WHO said that the Tunisian Ministry of Public Health, supported by WHO, UNICEF and other health partners, started a vaccination campaign for an estimated 100 children under 5 years currently residing in Tunisia-Libya border camps. WHO noted that “strong winds and whirling sand are slowing down preparations, but the organizers are aware of the critical importance of vaccination.” Dr. Irshad Shaikh of the World Health Organization said, “As the number of families arriving at the camp incrementally rises, coupled with the fact that the length of stay of some of the families can get longer especially for those from Somalia and Eritrea (countries in conflict themselves), the risk for vaccine preventable illnesses in children inherently goes up.” The vaccination includes 7 antigens - diphtheria, tetanus, poliomyelitis, BCG, measles, whooping cough and hepatitis B.

PAHO/WHO, officials from Haiti’s Ministry of Public, UNICEF and other partners outlined a new plan to improve immunization services in Haiti over the next five years, including the introduction of three new vaccines. Ariel Henry of Haiti’s health ministry said, “We hope to start this multi-year immunization plan as soon as possible in order to save lives and protect Haitians. Diarrhea and pneumonia are the main causes of death in Haitian children, so we also plan to include rotavirus and pneumococcal vaccines in our strategic plan.” Dr. Ciro de Quadros of the Sabin Vaccine Institute, who chaired the meeting, said, “This plan shows the great work being
The U.S. Department of Health and Human Services released a report on “critical gaps which exist between older Americans who receive potentially lifesaving preventive services and those who do not.” Clinical prevention services examined in the report include vaccinations that protect against influenza and pneumococcal disease (e.g., bloodstream infections, meningitis, and pneumonia), screenings for the early detection of breast cancer, colorectal cancer, diabetes, lipid disorders, and osteoporosis, and smoking cessation counseling. The report was published by the Centers for Disease Control and Prevention, in partnership with HHS’ Administration on Aging, Agency for Healthcare Research and Quality, and Centers for Medicare and Medicaid Services. Enhancing Use of Clinical Preventive Services Among Older Adults: Closing the Gap is available at: http://www.cdc.gov/aging/pdf/Clinical_Preventive_Services_Closing_the_Gap_Report.pdf http://www.cdc.gov/media/releases/2011/p0314_preventiveservices.html

The Global Fund to Fight AIDS, Tuberculosis and Malaria announced that former President of Botswana Festus Mogae and former U.S. Health and Human Services Secretary Michael O. Leavitt “have agreed to lead a high-level panel of experts that will conduct an independent and thorough review of the Global Fund’s financial safeguards.” Michel Kazatchkine, Executive Director of the Global Fund, commented, “The appointment of this panel is part of the Global Fund commitment to ensuring our financial controls are the most robust possible, and that donor investments go directly to fighting AIDS, malaria and tuberculosis. Sound financial controls and anti-corruption protections are essential elements in our continued ability to save millions of lives, and to facilitating social and economic development in the more than 140 countries we support.” The panel “will assess the Global Fund’s current practices in financial oversight and implementation. The panel will also make recommendations where necessary to help strengthen the Global Fund’s fiscal controls and anti-corruption protections. This review is part of a broader set of measures that continue to be implemented to strengthen the Global Fund’s financial safeguards.” http://www.theglobalfund.org/en/pressreleases/?pr=pr_110316

The Bill & Melinda Gates Foundation announced Round 7 of Grand Challenges Explorations, its US$100 million grant initiative to encourage innovation in global health research. The initiative "offers scientists, inventors and entrepreneurs the opportunity to win $100,000 grants to pursue unconventional ideas that could transform health in developing countries, and focuses on research areas where creative, unorthodox thinking is most urgently needed.: The topics in this round are:
WHO highlighted deployment of a new "moving warehouse" in Senegal's Saint Louis district yielding “the prospect of huge efficiencies in the supply of vaccines and medicines to health centres.” WHO said that through the system, insulated trucks deliver vaccines and other health products directly from regional warehouses to health centres, without interim stocking at district level. Products are delivered according to the needs identified by the health centres, with delivery teams able to provide on-site supportive supervision and maintenance of equipment when deliveries are made. Stock management is computerized, with real-time, web-based information exchange between the moving warehouse, health centres, and regional and national storage facilities.


