Center for Vaccine Ethics and Policy
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Vaccines and Global Health: The Week in Review
30 November 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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Executive Director
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World AIDS Day 2013 – 1 December 2013

WHO: New HIV recommendations for adolescents

25 November 2013 -- More than 2 million adolescents between the ages of 10 and 19 years are living with HIV, and many do not receive the care and support that they need to stay in good health and prevent transmission. In addition, millions more adolescents are at risk of infection. The failure to support effective and acceptable HIV services for adolescents has resulted in a 50% increase in reported AIDS-related deaths in this group compared with the 30% decline seen in the general population from 2005 to 2012.

New WHO recommendations released in the run-up to World AIDS Day 2013 are the first to address the specific needs of adolescents, both for those living with HIV and those who are at risk of infection.

:: Press release: Adolescents falling through gaps in HIV services
:: Guidance for HIV testing, counselling and care
:: Policy brief

UNICEF: More than 850,000 infants saved from HIV since 2005, but alarming trends seen among adolescents

NEW YORK, 29 November 2013 – A new report released today by UNICEF shows great progress has been made to prevent mother-to-child transmission of HIV, with more than 850,000 new childhood infections averted between 2005 and 2012 in low- and middle-income countries…

NIH Statement on World AIDS Day 2013 — December 1, 2013

Anthony S. Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases; Jack Whitescarver, Ph.D., Director, NIH Office of AIDS Research; Francis S. Collins, M.D., Ph.D., NIH Director
http://www.nih.gov/news/health/nov2013/niaid-27.htm
Excerpt

In the 25 years that have passed since the first annual commemoration of World AIDS Day, extraordinary scientific progress has been made in the fight against HIV/AIDS. That progress has turned an HIV diagnosis from an almost-certain death sentence to what is now for many, a manageable medical condition and nearly normal lifespan. We have come far, yet not far enough.

In 2012, more than 2 million new HIV infections and 1.6 million AIDS-related deaths occurred globally. Although these numbers represent a decline from previous years, they also reflect a grim reality: far too many people become HIV-infected and die from the effects of the disease. On World AIDS Day, the National Institutes of Health (NIH) reaffirms its commitment to finding improved HIV treatments and tools for preventing infection (including a vaccine), addressing the conditions and diseases associated with long-term HIV infection, and, ultimately, finding a cure…

…A cornerstone of our HIV prevention efforts continues to be the search for a safe and effective vaccine. The pathway to an effective HIV vaccine has been challenging and marked by disappointments; however, basic research advances this year are charting the course for a new generation of investigational HIV vaccines. Through the work of NIH scientists and grantees, we have gained insights into how HIV and a strong antibody response to the virus co-evolve in an infected person and improved our understanding of how B-cells create potentially protective immune system responses. Further, NIH-funded researchers have developed a new tool for identifying broadly neutralizing antibodies against HIV that could help speed vaccine research and illuminated in exquisite detail the protein largely responsible for enabling HIV to enter human immune cells and cause infection.

Additionally, ongoing analyses of the landmark RV 144 HIV vaccine trial conducted in Thailand are providing important information about human immune responses and other factors that may explain why the investigational vaccine regimen reduced the risk of HIV acquisition by 31 percent. Large-scale investigational clinical trials to build on the RV 144 results are being planned for South Africa and Thailand….

IAVI: World AIDS Day - December 1, 2013: Honoring Their Memories. Finding a Vaccine.
November 25, 2013
Excerpt

On this World AIDS Day, the International AIDS Vaccine Initiative (IAVI) pays tribute to the tens of millions of people who have lost their lives by reaffirming our commitment to finding a vaccine that will help end the AIDS pandemic.

"There has been tremendous success in treating millions with HIV over the past three decades," said IAVI President and Chief Executive Officer Margie McGlynn, "but a great deal of continued commitment, innovation and persistence will be needed to realize the vision of a world without AIDS…
http://www.iavi.org/Information-Center/Press-Releases/Pages/World-AIDS-Day-2013-Honoring-Their-Memories-Finding-a-Vaccine.aspx

UNICEF-WHO Joint news note: Children in typhoon-hit Tacloban, Philippines, receive vaccines against measles, polio

Excerpt

TACLOBAN/MANILA, Philippines, 26 November 2013 - Children in Tacloban – the city hit hardest by Typhoon Haiyan – were today vaccinated against measles and polio in the first phase of a mass campaign by the Government of the Philippines with support from UNICEF, the World Health Organization (WHO), and other partners. They also received Vitamin A supplements to help improve their immunity against infections.

Over 30,000 children are expected to be reached by the campaign which is taking place at fixed sites in evacuation centres and in communities using mobile health teams.

The vaccination drive in Tacloban is the first phase of a campaign targeting children under five years old in all the typhoon-affected areas. Fifteen teams (10 foreign and 5 national) including volunteers from the Department of Health, the Philippines Red Cross and other non-governmental organisations, were in locations across Tacloban giving vaccines today. The first to receive them were children in 20 evacuation centres – such as San Jose Elementary School, where more than 300 families currently live in conditions that can heighten the risk of infectious diseases…

…At the government's request, UNICEF purchased over US$2 million worth of vaccines to replenish in-country stocks now being used for the campaign. In addition, UNICEF and WHO are helping to re-establish the broken cold chain, which is critical in keeping vaccines at the right temperature…

http://www.unicef.org/media/media_71017.html

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 29 November 2013

:: **Middle East respiratory syndrome coronavirus (MERS-CoV)** - update Arab Republic - update 26 November 2013

:: **Cholera in Mexico** – update 25 November 2013

:: **Polio in the Syrian Arab Republic** - update26 November 2013

Excerpt

A total of 17 cases due to wild poliovirus type 1 (WPV1) have been confirmed in the Syrian Arab Republic. In addition to 15 cases confirmed in Deir Al Zour province, two additional cases have been confirmed, one each in rural Damascus and Aleppo, confirming widespread circulation of the virus. The case with most recent onset developed paralysis on 8 October 2013.

A comprehensive outbreak response continues to be implemented across the region. Seven countries and territories are holding mass polio vaccination campaigns targeting 22 million children under the age of five years. In a joint resolution, all countries of the WHO Eastern Mediterranean Region have declared polio eradication to be an emergency, calling for support in negotiating and establishing access to those children who are currently unreached with polio vaccination. WHO and UNICEF are committed to work with all organizations and agencies providing humanitarian assistance to Syrians affected by the conflict to ensure all Syrian children are vaccinated no matter where they live.

It is anticipated that outbreak response will need to continue for at least six to eight months, depending on the area and based on evolving epidemiology…

Update: Polio this week - *As of 30 November 2013*
Global Polio Eradication Initiative
Full report: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
[Editor's extract and bolded text]
:: In Syria, four new wild polio virus type 1 (WPV1) cases were reported in the past week. New cases in Aleppo and Douma (rural Damascus) indicate that polio is spreading within the country and reaffirm the urgent need to vaccinate all children in Syria, regardless of who controls the area where they are.
:: In Kenya, the government declared polio a public health emergency on 22 November and directed the Ministry of Health to fast-track the immunization activities and to ensure the entire country is covered.

Pakistan
:: One new WPV1 case was reported in the past week from FR Bannu, Federally Administered Tribal Areas (FATA). The total number of WPV1 cases for Pakistan in 2013 is now 64. The most recent WPV1 case had onset of paralysis on 4 November (from FATA).
:: Two new cVDPV2 cases were reported in the past week. The total number of cVDPV2 cases for 2013 is now 43. The most recent cVDPV2 case had onset of paralysis 27 October (from North Waziristan, FATA).
:: The situation in North Waziristan is alarming. It is the area with the largest number of children being paralyzed by poliovirus in all of Asia. 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
:: In Cameroon, two new WPV1 cases were reported in the past week, both from Malentouen in Ouest region. The total number of WPV1 cases is now four. The most recent case in Cameroon had onset of paralysis on 30 October 2013 (WPV1 from Ouest).

Middle East
:: In Syria, four new WPV1 cases were reported in the past week, two from previously infected district Mayadeen in Deir-Al-Zour and one from Douma, rural Damascus and Fardous, Aleppo, respectively. The total number of WPV1 cases is now 17. The new cases in Aleppo and rural Damascus signal that polio is spreading in the country, but are also a sign that workers are actively looking for cases of polio. Prior to the outbreak wild poliovirus was last reported in Syria in 1999.
:: In the Middle East, a comprehensive outbreak response continues to be implemented across the region. The large-scale supplementary immunization activity which started in Syria on 24 October to vaccinate 1.6 million children against polio, measles, mumps and rubella, in both government-controlled and contested areas, has been completed.
:: Seven countries and territories are holding mass polio vaccination campaigns repeatedly targeting 22 million children under the age of five years over the next 6-8 months. In a joint resolution, all countries of the WHO Eastern Mediterranean Region have declared polio eradication to be an emergency, calling for support in negotiating and establishing access to those children who are currently unreached with polio vaccination.

