Center for Vaccine Ethics and Policy
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Vaccines and Global Health: The Week in Review
1 March 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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WHO Briefing: Health situation in Syria

Dr Margaret Chan, Director-General of the World Health Organization
Briefing to the UN General Assembly
25 February 2014
Full text [Editor's bolded text]

Mr President, Secretary-General, distinguished delegates, ladies and gentlemen,

I am speaking to you with a heavy heart. In March, the Syrian crisis will enter its fourth year. The long duration of the conflict has created a crisis for health. The health needs of the Syrian people are enormous, as is their suffering.

In the course of this conflict, more than 100,000 people have been killed, and more than 600,000 have been injured.

At least 6.5 million Syrians have been internally displaced, often crowded together under unsanitary conditions that favour the spread of disease. Another 2.3 million have fled to Lebanon, Jordan, Turkey, Iraq, and Egypt, creating a heavy burden on these countries.

Health needs have skyrocketed at a time when domestic capacity to respond has been decimated. The country's previously excellent health system has collapsed in a significant number of areas.

More than half the country's public hospitals have been damaged, often following direct attacks, and many no longer function. The number of doctors, nurses, and other health workers still at work has dropped by more than half.

A once vibrant pharmaceutical manufacturing industry has nearly ceased operations, resulting in severe shortages of drugs. Many patients with chronic diseases, like heart disease, cancer, and diabetes, are not being treated.

Immunization programmes, which reached 90% of children before the conflict, have been disrupted, leaving young children vulnerable to entirely preventable diseases. Safe childbirth is

no longer readily accessible, placing pregnant women with life-threatening complications at heightened risk of losing their lives.

The suffering of the Syrian people is reflected in increased mental health disorders, food shortages, undernutrition, and an increase in sexual violence.

The steep drop in childhood immunization opened the door for vaccine-preventable diseases to return to Syria. And they did, including polio.

The first cases of polio in Syria since 1999 were reported in October 2013. This marked a significant added threat to Syria's children, but also a setback to the global initiative to eradicate polio. Most significantly, it confirmed the renewed vulnerability of the Syrian people to diseases that had long disappeared from the country.

Since detection of the polio cases in October, four mass vaccination campaigns have been conducted in Syria. The most recent campaigns, undertaken in January and February of this year, appear to have reached all districts in all governorates. Preliminary results indicate that immunization coverage was higher than 80% in all but two governorates.

However, to control the outbreak, efforts on a similarly massive scale need to be sustained during three to four additional campaigns extending until at least June. The future of many Syrian children, and a worldwide eradication effort, are at stake.

Ladies and gentlemen,

Last year, life-saving medicines and supplies reached nearly 5 million Syrians. Much more needs to be done, despite the challenges.

All of these efforts to address the deteriorating health situation are being conducted under extremely difficult and dangerous conditions. Despite the greatest possible will to provide assistance, lack of access to people in need, wherever they reside, remains the most critical barrier to improving the health situation in Syria.

I began my intervention with a heavy heart, and conclude with a heartfelt plea. All parties in the conflict must respect the integrity and neutrality of health facilities.

They must ensure the protection of health workers and patients, in line with their obligations under international humanitarian law.

Thank you.

Joint GPEI-GAVI statement on the Availability and Price of Inactivated Polio Vaccine

Excerpt

The Global Polio Eradication Initiative (GPEI) and the GAVI Alliance "welcome the conclusion of UNICEF's tender process, which makes accessible sufficient quantities of affordable inactivated polio vaccine (IPV) to support country introductions, in line with the ambitious timeline of GPEI's Eradication and Endgame Strategic Plan 2013-2018." The vaccine will now be available to GAVI-supported countries for as little as EUR 0.75 per dose (approximately USD 1.00 per dose at current exchange rates) in ten-dose vials. For middle-income countries, 10-dose presentations will be available through UNICEF from July 2014 at a price of EUR 1.49-2.40 (approximately USD 2.04-3.28 at current exchange rates). In addition, the awards by UNICEF include a price of USD 1.90 per dose for IPV in five-dose vials and USD 2.80 for IPV in single-dose vials. These vaccine presentations are accessible to both GAVI- supported and middle-income countries.

Further reductions in the cost of IPV are being pursued for the medium-term (i.e., post-2018) through continued efforts to develop and license new products.

As recommended by the World Health Organization's Strategic Advisory Group of Experts on Immunization (SAGE) and endorsed by the World Health Assembly, the introduction of IPV globally – prior to a phased removal of the oral polio vaccine (OPV) during 2016-2018 – is a major element of the comprehensive plan to end all polio disease and secure a polio-free future.

Introduction of IPV will also help accelerate eradication of the remaining polioviruses by boosting global immunity.

GPEI's plan calls for the introduction of IPV into routine immunisation programmes globally by the end of 2015. More than 120 countries have yet to introduce IPV, more than half of which are eligible for GAVI support.

Today's publication of prices following conclusion of the UNICEF tender ensures that affordable IPV will be made available, removing a major obstacle to global introduction…With this tender completed, more than 120 countries can now move forward with their plans to introduce at least one dose of IPV into their routine immunisation schedules.

Full text: http://www.gavialliance.org/library/news/statements/2014/joint-gpei-gavi-statement-on-the-availability-and-price-of-inactivated-polio-vaccine/

GPEI Update: Polio this week - *As of 26 February 2014*

Global Polio Eradication Initiative

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

[Editor's extract and bolded text]

:: Seven new cases (six wild poliovirus type 1 - WPV1 - and one circulating vaccine-derived poliovirus type 2 - cVDPV2) are reported this week from Federally Administered Tribal Areas and Khyber Pakhtunkhwa in Pakistan. This area is largely considered the 'engine' for polio transmission in the country.

Pakistan

:: Six new WPV1 cases were reported in the past week, five from North Waziristan, FATA and one from Peshawar, Khyber Pakhtunkhwa (KP). The total number of cases for 2013 remains 93.

:: The total number of cases in 2014 is now 21. The most recent case had onset of paralysis on 10 February (WPV1 from Peshawar).

:: One new cVDPV2 case was reported in the past week, from FR Bannu, FATA, with onset of paralysis on 27 January. It is the most recent cVDPV2 case in the country. The total number of cVDPV2 cases for 2013 is 45, and four for 2014.

:: North Waziristan is the district with the largest number of children being paralyzed by poliovirus in the world (both wild and cVDPV2). Immunization activities have been suspended by local leaders since June 2012. It is critical that children in all areas are vaccinated and protected from poliovirus. Immunizations in neighbouring high-risk areas are being intensified, to further boost population immunity levels in those areas and prevent further spread of this outbreak.

:: The densely populated Peshawar valley is considered to be the main 'engine' of poliovirus transmission, alongside North Waziristan, due to large-scale population movements through Peshawar from across this region, and into other areas of Pakistan. The quality of operations must be urgently improved in Peshawar, and immunizations resumed in North Waziristan.

:: However, at the same time, concerning trends have been noted in greater Karachi, Sindh and in Quetta, Balochistan. Environmental positives isolates from every major city of Punjab confirm widespread virus circulation.

Horn of Africa

:: One new WPV1 case was reported from Somalia in the past week, with onset of paralysis on 19 June 2013. The case was reported late due to laboratory processing backlog.
:::The total number of WPV1 cases in the Horn of Africa is now 216 (193 from Somalia, 14 from Kenya and nine from Ethiopia). The most recent WPV1 case in the region had onset of paralysis on 20 December 2013 (from Bari, Somalia).
:: Outbreak response across the Horn of Africa is continuing. Recommendations from the recently held Horn of Africa Technical Advisory Group (TAG) are now actively being incorporated into outbreak response planning. The TAG had underscored that the initial response to the outbreak was appropriate, however expressed grave concern that gaps in SIA quality and surveillance remained in key infected areas of the region. Consequently, the group concluded there is a serious risk of the outbreak continuing and of further spread both within and beyond countries of the Horn of Africa. The group recommended that infected countries should focus efforts on high-risk and infected areas, by conducting high-quality SIAs no more than four weeks apart.

Associated Press: Bombs Kill 11 Pakistan Police Guarding Polio Teams
Two Bombs Struck Minutes Apart
March 1, 2014 7:16 a.m. ET

PESHAWAR, Pakistan—Two bombs minutes apart struck tribal police assigned to guard polio workers in northwest Pakistan on Saturday, killing 11, police said.

Police official Nawabzada Khan said the first of the two bombs struck an escort vehicle in the Lashora village of Jamrud tribal region in Khyber Pakhtunkhwa province. It wounded six officers, but caused no deaths.

Mr. Khan said minutes later, another roadside bomb struck a convoy of tribal police officers dispatched there to transport victims of the first attack, killing 11 officers and wounding six. He said gunmen also opened fire on officers, triggering a shootout that was still going on.

A government administrator named Nasir Khan said a hunt had been launched to trace and arrest the attackers. He confirmed 11 deaths and 12 injuries.

