstinence, delay of sexual début, monogamy, fidelity, and partner reduction." PEPFAR's "conscience clause" allows organizations to withhold particular services (eg, condoms) or deny individuals care (eg, based on sexual orientation) if the organization has a moral or religious objection.

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 8 October 15, 2013
http://jid.oxfordjournals.org/content/current
Immunogenicity of Quadrivalent HPV Vaccine Among Girls 11 to 13 Years of Age Vaccinated Using Alternative Dosing Schedules: Results 29 to 32 Months After Third Dose
D. Scott LaMontagne[1,2], Vu Dinh Thiem[3], Vu Minh Huong[1,2], Yuxiao Tang[1,2] and Kathleen M. Neuzil[1,2]
Author Affiliations
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3. *[3]National Institute of Hygiene and Epidemiology, Hanoi, Vietnam*
Abstract
Background. Immune response to quadrivalent human papillomavirus (HPV) vaccine delivered at 0, 2, and 6 months in young adolescent females plateaus around 24 months after immunization. Antibody levels >24 months postvaccination using extended dosing schedules is unknown.
Methods. We conducted a follow-up immunogenicity study of adolescent girls in Vietnam who participated in a noninferiority trial to investigate whether immune responses using 3 alternative dosing schedules (0, 3, 9 months; 0, 6, 12 months; or 0, 12, 24 months) are noninferior to the standard schedule at >2 years after immunization.
Results. Quadrivalent HPV vaccine immunogenicity delivered on 3 alternative dosing schedules was noninferior for types 6, 11, 16, and 18 at 32 months post-dose 3 compared to the standard schedule. Pre-dose 3 antibody levels for the 0, 12, 24 month schedule were similar to those measured 32-months post-dose 3.
Conclusions. We found similar antibody concentrations ≥29 months after 3 doses of HPV vaccine regardless of dose-timing, and extended schedules do not produce inferior immune responses. Our findings also suggested that 2 doses of HPV vaccine delivered at 0 and 12 months might afford similar protection. Evidence supporting dosing flexibility could be important for national HPV vaccination policies.

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
October 2013, Volume 39, Issue 10
http://jme.bmj.com/content/current
[No relevant content]

Journal of Medical Microbiology
October 2013; 62 (Pt 10)
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 21, 2013 Volume 382 Number 9897 p999 - 1070
http://www.thelancet.com/journals/lancet/issue/current
What can the UN General Assembly do for global health?
The Lancet
Preview |
5 years ago the most important international event in global health was still the World Health Assembly, held in Geneva each May. At that gathering, Ministers of Health meet and decide global priorities and strategies for improving the health and wellbeing of their peoples. WHO visibly expresses and demonstrates its leadership at the Assembly, with technical staff guiding ministers in their decision-making and planning. The Assembly is the platform from which global

health's supreme intergovernmental authority—WHO's Director-General—speaks to the world about its collective successes, challenges, and opportunities.

Patterns in coverage of maternal, newborn, and child health interventions: projections of neonatal and under-5 mortality to 2035

Dr Neff Walker PhD a, Gayane Yenokyan PhD b, Ingrid K Friberg PhD a, Jennifer Bryce EdD a

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961748-1/abstract

Summary

Background

Urgent calls have been made for improved understanding of changes in coverage of maternal, newborn, and child health interventions, and their country-level determinants. We examined historical trends in coverage of interventions with proven effectiveness, and used them to project rates of child and neonatal mortality in 2035 in 74 Countdown to 2015 priority countries.

Methods

We investigated coverage of all interventions for which evidence was available to suggest effective reductions in maternal and child mortality, for which indicators have been defined, and data have been obtained through household surveys. We reanalysed coverage data from 312 nationally-representative household surveys done between 1990 and 2011 in 69 countries, including 58 Countdown countries. We developed logistic Loess regression models for patterns of coverage change for each intervention, and used *k*-means cluster analysis to divide interventions into three groups with different historical patterns of coverage change. Within each intervention group, we examined performance of each country in achieving coverage gains. We constructed models that included baseline coverage, region, gross domestic product, conflict, and governance to examine country-specific annual percentage coverage change for each group of indicators. We used the Lives Saved Tool (LiST) to predict mortality rates of children younger than 5 years (henceforth, under 5) and in the neonatal period in 2035 for Countdown countries if trends in coverage continue unchanged (historical trends scenario) and if each country accelerates intervention coverage to the highest level achieved by a Countdown country with similar baseline coverage level (best performer scenario).

