

Center for Vaccine Ethics and Policy

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Vaccines: The Week in Review 31 August 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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Editor and

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Update: Polio this week - As of 28 August 2013

Global Polio Eradication Initiative

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

[Editor's extract and bolded text]

:: The outbreak of wild poliovirus type 1 (WPV1) in the Horn of Africa, which affects Somalia, Kenya and Ethiopia, has spread into two new states of Somalia.

:: In Israel, the number of sewage samples which have tested positive for WPV1 has reached 85; one sewage sample collected in West Bank and Gaza has tested positive for WPV1.

Pakistan

:: One new case of WPV was reported in the past week, a WPV1 from FR Bannu in the Federally Administered Tribal Areas, with onset of paralysis on 27 July. This is the most recent case in the country and brings the total number of WPV1 cases for 2013 to 25.

:: The total number of cVDPV2 cases for 2013 remains 12.

Chad, Cameroon and Central African Republic

:: In Cameroon, one new cVDPV2 case was reported in the past week, bringing the total number of cVDPV2 cases for 2013 to three. This new case had onset of paralysis on 19 July (from Extreme-Nord).

:: Central African Republic (CAR) continues to be at serious risk of re-infection due to proximity with Chad, ongoing insecurity and humanitarian crises, and destruction of health infrastructure.

:: To minimize the risk and consequences of potential re-infection, two subnational immunization campaigns were conducted in June and July. A SNID is planned for September and a NID for October.

Horn of Africa

:: 20 new WPV1 cases were reported in the past week in Somalia and one in Kenya.

The total number of WPV1 cases for 2013 is 142 (128 from Somalia, 13 from Kenya, 1 from Ethiopia). The most recent WPV1 case in the region had onset of paralysis on 30 July (from Somalia).

:: The outbreak is spreading geographically in Somalia, with two new states reporting cases: Galgadud and Gedo. Anticipation of this spread has driven intense vaccination activities across the country, in an effort to raise immunity.

Israel and West Bank and Gaza

:: WPV1 has been detected in 85 sewage samples from 27 sampling sites in Israel, collected from 3 February to 18 August 2013. Initially restricted to southern Israel, WPV1 has now also been detected in environmental sampling sites elsewhere in Israel, indicating transmission throughout the country. A sampling site in Tulkarem in the West Bank has also reported a positive sample, collected on 30 June. No case of paralytic polio has been reported in either Israel or the West Bank and Gaza.

:: To interrupt WPV1 transmission, a supplementary immunization activity (SIA) with bivalent oral polio vaccine (OPV) targeting children up to the age of nine years was initiated in the southern district of Israel during the week of 5 August; since August 18, the SIA was expanded to all of Israel. The objective of the SIA with OPV is to boost intestinal immunity in children vaccinated with IPV only in order to rapidly interrupt wild poliovirus transmission.

:: Following the positive sample from Tulkarem, subsequent samples in the West Bank and Gaza have all tested negative. Discussions have begun for a vaccination response to the positive sample in the West Bank.

West Africa

:: One new cVDPV2 was reported in the past week from Niger's Diffa province, with onset of paralysis on 11 July. Niger has not reported a case of cVDPV since 2011. Genetic sequencing has shown that the virus is related to those seen in Cameroon, Chad and (Borno) Nigeria.

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

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

Disease outbreak news

Middle East respiratory syndrome coronavirus (MERS-CoV) - update

30 August 2013 - WHO has been informed of an additional four laboratory-confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection in Saudi Arabia.

The first patient is a 55-year-old man with an underlying medical condition from Medina who became ill on 17 August 2013 and is currently hospitalised.

The second patient is a 38-year-old man with an underlying medical condition from Hafar al-Batin who became ill on 8 August 2013 and died on 17 August 2013.

The third and the fourth cases are family contacts of the second patient. Both the cases, a 16-year-old boy and a seven year-old girl, tested positive for the MERS-CoV virus. They are both healthy and do not have any symptoms of illness.

Globally, from September 2012 to date, WHO has been informed of a total of 108 laboratory-confirmed cases of infection with MERS-CoV, including 50 deaths.

Based on the current situation and available information, WHO encourages all Member States to continue their surveillance for severe acute respiratory infections (SARI) and to carefully review any unusual patterns.

Health care providers are advised to maintain vigilance. Recent travellers returning from the Middle East who develop SARI should be tested for MERS-CoV as advised in the current surveillance recommendations...

