

Center for Vaccine Ethics and Policy

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Vaccines and Global Health: The Week in Review 18 January 2014 Center for Vaccine Ethics & Policy (CVEP)

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

Comments and suggestions should be directed to

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Editor and

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Editor's Note: *This edition posted from Bharatpur, Nepal while on duty travel.*

GAVI said the United States committed an additional US\$175 million toward funding global vaccine programmes, "the largest amount that the U.S. has ever appropriated to GAVI." The funds, part of the fiscal year 2014 U.S. budget, will be used to purchase and deliver life-saving vaccines in the world's poorest countries. GAVI CEO Dr Seth Berkley said, "In these difficult budgetary times, we are deeply appreciative of the Obama Administration and leaders in Congress for continuing their generous support of our mission to save children's lives in the world's poorest countries..."

[http://www.gavialliance.org/library/news/press-releases/2014/u-s--commits-us\\$-175-million-to-the-gavi-alliance/](http://www.gavialliance.org/library/news/press-releases/2014/u-s--commits-us$-175-million-to-the-gavi-alliance/)

The International Vaccine Institute and Intravacc (the Institute for Translational Vaccinology) in The Netherlands "agreed to collaborate on vaccine research and development (R&D) and to promote capacity building in developing nations." IVI said the collaboration will focus on improving available technologies for vaccine development and in addition on the clinical evaluation and the regulatory process, and that the two parties will work together to create a joint application for funding of a collaborative project. They will also join forces on further development and complement training initiatives in vaccinology for developing countries, including a possible laboratory-oriented course. IVI Director General Dr. Christian Loucq said, "As a signatory country of IVI, the Netherlands has been an important supporter of the organization. This partnership will benefit both Intravacc and IVI in that it furthers our mutual aim to ensure that vaccines are developed and made available to the poor, and in how it deepens our relationship with the Netherlands, a key IVI partner."

http://www.ivi.org/web/www/07_01?p_p_id=EXT_BBS&p_p_lifecycle=0&p_p_state=normal&p_p_mode=view&EXT_BBS_struts_action=%2Fext%2Fbbs%2Fview_message&EXT_BBS_messageId=585

WHO Announcement: India three years polio-free

Excerpt

Wild poliovirus has not been found in India since 13 January 2011 meaning that, from that date, India is no longer a country where polio is endemic. Three years of being polio free is a notable milestone for the country as a whole, but the success of the immunization and awareness campaign has had a wider impact – with this achievement, it is hoped that soon the entire South-East Asia Region can be considered certifiably free from polio. A commission of experts will meet at the World Health Organization offices at the end of March to analyze the data and determine the polio status for the Region.

Historically, India has been the largest endemic reservoir of polio in the world with between 50,000 to 100,000 paralytic polio cases occurring each year between 1978 and 1995. It has also been one of the main sources of polio importation for other countries. This achievement has been driven by the partnership between the Government of India, international organizations, local NGOs and other institutions. An extraordinary mobilization of health workers was necessary to reach this point, particularly in the Uttar Pradesh and Bihar states. The outcome of this has been an improved vaccine delivery system, better trained health staff and high quality surveillance, monitoring and research mechanisms...

<http://www.searo.who.int/mediacentre/features/2014/sea-polio/en/index.html>

Commentary: Standing tall against polio-- by Seth Berkley

[The Hindustan Times](#) | 12 January 2014

Today marks a major global public health milestone and a huge success as India celebrates the third anniversary of its last reported case of wild polio virus and counts down to when the World Health Organization (WHO) is due to declare India as officially polio-free. But with nearly seven million children still not receiving basic immunisation, there is still so much more to be done, and if India were to build on this success then in a few years it could have so much more to celebrate.

Commentary: Gates Foundation Reflections on a Polio-Free India - [Impatient Optimists](#)

[IVAC Blog: From India, Achievement, Lessons Learned, and Hope](#)

By Dr. Kate O'Brien, Executive Director, IVAC

[http://www.jhsph.edu/research/centers-and-institutes/ivac/IVACBlog/From India Achievement Lessons Learned and Hope](http://www.jhsph.edu/research/centers-and-institutes/ivac/IVACBlog/From%20India%20Achievement%20Lessons%20Learned%20and%20Hope)

UNICEF and WHO in Syria condemn the interruption of a polio immunization campaign in Al-Raqa

13 January 2014 Damascus -- The representatives of the United Nations Children Fund (UNICEF) and the World Health Organization (WHO) in Syria strongly condemn the interruption of a polio immunization campaign in Al-Raqa Syrian governorate due to the intense fighting.

:: [Read the story from the Regional Office website](#)

:: [UN humanitarian chiefs strongly condemn attacks on medical personnel and facilities by all parties to the Syria conflict](http://www.who.int/hac/en/index.html)
<http://www.who.int/hac/en/index.html>

Update: Polio this week - As of 16 January 2014

Global Polio Eradication Initiative

Full report: <http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx>

[Editor's extract and bolded text]

:: In Syria, polio vaccination campaigns continue despite challenges. According to preliminary results more than 2 million children were immunized against polio across Syria last week during a third round of vaccination in response to a polio outbreak in the country. For more, please click [here](#).

:: India celebrates three years since its last case of polio, despite once being considered the most challenging place to end the disease. Pending final clearance of December and January laboratory samples, the Regional Certification Commission is expected to certify the South-East Asia Region of the World Health Organization as polio-free in March. For more, please click [here](#).