No one claimed responsibility for the two separate bombings, but antipolio teams or their guards have been frequently targeted in Pakistan by Islamic militants, who say the campaigns are a tool for spying and claim the vaccine makes boys sterile…

The **Weekly Epidemiological Report (WER) for 28 February 2014**, vol. 89, 9 (pp. 73–92) includes:
:: Polio vaccines: WHO position paper, January 2014
http://www.who.int/entity/wer/2014/wer8909.pdf?ua=1

IVI announced the resignation of Dr. Alejandro Cravioto effective April 30, 2014. Dr. Cravioto will step down as Chief Scientific Officer on February 28, 2014 and will support IVI as a Senior Scientific Consultant until April 30th. Separately, IVI said its Board of Trustees has begun an executive recruitment search for IVI's next Director General. IVI has retained the global search firm Russell Reynolds Associates to assist in the process with a deadline for applications of 17 March 2014.
Position Specification__International_Vaccine_Institute_(_IVI_)_(Director_General).pdf

WHO: Global Alert and Response (GAR) – *Disease Outbreak News*
http://www.who.int/csr/don/2013_03_12/en/index.html
:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update 28 February 2014
On 3 and 15 February 2014, the Ministry of Health of Saudi Arabia announced two additional laboratory-confirmed cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV) infection… WHO does not advise special screening at points of entry with regard to this event nor does it currently recommend the application of any travel or trade restrictions.
:: Human infection with avian influenza A(H7N9) virus – update 27 February 2014
…The overall risk assessment has not changed…
:: Human infection with avian influenza A(H7N9) virus – update 27 February 2014
:: Human infection with avian influenza A(H7N9) virus – update 24 February 2014

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

UNICEF Watch [to 1 March 2014]
http://www.unicef.org/media/media_67204.html
See joint GPEI-GAVI statement on the Availability and Price of Inactivated Polio Vaccine above

GAVI Watch [to 1 March 2014]
http://www.gavialliance.org/library/news/press-releases/
See joint GPEI-GAVI statement on the Availability and Price of Inactivated Polio Vaccine above

CDC/MMWR Watch [to 1 March 2014]
http://www.cdc.gov/mmwr/mmwr_wk.html
MMWR February 28, 2014 / Vol. 63 / No. 8
:: Two-Dose Varicella Vaccination Coverage Among Children Aged 7 years — Six Sentinel Sites, United States, 2006–2012

European Medicines Agency Watch [to 1 March 2014]
http://www.ema.europa.eu/ema/
No new relevant content.

UN Watch [to 1 March 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 1 March 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.

Industry Watch [to 1 March 2014]
Selected media releases and other selected content from industry.

:: Gardasil: New 2-dose Schedule Granted Positive CHMP Opinion for Europe's Leading HPV Vaccine

Press release | 27 February 2014
Sanofi Pasteur MSD announced today that its quadrivalent HPV vaccine, Gardasil® has received a positive opinion from the European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP) for the use of a two-dose schedule in 9 to and including 13 year old adolescent girls and boys.

:: Novartis provides second US university with Bexsero to help protect students and staff against potentially deadly meningitis B disease

- FDA granted special use of Bexsero for nearly 20,000 UCSB students and staff in response to outbreak; the vaccine is licensed in Europe, Australia and Canada
- Novartis is pursuing a US license that would allow immediate public health response to outbreaks and make Bexsero available to American families
- MenB is an unpredictable disease, easily misdiagnosed, can kill within 24 hours and leaves those affected with serious lifelong disabilities
http://www.prnewswire.com/news-releases/novartis-provides-second-us-university-with-bexsero-to-help-protect-students-and-staff-against-potentially-deadly-meningitis-b-disease-246858901.html\

CAMBRIDGE, Mass., Feb. 24, 2014 /PRNewswire/ -- Novartis announced today that its meningococcal serogroup B (MenB) vaccine, Bexsero® (Meningococcal Group B Vaccine [rDNA, component, adsorbed]), will be used as part of a vaccination program at the University of California Santa Barbara (UCSB) that began today and will end on March 7. In the last three months, the Food and Drug Administration (FDA) has approved the use of Bexsero twice in response to MenB outbreaks at US college campuses1. More than 5,000 students were vaccinated at Princeton University and 20,000 students will be offered vaccination at UCSB2.

Bexsero is the only licensed broad coverage vaccine approved in Europe, Canada and Australia to help protect against invasive meningococcal disease caused by serogroup B. It was approved for use in the US under a treatment Investigational New Drug (IND) designation…

:: Pfizer Announces Positive Top-Line Results Of Landmark Community-Acquired Pneumonia Immunization Trial In Adults (CAPiTA) Evaluating Efficacy Of Prevenar 13

Data to Be Presented at 9th International Symposium on Pneumococci and Pneumococcal Diseases (ISPPD) on March 12, 2014
February 24, 2014 07:00 AM Eastern Standard Time

NEW YORK--(BUSINESS WIRE)--Pfizer Inc. (NYSE:PFE) today announced that the Community-Acquired Pneumonia Immunization Trial in Adults (CAPiTA), the landmark study of approximately 85,000 subjects evaluating the efficacy of Prevenar 13* (pneumococcal polysaccharide conjugate vaccine [13-valent, adsorbed]) in adults 65 years of age and older, achieved its primary clinical objective and both secondary clinical objectives. CAPiTA is the largest double-blind, randomized, placebo-controlled vaccine efficacy trial ever conducted in adults.

"We are pleased with the outcome of the CAPiTA study, which demonstrated that Prevenar 13 can prevent vaccine-type pneumococcal community-acquired pneumonia in adults"

The primary objective of the study was to demonstrate efficacy of Prevenar 13 against a first episode of vaccine-type community-acquired pneumonia (CAP). The CAPiTA study also met both secondary objectives, which were efficacy against (i) a first episode of non-bacteremic/non-invasive vaccine-type CAP and (ii) a first episode of vaccine-type invasive pneumococcal disease (IPD).

Vaccine-type CAP (VT-CAP) was defined as CAP caused by any S. pneumoniae serotype included in the vaccine. Non-bacteremic/non-invasive VT-CAP was defined as CAP in which vaccine-type S. pneumoniae caused the pneumonia, but was not detected concurrently in the bloodstream or any other normally sterile site. Vaccine-type IPD was defined as a case in which vaccine-type S. pneumoniae was present in the bloodstream or any other normally sterile site, with or without pneumonia.
http://www.businesswire.com/news/home/20140224005899/en/Pfizer-Announces-Positive-Top-Line-Results-Landmark-Community-Acquired#.UxJGFYUt6F8

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

No new content identified.

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 2, 2014
http://www.tandfonline.com/toc/uajb20/current
[Site not available; Taylor & Francis Online maintenance]

American Journal of Infection Control
Vol 42 | No. 3 | March 2014 | Pages 215-344
http://www.ajicjournal.org/current

The impact of influenza vaccination requirements for hospital personnel in California: Knowledge, attitudes, and vaccine uptake

Katherine M. Harris, PhD, Lori Uscher-Pines, PhD, Bing Han, PhD, Megan C. Lindley, MPH, Suchita A. Lorick, DO, MPH

http://www.ajicjournal.org/article/S0196-6553%2813%2901315-1/abstract

Abstract

Background

Seasonal influenza infections are a leading cause of illness, death, and lost productivity. Vaccinating health care personnel (HCP) can reduce transmission of influenza virus to patients and reduce influenza-related absenteeism, enabling the health care system to meet elevated demand for care during influenza outbreaks.

Objectives

We evaluated the impact of California's 2006 influenza vaccination requirement for hospital workers (requiring vaccination or signed declinations) on uptake and vaccination-related attitudes, beliefs, and knowledge among hospital HCP.

Methods

We used a causal difference-in-differences approach to compare changes over the prior 10 years in the self-reported frequency of influenza vaccination for California hospital HCP and those from other states without similar laws using data from a stratified sample (N = 3,529) of HCP drawn from online survey panels. We also examined cross-sectional differences in awareness of vaccination policies, promotion efforts, and attitudes toward influenza vaccination. All analyses used propensity score weighting to balance the observable characteristics of the 2 samples.

Results

We found that compared with their counterparts in other states, California hospital HCP were (1) more likely to report working under a formal written policy for influenza vaccination, (2) no more likely to be vaccinated, and (3) less likely to report working for an employer who provided financial incentives for vaccination or rewarded or recognized employees for being vaccinated.

Conclusion

Our results suggest that state-level vaccination requirements such as those enacted by California, may not be sufficient to increase uptake among hospital HCP.

Employee influenza vaccination in residential care facilities

Bettye A. Apenteng, PhD, Samuel T. Opoku, MBChB

http://www.ajicjournal.org/article/S0196-6553%2813%2901303-5/abstract

Abstract

Background

The organizational literature on infection control in residential care facilities is limited. Using a nationally representative dataset, we examined the organizational factors associated with implementing at least 1 influenza-related employee vaccination policy/program, as well as the effect of vaccination policies on health care worker (HCW) influenza vaccine uptake in residential care facilities.

Methods

The study was a cross-sectional study using data from the 2010 National Survey of Residential Care Facilities. Multivariate logistic regression analysis was used to address the study's objectives.

