Center for Vaccine Ethics and Policy
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Vaccines and Global Health: The Week in Review
19 October 2013
Center for Vaccine Ethics & Policy (CVEP)

This weekly summary targets news, events, announcements, articles and research in the vaccine and global health 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
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IVI (International Vaccine Institute) announced that a new clinical study shows for the first time that an oral cholera vaccine (Shanchol) provides sustained protection against cholera, with protective efficacy of 65% over a five-year period in humans. The study, published in the *Lancet Infectious Diseases*, was a collaboration between scientists from the International Vaccine Institute (IVI) an international organization based in Seoul, and the National Institute of Cholera and Enteric Diseases, (NICED), an institute under the Indian Council of Medical Research (ICMR) of India's Ministry of Health and Family Welfare. A Phase III clinical trial was jointly conducted by IVI and NICED in Kolkata, India in 2006 to assess the efficacy of the vaccine. More than 30,000 volunteers from one year old and up were enrolled in the study. A placebo group with a similar number of volunteers was also included.

Previous results from this study had shown that the vaccine provided 66% protection over a three-year period, and the new result shows that such protection is sustained for two additional years. Since vaccine protection does not wane over time, the study has important practical implications in terms of vaccination cost and vaccination strategies in developing countries.

Dr. Thomas F. Wierzba, Deputy Director General of Vaccine Development & Delivery at IVI and co-author of the study, said, "The study results suggest that this vaccine will protect persons at risk of severe cholera for five years. With protection sustained for five years, we will be able to provide greater benefits to the poor at reduced costs." Dr. Christian Loucq, IVI's Director General, commented, "The vaccine is safe, easy to administer, cost effective, and provides protection for up to five years. The use of the vaccine, combined with other control measures, will make it more feasible for developing countries afflicted by cholera to control a disease that plagues millions of people every year."

http://www.ivi.org/web/www/07_01?p_p_id=EXT_BBS&p_p_lifecycle=0&p_p_state=normal&p_p_mode=view&_EXT_BBS_struts_action=%2Fext%2Fbbs%2Fview_message&_EXT_BBS_messageId=560
[See also Journal Watch below: The Lancet Infectious Diseases]

The GAVI Alliance released it Mid-Term Review report, described as "a comprehensive and transparent assessment…aimed at examining the progress GAVI has made midway through its current strategic period from 2011 to 2015, and the challenges it faces in meeting its commitments to developing countries and to donors." GAVI noted that the report is being published two weeks before GAVI partners - including the World Health Organization, UNICEF, the World Bank, the Bill & Melinda Gates Foundation, implementing and donor countries, civil society organisations and vaccine manufacturers - meet in Stockholm for the Alliance's Mid-Term Review. GAVI said the report highlights that:
:: Since 2011, GAVI has funded a total of 67 new vaccine introductions and campaigns. By 2014 all 73 GAVI-supported countries will have introduced 5-in-1 pentavalent vaccines, including introductions in Haiti, Myanmar, Somalia and South Sudan.
:: Following a slow start, GAVI's recently revamped health system strengthening programme now ensures that investments are translated more clearly into improved immunisation outcomes. As a result, GAVI is seeing investments and improvements in health system rapidly picking up speed.
:: GAVI is close to achieving its target of timely receipt of 100% of co-financing payments (contributions made by developing countries towards the cost of the vaccines). As of August, 64 of the 67 co-financing countries had fulfilled their commitments for 2012. And from 2011 to 2013 these payments totalled US$ 125 million, representing 8% of GAVI's total support to these countries. All this is also helping to drive increases in country investment in their own health systems.
:: GAVI has also helped to produce more predictability and competition in the vaccine market, which has helped to bring down the cost of fully vaccinating a child with three priority vaccines - pentavalent, pneumococcal and rotavirus - from US$ 35 in 2010 to US$ 23 in 2012.
GAVI said the report "also highlights the challenges that the Alliance is attempting to address" including "improving the reliability of supply chains and finding ways to improve in-country data collection; adopting tailored approaches to meet the unique and challenging needs of fragile states; and ensuring the sustainability of immunisation programmes in countries whose wealth has increased to the point that they are no longer eligible for GAVI support."
http://www.prnewswire.com/news-releases/gavi-alliance-on-track-to-immunise-a-quarter-of-a-billion-children-by-2015-and-prevent-nearly-4-million-deaths-227627121.html

GAVI's Mid-Term Review report http://midtermreview.gavialliance.org/
October 2013
[Editor's formatting and extracted detail]
:: Introduction - Foreword by Dagfinn Høybråten, Chair of the GAVI Alliance Board
:: Bigger picture - Overview of the health & immunisation landscape & GAVI's impact since 2000
:: Results- Delivering on the GAVI mission & strategic goals 2011-2015
:: Challenges - New approaches and measures in response to the changing global context
:: Looking ahead - GAVI's role until 2015 and beyond

:: Key performance indicators

Updates on the mission & goal-level indicators that monitor GAVI's progress

GAVI uses 14 key performance indicators to monitor its five-year strategy. Click on each indicator below for a mid-term assessment of the Alliance's progress against its 2015 targets.

Mission: To save children's lives and protect people's health by increasing access to immunisation in poor countries

GAVI is currently on track to meet 2015 targets for its mission indicators. Key issues affecting progress include the strength of country systems and GAVI's ability to mobilise timely, effective support in response to country demand. Other key issues to watch include uncertainties in global estimates of disease burden and immunisation coverage, and changes in estimates over time.

Under-five mortality rate
Number of future deaths averted
Number of additional children fully immunised

Accelerate vaccines: Accelerate the uptake & use of underused & new vaccines by strengthening country decision-making & introduction

Progress against GAVI's vaccine goal targets has been mixed. GAVI is likely to meet some but not all of the targets. Key issues affecting progress against the 2015 targets include supply constraints and countries' preparedness to introduce new vaccines.

Country introductions of vaccines
Coverage of new and underused vaccines

Strengthen capacity: Contribute to strengthening the capacity of integrated health systems to deliver immunisation

The Alliance is not likely to achieve the 2015 targets for its health systems goal. All partners are working together to accelerate progress on the four indicators. Examples of intensified efforts include a new performance-based health system support model, initiatives to strengthen routine immunisation systems, country-tailored approaches, strengthened technical support and greater focus on data quality.

