Center for Vaccine Ethics and Policy
NYU | Wistar Institute | CHOP

Vaccines and Global Health: The Week in Review
2 August 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
David R. Curry, MS
Editor and
Executive Director
Center for Vaccine Ethics & Policy
david.r.curry@centerforvaccineethicsandpolicy.org

WHO: Global Alert and Response (GAR) – Disease Outbreak News [to 2 August 2014]
http://www.who.int/csr/don/en/
:: **Ebola virus disease, West Africa – update 31 July 2014**

Briefing: WHO Director-General assesses the Ebola outbreak with three West African presidents
Overview of the Ebola situation delivered to the Presidents of Guinea, Liberia, and Sierra Leone
Conakry, Guinea
1 August 2014
Dr Margaret Chan briefed the presidents on the Ebola situation in Conakry, Guinea. She underscored the many unprecedented dimensions of the outbreak, the extraordinary challenges that have emerged, and the need for a turning point in the international response. She announced that on 6-7 August, WHO will convene an Emergency Committee meeting in order to ascertain whether the ongoing Ebola outbreak in West Africa constitutes a "public health emergency of international concern" (PHEIC) and, if it does, to recommend appropriate action.
:: Ebola Virus Disease Outbreak Response Plan in West Africa July - December 2014
:: Ebola outbreak response update pdf, 793kb 28 July 2014

CDC/MMWR Watch [to 2 August 2014]
http://www.cdc.gov/mmwr/mmwr_wk.html
:: **CDC Telebriefing on Ebola outbreak in West Africa - Transcript** July31, 2014
CDC hosted a media telebriefing to discuss the on-going outbreak of Ebola in West Africa.
:: **As West Africa Ebola outbreak worsens, CDC issues Level 3 Travel Warning - Press Release** July 31, 2014
The Centers for Disease Control and Prevention (CDC) today issued a warning to avoid nonessential travel to the West African nations of Guinea, Liberia, and Sierra Leone. This Level 3 travel warning is a reflection of the worsening Ebola outbreak in this region.
MMWR Weekly - August 1, 2014 / Vol. 63 / No. 30
:: *Notes from the Field:* Outbreak of Pertussis in a School and Religious Community Averse to Health Care and Vaccinations — Columbia County, Florida, 2013

POLIO [to 2 August 2014]
GPEI Update: Polio this week - *As of 31 July 2014*
Global Polio Eradication Initiative
Editor's Excerpt and text bolding
Full report: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
:: In Pakistan, three new cases have been reported, including one from Balochistan. It is the first case in this province since October 2012. However, four positive environmental samples were collected in 2014 from Quetta, Balochistan, the most recent of which on 20 June. This case is linked to these positive environmental samples, suggesting local circulation of WPV1 this year in this area.
:: In Nigeria, more cases due to circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported this year (18) than those due to wild poliovirus type 1 (5 WPV1). Four new cVDPV2 cases were reported this week alone.
Nigeria
:: Four new cVDPV2 cases were reported in the past week, three from Kano and one from Borno. The total number of cVDPV2 cases for 2014 is now 18. The most recent cVDPV2 case had onset of paralysis on 22 June, from Kano.
:: Mop-up vaccination activities took place in parts of four northern Nigerian states from 12-15 July. Larger subnational activities are planned for the country's north during 9-12 August (trivalent OPV), as part of urgent efforts to address the spread of cVDPV2, and 20-23 September (bivalent OPV).
Pakistan
:: Three new WPV1 cases were reported in the past week, from Federally Administered Tribal Areas (FATA – from Khyber Agency and South Waziristan), and from Balochistan (Killa Abdullah), bringing the total number of WPV1 cases for 2014 to 102. The case from South Waziristan is the most recent in the country, with onset of paralysis on 9 July.

Editorial: Polio eradication: placing health before conflict
The Lancet
Aug 02, 2014 Volume 384 Number 9941 p377 – 468 e30 - 31

Taliban In Pakistan Derail World Polio Eradication
NPR | 28 July 2014
Excerpt

…Today the militant group continues to threaten to kill not only vaccinators but also parents who get their children immunized. That threat has had a chilling effect on anti-polio efforts nationwide. And it completely halted vaccination drives in some Taliban-controlled areas. It's in these places that the crippling virus has come roaring back — and threatened to stymie global efforts to wipe out polio. The worldwide campaign to eradicate polio has been going on for more than two decades. It has cost more than $10 billion. Now the success of the campaign hinges on whether Pakistan can control the virus…..

The **Weekly Epidemiological Record (WER) 1 August 2014**, vol. 89, 31 (pp. 345–356) includes:
Cholera, 2013
http://www.who.int/entity/wer/2014/wer8931.pdf?ua=1

WHO: Humanitarian Health Action [to 2 August 2014]
:: Gaza conflict - WHO appalled by attacks on health-care facilities in Gaza
28 July 2014 -- Cease-fire attempts fail and violence continues, especially in eastern and northern Gaza. As of 27 July (source: Ministry of Health) 1031 Palestinians are killed and 6233 injured. Mohammed Durra Pediatrics Hospital in Gaza city is damaged and Ben Hanoun Hospital is closed. There are public health issues in overcrowded shelters.
Read the latest health situation report 28 July 2014

GAVI Watch [to 2 August 2014]
http://www.gavialliance.org/library/news/press-releases/
:: 5-in-1 vaccine now in all 73 poorest countries
30 July 2014
The five-in-one pentavalent vaccine is now being used in all GAVI Alliance-supported countries – now the race is on to increase coverage of the vaccine which protects children against five life-threatening diseases.
Pentavalent, which protects against diphtheria, tetanus and pertussis (DTP) as well as Hepatitis B (HepB) and Haemophilus influenza type B (Hib), was first introduced with GAVI support in Kenya in 2001. South Sudan became the 73rd and final GAVI-supported country to introduce the vaccine on 16th July 2014…

Global Fund Watch [to 2 August 2014]
http://www.theglobalfund.org/en/mediacenter/announcements/
:: Global Fund Welcomes Germany's Increased Contribution
31 July 2014
Excerpt
GENEVA – The Global Fund to Fight AIDS, Tuberculosis and Malaria warmly welcomed a decision by the German parliament to increase Germany's contribution to €245 million for 2014 in the budget for this year, reaffirming a strong commitment to global health.
At the launch of the Global Fund's Fourth Replenishment last December, Germany had already announced a pledge of €200 million for this year as part of a total commitment of €600 million for the 2014-2016 period. By signing a Multi-Year Contribution Agreement that same

month, Germany was able to provide the Global Fund with a predictable flow of resources to fight the three diseases.

With the 2014 budget now taking effect after its passage by parliament and signed into law by Federal President Joachim Gauck, the additional sum of €45 million can be added to the overall German contribution, representing an increase of more than 20 percent for 2014.

On top of that, the German contribution unlocks about US$30 million in additional contribution from the United States, which devised its pledge in a way that partially matches additional contributions by other donors…

European Medicines Agency Watch [to 2 August 2014]
http://www.ema.europa.eu/ema/
:: European Medicines Agency invites comments on new overarching guidance for the development of influenza vaccines

The European Medicines Agency (EMA) has released the second module of a new overarching guideline on influenza vaccines for a six-month public consultation..

UNICEF Watch [to 2 August 2014]
http://www.unicef.org/media/media_71724.html
No new digest content identified.

Industry Watch [to 2 August 2014]
Selected media releases and other selected content from industry.
:: **Pfizer Enters Into Agreement to Acquire Baxter's Portfolio of Marketed Vaccines** July 30, 2014
Excerpt

Pfizer announced that it has entered into a definitive agreement to acquire Baxter International Inc.'s portfolio of marketed vaccines for US$635 million. As part of the transaction, Pfizer will also acquire a portion of Baxter's facility in Orth, Austria, where these vaccines are manufactured…

…Baxter's portfolio of marketed vaccines consists of NeisVac-C and FSME-IMMUN/TicoVac. NeisVac-C is a vaccine that helps protect against meningitis caused by group C meningococcal meningitis (MenC)…FSME-IMMUN/TicoVac is a vaccine that helps protect against tick-borne encephalitis (TBE), an infection of the brain, which is transmitted by the bite of ticks infected with the TBE-virus….

…"Vaccines make a tremendous and valuable impact on public health around the world. They have significantly reduced the threat of widespread and often fatal diseases and every day people of all ages benefit from safe and effective vaccines," said Susan Silbermann, Pfizer Vaccines President. "For over a decade Pfizer has been the global leader in pneumococcal disease prevention. We are working hard to bring innovative vaccines to market that prevent and treat serious diseases. Through this acquisition, we will add two high-quality and life-saving vaccines that bring scale and depth to our portfolio."…

:: Specialty Vaccine Company PaxVax Secures Up to $60 Million in Financing July 28, 2014
:: PaxVax Acquires the FDA-Approved Typhoid Vaccine Vivotif July 28, 2014
:: IFPMA supports World Hepatitis Day 2014 28 July 2014

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

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

ROTA Council Convenes Leading Experts on Rotavirus Vaccines for Scientific Workshop

July 30, 2014

Excerpt

On July 23 and 24, the ROTA Council, along with its core partners the International Vaccine Access Center at Johns Hopkins Bloomberg School of Public Health, PATH, the Sabin Vaccine Institute and the U.S. Centers for Disease Control and Prevention, gathered a group of rotavirus technical experts and public health officials, leading research and advocacy organizations, funders and vaccine manufacturers for "The Rotavirus Vaccination & Intussusception Workshop: Science, Surveillance & Safety."

