Center for Vaccine Ethics and Policy
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Vaccines and Global Health: The Week in Review
9 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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Joint statement: Over 20 million children to be vaccinated in Syria and neighbouring countries

WHO and UNICEF
8 November 2013
Excerpt

The largest-ever consolidated immunization response in the Middle East is under way to stop a polio outbreak, aiming to vaccinate over 20 million children in seven countries and territories repeatedly. Emergency immunization campaigns in and around Syria to prevent transmission of polio and other preventable diseases have vaccinated more than 650,000 children in Syria, including 116,000 in the highly-contested north-east Deir-ez-Zor province where the polio outbreak was confirmed a week ago…

The outbreak of paralytic polio among children in Syria has catalysed the current mass response. The first polio outbreak in the country since 1999, it has so far left 10 children paralyzed, and poses a risk of paralysis to hundreds of thousands of children across the region. Preliminary evidence indicates that the poliovirus is of Pakistani origin and is similar to the strain detected in Egypt, Israel, the West Bank and Palestine.

Dr. Ala Alwan, the World Health Organization Regional Director for the Eastern Mediterranean noted, "The Middle East has shown exactly the coordinated leadership needed to combat a deadline virus: a consolidated and sustained assault on a vaccine-preventable disease and an extraordinary commitment to a common purpose."

UNICEF said it has procured 1.35 billion doses of oral polio vaccine (OPV) to date in 2013 and by the end of the year will have procured up to 1.7 billion doses to meet increased demand. Global supply of OPV was already under constraint with vaccine manufacturers producing at full

capacity. The new outbreak in Syria is adding further pressure to the supply but WHO, UNICEF and manufacturers are working to secure sufficient quantities to reach all children…
http://www.unicef.org/media/media_70833.html

Update: Polio this week - *As of 6 November 2013*
Global Polio Eradication Initiative
Full report: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
[Editor's extract and bolded text]
:: Following confirmation of polio in Syria, health ministers of the Eastern Mediterranean declared the circulation of poliovirus in the Region an 'emergency' for all Member States at its Regional Committee meeting in Oman last week. It called on Pakistan to take necessary steps to ensure all children were accessed and vaccinated as a matter of utmost emergency to prevent further international spread and requested Syria and adjoining countries to coordinate intensified mass vaccination campaigns using the most appropriate tactics and vaccines to interrupt this new outbreak within six months. For more on the Regional Committee meeting click here.
:: The Strategic Advisory Group of Experts on immunization (SAGE) is meeting this week in Geneva, Switzerland. Among other topics, the SAGE is expected to review the latest global polio epidemiology, strategies for accelerating polio eradication and plans for introduction of inactivated poliovirus vaccine (IPV) into routine immunization.
Afghanistan
One new WPV1 case was reported in the past week (from Chapa Dara district, Kunar province). The total number of WPV cases for 2013 is now nine (all WPV1), all of which were reported from Eastern Region, close to the Pakistan border. The most recent WPV1 case had onset of paralysis on 27 September, from Kunar province.
Nigeria
Two new WPV cases were reported this week. The total number of WPV cases for 2013 is now 51 (all WPV1s). The two cases were reported from Local Government Areas (LGA) Nasarawa and Kumbotso in Kano state. The most recent WPV1 case in the country had onset of paralysis on 8 October (from Kumbotso, Kano).

The GAVI Alliance said it welcomes the introduction of pneumococcal and measles-rubella vaccines in Senegal. Dr Seth Berkley, CEO of the GAVI Alliance, said, "Senegal is investing in the health of its children by protecting them from these three potentially fatal diseases. We want to see children benefitting from the power of vaccines no matter where in the world they live." Awa Marie Coll Seck, Senegal Health Minister, commwented, "These introductions are very important for Senegal because children are dying every day from these vaccine-preventable diseases. I am happy that we have been able to introduce these vaccines for our children with GAVI Alliance support." Senegal plans to introduce pneumococcal vaccine into its routine child vaccination schedule immediately while the measles-rubella introduction will initially begin as a campaign before moving in to routine immunisation from the beginning of 2014.
http://www.gavialliance.org/library/news/statements/2013/gavi-alliance-welcomes-introduction-of-two-life-saving-vaccines-in-senegal/

The Global Fund said it worked with partners to establish a "new framework to systematically organize the purchase of massive amounts of mosquito nets, anti-HIV drugs and other products that will improve delivery and make significant savings. In a first step, the Global Fund will sign contracts with 7 manufacturers "for the largest-ever bulk purchase of mosquito nets treated with insecticide, with immediate costs savings of US$51.2 million, and projected overall savings of US$140 million for the Global Fund over two years." The announcement noted that the initial contracts, for 90 million mosquito nets, will be part of an overall purchase of 190 million nets by partners in 2014. The new framework reduces base prices across the board, for all partners, and also reduces bottlenecks and shortages in countries where malaria threatens the lives of millions of children under the age of 5. The Global Fund said that the new framework emerged from a special partnership launched in May 2013 between the Global Fund, the UK's Department for International Development, the U.S. President's Malaria Initiative and UNICEF, who collectively represent about 87 percent of the purchases of insecticide-treated nets. Other partners also participated, including the Clinton Health Access Initiative (CHAI), Roll Back Malaria Partnership and the office of Raymond G. Chambers, the UN Secretary-General's Special Envoy for Financing the Health MDGs and for Malaria…
http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-11-05_Breakthrough_on_Procurement_to_Save_USD_140_Million/

WHO: Global Alert and Response (GAR) – *Disease Outbreak News*
http://www.who.int/csr/don/2013_03_12/en/index.html
:: Human infection with avian influenza A(H7N9) virus – update 6 November 2013
:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update 4 November 2013

CDC/MMWR Watch [to 9 November 2013]
No new relevant content

European Medicines Agency Watch (to 9 November 2013)
No new relevant content

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

UN Watch *to 9 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 9 November 2013*
Selected press releases and other selected content relevant to immunization, vaccines, infectious diseases, global health, etc. http://www.worldbank.org/en/news/all
No new relevant content.