Results
Facility size, director's educational attainment, and having a written influenza pandemic preparedness plan were significantly associated with the implementation of at least 1 influenza-related employee vaccination policy/program, after controlling for other facility-level factors. Recommending vaccination to employees, providing vaccination on site, providing vaccinations to employees at no cost, and requiring vaccination as a condition of employment were associated with higher employee influenza vaccination rates.
Conclusion
Residential care facilities can improve vaccination rates among employees by adopting effective employee vaccination policies

American Journal of Preventive Medicine
Vol 46 | No. 3 | March 2014 | Pages 219-330
http://www.ajpmonline.org/current
[Reviewed earlier; No relevant content]

American Journal of Public Health
Volume 104, Issue 3 (March 2014)
http://ajph.aphapublications.org/toc/ajph/current
[Site not available; Taylor & Francis Online maintenance]

American Journal of Tropical Medicine and Hygiene
February 2014; 90 (2*)*
http://www.ajtmh.org/content/current
[Reviewed earlier]

Annals of Internal Medicine
18 February 2014, Vol. 160. No. 4
http://annals.org/issue.aspx
[Reviewed earlier; No relevant content]

BMC Public Health
(Accessed 1 March 2014)
http://www.biomedcentral.com/bmcpublichealth/content
Research article
Where is the Gap?: The contribution of disparities within developing countries to global inequalities in under-five mortality
Agbessi Amouzou, Naoko Kozuki and Davidson R Gwatkin
Author Affiliations
BMC Public Health 2014, 14:216 doi:10.1186/1471-2458-14-216
Published: 1 March 2014
http://www.biomedcentral.com/1471-2458/14/216/abstract
Abstract (provisional)

Background
Global health equity strategists have previously focused much on differences across countries. At first glance, the global health gap in health status appears to result primarily from disparities between the developing and developed regions. We examine how much of this disparity could be attributed to within-country disparities in developing nations.
Methods
We used data from Demographic and Health Surveys conducted between 1995 and 2010 in 67 developing countries. Using a population attributable risk approach, we computed the proportion of global under-five mortality gap and the absolute under-five deaths that would be reduced if the under-five mortality rate in each of these 67 countries was lowered to the level of the top 10% economic group in each country. As a sensitivity check, we also conducted comparable calculations replacing the top 10% with the top 5% and with the top 20%.
Results
In 2007, approximately 6.6 million under-five deaths were observed in the 67 countries used in the analysis. This could be reduced to only 600,000 deaths if these countries had the same under-five mortality rate as developed countries. If the under-five mortality rate in developing countries was lowered to the rate among the top 10% economic group in those same each of these countries, under-five deaths would be reduced to 3.7 million. This corresponds to a 48% reduction in the global mortality gap and 2.9 million under-five deaths averted. Using cutoff points of top 5% and top 20% economic groups showed reduction of 37% and 56% respectively in the global mortality gap. With these cutoff points, respectively 2.3 and 3.4 million deaths would be averted.
Conclusion
Under-five mortality disparities within developing countries account for roughly half of the global gap between developed and developing countries. Thus, within-country inequities deserve as much consideration as do inequalities between the world's developing and developed regions.

Research article

The informed consent in Southern Italy does not adequately inform parents about infant vaccination

Francesco Attena, Amanda Valdes Abuadili and Sara Marino
Author Affiliations

BMC Public Health 2014, 14:211 doi:10.1186/1471-2458-14-211
Published: 28 February 2014
http://www.biomedcentral.com/1471-2458/14/211/abstract

Abstract (provisional)
Background
Vaccination centres in the Campania Region, southern Italy, vaccinate children with a hexavalent vaccine that contains the mandatory vaccines diphtheria, tetanus, poliomyelitis, and viral Hepatitis B. This vaccine also includes two non-mandatory vaccines, pertussis and Haemophilus influenzae type B. Information about these optional vaccines should be communicated to the parents, and informed consent should be obtained from parents before vaccination. We explored whether informed consent was delivered to the parents, whether they signed the consent form, and whether they read and acquired the information about the vaccination that their child would receive.
Methods
Childhood immunisations are provided at specific public health vaccination centres, "Unita Operative Materno-infantili's" (UOMIs). We selected four UOMI from the Campania Region

where we interviewed 1039 parents bringing their children for the 1st, 2nd, or 3rd doses of hexavalent vaccine. The consent forms were collected from the four vaccination centres and were analysed with respect to clarity and completeness.

Results

Most of the respondents (89.5%) were mothers between 20 and 39 years of age (80.4% vs 59.6% of the fathers), they were married (87.2% vs 93.5% of the fathers), and only one-half of them were employed (50.2% vs 92.6% of the fathers). The informed consent form was received from 58.1% of the parents and signed by 52.8%, but read by 35.0% of them. Only 1.5% of parents knew which vaccines were mandatory, and 25.0% of them believed that the entire hexavalent vaccine was mandatory. When we asked the parents which non-mandatory vaccinations were administered to their children, only 0.5% indicated the Haemophilus influenzae type B and none indicated the pertussis vaccine. Thirty-six per cent of the parents replied that their child had not received any non-mandatory vaccines. No parents were informed by the operators that their children would receive non-mandatory vaccines.

Conclusion

In our study, consent procedures did not allow parents to acquire correct information about vaccine options for their children. Furthermore, not one health care provider informed parents that their child was receiving non-mandatory vaccines. The informed consent process and the individual health care providers did not properly inform parents about the vaccines administered to their children.

Research article

Vaccination coverage and its determinants among migrant children in Guangdong, China

Ke Han[12], Huizhen Zheng[2]*, Zhixiong Huang[3], Quan Qiu[2], Hong Zeng[3], Banghua Chen[4] and Jianxiong Xu[5]

Author Affiliations

For all author emails, please log on.

BMC Public Health 2014, 14:203 doi:10.1186/1471-2458-14-203

Published: 26 February 2014

http://www.biomedcentral.com/1471-2458/14/203/abstract

Abstract

Background

Guangdong province attracted more than 31 million migrants in 2010. But few studies were performed to estimate the complete and age-appropriate immunization coverage and determine risk factors of migrant children.

Methods

1610 migrant children aged 12–59 months from 70 villages were interviewed in Guangdong. Demographic characteristics, primary caregiver's knowledge and attitude toward immunization, and child's immunization history were obtained. UTD and age-appropriate immunization rates for the following five vaccines and the overall series (1:3:3:3:1 immunization series) were assessed: one dose of BCG, three doses of DTP, OPV and HepB, one dose of MCV. Risk factors for not being UTD for the 1:3:3:3:1 immunization series were explored.

Results

For each antigen, the UTD immunization rate was above 71%, but the age-appropriate immunization rates for BCG, HepB, OPV, DPT and MCV were only 47.8%, 45.1%, 47.1%, 46.8% and 37.2%, respectively. The 1st dose was most likely to be delayed within them. For the 1:3:3:3:1 immunization series, the UTD immunization rate and age-appropriate immunization rate were 64.9% and 12.4% respectively. Several factors as below were

significantly associated with UTD immunization. The primary caregiver's determinants were their occupation, knowledge and attitude toward immunization. The child's determinants were sex, Hukou, birth place, residential buildings and family income.
Conclusions
Alarmingly low immunization coverage of migrant children should be closely monitored by NIISS. Primary caregiver and child's determinants should be considered when taking measures. Strategies to strengthen active out-reach activities and health education for primary caregivers needed to be developed to improve their immunization coverage.

British Medical Bulletin
Volume 108 Issue 1 December 2013
http://bmb.oxfordjournals.org/content/current
[Reviewed earlier]

British Medical Journal
01 March 2014 (Vol 348, Issue 7947)
http://www.bmj.com/content/348/7947
Analysis
Prevention is better than cure for emerging infectious diseases
BMJ 2014; 348 doi: http://dx.doi.org/10.1136/bmj.g1499 (Published 21 February 2014)
Cite this as: BMJ 2014;348:g1499
David L Heymann, professor of infectious disease epidemiology123, Osman A Dar, locum consultant global health 13
Author Affiliations
Excerpt

Emerging infectious diseases have the potential to cause considerable morbidity, mortality, and economic damage. David Heymann and Osman Dar explain why we need to shift the emphasis from responding to emerging infections once they are detected to preventing them from occurring in the first place and describe one initiative that is working to achieve this

Emerging infectious diseases (emerging infections) have caused tens of billions of dollars worth of damage in the past 20 years and the costs are continuing to rise.1 2 Emerging infections can be new infections, such as HIV (when first discovered), which is thought to have emerged in human populations from a non-human primate; or existing infections that are becoming more common or spreading in geographically new areas as a result of changes in the micro-organisms or changing climate and include West Nile fever, Dengue fever, and chikungunya.3

Many people assume that emerging infections are a matter for tropical disease specialists, but they are important to doctors and policy makers, vets, farmers, traders, and economies globally. Although some emerging infections are specific to tropical areas, such as Ebola and Marburg haemorrhagic fevers, infections that emerge there can spread to other parts of the world, as seen with HIV. There are also many examples of diseases originating in non-tropical settings, including severe acute respiratory syndrome (SARS), influenza A (H5N1), variant Creutzfeldt-Jakob disease/bovine spongiform encephalopathy (BSE), and foodborne Escherichia coli O157 infections.4 5 Another problem is infections that have emerged in new forms—for example, multidrug resistant Staphylococcal and Mycobacterial species.