The event, held in Washington, D.C., and funded by the Bill & Melinda Gates Foundation, was an important step in helping the global health community understand the benefits and risks of rotavirus vaccines, which offer the best protection against rotavirus and the deadly diarrhea that it causes…

…At the workshop, the technical experts in attendance reviewed and evaluated the current evidence on intussusception and rotavirus vaccines, identified and prioritized remaining gaps in the research, discussed challenges and opportunities around new vaccines coming to market or currently in clinical trials, and documented the scientific consensus on best practices for monitoring and communicating the potential risk of intussusception after the introduction of rotavirus vaccines. The meeting outcomes will be published in a peer-reviewed journal and provide a current, reliable source of the latest evidence and scientific consensus on rotavirus vaccine safety and intussusception.

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 8, 2014

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

[Reviewed earlier]

American Journal of Infection Control
Volume 42, Issue 8, p819-940 August 2014
http://www.ajicjournal.org/current

Health care workers—part of the system or part of the public? Ambivalent risk perception in health care workers

Anat Gesser-Edelsburg, PhD, Nathan Walter, MA, Manfred S. Green, MSc, MBChB, MPH, PhD
Published Online: June 14, 2014
DOI: http://dx.doi.org/10.1016/j.ajic.2014.04.012

Abstract

Background

The emergence of the avian influenza A (H7N9) in China during 2013 illustrates the importance of health care professionals as a mediating channel between health agencies and the public. Our study examined health care professionals' risk perceptions considering their unique position as representing the health care system and yet also being part of the public, hence a risk group. Recent studies have examined the role of health professionals' personal risk perceptions and attitudes regarding compliance of the general public with vaccination. Our study examined how risk perception affects their risk analysis.

Methods

We employed an online survey of Israeli health care professionals and the general public in Israel (N = 240).

Results

When risk perception is relatively low, health care professionals tend to base their attitudes toward vaccines on analytical knowledge (Rc = 0.315; P < .05), whereas in situations with high risk perception, the results did not indicate any significant difference between Israeli health professionals and the Israeli general public, hence both groups base their attitudes more on emotions and personal experience than on analytical knowledge.

Conclusions

Public health organizations must consider the fact that health professionals are a group that cannot be automatically treated as an extension of the organization. When the risk is tangible and relevant, health care workers behave and act like everybody else. Our study contributes to understanding health care professionals' perceptions about vaccines and the thinking processes underlying such perceptions.

Varicella seroprevalence among health care workers in Korea: Validity of self-reported history and cost-effectiveness of prevaccination screening

Ji-Hea Kang, RN1, Yoon Soo Park, MD1, Shin Young Park, RN, Sae Bom Kim, RN, Kwang-Pil Ko, MD, Yiel-Hea Seo, MD
1These authors contributed equally to this work.
DOI: http://dx.doi.org/10.1016/j.ajic.2014.05.013

Abstract

Background

The validity of self-reported varicella history and cost-effectiveness of a prevaccination screening strategy have not been examined among health care workers (HCWs) living in Korea.

Methods

We investigated varicella-zoster virus immunity of all HCWs in high-risk departments. To determine the history of varicella, all applicants completed a standardized questionnaire at the time of blood sampling for serologic testing.
Results
Of the 550 HCWs, 526 (96%) were varicella seropositive. Although self-reported history was highly predictive of seropositivity (≥96%) among all age groups, the negative predictive value was extremely low (4%-5%) among all age groups. The prevaccination screening strategy was cheaper than vaccination without antibody screening if the varicella seroprevalence was >28%.
Conclusion
Seroprevalence was high (≥95%) among HCWs born in Korea before 1988. The self-reported varicella history did not accurately predict immunity, especially for individuals who have negative or uncertain varicella history. Given the high seroprevalence of varicella in Korean HCWs, serologic screening before vaccination was more cost-effective than universal vaccination.

American Journal of Preventive Medicine
Volume 47, Issue 2, p105-232, e3-e6 August 2014
http://www.ajpmonline.org/current
[Reviewed earlier]

American Journal of Public Health
Volume 104, Issue 8 (August 2014)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
July 2014; 91 (1)
http://www.ajtmh.org/content/current
[Reviewed earlier]

Annals of Internal Medicine
15 July 2014, Vol. 161. No. 2
http://annals.org/issue.aspx
[Reviewed earlier]

BMC Health Services Research
(Accessed 2 August 2014)
http://www.biomedcentral.com/bmchealthservres/content
[No new relevant content]

BMC Infectious Diseases
(Accessed 2 August 2014)

http://www.biomedcentral.com/bmcinfectdis/content
[No new relevant content]

BMC Medical Ethics
(Accessed 2 August 2014)
http://www.biomedcentral.com/bmcmedethics/content
[No new relevant content]

BMC Public Health
(Accessed 2 August 2014)
http://www.biomedcentral.com/bmcpublichealth/content
Research article
Analysis of prices paid by low-income countries - how price sensitive is government demand for medicines?
Divya Srivastava and Alistair McGuire
Author Affiliations
BMC Public Health 2014, 14:767 doi:10.1186/1471-2458-14-767
Published: 30 July 2014
Abstract (provisional)
Background
Access to medicines is an important health policy issue. This paper considers demand structures in a selection of low-income countries from the perspective of public authorities as the evidence base is limited. Analysis of the demand for medicines in low-income countries is critical for effective pharmaceutical policy where regulation is less developed, health systems are cash constrained and medicines are not typically subsidised by a public health insurance system
Methods
This study analyses the demand for medicines in low-income countries from the perspective of the prices paid by public authorities. The analysis draws on a unique dataset from World Health Organization (WHO) and Health Action International (HAI) using 2003 data on procurement prices of medicines across 16 low-income countries covering 48 branded drugs and 18 therapeutic categories. Variation in prices, the mark-ups over marginal costs and estimation of price elasticities allows assessment of whether these elasticities are correlated with a country's national income.
Results
Using the Ramsey pricing rule, the study's findings suggest that substantial cross-country variation in prices and mark-ups exist, with price elasticities ranging from -1 to -2, which are weakly correlated with national income.
Conclusions
Government demand for medicines thus appears to be price elastic, raising important policy implications aimed at improving access to medicines for patients in low-income countries.

BMC Research Notes
(Accessed 2 August 2014)
http://www.biomedcentral.com/bmcresnotes/content
[No new relevant content]

British Medical Journal
02 August 2014(vol 349, issue 7969)
http://www.bmj.com/content/349/7969

Editorials

HPV vaccination - What about the boys?

Margaret Stanley, professor 1,
Colm O'Mahony, consultant in sexual health and HIV2, Simon Barton, clinical director HIV/genitourinary medicine and dermatology3
Author affiliations

BMJ 2014; 349 doi: http://dx.doi.org/10.1136/bmj.g4783 (Published 29 July 2014) Cite this as: BMJ 2014;349:g4783

Excerpt

A year ago an editorial in The BMJ highlighted the limitations of HPV vaccination in the UK1 and called for decisive action to maximise the public health benefits by thinking about vaccinating boys and some men. Similarly, a recent review by Stanley concluded, after consideration of cost effectiveness, that "failure to implement male vaccination looks like a missed public health opportunity."2 We therefore share the disappointment expressed by the Royal College of Surgeons' cancer services committee about the lack of response to its concerns about the inequity of vaccinating only girls against HPV in the UK.3

To summarise, the UK vaccination programme initially opted for Cervarix, a bivalent vaccine against HPV types 16 and 18, which are associated with cervical cancer. The programme switched to the quadrivalent Gardasil (which also protects against genital warts caused by HPV types 6 and 11) in September 2012 but still vaccinates only 12-13 year old girls. Interestingly, new data show that at that age the immune response to these vaccines is excellent and that only two doses of either vaccine is sufficient for long lasting immunity, rather than the three required at older ages…

…The only sensible answer to these dilemmas is a gender neutral vaccination strategy in schools that gives two doses of the vaccine to all 12-13 year old boys and girls. Anything else is discriminatory, inequitable, less effective, and difficult to explain. Can the UK afford to do it? If the price is right, we can't afford not to.

Views and Reviews

Vaccinate boys as well as girls against HPV: it works, and it may be cost effective

BMJ 2014;349:g4834 (Published 29 July 2014)

Bulletin of the World Health Organization
Volume 92, Number 7, July 2014, 465-544
http://www.who.int/bulletin/volumes/92/7/en/

Varicella and herpes zoster hospitalizations before and after implementation of one-dose varicella vaccination in Australia: an ecological study

Anita E Heywood, Han Wang, Kristine K Macartney & Peter McIntyre

Objective
To examine trends in varicella and herpes zoster (HZ) hospitalization following the availability and subsequent National Immunization Programme funding of one-dose varicella vaccination in Australia.
Methods

Varicella vaccination coverage for children born between 2001 and 2009 was obtained from the Australian Childhood Immunization Register. Principal or any coded varicella or HZ hospitalizations were retrieved from the national hospital morbidity database from 1998 to 2010. Trends in hospitalization rates in different age groups and indigenous status were assessed. Incidence rate ratios (IRR) were calculated between periods before and after implementation of immunization programme funding.

Findings

In the first year of the funded immunization programme, varicella vaccine coverage reached 75% in children aged 24 months and more than 80% in children aged 60 months. Compared with the pre-vaccine period, varicella hospitalization rates during the funded programme were significantly lower for age groups younger than 40 years; with the greatest reduction in children aged 18–59 months (IRR: 0.25; 95% confidence interval, CI: 0.22–0.29). Indigenous children had a higher varicella hospitalization rate compared with non-indigenous children before vaccine implementation (IRR: 1.9; 95% CI: 1.4–2.7), but afterwards reached equivalence (IRR: 1.1; 95% CI: 0.7–1.6). The age-standardized HZ hospitalization rate declined between the periods (IRR: 0.95; 95% CI: 0.92–0.97).

