

Center for Vaccine Ethics and Policy

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Vaccines: The Week in Review 20 April 2013 Center for Vaccine Ethics & Policy (CVEP)

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

Comments and suggestions should be directed to

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WHO: World Immunization Week 2013

"...World Immunization Week starts 20 April with its call to "Protect your world, get vaccinated" and a range of activities in some 180 countries to help immunize more children against preventable diseases.

"We have seen some major advances in the development and delivery of vaccines in the past few years," said Dr Flavia Bustreo, Assistant Director-General at WHO. "But many countries still face obstacles in getting life-saving vaccines to every child who needs them."

Many countries encounter serious challenges in vaccine supply and logistics, from inability to keep vaccines at the correct temperature, to record keeping which enables community health workers to ensure the right vaccines reach the children who need them.

Inefficient health and delivery systems threaten access, availability, quality – and health outcomes....

World Immunization Week, with its call to "Protect your world, get vaccinated" is an opportunity to raise global awareness of the health benefits of vaccination. Governments, development partners, international organizations, manufacturers, health professionals, academia, civil society, communities and individuals come together in 180 countries to promote the goal of universal immunization coverage – and to overcome challenges to achieving it.

Different geographical regions emphasize different themes to adapt to their specific needs. In World Immunization Week 2013 the regional focus is as follows:

- Africa: Save lives, Prevent disabilities, Vaccinate!
- The Americas: Vaccination, a shared responsibility.
- Eastern Mediterranean: Stop measles now!
- Europe: Protect. Prevent. Immunize.
- South-East Asia: Intensification of routine immunization.

- Western Pacific: Finish the job – No more measles for anyone.

http://www.who.int/mediacentre/news/releases/2013/world_immunization_week_20130418/en/index.html

WHO: Global Alert and Response (GAR) – *Disease Outbreak News*

http://www.who.int/csr/don/2013_03_12/en/index.html

Human infection with avian influenza A(H7N9) virus in China – update 19 April 2013

Excerpt

The National Health and Family Planning Commission of China notified WHO of an additional four laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus from Jiangsu 1 (0) and Zhejiang 3 (0). No additional death has been reported...

...To date, there are a total of 91 laboratory confirmed human cases with influenza A(H7N9) virus including seventeen fatalities in China reported from four Provinces: Anhui 3 (1), Henan 3 (0), Jiangsu 22 (3) and Zhejiang 30 (2) and two Municipalities: Beijing 1 (0) and Shanghai 32 (11). Currently, 67 patients are hospitalized and seven have been discharged.

So far, there is no evidence of ongoing human-to-human transmission.

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

At the invitation of the National Health and Family Planning Commission of China, WHO has convened a team of experts who will visit areas affected by avian influenza A(H7N9) in China in order to provide recommendations on the prevention and control of the disease. For more information, please see:

[**Transcript of the media briefing by Dr Michael O’Leary, WHO Representative in China: Situation update on avian influenza A\(H7N9\) in China**](#)

Excerpt

...JOURNALIST: I’m from China Radio International. Two questions. One, on Tuesday, Hong Kong Health Organization said that this might be a limited human-to-human transmission; do you have any comments on this? And the second question, it was reported before that this team will go to the bird market in Shanghai, where else are they going? Like labs or hospital?

DR MICHAEL O’LEARY: Yes, sure. About limited person-to-person transmission, I mentioned that these clusters are under investigations. It’s not usual even when a virus primarily is transmitting from animal-to-human, to have some rare or occasional cases, of very close contacts, coming down with the virus as well. That’s happened in H5N1 for example. But that’s a very different situation from easy and sustained transmission. And that’s what we do not see in this case. It’s not unexpected that if a person is sick and maybe receiving very close care, from a very close contact, that once in a while, it will pass to the other person, but this is not the same as sustained human-to-human transmissions. So, that’s what we are very alert for, because this becomes a different situation if the virus were to change in a way that enabled human-to-human transmission. Still, that’s not the case, we hope that will never be the case. But that’s what we watch for. Other question about where was the team visiting. Yes, bird markets, although as you know, the live bird markets in Shanghai have been closed. So there won’t be a lot to see. But the team is also on schedule to visit hospitals and other sites that have been the focus of the infection.

JOURNALIST: From BBC News. Could please just tell me, to be clear, what do you think the risks are in this outbreak? How serious do you think it is? You mentioned the concern about human-to-human, but what is the biggest concern to you?

DR MICHAEL O'LEARY: So, you know if the virus remains a primarily animal virus, then the risks to humans, would be expected, I think, to remain rare and sporadic, just as they have been. You know, this is a different virus from H5N1. It may ultimately act differently, but H5N1 has been the case 16 years and is still just the occasional, sporadic case, because it's effectively an animal virus that once in a while, manages to jump to a human. So the situation changes, as I say, if the virus changes in a way that human-to-human transmission is possible, that's a separate change from the one that has taken place already. You know, we can't predict, there's no way to predict, but it would really require now a separate mutation from the one we've seen, because there isn't any evidence of that happening so far...

WHO: Human infection with influenza A(H7N9) virus: updates

WHO has enhanced its reporting on A(H7N9) and is issuing risk assessments and other information as below:

- **Weekly report: 16 April 2013** - [Report 2 - data in WHO/HQ as of 16 April 2013, 13:26 GMT+1 pdf, 464kb](#)

Number of confirmed human cases for avian influenza A(H7N9) reported to WHO: geographical location; cumulative number; epidemiological curve.

- [Standardization of the influenza A\(H7N9\) virus terminology as of 16 April 2013 pdf, 92kb](#)

The **MMWR Weekly for April 19, 2013** / Vol. 62 / No. 15 includes:

- [Announcements: World Malaria Day — April 25, 2013](#)

- [Announcements: National Infant Immunization Week — April 20–27, 2013](#)

The **Weekly Epidemiological Record (WER) for 19 April 2013**, vol. 88, 16 (pp. 161–172) includes:

- Rolling out and scaling up integrated preventive chemotherapy for selected neglected tropical diseases

- Performance of acute flaccid paralysis (AFP) surveillance and incidence of poliomyelitis, 2012
<http://www.who.int/entity/wer/2013/wer8816.pdf>

Update: Polio this week - As of 17 April 2013

Global Polio Eradication Initiative

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

[Editor's extract and bolded text]

- It has been 12 months since Asia reported its last case due to wild poliovirus type 3 (WPV3). The last case on the continent occurred on 18 April 2012 in Khyber Agency, Federally Administered Tribal Area (FATA), Pakistan. Globally, WPV3 transmission is at its lowest levels ever recorded. Over the past six months, only one case due to this strain was reported worldwide (from Yobe, Nigeria, with onset of paralysis on 10 November 2012).

- A Global Vaccine Summit will be held on 24-25 April in Abu Dhabi, United Arab Emirates (UAE), hosted by the Crown Prince of Abu Dhabi, Bill Gates and the UN General-Secretary. The Summit will endorse the critical role that vaccines and immunization play in saving lives and protecting children from preventable diseases such as polio. The Summit is held during World Immunization Week and will continue the momentum of the Decade of Vaccines – a vision and commitment to reach all people with the vaccines they need.

Afghanistan

- One new circulating vaccine-derived poliovirus type 2 (cVDPV2) case was reported in the past week, bringing the total number of cVDPV2 cases in 2013 to three. It is the most recent cVDPV2 case in the country, and had onset of paralysis on 13 March (from Kandahar).

Nigeria

- One new WPV case was reported in the past week (WPV1 from Yobe, onset of paralysis on 5 March), bringing the total number of WPV cases for 2013 to 12. This is the most recent WPV case in the country.