Afghanistan

:: One new wild poliovirus type 1 (WPV1) case was reported in the past week. The total number of WPV1 cases for 2013 is now 13. The most recent WPV1 case had onset of paralysis on 20 December from Watapur, Kunar province. All but one of the WPV1 cases 2013 in Afghanistan are reported from Eastern Region, close to the Pakistan border.

Nigeria

:: Two new WPV cases were reported this week - one from Damboa, Borno and one from Kura, Kano. The total number of WPV cases for Nigeria 2013 is now 53 (all WPV1). The most recent WPV1 case in the country had onset of paralysis on 15 December from Damboa, Borno.

:: One new cVDPV2 case was reported in the past week. The total number of cVDPV2 cases for 2013 is now 3. The most recent cVDPV case had onset of paralysis on 6 November (from Konduga, Borno).

Pakistan

:: Six new WPV1 cases were reported in the past week. Four from North Waziristan, FATA; one from Khyber, FATA; and one from Karachi Baldia, Sindh. The total number of WPV1 cases for Pakistan in 2013 is now 91. The most recent WPV1 case had onset of paralysis on 28 December (from Khyber, FATA).

Horn of Africa

:: In Ethiopia, two new WPV1 cases were reported in the past week. Both cases had onset of paralysis on 21 October and were reported from Warder district, Somali region.

:: In Somalia, two new WPV1 cases were reported in the past week. One from Bossaso district, Bari region and one from Bardera district, Gedo region.

:: The total number of WPV1 cases in the Horn of Africa is now 207 (185 from Somalia, 14 from Kenya and eight from Ethiopia). The most recent WPV1 case in the region had onset of paralysis on 26 November (from Bardera, Gedo region in Somalia).

:: Outbreak response across the Horn of Africa is on-going. The impact of concerted response efforts is continued to be seen, as no new cases have been reported since July from the epicentre of the outbreak - Banadir, Somalia. All efforts continue to be made to reach all children across the region.

Speech: Opening remarks at the Fourth stakeholder meeting: Accountability for women's and children's health – now and in the post-2015 agenda

Dr Margaret Chan, WHO Director-General

14 January 2014

Excerpt

Colleagues in public health, development partners, representatives of sister agencies and civil society organizations, ladies and gentlemen,

Welcome to this fourth meeting of stakeholders as we continue our efforts to improve accountability for women's and children's health. I thank all of you for coming to Geneva. We have a good mix of perspectives, experiences, and contributions at many levels represented in this room.

We are at the midpoint in a time-bound process of improving accountability. This is a good time to take stock of where we stand, the lessons we have learned, and how we can institutionalize these lessons as the international community moves into the post-2015 era.

When I was asked to serve as a vice-chair for the Commission on Information and Accountability for Women's and Children's Health, I knew we were embarking on a journey into largely uncharted territory.

Accountability for resources and results has long been deeply desired, but rarely tackled in a rigorous and systematic way. I also knew that establishing an accountability framework specifically for women's and children's health would be an especially hard test case, perhaps even the hardest test case imaginable.

As we all know, maternal and child mortality cannot be brought down without addressing fundamental weaknesses in health systems that have been neglected for decades. Addressing accountability for women's and children's health means addressing long-standing problems with health infrastructures and services, inadequate numbers of appropriately trained and motivated staff, and the absence in most countries of reliable systems for civil registration and vital statistics.

Accountability means counting. Transparency is impossible in the absence of reliable data. It means improving the way donors and recipient countries work together, the way information is collected and used, and the capacity to track resource flows throughout the health sector.

It means ensuring equitable access to services, fair financing for care, and, as the independent Expert Review Group so clearly reminds us, high quality care that is person-centred, not intervention-centred...

<http://www.who.int/dg/speeches/2014/accountability-women-children/en/index.html>

The **Weekly Epidemiological Record (WER)** for **17 January 2014**, vol. 89, 3 (pp. 29–36) includes:

:: Consultation on global influenza surveillance, Geneva, 10–12 July 2013

:: Monthly report on dracunculiasis cases, January– November 2013

<http://www.who.int/entity/wer/2014/wer8903.pdf>

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 [17 January 2014](#)

On 15 January 2014, the National Health and Family Planning Commission of China notified WHO of four additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus...The source of infection is still under investigation. So far, there is no evidence of sustained human-to-human transmission.

The Chinese government continues to take the following measures:

- strengthen surveillance and situation analysis;
- reinforce case management and treatment;
- conduct risk communication with the public and release information;
- strengthen international collaboration and communication; and conduct scientific studies.

WHO does not advise special screening at points of entry with regard to this event, nor does it currently recommend any travel or trade restrictions...