Over the past decades there has been increasing recognition that the way we deal with infectious disease is often reactive and too late. New diseases are often identified only after they have transferred to humans and sometimes many years after the breach in the species …

Views & Reviews - Personal View

Research that does not consider participants' health needs is unethical

BMJ 2014; 348 doi: http://dx.doi.org/10.1136/bmj.g1423 (Published 11 February 2014)
Cite this as: BMJ 2014;348:g1423

Allen G P Ross, professor, Griffith Health Institute, Griffith University, Gold Coast Campus, Australia

http://www.bmj.com/content/348/bmj.g1423

Excerpt

Research in poor countries must put patients first, writes Allen G P Ross, and ethics committees should insist that this happens

My colleagues and I currently coordinate a five year clinical trial investigating the neglected tropical disease schistosomiasis in the remote Philippines. Twenty two villages and almost 20,000 residents in the municipalities of Laoang and Palapag are taking part.

The Northern Samar province is considered the second poorest in the country, with more than half of its rural inhabitants living below the poverty line. The prevalence of malnutrition is high, with stunting, thinness, and wasting seen in 49%, 28%, and 60% of all children respectively (unpublished data). The burden of infectious disease is also high. The prevalence of schistosomiasis was found to be 27.1% (n=10 436; 95% confidence interval 26.3% to 28.0%) and for infection with any soil transmitted helminth (Ascaris, Trichuris, and hookworm) 77.2% (n=10 434; 76.4% to 78.0%).1

While examining participants I am often asked to help with health problems …

Bulletin of the World Health Organization

Volume 92, Number 3, March 2014, 153-228
http://www.who.int/bulletin/volumes/92/3/en/

Monitoring polio supplementary immunization activities using an automated short text messaging system in Karachi, Pakistan

AM Kazi, A Murtaza, S Khoja, AK Zaidi & SA Ali

http://www.who.int/bulletin/volumes/92/3/13-122564-ab/en/

Abstract

Problem
Polio remains endemic in many areas of Pakistan, including large urban centres such as Karachi.
Approach
During each of seven supplementary immunization activities against polio in Karachi, mobile phone numbers of the caregivers of a random sample of eligible children were obtained. A computer-based system was developed to send two questions – as short message service (SMS) texts – automatically to each number after the immunization activity: "Did the vaccinator visit your house?" and "Did the enrolled child in your household receive oral polio vaccine?" Persistent non-responders were phoned directly by an investigator.
Local setting
A cluster sampling technique was used to select representative samples of the caregivers of young children in Karachi in general and of such caregivers in three of the six "high-risk" districts of the city where polio cases were detected in 2011.
Relevant changes

In most of the supplementary immunization activities investigated, vaccine coverages estimated using the SMS system were very similar to those estimated by interviewing by phone those caregivers who never responded to the SMS messages. In the high-risk districts investigated, coverages estimated using the SMS system were also similar to those recorded – using lot quality assurance sampling – by the World Health Organization.
Lessons learnt
For the monitoring of coverage in supplementary immunization activities, automated SMS-based systems appear to be an attractive and relatively inexpensive option. Further research is needed to determine if coverage data collected by SMS-based systems provide estimates that are sufficiently accurate. Such systems may be useful in other large-scale immunization campaigns.

Clinical Therapeutics
Vol 36 | No. 2 | 01 February 2014 | Pages 151-308
http://www.clinicaltherapeutics.com/current
[Reviewed earlier; No relevant content]

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(Accessed 1 March 2014)
http://www.resource-allocation.com/
Research
Cost-effectiveness of eye care services in Zambia
Griffiths UK, Bozzani FM, Gheorghe A, Mwenge L and Gilbert C Cost Effectiveness and Resource Allocation 2014, 12:6 (25 February 2014)

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 8, 2013
http://www.tandfonline.com/toc/cdip20/current
[Site not available; Taylor & Francis Online maintenance]

Emerging Infectious Diseases
Volume 20, Number 3—March 2014
http://www.cdc.gov/ncidod/EID/index.htm

[Reviewed earlier]

The European Journal of Public Health
Volume 24 Issue 1 February 2014
http://eurpub.oxfordjournals.org/content/current
[Reviewed earlier; No relevant content]

Eurosurveillance
Volume 19, Issue 8, 27 February 2014
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
[No relevant content]

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Volume 40, Issue 3, 2013
http://www.tandfonline.com/toc/sfds20/current
[Site not available; Taylor & Francis Online maintenance]

Globalization and Health
[Accessed 1 March 2014]
http://www.globalizationandhealth.com/
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Summer 2013
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February 2014 | Volume 2 | Issue 1
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[Reviewed earlier]

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Volume 9, Issue 1-2, 2014
http://www.tandfonline.com/toc/rgph20/current#.Uq0DgeKy-F9
Theme: HIV Scale-up
[No relevant content]

Health Affairs
February 2014; Volume 33, Issue 2

http://content.healthaffairs.org/content/current
Theme: Early Evidence, Future Promise Of Connected Health
[Reviewed earlier]

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]

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Volume 29 Issue 1 January 2014
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[Reviewed earlier]

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March 2014 Volume 10, Issue 3
http://www.landesbioscience.com/journals/vaccines/toc/volume/10/issue/3/
[Reviewed earlier; No relevant content]

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[Accessed 1 March 2014]
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[Accessed 1 March 2014]
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International Journal of Epidemiology
Volume 43 Issue 1 February 2014
http://ije.oxfordjournals.org/content/current
[No relevant content]

International Journal of Infectious Diseases

Vol 17 | No. 12 | December 2013
http://www.ijidonline.com/current
[Reviewed earlier; No relevant content]

JAMA
February 2014, Vol 311, No. 8
http://jama.jamanetwork.com/issue.aspx
Viewpoint **|** February 26, 2014
A Unified Code of Ethics for Health Professionals - Insights From an IOM Workshop
JAMA. 2014;311(8):799-800. doi:10.1001/jama.2014.504
http://jama.jamanetwork.com/article.aspx?articleid=1832552
A transdiciplinary code of ethics – applicable to all health professionals and created with oublic input – would be a first step toward generating a social contract that can meet the contemporary needs of health professionals and the patients and communities they serve.
Editorial | February 26, 2014
Nonspecific Effects of Vaccines
David Goldblatt, MBChB, PhD1; Elizabeth Miller, FRCPath2
JAMA. 2014;311(8):804-805. doi:10.1001/jama.2014.471.
Initial text

Vaccination is one of the great public health achievements of the last 100 years.1 The development of vaccination has led to the eradication of smallpox, the reduction of the worldwide incidence of polio by 99%, and the control of measles, with a 74% decline in global measles deaths since 2000.2

With the decline in vaccine-preventable diseases that were once major causes of morbidity and mortality and with the availability of many new vaccines, some targeting diseases that are not major causes of morbidity and mortality in developed countries, public opinion has at times focused on the possible adverse events associated with vaccination rather than their benefit. In recent years these have included high-profile concerns surrounding the association of autism with either combined live viral vaccines (measles-mumps-rubella [MMR]) or preservatives (thimerosal) in combination vaccines. Both associations have now been refuted following careful scientific studies.3 Unexpected benefits of vaccination have also been reported but have attracted less attention. These include the apparent effect of live vaccines such as measles and BCG on reducing mortality from infections other than measles or tuberculosis...4

Live Vaccine Against Measles, Mumps, and Rubella and the Risk of Hospital Admissions for Nontargeted Infections
Signe Sørup, PhD; Christine S. Benn, DMSc; Anja Poulsen, PhD; Tyra G. Krause, PhD; Peter Aaby, DMSc; Henrik Ravn, PhD
Medical News & Perspectives | February 26, 2014
Demonstration Projects in Vietnam and Uganda Show Global Health Security Begins at the Local Level
Mike Mitka, MSJ
JAMA. 2014;311(8):787-788. doi:10.1001/jama.2014.873.

Infectious disease threats know no borders, especially in a world where a potentially deadly infectious disease is only a 24-hour plane flight from anywhere in the world. So it's not surprising that nations are increasingly recognizing the need for global health security, for strengthening local capacity to prevent, detect, and respond to public health threats that have global implications.

Such a challenge is an ambitious one, especially for developing countries without a strong public health infrastructure. To help develop an approach for achieving this goal, the US Centers for Disease Control and Prevention (CDC), partnered with the ministries of health in Vietnam and Uganda, conducted demonstration projects in 2013 in those countries…

JAMA Pediatrics
February 2014, Vol 168, No. 2
http://archpedi.jamanetwork.com/issue.aspx
[Reviewed earlier]

Journal of Community Health
Volume 39, Issue 2, April 2014
http://link.springer.com/journal/10900/39/1/page/1

Attitudes Affecting the Potential Use of Human Papillomavirus Vaccination: A Survey of Health Promotion Students in Mexico City
Angélica Dolores Ramírez-Rios, William Bonnez
http://link.springer.com/article/10.1007/s10900-013-9770-1
Abstract
Our aim was to explore the knowledge and attitudes of Mexican college students towards human papillomavirus (HPV) vaccination. We conducted a written questionnaire survey of a group of male and female undergraduate students in Health Promotion at the Autonomous University of Mexico City. A total of 163 subjects (40 males and 123 females, median age 24 years) took part. Only 13 % identified the risks factors of cervical cancer and 32 % knew the diseases caused by HPV. Females had a better knowledge than males on matters related to HPV vaccine. Seventy percent (110 of 157) of the respondents completely agreed on the importance of including protection against genital warts in the vaccine. Eighty-eight percent (141/161) of subjects would have accepted receiving the vaccine, but 8 % (13/161) were ambivalent. There was a strong desire in this group of young adults who are not yet included in the current vaccination programs to receive the HPV vaccine, preferably the quadrivalent one. In conclusion, attitudes towards vaccination could be complex and opposed.