Drop-out rate
Coverage of three doses of diphtheria-tetanus-pertussis vaccine (DTP3)
Equity in immunisation
First dose of measles vaccine (MCV1) coverage

Increase predictability and sustainability: Increase the predictability of global financing and improve the sustainability of national financing for immunisation

GAVI is on track to meet some but not all of its targets for this strategic goal. Key issues that affect progress include the push to encourage donors to sign multi-year agreements with GAVI and country mobilisation of domestic resources for vaccines.

Total resources mobilised to meet demand
Country investment in vaccines per child
Fulfilment of co-financing commitments

Shape the market: Shape vaccine markets to ensure adequate supply of appropriate, quality vaccines at low and sustainable prices for developing countries

The GAVI Alliance has made good progress in reducing the price of key vaccines, and securing sufficient supply. Key factors that will affect progress include having manufacturers fulfil their commitments for supplying vaccines, GAVI meeting its projected demand and new

manufacturers entering the market.
:: Total cost to fully immunise a child with pentavalent, pneumococcal & rotavirus vaccines
:: Security of supply (number of products offered as % of 5-year target)

:: Timeline of vaccine introductions and campaigns, 2011–2013
:: View all the data graphics in this report
:: The role GAVI's founding partners play in the Alliance
:: Donors to the GAVI Alliance
[See Lancet editorial in Journal Watch below]

NIAID named John R. Mascola, M.D. as the new director of the Vaccine Research Center (VRC) where "he will lead a comprehensive research program aimed at the design, development and testing of candidate vaccines against HIV/AIDS, influenza and other globally important infectious diseases." He will also serve as chief of the VRC virology laboratory. NIAID Director Anthony S. Fauci, M.D. commented, "John Mascola is a visionary leader who brings a wealth of talents as a basic scientist, clinician, clinical trialist and administrator to the helm of the Vaccine Research Center. In particular, his exemplary work on elucidating the protective role of antibodies against HIV has greatly influenced current vaccine design efforts. I am confident that Dr. Mascola will continue and even accelerate our momentum toward the development of novel, effective vaccines against infectious diseases."
http://www.nih.gov/news/health/oct2013/niaid-01.htm

Update: Polio this week - *As of 16 October 2013*
Global Polio Eradication Initiative
Full report: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
[Editor's extract and bolded text]
:: Eleven new wild poliovirus (WPV) cases were reported in the past week (one from Afghanistan, two from Ethiopia, four from Pakistan and four from Somalia).
:: The total number of WPV cases for 2013 is now 296 (all WPV1), with 99 from endemic countries and 197 from outbreak countries.
:: Although the total WPV count is now higher than the same period 2012, the quantity of cases from the three endemic countries is 60% of the same time period 2012. Afghanistan has one third and Nigeria half the amount of cases when compared to 2012. Pakistan, with the majority of cases from Federally Administered Tribal Areas (FATA), has almost identical numbers to this time 2012. The situation in North Waziristan, FATA, is becoming increasingly severe, as it is the area with the largest number of children being paralyzed by poliovirus in all of Asia; 13 WPV cases and 22 circulating vaccine-derived poliovirus type 2 (cVDPV2). See 'Pakistan' section for more.
Afghanistan
:: One new WPV1 case was reported in the past week. The total number of WPV cases for 2013 is now seven (all WPV1), all of which were reported from Eastern Region, close to the Pakistan border. The most recent WPV1 case had onset of paralysis on 15 September, from Kunar province…
Pakistan

:: Four new WPV1 cases were reported in the past week. All were reported from FATA (two from Khyber Agency and two from North Waziristan). The total number of WPV1 cases for Pakistan in 2013 is now 43. The most recent WPV1 case had onset of paralysis on 26 September (from Khyber Agency). The majority of WPV1 cases in Pakistan this year, 31 (72%), are from FATA, of which 14 are from Khyber Agency and 13 from North Waziristan.
:: The situation in North Waziristan is becoming increasingly severe, as it is the area with the largest number of children being paralyzed by wild poliovirus (13 cases) and cVDPV2s (22) in all of Asia. It is in an area where immunization activities have been suspended by local leaders since June 2012. It is critical that children in these areas are vaccinated and protected from poliovirus. Immunizations in neighboring high-risk areas are being intensified, to further boost population immunity levels in those areas and prevent further spread of this outbreak…

Chad, Cameroon and Central African Republic

:: Central African Republic (CAR) continues to be at serious risk of re-infection due to proximity with Chad, ongoing insecurity and humanitarian crises, and destruction of health infrastructure. To minimize the risk and consequences of potential re-infection, SNIDs were conducted on 30 September to 2 October and NIDs are planned for end October…

Horn of Africa

:: Six new WPV1 cases were reported in the past week (four from Somalia and two from Ethiopia). The total number of WPV cases (all WPV1) for 2013 in the Horn of Africa is now 197 (174 from Somalia, 14 from Kenya, six from Ethiopia and three from South Sudan). The most recent WPV1 case in the region had onset of paralysis on 19 September (from Somali region, Ethiopia)…

WHO: Global Alert and Response (GAR) – *Disease Outbreak News*
http://www.who.int/csr/don/2013_03_12/en/index.html
:: Middle East respiratory syndrome coronavirus (MERS-CoV) - update 18 October 2013
:: Human infection with avian influenza A(H7N9) virus – update 16 October 2013
:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update 14 October 2013

The **Weekly Epidemiological Record (WER) for 18 October 2013**, vol. 88, 41 (pp. 449–464) includes:
:: Antigenic and genetic characteristics of zoonotic influenza viruses and development of candidate vaccine viruses for pandemic preparedness
:: Monthly report on dracunculiasis cases, January–August 2013
http://www.who.int/entity/wer/2013/wer8842.pdf

CDC/MMWR Watch [to 19 October 2013]
October 11, 2013 / Vol. 62 / No. 40
No new relevant content

WHO - Humanitarian Health Action
http://www.who.int/hac/en/index.html
Malaria control in humanitarian emergencies – An inter-agency field handbook
Second Edition
October 2013

UN Watch *to 19 October 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 19 October 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 and Global Health: 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
No new relevant content

Journal Watch

Vaccines and Global Health: 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
[Reviewed earlier; No relevant content]

American Journal of Infection Control
Vol 41 | No. 10 | October 2013 | Pages 853-948
http://www.ajicjournal.org/current
[Reviewed earlier]

American Journal of Public Health
Volume 103, Issue 11 (November 2013)
http://ajph.aphapublications.org/toc/ajph/current

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
October 2013; 89 (4)
http://www.ajtmh.org/content/current
[Reviewed earlier]

