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Nueva Serie. Número 097
Semana 170813 - 230813
La Habana, Cuba.



CUBA NACIONALES

Variadas

1. Preparados en el IPK unos 50 mil especialistas de 88 países.



DIARIO GRANMA, 21 DE AGOSTO DE 2013... IRIS DE ARMAS PADRINO... LA HABANA... El Instituto de Medicina Tropical Pedro Kourí (IPK) ha preparado a unos 50 mil especialistas de 88 países de los cinco continentes, de ellos cinco mil extranjeros, anunció en la capital una experta de esa institución. En diálogo con la AIN, la Doctora en Ciencias Nereyda Cantelar, Profesora Titular, Consultante y de Mérito y vicedirectora de docencia del IPK, explicó que esa formación desde 1980 incluye maestrías, entrenamientos, doctorados y cursos, y ha beneficiado a especialistas de América Latina, África, Estados Unidos, Canadá y de Europa, entre otros. Con 163 profesores categorizados, ese Centro Colaborador para el Dengue y las Enfermedades Víricas de las organizaciones Panamericana y Mundial de la Salud es un ejemplo de integración. Además, desarrolla un trabajo muy importante en la investigación, la formación de cuadros en el aspecto de la medicina tropical y enfermedades infecciosas, así como también en la parte asistencial y epidemiológica, precisó. La institución es centro de posgrado de la Universidad de Ciencias Médicas de La Habana y unidad docente de la Facultad de Biología de la Universidad de La Habana, y hace unos cinco años abrió la carrera de Tecnología de la salud-microbiología, de la cual ya tienen dos ediciones, enfatizó la especialista de I y II grado en Microbiología. Preciso la experta que existen seis programas presenciales de maestrías en Epidemiología, con un nivel de egresados importante, la de virología, la de bacteriología, parasitología, infectología y la de entomología y control de vectores. Asimismo, anunció que el IPK trabaja de conjunto con la Comisión de la Junta de Acreditación Nacional para avalar la mayoría de esas maestrías de excelente. En Cuba existen seis instituciones autorizadas para conducir grados científicos: las universidades de Ciencias Médicas de La Habana, de Las Villas, de Camagüey, la de Oriente (Santiago de Cuba), la Escuela Nacional de Salud Pública y el Instituto de Medicina Tropical Pedro Kourí, aseveró. Con 64 Doctores en Ciencias, el IPK es sede desde 1987 de los Cursos Internacionales sobre el Dengue y su vector, cuya decimotercera edición sesiona hasta el próximo viernes con más de 300 expertos de varias naciones. Además de los cursos presenciales, también posee un área de otros virtuales y actualmente tienen tres diplomados puestos *online*, referidos a enfermedades emergentes y reemergentes, otro de dolencias tropicales mayores, y el de males bacterianos. En la actividad docente el IPK está autorizado a otorgar el certificado de la UNESCO porque es centro de referencia de esa institución internacional, refirió la doctora Cantelar. (AIN)

[Preparados en el IPK unos 50 mil especialistas de 88 países...](#)

2. Pesquisas alertan sobre peligro de amputación. Aplicación del Herberprot-P ha beneficiado a 698 avileños.

Juventud Rebelde, Luis Raúl Vázquez Muñoz, digital@juventudrebelde.cu... 19 de Agosto del 2013... CIEGO DE ÁVILA... Especialistas de Salud Pública en Ciego de Ávila realizan pesquisajes en los centros del sistema de atención primaria de la provincia para detectar a personas aquejadas de diabetes, ante la posibilidad de que unos 64 000

ciudadanos padezcan esa enfermedad crónica. La doctora Mislene Álvarez, jefa de los Servicios de Angiología y coordinadora del Programa de Heberprot-P en la provincia, explicó que las pruebas son necesarias pues muchos pobladores desconocen si padecen de esa enfermedad, en muchos casos al no reconocer sus síntomas y tomarlos como casi normales o restarles importancia por convivir con ellos durante largo tiempo. Otra de las causas de la pesquisa es detectar a personas con lesiones en los pies provocadas por la diabetes mellitus, lo cual constituye una de los peligros grandes de la enfermedad, pues análisis estadísticos indican que el 15 por ciento de los diabéticos sufren daños en sus extremidades inferiores, con el consiguiente riesgo de amputación. La detección de estos pacientes se hace más relevante ante la existencia del Heberprot-P, medicamento cubano único de su tipo en el mundo, cuya terapia puede revertir con una alta efectividad las úlceras del pie diabético en estado avanzado y que ha beneficiado a 698 avileños desde el inicio de su aplicación en Ciego de Ávila en 2007, hasta el cierre de las estadísticas en el actual mes. Según estadísticas de Salud Pública, la aplicación del Heberprot-P, la capacitación de especialistas en su uso y los pesquisajes en la población ha influido en un descenso de las amputaciones en pacientes con úlceras del pie diabético, pues hasta el mes de julio solo se han realizado seis en el actual año, en comparación con las 13 efectuadas en 2012.

[Pesquisas alertan sobre peligro de amputación...](#)

CUBA INTERNACIONALES

Variadas

3. LAOS - Presentan oficialmente en Laos el producto cubano Vidatox.

Diario Granma, 20 de agosto de 2013... LAOS... En Vientiane, capital de Laos, fue celebrado un seminario que constituyó el lanzamiento oficial del producto médico cubano Vidatox, desarrollado por el Grupo Empresarial Labiofam S.A. El acto fue presidido por Waldo Reyes Sardiñas, Embajador de Cuba en ese país, y contó con la presencia de funcionarios del Ministerio de Salud de Laos, representantes de hospitales y clínicas, de las direcciones de salud de varias provincias, compañías comercializadoras de productos médicos, así como doctores y farmacéuticos. Laos se ha convertido de esta forma en el primer país de la región asiática que registra el Vidatox para su uso médico en el país. El Vidatox 30CH ha despertado sumo interés en Laos, pues ha demostrado su valía en el mejoramiento de la vida de pacientes que padecen de cáncer. También participaron, en representación de Labiofam, Gustavo Junco Matos, Director de Labiofam para Asia y la Dra. Carmen Morales Paneque, Especialista en Ensayos Clínicos de la compañía cubana, así como el Dr. Nguyen Tuan Hai, Director de la empresa vietnamita AMV, comercializadora de productos farmacéuticos. En nombre de la parte laosiana intervino el Dr. Somthavy Changvisomid, Director General del Departamento de Alimentos y Drogas del Ministerio de Salud, entidad nacional encargada de los registros para importación del país. La Dra. Carmen Morales tuvo a su cargo la impartición del seminario técnico sobre el Vidatox, exponiendo desde su historia, ensayos clínicos y características hasta el desarrollo de medicamento y sus logros demostrados. *(Cubaminrex)...*

[Presentan oficialmente en Laos el producto cubano Vidatox...](#)

