Center for Vaccine Ethics and Policy
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Vaccines: The Week in Review
7 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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GAVI reported that U.S. President Barack Obama and the prime ministers of the Nordic countries "underlined their collective commitment to supporting vaccination through the GAVI Alliance" in a joint statement issued on Wednesday after a high-level meeting in Stockholm. The jstatement noted: "We agree that vaccination through GAVI represents one of the most cost-effective approaches to save children's lives. ...Together, we envision a unified post-2015 agenda that addresses poverty, inclusive growth, and sustainability in clear, ambitious, and measurable goals." The statement was agreed to at a joint meeting between the Nordic leaders and President Obama who visited Sweden from 4-5 September en route to the Group of 20 economic summit in Russia.
http://www.gavialliance.org/library/news/gavi-features/2013/us-president-and-nordic-leaders-describe-support-for-gavi-as-cost-effective/
[No link to the full statement was indicated in the GAVI announcement or evident in a web search]

The Global Fund said it "strongly welcomed a pledge of US$750 million by Nordic countries, a highly significant contribution to defeating these three infectious diseases." The announcement was made in Stockholm on 4 September in a joint statement by Sweden, Norway, Finland, Denmark, Iceland and the United States. Collectively, the pledge represents over US$150 million in increased funds from the Nordic countries. The statement specified that the contribution would unlock an additional US$375 million from the U.S., signaling the leverage

of every pledge. Dr. Nafsiah Mboi, Chair of the Board of the Global Fund, said, "The vision and foresight of our Nordic partners is a critical piece of seizing this historic moment to defeat HIV, tuberculosis and malaria. This is terrific leadership. We hope others will be inspired by and join these efforts." Nordic countries have been strong supporters of the Global Fund since its inception in 2002.
http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-09-05_Nordic_Countries_Pledge_USD_750_Million_to_the_Global_Fund/

The International AIDS Vaccine Initiative (IAVI) announced the renewed commitment from the UK's Department for International Development (DFID), which has confirmed a grant to IAVI of US $1.57 million annually for the next five years. Margaret McGlynn, IAVI President and CEO, said, "We are grateful to the U.K. Government for having been a long standing partner and supporter. The government's continued trust in and financial support for IAVI will help ensure the development of preventive HIV vaccines that are safe, effective and accessible to all. Vaccines remain among our most effective and efficient tools for combating infectious diseases and can bring particular value to vulnerable populations, including women and children."
http://www.iavi.org/Information-Center/Press-Releases/Pages/UK-Government-Pledges-Renewed-Funding-to-Support-IAVI-Quest-for-Effective-and-Accessible-AIDS-Vaccines.aspx

PaxVax announced that it has commenced its Phase 3 clinical trial program for its single-dose oral cholera vaccine candidate, PXVX0200 (also known as CVD 103-HgR). Approximately 3,000 participants will be enrolled in this pivotal program, which is comprised of cholera challenge, safety, and immunogenicity studies. PaxVax said that "a cholera vaccine is available in Europe and elsewhere for travelers, but it requires a two-dose regimen, which takes longer to complete. A single-dose, oral vaccine would be more convenient for all travelers to take, particularly for those traveling on short notice." The pivotal efficacy cholera challenge studies will be randomized, double-blind, placebo-controlled, and conducted at three top vaccine testing centers, including the University of Maryland, the University of Vermont Vaccine Testing Center, and Cincinnati Children's Hospital Medical Center. Volunteers enrolled in these studies will first be vaccinated and then challenged, or exposed to the cholera-causing agent (Vibrio cholerae bacterium). At 10 days following vaccination, and again at three months post vaccination, participants will be evaluated to determine the protective ability of PXVX0200. All standard clinical trial safety protocols and guidelines will be followed at each clinical research center. Additional trials will also be conducted at sites in Canada, Australia, and the U.S. to confirm vaccine safety in a larger population, measure immunogenicity, and demonstrate lot-to-lot consistency of different vaccine manufacturing batches required by the U.S. Food and Drug Administration (FDA). In recognition of the lack of any available traveler's vaccine against cholera, and the corresponding unmet medical need, PXVX0200 has been granted Fast Track designation by FDA.
http://www.businesswire.com/news/home/20130906005107/en/PaxVax-Initiates-Phase-3-Clinical-Trial-Challenge

Update: Polio this week - *As of 4 September 2013*
Global Polio Eradication Initiative
Full report: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
[Editor's extract and bolded text]
:: The Global Polio Eradication Initiative has conducted a three month assessment of the responses to the Somalia and Kenya polio outbreaks, which concluded 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. However, there are indications that the response activities to date are having an impact: fewer cases are being reported in the area considered the 'engine' of the outbreak – the Banadir region of Somalia, which includes Mogadishu. Concrete recommendations were made to ensure that the outbreak is stopped rapidly.

Nigeria
:: Two new WPV cases were reported in the past week, bringing the total of WPV1 cases for 2013 to 45. The most recent WPV1 case in the country had onset of paralysis on 14 August (from Borno)…

Pakistan
:: Two new cases of WPV were reported in the past week, both WPV1 from North Waziristan in the Federally Administered Tribal Areas (FATA), with the most recent case having onset of paralysis on 11 August. This brings the total number of WPV1 cases for 2013 to 27.
:: North Waziristan is one of the tribal agencies where a ban is in place against polio vaccination. Measures to prevent spread of the virus from this area include vaccination at transit points. FATA remains the major poliovirus reservoir in Pakistan and in Asia, both due to WPV1 and cVDPV2.

Horn of Africa
:: **32 new WPV1 cases were reported in the past week, in Somalia. The total number of WPV1 cases for 2013 in the Horn of Africa is 174** (160 from Somalia, 13 from Kenya, 1 from Ethiopia). The most recent WPV1 case in the region had onset of paralysis on 7 August (from Somalia).