Results

Odds of coverage of three interventions (antimalarial treatment, skilled attendant at birth, and use of improved sanitation facilities) have decreased since 1990, with a mean annual decrease of 5·5% (SD 2·7%). Odds of coverage of four interventions—all related to the prevention of malaria—have increased rapidly, with a mean annual increase of 27·9% (7·3%). Odds of coverage of other interventions have slowly increased, with a mean annual increase of 5·3% (3·5%). Rates of coverage change varied widely across countries; we could not explain the differences by measures of gross domestic product, conflict, or governance. On the basis of LiST projections, we predicted that the number of Countdown countries with an under-5 mortality rate of fewer than 20 deaths per 1000 livebirths per year would increase from four (5%) of the 74 in 2010, to nine (12%) by 2035 under the historical trends scenario, and to 15 (20%) under the best performer scenario. The number of countries with neonatal mortality rates of fewer than 11 per 1000 livebirths per year would increase from three (4%) in 2010, to ten (14%) by 2035 under the historical trends scenario, and 67 (91%) under the best performer scenario. The number of under-5 deaths per year would decrease from an estimated 7·6 million in 2010, to 5·4 million (28% decrease) if historical trends continue, and to 2·3 million (71% decrease) under the best performer scenario.

Interpretation

Substantial reductions in child deaths are possible, but only if intensified efforts to achieve intervention coverage are implemented successfully within each of the Countdown countries.

Funding
The Bill & Melinda Gates Foundation.

The unfinished agenda in child survival

Jennifer Bryce EdD a Prof Cesar G Victora MD b, Prof Robert E Black MD a

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961753-5/abstract

Summary

10 years ago, *The Lancet* published a Series about child survival. In this Review, we examine progress in the past decade in child survival, with a focus on epidemiology, interventions and intervention coverage, strategies of health programmes, equity, evidence, accountability, and global leadership. Knowledge of child health epidemiology has greatly increased, and although more and better interventions are available, they still do not reach large numbers of mothers and children. Child survival should remain at the heart of global goals in the post-2015 era. Many countries are now making good progress and need the time and support required to finish the task. The global health community should show its steadfast commitment to child survival by amassing knowledge and experience as a basis for ever more effective programmes. Leadership and accountability for child survival should be strengthened and shared among the UN system; governments in high-income, middle-income, and low-income countries; and non-governmental organisations.

Redefining global health-care delivery

Jim Yong Kim MD a, Paul Farmer MD b, Michael E Porter PhD c

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961047-8/abstract

Summary

Initiatives to address the unmet needs of those facing both poverty and serious illness have expanded significantly over the past decade. But many of them are designed in an ad-hoc manner to address one health problem among many; they are too rarely assessed; best practices spread slowly. When assessments of delivery do occur, they are often narrow studies of the cost-effectiveness of a single intervention rather than the complex set of them required to deliver value to patients and their families. We propose a framework for global health-care delivery and evaluation by considering efforts to introduce HIV/AIDS care to resource-poor settings. The framework introduces the notion of care delivery value chains that apply a systems-level analysis to the complex processes and interventions that must occur, across a health-care system and over time, to deliver high-value care for patients with HIV/AIDS and cooccurring conditions, from tuberculosis to malnutrition. To deliver value, vertical or stand-alone projects must be integrated into shared delivery infrastructure so that personnel and facilities are used wisely and economies of scale reaped. Two other integrative processes are necessary for delivering and assessing value in global health: one is the alignment of delivery with local context by incorporating knowledge of both barriers to good outcomes (from poor nutrition to a lack of water and sanitation) and broader social and economic determinants of health and wellbeing (jobs, housing, physical infrastructure). The second is the use of effective investments in care delivery to promote equitable economic development, especially for those struggling against poverty and high burdens of disease. We close by reporting our own shared experience of seeking to move towards a science of delivery by harnessing research and training to understand and improve care delivery.