Horn of Africa

- No new cases were reported in the past week. The most recent case was a cVDPV2 case from Somalia, with onset of paralysis on 9 January 2013.

- Outbreak response is continuing in various parts of the Horn of Africa, in response to the ongoing cVDPV2 outbreak in south-central Somalia. Somalia conducted subnational activities on 26-29 March, and South Sudan conducted campaigns on 19-22 March. Further activities are planned in the second half of April.

- Outcomes from a recently-conducted surveillance review in high-risk areas of Somalia indicate overall good surveillance. Subnational gaps in surveillance remain in Mogadishu and inaccessible areas of south-central Somalia and undetected circulation in those areas cannot be ruled out. - - Recommendations for further strengthening subnational surveillance were put forward, including activating a number of additional surveillance sites.

- Recognizing the risks associated with the cVDPV2 in south-central Somalia, an emergency action plan for this area is being implemented. Strategies are focusing on further boosting population immunity levels in accessible, polio-free areas of Somalia, and setting up vaccination posts in areas bordering inaccessible areas to immunize all populations entering/leaving such areas (including targeting older age groups). Assessments of high-risk areas and populations continue to be conducted, which help drive strategic approaches such as mapping chronic conflict-areas and major population movement routes. Local-level access negotiations have intensified, to increase access to populations in inaccessible areas.

- As a result of these efforts, access to populations is being achieved for the first time in three years in key areas of south-central Somalia in 2013.

- In border areas with Kenya (on both sides of the border), efforts are also focusing on strengthening population immunity levels to minimize the risk and consequences of further international spread of the outbreak.

- The Horn of Africa TAG is scheduled to meet on 30 April to 1 May in Nairobi, Kenya, to review the status of polio eradication activities and impact in the region.

WHO - Humanitarian Health Action

<http://www.who.int/hac/en/index.html>

No updates published

UNICEF: Political support crucial to reach 'the fifth child' with vaccines

Media Release - 19 April 2013

Excerpt

"...One and a half million children would not have died in 2011 had they been immunized, according to UNICEF at the start of World Immunization Week. But one in five children is not being reached with vital vaccines due to social or geographical exclusion, lack of resources, weak health systems or conflicts such as those raging today in Syria and parts of West Africa... In 2011, however, 22.4 million children were not immunized – an increase of over one million from the preceding year.

UNICEF is concerned that global efforts to vaccinate every child are plateauing as funding falls and political will stagnates. In 2011, only 152 out of 193 World Health Organization member states had dedicated budget lines for immunization.

Inequalities persist within and between countries. Children from wealthy families have the greatest access to the best health services in any given country, and they enjoy the highest rates of immunization coverage.

Unless disparities are addressed every last child cannot be immunized, says UNICEF. At the same time, investment in routine immunization as part of improved health care systems will benefit all children – thus further reducing inequities. To do so, governments have to provide sufficient funding and innovation should be encouraged – such as the recent introduction of vaccines against pneumonia and diarrhoea.

And, most importantly, unwavering political support is needed to extend the benefits of vaccines to children living in the poorest families and the most remote communities.

UNICEF's unique position

UNICEF procures vaccines that reach 36 per cent of the world's children. In 2012, UNICEF procured almost 1.9 billion doses of vaccine and over 500 million syringes. As the largest buyer of vaccines in the world, UNICEF works to keep vaccine prices at levels that low- and middle-income countries can afford. UNICEF and its partners supported immunization programmes in over 100 countries last year..."

http://www.unicef.org/media/media_68809.html

WHO: Immunization Coverage

Fact sheet 378 April 2013

Excerpt

Key facts

- Immunization prevents illness, disability and death from vaccine-preventable diseases including diphtheria, measles, pertussis, pneumonia, polio, rotavirus diarrhoea, rubella and tetanus.
- Global vaccination coverage is holding steady.
- Immunization currently averts an estimated 2 to 3 million deaths every year.
- But an estimated 22 million infants worldwide are still missing out on basic vaccines.

Overview

...Current levels of access to recommended vaccines

- **Haemophilus influenzae type b (Hib)** causes meningitis and pneumonia. Hib vaccine was introduced in 177 countries by the end of 2011. Global coverage with three doses of Hib vaccine is estimated at 43%.

- **Hepatitis B** is a viral infection that attacks the liver. Hepatitis B vaccine for infants had been introduced nationwide in 180 countries by the end of 2011. Global hepatitis B vaccine coverage is estimated at 75%.

- **Human papillomavirus** — the most common viral infection of the reproductive tract — can cause cervical cancer, and other types of cancer and genital warts in both men and women. Human papillomavirus vaccine was introduced in 43 countries by the end of 2011.

- **Measles** is a highly contagious disease caused by a virus, which usually results in a high fever and rash, and can lead to blindness, encephalitis or death. By the end of 2011, 84% of children had received one dose of measles vaccine by their second birthday, and 141 countries had included a second dose as part of routine immunization.

- **Meningitis A** is an infection that can cause severe brain damage and is often deadly. By the end of 2012—two years after its introduction—the MenAfriVac vaccine, developed by WHO and PATH, was available in 10 of the 26 African countries affected by the disease.

- **Mumps** is a highly contagious virus that causes painful swelling at the side of the face under the ears (the parotid glands), fever, headache and muscle aches. It can lead to viral meningitis. Mumps vaccine had been introduced nationwide in 120 countries by the end of 2011.

- **Pneumococcal** diseases include pneumonia, meningitis and febrile bacteraemia, as well as otitis media, sinusitis and bronchitis. Pneumococcal vaccine had been introduced in 72 countries by the end of 2011.

- **Polio** is a highly infectious viral disease that can cause irreversible paralysis. In 2011, 84% of infants around the world received three doses of polio vaccine. Only three countries—Afghanistan, Nigeria and Pakistan—remain polio-endemic.

- Rotaviruses are the most common cause of severe diarrhoeal disease in young children throughout the world. Rotavirus vaccine was introduced in 31 countries by the end of 2011.

- **Rubella** is a viral disease which is usually mild in children, but infection during early pregnancy may cause fetal death or congenital rubella syndrome, which can lead to defects of the brain, heart, eyes and ears. Rubella vaccine was introduced nationwide in 130 countries by the end of 2011.

- **Tetanus** is caused by a bacterium which grows in the absence of oxygen, e.g. in dirty wounds or in the umbilical cord if it is not kept clean. It produces a toxin which can cause serious complications or death. The vaccine to prevent maternal and neonatal tetanus had been introduced in over 100 countries by the end of 2011. Vaccination coverage with at least two doses was estimated at 70%, and an estimated 82% of newborns were protected through immunization. Maternal and neonatal tetanus persist as public health problems in 36 countries, mainly in Africa and Asia.

- **Yellow fever** is an acute viral haemorrhagic disease transmitted by infected mosquitoes. As of 2011, yellow fever vaccine had been introduced in routine infant immunization programmes in 36 of the 48 countries and territories at risk for yellow fever in Africa and the Americas.

Key challenges

Despite improvements in global vaccine coverage during the past decade, there continue to be regional and local disparities resulting from:

- limited resources;
- competing health priorities;
- poor management of health systems; and
- inadequate monitoring and supervision.

In 2011, an estimated 22 million infants worldwide were not reached with routine immunization services. About half of them live in three countries: India, Indonesia and Nigeria.

Priority needs to be given to strengthening routine vaccination globally, especially in the countries that are home to the highest number of unvaccinated children. Particular efforts are needed to reach the underserved, especially those in remote areas, in deprived urban settings, in fragile states and strife-torn regions.

WHO response

WHO is working with countries and partners to improve global vaccination coverage, including through these initiatives adopted by the World Health Assembly in May 2012.