4. GABÓN - Contribuirá Cuba a erradicación de malaria en Gabón.

Prensa Latina, Por Oscar Bravo Fong... Luanda, 20 ago (PL)... Gabón y Cuba firmaron un acuerdo de cooperación para el inicio en ese país africano de un programa nacional de control de la malaria y combate contra vectores, afirmó hoy aquí un representante empresarial del Estado caribeño. [Ver imagen en FotosPL...](#) José Antonio Fraga, director del Grupo Empresarial Labiofam, indicó que el contrato de servicios fue suscrito recientemente por la entidad que dirige y el ministro de Salud Pública de Gabón, León N'zouba, en presencia del mandatario de ese país, Ali Bongo Ondimba. En declaraciones a Prensa Latina sostuvo que para llevar adelante el proyecto antivectorial en septiembre llegará al país africano una brigada cubana, integrada por 18 especialistas de Laboratorios Biológicos Farmacéuticos (Labiofam). Fraga destacó también la labor que desarrolla el personal médico cubano en el país del oeste de África central, que tiene una población superior a un millón 500 mil habitantes. Expresó, asimismo, que el presidente, Bongo Ondimba, agradeció la colaboración cubana y envió un saludo fraternal al líder histórico de la Revolución cubana, Fidel Castro, por su reciente cumpleaños 87, y al presidente, Raúl Castro. La delegación cubana dio las gracias a su vez a Gabón por su firme condena en Naciones Unidas del criminal e injusto bloqueo económico, financiero y comercial impuesto contra Cuba por Estados Unidos desde hace más de medio siglo, señaló. Fraga, quien realiza una gira de trabajo por varios países africanos, consideró como un gran logro de Labiofam la suscripción de un convenio con Guinea Ecuatorial, que garantiza la continuidad del programa de control de vectores en esa nación. En el territorio ecuatoguineano se encuentra un grupo de especialistas cubanos, que labora de forma intensa en la erradicación de la malaria y de ratas, mediante productos biológicos de probada eficacia, expresó.

Acompañado de cooperantes cubanos, el representante de Labiofam visitó este martes comunidades del capitalino municipio angoleño de Viana, en la que constató trabajos de una brigada de fumigación, que aplica productos como el biolarvicida Bactivec para la aniquilación de larvas de mosquitos. Según estadísticas recientes del Ministerio de Salud en Angola, en este territorio antes morían alrededor de 20 mil personas cada año por causa de la malaria, en tanto actualmente perecen menos de cinco mil en ese lapso. Al significar el impacto de la colaboración cubana en África, Fraga manifestó que esta se evidencia en la aceptación y el incremento del número de países que solicitan a Cuba la aplicación de programas y servicios para el control de diversas enfermedades.

[Contribuirá Cuba a erradicación de malaria en Gabón...](#)

MUNDO

Vacunas

5. BRASIL – Vacuna brasileña contra el dengue se experimentará en 300 voluntarios.

La Verdad, Agencia EFE, Río de Janeiro, 17 ago (EFE)... Una vacuna desarrollada en Brasil contra el dengue se experimentará en 300 voluntarios durante los próximos cinco años para analizar su eficacia y seguridad, informó hoy el Ministerio de Salud, que ha invertido el equivalente a 87 millones de dólares en el proyecto. "Si la vacuna es aprobada en todas las etapas del estudio clínico (con humanos) podrá ser comercializada y distribuida a la población. La perspectiva del Gobierno brasileño en caso de éxito de todas las etapas es atender la demanda global y exportar la vacuna", según el comunicado divulgado por el Ministerio. El inicio de las pruebas en humanos fue autorizado la víspera por la Agencia Nacional de Vigilancia Sanitaria (Anvisa). La vacuna, probada exitosamente en laboratorio y con animales, ha sido desarrollada desde 2006 por el Instituto Butantan, un centro de estudios médicos vinculado al gobierno del estado de Sao Paulo, y se caracteriza por prevenir contra los cuatro tipos de dengue (1, 2, 3 y 4). La vacuna ya obtuvo resultados exitosos en pruebas de seguridad realizadas con 20 voluntarios en Estados Unidos, país que participa en la investigación a través de una de sus agencias estatales de salud. Además del Instituto Butantan, el también brasileño Instituto de Tecnología de Inmunobiológicos Bio-Manguinhos, un laboratorio vinculado al Ministerio de Salud, está estudiando desde 2009 una nueva vacuna contra el dengue que desarrolló en asociación con el laboratorio privado GSK. Como aún no existe vacuna contra el dengue, la única herramienta disponible hasta ahora para prevenir la enfermedad es la eliminación de los focos en que se cría el mosquito aedes aegypti, que transmite el virus responsable de la enfermedad. *EFE*

[Vacuna brasileña contra el dengue se experimentará en 300... La Verdad...](#)

6. EE.UU. – Nuevo reporte del mercado farmacéutico de *GlobalData*: "NeisVac-C (Vacuna antimeningocócicas contra el serogrupo C) – Pronósticos y análisis de mercado hasta 2022." Now Available: NeisVac-C (Meningococcal Vaccines) - Forecast and Market Analysis to 2022. New Pharmaceuticals market report from GlobalData: "NeisVac-C (Meningococcal Vaccines) - Forecast and Market Analysis to 2022".

SBWire, Boston, MA -- (SBWIRE) -- 08/21/2013 ... Meningococcal disease is an acute infection caused by the gram-negative bacterium *Neisseria meningitidis*. Its rapid onset and severity of symptoms makes prompt and effective diagnosis and treatment nearly impossible. For these reasons the meningococcal disease space is dominated by vaccines. NeisVac-C (Meningococcal Serogroup C-TT Conjugate Vaccine, Adsorbed) is the brand name for Baxter's MenC conjugate vaccine sold in the EU and Australia. First approved in the UK in 2000, NeisVac-C is one of the first meningococcal conjugate vaccines to be used in active immunization against meningococcal meningitis, specifically MenC. [View Full Report Details and Table of Contents ...](#)

Scope

- Overview of Meningococcal disease, including epidemiology, etiology, symptoms, diagnosis, pathology and treatment guidelines as well as an overview on the competitive landscape.
- Detailed information on NeisVac-C including product description, safety and efficacy profiles as well as a SWOT analysis.
- Sales forecast for NeisVac-C for the top nine countries from 2012 to 2022.
- Sales information covered for the US, France, Germany, Italy, Spain, the UK, Japan, Australia and Brazil

Reasons to Get This Report

- Understand and capitalize by identifying products that are most likely to ensure a robust return
- Stay ahead of the competition by understanding the changing competitive landscape for meningococcal vaccines
- Effectively plan your M&A and partnership strategies by identifying drugs with the most promising sales potential
- Make more informed business decisions from insightful and in-depth analysis of NeisVac-C performance
- Obtain sales forecast for NeisVac-C from 2012-2022 in top nine countries (the US, France, Germany, Italy, Spain, the UK, Japan, Brazil and China)

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- [MnB rLP2086 \(Meningococcal Vaccines\) - Forecast and Market Analysis to 2022](#)
- [Travel Vaccines Market to 2019 - Hepatitis A, Japanese Encephalitis and Meningococcal Vaccine Segments to Drive Growth](#)

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[Now Available: NeisVac-C \(Meningococcal Vaccines\) - Forecast ...](#) SBWire (press release)...

