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

This weekly summary targets news, events, announcements, articles and research in the global vaccine ethics and policy space and is aggregated from key governmental, NGO, international organization and industry sources, key peer-reviewed journals, and other media channels. This summary proceeds from the broad base of themes and issues monitored by the Center for Vaccine Ethics & Policy in its work: it is not intended to be exhaustive in its coverage. Vaccines: The Week in Review is also posted in pdf form and as a set of blog posts at http://centerforvaccineethicsandpolicy.wordpress.com/. This blog allows full-text searching of over 3,500 entries.

Comments and suggestions should be directed to
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Executive Director
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Update: Polio this week - *As of 02 October 2013*

Global Polio Eradication Initiative
Full report: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
[Editor's extract and bolded text]
:: Three wild poliovirus type 1 (WPV1) cases were reported from South Sudan this week. Genetic sequencing is underway to determine the origin of the isolated viruses and possible relation to the ongoing Horn of Africa outbreak. The cases are from North Bahr El Gazal state (close to the border to Sudan) and Eastern Equatoria state (close to the border with Kenya and Uganda). The cases have triggered a full outbreak response from the Global Polio Eradication Initiative (GPEI) operational perspective. For more information see the 'Horn of Africa' section below.
:: Eight new WPV cases were reported from north-west Pakistan. Seven are from the Federally Administered Tribal Areas (FATA) and one from Khyber Pakhtoon (KP). The majority (67%) of WPV from Pakistan this year are from FATA, the bulk of which are from North Waziristan (10) and Khyber (10).
:: Pakistan's Prime Minister Nawaz Sharif reasserted Pakistan's commitment to eradicate polio in a speech at the UN General Assembly on Friday 27 September 2013: "We have also made eradication of polio in Pakistan a matter of great importance for my Government, as we are determined to make Pakistan a polio free country."
:: The Independent Monitoring Board met 1-2 October in London, UK. The IMB reviewed the latest epidemiology and programme developments. The next IMB report is expected to be issued within two weeks of the meeting…

:: On 26 September, the Polio Oversight Board (POB) met with donors and other key stakeholders to review progress against the GPEI's Polio Eradication and Endgame Strategic Plan 2013-2018, launched earlier this year…[see full text of statement below]

Afghanistan

:: Two new WPV cases were reported from two previously infected districts in the past week. The two cases were reported from Watapur district in Kunar province and Batikot, Nangahar province. The total number of WPV cases for 2013 is now six. All six are WPV1 and all reported from Eastern Region. The most recent WPV1 case had onset of paralysis on 27 August, from Kunar province…

Nigeria

:: Two new WPV cases were reported this week. The cases were reported from two previously infected districts, one from Bauchi Local Government Area (LGA) in Bauchi state and one from Bichi LGA in Kano state. The total number of WPV cases for 2013 is now 49 (all WPV1s). The most recent WPV1 case in the country had onset of paralysis on 10 September (from Kano)

Pakistan

:: Eight new WPV cases were reported in the past week. Seven of the cases were reported from FATA province (five from North Waziristan, one from Khyber and one from a newly infected district - FR Dikhan).

:: One WPV was reported in Peshawar, KP.

:: The total number of WPV1 cases for 2013 is now 36. Of these, the majority, 24 (67%), are from FATA, of which 10 are from North Waziristan and 10 from Khyber…

:: The situation in North Waziristan is particularly concerning, as it is in an area where immunizations have been suspended by local leaders since last June. Immunizations in neighbouring high-risk areas are being intensified, to further boost population immunity levels in those areas and prevent further spread of this outbreak.

:: The most recent cases in FATA underscore the risk of ongoing polio transmission (be it due to WPV or cVDPV) in this area and the threat it continues to pose to children everywhere, in particular to children living in areas where access has not been possible for extended periods of time. FATA is the major poliovirus reservoir in Pakistan and in Asia, with confirmed circulation of both WPV1 and cVDPV2. More than 350,000 children in this area are regularly missed in inaccessible areas, during immunization activities. Efforts are ongoing to curb transmission in this area, including through vaccination at transit points and conducting Short Interval Additional Dose (SIADs) campaigns in areas that have recently become accessible.

Chad, Cameroon and Central African Republic

:: …In Cameroon, one new cVDPV2 case was reported in Kolofata, Extreme-Nord in the past week. The total number of cVDPV2 cases for 2013 is now four. The most recent case had onset of paralysis on 12 August (from Extreme-Nord). NIDs are planned for 11-13 October.

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 30 September - 2 October and NIDs are planned for end October.

Horn of Africa

:: Three cases were reported from North Bahr El Gazal and Eastern Equatoria areas over the past week, all three with onset of paralysis between 15-24 August. The new cases have triggered a full country outbreak response from a GPEI operational perspective.

:: South Sudan will launch immediate response covering children up to 15 years of age in the infected areas, targeting 140,000 children. This will be followed by a SNID in mid-October using

bivalent oral polio vaccine (bOPV). Two national immunization days (NIDs) were already planned for November and December…
:: One new wild poliovirus case has been reported from the previously infected Somali region of Ethiopia. Onset of paralysis 7 September. No new WPV1 cases were reported from Somalia and Kenya in the past week. The total number of WPV1 cases for 2013 in the Horn of Africa is now 196 (175 from Somalia, 14 from Kenya, four from Ethiopia and three from South Sudan). The most recent WPV1 case in the region had onset of paralysis on 7 September (from Ethiopia).