:: Human infection with avian influenza A(H7N9) virus – update [16 January 2014](#)

:: Human infection with avian influenza A(H7N9) virus – update [15 January 2014](#)

:: Human infection with avian influenza A(H7N9) virus – update [14 January 2014](#)

UNICEF Watch

http://www.unicef.org/media/media_67204.html

No new relevant content

CDC/MMWR Watch [to 18 January 2014]

No new relevant content

European Medicines Agency Watch [to 18 January 2014]

<http://www.ema.europa.eu/ema/>

No new relevant content

UN Watch [to 18 January 2014]

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 18 January 2014]

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/Commentary/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

IOM Report: [The Global Crisis of Drug-Resistant Tuberculosis and Leadership of China and the BRICS: Challenges and Opportunities - Summary of a Joint Workshop](#)

Although antibiotics to treat tuberculosis (TB) were developed in the 1950s and are effective against a majority of TB cases, resistance to these antibiotics has emerged over the years, resulting in the growing spread of drug-resistant TB. Since 2008, the IOM [Forum on Drug Discovery, Development, and Translation](#) has hosted or co-hosted six domestic and international workshops to address the global crisis of drug-resistant TB. On January 16-18, 2013, the IOM along with the Institute of Microbiology of the Chinese Academy of Sciences held a workshop to address the current status of drug-resistant TB globally and in China as well as identify opportunities for Brazil, Russia, India, China, and South Africa (the BRICS countries) to lead efforts in TB control.

[Read the Report >>](#)

Announcement: Consensus Framework for Ethical Collaboration between Patients' Organizations, Healthcare Professionals and the Pharmaceutical Industry

13 January 2014

Framework: http://www.ifpma.org/fileadmin/content/Publication/2014/Consensus_Framework-vF.pdf].

The International Alliance of Patients' Organizations (IAPO), International Council of Nurses (ICN), International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), International Pharmaceutical Federation (FIP), and the World Medical Association (WMA) announced that they established a Consensus Framework for Ethical Collaboration "to support partnerships that will aim to deliver greater patient benefits and support high quality patient care. Derived from the individual codes of ethical practice and health policy positions of the five supporting organizations, this framework is based on four overarching principles:

- :: putting patients first;
- :: supporting ethical research and innovation;
- :: ensuring independence and ethical conduct; and
- :: promoting transparency and accountability.

... "Marie-Paule Kieny, Assistant Director-General for Health Systems and Innovation at WHO, said "Ensuring ethical conduct, transparency and accountability are key in the development and testing of medicines and other health technologies. We encourage all organizations involved to examine ways to develop monitoring mechanisms that can support these principles."

<http://www.ifpma.org/news/news-releases/news-details/article/putting-patients-first-five-global-healthcare-org.html>

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 14, Issue 1, 2014

http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az_hfIY

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

[No relevant content]

American Journal of Infection Control

Vol 42 | No. 1 | January 2014 | Pages 1-92

<http://www.ajicjournal.org/current>

[Reviewed earlier]

American Journal of Preventive Medicine

Vol 46 | No. 2 | February 2014 | Pages 103-218

<http://www.ajpmonline.org/current>

Vaccinations Given During Pregnancy, 2002–2009: A Descriptive Study

[Allison L. Naleway](#), PhD, [Samantha Kurosky](#), MS, [Michelle L. Henninger](#), PhD, [Rachel Gold](#), PhD, PH, [James D. Nordin](#), MD, MPH, [Elyse O. Kharbanda](#), MD, MPH, [Stephanie Irving](#), MHS, [T. Craig Cheetham](#), PharmD, MS, [Cynthia Nakasato](#), MD, [Jason M. Glanz](#), PhD, [Simon J. Hambidge](#), MD, PhD, [Robert L. Davis](#), MD, MPH, [Nicola P. Klein](#), MD, PhD, [Natalie L. McCarthy](#), MPH, [Eric Weintraub](#), MPH

<http://www.ajpmonline.org/article/S0749-3797%2813%2900583-7/abstract>

Abstract

Background

A number of studies have described influenza vaccination coverage during pregnancy but few publications have described rates of other vaccinations.

Purpose

To describe vaccination rates during pregnancy in the Vaccine Safety Datalink (VSD), with particular focus on vaccinations contraindicated during pregnancy.

Methods

Pregnancies ending in 2002 through 2009 and vaccinations administered during these pregnancies were identified in the VSD. Vaccination rates per 1000 pregnancies during the study period were calculated by vaccine type, recommendation category, pregnancy year, maternal age, and trimester. Analyses were conducted in 2012–2013.

Results

In the VSD, 669,695 pregnancies and 141,389 vaccinations were identified. Trivalent inactivated influenza (TIV) was the most commonly administered vaccination (174.1 doses per 1000 pregnancies) and was most often administered during the 2nd and 3rd trimesters. The most common vaccines in the "consider if indicated" category were tetanus–diphtheria (6.1 per 1000) and hepatitis B (3.7 per 1000). Contraindicated vaccination was infrequent, and the majority of these were measles–mumps–rubella (MMR) (1.2 per 1000); varicella (1.0 per 1000); and live-attenuated influenza vaccine (LAIV) (0.3 per 1000). Both "consider if indicated" and contraindicated vaccines were more frequently administered during early pregnancy.

Conclusions

TIV was the most commonly administered vaccine. With the exception of TIV, other vaccines were most frequently administered during early pregnancy and among younger women, suggesting that vaccination may occur when the woman and/or provider are unaware of the pregnancy. Contraindicated vaccines were infrequently administered during pregnancy; however, given that some women received contraindicated vaccines later in pregnancy, clearer recommendations and improved provider education may be needed.