Reports/Research/Analysis/ Conferences/Meetings/Book Watch

Vaccines and Global Health: The Week in Review has expanded its coverage of new reports, books, research and analysis published independent of the journal channel covered in Journal Watch below. Our interests span immunization and vaccines, as well as global public health, health governance, and associated themes. If you would like to suggest content to be included in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

Meeting: Vaccines for Enteric Diseases (VED) Conference

Coalition against Typhoid (CaT), an initiative of the Sabin Vaccine Institute.
Scientists, researchers and biotech experts this week at the to discuss how a highly anticipated conjugate typhoid vaccine could expedite global efforts to help prevent this disease. For the first time, children as young as six months of age can be protected against typhoid with a vaccine. Both adults and children will receive high levels of long lasting protection.
http://www.sabin.org/updates/pressreleases/leaders-fight-against-typhoid-express-hope-light-new-vaccines

Forum: Human Resources for Health: foundation for Universal Health Coverage and the post-2015 development agenda.

Third Global Forum on Human Resources for Health
Recife, Brazil
10–13 November, 2013
http://www.who.int/mediacentre/events/meetings/2013/human-resources/en/index.html

Main issues for discussion

:: Learning from a decade of action on HRH with respect to efforts to achieve the health-related MDGs as well as other important national and global health goals? Are we on the right track towards universal health coverage (UHC)?
:: Matching health workforce production to population needs and expectations.
:: Social needs and the regulatory role of the State.
:: Deployment, retention and management for an effective health workforce.
:: Empowerment and incentives for health personnel as we move towards UHC.
:: Exploring a forward looking agenda to make sure the health workforce is the vanguard for UHC.

Workshop: Adult Vaccination in Middle and Low Income Countries: TB, HIV, and Malaria.

Aeras
Presentations: http://www.aeras.org/blog.

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 11, 2013
http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az_hflY
[Reviewed earlier; No relevant content]

American Journal of Infection Control
Vol 41 | No. 11 | November 2013 | Pages 949-114
http://www.ajicjournal.org/current
[Reviewed earlier]

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

Ethical Community-Engaged Research: A Literature Review.
Lisa Mikesell, Elizabeth Bromley, and Dmitry Khodyakov.
American Journal of Public Health: December 2013, Vol. 103, No. 12, pp. e7-e14.
doi: 10.2105/AJPH.2013.301605
http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301605

Abstract

Health research has relied on ethical principles, such as those of the Belmont Report, to protect the rights and well-being of research participants.

Community-based participatory research (CBPR), however, must also consider the rights and well-being of communities. This requires additional ethical considerations that have been extensively discussed but not synthesized in the CBPR literature.

We conducted a comprehensive thematic literature review and summarized empirically grounded discussions of ethics in CBPR, with a focus on the value of the Belmont principles in CBPR, additional essential components of ethical CBPR, the ethical challenges CBPR practitioners face, and strategies to ensure that CBPR meets ethical standards. Our study provides a foundation for developing a working definition and a conceptual model of ethical CBPR.

Ethical Research and Minorities
Mark A. Rothstein.
American Journal of Public Health, December 2013, Vol. 103, No. 12, pp. 2118-2118.
doi: 10.2105/AJPH.2013.301390

Building Trust for Engagement of Minorities in Human Subjects Research: Is the Glass Half Full, Half Empty, or the Wrong Size?
Sandra C. Quinn, Nancy E. Kass, and Stephen B. Thomas.
American Journal of Public Health December 2013: Vol. 103, No. 12, pp. 2119-2121.
doi: 10.2105/AJPH.2013.301685

Rethinking the Vulnerability of Minority Populations in Research.

Wendy Rogers and Margaret Meek Lange.
American Journal of Public Health: December 2013, Vol. 103, No. 12, pp. 2141-2146.
doi: 10.2105/AJPH.2012.301200
http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.301200
Abstract

The Belmont Report, produced in 1979 by a United States government commission, includes minority populations among its list of vulnerable research participants. In this article, we consider some previous attempts to understand the vulnerability of minorities in research, and then provide our own account.

First we examine the question of the representation of minorities in research. Then we argue that the best understanding of minorities, vulnerability, and research will begin with a broad understanding of the risk of individual members of minority groups to poor health outcomes. We offer a typology of vulnerability to help with this task.

Finally, we show how researchers should be guided by this broad analysis in the design and execution of their research.

Adapting Western Research Methods to Indigenous Ways of Knowing.
Vanessa W. Simonds and Suzanne Christopher.
American Journal of Public Health: December 2013, Vol. 103, No. 12, pp. 2185-2192.
doi: 10.2105/AJPH.2012.30115
http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.301157
Abstract

Indigenous communities have long experienced exploitation by researchers and increasingly require participatory and decolonizing research processes. We present a case study of an intervention research project to exemplify a clash between Western research methodologies and Indigenous methodologies and how we attempted reconciliation. We then provide implications for future research based on lessons learned from Native American community partners who voiced concern over methods of Western deductive qualitative analysis. Decolonizing research requires constant reflective attention and action, and there is an absence of published guidance for this process. Continued exploration is needed for implementing Indigenous methods alone or in conjunction with appropriate Western methods when conducting research in Indigenous communities. Currently, examples of Indigenous methods and theories are not widely available in academic texts or published articles, and are often not perceived as valid.