7. EE.UU. – Fast Market Research anuncia disponibilidd de nuevo reporte del mercado farmacéutico: “Vacuna conjugada Menitorix (meningococo del serogrupo C y Haemophilus influenzae tipo b, conjugado con toxoide tetánico) – Pronósticos y análisis de mercado hasta 2022.” *Menitorix (Meningococcal Vaccines) - Forecast and Market Analysis to 2022 - New Market Study Published. Recently published research from GlobalData, “Menitorix (Meningococcal Vaccines) - Forecast and Market Analysis to 2022”, is now available at Fast Market Research...*

SBWire (press release)... Boston, MA -- ([SBWIRE](#)) -- 08/22/2013... Meningococcal disease is an acute infection caused by the gram-negative bacterium *Neisseria meningitidis*. Its rapid onset and severity of symptoms makes prompt and effective diagnosis and treatment nearly impossible. For these reasons the meningococcal disease space is dominated by vaccines.

Menitorix (Meningococcal Groups C and Haemophilus b Tetanus Toxoid Conjugate Vaccine) is the brand name for GSK's Hib-MenC conjugate vaccine sold in the UK and Spain. Approved in 2012, Menitorix was the first meningococcal conjugate vaccine to also provide protection against Hib.

Scope

- Overview of Meningococcal disease, including epidemiology, etiology, symptoms, diagnosis, pathology and treatment guidelines as well as an overview on the competitive landscape.
- Detailed information on Menitorix including product description, safety and efficacy profiles as well as a SWOT analysis.
- Sales forecast for Menitorix for the top nine countries from 2012 to 2022.
- Sales information covered for the US, France, Germany, Italy, Spain, the UK, Japan, Australia and Brazil.

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Reasons to Get This Report

- Understand and capitalize by identifying products that are most likely to ensure a robust return
- Stay ahead of the competition by understanding the changing competitive landscape for meningococcal vaccines
- Effectively plan your M&A and partnership strategies by identifying drugs with the most promising sales potential
- Make more informed business decisions from insightful and in-depth analysis of Menitorix performance
- Obtain sales forecast for Menitorix from 2012-2022 in top nine countries (the US, France, Germany, Italy, Spain, the UK, Japan, Brazil and China)

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[Menitorix \(Meningococcal Vaccines\) - Forecast and Market Analysis ... SBWire \(press release\)...](#)

8. EE.UU. – De como MedAlerts se convirtió en la máquina de búsqueda recurrente de los reportes de reacciones adversas a las vacunas. How MedAlerts Became the "Go-To" Vaccine Reaction Report Search Engine...

NVIC.org - The Story Behind MedAlerts... Posted: 8/20/2013... By Patrice La Vigne ... MedAlerts is the unique database search engine created and launched online in 2003 by computer science expert [Steven Rubin, PhD](#),¹ to allow people to search and review reports of vaccine-related complications made to the federal Vaccine Adverse Events Reporting System (VAERS). Dr. Rubin developed MedAlerts to provide people with a user-friendly way to search vaccine reactions reported to the U.S. government by doctors, nurses and other vaccine providers, as well as the public. VAERS was included as part of the vaccine safety informing, recording and reporting provisions that NVIC co-founders secured in the 1986 National Childhood Vaccine Injury Act as an integrated post-marketing surveillance system to monitor potential safety problems with vaccines.² VAERS is jointly operated by the Food and Drug Administration (FDA) and Centers for Disease Control (CDC).³ With 60,000 hits daily, Dr. Rubin estimates MedAlerts attracts some 3,000 unique visitors to the website per day. Following is an historical look-back at why and how Dr. Rubin created the invaluable online VAERS database search engine, [MedAlerts](#), that can be accessed through [NVIC.org](#). *Parents' Experiences with Vaccine Reactions Leads to Computer Program*: Steven Rubin never planned to create MedAlerts or get involved with vaccine reaction reporting. The VAERS data wasn't even on his radar. In the 1990's, he was simply working as a computer scientist writing open-source software. In 1996, his wife, Amy Lansky, PhD, left her job as a computer scientist to study homeopathy and later wrote the book, "Impossible Cure," about their son's autism and the important role homeopathic remedies played in their son's recovery from autism.⁴ In the late 1990's, Dr. Rubin became aware that babies were dying and suffering brain injury after routine vaccinations and he began investigating the federal VAERS data. At that time, he observed "VAERS was available to the public only as a collection of terse and unusable data files." After spending a few days analyzing the VAERS data files, he developed a new computer software program to analyze and make sense of the VAERS data files. *Before MedAlerts: NVIC Monitors VAERS DPT "Hot Lots"*: Before Dr. Rubin created MedAlerts, for more than a decade after Congress passed the 1986 National Childhood Vaccine Injury Act, NVIC co-founders had routinely submitted Freedom of Information Act (FOIA) requests to the CDC to obtain computer discs with raw data from VAERS. The process often took three to four months to complete from time of NVIC's FOIA submission to receipt of the discs. With the help of a computer programmer, who developed special software to de-code the raw data, between 1990 and 2000 NVIC co-founder and vice president Kathi Williams monitored reports of infant deaths and symptoms of brain inflammation/encephalopathy that were associated with different lots of DPT vaccine and NVIC published lists of "hot lots" of DPT vaccine. In 1994, NBC broadcast a special investigative report on the "NBC Now Show Tom Brokaw and Katie Couric" that featured a family, whose son was severely brain injured by DPT vaccine that came from a DPT "Hot Lot."⁵ *Making the VAERS Data Easy to Search*: Once Dr. Rubin developed easy-to-use software to search the VAERS database, he was astonished by all of the information contained in VAERS. He decided that the public should have access to a website that features government vaccine reaction report data and converts it into a format so anyone can search it. After the launch of the website in 2003, more and more people discovered MedAlerts. As its popularity grew, Dr. Rubin looked for an established vaccine education group to partner with and his wife suggested the National Vaccine Information Center. *MedAlerts & NVIC.org: A Match*: When Dr. Rubin approached NVIC in 2005, the reputation of the MedAlerts database was already known to NVIC's co-founders. "We were very excited to partner with Dr. Rubin and connect MedAlerts with NVIC.org," said Kathi Williams. "We knew the public would like being able to easily search the VAERS database online through NVIC's website, which is the oldest consumer-operated vaccine information website on the Internet." The MedAlerts website was visually rebranded to align with NVIC.org and, in 2009, Dr. Rubin became NVIC's volunteer Director of Vaccine Research Analytics. *Analyzing Emerging Trends in VAERS Reports*: Dr. Rubin not only programs, continually updates and acts as the system administrator for MedAlerts, he takes the VAERS data one step further by analyzing emerging trends and posting [The MedAlerts Blog](#) describing those trends.⁶ For example, one trend he has reported this year is that for the past two years, there have been fewer VAERS reports filed. The potential reasons for a decline in vaccine adverse event reports made to VAERS could be varied, from doctors preferring to make vaccine reaction reports to vaccine manufacturers instead of the federal government or to a growing lack of interest in completing the required paperwork (even though the requirement to report is part of federal law). Dr. Rubin sometimes is asked to answer specific "cause and effect" questions about individual VAERS reports or trends he observes but urges people to remember that he is a computer scientist analyzing data and not a medical professional giving medical advice!⁷ *MedAlerts - Better than the CDC's Wonder Database*: MedAlerts was the first online search engine that gave the public an easy-to-use tool to review and analyze VAERS data. Shortly after MedAlerts was posted online, the federal government created the CDC-operated Wonder (Wide-ranging Online Data for Epidemiologic Research). Dr. Rubin maintains that MedAlerts has a better user interface with increased search capabilities and more powerful reporting capabilities than CDC Wonder. "Over the years, I've seen things that I have in MedAlerts get adopted by CDC Wonder," he said. "To me, this is great news ... it show that my efforts are pushing the government to keep up." Further, MedAlerts seems to be the popular choice for families as well as health professionals examining the VAERS database. Dr. Rubin recalled that "Dr. Vicky Debold (NVIC's volunteer Director of Research and Patient Safety) once went to a government briefing on vaccine safety. She noticed that the government scientist had slides that obviously came from MedAlerts (not CDC Wonder). When she asked the scientist why, he told her that organizations questioning vaccine safety have "the best VAERS search engine." *Building the Unique "Wayback Machine" To Double-Check VAERS*: On MedAlerts, you can search adverse events by vaccine, symptoms of reactions, dates, state of residence, age and more. In August 2012, Dr. Rubin added a feature that allows people to analyze VAERS information dating back to 2003.⁸ "As a 'digital packrat,' I never throw