Annals of Internal Medicine
15 October 2013, Vol. 159. No. 8
http://annals.org/issue.aspx
[No relevant content]

BMC Public Health
(Accessed 19 October 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
19 October 2013 (Vol 347, Issue 7928)
http://www.bmj.com/content/347/7928
[No relevant content]

Bulletin of the World Health Organization
Volume 91, Number 10, October 2013, 717-796
http://www.who.int/bulletin/volumes/91/10/en/index.html
[Reviewed earlier]

Clinical Therapeutics
Vol 35 | No. 10 | October 2013 | Pages 1475-1652
http://www.clinicaltherapeutics.com/current
[No relevant content]

Cost Effectiveness and Resource Allocation
(Accessed 19 October 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 5-06, 2013
http://www.tandfonline.com/toc/cdip20/current
[Reviewed earlier]

Emerging Infectious Diseases
Volume 19, Number 10—October 2013
http://www.cdc.gov/ncidod/EID/index.htm
[Reviewed earlier]

The European Journal of Public Health
Volume 23 Issue 5 October 2013
http://eurpub.oxfordjournals.org/content/current
[Reviewed earlier]

Eurosurveillance
Volume 18, Issue 42, 17 October 2013
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
[No relevant content]

Forum for Development Studies
Volume 40, Issue 3, 2013
http://www.tandfonline.com/toc/sfds20/current
[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 19 October 2013]
http://www.globalizationandhealth.com/

Debate

Developing global health technology standards: what can other industries teach us?

Hassan Masum, Rebecca Lackman and Karen Bartleson

Globalization and Health 2013, **9**:49 doi:10.1186/1744-8603-9-49

Published: 17 October 2013 http://www.globalizationandhealth.com/content/9/1/49/abstract

Abstract (provisional)

Background

There is a lack of effective and affordable technologies to address health needs in the developing world. One way to address problems of innovation and affordability is to design global health technologies to follow agreed-upon standards. This Debate article argues that we can better develop standards for global health technologies if we learn lessons from other industries.

Discussion

The article's Background section begins by explaining why standards are needed in global health. For example, if global health technologies can be modularized into independent interfacing parts, these parts can then interact via well-defined standards in a "plug and play" fashion. This can avoid development of mutually incompatible solutions by different organizations, speed the pace of innovation, unlock health systems from single providers and approaches, and lower barriers to entry. The Background then gives a brief primer on standards and discusses incentives for health standards. The article's Discussion section begins with brief relevant cases of standards development from other industries, including electricity, container shipping, CD standards, Universal Serial Bus (USB), and the Internet. It then explores lessons from these and other industries that suggest how to develop standards for global health technologies. The remainder of the Discussion considers intellectual property and regulatory issues and standards-based global health business models, and ends with a checklist of considerations for health standards development leaders. (The associated Additional file discusses observations from standards development for cell phones and semiconductors, as well as challenges in the standards development process itself.) Throughout the article, point-of-care diagnostics are used as an illustrative example. An initiative is already underway to explore standardized diagnostics platforms.

Summary

This Debate article aims to convince the reader that standards can benefit global health technologies if we learn lessons from other industries. The article draws from historical examples and the authors' experiences to suggest principles, challenges, and opportunities in developing these standards. If implemented well, standardized platforms can lower barriers to entry, improve affordability, and create a vibrant ecosystem of innovative new global health technologies.

Health Affairs

October 2013; Volume 32, Issue 10

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

Theme: **Economic Trends & Quality Trade-Off**

[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
[Reviewed earlier; No relevant content]

Health Policy and Planning
Volume 28 Issue 7 October 2013
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
October 2013 Volume 9, Issue 10
http://www.landesbioscience.com/journals/vaccines/toc/volume/9/issue/10
[Reviewed earlier]

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 19 October 2013]
[No new relevant content]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 19 October 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. 11 | November 2013
http://www.ijidonline.com/current
Single-dose administration of inactivated hepatitis A vaccination in the context of hepatitis A vaccine recommendations
24 June 2013

Summary: Objectives: Our objective was to identify evidence on the protection achieved by single-dose use of inactivated hepatitis A vaccines in order to evaluate the potential of a flexible booster a...

Short Communications

Immune response to hepatitis B vaccine in a group of health care workers in Sri Lanka

L.S. Chathuranga, F. Noordeen, A.M.S.B. Abeykoon

http://www.ijidonline.com/article/S1201-9712%2813%2900177-X/abstract

Summary

Health care workers (HCWs) are considered at high risk of acquiring the hepatitis B virus (HBV). Seroconversion rates after vaccination against HBV among HCWs have not previously been available in Sri Lanka. In the current study, the response to HBV surface antigen (HBsAg) vaccine was assessed in a selected group of HCWs by testing for antibodies against HBsAg (anti-HBs). This was a retrospective descriptive study to measure the anti-HBs levels, using an ELISA, in an immunized group of HCW referred to Department of Microbiology, Faculty of Medicine, University of Peradeniya, Sri Lanka. Among the 342 participants, 9.9% (n = 34) were non-responders. Female participants had a significantly higher immune response (94.7%) than males ($p < 0.05$). The results of the study found no significant decline in the immune response with time ($p > 0.05$). Post HBsAg vaccination immunity in HCW in Sri Lanka is similar to that of global rates with similar gender variation. Anti-HBs levels should be tested in all HCW following HBsAg vaccination so that necessary precautions can be taken.

JAMA

October 16, 2013, Vol 310, No. 15

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

[No relevant content]

JAMA Pediatrics

October 2013, Vol 167, No. 10

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 6 - Latest Issue

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

[No relevant content]

Journal of Infectious Diseases

Volume 208 Issue 9 November 1, 2013
http://jid.oxfordjournals.org/content/current
[Reviewed earlier; No relevant content]

Journal of Global Infectious Diseases (JGID)
July-September 2013 Volume 5 | Issue 3 Page Nos. 91-124
http://www.jgid.org/currentissue.asp?sabs=n
[No relevant content]

Journal of Medical Ethics
November 2013, Volume 39, Issue 11
http://jme.bmj.com/content/current
[No relevant content]

Journal of Medical Microbiology
November 2013; 62 (Pt 11)
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. 4 | October 2013 | Pages 929-1234
http://www.jpeds.com/current
[No relevant content]

Journal of Public Health Policy
Volume 34, Issue 4 (November 2013)
http://www.palgrave-journals.com/jphp/journal/v34/n4/index.html
The Federation's Pages
Journal of Public Health Policy (2013) 34, 574–579. doi:10.1057/jphp.2013.38
The right to health is coming of age: Evidence of impact and the importance of leadership
Flavia Bustreo a and Paul Hunt b
A Assistant Director-General, Family, Women's and Children's Health, World Health Organisation
B UN Special Rapporteur on the right to the highest attainable standard of health (2002–2008)
The content of the Federation's Page is selected and edited by the WFPHA and not reviewed by JPHP.
Excerpt http://www.palgrave-journals.com/jphp/journal/v34/n4/full/jphp201338a.html

"At this year's high-level session of the World Health Assembly, the right to the highest attainable standard of health was mentioned by Ministers of Health more often than at any recent meeting of the Assembly.1 Nepal's Minister of Health and Population confirmed that his country has adopted a rights-based approach to health. The South African Minister of Health spoke about health care as 'a birth right'. Colombia's Assistant Health Minister called for a 'global effort for the development and effective universalization of the human right to health'.

