

Center for Vaccine Ethics and Policy

NYU | Wistar Institute | CHOP

Vaccines: The Week in Review **22 June 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

David R. Curry, MS

Editor and

Executive Director

Center for Vaccine Ethics & Policy

david.r.curry@centerforvaccineethicsandpolicy.org

CDC: New study shows HPV vaccine helping lower HPV infection rates in teen girls

Media Release: June 19, 2013

Excerpt

A new study looking at the prevalence of human papillomavirus (HPV) infections in girls and women before and after the introduction of the HPV vaccine shows a significant reduction in vaccine-type HPV in U.S. teens. The study, published in [the June issue of] *The Journal of Infectious Diseases* reveals that since the vaccine was introduced in 2006, vaccine-type HPV prevalence decreased 56 percent among female teenagers 14-19 years of age.

About 79 million Americans, most in their late teens and early 20s, are infected with HPV. Each year, about 14 million people become newly infected.

"This report shows that HPV vaccine works well, and the report should be a wake-up call to our nation to protect the next generation by increasing HPV vaccination rates," said CDC Director Tom Frieden, M.D., M.P.H. "Unfortunately only one third of girls aged 13-17 have been fully vaccinated with HPV vaccine. Countries such as Rwanda have vaccinated more than 80 percent of their teen girls. Our low vaccination rates represent 50,000 preventable tragedies – 50,000 girls alive today will develop cervical cancer over their lifetime that would have been prevented if we reach 80 percent vaccination rates. For every year we delay in doing so, another 4,400 girls will develop cervical cancer in their lifetimes."

According to CDC, each year in the United States, about 19,000 cancers caused by HPV occur in women, and cervical cancer is the most common. About 8,000 cancers caused by HPV occur each year in men in the United States, and oropharyngeal (throat) cancers are the most common.

The study by Dr. Lauri Markowitz and colleagues at the CDC used the National Health and Nutrition Examination Survey (NHANES) data to compare prevalence—or proportion of girls and women aged 14-59 years with certain types of HPV—before the start of the HPV vaccination

program (2003-2006) with the prevalence after vaccine introduction (2007-2010). As expected from clinical trials before the vaccine was licensed, the study also showed that the vaccine is highly effective.

"The decline in vaccine type prevalence is higher than expected and could be due to factors such as to herd immunity, high effectiveness with less than a complete three-dose series and/or changes in sexual behavior we could not measure," said Dr. Markowitz. "This decline is encouraging, given the substantial health and economic burden of HPV-associated disease."

CDC/MMWR Watch

:: [CDC advisory committee recommends an influenza vaccine option for persons with egg allergy - June 20, 2013 - Media Advisory](#) Thursday, June 20, 2013 11:00 AM

:: [CDC Telebriefing on HPV prevalence among young women following HPV vaccination introduction in the United States, NHANES, 2003-2010 - June 19, 2013 - Transcript](#) Wednesday, June 19, 2013 4:00 PM

:: [HPV Vaccination - June 19, 2013 - Digital Press Kit](#) Wednesday, June 19, 2013 1:00 PM

UNICEF said it posted "detailed information on its programme activities and funding" bringing it into compliance with International Aid Transparency Initiative (IATI) standards.

The newly released data is available in the IATI format at <http://www.unicef.org/transparency> and provides details of UNICEF's current work in 128 countries, seven regional office locations and 16 headquarters divisions. This includes allocations for the 2012 programme budget, expenditures by sector and planned programme budget estimates covering the next 5 years. This information will be continually updated and expanded with programme-specific reports and data. UNICEF has also developed and published an Information Disclosure Policy that sets out the corporate policy for making information about programmes and operations available to the public.

http://www.unicef.org/about/legal_disclosure.html

17 June 2013 http://www.unicef.org/media/media_69647.html

The Global Fund said its Board Approved the first grants in a new funding model

"that is dramatically expanding support for countries fighting these infectious diseases." The grants, totalling US\$622 million, are "ready to be implemented (and) embody a new approach to funding, with greater predictability, improved interaction among partners and swifter implementation. The new funding model is designed to make more effective grants, with greater impact, so that more people can benefit from prevention, care and treatment of AIDS, TB and malaria." The Board approved grants for three early applicants: Myanmar, El Salvador and Zimbabwe.

[http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-06-](http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-06-19)

[19 Global Fund Board Approves First Grants under New Approach to Funding/](http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-06-19)

The Biotechnology Industry Organization (BIO) "applauded" passage of H.R. 475 to update the existing excise tax to cover the newest seasonal influenza vaccines

under a no-fault compensation program for those injured by covered vaccines. Currently, the

law which imposes the excise tax on seasonal influenza vaccines applies only to trivalent (3-strain) vaccines, and excludes any non-trivalent vaccines. In February, the FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) selected the appropriate strains for the 2013-14 influenza season, including a fourth strain for quadrivalent vaccines. The first quadrivalent (4-strain) influenza vaccine was approved by the FDA in December 2012 and two other vaccines have been approved since that time. Without coverage by the VICP, the newest vaccines would not be as widely-available as otherwise.

<http://www.businesswire.com/news/home/20130620006005/en/BIO-Praises-Congress-Updating-Vaccine-Injury-Compensation>

Update: Polio this week - As of 19 June 2013

Global Polio Eradication Initiative

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

[Editor's extract and bolded text]

:: Eleven new cases of wild poliovirus were reported in the Horn of Africa this week (the bulk in Somalia). None of the new cases represent breakthrough transmission since outbreak response activities began. See 'Horn of Africa' section for more

Nigeria

:: One new WPV case was reported in the past week (WPV1 from Bauchi), bringing the total number of WPV cases for 2013 to 26. It is the most recent WPV case in the country and had onset of paralysis on 18 May.

Pakistan

:: Two new WPV cases were reported in the past week (WPV1s from Khyber Agency in Federally Administered Tribal Areas – FATA, and from central Punjab), bringing the total number of WPV cases for 2013 to 16. The case from Punjab is the most recent WPV case in the country and had onset of paralysis on 26 May.

Horn of Africa

:: Eleven new WPV cases were reported in the past week (ten WPV1s from Somalia and one WPV1 from Kenya), bringing the total number of WPV1 cases in the region to 25 (19 WPV1s from Somalia and six WPV1s from Kenya). One of the newly-reported cases from Somalia is the most recent, with onset of paralysis on 25 May (from Banadir).

:: Although newly-reported cases are increasing, it is important to note that none of these cases represent breakthrough transmission since outbreak response activities began.