away a disk file. As a result, I realized that I had every government download since 2003, sitting on my computer," he said. He was spurred to build the "Wayback Machine," allowing MedAlerts users "to compare any two government data releases, look at the history of changes to any VAERS report, and do other high-level analysis. NVIC uses the "Wayback" feature to check monthly releases of government data. "Suspicious changes to the VAERS data are easily spotted," said Dr. Rubin. *MedAlerts: The "Go To" Vaccine Reaction Search Engine*: Doctors, nurses and other vaccine providers are not the only ones who can report to VAERS. Anyone receiving a vaccine or who is the parent of a child, who has suffered serious health problems following vaccination, can make a vaccine reaction report to VAERS. If your doctor recommends that you or your child get one or more vaccines and you would like to check out publicly reported serious health problems associated with those vaccines, MedAlerts is a good place to start. Dr. Rubin has even created an [online help](#) for using it. "MedAlerts is the go-to site for vaccine injury report information collected by the government," Dr. Rubin said. "You can learn a lot by reading the signs and symptoms of vaccine reactions that are being reported and recorded in this important database."

Fuente: <http://www.nvic.org/NVIC-Vaccine-News/August-2013/The-MedAlerts-Story.aspx...>

9. ARGENTINA – Comienza reunión y simposio internacional sobre inmunizaciones.

Terra Argentina, Telam, 20 de agosto de 2013... La segunda reunión de la Comisión Nacional de Inmunizaciones (Conain) y el cuarto Simposio Internacional en la materia comenzarán mañana en la capital de Jujuy, con la participación de especialistas del área de infectología de todo el país, informó el Ministerio de Salud. El viceministro de la cartera sanitaria nacional, Máximo Diosque, y su par provincial, Víctor Urbani, abrirán a las 9 la reunión de la Conain con las recomendaciones de los grupos de trabajo respecto a las vacunas contra el virus del papiloma humano (VPH) y la fiebre amarilla. Luego, la médica Sandra Sagradini disertará sobre epidemiología de la diarrea por rotavirus en Argentina, mientras que su colega Analía Urueña expondrá sobre "el estudio de costo-efectividad" de la vacuna rotavirus en el país. Las recomendaciones del Grupo Técnico Asesor de la Organización Panamericana de la Salud (OPS) sobre vacunas serán expuestas a la tarde por el doctor Pablo Bonvehí y Carla Vizzotti, jefa del Programa Nacional de Control de Enfermedades Inmunoprevenibles (ProNaCEI), actualizará sobre "la provisión de insumos y estrategias propuestas". El encuentro finalizará con las disertaciones de Sagradini sobre epidemiología de la varicela en Argentina y de las doctoras Alejandra Gaiano y Silvina Neyro, que brindarán recomendaciones para el control de esa enfermedad. La CONAIN es un organismo técnico que asesora "a las autoridades nacionales y a los decisores políticos para delinear acciones y políticas sobre aspectos relacionados con la inmunización basados en la evidencia y en la epidemiología local", explicó el Ministerio de Salud. Esta comisión está formada, entre otras asociaciones científicas, por la Sociedad Argentina de Pediatría (SAP), la Sociedad Argentina de Infectología Pediátrica (SADIP) y la Sociedad Argentina de Infectología (SADI). Paralelamente y también en el hotel Terma de Reyes de Jujuy comenzará a las 17 el IV Simposio Internacional de Inmunizaciones, que culminará el viernes. La fiebre hemorrágica, la fiebre amarilla y la tos convulsa serán algunas de las enfermedades sobre las que expondrán distintos especialistas. También se analizarán enfermedades respiratorias, la vacunación en embarazadas y adolescentes y el impacto de la incorporación de la vacuna conjugada contra el neumococo en el plan nacional de vacunación. Y el médico Daniel Stecher presentará la primera encuesta nacional de coberturas de vacunación del personal de salud. Télam...

[COMIENZAN REUNION Y SIMPOSIO INTERNACIONAL SOBRE...](#) Terra Argentina...

10. EE.UU. – Emergent Biosolutions Inc. finalmente se expande más allá del ántrax. Emergent Biosciences Finally Expanding Beyond Anthrax ...

Seeking Alpha, Aug 22 2013... Emergent Biosolutions ([EBS](#)) is a commercial stage biotech that produces the only FDA approved anthrax vaccine. The company derives nearly all of its revenue from sales of BioThrax, its only marketed product, to the US Government. Currently, nearly all of Emergent's revenue comes from a contract with the Centers for Disease Control (CDC) that ends in September 2016. To a cautious investor, a company with a single customer is bathed in red light. However, Emergent is attempting a transition. Lets see how its going. *Bracco Acquisition*: On August 2, 2013, Emergent finished the [acquisition](#) of the Healthcare Protective Products Division (HPPD) from the privately held Italian giant, Bracco Diagnostics. The purchase included FDA approved Reactive Skin Decontamination Lotion (RDSL) and a contract with the US Department of Defense ([DOD](#)) to provide it to active military personnel. According to Emergent SEC [filings](#), the company bought RDSL and its associated government contracts for just \$24.2 million. Before the end of the year Emergent should complete the acquisition with a \$1.8 million purchase of manufacturing equipment from Bracco. The five year DOD contract began in 2012, and has an estimated value of \$240 million. That's what I call a highly accretive acquisition. *BioThrax*: In July 2013, Emergent received approval to market BioThrax in Germany. This makes it the only anthrax vaccine available in the country.

During the Q2 2013 [earnings call](#), Emergent CEO, Daniel Abdun-Nabi, shared expectations that German exposure would lead to more approvals from other EU member states. The company doesn't see the international market reaching anything near the domestic level, but it could provide some much needed counterweight to Emergent's dependency on US government contracts. Under the current CDC contract, Emergent is to supply up to 44.75 million doses of BioThrax, worth about \$1.25 billion. The contract began in September 2011 and is good until September 29, 2016. As of June 30, 2013, Emergent has delivered 12.4 million doses, or about \$330 million of the contract. In other words, Emergent has used about 35% of the time available to deliver about 28% of the product. Obviously, an expansion of production capacity is in order.