Conclusion

Rapid attainment of high coverage reduced varicella hospitalizations in the targeted age group, particularly for indigenous children, but also in non-targeted age groups, with no increase in HZ hospitalizations. This suggests high one-dose varicella vaccine coverage can have a substantial impact on severe disease.

A prospective study of maternal, fetal and neonatal deaths in low- and middle-income countries

Sarah Saleem, Elizabeth M McClure, Shivaprasad S Goudar, Archana Patel, Fabian Esamai, Ana Garces, Elwyn Chomba, Fernando Althabe, Janet Moore, Bhalachandra Kodkany, Omrana Pasha, Jose Belizan, Albert Mayansyan, Richard J Derman, Patricia L Hibberd, Edward A Liechty, Nancy F Krebs, K Michael Hambidge, Pierre Buekens, Waldemar A Carlo, Linda L Wright, Marion Koso-Thomas, Alan H Jobe, Robert L Goldenberg & on behalf of the Global Network Maternal Newborn Health Registry Study Investigators

Objective

To quantify maternal, fetal and neonatal mortality in low- and middle-income countries, to identify when deaths occur and to identify relationships between maternal deaths and stillbirths and neonatal deaths.

Methods

A prospective study of pregnancy outcomes was performed in 106 communities at seven sites in Argentina, Guatemala, India, Kenya, Pakistan and Zambia. Pregnant women were enrolled and followed until six weeks postpartum.

Findings

Between 2010 and 2012, 214 070 of 220 235 enrolled women (97.2%) completed follow-up. The maternal mortality ratio was 168 per 100 000 live births, ranging from 69 per 100 000 in Argentina to 316 per 100 000 in Pakistan. Overall, 29% (98/336) of maternal deaths occurred around the time of delivery: most were attributed to haemorrhage (86/336), pre-eclampsia or eclampsia (55/336) or sepsis (39/336). Around 70% (4349/6213) of stillbirths were probably intrapartum; 34% (1804/5230) of neonates died on the day of delivery and 14% (755/5230) died the day after. Stillbirths were more common in women who died than in those alive six weeks postpartum (risk ratio, RR: 9.48; 95% confidence interval, CI: 7.97–11.27), as were perinatal deaths (RR: 4.30; 95% CI: 3.26–5.67) and 7-day (RR: 3.94; 95% CI: 2.74–5.65) and 28-day neonatal deaths (RR: 7.36; 95% CI: 5.54–9.77).

Conclusion
Most maternal, fetal and neonatal deaths occurred at or around delivery and were attributed to preventable causes. Maternal death increased the risk of perinatal and neonatal death. Improving obstetric and neonatal care around the time of birth offers the greatest chance of reducing mortality.

Clinical Infectious Diseases (CID)
Volume 59 Issue 3 August 1, 2014
http://cid.oxfordjournals.org/content/current
[Reviewed earlier]

Clinical Therapeutics
Volume 36, Issue 7, p993-1126 July 2014
http://www.clinicaltherapeutics.com/current
[Reviewed earlier]

Cost Effectiveness and Resource Allocation
(Accessed 2 August 2014)
http://www.resource-allocation.com/
[No new relevant content]

Current Opinion in Infectious Diseases
August 2014 - Volume 27 - Issue 4 pp: v-vi,303-401
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
[Reviewed earlier]

Developing World Bioethics
August 2014 Volume 14, Issue 2 Pages ii–viii, 59–110
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2014.14.issue-2/issuetoc
[Reviewed earlier]

Development in Practice
Volume 24, Issue 3, 2014
http://www.tandfonline.com/toc/cdip20/current
[Reviewed earlier]

Emerging Infectious Diseases
Volume 20, Number 8—August 2014
http://wwwnc.cdc.gov/eid/
[Reviewed earlier]

The European Journal of Public Health
Volume 24 Issue 4 August 2014
http://eurpub.oxfordjournals.org/content/current
[Reviewed earlier]

Eurosurveillance
Volume 19, Issue 30, 31 July 2014
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
[New issue; No relevant content]

Global Health: Science and Practice (GHSP)
May 2014 | Volume 2 | Issue 2
http://www.ghspjournal.org/content/current
[Reviewed earlier]

Globalization and Health
[Accessed 2 August 2014]
http://www.globalizationandhealth.com/
[No new relevant content]

Global Public Health
Volume 9, Supplement 1, 2014
http://www.tandfonline.com/toc/rgph20/.Uq0DgeKy-F9#.U4onnCjDU1w
[Reviewed earlier]

Health Affairs
July 2014; Volume 33, Issue 7
http://content.healthaffairs.org/content/current
Theme: Using Big Data To Transform Care
[Reviewed earlier]

Health and Human Rights
Volume 16, Issue 1
http://www.hhrjournal.org/
Climate Justice and the Right to Health – A Special Issue
[Reviewed earlier]

Health Economics, Policy and Law
Volume 9 - Issue 03 - July 2014
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue

[Reviewed earlier]

Health Policy and Planning
Volume 29 Issue 4 July 2014
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
July 2014 Volume 10, Issue 7
http://www.landesbioscience.com/journals/vaccines/toc/volume/10/issue/7/

Effect of the decision-making process in the family on HPV vaccination rates among adolescents 9–17 years of age

Abbey B Berenson*, Tabassum H Laz, Jacqueline M Hirth, Christine J McGrath, Mahbubur Rahman

Abstract

The purpose of this study was to examine the relationship between human papillomavirus (HPV) vaccine uptake among adolescents aged 9–17 years and the decision-making process used by families in determining whether to vaccinate their children against HPV. A cross-sectional sample of women with at least one child aged 9–17 years (n = 1256) was recruited from 3 reproductive health clinics in Southeast Texas during 2011–2013. Self-administered survey included questions about the HPV vaccination decision-making process, HPV vaccine uptake (initiation and 3-dose series completion), and demographics. Among mothers with at least one 9 to 17-year-old daughter (n = 783), 40% independently decided whether or not to vaccinate their daughter against HPV, 22% involved their husbands/partners, and 31% their daughters. Only 7% of respondents reported other formats in the decision-making (husband/partner alone or daughter alone). Similarly, for women with at least one eligible son (n = 759), 39% decided alone, 30% with their husbands/partners, 24% with their sons, and 7% reported other formats. Among mothers with a daughter, those who made the decision independently were more likely to report that their daughters had initiated the HPV vaccine series (30%) compared with women who included their husbands/partners (10%) or daughters (20%) in the decision process or stated other types (18%) of decision making ($P < 0.001$). The respective figures for the completion of the entire series among daughters were 16%, 6%, 11%, and 11% ($P = 0.012$). Among mothers with a son, a similar scenario was observed for vaccine initiation (17%, 4%, 10%, and 0%, respectively) ($P < 0.001$) and completion (7%, 1%, 4%, and 0%, respectively) ($P = 0.003$). These associations remained significant after adjusting for confounder variables. Awareness programs to increase HPV vaccine uptake should include both parents and children, as all have an important role in deciding whether or not children will be vaccinated.

Human papillomaviruses-related cancers: Presence and prevention strategies in the Middle East and North African Regions

Ala-Eddin Al Moustafa*, Rana Al-Awadhi, Nabiha Missaoui, Ishag Adam, Raika Durusoy, Lina Ghabreau, Nizar Akil, Hussain Gadelkarim Ahmed, Amber Yasmeen, Ghazi Alsbeih

Abstract

Human papillomavirus (HPV) infections are estimated to be the most common sexually transmitted infections worldwide. Meanwhile, it is well established that infection by high-risk HPVs is considered the major cause of cervical cancer since more than 96% of these cancers

are positive for high-risk HPVs, especially types 16 and 18. Moreover, during the last 2 decades, numerous studies pointed-out the possible involvement of high-risk HPV in several human carcinomas including head and neck, colorectal and breast cancers. The association between high-risk HPVs and cervical cancer and potentially other human malignancies would necessitate the introduction of vaccines which were generated against the 2 most frequent high-risk HPVs (HPV types 16 and 18) worldwide, including the Middle East (ME) as well as North African countries. The presence of high-risk HPVs in the pathogenesis of human cancers in the ME, which is essential in order to evaluate the importance of vaccination against HPVs, has not been fully investigated yet. In this review, we present an overview of the existing epidemiological evidence regarding the presence of HPV in human cancers in the ME and the potential impact of vaccination against HPV infections and its outcome on human health in this region.

A few years later: Update of the cost-effectiveness of infant pneumococcal vaccination in Dutch children

Pepijn Vemer*, Maarten J Postma

Abstract

This study aimed to calculate the cost-effectiveness of infant pneumococcal vaccination in the Netherlands, using the 13-valent PCV13 vs. the currently used 10-valent PCV10. We adapted a previously published model, using recent estimates of epidemiological and efficacy data. In 12 scenarios, we explored the impact of different assumptions on the incremental cost-effectiveness ration (ICER) of PCV13 over PCV10.Taking only direct effects on invasive pneumococcal disease into account, PCV13 was not found to be cost-effective, at a price difference of €11 per dose. If herd protection, replacement and non-invasive disease were also taken into account, the ICER of PCV13 compared with PCV10 was below €30 000/QALY gained in 11 of 12 scenarios. PCV13 was considered dominant in the primary scenario with a price difference below €2.63 per dose.