Israel and West Bank and Gaza
:: WPV1 has been detected in 91 sewage samples from 27 sampling sites in Israel, collected from 3 February to 25 August 2013, indicating widespread transmission throughout the country.
:: A sampling site in Tulkarem in the West Bank has reported one positive sample, collected on 30 June. No case of paralytic polio has been reported in either Israel or The West Bank and Gaza.
:: To interrupt WPV1 transmission, a supplementary immunization activity (SIA) with bivalent oral polio vaccine (OPV) targeting children up to the age of nine years is taking place. The activity started on 05 August in southern Israel and was expanded to cover the entire country beginning on 18 August. The objective of the SIA with OPV is to boost intestinal immunity in children vaccinated with Inactivated Polio Vaccine (IPV) only in order to rapidly interrupt WPV transmission.
::: Following the positive sample from Tulkarem, West Bank subsequent samples in the West Bank have all tested negative. Discussions continue on a vaccination response to the positive sample in the West Bank, which uses both OPV and IPV in its routine immunization schedule.

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
Excerpt
30 August 2013 - WHO has been informed of an additional four laboratory-confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection in Saudi Arabia….Globally, from September 2012 to date, WHO has been informed of a total of 108 laboratory-confirmed cases of infection with MERS-CoV, including 50 deaths…

The **Weekly Epidemiological Record (WER) for 7 September 2013**, vol. 88, 36 (pp. 381–388) includes:
:: Progress towards eliminating onchocerciasis in the WHO Region of the Americas: verification by WHO of elimination of transmission in Colombia
:: Performance of acute flaccid paralysis (AFP) surveillance and incidence of poliomyelitis, 2013
http://www.who.int/entity/wer/2013/wer8836.pdf

WHO SAGE: Meeting of 5-7 November 2013: Draft agenda (as of 14 August 2013)

CDC/MMWR Watch [to 7 September 2013]
No new relevant content

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

UN Watch *to 7 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 7 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: **International migration, health and human rights**
WHO: Office of the High Commissioner for Human Rights and the International Organization for Migration
2013
Preface

Today, more than 214 million people are living outside their countries of origin. They have left their homes for a variety of reasons, including conflict, natural disasters or environmental degradation, political persecution, poverty, discrimination and lack of access to basic services and the search for new opportunities, particularly in terms of work or education.

One aspect of migration that is attracting renewed attention is the impact that it has on public health. Migrants may be subjected to multiple discrimination, violence and exploitation, all of which often directly affect their physical and mental health. In addition, migrants may have health problems that are not well known or understood in their new countries of residence. To compound this problem, legal and socioeconomic barriers impede access to health services in many cases; in cases where migrants do have access to health services, these may not be migrant-sensitive or culturally and linguistically appropriate.

Communities receiving large numbers of migrants face new challenges, such as increased diversity of the population and the consequent change in the cultural profile and health perspectives of its patients. This inevitably impacts the day-to-day work of health professionals.

Current approaches to managing the health of migrants need to keep pace with the growing challenges associated with the complexity, volume, speed, diversity and disparity of modern migration flows to ensure that all migrants are able to realize their fundamental right to health.

The right of everyone to the enjoyment of the highest attainable standard of physical and mental health has long been established in international human rights law. So, too, have the principles of equality and non-discrimination. It is therefore critical for national health systems and policies to address migrants' right to health, regardless of the legal status of the migrant. Doing so requires active collaboration across the different sectors and close cooperation between governments and the many non-state actors involved in the migration process.

In this publication, the World Health Organization, the Office of the High Commissioner for Human Rights and the International Organization for Migration explore the multifaceted health and human rights challenges that migrants face and report on recent developments in this area. Our aim in producing this publication is to provide all stakeholders with a reference on key health and human rights issues in the context of international migration…

We hope that it provides inspiration to policymakers to devise migration policies and programmes that are guided by public health considerations and human rights imperatives, with a view to protecting the human rights and improving the health of both migrants and the communities in which they live.

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 9, 2013
http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az_hflY
[Reviewed earlier]

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 9 (September 2013)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

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

BMC Public Health
(Accessed 7 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
Immunization to prevent congenital cytomegalovirus infection
Stuart P. Adler*
+ Author Affiliations
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Accepted July 9, 2013.
http://bmb.oxfordjournals.org/content/107/1/57.abstract
Abstract

Introduction A primary maternal cytomegalovirus (CMV) during pregnancy causes newborn disease that includes hearing deficit and/or mental retardation.
Sources of data Relevant published literature.
Areas of agreement There are no biologic obstacles to immunization against fetal/placental infection with CMV.
Areas of uncertainty CMV vaccine trials may be difficult due to a lack of public awareness of CMV. Vaccine trials that use fetal infection as an endpoint will be prolonged, since vaccination will need to occur preconception.
Areas timely for developing research Vaccines in preclinical development include antigens of the CMV gB glycoprotein and the gH/gL UL128, 130 and 131 pentameric complex. These antigens induce antibodies that block viral entry into fibroblasts and endothelial/epithelial cells. Vaccines immunogenic in animals include an inactivated virus with a wild-type UL131 gene, a DNA vaccine using a wild-type UL130 gene and peptide vaccines using peptides from UL130 and 131.
Conclusions In spite of these potential obstacles, successful evaluation of CMV vaccines is possible.