:: WHO and UNICEF are committed to working with all organizations and agencies providing humanitarian assistance to Syrians affected by the conflict. This includes vaccinating all Syrian children no matter where they are, whether in government or contested areas, or outside Syria.

The European Medicines Agency (EMA), in collaboration with other organisations involved in assessing the benefits and risks of vaccines, launched the ADVANCE project "to deliver a blueprint for a pan-European framework for monitoring the benefits and risks of vaccines throughout their lifecycle, and for communicating these benefits and risks." The five-year project, called accelerated development of vaccine benefit-risk collaboration in Europe (ADVANCE), is supported by the Innovative Medicines Initiative (IMI) and brings together the EMA and the European Centre for Disease Prevention and Control (ECDC), as well as pharmaceutical companies that manufacture vaccines, national public-health and regulatory bodies, academic experts and small and medium-sized enterprises. ADVANCE is coordinated by the Erasmus Medical Center in the Netherlands and the Children's Hospital Basel, University of Basel, Switzerland. This framework "will further facilitate health professionals, regulatory agencies, public-health institutions and the general public to make prompt, better-informed decisions regarding vaccination strategies." The role of the EMA in ADVANCE will be to develop and test guidance for the conduct and reporting of studies in this area. This best-practice guidance will include methodological standards, governance rules, a code of conduct and a communication strategy.
26/11/2013:
http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2013/11/news_detail_001976.jsp&mid=WC0b01ac058004d5c1

GAVI Watch: Media Releases/Statements
http://www.gavialliance.org/library/news/statements/
:: Guillaume Grosso appointed head resource mobilisation in European markets -28 November 2013
Former director of ONE Campaign's Paris office joins GAVI Alliance.
:: GAVI Alliance to support Nigeria's first new national yellow fever vaccination campaign in 30 years - 26 November 2013
Mass preventive campaign will protect close to 60 million children and adults

The **Weekly Epidemiological Record (WER) for 29 November 2013**, vol. 88, 48 (pp. 509–520) includes:
:: Review of the 2013 influenza season in the southern hemisphere
http://www.who.int/entity/wer/2013/wer8848.pdf

CDC/MMWR Watch [to 30 November 2013]
Princeton University will offer Meningitis B vaccines to recommended groups
Posted November 26, 2013; 03:00 p.m.
Excerpt
The Centers for Disease Control and Prevention (CDC) has now officially recommended that all Princeton University undergraduate students, and also graduate students living in

undergraduate dormitories, the Graduate College and annexes, and other members of the University community with certain medical conditions, receive a vaccine that helps protect against meningococcal disease caused by serogroup B bacteria. The vaccine will be provided only to these groups, and it will not be administered anywhere else.

The specified groups were recommended by the CDC to receive the vaccine because young adults and people with certain medical conditions are at increased risk of getting meningitis, especially those who live in close quarters, such as dormitories.

Since March 2013 there have been eight cases of meningococcal disease contracted by Princeton University students and a student visitor, all of which were caused by meningococcal bacteria known as serogroup B, including the latest case reported on Nov. 21….

…The CDC recommends that all members of the University community who have problems with their spleen (including sickle cell disease) or complement pathway disorder (a specific type of immune deficiency) be considered for vaccination. Those who have these conditions would be required to present documentation or a physician's note to University Health Services before receiving the vaccine.

Princeton University will cover the cost of the vaccine.
http://www.princeton.edu/main/news/archive/S38/54/94A32/index.xml?section=topstories

European Medicines Agency Watch [to 30 November 2013]
http://www.ema.europa.eu/ema/
[See announcement of ADVANCE initiative above]

UN Watch [to 30 November 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 30 November 2013]
Selected media 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 12, 2013

http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az_hflY

Special Issue Focus: *The SUPPORT Controversy and the Debate Over Research Within the Standard of Care*

[Reviewed earlier]

American Journal of Infection Control

Vol 41 | No. 12 | December 2013 | Pages 1147-1302

http://www.ajicjournal.org/current

B95: A new respirator for health care personnel

Megan E. Gosch, MPH, Ronald E. Shaffer, PhD, Aaron E. Eagan, RN, BSN, Raymond J. Roberge, MD, MPH, Victoria J. Davey, PhD, MPH, RN, Lewis J. Radonovich Jr., MD

published online 31 May 2013.

Abstract

Background

Respiratory protection relies heavily on user compliance to be effective, but compliance among health care personnel is less than ideal.

Methods

In 2008, the Department of Veterans Affairs formed the Project Better Respiratory Equipment using Advanced Technologies for Healthcare Employees (BREATHE) Working Group, composed of a variety of federal stakeholders, to discuss strategies for improving respirator compliance, including the need for more comfortable respirators.

Results

The Working Group developed 28 desirable performance characteristics that can be grouped into 4 key themes: (1) respirators should perform their intended function safely and effectively; (2) respirators should support, not interfere, with occupational activities; (3) respirators should be comfortable and tolerable for the duration of wear; and (4) respiratory protective programs should comply with federal/state standards and guidelines and local policies. As a necessary next step, the Working Group identified the need for a new class of respirators, to be called "B95," which would better address the unique needs of health care personnel.

Conclusion

This article summarizes the outputs of the Project BREATHE Working Group and provides a national strategy to develop clinically validated respirator test methods, to promulgate B95

respirator standards, and to invent novel design features, which together will lead to commercialized B95 respirators.

American Journal of Public Health
Volume 103, Issue 12 (December 2013)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
November 2013; 89 (5)
http://www.ajtmh.org/content/current
[Reviewed earlier]

Annals of Internal Medicine
19 November 2013, Vol. 159. No. 10
http://annals.org/issue.aspx
[No relevant content]

BMC Public Health
(Accessed 30 November 2013)
http://www.biomedcentral.com/bmcpublichealth/content
[No new relevant content]

British Medical Bulletin
Volume 108 Issue 1 December 2013
http://bmb.oxfordjournals.org/content/current
Social media in public health
Taha A. Kass-Hout* and Hend Alhinnawi
Author Affiliations
Humanitarian Tracker, Washington, DC, USA
Accepted August 27, 2013.
http://bmb.oxfordjournals.org/content/108/1/5.abstract
Abstract
Introduction or background
While social media interactions are currently not fully understood, as individual health behaviors and outcomes are shared online, social media offers an increasingly clear picture of the dynamics of these processes.
Sources of data
Social media is becoming an increasingly common platform among clinicians and public health officials to share information with the public, track or predict diseases.
Areas of agreement
Social media can be used for engaging the public and communicating key public health interventions, while providing an important tool for public health surveillance.

Areas of controversy
Social media has advantages over traditional public health surveillance, as well as limitations, such as poor specificity, that warrant additional study.
Growing points
Social media can provide timely, relevant and transparent information of public health importance; such as tracking or predicting the spread or severity of influenza, west nile virus or meningitis as they propagate in the community, and, in identifying disease outbreaks or clusters of chronic illnesses.
Areas timely for developing research
Further work is needed on social media as a valid data source for detecting or predicting diseases or conditions. Also, whether or not it is an effective tool for communicating key public health messages and engaging both, the general public and policy-makers.

British Medical Journal
30 November 2013 (Vol 347, Issue 7935)
http://www.bmj.com/content/347/7935
Research
Non-publication of large randomized clinical trials: cross sectional analysis
BMJ 2013; 347 doi: http://dx.doi.org/10.1136/bmj.f6104 (Published 29 October 2013)
Cite this as: BMJ 2013;347:f6104
Christopher W Jones, attending physician1, Lara Handler, school of medicine liaison librarian2, Karen E Crowell, clinical information specialist2, Lukas G Keil, research assistant3, Mark A Weaver, assistant professor4, Timothy F Platts-Mills, assistant professor3
http://www.bmj.com/content/347/bmj.f6104
Abstract
Objective To estimate the frequency with which results of large randomized clinical trials registered with ClinicalTrials.gov are not available to the public.
Design Cross sectional analysis
Setting Trials with at least 500 participants that were prospectively registered with ClinicalTrials.gov and completed prior to January 2009.
Data sources PubMed, Google Scholar, and Embase were searched to identify published manuscripts containing trial results. The final literature search occurred in November 2012. Registry entries for unpublished trials were reviewed to determine whether results for these studies were available in the ClinicalTrials.gov results database.
Main outcome measures The frequency of non-publication of trial results and, among unpublished studies, the frequency with which results are unavailable in the ClinicalTrials.gov database.
Results Of 585 registered trials, 171 (29%) remained unpublished. These 171 unpublished trials had an estimated total enrollment of 299 763 study participants. The median time between study completion and the final literature search was 60 months for unpublished trials. Non-publication was more common among trials that received industry funding (150/468, 32%) than those that did not (21/117, 18%), P=0.003. Of the 171 unpublished trials, 133 (78%) had no results available in ClinicalTrials.gov.
Conclusions Among this group of large clinical trials, non-publication of results was common and the availability of results in the ClinicalTrials.gov database was limited. A substantial number of study participants were exposed to the risks of trial participation without the societal benefits that accompany the dissemination of trial results.