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
[Reviewed earlier]

Medical Decision Making (MDM)
October 2013; 33 (7)
http://mdm.sagepub.com/content/current
Too Much of a Good Thing? When to Stop Catch-Up Vaccination
David W. Hutton, PhD, Margaret L. Brandeau, PhD
Department of Health Management and Policy, University of Michigan, Ann Arbor (DWH)
Department of Management Science and Engineering, Stanford University, Stanford, California (MLB)
Abstract
During the 20th century, deaths from a range of serious infectious diseases decreased dramatically due to the development of safe and effective vaccines. However, infant immunization coverage has increased only marginally since the 1960s, and many people remain susceptible to vaccine-preventable diseases. "Catch-up vaccination" for age groups beyond infancy can be an attractive and effective means of immunizing people who were missed earlier. However, as newborn vaccination rates increase, catch-up vaccination becomes less attractive: the number of susceptible people decreases, so the cost to find and vaccinate each unvaccinated person may increase; in addition, the number of infected individuals decreases, so each unvaccinated person faces a lower risk of infection. This article presents a general framework for determining the optimal time to discontinue a catch-up vaccination program. We use a cost-effectiveness framework: we consider the cost per quality-adjusted life year gained of catch-up vaccination efforts as a function of newborn immunization rates over time and consequent disease prevalence and incidence. We illustrate our results with the example of hepatitis B catch-up vaccination in China. We contrast results from a dynamic modeling approach with an approach that ignores the impact of vaccination on future disease incidence. The latter approach is likely to be simpler for decision makers to understand and implement because of lower data requirements.

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/journal/10.1111/(ISSN)1468-0009/currentissue
[No relevant content]

Nature
Volume 501 Number 7467 pp282-454 19 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 19, 2013 Vol. 369 No. 12
http://www.nejm.org/toc/nejm/medical-journal
[No relevant content]

OMICS: A Journal of Integrative Biology
Volume: 17 Issue 9: September 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)
August 2013 Vol. 34, No. 2
http://www.paho.org/journal/index.php?option=com_content&view=article&id=129&Itemid=227&lang=en
[No relevant content]

The Pediatric Infectious Disease Journal
October 2013 - Volume 32 - Issue 10 pp: e383-e413,1045-1158
http://journals.lww.com/pidj/pages/currenttoc.aspx
Prospective Surveillance Study of Invasive Pneumococcal Disease Among Urban Children in the Philippines
Capeding, Maria Rosario; Bravo, Lulu; Santos, Jaime; et al
Abstract

Background: Worldwide, invasive pneumococcal disease (IPD) causes considerable morbidity and mortality among children, but incidence data in Asia are lacking. This 2-year hospital-based, prospective, surveillance study was conducted at 3 study sites in urban areas of the Philippines to estimate IPD and pneumonia incidence in children and describe the serotype distribution of invasive Streptococcus pneumoniae isolates.
Methods: Children aged 28 days to <60 months residing within the 3 surveillance areas presenting with possible IPD were enrolled. Initial diagnosis, history of pneumococcal vaccine receipt and previous antimicrobial treatment were recorded. Blood specimens were collected for S. pneumoniae identification and serotyping. Final diagnosis was determined for hospitalized subjects, subjects whose culture yielded S. pneumoniae and subjects with clinically suspected meningitis.
Results: A total of 5940 subjects were enrolled, 47 IPD cases identified. IPD site rates were 33.49 per 100,000, 25.38 per 100,000 and 25.85 per 100,000. Chest radiograph-confirmed pneumonia incidence ranged from 633.74 to 1683.59 per 100,000. Highest chest radiograph-confirmed pneumonia incidence occurred in those 28 days to <6 months of age at 2 sites (2166.16 and 3891.94 per 100,000) and those 6–12 months of age at the third site (3847.52 per 100,000). Thirty-five S. pneumoniae isolates were serotyped; most commonly identified were serotypes 1, 2, 5, 6B, 14 and 18F. One serotype 14 isolate was erythromycin resistant. Previous antibiotic therapy was documented in 17–53% of subjects; 2 subjects had received pneumococcal vaccine. At 2 sites, one-third of IPD subjects died.
Conclusions: IPD is an important cause of morbidity and mortality among urban children in the Philippines. Our data support the expectation that widespread immunization would decrease IPD disease burden.

