

## **Vaccines: The Week in Review**

**7 November 2011**

### **Center for Vaccine Ethics & Policy (CVEP)**

<http://centerforvaccineethicsandpolicy.wordpress.com/>

A program of

- Center for Bioethics, University of Pennsylvania

<http://www.bioethics.upenn.edu/>

- The Wistar Institute Vaccine Center

<http://www.wistar.org/vaccinecenter/default.html>

- Children's Hospital of Philadelphia, Vaccine Education Center

<http://www.chop.edu/consumer/jsp/microsite/microsite.jsp>

*This weekly summary targets news and events in global vaccines ethics and policy gathered from key governmental, NGO and industry sources, key journals and other sources. This summary supports ongoing initiatives of the Center for Vaccine Ethics & Policy, and is not intended to be exhaustive in its coverage. Vaccines: The Week in Review is now also posted in pdf form and as a set of blog posts at <http://centerforvaccineethicsandpolicy.wordpress.com/>. This blog allows full-texting searching of some 2,000 content items.*

*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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)*

**The Bill & Melinda Gates Foundation announced that Dr. Christopher Elias, currently president and CEO of PATH, has been named president of the foundation's Global Development Program.** Bill Gates, co-chair of the foundation, said, "We are very pleased that Chris is joining the foundation to lead our global development work. His leadership at PATH and long history in health and development will enhance our ability to deliver innovative solutions to some of the world's biggest challenges." The announcement noted that Dr. Elias "will help lead the foundation's efforts to support people in developing countries to overcome hunger, poverty, and disease. He will focus on the innovative and integrated delivery of interventions, while overseeing an expanded portfolio, which will include the foundation's Family Health and Vaccine Delivery strategies along with Global Development's existing work in Agricultural Development, Financial Services for the Poor, Water, Sanitation & Hygiene, and Special Initiatives. The foundation's U.S. and Global Libraries Programs will also be combined in the broader portfolio."

<http://www.prnewswire.com/news-releases/gates-foundation-names-dr-christopher-elias-to-lead-expanded-global-development-program-132933048.html>

**WHO's Executive Board ended a three-day special session with Member States "expressing strong support for WHO's work and reaching agreement on broad proposals for reform, which aim to better position WHO to improve health outcomes, create a greater coherence in global health and exercise its leadership functions as a more efficient, effective and transparent organization."** WHO Executive Board Chair Rahhal El Makkaoui commented, "We organized this meeting to discuss the key elements of the proposed reforms. Our discussions have been positive. These are ambitious reforms, designed to build on the Organization's already strong foundations and better equip it to respond to public health challenges in the 21st century." The Board said it welcomed many of the proposals put forward by Member States and the Director-General, including "agreement that WHO's five core areas of work should concentrate on health development, health security, strengthening health systems and institutions, generating evidence on health trends and determinants, and convening for better health." The Board "emphasized the intergovernmental nature of WHO and its unique mandate as the directing and coordinating authority for work in global public health. In addition, they welcomed proposals to strengthen the governance of WHO, improve financing of the Organization, strengthen country offices, facilitate collaboration across the Organization, improve human resource policies, and increase accountability, to better measure the impact of health investments on health outcomes within countries."

The WHO announcement of the meeting noted that the Board "...repeatedly echoed the value of WHO's unique mandate as the directing and coordinating authority for work in international health and agreed to proposals which include:

- developing criteria for priority setting of WHO's work in global public health;
- engaging an increasing number of public health actors, including foundations, civil society organizations, partnerships and the private sector. The Board felt strongly that in any opportunity for engagement, WHO's independence and integrity must be protected from undue influence by those with vested interests;
- establishing a contingency fund for the work of WHO in public health emergencies;
- clarifying of roles and responsibilities between the three levels of the WHO – country offices, regional offices and headquarters – to create a tightly networked, leaner and streamlined Organization;
- developing an approach to independent evaluation.

The Board "expressed full confidence in the Director-General to move some reforms forward immediately and granted her authority to take immediate action, requesting a report on results as early as January 2012."