"Germany's Minister of Health emphasized that health is 'a key human right and of vital importance for all human development'. The US Secretary of Health and Human Services quoted the words of President Obama: access to healthcare is 'not some earned privilege – it is a right'. Speakers observed that the right to the highest attainable standard of health is enshrined in the Constitution of the World Health Organization. Multiple references to the right to the highest attainable standard of health (or 'right to health') came from every region of the world.

"Some health policymakers will be quick to dismiss these references as rhetorical. After all, these are high-level speeches, not detailed policy prescriptions. Nonetheless, speeches can tell us something. Sometimes they signal important shifts in opinion and direction.

In our view, the numerous human rights references in Ministers' speeches reflect profound changes in the relationship between health and human rights – changes beginning to be felt in many countries.

"Today, it is universally accepted that human rights not only include classic civil and political rights, but also economic, social, and cultural rights, including the right to the highest attainable standard of health. This right is to be realized progressively and subject to the availability of resources. It demands accountability that comes in many forms, for example, by way of community groups, parliamentary committees, suitably designed maternal and peri-natal death audits, independent inspectors, national human rights institutions, and UN treaty-bodies…

…So, in conclusion, is it wise to dismiss as rhetorical flourishes the numerous references to human rights in high-level speeches at this year's World Health Assembly? We do not think so. The speeches reflect growing recognition that the health community has an indispensable role to play in the implementation of the right to the highest attainable standard of health; they acknowledge that this fundamental human right can help health workers achieve their professional objectives; and they reflect profound changes that are taking place in the relationship between health and human rights. Moreover, all of these insights are confirmed by the WHO report: some Ministries of Health are already explicitly and actively using the right to health in their work, with evidence of beneficial impact. In short, the right to health is coming of age.

"If the right to the highest attainable standard of health is to realize its potential to save lives and reduce suffering, much remains to be done by a wide range of stakeholders. We hope that Ministers, Secretaries of Health, and other leaders of the public health community will chart the way forward in future meetings of the World Health Assembly – and beyond."

Journal of the Royal Society – Interface
December 6, 2013; 10 (89)
http://rsif.royalsocietypublishing.org/content/current
[No relevant content]

Journal of Virology

November 2013, volume 87, issue 21
http://jvi.asm.org/content/current
[No relevant content]

The Lancet
Oct 19, 2013 Volume 382 Number 9901 p1309 - 1380
http://www.thelancet.com/journals/lancet/issue/current

Editorial

Integrity in research collaborations: The Montreal Statement

The Lancet

Preview

Last week, new guidance was issued as an outcome of the 3rd World Conference on Research Integrity, held in May in Montreal, Canada. The *Montreal Statement on Research Integrity in Cross-Boundary Research Collaborations* was developed before, during, and after the conference. Three workshop sessions at the conference were dedicated to in-depth discussions and further comments after the conference were taken into account to arrive at this version. Cross-boundary research includes collaboration between different institutions, disciplines, sectors, and countries.

Editorial

The GAVI Alliance—successes and ongoing challenges

The Lancet

[Full text] http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2962127-3/fulltext

GAVI's *Mid-Term Review*, published on Oct 14, examines the organisation's progress midway through the period 2011—15. It notes that by 2014, 73 countries with GAVI's support will introduce five-in-one pentavalent vaccines, including fragile states—Haiti, Burma, Somalia, and South Sudan. The costs of new, priority vaccines, such as those targeting pneumococcal and rotaviral infections, are falling owing to GAVI's efforts. Countries are graduating from GAVI support to self-financing of vaccines, and provision of new vaccines to those most in need is speeding up.

The report is published ahead of a mutual accountability meeting on Oct 30, in Stockholm, Sweden, to take stock of GAVI's progress in immunisation and resource mobilisation since 2011. A *Lancet* Series on the New Decade of Vaccines, in 2011, highlighted some predicaments facing GAVI—eg, a need to scale-up country commitments, high prices for new vaccines that are slowing delivery, and a need for GAVI to evaluate performance more effectively.

GAVI notes, however, that 2 years after its successful pledging conference in London, 243 million children will be reached with GAVI-supported vaccines in developing countries during 2011—15. Still, at least 22 million children worldwide do not have access to the basic package of childhood vaccines each year. Despite this gap, GAVI argues that it is reaching its strategic goals, which include acceleration of the uptake and use of under-used and new vaccines, strengthening of health systems to improve immunisation coverage, and improvement of vaccine market conditions for developing countries.

Despite the achievements documented in the report, challenges remain: looking for better ways to collect country-level data and ensuring supply chains are more reliable; addressing low-income countries' unique and challenging needs with individualised approaches; and ensuring sustainability of immunisation programmes in countries wealthy enough to no longer be eligible for GAVI support. GAVI should continue to work hard and successfully to address these issues,

to ensure that all children are protected against vaccine-preventable diseases, wherever they live.

The Lancet Global Health
Oct 2013 Volume 1 Number 4 e169 - 237
http://www.thelancet.com/journals/langlo/issue/current
[Reviewed earlier]

The Lancet Infectious Diseases
Oct 2013 Volume 13 Number 10 p823 - 906
http://www.thelancet.com/journals/laninf/issue/current

Online First
Comment
A rare success for cholera vaccines
Saranya Sridhar a, Narendra Kumar Arora b
http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2813%2970296-2/fulltext?_eventId=login

Cholera is a truly neglected infectious disease that is endemic in most parts of Africa and Asia. Despite an estimated annual burden of 2—4 million cases,1 it garners public attention only when outbreaks rampage through disaster-struck populations.2 Control of cholera depends on the long-term strategy of improving water quality and sanitation systems, but an effective vaccine conferring durable protection could offer an additional weapon in the depleted armoury of prevention strategies for this disease.