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
[Reviewed earlier]

PLoS One
[Accessed 21 September 2013]
http://www.plosone.org/
Enhancement of Collective Immunity in Tokyo Metropolitan Area by Selective Vaccination against an Emerging Influenza Pandemic

Masaya M. Saito, Seiya Imoto, Rui Yamaguchi, Masaharu Tsubokura, Masahiro Kami, Haruka Nakada, Hiroki Sato, Satoru Miyano, Tomoyuki Higuchi
Research Article | published 18 Sep 2013 | PLOS ONE 10.1371/journal.pone.0072866
Abstract
Vaccination is a preventive measure against influenza that does not require placing restrictions on social activities. However, since the stockpile of vaccine that can be prepared before the arrival of an emerging pandemic strain is generally quite limited, one has to select priority target groups to which the first stockpile is distributed. In this paper, we study a simulation-based priority target selection method with the goal of enhancing the collective immunity of the whole population. To model the region in which the disease spreads, we consider an urban area composed of suburbs and central areas connected by a single commuter train line. Human activity is modelled following an agent-based approach. The degree to which collective immunity is enhanced is judged by the attack rate in unvaccinated people. The simulation results show that if students and office workers are given exclusive priority in the first three months, the attack rate can be reduced from 30%in the baseline case down to 1–2%. In contrast, random vaccination only slightly reduces the attack rate. It should be noted that giving preference to active social groups does not mean sacrificing those at high risk, which corresponds to the elderly in our simulation model. Compared with the random administration of vaccine to all social groups, this design successfully reduces the attack rate across all age groups.

Research Article

Patterns of Rotavirus Vaccine Uptake and Use in Privately-Insured US Infants, 2006–2010

Catherine A. Panozzo, Sylvia Becker-Dreps, Virginia Pate, Michele Jonsson Funk, Til Stürmer, David J. Weber, M. Alan Brookhart
http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0073825
Abstract
Rotavirus vaccines are highly effective at preventing gastroenteritis in young children and are now universally recommended for infants in the US. We studied patterns of use of rotavirus vaccines among US infants with commercial insurance. We identified a large cohort of infants in the MarketScan Research Databases, 2006–2010. The analysis was restricted to infants residing in states without state-funded rotavirus vaccination programs. We computed summary statistics and used multivariable regression to assess the association between patient-, provider-, and ecologic-level variables of rotavirus vaccine receipt and series completion. Approximately 69% of 594,117 eligible infants received at least one dose of rotavirus vaccine from 2006–2010. Most infants received the rotavirus vaccines at the recommended ages, but more infants completed the series for monovalent rotavirus vaccine than pentavalent rotavirus vaccine or a mix of the vaccines (87% versus 79% versus 73%, P<0.001). In multivariable analyses, the strongest predictors of rotavirus vaccine series initiation and completion were receipt of the diphtheria, tetanus and acellular pertussis vaccine (Initiation: RR=7.91, 95% CI= 7.69–8.13; Completion: RR=1.26, 95% CI=1.23–1.29), visiting a pediatrician versus family physician (Initiation: RR=1.51, 95% CI=1.49–1.52; Completion: RR=1.13, 95%

CI=1.11–1.14), and living in a large metropolitan versus smaller metropolitan, urban, or rural area. We observed rapid diffusion of the rotavirus vaccine in routine practice; however, approximately one-fifth of infants did not receive at least one dose of vaccine as recently as 2010. Interventions to increase rotavirus vaccine coverage should consider targeting family physicians and encouraging completion of the vaccine series.