The **Weekly Epidemiological Record (WER) for 30 August 2013**, vol. 88, 35 (pp. 365–380) includes:

:: Global leprosy: update on the 2012 situation

:: Monthly report on dracunculiasis cases, January–June 2013

<http://www.who.int/entity/wer/2013/wer8835.pdf>

CDC/MMWR Watch [to 31 August 2013]

August 30, 2013 / Vol. 62 / No. 34

National and State Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2012

Excerpt

At ages 11 through 12 years, the Advisory Committee on Immunization Practices (ACIP) recommends that preteens receive 1 dose of tetanus, diphtheria, and acellular pertussis (Tdap) vaccine, 1 dose of meningococcal conjugate (MenACWY) vaccine,* and 3 doses of human papillomavirus (HPV) vaccine ([1–3](#)). ACIP recommends administration of all age-appropriate vaccines during a single visit ([4](#)). ACIP also recommends that pre-teens and older adolescents receive an annual influenza vaccine as well as any overdue vaccines (e.g., varicella) ([1](#)). To monitor vaccination coverage among persons aged 13–17 years,† CDC analyzed data from the National Immunization Survey–Teen (NIS-Teen). This report highlights findings of that analysis.

From 2011 to 2012, coverage increased for ≥1 Tdap vaccine dose§ (from 78.2% to 84.6%), ≥1 MenACWY vaccine dose (from 70.5% to 74.0%) and, among males, ≥1 HPV vaccine dose (from 8.3% to 20.8%). Among females, vaccination coverage estimates for each HPV vaccine series dose were similar in 2012 compared with 2011. Coverage varied substantially among states.

Regarding *Healthy People 2020* targets for adolescents ([5](#)), 36 states achieved targets for Tdap, 12 for MenACWY, and nine for varicella vaccine coverage. Large and increasing coverage differences between Tdap and other vaccines recommended for adolescents indicate that substantial missed opportunities remain for vaccinating teens, especially against HPV infection ([6](#)).

Health-care providers should administer recommended HPV and meningococcal vaccinations to boys and girls during the same visits when Tdap vaccine is given. In addition, whether for health problems or well-checks, providers, parents, and adolescents should use every health-care visit as an opportunity to review adolescents' immunization histories and ensure that every adolescent is fully vaccinated.

Statement from PATH: Cervical cancer demonstration project in India

30 August 2013

Excerpt

Today, the Indian Parliament's Standing Committee on Health and Family Welfare released a report critical of a cervical cancer vaccine demonstration project conducted in India from 2009

to 2010 through a collaboration among PATH, the Indian Council of Medical Research (ICMR), and the state governments of Andhra Pradesh and Gujarat.

PATH welcomes public discussion about the role of vaccines in preventing life-threatening diseases such as cervical cancer, and we thank the committee members for their time and effort in reviewing this matter. We support the adoption of reasonable measures to further strengthen and clarify protections for individuals participating in research projects. However, we are troubled by the report's inaccurate characterization of this important work.

...The demonstration project in India was part of a four-country project to explore suitable vaccine delivery strategies and help provide evidence for national health authorities to make informed decisions about the potential benefits and challenges of introducing vaccines against human papillomavirus (HPV), the primary cause of cervical cancer.

...The ICMR, India's highest medical research authority, reviewed and approved the protocol for this project, including its design and methodology. At the time of its review, the ICMR determined the project was a post-licensure observational study and not a clinical trial. The project did not seek to evaluate the efficacy or long-term safety of the vaccines, which had already undergone clinical evaluation in India and had been licensed and approved by the Drugs Controller General of India.

The ICMR's view was crucial, as it established the approval processes and protocols for the work that followed. PATH designed the project protocols in compliance with the ICMR's instructions and fully complied with the ICMR's requirements regarding the necessary approval processes and the requirements of state governments regarding consent processes.

We believe that by following the guidance provided by the ICMR, as well as two state governments and three ethical review committees, we designed a project that met or exceeded the country's existing regulatory standards for demonstration projects while providing the greatest health benefit to Indian women...

- Full PATH statement: <http://www.path.org/news/press-room/642/>
- Standing Committee Report: [no link provided in PATH statement; no web version apparent after google search]

The Global Fund said it appointed Paul Tuxford as Chief Information Officer and Jason Clark as Head of Controlling and Program Finance. Mr. Tuxford was most recently at Credit Suisse where he was Director, Chief Operating Officer – Corporate Services Technology. Before joining Credit Suisse, he worked for Quintiles, a pharmaceutical research company, as Director, Global IT Business Solutions. Mr. Clark joins the Global Fund from RWE AG, one of Europe's largest electricity and gas companies, where he has acted as Director, Finance and Controlling for the last 10 years, leading a team of about 300 people. Both positions will report to Daniel Camus, Chief Financial Officer.

<http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-08-29> Global Fund Appoints Paul Tuxford as Chief Information Officer/

<http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-08-29> Global Fund Appoints Jason Clark as Head of Controlling and Program Finance/

WHO - Humanitarian Health Action

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

No new relevant content.

UN Watch to 31 August 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 relevant content.