British Medical Journal
07 September 2013 (Vol 347, Issue 7923)
http://www.bmj.com/content/347/7923
[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 7 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 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 36, 05 September 2013
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Rapid communications
Large ongoing measles outbreak in a religious community in the Netherlands since May 2013
by MJ Knol, AT Urbanus, EM Swart, L Mollema, WL Ruijs, RS van Binnendijk, MJ te Wierik, HE de Melker, A Timen, SJ Hahné

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 7 September 2013]
http://www.globalizationandhealth.com/
Debate
Canada and access to medicines in developing countries: intellectual property rights first
Lexchin J Globalization and Health 2013, 9:42 (3 September 2013)

Abstract (provisional)
Canadian reports have recommended that health as a human right must be Canada's overarching global commitment and that the primacy of human rights should be prioritized over other elements of international law including international trade and investment law as it applies to access to pharmaceuticals. This paper uses a series of case reports to examine Canada's commitment to this goal. Specifically it examines cases where improved access has been in conflict with increased intellectual property rights. The 6 cases are: Canada's position when 39 pharmaceutical companies took South Africa to court in 1998 over its legislation to allow parallel importation of patented medicines and to regulate the price of medications; the stance that Canada took in the negotiations around the Doha Declaration in 2001; the passage of Canada's Access to Medicines Regime in 2004 and subsequent attempts to amend the legislation in 2011 and 2012; Canada's involvement in the final declaration at the United Nations High-Level meeting on non-communicable diseases in 2012; Canada's views about the terms in the Anti-Counterfeiting Trade Agreement as expressed in 2009; and Canada's 2013 position on the extension of the exemption for least developed countries from having to comply with the terms of the Trade Related Aspects of Intellectual Property Rights Agreement. In the first case Canada was neutral but in the remaining 5 cases Canada prioritized intellectual property rights over access. This position is consistent with how Canada has acted around domestic issues involving intellectual property rights for pharmaceutical products. Canada has supported strengthened rights despite the fact that their touted benefits have not been realized either domestically or in developing countries. As a result Canada has failed in its humanitarian duty to protect the human right to health in the form of safe and low cost medicines for the people in developing countries.

Health Affairs
August 2013; Volume 32, Issue 8
http://content.healthaffairs.org/content/current
Theme: States, Health IT, Payment & Practice Reforms
[No relevant content]

Health and Human Rights
Volume 15, Issue 1
http://www.hhrjournal.org/
Theme: Realizing the Right to Health Through a Framework Convention on Global Health
[Reviewed earlier]

Health Economics, Policy and Law
Volume 8 - Issue 03 - July 2013
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
[Reviewed earlier; No relevant content]

Health Policy and Planning
Volume 28 Issue 7 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/8/

Commentary

Making vaccines "on demand": A potential solution for emerging pathogens and biodefense?

Anne S De Groot, Leo Einck, Leonard Moise, Michael Chambers, John Ballantyne, Robert W Malone, Matthew Ardito and William Martin Pages 1877 - 1884 http://dx.doi.org/10.4161/hv.25611

Abstract
The integrated US Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) has made great strides in strategic preparedness and response capabilities. There have been numerous advances in planning, biothreat countermeasure development, licensure, manufacturing, stockpiling and deployment. Increased biodefense surveillance capability has dramatically improved, while new tools and increased awareness have fostered rapid identification of new potential public health pathogens. Unfortunately, structural delays in vaccine design, development, manufacture, clinical testing and licensure processes remain significant obstacles to an effective national biodefense rapid response capability. This is particularly true for the very real threat of "novel pathogens" such as the avian-origin influenzas H7N9 and H5N1, and new coronaviruses such as hCoV-EMC. Conventional approaches to vaccine development, production, clinical testing and licensure are incompatible with the prompt deployment needed for an effective public health response. An alternative approach, proposed here, is to apply computational vaccine design tools and rapid production technologies that now make it possible to engineer vaccines for novel emerging pathogen and WMD biowarfare agent countermeasures in record time. These new tools have the potential to significantly reduce the time needed to design string-of-epitope vaccines for previously unknown pathogens. The design process—from genome to gene sequence, ready to insert in a DNA plasmid—can now be accomplished in less than 24 h. While these vaccines are by no means "standard," the need for innovation in the vaccine design and production process is great. Should such vaccines be developed, their 60-d start-to-finish timeline would represent a 2-fold faster response than the current standard.

Product Review

Hexavalent IPV-based combination vaccines for public-sector markets of low-resource countries

Kutub Mahmood, Sonia Pelkowski, Deborah Atherly, Robert Sitrin and John J. Donnelly Pages 1894 - 1902 http://dx.doi.org/10.4161/hv.25407

Abstract
In anticipation of the successful eradication of wild polio virus, alternative vaccination strategies for public-sector markets of low-resource countries are extremely important, but are still under development. Following polio eradication, inactivated polio vaccine (IPV) would be the only polio vaccine available, and would be needed for early childhood immunization for several years, as maintenance of herd immunity will be important for sustaining polio eradication. Low-cost combination vaccines containing IPV could provide reliable and continuous immunization in the post-polio eradication period. Combination vaccines can potentially simplify complex

pediatric routine immunization schedules, improve compliance, and reduce costs. Hexavalent vaccines containing Diphtheria (D), Tetanus (T), whole cell pertussis (wP), Hepatitis B (HBV), Haemophilus b (Hib) and the three IPV serotype antigens have been considered as the ultimate combination vaccine for routine immunization. This product review evaluates potential hexavalent vaccine candidates by composition, probable time to market, expected cost of goods, presentation, and technical feasibility and offers suggestions for development of low-cost hexavalent combination vaccines. Because there are significant technical challenges facing wP-based hexavalent vaccine development, this review also discusses other alternative approaches to hexavalent that could also ensure a timely and reliable supply of low-cost IPV based combination vaccines.