The Pharmaceutical Research and Manufacturers of America (PhRMA) and Burrill & Company published a report which notes that “America’s biopharmaceutical research companies invested a record $67.4 billion last year in the research and development of new medicines and vaccines – an increase of $1.5 billion from 2009...PhRMA member companies alone spent an estimated $49.4 billion on biopharmaceutical R&D last year, a 6.5 percent increase over 2009.”

http://www.phrma.org/media/releases/rd-investment-us-biopharmaceutical-companies-reached-record-levels-2010

The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) published a new paper – Technology Transfer: A Collaborative Approach to Improve Global Health – the R&D Pharmaceutical Industry Experience – which "documents the growing trend of technology transfer in medicines and vaccines. It also identifies the critical enabling conditions which allow technology transfer to contribute successfully to global economic development and health.” IFPMA Director General Eduardo Pisani said, “Through technology transfer, R&D-based pharmaceutical companies are helping partner companies around the world to make advanced medicines and vaccines for their local markets. This is stimulating economic and social development, while also contributing to the health of recipient
countries’ populations. With appropriate government encouragement and continued engagement by our members, the benefits of this approach could be extended to more countries. WHO Member States have asked us to share our best practice in this area, and this is what our new paper delivers.”

The IFPMA paper “identifies the risk of a ‘technology transfer gap’: while middle income economies are involved in a growing number of pharmaceutical technology transfer partnerships, low income countries may not be so attractive as partners, as they may lack many of the enabling conditions for successful technology transfer. The paper therefore recommends that low income country governments should help to improve local companies’ attractiveness as technology transfer partners, encourage them to focus initially on more accessible technologies and to create larger, regional markets through mutual recognition of medicine approvals with neighboring countries. High income countries can assist this process by technical means, such as giving low income countries greater access to international standard-setting bodies as a way of strengthening in-country competencies, as well as other forms of development assistance.”

Paper available at:

The **Weekly Epidemiological Record (WER) for 18 March 2011**, vol. 86, 12 (pp 101–112) includes:
- Outbreak news (Meningococcal disease, Chad; Yellow fever, Sierra Leone)
- First meeting of the GPEI Independent Monitoring Board
- Progress in interrupting wild poliovirus circulation in countries with re-established transmission: Africa, 2009–2010

The **MMWR for March 18, 2011** / Vol. 60 / No. 10 includes:
- **Progress Toward Interrupting Wild Poliovirus Circulation in Countries With Reestablished Transmission --- Africa, 2009--2010**
- **Notes from the Field: Poliomyelitis Outbreak --- Republic of the Congo, September 2010--February 2011**

**Twitter Watch**
A selection of items of interest this week from a variety of twitter feeds. This capture is highly selective and not intended to be exhaustive.

HarvardHSPH HSPH Communications
RT @FramingTC Julio Frenk: We must decide if there is a universal set of health entitlements. #NCDs, #MDGs are next steps. #bottombillion

gatesfoundation Gates Foundation

AIDSvaccine IAVI
Where does IAVI work? Check out our interactive map: http://bit.ly/i3CNld #research #HIV #vaccines #globalhealth #IN #AIDS

ECDC EU ECDC
by eurovaccine
Vaccination helps to prevent diseases and, above all, saves lives, says #ECDC Director Marc Sprenger http://bit.ly/e61FTQ #vaccine

WHO Europe WHO/Europe
by eurovaccine
#Measles continues to spread in #Europe & beyond; #polio returns. Coordinated #vaccinations planned in #Russia, #Asia. http://bit.ly/dF2vx3

IHME UW IHME at UW
TY! RT @cindyrankin: Launch of Global Health Data Exchange #GHDx | HealthData.gov data.gov/communities/no... cc @PeterSpeyer @GHMEcon #ghme2011

GAVIAlliance GAVI Alliance
via @ONE: Sec. Clinton discusses critical importance of GAVI http://ht.ly/4e9G2

Journal Watch
[Editor’s Note]
Vaccines: The Week in Review continues its weekly scanning of key 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

Annals of Internal Medicine
March 15, 2011; 154 (6)
http://www.annals.org/content/current
Original Research
Student Vaccination Requirements of U.S. Health Professional Schools: A Survey
The number of vaccines recommended for health care workers has increased over the past 2 decades, but national data on prematriculation vaccine policies of health professional schools were unavailable. This 2008–2009 survey of deans of 563 U.S. schools of medicine and nursing found that most schools' policies adhere to the Advisory Committee on Immunization Practices recommendations for health care workers. However, exemption policies, measurement of titers to confirm vaccination, and payment mechanisms varied. In particular, nursing and osteopathic schools were less likely than allopathic medical schools to pay for influenza vaccination.