World Bank/IMF Watch to 31 August 2013

Selected press releases and other selected content relevant to immunization, vaccines, infectious diseases, global health, etc. <http://www.worldbank.org/en/news/all>
No new relevant 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
No new relevant content

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

The American Journal of Bioethics

Volume 13, Issue 9, 2013

http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az_hfIY

[Reviewed earlier]

American Journal of Infection Control

Vol 41 | No. 9 | September 2013 | Pages 759-852

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

[Prevalence and factors associated with 2009 to 2011 influenza vaccinations at a university medical center](#)

Kathleen A. Crowley, RPA-C, MPH; Ronnie Myers, DDS; Lori A. Magda, MA; Stephen S. Morse, PhD; Paul Brandt-Rauf, MD, DrPH, SciD; Robyn R.M. Gershon, MT, MHS, DrPH

Abstract

Background

Information on the rates and factors associated with influenza vaccinations, although limited, is important because it can inform the development of effective vaccination campaigns in a university medical center setting.

Methods

A study was conducted in 2011 to identify individual and organizational level barriers and facilitators to influenza vaccination among clinical and nonclinical personnel (N = 428) from a major university medical center.

Results

Seventy-one percent of clinical personnel (n = 170) reported pandemic H1N1 vaccination compared with 27% of nonclinical personnel (n = 258), even though vaccine was made widely available to all personnel at no cost. Similarly, disparate rates between clinical and nonclinical personnel were noted for the 2009/2010 seasonal influenza vaccine (82% vs 42%, respectively) and 2010/2011 combination (pandemic plus seasonal) influenza vaccine (73% vs 28%, respectively). Factors associated with pandemic vaccination in nonclinical personnel included the following: high level of influenza-related knowledge, concern regarding influenza contagion, history of previous influenza vaccinations or influenza illness, participation in vaccine-related training, and awareness of the institution's written pandemic plan. For clinicians, past history of seasonal influenza vaccination was associated with pandemic vaccination. For all participants, taking any 1 or more of the 3 influenza vaccines available in 2009 to 2011 was associated with intent to take a hypothetical future novel pandemic vaccine (odds ratio, 6.7; 95% confidence interval: 4.32-10.44; P < .001).

Conclusion

Most of the risk factors associated with lack of vaccination uptake are amenable to organizational strategies

American Journal of Public Health

Volume 103, Issue 9 (September 2013)

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

[Reviewed earlier]

Annals of Internal Medicine

20 August 2013, Vol. 159. No. 4

<http://annals.org/issue.aspx>

[Reviewed earlier; No relevant content]

BMC Public Health

(Accessed 31 August 2013)

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

[No new relevant content]

British Medical Bulletin

Volume 106 Issue 1 June 2013

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

[Reviewed earlier; No relevant content]

British Medical Journal

31 August 2013 (Vol 347, Issue 7922)

<http://www.bmj.com/content/347/7922>

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 91, Number 9, September 2013, 621-715

<http://www.who.int/bulletin/volumes/91/9/en/index.html>

Special theme: women's health beyond reproduction - a new agenda

EDITORIALS

At the crossroads: transforming health systems to address women's health across the life course

Flavia Bustreo, Oleg Chestnov, Felicia Marie Knaul, Islene Araujo de Carvalho, Mario Meriardi, Marleen Temmerman & John R Beard

doi: 10.2471/BLT.13.128439

[Article \[HTML\]](#)

Clinical Therapeutics

Vol 35 | No. 7 | July 2013 | Pages 901-1050

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

[Reviewed earlier]

Cost Effectiveness and Resource Allocation

(Accessed 31 August 2013)

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

Research

[A cost-effectiveness analysis of a 10-valent pneumococcal conjugate vaccine in children in six Latin American countries](#)

Martí SG, Colantonio L, Bardach A, Galante J, Lopez A, Caporale J, Knerer G, Gomez JA et al. Cost Effectiveness and Resource Allocation 2013, 11:21 (30 August 2013)

Abstract (provisional)

Background

A recently developed 10-valent pneumococcal non-typeable H influenzae protein D-conjugate vaccine (PHiD-CV) is expected to afford protection against more than two thirds of isolates causing IPD in children in Latin America, and also against acute otitis media caused by both Spn and NTHi. The objective of this study is to assess the cost-effectiveness of PHiD-CV in comparison to non-vaccination in children under 10 years of age in Argentina, Brazil, Chile, Colombia, Mexico and Peru.

Methods

We used a static, deterministic, compartmental simulation model. The dosing regimen considered included three vaccine doses (at 2 months, 4 months and 6 months) and a booster

dose (at 13 months) (3 + 1 schedule). Model outcomes included number of cases prevented, deaths averted, quality-adjusted life-years (QALYs) gained and costs. Discount for costs and benefits of long term sequelae was done at 3.5%, and currency reported in 2008-2009 US\$ varying between countries.

Results

The largest effect in case prevention was observed in pneumococcal meningitis (from 27% in Peru to 47% in Colombia), neurologic sequelae after meningitis (from 38% in Peru to 65% in Brazil) and bacteremia (from 42% in Argentina to 49% in Colombia). The proportion of predicted deaths averted annually ranged from 18% in Peru to 33% in Brazil. Overall, the health benefits achieved with PHiD-CV vaccination resulted in a lower QALY loss (from 15% lower in Peru to 26% in Brazil). At a cost of USD 20 per vaccine dose, vaccination was cost-effective in all countries, from being cost saving in Chile to a maximum Incremental Cost-effectiveness Ratio of 7,088 US\$ Dollars per QALY gained. Results were robust in the sensitivity analysis, and scenarios with indirect costs affected results more than those with herd immunity.