Research Paper

Knowledge and attitudes of postpartum women toward immunization during pregnancy and the peripartum period

Elizabeth Rossmann Beel, Marcia A. Rench, Diana P. Montesinos, Betsy Mayes and C. Mary Healy Pages 1926 - 1931 http://dx.doi.org/10.4161/hv.25096

Abstract

Influenza and pertussis prevention in young infants requires immunizing pregnant women and all caregivers (cocooning). We evaluated the knowledge and attitude of postpartum women about these two recommendations. A survey of predominantly Hispanic, underinsured, medically underserved postpartum women in Houston, Texas was performed during June 2010 through July 2012. 511 postpartum women [mean age 28.8 y (18–45); 94% Hispanic] with a mean of 3 children (1–12) participated. Ninety-one (17.8%) were first-time mothers. Four hundred ninety-six (97.1%) received prenatal care; care was delayed in 24.3%. Only 313 (61.3%) received vaccine education while pregnant, and 291 (57%) were immunized. Four hundred seventy-four women (93%) were willing to be immunized during pregnancy if recommended by their healthcare provider, (the most trusted information source for 62%). Immunization of infants or infant caregivers had been discussed with 41% and 10% of mothers, respectively. 230 women (45%) had received influenza vaccine; most intended to (79%) or had already received (15%) tetanus, diphtheria, and acellular pertussis (Tdap) vaccine. Preferred locations for cocooning were hospital or community clinics (97%). Insufficient knowledge (46.6%), cost (31.4%), lack of transportation (26%), work commitments (13.3%), and fear of needles (13.3%) were perceived barriers to cocooning. Level of formal education received by mothers had no effect on the quantity or quality of immunization education received during PNC or their attitude toward immunization. Immunization during pregnancy and cocooning, if recommended by providers, are acceptable in this high-risk population. Healthcare providers, as reported in infant studies, have the greatest influence on vaccine acceptance by pregnant and postpartum women.

Review

Economic evaluation of Varicella vaccination: results of a systematic review

Brigid Unim, Rosella Saulle, Sara Boccalini, Cristina Taddei, Vega Ceccherini, Antonio Boccia, Paolo Bonanni and Giuseppe La Torre Pages 1932 - 1942 http://dx.doi.org/10.4161/hv.25228

Abstract

Introduction

The aim of the present study is to review the economic burden of varicella disease and the benefit of universal varicella vaccination in different settings pending its implementation in all Italian regions.

Materials and Methods

Research was conducted using PubMed, Scopus and ISI databases. Score quality and data extraction were performed for all included studies.
Results
Twenty-three articles met the criteria: 15 cost-effectiveness, 8 cost-benefit and one cost-utility analysis. Varicella vaccination could save the society from €637,762 (infant strategy) to 53 million annually (combined infant and adolescent strategy). The median and the mean quality scores resulted in 91.8% and 85.4% respectively; 11 studies were considered of high quality and 12 of low quality.
Discussion
The studies are favorable to the introduction of universal varicella vaccination in Italy, being cost saving and having a positive impact on morbidity. The quality score of the studies varied greatly: recent analyses were of comparable quality to older studies.

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 7 September 2013]
[No new relevant content]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 7 September 2013]
[No new relevant content]

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

International Journal of Infectious Diseases
Vol 17 | No. 9 | September 2013
http://www.ijidonline.com/current
[Reviewed earlier]

JAMA
September 4, 2013, Vol 310, No. 9
http://jama.jamanetwork.com/issue.aspx
Viewpoint | September 4, 2013
Poverty, Health, and Societies of the Future
Jim Yong Kim, MD, PhD1; Margaret Chan, MD2
[+] Author Affiliations
JAMA. 2013;310(9):901-902. doi:10.1001/jama.2013.276910
http://jama.jamanetwork.com/article.aspx?articleid=1734712
Initial content per JAMA convention

The relationship between clinician and patient has been the bedrock of the global health equity movement. It was the call for access to basic medical services for patients—and patients demanding empowerment for their community health workers—that drove the Health for All movement in the 1970s. It was the insistence by patients, activists, and clinicians for all people with AIDS to receive treatment that led to the transformation in access starting just 10 years ago in the developing world. That insistence will continue to be the energy and lifeblood of the movement—patients claiming their rights, and physicians supporting their patients—together advocating for a world in which a child born anywhere can have a life of opportunity, dignity, and access to quality health care…

Viewpoint / September 4, 2013

Conflict and Polio - Winning the Polio Wars

Zulfiqar A. Bhutta, MB, BS, FRCP, FRCPCH, PhD1,2
[+] Author Affiliations

JAMA. 2013;310(9):905-906. doi:10.1001/jama.2013.276583.
http://jama.jamanetwork.com/article.aspx?articleid=1734711

Initial content per JAMA convention

The global polio eradication initiative is at a critical crossroads. Some 25 years ago, the World Health Organization (WHO), supported by Rotary International, launched a global goal of eradicating polio from the world by 2000.1 Although the eradication target may not have been achieved, there has been remarkable progress. From more than 350 000 cases of poliomyelitis globally spread over 125 countries with endemic disease in 1990, a mere 223 cases were reported in 2012, with the disease largely restricted to a few regions of Nigeria, Pakistan, and Afghanistan. These hotspots of polio, with a total population exceeding 380 million, include geographic diversity, conflict, and population displacement. Although all 3 countries have made tremendous strides in controlling endemic disease affecting thousands of children annually, they face many residual pockets of polio and widespread virus circulation….