Bulletin of the World Health Organization
Volume 91, Number 12, December 2013, 897-
972http://www.who.int/bulletin/volumes/91/12/en/index.html
Editorial
Knowledge is power; information is liberation
Rachel Baggaley a, Jesus M Garcia Calleja a, Lawrence Marum b & Elizabeth Marum b
a. Department of HIV/AIDS, World Health Organization, avenue Appia 20, 1211 Geneva 27, Switzerland.
b. US Centers for Disease Control and Prevention, Lusaka, Zambia.
Bulletin of the World Health Organization 2013;91:898-898A. doi:
http://dx.doi.org/10.2471/BLT.13.132464
http://www.who.int/bulletin/volumes/91/12/13-132464/en/index.html
Excerpt

In 1597 Francis Bacon stated that "knowledge itself is power"1 and Nelson Mandela, in the same vein, said in 2003 that "education is the most powerful weapon we can use to change the world".2 In this issue of the Bulletin of the World Health Organization, Dermot Maher discusses the ethics of conducting population-based surveys involving clinical tests for research and surveillance purposes without routinely giving participants their test results, if these are positive, so that they can seek access to lifesaving treatment. Maher argues specifically that because antiretroviral treatment is now widely available, even in low- and middle-income countries, it is no longer ethical to fail to inform research participants when the result of a test for the detection of human immunodeficiency virus (HIV) infection turns out to be positive.3,4

According to the Council for International Organizations of Medical Sciences, "individual subjects will be informed of any finding that relates to their particular health status".5 In 2004 and 2013, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) issued ethical guidance for HIV surveillance that included a guiding principle particularly relevant to this discussion: in household or clinical surveys, "participants must be given the opportunity to be informed of their test results".6 Currently, participants in many population-based surveys in which blood or other samples are collected for research purposes are "given the opportunity" to learn their test results, through testing services provided in the community or referral to local counselling and testing services, but are still allowed to "opt out" of learning their results…

Editorial
Public health management of mass gatherings: the Saudi Arabian experience with MERS-CoV
Ziad A Memish & Abdullah A Al-Rabeeah
doi: 10.2471/BLT.13.132266
Excerpt

…Building on decades of experience, in October 2010 the Saudi Arabian health ministry established the Global Center for Mass Gathering Medicine, subsequently endorsed by health ministers of the League of Arab States. WHO's Executive Board soon mandated a strategy for mass gatherings and established a framework to address the health challenges these entail.

The scientific and practical methods applied in mass gathering medicine, as the field is called, were examined during the Second International Conference on Mass Gathering Medicine in Riyadh, Saudi Arabia, in September 2013. The conference highlighted the importance of research and of drawing on the experience of states and regional and international

organizations to control accidents and diseases during mass gatherings. The resulting Riyadh declaration calls for cooperation and information exchange between the Global Centre for Mass Gathering Medicine and other WHO collaborating centres and between states, international organizations and scientific centres, with due observance of patient confidentiality and medical ethics. It also states that global developments in the control of MERS-CoV transmission should be followed to inform arrangements for the hajj and other mass gatherings. Finally, it calls for the coordination of policies and procedures to better define the nature, methods and scope of mass gathering medicine and to launch media and educational campaigns for increasing awareness of the field. The conference acknowledged the media's role in conveying accurate and unbiased health information and underscored the importance of relying on reputable sources; ensuring balanced, non-alarmist coverage based on scientific facts and mindful of public health ethics; and establishing benchmarks for the resources needed during mass gatherings.

The complex public health challenges posed by mass gatherings are best addressed through mutual trust and equitable partnerships and collaborations. In a globalized world, such collaborations inevitably extend beyond national and regional borders and hence require a fine balance between respect for national sovereignty, public health ethics and global health security priorities.

Frequent exposure to suboptimal temperatures in vaccine cold-chain system in India: results of temperature monitoring in 10 states

Manoj V Murhekar, Srihari Dutta, Ambujam Nair Kapoor, Sailaja Bitragunta, Raja Dodum, Pramit Ghosh, Karumanagounder Kolanda Swamy, Kalyanranjan Mukhopadhyay, Somorjit Ningombam, Kamlesh Parmar, Devegowda Ravishankar, Balraj Singh, Varsha Singh, Rajesh Sisodiya, Ramaratnam Subramanian & Tana Takum

http://www.who.int/bulletin/volumes/91/12/13-119974-ab/en/index.html

Abstract

Objective

To estimate the proportion of time the vaccines in the cold-chain system in India are exposed to temperatures of < 0 or > 8 °C.

Methods

In each of 10 states, the largest district and the one most distant from the state capital were selected for study. Four boxes, each containing an electronic temperature recorder and two vials of diphtheria, pertussis and tetanus vaccine, were placed in the state or regional vaccine store for each study state. Two of these boxes were then shipped – one per facility – towards the two most peripheral health facilities where vaccine was stored in each study district. The boxes were shipped, handled and stored as if they were routine vaccine supplies.

Findings

In state, regional and district vaccine stores and peripheral health facilities, respectively, the temperatures in the boxes exceeded 8 °C for 14.3%, 13.2%, 8.3% and 14.7% of their combined storage times and fell below 0 °C for 1.5%, 0.2%, 0.6% and 10.5% of these times. The boxes also spent about 18% and 7% of their combined times in transit at < 0 and > 8 °C, respectively. In shake tests conducted at the end of the study, two thirds of the vaccine vials in the boxes showed evidence of freezing.

Conclusion

While exposure to temperatures above 8 °C occurred at every level of vaccine storage, exposure to subzero temperatures was only frequent during vaccine storage at peripheral facilities and vaccine transportation. Systematic efforts are needed to improve temperature monitoring in the cold-chain system in India.

POLICY & PRACTICE

The ethics of feedback of HIV test results in population-based surveys of HIV infection

Dermot Maher

doi: 10.2471/BLT.13.117309
http://www.who.int/bulletin/volumes/91/12/13-117309-ab/en/index.html

Abstract

Population-based disease prevalence surveys raise ethical questions, including whether participants should be routinely told their test results. Ethical guidelines call for informing survey participants of any clinically relevant finding to enable appropriate management. However, in anonymous surveys of human immunodeficiency virus (HIV) infection, participants can "opt out" of being given their test results or are offered the chance to undergo voluntary HIV testing in local counselling and testing services. This is aimed at minimizing survey participation bias. Those who opt out of being given their HIV test results and who do not seek their results miss the opportunity to receive life-saving antiretroviral therapy.

The justification for HIV surveys without routine feedback of results to participants is based on a public health utility argument: that the benefits of more rigorous survey methods – reduced participation bias – outweigh the benefits to individuals of knowing their HIV status. However, people with HIV infection have a strong immediate interest in knowing their HIV status. In consideration of the ethical value of showing respect for people and thereby alleviating suffering, an argument based on public health utility is not an appropriate justification.

In anonymous HIV surveys as well as other prevalence surveys of treatable conditions in any setting, participation should be on the basis of routine individual feedback of results as an integral part of fully informed participation. Ensuring that surveys are ethically sound may stimulate participation, increase a broader uptake of HIV testing and reduce stigmatization of people who are HIV-positive.

Rapid monitoring in vaccination campaigns during emergencies: the post-earthquake campaign in Haiti

Jeanette J Rainey, David Sugerman, Muireann Brennan, Jean Ronald Cadet, Jackson Ernsly, François Lacapère, M Carolina Danovaro-Holliday, Jean-Claude Mubalama & Robin Nandy

Problem

The earthquake that struck Haiti in January 2010 caused 1.5 million people to be displaced to temporary camps. The Haitian Ministry of Public Health and Population and global immunization partners developed a plan to deliver vaccines to those residing in these camps. A strategy was needed to determine whether the immunization targets set for the campaign were achieved.

Approach

Following the vaccination campaign, staff from the Ministry of Public Health and Population interviewed convenience samples of households – in specific predetermined locations in each of the camps – regarding receipt of the emergency vaccinations. A camp was targeted for "mop-up vaccination" – i.e. repeat mass vaccination – if more than 25% of the children aged 9 months to 7 years in the sample were found not to have received the emergency vaccinations.

Local setting

Rapid monitoring was implemented in camps located in the Port-au-Prince metropolitan area. Camps that housed more than 5000 people were monitored first.