[Emergent Biosolutions Inc \(EBS\): Emergent Biosciences Finally ... Seeking Alpha...](#)

11. EE.UU. – La compañía biofarmacéutica *Vical Incorporated* anuncia reestructuración y reducción de personal. *Vical Announces Restructuring and Staff Reduction...*

The Wall Street Journal, PRESS RELEASE, August 22, 2013... SAN DIEGO, Aug. 22, 2013 (GLOBE NEWSWIRE)... Vical Incorporated (Nasdaq:VICL) today announced a restructuring to conserve capital, including a staff reduction of 47 employees, approximately 39% of the company's total workforce. Following the restructuring, the company will have approximately 74 employees. In addition, the company is focusing its resources on its infectious disease vaccine programs and terminating activities related to Allovectin(R) , the company's investigational cancer immunotherapy which recently failed to meet its Phase 3 efficacy endpoints. "We have evaluated our organization and priorities and are restructuring to extend our cash runway to ensure that our promising infectious disease vaccine programs are adequately resourced to create maximum shareholder value," said Vijay Samant, Vical's President and Chief Executive Officer. "This has been a very difficult process and we regret the impact this business decision has on our departing employees. We acknowledge their commitment and contributions to Vical over the years and wish them continued success." Restructuring Impact and Financial Guidance: The company expects to incur personnel-related restructuring charges of approximately \$2.2 million in the third quarter of 2013. The net cash burn of approximately \$17 million for the first half of 2013 was slightly below the projected range of \$18 million to \$20 million. Vical had cash and investments of approximately \$70 million at June 30, 2013. The company is projecting net cash burn for the second half of 2013, including anticipated cash severance payments in connection with the restructuring, of \$13 million to \$15 million. The company believes its currently available cash and investments will be adequate to satisfy its needs at least through 2015.

Continuing Programs:

Vical has multiple independent and collaborative infectious disease vaccine programs:

- Astellas Pharma Inc. initiated a multinational 500-patient Phase 3 trial of ASP0113, Vical's investigational therapeutic vaccine designed to control cytomegalovirus (CMV) in transplant recipients, for hematopoietic cell transplant (HCT) recipients in June and expects to initiate a Phase 2 trial of ASP0113 for solid organ transplant (SOT) recipients later this year.
- The company is planning to initiate a Phase 1/2 clinical trial of its Vaxfectin(R)-formulated therapeutic vaccine against herpes simplex virus type 2 (HSV-2) before the end of 2013.
- The company's Vaxfectin(R)-formulated CyMVectin(TM) prophylactic vaccine, designed to prevent CMV infection before and during pregnancy, has completed preclinical development and has an allowed investigational new drug application (IND). Vical is seeking a partner for further development.
- Vical has licensed its proprietary Vaxfectin(R) adjuvant to Bristol-Myers Squibb Company for use in the production of antibodies, and to Cyvax, Inc., a privately held vaccine development company, for use in malaria vaccines. The company is pursuing additional licensing opportunities for Vaxfectin(R).

- Two of the company's licensees have products approved for use in animal health applications:
- In 2005, Vical's licensee Aqua Health, a subsidiary of Novartis Animal Health, received Canadian approval to market its proprietary product, Apex(R)-IHN, a DNA vaccine to protect farm-raised salmon against infectious hematopoietic necrosis virus (IHNV).
- In 2009, Vical's licensee Merial, now a subsidiary of Sanofi, received approval from the U.S. Department of Agriculture to sell a therapeutic DNA vaccine, ONCEPT(R), designed to aid in extending the survival time of dogs with oral melanoma.

About Vical: Vical researches and develops biopharmaceutical products based on its patented DNA delivery technologies for the prevention and treatment of serious or life-threatening diseases. Potential applications of the company's DNA delivery technology include DNA vaccines for infectious diseases or cancer, in which the expressed protein is an immunogen; cancer immunotherapeutics, in which the expressed protein is an immune system stimulant; and cardiovascular therapies, in which the expressed protein is an angiogenic growth factor. The company is developing certain infectious disease vaccines internally. In addition, the company collaborates with major pharmaceutical companies and biotechnology companies that give it access to complementary technologies or greater resources. These strategic partnerships provide the company with mutually beneficial opportunities to expand its product pipeline and address significant unmet medical needs. Additional information on Vical is available at www.vical.com

[Vical Announces Restructuring and Staff Reduction ... Wall Street Journal...](#)

12. EE.UU. – Vacuna de ADN de Inovio Pharmaceuticals Inc. Mostró una robusta respuesta inmune en biomodelos animales. *Inovio Pharmaceuticals Inc (NYSEMKT:INO)' Malaria DNA Vaccine Demonstrates Robust Immune Responses in Animal Models...*

NYSEpost.com, TEPPost.com, Boston, MA, 08/22/2013 (nysepost)... Inovio Pharmaceuticals Inc (NYSEMKT:INO) declared that its SynCon® DNA vaccine consisting of several malaria substances delivered through its CELLECTRA® electroporation apparatus showcased sturdy and robust antibody and T-cell immune reactions in small animals and non-human primates. With these sturdy preclinical outcomes, the company proposes to start a stage I/IIa clinical experiment by the coming year (2014). These outcomes emerge in the American Society for Microbiology's peer-appraised periodical, Infection & Immunity, in a document named: "Inducing humoral and cellular reactions to manifold sporozoan and liver-phase malaria antigens making use of pDNA," penned by Inovio scientists and fellow workers. The WHO approximated that in the year 2010 there were over 200 million cases of this lethal disease and around 700,000 demises owing to malaria bug, the big portion affecting young kids in the second biggest continent Africa. Thus far, the most forward-looking malaria vaccine applicant RTS,S, an adjuvanted organism protein vaccine, has not depicted considerable protection in the vital examination age group of babies. Boffins think that a more effectual malaria vaccine should produce both sturdy antibody and powerful T-cell immune reactions. Inovio Pharmaceuticals Inc (NYSEMKT:INO) proposes to start a stage I/IIa clinical experiment by the coming year in order to check Inovio's DNA vaccine and electroporation know-how in about 30 people as part of a "challenge examination" including manipulated human malaria infectivity. Partakers will be administrated Inovio's vaccine, then exposed to the malaria parasite via the bite of contaminated mosquitoes to witness whether this trial puts a stop to infection. If held victorious, this experiment would offer important information, which may help further for the progression of a vaccine against the disease and resulted in larger efficacy researches in the arena. Dr. J. Joseph Kim, President and chief executive officer of the company, stated, "Published facts from two medical researches showed that Inovio's products yielded best-in-class T-cell immune reactions."