[http://www.who.int/mediacentre/news/notes/2011/eb\\_20111104/en/index.html](http://www.who.int/mediacentre/news/notes/2011/eb_20111104/en/index.html)

<http://new.paho.org/hq/index.php?>

[option=com\\_content&task=view&id=6160&Itemid=1926](http://new.paho.org/hq/index.php?option=com_content&task=view&id=6160&Itemid=1926)

## **Speeches: WHO Director-General Dr Margaret Chan addresses WHO Executive Board special session on WHO reform**

### **- Opening address**

1 November 2011

In the Opening Address, Dr, Chan noted that the proposal for a World Health Forum to be held in November 2012 "...received little support. Therefore we will not pursue this any further."

[http://www.who.int/dg/speeches/2011/who\\_reform\\_01\\_11/en/index.html](http://www.who.int/dg/speeches/2011/who_reform_01_11/en/index.html)

**- Introductory remarks on programmes and priority setting at the Executive Board special session on WHO reform**

1 November 2011

[http://www.who.int/dg/speeches/2011/reform\\_priorities\\_01\\_11/en/index.html](http://www.who.int/dg/speeches/2011/reform_priorities_01_11/en/index.html)

The **Weekly Epidemiological Record (WER) for 4 November 2011**, vol. 86, 45 (pp 497–508) includes: Global monitoring of antiviral resistance in currently circulating human influenza viruses, November 2011; Progress towards eradicating poliomyelitis: India, January 2010–September 2011

<http://www.who.int/entity/wer/2011/wer8645.pdf>

The **MMWR for November 4, 2011** / Vol. 60 / No. 43 includes:

- [World Pneumonia Day --- November 12, 2011](#)
- [Invasive Pneumococcal Disease and 13-Valent Pneumococcal Conjugate Vaccine \(PCV13\) Coverage Among Children Aged ≤59 Months --- Selected U.S. Regions, 2010--2011](#)
- [Progress Toward Poliomyelitis Eradication --- India, January 2010--September 2011](#)

***Twitter Watch***

A selection of items of interest from a variety of twitter feeds associated with immunization, vaccines and global public health. This capture is highly selective and by no means intended to be exhaustive.

[Eurovaccine](#) ECDC Eurovaccine

RT [@ECDC\\_EU](#): Sanitation, health education and [#vaccination](#) strategies essential to reduce [#cholera](#), Dr Grazia Marta Caleo at [#ESCAIDE](#)

[PIH](#) Partners In Health

New report: Social Justice in the [#OECD](#) – How Do the Member States Compare? [ow.ly/7jurY](http://ow.ly/7jurY) via [@BertelsmannFdn](#)

[DofVC](#) DoV Collaboration

Nov12 is World Pneumonia Day. More than one million young lives can be saved annually with vaccines and antibiotics [#WPD2011](#)  
[4 Nov](#)

[sabinvaccine](#) Sabin Vaccine Inst.

Have you stopped by the [@sabinvaccine](#) blog to check out the mini-series about [#dengue](#) & DVI? [@preventdengue](#)  
[4 Nov](#)

### ***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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)

### **Annals of Internal Medicine**

November 1, 2011; 155 (9)

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

[No relevant content]

### **British Medical Bulletin**

Volume 99 Issue 1 September 2011

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

[Reviewed earlier; No relevant content]

### **British Medical Journal**

5 November 2011 Volume 343, Issue 7830

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

#### ***Editorial***

#### **The RTS,S malaria vaccine**

[Christopher J M Whitty](#), professor of international health

1London School of Hygiene and Tropical Medicine, London WC1B 7HT, UK

#### ***Extract***

Represents scientific progress, but the public health role is not yet clear

The initial results of the phase III clinical trial for RTS,S—currently the leading malaria vaccine candidate—were recently announced, 1 amid international media coverage suggesting that the vaccine could avert millions of deaths and bring the eradication of malaria closer. 2 3 The large well conducted multicentre trial showed a 50% reduction in the incidence of malaria among young children. 1 This is broadly in line with initial phase II data, although hopes raised by the earlier (smaller) study that it might be even more effective in severe cases were not confirmed. 4 5