Viewpoint | September 4, 2013

Industry-Sponsored Clinical Trials in Emerging MarketsTime to Review the Terms of Engagement

Stephen MacMahon, DSc, FMedSci1,2,3; Vlado Perkovic, MBBS, PhD1,3; Anushka Patel, MBBS, PhD1,3
[+] Author Affiliations

JAMA. 2013;310(9):907-908. doi:10.1001/jama.2013.276913.
http://jama.jamanetwork.com/article.aspx?articleid=1734713

Initial content per JAMA convention

A decade ago, clinical trial sponsors routinely excluded low- and middle-income countries such as India and China from participation. These regions contribute large numbers of patients to pivotal trials across a range of clinical conditions. For example, in China the number of pharmaceutical company–sponsored trials doubled between 2005 and 2010. Today, more than 3000 trials are under way in China, a large proportion of which are sponsored by global pharmaceutical companies.1 The key drivers for this change include reduced costs due to lower investigator fees and staff salaries and larger patient numbers, given the greater population sizes and disease burdens. Additionally, enhanced access to treatment-naive participants is thought to be an advantage in certain circumstances. Moreover, the belated acceptance that the emerging markets will soon be the largest global market for pharmaceutical sales is also driving the shift in focus. However, the rapid expansion of clinical trial activity in emerging markets has raised concerns, including questions about the quality of data generated and the relevance of the products being tested to local health care priorities…

Editorial | September 4, 2013

Optimizing the Use of Pneumococcal Conjugate Vaccine Globally

Katherine L. O'Brien, MD, MPH1
[+] Author Affiliations

JAMA. 2013;310(9):911-913. doi:10.1001/jama.2013.228062.

Initial content per JAMA convention

Pneumococcal conjugate vaccine (PCV) was first licensed in 2000 as a 7-valent product and is now available as 10- and 13-valent products (PCV10 and PCV13). As recommended by the World Health Organization,1 PCVs are now in routine use in more than 95 of 194 countries globally, including use in 27 GAVI Alliance–eligible countries and approval for use in an additional 24 such countries.2 Financial investments by individual countries and the international community, through the GAVI Alliance, are ensuring the sustainable availability of PCV in the places where it is most needed—the poorest countries where children have a substantial risk of serious illness and death from pneumococcal disease. In 2008, more than 500 000 children under 5 years died from pneumococcal disease.3 This mortality and the larger burden of serious morbidity, mostly from pneumococcal pneumonia,4 is the focus of PCV programs.

Immunogenicity of 13-Valent Pneumococcal Conjugate Vaccine Administered According to 4 Different Primary Immunization Schedules in InfantsA Randomized Clinical Trial

Judith Spijkerman, MD1,2; Reinier H. Veenhoven, MD, PhD2; Alienke J. Wijmenga-Monsuur, PhD3; Karin E. M. Elberse, PhD3; Pieter G. M. van Gageldonk, BASc3; Mirjam J. Knol, PhD3; Hester E. de Melker, PhD3; Elisabeth A. M. Sanders, MD, PhD1; Leo M. Schouls, PhD3; Guy A. M. Berbers, PhD3
[+] Author Affiliations

JAMA. 2013;310(9):930-937. doi:10.1001/jama.2013.228052.
http://jama.jamanetwork.com/article.aspx?articleid=1734703

ABSTRACT

Importance Immunization schedules with pneumococcal conjugate vaccine (PCV) differ among countries regarding the number of doses, age at vaccinations, and interval between doses.

Objective To assess the optimal primary vaccination schedule by comparing immunogenicity of 13-valent PCV (PCV13) in 4 different immunization schedules.

Design, Setting, and Participants An open-label, parallel-group, randomized clinical trial of healthy term infants in a general community in the Netherlands conducted between June 30, 2010, and January 25, 2011, with 99% follow-up until age 12 months.

Interventions Infants (N = 400) were randomly assigned (1:1:1:1) to receive PCV13 either at ages 2, 4, and 6 months (2-4-6); at ages 3 and 5 months (3-5); at ages 2, 3, and 4 months (2-3-4); or at ages 2 and 4 months (2-4), with a booster dose at age 11.5 months.

Main Outcomes and Measures Primary outcome measure was antibody geometric mean concentrations (GMCs) against PCV13-included serotypes 1 month after the booster dose measured by multiplex immunoassay. Secondary outcomes included GMCs measured 1 month after the primary series, at 8 months of age, and before the booster.

Results The primary outcome, GMCs at 1 month after the booster dose, was not significantly different between schedules for 70 of 78 comparisons. The 2-4-6 schedule was superior to the 2-3-4 schedule for serotypes 18C (10.2 µg/mL [95% CI, 8.2-12.7] vs 6.5 µg/mL [95% CI, 5.4-7.8]) and 23F (10.9 µg/mL [95% CI, 9.0-13.3] vs 7.3 µg/mL [95% CI, 5.8-9.2]) and superior to the 2-4 schedule for serotypes 6B (8.5 µg/mL [95% CI, 7.1-10.2] vs 5.1 µg/mL [95% CI 3.8-

6.7]), 18C (6.6 µg/mL [95% CI, 5.7-7.7]), and 23F (7.2 µg/mL [95% CI, 5.9-8.8]). For serotype 1, the 3-5 schedule (11.7 µg/mL [95% CI, 9.6-14.3]) was superior to the other schedules. Geometric mean concentrations for all 13 serotypes ranged between 1.6 and 19.9 µg/mL. Secondary outcomes demonstrated differences 1 month after the primary series. The 2-4-6 schedule was superior compared with the 3-5, 2-3-4, and 2-4 schedules for 3, 9, and 11 serotypes, respectively. Differences between schedules persisted until the booster dose.

Conclusions and Relevance The use of 4 different PCV13 immunization schedules in healthy term infants resulted in no statistically significant differences in antibody levels after the booster dose for almost all serotypes. The choice of PCV schedule will require a balance between the need for early protection and maintaining protection between the primary series and the booster.