Relevant changes

By the end of March 2010, 72 (23%) of the 310 vaccinated camps had been monitored. Although 32 (44%) of the monitored camps were targeted for mop-up vaccination, only six of them had received such repeat mass vaccination when checked several weeks after monitoring.
Lessons learnt
Rapid monitoring was only marginally beneficial in achieving immunization targets in the temporary camps in Port-au-Prince. More research is needed to evaluate the utility of conventional rapid monitoring, as well as other strategies, during post-disaster vaccination campaigns that involve mobile populations, particularly when there is little capacity to conduct repeat mass vaccination.
http://www.who.int/bulletin/volumes/91/12/12-117044-ab/en/index.html

Clinical Therapeutics
Vol 35 | No. 11 | November 2013 | Pages 1653-1864
http://www.clinicaltherapeutics.com/current
[Reviewed earlier; No relevant content]

Cost Effectiveness and Resource Allocation
(Accessed 30 November 2013)
http://www.resource-allocation.com/
[No new relevant content]

Current Opinion in Infectious Diseases
December 2013 - Volume 26 - Issue 6 pp: v-v,493-588
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
Special Theme: ANTIMICROBIAL AGENTS
[No relevant content]

Developing World Bioethics
December 2013 Volume 13, Issue 3 Pages ii–ii, 105–170
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2013.13.issue-3/issuetoc
[Reviewed earlier]

Development in Practice
Volume 23, Issue 7, 2013
http://www.tandfonline.com/toc/cdip20/current
[Reviewed earlier; No relevant content]

Emerging Infectious Diseases
Volume 19, Number 12—December 2013
http://www.cdc.gov/ncidod/EID/index.htm
[Reviewed earlier]

The European Journal of Public Health
Volume 23 Issue 6 December 2013
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Prevention of sexually transmitted infections among girls and young women in relation to their HPV vaccination status

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Abstract
Background: Having been vaccinated against the human papilloma virus (HPV) may affect other behaviours related to sexual health. This study assessed knowledge and behaviour relevant to the prevention of sexually transmitted infections (STIs) among girls/women aged 14–23 years in relation to their HPV vaccination status.
Methods: From November 2008 to February 2009, 328 girls/women from the Rhône-Alpes region were recruited by general practitioners and completed a self-administered questionnaire.
Results: In all, 316 of the 328 respondents provided information on their HPV vaccination status: 135 (42.7%) had been vaccinated (51.2% of girls aged 14–16 years, 44% of women aged 17–20 years and 18.9% of 21–23-year-olds). Knowledge about HPV and the Pap smear was poor overall but greater in those who had been vaccinated: vaccinated 14–16-year-olds were significantly more likely to know the aim of the Pap smear than those not vaccinated (72.7% vs. 41.3%, $P < 0.001$), and vaccinated 21–23-year-olds were more likely to know about the need to continue Pap smear screening, despite vaccination (60.0% vs. 25.6%, $P = 0.06$). Irrespective of vaccination status, >80% cited condoms as a means of STI prevention and >85% of those who were sexually active used them. No difference was observed between vaccinated and non-vaccinated groups regarding requests for HIV serology, history of abortions or emergency hormonal contraception.
Conclusion: Knowledge about cervical cancer prevention was better among those who had been vaccinated against HPV than among those who had not. Knowledge and behaviour relevant to STI prevention seemed appropriate whatever the respondents' vaccination status.

Eurosurveillance
Volume 18, Issue 48, 28 November 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
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Globalization and Health
[Accessed 30 November 2013]
http://www.globalizationandhealth.com/
[No new relevant content]

Global Health Governance
Summer 2013 Archive
http://blogs.shu.edu/ghg/category/complete-issues/summer-2013/
Special Series on Universal Health Coverage
Global Health: Science and Practice (GHSP)
November 2013 | Volume 1 | Issue 3
http://www.ghspjournal.org/content/current

Global Health: Science and Practice (GHSP)
November 2013 | Volume 1 | Issue 3
http://www.ghspjournal.org/content/current
["A new no fee, open-access journal, was developed for global health professionals, particularly program implementers, to validate their experiences and program results by peer reviewers and to share them with the greater global health community."]
COMMENTARIES
Routine immunization: an essential but wobbly platform
Robert Steinglass
Glob Health Sci Pract 2013;1(3):295-301. http://dx.doi.org/10.9745/GHSP-D-13-0012
http://www.ghspjournal.org/content/1/3/295.full
Abstract
Despite their vital role, routine immunization programs are taken for granted. Coverage levels are poor in some countries and have stagnated in others, while addition of new vaccines is an additional stressor. We need to strengthen: (1) policy processes, (2) monitoring and evaluation, (3) human resources, (4) regular delivery and supply systems, (5) local political commitment and ownership, (6) involvement of civil society and communities, and (7) sustainable financing. Rebalancing immunization direction and investment is needed.
Factors limiting immunization coverage in urban Dili, Timor-Leste
Ruhul Amina⇑, Telma Joana Corte Real De Oliveirab, Mateus Da Cunhab, Tanya Wells Brownc, Michael Favina, Kelli Cappeliera
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Correspondence to Ruhul Amin (dr_ruhul@yahoo.com).

Simple access to immunization services does not necessarily translate into uptake of services. In Timor-Leste, key determinants of the success of vaccination efforts are health workers' attitudes, the manner in which patients are treated, aspects of service organization, adequate supply of vaccines, and caregivers' basic knowledge about immunization.
http://www.ghspjournal.org/content/1/3/417.abstract
ABSTRACT
Background: Timor-Leste's immunization coverage is among the poorest in Asia. The 2009/2010 Demographic and Health Survey found that complete vaccination coverage in urban areas, at 47.7%, was lower than in rural areas, at 54.1%. The city of Dili, the capital of Timor-Leste, had even lower coverage (43.4%) than the national urban average.
Objective: To better understand the service- and user-related factors that account for low vaccination coverage in urban Dili, despite high literacy rates and relatively good access to immunization services and communication media.
Methods: A mixed-methods (mainly qualitative) study, conducted in 5 urban sub-districts of Dili, involved in-depth interviews with18 Ministry of Health staff and 6 community leaders, 83 observations of immunization encounters, 37 exit interviews with infants' caregivers at 11 vaccination sites, and 11 focus group discussions with 70 caregivers of vaccination-eligible children ages 6 to 23 months.
Results: The main reasons for low vaccination rates in urban Dili included caregivers' knowledge, attitudes, and perceptions as well as barriers at immunization service sites. Other important factors were access to services and information, particularly in the city periphery, health workers' attitudes and practices, caregivers' fears of side effects, conflicting priorities, large family size, lack of support from husbands and paternal grandmothers, and seasonal migration.
Conclusion: Good access to health facilities or health services does not necessarily translate into uptake of immunization services. The reasons are complex and multifaceted but in general relate to the health services' insufficient understanding of and attention to their clients' needs. Almost all families in Dili would be motivated to have their children immunized if services were convenient, reliable, friendly, and informative.

Health Affairs
November 2013; Volume 32, Issue 11
http://content.healthaffairs.org/content/current
Theme: Redesigning The Health Care Workforce
[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)
November 2013 Volume 9, Issue 11
http://www.landesbioscience.com/journals/vaccines/toc/volume/9/issue/11/
[Reviewed earlier]

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 30 November 2013]
[No new relevant content]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 30 November 2013]
[No new relevant content]

International Journal of Epidemiology
Volume 42 Issue 5 October 2013
http://ije.oxfordjournals.org/content/current
[No relevant content]

International Journal of Infectious Diseases
Vol 17 | No. 11 | November 2013
http://www.ijidonline.com/current
[Reviewed earlier]

JAMA
November 27, 2013, Vol 310, No. 20
http://jama.jamanetwork.com/issue.aspx
Viewpoint | November 27, 2013
The 50th Anniversary of the Declaration of Helsinki- Progress but Many Remaining Challenges
Joseph Millum, PhD1,2; David Wendler, PhD1; Ezekiel J. Emanuel, MD, PhD3,4
[+] Author Affiliations
JAMA. 2013;310(20):2143-2144. doi:10.1001/jama.2013.281632.

Excerpt [Free full text: http://jama.jamanetwork.com/article.aspx?articleid=1760320]

Since 1964, through 7 revisions, the World Medical Association's (WMA's) Declaration of Helsinki has stood as an important statement regarding the ethical principles guiding medical research with human participants. The declaration is consulted by ethics review committees, funders, researchers, and research participants; has been incorporated into national legislation; and is routinely invoked to ascertain the ethical appropriateness of clinical trials.

There is much to praise about the revision process and the latest revision, which coincides with the declaration's 50th anniversary. The Working Group extensively consulted stakeholders and justified the proposed revisions. The result is a declaration that is better organized into clear sections, more precise, and likely to be more effective at protecting research participants.

For the first time, the declaration requires compensation and treatment for research-related injuries (paragraph 15), an explicit recognition that research participants should not bear the costs of research gone wrong.1 The revised declaration's emphasis on the dissemination of research results, including studies with negative results, should increase the value of medical research (paragraphs 23, 35, and 36).