This is undoubtedly a major scientific achievement, and is the first vaccine against a human parasite that has appreciable clinical effects. Malaria still kills more than 700 000 children in Africa 6—the target population for this vaccine—and reduces the life chances of many more. Scientists involved in the development and testing of this vaccine should

be justifiably proud of their achievement. RTS,S incorporates hepatitis B surface antigens and it also induces good immunity to hepatitis B. 7  
The future impact of this vaccine—which is likely to be licensed by the end of 2015—on public health is however more difficult to assess. Although these are only ...

### **Cost Effectiveness and Resource Allocation**

(accessed 7 November 2011)

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

[No new relevant content]

### **Emerging Infectious Diseases**

Volume 17, Number 11—November 2011

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

[Reviewed earlier]

### **Health Affairs**

October 2011; Volume 30, Issue 10

**Theme: Agenda For Fighting Disparities**

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

[Reviewed earlier]

### **Health Economics, Policy and Law**

Volume 6 - Issue 04 - 01 October 2011

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

[Reviewed earlier]

### **Human Vaccines**

Volume 7, Issue 11 November 2011

<http://www.landesbioscience.com/journals/vaccines/toc/volume/7/issue/10/>

#### **Special Focus: Neglected Vaccines - Developing World**

In the current issue we are pleased to present a series of Special Focus Reviews, dedicated to the topic Neglected Vaccines—Developing World. Populations in low-income countries confront a number of illnesses unfamiliar to most Westerners. These neglected tropical diseases (NTDs), also referred to as “poverty diseases”, are responsible for more than 500,000 deaths annually worldwide and millions of serious illnesses. Vaccines offer a promising alternative to standard treatments of NTDs. This Special Focus features eight Review articles discussing recent advances and challenges in vaccine development for buruli ulcer, chagas disease, hookworm infection, leishmaniasis, leprosy, leptospirosis, schistosomiasis and trypanosomiasis

SPECIAL FOCUS REVIEWS

[Advances and hurdles on the way toward a leprosy vaccine](#)

Malcolm S. Duthie, Thomas P. Gillis and Steven G. Reed

[Advances and challenges towards a vaccine against Chagas disease](#)

Israel Quijano-Hernandez and Eric Dumonteil

[Schistosomiasis Vaccines](#)

Afzal A. Siddiqui, Bilal A. Siddiqui and Lisa Ganley-Leal

[Buruli Ulcer](#)

Thorbjorg Einarsdottir and Kris Huygen

[Leishmaniasis](#)

Lukasz Kedzierski

[Recombinant vaccines against Leptospirosis](#)

Odir A. Dellagostin, André A. Grassmann, Daiane D. Hartwig, Samuel R. Félix, Éverton F. da Silva and Alan J. A. McBride

[Vaccination against trypanosomiasis: Can it be done or is the trypanosome truly the ultimate immune destroyer and escape artist?](#)

Florencia La Greca and Stefan Magez

[A history of hookworm vaccine development](#)

Brent Schneider, Amar R. Jariwala, Maria Victoria Periago, Swaroop N. Bose, Peter J. Hotez, David J. Diemert and Jeffrey M. Bethony

### ***Research Paper***

#### **Distribution of rotavirus genotypes causing nosocomial and community-acquired acute gastroenteritis at The Children's Hospital of Philadelphia in the new rotavirus vaccine era**

Volume 7, Issue 11 November 2011

H Fred Clark, Diane Lawley, Daniel DiStefano, Jelle Matthijnssens and Mark J. DiNubile