American Journal of Public Health

Volume 104, Issue S1 (February 2014)

<http://ajph.aphapublications.org/toc/ajph/current>

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

January 2014; 90 (1)

<http://www.ajtmh.org/content/current>

[Reviewed earlier]

Annals of Internal Medicine

7 January 2014, Vol. 160. No. 1

<http://annals.org/issue.aspx>

[Reviewed earlier; No relevant content]

BMC Public Health

(Accessed 18 January 2014)

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

Research article

Influenza vaccines and influenza antiviral drugs in Africa: are they available and do guidelines for their use exist?

Jazmin Duque, Meredith L McMorrow and Adam L Cohen

<http://www.biomedcentral.com/1471-2458/14/41/abstract>

Abstract (provisional)

Background

Influenza viruses cause significant morbidity and mortality in Africa, particularly among high-risk groups, but influenza vaccines and antiviral drugs may not be commonly available and used.

The main aim of this study was to determine the availability and use of influenza vaccines and antiviral drugs as well as to describe existing related guidelines and policies in Africa.

Methods

A self-administered survey was distributed among key influenza experts in 40 African countries.

Results

Of the 40 countries surveyed, 31 (78%) responded; 14/31 (45%) reported availability of seasonal influenza vaccine, and 19/31 (65%) reported availability of antiviral drugs for the treatment of influenza. Vaccine coverage data were only available for 4/14 (29%) countries that reported availability of seasonal influenza vaccine and ranged from <0.5% to 2% of the population.

Conclusions

Influenza vaccines and antiviral drugs are available in many countries in Africa but coverage estimates are low and remain largely unknown. Describing the local burden of disease and identifying funding are essential to encourage countries to use influenza vaccine more widely.

British Medical Bulletin

Volume 108 Issue 1 December 2013

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

[Reviewed earlier]

British Medical Journal

18 January 2014 (Vol 348, Issue 7941)

<http://www.bmj.com/content/348/7941>

Editorial

Improving, and auditing, access to clinical trial results

BMJ 2014; 348 doi: <http://dx.doi.org/10.1136/bmj.g213> (Published 15 January 2014)

<http://www.bmj.com/content/348/bmj.g213>

Excerpt

All trials should be registered, with their full methods and results reported, and routine audit on the extent of information withheld

The House of Commons Public Accounts Committee delivered a remarkable report on 3 January. Its initial remit was the United Kingdom's £424m (€510m; \$697m) stockpile of oseltamivir (Tamiflu), but the committee soon broadened out—with evident surprise—into the ongoing problem of clinical trial results being routinely and legally withheld from doctors, researchers, and patients.

This situation has persisted for too long. The first quantitative evidence on publication bias was published in 1986.¹ Iain Chalmers described in 2006 how progress in the 1990s soon deteriorated into broken promises.² Recent years have seen extensive denial. The Association of the British Pharmaceutical Industry (ABPI) has claimed that these problems are historic, and that results are now posted on clinicaltrials.gov. The recently defunct Ethical Standards in Health and Life Sciences Group,³ which most UK medical and academic professional bodies signed up to, falsely claimed that a "robust regulatory framework" ensures access to trial results.⁴ US legislation requiring all results to be posted on clinicaltrials.gov within 12 months of completion has been widely ignored,⁵ with no enforcement. There has also been covert activity from industry—a leaked memo on its "advocacy" strategy included "mobilising patient groups" to campaign...

Bulletin of the World Health Organization

Volume 92, Number 1, January 2014, 1-76

<http://www.who.int/bulletin/volumes/92/1/en/index.html>

[Reviewed earlier; No relevant content]

Clinical Therapeutics

Vol 36 | No. 1 | 01 January 2014 | Pages 1-150

<http://www.clinicaltherapeutics.com/current>

Safety and Success of the Human Papillomavirus Vaccine: Time for a Robust Vaccination Program in the United States and Worldwide

[Linda R. Duska](#), MD

<http://www.clinicaltherapeutics.com/article/S0149-2918%2813%2901102-8/fulltext>

Excerpt

...Education, then, is key. Education of health care professionals, particularly pediatricians, and parents about the tolerability and efficacy of this vaccine is crucial to increasing uptake.

Vaccination of both boys and girls before the initiation of sexual activity is critical to optimal protection against HPV infection and its sequelae. Perhaps most importantly, we must educate those people in power who influence health policy decisions and may erroneously believe that the HPV vaccine will somehow condone sexually activity in our children.

[Update on Vaccination Clinical Trials for HPV-Related Disease](#)

[Britt K. Erickson](#), [Emily E. Landers](#), [Warner K. Huh](#)

[Abstract](#)

[The Australian Experience With the Human Papillomavirus Vaccine](#)

[Suzanne M. Garland](#)

[Abstract](#)

[Race, Ethnicity, and Income Factors Impacting Human Papillomavirus Vaccination rates](#)

[Patricia Jeudin](#), [Elizabeth Liveright](#), [Marcela G. del Carmen](#), [Rebecca B. Perkins](#)

[Abstract](#)

Cost Effectiveness and Resource Allocation

(Accessed 18 January 2014)

<http://www.resource-allocation.com/>

Research

Lifetime QALY prioritarianism in priority setting: quantification of the inherent trade-off

[Trygve Ottersen](#)^{1*}, [Ottar Mæstad](#)² and [Ole Frithjof Norheim](#)¹

<http://www.resource-allocation.com/content/12/1/2>

Abstract

Background

Multiple principles are relevant in priority setting, two of which are often considered particularly important. According to the greater benefit principle, resources should be directed toward the intervention with the greater health benefit. This principle is intimately linked to the goal of health maximization and standard cost-effectiveness analysis (CEA). According to the worse off

principle, resources should be directed toward the intervention benefiting those initially worse off. This principle is often linked to an idea of equity. Together, the two principles accord with prioritarianism; a view which can motivate non-standard CEA. Crucial for the actual application of prioritarianism is the trade-off between the two principles, and this trade-off has received scant attention when the worse off are specified in terms of lifetime health. This paper sheds light on that specific trade-off and on the public support for prioritarianism by providing fresh empirical evidence and by clarifying the close links between the findings and normative theory.