The Global Vaccine Action Plan

The Global Vaccine Action Plan (GVAP) is a roadmap to prevent millions of deaths through more equitable access to vaccines. Countries are aiming to achieve vaccination coverage of $\geq 90\%$ nationally and $\geq 80\%$ in every district by 2020. While the GVAP should accelerate control of all vaccine-preventable diseases, polio eradication is set as the first milestone. It also aims to spur research and development for the next generation of vaccines.

The plan was developed by multiple stakeholders—UN agencies, governments, global agencies, development partners, health professionals, academics, manufacturers and civil society. WHO is leading efforts to support regions and countries as they adapt the GVAP for implementation...

<http://www.who.int/mediacentre/factsheets/fs378/en/index.html>

WHO: Prequalification to make high-quality, safe and affordable vaccines

Feature article

April 2013

http://www.who.int/features/2013/vaccine_prequalification/en/index.html

Excerpt

WHO's vaccine prequalification programme ensures that the vaccines received by two thirds of the world's babies are high-quality, safe and affordable.

Every year, more than 2.5 billion doses of vaccines are used globally to immunize children under 10 years old. Immunization is key to protecting children from many deadly diseases, including polio, measles, diphtheria, and tetanus. But it only works if vaccine quality and safety can be assured and consistent, and it can only be carried out if vaccines are affordable. So in 1987, WHO introduced a vaccine prequalification programme, initially as a service to UNICEF and other UN purchasing agencies. Today, that programme is the only one in the world to facilitate international harmonization of vaccine production standards...

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

Vaccines: 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

Workshop Summary: *Perspectives on Research with H5N1 Avian Influenza: Scientific Inquiry, Communication, Controversy*

When, in late 2011, it became public knowledge that two research groups had submitted for publication manuscripts that reported on their work on mammalian transmissibility of a lethal H5N1 avian influenza strain, the information caused an international debate about the appropriateness and communication of the researchers' work, the risks associated with the work, partial or complete censorship of scientific publications, and dual-use research of concern in general.

Recognizing that the H5N1 research is only the most recent scientific activity subject to widespread attention due to safety and security concerns, on May 1, 2012, the National Research Council's Committee on Science, Technology and Law, in conjunction with the Board on Life Sciences and the Institute of Medicine's Forum on Microbial Threats, convened a one-day public workshop for the purposes of 1) discussing the H5N1 controversy; 2) considering responses by the National Institute of Allergy and Infectious Diseases (NIAID), which had funded this research, the World Health Organization, the U.S. National Science Advisory Board for Biosecurity (NSABB), scientific publishers, and members of the international research community; and 3) providing a forum wherein the concerns and interests of the broader community of stakeholders, including policy makers, biosafety and biosecurity experts, non-governmental organizations, international organizations, and the general public might be articulated.

Full text [html]: http://www.nap.edu/catalog.php?record_id=18255&utm_medium=email&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+04.16.13&utm_content=&utm_term=#toc

Details and pdf: http://www.nap.edu/catalog.php?record_id=18255&utm_medium=email&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+04.16.13&utm_content=&utm_term=

Meeting: *Countering the Problem of Falsified and Substandard Drugs*

Center for Strategic and International Studies

Monday, April 29, 2013 1:00 – 2:30 PM

<http://smartglobalhealth.org/IOMdrugs>

This event will feature an expert discussion on the findings and recommendations of The Institute of Medicine's recently released report titled "Countering the Problem of Falsified and Substandard Drugs." Commissioned by the U.S. Food and Drug Administration, this report "raises important, indeed frightening, concerns about the quality and reliability of medicines around the world. The problem of illegitimate drugs has significant and sometimes tragic consequences in the U.S. and other developed nations, as well as in low- and middle-income countries that often have weaker capacities...."

Journal Watch

Vaccines: 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

American Journal of Infection Control

Vol 41 | No. 4 | April 2013 | Pages 285-388

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

[Reviewed earlier]

American Journal of Public Health

Volume 103, Issue 5 (May 2013)

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

[No relevant content]

Annals of Internal Medicine

16 April 2013, Vol. 158. No. 8

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

[No relevant content]

BMC Public Health

(Accessed 20 April 2013)

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

Research article

Age-appropriate vaccination against measles and DPT-3 in India - closing the gaps

Niyi Awofeso, Anu Rammohan, Kazi Iqbal BMC Public Health 2013, 13:358 (17 April 2013)

Abstract (provisional)

Background

In 2010, India accounted for 65,500 (47%) of the 139,300 measles-related deaths that occurred globally. Data on the quality of age-appropriate measles vaccination in rural India is sparse. We explored the following issues: (i) What proportion of Indian children were appropriately vaccinated against measles at 9 months of age, and DPT-3 at 4 months? (ii) Which health facilities administered measles vaccine to children prior to 9 months of age and DPT-3 prior to 14 weeks?

Methods

We analyzed data from the 2008 Indian District Level Health Survey (DLHS-3) to determine the extent of age-appropriate measles and DPT-3 vaccinations. Among 192,969 households in the dataset, vaccination cards with detailed records were available for 18,670 children aged between 12 and 23 months.

Results

Among this cohort, 72.4% (13,511 infants) had received the first dose of measles vaccine. Only 30% of vaccinated infants received the measles vaccine at the recommended age of 9 months. Similarly, only 31% of infants in the cohort received DPT-3 vaccine at the recommended age of 14 weeks. About 82% of all prematurely vaccinated children were vaccinated at health sub-centres, ICDS and Pulse Polio centres.

Conclusions

Age-inappropriate vaccination impacts adversely on the effectiveness of India's measles immunisation program due to sub-optimal seroconversion, if premature, and increased vulnerability to vaccine preventable diseases, if delayed. Capacity building approaches to improve age-appropriate vaccination are discussed.

Provisional pdf: <http://www.biomedcentral.com/content/pdf/1471-2458-13-358.pdf>

Research article

Understanding the school community's response to school closures during the H1N1 2009 influenza pandemic

Annette Braunack-Mayer, Rebecca Tooher, Joanne E Collins, Jackie M Street, Helen Marshall
BMC Public Health 2013, 13:344 (15 April 2013)

Abstract (provisional)

Background

During the 2009 H1N1 influenza pandemic, Australian public health officials closed schools as a strategy to mitigate the spread of the infection. This article examines school communities' understanding of, and participation in, school closures and the beliefs and values which underpinned school responses to the closures.

Methods

We interviewed four school principals, 25 staff, 14 parents and 13 students in five schools in one Australian city which were either fully or partially closed during the 2009 H1N1 pandemic.

Results

Drawing on Thompson et al's ethical framework for pandemic planning, we show that considerable variation existed between and within schools in their attention to ethical processes and values. In all schools, health officials and school leaders were strongly committed to providing high quality care for members of the school community. There was variation in the extent to which information was shared openly and transparently, the degree to which school community members considered themselves participants in decision-making, and the responsiveness of decision-makers to the changing situation. Reservations were expressed about the need for closures and quarantine and there was a lack of understanding of the rationale for the closures. All schools displayed a strong duty of care toward those in need, although school communities had a broader view of care than that of the public health officials. Similarly, there was a clear understanding of and commitment to protect the public from harm and to demonstrate responsible stewardship.

Conclusions

We conclude that school closures during an influenza pandemic represent both a challenge for public health officials and a litmus test for the level of trust in public officials, government and the school as institution. In our study, trust was the foundation upon which effective responses to the school closure were built. Trust relations within the school were the basis on which different values and beliefs were used to develop and justify the practices and strategies in response to the pandemic.