Nevertheless, the proposed declaration contains persistent flaws. While the document purports to be a statement of enduring ethical principles, the nearly continuous process of revision undermines its authority.2 Moreover, the declaration continues to assert that "consistent with the mandate of the WMA," its primary audience is physicians (paragraph 2). This is a mistake. Indeed, the document then offers recommendations for other health professionals (paragraph 9), research ethics committees (paragraph 23), sponsors and governments (paragraph 34), and editors and publishers (paragraph 36). It is time for the WMA to recognize that the Declaration of Helsinki should address physicians as well other health professionals and personnel involved in research. A statement of ethical principles does not require a mandate from the people who ought to follow those principles.2

The revised declaration's treatment of informed consent remains inadequate. It fails to recognize the possibility of waiving consent for some research involving competent adults, even though such research is common and widely endorsed. Similarly, the declaration avoids providing guidance on when it can be appropriate to ask participants to give broad consent for their biological samples to be used in a wide range of future studies, rather than seeking consent for each specific study. This is a pressing issue on which researchers need clear guidance. In addition, the declaration prohibits individuals who cannot consent from participating in research that does not address the condition that caused their incapacity (paragraph 30), even when the research offers participants the potential for important medical benefit and there are no—or few—potential participants who can consent. This approach transforms a protection into a barrier….

Viewpoint / November 27, 2013

The Declaration of Helsinki, 50 Years Later

Paul Ndebele, PhD1

JAMA. 2013;310(20):2145-2146. doi:10.1001/jama.2013.281316.

Excerpt [Free full-text: http://jama.jamanetwork.com/article.aspx?articleid=1760319]

Fifty years and 7 revisions later, the 2013 version of the Declaration of Helsinki includes several important changes. By changing the format and including several subsections, the revised declaration enhances and improves clarity regarding specific issues. By having specific issues covered under these subsections, the declaration is now " bolder" in the way it addresses specific issues. The new formatting will also be welcomed by readers because the subsections improve the readability of the document. By so doing, the Declaration of Helsinki is a better and

more important authority at what it is aimed at achieving—providing guidance on conducting medical research involving humans.

The increase in international studies over the past few decades has contributed to serious debate about the ethics of research conducted in various settings. Most of the debate centered on issues related to limited resources and justice: use of placebo and posttrial access to interventions. Through this and previous revisions, the World Medical Association (WMA) has demonstrated that the declaration is a living document that considers current issues in medical research. Important documents such as the declaration are expected to respond to new areas of need or areas that require revision…

Special Communication | November 27, 2013
World Medical Association: Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects
World Medical Association
JAMA. 2013;310(20):2191-2194. doi:10.1001/jama.2013.281053.

Full text of newest version adopted by the 64th WMA General Assembly, Fortaleza, Brazil, October 2013: http://jama.jamanetwork.com/article.aspx?articleid=1760318

JAMA Pediatrics
November 2013, Vol 167, No. 11
http://archpedi.jamanetwork.com/issue.aspx
[Reviewed earlier]

Journal of Community Health
Volume 38, Issue 6, December 2013
http://link.springer.com/journal/10900/38/6/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 12 December 15, 2013
http://jid.oxfordjournals.org/content/current
[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)
October-December 2013 Volume 5 | Issue 4 Page Nos. 125-186
http://www.jgid.org/currentissue.asp?sabs=n
[No relevant content]

Journal of Medical Ethics
December 2013, Volume 39, Issue 1
http://jme.bmj.com/content/current
[Reviewed earlier]

Journal of Medical Microbiology
December 2013; 62 (Pt 12)
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. 6 | December 2013 | Pages 1537-1798
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
[Reviewed earlier]

Journal of the Royal Society – Interface
February 6, 2014; 11 (91)
http://rsif.royalsocietypublishing.org/content/current
[Reviewed earlier; No relevant content]

Journal of Virology
December 2013, volume 87, issue 23
http://jvi.asm.org/content/current
[Reviewed earlier; No relevant content]

The Lancet
Nov 30, 2013 Volume 382 Number 9907 p1757 – 1856 e26 - 32
http://www.thelancet.com/journals/lancet/issue/current
Comment
WHO's 2013 global report on tuberculosis: successes, threats, and opportunities

Alimuddin Zumla, Andrew George, Virendra Sharma, Nick Herbert, Baroness Masham of Ilton
Preview |
Tuberculosis has been a global public health emergency since 1993.1 In 2006 WHO launched the Stop TB strategy, which was linked to the Millennium Development Goal (MDG) 6 target of reversing the spread of tuberculosis by 2015.2 WHO's *Global Tuberculosis Report 2013*,3 published on Oct 23, provides a comprehensive assessment of the current tuberculosis pandemic, and assesses progress in implementing tuberculosis services and control measures at country, regional, and global levels.3 The report details some striking successes towards achieving MDG 6 and related 2015 targets for global tuberculosis control.

The Lancet Global Health
Dec 2013 Volume 1 Number 6 e310 - 379
http://www.thelancet.com/journals/langlo/issue/current

Articles

The drug and vaccine landscape for neglected diseases (2000—11): a systematic assessment

Dr Belen Pedrique MD a, Nathalie Strub-Wourgaft MD a, Claudette Some PharmD b, Piero Olliaro MD c d, Patrice Trouiller PharmD e, Nathan Ford PhD f, Bernard Pécoul MD a, Jean-Hervé Bradol MD g

http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2813%2970078-0/abstract

Summary

Background

In 1975—99, only 1·1% of new therapeutic products had been developed for neglected diseases. Since then, several public and private initiatives have attempted to mitigate this imbalance. We analysed the research and development pipeline of drugs and vaccines for neglected diseases from 2000 to 2011.

Methods

We searched databases of drug regulatory authorities, WHO, and clinical trial registries for entries made between Jan 1, 2000, and Dec 31, 2011. We defined neglected diseases as malaria, tuberculosis, diarrhoeal diseases, neglected tropical diseases (NTDs; WHO definition), and other diseases of poverty according to common definitions.

Findings

Of the 850 new therapeutic products registered in 2000—11, 37 (4%) were indicated for neglected diseases, comprising 25 products with a new indication or formulation and eight vaccines or biological products. Only four new chemical entities were approved for neglected diseases (three for malaria, one for diarrhoeal disease), accounting for 1% of the 336 new chemical entities approved during the study period. Of 148 445 clinical trials registered in Dec 31, 2011, only 2016 (1%) were for neglected diseases.

Interpretation

Our findings show a persistent insufficiency in drug and vaccine development for neglected diseases. Nevertheless, these and other data show a slight improvement during the past 12 years in new therapeutics development and registration. However, for many neglected diseases, new therapeutic products urgently need to be developed and delivered to improve control and potentially achieve elimination.

Funding

None.

The Lancet Infectious Diseases
Dec 2013 Volume 13 Number 12 p995 - 1098
http://www.thelancet.com/journals/laninf/issue/current
[Reviewed earlier]

Medical Decision Making (MDM)
November 2013; 33 (8)
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
[Reviewed earlier; No relevant content]

Nature
Volume 503 Number 7477 pp437-562 28 November 2013
http://www.nature.com/nature/current_issue.html
[No relevant content]

Nature Immunology
December 2013, Volume 14 No 12 pp1199-1304
http://www.nature.com/ni/journal/v14/n12/index.html
[Reviewed earlier; No relevant content]

Nature Medicine
November 2013, Volume 19 No 11 pp1351-1546
http://www.nature.com/nm/journal/v19/n11/index.html
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Nature Reviews Immunology
November 2013 Vol 13 No 11
http://www.nature.com/nri/journal/v13/n11/index.html
[Reviewed earlier; No relevant content]

New England Journal of Medicine
November 28, 2013 Vol. 369 No. 22
http://www.nejm.org/toc/nejm/medical-journal
Perspective

The Quest for an HIV-1 Vaccine — Moving Forward

Dan H. Barouch, M.D., Ph.D.

N Engl J Med 2013; 369:2073-2076November 28, 2013DOI: 10.1056/NEJMp131271

Excerpt

Vaccines have historically been the most effective biomedical interventions for controlling global infectious diseases. The development of a safe and effective vaccine against human immunodeficiency virus type 1 (HIV-1) is therefore a critical research priority. Although other HIV-1 prevention efforts based on behavioral risk reduction, male circumcision, topical microbicides, preexposure prophylaxis, and treatment as prevention have had substantial effects on HIV-1 transmission rates, it is likely that a vaccine will be required to end the global HIV-1 epidemic.