American Journal of Tropical Medicine and Hygiene
November 2013; 89 (5)
http://www.ajtmh.org/content/current
The Economic Case for Combating Malaria
Mark Purdy, Matthew Robinson, Kuangyi Wei, and David Rublin
Am J Trop Med Hyg 2013 89:819-823; doi:10.4269/ajtmh.12-0689
http://www.ajtmh.org/content/89/5/819.abstract
Abstract.

To date, existing studies focus largely on the economic detriments of malaria. However, if we are to create suitable incentives for larger-scale, more sustained anti-malaria efforts from a wider group of stakeholders, we need a much better understanding of the economic benefits of malaria reduction and elimination. Our report seeks to rectify this disjuncture by showing how attaining the funding needed to meet internationally agreed targets for malaria elimination

would, on conservative assumptions, generate enormous economic improvements. We use a cost-benefit analysis anchored in Global Malaria Action Plan projections of malaria eradication based on fully met funding goals. By calculating the value of economic output accrued caused by work years saved and subtracting the costs of intervention, we find that malaria reduction and elimination during 2013–2035 has a 2013 net present value of US $208.6 billion.

Malaria Diagnostics in Clinical Trials

Sean C. Murphy*, Joseph P. Shott, Sunil Parikh, Paige Etter, William R. Prescott and V. Ann Stewart

Abstract.

Malaria diagnostics are widely used in epidemiologic studies to investigate natural history of disease and in drug and vaccine clinical trials to exclude participants or evaluate efficacy. The Malaria Laboratory Network (MLN), managed by the Office of HIV/AIDS Network Coordination, is an international working group with mutual interests in malaria disease and diagnosis and in human immunodeficiency virus/acquired immunodeficiency syndrome clinical trials. The MLN considered and studied the wide array of available malaria diagnostic tests for their suitability for screening trial participants and/or obtaining study endpoints for malaria clinical trials, including studies of HIV/malaria co-infection and other malaria natural history studies. The MLN provides recommendations on microscopy, rapid diagnostic tests, serologic tests, and molecular assays to guide selection of the most appropriate test(s) for specific research objectives. In addition, this report provides recommendations regarding quality management to ensure reproducibility across sites in clinical trials. Performance evaluation, quality control, and external quality assessment are critical processes that must be implemented in all clinical trials using malaria tests.

Annals of Internal Medicine

5 November 2013, Vol. 159. No. 9

http://annals.org/issue.aspx

[No relevant content]

BMC Public Health

(Accessed 9 November 2013)

http://www.biomedcentral.com/bmcpublichealth/content

[No new relevant content]

British Medical Bulletin

Volume 107 Issue 1 September 2013

http://bmb.oxfordjournals.org/content/current

[Reviewed earlier]

British Medical Journal

09 November 2013 (Vol 347, Issue 7932)

http://www.bmj.com/content/347/7932

[No relevant content]

Bulletin of the World Health Organization
Volume 91, Number 11, November 2013, 797-896
http://www.who.int/bulletin/volumes/91/11/en/index.html
Special theme: human resources for universal health coverage
[No specific relevant content]

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

Cost Effectiveness and Resource Allocation
(Accessed 9 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
August 2013 Volume 13, Issue 2 Pages ii–iii, 57–104
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2013.13.issue-2/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 11—November 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 45, 07 November 2013
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Perspectives
Ethics of mandatory vaccination for healthcare workers
E Galanakis 1, A Jansen2, P L Lopalco2, J Giesecke2
1.Department of Paediatrics and Joint Graduate Programme in Bioethics, University of Crete, Heraklion, Greece
2.European Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden
http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20627
Abstract
Healthcare workers (HCWs) are at increased risk of contracting infections at work and further transmitting them to colleagues and patients. Immune HCWs would be protected themselves and act as a barrier against the spread of infections and maintain healthcare delivery during outbreaks, but vaccine uptake rates in HCWs have often been low. In order to achieve adequate immunisation rates in HCWs, mandatory vaccination policies are occasionally implemented by healthcare authorities, but such policies have raised considerable controversy. Here we review the background of this debate, analyse arguments for and against mandatory vaccination policies, and consider the principles and virtues of clinical, professional, institutional and public health ethics. We conclude that there is a moral imperative for HCWs to be immune and for healthcare institutions to ensure HCW vaccination, in particular for those working in settings with high-risk groups of patients. If voluntary uptake of vaccination by HCWs is not optimal, patients' welfare, public health and also the HCW's own health interests should outweigh concerns about individual autonomy: fair mandatory vaccination policies for HCWs might be acceptable. Differences in diseases, patient and HCW groups at risk and available vaccines should be taken into consideration when adopting the optimal policy.