[Inovio Pharmaceuticals Inc \(NYSEMKT: INO\)' Malaria DNA Vaccine... NYSE Post...](#)

13. EE.UU. – Vacunación antineumocócica: ¿Es efectiva? Análisis de las hospitalizaciones por esta enfermedad en los EE.UU tras una década de inmunizaciones... *Pneumococcal Vaccination: Is It Effective? US Hospitalizations for Pneumonia After a Decade of Pneumococcal Vaccination...*

MEDSCAPE, Nicholas Gross, MD, PhD, [Disclosures...](#) Aug 20, 2013... Griffin MR, Zhu Y, Moore MR, Whitney CG, Grijalva CG, *N Engl J Med.* 2013;369:155-163... Study Summary: Vaccination against pneumococcal infections has been recommended for many decades. But is it effective? And, because it would only protect against strains included in the vaccine, might not there be an increase in infections caused by strains not included in the vaccine? The availability in 1999 of a new vaccine that included 7 pneumococcal strains, PCV7, provided an opportunity to answer those questions. From a nationwide database, the annual rates of hospitalization for "pneumonia" were determined, with pneumococcus being the most common cause of pneumonia in the United States. The study included the rates for 1997-1999 before the introduction of PCV7, as well as for the years 2001-2006 and 2007-2009, the early and late PCV7 years, respectively. (A vaccine with even broader protection, PCV13, was introduced in 2010.^[1]). Pneumococcal hospitalizations are highest in 2 groups: children aged 4 years and under and adults aged 65 years and older. Among both these age groups, the rates of hospitalization for pneumonia declined significantly compared with the pre-PCV7 pneumonia incidence. The decrease was noted almost immediately and was maintained throughout the decade of PCV7 use, reaching 43% reduction in the early childhood group and 23% reduction in the 65-and-older cohort. *Viewpoint:* These findings rely on some assumptions, particularly those that link the changes in pneumonia hospitalization rates specifically to protection afforded by pneumococcal vaccination. The possibility of changes in coding practices and hospital admission thresholds are important concerns. Other confounding factors include reductions in smoking and the interaction of influenza vaccination, each of which might contribute to reductions in hospitalization. Among children, pneumonia was the only major cause of hospitalization that decreased during the study period, and the authors discount the effects of smoking cessation and influenza vaccination as being too small to account for changes among children and relatively minor during the decade of PCV7 use. Pneumonia accounts for about 4% of all hospitalizations and 7% of hospitalizations in children in the United States. In-hospital mortality from pneumonia ranges from 7% to 12%. Although the bacterial identification and serotype of pneumonia is rarely available, it is believed that pneumococcal infection accounts for up to 60% of all community-acquired pneumonia. The reductions in hospitalization reported in this study translate to about 47,000 fewer child hospitalizations and 73,000 fewer adult hospitalizations annually. These represent huge benefits in health and costs and probably in lives as well. Furthermore, similar effects of PCV7 have been reported from other countries where the vaccine has been available. Besides these, there appear to be indirect benefits. Broad immunization against pneumococcal strains appeared to result in declines in disease among unvaccinated individuals, a finding attributable to "herd" immunity. The mechanism of this was seemingly due to a change in pneumococcal carriage following the introduction of PCV7 because pneumococcal serotypes included in the new vaccine declined and were replaced by nonvaccine serotypes.^[2] Thus, the reduction in hospitalizations among unvaccinated people represents another example of the broad protection society may obtain from vaccination against communicable diseases.

[Pneumococcal Vaccination: Is It Effective? ...](#)

14. MUNDO – Nuevo reporte de MarketandMarketsMercado global de las vacunas alcanzará los \$84,44 billones de USD en 2022. Vaccine Market to Reach \$84.44 Billion by 2022 at a 11.36% CAGR - New Report by MarketsandMarkets...

PRWeb... Tuesday, August 20, 2013 ... Vaccine Market research report evaluates the global vaccine market by technology class, types, end users, disease indication, and geography. The "Vaccine Market - By Technology & Types, Trend Analysis By Various Classes – Live / Attenuated, Subunit, Toxoid, Conjugate, DNA, Recombinant Vector, Synthetic, Dextritic Vaccines And By Indications – Infectious Diseases, Cancer, Allergy, Diabetes, Cardiovascular Disease With Market Landscape Analysis - Global Forecasts To 2022 " analyzes and studies the major market drivers, restraints, and opportunities in North America, Europe, Asia, and the Rest of the World.

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22 Market Data Tables

53 Figures

195 Pages and In-Depth Table of Content on "Vaccine Market"

<http://www.marketsandmarkets.com/Market-Reports/vaccine-technologies-market-1155.html>

Early buyers will receive 10% customization on this report.

This report studies the global vaccine market, with forecast to 2022.

Within the healthcare industry, the vaccine market was initially considered a low-profit venture but is currently perceived with renewed interest among industry circles due to its high demand with respect to emerging infectious diseases. Furthermore, an improved understanding of the immune system has paved new opportunities for developing novel preventive and therapeutic vaccines.

This market research report evaluates the global vaccine market by technology class, types, end users, disease indication, and geography. Furthermore, the technology class is divided into eight segments, namely, live/attenuated, toxoid, conjugate, sub-unit, recombinant vector, DNA, synthetic, and dendritic vaccines. Of the above mentioned segments, sub-unit vaccine is the largest revenue segment; however, synthetic vaccines, recombinant vector vaccines, and DNA vaccines will be the fastest-growing segments.

The global vaccine market was valued at \$27 billion in the year 2012. At the end of 2013, the market is expected to be \$32.05 billion and is poised to reach approximately \$84 billion by 2022, growing at a CAGR of 11.36% from 2013 to 2022.

Therapeutic vaccines, specifically targeting cancers and allergies, will offer vast opportunities for new players entering this market. The launch of the first FDA-approved therapeutic vaccine, Provenge by Dendreon (U.S.), for treating prostate cancer has acknowledged the potential of vaccines in therapeutics. This scenario is expected to further revolutionize the industry towards massive growth in the next 5 to 10 years.

The global market for vaccines is expected to grow, backed by technological advancements with respect to the development of novel vaccines towards emerging infectious diseases, cancers, and allergies. The market will experience continuous improvements in vaccine design, delivery methodologies, and manufacturing in large-scale process. The market is witnessing a trend towards development of personalized vaccines. Additionally, the demand for safe and cost-effective drugs for the treatment of many cancers and HIV infection, which could be addressed by therapeutic vaccines, will remarkably fuel market growth.

North America is the largest hub for the vaccine market, accounting for the largest share, followed by Europe and Asia. North America and Europe are expected to grow at a steady pace. However, the Asia-Pacific market, particularly India and China, is expected to witness a boost in demand and is poised to register maximum growth over the next 10 years, owing to the increase in aging population and prevalence of various infectious diseases.

The key players in this market are Novartis (Switzerland), Glaxo Smithkline (U.K.), Merck (U.S.), Sanofi (France), Pfizer (U.S.), Antigen Express, Inc. (U.S.), Aduro Biotech (U.S.), Genticel (France), Biondavax (Israel), Immune Targeting Systems (U.K.), Prokarium (U.K.), Immunobiology Ltd. (U.K.), Liquidia Technologies (U.S.), Alphavax (U.S.), and Bavarian Nordic (Denmark).

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[Vaccine Market to Reach \\$84.44 Billion by 2022 at a 11.36% CAGR - New...](#)

15. EE.UU. – ¿Usted realmente necesita inmunizarse con las vacunas para viajar? Do You Really Need to Get a Travel Vaccine?...