Ethnic and Gender Differences in HPV Knowledge, Awareness, and Vaccine Acceptability Among White and Hispanic Men and Women
Rachel A. Reimer, Julie A. Schommer, Amy E. Houlihan, Meg Gerrard
http://link.springer.com/article/10.1007/s10900-013-9773-y
Abstract
The purpose of this study was to examine factors associated with human papillomavirus (HPV) knowledge and awareness, and HPV vaccination among White and Hispanic males and females. Differences in HPV knowledge, sources of information, vaccine awareness, vaccination status, and interest in vaccination were examined. A community sample was recruited from local health care clinics in a medium sized Midwestern city between May 2010 and December 2011. Participants (N = 507) were White (n = 243) and Hispanic, males (n = 202) and females between the ages of 15–30. Results indicate that White and female participants were significantly more likely to have heard of HPV, have higher levels of HPV knowledge, have been diagnosed with HPV, and be aware of the HPV vaccine for women. White and female participants were also more likely to have heard of HPV from their physician and were significantly more interested in receiving the HPV vaccine in the future. There was no effect of

ethnicity on interest in the vaccine per a doctor's recommendation, however. Findings suggest that Whites and females have greater levels of HPV awareness and knowledge and that, while Hispanic participants are less likely than White participants to be told about the HPV vaccine from their provider, they may be equally receptive to such a recommendation.

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 6 March 15, 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
[Site not available; Taylor & Francis Online maintenance]

Journal of Global Infectious Diseases (JGID)
January-March 2014 Volume 6 | Issue 1 Page Nos. 1-48
http://www.jgid.org/currentissue.asp?sabs=n
[No relevant content]

Journal of Medical Ethics
March 2014, Volume 40, Issue 3
http://jme.bmj.com/content/current
[Reviewed earlier; No relevant content]

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March 2014; 63 (Pt 3)
http://jmm.sgmjournals.org/content/current
[No relevant content]

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 3 Issue 1 March 2014
http://jpids.oxfordjournals.org/content/current
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Vol 164 | No. 3 | March 2014 | Pages 431-678
http://www.jpeds.com/current
[Reviewed earlier; No relevant content]

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Volume 35, Issue 1 (February 2014)
http://www.palgrave-journals.com/jphp/journal/v35/n1/index.html
Special Section: Preventing Addictions
[Reviewed earlier; No relevant content]

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May 6, 2014; 11 (94)
http://rsif.royalsocietypublishing.org/content/current
[No relevant content]

Journal of Virology
March 2014, volume 88, issue 5
http://jvi.asm.org/content/current
[Reviewed earlier; No relevant content]

The Lancet
Mar 01, 2014 Volume 383 Number 9919 p755 - 844
http://www.thelancet.com/journals/lancet/issue/current
Editorial
Every newborn, every mother, every adolescent girl
The Lancet
Preview |
With the launch of a new report by Save the Children this week, the momentum to achieve substantial reductions in neonatal mortality is accelerating. Ending Newborn Deaths: Ensuring Every Baby Survives is a continuation of Save the Children's No Child Born to Die campaign. The report presents a powerful reminder of the reasons for neonatal deaths, identifies eight essential areas for intervention, and proposes a five-point Newborn Promise plan to end all preventable newborn deaths, which governments and others should commit to this year.

The Lancet Global Health
Mar 2014 Volume 2 Number 3 e117 – 181
http://www.thelancet.com/journals/langlo/issue/current
Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries
Dr Andrea Nove PhD a, Prof Zoë Matthews PhD b, Sarah Neal PhD b, Alma Virginia Camacho MD c
http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2813%2970179-7/abstract

Summary
Background
Adolescents are often noted to have an increased risk of death during pregnancy or childbirth compared with older women, but the existing evidence is inconsistent and in many cases contradictory. We aimed to quantify the risk of maternal death in adolescents by estimating maternal mortality ratios for women aged 15—19 years by country, region, and worldwide, and to compare these ratios with those for women in other 5-year age groups.
Methods
We used data from 144 countries and territories (65 with vital registration data and 79 with nationally representative survey data) to calculate the proportion of maternal deaths among deaths of females of reproductive age (PMDF) for each 5-year age group from 15—19 to 45—49 years. We adjusted these estimates to take into account under-reporting of maternal deaths, and deaths during pregnancy from non-maternal causes. We then applied the adjusted PMDFs to the most reliable age-specific estimates of deaths and livebirths to derive age-specific maternal mortality ratios.
Findings
The aggregated data show a J-shaped curve for the age distribution of maternal mortality, with a slightly increased risk of mortality in adolescents compared with women aged 20—24 years (maternal mortality ratio 260 [uncertainty 100—410] vs 190 [120—260] maternal deaths per 100 000 livebirths for all 144 countries combined), and the highest risk in women older than 30 years. Analysis for individual countries showed substantial heterogeneity; some showed a clear J-shaped curve, whereas in others adolescents had a slightly lower maternal mortality ratio than women in their early 20s. No obvious groupings were apparent in terms of economic development, demographic characteristics, or geographical region for countries with these different age patterns.
Interpretation
Our findings suggest that the excess mortality risk to adolescent mothers might be less than previously believed, and in most countries the adolescent maternal mortality ratio is low compared with women older than 30 years. However, these findings should not divert focus away from efforts to reduce adolescent pregnancy, which are central to the promotion of women's educational, social, and economic development.
Funding
WHO, UN Population Fund.

Socioeconomic inequality in neonatal mortality in countries of low and middle income: a multicountry analysis

Britt McKinnon MSc a, Sam Harper PhD a, Prof Jay S Kaufman PhD a, Yves Bergevin MD b
http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2814%2970008-7/abstract
Summary
Background
Neonatal mortality rates (NMRs) in countries of low and middle income have been only slowly decreasing; coverage of essential maternal and newborn health services needs to increase, particularly for disadvantaged populations. Our aim was to produce comparable estimates of changes in socioeconomic inequalities in NMR in the past two decades across these countries.
Methods
We used data from Demographic and Health Surveys (DHS) for countries in which a survey was done in 2008 or later and one about 10 years previously. We measured absolute inequalities with the slope index of inequality and relative inequalities with the relative index of inequality. We used an asset-based wealth index and maternal education as measures of socioeconomic

position and summarised inequality estimates for all included countries with random-effects meta-analysis.
Findings
24 low-income and middle-income countries were eligible for inclusion. In most countries, absolute and relative wealth-related and educational inequalities in NMR decreased between survey 1 and survey 2. In five countries (Cameroon, Nigeria, Malawi, Mozambique, and Uganda), the difference in NMR between the top and bottom of the wealth distribution was reduced by more than two neonatal deaths per 1000 livebirths per year. By contrast, wealth-related inequality increased by more than 1·5 neonatal deaths per 1000 livebirths per year in Ethiopia and Cambodia. Patterns of change in absolute and relative educational inequalities in NMR were similar to those of wealth-related NMR inequalities, although the size of educational inequalities tended to be slightly larger.
Interpretation
Socioeconomic inequality in NMR seems to have decreased in the past two decades in most countries of low and middle income. However, a substantial survival advantage remains for babies born into wealthier households with a high educational level, which should be considered in global efforts to further reduce NMR.
Funding
Canadian Institutes of Health Research.

The Lancet Infectious Diseases
Mar 2014 Volume 14 Number 3 p173 - 256
http://www.thelancet.com/journals/laninf/issue/current

Editorial

Pandemic potential of emerging influenza

The Lancet Infectious Diseases

Preview |

In January this year, the first case of highly pathogenic avian influenza H5N1 was detected in the Americas when a Canadian man returning from Beijing fell ill and subsequently died. January also saw a sharp upturn in the number of cases of H7N9 avian influenza in China with 169 cases detected in 1 month, compared with 144 up to the end of last year since it was first identified in March 2013. Another familiar virus, 2009 pandemic influenza A H1N1 has also been hitting the headlines in Egypt, where there have been over 300 cases and around 38 deaths since December, and in Mexico over 400 deaths have been associated with H1N1 this year.

Efficacy and safety of a patch vaccine containing heat-labile toxin from Escherichia coli against travellers' diarrhoea: a phase 3, randomised, double-blind, placebo-controlled field trial in travellers from Europe to Mexico and Guatemala

Ronald H Behrens, Jakob P Cramer, Tomas Jelinek, Hilary Shaw, Frank von Sonnenburg, Darren Wilbraham, Thomas Weinke, David J Bell, Edwin Asturias, Hermann L Enkerlin Pauwells, Roberto Maxwell, Mercedes Paredes-Paredes, Gregory M Glenn, Shailesh Dewasthaly, Donald M Stablein, Zhi-Dong Jiang, Herbert L DuPont

Preview |

Although the LT antigen was delivered effectively by the skin patch, the vaccine did not protect travellers against diarrhoea caused by ETEC or other organisms. Future vaccines against travellers' diarrhoea might need to include several antigens against various diarrhoeal pathogens, and might need to be able to generate mucosal and higher systemic immunity.