:: However, of concern is that one of the newly-reported cases is from a district in Lower Shabelle region in south-central Somalia where access for supplementary immunization activities (SIAs) has been compromised for the past three years. Surveillance in this area, however, remains functional. As many as 500,000 children in this area are at particular risk of polio at the moment. Efforts are ongoing to operate in this area, and vaccinations are continuing at entry and exit points to build up immunity levels.

:: In Somalia, the third round of outbreak response campaigns is being conducted this week, including in Banadir (which includes Mogadishu), targeting all age groups...

Editor's Note: *We observe that while GPEI's weekly update had consistently included reports of attacks of polio immunization workers wherever they occurred, this reporting has apparently been dropped. We did not encounter any alert or acknowledgement by GPEI of this change and hope a clarification may be issued in a weekly report soon. As we view such incidents as a*

strategic challenge to eradication, we will include reports of such attacks as an addendum to the weekly GPEI report here.

Pakistani militants shoot dead two polio vaccination workers

Murders raise to nearly 20 the number of health workers killed on campaign to help rid Pakistan of endemic disease

Associated Press in Peshawar, Pakistan; The Guardian Sunday 16 June 2013 14.54 EDT

<http://www.guardian.co.uk/world/2013/jun/16/pakistan-militants-kill-health-workers>

Excerpt

Gunmen have killed two anti-polio health workers in north-west Pakistan, police said on Sunday, in the latest violence directed at efforts to eradicate the endemic disease from the country.

Two attackers shot the Pakistani health workers, who were on a vaccination drive in Kandar village, said Swabi district police chief, Mohammad Saeed. The gunmen arrived on foot and later disappeared, he added...

The **Weekly Epidemiological Record (WER) for 21 June 2013**, vol. 88, 25 (pp. 257–260) includes:

:: The "Stop Transmission of Polio (STOP)" programme of the Global Polio Eradication Initiative, 1999–2013

WHO: [Prequalified vaccine: Meningococcal ACYW-135 Polysaccharide \(10 dose vial\)](#)

19 June 2013

Manufacturer: Sanofi Pasteur

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

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

Middle East respiratory syndrome coronavirus (MERS-CoV) – update 17 June 2013

http://www.who.int/csr/don/2013_06_17/en/index.html

Excerpt

The Ministry of Health in Saudi Arabia has announced an additional three laboratory-confirmed cases with Middle East respiratory syndrome coronavirus (MERS-CoV)...Additionally, four previously laboratory-confirmed cases have died.

Globally, from September 2012 to date, WHO has been informed of a total of 64 laboratory-confirmed cases of infection with MERS-CoV, including 38 deaths...

WHO - Humanitarian Health Action

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

No new content.

UN Watch to 22 June 2013

Selected meetings, press releases, and press conferences relevant to immunization, vaccines, infectious diseases, global health, etc. <http://www.un.org/en/unpress/>

No new content.

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

UNHCR: Global Trends Report 2013

New UNHCR report says global forced displacement at 18-year high

19 June 2013

<http://www.unhcr.org/51c071816.html>

Excerpt

GENEVA, 19 June (UNHCR) – More people are refugees or internally displaced than at any time since 1994, with the crisis in Syria having emerged as a major new factor in global displacement...The report shows that as of the end of 2012, more than 45.2 million people were in situations of displacement compared to 42.5 million at the end of 2011. This includes 15.4 million refugees, 937,000 asylum seekers, and 28.8 million people forced to flee within the borders of their own countries. The report does not include the rise in those forced from their homes in Syria during the current year.

War remains the dominant cause. A full 55 percent of all refugees listed in UNHCR's report come from just five war-affected countries: Afghanistan, Somalia, Iraq, Syria and Sudan. The report also charts major new displacement from Mali, in the Democratic Republic of the Congo, and from Sudan into South Sudan and Ethiopia.

"These truly are alarming numbers. They reflect individual suffering on a huge scale and they reflect the difficulties of the international community in preventing conflicts and promoting timely solutions for them," said António Guterres, UN High Commissioner for Refugees and head of UNHCR...

...The Global Trends report is UNHCR's leading annual report on the state of forced displacement. Additional data is published annually in the UN refugee agency's Statistical Yearbooks, and its reports on asylum applications in industrialized nations. The new report, with accompanying multimedia materials, can be downloaded at this web address: <http://unhcr.org/globaltrendsjune2013>

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. 6 | June 2013 | Pages 481-574

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

[Reviewed earlier]

American Journal of Public Health

Volume 103, Issue 7 (July 2013)

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

[Reviewed earlier]

Annals of Internal Medicine

18 June 2013, Vol. 158. No. 12

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

[No relevant content]

BMC Public Health

(Accessed 22 June 2013)

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

Research article

[Investment case for improving maternal and child health: results from four countries](#)

Eliana Jimenez Soto, Sophie La Vincente, Andrew Clark, Sonja Firth, Alison Morgan, Zoe Detrick, Prarthna Dayal, Bernardino M Aldaba, Soewarta Kosen, Aleli D Kraft, Rajashree Panicker, Yogendra Prasai, Laksono Trisnantoro, Beena Varghese, Yulia Widiati

BMC Public Health 2013, 13:601 (21 June 2013)

Abstract (provisional)

Background

Without addressing the constraints specific to disadvantaged populations, national health policies such as universal health coverage risk increasing equity gaps. Health system constraints often have the greatest impact on disadvantaged populations, resulting in poor access to quality health services among vulnerable groups.

Methods

The Investment Cases in Indonesia, Nepal, Philippines, and the state of Orissa in India were implemented to support evidence-based sub-national planning and budgeting for equitable scale-up of quality MNCH services. The Investment Case framework combines the basic setup of strategic problem solving with a decision-support model. The analysis and identification of strategies to scale-up priority MNCH interventions is conducted by in-country planners and policymakers with facilitation from local and international research partners.

Results

Significant variation in scaling-up constraints, strategies, and associated costs were identified between countries and across urban and rural typologies. Community-based strategies have been considered for rural populations served predominantly by public providers, but this analysis suggests that the scaling-up of maternal, newborn, and child health services requires

health system interventions focused on 'getting the basics right'. These include upgrading or building facilities, training and redistribution of staff, better supervision, and strengthening the procurement of essential commodities. Some of these strategies involve substantial early capital expenditure in remote and sparsely populated districts. These supply-side strategies are not only the 'best buys', but also the 'required buys' to ensure the quality of health services as coverage increases. By contrast, such public supply strategies may not be the 'best buys' in densely populated urbanised settings, served by a mix of public and private providers. Instead, robust regulatory and supervisory mechanisms are required to improve the accessibility and quality of services delivered by the private sector. They can lead to important maternal mortality reductions at relatively low costs.