Annual influenza vaccination: Uptake, barriers, and enablers among student health care providers at the University of Notre Dame Australia, Fremantle

David A Kelly*, David J Macey, Donna B Mak

Abstract

Despite national and international recommendations, annual influenza vaccination uptake among health care providers (HCPs) remains sub-optimal. This study investigated the uptake, enablers, and barriers to annual influenza vaccination in medicine, nursing, and physiotherapy students at the University of Notre Dame Australia, Fremantle, using an online survey and semi-structured interviews. In 2013, uptake rate of influenza vaccination was 36.3% (95% CI = 31.8–40.8%). Employment as a HCP (OR 1.6, 95% CI 1.1–2.5), being a medical student (OR 2.5, 95% CI 1.2–5.1) and eligibility for government-funded vaccine (OR 7.1, 95% CI 2.7–18.6) were independently associated with increased uptake. Awareness, cost, and convenience were identified as key barriers to vaccination with interview data suggesting that raising awareness of the benefits of influenza vaccination, along with improving student HCPs' access to affordable, convenient vaccination are likely to improve uptake. Responsibility to increase uptake should be shared between universities and student HCPs.

Cost-effectiveness of vaccination against herpes zoster

Pieter T de Boer*, Jan C Wilschut, Maarten J Postma

Abstract

Herpes zoster (HZ) is a common disease among elderly, which may develop into a severe pain syndrome labeled postherpetic neuralgia (PHN). A live-attenuated varicella zoster virus vaccine has been shown to be effective in reducing the incidence and burden of illness of HZ and PHN, providing the opportunity to prevent significant health-related and financial consequences of

HZ. In this review, we summarize the available literature on cost-effectiveness of HZ vaccination and discuss critical parameters for cost-effectiveness results. A search in PubMed and EMBASE was performed to identify full cost-effectiveness studies published before April 2013. Fourteen cost-effectiveness studies were included, all performed in western countries. All studies evaluated cost-effectiveness among elderly above 50 years and used costs per quality-adjusted life year (QALY) gained as primary outcome. The vast majority of studies showed vaccination of 60- to 75-year- old individuals to be cost-effective, when duration of vaccine efficacy was longer than 10 years. Duration of vaccine efficacy, vaccine price, HZ incidence, HZ incidence and discount rates were influential to the incremental cost-effectiveness ratio (ICER). HZ vaccination may be a worthwhile intervention from a cost-effectiveness point of view. More extensive reporting on methodology and more detailed results of sensitivity analyses would be desirable to address uncertainty and to guarantee optimal comparability between studies, for example regarding model structure, discounting, vaccine characteristics and loss of quality of life due to HZ and PHN.

Influenza vaccine hesitancy in a low-income community in central New York State

Manika Suryadevara*, Cynthia A Bonville, Paula F Rosenbaum, Joseph B Domachowske

Abstract

Objective: Influenza vaccine (IV) coverage rates remain suboptimal among US adults. Socioeconomic disparities exist in IV coverage. We describe influenza vaccine attitudes among a low-income community in central New York.

Methods: Adults attending a Salvation Army function during December 2012 were surveyed regarding IV including their intention to be immunized. On-site IV was offered to eligible participants.

Results: The 1041 participants included Whites (non-Hispanics), African Americans, Hispanics, Native Americans, and multi-racial ethnicities. At time of enrollment, 386 (37%) participants had already received 2012–13 IV. Of the 655 unimmunized participants, 299 (46%) stated intent to receive IV, evenly distributed by age, gender, and ethnicity. Of the 312 participants who declined IV, 46% did so because of IV misperceptions. Of the 299 participants who intended to receive vaccine but had not yet done so, 284 (95%) stated the reason for delay was difficult access to vaccine. Intent to receive vaccine was strongly associated with the belief that IV is safe and/or effective ($P < 0.05$).

Conclusion: IV misperceptions regarding IV efficacy and safety result in suboptimal vaccine uptake in this low-income community, regardless of age, gender, or ethnicity.

Infectious Agents and Cancer

[Accessed 2 August 2014]

http://www.infectagentscancer.com/content

[No new relevant content]

Infectious Diseases of Poverty

[Accessed 2 August 2014]

http://www.idpjournal.com/content

Scoping Review

Tackling the existing burden of infectious diseases in the developing world: existing gaps and way forward

Zulfiqar A Bhutta, Rehana A Salam, Jai K Das and Zohra S Lassi

Author Affiliations
Infectious Diseases of Poverty 2014, 3:28 doi:10.1186/2049-9957-3-28
Published: 1 August 2014
Abstract (provisional)
This series evaluates the effectiveness of community-based interventions (CBIs) to prevent and control infectious diseases of poverty (IDoP). Evidence from our reviews suggests that CBIs and school-based delivery platforms are effective in averting risk behaviors and reducing the disease burden. Co-implementation of interventions through existing community-based programs including immunization campaigns, antenatal care (ANT), and maternal and child health programs have the potential to scale-up interventions for IDoP. Future research should focus on the process of developing and implementing efficient community-based programs through a comprehensive approach, and to gauge the effectiveness of various existing delivery models in order to improve morbidity and mortality outcomes.

Scoping Review

The conceptual framework and assessment methodology for the systematic reviews of community-based interventions for the prevention and control of infectious diseases of poverty

Zohra S Lassi, Rehana A Salam, Jai K Das and Zulfiqar A Bhutta
Author Affiliations
Infectious Diseases of Poverty 2014, 3:22 doi:10.1186/2049-9957-3-22
Published: 31 July 2014
Abstract (provisional)
This paper describes the conceptual framework and the methodology used to guide the systematic reviews of community-based interventions (CBIs) for the prevention and control of infectious diseases of poverty (IDoPs). We adapted the conceptual framework from the 3ie work on the 'Community-Based Intervention Packages for Preventing Maternal Morbidity and Mortality and Improving Neonatal Outcomes' to aid in the analyzing of the existing CBIs for IDoPs. The conceptual framework revolves around objectives, inputs, processes, outputs, outcomes, and impacts showing the theoretical linkages between the delivery of the interventions targeting these diseases through various community delivery platforms and the consequent health impacts. We also describe the methodology undertaken to conduct the systematic reviews and the meta-analyses

Scoping Review

Global burden, distribution, and interventions for infectious diseases of poverty

Zulfiqar A Bhutta, Johannes Sommerfeld, Zohra S Lassi, Rehana A Salam and Jai K Das
Author Affiliations
Infectious Diseases of Poverty 2014, 3:21 doi:10.1186/2049-9957-3-21
Published: 31 July 2014
Abstract (provisional)
Infectious diseases of poverty (IDoPs) disproportionately affect the poorest populations in the world and contribute to a cycle of poverty as a result of decreased productivity ensuing from long-term illness, disability, and social stigma. In 2010, the global deaths from the human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS) have increased to 1.5 million, and malaria mortality rose to 1.17 million. Mortality from neglected tropical diseases (NTDs) rose to 152,000, while tuberculosis (TB) killed 1.2 million people that same year. Substantial regional variations exist in the distribution of these diseases as they are primarily concentrated in rural areas of Sub-Saharan Africa, Asia, and Latin America, with geographic overlap and high levels of co-infection. Evidence-based interventions exist to prevent and

control these diseases, however, the coverage still remains low with an emerging challenge of antimicrobial resistance. Therefore, community-based delivery platforms are increasingly being advocated to ensure sustainability and combat co-infections.Because of the high morbidity and mortality burden of these diseases, especially in resource-poor settings, it is imperative to conduct a systematic review to identify strategies to prevent and control these diseases. Therefore, we have attempted to evaluate the effectiveness of one of these strategies, that is community-based delivery for the prevention and treatment of IDoPs. In this paper, we describe the burden, epidemiology, and potential interventions for IDoPs. In subsequent papers of this series, we describe the analytical framework and the methodology used to guide the systematic reviews, and report the findings and interpretations of our analyses of the impact of community-based strategies on individual IDoPs.

International Journal of Epidemiology
Volume 43 Issue 3 June 2014
http://ije.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Infectious Diseases
Vol 25 Complete | August 2014 | Pages 1-206
http://www.ijidonline.com/current
[New issue; No relevant content]

JAMA
July 23/30, 2014, Vol 312, No. 4
http://jama.jamanetwork.com/issue.aspx
[Reviewed earlier]

JAMA Pediatrics
July 2014, Vol 168, No. 7
http://archpedi.jamanetwork.com/issue.aspx
[Reviewed earlier]

Journal of Community Health
Volume 39, Issue 4, August 2014
http://link.springer.com/journal/10900/39/4/page/1
[Reviewed earlier]

Journal of Global Ethics
Volume 10, Issue 1, 2014
http://www.tandfonline.com/toc/rjge20/current#.U2V-Elf4L0l
Tenth Anniversary Forum: The Future of Global Ethics
[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)
Volume 6 | Issue 2 Page Nos. 57-92 April-June 2014
http://www.jgid.org/currentissue.asp?sabs=n
[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)
Volume 25, Number 2, May 2014
http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.25.2.html
THEMES: Linguistically-Identified Populations and Health Health Care Settings
[Reviewed earlier]

Journal of Health Organization and Management
Volume 28 issue 4 - Latest Issue
http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest
[Reviewed earlier]

Journal of Immigrant and Minority Health
Volume 16, Issue 4 – August 2014
http://link.springer.com/journal/10903/16/4/page/1
Special Focus: Health Care Barriers, Access, Quality, and Utilization
[Reviewed earlier]

Journal of Infectious Diseases
Volume 210 Issue 3 August 1, 2014
http://jid.oxfordjournals.org/content/current
[Reviewed earlier]

Journal of Medical Ethics
August 2014, Volume 40, Issue 8
http://jme.bmj.com/content/current
[New issue; No relevant content]