Provisional pdf: <http://www.biomedcentral.com/content/pdf/1471-2458-13-344.pdf>

British Medical Bulletin

Volume 105 Issue 1 March 2013

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

[Reviewed earlier]

British Medical Journal

20 April 2013 (Vol 346, Issue 7904)

<http://www.bmj.com/content/346/7904>

Editorials

[Rotavirus vaccine: a welcome addition to the immunisation schedule in the UK](#)

BMJ 2013;346:f2347 (Published 15 April 2013)

Bulletin of the World Health Organization

Volume 91, Number 4, April 2013, 237-312

<http://www.who.int/bulletin/volumes/91/4/en/index.html>

[Reviewed earlier]

Clinical Therapeutics

Vol 35 | No. 4 | April 2013 | Pages 351-540

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

Editorial

Showcasing Pharmaceutical Economics, Outcomes, and Health Policy: An Update in Clinical Therapeutics

Denys T. Lau, PhD

<http://www.clinicaltherapeutics.com/article/S0149-2918%2813%2900108-2/fulltext>

Excerpt

Sound scientific evidence is in demand as part of health care decision making to demonstrate the effectiveness, quality, and safety of health care services, particularly pharmacotherapies, in real-world, routine clinical settings. As health care spending continues to rise, empirical analyses of costs and the relative value of treatment alternatives have gained prominence in informing prescribing and reimbursement decisions, while scrutiny over their analytical approaches for scientific rigor also has increased. In light of the continuing need for better evidence-based medicine, this special issue of Clinical Therapeutics showcases a collection of diverse, yet related, articles addressing the current state and future issues on pharmaceutical economics, treatment utilization, health outcomes, and drug-related health policy.

Despite the abundance of published health economic evaluations in recent decades, the International Society of Pharmacoeconomics and Outcomes Research Task Force on Quality Improvement in Cost-Effectiveness Research (chaired by Don Husereau) has found no guidelines, requirements, or checklists on health economic research. Along with several other peer-reviewed scientific journals, Clinical Therapeutics is co-publishing the society's task force report on the Consolidated Health Economic Evaluation Reporting Standards, a checklist and explanatory guidance document that is intended to help improve the reporting of health economic evaluations. ([10.1016/j.clinthera.2013.03.003](https://doi.org/10.1016/j.clinthera.2013.03.003))...

Comparative-Effectiveness Research to Aid Population Decision Making by Relating Clinical Outcomes and Quality-Adjusted Life Years

Jonathan D. Campbell, PhD, Judy Zerzan, MD, MPH; Louis P. Garrison Jr., PhD; Anne M. Libby, PhD

<http://www.clinicaltherapeutics.com/article/S0149-2918%2813%2900067-2/abstract>

Abstract

Background

Comparative-effectiveness research (CER) at the population level is missing standardized approaches to quantify and weigh interventions in terms of their clinical risks, benefits, and uncertainty.

Objectives

We proposed an adapted CER framework for population decision making, provided example displays of the outputs, and discussed the implications for population decision makers.

Methods

Building on decision-analytical modeling but excluding cost, we proposed a 2-step approach to CER that explicitly compared interventions in terms of clinical risks and benefits and linked this evidence to the quality-adjusted life year (QALY). The first step was a traditional intervention-specific evidence synthesis of risks and benefits. The second step was a decision-analytical model to simulate intervention-specific progression of disease over an appropriate time. The output was the ability to compare and quantitatively link clinical outcomes with QALYs.

Conclusions

The outputs from these CER models include clinical risks, benefits, and QALYs over flexible and relevant time horizons. This approach yields an explicit, structured, and consistent quantitative framework to weigh all relevant clinical measures. Population decision makers can use this modeling framework and QALYs to aid in their judgment of the individual and collective risks and benefits of the alternatives over time. Future research should study effective communication of these domains for stakeholders.

Cost Effectiveness and Resource Allocation

(Accessed 20 April 2013)

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

[No new relevant content]

Current Opinion in Infectious Diseases.

April 2013 - Volume 26 - Issue 2 pp: vii-vii,107-211

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

[Reviewed earlier; No relevant content]

Development in Practice

Volume 23, Issue 2, 2013

<http://www.tandfonline.com/toc/cdip20/current>

[No relevant content]

Emerging Infectious Diseases

Volume 19, Number 4—April 2013

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

[Reviewed earlier]

Eurosurveillance

Volume 18, Issue 16, 18 April 2013

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

Rapid communications

[Guiding outbreak management by the use of influenza A\(H7Nx\) virus sequence analysis](#)

by M Jonges, A Meijer, RA Fouchier, G Koch, J Li, JC Pan, H Chen, YL Shu, MP Koopmans
[Specific detection by real-time reverse-transcription PCR assays of a novel avian influenza A\(H7N9\) strain associated with human spillover infections in China](#)
by VM Corman, M Eickmann, O Landt, T Bleicker, S Brünink, M Eschbach-Bludau, M Matrosovich, S Becker, C Drosten

Forum for Development Studies

Volume 40, Issue 1, 2013

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

[Reviewed earlier]

Global Health Governance

[Volume VI, Issue 1: Fall 2012](#)

– December 31, 2012

[Reviewed earlier]

Globalization and Health

[Accessed 20 April 2013]

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

Research

['BRICS without straw'? A systematic literature review of newly emerging economies' influence in global health](#)

Harmer A, Xiao Y, Missoni E and Tediosi F Globalization and Health 2013, 9:15 (15 April 2013)

Abstract (provisional)

Background

Since 2010, five newly emerging economies collectively known as 'BRICS' (Brazil, India, Russia, China and South Africa) have caught the imagination, and scholarly attention, of political scientists, economists and development specialists. The prospect of a unified geopolitical bloc, consciously seeking to re-frame international (and global) health development with a new set of ideas and values, has also, if belatedly, begun to attract the attention of the global health community. But what influence, if any, do the BRICS wield in global health, and, if they do wield influence, how has that influence been conceptualized and recorded in the literature?

Provisional pdf: <http://www.globalizationandhealth.com/content/pdf/1744-8603-9-15.pdf>

Health Affairs

April 2013; Volume 32, Issue 4

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

Theme: The 'Triple Aim' Goes Global

[Reviewed earlier; No specific relevant content on vaccines/immunization]

Health and Human Rights

Vol 14, No 2 (2012)

<http://hhrjournal.org/index.php/hhr>

[Reviewed earlier]

Health Economics, Policy and Law

Volume 8 - Issue 02 - April 2013

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

[Reviewed earlier]

Health Policy and Planning

Volume 28 Issue 2 March 2013

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

[Reviewed earlier; No relevant content]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 9, Issue 4 April 2013

<http://www.landesbioscience.com/journals/vaccines/toc/volume/9/issue/4/>

Issue Theme: Novel Vaccines

[Reviewed earlier]

Infectious Diseases of Poverty

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

[Accessed 20 April 2013]

[No new relevant content]

International Journal of Epidemiology

Volume 42 Issue 2 April 2013

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

[Reviewed earlier]

International Journal of Infectious Diseases

Vol 17 | No. 5 | May 2013

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

[No relevant content]

JAMA

April 17, 2013, Vol 309, No. 15

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

[No relevant content]

JAMA Pediatrics

April 2013, Vol 167, No. 4

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

[Reviewed earlier; No relevant content]

Journal of Community Health

Volume 38, Issue 2, April 2013

<http://link.springer.com/journal/10900/38/2/page/1>

[Reviewed earlier; No relevant content]

Journal of Health Organization and Management

Volume 27 issue 2 - Published: 2013

<http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest>

[Reviewed earlier; No relevant content]

Journal of Infectious Diseases

Volume 207 Issue 10 May 15, 2013

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

[No relevant content]

Journal of Global Infectious Diseases (JGID)

January-March 2013 Volume 5 | Issue 1 Page Nos. 1-36

<http://www.jgid.org/currentissue.asp?sabs=n>

[Reviewed earlier; No relevant content]

Journal of Medical Ethics

April 2013, Volume 39, Issue 4

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

[Reviewed earlier]

Journal of Medical Microbiology

May 2013; 62 (Pt 5)

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

[No relevant content]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 2 Issue 1 March 2013

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

[Reviewed earlier]

Journal of Pediatrics

April 2013, Vol. 162, No. 4

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

[Reviewed earlier]

Journal of Virology

May 2013, volume 87, issue 9

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

[Reviewed earlier]

The Lancet

Apr 20, 2013 Volume 381 Number 9875 p1333 – 1430 e9

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

Editorial

From SARS to H7N9: will history repeat itself?