Conclusions

National strategies that do not take into consideration the special circumstances of disadvantaged areas risk disempowering local managers and may lead to a "business-as-usual" acceptance of unreachable goals. To effectively guide health service delivery at a local level, national plans should adopt typologies that reflect the different problems and strategies to scale up key MNCH interventions.

The complete article is available as a [provisional PDF](#). The fully formatted PDF and HTML versions are in production

Research article

[Improving immunisation timeliness in Aboriginal children through personalised calendars](#)

Penelope Abbott, Robert Menzies, Joyce Davison, Louise Moore, Han Wang *BMC Public Health* 2013, 13:598 (20 June 2013)

Abstract (provisional)

Background

Delayed immunisation and vaccine preventable communicable disease remains a significant health issue in Aboriginal children. Strategies to increase immunisation coverage and timeliness can be resource intensive. In a low cost initiative at the Aboriginal Medical Service Western Sydney (AMSWS) in 2008--2009, a trial of personalised calendars to prompt timely childhood immunisation was undertaken.

Methods

Calendars were generated during attendances for early childhood immunisations. They were designed for display in the home and included the due date of the next immunisation, a photo of the child and Aboriginal artwork. In a retrospective cohort design, Australian Childhood Immunisation Register data from AMSWS and non-AMSWS providers were used to determine the delay in immunisation and percentage of immunisations on time in those who received a calendar compared to those who did not. Interviews were undertaken with carers and staff.

Results

Data on 2142 immunisation doses given to 505 children were analysed, utilising pre-intervention (2005--2007) and intervention (2008--2009) periods and a 2 year post-intervention observation period. 113 calendars were distributed (30% of eligible immunisation attendances). Improvements in timeliness were seen at each schedule point for those children who received a calendar. The average delay in those who received a calendar at their previous visit was 0.6 months (95% CI -0.8 to 2.6) after the due date, compared to 3.3 months (95% CI -0.6 to 7.5) in those who did not. 80% of doses were on time in the group who received a calendar at the preceding immunisation, 66% were on time for those who received a calendar at an earlier point and 57% of doses were on time for those who did not receive a calendar ($P < 0.0001$, Cochran-Armitage trend test). Interview data further supported the value and effectiveness of

the calendars as both a prompt to timely immunisations and a community health education project without undue resource implications.

Conclusions

Personalised calendars can increase the timeliness of immunisations in Aboriginal children. This simple, low cost tool appears practicable and effective in an Aboriginal community setting in improving early childhood vaccination timeliness and has high potential for local adaptation to suit the needs of diverse communities.

The complete article is available as a [provisional PDF](#). The fully formatted PDF and HTML versions are in production.

British Medical Bulletin

Volume 106 Issue 1 June 2013

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

[Reviewed earlier; No relevant content]

British Medical Journal

22 June 2013 (Vol 346, Issue 7913)

<http://www.bmj.com/content/346/7913>

Editorial

Restoring the integrity of the clinical trial evidence base

Calling researchers and editors to help restore invisible and abandoned trials

Elizabeth Loder, clinical epidemiology editor [1](#), Fiona Godlee, editor in chief [1](#), Virginia Barbour, chief editor [2](#), Margaret Winker, senior research editor [2](#) VB and MW: on behalf of the PLOS Medicine editors

BMJ 2013; 346 doi: <http://dx.doi.org/10.1136/bmj.f3601> (Published 13 June 2013)

<http://www.bmj.com/content/346/bmj.f3601>

Excerpt

Public confidence in the credibility of medical research is at a low ebb. [1](#) [2](#) [3](#) [4](#) Many completed clinical trials have never been published, and many published results are incomplete or misleading. [5](#) [6](#) [7](#) This crisis of hidden or misreported information from clinical trials—and the resulting distortion of the clinical evidence base—is widely recognized and commonly decried. [8](#) It is one of the leading scientific problems of our time, but few solutions have been put forward.

In a linked Analysis article (doi: [10.1136/bmj.f2865](https://doi.org/10.1136/bmj.f2865)), Doshi and colleagues offer a bold remedy in the form of the RIAT (restoring invisible and abandoned trials) proposal. [9](#) Invisible trials are those that have never been published. Abandoned trials are unpublished trials that sponsors are no longer actively working to publish or published trials that, although documented as misreported, have not been corrected by the authors. Doshi and colleagues declare that, “because abandonment can lead to false conclusions about effectiveness and safety, we believe that it should be tackled through independent publication and republication of trials.” They challenge medical researchers and funding agencies associated with unpublished or misreported trials to swiftly signal their intent to publish or correct these “abandoned” trials and then to act on this within a year. If no such intention is declared, or if a corrective paper has not been published within a year, they propose offering the opportunity to become “restorative authors” to other responsible researchers, who would restore the integrity of the reporting of the trials involved...

[Restoring invisible and abandoned trials: a call for people to publish the findings](#)

BMJ 2013;346:f2865 (Published 13 June 2013)
[Editorial](#); [News](#); [PDF](#); [Permission](#); [Press release](#)

Bulletin of the World Health Organization

Volume 91, Number 6, June 2013, 389-464

<http://www.who.int/bulletin/volumes/91/6/en/index.html>

[Reviewed earlier; No relevant content]

Clinical Therapeutics

Vol 35 | No. 5 | May 2013 | Pages 541-744

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

[Reviewed earlier; No relevant content]

Cost Effectiveness and Resource Allocation

(Accessed 22 June 2013)

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

[No new relevant content]

Current Opinion in Infectious Diseases.

June 2013 - Volume 26 - Issue 3 pp: v-v,213-293

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

[Reviewed earlier]

Development in Practice

[Volume 23](#), Issue 4, 2013

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

[No relevant content]

Emerging Infectious Diseases

Volume 19, Number 7—July 2013

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

[No relevant content]

Eurosurveillance

Volume 18, Issue 25, 20 June 2013

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

[No relevant content]

Forum for Development Studies

Volume 40, Issue 2, 2013

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

[Reviewed earlier; No relevant content]

Global Health Governance

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

– December 31, 2012

[Reviewed earlier]

Globalization and Health

[Accessed 22 June 2013]

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

[No new relevant content]

Health Affairs

June 2013; Volume 32, Issue 6

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

Theme: Medicaid Expansion & Vulnerable Populations

[No specific relevant content on vaccines/immunization]

Health and Human Rights

Volume 15, Issue 1

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

Realizing the Right to Health Through a Framework Convention on Global Health?