Methods

A new, self-administered, computer-based questionnaire was used, to which 96 students in Norway responded. How respondents wanted to balance quality-adjusted life years (QALYs) gained against benefiting those with few lifetime QALYs was quantified for a range of different cases.

Results

Respondents supported both principles and were willing to make trade-offs in a particular way. In the baseline case, the median response valued a QALY 3.3 and 2.5 times more when benefiting someone with lifetime QALYs of 10 and 25 rather than 70. Average responses harbored fundamental disagreements and varied modestly across distributional settings.

Conclusion

In the specific context of lifetime health, the findings underscore the insufficiency of pure QALY maximization and explicate how people make trade-offs in a way that can help operationalize lifetime prioritarianism and non-standard CEA. Seen through the lens of normative theory, the findings highlight key challenges for prioritarianism applied to priority setting.

Current Opinion in Infectious Diseases

February 2014 - Volume 27 - Issue 1 pp: v-vi,1-114

<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>

[Reviewed earlier; 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 20, Number 1—January 2014

<http://www.cdc.gov/ncidod/EID/index.htm>

[Reviewed earlier]

The European Journal of Public Health

Volume 23 Issue 6 December 2013

<http://eurpub.oxfordjournals.org/content/current>

[Reviewed earlier]

Eurosurveillance

Volume 19, Issue 2, 16 January 2014

<http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678>

Surveillance and outbreak reports

Coverage of the English National human papillomavirus (HPV) Immunisation Programme among 12 to 17 year-old females by area-level deprivation score, England, 2008 to 2011

A Hughes¹, D Mesher¹, J White², K Soldan¹

Public Health England, HIV and STI Department, London, United Kingdom

Public Health England, Immunisation, Hepatitis and Blood Safety Department, London, United Kingdom

Abstract

The English national human papillomavirus (HPV) immunisation programme has offered vaccination to girls aged 12 years at the start of each school year since September 2008. A catch-up programme has offered vaccination to girls up to 18 years. Delivery is predominantly school-based, with some general practitioner (GP)-based immunisation. The relationship between HPV immunisation coverage and deprivation (index of multiple deprivation, IMD) was assessed by geographical area (N=151) for each school year offered the HPV vaccine between 2008 to 2011 using the Spearman's rank correlation coefficient, and compared to that for adequate cervical screening of women aged 25 to 49 years. Coverage at age 12 showed no significant association with IMD at the area-level ($p=0.12$). Within the catch-up years, there was some suggestion of higher deprivation being associated with lower coverage. This was not significant for girls offered immunisation under 16 years (in compulsory education) ($p=0.09$), but was more marked and statistically significant for older girls ($p<0.0001$). The proportion of women aged 25 to 49 years with an adequate cervical screen was negatively associated with deprivation ($p<0.0001$). School-based HPV immunisation delivery appears to be successfully reducing inequalities in cervical cancer control at area-level. However, the catch-up cohorts above the age of compulsory education may face increased inequality. Further investigation is needed into individual-level factors associated with coverage.

Forum for Development Studies

Volume 40, Issue 3, 2013

<http://www.tandfonline.com/toc/sfds20/current>

[Reviewed earlier; No relevant content]

Globalization and Health

[Accessed 18 January 2014]

<http://www.globalizationandhealth.com/>

[No new relevant content]

Global Health Governance

<http://blogs.shu.edu/ghg/category/complete-issues/summer-2013/>

[No new relevant content]

Global Health: Science and Practice (GHSP)

November 2013 | Volume 1 | Issue 3

<http://www.ghspjournal.org/content/current>

[Reviewed earlier]

Global Public Health

Volume 8, Issue 10, 2013

<http://www.tandfonline.com/toc/rgph20/current#.Uq0DgeKy-F9>

[Reviewed earlier]

Health Affairs

January 2014; Volume 33, Issue 1

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

Theme: Exploring Alternatives To Malpractice Litigation

[No relevant content]

Health and Human Rights

Volume 15, Issue 2

<http://www.hhrjournal.org/>

[Reviewed earlier]

Health Economics, Policy and Law

Volume 9 - Issue 01 - January 2014

<http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue>

[Reviewed earlier; No relevant content]

Health Policy and Planning

Volume 29 Issue 1 January 2014

<http://heapol.oxfordjournals.org/content/current>

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

January 2014 Volume 10, Issue 1

<http://www.landesbioscience.com/journals/vaccines/toc/volume/10/issue/1/>

[Reviewed earlier]

Infectious Agents and Cancer

<http://www.infectagentscancer.com/content>

[Accessed 18 January 2014]

[No new relevant content]