Review

Pandemic influenza A H1N1 vaccines and narcolepsy: vaccine safety surveillance in action
Charlotte I S Barker, Matthew D Snape
Preview |
The 2009 influenza A H1N1 pandemic placed unprecedented demand on public health authorities and the vaccine industry. Efforts were coordinated internationally to maximise the speed of vaccine development, distribution, and delivery, and the European Union's novel fast-track authorisation procedures mandated increased postmarketing surveillance to monitor vaccine safety. Clinicians in Finland and Sweden later identified an apparent increase in the incidence of narcolepsy associated with a specific adjuvanted pandemic influenza vaccine.

Medical Decision Making (MDM)
February 2014; 34 (2)
http://mdm.sagepub.com/content/current
[Reviewed earlier; No relevant content]

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
[Reviewed earlier; No relevant content]

Nature
Volume 506 Number 7489 pp407-522 27 February 2014
http://www.nature.com/nature/current_issue.html
[No relevant content]

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February 2014, Volume 15 No 2 pp111-205
http://www.nature.com/ni/journal/v15/n2/index.html
[Reviewed earlier; No relevant content]

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February 2014, Volume 20 No 2
http://www.nature.com/nm/index.html
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New England Journal of Medicine
February 20, 2014 Vol. 370 No. 8
http://www.nejm.org/toc/nejm/medical-journal
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January 2014, 18(1)
http://online.liebertpub.com/toc/omi/17/12
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The Pediatric Infectious Disease Journal
March 2014 - Volume 33 - Issue 3 pp: 233-335,e67-e86
http://journals.lww.com/pidj/pages/currenttoc.aspx
A Consensus Statement: Meningococcal Disease Among Infants, Children and Adolescents in Latin America
Rüttimann, Ricardo Walter; Gentile, Angela; Parra, Mercedes Macias; More
Abstract
Invasive meningococcal disease is a serious infection that occurs worldwide. Neisseria meningitidis remains one of the leading causes of bacterial meningitis in all ages. Despite the availability of safe and effective vaccines against invasive meningococcal disease, few countries in Latin America implemented routine immunization programs with these vaccines. The Americas Health Foundation along with Fighting Infectious Disease in Emerging Countries recently sponsored a consensus conference. Six experts in infectious diseases from across the region addressed questions related to this topic and formulated the following recommendations: (1) standardized passive and active surveillance systems should be developed and carriage studies are mandatory; (2) a better understanding of the incidence, case fatality rates and prevalent serogroups in Latin America is needed; (3) countries should make greater use of the polymerase chain reaction assays to improve the sensitivity of diagnosis and surveillance of invasive meningococcal disease; (4) vaccines with broader coverage and more immunogenicity are desirable in young infants; (5) prevention strategies should include immunization of young infants and catch-up children and adolescents and (6) because of the crowded infant immunization schedule, the development of combined meningococcal vaccines and the co-administration with other infant vaccines should be explored.

Pediatrics
March 2014, VOLUME 133 / ISSUE 3
http://pediatrics.aappublications.org/current.shtml
Article
Duration of Protection After First Dose of Acellular Pertussis Vaccine in Infants
Helen E. Quinn, PhD, MAEa,b, Thomas L. Snelling, BMBS (Hons), Grad Dip Clin Epidc, Kristine K. Macartney, MBBS, BMedSci, MDa,b, and Peter B. McIntyre, MBBS, PhDa,b
Author Affiliations
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cTelethon Institute for Child Health Research, Centre for Child Health Research, The University of Western Australia, West Perth, Western Australia, Australia
http://pediatrics.aappublications.org/content/133/3/e513.abstract
Abstract
OBJECTIVE: Data on the effectiveness of the diphtheria–tetanus–acellular pertussis (DTaP) vaccine in the first 4 years of life are sparse. We evaluated the vaccine effectiveness (VE) of 1 and 2 doses of DTaP before 6 months of age and of 3 doses from 6 months of age in Australia, where, since 2003, a fourth dose is not given until 4 years.
METHODS: We matched reported pertussis cases aged 2 to 47 months between January 2005 and December 2009 to controls from a population-based immunization register by date of birth and region of residence. VE by number of doses and age group was calculated as (1 – odds ratio) × 100%.
RESULTS: VE against hospitalization increased from 55.3% (95% confidence interval [CI], 42.7%–65.1%) for 1 dose before 4 months of age to 83.0% (95% CI, 70.2%–90.3%) for 2 doses before 6 months. The VE of 3 doses of DTaP against all reported pertussis was 83.5% (95% CI, 79.1%–87.8%) between 6 and 11 months, declining to 70.7% (95% CI, 64.5%–75.8%) between 2 and 3 years of age and 59.2% (95% CI, 51.0%–66.0%) between 3 and 4 years of age.
CONCLUSIONS: DTaP provided good protection against pertussis in the first year of life from the first dose. Without a booster dose, the effectiveness of 3 doses waned more rapidly from 2 to 4 years of age than previously documented for children >6 years of age who had received 5 doses.
Article
Vaccine Financing From the Perspective of Primary Care Physicians
Sean T. O'Leary, MD, MPHa,b, Mandy A. Allison, MD, MSPHa,b, Megan C. Lindley, MPHc, Lori A. Crane, PhD, MPHa,d, Laura P. Hurley, MD, MPHa,e,f, Michaela Brtnikova, PhDa, Brenda L. Beaty, MSPHa,f, Christine I. Babbel, MSPHa, Andrea Jimenez-Zambrano, MPHa, Stephen Berman, MDb, and Allison Kempe, MD, MPHa,b,f
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dDepartment of Community & Behavioral Health, Colorado School of Public Health, Denver, Colorado; and
eDivision of General Internal Medicine, Denver Health and Hospital Authority, Denver, Colorado
http://pediatrics.aappublications.org/content/133/3/367.abstract
Abstract
OBJECTIVES: Because of high purchase costs of newer vaccines, financial risk to private vaccination providers has increased. We assessed among pediatricians and family physicians satisfaction with insurance payment for vaccine purchase and administration by payer type, the proportion who have considered discontinuing provision of all childhood vaccines for financial reasons, and strategies used for handling uncertainty about insurance coverage when new vaccines first become available.

METHODS: A national survey among private pediatricians and family physicians April to September 2011.
RESULTS: Response rates were 69% (190/277) for pediatricians and 70% (181/260) for family physicians. Level of dissatisfaction varied significantly by payer type for payment for vaccine administration (Medicaid, 63%; Children's Health Insurance Program, 56%; managed care organizations, 48%; preferred provider organizations, 38%; fee for service, 37%; P < .001), but not for payment for vaccine purchase (health maintenance organization or managed care organization, 52%; Child Health Insurance Program, 47%; preferred provider organization, 45%; fee for service, 41%; P = .11). Ten percent of physicians had seriously considered discontinuing providing all childhood vaccines to privately insured patients because of cost issues. The most commonly used strategy for handling uncertainty about insurance coverage for new vaccines was to inform parents that they may be billed for the vaccine; 67% of physicians reported using 3 or more strategies to handle this uncertainty.
CONCLUSIONS: Many primary care physicians are dissatisfied with payment for vaccine purchase and administration from third-party payers, particularly public insurance for vaccine administration. Physicians report a variety of strategies for dealing with the uncertainty of insurance coverage for new vaccines.

Article

Risk Perceptions and Subsequent Sexual Behaviors After HPV Vaccination in Adolescents

Allison Mayhew, BAa, Tanya L. Kowalczyk Mullins, MD, MSa,b, Lili Ding, PhDb, Susan L. Rosenthal, PhDc, Gregory D. Zimet, PhDd, Charlene Morrow, RNb, and Jessica A. Kahn, MD, MPHa,b
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dDepartment of Pediatrics, Indiana University, Indianapolis, Indiana
http://pediatrics.aappublications.org/content/133/3/404.abstract

Abstract

OBJECTIVES: Concerns have been raised that human papillomavirus (HPV) vaccination could lead to altered risk perceptions and an increase in risky sexual behaviors among adolescents. The aim of this study was to assess whether adolescent risk perceptions after the first vaccine dose predicted subsequent sexual behaviors.
METHODS: Young women 13 to 21 years of age (N=339) completed questionnaires immediately after HPV vaccination, and 2 and 6 months later, assessing demographic characteristics, knowledge/attitudes about HPV vaccination, risk perceptions, and sexual behaviors. Risk perceptions were measured by using 2 5-item scales assessing: (1) perceived risk of sexually transmitted infections (STI) other than HPV, and (2) perceived need for safer sexual behaviors after HPV vaccination. We assessed associations between risk perceptions at baseline and sexual behaviors over the next 6 months by using logistic regression, stratifying participants by sexual experience at baseline and age (13–15 vs 16–21 years).
RESULTS: Among all sexually inexperienced participants (42.5%), baseline risk perceptions were not associated with subsequent sexual initiation; in age-stratified analyses, girls 16 to 21 years of age who reported lower perceived risk for other STI (an inappropriate perception) were less likely to initiate sex (odds ratio [OR] 0.13, 95% confidence interval [CI] 0.03–0.69). Among

all sexually experienced participants (57.5%) and in age-stratified analyses, baseline risk perceptions were not associated with subsequent number of sexual partners or condom use. CONCLUSIONS: Risk perceptions after HPV vaccination were not associated with riskier sexual behaviors over the subsequent 6 months in this study sample.