PLoS Medicine
(Accessed 21 September 2013)
http://www.plosmedicine.org/
[No new relevant content]

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 21 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
[Reviewed earlier]

Science
20 September 2013 vol 341, issue 6152, pages 1313-1420
http://www.sciencemag.org/current.dtl
Perspective - Immunology

Pasteur Approach to a Malaria Vaccine May Take the Lead

Michael F. Good
+ Author Affiliations
Institute for Glycomics, Griffith University, Gold Coast 4222, Australia.

Malaria is an infectious disease that is responsible for more loss of young lives than any other health condition. Eighty percent of the cases and nearly 1 million deaths from malaria occur in Africa each year. Although mortality has decreased in recent years, more must be done to improve and save the lives of sufferers. On page 1359 of this issue, Seder et al. (1) report that an attenuated form of the causative parasite can be administered intravenously and provide protection against malaria, taking us a step closer to achieving the goal of an effective vaccine.

Protection Against Malaria by Intravenous Immunization with a Nonreplicating Sporozoite Vaccine

Robert A. Seder, Lee-Jah Chang, Mary E. Enama, Kathryn L. Zephir, Uzma N. Sarwar, Ingelise J. Gordon, LaSonji A. Holman, Eric R. James, Peter F. Billingsley, Anusha Gunasekera, Adam Richman, Sumana Chakravarty, Anita Manoj, Soundarapandian Velmurugan, MingLin Li, Adam J. Ruben, Tao Li, Abraham G. Eappen, Richard E. Stafford, Sarah H. Plummer, Cynthia S. Hendel, Laura Novik, Pamela J. M. Costner, Floreliz H. Mendoza, Jamie G. Saunders, Martha C. Nason, Jason H. Richardson, Silas A. Davidson, Thomas L. Richie, Martha Sedegah, Awalludin Sutamihardja, Gary A. Fahle, Kirsten E. Lyke, Matthew B. Laurens, Mario Roederer, Kavita Tewari, Judith E. Epstein, B. Kim Lee Sim, Julie E. Ledgerwood, Barney S. Graham, Stephen L. Hoffman, and the VRC 312 Study Team

Science 20 September 2013: 1359-1365.
Published online 8 August 2013 [DOI:10.1126/science.1241800]

Abstract

Consistent, high-level, vaccine-induced protection against human malaria has only been achieved by inoculation of Plasmodium falciparum (Pf) sporozoites (SPZ) by mosquito bites. We report that the PfSPZ Vaccine—composed of attenuated, aseptic, purified, cryopreserved PfSPZ—was safe and wel-tolerated when administered four to six times intravenously (IV) to 40 adults. Zero of six subjects receiving five doses and three of nine subjects receiving four doses of 1.35 × 105 PfSPZ Vaccine and five of six nonvaccinated controls developed malaria after controlled human malaria infection (P = 0.015 in the five-dose group and P = 0.028 for overall, both versus controls). PfSPZ-specific antibody and T cell responses were dose-dependent. These data indicate that there is a dose-dependent immunological threshold for establishing high-level protection against malaria that can be achieved with IV administration of a vaccine that is safe and meets regulatory standards.

Science Translational Medicine

18 September 2013 vol 5, issue 203
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
[Reviewed earlier]

Vaccine: Development and Therapy
(Accessed 21 September 2013)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Vaccines — Open Access Journal
(Accessed 21 September 2013)
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. 6 | September-October 2013 | Pages 907-1110
http://www.valueinhealthjournal.com/current
[No relevant content]

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

[HTML] **The Effectiveness of Conjugate Haemophilus influenzae type b (Hib) Vaccine in The Gambia 14 years after Introduction**
SRC Howie, C Oluwalana, O Secka, S Scott, RC Ideh… - Clinical Infectious Diseases, 2013
Background. The Gambia was the first country in Africa to introduce Conjugate Hib vaccine, which like other developing countries but unlike industrialised countries is delivered as 3-dose primary series with no booster. This study assessed its effectiveness 14 years post- ...