In 2001, WHO prequalified the licensed oral cholera vaccine Dukoral (SBL Vaccin AB, Sweden) for purchase by UN organisations.3 However, this vaccine is expensive, its efficacy lasts for only 2 years,4 and it is primarily used to protect travellers.3 In a technology transfer that should serve as a model for vaccine development, a modified version of the vaccine (Shanchol, Shantha Biotechnics, India) was manufactured and licensed in India in 2009. Shanchol was prequalified by the WHO in 2011. A field trial5 showed 67% cumulative efficacy in the first 2 years after vaccination. At that time, we sounded a note of cautious optimism and awaited the results of longer follow-up since other promising cholera vaccines with similar efficacy had failed to deliver longlasting protection.6

In *The Lancet Infectious Diseases*, Sujit Bhattacharya and colleagues7 report on whether Shanchol was protective over 5 years in a follow-up of 66 900 participants in a cluster-randomised placebo-controlled trial in Kolkata, India. The whole-cell vaccine containing killed strains from the O1 and O139 serogroups was given in two doses 2 weeks apart to non-pregnant individuals older than 1 year. The vaccine showed 65% (95% CI lower boundary of 52%) cumulative efficacy in the 5 year period for prevention of cholera episodes severe enough for individuals to seek treatment. This cholera vaccine is the first in the long history of cholera vaccine development to show more than 50% efficacy lasting up to 5 years. However, in children aged 1—5 years, who are at greatest risk of disease, the vaccine conferred only 42% cumulative efficacy (95% CI lower boundary of 5%) and too few cases occurred during the fifth year of follow-up to judge whether protection in these children lasted into the fifth year after vaccination. This lower level of protection is compounded by the difficulty of delivering oral vaccination to young children in poor sanitary and hygiene conditions. Nonetheless, we believe

this result of an unprecedented level of long-term efficacy will be a giant leap forward for global control of cholera.

Despite this advance, questions remain. How do we improve vaccine efficacy in young children? The cholera community might learn from influenza vaccination, in which live attenuated vaccines are most efficacious in children and killed vaccines most efficacious in adults. Perhaps more effort needs to be placed on development, improvement, and testing of new and old attenuated cholera vaccines.[8] A booster dose 2—3 years after the first vaccination might be necessary. Would the vaccine work equally well in areas that are not cholera endemic?

In endemic cholera areas, such as the Kolkata trial site,[7] the vaccine might boost existing naturally acquired immunity. This boosting effect is given more credence by trial results showing an increased efficacy in the fourth and fifth year of the study, especially in adults, after a large cholera outbreak in the third year. Whether the vaccine will be equally efficacious in immunologically naive individuals, especially in the context of cholera outbreaks, is unknown. Individuals with HIV infection and those who are pregnant and elderly are the other high-risk populations in whom this vaccine needs to be assessed.

Vaccine efficacy was shown only against the O1 strain circulating in the study population. Efficacy against the O139 strains and newly emergent O1 strains expressing the classical toxins should be investigated.[3] Resolution of whether the vaccine can reduce infection or transmission and not just protect against severe disease would help to further strengthen the case for vaccination.

We are only allowed the luxury of posing such questions because today's study offers the cholera community an effective vaccine conferring durable protection. Despite all these unresolved issues, the need for an affordable cholera vaccine for international use has now been partly fulfilled. The focus now shifts to global policy makers and individual governments as they determine how to translate these study results into effective public good. While we celebrate a rare success story, perhaps the first in the WHO supported Decade of Vaccines collaboration, we need to seize this opportunity to transform global cholera control before we are once again overwhelmed by the next, inevitable, outbreak.

Articles

5 year efficacy of a bivalent killed whole-cell oral cholera vaccine in Kolkata, India: a cluster-randomised, double-blind, placebo-controlled trial

Sujit K Bhattacharya, Dipika Sur, Mohammad Ali, Suman Kanungo, Young Ae You, Byomkesh Manna, Binod Sah, Swapan K Niyogi, Jin Kyung Park, Banwarilal Sarkar, Mahesh K Puri, Deok Ryun Kim, Jacqueline L Deen, Jan Holmgren, Rodney Carbis, Mandeep Singh Dhingra, Allan Donner, G Balakrish Nair, Anna Lena Lopez, Thomas F Wierzba, John D Clemens

http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2813%2970273-1/abstract

Summary

Background

Efficacy and safety of a two-dose regimen of bivalent killed whole-cell oral cholera vaccine (Shantha Biotechnics, Hyderabad, India) to 3 years is established, but long-term efficacy is not. We aimed to assess protective efficacy up to 5 years in a slum area of Kolkata, India.

Methods

In our double-blind, cluster-randomised, placebo-controlled trial, we assessed incidence of cholera in non-pregnant individuals older than 1 year residing in 3933 dwellings (clusters) in Kolkata, India. We randomly allocated participants, by dwelling, to receive two oral doses of modified killed bivalent whole-cell cholera vaccine or heat-killed Escherichia coli K12 placebo, 14 days apart. Randomisation was done by use of a computer-generated sequence in blocks of four. The primary endpoint was prevention of episodes of culture-confirmed Vibrio cholerae O1

diarrhoea severe enough for patients to seek treatment in a health-care facility. We identified culture-confirmed cholera cases among participants seeking treatment for diarrhoea at a study clinic or government hospital between 14 days and 1825 days after receipt of the second dose. We assessed vaccine protection in a per-protocol population of participants who had completely ingested two doses of assigned study treatment.
Findings
69 of 31 932 recipients of vaccine and 219 of 34 968 recipients of placebo developed cholera during 5 year follow-up (incidence 2·2 per 1000 in the vaccine group and 6·3 per 1000 in the placebo group). Cumulative protective efficacy of the vaccine at 5 years was 65% (95% CI 52—74; p<0·0001), and point estimates by year of follow-up suggested no evidence of decline in protective efficacy.
Interpretation
Sustained protection for 5 years at the level we reported has not been noted previously with other oral cholera vaccines. Established long-term efficacy of this vaccine could assist policy makers formulate rational vaccination strategies to reduce overall cholera burden in endemic settings.
Funding
Bill & Melinda Gates Foundation.