Huffington Post, Posted: 08/20/201... You've just told a friend about your upcoming trip to a once-in-a-lifetime locale like Machu Picchu or an African game park and he turns your wanderlust to whaa-waa with a simple question: "Have you gotten your shots?" The question is not as bratty as it sounds. There are a handful of places on earth you literally can't visit without getting vaccinated, and a wide array of countries where a few recommended shots could be the difference between a dream vacay and a medevac. Get the essential shots: "No matter where you're traveling, you should make sure you're up-to-date on routine vaccinations like T-dap (diphtheria/tetanus/whooping cough), measles/mumps/rubella, and annual flu shots," recommends David Freeman, M.D., professor of medicine and epidemiology at the University of Alabama at Birmingham and treasurer/secretary of the International Society of Travel Medicine. Yawn? Think again: Measles is on the rise in Europe, where an anti-vaccine movement has discouraged many parents from having their kids inoculated against this potentially deadly disease. And nothing says "There's no place like home" like a bout of flu on the road. Find out if your destination poses health risks: Visit a user-friendly web resource, such as the Centers for Disease Control (cdc.gov), to find a country-by-country index that explains what vaccinations are recommended. Headed for a South Africa game park? You should consider, with a doctor's advice, shots for typhoid, rabies, and hepatitis A. But if your game park is in Kenya, you may be advised to add a yellow fever vaccine to the list. In fact, many less-developed countries in sub-Saharan Africa and the Amazon River basin actually require visitors to show proof of yellow fever inoculation before they enter the country.

And, though there's no vaccine against malaria, it is rampant in lower Africa and you should ask your doctor for an antimalarial prescription before you leave the U.S. Weigh the costs of vaccinations: Freeman recommends that before traveling to a developing region, you visit a travel clinic -- where the doctors' major focus is on helping you stay healthy on the road -- at least four weeks before your trip. But there's a catch: Although routine shots are covered by most health insurance plans, a trip to a travel clinic and vaccines that are recommended or required for travel are usually not. That means that, on top of airfare and lodging, you may have to add \$50-\$100 for your exam/consult, \$250-\$300 for typhoid and hepatitis A shots, \$150-\$200 for yellow fever, and up to \$1,000 for a rabies series. We're not suggesting you miss the chance to see the Big Five or explore the rain forest -- ;just arm yourself with information and, if you must, roll up your sleeve!

[Do You Really Need to Get a Travel Vaccine?...](#)

16. MUNDO – Doce mitos y hechos sobre las vacunas. 12 myths and facts about vaccines...

Fox News, By Tammy Worth, Published August 17, 2013... When it comes to the history of vaccines, it's been a long, bumpy ride. Once hailed as lifesaving wonders of modern technology, vaccines are now more likely to be a source of suspicion and angry playground debate. Will we ever agree on the risk and benefits of vaccines? Probably not. But to sort out fact from fiction, Health.com took a look at the scientific research to date on vaccines. **Some vaccines contain mercury:** *Fact* Thimerosal, a preservative containing about 50 percent mercury, prevents contamination by bacteria. It can be found in most flu shots, according to the Centers for Disease Control and Prevention (CDC). However, since 2001, thimerosal has not been present in routine vaccines for children younger than 6. And, both the flu shot and some vaccines for adults and older children can be found in thimerosal-free versions, or with only trace amounts. **Vaccines cause autism:** *Myth* A small 1998 study by Andrew Wakefield claimed to find a link between the measles, mumps, and rubella (MMR) vaccine and autism, setting off a panic that led to dropping immunization rates, and subsequent outbreaks. Since then, the study's been deemed flawed, and it's been retracted by the journal that published it. In 2004, the Institute of Medicine released a report that found no scientific evidence of a link between the MMR vaccine and autism. In September 2010, the CDC published similar results. "It's more risky for your child to not be vaccinated," said Dr. Carrie Nelson, chair of the Commission on Health of the Public and Science for the American Academy of Family Physicians. **Vaccines can have side effects:** *Fact* Vaccines aren't risk free. The most common side effects are soreness at the injection site and fever, which are best treated with acetaminophen or ibuprofen. Less common are seizures (defined as "jerking or staring"), and risks vary [depending on the vaccine](#). For example, one in 14,000 children suffer a seizure after receiving the DTaP shot; it's one in 3,000 with the MMR vaccine. Some kids are at higher risk for side effects than others. In these cases, it may be best to proceed with [caution or skip them](#), according to the CDC. **You're safe if everyone else is vaccinated:** *Myth* Unfortunately that's a big if. "Often, like-minded unvaccinated families by choice attend the same preschools, playgroups, and schools, thus making it very easy for vaccine-preventable diseases to spread," said Dr. Ari Brown, MD, pediatrician and spokesperson for the American Academy of Pediatrics. Dr. Brown says this was true with outbreaks in San Diego and Boulder, Col. And some people can't be vaccinated due to health or age restrictions. Plus, you can catch some germs, like tetanus and hepatitis A, from contaminated soil or food, not another person. **Vaccines guarantee protection:** *Myth* Vaccines are not a 100 percent guarantee you won't get sick. But they are a huge help. Take the flu vaccine; you may still get the flu if you get the jab, but it is likely to be less severe. Or, take the chicken pox vaccine. Brown said it is 80 percent effective against preventing infection and 100 percent effective in protecting against serious illness. For the best protection, experts rely on "herd immunity"—the more people who are vaccinated in the population, the better chances of protecting everyone, including people who can't get shots due to age, health, or religious reasons. **Too many shots weaken the immune system:** *Myth* Brown said it's quite the contrary. "Each dose allows the body to mount an immune response and make defense [antibodies] so the body can fight off a real infection if it showed up," she said. Children are given multiple vaccinations at a time to provide as much protection as early as possible. Both the Advisory Committee on Immunization Practices and the American Academy of Pediatrics recommend that vaccinations be given to children simultaneously when appropriate. [Health.com: 12 Vaccines Your Child Needs...](#) **Vaccines are for kids only:** *Myth* There are numerous vaccines that can help keep adolescents and adults, both young and old, healthy. Most obvious is the flu shot, which is given annually. College students should get a meningitis vaccine before living in a dorm, and elderly adults can benefit from pneumonia vaccines. Adults also need boosters for tetanus and pertussis. Children aren't fully immunized against pertussis until age 4, Nelson said; smaller babies are at high risk, and pertussis can be transmitted to babies by adults with waning immunity. **The HPV shot is for girls only:** *Myth* There are two HPV vaccines: Cervarix, for girls and women 10 to 25, and Gardasil, for females 9 to 26. But Gardasil can also be given to boys and men between ages 9 to 26, according to the CDC. Gardasil protects against types 6 and 11 of human papillomavirus, which cause about 90 percent of all genital warts. Nelson said she recommends the HPV shot to patients, but "it's variable. It's like a 50-50 split." Still, she says, girls definitely receive it more often than boys. According to the CDC, approximately 500,000 cases of genital warts occur each year in the United States. **Pregnant women can't get vaccines:** *Myth* Well, this is partially true. According to the American Academy of Family Physicians, pregnant women should not be given vaccines for varicella (chicken pox) or MMR. But the inactivated flu vaccine is safe and even recommended for pregnant women, Brown said. During pregnancy, women's immune systems are compromised, making them more susceptible to infection. But many are not getting the flu shot; the CDC says that, at last estimate, only 11% of pregnant women got one. Brown said the shot triggers the mother's antibody production, protecting her baby through the first six months of life. [Health.com: 7 Vaccines You Need Right Now...](#) **Natural immunity is better:** *Fact* Nelson said infections are more likely than vaccines to trigger lifelong immunity. (An exception is the flu; it changes strains every year.) But you may think twice about taking your little one to a chicken pox party. The problem with natural immunity is the risk of complications. Chicken pox can lead to encephalitis, pneumonia, or, if kids scratch too much, skin infections like MRSA. A polio infection can cause permanent paralysis; mumps, deafness; and Haemophilus influenzae type b (Hib), brain damage. "Those are the chances people take if they defer the vaccine," Nelson said. **Vaccines aren't necessary because disease has been eradicated:** *Myth* The only infectious human disease that has been eradicated worldwide is smallpox, according to the World Health Organization (WHO). Even today