Journal of Medical Microbiology
August 2014; 63 (Pt 8)
http://jmm.sgmjournals.org/content/current
[New issue; No relevant content]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 3 Issue 2 June 2014
http://jpids.oxfordjournals.org/content/current
[Reviewed earlier]

Journal of Pediatrics
Vol 165 | No. 2 | August 2014 | Pages 217-426
http://www.jpeds.com/current
[New issue; No relevant content]

Journal of Public Health Policy
Volume 35, Issue 3 (August 2014)
http://www.palgrave-journals.com/jphp/journal/v35/n3/index.html
In Memoriam Ciro De Quadros 1940–2014
Learning from a public health hero: What Would Ciro do Now?
Phyllis Freeman and Anthony Robbins
Abstract
One of our public health heroes, a public health doc from Brazil, died on 28 May 2014. We need his attitude, skills, and persistence more than ever today.
Special Section Articles and Commentaries: The Meikrich Model of Health)

Journal of the Royal Society – Interface
October 6, 2014; 11 (99)
http://rsif.royalsocietypublishing.org/content/current
[New issue; No relevant content]

Journal of Virology
August 2014, volume 88, issue 15
http://jvi.asm.org/content/current
[Reviewed earlier]

The Lancet
Aug 02, 2014 Volume 384 Number 9941 p377 – 468 e30 - 31
http://www.thelancet.com/journals/lancet/issue/current
Editorial
Polio eradication: placing health before conflict
The Lancet
In a recent interview with Reuters, Bill Gates was optimistic that efforts to eradicate polio in Nigeria could result in the country being declared free of the disease by 2018. Although a commendable goal, ongoing violence in Nigeria makes this timescale unrealistic. National polio eradication efforts have already been hindered by local insurgency groups, and, until health is prioritised over conflict, polio will continue to spread between those who are vulnerable.
Aside from Nigeria, polio is also endemic in other conflict-ridden countries, namely Afghanistan and Pakistan, and 38 cases have emerged in Syria and Iraq. Access to vaccines in

some countries is made almost impossible by ongoing conflict. Indeed, a July report by UNICEF on polio in the Middle East outlines the many challenges faced by people working in Syria to eliminate polio. Health workers have difficulty vaccinating the 765 500 children who live in areas under siege or inaccessible because of fighting. Vaccinators are trying desperately to reach every child, frequently being held at gunpoint or having their medical equipment targeted, and often risking their lives to travel into dangerous areas. To prevent polio transmission, the report recommends that health workers must be granted unrestricted access across the country, and health centres and equipment, which are already in short supply, should never be targeted.

On May 5, the WHO Director-General Margaret Chan announced that the spread of polio was a public health emergency of international concern. And earlier this year, WHO placed travel restrictions on Cameroon, Pakistan, and Syria to prevent the international spread of polio, meaning that people from these countries are required to receive a dose of polio vaccine before they travel. Although a step in the right direction, polio spread needs to be curbed within countries themselves. In countries of conflict, it is essential for the neutrality of health care to be respected and that a long enough ceasefire is maintained to allow all children access not only to polio vaccines but also to all basic health care that is currently denied.

Contribution of six risk factors to achieving the 25×25 non-communicable disease mortality reduction target: a modelling study

Vasilis Kontis PhD a, Colin D Mathers PhD b, Prof Jürgen Rehm PhD e f g, Gretchen A Stevens DSc b, Kevin D Shield MHSc e, Prof Ruth Bonita PhD h, Leanne M Riley MSc c, Vladimir Poznyak PhD d, Prof Robert Beaglehole DSc h, Prof Majid Ezzati PhD a

Summary

Background

Countries have agreed to reduce premature mortality (defined as the probability of dying between the ages of 30 years and 70 years) from four main non-communicable diseases (NCDs)—cardiovascular diseases, chronic respiratory diseases, cancers, and diabetes—by 25% from 2010 levels by 2025 (referred to as 25×25 target). Targets for selected NCD risk factors have also been agreed on. We estimated the contribution of achieving six risk factor targets towards meeting the 25×25 mortality target.

Methods

We estimated the impact of achieving the targets for six risk factors (tobacco and alcohol use, salt intake, obesity, and raised blood pressure and glucose) on NCD mortality between 2010 and 2025. Our methods accounted for multi-causality of NCDs and for the fact that when risk factor exposure increases or decreases, the harmful or beneficial effects on NCDs accumulate gradually. We used data for risk factor and mortality trends from systematic analyses of available country data. Relative risks for the effects of individual and multiple risks, and for change in risk after decreases or increases in exposure, were from re-analyses and meta-analyses of epidemiological studies.

Findings

If risk factor targets are achieved, the probability of dying from the four main NCDs between the ages of 30 years and 70 years will decrease by 22% in men and by 19% in women between 2010 and 2025, compared with a decrease of 11% in men and 10% in women under the so-called business-as-usual trends (ie, projections based on current trends with no additional action). Achieving the risk factor targets will delay or prevent more than 37 million deaths (16 million in people aged 30—69 years and 21 million in people aged 70 years or older) from the main NCDs over these 15 years compared with a situation of rising or stagnating risk factor trends. Most of the benefits of achieving the risk factor targets, including 31 million of the delayed or prevented deaths, will be in low-income and middle-income countries, and will help

to reduce the global inequality in premature NCD mortality. A more ambitious target on tobacco use (a 50% reduction) will almost reach the target in men (>24% reduction in the probability of death), and enhance the benefits to a 20% reduction in women.
Interpretation
If the agreed risk factor targets are met, premature mortality from the four main NCDs will decrease to levels that are close to the 25×25 target, with most of these benefits seen in low-income and middle-income countries. On the basis of mortality benefits and feasibility, a more ambitious target than currently agreed should be adopted for tobacco use.
Funding
UK MRC.

Every Newborn: health-systems bottlenecks and strategies to accelerate scale-up in countries

Kim E Dickson, Aline Simen-Kapeu, Mary V Kinney, Luis Huicho, Linda Vesel, Eve Lackritz, Joseph de Graft Johnson, Severin von Xylander, Nuzhat Rafique, Mariame Sylla, Charles Mwansambo, Bernadette Daelmans, Joy E Lawn, for The Lancet Every Newborn Study Group
Preview
Universal coverage of essential interventions would reduce neonatal deaths by an estimated 71%, benefit women and children after the first month, and reduce stillbirths. However, the packages with the greatest effect (care around birth, care of small and ill newborn babies), have low and inequitable coverage and are the most sensitive markers of health system function. In eight of the 13 countries with the most neonatal deaths (55% worldwide), we undertook a systematic assessment of bottlenecks to essential maternal and newborn health care, involving more than 600 experts.

Every Newborn: From evidence to action to deliver a healthy start for the next generation

Elizabeth Mason, Lori McDougall, Joy E Lawn, Anuradha Gupta, Mariam Claeson, Yogan Pillay, Carole Presern, Martina Baye Lukong, Gillian Mann, Marijke Wijnroks, Kishwar Azad, Katherine Taylor, Allison Beattie, Zulfiqar A Bhutta, Mickey Chopra, for The Lancet Every Newborn Study Group , on behalf of the Every Newborn Steering Committee
Preview /
Remarkable progress has been made towards halving of maternal deaths and deaths of children aged 1–59 months, although the task is incomplete. Newborn deaths and stillbirths were largely invisible in the Millennium Development Goals, and have continued to fall between maternal and child health efforts, with much slower reduction. This Series and the Every Newborn Action Plan outline mortality goals for newborn babies (ten or fewer per 1000 livebirths) and stillbirths (ten or fewer per 1000 total births) by 2035, aligning with A Promise Renewed target for children and the vision of Every Woman Every Child.

The Lancet Global Health
Aug 2014 Volume 2 Number 8 e431 - 487
http://www.thelancet.com/journals/langlo/issue/current
[Reviewed earlier]

The Lancet Infectious Diseases
Aug 2014 Volume 14 Number 8 p657 - 778
http://www.thelancet.com/journals/laninf/issue/current

[Reviewed earlier]

Medical Decision Making (MDM)
August 2014; 34 (6)
http://mdm.sagepub.com/content/current
[Reviewed earlier]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
June 2014 Volume 92, Issue 2 Pages 167–405
http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1468-0009/currentissue
[Reviewed earlier]

Nature
Volume 511 Number 7511 pp507-626 31 July 2014
http://www.nature.com/nature/current_issue.html
[New issue; No relevant content]

Nature Immunology
August 2014, Volume 15 No 8 pp695-788
http://www.nature.com/ni/journal/v15/n6/index.html
[Reviewed earlier]

Nature Medicine
July 2014, Volume 20 No 7 pp689-793
http://www.nature.com/nm/journal/v20/n7/index.html
[Reviewed earlier]

Nature Reviews Immunology
August 2014 Vol 14 No 8
http://www.nature.com/nri/journal/v14/n7/index.html
[Reviewed earlier]

New England Journal of Medicine
July 24, 2014 Vol. 371 No. 4
http://www.nejm.org/toc/nejm/medical-journal
[Reviewed earlier]

The Pediatric Infectious Disease Journal
August 2014 - Volume 33 - Issue 8 pp: 789-891,e183-e218

http://journals.lww.com/pidj/pages/currenttoc.aspx
[Reviewed earlier]