Background: Introduction of rotavirus vaccines in the United States beginning in 2006 led to a rapid decline in the frequency of acute rotavirus gastroenteritis necessitating medical attention. We examined whether serotype replacement was occurring as a result of vaccine use. Methods: Children with gastroenteritis presenting to CHOP have been tested for rotavirus antigen in the stool. Commencing with the 1999-2000 season, positive specimens were genotyped to establish the G (VP7) and P (VP4) type. Results: In 2009-2010, 4 hospital-acquired and 18 community-acquired cases of rotavirus gastroenteritis were identified at CHOP. For the third consecutive full season since the introduction of rotavirus vaccines, the proportion of annual G3 cases was higher than in the prevaccine era. Although G3 strains caused 50% of the community cases in 2009-10, the absolute number of G3 cases actually dropped from 15 in 2007-08 to 8 and 9 in the 2008-09 and 2009-10 seasons, respectively. P[8] accounted for >90% of cases seen at CHOP in each of the last 3 seasons, including 20/22 (91%) cases during the 2009-10 season. Conclusions: Findings to date provide suggestive but still inconclusive evidence for vaccine-driven serotype replacement. Given the increased proportion of G3 cases in the new vaccine era despite the overall marked reduction in rotavirus gastroenteritis, continued surveillance is prudent.

### ***Research Paper***

#### **Relationship of therapeutic cancer vaccine development to population disease burden and five-year survival**

Volume 7, Issue 11 November 2011

Elias J. Dayoub and Matthew M. Davis

In the United States, therapeutic vaccines may provide considerable benefit to cancer patients. Yet, there has been no assessment of whether vaccines currently in the research and development pipeline reflect the burden of disease and current survival patterns for different malignancies. The authors used data from the National Cancer

Institute, Surveillance Epidemiology and End Results (SEER) database, and clinicaltrials.gov registry to characterize the vaccine development pipeline with respect to 5 measures of disease burden and treatment effectiveness for cancer: annual incidence, annual mortality, five-year survival rate, recent change in five-year survival (1999-2006 vs 1990-1992), and five-year mortality estimate (=annual incidence\*[1 - 5-yr survival rate]). In 2011, the authors identified 231 active clinical trials for therapeutic cancer vaccines. Of these trials, 81 vaccines are currently in Phase I, 140 in Phase II, and 10 vaccines in Phase III. Vaccine trials for melanoma are most common (n=40), followed by breast cancer (34), lung cancer (30), and prostate cancer (22). Correlation analyses revealed that only annual cancer incidence is significantly associated with current therapeutic cancer vaccine trial activity (r=.60; p=.003). Annual mortality, 5-year survival rate and 5-year mortality estimates were not associated with vaccine trial activity. The authors conclude that therapeutic cancer vaccine clinical trials correspond with disease incidence in the U.S., but not with measures of mortality and survival that reflect the effectiveness of currently available treatment modalities. Future development of therapeutic vaccines for cancer may benefit patients more if there is stronger complementarity with other therapeutic options.

### **International Journal of Infectious Diseases**

Volume 15, Issue 11 pp. e731-e806 (November 2011)

<http://www.sciencedirect.com/science/journal/12019712>

[Reviewed earlier; No relevant content]

### **JAMA**

November 2, 2011, Vol 306, No. 17, pp 1829-1940

<http://jama.ama-assn.org/current.dtl>

[No relevant content]

### **Journal of Infectious Diseases**

Volume 204 Issue 11 December 1, 2011

<http://www.journals.uchicago.edu/toc/jid/current>

[Reviewed earlier; No relevant content]

### **The Lancet**

Nov 05, 2011 Volume 378 Number 9803 p1605 – 1676 e3 - 5

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

#### ***Comment***

#### **The Lancet–University of Oslo Commission on Global Governance for Health, in collaboration with the Harvard Global Health Institute**

Ole Petter Ottersen, Julio Frenk, Richard Horton

#### *Preview*

Governance challenges in global health have gained attention in recent years. This increased scrutiny is a welcome recognition of the fact that improving health worldwide is not merely a matter of technical intervention or resource mobilisation, but also

demands credible, legitimate decision-making processes and effective, efficient, and equitable action. The debates around global health governance have usually addressed the governance of the global health system—that is, actors whose primary intent is to improve global health, and the rules, norms, and processes that govern their interaction.