Conclusions

The incorporation of the 10-valent pneumococcal conjugate vaccine into routine infant immunization programs in Latin American countries could be a cost-effective strategy to improve infant population health in the region.

Current Opinion in Infectious Diseases.

October 2013 - Volume 26 - Issue 5 pp: v-vi,399-492

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

Current issues in dengue vaccination

Thomas, Stephen J.; Endy, Timothy P.

Abstract

Purpose of review: Dengue is a global health problem and of concern to travelers and deploying military personnel, with development and licensure of an effective tetravalent dengue vaccine a public health priority. The recent performance of the lead dengue vaccine in a phase 2b efficacy trial underscores dengue vaccine development challenges. This review focuses on current issues in dengue vaccination.

Recent findings: The dengue viruses (DENVs) are mosquito-borne flaviviruses transmitted by infected Aedes mosquitoes. Illness manifests across a clinical spectrum with severe disease characterized by intravascular volume depletion and hemorrhage. Recent estimates on the burden of DENV infection determined that there are 390 million dengue infections per year, three times the current estimate by the WHO. There are no licensed antivirals or vaccines to treat or prevent dengue though many are in preclinical or clinical development. DENV illness results from a complex interaction of viral properties and host immune responses. Immunologic complexity, lack of an adequate animal model of disease, absence of an immune correlate of protection, and only partially informative immunogenicity assays are challenging dengue vaccine development efforts.

Summary: Dengue vaccine development efforts have numerous complex challenges to overcome before a well-tolerated and effective vaccine is licensed and available. In this review, the authors discuss the current issues in dengue vaccination.

Development in Practice

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

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

[Reviewed earlier; No relevant content]

Emerging Infectious Diseases

Volume 19, Number 9—September 2013

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

[Reviewed earlier]

The European Journal of Public Health

Volume 23 Issue 4 August 2013

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

[Reviewed earlier]

Eurosurveillance

Volume 18, Issue 35, 29 August 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 31 August 2013]

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

Commentary

Open innovation as a new paradigm for global collaborations in health

Patricia Dandonoli

Globalization and Health 2013, 9:41 doi:10.1186/1744-8603-9-41

Published: 30 August 2013 <http://www.globalizationandhealth.com/content/9/1/41/abstract>

Abstract (provisional)

Open innovation, which refers to combining internal and external ideas and internal and external paths to market in order to achieve advances in processes or technologies, is an attractive paradigm for structuring collaborations between developed and developing country entities and people. Such open innovation collaborations can be designed to foster true co-creation among partners in rich and poor settings, thereby breaking down hierarchies and

creating greater impact and value for each partner. Using an example from Concern Worldwide's Innovations for Maternal, Newborn & Child Health initiative, this commentary describes an early-stage pilot project built around open innovation in a low resource setting, which puts communities at the center of a process involving a wide range of partners and expertise, and considers how it could be adapted and make more impactful and sustainable by extending the collaboration to include developed country partners.

Health Affairs

August 2013; Volume 32, Issue 8

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

Theme: States, Health IT, Payment & Practice Reforms

[No relevant content]

Health and Human Rights

Volume 15, Issue 1

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

Theme: Realizing the Right to Health Through a Framework Convention on Global Health

[Reviewed earlier]

Health Economics, Policy and Law

Volume 8 - Issue 03 - July 2013

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

[Reviewed earlier; No relevant content]

Health Policy and Planning

Volume 28 Issue 6 September 2013

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

Impact of performance-based financing on primary health care services in Haiti

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Accepted July 20, 2012.

<http://heapol.oxfordjournals.org/content/28/6/596.abstract>

Abstract

To strengthen Haiti's primary health care (PHC) system, the country first piloted performance-based financing (PBF) in 1999 and subsequently expanded the approach to most internationally funded non-government organizations. PBF complements support (training and technical assistance). This study evaluates (a) the separate impact of PBF and international support on PHC's service delivery; (b) the combined impact of PBF and technical assistance on PHC's

service delivery; and (c) the costs of PBF implementation in Haiti. To minimize the risk of facilities neglecting potential non-incentivized services, the incentivized indicators were randomly chosen at the end of each year. We obtained quantities of key services from four departments for 217 health centres (15 with PBF and 202 without) from 2008 through 2010, computed quarterly growth rates and analysed the results using a difference-in-differences approach by comparing the growth of incentivized and non-incentivized services between PBF and non-PBF facilities. To interpret the statistical analyses, we also interviewed staff in four facilities. Whereas international support added 39% to base costs of PHC, incentive payments added only 6%. Support alone increased the quantities of PHC services over 3 years by 35% (2.7%/quarter). However, support plus incentives increased these amounts by 87% over 3 years (5.7%/quarter) compared with facilities with neither input. Incentives alone was associated with a net 39% increase over this period, and more than doubled the growth of services ($P < 0.05$). Interview findings found no adverse impacts and, in fact, indicated beneficial impacts on quality. Incentives proved to be a relatively inexpensive, well accepted and very effective complement to support, suggesting that a small amount of money, strategically used, can substantially improve PHC. Haiti's experience, after more than a decade of use, indicates that incentives are an effective tool to strengthen PHC.