Pediatrics
August 2014, VOLUME 134 / ISSUE 2
http://pediatrics.aappublications.org/current.shtml
Article
Increasing Provision of Adolescent Vaccines in Primary Care: A Randomized Controlled Trial
Melissa B. Gilkey, PhDa,b, Amanda M. Dayton, MAc, Jennifer L. Moss, MSPHb, Alicia C. Sparks, MPHb, Amy H. Grimshaw, MS, MSWc, James M. Bowling, PhDb, and Noel T. Brewer, PhDa,b
Author Affiliations
aLineberger Comprehensive Cancer Center, and
bGillings School of Global Public Health, University of North Carolina, Chapel Hill, North Carolina; and
cNorth Carolina Division of Public Health, Raleigh, North Carolina
Abstract
OBJECTIVES: To assess the effectiveness of in-person and webinar-delivered AFIX (Assessment, Feedback, Incentives, and eXchange) consultations for increasing adolescent vaccine coverage.
METHODS: We randomly assigned 91 primary care clinics in North Carolina, serving 107 443 adolescents, to receive no consultation or an in-person or webinar AFIX consultation. We delivered in-person consultations in April through May 2011 and webinar consultations in May through August 2011. The state's immunization registry provided vaccine coverage data for younger patients (ages 11–12 years) and older patients (ages 13–18 years) for 3 adolescent vaccines: tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap); meningococcal; and human papillomavirus (HPV) vaccines (≥1 dose, females only).
RESULTS: At the 5-month follow-up, AFIX consultations increased vaccine coverage among younger adolescents. Patients in the in-person arm experienced coverage changes that exceeded those in the control arm for Tdap (3.4% [95% confidence interval (CI): 2.2 to 4.6]), meningococcal (4.7% [95% CI: 2.3 to 7.2], and HPV (1.5% [95% CI: 0.3 to 2.7]) vaccines. Patients in the webinar versus control arm also experienced larger changes for these vaccines. AFIX did little to improve coverage among older adolescents. At 1 year, the 3 arms showed similar coverage changes. The effectiveness of in-person and webinar consultations was not statistically different at either time point (all, P >.05).
CONCLUSIONS: Webinar AFIX consultations were as effective as in-person consultations in achieving short-term increases in vaccine coverage for younger adolescents. AFIX consultations for adolescents need improvement to have a stronger and more durable impact, especially for HPV vaccine.
Article
Invasive Pneumococcal Disease After Implementation of 13-Valent Conjugate Vaccine
Pui-Ying Iroh Tam, MDa, Lawrence C. Madoff, MDb,c, Brandon Coombes, BSd, and Stephen I. Pelton, MDe
Author Affiliations
aUniversity of Minnesota Children's Hospital, Minneapolis, Minnesota;
bMassachusetts Department of Public Health, Boston, Massachusetts;
cUniversity of Massachusetts Medical School, Worcester, Massachusetts;

dClinical and Translational Science Institute, University of Minnesota, Minneapolis, Minnesota; and
eBoston University Medical Center, Boston, Massachusetts
Abstract
OBJECTIVE: To examine whether there is a different clinical profile and severity of invasive pneumococcal disease (IPD) in children caused by nonvaccine types in the era of 13-valent pneumococcal conjugate vaccine (PCV13).
METHODS: Observational study of childhood IPD in Massachusetts based on state public health surveillance data comparing pre-PCV13 (2007–2009) and post-PCV13 (2010–2012) eras.
RESULTS: There were 168 pre-PCV13 cases of IPD and 85 post-PCV13 cases of IPD in Massachusetts children ≤5 years of age. PCV13 serotypes declined by 18% in the first 2 years after PCV13 use (P = .011). In the post-PCV13 phase, a higher proportion of children were hospitalized (57.6% vs 50.6%), and a higher proportion of children had comorbidity (23.5% vs 19.6%). Neither difference was statistically significant, nor were comparisons of IPD caused by vaccine and nonvaccine types. Children with comorbidities had higher rates of IPD caused by a nonvaccine type (27.6% vs 17.2%; P = .085), were more likely to be hospitalized (80.4% vs 50%; P < .0001), and were more likely to have a longer hospital stay (median of 3 days vs 0.5 days; P = .0001).
CONCLUSIONS: Initial data suggest that nonvaccine serotypes are more common in children with underlying conditions, who have greater morbidity from disease. In the post-PCV13 era, a larger proportion of patients are hospitalized, but mortality rates are unchanged. Routine vaccination with PCV13 may not be enough to reduce the risk in patients with comorbidity.
Review Article
Safety of Vaccines Used for Routine Immunization of US Children: A Systematic Review
Margaret A. Maglione, MPPa, Lopamudra Das, MPHa, Laura Raaen, MPHa, Alexandria Smith, MPHa, Ramya Chari, PhDa, Sydne Newberry, PhDa, Roberta Shanman, MLSa, Tanja Perry, BHMa, Matthew Bidwell Goetz, MDb, and Courtney Gidengil, MD, MPHa,c
Author Affiliations
aRAND Corporation, Santa Monica, California;
bVA Greater Los Angeles Healthcare System and David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, California; and
cBoston Children's Hospital, Boston, Massachusetts
Abstract
BACKGROUND: Concerns about vaccine safety have led some parents to decline recommended vaccination of their children, leading to the resurgence of diseases. Reassurance of vaccine safety remains critical for population health. This study systematically reviewed the literature on the safety of routine vaccines recommended for children in the United States.
METHODS: Data sources included PubMed, Advisory Committee on Immunization Practices statements, package inserts, existing reviews, manufacturer information packets, and the 2011 Institute of Medicine consensus report on vaccine safety. We augmented the Institute of Medicine report with more recent studies and increased the scope to include more vaccines. Only studies that used active surveillance and had a control mechanism were included. Formulations not used in the United States were excluded. Adverse events and patient and vaccine characteristics were abstracted. Adverse event collection and reporting was evaluated by using the McHarm scale. We were unable to pool results. Strength of evidence was rated as high, moderate, low, or insufficient.

RESULTS: Of 20 478 titles identified, 67 were included. Strength of evidence was high for measles/mumps/rubella (MMR) vaccine and febrile seizures; the varicella vaccine was associated with complications in immunodeficient individuals. There is strong evidence that MMR vaccine is not associated with autism. There is moderate evidence that rotavirus vaccines are associated with intussusception. Limitations of the study include that the majority of studies did not investigate or identify risk factors for AEs; and the severity of AEs was inconsistently reported.
CONCLUSIONS: We found evidence that some vaccines are associated with serious AEs; however, these events are extremely rare and must be weighed against the protective benefits that vaccines provide.

Commentary

Vaccines: Can Transparency Increase Confidence and Reduce Hesitancy?

Carrie L. Byington, MD, FAAP
Author Affiliations
Department of Pediatrics, University of Utah, Salt Lake City, Utah

Excerpt

Vaccines are one of the most successful public health achievements of the 20th century1–3 and have contributed to improved health and longevity for millions of people in the United States.2–4 Between 1900 and 2000 the average life expectancy in the United States increased by >30 years, from 43.7 to 76.8 years, and infant mortality through 12 months of age decreased from 100 per 1000 population to <7 per 1000 population.2,5 The decrease or elimination of vaccine-preventable infections played a critical role in these population outcomes that have positively influenced the health, growth, and economy of our nation.

An evaluation of the US vaccine program from 1900 to 1998 demonstrated reduction or elimination of many infectious diseases that had resulted in substantial childhood morbidity and mortality, including smallpox, diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, and Haemophilus influenzae type b (Hib).2 Newer vaccines, including those that target pneumococci, human papilloma virus, influenza, rotavirus, and varicella, are also reducing morbidity and mortality. Modeling of vaccine impact demonstrates that routine childhood immunizations in the 2009 US birth cohort would prevent ~42 000 deaths and 20 million cases of disease and save $13.5 billion in direct health care costs and $68.8 billion in societal costs.3 The Vaccines for Children program, operating since 1994 to provide vaccines at no cost to low-income children, has eliminated racial …

Pharmaceutics

Volume 6, Issue 3 (September 2014), Pages 354-
http://www.mdpi.com/1999-4923/6/2
[Reviewed earlier]

Pharmacoeconomics

Volume 32, Issue 8, August 2014
http://link.springer.com/journal/40273/32/8/page/1
[New issue; No relevant content]

PLoS One

[Accessed 2 August 2014]
http://www.plosone.org/
[No new relevant content]

PLoS Medicine
(Accessed 2 August 2014)
http://www.plosmedicine.org/
Research Article
Efficacy and Safety of the RTS,S/AS01 Malaria Vaccine during 18 Months after Vaccination: A Phase 3 Randomized, Controlled Trial in Children and Young Infants at 11 African Sites
The RTS,S Clinical Trials Partnership (2014) mail
Published: July 29, 2014
DOI: 10.1371/journal.pmed.1001685
Abstract
Background
A malaria vaccine could be an important addition to current control strategies. We report the safety and vaccine efficacy (VE) of the RTS,S/AS01 vaccine during 18 mo following vaccination at 11 African sites with varying malaria transmission.
Methods and Findings
6,537 infants aged 6–12 wk and 8,923 children aged 5–17 mo were randomized to receive three doses of RTS,S/AS01 or comparator vaccine.
VE against clinical malaria in children during the 18 mo after vaccine dose 3 (per protocol) was 46% (95% CI 42% to 50%) (range 40% to 77%; VE, $p<0.01$ across all sites). VE during the 20 mo after vaccine dose 1 (intention to treat [ITT]) was 45% (95% CI 41% to 49%). VE against severe malaria, malaria hospitalization, and all-cause hospitalization was 34% (95% CI 15% to 48%), 41% (95% CI 30% to 50%), and 19% (95% CI 11% to 27%), respectively (ITT).
VE against clinical malaria in infants was 27% (95% CI 20% to 32%, per protocol; 27% [95% CI 21% to 33%], ITT), with no significant protection against severe malaria, malaria hospitalization, or all-cause hospitalization.
Post-vaccination anti-circumsporozoite antibody geometric mean titer varied from 348 to 787 EU/ml across sites in children and from 117 to 335 EU/ml in infants (per protocol).
VE waned over time in both age categories (Schoenfeld residuals $p<0.001$). The number of clinical and severe malaria cases averted per 1,000 children vaccinated ranged across sites from 37 to 2,365 and from −1 to 49, respectively; corresponding ranges among infants were −10 to 1,402 and −13 to 37, respectively (ITT). Meningitis was reported as a serious adverse event in 16/5,949 and 1/2,974 children and in 9/4,358 and 3/2,179 infants in the RTS,S/AS01 and control groups, respectively.
Conclusions
RTS,S/AS01 prevented many cases of clinical and severe malaria over the 18 mo after vaccine dose 3, with the highest impact in areas with the greatest malaria incidence. VE was higher in children than in infants, but even at modest levels of VE, the number of malaria cases averted was substantial. RTS,S/AS01 could be an important addition to current malaria control in Africa.
Trial registration
www.ClinicalTrials.gov NCT00866619
Editors' Summary
Background