WHO: Global Alert and Response (GAR) – *Disease Outbreak News*
http://www.who.int/csr/don/2013_03_12/en/index.html
Wild poliovirus in the Horn of Africa – update - 1 October 2013
Excerpt

Three suspected cases of wild poliovirus type 1 (WPV1) from South Sudan are currently being investigated. All three patients are girls, two of whom are approximately two-years-old and one is eight-years-old. All had previously been immunized with oral polio vaccine (OPV).

Two of the patients are from North Bahr El Gazal state (close to the border with Sudan), and one is from Eastern Equatorial state (close to the border with Kenya and Uganda). They developed paralysis between 15-24 August 2013. Genetic sequencing is ongoing to provide final confirmation of the laboratory results to determine the origin of the isolated viruses.

The Horn of Africa is currently experiencing an outbreak of WPV1, with 174 cases in Somalia, 14 cases in Kenya and three cases in Ethiopia. Because of the routes of poliovirus spread in previous Horn of Africa outbreaks, South Sudan had been considered at high risk of re-infection. In 2013, South Sudan conducted two National Immunization Days (NIDs) in March 2013 and April 2013, with additional NIDs planned for November 2013 and December 2013. Subnational Immunization Days (SNIDs) were conducted in August 2013.

Contingency plans for an emergency outbreak response are currently being finalized, including an immediate supplementary immunization activity (SIA) in and around the infected areas.

An international team of experts is being deployed to South Sudan, to assist the local authorities in further case investigations, planning for appropriate outbreak response, and further intensifying active searches for additional potential cases….

Statement: Oversight Board reaffirms unflagging commitment
Heads of agencies of the Global Polio Eradication Initiative
30 September 2013
http://www.polioeradication.org/tabid/488/iid/323/Default.aspx

On 26 September, the Polio Oversight Board (POB) – made up of the heads of Global Polio Eradication Initiative (GPEI) partners WHO, UNICEF, Rotary International and the United States Centers for Disease Control and Prevention, and senior leadership of the Bill & Melinda Gates Foundation— met for the first time with donors such as Norway, the US, Canada, Japan and the Islamic Development Bank, and other key stakeholders such as the Nigerian and Pakistani governments and the GAVI Alliance, to review progress against the GPEI's Polio Eradication and Endgame Strategic Plan 2013-2018, launched earlier this year.

The POB's mandate is to provide strong, active leadership of the global polio eradication program and to maintain the highest levels of accountability and transparency among the GPEI's core agencies.

Last September, during the UN General Assembly, United Nations Secretary-General Ban Ki-moon joined heads of state from Afghanistan, Nigeria and Pakistan, as well as donor

government officials and donors from the public and private sectors, to commit the political leadership needed to stamp out polio forever. Earlier this year, the World Health Assembly unanimously approved a six-year Polio Eradication and Endgame Strategic Plan to achieve a polio-free world by 2018. World leaders had previously met in Abu Dhabi to pledge US$4 billion in support of the plan, more than three-quarters of its projected cost.
[Full text]
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"Today, we reaffirm our agencies' unflagging commitment to support governments and national authorities to implement the GPEI's *Polio Eradication and Endgame Strategic Plan 2013-2018*, and to realize the health benefits polio eradication will bring worldwide.

Last week, we met to review progress on commitments made last year to an emergency approach to complete polio eradication by 2018. We assessed the impact of those commitments, and noted the progress made against the Strategic Plan in the face of serious challenges.

The GPEI's top priority remains interrupting polio transmission in endemic countries, and success is now largely dependent on eliminating the virus in relatively small geographic areas of Pakistan and Nigeria. We are encouraged that polio cases are down 45 percent in Nigeria, Pakistan and Afghanistan from this point last year. Afghanistan has had the most striking decline, down more than 80% compared to last year, and has recorded just four cases this year. We heard from health ministers from Pakistan and Nigeria about critical actions being taken to address continuing transmission in their countries, including establishing access to those few remaining areas where children have not received the polio vaccine.

Threats of violence against the heroic women and men who deliver polio vaccines remain a serious concern and we discussed the GPEI partner agencies' and country governments' responses to the distinct challenges of reaching children in insecure areas, including building trust in high-risk areas by expanding health services and engaging local and religious leaders.

We remain hopeful that the global program is closing in on the elimination of one of the last two remaining types of wild poliovirus (type 3), which has not been detected anywhere in the world in more than 10 months. The upcoming low transmission season (November to April) in countries currently affected by polio transmission will be crucial, and we agreed that endemic country plans could be further refined to capitalize on this unprecedented opportunity.

The outbreak in the Horn of Africa, where more than 190 cases have been reported following importation of the virus earlier this year, and the recent detection of poliovirus in sewage samples in Israel are grave reminders of the ongoing risks to previously polio-free areas of the world if we do not complete eradication. We reviewed measures underway to quickly halt these outbreaks to prevent further spread, and we will evaluate progress and areas of risk again in two months. We also examined the ongoing transmission of poliovirus in Israel following an importation into that country, and discussed the measures being taken to interrupt that transmission and prevent polio cases in Israel and surrounding countries.