Medical Decision Making (MDM)
November 2013; 33 (8)
http://mdm.sagepub.com/content/current
Vaccination, Herd Behavior, and Herd Immunity
Matan J. Cohen, Mayer Brezis, Colin Block, Adele Diederich, David Chinitz
Abstract http://mdm.sagepub.com/content/33/8/1026.abstract
Background: During the 2009 outbreak of novel influenza AH1N1, insufficient data were available to adequately inform decision makers about benefits and risks of vaccination and disease. We hypothesized that individuals would opt to mimic their peers, having no better decision anchor. We used Game Theory, decision analysis, and transmission models to simulate the impact of subjective risks and preference estimates on vaccination behavior.
Methods: We asked 95 students to provide estimates of risk and health state valuations with regard to AH1N1 infection, complications, and expectations of vaccine benefits and risks. These estimates were included in a sequential chain of models: a dynamic epidemic model, a decision tree, and a population-level model. Additionally, participants' intentions to vaccinate or not at varying vaccination rates were documented.
Results: The model showed that at low vaccination rates, vaccination dominated. When vaccination rates increased above 78%, nonvaccination was the dominant strategy. We found that vaccination intentions did not correspond to the shift in strategy dominance and segregated to 3 types of intentions: regardless of what others do 29/95 (31%) intended to vaccinate while 27/95 (28%) did not; among 39 of 95 (41%) intention was positively associated with putative vaccination rates.
Conclusions: Some people conform to the majority's choice, either shifting epidemic dynamics toward herd immunity or, conversely, limiting societal goals. Policy leaders should use models carefully, noting their limitations and theoretical assumptions. Behavior drivers were not explicitly explored in this study, and the discrepant results beg further investigation. Models including real subjective perceptions with empiric or subjective probabilities can provide insight

into deviations from expected rational behavior and suggest interventions in order to provide better population outcomes.

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
[Reviewed earlier; No relevant content]

Nature
Volume 502 Number 7471 pp271-402 17 October 2013
http://www.nature.com/nature/current_issue.html
Nature | Editorial
High hopes
Care must be taken not to raise unrealistic expectations for RTS,S malaria vaccine.
16 October 2013
Excerpt http://www.nature.com/news/high-hopes-1.13953

Vaccines have been an unparalleled public-health success: they have eradicated smallpox and driven polio to near extinction, and routine childhood immunization saves millions of children a year from death from diseases such as measles, diphtheria, tetanus and whooping cough. So it is not surprising that the public tend to view vaccines as synonymous with elimination, or near elimination, of our microbial foes.

This may help to explain last week's extensive and often upbeat media coverage of the 18-month results of a huge phase III trial of the malaria vaccine candidate RTS,S/AS01 in more than 15,000 children across 7 African countries. In the United Kingdom, for example, the front page of The Guardian stated that the vaccine "could save lives of millions of children". Unfortunately, however, it won't. The 18-month results only confirm the disappointing results seen after 12 months.

The RTS,S vaccine is not what most people would think of as a vaccine. It provides only partial protection and most of those vaccinated, particularly those in areas with moderate to high malaria transmission rates, will eventually contract the disease. There is also confusion over its efficacy. Many media reports concluded that although the vaccine did not give the 90%-plus efficacy levels of most childhood vaccines, it might nonetheless be satisfactory, with a reported 46% reduction in cases in children vaccinated when they were aged 5 to 17 months, and 27% in 6–12-week-old babies.

Not so. The efficacy figures given for RTS,S are not directly comparable with those usually given for vaccines. The conventional measurement of a vaccine's success is how may people remain protected after a given period, such as 12 months. Because RTS,S is only partially protective, a different measurement of efficacy is used — a complex statistical model that computes hazard ratios on the basis of the first clinical episodes of malaria. As the designers of the method themselves concede, "a shortcoming of the vaccine efficacy calculated from hazard ratios could be that it is not intuitively understood". Too true. In the hands of experts, and regulatory agencies, this hazards-ratio model offers a valid measurement of the efficacy of a partially protective vaccine, but it can be easily misinterpreted by the media, politicians and policy-makers…

… The work will continue. Data on the effects of a booster dose given after 18 months will not be available until next year, and RTS,S is also due to be tested in combination with a vaccine developed by researchers at the University of Oxford, UK, in an early-stage clinical trial. Meanwhile, the RTS,S trials are to be applauded for having left a lasting legacy in the unprecedented collaboration with African scientists who led the study, and a first-class clinical-trials infrastructure on the continent.
RTS,S has been in the works for almost 30 years. Since 2001, the MVI has put some US$200 million into it, and GSK more than $350 million, with a further $260 million earmarked to complete its development. The huge past impact of vaccines risks fuelling illusions over the impact of having a malaria 'vaccine'. But the modest efficacy of RTS,S means that it falls squarely in competition with other malaria control measures, many of which might be more cost-effective. Care must be taken not to build excessive expectations that can only lead to disappointment over its potentially limited public-health impact."

Nature Immunology
October 2013, Volume 14 No 10 pp977-1100
http://www.nature.com/ni/journal/v14/n10/index.html
[No relevant content]

Nature Medicine
October 2013, Volume 19 No 10 pp1191-1350
http://www.nature.com/nm/journal/v19/n10/index.html
[Reviewed earlier]

Nature Reviews Immunology
October 2013 Vol 13 No 10
http://www.nature.com/nri/journal/v13/n10/index.html
[Reviewed earlier; No relevant content]

New England Journal of Medicine
October 17, 2013 Vol. 369 No. 16
http://www.nejm.org/toc/nejm/medical-journal
[No relevant content]

OMICS: A Journal of Integrative Biology
October 2013, 17(10)
http://online.liebertpub.com/toc/omi/17/10
[Reviewed earlier; No relevant content]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
September 2013 Vol. 34, No. 3

http://www.paho.org/journal/index.php?option=com_content&view=article&id=132&Itemid=228&lang=en

Trends in mortality from respiratory diseases among the elderly and the influenza vaccine intervention, 1980–2009 [Tendencias de la mortalidad por enfermedades respiratorias en ancianos e influencia de la vacuna antigripal, 1980–2009]
Priscila Maria Stolses Bergamo Francisco, Maria Rita Donalisio, and Leticia Marín-León

The Pediatric Infectious Disease Journal
October 2013 - Volume 32 - Issue 10 pp: e383-e413,1045-1158
http://journals.lww.com/pidj/pages/currenttoc.aspx
[Reviewed earlier]