The Lancet

Preview

China will never forget the epidemic of severe acute respiratory syndrome (SARS), for which it paid such a heavy and painful price a decade ago. According to WHO, from Nov 1, 2002, to July 31, 2003, 648 of the 7082 probable cases of SARS in mainland China and Hong Kong died. Many of the patients were front-line health workers. At that time, in the wake of its initial negative response to SARS, as well as proof of its fragmented and ineffective public health system, the Chinese Government's international reputation and domestic credibility were seriously damaged.

The Global Fund: "a historic opportunity"

The Lancet

Preview

At a donor conference on April 9–10 in Brussels, Belgium, the Global Fund to Fight AIDS, Tuberculosis and Malaria presented a compelling case for funding the organisation to not only tackle these diseases but also to accelerate gains against them. The message was simple—increased funding now could dramatically alter the course of these diseases, and eventually bring them under control thanks to recent advances in science, falling treatment costs, and implementation know-how.

Series - Childhood Pneumonia and Diarrhoea

Global burden of childhood pneumonia and diarrhoea

Christa L Fischer Walker, Igor Rudan, Li Liu, Harish Nair, Evropi Theodoratou, Zulfiqar A Bhutta, Katherine L O'Brien, Harry Campbell, Robert E Black

[Preview](#) |

Diarrhoea and pneumonia are the leading infectious causes of childhood morbidity and mortality. We comprehensively reviewed the epidemiology of childhood diarrhoea and pneumonia in 2010–11 to inform the planning of integrated control programmes for both illnesses. We estimated that, in 2010, there were 1·731 billion episodes of diarrhoea (36 million

of which progressed to severe episodes) and 120 million episodes of pneumonia (14 million of which progressed to severe episodes) in children younger than 5 years.

Series - Childhood Pneumonia and Diarrhoea

Interventions to address deaths from childhood pneumonia and diarrhoea equitably: what works and at what cost?

Zulfiqar A Bhutta, Jai K Das, Neff Walker, Arjumand Rizvi, Harry Campbell, Igor Rudan, Robert E Black, for The Lancet Diarrhoea and Pneumonia Interventions Study Group

[Preview](#) |

Global mortality in children younger than 5 years has fallen substantially in the past two decades from more than 12 million in 1990, to 6.9 million in 2011, but progress is inconsistent between countries. Pneumonia and diarrhoea are the two leading causes of death in this age group and have overlapping risk factors. Several interventions can effectively address these problems, but are not available to those in need. We systematically reviewed evidence showing the effectiveness of various potential preventive and therapeutic interventions against childhood diarrhoea and pneumonia, and relevant delivery strategies.

The changing epidemiology of malaria elimination: new strategies for new challenges

[Chris Cotter](#) MPH [a](#), [Hugh JW Sturrock](#) PhD [a](#), [Michelle S Hsiang](#) MD [a](#), [Jenny Liu](#) PhD [a](#), [Allison A Phillips](#) BA [a](#), [Jimee Hwang](#) MD [a](#), [Cara Smith Gueye](#) MPH [a](#), [Nancy Fullman](#) MPH [a](#), [Roly D Gosling](#) MD [a](#), Prof Sir [Richard GA Feachem](#) DSc[Med] [a](#)

Summary

Malaria-eliminating countries achieved remarkable success in reducing their malaria burdens between 2000 and 2010. As a result, the epidemiology of malaria in these settings has become more complex. Malaria is increasingly imported, caused by *Plasmodium vivax* in settings outside sub-Saharan Africa, and clustered in small geographical areas or clustered demographically into subpopulations, which are often predominantly adult men, with shared social, behavioural, and geographical risk characteristics. The shift in the populations most at risk of malaria raises important questions for malaria-eliminating countries, since traditional control interventions are likely to be less effective. Approaches to elimination need to be aligned with these changes through the development and adoption of novel strategies and methods. Knowledge of the changing epidemiological trends of malaria in the eliminating countries will ensure improved targeting of interventions to continue to shrink the malaria map.

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2960310-4/fulltext>

The Lancet Infectious Diseases

Apr 2013 Volume 13 Number 4 p277 - 376

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

[Reviewed earlier]

Medical Decision Making (MDM)

April 2013; 33 (3)

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

Special Issue: Health Technology Assessment to Inform Policy

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

March 2013 Volume 91, Issue 1 Pages 1–218

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2013.91.issue-1/issuetoc>

[Reviewed earlier]

Medical Surveillance Monthly Report (MSMR)

March 2013 - Volume 20 / Number 03

http://www.afhsc.mil/viewMSMR?file=2013/v20_n02.pdf#Page=01

[Reviewed earlier]

Nature

Volume 496 Number 7445 pp269-392 18 April 2013

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

Public health: Polio's moving target

Ewen Callaway

Finding and vaccinating Nigerian nomads may be one of the last obstacles to the eradication of polio.

Nature | Letter

The global distribution and burden of dengue

[Samir Bhatt](#), [Peter W. Gething](#), [Oliver J. Brady](#), [Jane P. Messina](#), [Andrew W. Farlow](#), [Catherine L. Moyes](#), [John M. Drake](#), [John S. Brownstein](#), [Anne G. Hoen](#), [Osman Sankoh](#), [Monica F. Myers](#), [Dylan B. George](#), [Thomas Jaenisch](#), [G. R. William Wint](#), [Cameron P. Simmons](#), [Thomas W. Scott](#), [Jeremy J. Farrar](#) & [Simon I. Hay](#)

[Affiliations](#)

Published online 07 April 2013

Abstract

Dengue is a systemic viral infection transmitted between humans by *Aedes* mosquitoes¹. For some patients, dengue is a life-threatening illness². There are currently no licensed vaccines or specific therapeutics, and substantial vector control efforts have not stopped its rapid emergence and global spread³. The contemporary worldwide distribution of the risk of dengue virus infection⁴ and its public health burden are poorly known^{2, 5}. Here we undertake an exhaustive assembly of known records of dengue occurrence worldwide, and use a formal modelling framework to map the global distribution of dengue risk. We then pair the resulting risk map with detailed longitudinal information from dengue cohort studies and population surfaces to infer the public health burden of dengue in 2010. We predict dengue to be ubiquitous throughout the tropics, with local spatial variations in risk influenced strongly by rainfall, temperature and the degree of urbanization. Using cartographic approaches, we estimate there to be 390 million (95% credible interval 284–528) dengue infections per year, of which 96 million (67–136) manifest apparently (any level of clinical or subclinical severity). This infection total is more than three times the dengue burden estimate of the World Health Organization². Stratification of our estimates by country allows comparison with national dengue reporting, after taking into account the probability of an apparent infection being formally reported. The most notable differences are discussed. These new risk maps and infection estimates provide novel insights into the global, regional and national public health burden imposed by dengue. We anticipate that they will provide a starting point for a wider

discussion about the global impact of this disease and will help to guide improvements in disease control strategies using vaccine, drug and vector control methods, and in their economic evaluation.