Pharmaceutics
Volume 6, Issue 1 (March 2014), Pages 1-
http://www.mdpi.com/1999-4923/6/1
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Pharmacoeconomics
Volume 32, Issue 3, March 2014
http://link.springer.com/journal/40273/32/2/page/1
Theme: Health Economic Issues in China
[No relevant content]

PLoS One
[Accessed 1 March 2014]
http://www.plosone.org/
Research Article
Monitoring What Governments "Give for" and "Spend on" Vaccine Procurement: Vaccine Procurement Assistance and Vaccine Procurement Baseline
E. A. S. Nelson mail, David E. Bloom, Richard T. Mahoney
Published: February 20, 2014
DOI: 10.1371/journal.pone.0089593
http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0089593
Abstract
Background
The Global Vaccine Action Plan will require, inter alia, the mobilization of financial resources from donors and national governments – both rich and poor. Vaccine Procurement Assistance (VPA) and Vaccine Procurement Baseline (VPB) are two metrics that could measure government performance and track resources in this arena. VPA is proposed as a new subcategory of Official Development Assistance (ODA) given for the procurement of vaccines and VPB is a previously suggested measure of the share of Gross Domestic Product (GDP) that governments spend on their own vaccine procurement.
Objective
To determine realistic targets for VPA and VPB.
Methods
Organization for Economic Co-Operation and Development (OECD) and World Bank data for 2009 were analyzed to determine the proportions of bilateral ODA from the 23 Development Assistance Committee (DAC) countries disbursed (as % of GDP in current US$) for infectious disease control. DAC country contributions to the GAVI Alliance for 2009 were assessed as a measure of multilateral donor support for vaccines and immunization programs.
Findings

In 2009, total DAC bilateral ODA was 0.16% of global GDP and 0.25% of DAC GDP. As a percentage of GDP, Norway (0.013%) and United Kingdom (0.0085%) disbursed the greatest proportion of bilateral ODA for infectious disease control, and Norway (0.024%) and Canada (0.008%) made the greatest contributions to the GAVI Alliance. In 2009 0.02% of DAC GDP was US$7.61 billion and 0.02% of the GDP of the poorest 117 countries was US$2.88 billion.
Conclusions
Adopting 0.02% GDP as minimum targets for both VPA and VPB is based on realistic estimates of what both developed and developing countries should spend, and can afford to spend, to jointly ensure procurement of vaccines recommended by national and global bodies. New OECD purpose codes are needed to specifically track ODA disbursed for a) vaccine procurement; and b) immunization programs.

PLoS Medicine
(Accessed 1 March 2014)
http://www.plosmedicine.org/
[No new relevant content]

PLoS Neglected Tropical Diseases
January 2014
http://www.plosntds.org/article/browseIssue.action
Editorial
Indonesia: An Emerging Market Economy Beset by Neglected Tropical Diseases (NTDs)
Melody Tan, Rita Kusriastuti, Lorenzo Savioli, Peter J. Hotez mail
Published: February 27, 2014
DOI: 10.1371/journal.pntd.0002449
http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0002449;jsessionid=5C7F466B45FE35D9D6526E55F6C5F59E
Despite an enormous population and growing economy, the nation of Indonesia has some of the world's highest concentrations of neglected tropical diseases (NTDs). These NTDs may thwart future national growth and recent gains. Yet, Indonesia and its Ministry of Health, together with the World Health Organization (WHO), have embarked on an ambitious effort to quickly assemble a health and scientific infrastructure suitable for eliminating its NTDs.

PNAS - Proceedings of the National Academy of Sciences of the United States of America
http://www.pnas.org/content/early/
(Accessed 1 March 2014)
[No new relevant content]

Pneumonia
Vol 2 (2013)
https://pneumonia.org.au/index.php/pneumonia/issue/current
[Reviewed earlier]

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

Qualitative Health Research
February 2014; 24 (2)
http://qhr.sagepub.com/content/current
Special Issue: Communication
[No relevant content]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH
January 2014 Vol. 35, No. 1
http://www.paho.org/journal/index.php?option=com_content&view=article&id=137&Itemid=233&lang=en
Gasto en salud, la desigualdad en el ingreso y el índice de marginación en el sistema de salud de México [Health expenditures, income inequality, and the marginalization index in Mexico's health system]
Carlos Eduardo Pinzón Florez, Ludovic Reveiz, Elvaro J. Idrovo y Hortensia Reyes Morales
Functioning outcomes for abused immigrant women and their children 4 months after initiating intervention [Resultados en cuanto al desempeño de mujeres inmigrantes maltratadas y sus hijos, 4 meses después de iniciada una intervención]
Sandra K. Cesario, Angeles Nava, Ann Bianchi, Judith McFarlane, and John Maddoux
Structural social determinants and catastrophic illnesses in municipalities in the Colombian department of Valle del Cauca [Determinantes sociales estructurales y enfermedades catastróficas en los municipios del departamento colombiano del Valle del Cauca]
Luis Miguel Tovar Cuevas and Fernando Arteaga Suárez
Fatores associados a cárie dental e doença periodontal em indígenas na América Latina: revisão sistemática [Factors associated with dental caries and periodontal diseases in Latin American indigenous peoples: a systematic review]
Pedro Alves Filho, Ricardo Ventura Santos e Mario Vianna Vettore

Risk Analysis
February 2014 Volume 34, Issue 2 Pages 203–398
http://onlinelibrary.wiley.com/doi/10.1111/risa.2014.34.issue-1/issuetoc
[No relevant content]

Science
28 February 2014 vol 343, issue 6174, pages 941-1048
http://www.sciencemag.org/current.dtl
[No relevant content]

Science Translational Medicine
26 February 2014 vol 6, issue 225
http://stm.sciencemag.org/content/current
[No relevant content]

Social Science & Medicine
Volume 106, In Progress (April 2014)
http://www.sciencedirect.com/science/journal/02779536/106
[Reviewed earlier]

Vaccine
Volume 32, Issue 13, Pages 1421-1522 (14 March 2014)
http://www.sciencedirect.com/science/journal/0264410X/32
Benefits of using vaccines out of the cold chain: Delivering Meningitis A vaccine in a controlled temperature chain during the mass immunization campaign in Benin
Original Research Article
Pages 1431-1435
Simona Zipursky, Mamoudou Harouna Djingarey, Jean-Claude Lodjo, Laifoya Olodo, Sylvestre Tiendrebeogo, Olivier Ronveaux
Abstract
Background
In October 2012, the Meningococcal A conjugate vaccine MenAfriVac was granted a label variation to allow for its use in a controlled temperature chain (CTC), at temperatures of up to 40 °C for not more than four days. This paper describes the first field use of MenAfriVac in a CTC during a campaign in Benin, December 2012, and assesses the feasibility and acceptability of the practice.
Methods
We implemented CTC in one selected district, Banikoara (target population of 147,207; 1–29 years of age), across 14 health facilities and 150 villages. We monitored the CTC practice using temperature indicators and daily monitoring sheets. At the end of the campaign we conducted a face-to-face survey to assess vaccinators' and supervisors' experience with CTC.
Findings
A mix of strategies were implemented in the field to maximize the benefits from CTC practice, depending on the distance from health centre to populations and the availability of a functioning refrigerator in the health centre. Coverage across Banikoara was 105.7%. Over the course of the campaign only nine out of approx. 15,000 vials were discarded due to surpassing the 4 day CTC limit and no vial was discarded because of exposure to a temperature higher than 40 °C or due to the Vaccine Vial Monitor (VVM) reaching its endpoint. Overall confidence and perceived usefulness of the CTC approach were very high among vaccinators and supervisors.
Interpretation
Vaccinators and supervisors see clear benefits from the CTC approach in low income settings, especially in hard-to-reach areas or where cold chain is weak. Taking advantage of the flexibility

offered by CTC opens the door for the implementation of new immunization strategies to ensure all those at risk are protected.

Vaccine
Volume 32, Issue 12, Pages 1323-1420 (10 March 2014)
http://www.sciencedirect.com/science/journal/0264410X/32/12

The cost-effectiveness of influenza vaccination in elderly Australians: An exploratory analysis of the vaccine efficacy required
Pages 1323-1325
Anthony T. Newall, Juan Pablo Dehollain

Abstract
It is important to consider the value for money offered by existing elderly influenza vaccination programs, particularly as doubts persist about the magnitude of the effectiveness of such programs. An informative approach to explore the value of vaccination is to consider what vaccine efficacy would be required for a program to be considered cost-effective. To estimate the cost-effectiveness of the current elderly (65+ years) influenza vaccination program in Australia, we modelled how the hypothetical removal of vaccination would increase current disease burden estimates depending on alternative vaccine efficacy assumptions. The base-case results of the analysis found that the existing elderly vaccination program is likely to be cost-effective (under A$50,000 per quality-adjusted life year gained) if the vaccine efficacy is above ~30%. This study offers reassurance that the influenza vaccination of elderly Australians is likely to offer value for money.