[Editorial](#)

Timothy G. Evans

Special Issue Articles

Accountability for realizing the right to health

[Effective access to justice against state and nonstate actors in the Framework Convention on Global Health: A proposal](#)

Martín Hevia, Carlos Herrera Vacaflor

[Global health rights: Employing human rights to develop and implement the Framework Convention on Global Health](#)

Lance Gable and Benjamin Mason Meier

[Respecting the right to access to medicines: Implications of the UN Guiding Principles on Business and Human Rights for the pharmaceutical industry](#)

Suerie Moon

[Traditional/alternative medicines and the right to health: Key elements for a convention on global health](#)

Emmanuel Kabengele Mpinga, Tshimungu Kandolo, Henk Verloo, Ngoyi K. Zacharie Bukonda, Ngianga-Bakwin Kandala, Philippe Chastonay

Global health funding and governance

[Funding global health](#)

Sophie Smyth and Anna Triponel

[Advancing the right to health through global organizations: The potential role of a Framework Convention on Global Health](#)

Eric A. Friedman, Lawrence O. Gostin, Kent Buse

Civil society and social mobilization; choice of a treaty

Kent Buse, Patrick Eba, Jason Sigurdson, Kate Thomson, Susan Timberlake

[Will the struggle for health equity and social justice be best served by a Framework Convention on Global Health?](#)

Leigh Haynes, David Legge, Leslie London, David McCoy, David Sanders, Claudio Schuftan

[Dark sides of the proposed Framework Convention on Global Health's many virtues: A systematic review and critical analysis](#)

Steven J. Hoffman and John-Arne Røttingen

Health Economics, Policy and Law

Volume 8 - Issue 03 - July 2013

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

[No relevant content]

Health Policy and Planning

Volume 28 Issue 3 May 2013

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

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 9, Issue 6 June 2013

<http://www.landesbioscience.com/journals/vaccines/toc/volume/9/issue/6/>

[Reviewed earlier]

Infectious Diseases of Poverty

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

[Accessed 22 June 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. 8 | August 2013

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

[No relevant content]

JAMA

June 19, 2013, Vol 309, No. 23

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

Effects of the Live Attenuated Measles-Mumps-Rubella Booster Vaccination on Disease Activity in Patients With Juvenile Idiopathic Arthritis: A Randomized Trial

Marloes W. Heijstek, MD; Sylvia Kamphuis, MD, PhD; Wineke Armbrust, MD; Joost Swart, MD; Simone Gorter, MD; Lara D. de Vries, MD; Gaby P. Smits, MSc; Pieter G. van Gageldonk, BASc; Guy A. M. Berbers, PhD; Nico M. Wulfraat, MD, PhD

Abstract

Importance The immunogenicity and the effects of live attenuated measles-mumps-rubella (MMR) vaccination on disease activity in patients with juvenile idiopathic arthritis (JIA) are matters of concern, especially in patients treated with immunocompromising therapies.

Objectives To assess whether MMR booster vaccination affects disease activity and to describe MMR booster immunogenicity in patients with JIA.

Design, Setting, and Participants Randomized, multicenter, open-label clinical equivalence trial including 137 patients with JIA aged 4 to 9 years who were recruited from 5 academic hospitals in the Netherlands between May 2008 and July 2011.

Intervention Patients were randomly assigned to receive MMR booster vaccination (n=68) or no vaccination (control group; n=69). Among patients taking biologics, these treatments were discontinued at 5 times their half-lives prior to vaccination.

Main Outcomes and Measures Disease activity as measured by the Juvenile Arthritis Disease Activity Score (JADAS-27), ranging from 0 (no activity) to 57 (high activity). Disease activity in the year following randomization was compared between revaccinated patients and controls using a linear mixed model. A difference in JADAS-27 of 2.0 was the equivalence margin.

Primary immunogenicity outcomes were seroprotection rates and MMR-specific antibody concentrations at 3 and 12 months.

Results Of 137 randomized patients, 131 were analyzed in the modified intention-to-treat analysis, including 60 using methotrexate and 15 using biologics. Disease activity during complete follow-up did not differ between 63 revaccinated patients (JADAS-27, 2.8; 95% CI, 2.1-3.5) and 68 controls (JADAS-27, 2.4; 95% CI, 1.7-3.1), with a difference of 0.4 (95% CI, -0.5 to 1.2), within the equivalence margin of 2.0. At 12 months, seroprotection rates were higher in revaccinated patients vs controls (measles, 100% vs 92% [95% CI, 84%-99%]; mumps, 97% [95% CI, 95%-100%] vs 81% [95% CI, 72%-93%]; and rubella, 100% vs 94% [95% CI, 86%-100%], respectively), as were antibody concentrations against measles (1.63 vs 0.78 IU/mL; $P = .03$), mumps (168 vs 104 RU/mL; $P = .03$), and rubella (69 vs 45 IU/mL; $P = .01$). Methotrexate and biologics did not affect humoral responses, but low patient numbers precluded definite conclusions.

Conclusion and Relevance Among children with JIA who had undergone primary immunization, MMR booster vaccination compared with no booster did not result in worse JIA disease activity and was immunogenic. Larger studies are needed to assess MMR effects in patients using biologic agents.

Trial Registration clinicaltrials.gov Identifier: [NCT00731965](https://clinicaltrials.gov/ct2/show/study/NCT00731965)

JAMA Pediatrics

June 2013, Vol 167, No. 6

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

[Reviewed earlier; No relevant content]

Journal of Community Health

Volume 38, Issue 3, June 2013

<http://link.springer.com/journal/10900/38/3/page/1>

[Reviewed earlier]

Journal of Health Organization and Management

Volume 27 issue 5 - Latest Issue

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

[No relevant content]

Journal of Infectious Diseases

Volume 208 Issue 2 July 15, 2013

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

Phase II and III Clinical Studies of Diphtheria-Tetanus-Acellular Pertussis Vaccine Containing Inactivated Polio Vaccine Derived from Sabin Strains (DTaP-sIPV)

Kenji Okada, Chiaki Miyazaki, Yoichiro Kino, Takao Ozaki, Mizuo Hirose, and Kohji Ueda

J Infect Dis. (2013) 208 (2): 275-283 doi:10.1093/infdis/jit155

<http://jid.oxfordjournals.org/content/208/2/275.abstract>

Abstract

Background. Phase II and III clinical studies were conducted to evaluate immunogenicity and safety of a novel DTaP-IPV vaccine consisting of Sabin inactivated poliovirus vaccine (sIPV) and diphtheria-tetanus-acellular pertussis vaccine (DTaP).