Every year, more than 200 million cases of malaria occur worldwide, and more than 600,000 people, mainly children living in sub-Saharan Africa, die from this parasitic disease. Malaria parasites are transmitted to people through the bites of infected night-flying mosquitoes and cause fever that needs to be treated promptly with anti-malarial drugs to prevent anemia (a reduction in red blood cell numbers) and life-threatening organ damage. Malaria transmission can be prevented by using long-lasting insecticides sprayed on the indoor walls of homes to kill the mosquitoes that spread the malaria parasite or by sleeping under insecticide-treated nets to avoid mosquito bites and further reduce mosquito numbers. Widespread use of these preventative measures, together with the introduction of artemisinin combination therapy (an effective anti-malarial treatment), has reduced the global burden of malaria by 45% in all age groups, and by 51% among young children, since 2000.

Why Was This Study Done?

Unfortunately, the emergence of insecticide and drug resistance is threatening this advance in malaria control. Moreover, additional interventions—specifically, effective malaria vaccines—will be needed to eliminate malaria in the large areas of Africa where malaria transmission remains high. Currently, there is no licensed malaria vaccine, but RTS,S/AS01, the most advanced malaria vaccine candidate, is undergoing phase 3 clinical trials (the last stage of testing before licensing) in infants and children in seven African countries. The RTS,S Clinical Trials Partnership reported encouraging results on the efficacy and safety of RTS,S/AS01 during 12 months of follow-up in 2011 and 2012. Here, researchers report on the 18-month efficacy and safety of RTS,S/AS01. Vaccine efficacy (VE) is the reduction in the incidence of a disease (the number of new cases that occur in a population in a given period) among trial participants who receive the vaccine compared to the incidence among participants who do not receive the vaccine.

What Did the Researchers Do and Find?

The researchers randomly assigned 6,537 infants aged 6–12 weeks and 8,923 children aged 5–17 months to receive three doses of RTS,S/AS01 or a control vaccine. During 18 months of follow-up, there were 0.69 episodes of clinical malaria (a high temperature and parasites in the blood) per person-year among the children who received all the planned doses of RTS,S/AS01 (the "per protocol" population) and 1.17 episodes per person-year among the control children—a VE against clinical malaria in the per-protocol population of 46%. A similar VE was seen in an intention-to-treat analysis that included all the enrolled children, regardless of whether they received all of the planned vaccine doses; intention-to-treat analyses reflect the real-life situation—in which children sometimes miss vaccine doses—better than per-protocol analyses. In intention-to-treat analyses, the VE among children against severe malaria (fever, parasites in the blood, and symptoms such as anemia) and hospitalization for malaria was 34% and 41%, respectively. Among infants, the VE against clinical malaria was 27% in both per-protocol and intention-to-treat analyses; the vaccine showed no protection against severe malaria or hospitalization. In both infants and children, VE waned with time since vaccination. Across all the study sites, RTS,S/AS01 averted an average of 829 and 449 cases of clinical malaria per 1,000 children and infants vaccinated, respectively. Finally, the serious adverse event meningitis (inflammation of the tissues lining the brain and spinal cord) occurred more frequently in trial participants given RTS,S/AS01 than in those given the control vaccine, but the incidence of other serious adverse events was similar in both groups of participants.

What Do These Findings Mean?

These and other findings show that, during 18 months of follow-up, vaccination of children and young infants with RTS,S/AS01 prevented many cases of clinical and severe malaria and that the impact of vaccination was highest in regions with the highest incidence of malaria. They indicate, as in the earlier analysis, that the VE against clinical and severe malaria is higher in

children than in young infants and suggest that protection wanes over time. Whether or not the vaccine played a causal role in the observed cases of meningitis cannot be determined from these results, and the occurrence of meningitis will be followed closely during the remainder of the trial. Other study limitations (for example, variations in the clinical characteristics of participants from one center to another) may also affect the accuracy of these findings and their interpretation. However, by showing that even a modest VE can avert a substantial number of malaria cases, these findings suggest that vaccination with RTS,S/AS01 could have a major public health impact in sub-Saharan Africa

PLoS Neglected Tropical Diseases
(Accessed 2 August 2014)
http://www.plosntds.org/

Research Article

Using Mobile Health (mHealth) and Geospatial Mapping Technology in a Mass Campaign for Reactive Oral Cholera Vaccination in Rural Haiti

Jessica E. Teng, Dana R. Thomson, Jonathan S. Lascher, Max Raymond, Louise C. Ivers
Published: July 31, 2014
DOI: 10.1371/journal.pntd.0003050

Abstract

Background

In mass vaccination campaigns, large volumes of data must be managed efficiently and accurately. In a reactive oral cholera vaccination (OCV) campaign in rural Haiti during an ongoing epidemic, we used a mobile health (mHealth) system to manage data on 50,000 participants in two isolated communities.

Methods

Data were collected using 7-inch tablets. Teams pre-registered and distributed vaccine cards with unique barcodes to vaccine-eligible residents during a census in February 2012. First stored on devices, data were uploaded nightly via Wi-fi to a web-hosted database. During the vaccination campaign between April and June 2012, residents presented their cards at vaccination posts and their barcodes were scanned. Vaccinee data from the census were pre-loaded on tablets to autopopulate the electronic form. Nightly analysis of the day's community coverage informed the following day's vaccination strategy. We generated case-finding reports allowing us to identify those who had not yet been vaccinated.

Results

During 40 days of vaccination, we collected approximately 1.9 million pieces of data. A total of 45,417 people received at least one OCV dose; of those, 90.8% were documented to have received 2 doses. Though mHealth required up-front financial investment and training, it reduced the need for paper registries and manual data entry, which would have been costly, time-consuming, and is known to increase error. Using Global Positioning System coordinates, we mapped vaccine posts, population size, and vaccine coverage to understand the reach of the campaign. The hardware and software were usable by high school-educated staff.

Conclusion

The use of mHealth technology in an OCV campaign in rural Haiti allowed timely creation of an electronic registry with population-level census data, and a targeted vaccination strategy in a dispersed rural population receiving a two-dose vaccine regimen. The use of mHealth should be strongly considered in mass vaccination campaigns in future initiatives.

Author Summary

The World Health Organization (WHO) recently endorsed the creation of a global oral cholera vaccine (OCV) stockpile as part of an integrated, strategic framework to address the re-emerging threat that cholera causes worldwide. In conjunction, the WHO also called for continued monitoring and evaluation around the use of OCV in different settings. In response to the cholera epidemic in Haiti that began in October 2010, Partners In Health, an implementing partner of Haiti's Ministry of Health, vaccinated 50,000 Haitians in two rural communities in the Artibonite Valley in 2012. In this paper, the authors describe the use of mobile health (mHealth) technology for data collection and geospatial mapping to document this rural OCV campaign, focusing on the utility, benefits, and challenges of mHealth in a reactive campaign in the midst of the ongoing epidemic.

Introducing a Dengue Vaccine to Mexico: Development of a System for Evidence-Based Public Policy Recommendations

Miguel Betancourt-Cravioto, Pablo Kuri-Morales, Jesús Felipe González-Roldán, Roberto Tapia-Conyer, the Mexican Dengue Expert Group Policy Platform | published 31 Jul 2014 | PLOS Neglected Tropical Diseases 10.1371/journal.pntd.0003009

No abstract

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

(Accessed 2 August 2014)

http://www.pnas.org/content/early/

[No new relevant content]

Pneumonia

Vol 5 (2014)

https://pneumonia.org.au/index.php/pneumonia/issue/current

Special Issue "Pneumonia Diagnosis"

[Reviewed earlier]

Public Health Ethics

Volume 7 Issue 2 July 2014

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

[Reviewed earlier]

Qualitative Health Research

August 2014; 24 (8)

http://qhr.sagepub.com/content/current

Special Issue: Insights Into Mental Health

[Reviewed earlier]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)

April 2014 Vol. 35, No. 4

http://www.paho.org/journal/index.php?option=com_content&view=article&id=143&Itemid=236&lang=en
[Reviewed earlier]

Risk Analysis
July 2014 Volume 34, Issue 7 Pages 1161–1358
http://onlinelibrary.wiley.com/doi/10.1111/risa.2014.34.issue-7/issuetoc
Original Research Article
A Scale of Risk
Paolo Gardoni1,* and Colleen Murphy2
Article first published online: 20 DEC 2013
DOI: 10.1111/risa.12150
Abstract
This article proposes a conceptual framework for ranking the relative gravity of diverse risks. This framework identifies the moral considerations that should inform the evaluation and comparison of diverse risks. A common definition of risk includes two dimensions: the probability of occurrence and the associated consequences of a set of hazardous scenarios. This article first expands this definition to include a third dimension: the source of a risk. The source of a risk refers to the agents involved in the creation or maintenance of a risk and captures a central moral concern about risks. Then, a scale of risk is proposed to categorize risks along a multidimensional ranking, based on a comparative evaluation of the consequences, probability, and source of a given risk. A risk is ranked higher on the scale the larger the consequences, the greater the probability, and the more morally culpable the source. The information from the proposed comparative evaluation of risks can inform the selection of priorities for risk mitigation.