Trial Registration trialregister.nl Identifier: NTR2316

Research Letter | September 4, 2013

Thirty-Year Outcomes of the National Hepatitis B Immunization Program in Taiwan

Chun-Ju Chiang, PhD1; Ya-Wen Yang, MSc2; San-Lin You, PhD3; Mei-Shu Lai, MD, PhD1; Chien-Jen Chen, ScD3

[+] Author Affiliations

JAMA. 2013;310(9):974-976. doi:10.1001/jama.2013.276701.

http://jama.jamanetwork.com/article.aspx?articleid=1734688

Initial content per JAMA convention

Hepatitis B virus (HBV) infection causes infant fulminant hepatitis (IFH), and chronic HBV infection may progress to chronic liver disease (CLD) and hepatocellular carcinoma (HCC). Taiwan launched a nationwide HBV immunization program for newborns in July 1984,1 which has successfully lowered the prevalence of chronic HBV carriers, incidence of HCC, and mortality of IFH in vaccinated birth cohorts.2- 4 The mortality of CLD before and after HBV immunization has never been examined. We assessed the 30-year outcomes of the immunization program…

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

Eradication of Hepatitis B: A Nationwide Community Coalition Approach to Improving Vaccination, Screening, and Linkage to Care

Chari Cohen, Jeffrey Caballero, Melinda Martin… Pages 799-804

Look Inside Get Access

Original Paper

English Proficiency, Knowledge, and Receipt of HPV Vaccine in Vietnamese-American Women

Jenny K. Yi, Karen O. Anderson, Yen-Chi Le…

Human Papillomavirus-Mediated Cervical Cancer Awareness and Gardasil Vaccination: A Pilot Survey Among North Indian Women

Saumya Pandey, Chandravati

Journal of Health Organization and Management
Volume 27 issue 5 - Latest Issue
http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest
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Journal of Infectious Diseases
Volume 208 Issue 7 October 1, 2013
http://jid.oxfordjournals.org/content/current
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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
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Journal of Medical Ethics
September 2013, Volume 39, Issue 9
http://jme.bmj.com/content/current
[Reviewed earlier; No relevant content]

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September 2013; 62 (Pt 9)
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Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 2 Issue 3 September 2013
http://jpids.oxfordjournals.org/content/current
[Reviewed earlier]

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Vol 163 | No. 3 | September 2013 | Pages 613-928
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Volume 34, Issue 3 (August 2013)
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[No relevant content]

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November 6, 2013; 10 (88)
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[Reviewed earlier; No relevant content]

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

The Lancet
Aug 31, 2013 Volume 382 Number 9894 p743 - 832
http://www.thelancet.com/journals/lancet/issue/current
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The Lancet Global Health
Sep 2013 Volume 1 Number 3 e116 - 168
http://www.thelancet.com/journals/langlo/issue/current
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The Lancet Infectious Diseases
Sep 2013 Volume 13 Number 9 p725 - 822
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August 2013; 33 (6)
http://mdm.sagepub.com/content/current
[Reviewed earlier; No relevant content]

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A Multidisciplinary Journal of Population Health and Health Policy
June 2013 Volume 91, Issue 2 Pages 219–418
http://onlinelibrary.wiley.com/doi/10.1111/milq.2013.91.issue-2/issuetoc
[Reviewed earlier; No relevant content]

Nature
Volume 501 Number 7465 pp5-130 5 September 2013

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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
Editorial
Privacy and protection in the genomic era - p1073
doi:10.1038/nm.3342
http://www.nature.com/nm/journal/v19/n9/abs/nm.3342.html
The establishment of an NIH working group managing access to HeLa cell genomic data highlights the limitations of assuring the privacy of participants in genomics studies. If, as this case illustrates, anonymity cannot be guaranteed, informed consent rules may need to be revised.

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 5, 2013 Vol. 369 No. 10
http://www.nejm.org/toc/nejm/medical-journal
Perspective
Risks (and Benefits) in Comparative Effectiveness Research Trials
Chris Feudtner, M.D., Ph.D., M.P.H., Mark Schreiner, M.D., and John D. Lantos, M.D.
N Engl J Med 2013; 369:892-894September 5, 2013DOI: 10.1056/NEJMp1309322
http://www.nejm.org/doi/full/10.1056/NEJMp1309322
To provide ethically appropriate oversight and informed consent for randomized, controlled comparative effectiveness research trials, investigators should consider, manage, and inform potential participants about at least nine different types of potential risk.
Perspective
Big Pharma and Social Responsibility — The Access to Medicine Index
Hans V. Hogerzeil, M.D., Ph.D.
N Engl J Med 2013; 369:896-899September 5, 2013DOI: 10.1056/NEJMp1303723
http://www.nejm.org/doi/full/10.1056/NEJMp1303723
The Access to Medicine Index, an independent initiative, ranks the world's 20 largest research-based pharmaceutical companies according to their efforts to make their products more available, affordable, and accessible in developing countries.

OMICS: A Journal of Integrative Biology
August 2013, 17(8)
http://online.liebertpub.com/toc/omi/17/8
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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]

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September 2013, VOLUME 132 / ISSUE 3
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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 7 September 2013]
http://www.plosone.org/
Research Article
Cost-Effectiveness Analysis of Tdap in the Prevention of Pertussis in the Elderly
Lisa J. McGarry mail, Girishanthy Krishnarajah, Gregory Hill, Michelle Skornicki, Narin Pruttivarasin, Cristina Masseria, Bhakti Arondekar, Stephen I. Pelton, Milton C. Weinstein
Abstract