Methods. A Phase II study was conducted in 104 healthy infants using Formulation H of the DTaP-sIPV vaccine containing high-dose sIPV (3, 100, and 100 D-antigen units for types 1, 2, and 3, respectively), and Formulations M and L, containing half and one-fourth of the sIPV in Formulation H, respectively. Each formulation was administered 3 times for primary immunization and once for booster immunization. A Phase III study was conducted in 342 healthy infants who received either Formulation M + oral polio vaccine (OPV) placebo or DTaP + OPV. The OPV or OPV placebo was orally administered twice between primary and booster immunizations.

Results. Formulation M was selected as the optimum dose. In the Phase III study, the seropositive rate was 100% for all Sabin strains after primary immunization, and the neutralizing antibody titer after booster immunization was higher than in the control group (DTaP + OPV). All adverse reactions were clinically acceptable.

Conclusions. DTaP-sIPV was shown to be a safe and immunogenic vaccine.

Clinical Trials Registration. JapicCTI-121902 for Phase II study, JapicCTI-101075 for Phase III study (http://www.clinicaltrials.jp/user/cte_main.jsp).

Journal of Global Infectious Diseases (JGID)

April-June 2013 Volume 5 | Issue 2 Page Nos. 43-90

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

[Reviewed earlier; No relevant content]

Journal of Medical Ethics

July 2013, Volume 39, Issue

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

Issue Theme: The ethics of male circumcision

[No relevant content]

Journal of Medical Microbiology

July 2013; 62 (Pt 7)

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

[No relevant content]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 2 Issue 2 June 2013

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

[Reviewed earlier]

Journal of Pediatrics

Vol 162 | No. 6 | June 2013 | Pages 1087-1298

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

[Reviewed earlier]

Journal of Virology

[July 2013, volume 87, issue 13](#)

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

[Reviewed earlier]

The Lancet

Jun 22, 2013 Volume 381 Number 9884 p2135 – 2222 e20

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

Viewpoint**Beyond disease burden: towards solution-oriented population health**

Ian Roberts, Rod Jackson

Preview |

The Global Burden of Disease Study (GBD) 2010 made a major contribution to population health by igniting a debate about how best to reduce human suffering and premature death. The timing was impeccable. As governments, health agencies, and civil society go into conclave to elect a successor framework to the Millennium Development Goals (MDGs), the GBD put health high on the policy agenda. We live in a world of horrendous health inequalities despite a vast array of effective interventions. In 2010, healthy life expectancy in men was 30 years in Haiti but 70 years in Japan.

The Lancet Infectious Diseases

Jun 2013 Volume 13 Number 6 p465 - 558

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

[Reviewed earlier]

Medical Decision Making (MDM)

May 2013; 33 (4)

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

June 2013 Volume 91, Issue 2 Pages 219–418

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2013.91.issue-2/issuetoc>

[No relevant content]

Nature

Volume 498 Number 7454 pp271-400 20 June 2013

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

[No relevant content]

Nature Immunology

July 2013, Volume 14 No 7 pp645-763

<http://www.nature.com/ni/journal/v14/n7/index.html>

Focus Issue: The microbiota

Interactions between the immune system and microbiota influence local and systemic immune homeostasis. Nature Immunology presents a series of specially commissioned articles that discuss the reciprocal regulation between the host immune system and commensal microbiota, the dynamic interactions between commensals and pathogens, and emerging information on how resident viruses might influence immune homeostasis. The web focus also includes highlights of recent research in this area.

Nature Medicine

June 2013, Volume 19 No 6 pp653-790

<http://www.nature.com/nm/journal/v19/n6/index.html>

[Reviewed earlier]

Nature Reviews Immunology

June 2013 Vol 13 No 6

<http://www.nature.com/nri/journal/v13/n6/index.html>

[Reviewed earlier; No relevant content]

New England Journal of Medicine

June 20, 2013 Vol. 368 No. 25

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

Perspective

Pandemic Influenza Viruses — Hoping for the Road Not Taken

David M. Morens, M.D., Jeffery K. Taubenberger, M.D., Ph.D., and Anthony S. Fauci, M.D.
N Engl J Med 2013; 368:2345-2348 June 20, 2013 DOI: 10.1056/NEJMp1307009

Excerpt [Closing paragraphs]

...Finally, there is remarkable clinical–epidemiologic similarity between H7N9 and H5N1, with the important distinction that since H5N1 is a highly pathogenic avian virus that kills domestic poultry, its movement is more visible than that of H7N9, whose low pathogenicity keeps it hidden until a rare human is infected. In most other respects, H5N1 and H7N9 are alike: many humans have been exposed to both without clinically apparent or immunologically detectable evidence of infection; disease in sporadic human cases has been far more severe than in cases caused by any human-adapted influenza A virus ever encountered (59% and 28% case fatality reported for H5N1 and H7N9, respectively, as of the end of May); the clinical presentation includes bilateral pneumonia progressing to acute respiratory distress syndrome and multiorgan failure; there has been little or no evidence of person-to-person transmission; and rare case clusters (tenuously identified so far in the case of H7N9) suggest common source exposures in genetically related persons.

As with H5N1,^{3,4} in H7N9 these epidemiologic features may be signatures of a fundamentally poorly adaptable avian virus that nevertheless productively infects those rare humans with unidentified genetic susceptibilities, who are “found” by widespread poultry epizootics that expose large human populations. Conceivably, questions raised by H5N1 and H7N9 will be faced repeatedly as large-scale domestic poultry raising and transport, coupled with exploding human populations, create opportunities for any avian virus that encounters domestic poultry to expose large numbers of humans.

Like every human influenza pandemic and major outbreak in more than a century, H7N9 has left us surprised and puzzled. It is only slightly reassuring that since 1918, we have never seen an influenza pandemic emerge through direct viral mutations alone. But every pandemic emergence seems to be a law unto itself, and we cannot know whether or under what circumstances the highly unusual H7N9 virus might be able to become pandemic. Influenza viruses' unpredictability renders H7N9 pandemic preparedness essential. Indeed, preparation has already begun, with the goals of developing sensitive and specific diagnostics; determining drug sensitivity; establishing seed viruses, pilot lots, and potency assays for vaccine development; and setting up clinical trials to test appropriate vaccine doses for various demographic groups (children, adults, the elderly).

H7N9's journey has just begun. We can only hope that the road to a pandemic is the road not taken.

Perspective

The H7N9 Influenza Virus in China — Changes since SARS

Yu Wang, M.D., Ph.D.

N Engl J Med 2013; 368:2348-2349 [June 20, 2013](#) DOI: 10.1056/NEJMp1305311

Ten years after the emergence in China of the severe acute respiratory syndrome, an avian influenza A (H7N9) virus has emerged there, causing substantial disease. But China is now better prepared to address emerging infectious diseases and potential pandemics.