The new GPEI Strategic Plan emphasizes strengthening immunization systems and accelerating the introduction of Inactivated Polio Vaccine (IPV). We heard specific plans

to leverage the polio infrastructure to improve routine immunization in 10 focus countries. Work is already underway in Nigeria, Ethiopia, the Democratic Republic of the Congo, Chad, India and Pakistan, with the goal of achieving at least 10 percent annual increase in DTP3 coverage in 80% of high-risk districts. Strengthening these systems is critical to halting polio transmission and ensuring delivery of other critical health interventions to the world's most vulnerable children.

We also reviewed concrete strategies for tackling the major challenge of introducing at least one dose of IPV in more than 100 countries by the end of 2015, which we are pursuing in close coordination with our partners in the GAVI Alliance. These strategies include communicating the rationale for and urgency of IPV introduction to national policy makers and ensuring the availability of appropriate and affordable IPV and Oral Polio Vaccine (OPV) products for all settings.

As leaders of the agencies charged with implementing the GPEI Strategic Plan, we are committed to closely monitoring our organizations' work and ensuring we are doing everything possible to fulfill the plan's objectives. The Polio Oversight Board's stewardship and guidance will be measured against specific operational, financing and human resource metrics that were shared today with donors and key stakeholders. This enhanced accountability will play a critical role in ensuring we achieve a polio-free world by 2018."

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The Global Polio Eradication Initiative (GPEI), launched in 1988, is spearheaded by national governments, the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF, and supported by key partners including the Bill & Melinda Gates Foundation.

The GPEI Polio Oversight Board is made up of the heads of agencies of GPEI partners (WHO Director General Dr. Margaret Chan, UNICEF Executive Director Anthony Lake, Rotary International Past President Wilf Wilkinson, and CDC Director Dr. Thomas Frieden) and Bill & Melinda Gates Foundation Global Development President Dr. Chris Elias.

WHO: Lao PDR first S.E. Asian nation to introduce pneumococcal vaccine; launches demonstration project for HPV vaccine.

The Lao People's Democratic Republic (PDR) became the first South-East Asian nation to introduce pneumococcal vaccine and begin a demonstration project for Human papillomavirus (HPV) vaccine, "simultaneously tackling two major killers of children and women respectively – pneumococcal disease and cervical cancer." The Lao PDR government will begin vaccinations at a ceremony in Vientiane on Wednesday morning involving hundreds of infants and school girls. About 180,000 infants will receive pneumococcal conjugate vaccine (PCV) and 13,000 girls will receive the HPV vaccine in the next year…

2 October 2013:

http://www.who.int/immunization/newsroom/lao_introduction_pneumococcal_vaccine_and_cervical_cancer/en/index.html

The International Vaccine Access Center (IVAC) appointed Katherine L. O'Brien, MD, MPH, as Executive Director, a year after assuming the role of Acting Director. The announcement noted that Dr. O'Brien is a Professor in the Departments of International Health and Epidemiology at the Bloomberg School, and "brings a wealth of experience as a pediatric infectious disease physician, epidemiologist, and vaccinologist."
http://www.jhsph.edu/research/centers-and-institutes/ivac/about-us/news.html#Kate_ExecDir_PressRelease

The Roadmap for Childhood TB: Toward Zero Deaths was launched in Washington D.C. by "global TB leaders" including WHO, the International Union Against Tuberculosis and Lung Disease (The Union), Stop TB Partnership, UNICEF, CDC, USAID, and Treatment Action Group (TAG). The group noted that "the deaths of more than 74,000 children from tuberculosis (TB) could be prevented each year through measures outlined in the first ever action plan developed specifically on TB and children, and that "US$120 million per year could have a major impact on saving tens of thousands of children's lives from TB, including among children infected with both TB and HIV.}
:: Download The Roadmap for Childhood TB: Toward Zero Deaths
:: View the Roadmap online in flipbook format
http://www.who.int/tb/challenges/children/en/

The Global Fund to Fight AIDS, Tuberculosis and Malaria "congratulated Luxembourg for its decision to commit EUR 7.5 million (US$10.1 million) for 2014-2016, making it one of the most generous donors on a per capita basis." The Global Fund said the commitment, subject to parliamentary approval, "will effectively unlock an additional US$4 million in contributions from the United States and the United Kingdom, which have geared their own contributions to maximize what is donated by other countries."
http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-10-02_Luxembourg_Commitment_is_Very_Generous_Per_Capita/

The **Weekly Epidemiological Record (WER) for 4 October 2013**, vol. 88, 40 (pp. 429–436) includes:
:: Outbreak news
– Wild poliovirus in the Horn of Africa
:: Meeting of the International Task Force for Disease Eradication – July 2013
:: WHO Statement on the third meeting of the IHR Emergency committee concerning Middle East respiratory syndrome coronavirus (MERS-CoV)
http://www.who.int/entity/wer/2013/wer8840.pdf

CDC/MMWR Watch [to 5 October 2013]
October 4, 2013 / Vol. 62 / No. 39
No relevant content

WHO - Humanitarian Health Action

http://www.who.int/hac/en/index.html
:: Pakistan earthquake
Read the situation report 26 September 2013

UN Watch *to 5 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 5 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: 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