Objectives
Health benefits and costs of combined reduced-antigen-content tetanus, diphtheria, and pertussis (Tdap) immunization among adults ≥65 years have not been evaluated. In February 2012, the Advisory Committee on Immunization Practices (ACIP) recommended expanding Tdap vaccination (one single dose) to include adults ≥65 years not previously vaccinated with Tdap. Our study estimated the health and economic outcomes of one-time replacement of the decennial tetanus and diphtheria (Td) booster with Tdap in the 10% of individuals aged 65 years assumed eligible each year compared with a baseline scenario of continued Td vaccination.
Methods
We constructed a model evaluating the cost-effectiveness of vaccinating a cohort of adults aged 65 with Tdap, by calculating pertussis cases averted due to direct vaccine effects only. Results are presented from societal and payer perspectives for a range of pertussis incidences (25–200 cases per 100,000), due to the uncertainty in estimating true annual incidence. Cases averted were accrued throughout the patient 's lifetime, and a probability tree used to estimate the clinical outcomes and costs (US$ 2010) for each case. Quality-adjusted life-years (QALYs) lost to acute disease were calculated by multiplying cases of mild/moderate/severe pertussis by the associated health-state disutility; QALY losses due to death and long-term sequelae were also considered. Incremental costs and QALYs were summed over the cohort to derive incremental cost-effectiveness ratios. Scenario analyses evaluated the effect of alternative plausible parameter estimates on results.
Results
At incidence levels of 25, 100, 200 cases/100,000, vaccinating adults aged 65 years costs an additional $336,000, $63,000 and $17,000/QALY gained, respectively. Vaccination has a cost-effectiveness ratio less than $50,000/QALY if pertussis incidence is >116 cases/100,000 from societal and payer perspectives. Results were robust to scenario analyses.

PLoS Medicine
(Accessed 7 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]

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(Accessed 7 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]

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August 2013 Volume 33, Issue 8 Pages 1383–1563
http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-8/issuetoc
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Science
7 September 2013 vol 341, issue 6150, pages 1033-1140
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[No relevant content]

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4 September 2013 vol 5, issue 201
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Volume 92, In Progress (September 2013)
http://www.sciencedirect.com/science/journal/02779536/93
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Vol 1, No.2, 2013
http://www.un.org/wcm/content/site/chronicle/home/archive/issues2013/security
[Reviewed earlier]

Vaccine
Volume 31, Issue 41, Pages 4465-4688 (23 September 2013)
http://www.sciencedirect.com/science/journal/0264410X
EPIVAC International Conference on Financial Sustainability of Immunization Programs in sub-Saharan Africa, February 16–18, 2012, Ouidah, Benin

Pages 4470-4476
Marcel Drach, Jean-Bernard Le Gargasson, Jacky Mathonnat, Alfred Da Silva, Miloud Kaddar, Anaïs Colombini
Abstract
The introduction of new vaccines with much higher prices than traditional vaccines results in increasing budgetary pressure on immunization programs in GAVI-eligible countries, increasing the need to ensure their financial sustainability. In this context, the third EPIVAC (Epidemiology and Vaccinology) technical conference was held from February 16 to 18, 2012 at the Regional Institute of Public Health in Ouidah, Benin. Managers of ministries of health and finance from 11 West African countries (GAVI eligible countries), as well as former EPIVAC students and European experts, shared their knowledge and best practices on immunization financing at district and country level.
The conference concluded by stressing five major priorities for the financial sustainability of national immunization programs (NIPs) in GAVI-eligible countries.
- Strengthen public financing by increasing resources and fiscal space, improving budget processes, increasing contribution of local governments and strengthen efficiency of budget spending.
- Promote equitable community financing which was recognized as a significant and essential contribution to the continuity of EPI operations.
- Widen private funding by exploring prospects offered by sponsorship through foundations dedicated to immunization and by corporate social responsibility programs.
- Contain the potential crowding-out effect of GAVI co-financing and ensure that decisions on new vaccine introductions are evidence-based.
- Seek out innovative financing mechanisms such as taxes on food products or a national solidarity fund.

Effectiveness of meningococcal serogroup C vaccine programmes
Review Article
Pages 4477-4486
Ray Borrow, Raquel Abad, Caroline Trotter, Fiona R.M. van der Klis, Julio A. Vazquez
Abstract
Since the introduction of monovalent meningococcal serogroup C (MenC) glycoconjugate (MCC) vaccines and the implementation of national vaccination programmes, the incidence of MenC disease has declined markedly as a result of effective short-term vaccination and reduction in acquisition of MenC carriage leading to herd protection. Monovalent and quadrivalent conjugate vaccines are commonly used vaccines to provide protection against MenC disease worldwide. Studies have demonstrated that MCC vaccination confers protection in infancy (0–12 months) from the first dose but this is only short-term. NeisVac-C has the greatest longevity of the currently licensed MCC vaccines in terms of antibody persistence, however antibody levels have been found to fall rapidly after early infant vaccination with two doses of all MCC vaccines – necessitating a booster at ~12 months. In toddlers, only one dose of the MCC vaccine is required for routine immunization. If herd protection wanes following catch-up campaigns, many children may become vulnerable to infection. This has led many to question whether an adolescent booster is also required.

Trends and disparity in zoster vaccine uptake in a managed care population
Original Research Article
Pages 4564-4568
Rulin C. Hechter, Sara Y. Tartof, Steven J. Jacobsen, Ning Smith, Hung Fu Tseng
Abstract

Objectives
Zoster vaccine is recommended for prevention of herpes zoster among adults aged 60 years and older. We examined the zoster vaccination rates during 2007–2011 and assessed association with age, sex, race/ethnicity, neighborhood income and education attainment in eligible adults at Kaiser Permanente Southern California, a managed care organization in the US.
Methods
We calculated annual zoster vaccination rate among members ≥60 years without documented contraindications. Multivariable logistic regression was performed to examine factors associated with zoster vaccine uptake in an open cohort of 819,466 adults.
Results
The zoster vaccination rates increased annually in all groups and the overall rate reached 21.7% in 2011 (P-trend < 0.001). Coverage was highest among individuals aged 65–74 years, who were female and non-Hispanic White. In the adjusted analysis, odds of vaccination decreased by age. Females (odds ratio [OR]=1.19, 95% confidence interval [CI]=1.17–1.20) and those who lived in neighborhoods with higher education attainment were more likely to be vaccinated (>75% vs. <50% adults with some college education: OR=1.76, 95% CI=1.73–1.80). Compared to Whites, non-Hispanic Blacks and Hispanics were less likely to receive the vaccine (non-Hispanic Blacks: OR=0.56, 95% CI=0.55–0.58; Hispanics: OR=0.59, 95% CI=0.58–0.60).
Conclusion
The zoster vaccine coverage is higher in this insured population than previously reported in the US general population, but it remains low. Significant racial/ethnic disparity was observed and worsened even among individuals with relatively equal access to zoster vaccination.