### **Offline: The hypocritic oath**

Richard Horton

#### *Preview*

Key Global Fund donors—led by the US, UK, and Canadian governments—last week tried to destroy a pillar of the Fund's new 5-year strategy, which seeks to open a door to an expanded role for the Fund in maternal, newborn, and child health. It was an astonishing attack against an organisation whose recipient countries and partners want urgently to broaden the Fund's remit beyond the narrow agenda of AIDS, tuberculosis, and malaria. In April, 2010, the Board made a commitment to encourage countries to integrate maternal and child health into their applications for AIDS, TB, and malaria funding.

#### **Correspondence**

##### **Mandating influenza vaccination in health-care workers**

Robert Booy, Harunor Rashid, Jiehui Kevin Yin, Gulam Khandaker, Julie Leask

Like Arthur Caplan (July 23, p 310),<sup>1</sup> we are concerned that influenza vaccination uptake is poor in health-care workers and needs improvement. However, we disagree with Caplan that compulsion is required and assert that programme comprehensiveness is the most important determinant of vaccination uptake in health-care workers.

### **The Lancet Infectious Disease**

Nov 2011 Volume 11 Number 11 p801 - 886

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

[Reviewed earlier; No relevant content]

### **Medical Decision Making (MDM)**

September/October 2011; 31 (5)

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

[Reviewed earlier]

### **Nature**

Volume 479 Number 7371 pp5-144 3 November 2011

[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)

#### **Special issue on neuroscience: The autism enigma**

Diagnoses and research funding are rising, but much about autism remains a puzzle.

Nature seeks some truths.

[The prevalence puzzle: Autism counts](#)

Shifting diagnoses and heightened awareness explain only part of the apparent rise in autism. Scientists are struggling to explain the rest.

Karen Weintraub

[Scientists and autism: When geeks meet](#)



Psychologist Simon Baron-Cohen thinks scientists and engineers could be more likely to have a child with autism. Some researchers say the proof isn't there.

Lizzie Buchen

[Autism's fight for facts: A voice for science](#)

Convinced by the evidence that vaccines do not cause autism, Alison Singer started a research foundation that pledges to put science first.

Meredith Wadman

### **Comment**

[Changing perceptions: The power of autism](#)

Recent data — and personal experience — suggest that autism can be an advantage in some spheres, including science, says Laurent Mottron.

### **Nature Medicine**

October 2011, Volume 17 No 10

<http://www.nature.com/nm/index.html>

[No relevant content]

### **New England Journal of Medicine**

November 3, 2011 Vol. 365 No. 18

<http://content.nejm.org/current.shtml>

[No relevant content]

### **The Pediatric Infectious Disease Journal**

November 2011 - Volume 30 - Issue 11 pp: A7-A8,921-1016,e203-e224

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

[Reviewed earlier; No relevant content]

### **Pediatrics**

November 2011, VOLUME 128 / ISSUE 5

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

#### **Articles**

#### **Multicomponent Interventions to Enhance Influenza Vaccine Delivery to Adolescents**

Lisa M. Gargano, Karen Pazol, Jessica M. Sales, Julia E. Painter, Christopher Morfaw, LaDawna M. Jones, Paul Weiss, James W. Buehler, Dennis L. Murray, Gina M. Wingood, Walter A. Orenstein, Ralph J. DiClemente, and James M. Hughes

Pediatrics 2011; 128:e1092-e1099

#### *Abstract*

**OBJECTIVE:** To compare school- versus provider-based approaches to improving influenza vaccination coverage among adolescents in rural Georgia.

**METHODS:** We used a nonrandomized, 3-armed design: (1) a middle- and high school-based influenza vaccination intervention in 1 county; (2) a provider-based influenza vaccination intervention in a second county; and (3) a standard-of-care condition in a third county. Interventions also included distribution of an educational brochure, school

presentations, and community-based outreach to enhance vaccine knowledge and awareness among adolescents and their parents.