British Medical Bulletin
Volume 97 Issue 1 March 2011
http://bmb.oxfordjournals.org/content/current
[Reviewed last week]

British Medical Journal
19 March 2011 Volume 342, Issue 7798
http://www.bmj.com/content/current
[No relevant content]

Clinical Infectious Diseases
Volume 52 Issue 6 March 15, 2011
http://www.journals.uchicago.edu/toc/cid/current
[Reviewed earlier]

Cost Effectiveness and Resource Allocation
(accessed 20 March 2011)
http://www.resource-allocation.com/
[No relevant content]

Emerging Infectious Diseases
Volume 17, Number 3–March 2011
http://www.cdc.gov/ncidod/EID/index.htm
[Reviewed earlier]
JAMA
March 16, 2011, Vol 305, No. 11, pp 1061-1154
http://jama.ama-assn.org/current.dtl

Cholera Vaccination
M. J. Friedrich

Extract
Oral cholera vaccination can help control cholera spread after an outbreak has begun, 2 new studies report.
Using existing data from a number of recent cholera outbreaks to simulate the number of cholera cases preventable by mass vaccination once an outbreak has occurred, researchers from the International Vaccine Institute (IVI) in Seoul, Korea, and other international institutions found that even a delayed response to vaccinate could be beneficial. (Reyburn R et al. PLoS Negl Trop Dis. 2011;5[1]:e952).
In a separate case-control study, researchers from the IVI and the National Institute of Hygiene and Epidemiology in Hanoi, Vietnam, found that giving 1 to 2 doses of vaccine after a cholera outbreak began in Hanoi in 2007-2008 was 76% protective against cholera in this setting (Anh DD et al. PLoS Negl Trop Dis. 2011;5[1]:e1006). Recent outbreaks of the disease suggest that current global action plans against cholera are failing, but ...
Endemic wild polioviruses have been eliminated from most of the world, and the number of human paralytic cases has been reduced by >99%, from an estimated annual incidence of >500,000 cases to <2000 cases [1–3]. Circulating wild polioviruses remain endemic in only 2 major locations, Nigeria and a zone extending from northern India west to Pakistan and Afghanistan [1–3]. Furthermore, wild-type 2 poliovirus has been eliminated altogether, with the last documented case reported in northern India in 1999 [4]. These remarkable accomplishments represent a triumph for oral poliovirus vaccine (OPV), composed of attenuated variants of the 3 poliovirus serotypes [5]. OPV is administered by mouth, induces mucosal and humoral immunity, and is relatively inexpensive to produce—attributes that have contributed to its widespread use even in regions with rudimentary health systems. However, OPV has an Achilles heel. The attenuated variants in the vaccine are rapidly replaced by revertant mutants, even on a single passage through the human intestine [6].

**MAJOR ARTICLES AND BRIEF REPORTS**

**VIRUSES**

Steven Wassilak, Muhammad Ali Pate, Kathleen Wannemuehler, Julie Jenks, Cara Burns, Paul Chenoweth, Emmanuel Ade Abanida, Festus Adu, Marycelin Baba, Alex Gasasira, Jane Iber, Pascal Mkanda, A. J. Williams, Jing Shaw, Mark Pallansch, and Olen Kew

*editor's choice: Outbreak of Type 2 Vaccine-Derived Poliovirus in Nigeria: Emergence and Widespread Circulation in an Underimmunized Population*


[Free Full Text (HTML)]

Wild poliovirus has remained endemic in northern Nigeria because of low coverage achieved in the routine immunization program and in supplementary immunization activities (SIAs). An outbreak of infection involving 315 cases of type 2 circulating vaccine-derived poliovirus (cVDPV2; >1% divergent from Sabin 2) occurred during July 2005–June 2010, a period when 23 of 34 SIAs used monovalent or bivalent oral poliovirus vaccine (OPV) lacking Sabin 2. In addition, 21 “pre-VDPV2” (0.5%–1.0% divergent) cases occurred during this period. Both cVDPV and pre-VDPV cases were clinically indistinguishable from cases due to wild poliovirus. The monthly incidence of cases increased sharply in early 2009, as more children aged without trivalent OPV SIAs. Cumulative state incidence of pre-VDPV2/cVDPV2 was correlated with low childhood immunization against poliovirus type 2 assessed by various means. Strengthened routine immunization programs in countries with suboptimal coverage and balanced use of OPV formulations in SIAs are necessary to minimize risks of VDPV emergence and circulation.