[HTML] **Patterns of Rotavirus Vaccine Uptake and Use in Privately-Insured US Infants, 2006–2010**
CA Panozzo, S Becker-Dreps, V Pate, MJ Funk… - PLOS ONE, 2013

Abstract Rotavirus vaccines are highly effective at preventing gastroenteritis in young children and are now universally recommended for infants in the US. We studied patterns of use of rotavirus vaccines among US infants with commercial insurance. We identified a ...

Evaluation of an Intervention Providing HPV Vaccine in Schools
BW Stubbs, CA Panozzo, JL Moss, PL Reiter… - American Journal of Health …, 2014
Objectives: To conduct outcome and process evaluations of school-located HPV vaccination clinics in partnership with a local health department. Methods: Temporary clinics provided the HPV vaccine to middle school girls in Guilford County, North Carolina, in 2009-2010. ...

Cost-effectiveness of the vaccine against human papillomavirus in the Brazilian Amazon region
AJ Fonseca, LCL Ferreira, GB Neto - Revista da Associação Médica Brasileira, 2013
Objective To assess the cost-utility of the human papillomavirus (HPV) vaccination on the prevention of cervical cancer in the Brazilian Amazon region. Methods A Markov cohort model was developed to simulate the natural evolution of HPV and its progress to cervical ...

The risk of Guillain-Barré syndrome after influenza vaccination
MP Walberg – 2013 ... When patients with a preceding gastrointestinal or respiratory illness were controlled for, only 5 cases of GBS were noted in almost 7 million influenza vaccine recipients. ... 8. CDC. Interim adjusted estimates of influenza vaccine effectiveness — United States, February 2013. ...

Maternal Underestimation of Child's Sexual Experience: Suggested Implications for HPV Vaccine Uptake at Recommended Ages
N Liddon, SL Michael, P Dittus, LE Markowitz - Journal of Adolescent Health, 2013
Purpose Despite official recommendation for routine HPV vaccination of boys and girls at age 11–12 years, parents and providers are more likely to vaccinate their children/patients at older ages. Preferences for vaccinating older adolescents may be related to beliefs ...

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 21 September 2013

[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 21 September 2013
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 21 September 2013
Way opened for Pandemrix swine flu jab compensation
Excerpt
Four families have been told they can apply for government compensation over side-effects of the Pandemrix swine flu vaccine.
Studies have shown the jab increased the risk of narcolepsy tenfold.
Families could be entitled to £120,000 through the Vaccine Damage Payments Scheme if they can prove "severe" disability.
If the bid fails they and other families could still pursue compensation through the courts. Pandemrix was the most widely used flu vaccine in the UK during the 2009-10 pandemic. Almost six million doses were given, one million to young children.
However, evidence from across Europe has suggested a higher rate of narcolepsy in children after being given the jab.
Approximately one in 55,000 children vaccinated - about 20 in the UK - were thought to have developed narcolepsy…
http://www.bbc.co.uk/news/health-24172715

Brookings
http://www.brookings.edu/
Accessed 21 September 2013
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 21 September 2013
[No new, unique, relevant content]

Economist
http://www.economist.com/
Accessed 21 September 2013
[No new, unique, relevant content]

Financial Times
http://www.ft.com
Accessed 21 September 2013
[No new, unique, relevant content]