Forum for Development Studies
Volume 40, Issue 3, 2013
http://www.tandfonline.com/toc/sfds20/current
[No relevant content]

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

Globalization and Health
[Accessed 9 November 2013]
http://www.globalizationandhealth.com/
[No new relevant content]

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 9 November 2013]
[No new relevant content]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 9 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 6, 2013, Vol 310, No. 17
http://jama.jamanetwork.com/issue.aspx
Viewpoint | November 6, 2013
Managing the Human Toll Caused by Seasonal Influenza: New York State's Mandate to Vaccinate or Mask
Arthur Caplan, PhD1; Nirav R. Shah, MD, MPH2
http://jama.jamanetwork.com/article.aspx?articleid=1746248
Initial Text [per JAMA convention]
New York State and the nation as a whole experienced one of the worst influenza seasons in a decade during the winter of 2012-2013. In the peak week ending January 19, 2013, New York alone reported more than 5000 cases of laboratory-confirmed influenza, more than 1120 hospitalizations as a result of influenza, and 5 flu-related pediatric deaths. By the season's end, more than 45 000 cases had been confirmed, more than 9500 people had been hospitalized, and 14 children had died.1…

JAMA Pediatrics
November 2013, Vol 167, No. 11
http://archpedi.jamanetwork.com/issue.aspx
Association Between Undervaccination With Diphtheria, Tetanus Toxoids, and Acellular Pertussis (DTaP) Vaccine and Risk of Pertussis Infection in Children 3 to 36 Months of Age
Jason M. Glanz, PhD; Komal J. Narwaney, MD, PhD; Sophia R. Newcomer, MPH; Matthew F. Daley, MD; Simon J. Hambidge, MD, PhD; Ali Rowhani-Rahbar, MD, PhD; Grace M. Lee, MD, MPH; Jennifer C. Nelson, PhD; Allison L. Naleway, PhD; James D. Nordin, MD, MPH; Marlene M. Lugg, DrPH; Eric S. Weintraub, MPH
Abstract
Importance Undervaccination is an increasing trend that potentially places children and their communities at an increased risk for serious infectious diseases.
Objective To examine the association between undervaccination and pertussis in children 3 to 36 months of age.
Design Matched case-control study with conditional logistic regression analysis.
Setting Eight managed care organizations of the Vaccine Safety Datalink between 2004 and 2010.
Participants Each laboratory-confirmed case of pertussis (72 patients) was matched to 4 randomly selected controls (for a total of 288 controls). The case patients were matched to

controls by managed care organization site, sex, and age at the index date. The index date was defined as the date of pertussis diagnosis for the case patients.
Exposure Undervaccination for the diphtheria, tetanus toxoids, and acellular pertussis (DTaP) vaccine. Undervaccination was defined as the number of doses of DTaP vaccine that was either missing or delayed by the index date. Case patients and controls could be undervaccinated by 0, 1, 2, 3, or 4 doses of DTaP vaccine. Children undervaccinated by 0 doses were considered age-appropriately vaccinated by the index date.
Main Outcome and Measure Pertussis.
Results Of the 72 case patients with pertussis, 12 (16.67%) were hospitalized, and 34 (47.22%) were undervaccinated for DTaP vaccine by the date of pertussis diagnosis. Of the 288 matched controls, 64 (22.22%) were undervaccinated for DTaP vaccine. Undervaccination was strongly associated with pertussis. Children undervaccinated for 3 or 4 doses of DTaP vaccine were 18.56 (95% CI, 4.92-69.95) and 28.38 (95% CI, 3.19-252.63) times more likely, respectively, to have received a diagnosis of pertussis than children who were age-appropriately vaccinated.
Conclusions and Relevance Undervaccination with DTaP vaccine increases the risk of pertussis among children 3 to 36 months of age.

The Relationship Between Parent Attitudes About Childhood Vaccines Survey Scores and Future Child Immunization Status: A Validation Study

Douglas J. Opel, MD, MPH; James A. Taylor, MD; Chuan Zhou, PhD; Sheryl Catz, PhD; Mon Myaing, PhD; Rita Mangione-Smith, MD, MPH

Abstract
Importance Acceptance of childhood vaccinations is waning, amplifying interest in developing and testing interventions that address parental barriers to immunization acceptance.
Objective To determine the predictive validity and test-retest reliability of the Parent Attitudes About Childhood Vaccines survey (PACV), a recently developed measure of vaccine hesitancy.
Design, Setting, and Participants Prospective cohort of English-speaking parents of children aged 2 months and born from July 10 through December 10, 2010, who belonged to an integrated health care delivery system based in Seattle and who returned a completed baseline PACV. Parents who completed a follow-up survey 8 weeks later were included in the reliability analysis. Parents who remained continuous members in the delivery system until their child was 19 months old were included in the validity analysis.
Exposure The PACV, scored on a scale of 0 to 100 (100 indicates high vaccine hesitancy).
Main Outcomes and Measures Child's immunization status as measured by the percentage of days underimmunized from birth to 19 months of age.
Results Four hundred thirty-seven parents completed the baseline PACV (response rate, 50.5%), and 220 (66.5%) completed the follow-up survey. Of the 437 parents who completed a baseline survey, 310 (70.9%) maintained continuous enrollment. Compared with parents who scored less than 50, parents who scored 50 to 69 on the survey had children who were underimmunized for 8.3% (95% CI, 3.6%-12.8%) more days from birth to 19 months of age; those who scored 70 to 100, 46.8% (40.3%-53.3%) more days. Baseline and 8-week follow-up PACV scores were highly concordant ($\rho = 0.844$).
Conclusions and Relevance Scores on the PACV predict childhood immunization status and have high reliability. Our results should be validated in different geographic and demographic samples of parents.