IOM: Ranking Vaccines: A Prioritization Software Tool - Phase II: Prototype of a Decision-Support System

In 2012, the IOM released Ranking Vaccines: A Prioritization Framework (Phase I: Demonstration of Concept and a Software Blueprint) which offered a framework and proof of concept for a software prototype called SMART Vaccines to account for various factors influencing vaccine prioritization - demographic, economic, health, scientific, business, programmatic, social, policy factors and public concerns. In this report, Ranking Vaccines: A Prioritization Software Tool (Phase II: Prototype of a Decision-Support System) a functional version of SMART Vaccines 1.0 is discussed and elaborated along with its potential application in making decisions about new vaccine development.
:: Read the Report >>
:: Download the Software >>

Journal Watch

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

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

The American Journal of Bioethics
Volume 13, Issue 10, 2013
http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az_hflY
[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 S1 (October 2013)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier; No relevant content]

Annals of Internal Medicine
1 October 2013, Vol. 159. No. 7
http://annals.org/issue.aspx
[No relevant content]

BMC Public Health
(Accessed 5 October 2013)
http://www.biomedcentral.com/bmcpublichealth/content
Research article
Effect of an educational intervention on HPV knowledge and vaccine attitudes among urban employed women and female undergraduate students in China: a cross-sectional study
Irene J Chang, Rong Huang, Wei He, Shao-Kai Zhang, Shao-Ming Wang, Fang-Hui Zhao, Jennifer S Smith, You-Lin Qiao BMC Public Health 2013, 13:9
Abstract (provisional)
Background
Due to the potential of human papillomavirus (HPV) vaccination for decreasing cervical cancer rates in Mainland China, where some of the highest incidences in the world have been reported, our study aimed to assess HPV and HPV vaccine knowledge, and to evaluate the effect of a brief educational intervention on HPV knowledge and vaccine acceptability in Chinese undergraduate students and employed women.
Methods
This multi-center, cross-sectional study was conducted across five representative cities of the five main geographical regions of Mainland China. Participants were selected from one comprehensive university and three to four companies in each city for a total of six

comprehensive universities and 16 companies. A 62-item questionnaire on HPV knowledge and HPV vaccine acceptability was administered to participants before and after an educational intervention. The intervention consisted of an informative group lecture.
Results
A total of 1146 employed women and 557 female undergraduate students were surveyed between August and November 2011. Baseline HPV knowledge was low among both groups--320/1146 (28%) of employed women and 66/557 (12%) of students had heard of HPV, while only 237/1146 (21%) of employed women and 40/557 (7.2%) of students knew that HPV is related to cervical cancer. After educational instruction, 947/1061 (89%) of employed women and 193/325 (59%) of students knew the relationship between HPV and cervical cancer (chi2 = 1041.8, $p < 0.001$ and chi2 = 278.5, $p < 0.001$, respectively). Post-intervention, vaccine acceptability increased from 881/1146 (77%) to 953/1061 (90%), ($p = <0.001$) in employed women and 405/557 (73%) in students to 266/325 (82%), ($p < 0.001$). Women in both groups cited concerns about the HPV vaccine's safety, efficacy, and limited use to date as reasons for being unwilling to receive vaccination. 502/1146 (44%) of women were willing to vaccinate their children at baseline, which increased to 857/1061 (81%) post-intervention, $p < 0.001$.
Conclusions
Incorporation of our lecture-based education initiative into a government-sponsored or school-based program may improve HPV-related knowledge and HPV vaccine acceptability. Further studies are needed to evaluate and standardize HPV education programs in China.

Research article

Immunization coverage and predictive factors for complete and age-appropriate vaccination among preschoolers in Athens, Greece: a cross- sectional study

Ioanna D Pavlopoulou, Koralia A Michail, Evangelia Samoli, George Tsiftis, Konstantinos Tsoumakas BMC Public Health 2013, 13:908 (2 October 2013)

Abstract
Background
In Greece, several new childhood vaccines were introduced recently but were reimbursed gradually and at different time points. The aim of this study was to assess immunization coverage and identify factors influencing complete and age-appropriate vaccination among children attending public nurseries in the municipal district of Athens.
Methods
A cross-sectional study, using stratified sampling was performed. Immunization history was obtained from vaccination booklets. Demographic and socioeconomic data were obtained from school registries and telephone interviews. Vaccination rates were estimated by sample weighted proportions while associations between complete and age-appropriate immunization and potential determinants by logistic regression analysis.
Results
A total of 731 children (mean age: 46, median: 48, range: 10–65 months) were included. Overall immunization coverage with traditional vaccines (DTP, polio, Hib, HBV, 1st dose MMR) was satisfactory, exceeding 90%, but the administration of booster doses was delayed (range: 33.7- 97.4%, at 60 months of age). Complete vaccination rates were lower for new vaccines (Men C, PCV7, varicella, hepatitis A), ranging between 61-92%. In addition, a significant delay in timely administration of Men C, PCV7, as well as HBV was noted (22.9%, 16.0% and 27.7% at 12 months of age, respectively). Child's age was strongly associated with incomplete vaccination with all vaccines ($p< 0.001$), while as immigrant status was a predictor of incomplete ($p=0.034$) and delayed vaccination ($p<0.001$) with traditional vaccines. Increasing

household size and higher maternal education were negatively associated with the receipt of all and newly licensed vaccines, respectively (p=0.035).
Conclusions
Our findings highlight the need to monitor uptake of new vaccines and improve age-appropriate administration of booster doses as well as early vaccination against hepatitis B. Immigrant status, increased household size and high maternal education may warrant targeted intervention.