OMICS: A Journal of Integrative Biology

June 2013, 17(6)

<http://online.liebertpub.com/toc/omi/17/6>

[Reviewed earlier; No relevant content]

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

May 2013 Vol. 33, No. 5

http://www.paho.org/journal/index.php?option=com_content&task=view&id=125&Itemid=224

[Reviewed earlier; No relevant content]

The Pediatric Infectious Disease Journal

June 2013 - Volume 32 - Issue 6 pp: A15-A16,585-707,e227-e264

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

[Reviewed earlier ; No relevant content]

Pediatrics

June 2013, VOLUME 131 / ISSUE 6

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

[Reviewed earlier]

Pharmaceutics

Volume 5, Issue 2 (June 2013), Pages 220-

<http://www.mdpi.com/1999-4923/5/2>

[Reviewed earlier; No relevant content]

Pharmacoeconomics

Volume 31, Issue 6, June 2013

<http://link.springer.com/journal/40273/31/6/page/1>

[Reviewed earlier; No relevant content]

PLoS One

[Accessed 22 June 2013]

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

[Targeted Interventions for Improved Equity in Maternal and Child Health in Low- and Middle-Income Settings: A Systematic Review and Meta-Analysis](#)

Mats Malqvist, Beibei Yuan, Nadja Trygg, Katarina Selling, Sarah Thomsen

Research Article | published 20 Jun 2013 | PLOS ONE 10.1371/journal.pone.0066453

Abstract

Background

Targeted interventions to improve maternal and child health is suggested as a feasible and sometimes even necessary strategy to reduce inequity. The objective of this systematic review was to gather the evidence of the effectiveness of targeted interventions to improve equity in MDG 4 and 5 outcomes.

Methods and Findings

We identified primary studies in all languages by searching nine health and social databases, including grey literature and dissertations. Studies evaluating the effect of an intervention tailored to address a structural determinant of inequity in maternal and child health were included. Thus general interventions targeting disadvantaged populations were excluded. Outcome measures were limited to indicators proposed for Millennium Development Goals 4 and 5. We identified 18 articles, whereof 15 evaluated various incentive programs, two evaluated a targeted policy intervention, and only one study evaluated an intervention addressing a cultural custom. Meta-analyses of the effectiveness of incentives programs showed a pooled effect size of RR 1.66 (95% CI 1.43–1.93) for antenatal care attendance (four studies with 2,476 participants) and RR 2.37 (95% CI 1.38–4.07) for health facility delivery (five studies with 25,625 participants). Meta-analyses were not performed for any of the other outcomes due to scarcity of studies.

Conclusions

The targeted interventions aiming to improve maternal and child health are mainly limited to addressing economic disparities through various incentive schemes like conditional cash transfers and voucher schemes. This is a feasible strategy to reduce inequity based on income. More innovative action-oriented research is needed to speed up progress in maternal and child survival among the most disadvantaged populations through interventions targeting the underlying structural determinants of inequity.

[Influenza Illness and Hospitalizations Averted by Influenza Vaccination in the United States, 2005–2011](#)

Deliana Kostova, Carrie Reed, Lyn Finelli, Po-Yung Cheng, Paul M. Gargiullo, David K. Shay, James A. Singleton, Martin I. Meltzer, Peng-jun Lu, Joseph S. Bresee
Research Article | published 19 Jun 2013 | PLOS ONE 10.1371/journal.pone.0066312

Abstract

Context

The goal of influenza vaccination programs is to reduce influenza-associated disease outcomes. Therefore, estimating the reduced burden of influenza as a result of vaccination over time and by age group would allow for a clear understanding of the value of influenza vaccines in the US, and of areas where improvements could lead to greatest benefits.

Objective

To estimate the direct effect of influenza vaccination in the US in terms of averted number of cases, medically-attended cases, and hospitalizations over six recent influenza seasons.

Design

Using existing surveillance data, we present a method for assessing the impact of influenza vaccination where impact is defined as either the number of averted outcomes or as the prevented disease fraction (the number of cases estimated to have been averted relative to the number of cases that would have occurred in the absence of vaccination).

Results

We estimated that during our 6-year study period, the number of influenza illnesses averted by vaccination ranged from a low of approximately 1.1 million (95% confidence interval (CI) 0.6–1.7 million) during the 2006–2007 season to a high of 5 million (CI 2.9–8.6 million) during the 2010–2011 season while the number of averted hospitalizations ranged from a low of 7,700 (CI

3,700–14,100) in 2009–2010 to a high of 40,400 (CI 20,800–73,000) in 2010–2011. Prevented fractions varied across age groups and over time. The highest prevented fraction in the study period was observed in 2010–2011, reflecting the post-pandemic expansion of vaccination coverage.

Conclusions

Influenza vaccination programs in the US produce a substantial health benefit in terms of averted cases, clinic visits and hospitalizations. Our results underscore the potential for additional disease prevention through increased vaccination coverage, particularly among nonelderly adults, and increased vaccine effectiveness, particularly among the elderly.

[Strategies to Improve Child Immunization via Antenatal Care Visits in India: A Propensity Score Matching Analysis](#)

Priyanka Dixit, Laxmi Kant Dwivedi, Faujdar Ram

Research Article | published 18 Jun 2013 | PLOS ONE 10.1371/journal.pone.0066175

Abstract

Numerous studies have examined the empirical evidence concerning the influence of demographic and socio-economic factors influencing child immunization, but no documentation is available which shows the actual impact of antenatal care (ANC) visits on subsequent child immunization. Therefore, this paper aims to examine the net impact of ANC visits on subsequent utilization of child immunization after removing the presence of selection bias. Nationwide data from India's latest National Family Health Survey conducted during 2005–06 is used for the present study. The analysis has been carried out in the two separate models, in the first model 1–2 ANC visit and in the second model three or more ANC visits has been compared with no visit. We have used propensity score matching method with a counterfactual model that assesses the actual ANC visits effect on treated (ANC visits) and untreated groups (no ANC visit), and have employed Mantel-Haenszel bounds to examine whether result would be free from hidden bias or not. Using matched sample analysis result shows that child immunization among the groups of women who have completed 1–2 ANC visits and those who had more than two visits was about 13 percent and 19 percent respectively, higher than the group of women who have not made any ANC visit. Findings of nearest neighbor matching with replacement method, which completely eliminated the bias, indicate that selection bias present in data set leads to overestimates the positive effects of ANC visits on child immunization. Result based on Mantel-Haenszel bounds method suggest that if around 19 percent bias would be involved in the result then also we could observe the true positive effect of 1–2 ANC visits on child immunization. This also indicates that antenatal clinics are the conventional platforms for educating pregnant women on the benefits of child immunization.