Journal of Community Health

Volume 38, Issue 6, December 2013
http://link.springer.com/journal/10900/38/6/page/1

Human Papillomavirus Knowledge and Awareness Among Vietnamese Mothers

Jenny K. Yi, Susan C. Lackey, Marion P. Zahn, Juan Castaneda, Jessica P. Hwang

Abstract

Human papillomavirus (HPV) is the most common sexually transmitted disease in the US and the primary cause of cervical cancer. Vietnamese American women have the highest incidence rates of cervical cancer but one of the lowest HPV vaccination rates. Parental knowledge is an important predictor of HPV vaccination; however, little is known about HPV knowledge in the Vietnamese American community. We aimed to describe the HPV knowledge of Vietnamese mothers in Houston, Texas and their intention to vaccinate their daughters. We conducted face-to-face interviews with Vietnamese mothers who had daughters aged 9–26 years. We collected data on demographics, acculturation, HPV knowledge, and vaccination intention. Knowledge scores (0–5) were calculated using 5 knowledge questions. We used logistic regression to identify predictors of HPV knowledge. Participants had low levels of acculturation by report of reading (31 %) and writing (23 %) English well. Less than 50 % of participants (n = 47) had heard of HPV, and among these, the mean HPV knowledge score was 4. Although only 1 in 3 had discussed HPV with their medical provider, nearly 86 % of participants who had not heard of HPV would vaccinate their daughter if their doctor had recommended it. Good written English skills and belief that the HPV vaccine was not expensive were predictors of HPV awareness. HPV awareness is low among less acculturated Vietnamese mothers in Houston. Future educational efforts about the role of HPV vaccine in preventing cervical cancer should be made in their language when targeting parents of a high risk Vietnamese population.

HPV Vaccination and Sexual Behavior in a Community College Sample

Erica Marchand, Beth A. Glenn, Roshan Bastani

Abstract

Many US parents are concerned that vaccinating daughters against human papillomavirus (HPV) will communicate implicit approval for sexual activity and be associated with early or risky sexual behavior (Scarinci et al. in J Womens Health 16(8):1224–1233, 2007; Schuler et al. in Sex Transm Infect 87:349–353, 2011) [7, 8]. The aims of this study were to understand (a) whether the HPV vaccine was associated with risky sexual behavior among a diverse sample of female adolescents and young adults, and (b) to better understand the chronology of HPV vaccination and sexual behavior. An anonymous web-based survey was used to collect data from 114 female community college students. T test and Chi square analyses were used to compare vaccinated and unvaccinated groups on age at first intercourse and proportion who had ever had sexual intercourse. Linear multiple regression was used to predict frequency of condom use and number of sexual partners in the past year, using vaccination status and demographic factors as predictors. About 38 % reported receiving at least one dose of the HPV vaccine. Many of those vaccinated (45 %) received the vaccine after having initiated sexual activity. The proportion of women who were sexually experienced did not differ by HPV vaccine status, nor did age at first intercourse, number of partners in the past year, or frequency of condom use. Current findings suggest that HPV vaccination is not associated with riskier sexual activity for the young women in this sample. Adolescents and their parents may benefit from education about the need to receive the HPV vaccine before onset of sexual activity.

HPV and HPV Vaccines: The Knowledge Levels, Opinions, and Behavior of Parents

Marlee Grabiel, Thomas J. Reutzel, Sheila Wang…

Abstract

To measure parent knowledge levels and opinions related to the human papillomavirus (HPV) and the two vaccines used to prevent it. To measure parent behavior in terms of whether or not to have their children vaccinated. Between June 19, 2012, and August 24, 2012, questionnaires were distributed to parents while waiting for their child to see their pediatrician at a local group practice. The survey was reviewed for face validity by College of Pharmacy social science and clinical faculty members, and an earlier version of it had been used successfully in a published study of biomedical students' knowledge of and attitudes toward the HPV vaccine. 129 usable surveys were obtained. 48.1 % of subjects said they learned about the HPV vaccines from the media, while 47.3 % identified health care practitioner(s) as a source of knowledge. The mean score on a 20-item knowledge test regarding the infection and vaccines was 36 % (range 0–80 %). Opinions on the subject varied widely. For example, 22.4 % of subjects agreed that schools should require that students be vaccinated before enrolling, while 3.2 % agreed that vaccination causes patients to become sexually active. Subjects reported vaccination status for 253 children (mean age 13) as follows: 33 % vaccinated; 28 % not vaccinated but will be; 11 % will never be vaccinated; and 28 % not decided. These results are somewhat encouraging, because many parents are hearing about the vaccines from their providers. Although not an equally valid source, the media are also raising awareness. Based on the knowledge and opinion results of this study, there is a need for pharmacists and other providers to educate their patients about the vaccines and the virus and to converse with them regarding the moral and psychological implications of vaccination. Still, it is encouraging that these subjects had or plan to have over half (61 %) of their children vaccinated.

Knowledge and Beliefs Regarding Human Papillomavirus Among College Nursing Students at a Minority-Serving Institution

Geri L. Schmotzer, Kerryn W. Reding

Abstract

Cervical cancer is a leading cause of death in US women, with Hispanic women at higher risk of mortality than non-Hispanic white women. While the human papillomavirus (HPV) vaccine represents substantial progress towards cervical cancer prevention, little is currently known about Hispanic student's beliefs regarding the HPV vaccine. To assess the knowledge, attitudes, behaviors, and beliefs of college students in the US–Mexico border region following the release of the HPV vaccine for both males and females. This survey was conducted using a convenience sample were participants were recruited from pre-nursing and nursing courses. The self-administered questionnaire ascertained HPV vaccination status, and knowledge and beliefs regarding the HPV vaccine. 202 male and female students responded. 28.9 % of respondents reported having received the HPV vaccine. Of the non-vaccinated students under age 27, 27.3 % Hispanic students reported an intention to receive the vaccine. Misinformation about HPV was common and was associated with intention to get vaccinated among non-Hispanic white students. We found a relatively small proportion of unvaccinated Hispanic and non-Hispanic nursing students intend to be vaccinated for HPV. Findings indicate an intervention to increase vaccination rates among college-aged students may not be as straightforward as increasing knowledge of HPV. Nurses are in a unique position to educate and recommend HPV to underserved patients. Thus, educating nursing students regarding HPV and the associated cancers is paramount if we are to encourage ethnic minorities to receive the HPV vaccine.