Science
1 August 2014 vol 345, issue 6196, pages 481-596
http://www.sciencemag.org/current.dtl
[New issue; No relevant content]

Social Science & Medicine
Volume 118, In Progress (October 2014)
http://www.sciencedirect.com/science/journal/02779536/118
[New issue; No relevant content]

Tropical Medicine and Health
Vol. 42(2014) No. 2
https://www.jstage.jst.go.jp/browse/tmh/42/2/_contents
[Reviewed earlier]

Vaccine
Volume 32, Issue 37, Pages 4703-4812 (20 August 2014)

http://www.sciencedirect.com/science/journal/0264410X/32/37

Editorial

Measles and mumps outbreaks in the United States: Think globally, vaccinate locally

Pages 4703-4704

Jennifer A. Whitaker, Gregory A. Poland

No abstract

Discussion

Big science for vaccine development

Pages 4705-4707

Rino Rappuoli, Donata Medaglini

No abstract

Placebo use in vaccine trials: Recommendations of a WHO expert panel

Pages 4708-4712

Annette Rid, Abha Saxena, Abdhullah H. Baqui, Anant Bhan, Julie Bines, Marie-Charlotte Bouesseau, Arthur Caplan, James Colgrove, Ames Dhai, Rita Gomez-Diaz, Shane K. Green, Gagandeep Kang, Rosanna Lagos, Patricia Loh, Alex John London, Kim Mulholland, Pieter Neels, Punee Pitisuttithum, Samba Cor Sarr, Michael Selgelid, Mark Sheehan, et al.

Abstract

Highlights

:: Placebo controls may be acceptable even when an efficacious vaccine exists, in the following four possible situations:

:: When developing a locally affordable vaccine.

:: When evaluating the local safety and efficacy of an existing vaccine.

:: When testing a new vaccine when an existing vaccine is not considered appropriate locally.

:: When determining the local burden of disease.

HPV vaccination among lesbian and bisexual women: Findings from a national survey of young adults

Original Research Article

Pages 4736-4742

Annie-Laurie McRee, Mira L. Katz, Electra D. Paskett, Paul L. Reiter

Abstract

Background

Human papillomavirus (HPV) infection and associated cervical disease are common among all women, regardless of sexual identity, yet limited research has examined HPV vaccination among lesbian and bisexual women.

Methods

A national sample of lesbian and bisexual women ages 18–26 (n = 543) completed our online survey during Fall 2013. We used multivariable logistic regression to identify correlates of HPV vaccine initiation (receipt of at least 1 dose) and completion (receipt of all 3 recommended doses among initiators).

Results

Overall, 45% of respondents had initiated HPV vaccine and 70% of initiators reported completing the series. HPV vaccine initiation was higher among respondents who were students, had received a healthcare provider's recommendation, perceived greater positive social vaccination norms, or anticipated greater regret if they did not get vaccinated and later got HPV. Initiation was lower among those who perceived greater HPV vaccine harms or greater barriers to getting the vaccine (all $p < .05$). HPV vaccine completion was higher among initiators who had a college degree while it was lower among those who perceived a greater

likelihood of acquiring HPV or who anticipated greater regret if they got the vaccine and fainted (all $p < .05$). Among HPV vaccine initiators who had not yet completed the series, about half (47%) intended to get the remaining doses.
Conclusions
Many lesbian and bisexual women are not getting vaccinated against HPV. Healthcare provider recommendations and women's health beliefs may be important leverage points for increasing vaccination among this population.

Vaccination perceptions of school employees in a rural school district

Original Research Article
Pages 4766-4771
Janelle Macintosh, Karlen E. Luthy, Renea L. Beckstrand, Lacey M. Eden, Jennifer Orton
Abstract
Highlights
:: It is important to evaluate why school employees are not adequately vaccinated for highly virulent diseases, such as influenza and measles, mumps, and rubella.
:: Only about half of school employees in one rural Utah school district were adequately vaccinated against influenza.
:: About a third of school employees reported receiving a measles, mumps, and rubella vaccine during adulthood.
:: Even though almost half of school employees supported a vaccine mandate, no such vaccine requirement existed in the school district.
:: Public health officials, health care providers, and school administrators should collaborate to improve vaccination rates among school employees.

Healthcare workers under a mandated H1N1 vaccination policy with employment termination penalty: A survey to assess employee perception

Original Research Article
Pages 4786-4790
Lori Winston, Stephanie Wagner, Shu Chan
Abstract
The ethical debate over mandatory healthcare worker (HCW) influenza vaccination is a heated one. Our study hospital instituted a mandatory employee influenza vaccination policy for the 2009–2010 influenza season during the highly publicized pandemic of the H1N1 "Swine Flu." Under this mandate there was no informed declination option, and termination of employment was the consequence for noncompliance. Our objective was to examine HCW perceptions of the H1N1 influenza virus, the vaccine, and the strict mandated vaccination policy. A survey was designed, distributed, and anonymously collected. In total, 202 completed questionnaires were obtained via accidental sampling by the investigators achieving a 100% response rate. Data analysis showed that 31.7% of surveyed HCWs felt the mandate was an infringement on their rights and 3.5% of HCWs would electively seek employment elsewhere. Significantly more nurses and clerks/technicians were opposed to the mandate compared to other types of employees. 96% felt that the mandating hospital should be liable should a significant adverse effect occur from receiving the vaccine. While the mandate helped to increase HCW influenza vaccination rates dramatically, the strict consequence of employment termination created negative feelings of coercion. Adopting a policy that includes a declination option with mandatory masking during influenza season might be a more widely acceptable and still adequate approach.

Vaccine: Development and Therapy
(Accessed 2 August 2014)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Vaccines — Open Access Journal
(Accessed 2 August 2014)
http://www.mdpi.com/journal/vaccines
Review
Developments in Viral Vector-Based Vaccines
by Takehiro Ura, Kenji Okuda and Masaru Shimada
doi:10.3390/vaccines2030624 - published online 29 July 2014
Abstract:
Viral vectors are promising tools for gene therapy and vaccines. Viral vector-based vaccines can enhance immunogenicity without an adjuvant and induce a robust cytotoxic T lymphocyte (CTL) response to eliminate virus-infected cells. During the last several decades, many types of viruses have been developed as vaccine vectors. Each has unique features and parental virus-related risks. In addition, genetically altered vectors have been developed to improve efficacy and safety, reduce administration dose, and enable large-scale manufacturing. To date, both successful and unsuccessful results have been reported in clinical trials. These trials provide important information on factors such as toxicity, administration dose tolerated, and optimized vaccination strategy. This review highlights major viral vectors that are the best candidates for clinical use.

Value in Health
Vol 17 | No. 4 | June 2014 | Pages 307-490
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

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

No new content identified

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 2 August 2014
[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 2 August 2014
Cancer Vaccine Exists, Goes Unused
James Hamblin Jul 25 2014, 9:10 AM ET
The HPV vaccine could prevent thousands of people every year from getting cancer. But a new CDC report says most children still do not receive it.

BBC
http://www.bbc.co.uk/
Accessed 2 August 2014
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 2 August 2014
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 2 August 2014
[No new, unique, relevant content]

Economist
http://www.economist.com/
Accessed 2 August 2014
[No new, unique, relevant content]

Financial Times
http://www.ft.com
Accessed 2 August 2014
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 2 August 2014
Robert Kennedy's Dangerous Anti-Vaccine Activism
Steven Salzberg, Contributor Jul 20, 2014

Robert F. Kennedy Jr. is coming out with a new book that claims thimerosal in vaccines causes autism. This claim has been thoroughly discredited, but RFK Jr. believes that it's all a big conspiracy and that he's right. His crazy anti-vaccine views coupled with his fame make for an especially dangerous combination.
Vaccines Are A Medical Miracle-And The Best Value In Healthcare
Henry I. Miller, Contributor Jul 30, 2014
Thanks to the availability of safe, effective, affordable vaccines, parents of small children today know little of the fear–much less the reality–of deadly childhood diseases. Vaccines are the best value in our healthcare system, but a New York Times medical writer thinks they're too expensive.

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 2 August 2014
[No new, unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 2 August 2014
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 2 August 2014
[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 2 August 2014
[No new, unique, relevant content]

Le Monde
http://www.lemonde.fr/
Accessed 2 August 2014
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 2 August 2014
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 2 August 2014
[No new, unique, relevant content]

Reuters
http://www.reuters.com/

Accessed 2 August 2014
Sanofi sees first dengue vaccine filings in first quarter of 2015
Thu Jul 31, 2014 10:43am EDT
PARIS - Sanofi expects to submit regulatory applications for the world's first dengue vaccine in the first quarter of 2015 and the French drugmaker could start ...

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 2 August 2014
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 2 August 2014
[No new, unique, relevant content]

* * * *

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; the International Vaccine Institute (IVI); the Bill & Melinda Gates Foundation; industry resource members Janssen, Pfizer,* and *Sanofi Pasteur U.S. (list in formation), and the Developing Countries Vaccine Manufacturers Network (DCVMN). Support is also provided by a growing list of individuals who use this membership service to support their roles in public health, clinical practice, government, NGOs and other international institutions, academia and research organizations, and industry.*

* * * *