Pediatrics
October 2013, VOLUME 132 / ISSUE 4
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 10, October 2013
http://link.springer.com/journal/40273/31/10/page/1
[Reviewed earlier]

PLoS One
[Accessed 19 October 2013]
http://www.plosone.org/

Hepatitis B Screening and Vaccination Strategies for Newly Arrived Adult Canadian Immigrants and Refugees: A Cost-Effectiveness Analysis
Carmine Rossi, Kevin Schwartzman, Olivia Oxlade, Marina B. Klein, Chris Greenaway Research Article | published 18 Oct 2013 | PLOS ONE 10.1371/journal.pone.0078548
Abstract
Background
Immigrants have increased mortality from hepatocellular carcinoma as compared to the host populations, primarily due to undetected chronic hepatitis B virus (HBV) infection. Despite this, there are no systematic programs in most immigrant-receiving countries to screen for chronic HBV infection and immigrants are not routinely offered HBV vaccination outside of the universal childhood vaccination program.
Methods and findings

A cost-effective analysis was performed to compare four HBV screening and vaccination strategies with no intervention in a hypothetical cohort of newly-arriving adult Canadian immigrants. The strategies considered were a) universal vaccination, b) screening for prior immunity and vaccination, c) chronic HBV screening and treatment, and d) combined screening for chronic HBV and prior immunity, treatment and vaccination. The analysis was performed from a societal perspective, using a Markov model. Seroprevalence estimates, annual transition probabilities, health-care costs (in Canadian dollars), and utilities were obtained from the published literature. Acute HBV infection, mortality from chronic HBV, quality-adjusted life years (QALYs), and costs were modeled over the lifetime of the cohort of immigrants. Costs and QALYs were discounted at a rate of 3% per year. Screening for chronic HBV infection, and offering treatment if indicated, was found to be the most cost-effective intervention and was estimated to cost $40,880 per additional QALY gained, relative to no intervention. This strategy was most cost-effective for immigrants < 55 years of age and would cost < $50,000 per additional QALY gained for immigrants from areas where HBV seroprevalence is ≥ 3%. Strategies that included HBV vaccination were either prohibitively expensive or dominated by the chronic HBV screening strategy.

Conclusions

Screening for chronic HBV infection from regions where most Canadian immigrants originate, except for Latin America and the Middle East, was found to be reasonably cost-effective and has the potential to reduce HBV-associated morbidity and mortality.

Impact of Birth Seasonality on Dynamics of Acute Immunizing Infections in Sub-Saharan Africa

Audrey M. Dorélien, Sebastien Ballesteros, Bryan T. Grenfell

Research Article | published 18 Oct 2013 | PLOS ONE 10.1371/journal.pone.0075806

Abstract

We analyze the impact of birth seasonality (seasonal oscillations in the birth rate) on the dynamics of acute, immunizing childhood infectious diseases. Previous research has explored the effect of human birth seasonality on infectious disease dynamics using parameters appropriate for the developed world. We build on this work by including in our analysis an extended range of baseline birth rates and amplitudes, which correspond to developing world settings. Additionally, our analysis accounts for seasonal forcing both in births and contact rates. We focus in particular on the dynamics of measles. In the absence of seasonal transmission rates or stochastic forcing, for typical measles epidemiological parameters, birth seasonality induces either annual or biennial epidemics. Changes in the magnitude of the birth fluctuations (birth amplitude) can induce significant changes in the size of the epidemic peaks, but have little impact on timing of disease epidemics within the year. In contrast, changes to the birth seasonality phase (location of the peak in birth amplitude within the year) significantly influence the timing of the epidemics. In the presence of seasonality in contact rates, at relatively low birth rates (20 per 1000), birth amplitude has little impact on the dynamics but does have an impact on the magnitude and timing of the epidemics. However, as the mean birth rate increases, both birth amplitude and phase play an important role in driving the dynamics of the epidemic. There are stronger effects at higher birth rates.

The State of Infectious Diseases Clinical Trials: A Systematic Review of ClinicalTrials.gov

Neela D. Goswami, Christopher D. Pfeiffer, John R. Horton, Karen Chiswell, Asba Tasneem, Ephraim L. Tsalik

Research Article | published 16 Oct 2013 | PLOS ONE 10.1371/journal.pone.0077086

Abstract

Background
There is a paucity of clinical trials informing specific questions faced by infectious diseases (ID) specialists. The ClinicalTrials.gov registry offers an opportunity to evaluate the ID clinical trials portfolio.
Methods
We examined 40,970 interventional trials registered with ClinicalTrials.gov from 2007–2010, focusing on study conditions and interventions to identify ID-related trials. Relevance to ID was manually confirmed for each programmatically identified trial, yielding 3570 ID trials and 37,400 non-ID trials for analysis.
Results
The number of ID trials was similar to the number of trials identified as belonging to cardiovascular medicine (n = 3437) or mental health (n = 3695) specialties. Slightly over half of ID trials were treatment-oriented trials (53%, vs. 77% for non-ID trials) followed by prevention (38%, vs. 8% in non-ID trials). ID trials tended to be larger than those of other specialties, with a median enrollment of 125 subjects (interquartile range [IQR], 45–400) vs. 60 (IQR, 30–160) for non-ID trials. Most ID studies are randomized (73%) but nonblinded (56%). Industry was the funding source in 51% of ID trials vs. 10% that were primarily NIH-funded. HIV-AIDS trials constitute the largest subset of ID trials (n = 815 [23%]), followed by influenza vaccine (n = 375 [11%]), and hepatitis C (n = 339 [9%]) trials. Relative to U.S. and global mortality rates, HIV-AIDS and hepatitis C virus trials are over-represented, whereas lower respiratory tract infection trials are under-represented in this large sample of ID clinical trials.
Conclusions
This work is the first to characterize ID clinical trials registered in ClinicalTrials.gov, providing a framework to discuss prioritization, methodology, and policy.