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 11 December 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
November 2013, Volume 39, Issue 11
http://jme.bmj.com/content/current
[Reviewed earlier; No relevant content]

Journal of Medical Microbiology
November 2013; 62 (Pt 11)
http://jmm.sgmjournals.org/content/current
[No relevant content]

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

Journal of Pediatrics
Vol 163 | No. 5 | November 2013 | Pages 1235-1536
http://www.jpeds.com/current
[Reviewed earlier]

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
January 6, 2014; 11 (90)
http://rsif.royalsocietypublishing.org/content/current

[No relevant content]

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

The Lancet
Nov 09, 2013 Volume 382 Number 9904 p1535 – 1608 e21 - 22
http://www.thelancet.com/journals/lancet/issue/current
Comment
Offline: A renaissance in WHO's regions
Richard Horton
Preview |
The Regional Offices of WHO—there are six of them: in Copenhagen, Manila, New Delhi, Brazzaville, Cairo, and Washington, DC—are easy targets for criticism. Here is what sceptics often say. The Regional Offices of WHO are bureaucratic fiefdoms of power-loving Regional Directors (RDs), who have mostly been elected through outright bribery. Regional Offices obstruct, rather than facilitate, the advance of health in countries. They compete with Geneva and rival the Director-General of WHO for influence and resources.
Letters
Immunisation against meningococcus B: the case of Spain
Federico Martinón-Torres
Preview |
4CMenB vaccine (Bexsero, Novartis Vaccines and Diagnostics, Siena, Italy) was buried before birth in Spain, as it was in the UK.1 Despite the approval by the European Medical Agency, the Spanish Agency on Drugs and Health Products (AEMPS) decided to restrict the use of this vaccine to hospital use only—whatever that means—until they established specific recommendations for its use.2 AEMPS's report was released 2 months later, and restricted the indication to the control of potential local serogroup B outbreaks, and stated that the vaccine will not be included in the national immunisation programme until other regions or countries start to use it and provide effectiveness data

The Lancet Global Health
Nov 2013 Volume 1 Number 5 e238 - 309
http://www.thelancet.com/journals/langlo/issue/current
[No relevant content]

The Lancet Infectious Diseases
Nov 2013 Volume 13 Number 11 p907 - 994
http://www.thelancet.com/journals/laninf/issue/current
[No relevant content]

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 7474 pp6-158 7 November 2013
http://www.nature.com/nature/current_issue.html
[No relevant content**]**

Nature Immunology
November 2013, Volume 14 No 11 pp1101-1198
http://www.nature.com/ni/journal/v14/n11/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
[No relevant content]

Nature Reviews Immunology
November 2013 Vol 13 No 11
http://www.nature.com/nri/journal/v13/n11/index.html
[No relevant content]

New England Journal of Medicine
November 7, 2013 Vol. 369 No. 19
http://www.nejm.org/toc/nejm/medical-journal
Review Article
Global Health
Natural Disasters, Armed Conflict, and Public Health
Jennifer Leaning, M.D., and Debarati Guha-Sapir, Ph.D.
N Engl J Med 2013; 369:1836-1842November 7, 2013DOI: 10.1056/NEJMra1109877
http://www.nejm.org/doi/full/10.1056/NEJMra1109877
Excerpt

Natural disasters and armed conflict have marked human existence throughout history and have always caused peaks in mortality and morbidity. But in recent times, the scale and scope of these events have increased markedly. Since 1990, natural disasters have affected about 217 million people every year,1 and about 300 million people now live amidst violent insecurity around the world.2 The immediate and longer-term effects of these disruptions on large populations constitute humanitarian crises. In recent decades, public health interventions in the humanitarian response have made gains in the equity and quality of emergency assistance…
…Conclusions
The effects of armed conflict and natural disasters on global public health are widespread. Much progress has been made in the technical quality, normative coherence, and efficiency of the health care response. But action after the fact remains insufficient. In the years ahead, the international community must address the root causes of these crises. Natural disasters, particularly floods and storms, will become more frequent and severe because of climate change. Organized deadly onslaughts against civilian populations will continue, fueled by the availability of small arms, persistent social and political inequities, and, increasingly, by a struggle for natural resources. These events affect the mortality, morbidity, and well-being of large populations. Humanitarian relief will always be required, and there is a demonstrable need, as in other areas of global health, to place greater emphasis on prevention and mitigation.

OMICS: A Journal of Integrative Biology
November 2013, 17(11)
http://online.liebertpub.com/toc/omi/17/11
[No relevant content]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
September 2013 Vol. 34, No. 3
http://www.paho.org/journal/index.php?option=com_content&view=article&id=132&Itemid=228&lang=en
[Reviewed earlier]

The Pediatric Infectious Disease Journal
November 2013 - Volume 32 - Issue 11 pp: 1159-1302,e414-e42
http://journals.lww.com/pidj/pages/currenttoc.aspx
Reviewed earlier]