**RESULTS:** During the 2008–2009 influenza season, 70 (19%) of 370 students were vaccinated in the school-based county and 110 (15%) of 736 students were vaccinated in the provider-based county, compared with 71 (8%) of 889 students in the standard-of-care county (risk ratio [RR]<sub>school</sub>: 2.4 [95% confidence interval (CI): 1.7–3.2]; RR<sub>provider</sub>: 1.9 [95% CI: 1.4–2.5]). During 2009–2010, seasonal influenza vaccination coverage was 114 (30.4%) of 375 of students in the school-based county, 122 (16.9%) of 663 of students in the provider-based county, and 131 (15.2%) of 861 students in the standard-of-care county (RR<sub>school</sub>: 2.3 [95% CI: 1.9–2.9]; RR<sub>provider</sub>: 1.2 [95% CI: 0.97–1.5]).

**CONCLUSIONS:** Special efforts to promote influenza vaccination among rural, predominantly black students were associated with increased vaccination coverage. The school-based influenza vaccination intervention was associated with the highest levels of vaccination coverage. This study revealed the efficacy of school-based influenza education to improve vaccination rates among adolescents.

### **Parents' Experiences With and Preferences for Immunization Reminder/Recall Technologies**

Sarah J. Clark, Amy Butchart, Allison Kennedy, and Kevin J. Dombkowski  
Pediatrics 2011; 128:e1100-e1105

#### *Abstract*

**OBJECTIVE:** To describe parents' experiences and preferences regarding the use of different communication modes for immunization reminder/recall messages.

**METHODS:** A cross-sectional, Internet-based survey of a nationally representative sample of parents of children 0 to 17 years of age was performed. Survey items included questions regarding previous receipt of reminder/recall notices; preferences for how to receive notices in the future; recentness of changes to home address, home telephone, cell phone, and e-mail information; child's usual site for immunization; and willingness to register cell phone numbers with the child's immunization provider to receive future cell phone or text messages about immunization.

**RESULTS:** Overall, 31% of parents had ever received an immunization reminder/recall notice, usually by mail. For future immunization messages, approximately one-third of parents preferred mail or calls to the home telephone, 16% preferred e-mail, and 8% preferred calls to a cell phone. More than one-half of parents had maintained the same home address, home telephone number, cell phone number, or e-mail address for the previous 3 years. More than one-half of parents were willing to register their cell phone numbers with their child's usual immunization provider.

**CONCLUSIONS:** Although most parents continue to prefer the traditional modes for immunization reminder/recall messages, 1 in 4 preferred newer technologies, and parents' e-mail and cell phone information was surprisingly stable. More than one-half of the parents were willing to register their cell phone numbers for future immunization messaging via cell phone calls or text messages. Research and implementation efforts might benefit from focusing on this willing population

### **Human Papillomavirus Vaccination Series Initiation and Completion, 2008–2009**

Christina G. Dorell, David Yankey, Tammy A. Santibanez, and Lauri E. Markowitz  
Pediatrics 2011; 128:830-839

#### *Abstract*

**OBJECTIVE:** The goal was to describe factors associated with human papillomavirus (HPV) vaccination series initiation ( $\geq 1$  dose) and completion ( $\geq 3$  doses) and parents' intent to have their daughters vaccinated.

**METHODS:** Data from the 2008 and 2009 National Immunization Survey-Teen were analyzed to estimate HPV vaccination coverage among girls 13 to 17 years of age ( $N = 18\,228$ ) and to examine associations of vaccination coverage with demographic characteristics.