Infectious Diseases of Poverty

<http://www.idpjournal.com/content>

[Accessed 18 January 2014]

[No new relevant content]

International Journal of Epidemiology

Volume 42 Issue 6 December 2013

<http://ije.oxfordjournals.org/content/current>

[Reviewed earlier]

International Journal of Infectious Diseases

Vol 17 | No. 12 | December 2013

<http://www.ijidonline.com/current>

[Reviewed earlier; No relevant content]

JAMA

January 15, 2014, Vol 311, No. 3

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

[No relevant content]

JAMA Pediatrics

January 2014, Vol 168, No. 1

<http://archpedi.jamanetwork.com/issue.aspx>

[Reviewed earlier]

Journal of Community Health

Volume 39, Issue 1, February 2014

<http://link.springer.com/journal/10900/39/1/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>

[Reviewed earlier; No relevant content]

Journal of Infectious Diseases

Volume 209 Issue 3 February 1, 2014

<http://jid.oxfordjournals.org/content/current>

[No relevant content]

Journal of Global Ethics

Volume 9, Issue 3, 2013

http://www.tandfonline.com/toc/rjge20/current#.UqNh2OKy_Kc

[Reviewed earlier; No relevant content]

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

January 2014, Volume 40, Issue 1

<http://jme.bmj.com/content/current>

[Reviewed earlier; No relevant content]

Journal of Medical Microbiology

January 2014; 63 (Pt 1)

<http://jmm.sgmjournals.org/content/current>

[No relevant content]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 2 Issue 4 December 2013

<http://jpids.oxfordjournals.org/content/current>

[Reviewed earlier]

Journal of Pediatrics

Vol 164 | No. 1 | January 2014 | Pages 1-222

<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

March 6, 2014; 11 (92)

<http://rsif.royalsocietypublishing.org/content/current>

[No relevant content]

Journal of Virology

January 2014, volume 88, issue 2

<http://jvi.asm.org/content/current>

[No relevant content]

The Lancet

Jan 18, 2014 Volume 383 Number 9913 p187 - 280

<http://www.thelancet.com/journals/lancet/issue/current>

Editorial

Grand convergence: a future sustainable development goal?

The Lancet

[Preview](#) |

On Jan 16, in the North Lawn Building of the United Nations in New York, Norway's Permanent Representative to the UN, Mr Geir Pedersen, is hosting an event that just might change the course of negotiations on the future of sustainable development. The meeting is based on the findings of the Lancet Commission on Investing in Health, "Global Health 2035: a world converging within a generation". Margaret Kruk, one of the commissioners on the Global Health 2035 report, will chair a discussion that includes the Rwandan Minister of Health, Agnes Binagwaho, the President of the Public Health Foundation of India, Srinath Reddy, the US Assistant Administrator for Global Health, Ariel Pablos-Méndez, and Gavin Yamey from the University of California, San Francisco (who led the writing of the report).

Viewpoint

What does universal health coverage mean?

Thomas O'Connell, Kumanan Rasanathan, Mickey Chopra

[Preview](#) |

The recent UN General Assembly resolution calling for universal health coverage (UHC) was testimony to the continuing high-level political commitment to achievement of global health goals—an achievement that has the potential to transform health systems, especially for the poorest people.¹ Fulfilment of this potential, however, requires a clear definition of the term UHC otherwise it could suffer the same fate of the refrain of Health for All, which received high-level political support but failed to produce sufficiently widespread policy and budgeting changes to realise its aims.

The Lancet Global Health

Jan 2014 Volume 2 Number 1 e1 - 57

<http://www.thelancet.com/journals/langlo/issue/current>

[Reviewed earlier; No relevant content]

The Lancet Infectious Diseases

Jan 2014 Volume 14 Number 1 p1 - 86

<http://www.thelancet.com/journals/laninf/issue/current>

[Reviewed earlier]

Medical Decision Making (MDM)

January 2014; 34 (1)

<http://mdm.sagepub.com/content/current>

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

December 2013 Volume 91, Issue 4 Pages 659–868

[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1468-0009/currentissue](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1468-0009/currentissue)

[No relevant content]

Nature

Volume 505 Number 7483 pp261-448 16 January 2014

http://www.nature.com/nature/current_issue.html

[No relevant content]

Nature Immunology

January 2014, Volume 15 No 1 pp1-109

<http://www.nature.com/ni/journal/v15/n1/index.html>

[Reviewed earlier]

Nature Medicine

January 2014, Volume 20 No 1 pp1-103

<http://www.nature.com/nm/journal/v20/n1/index.htm>

[Reviewed earlier]

Nature Reviews Immunology

January 2014 Vol 14 No 1

<http://www.nature.com/nri/journal/v14/n1/index.html>

[Reviewed earlier; No relevant content]

New England Journal of Medicine

January 16, 2014 Vol. 370 No. 3

<http://www.nejm.org/toc/nejm/medical-journal>

[No relevant content]

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

January 2014 - Volume 33 - Issue 1 pp: 1-120,e1-e28

<http://journals.lww.com/pidj/pages/currenttoc.aspx>

[No relevant content]

Pediatrics

January 2014, VOLUME 133 / ISSUE 1

<http://pediatrics.aappublications.org/current.shtml>

[Reviewed earlier]