Nature Immunology

May 2013, Volume 14 No 5 pp415-522

<http://www.nature.com/ni/journal/v14/n5/index.html>

Understanding immunosenescence to improve responses to vaccines

Jörg J Goronzy & Cornelia M Weyand

Published online 18 April 2013

[Author information](#)

Abstract

In the older adult, the benefits of vaccination to prevent infectious disease are limited, mainly because of the adaptive immune system's inability to generate protective immunity. The age-dependent decrease in immunological competence, often referred to as 'immunosenescence', results from the progressive deterioration of innate and adaptive immune responses. Most insights into mechanisms of immunological aging have been derived from studies of mouse models. In this Review, we explore how well such models are applicable to understanding the aging process throughout the 80–100 years of human life and discuss recent advances in identifying and characterizing the mechanisms that underlie age-associated defective adaptive immunity in humans.

Nature Medicine

April 2013, Volume 19 No 4 pp379-505

<http://www.nature.com/nm/journal/v19/n4/index.html>

[Reviewed earlier]

Nature Reviews Immunology

April 2013 Vol 13 No 4

<http://www.nature.com/nri/journal/v13/n4/index.html>

[Reviewed earlier; No relevant content]

New England Journal of Medicine

April 18, 2013 Vol. 368 No. 16

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

[No relevant content]

OMICS: A Journal of Integrative Biology

April 2013, 17(4)

<http://online.liebertpub.com/toc/omi/17/4>

[No relevant content]

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

March 2013 Vol. 33, No. 3

http://www.paho.org/journal/index.php?option=com_content&task=view&id=122&Itemid=222

[Reviewed earlier]

The Pediatric Infectious Disease Journal

April 2013 - Volume 32 - Issue 4 pp: A15-A16,307-429,e128-e181

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

[Reviewed earlier]

Pediatrics

April 2013, VOLUME 131 / ISSUE 4

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

[Reviewed earlier]

Pharmaceutics

Volume 5, Issue 1 (March 2013)

<http://www.mdpi.com/1999-4923/5/1>

[Reviewed earlier]

Pharmacoeconomics

Volume 31, Issue 4, April 2013

<http://link.springer.com/journal/40273/31/4/page/1>

[Reviewed earlier]

PLoS One

[Accessed 20 April 2013]

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

[No relevant content]

PLoS Medicine

(Accessed 20 April 2013)

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

[No relevant content]

PLoS Neglected Tropical Diseases

March 2013

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

[Reviewed earlier]

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

(Accessed 20 April 2013)

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

[No new relevant content]

Public Health Ethics

Volume 6 Issue 1 April 2013

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

[Reviewed earlier]

Qualitative Health Research

May 2013; 23 (5)

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

[Reviewed earlier]

Risk Analysis

April 2013 Volume 33, Issue 4 Pages 505–749

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-4/issuetoc>

Special Issue Theme: Poliovirus Eradication

[Reviewed earlier]

Science

19 April 2013 vol 340, issue 6130, pages 237-396

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

[No relevant content]

Science Translational Medicine

17 April 2013 vol 5, issue 181

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

Commentary

HEALTH POLICY

Systems and Capacity to Address Noncommunicable Diseases in Low- and Middle-Income Countries

Mohammed K. Ali^{1,*}, Cristina Rabadán-Diehl², John Flanigan³, Claire Blanchard⁴,

K. M. Venkat Narayan¹ and Michael E Engelgau

Abstract

Noncommunicable diseases (NCDs) are increasingly getting attention from different forums, including media outlets, health agencies, and the public and private sectors. Progress is being made in addressing NCDs, though more slowly in low- and middle-income countries (LMICs) as compared with high-income settings. Here, we offer an analysis of the challenges faced in LMICs. We discuss realistic strategies to understand and develop capacity needs (workforce,

finances, and infrastructure) and systems (institutions and processes) to sustainably optimize NCD prevention and care in LMICs.

Social Science & Medicine

Volume 82, Pages 1-164 (April 2013)

<http://www.sciencedirect.com/science/journal/02779536/82>

[Reviewed earlier]

Vaccine

Volume 31, Issue 19, Pages 2323-2416 (1 May 2013)

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

[Reviewed earlier]

Vaccine

Volume 31, Supplement 2, Pages B1-B250 (18 April 2013)

Decade of Vaccines

18 April 2013

Edited by Pedro L. Alonso, Ciro A. de Quadros and Altaf A. Lal

Foreword

Seth Berkley, Margaret Chan, Christopher Elias, Anthony Fauci, Anthony Lake, Joy Phumaphi

[No abstract]

Editorial

Pages B3-B4

Pedro L. Alonso, Ciro A. de Quadros, Magdalena Robert, Altaf A. Lal

Global Vaccine Action Plan

Pages B5-B31

Vaccine

Volume 31, Supplement 2, Pages B1-B250 (18 April 2013)

Decade of Vaccines

18 April 2013

Commitment to Immunization

Measuring government commitment to vaccination

Review Article

Pages B32-B42

Amanda Glassman, Juan Ignacio Zoloa, Denizhan Duran

Vaccine development and deployment: Opportunities and challenges in India

Review Article

Pages B43-B53

Sanjukta Sen Gupta, G. Balakrish Nair, Narendra Kumar Arora, Nirmal Kumar Ganguly

Vaccine research, development, and innovation in Brazil: A translational science perspective

Review Article

Pages B54-B60

Akira Homma, Amilcar Tanuri, Alberto J.S. Duarte, Ernesto Marques, Alexandre de Almeida, Reinaldo Martins, Jarbas B. Silva-Junior, Cristina Possas

[The estimated mortality impact of vaccinations forecast to be administered during 2011–2020 in 73 countries supported by the GAVI Alliance](#)

Review Article

Pages B61-B72

Lisa A. Lee, Lauren Franzel, Jessica Atwell, S. Deblina Datta, Ingrid K. Friberg, Sue J. Goldie, Susan E. Reef, Nina Schwalbe, Emily Simons, Peter M. Strebel, Steven Sweet, Chutima Suraratdecha, Yvonne Tam, Emilia Vynnycky, Neff Walker, Damian G. Walker, Peter M. Hansen

Vaccine

Volume 31, Supplement 2, Pages B1-B250 (18 April 2013)

Decade of Vaccines

18 April 2013

Value of Immunization

[The imperative for stronger vaccine supply and logistics systems](#)

Review Article

Pages B73-B80

Michel Zaffran, Jos Vandelaer, Debra Kristensen, Bjørn Melgaard, Prashant Yadav, K.O. Antwi-Agyei, Heidi Lasher

[Global support for new vaccine implementation in middle-income countries](#)

Review Article

Pages B81-B96

Miloud Kaddar, Sarah Schmitt, Marty Makinen, Julie Milstien

Vaccine

Volume 31, Supplement 2, Pages B1-B250 (18 April 2013)

Decade of Vaccines

18 April 2013

Equitable Access of Immunization

[Civil society organizations, the implementing partners of the Global Vaccine Action Plan](#)

Review Article

Pages B97-B102

Naveen Thacker, Vipin M. Vashishtha, Joan Awunyo-Akaba, Rozina Farhad Mistry

[Applying an equity lens in the Decade of Vaccines](#)

Review Article

Pages B103-B107

Lara Brearley, Rudi Eggers, Robert Steinglass, Jos Vandelaer

[Effective vaccine safety systems in all countries: A challenge for more equitable access to immunization](#)

Review Article

Pages B108-B114

Ananda Amarasinghe, Steve Black, Jan Bonhoeffer, Sandra M. Deotti Carvalho, Alexander Doodoo, Juhani Eskola, Heidi Larson, Sunheang Shin, Sten Olsson, Madhava Ram Balakrishnan, Ahmed Bellah, Philipp Lambach, Christine Maure, David Wood, Patrick Zuber, Bartholomew Akanmori, Pamela Bravo, María Pombo, Houda Langar, Dina Pfeifer, et al.