The challenges in the development of a prophylactic HIV-1 vaccine, however, are unprecedented in the history of vaccinology. First, HIV-1 exhibits tremendous global genetic diversity as well as mutational capacity that can evade both humoral and cellular immune responses. The generation of vaccine antigens that will elicit immunologically relevant and broadly cross-reactive immune responses thus represents a major challenge. Second, HIV-1 rapidly integrates into the host genome and establishes a latent reservoir that cannot be eliminated by conventional antiretroviral drugs or virus-specific immune responses. A vaccine will therefore most likely need to induce potent and functional virus-specific antibodies that block establishment of initial infection, in addition to high levels of T lymphocytes for virologic control. Third, there are no known examples of spontaneous immune-mediated clearance of HIV-1 infection indicative of natural immunity, and thus the precise types of immune responses that need to be induced by a vaccine are not well understood. Fourth, although a series of broad and potent neutralizing monoclonal antibodies have recently been discovered, such antibodies are induced only in a subgroup of HIV-1–infected persons after several years of infection and typically exhibit extensive somatic hypermutation. No method currently exists to induce such antibodies by vaccination…

Original Article

Efficacy Trial of a DNA/rAd5 HIV-1 Preventive Vaccine

Scott M. Hammer, M.D., Magdalena E. Sobieszczyk, M.D., M.P.H., Holly Janes, Ph.D., Shelly T. Karuna, M.D., Mark J. Mulligan, M.D., Doug Grove, M.S., Beryl A. Koblin, Ph.D., Susan P. Buchbinder, M.D., Michael C. Keefer, M.D., Georgia D. Tomaras, Ph.D., Nicole Frahm, Ph.D., John Hural, Ph.D., Chuka Anude, M.D., Ph.D., Barney S. Graham, M.D., Ph.D., Mary E. Enama, M.A., P.A.-C., Elizabeth Adams, M.D., Edwin DeJesus, M.D., Richard M. Novak, M.D., Ian Frank, M.D., Carter Bentley, Ph.D., Shelly Ramirez, M.A., Rong Fu, M.S., Richard A. Koup, M.D., John R. Mascola, M.D., Gary J. Nabel, M.D., Ph.D., David C. Montefiori, Ph.D., James Kublin, M.D., M.P.H., M. Juliana McElrath, M.D., Ph.D., Lawrence Corey, M.D., and Peter B. Gilbert, Ph.D. for the HVTN 505 Study Team

N Engl J Med 2013; 369:2083-2092November 28, 2013DOI: 10.1056/NEJMoa1310566
http://www.nejm.org/doi/full/10.1056/NEJMoa1310566

Abstract

Background

A safe and effective vaccine for the prevention of human immunodeficiency virus type 1 (HIV-1) infection is a global priority. We tested the efficacy of a DNA prime–recombinant adenovirus type 5 boost (DNA/rAd5) vaccine regimen in persons at increased risk for HIV-1 infection in the United States.

Methods

At 21 sites, we randomly assigned 2504 men or transgender women who have sex with men to receive the DNA/rAd5 vaccine (1253 participants) or placebo (1251 participants). We assessed HIV-1 acquisition from week 28 through month 24 (termed week 28+ infection), viral-load set point (mean plasma HIV-1 RNA level 10 to 20 weeks after diagnosis), and safety. The 6-plasmid DNA vaccine (expressing clade B Gag, Pol, and Nef and Env proteins from clades A, B, and C) was administered at weeks 0, 4, and 8. The rAd5 vector boost (expressing clade B Gag-Pol fusion protein and Env glycoproteins from clades A, B, and C) was administered at week 24.
Results
In April 2013, the data and safety monitoring board recommended halting vaccinations for lack of efficacy. The primary analysis showed that week 28+ infection had been diagnosed in 27 participants in the vaccine group and 21 in the placebo group (vaccine efficacy, −25.0%; 95% confidence interval, −121.2 to 29.3; P=0.44), with mean viral-load set points of 4.46 and 4.47 HIV-1 RNA log10 copies per milliliter, respectively. Analysis of all infections during the study period (41 in the vaccine group and 31 in the placebo group) also showed lack of vaccine efficacy (P=0.28). The vaccine regimen had an acceptable side-effect profile.
Conclusions
The DNA/rAd5 vaccine regimen did not reduce either the rate of HIV-1 acquisition or the viral-load set point in the population studied. (Funded by the National Institute of Allergy and Infectious Diseases; ClinicalTrials.gov number, NCT00865566.)

Medicine and Society

Contagious Diseases in the United States from 1888 to the Present

Willem G. van Panhuis, M.D., Ph.D., John Grefenstette, Ph.D., Su Yon Jung, Ph.D., Nian Shong Chok, M.Sc., Anne Cross, M.L.I.S., Heather Eng, B.A., Bruce Y. Lee, M.D., Vladimir Zadorozhny, Ph.D., Shawn Brown, Ph.D., Derek Cummings, Ph.D., M.P.H., and Donald S. Burke, M.D.
N Engl J Med 2013; 369:2152-2158November 28, 2013DOI: 10.1056/NEJMms1215400
http://www.nejm.org/doi/full/10.1056/NEJMms1215400

Summary

Using data from digitized weekly surveillance reports of notifiable diseases for U.S. cities and states for 1888 through 2011, the authors derived a quantitative history of disease reduction in the United States, focusing particularly on the effects of vaccination programs.

OMICS: A Journal of Integrative Biology

December 2013, 17(12):
http://online.liebertpub.com/toc/omi/17/12
[No relevant content]

The Pediatric Infectious Disease Journal

December 2013 - Volume 32 - Issue 12 pp: 1303-1404,e426-e477
http://journals.lww.com/pidj/pages/currenttoc.aspx
[Reviewed earlier; No relevant content]

Pediatrics

November 2013, VOLUME 132 / ISSUE 5
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 11, November 2013
http://link.springer.com/journal/40273/31/11/page/1
[No relevant content]

PLoS One
[Accessed 30 November 2013]
http://www.plosone.org/
[No new relevant content]

PLoS Medicine
(Accessed 30 November 2013)
http://www.plosmedicine.org/
[No new relevant content]

PLoS Neglected Tropical Diseases
November 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 30 November 2013)
http://www.pnas.org/content/early/recent
[No new relevant content]

Pneumonia
Vol 2 (2013)
https://pneumonia.org.au/index.php/pneumonia/issue/current
pneumonia *is an international, peer reviewed open access journal that publishes original research articles, case studies, reviews, commentaries, correspondence and highlights, news and activities on all aspects related to pneumonia. The focus of the journal is to establish an international forum for pneumonia, bringing together knowledge from the various specialties involved in the treatment and prevention of this disease*
[Reviewed earlier]

Public Health Ethics
Volume 6 Issue 3 November 2013
http://phe.oxfordjournals.org/content/current
[Reviewed earlier]

Qualitative Health Research
December 2013; 23 (12)
http://qhr.sagepub.com/content/current
[No relevant content]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
October 2013 Vol. 34, No. 4
http://www.paho.org/journal/index.php?option=com_content&view=article&id=133&Itemid=229&lang=en
[No relevant content]

Risk Analysis
November 2013 Volume 33, Issue 11 Pages 1939–2078
http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-11/issuetoc
[No relevant content]

Science
29 November 2013 vol 342, issue 6162, pages 1013-1132
http://www.sciencemag.org/current.dtl
Perspective
Engineering
Devices for Low-Resource Health Care
Rebecca Richards-Kortum, Maria Oden
Bioengineering Department, Rice University, 6100 Main Street, Houston, TX 77005, USA.
http://www.sciencemag.org/content/342/6162/1055.summary
Summary
Most of the world receives health care in low-resource settings (see the figure), yet medical technologies are designed to be used mainly in high-resource settings, where designers take for granted basic infrastructure that supports their safe use and effective distribution. The corridors of many hospitals in low-resource settings are lined with donated medical equipment, but up to three-quarters of these devices do not work, often due to lack of spare parts or consumables (1). As a result, most of the world's population lacks access to life-saving technologies developed decades ago, including infant incubators, oxygen concentrators, and simple laboratory diagnostics. In this Perspective, we review the challenges of developing and translating medical technologies and highlight promising new technologies to improve health in low-resource settings.

Science Translational Medicine
27 November 2013 vol 5, issue 213
http://stm.sciencemag.org/content/current
TUBERCULOSIS
TB or Not TB: That Is No Longer the Question
Robert L. Modlin and Barry R. Bloom
27 November 2013: 213sr6
http://stm.sciencemag.org/content/5/213/213sr6.abstract
Summary
Tuberculosis (TB) remains a devastating infectious disease and, with the emergence of multidrug-resistant forms, represents a major global threat. Much of our understanding of pathogenic and immunologic mechanisms in TB has derived from studies in experimental animals. However, it is becoming increasingly clear in TB as well as in other inflammatory diseases that there are substantial differences in immunological responses of humans not found or predicted by animal studies. Thus, it is critically important to understand mechanisms of pathogenesis and immunological protection in humans. In this review, we will address the key immunological question: What are the necessary and sufficient immune responses required for protection against TB infection and disease in people—specifically protection against infection, protection against the establishment of latency or persistence, and protection against transitioning from latent infection to active disease.