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

British Medical Journal
05 October 2013 (Vol 347, Issue 7927)
http://www.bmj.com/content/347/7927
[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
PERSPECTIVES
Towards a framework convention on global health
Lawrence O Gostin, Eric A Friedman, Kent Buse, Attiya Waris, Moses Mulumba, Mayowa Joel, Lola Dare, Ames Dhai & Devi Sridhar
doi: 10.2471/BLT.12.114447
Article [HTML]

Clinical Therapeutics
Vol 35 | No. 9 | September 2013 | Pages 1253-1474
http://www.clinicaltherapeutics.com/current
[No relevant content]

Cost Effectiveness and Resource Allocation
(Accessed 5 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 4, 2013
http://www.tandfonline.com/toc/cdip20/current
[Reviewed earlier; No relevant content]

Emerging Infectious Diseases
Volume 19, Number 10—October 2013
http://www.cdc.gov/ncidod/EID/index.htm
[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 40, 03 October 2013
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
[No relevant content]

Forum for Development Studies
Volume 40, Issue 2, 2013
http://www.tandfonline.com/toc/sfds20/current
[Reviewed earlier]

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 5 October 2013]
http://www.globalizationandhealth.com/
[No new relevant content]

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

[No relevant content]

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

Health Economics, Policy and Law
Volume 8 / Issue 04 / October 2013
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
[Reviewed earlier; No relevant content]

Health Policy and Planning
Volume 28 Issue 6 September 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
Review
The current state of tuberculosis vaccines
David A. Hokey*, Ann Ginsberg
Abstract
Tuberculosis continues to persist despite widespread use of BCG, the only licensed vaccine to prevent TB. BCG's limited efficacy coupled with the emergence of drug-resistant strains of Mycobacterium tuberculosis emphasizes the need for a more effective vaccine for combatting this disease. However, the development of a TB vaccine is hindered by the lack of immune correlates, suboptimal animal models, and limited funding. An adolescent/adult vaccine would have the greatest public health impact, but effective delivery of such a vaccine will require a better understanding of global TB epidemiology, improved infrastructure, and engagement of public health leaders and global manufacturers. Here we discuss the current state of tuberculosis vaccine research and development, including our understanding of the underlying immunology as well as the challenges and opportunities that may hinder or facilitate the development of a new and efficacious vaccine.

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 5 October 2013]
[No new relevant content]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 5 October 2013]
Scoping Review
Challenges and needs for China to eliminate rabies
Wenwu Yin, Jie Dong, Changchun Tu, John Edwards, Fusheng Guo, Hang Zhou, Hongjie Yu, Sirenda Vong *Infectious Diseases of Poverty* 2013, **2**:23 (2 October 2013)
Abstract
Commentary
Towards a science of rabies elimination
Jakob Zinsstag *Infectious Diseases of Poverty* 2013, **2**:22 (2 October 2013)
Abstract

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

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

JAMA
October 2, 2013, Vol 310, No. 13
http://jama.jamanetwork.com/issue.aspx
[No relevant content]

JAMA Pediatrics
September 2013, Vol 167, No. 9
http://archpedi.jamanetwork.com/issue.aspx
[Reviewed earlier; 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
[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
October 2013, Volume 39, Issue 10
http://jme.bmj.com/content/current
[No relevant content]

Journal of Medical Microbiology
October 2013; 62 (Pt 10)
http://jmm.sgmjournals.org/content/current
[No relevant content]

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

Journal of Pediatrics
Vol 163 | No. 4 | October 2013 | Pages 929-1234
http://www.jpeds.com/current
[No relevant content]

Journal of Public Health Policy
Volume 34, Issue 3 (August 2013)
http://www.palgrave-journals.com/jphp/journal/v34/n3/index.html
[No relevant content]

Journal of the Royal Society – Interface
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 05, 2013 Volume 382 Number 9899 p1153 – 1224 e10
http://www.thelancet.com/journals/lancet/issue/current
[No relevant content]

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
[Reviewed earlier]

Medical Decision Making (MDM)
October 2013; 33 (7)
http://mdm.sagepub.com/content/current
[Reviewed earlier]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
September 2013 Volume 91, Issue 3 Pages 419–65
http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1468-0009/currentissue
[No relevant content]

Nature
Volume 502 Number 7469 pp5-134 3 October 2013
http://www.nature.com/nature/current_issue.html
[No relevant content]

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

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

New England Journal of Medicine
October 3, 2013 Vol. 369 No. 14
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
[No relevant content]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
August 2013 Vol. 34, No. 2
http://www.paho.org/journal/index.php?option=com_content&view=article&id=129&Itemid=227&lang=en
[No relevant content]

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

Pediatrics
October 2013, VOLUME 132 / ISSUE 4
http://pediatrics.aappublications.org/current.shtml
Pediatric Care in Disasters
David H. Rothstein
Pediatrics 2013; 132:25-28