*The Lancet*

Mar 19, 2011 Volume 377 Number 9770 Pages 967 - 1046

[http://www.thelancet.com/journals/lancet/issue/current](http://www.thelancet.com/journals/lancet/issue/current)

[No relevant content]

*The Lancet Infectious Disease*

Mar 2011 Volume 11 Number 3 Pages 153 - 252

[http://www.thelancet.com/journals/laninf/issue/current](http://www.thelancet.com/journals/laninf/issue/current)

[Reviewed earlier]
Asnong, Carine; Van Herck, Koen; Lernout, Tinne; Theeten, Heidi; Van Damme, Pierre
doi: 10.1097/INF.0b013e3181f65b7
Abstract:
A 2007 to 2008 measles outbreak in Antwerp, Belgium, identified the orthodox Jewish communities as a new risk group. This study analyzes vaccination data of 949 school children of 4 belief systems to assess the completeness and timeliness of their measles-mumps-rubella vaccination. Orthodox Jewish children show a 4-fold lower chance of complete vaccination, a delayed start, and increased temporal spacing of childhood vaccinations. Not only belief issues but difficulties to access the regular vaccination program also seem to be the main reason.
**Abstract:**

Cost-effectiveness analysis (CEA) is one of the main tools of economic evaluation. Every CEA is based on a number of assumptions, some of which may not be accurate, introducing uncertainty. Sensitivity analysis (SA) formalizes ways to measure and evaluate this uncertainty. Specific sources of uncertainty in CEA have been noted by various researchers. In this work, we consolidate across all sources of uncertainty, discuss the imbalanced attention to SA across different sources, and discuss criteria for conducting and reporting SA to help bridge the gap between guidelines and practice.

Guidelines on how to perform SA have been published for many years in response to requests for greater standardization among researchers. Decision makers tasked with reviewing new health technologies also seem to appreciate the additional information conveyed by a robust SA, including the attention to important patient subgroups. Yet, past reviews have shown that there is a substantial gap between the guidelines' suggestions and the quality of SA in the field. Past reviews have also focused on one or two but not all three sources of uncertainty. The objective of our work is to comprehensively review all different sources of uncertainty and provide a concise set of criteria for conducting and presenting SA, stratified by common modelling approaches, including decision analysis and regression models.

We first provide an overview of the three sources of uncertainty in a CEA (parameter, structural and methodological), including patient heterogeneity. We then present results from a literature review of the conduct and reporting of SA based on 406 CEA articles published between 2000 and mid-2009. We find that a minority of papers addressed at least two of the three sources of uncertainty, with no change over time. On the other hand, the use of some sophisticated techniques, such as probabilistic SA, has surged over the past 10 years. Lastly, we identify criteria for reporting uncertainty-robust SA and also discuss how to conduct SA and how to improve the reporting of SA for decision makers. We recommend that researchers take a more comprehensive view of uncertainty when planning SA for an economic evaluation.
The Challenge of Discharging Research Ethics Duties in Resource-Constrained Settings
Jerome Amir Singh Perspective, published 15 Mar 2011
doi:10.1371/journal.pmed.1000421

Linked Research Article
Effectiveness of the Standard WHO Recommended Retreatment Regimen (Category II) for Tuberculosis in Kampala, Uganda: A Prospective Cohort Study. PLoS Med 8: e427. doi:10.1371/journal.pmed.1000427

Abstract
Prospective evaluation of the effectiveness of the WHO-recommended standardized retreatment regimen for tuberculosis by Edward Jones-López and colleagues reveals an unacceptable proportion of unsuccessful outcomes.

The paper by Jones-López et al. in this week's PLoS Medicine [1] (hereinafter “the Uganda study”) illustrates the challenge of conducting research in resource-constrained settings. At the time the study was proposed and initiated, the prevalence of multidrug resistant tuberculosis (MDR-TB) in Uganda was unknown. Further, second-line therapy for MDR-TB, available in other settings, was not available in the country. The Uganda study accordingly highlights at least two classic ethical conundrums: (1) should research be conducted in a setting if the existing standard of care for the health issue under investigation is “no treatment,” despite efficacious treatment existing elsewhere? and (2) should investigators introduce an efficacious standard of care in a setting if it would not otherwise be available?

Science
18 March 2011 vol 331, issue 6023, pages 1353-1476
http://www.sciencemag.org/current.dtl
[No relevant content]

Science Translational Medicine
16 March 2011 vol 3, issue 74
http://stm.sciencemag.org/content/current
[No relevant content]

Vaccine
[Reviewed earlier]

Value in Health
December 2010 Volume 13, Issue 8 Pages 863–1065
[Reviewed earlier]