Transforming governance or reinforcing hierarchies and competition: examining the public and hidden transcripts of the Global Fund and HIV in India

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Accepted September 10, 2012.

<http://heapol.oxfordjournals.org/content/28/6/626.abstract>

Abstract

Global health initiatives (GHIs) have gained prominence as innovative and effective policy mechanisms to tackle global health priorities. More recent literature reveals governance-related challenges and their unintended health system effects. Much less attention is received by the relationship between these mechanisms, the ideas that underpin them and the country-level practices they generate. The Global Fund has leveraged significant funding and taken a lead in harmonizing disparate efforts to control HIV/AIDS. Its growing influence in recipient countries makes it a useful case to examine this relationship and evaluate the extent to which the dominant public discourse on Global Fund departs from the hidden resistances and conflicts in its operation. Drawing on insights from ethnographic fieldwork and 70 interviews with multiple stakeholders, this article aims to better understand and reveal the public and the hidden transcript of the Global Fund and its activities in India. We argue that while its public transcript abdicates its role in country-level operations, a critical ethnographic examination of the organization and governance of the Fund in India reveals a contrasting scenario. Its organizing principles prompt diverse actors with conflicting agendas to come together in response to the availability of funds. Multiple and discrete projects emerge, each leveraging control and resources and acting as conduits of power. We examine how management of HIV is punctuated with conflicts of power and interests in a competitive environment set off by the Fund protocol and discuss its system-wide effects. The findings also underscore the need for similar ethnographic research on the financing and policy-making architecture of GHIs.

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

August 2013 Volume 9, Issue 8

<http://www.landesbioscience.com/journals/vaccines/toc/volume/9/issue/8/>

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 31 August 2013]

[No new relevant content]

Infectious Diseases of Poverty

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

[Accessed 31 August 2013]

[No new relevant content]

International Journal of Epidemiology

Volume 42 Issue 3 June 2013

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

[No relevant content]

International Journal of Infectious Diseases

Vol 17 | No. 9 | September 2013

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

[Reviewed earlier]

JAMA

August 28, 2013, Vol 310, No. 8

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

[No relevant content]

JAMA Pediatrics

August 2013, Vol 167, No. 8

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

[Reviewed earlier; No relevant content]

Journal of Community Health

Volume 38, Issue 4, August 2013

<http://link.springer.com/journal/10900/38/4/page/1>

[Reviewed earlier; No relevant content]

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 6 September 15, 2013

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

[Reviewed earlier; No relevant content]

Journal of Global Infectious Diseases (JGID)

July-September 2013 Volume 5 | Issue 3 Page Nos. 91-124

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

[No relevant content]

Journal of Medical Ethics

September 2013, Volume 39, Issue 9

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

[Reviewed earlier; No relevant content]

Journal of Medical Microbiology

September 2013; 62 (Pt 9)

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

[No relevant content]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 2 Issue 3 September 2013

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

A School-Located Vaccination Adolescent Pilot Initiative in Chicago: Lessons Learned

[Rachel N. Caskey¹](#), [Everly Macario²](#), [Daniel C. Johnson²](#), [Tamara Hamlish²](#) and [Kenneth A. Alexander²](#)

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Received July 25, 2012.

Accepted November 9, 2012.

<http://jpids.oxfordjournals.org/content/2/3/198.abstract>

Abstract

Background

Many adolescents underutilize preventive services and are underimmunized.

Methods

To promote medical homes and increase immunization rates, we conceptualized and implemented a 3-year, 8-school pilot school-located vaccination collaborative program. We sought community, parent, and school nurse input the year prior to implementation. We selected schools with predominantly Medicaid-enrolled or Medicaid-eligible students to receive Vaccines For Children stock vaccines. Nurses employed by a mass immunizer delivered these vaccines at participating schools 3 times a year.

Results

Over 3 years, we delivered approximately 1800 vaccines at schools. School administrators, health centers, and neighboring private physicians generally welcomed the program. Parents did not express overt concerns about school-located vaccination. School nurses were not able to participate because of multiple school assignments. Obtaining parental consent via backpack mail was an inefficient process, and classroom incentives did not increase consent form return rate. The influenza vaccine had the most prolific uptake. The optimal time for administering vaccines was during regular school hours.

Conclusions

Although school-located vaccination for adolescents is feasible, this is a paradigm shift for community members and thus accompanies challenges in implementation. High principal or school personnel turnover led to a consequent lack of institutional memory. It was difficult to communicate directly with parents. Because we were uncertain about the proportion of parents who received consent forms, we are exploring Internet-based and back-to-school registration options for making the consent form distribution and return process more rigorous. Securing an immunization champion at each school helped the immunization processes. Identifying a financially sustainable school-located vaccination model is critical for national expansion of school-located vaccination.