Pharmaceutics

Volume 6, Issue 1 (March 2014), Pages 1-

<http://www.mdpi.com/1999-4923/6/1>

[No relevant content]

Pharmacoeconomics

Volume 32, Issue 1, January 2014

<http://link.springer.com/journal/40273/32/1/page/1>

[Reviewed earlier]

PLoS One

[Accessed 18 January 2014]

<http://www.plosone.org/>

Research Article

Potential Cost-Effectiveness of a New Infant Tuberculosis Vaccine in South Africa - Implications for Clinical Trials: A Decision Analysis

Jared B. Ditkowsky,

Kevin Schwartzman mail

Published: January 15, 2014

DOI: 10.1371/journal.pone.0083526

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0083526>

Abstract

Novel tuberculosis vaccines are in varying stages of pre-clinical and clinical development. This study seeks to estimate the potential cost-effectiveness of a BCG booster vaccine, while accounting for costs of large-scale clinical trials, using the MVA85A vaccine as a case study for estimating potential costs. We conducted a decision analysis from the societal perspective, using a 10-year time frame and a 3% discount rate. We predicted active tuberculosis cases and

tuberculosis-related costs for a hypothetical cohort of 960,763 South African newborns (total born in 2009). We compared neonatal vaccination with bacille Calmette-Guérin alone to vaccination with bacille Calmette-Guérin plus a booster vaccine at 4 months. We considered booster efficacy estimates ranging from 40% to 70%, relative to bacille Calmette-Guérin alone. We accounted for the costs of Phase III clinical trials. The booster vaccine was assumed to prevent progression to active tuberculosis after childhood infection, with protection decreasing linearly over 10 years. Trial costs were prorated to South Africa's global share of bacille Calmette-Guérin vaccination. Vaccination with bacille Calmette-Guérin alone resulted in estimated tuberculosis-related costs of \$89.91 million 2012 USD, and 13,610 tuberculosis cases in the birth cohort, over the 10 years. Addition of the booster resulted in estimated cost savings of \$7.69–\$16.68 million USD, and 2,800–4,160 cases averted, for assumed efficacy values ranging from 40%–70%. A booster tuberculosis vaccine in infancy may result in net societal cost savings as well as fewer active tuberculosis cases, even if efficacy is relatively modest and large scale Phase III studies are required.

PLoS Medicine

(Accessed 18 January 2014)

<http://www.plosmedicine.org/>

[No new relevant content]

PLoS Neglected Tropical Diseases

December 2013

<http://www.plosntds.org/article/browseIssue.action>

[No new relevant content]

PNAS - Proceedings of the National Academy of Sciences of the United States of America

<http://www.pnas.org/content/early/recent>

(Accessed 18 January 2014)

[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>

[Reviewed earlier; 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

[Reviewed earlier; No relevant content]

Risk Analysis

January 2014 Volume 34, Issue 1 Pages 1–201

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-12/issuetoc>

[No new relevant content]

Science

17 January 2014 vol 343, issue 6168, pages 221-344

<http://www.sciencemag.org/current.dtl>

[No relevant content]

Science Translational Medicine

15 January 2014 vol 6, issue 219

<http://stm.sciencemag.org/content/current>

[No relevant content]

Social Science & Medicine

Volume 102, [In Progress](#) (February 2014)

<http://www.sciencedirect.com/science/journal/02779536/102>

[No new relevant content]

UN Chronicle

Vol. L No. 4 2013 December 2013

<http://unchronicle.un.org/>

Theme: [Education](#)

This edition of the UN Chronicle looks at the social impact of education as part of the third anniversary of the establishment of the United Nations Academic Impact. The articles, written

by leading experts on education, examine issues such as the importance of educating young people about the UN; higher learning institutions and global citizen education; making academic research accessible; international mobility of Brazilian students; and education as the pathway towards gender equality.

Vaccine

Volume 32, Issue 5, Pages 527-638 (23 January 2014)

<http://www.sciencedirect.com/science/journal/0264410X/32>

[Reviewed earlier]

Vaccine: Development and Therapy

(Accessed 18 January 2014)

<http://www.dovepress.com/vaccine-development-and-therapy-journal>

[No new relevant content]

Vaccines — Open Access Journal

(Accessed 18 January 2014)

<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 17 | No. 1 | January 2014 | Pages 1-140

<http://www.valueinhealthjournal.com/current>

[No relevant content]

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

[Development and Initial Feedback About a Human Papillomavirus \(HPV\) Vaccine Comic Book for Adolescents](#)

ML Katz, BR Oldach, J Goodwin, PL Reiter... - Journal of Cancer Education, 2014

Abstract Human papillomavirus (HPV) vaccination rates do not meet the Healthy People 2020 objective of 80 % coverage among adolescent females. We describe the development and initial feedback about an HPV vaccine comic book for young adolescents. The comic book is ...

[Print News Coverage of School-Based Human Papillomavirus Vaccine Mandates](#)

DM Casciotti, KC Smith, L Andon, J Vernick, A Tsui... - Journal of School Health, 2014

BACKGROUND In 2007, legislation was proposed in 24 states and the District of Columbia for school-based human papillomavirus (HPV) vaccine mandates, and mandates were enacted in Texas, Virginia, and the District of Columbia. Media coverage of these events ...