Vaccine

Volume 31, Supplement 2, Pages B1-B250 (18 April 2013)

Decade of Vaccines

18 April 2013

Strengthening of Immunization Systems

Moving forward with strengthening routine immunization delivery as part of measles and rubella elimination activities

Review Article

Pages B115-B121

Rebecca Fields, Alya Dabbagh, Manish Jain, Karan Singh Sagar

New vaccine introductions: Assessing the impact and the opportunities for immunization and health systems strengthening

Review Article

Pages B122-B128

Susan A. Wang, Terri B. Hyde, Sandra Mounier-Jack, Logan Brenzel, Michael Favin, W. Scott Gordon, Jessica C. Shearer, Carsten F. Mantel, Narendra Arora, David Durrheim

The need for targeted implementation research to improve coverage of basic vaccines and introduction of new vaccines

Review Article

Pages B129-B136

Narendra K. Arora, Altaf A. Lal, Joachim M. Hombach, Jose I. Santos, Zulfiqar A. Bhutta, Samba O. Sow, Brian Greenwood

Vaccine

Volume 31, Supplement 2, Pages B1-B250 (18 April 2013)

Decade of Vaccines

18 April 2013

Sustainable Funding for Immunization

Projections of costs, financing, and additional resource requirements for low- and lower middle-income country immunization programs over the decade, 2011–2020

Review Article

Pages B137-B148

Gian Gandhi, Patrick Lydon, Santiago Cornejo, Logan Brenzel, Sandra Wrobel, Hugh Chang

Enabling implementation of the Global Vaccine Action Plan: Developing investment cases to achieve targets for measles and rubella prevention

Review Article

Pages B149-B156

Kimberly M. Thompson, Peter M. Strebel, Alya Dabbagh, Thomas Cherian, Stephen L. Cochi

Vaccine

Volume 31, Supplement 2, Pages B1-B250 (18 April 2013)

Decade of Vaccines

18 April 2013

Innovation in Vaccines and Immunization

Strategies to advance vaccine technologies for resource-poor settings

Review Article

Pages B157-B162

Debra Kristensen, Dexiang Chen

A global regulatory science agenda for vaccines

Review Article

Pages B163-B175

Lindsay Elmgren, Xuguang Li, Carolyn Wilson, Robert Ball, Junzhi Wang, Klaus Cichutek, Michael Pfliederer, Atsushi Kato, Marco Cavaleri, James Southern, Teeranart Jivapaisarnpong, Philip Minor, Elwyn Griffiths, Yeowon Sohn, David Wood

[**Developing Countries Vaccine Manufacturers Network: Doing good by making high-quality vaccines affordable for all**](#)

Review Article

Pages B176-B183

Sonia Pagliusi, Luciana C.C. Leite, Mahima Datla, Morena Makhoana, Yongzhong Gao, Mahendra Suhardono, Suresh Jadhav, Gutla V.J.A. Harshavardhan, Akira Homma

[**Delivering the promise of the Decade of Vaccines: Opportunities and challenges in the development of high quality new vaccines**](#)

Review Article

Pages B184-B193

Jacqueline A. Keith, Laetitia Agostini Bigger, Phyllis A. Arthur, Edith Maes, Rutger Daems

Vaccine

Volume 31, Supplement 2, Pages B1-B250 (18 April 2013)

Decade of Vaccines

18 April 2013

Case Studies

[**The need and challenges for development of an Epstein-Barr virus vaccine**](#)

Review Article

Pages B194-B196

Jeffrey I. Cohen, Edward S. Mocarski, Nancy Raab-Traub, Lawrence Corey, Gary J. Nabel

[**Desirability and feasibility of a vaccine against cytomegalovirus**](#)

Review Article

Pages B197-B203

Paul Griffiths, Stanley Plotkin, Edward Mocarski, Robert Pass, Mark Schleiss, Philip Krause, Stephanie Bialek

[**Accelerating the development of a safe and effective HIV vaccine: HIV vaccine case study for the Decade of Vaccines**](#)

Review Article

Pages B204-B208

Wayne C. Koff, Nina D. Russell, Mark Walport, Mark B. Feinberg, John W. Shiver, Salim Abdool Karim, Bruce D. Walker, Margaret G. McGlynn, Chidi Victor Nweneka, Gary J. Nabel

[**Strategic priorities for respiratory syncytial virus \(RSV\) vaccine development**](#)

Review Article

Pages B209-B215

L.J. Anderson, P.R. Dormitzer, D.J. Nokes, R. Rappuoli, A. Roca, B.S. Graham

[**Group A streptococcal vaccines: Paving a path for accelerated development**](#)

Review Article

Pages B216-B222

James B. Dale, Vincent A. Fischetti, Jonathan R. Carapetis, Andrew C. Steer, Samba Sow, Rajesh Kumar, Bongani M. Mayosi, Fran A. Rubin, Kim Mulholland, Joachim Maria Hombach, Florian Schödel, Ana Maria Henao-Restrepo

[**Preventive vaccines for tuberculosis**](#)

Review Article

Pages B223-B226

Thomas G. Evans, Michael J. Brennan, Lew Barker, Jelle Thole

[The Human Hookworm Vaccine](#)

Review Article

Pages B227-B232

Peter J. Hotez, David Diemert, Kristina M. Bacon, Coreen Beaumier, Jeffrey M. Bethony, Maria Elena Bottazzi, Simon Brooker, Artur Roberto Couto, Marcos da Silva Freire, Akira Homma, Bruce Y. Lee, Alex Loukas, Marva Loblack, Carlos Medicis Morel, Rodrigo Correa Oliveira, Philip K. Russell

[Malaria vaccine R&D in the Decade of Vaccines: Breakthroughs, challenges and opportunities](#)

Review Article

Pages B233-B243

Ashley J. Birkett, Vasee S. Moorthy, Christian Loucq, Chetan E. Chitnis, David C. Kaslow

[Case study for a vaccine against leishmaniasis](#)

Review Article

Pages B244-B249

Jorge Alvar, Simon L. Croft, Paul Kaye, Ali Khamesipour, Shyam Sundar, Steven G. Reed

Vaccine: Development and Therapy

(Accessed 20 April 2013)

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

[No new relevant content]

Value in Health

Vol 16 | No. 2 | March-April 2013 | Pages 229-452

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

[Reviewed earlier]

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

[PDF] **EVALUATION OF VACCINE WASTAGE IN SURAT**

S Mehta, P Umrigar, P Patel, RK Bansal - Community Med, 2013

www.njcmindia.org/home/download/367

ABSTRACT

Introduction: Vaccine wastage is one of the key factors to be considered with regards to vaccine forecasting and need estimation.

Objective: This study was conducted to assess the amount of vaccine wastage; its correlation with type of vaccine and place of vaccination; with route of administration and wastage and with beneficiaries per session and wastage factor (WF).

Methods and Materials: Session wise data on vaccine usage and its beneficiaries were collected from 36 Urban health centre (UHC) of Surat Municipal Corporation (SMC). Vaccine wastage

rate, vaccine wastage factor were calculated for each type of vaccine and each site of session and correlation analysis was done between the variables beneficiaries per session and wastage factor per session.

Results: The overall wastage factor for BCG vaccine was 1.83, for OPV was 1.33, for DPT was 1.19, for Hepatitis B vaccine was 1.26 and for Measles vaccine was 1.39. The WF was highest for sessions held at ICDS for BCG vaccination (3.38) followed by sessions held at mobile sites for BCG vaccination (2.50). The WF was lowest for sessions held at UHC for DPT vaccination (1.11) followed by sessions held at subcentres for DPT vaccination (1.13) and sessions held at UHC for Hepatitis vaccination (1.13).