Extract

Natural and man-made disasters bring harm to children throughout the world on a regular yet unpredictable basis. Dr Rothstein describes the nature of such disasters and how we can prepare to meet the challenges of providing medical assistance. As pediatricians, we know children have unique vulnerabilities and will have more optimal outcomes when we are attentive to systematic approaches that recognize those needs. In recent years, there has been significant progress in our understanding of how to prepare to intervene on behalf of children. The American Academy of Pediatrics Disaster Preparedness Advisory Council has served to mobilize efforts related to pediatric preparedness planning and response. The Council has recommended that children's issues be addressed early on in the development of disaster preparedness programs and activities, encouraging community planners to include pediatric experts in all levels of disaster planning and response. Jay E. Berkelhamer, MD, FAAP, Section Editor

Article

Nonmedical Vaccine Exemptions and Pertussis in California, 2010

Jessica E. Atwell, MPHa, Josh Van Otterloo, MSPHb, Jennifer Zipprich, PhDc, Kathleen Winter, MPHc, Kathleen Harriman, PhD, MPH, RNc, Daniel A. Salmon, PhDa, Neal A. Halsey, MDa, and Saad B. Omer, MBBS, MPH, PhDb

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C Immunization Branch, California Department of Public Health, Richmond, California

http://pediatrics.aappublications.org/content/132/4/624.abstract

Abstract

BACKGROUND: In 2010, 9120 cases of pertussis were reported in California, more than any year since 1947. Although this resurgence has been widely attributed to waning immunity of the acellular vaccine, the role of vaccine refusal has not been explored in the published literature. Many factors likely contributed to the outbreak, including the cyclical nature of pertussis, improved diagnosis, and waning immunity; however, it is important to understand if clustering of unvaccinated individuals also played a role.

METHODS: We analyzed nonmedical exemptions (NMEs) for children entering kindergarten from 2005 through 2010 and pertussis cases with onset in 2010 in California to determine if NMEs increased in that period, if children obtaining NMEs clustered spatially, if pertussis cases clustered spatially and temporally, and if there was statistically significant overlap between clusters of NMEs and cases.

RESULTS: Kulldorff's scan statistics identified 39 statistically significant clusters of high NME rates and 2 statistically significant clusters of pertussis cases in this time period. Census tracts within an exemptions cluster were 2.5 times more likely to be in a pertussis cluster (odds ratio = 2.47, 95% confidence interval: 2.22–2.75). More cases occurred within as compared with outside exemptions clusters (incident rate ratios = 1.20, 95% confidence interval: 1.10–1.30). The association remained significant after adjustment for demographic factors. NMEs clustered spatially and were associated with clusters of pertussis cases.

CONCLUSIONS: Our data suggest clustering of NMEs may have been 1 of several factors in the 2010 California pertussis resurgence.

Pharmaceutics

Volume 5, Issue 3 (September 2013), Pages 371-
http://www.mdpi.com/1999-4923/5/3
[No new relevant content]

Pharmacoeconomics
Volume 31, Issue 9, September 2013
http://link.springer.com/journal/40273/31/9/page/1
[Reviewed earlier]

PLoS One
[Accessed 5 October 2013]
http://www.plosone.org/
[No new relevant content]

PLoS Medicine
(Accessed 5 October 2013)
http://www.plosmedicine.org/
Policy Forum
Methodological and Policy Limitations of Quantifying the Saving of Lives: A Case Study of the Global Fund's Approach
David McCoy, Nele Jensen, Katharina Kranzer, Rashida A. Ferrand, Eline L. Korenromp
http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001522
Summary Points
:: A recent trend in global health has been a growing emphasis on assessing the effectiveness and impact of specific health interventions.
:: For example, it has been estimated that 8.7 million lives were saved between 2002 and mid-2012 by "Global Fund–supported programmes" (as distinct from The Global Fund alone) through antiretroviral therapy (ART); directly observed tuberculosis treatment, short course (DOTS); and distribution of insecticide-treated mosquito nets (ITNs).
:: This paper assesses the methods used by The Global Fund to quantify "lives saved," highlights the uncertainty associated with the figures calculated, and suggests that the methods are likely to overestimate the number of "lives saved."
:: The paper also discusses how the attribution of "lives saved" to specific programmes or actors might negatively affect the overall governance and management of health systems, and how a narrow focus on just ART, DOTS, and ITNs could neglect other interventions and reinforce vertical programmes.
:: Furthermore, the attribution of "lives saved" to Global Fund–supported programmes is potentially misleading, because such programmes include an unstated degree of financial support from recipient governments and other donors.
Perspective
Saving Lives in Health: Global Estimates and Country Measurement
Daniel Low-Beer, Ryuichi Komatsu, Osamu Kunii
http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001523
Extract

One of the most compelling reasons for development aid to health is that it saves lives, often for a few hundred dollars per year of life saved. Relatively uniquely in development, health has a set of high-impact interventions that can save lives directly. Insecticide-treated bednets (ITNs) protect families from malaria, antiretrovirals (ARVs) reduce mortality from HIV, and tuberculosis detection and treatment reduce TB mortality. Prevention activities, particularly for HIV, can save millions more lives. Yet, health programs have not always communicated with simple methods the lives they save.