Forbes
http://www.forbes.com/

Accessed 21 September 2013
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 21 September 2013
[No new, unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 21 September 2013
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 21 September 2013
[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 21 September 2013
Together We Can Defeat Three Deadly Diseases
16 September 2013
by Ellen Johnson-Sirleaf and Gunilla Carlsson
http://www.huffingtonpost.com/ellen-johnson-sirleaf/together-we-can-defeat-th_b_3934650.html
Excerpt
Liberia and Sweden might seem to be worlds apart. But in today's interconnected world, the challenge of defeating poverty, gender inequality and infectious diseases is truly part of a single universal aspiration. And this is where our two nations - one in Europe, one in Africa - meet as members of the same family with the common goal of improving people's health...Sweden has contributed more than US$ 700 million since the inception of the Global Fund to Fight AIDS, Tuberculosis and Malaria, making Sweden its tenth-largest financer…
Failure to Vaccinate Children: An Unconscionable Twist of Faith
Claire Pomeroy, President, Albert and Mary Lasker Foundation
http://www.huffingtonpost.com/claire-pomeroy/failure-to-vaccinate-chil_1_b_3941563.html
Excerpt
The Eagle Mountain International Church in Newark, Texas, promoted National Immunization Awareness Month through tragic irony. Twenty-one children and adults connected to the church contracted measles, a highly contagious, incurable viral infection of the respiratory system that causes death in one to two of 1,000 cases. Ninety percent of people who are not immune or not vaccinated will become infected if exposed. None of the 11 children were vaccinated, and the majority of adults had only one of two shots recommended by the Centers for Disease Control and Prevention (CDC).

An unconscionable twist of faith contributed to the health tragedy: Church leaders had been advising congregants against vaccination because of a scientifically unfounded belief that vaccinations could cause autism…

Le Monde
http://www.lemonde.fr/
Accessed 21 September 2013
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 21 September 2013
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 21 September 2013
Bring Back the Lyme Vaccine
18 September 2013
by Stanley A. Plotkin, Professor of Pediatrics at University of Pennsylvania
http://www.nytimes.com/2013/09/19/opinion/bring-back-the-lyme-vaccine.html?_r=1&
Excerpt
…Each year there are more than 30,000 cases of Lyme disease reported to the Centers for Disease Control and Prevention. But last month, the C.D.C. announced that the real number of annual infections was closer to 300,000…Shouldn't there be a vaccine for such a prevalent and dangerous disease? In fact, we used to have one, and are perfectly capable of producing another, if the public demand is high and we avoid the mistakes of the past…

Reuters
http://www.reuters.com/
Accessed 21 September 2013
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page
Accessed 21 September 2013
Vaccine Critics Put Children at Risk
15 September 2013
http://blogs.wsj.com/indiarealtime/2013/09/15/vaccine-critics-put-children-at-risk/
Excerpt
It is easy to scare parents about vaccines because nobody wants to put the life of their child at risk. But fear-mongering threatens lives.

Earlier this month, a doctor filed a public interest litigation in the Supreme Court calling for a ban on the pentavalent vaccine, a five-in-one shot that combines hepatitis B, diphtheria, pertussis and tetanus with a new vaccine for Haemophilus influenzae type b (Hib).

World Health Organization studies found that Hib is a major cause of bacterial meningitis and pneumonia in the Philippines, India, Thailand, Malaysia, Indonesia and Vietnam. Not vaccinating against Hib puts children's health at risk.

The litigation fails to look at the bigger picture of why the vaccine was introduced.

Critics say pentavalent is killing children. Reports at the time the litigation was filed alleged 21 children died due to the vaccine in India. But no causative link has been found…
NY hospital staffs must get flu shot or wear mask

Associated Press Updated September 17, 2013, 11:00 a.m. ET
http://online.wsj.com/article/AP372f7c51a4194816a52bb8a82fa4970b.html?KEYWORDS=vaccine
Excerpt

ALBANY, N.Y. — New York is requiring anyone who might come in contact with patients at hospitals and other health care facilities to get a vaccine or wear masks during the upcoming flu season, an ambitious effort to control the flu in the places it is known to spread.

The New York Health Department rule applies to more than 4,000 hospitals, clinics, diagnostic centers, nursing homes, hospices and home care agencies statewide. And it specifically applies beyond doctors and nurses to students, volunteers, contractors and even some cafeteria workers…

Washington Post
http://www.washingtonpost.com/
Accessed 21 September 2013
[No new, unique, relevant content]

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