PLoS Medicine

(Accessed 22 June 2013)

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

[No new relevant content]

PLoS Neglected Tropical Diseases

May 2013

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

[No new relevant content]

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

(Accessed 22 June 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

July 2013; 23 (7)

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

[Reviewed earlier; No relevant content]

Risk Analysis

June 2013 Volume 33, Issue 6 Pages 945–1173

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-6/issuetoc>

New Issue - [No relevant content]

Science

21 June 2013 vol 340, issue 6139, pages 1365-1488

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

[No relevant content]

Science Translational Medicine

19 June 2013 vol 5, issue 190

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

[No relevant content]

Social Science & Medicine

Volume 92, [In Progress](#) (September 2013)

<http://www.sciencedirect.com/science/journal/02779536/85>

[No new relevant content]

Vaccine

Volume 31, Issue 32, Pages 3207-3308 (11 July 2013)

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

Vaccines as a tool to estimate the burden of severe influenza in children of low-resourced areas (November 30–December 1, 2012, Les Pensieres, Veyrier-du-Lac, France)

Meeting Report

Pages 3222-3228

Bradford D. Gessner, W. Abdullah Brooks, Kathleen M. Neuzil, Guy Vernet, Rick A. Bright, John S. Tam, Joseph Bresee, Arnold S. Monto

Abstract

There is an increasing focus on influenza in low-resourced areas as a vaccine-preventable cause of severe lower respiratory disease in young children, especially among those under two years of age. The extent of the disease burden is unclear: current etiologic studies may underestimate the impact of influenza if recognized or unrecognized infection occurs some time before severe disease manifestations prompt specimen collection for diagnosis.

Because of various methodological challenges, a vaccine probe approach was used to estimate vaccine preventable disease incidence (VPDI) for *Streptococcus pneumoniae* and *Haemophilus influenzae* type b, particularly for pneumonia outcomes among young children. A similar approach could be used to determine VPDI for influenza. A highly effective vaccine would facilitate this approach; however, with appropriate design, a less than ideal vaccine also could be used to estimate VPDI. Because influenza vaccine efficacy against severe disease may be greater than against all symptomatic influenza disease, a vaccine probe approach could provide a better measure than etiologic studies of the public health utility of influenza vaccine.

The first 6 months of life is a time of particularly increased influenza risk among young children, and an age group for which current vaccines are not approved. Previous studies have found that maternal influenza immunization can reduce acute respiratory infection in the infant during this vulnerable period. Additional randomized, controlled trials are currently underway using a vaccine probe approach to estimate VPDI among mothers and their infants following maternal influenza immunization. The World Health Organization now identifies pregnant women as the highest priority target group for influenza vaccination. Should countries implement this strategy, infants age 6–23 months likely would remain at increased risk; vaccine probe approaches could quantify the public health benefit of immunizing this group.

Perceptions and acceptability of HPV vaccination among parents of young adolescents: A multicenter national survey in China

Original Research Article

Pages 3244-3249

Shao-Kai Zhang, Xiong-Fei Pan, Shao-Ming Wang, Chun-Xia Yang, Xiao-Hong Gao, Zeng-Zhen Wang, Man Li, Ze-Fang Ren, Fang-Hui Zhao, You-Lin Qiao

Abstract

Prophylactic HPV vaccines target young adolescents to prevent related cervical lesions and even genital warts prior to onset of sexual activity. Parental consent is often essential for success of vaccination program for this age group. We conducted a national multicenter study to explore the acceptability of HPV vaccination among parents of young adolescents and associated factors in relevant parent decision making in China. A total of 2899 parents of young adolescents (11–17 years) participated in the survey between November 28, 2011 and May 9, 2012, but four were excluded from analysis because of inconsistencies in their given information in the questionnaire. Mothers accounted for 62.8% of the parent participants. The mean age of the parents was 40.40 (standard deviation, 4.68) years. Only 36.2% of the parents accepted the vaccine for their children. Knowledge about HPV and HPV vaccine was a positive correlate with HPV vaccination acceptability ($P_{trend} = 0.003$). Grade of child ($P_{trend} = 0.015$), prior

vaccination experience outside the National Expanded Program on Immunization (OR: 1.43; 95%CI: 1.19–1.72), fear of cervical cancer and/or genital warts (OR: 2.47; 95%CI: 2.00–3.05), and prior consultation regarding HPV vaccine information (OR: 2.35; 95%CI: 1.57–3.52) were also positively associated with higher HPV vaccine acceptability. The acceptability was lower in mothers (OR: 0.45; 95%CI: 0.37–0.54) and who had better education (PTREND = 0.009). 57.3% of the parents agreed that the most appropriate venue for HPV vaccination was the local center for disease prevention and control. In conclusion, our study indicates a low acceptability of HPV vaccination among parents of young adolescents in China. We understand there are many challenges in implementing HPV vaccination program. Our findings will serve as valuable references for future HPV vaccination policies and campaigns after HPV vaccines are approved in China.

[Cost-effectiveness of rotavirus immunization in Indonesia: Taking breastfeeding patterns into account](#)

Original Research Article

Pages 3300-3307

Auliya A. Suwantika, Hong Anh T. Tu, Maarten J. Postma

Abstract

Objective

This study aims to assess the cost-effectiveness of rotavirus immunization in Indonesia, taking breastfeeding patterns explicitly into account.

Method

An age-structured cohort model was developed for the 2011 Indonesia birth cohort. Next, we compared two strategies, the current situation without rotavirus immunization versus the alternative of a national immunization program. The model applies a 5 year time horizon, with 1 monthly analytical cycles for children less than 1 year of age and annually thereafter. Three scenarios were compared to the base case reflecting the actual distribution over the different breastfeeding modes as present in Indonesia; i.e., the population under 2 years old with (i) 100% exclusive breastfeeding, (ii) 100% partial breastfeeding and (iii) 100% no breastfeeding. Monte Carlo simulations were used to examine the economic acceptability and affordability of the rotavirus vaccination.

Results

Rotavirus immunization would effectively reduce severe cases of rotavirus during the first 5 years of life of a child. Under the market vaccine price the total yearly vaccine cost would amount to US\$ 65 million. The incremental cost per quality-adjusted-life-year (QALY) in the base case was US\$ 174 from the societal perspective. Obviously, it was much lower than the 2011 Indonesian Gross Domestic Product (GDP) per capita of US\$ 3495. Affordability results showed that at the Global Alliance for Vaccines and Immunization (GAVI)-subsidized vaccine price, rotavirus vaccination could be affordable for the Indonesian health system. Increased uptake of breastfeeding might slightly reduce cost-effectiveness results.