In this week's *PLOS Medicine* David McCoy and colleagues discuss the "lives saved" model of The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund). The Global Fund, together with WHO, UNAIDS, and scientists from the article by McCoy and colleagues [1],[2], have published simple peer-reviewed methods to calculate the lives saved from a restricted set of HIV, TB, and malaria interventions that have known mortality outcomes [3]–[7]. Our method includes only those health interventions with known, documented mortality effects: ARV treatment; directly observed treatment, short-course (DOTS); and ITNs. Our methodology uses documented data reported to the Global Fund on the individuals receiving these services. These results are first verified by national disease programs (we invest 5%–10% of our funds to build the capacity of country monitoring and evaluation systems), then by the Global Fund (which uses independent local fund agents to check the national data systems measuring these services every six months), and finally by on-site checks in a sample of health facilities to verify that people receive these services (as part of performance-based funding) [8].

In addition, the Global Fund's method applies the agreed, partner mortality estimates and models from WHO and UNAIDS [4] to these service results—for example, the latest scientific data on how HIV treatment or TB treatment will reduce the chance that a person will die of HIV or TB.

Extensive criteria are used to exclude countries where The Global Fund is not a significant contributor; that is, where The Global Fund does not contribute at least US$50 million; is a significant percentage of HIV, TB, and malaria spending; and does not support a key national-level activity, such as drug procurement. Where this does not occur, as has been the case in Uganda, Kenya, or South Africa in recent years, the results are not included.

The method to assess lives saved provides a conservative estimate. The estimate [3],[4] does not include the impact of HIV prevention (which in certain countries—e.g., Thailand, Uganda, Kenya, and Zimbabwe—has saved several million lives per country); the impact of malaria outside Africa and among adults; and the significant, secondary impact of DOTS treatment on reducing TB (as shown by the declines in TB prevalence in China, and in TB prevalence by 45% in Cambodia). Furthermore, reporting of services by programs in country are subject to substantial delays before they are reported globally. The most recent scale up in ITNs and ARV treatment are not fully included; for example, the lives saved are only half the number of people reported on ARVs. We do acknowledge the method [3],[4] has major limitations. Most importantly, it does not directly measure mortality, because in many countries in which we work vital registration systems are too weak, so the method is based on the latest partner estimates of mortality from WHO and UNAIDS.

The article in this week's *PLOS Medicine* by David McCoy and colleagues has great value in discussing the assumptions in the methods the Global Fund uses to assess lives saved and the partner estimates—of ARV adherence, use of ITNs, and the limitations of focusing only on a limited set of services. We agree that assumptions require additional sensitivity analysis, and we will update our estimates in 2014 as modeling is refined with new and improved data from country impact evaluations and updated WHO and UNAIDS estimates. We have published more detailed analysis of the ARV, ITN, and DOTS estimates as used by the McCoy and colleagues

[4]. Yet, the uncertainty ranges, with the lives saved from ITNs as low as 27,000, were based on very limited data and provided little additional value. We fully agree with the need for increased country data on estimates and mortality assumptions of lives saved. Most importantly, global modeling needs strengthening with wider and deeper country measurement of epidemic trends and lives saved…

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 5 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
September 2013 Volume 33, Issue 9 Pages 1565–1757
http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-9/issuetoc
[Reviewed earlier]

Science
4 October 2013 vol 342, issue 6154, pages 1-148
http://www.sciencemag.org/current.dtl
Perspective
Social Science
A Risky Science Communication Environment for Vaccines
Dan M. Kahan
Yale Law School, Post Office Box 20815, New Haven, CT 06520, USA.
http://www.sciencemag.org/content/342/6154/53.summary
Summary

Controversy over childhood vaccinations is an instance of what might be styled the "science communication problem"—the failure of compelling scientific evidence to resolve public dispute over risks and similar facts (1). This problem itself has been the focus of scientific study since the 1970s, when psychologists began to investigate the divergence between expert and public opinion on nuclear power. Indeed, the science of science communication that this body of work comprises can now be used not just to explain controversy over risk but also to predict, manage, and in theory avoid conditions likely to trigger it. The example of childhood vaccinations illustrates these points—and teaches an important practical lesson.

Science Translational Medicine
2 October 2013 vol 5, issue 205
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 1, No.2, 2013
http://www.un.org/wcm/content/site/chronicle/home/archive/issues2013/security
[Reviewed earlier]

Vaccine
Volume 31, Issue 42, Pages 4689-4932 (1 October 2013)
http://www.sciencedirect.com/science/journal/0264410X
[Reviewed earlier]

Vaccine: Development and Therapy
(Accessed 5 October 2013)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Vaccines — Open Access Journal
(Accessed 5 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

[HTML] Preparing for Dengue Vaccine Introduction: Recommendations from the 1st Dengue v2V International Meeting
J Torresi, R Tapia-Conyer, H Margolis - PLOS Neglected Tropical Diseases, 2013

... Case Series and Misclassification Bias Induced by Case Selection from Administrative Hospital Databases: Application to Febrile Convulsions in Pediatric Vaccine ...
C Quantin, E Benzenine, M Velten, F Huet… - American Journal of …, 2013
Abstract **Vaccine** safety studies are increasingly conducted by using administrative health databases and self-controlled case series designs that are based on cases only. Often, several criteria are available to define the cases, which may yield different positive **...**