PLoS Medicine
(Accessed 19 October 2013)
http://www.plosmedicine.org/
[No new relevant content]

PLoS Neglected Tropical Diseases
September 2013
http://www.plosntds.org/article/browseIssue.action
[Reviewed earlier]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
(Accessed 19 October 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
October 2013; 23 (10)
http://qhr.sagepub.com/content/current
[No relevant content]

Risk Analysis
October 2013 Volume 33, Issue 10 Pages 1759–1937
http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-10/issuetoc
[Reviewed earlier; No relevant content]

Science
18 October 2013 vol 342, issue 6156, pages 281-392
http://www.sciencemag.org/current.dtl
[No relevant content]

Science Translational Medicine
16 October 2013 vol 5, issue 207
http://stm.sciencemag.org/content/current
[No relevant content]

Social Science & Medicine
Volume 98, In Progress (December 2013)
http://www.sciencedirect.com/science/journal/02779536/93
[No new relevant content]

UN Chronicle
Vol. L No. 3 2013 September 2013
http://unchronicle.un.org/
Theme: Migration
This issue, which features contributions from twelve leading experts from within and outside of the United Nations system, looks at international migration and development. The articles examine, among other things, lowering the costs and amplifying the benefits of migration; the protection of migrants' rights and State sovereignty; labour migration and inclusive development; leveraging remittances for development; the reintegration of returning migrants; and strengthening migration cooperation.

Vaccine
Volume 31, Issue 44, Pages 5005-5146 (17 October 2013)
http://www.sciencedirect.com/science/journal/0264410X

[Reviewed earlier**]**

Vaccine: Development and Therapy
(Accessed 19 October 2013)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Vaccines — Open Access Journal
(Accessed 19 October 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

Potential cost-effectiveness of the nonavalent Human Papillomavirus (HPV) vaccine
M Drolet, JF Laprise, MC Boily, EL Franco, M Brisson - International Journal of Cancer, 2013
ABSTRACT Randomized clinical trials are currently examining the efficacy of a nonavalent human papillomavirus (HPV) vaccine, including HPV-types 6/11/16/18/31/33/45/52/58. Evidence on the cost-effectiveness of the nonavalent is required for timely policy- ...

Development of real-time PCR to detect oral vaccine-like poliovirus and its application to environmental surveillance
M Iwai-Itamochi, H Yoshida, M Obara-Nagoya… - Journal of Virological …, 2013
Abstract In order to perform environmental surveillance to track oral poliovirus vaccine-like poliovirus sensitively and conveniently, real-time PCR was developed and applied to a raw sewage concentrate. The real-time PCR method detected 0.01 to 0.1 TCID 50 of 3 ...

Infectious disease: Conjugate vaccine is effective against serogroup A meningococcal meningitis
E Bible - Nature Reviews Neurology, 2013
A collaboration between the African Meningococcal Carriage Consortium (MenAfriCar), the Meningitis Vaccine Project and researchers from several countries has shown that a meningococcal conjugate vaccine prevented meningitis during an epidemic of serogroup ...

Live-attenuated bacteria as a cancer vaccine vector

B Toussaint, X Chauchet, Y Wang, B Polack… - Expert Review of Vaccines, 2013
In the emerging field of active and specific cancer immunotherapy, strategies using live-attenuated bacterial vectors have matured in terms of academic and industrial development. Different bacterial species can be genetically engineered to deliver antigen to APCs with ...

Modeling the effect of water, sanitation, and hygiene and oral cholera vaccine implementation in Haiti
ICH Fung, DL Fitter, RH Borse, MI Meltzer, JW Tappero - The American journal of …, 2013
Abstract. In 2010, toxigenic Vibrio cholerae was newly introduced to Haiti. Because resources are limited, decision-makers need to understand the effect of different preventive interventions. We built a static model to estimate the potential number of cholera cases ...

Declines in human papillomavirus infection observed in the vaccine era
MK Barton - CA: A Cancer Journal for Clinicians, 2013
Currently, 2 HPV vaccines are available: a quadrivalent vaccine against HPV types 6 (HPV-6),-11,-16, and-18; and a bivalent one against HPV-16 and-18. HPV-16 and-18 cause approximately 70% of cervical cancers and although HPV-6 and-11 are not oncogenic, ..

Protection against hepatitis E virus infection by naturally acquired and vaccine induced immunity
J Zhang, XF Zhang, C Zhou, ZZ Wang, SJ Huang… - Clinical Microbiology and …, 2013
Abstract Immunity acquired from infection or vaccination protects humans from suffering of symptomatic hepatitis E. However, whether the risk of hepatitis E virus (HEV) infection is reduced by the immunity remains unknown. To understand this issue, a cohort with 12,409 ...

Specialized program newsletters, online publications
Dengue Vaccine Initiative: DVI newsletter
October 2013
http://us2.campaign-archive2.com/?u=3805c2f42ef8400c2e9729b91&id=3f238b7401&e=6898e601e9

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 19 October 2013
[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 19 October 2013
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 19 October 2013
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 19 October 2013
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 19 October 2013
[No new, unique, relevant content]

Economist
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Accessed 19 October 2013
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Financial Times
http://www.ft.com
Accessed 19 October 2013
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Forbes
http://www.forbes.com/
Accessed 19 October 2013
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The Huffington Post
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[No new, unique, relevant content]

Le Monde
http://www.lemonde.fr/
Accessed 19 October 2013
Vaccin contre le paludisme : des résultats "encourageants" à prendre avec prudence
Le Monde.fr | 8 octobre 2013 | 597 mots
Produisant le RTS,S en partenariat avec l'Initiative pour un vaccin contre le paludisme et bénéficiant de financements importants de la Fondation Gates, le laboratoire pharmaceutique GlaxoSmithKline a néanmoins l'intention de soumettre en 2014 une demande d'autorisation sur le marché...

New Yorker
http://www.newyorker.com/
Accessed 19 October 2013
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 19 October 2013
Hope for a malaria vaccine
New York Times | 13 October 2013
…The Gates Foundation called the trial "an important scientific milestone" for demonstrating that developing a vaccine against a parasite is possible. Glaxo said it would seek a scientific opinion from the European Medicines Agency next year in hopes that the World Health Organization will recommend the vaccine's use as early as 2015. There are still scientific and practical hurdles to surmount — a final judgment on safety and efficacy and an analysis of the public health impact and cost-effectiveness of using this vaccine. With no other broadly tested vaccine on the immediate horizon, we can hope Glaxo's passes muster.
Parasites: Hookworm Vaccine Will Be Tried in Africa
New York Times | 14 October 2013
The first African clinical trial of an experimental vaccine against hookworm is planned for next year. While rarely fatal, hookworm infestations are a serious problem for 600 million of the world's poor, especially for children going barefoot. By constantly draining their victims' blood, the worms cause anemia, stunted growth and learning problems, and leave children too weak to go to school. When they infest pregnant women, both mother and fetus are weakened.

Reuters
http://www.reuters.com/

Accessed 19 October 2013
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page
Accessed 19 October 2013
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 19 October 2013
[No new, unique, relevant content]

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