Social Science & Medicine
Volume 100, In Progress (January 2014)
http://www.sciencedirect.com/science/journal/02779536/100
[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
http://www.sciencedirect.com/science/journal/0264410X

Volume 31, Issue 52, Pages 6161-6266 (16 December 2013)
Third European Influenza Summit: Organized by the European Scientific Working group on Influenza (ESWI)

Pages 6161-6167
Janet McElhaney, Ab. Osterhaus
Abstract
On 2 May 2013, the European Scientific Working group on Influenza (ESWI) held its third influenza summit at the Institute of European Studies at the Free University of Brussels. ESWI brought together more than 90 representatives of organizations of healthcare providers, senior citizens, at-risk patients and public health authorities for a day of tailored lectures, Q&A sessions and networking. Since recent studies, surveys and reviews have shed new light on some of the most intriguing influenza issues, the Summit faculty translated the newest scientific data into practice. The first part of the Summit programme focused on the current flu status in Europe, paying special attention to the protection of pregnant women and the elderly as well as to the issues of vaccine safety and effectiveness. The programme continued to highlight future challenges and evolutions like novel antiviral drugs against influenza, improved flu vaccines and the prospect of a universal flu vaccine. The annual ESWI flu summits are the pinnacles of ESWI's efforts to bridge the gap between science and society. ESWI's members are convinced that the fight against influenza can only be won when all parties are well informed and ready to work together.

Ethical analyses of institutional measures to increase health care worker influenza vaccination rates

Review Article
Pages 6172-6176
Richard K. Zimmerman
Abstract
Health care worker (HCW) influenza vaccination rates are modest. This paper provides a detailed ethical analysis of the major options to increase HCW vaccination rates, comparing how major ethical theories would address the options. The main categories of interventions to raise rates include education, incentives, easy access, competition with rewards, assessment and feedback, declination, mandates with alternative infection control measures, and mandates with administrative action as consequences.

The aforementioned interventions, except mandates, arouse little ethical controversy. However, these efforts are time and work intensive and rarely achieve vaccination rates higher than about 70%. The primary concerns voiced about mandates are loss of autonomy, injustice, lack of due process, and subsuming the individual for institutional ends. Proponents of mandates argue that they are ethical based on beneficence, non-maleficence, and duty. A number of professional associations support mandates. Arguments by analogy can be made by mandates for HCW vaccination against other diseases.

The ethical systems used in the analyses include evolutionary ethics, utilitarianism, principalism (autonomy, beneficence, non-maleficence, and justice), Kantism, and altruism. Across these systems, the most commonly preferred options are easy access, assessment and feedback, declinations, and mandates with infection control measures as consequences for non-compliance.

Given the ethical imperatives of non-maleficence and beneficence, the limited success of lower intensive interventions, and the need for putting patient safety ahead of HCW convenience, mandates with additional infection control measures as consequences for non-compliance are preferred. For those who opt out of vaccination due to conscience concerns, such mandates provide a means to remain employed but not put patient safety at risk.

Volume 31, Issue 51, Pages 6041-6160 (9 December 2013)
http://www.sciencedirect.com/science/journal/0264410X/31/51

The role of health economic analyses in vaccine decision making

Review Article
Pages 6046-6049
Steven Black

Abstract
Beginning in the 20th century with the consideration of the seven-valent pneumococcal conjugate vaccine in the US, the cost effectiveness became a topic of discussion when this vaccine was being considered for universal use by the US Advisory Committee on Immunization practices (ACIP). In 2008, the ACIP began using formal criteria for the presentation of such data and their inclusion in ACIP discussions. More recently, the US Institute of Medicine has recommended that health economic considerations play a primary role in the prioritization of future vaccine for development. However, such analyses can be biased towards vaccines that provide economic benefit rather than those that reduce severe morbidity and mortality. This is because the economic impact of minor common events that result in medical utilization or time lost from work for parents can outweigh the economic impact of severe morbidity and mortality. Thus diseases with a low mortality and morbidity but with a common clinical manifestation such as the common cold could be prioritized over vaccines against diseases such as meningococcal sepsis where the morbidity and mortality associated with each case is very high, but there is no associated common clinical syndrome. Thus the use of cost effectiveness analyses as a 'gating criteria' to decide which vaccines should be developed or routinely used runs the risk of transforming vaccines into primarily a tool for achieving cost savings within the health care system rather than a public health intervention targeting human suffering, death and disability. It is the purpose of this article to review the framework under which health economic evaluations can be undertaken, to review the experience with and reliability of such analyses, and to discuss the potential negative implications of the use of health economic analyses as a primary decision making tool.

Using solar-powered refrigeration for vaccine storage where other sources of reliable electricity are inadequate or costly

Review Article
Pages 6050-6057
Steve McCarney, Joanie Robertson, Juliette Arnaud, Kristina Lorenson, John Lloyd

Abstract
Large areas of many developing countries have no grid electricity. This is a serious challenge that threatens the continuity of the vaccine cold chain. The main alternatives to electrically powered refrigerators available for many years—kerosene- and gas-driven refrigerators—are plagued by problems with gas supply interruptions, low efficiency, poor temperature control, and frequent maintenance needs. There are currently no kerosene- or gas-driven refrigerators that qualify under the minimum standards established by the World Health Organization (WHO) Performance, Quality, and Safety (PQS) system.
Solar refrigeration was a promising development in the early 1980s, providing an alternative to absorption technology to meet cold chain needs in remote areas. Devices generally had strong laboratory performance data; however, experience in the field over the years has been mixed. Traditional solar refrigerators relied on relatively expensive battery systems, which have demonstrated short lives compared to the refrigerator. There are now alternatives to the battery-based systems and a clear understanding that solar refrigerator systems need to be designed, installed, and maintained by technicians with the necessary knowledge and training.

Thus, the technology is now poised to be the refrigeration method of choice for the cold chain in areas with no electricity or extremely unreliable electricity (less than 4 h per average day) and sufficient sunlight.
This paper highlights some lessons learned with solar-powered refrigeration, and discusses some critical factors for successful introduction of solar units into immunization programs in the future including:
:: Sustainable financing mechanisms and incentives for health workers and technicians are in place to support long-term maintenance, repair, and replacement parts.
:: System design is carried out by qualified solar refrigerator professionals taking into account the conditions at installation sites.
:: Installation and repair are conducted by well-trained technicians.
:: Temperature performance is continuously monitored and protocols are in place to act on data that indicate problems.

Coverage and cost of a large oral cholera vaccination program in a high-risk cholera endemic urban population in Dhaka, Bangladesh

Original Research Article
Pages 6058-6064
Iqbal Ansary Khan, Amit Saha, Fahima Chowdhury, Ashraful Islam Khan, Md Jasim Uddin, Yasmin A. Begum, Baizid Khoorshid Riaz, Sanjida Islam, Mohammad Ali, Stephen P. Luby, John D. Clemens, Alejandro Cravioto, Firdausi Qadri

Abstract
A feasibility study of an oral cholera vaccine was carried out to test strategies to reach high-risk populations in urban Mirpur, Dhaka, Bangladesh. The study was cluster randomized, with three arms: vaccine, vaccine plus safe water and hand washing practice, and no intervention. High risk people of age one year and above (except pregnant woman) from the two intervention arms received two doses of the oral cholera vaccine, Shanchol™. Vaccination was conducted between 17th February and 16th April 2011, with a minimum interval of fourteen days between two doses. Interpersonal communication preceded vaccination to raise awareness amongst the target population. The number of vaccine doses used, the population vaccinated, left-out, drop out, vaccine wastage and resources required were documented. Fixed outreach site vaccination strategy was adopted as the mode of vaccine delivery. Additionally, mobile vaccination sites and mop-up activities were carried out to reach the target communities. Of the 172,754 target population, 141,839 (82%) and 123,666 (72%) received complete first and second doses of the vaccine, respectively. Dropout rate from the first to the second dose was 13%. Two complete doses were received by 123,661 participants. Vaccine coverage in children was 81%. Coverage was significantly higher in females than in males (77% vs. 66%, $P < 0.001$). Vaccine wastage for delivering the complete doses was 1.2%. The government provided cold-chain related support at no cost to the project. Costs for two doses of vaccine per-person were US$3.93, of which US$1.63 was spent on delivery. Cost for delivering a single dose was US$0.76. We observed no serious adverse events. Mass vaccination with oral cholera vaccine is feasible for reaching high risk endemic population through the existing national immunization delivery system employed by the government.