Journal of Pediatrics

Vol 163 | No. 3 | September 2013 | Pages 613-928

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

[No relevant content]

Journal of the Royal Society – Interface

November 6, 2013; 10 (88)

<http://rsif.royalsocietypublishing.org/content/current>

[Reviewed earlier; No relevant content]

Journal of Virology

[September 2013, volume 87, issue 18](#)

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

[No relevant content]

The Lancet

Aug 31, 2013 Volume 382 Number 9894 p743 - 832

<http://www.thelancet.com/journals/lancet/issue/current>
[No relevant content]

The Lancet Global Health

Sep 2013 Volume 1 Number 3 e116 - 168
<http://www.thelancet.com/journals/langlo/issue/current>
[Reviewed earlier]

The Lancet Infectious Diseases

Sep 2013 Volume 13 Number 9 p725 - 822
<http://www.thelancet.com/journals/laninf/issue/current>
[Reviewed earlier]

Medical Decision Making (MDM)

August 2013; 33 (6)
<http://mdm.sagepub.com/content/current>
[Reviewed earlier; No relevant content]

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>
[Reviewed earlier; No relevant content]

Nature

Volume 500 Number 7464 pp501-618 29 August 2013
http://www.nature.com/nature/current_issue.html
[No relevant content]

Nature Immunology

September 2013, Volume 14 No 9 pp879-975
<http://www.nature.com/ni/journal/v14/n9/index.html>
[Reviewed earlier; No relevant content]

Nature Medicine

August 2013, Volume 19 No 8 pp947-1072
<http://www.nature.com/nm/journal/v19/n8/index.html>
[Reviewed earlier; No relevant content]

Nature Reviews Immunology

September 2013 Vol 13 No 9

<http://www.nature.com/nri/journal/v13/n9/index.html>

[Reviewed earlier]

New England Journal of Medicine

August 29, 2013 Vol. 369 No. 9

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

[No relevant content]

OMICS: A Journal of Integrative Biology

August 2013, 17(8)

<http://online.liebertpub.com/toc/omi/17/7>

[No relevant content]

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

July 2013 Vol. 34, No. 1

http://www.paho.org/journal/index.php?option=com_content&task=view&id=128&Itemid=226

[Reviewed earlier; No relevant content]

The Pediatric Infectious Disease Journal

September 2013 - Volume 32 - Issue 9 pp: A15,931-1044,e348-e382

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

Changes in Infectious Disease Mortality in Children During the Past Three Decades

Lantto, Marjo; Renko, Marjo; Uhari, Matti

Abstract

Background: Our aim was to evaluate changes in infectious disease mortality in children in Finland from 1969 to 2004. We especially wanted to find out whether infection mortality could be further reduced by means of existing vaccines not included in national vaccination program.

Methods: We analyzed infectious disease mortality in Finland using data obtained from the official Cause of Death statistics for 1969 to 2004. Annual mortality rates were calculated in proportion to those at risk of dying. Infection mortality rates were calculated separately for neonates and children who were 1 month to 15 years.

Results: Childhood mortality due to infectious diseases decreased by 89%, from 0.12% in 1969 to 0.013% in 2004, and neonatal mortality by 69%, from 0.50% to 0.16%. Pneumonia, central nervous system infections and septicemia were the most common fatal infections in childhood.

There were slightly more deaths due to all infections and respiratory tract infections in years marked by epidemics of respiratory syncytial virus. We estimated that pneumococcal conjugate vaccines would have prevented 2 deaths annually in our population, rotavirus vaccines 1 to 2 deaths, influenza vaccine 1 death and varicella vaccine 0.7 death.

Conclusions: We found that even though mortality from infectious diseases in childhood decreased markedly during the period concerned, it could have been further reduced by means of existing vaccines. Even though the number of deaths prevented would have been small, the

number of years of life saved would have been great because the life expectancy of children is long.

Pediatrics

August 2013, VOLUME 132 / ISSUE 2

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

[Reviewed earlier]

Pharmaceutics

Volume 5, Issue 3 (September 2013), Pages 371-

<http://www.mdpi.com/1999-4923/5/3>

[No new relevant content]

Pharmacoeconomics

Volume 31, Issue 8, August 2013

<http://link.springer.com/journal/40273/31/8/page/1>

[Reviewed earlier]

PLoS One

[Accessed 31 August 2013]

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

Research Article

A Qualitative Analysis of Factors Influencing HPV Vaccine Uptake in Soweto, South Africa among Adolescents and Their Caregivers

Ingrid T. Katz mail, Busisiwe Nkala, Janan Dietrich, Melissa Wallace, Linda-Gail Bekker, Kathryn Pollenz, Laura M. Bogart, Alexi A. Wright, Alexander C. Tsai, David R. Bangsberg, Glenda E. Gray

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0072094>

Abstract

Background

In South Africa, the prevalence of oncogenic Human Papillomavirus (HPV) may be as high as 64%, and cervical cancer is the leading cause of cancer-related death among women. The development of efficacious prophylactic vaccines has provided an opportunity for primary prevention. Given the importance of psycho-social forces in vaccine uptake, we sought to elucidate factors influencing HPV vaccination among a sample of low-income South African adolescents receiving the vaccine for the first time in Soweto.