Conclusions: BCG vaccine and Measles vaccine had WF greater than the allowable WF 1.33, OPV had WF of 1.33, DPT vaccine and Hepatitis vaccine had WF less than 1.33. WF was less for fixed sites of vaccination like the UHCs and subcentres while the WF was more ICDS and mobile sites.

Differential Profiles and Inhibitory Effect on Rotavirus Vaccines of Non-Antibody Components in Breast Milk from Mothers in Developing and Developed Countries

SS Moon, JE Tate, P Ray, PH Dennehy, D Archary... - *The Pediatric Infectious ...*, 2013
... Abbreviated title: Effect of Breast Milk on Rotavirus Vaccine Running head: Breast Milk and Rotavirus Vaccine 1. Division of Viral Diseases, Centers for Disease Control and Prevention, Atlanta, GA ... rotavirus vaccine we observed. ...

[PDF] GLOBAL PREVALENCE OF DENGUE VIRAL INFECTION, ITS PATHOGENESIS DIAGNOSTIC AND PREVENTIVE APPROACHES

H Zafar, KT Bukhari, GM Lodhi - *Asian J. Agri. Biol.* Vol, 2013

... Reason behind this is the absence of specific tetravalent vaccine and the anti virals. ...
Dengue A

Global Health Problem The absences of specific vaccine and anti viral treatment of DF are the main reasons for making it a global health problem (Hapugoda, 2007; Gathatry, 2009). ...

Media/Policy Watch

Beginning in June 2012, *Vaccines: The Week in Review* expanded 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 of 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.

The Atlantic

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

Accessed 20 April 2013

[No new, unique, relevant content]

BBC

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

Accessed 20 April 2013

[No new, unique, relevant content]

Brookings

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

Accessed 20 April 2013

[No new, unique, relevant content]

Economist

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

Accessed 20 April 2013

Measles

Pox Britannica

The long shadow of a health scare

Apr 20th 2013 | <http://www.economist.com/news/britain/21576449-long-shadow-health-scare-pox-britannica>

UNTIL recently most British doctors had never seen a case of measles. Along with old childhood illnesses such as tetanus and polio, it had almost vanished. Yet in the past few years a series of outbreaks has caused them to dust off their diagnostic manuals (see chart below). The latest is centred on Swansea, in south Wales. As The Economist went to press, at least 765 people there had caught measles since the outbreak began in November. That number seems certain to rise...

Pandemic preparedness

Coming, ready or not

Despite progress, the world is still unprepared for a new pandemic disease

Apr 20th 2013 <http://www.economist.com/news/leaders/21576390-despite-progress-world-still-unprepared-new-pandemic-disease-coming-ready-or-not>

THE threat of a global pandemic is rising again. In China an influenza virus never before seen in people had, as The Economist went to press, infected at least 82 and killed 17. Meanwhile a new type of coronavirus, the family that brought severe acute respiratory syndrome (SARS), is festering in the Middle East. The risk of such an outbreak turning into a pandemic is low, but the danger, if it does, is huge: in 1918 50m-100m people were killed by Spanish flu, compared with 16m in the first world war and 30m so far from AIDS.

Fortunately, the world is better prepared for an outbreak than ever before (see [article](#)). SARS in 2003, the H5N1 bird flu of 2005 and the H1N1 swine flu of 2009 have prompted action. By 2011, 158 countries had pandemic-preparedness plans. America has poured money into the development of new vaccines and antiviral drugs. Researchers have a better understanding of influenza and other risky pathogens. Rapid amplification of DNA segments helps scientists identify viruses quickly. Full genomic sequencing allows them to explore worrying strains. Mathematical models predict where a new disease might emerge and how it might spread...

Financial Times

<http://www.ft.com>

Accessed 20 April 2013

[No new, unique, relevant content]

Forbes

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

Accessed 20 April 2013

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 20 April 2013

[No new, unique, relevant content]

Foreign Policy

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

Accessed 20 April 2013

[No new, unique, relevant content]

The Guardian

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

Accessed 20 April 2013

[No new, unique, relevant content]

The Huffington Post

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

Accessed 20 April 2013

Childhood Immunization Leaves Adults Behind

Michael Hodin

Executive Director, Global Coalition on Aging

http://www.huffingtonpost.com/michael-hodin/childhood-immunization-le_b_3108828.html

The [World Vaccine Congress](#) meets this week for its annual marquee event in Washington D.C.

For an event that is supposed to "tackle the full spectrum of industry concerns," one item is conspicuously missing from their agenda: adult vaccines. As the global population ages, a "life-course approach" to immunization -- one that stresses vaccination in the adult years -- may become one of the great drivers of health and wellness in the 21st century.

The Vaccine Congress isn't alone in missing this point. The global health community has barely begun to recognize how vaccination can enable a healthy, active aging process. This aha! moment had better come soon, because vaccination isn't just good health policy, it's great economic policy. We learned this lesson with childhood vaccination -- which was, to be sure, one of the 20th century's greatest public health victories and economic achievements...

Le Monde

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

Accessed 20 April 2013

[No new, unique, relevant content]

New Yorker

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

Accessed 20 April 2013

[No new, unique, relevant content]

NPR/National Public Radio [U.S.]

[Public Health](#)

Accessed 20 April 2013

[No new, unique, relevant content]

New York Times

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

Accessed 20 April 2013

Sierra Leone's Health Care System Becomes a Cautionary Tale for Donors

By ADAM NOSSITER

Published: April 13, 2013

<http://www.nytimes.com/2013/04/14/world/africa/sierra-leone-graft-charges-imperil-care-and-aid.html?hpw>

"...Last month, the country's 29 top health officials found themselves indicted by Sierra Leone's anticorruption agency on charges of misappropriating a half-million dollars in grants from a global vaccine provider, [GAVI Alliance](#), started by the [Bill & Melinda Gates Foundation](#). The amount may not seem huge in some places, but in Sierra Leone, one of the least developed nations in the world, it looms particularly large, and the list of suspects is stunning..."

Reuters

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

Accessed 20 April 2013

[No new, unique, relevant content]

Wall Street Journal

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

Accessed 20 April 2013

Interview: Bill Gates Talks About Tech Innovations for Vaccines Ahead of Global Confab

Kara Swisher

April 19, 2013 at 12:26 pm PT

<http://allthingsd.com/20130419/interview-bill-gates-talks-about-tech-innovations-for-vaccines-ahead-of-global-confab/?KEYWORDS=vaccine>

Earlier today, Microsoft co-founder Bill Gates discussed technological innovations for vaccines, ahead of a [Global Vaccine Summit](#) being held next week in Abu Dhabi.

Washington Post

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

Accessed 20 April 2013

[No new, unique, relevant content]

Twitter Watch (discontinued...to be re-evaluated in 90 days)

Editor's Note: We continue to follow the twitter feeds of a wide variety of organizations and institutions, but our observation is that twitter is functioning primarily (for our purposes) as a sentinel system, confirming availability of content we already capture for *Vaccines: The Week in Review*. We will continue to use twitter for this purpose and re-evaluate whether *Twitter Watch* can add important value to this weekly digest in 90 days.

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Vaccines: 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 [PATH Vaccine Development Program](#) and the [International Vaccine Institute \(IVI\)](#), and by vaccine industry leaders including GSK, Pfizer, and Sanofi Pasteur U.S. (list in formation), as well as the Developing Countries Vaccine Manufacturers Network ([DCVMN](#)). Support is also provided by a growing list of individuals who use this service to support their roles in public health, clinical practice, government, NGOs and other international institutions, academia and research organizations, and industry.

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