**RESULTS:** Overall, 40.5% of girls had received  $\geq 1$  HPV vaccine dose, and 53.3% of those girls completed the series. Factors independently associated with vaccination initiation included older age, having an 11- to 12-year preventive visit, insurance status, mother's age and marital status, not receiving all vaccines at public facilities, and provider recommendation, which was the factor most strongly associated with initiation (prevalence ratio: 2.6 [95% confidence interval: 2.4–2.9]). Compared with white girls (60.4%), black (46.0%) and Hispanic (40.3%) girls were less likely to complete the series. Lack of knowledge of the vaccine (19.4%), vaccination was not needed (18.8%), the daughter was not sexually active (18.3%), and a provider did not recommend (13.1%) were the most common reasons for parents' nonintent to have their daughters vaccinated.

**CONCLUSIONS:** Although HPV vaccine coverage rates are increasing, they are still below target levels. Recommendations by providers to adolescent patients and parents likely would improve vaccine uptake. Parental education regarding disease risks and benefits of HPV vaccination before exposure is needed to promote vaccine uptake.

### **Alternative Vaccination Schedule Preferences Among Parents of Young Children**

Amanda F. Dempsey, Sarah Schaffer, Dianne Singer, Amy Butchart, Matthew Davis, and Gary L. Freed

*Pediatrics* 2011; 128:848-856

#### *Abstract*

**OBJECTIVE:** Increasing numbers of parents use alternative vaccination schedules that differ from the recommended childhood vaccination schedule for their children. We sought to describe national patterns of alternative vaccination schedule use and the potential "malleability" of parents' current vaccination schedule choices.

**METHODS:** We performed a cross-sectional, Internet-based survey of a nationally representative sample of parents of children 6 months to 6 years of age. Bivariate and multivariate analyses determined associations between demographic and attitudinal factors and alternative vaccination schedule use.

**RESULTS:** The response rate was 61% ( $N = 748$ ). Of the 13% of parents who reported following an alternative vaccination schedule, most refused only certain vaccines (53%) and/or delayed some vaccines until the child was older (55%). Only 17% reported refusing all vaccines. In multivariate models, nonblack race and not having a regular health care provider for the child were the only factors significantly associated with higher odds of using an alternative schedule. A large proportion of alternative vaccinators (30%) reported having initially followed the recommended vaccination schedule. Among parents following the recommended vaccination schedule, 28% thought that delaying vaccine doses was safer than the schedule they used, and 22% disagreed that the best vaccination schedule to follow was the one recommended by vaccination experts.

CONCLUSIONS: More than 1 of 10 parents of young children currently use an alternative vaccination schedule. In addition, a large proportion of parents currently following the recommended schedule seem to be "at risk" for switching to an alternative schedule.

### **Pharmacoeconomics**

November 1, 2011 - Volume 29 - Issue 11 pp: 913-1009

<http://adisonline.com/pharmacoeconomics/pages/currenttoc.aspx>

[Reviewed earlier]

### **PLoS One**

[Accessed 7 November 2011]

<http://www.plosone.org/article/browse.action;jsessionid=577FD8B9E1F322DAA533C413369CD6F3.ambra01?field=date>

### **Corruption Kills: Estimating the Global Impact of Corruption on Children Deaths**

Matthieu Hanf, Astrid Van-Melle, Florence Fraisse, Amaury Roger, Bernard Carne, Mathieu Nacher

Research Article, published 02 Nov 2011 10.1371/journal.pone.0026990

#### *Abstract*

#### Background

Information on the global risk factors of children mortality is crucial to guide global efforts to improve survival. Corruption has been previously shown to significantly impact on child mortality. However no recent quantification of its current impact is available.

#### Methods

The impact of corruption was assessed through crude Pearson's correlation, univariate and multivariate linear models coupling national under-five mortality rates in 2008 to the national "perceived level of corruption" (CPI) and a large set of adjustment variables measured during the same period.

#### Findings

The final multivariable model (adjusted R<sup>2</sup> = 0.89) included the following significant variables: percentage of people with improved sanitation (p.value<0.001), logarithm of total health expenditure (p.value = 0.006), Corruption Perception Index (p.value<0.001), presence of an arid climate on the national territory (p = 0.006), and the dependency ratio (p.value<0.001). A decrease in CPI of one point (i.e. a more important perceived corruption) was associated with an increase in the log of national under-five mortality rate of 0.0644. According to this result, it could be roughly hypothesized that more than 140000 annual children deaths could be indirectly attributed to corruption.