Association of vaccine-related attitudes and beliefs between parents and health care providers

Original Research Article
Pages 4591-4595
Michelle J. Mergler, Saad B. Omer, William K.Y. Pan, Ann Marie Navar-Boggan, Walter Orenstein, Edgar K. Marcuse, James Taylor, M. Patricia deHart, Terrell C. Carter, Anthony Damico, Neal Halsey, Daniel A. Salmon
Abstract
Objectives
Health care providers influence parental vaccination decisions. Over 90% of parents report receiving vaccine information from their child's health care provider. The majority of parents of vaccinated children and children exempt from school immunization requirements report their child's primary provider is a good source for vaccine information. The role of health care providers in influencing parents who refuse vaccines has not been fully explored. The objective of the study was to determine the association between vaccine-related attitudes and beliefs of health care providers and parents.
Methods
We surveyed parents and primary care providers of vaccinated and unvaccinated school age children in four states in 2002–2003 and 2005. We measured key immunization beliefs including perceived risks and benefits of vaccination. Odds ratios for associations between parental and provider responses were calculated using logistic regression.
Results
Surveys were completed by 1367 parents (56.1% response rate) and 551 providers (84.3% response rate). Parents with high confidence in vaccine safety were more likely to have

providers with similar beliefs, however viewpoints regarding disease susceptibility and severity and vaccine efficacy were not associated. Parents whose providers believed that children get more immunizations than are good for them had 4.6 higher odds of holding that same belief compared to parents whose providers did not have that belief.
Conclusions
The beliefs of children's health care providers and parents, including those regarding vaccine safety, are similar. Provider beliefs may contribute to parental decisions to accept, delay or forgo vaccinations. Parents may selectively choose providers who have similar beliefs to their own.

Vaccine: Development and Therapy
(Accessed 7 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

Optimal Two-Phase Vaccine Allocation to Geographically Different Regions under Uncertainty
H Yarmand, JS Ivy, B Denton, AL Lloyd - European Journal of Operational Research, 2013
Abstract In this article, we consider a decision process in which vaccination is performed in two phases to contain the outbreak of an infectious disease in a set of geographic regions. In the first phase, a limited number of vaccine doses are allocated to each region; in the ...

[HTML] **A Qualitative Analysis of Factors Influencing HPV Vaccine Uptake in Soweto, South Africa among Adolescents and Their Caregivers**
IT Katz, B Nkala, J Dietrich, M Wallace, LG Bekker… - PLOS ONE, 2013
Background In South Africa, the prevalence of oncogenic Human Papillomavirus (HPV) may be as high as 64%, and cervical cancer is the leading cause of cancer-related death among women. The development of efficacious prophylactic vaccines has provided an ...

Risk Factors for Transmission of Mumps in a Highly Vaccinated Population in Orange County, New York, 2009-2010
PK Kutty, HQ McLean, J Lawler, C Schulte, JM Hudson… - The Pediatric Infectious …, 2013
... In 2009-2010, we investigated a mumps outbreak among a highly vaccinated Orthodox Jewish population in a village in Orange County (OC), New York, to identify risk factors associated with mumps transmission among persons with two doses of mumps-containing vaccine. ...

Which Newborns Missed the Hepatitis B Birth Dose Vaccination among US Children?
Z Zhao, TV Murphy - Preventive medicine, 2013
... Children who reside in states without a universal hepatitis B vaccine supply policy, are not covered by health insurance, and have only 1 vaccination provider are significantly associated with non-receipt of the birth dose hepatitis B vaccination. ...

Achieving high and equitable coverage of adolescent HPV vaccine in Scotland
K Sinka, K Kavanagh, R Gordon, J Love, A Potts… - Journal of epidemiology and …, 2013
Abstract Background and methods The national immunisation records of over 220 000 girls offered vaccine in the routine or catch-up programme of the Human papillomavirus (HPV) programme in Scotland were analysed. Descriptive statistics and multilevel modelling ...

Human papillomavirus (HPV) vaccine uptake: Does HPV vaccine legislation work?
J Lin - 141st APHA Annual Meeting (November 2-November 6 …, 2013
Background Prophylactic vaccination against HPV is undoubtedly beneficial to the public's health, as it can largely reduce the incidence of HPV-associated cancers in the population, yet general awareness of both the disease and vaccine remain low. Currently, 23 states ...

[PDF] **Communication Strategy of Importance of Vaccination using Social Media and Public Relations**
N Nurlaela, H Hudrasyah - The Indonesian Journal of Business Administration, 2013

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 7 September 2013

[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 7 September 2013
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 7 September 2013
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 7 September 2013
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 7 September 2013
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Economist
http://www.economist.com/
Accessed 7 September 2013
[No new, unique, relevant content]

Financial Times
http://www.ft.com
Accessed 7 September 2013
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Forbes
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Accessed 7 September 2013
[No new, unique, relevant content]

Foreign Affairs
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The Guardian

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The Huffington Post
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Le Monde
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New Yorker
http://www.newyorker.com/
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http://www.nytimes.com/
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Reuters
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Wall Street Journal
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Washington Post
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list of individuals who use this service to support their roles in public health, clinical practice, government, NGOs and other international institutions, academia and research organizations, and industry.

* * * *