Conclusion

Rotavirus immunization in Indonesia would be a highly cost-effective health intervention even under the market vaccine price. The results illustrate that rotavirus immunization would greatly reduce the burden of disease due to rotavirus infection. Even within increased uptake of breastfeeding, cost-effectiveness remains favorable.

Vaccine: Development and Therapy

(Accessed 22 June 2013)

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

12 June 2013 vol 5, issue 189

[No new relevant content]

Value in Health

Vol 16 | No. 3 | May 2013

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

[Reviewed earlier]

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

Translational Research Insights From Completed HIV Vaccine Efficacy Trials

HV Tieu, M Rolland, SM Hammer, ME Sobieszczyk - JAIDS Journal of Acquired ..., 2013
Abstract: The development of a safe and effective HIV vaccine remains a challenge. The modest efficacy seen in the RV144 vaccine trial represented an important milestone for the field. Results from all efficacy studies done to date have generated new information, which...

Preparing for the Unexpected: The Pivotal Role of Social and Behavioral Sciences in Trials of Biomedical HIV Prevention Interventions

BA Koblin, M Andrasik, J Austin - JAIDS Journal of Acquired Immune Deficiency ..., 2013
... HIV Vaccine Trials Network, Fred Hutchinson Cancer Research Center, Seattle, WA; and. ...
For example, recent work within the HIV Vaccine Trials Network (HVTN) provided valuable insight into factors affecting recruitment of MSM and transgender women into HVTN 505...

Herpes Simplex and Herpes Zoster Eye Disease: Presentation and Management at a City Hospital for the Underserved in the United States

ARP Edell, EJ Cohen - Eye & Contact Lens, 2013
... Underuse of the vaccine against HZ is also a major concern, with only 14.4% of eligible patients receiving it as of 2010.10 Ocular herpes simplex is caused by the HSV and affects nearly half a million individuals in the United States....

Childhood pneumonia in developing countries

[The Lancet Respiratory Medicine](#) | 18 June 2013

...A large part of the approach to control of pneumococcal pneumonia has depended on vaccination programmes. However, more than 90 individual serotypes of the bacteria exist, and effective immunisation against pneumococcus necessitates neutralisation of the specific capsular polysaccharides that stimulate the immune system and cause lung inflammation. Available vaccines have progressively incorporated more serotypes, focusing on those associated with the greatest disease burden, and whole-cell techniques could provide greater immunogenicity. ...More importantly, studies in Finland, USA, and The Gambia have shown greater effectiveness of pneumococcal vaccines than would have been expected based on targeted serotypes.

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.

Al Jazeera

<http://www.aljazeera.com/Services/Search/?q=vaccine>

Accessed 22 June 2013

[No new, unique, relevant content]

The Atlantic

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

Accessed 22 June 2013

[No new, unique, relevant content]

BBC

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

Accessed 22 June 2013

[No new, unique, relevant content]

Brookings

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

Accessed 22 June 2013

[No new, unique, relevant content]

Council on Foreign Relations

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

Accessed 22 June 2013

[No new, unique, relevant content]

Economist

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

Accessed 22 June 2013

[No new, unique, relevant content]

Financial Times

<http://www.ft.com>

Accessed 22 June 2013

June 19, 2013 10:11 pm

Sustainable healthcare: trends urge need to put prevention before cure

by Andrew Jack

In the long run we may all be dead but in the medium term we are increasingly being pulled into the orbit of healthcare while still alive. The fact that people around the world, whether as patients, employees or funders, are experiencing the rising share of income channelled into tackling disease has sparked a debate about sustainability. Advances in recent decades as a result of preventive vaccines, enhanced nutrition, improved sanitation and economic growth, have all contributed to lower infant mortality and ever longer lives...

Forbes

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

Accessed 22 June 2013

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 22 June 2013

[No new, unique, relevant content]

Foreign Policy

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

Accessed 22 June 2013

[No new, unique, relevant content]

The Guardian

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

Accessed 22 June 2013

[No new, unique, relevant content]

The Huffington Post

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

Accessed 22 June 2013

Health

Polio Eradication: Urgent Need for Action

Dr. Alan Hinman

Director for Programs, Center for Vaccine Equity, The Task Force for Global Health

Posted: 06/17/2013 2:33 pm

http://www.huffingtonpost.com/dr-alan-hinman/polio-eradication_b_3455227.html

Le Monde

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

Accessed 22 June 2013

[No new, unique, relevant content]

New Yorker

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

Accessed 22 June 2013

[No new, unique, relevant content]

New York Times

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

Editorial

A Surprisingly Successful HPV Vaccine

By [THE EDITORIAL BOARD](#)

Published: June 21, 2013

A vaccine to protect teenage girls against dangerous strains of the human papillomavirus, or HPV, that are a leading cause of cervical cancer has proved to be [enormously effective](#).

A study [published Wednesday](#) by the Centers for Disease Control and Prevention found that the prevalence of high-risk strains in teenage girls dropped by half after the vaccine was introduced in 2006, from 7.2 percent in 2006 to 3.6 percent in 2010.

Unfortunately, many parents still resist having their daughters immunized. A study [published in March](#) found that 44 percent of parents said in 2010 that they did not intend to vaccinate their daughters, up from 40 percent in 2008.

Some parents fear that vaccination might promote promiscuity (the new study found no sign of that); some see no need to vaccinate girls before they become sexually active, even though vaccination beforehand offers the best protection.

Health officials were surprised at the steep decline in infection rates because only about a third of American teenage girls have received the full course of three doses. In other advanced countries and even in a developing nation like Rwanda, vaccination rates have reached 80 percent or higher. Increasing the vaccination rate to 80 percent in this country could prevent an additional 53,000 cervical cancers and 17,000 deaths among girls now 13 years old and younger over the course of their lives.

Doctors need to recommend, and parents need to accept, a vaccine that can save thousands of lives.

Radio Free Europe

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

[No new, unique, relevant content]

Reuters

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

Accessed 22 June 2013

[No new, unique, relevant content]

Voice of America

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

Accessed 22 June 2013

[No new, unique, relevant content]

Wall Street Journal

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

Accessed 22 June 2013

[No new, unique, relevant content]

Washington Post

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

Accessed 22 June 2013

[No new, unique, relevant content]

* * * *

Vaccines: The Week in Review is a service of the Center for Vaccines Ethics and Policy (CVER) which is solely responsible for its content. Support for this service is provided by its governing institutions – [Department of Medical Ethics, NYU Medical School](#); [The Wistar Institute Vaccine Center](#) and the [Children’s Hospital of Philadelphia Vaccine Education Center](#). Additional support is provided by the [PATH Vaccine Development Program](#) 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.

* * * *