Cost-effectiveness of a new rotavirus vaccination program in Pakistan: A decision tree model

Original Research Article
Pages 6072-6078
Hiten D. Patel, Eric T. Roberts, Dagna O. Constenla

Abstract

Background
Rotavirus gastroenteritis places a significant health and economic burden on Pakistan. To determine the public health impact of a national rotavirus vaccination program, we performed a cost-effectiveness study from the perspective of the health care system.
Methods
A decision tree model was developed to assess the cost-effectiveness of a national vaccination program in Pakistan. Disease and cost burden with the program were compared to the current state. Disease parameters, vaccine-related costs, and medical treatment costs were based on published epidemiological and economic data, which were specific to Pakistan when possible. An annual birth cohort of children was followed for 5 years to model the public health impact of vaccination on health-related events and costs. The cost-effectiveness was assessed and quantified in cost (2012 US$) per disability-adjusted life-year (DALY) averted and cost per death averted. Sensitivity analyses were performed to assess the robustness of the incremental cost-effectiveness ratios (ICERs).
Results
The base case results showed vaccination prevented 1.2 million cases of rotavirus gastroenteritis, 93,000 outpatient visits, 43,000 hospitalizations, and 6700 deaths by 5 years of age for an annual birth cohort scaled from 6% current coverage to DPT3 levels (85%). The medical cost savings would be US$1.4 million from hospitalizations and US$200,000 from outpatient visit costs. The vaccination program would cost US$35 million at a vaccine price of US$5.00. The ICER was US$149.50 per DALY averted or US$4972 per death averted. Sensitivity analyses showed changes in case–fatality ratio, vaccine efficacy, and vaccine cost exerted the greatest influence on the ICER.
Conclusions
Across a range of sensitivity analyses, a national rotavirus vaccination program was predicted to decrease health and economic burden due to rotavirus gastroenteritis in Pakistan by ~40%. Vaccination was highly cost-effective in this context. As discussions of implementing the intervention intensify, future studies should address affordability, efficiency, and equity of vaccination introduction.

Evaluation of several approaches to immunize parents of neonates against B. pertussis

Original Research Article
Pages 6087-6091
Julie Frère, Philippe De Wals, Philippe Ovetchkine, Léna Coïc, François Audibert, Bruce Tapiero
Abstract
Background
Parental immunization ("cocooning") is a potentially effective strategy to protect neonates against Bordetella pertussis. The objective of this study was to evaluate three approaches to parental immunization: (1) current practice (single dTap dose to adolescents, one additional dose recommended in adults); (2) promotion of vaccination in the maternity ward, with vaccine offered in the community; and (3) promotion and administration of vaccine in the maternity ward.
Methods
We conducted a two-phase study of postpartum women in a tertiary care obstetric–pediatric hospital in Montreal, Canada. In Phase I, mothers completed a standardized questionnaire regarding pertussis knowledge, attitudes and immunization status. Interviews provided information on cocooning and pertussis vaccination, and invited parents to receive the vaccine

in the community. In phase II, information was provided (no questionnaire) with vaccination offered in the maternity ward before discharge.
Results
Phase I included 101 participants; Phase II, 244. Baseline knowledge on infant disease severity and adult vaccine recommendations was poor. Only 6% of women were considered protected. In Phase I, 56.3% and 62.5% of eligible mothers and fathers, respectively, were willing to receive the vaccine; only 5.4% and 8.7% were immunized in the community. In Phase II, 53.1% and 62.6% of mothers and fathers, respectively, would accept vaccination; 46.9% of mothers and 60.5% of fathers were immunized onsite ($p < 0.01$).
Conclusion
Offering dTap vaccine in the maternity ward is an effective approach to promote cocooning and increase vaccine uptake. The generalizability and cost effectiveness of this strategy should be investigated further.

Long-term clinical studies of varicella vaccine at a regional hospital in Japan and proposal for a varicella vaccination program

Review Article
Pages 6155-6160
Takao Ozaki

Abstract

In 1974, a live varicella vaccine (Oka strain) was developed in Japan for the prevention of varicella. It has been commercially available since 1987 for the voluntary vaccination program, in which children over the age of 1 year with no history of previous varicella infection receive a single dose. From before approval up to the present, we have been carrying out long-term studies in healthy children at a regional hospital to assess the immunogenicity, safety, and efficacy of the varicella vaccine. This vaccine is very safe, and serious adverse reactions have not been observed since the year 2000 when it changed gelatin-free. In the past three studies, seroconversion was detected in around 95% of subjects by the immune adherence hemagglutination (IAHA) test, and this high rate was considered to indicate good immunogenicity. Breakthrough varicella is observed in approximately 20–30% of children who receive a single dose of the vaccine, but most cases are mild.

Although recent vaccination has generally been effective, the IAHA test has shown that immunogenicity is somewhat lower than was previously demonstrated. The sensitivity of the IAHA test has been shown to be adequate when compared with the neutralization test, so the current testing system is sufficient for the maintenance of immunity levels. An additional vaccination increased the IAHA antibody level in subjects who failed to seroconvert after a single dose vaccination. According to another clinical study, additional varicella vaccination at 3–5 years after the initial vaccination achieved stronger immunogenicity.

Because it is administered as part of the voluntary vaccination program, the varicella vaccination coverage rate has remained low in Japan, with no sign of a decrease in the number of varicella patients. We consider that implementation of routine varicella vaccination program based on the Preventive Vaccination Law would be the most effective approach for improvement of the coverage rate. Along with this, introduction of a two-dose schedule would also be desirable. In addition to decreasing the prevalence of characteristic breakthrough varicella infection, the vaccination coverage rate would also be expected to improve with a two-dose schedule due to an increase in opportunities for vaccination.

Vaccine: Development and Therapy

(Accessed 30 November 2013)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Vaccines — Open Access Journal
(Accessed 30 November 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. 7 | November 2013
http://www.valueinhealthjournal.com/current
[Reviewed earlier; No relevant content]

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

Journal of Adolescent Health
Available online 26 November 2013
What Parents and Adolescent Boys Want in School Vaccination Programs in the United States
PD Shah, AL McRee, PL Reiter, NT Brewer -
http://www.sciencedirect.com/science/article/pii/S1054139X13005211
Abstract
Purpose
Schools are increasingly a part of vaccine provision, because of laws mandating provision of information by schools about vaccination, school entry requirements, and mass vaccination campaigns. We examined preferences for programmatic aspects of voluntary school mass vaccination programs (i.e., "vaccination days").
Methods
We analyzed data from a national sample of United States parents of adolescent males ages 11–19 years (n=308) and their sons (n=216), who completed an online survey in November 2011.
Results
Sons believed that adolescents should be able to get vaccinated without parental consent at a younger age than parents did (p<.001) and were more willing to participate in vaccination days without a parent present (p=.04). Parents perceived school vaccination days to be a more convenient way to get their sons recommended vaccines if they were younger parents, had older adolescent sons, supported laws letting schools share vaccination records with health care providers, or had sons who were previously immunized at school (all p < .05). Parents of older sons were less likely to want their sons' vaccination records sent home (odds ratio [OR]=.47; 95% confidence interval [CI], .29-.77) or to their sons' physicians (OR = .61; 95% CI, .37-.98)

compared with parents of younger sons, but more likely to prefer their sons' records be entered in an immunization registry (OR=1.66; 95% CI, 1.05-2.63).
Conclusions
Sons' age had an important role in support for vaccination days and preferences for sharing vaccination information with health care professionals. Parents and sons had similar beliefs about vaccination in schools, but the sons' responses suggested an interest in greater autonomy.

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 30 November 2013
[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 30 November 2013
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 30 November 2013
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 30 November 2013
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 30 November 2013
Wired: The Surge [Polio eradication]
http://www.cfr.org/health/wired-surge/p31963

Matthieu Aikins
November 26, 2013
Excerpt
"Once you have beaten back a disease to just a few hundred cases, they will almost by definition be concentrated in places where there's some barrier—geographical, cultural, political—to easy vaccination. In general, each marginal case will cost more, and will consume more time and effort and labor, than the one before it...[but] the math of cost-benefit analyses runs aground when it comes to eradication campaigns, because the benefits, in theory, are infinite."

In 1988 there were 350,000 cases of polio worldwide. Last year there were 223. But getting all the way to zero will mean spending billions of dollars, penetrating the most remote regions of the globe, and facing down Taliban militants to get to the last unprotected children on earth. The border regions between Pakistan and Afghanistan are wracked by violence, and their rural hinterlands are largely under the control of a diverse array of militant groups. The Taliban in Afghanistan have been mostly cooperative with the polio campaign--in the south of the contry, where their writ is strongest, they even help point out areas missed by vaccine teams--but in 2012 Taliban leaders in Pakistan began banning vaccinations in their areas, condemning the campaign as an American plot. They also started targeting campaign workers for assassination: Since the ban started, 22 people have been killed in attacks on vaccine teams…

Economist
http://www.economist.com/
Accessed 30 November 2013
[No new, unique, relevant content]

Financial Times
http://www.ft.com
Accessed 30 November 2013
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 30 November 2013
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 30 November 2013
[No new, unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 30 November 2013
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 30 November 2013

[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 30 November 2013
[No new, unique, relevant content]

Le Monde
http://www.lemonde.fr/
Accessed 30 November 2013
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 30 November 2013
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 30 November 2013
[No new, unique, relevant content]

Reuters
http://www.reuters.com/
Accessed 30 November 2013
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page
Accessed 30 November 2013
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 30 November 2013
[No new, unique, relevant content]

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