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

PLoS One
[Accessed 9 November 2013]
http://www.plosone.org/
Research Article
Timeliness Vaccination of Measles Containing Vaccine and Barriers to Vaccination among Migrant Children in East China
Yu Hu mail, Qian Li, Shuying Luo, Linqiao Lou, Xiaohua Qi, Shuyun Xie
http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0073264
Abstract
Background
The reported coverage rates of first and second doses of measles containing vaccine (MCV) are almost 95% in China, while measles cases are constantly being reported. This study evaluated the vaccine coverage, timeliness, and barriers to immunization of MCV1 and MCV2 in children aged from 8–48 months.
Methods
We assessed 718 children aged 8–48 months, of which 499 children aged 18–48 months in September 2011. Face to face interviews were administered with children's mothers to estimate MCV1 and MCV2 coverage rate, its timeliness and barriers to vaccine uptake.
Results
The coverage rates were 76.9% for MCV1 and 44.7% for MCV2 in average. Only 47.5% of surveyed children received the MCV1 timely, which postpone vaccination by up to one month beyond the stipulated age of 8 months. Even if coverage thus improves with time, postponed vaccination adds to the pool of unprotected children in the population. Being unaware of the necessity for vaccination and its schedule, misunderstanding of side-effect of vaccine, and child being sick during the recommended vaccination period were significant preventive factors for both MCV1 and MCV2 vaccination. Having multiple children, mother's education level, household income and children with working mothers were significantly associated with delayed or missing MCV1 immunization.
Conclusions
To avoid future outbreaks, it is crucial to attain high coverage levels by timely vaccination, thus, accurate information should be delivered and a systematic approach should be targeted to high-risk groups.
Potential Benefits of Second-Generation Human Papillomavirus Vaccines
Sorapop Kiatpongsan, Nicole Gastineau Campos, Jane J. Kim
Research Article | published 07 Nov 2012 | PLOS ONE 10.1371/journal.pone.0048426
Abstract
Background

Current prophylactic vaccines against human papillomavirus (HPV) target two oncogenic types (16 and 18) that contribute to 70% of cervical cancer cases worldwide. Our objective was to quantify the range of additional benefits conferred by second-generation HPV prophylactic vaccines that are expected to expand protection to five additional oncogenic types (31, 33, 45, 52 and 58).
Methods
A microsimulation model of HPV and cervical cancer calibrated to epidemiological data from two countries (Kenya and Uganda) was used to estimate reductions in lifetime risk of cervical cancer from the second-generation HPV vaccines. We explored the independent and joint impact of uncertain factors (i.e., distribution of HPV types, co-infection with multiple HPV types, and unidentifiable HPV types in cancer) and vaccine properties (i.e., cross-protection against non-targeted HPV types), compared against currently-available vaccines.
Results
Assuming complete uptake of the second-generation vaccine, reductions in lifetime cancer risk were 86.3% in Kenya and 91.8% in Uganda, representing an absolute increase in cervical cancer reduction of 26.1% in Kenya and 17.9% in Uganda, compared with complete uptake of current vaccines. The range of added benefits was 19.6% to 29.1% in Kenya and 14.0% to 19.5% in Uganda, depending on assumptions of cancers attributable to multiple HPV infections and unidentifiable HPV types. These effects were blunted in both countries when assuming vaccine cross-protection with both the current and second-generation vaccines.
Conclusion
Second-generation HPV vaccines that protect against additional oncogenic HPV types have the potential to improve cervical cancer prevention. Co-infection with multiple HPV infections and unidentifiable HPV types can influence vaccine effectiveness, but the magnitude of effect may be moderated by vaccine cross-protective effects. These benefits must be weighed against the cost of the vaccines in future analyses.

PLoS Medicine
(Accessed 9 November 2013)
http://www.plosmedicine.org/

Measles Outbreak Response Immunization Is Context-Specific: Insight from the Recent Experience of Médecins Sans Frontières

Andrea Minetti mail, Cameron Bopp, Florence Fermon, Gwenola François, Rebecca F. Grais, Lise Grout, Northan Hurtado, Francisco J. Luquero, Klaudia Porten, Laurent Sury, Meguerditch Terzian

http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001544

Summary Points

:: During the recent resurgence of measles in sub-Saharan Africa, the majority of cases were reported from the Democratic Republic of the Congo and Malawi, two countries with vastly different measles epidemiology.

:: Non-selective mass vaccination campaigns targeting children aged 6 months to <15 years old are the commonly implemented strategy for responding to measles outbreaks in humanitarian emergencies.

:: Differences in measles epidemiology and country-specific control goals necessitate more than a one-size-fits-all strategy.

:: Measles outbreak responses should be tailored to local measles epidemiology following early assessment: the age distribution of early cases should guide the decision on which age groups to vaccinate.
:: In settings where the main objective is mortality reduction, the youngest children—who account for the most deaths and complications—should be prioritized by the outbreak response.

PLoS Neglected Tropical Diseases
October 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 9 November 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
November 2013; 23 (11)
http://qhr.sagepub.com/content/current
[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
8 November 2013 vol 342, issue 6159, pages 661-764
http://www.sciencemag.org/current.dtl
[No relevant content]

Science Translational Medicine
6 November 2013 vol 5, issue 210
http://stm.sciencemag.org/content/current
[No relevant content]

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

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

Vaccine
Volume 31, Issue 48, Pages 5623-5784 (19 November 2013)
http://www.sciencedirect.com/science/journal/0264410X
[Reviewed earlier]

Vaccine: Development and Therapy
(Accessed 9 November 2013)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Vaccines — Open Access Journal
(Accessed 9 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
[No relevant content]

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

Hepatitis B vaccination coverage among health-care personnel in the United States.
KK Byrd, PJ Lu, TV Murphy - Public health reports (Washington, DC: 1974), 2013
... OBJECTIVES: We compared self-reported hepatitis B (HepB) vaccine coverage among health-care personnel (HCP) with HepB vaccine coverage among the general population and determined trends in vaccination coverage among HCP. ...