#### Interpretations

Global response to children mortality must involve a necessary increase in funds available to develop water and sanitation access and purchase new methods for prevention, management, and treatment of major diseases drawing the global pattern of children deaths. However without paying regard to the anti-corruption mechanisms needed to ensure their proper use, it will also provide further opportunity for corruption. Policies and interventions supported by governments and donors must integrate initiatives that recognise how they are inter-related.

## **PLoS Medicine**

(Accessed 7 November 2011)

<http://www.plosmedicine.org/article/browse.action?field=date>

### **Priorities for Research on Equity and Health: Towards an Equity-Focused Health Research Agenda**

Piroska Östlin, Ted Schrecker, Ritu Sadana, Josiane Bonnefoy, Lucy Gilson, Clyde Hertzman, Michael P. Kelly, Tord Kjellstrom, Ronald Labonté, Olle Lundberg, Carles Muntaner, Jennie Popay, Gita Sen, Ziba Vaghri Policy Forum, published 01 Nov 2011  
doi:10.1371/journal.pmed.1001115

#### *Summary Points*

- Based on extensive review of global evidence, the recommendations of the WHO Commission on Social Determinants of Health highlight the need for strengthening research on health equity with a focus on social determinants of health.
- To do so requires a paradigm shift that explicitly addresses social, political, and economic processes that influence population health; this shift is under way and complements existing research in medicine, the life sciences, and public health.
- Reflecting further synthesis and stakeholder consultations, an agenda for future research on health equity is outlined in four distinct yet interrelated areas: (1) global factors and processes that affect health equity; (2) structures and processes that differentially affect people's chances to be healthy within a given society; (3) health system factors that affect health equity; and (4) policies and interventions to reduce health inequity.
- Influencing regional and national research priorities on equity and health and their implementation requires joint efforts towards creating a critical mass of researchers, expanding collaborations and networks, and refining norms and standards, with WHO having an important role given recent mandates.

## **Proceedings of the National Academy of Sciences of the United States of America**

(Accessed 7 November 2011)

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

[No new relevant content]

## **Science**

4 November 2011 vol 334, issue 6056, pages 553-728

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

### ***News & Analysis - Bioterror Research***

#### **Panel Endorses Anthrax Vaccine Study in Children**

[Jennifer Couzin-Frankel](#)

Should children be enrolled in a clinical trial of the anthrax vaccine, which is almost certain not to help them and may harm them? Or should the U.S. government gamble and wait for a possible attack before exposing children to the vaccine for the very first time? Last week, the full National Biodefense Science Board voted 12–1 in favor of a trial assuming its ethics are approved by a review board, saying that it was too uneasy

to risk a mass science experiment on thousands of children after a bioterror strike, even if some consider that possibility remote.

**Science Translational Medicine**

2 November 2011 vol 3, issue 107

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

***Focus - Virus-Associated Disease***

**Epstein-Barr Virus: An Important Vaccine Target for Cancer Prevention**

Jeffrey I. Cohen, Anthony S. Fauci, Harold Varmus, and Gary J. Nabel

2 November 2011: 107fs7

*Abstract*

Participants at the February 2011 meeting at the U.S. National Institutes of Health on Epstein-Barr virus (EBV) vaccine research recommend that future clinical trials have two goals: prevention of infectious mononucleosis and EBV-associated cancers, facilitated by identification of disease-predictive surrogate markers.

**Tropical Medicine & International Health**

November 2011 Volume 16, Issue 11 Pages 1353–1464

[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1365-3156/currentissue](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-3156/currentissue)

[Reviewed earlier; No relevant content]

**Vaccine**

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

Volume 29, Issue 49 pp. 9123-9288 (15 November 2011)

[Reviewed last week]

**Value in Health**

November 2011, Vol. 14, No. 7

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

[No relevant content]