Methods

The HPV vaccine was introduced to adolescents in low-income townships throughout South Africa as part of a nationwide trial to understand adolescent involvement in future vaccine research targeting human immunodeficiency virus (HIV). We performed in-depth semi-structured interviews with purposively-sampled adolescents and their care providers to understand what forces shaped HPV vaccine uptake. Interviews were recorded, transcribed, translated, and examined using thematic analysis.

Results

Of 224 adolescents recruited, 201 initiated the vaccine; 192 (95.5%) received a second immunization; and 164 (81.6%) completed three doses. In our qualitative study of 39 adolescent-caregiver dyads, we found that factors driving vaccine uptake reflected a socio-cultural backdrop of high HIV endemicity, sexual violence, poverty, and an abundance of female-headed households. Adolescents exercised a high level of autonomy and often initiated decision-making. Healthcare providers and peers provided support and guidance that was absent at home. The impact of the HIV epidemic on decision-making was substantial, leading participants to mistakenly conflate HPV and HIV.

Conclusions

In a setting of perceived rampant sexual violence and epidemic levels of HIV, adolescents and caregivers sought to decrease harm by seeking a vaccine targeting a sexually transmitted infection (STI). Despite careful consenting, there was confusion regarding the vaccine's target. Future interventions promoting STI vaccines will need to provide substantial information for participants, particularly adolescents who may exercise a significant level of autonomy in decision-making.

Research Article

Timeliness Vaccination of Measles Containing Vaccine and Barriers to Vaccination among Migrant Children in East China

Yu Hu mail, Qian Li, Shuying Luo, Linqiao Lou, Xiaohua Qi, Shuyun Xie

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0073264>

Abstract

Background

The reported coverage rates of first and second doses of measles containing vaccine (MCV) are almost 95% in China, while measles cases are constantly being reported. This study evaluated the vaccine coverage, timeliness, and barriers to immunization of MCV1 and MCV2 in children aged from 8–48 months.

Methods

We assessed 718 children aged 8–48 months, of which 499 children aged 18–48 months in September 2011. Face to face interviews were administered with children's mothers to estimate MCV1 and MCV2 coverage rate, its timeliness and barriers to vaccine uptake.

Results

The coverage rates were 76.9% for MCV1 and 44.7% for MCV2 in average. Only 47.5% of surveyed children received the MCV1 timely, which postpone vaccination by up to one month beyond the stipulated age of 8 months. Even if coverage thus improves with time, postponed vaccination adds to the pool of unprotected children in the population. Being unaware of the necessity for vaccination and its schedule, misunderstanding of side-effect of vaccine, and child being sick during the recommended vaccination period were significant preventive factors for both MCV1 and MCV2 vaccination. Having multiple children, mother's education level, household income and children with working mothers were significantly associated with delayed or missing MCV1 immunization.

Conclusions

To avoid future outbreaks, it is crucial to attain high coverage levels by timely vaccination, thus, accurate information should be delivered and a systematic approach should be targeted to high-risk groups.

PLoS Medicine

(Accessed 31 August 2013)

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

[No new relevant content]

PLoS Neglected Tropical Diseases

August 2013

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

Policy Platform

Addressing Ethical, Social, and Cultural Issues in Global Health Research

James V. Lavery mail, Shane K. Green, Sunita V. S. Bandewar, Anant Bhan, Abdallah Daar, Claudia I. Emerson, Hassan Masum, Filippo M. Randazzo, Jerome A. Singh, Ross E. G. Upshur, Peter A. Singer

<http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0002227;jsessionid=04509CEF62F57E8BDF1743A89C443DDF>

Summary

The purpose of this paper is to encourage reflection among the global health research community and the research ethics community about how a wide range of ethical, social, and cultural (ESC) influences on the conduct, success, and impact of global health research can best be addressed by consultation services in research ethics (CSRE). We draw on lessons we have learned during our experiences with the ESC Program of the Grand Challenges in Global Health initiative to propose key features of CSRE that may prove useful for those designing or implementing similar programs.

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

(Accessed 31 August 2013)

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

[No new relevant content]

Public Health Ethics

Volume 6 Issue 2 July 2013

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

[Reviewed earlier]

Qualitative Health Research

September 2013; 23 (9)

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

[Reviewed earlier]

Risk Analysis

August 2013 Volume 33, Issue 8 Pages 1383–1563

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-8/issuetoc>

[No relevant content]

Science

30 August 2013 vol 341, issue 6149, pages 929-1032

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

Research Article

Poverty Impedes Cognitive Function

[Anandi Mani](#)¹, [Sendhil Mullainathan](#)^{2,*}, [Eldar Shafir](#)^{3,*}, [Jiaying Zhao](#)⁴

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⁴Department of Psychology and Institute for Resources, Environment and Sustainability, University of British Columbia, Vancouver, British Columbia V6T 1Z4, Canada.