[Predictors of IV behaviors during and after the 2009 influenza pandemic in France](#)

CB Anne-Laure, R Jocelyn, L Nathanaël, X De-Lambal... - Vaccine, 2014
Background Controversies about the 2009 H1N1 pandemic influenza vaccination might have impacted the motivational processes that underlie individual immunization against seasonal influenza. The purpose of this article is to investigate correlates of vaccine ...

[HTML] [Immunogenicity of Influenza Vaccine in Colorectal Cancer Patients](#)

DH Kim, YY Lee, US Shin, SM Moon - Cancer Research and Treatment, 2013
Purpose Although influenza is regarded as a major cause of morbidity and mortality in immunocompromised patients, vaccine coverage remains poor. We evaluated the immunogenicity of influenza vaccines in colorectal cancer patients. Materials and Methods ...

[Therapeutic Cancer Vaccines: An Emerging Approach to Cancer Treatment](#)

RA Madan, TA Ferrara, JL Gulley - Handbook of Anticancer Pharmacokinetics and ..., 2014
... Cancer Immun 7:11; Chakraborty M, Abrams SI, Coleman CN, Camphausen K, Schlom J, Hodge JW (2004) External beam radiation of tumors alters phenotype of tumor cells to render them susceptible to vaccine-mediated T-cell killing. ...

[Systematic review of human papillomavirus vaccine coadministration](#)

AS Noronha, LE Markowitz, EF Dunne - Vaccine, 2014
Abstract Human papillomavirus (HPV) vaccination is recommended in early adolescence, at an age when other vaccines are also recommended. Administration of multiple vaccines during one visit is an opportunity to improve uptake of adolescent vaccines. We conducted ...

[Safety and Reactogenicity of the Inactivated Poliomyelitis Vaccine \(Poliorix \(TM\)\) in Korea \(2006-2012\)](#)

JB Sin, MS Park, SH Ma, YY Choi, SM Shin, WD Kim... - Korean Journal of Pediatric ..., 2013
OBJECTIVE: As per the requirement of Korean Food and Drug Administration, this post-marketing surveillance was conducted in Korea to evaluate the safety and reactogenicity of Poliorix (TM) following its introduction in 2006. METHODS: In this open, multicenter study, .

Special Focus Newsletters

RotalFlash/ January 15, 2014

PATH

Mali puts children first in the fight against rotavirus

From clinical trial to GEMS study site to vaccine introduction

<http://vad.cmail3.com/t/ViewEmail/r/DEE77DE43B2037EB2540EF23F30FEDED/E38B11B8894CC5F5DBC23BD704D2542D>

Media/Policy Watch

This section is intended to alert readers to substantive news, analysis and opinion from the general media on vaccines, immunization, global; public health and related themes. *Media Watch* is not intended to be exhaustive, but indicative of themes and issues CVEP is actively

tracking. This section will grow from an initial base of newspapers, magazines and blog sources, and is segregated from *Journal Watch* above which scans the peer-reviewed journal ecology.

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where content is published without restriction, but most publications require registration and some subscription level.

Al Jazeera

<http://www.aljazeera.com/Services/Search/?q=vaccine>

Accessed 18 January 2014

[No new, unique, relevant content]

The Atlantic

<http://www.theatlantic.com/magazine/>

Accessed 18 January 2014

[No new, unique, relevant content]

BBC

<http://www.bbc.co.uk/>

Accessed 18 January 2014

[No new, unique, relevant content]

Brookings

<http://www.brookings.edu/>

Accessed 18 January 2014

[No new, unique, relevant content]

Council on Foreign Relations

<http://www.cfr.org/>

Accessed 18 January 2014

[No new, unique, relevant content]

Economist

<http://www.economist.com/>

Accessed 18 January 2014

[No new, unique, relevant content]

Financial Times

<http://www.ft.com>

Accessed 18 January 2014

[No new, unique, relevant content]

Forbes

<http://www.forbes.com/>

Accessed 18 January 2014

[No new, unique, relevant content]

Foreign Affairs

<http://www.foreignaffairs.com/>

Accessed 18 January 2014

[No new, unique, relevant content]

Foreign Policy

<http://www.foreignpolicy.com/>

Accessed 18 January 2014

[No new, unique, relevant content]

The Guardian

<http://www.guardiannews.com/>

Accessed 18 January 2014

[No new, unique, relevant content]

The Huffington Post

<http://www.huffingtonpost.com/>

Accessed 18 January 2014

[No new, unique, relevant content]

Le Monde

<http://www.lemonde.fr/>

Accessed 18 January 2014

[No new, unique, relevant content]

New Yorker

<http://www.newyorker.com/>

Accessed 18 January 2014

[No new, unique, relevant content]

New York Times

<http://www.nytimes.com/>

Accessed 18 January 2014

[No new, unique, relevant content]

Reuters

<http://www.reuters.com/>

Accessed 18 January 2014

[No new, unique, relevant content]

Wall Street Journal

<http://online.wsj.com/home-page>

Accessed 18 January 2014

[No new, unique, relevant content]

Washington Post

<http://www.washingtonpost.com/>

Accessed 18 January 2014

Asia/Pacific

[WHO: Pakistan city is world's largest polio pool](#)

Pakistan's city of Peshawar is the world's largest pool of the polio virus, with the vast majority of cases in the country and neighboring Afghanistan tracing back to the restive northwestern city, the World Health Organization announced Friday.

* * * *

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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