Bias Correction of Risk Estimates in Vaccine Safety Studies With Rare Adverse Events Using a Self-controlled Case Series Design
C Zeng, SR Newcomer, JM Glanz, JA Shoup, MF Daley… - American Journal of …, 2013
Abstract The self-controlled case series (SCCS) method is often used to examine the temporal association between vaccination and adverse events using only data from patients who experienced such events. Conditional Poisson regression models are used to **...**

Developing an effective breast cancer vaccine: Challenges to achieving sterile immunity versus resetting equilibrium
G Curigliano, C Criscitiello, A Esposito, L Fumagalli… - The Breast, 2013
Discussion Active immunotherapy in breast cancer and its implementation into clinical trials has largely been a frustrating experience in the last decades. After many years of controversy, the concept that the immune system regulates cancer development is **...**

[PDF] Barriers and Facilitators in the Recruitment and Retention of Peruvian Female Sex Workers in a Randomized HPV Vaccine Trial
N Shroff, B Brown, J Kinsler, A Cabral, MM Blas - J Vaccines Vaccin, 2013
Cervical cancer is the second most common cancer in women worldwide, with 250,000 deaths per year, and persistent human papillomavirus (HPV) infection is found in nearly all cases [1]. Female sex workers (FSWs) are at higher risk of HPV infection and subsequent **...**

Specialized program newsletters, online publications

RotaFlash: Rotavirus vaccines
2 October 2013
PATH
http://vad.createsend5.com/t/ViewEmail/r/AA3ECC32B8EA780C2540EF23F30FEDED/E38B11B8894CC5F5DBC23BD704D2542D

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

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 5 October 2013
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 5 October 2013
4 October 2013 Last updated at 02:27 ET

A programme to vaccinate schoolchildren against flu has been delayed in Glasgow after concerns from Muslim parents that it contains products derived from pork.

About 100,000 primary school pupils in Scottish health board areas taking part in a pilot programme are being offered the Fluenz vaccine.

It is given as a nasal spray rather than the traditional jab.

But parents in Pollokshields, which has a high number of Muslim pupils, have complained the spray contains gelatine.

A letter sent to Glasgow schools in the wake of concerns cites a World Health Organisation study in 2001 which indicated that Islamic and Jewish scholars had agreed pork gelatine was permissible within a vaccine.

However, NHS Greater Glasgow and Clyde (NHSGGC), whose area contains most of Scotland's Muslims, said it had put back the rollout of the vaccinations "following concerns raised by a small number of parents".

The programme is due to resume next week when parents will be offered a choice of the nasal spray or the more traditional jab…
http://www.bbc.co.uk/news/uk-scotland-24394844

Brookings
http://www.brookings.edu/
Accessed 5 October 2013
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 5 October 2013
[No new, unique, relevant content]

Economist
http://www.economist.com/
Accessed 5 October 2013
[No new, unique, relevant content]

Financial Times
http://www.ft.com
Accessed 5 October 2013
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 5 October 2013
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 5 October 2013
[No new, unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 5 October 2013
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 5 October 2013
[No new, unique, relevant content]

The Huffington Post

http://www.huffingtonpost.com/
Accessed 5 October 2013
[No new, unique, relevant content]

Le Monde
http://www.lemonde.fr/
Accessed 5 October 2013
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 5 October 2013
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 5 October 2013
[No new, unique, relevant content]

Reuters
http://www.reuters.com/
Accessed 5 October 2013
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page
Accessed 5 October 2013
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 5 October 2013
Nigeria's Kano state targets 3 million for vaccination despite fears of attack by extremists
By Associated Press, Published: October 4
http://www.washingtonpost.com/world/africa/nigerias-kano-state-targets-3-million-for-vaccination-despite-fears-of-attack-by-extremists/2013/10/04/ac0bc16e-2cd9-11e3-b141-298f46539716_story.html

KANO, Nigeria — Nigeria's northern Kano state is starting to vaccinate 3 million children against polio and measles with tight security because of fears of attack by Islamic extremists. Militants staging an Islamic uprising in northeastern Nigeria in February killed nine women health workers as they were vaccinating children in a house-to-house campaign in Kano city.

Dr. Shehu Usman Abubakar told The Associated Press on Friday that this time the vaccinations will be administered at 2,700 community centers — apparently ensuring more protection. Abubakar is executive secretary for primary health care.

He said 200 children died of measles in Kano state last year.

UNICEF says Nigeria has almost eradicated crippling polio. But northeast Borno state recorded 14 new cases in recent months. Officials blamed the Islamic insurgency for the lost ground…

* * * *

Vaccines: The Week in Review *is a service of the Center for Vaccines Ethics and Policy (CVEP) which is solely responsible for its content. Support for this service is provided by its governing institutions – Department of Medical Ethics, NYU Medical School; The Wistar Institute Vaccine Center and the Children's Hospital of Philadelphia Vaccine Education Center. Additional support is provided by the PATH Vaccine Development Program and the International Vaccine Institute (IVI), and by vaccine industry leaders including Janssen, Pfizer,* and Sanofi Pasteur U.S. *(list in formation), as well as the Developing Countries Vaccine Manufacturers Network (DCVMN). Support is also provided by a growing 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.*

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