A systematic evaluation of different methods for calculating adolescent vaccination levels using immunization information system data.
C Gowda, S Dong, RC Potter, KJ Dombkowski… - Public health reports (…, 2013
... We explored alternative methods for estimating the vaccine-eligible population when calculating adolescent immunization levels using a statewide IIS. ... Further research is needed to ascertain the most appropriate method for estimating vaccine coverage levels using IIS data. ...

[PDF] **Estimation of HPV prevalence in young women in Scotland; monitoring of future vaccine impact**
K Kavanagh, K Sinka, K Cuschieri, J Love, A Potts… - BMC Infectious Diseases, 2013
Background Estimation of pre-immunisation prevalence of HPV and distribution of HPV types is fundamental to understanding the subsequent impact of HPV vaccination. We describe the type specific prevalence of HPV in females aged 20--21 in Scotland who ..

Special Focus Newsletters

RotaFlash
November 8, 2013
PATH
Lead story: Rotavirus vaccines will help 2.8 million Ethiopian children live healthier lives
Celebration in Addis Ababa marks start of nationwide introduction
http://vad.createsend4.com/t/r-e-niuguy-mhyjuirjk-j/

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

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 9 November 2013
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 9 November 2013
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 9 November 2013
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 9 November 2013
[No new, unique, relevant content]

Economist
http://www.economist.com/
Accessed 9 November 2013
[No new, unique, relevant content]

Financial Times
http://www.ft.com
Accessed 9 November 2013
November 1, 2013 11:05 am
An exclusive interview with Bill Gates
By Richard Waters
http://www.ft.com/cms/s/2/dacd1f84-41bf-11e3-b064-00144feabdc0.html#axzz2kCZEZAyM
Excerpt
The internet is not going to save the world, says the Microsoft co-founder, whatever Mark Zuckerberg and Silicon Valley's tech billionaires believe. But eradicating disease just might.
Bill Gates describes himself as a technocrat. But he does not believe that technology will save the world. Or, to be more precise, he does not believe it can solve a tangle of entrenched and interrelated problems that afflict humanity's most vulnerable: the spread of diseases in the developing world and the poverty, lack of opportunity and despair they engender. "I certainly love the IT thing," he says. "But when we want to improve lives, you've got to deal with more basic things like child survival, child nutrition."…

Forbes
http://www.forbes.com/

Accessed 9 November 2013
Pharma & Healthcare
11/04/2013 @ 5:39PM |1,931 views
Could California Law To Boost Vaccine Uptake End Up Reducing It?
http://www.forbes.com/sites/emilywillingham/2013/11/04/could-california-law-to-boost-vaccine-uptake-end-up-reducing-it/

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 9 November 2013
[No new, unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 9 November 2013
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 9 November 2013
[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 9 November 2013

Le Monde
http://www.lemonde.fr/
Accessed 9 November 2013
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 9 November 2013
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 9 November 2013
[No new, unique, relevant content]

Reuters
http://www.reuters.com/
Accessed 9 November 2013
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page

Accessed 9 November 2013
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 9 November 2013
Syria's polio outbreak demands an immediate response
By Editorial Board, Published: November 2
http://www.washingtonpost.com/opinions/syrias-polio-outbreak-demands-an-immediate-response/2013/11/02/bf22a2a8-4193-11e3-8b74-d89d714ca4dd_story.html

ON TOP of all the human misery inflicted upon the people of Syria by civil war, now comes the polio virus. The disease, which can lead to irreversible paralysis and death and strikes mostly children 5 and younger, can be spread in situations with poor hygiene and sanitation. The World Health Organization has confirmed 10 cases of wild polio virus in samples taken from Deir al-Zour province in northeastern Syria.

This is the scourge of war. Most of the polio cases are children 2 or younger, born and infected in the years in which Syria has been ravaged by violent conflict. The estimated polio immunization rate in Syria was 91 percent in 2010, but it fell to only 68 percent in 2012. The outbreak is a sign of what happens when health-care systems collapse. Most ominous, about half a million Syrian children have not been immunized. Vaccination is the most critical tool in the battle against polio, and a large-scale effort is being mounted to reach the unvaccinated children. Still, the World Health Organization has warned that the risk of further spread in the region is high, given the war, tides of refugees fleeing battle zones and big gaps in immunity. Efforts are being intensified to immunize children in Lebanon, Jordan, Iraq, Turkey, Israel and Egypt.

Elsewhere, impressive progress has been made in fighting polio. At the start of this year, the disease was endemic in only Pakistan, Nigeria and Afghanistan. Cases in these three countries are down 40 percent compared to last year, and southern Afghanistan has been free of it for a year. A major concern is North Waziristan, where vaccinators have been unable to reach children for more than a year, and where cases are on the rise. A severe outbreak in Somalia and one in Kenya have been tied to Nigeria. But polio has been stopped before in regions of conflict, and there is still hope that the disease can eventually be eradicated. Earlier this year, the Global Polio Eradication Initiative, an umbrella group, unveiled a promising strategy to reach zero cases in five years. Last year, the world saw only 223 polio cases, the lowest level in history. This year, the total is 322 and rising.

Until genetic analysis is complete, it won't be possible to pinpoint the origin of the Syrian polio virus, but there are fears it spread from Pakistan. The challenge for Syria now is to carry out vaccinations amid the shooting. It is absolutely essential for frontline health workers to have access to the endangered populations. The Syrian Arab Red Crescent must be able to work without hindrance. The United Nations and Syria's neighbors ought to demand that all sides — government forces and the opposition — guarantee that volunteers immunizing children do not become targets or victims. Roadblocks can stop fighters, but they will not stop polio virus, which threatens all in its path, the children of rebel fighters and army generals alike.

* * * *

Vaccines and Global Health: 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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