Refusal of oral polio vaccine in northwestern Pakistan: A qualitative and quantitative study
Original Research Article
Pages 1382-1387
Hitoshi Murakami, Makoto Kobayashi, Masahiko Hachiya, Zahir S. Khan, Syed Q. Hassan, Shinsaku Sakurada

Abstract
Background
Refusal of the oral polio vaccine (OPV) is a difficulty faced by the Polio Eradication Initiative (PEI) in multiple endemic areas, including the Khyber Pakhtunkhwa Province (KPP), Pakistan. In 2007, we investigated community perceptions of the OPV and estimated the prevalence of OPV refusal in three districts in Swat Valley, KPP, a polio-endemic area.
Methods
Qualitative data concerning community perceptions were collected by focus group discussions among lady health workers (LHWs) and mothers with children <1 year old and by key informant interviews with local health managers and officials. Quantitative data collection followed using a questionnaire survey of 200 LHWs and a cluster sampling survey of 210 mothers (per district) with children <1 year old.
Results
The qualitative assessments identified the grounded theory of OPV refusal involving facts known by the residents that are related to the OPV (too frequent OPV campaigns, an OPV boycott in northern Nigeria in 2003 and that birth control is viewed as is against Islam), the local interpretations of these facts (perceptions that OPV contained birth control or pork, that OPV was a foreign/central plot against Muslims, and that the vaccination was against the Hadith and the fate determined by God) and different manifestations of OPV refusal. Among the three districts studied, the proportion of LHWs who encountered OPV refusal ranged from 0 to 33%,

whereas among the districts, the proportions of mothers unwilling to give OPV to their children ranged from 0.5 to 5.7%. Refusal of other injectable vaccines was almost equally prevalent for reasons that were very similar.
Conclusions
The PEI needs to reflect local value system in the path to polio eradication in the studied districts in the Swat Valley. The religious and cultural values as well as the interpretation of the international political situation are of particular importance.

Overcoming the knowledge–behavior gap: The effect of evidence-based HPV vaccination leaflets on understanding, intention, and actual vaccination decision

Original Research Article
Pages 1388-1393
O. Wegwarth, S. Kurzenhäuser-Carstens, G. Gigerenzer
Abstract
Objective
Informed decision making requires transparent and evidence-based (=balanced) information on the potential benefit and harms of medical preventions. An analysis of German HPV vaccination leaflets revealed, however, that none met the standards of balanced risk communication.
Methods
We surveyed a sample of 225 girl–parent pairs in a before–after design on the effects of balanced and unbalanced risk communication on participants' knowledge about cervical cancer and the HPV vaccination, their perceived risk, their intention to have the vaccine, and their actual vaccination decision.
Results
The balanced leaflet increased the number of participants who were correctly informed about cervical cancer and the HPV vaccine by 33 to 66 absolute percentage points. In contrast, the unbalanced leaflet decreased the number of participants who were correctly informed about these facts by 0 to 18 absolute percentage points. Whereas the actual uptake of the HPV vaccination 14 months after the initial study did not differ between the two groups (22% balanced leaflet vs. 23% unbalanced leaflet; p=.93, r=.01), the originally stated intention to have the vaccine reliably predicted the actual vaccination decision for the balanced leaflet group only (concordance between intention and actual uptake: 97% in the balanced leaflet group, rs=.92, p=.00; 60% in the unbalanced leaflet group, rs=.37, p=.08).
Conclusion
In contrast to a unbalanced leaflet, a balanced leaflet increased people's knowledge of the HPV vaccination, improved perceived risk judgments, and led to an actual vaccination uptake, which first was robustly predicted by people's intention and second did not differ from the uptake in the unbalanced leaflet group. These findings suggest that balanced reporting about HPV vaccination increases informed decisions about whether to be vaccinated and does not undermine actual uptake.

Vaccine: Development and Therapy
(Accessed 1 March 2014)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Vaccines — Open Access Journal

(Accessed 1 March 2014)
http://www.mdpi.com/journal/vaccines
Review: DNA/MVA Vaccines for HIV/AIDS
by Smita S. Iyer and Rama R. Amara
Vaccines 2014, 2(1), 160-178; doi:10.3390/vaccines2010160 - published online 28 February 2014
Abstract:
Since the initial proof-of-concept studies examining the ability of antigen-encoded plasmid DNA to serve as an immunogen, DNA vaccines have evolved as a clinically safe and effective platform for priming HIV-specific cellular and humoral responses in heterologous "prime-boost" vaccination regimens. Direct injection of plasmid DNA into the muscle induces T- and B-cell responses against foreign antigens. However, the insufficient magnitude of this response has led to the development of approaches for enhancing the immunogenicity of DNA vaccines. The last two decades have seen significant progress in the DNA-based vaccine platform with optimized plasmid constructs, improved delivery methods, such as electroporation, the use of molecular adjuvants and novel strategies combining DNA with viral vectors and subunit proteins. These innovations are paving the way for the clinical application of DNA-based HIV vaccines. Here, we review preclinical studies on the DNA-prime/modified vaccinia Ankara (MVA)-boost vaccine modality for HIV. There is a great deal of interest in enhancing the immunogenicity of DNA by engineering DNA vaccines to co-express immune modulatory adjuvants. Some of these adjuvants have demonstrated encouraging results in preclinical and clinical studies, and these data will be examined, as well.
Review: DNA Immunization for HIV Vaccine Development
by Yuxin Chen, Shixia Wang and Shan Lu
Vaccines 2014, 2(1), 138-159; doi:10.3390/vaccines2010138 - published online 25 February 2014
Abstract:
DNA vaccination has been studied in the last 20 years for HIV vaccine research. Significant experience has been accumulated in vector design, antigen optimization, delivery approaches and the use of DNA immunization as part of a prime-boost HIV vaccination strategy. Key historical data and future outlook are presented. With better understanding on the potential of DNA immunization and recent progress in HIV vaccine research, it is anticipated that DNA immunization will play a more significant role in the future of HIV vaccine development.

Value in Health
Vol 17 | No. 1 | January – February 2014 | Pages 1-140
http://www.valueinhealthjournal.com/current
[Reviewed earlier; No relevant content]

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

Current Opinion in Immunology
Volume 28, In Progress (June 2014)
http://www.sciencedirect.com/science/journal/09527915

Challenges and responses in human vaccine development
Stefan HE Kaufmann1, M Juliana McElrath2, David JM Lewis3, Giuseppe Del Giudice4
Highlights
:: Reverse, structural and synthetic vaccinology to accelerate novel vaccine design.
:: Systems analysis of multiparametric data to predict reactogenicity and efficacy.
:: Current pipeline for major infectious diseases promises partially effective vaccines.
:: Vaccine trials can be harnessed for further vaccine improvement.
:: Concerns of use of adenovirus vectors in persons at risk for HIV infection.
Abstract
Human vaccine development remains challenging because of the highly sophisticated evasion mechanisms of pathogens for which vaccines are not yet available. Recent years have witnessed both successes and failures of novel vaccine design and the strength of iterative approaches is increasingly appreciated. These combine discovery of novel antigens, adjuvants and vectors in the preclinical stage with computational analyses of clinical data to accelerate vaccine design. Reverse and structural vaccinology have revealed novel antigen candidates and molecular immunology has led to the formulation of promising adjuvants. Gene expression profiles and immune parameters in patients, vaccinees and healthy controls have formed the basis for biosignatures that will provide guidelines for future vaccine design.

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 1 March 2014
[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 1 March 2014
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 1 March 2014
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 1 March 2014
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 1 March 2014
[No new, unique, relevant content]

Economist
http://www.economist.com/
Accessed 1 March 2014
Cancer in the developing world
Worse than AIDS
The burden of cancer is falling increasingly heavily on the poor
Mar 1st 2014 | From the print edition
Excerpt
SARA STULAC is a paediatrician, but doctors in Rwanda must be adaptable. One of her first patients after arriving from America in 2005 was a young girl with a tumour the size of a cauliflower on her face. The girl's father, a subsistence farmer, had tried traditional healers and local doctors, but the tumour had grown, along with his expenses. An oncologist was needed. If only the country had one. Eventually Dr Stulac called one in America who talked her through the treatment that would save the girl's life.

What makes this story unusual is its happy ending. According to the International Agency for Research on Cancer (IARC), part of the World Health Organisation (WHO), low- and middle-income countries accounted for 57% of the 14m people diagnosed with cancer worldwide in 2012—but 65% of the deaths. Cancer kills more people in poor countries than AIDS, malaria and tuberculosis combined…

Financial Times
http://www.ft.com
Accessed 1 March 2014
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 1 March 2014
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 1 March 2014
[No new, unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/

Accessed 1 March 2014
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 1 March 2014
[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 1 March 2014
[No new, unique, relevant content]

Le Monde
http://www.lemonde.fr/
Accessed 1 March 2014
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 1 March 2014
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 1 March 2014
[No new, unique, relevant content]

Reuters
http://www.reuters.com/
Accessed 1 March 2014
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page
Accessed 1 March 2014
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 1 March 2014
[No new, unique, relevant content]

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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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