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<http://www.sciencemag.org/content/341/6149/976.abstract>

Abstract

The poor often behave in less capable ways, which can further perpetuate poverty. We hypothesize that poverty directly impedes cognitive function and present two studies that test this hypothesis. First, we experimentally induced thoughts about finances and found that this reduces cognitive performance among poor but not in well-off participants. Second, we examined the cognitive function of farmers over the planting cycle. We found that the same farmer shows diminished cognitive performance before harvest, when poor, as compared with after harvest, when rich. This cannot be explained by differences in time available, nutrition, or work effort. Nor can it be explained with stress: Although farmers do show more stress before harvest, that does not account for diminished cognitive performance. Instead, it appears that poverty itself reduces cognitive capacity. We suggest that this is because poverty-related concerns consume mental resources, leaving less for other tasks. These data provide a previously unexamined perspective and help explain a spectrum of behaviors among the poor. We discuss some implications for poverty policy.

Science Translational Medicine

28 August 2013 vol 5, issue 200

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

[No relevant content]

Social Science & Medicine

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

<http://www.sciencedirect.com/science/journal/02779536/93>

[No new relevant content]

UN Chronicle

Vol 1, No.2, 2013

<http://www.un.org/wcm/content/site/chronicle/home/archive/issues2013/security>

[Reviewed earlier]

Vaccine

Volume 31, Issue 40, Pages 4261-4464 (13 September 2013)

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

[Reviewed earlier]

Vaccine: Development and Therapy

(Accessed 31 August 2013)

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

[No new relevant content]

Vaccines — Open Access Journal

<http://www.mdpi.com/journal/vaccines>

Vaccines (ISSN 2076-393X), an international open access journal, is published by MDPI online quarterly.

[No new relevant content]

Value in Health

Vol 16 | No. 5 | July-August 2013 | Pages 699-906

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

[Reviewed earlier]

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

[Further Evidence for Bias in Observational Studies of Influenza Vaccine Effectiveness: The 2009 Influenza A \(H1N1\) Pandemic](#)

ML Jackson, O Yu, JC Nelson, A Naleway, EA Belongia... - American Journal of ..., 2013
Abstract Preinfluenza periods have been used to test for uncontrolled confounding in studies of influenza **vaccine** effectiveness, but some authors have claimed that confounding differs in preinfluenza and influenza periods. We tested this claim by comparing estimates of the ...

[Risk Factors for Non-Initiation of the Human Papillomavirus \(HPV\) Vaccine among Adolescent Survivors of Childhood Cancer](#)

J Klosky, K Russell, K Canavera, H Gammel... - Cancer Prevention ..., 2013
Abstract Effective vaccination is now available to prevent human papillomavirus (HPV), the most common sexually transmitted infection and cause of cervical cancer. This study aimed to estimate the prevalence of HPV vaccination among childhood cancer survivors and ...

Media/Policy Watch

This section is intended to alert readers to substantive news, analysis and opinion from the general media on vaccines, immunization, global; public health and related themes. *Media Watch* is not intended to be exhaustive, but indicative of themes and issues CVEP is actively tracking. This section will grow from an initial base of newspapers, magazines and blog sources, and is segregated from *Journal Watch* above which scans the peer-reviewed journal ecology.

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where content is published without restriction, but most publications require registration and some subscription level.

Al Jazeera

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

Accessed 31 August 2013

[No new, unique, relevant content]

The Atlantic

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

Accessed 31 August 2013

[No new, unique, relevant content]

BBC

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

Accessed 31 August 2013

[No new, unique, relevant content]

Brookings

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

Accessed 31 August 2013

[No new, unique, relevant content]

Council on Foreign Relations

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

Accessed 31 August 2013

[No new, unique, relevant content]

Economist

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

Accessed 31 August 2013

[No new, unique, relevant content]

Financial Times

<http://www.ft.com>

Accessed 31 August 2013

[No new, unique, relevant content]

Forbes

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

Accessed 31 August 2013

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 31 August 2013

[No new, unique, relevant content]

Foreign Policy

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

Accessed 31 August 2013

[No new, unique, relevant content]

The Guardian

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

Accessed 31 August 2013

[No new, unique, relevant content]

The Huffington Post

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

Accessed 31 August 2013

[No new, unique, relevant content]

Le Monde

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

Accessed 31 August 2013

[No new, unique, relevant content]

New Yorker

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

Accessed 31 August 2013

[No new, unique, relevant content]

New York Times

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

Accessed 31 August 2013

[No new, unique, relevant content]

Reuters

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

Accessed 31 August 2013

[No new, unique, relevant content]

Wall Street Journal

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

Accessed 31 August 2013

[No new, unique, relevant content]

Washington Post

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

Accessed 31 August 2013

[No new, unique, relevant content]

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