there are outbreaks of conditions like measles, mumps, and pertussis. Vaccines can protect you when you're around those who aren't vaccinated, either in the U.S or elsewhere. According to the WHO, less than 95 percent of people in many parts of Western Europe receive vaccines, and that's where 82 percent of measles cases occurred in 2009. **Doctors make money off them:** *Myth* Vaccines aren't a cash cow for docs. "It's probably more of a money loser than anything," said Nelson, because they're labor intensive. Some doctors do receive financial incentives from HMOs, but "the bonuses are there to support high-quality practice and help the physicians justify the manpower that goes into administering them," she said. Vaccines are about 1.5 percent of total pharmaceutical revenues, [says VaccineEthics.org](#), a website run by the Penn Center for Bioethics. "We've had problems with vaccine supply because so few pharmaceutical companies are making vaccines anymore," Nelson said. (Three decades ago, more than 30 companies produced vaccines; today about five companies account for 80 percent of the market.) [This article originally appeared on Health.com.](#)

[12 myths and facts about vaccines ... Fox News...](#)

Variadas

17. MUNDO – Nuevo sistema de alerta temprana para las epidemias de cólera. New Early Warning System for Cholera Epidemics...

ScienceDaily.com, Aug. 15, 2013... In two recently published papers, Tufts University School of Engineering researchers have established new techniques for predicting the severity of seasonal cholera epidemics months before they occur and with a greater degree of accuracy than other methods based on remote satellite imaging. Taken together, findings from these two papers may provide the essential lead time to strengthen intervention efforts before the outbreak of cholera in endemic regions. Cholera is an acute diarrheal disease caused by the bacterium *Vibrio cholerae*. It occurs in the spring and fall in the Bengal delta. In past research, scientists have used chlorophyll, a surrogate for phytoplankton, as a measuring stick for cholera. The cholera bacteria lives and thrives among phytoplankton and zooplankton. In the June issue of *Remote Sensing Letters*, Antarpreet Jutla, then a doctoral student at Tufts School of Engineering and now on the faculty at West Virginia University, was lead author on a study that measured chlorophyll and other organic matter. The team, which was led by Shafiqul Islam, Ph.D., professor of civil and environmental engineering at Tufts School of Engineering, used satellite data to measure chlorophyll and algae, organic substances, and flora that also support growth of the cholera bacteria. Using satellite images, the researchers created a "satellite water marker" (SWM) index to estimate the presence of organic matter including chlorophyll and plankton based on wavelength measurements. A predominance of green, plankton-rich water -- which is measured at 555 nanometers -- indicated the degree to which the waters contained chlorophyll, plankton, and other impurities. Clear, blue water -- measured at 412 nanometers -- indicated low levels of these impurities, according to the researchers. The researchers targeted the spring epidemic, which is a coastal phenomenon caused by water flow into the delta from three principal rivers -- the Brahmaputra, Ganges, and Meghna. Unlike the spring outbreak, the fall epidemic is linked to flooding which follows the monsoons and subsequent breakdown of sanitary conditions rather than coastal conditions. In their study, the researchers correlated cholera incidence from the International Center for Diarrheal Disease Research, Bangladesh from 1997 to 2010 with satellite imaging data from the National Aeronautics and Space Administration for the same time period. They discovered a relationship between SWM index measurements taken in early winter -- from October to December -- and the severity of cholera epidemics in the following spring. "In short, the index for chlorophyll along with readings for other biological matter in early winter indicated severity of cholera incidence in the spring," says Jutla. The SWM is a more accurate predictor of cholera than the algorithm that measures strictly chlorophyll levels because it also measures a broader range of organic matter, says Islam. "The probability for error in this index-based estimate is less than 10 percent while the error in using the chlorophyll-based algorithm is about 30 percent," says Islam. To validate their hypothesis that the index can be used in coastal areas outside of the Bengal Delta, the team applied the SWM to coastal waters around Mozambique's capital city, Maputo. Additional authors on this paper are Abu Syed Golam Faruque, and Rita Colwell of the Center for Bioinformatics and Computational Biology at the University of Maryland, and Anwar Huq of the Maryland Pathogenic Research Institute at the University of Maryland. Another member of the team, Ali Shafqat Akanda, was with the Center for Bioinformatics and Computational Biology at UM and is now on the faculty at the University of Rhode Island. He was a doctoral student at Tufts during the research. In a separate paper that was published online in the journal *Environmental Modeling and Software*, ahead of the September 1 print edition, Jutla, Islam, and Akanda showed that air temperature in the Himalayan foothills can also be a factor in predicting spring cholera. The researchers collected air temperature data during the early winter months (October-December) in the foothills. In seasons of warm temperature, the foothills experienced higher than normal precipitation and early snow melt. This caused higher than normal water flow in the Ganges, Brahmaputra and Meghna Rivers and eventually into the Bay of Bengal during the drought period. Higher river flow into the delta impedes plankton-carrying seawater from moving inland. When correlated with satellite data on chlorophyll levels, the researchers found that air temperatures could lessen the extent of cholera even when chlorophyll levels were high.

18. Identifican causas de unos 30 tipos de cáncer.

Cubadebate, 18 agosto 2013... Cuando uno se encuentra con una excelente persona quizás no se plantee muchas cosas sobre ella (aunque tal vez sí), pero si en lugar de estar con alguien que ofrece una conducta impecable, esa persona se comportara delictivamente quizás muchos empezarían a indagar en su vida, para conocer qué acontecimientos le ocurrieron en el pasado y por qué ha pasado al otro lado de la ley. Uno de los mayores estudios que se está llevando a cabo en el mundo, **el Consorcio Internacional del Genoma del Cáncer**, acaba de hacer lo mismo pero con tumores. En otras palabras, han podido establecer un *catálogo de los procesos biológicos que están en el origen de 30 tipos de tumores*. Un paso fundamental para prevenir y atajar, algún día, estas enfermedades. "Todos los tumores se activan por mutaciones somáticas que alteran el ADN de las células a lo largo de la vida de la persona. Al principio queríamos saber las consecuencias de estas mutaciones, pero en realidad tenemos un rudimentario conocimiento sobre qué es lo que las causa y que terminará en un cáncer. Este estudio se ha centrado más en comprender las causas que están detrás de esas mutaciones", afirma en un vídeo informativo el coordinador de este macro estudio, Mike Stratton, del Instituto Sanger (Cambridge, Reino Unido), en el que han participado 14 países, entre ellos España. Se podría decir que el trabajo ha sido faraónico: se ha llevado a cabo un análisis de 7.042 genomas de pacientes con los tipos de cáncer más frecuentes (30 en total) en el que se han recopilado 4.938.362 mutaciones somáticas (sustituciones y pequeñas inserciones en el código de ADN) y los datos obtenidos se han comparado con ADN normal del mismo individuo en todos los casos. El resultado de esa búsqueda es el descubrimiento de 21 firmas moleculares entre las mutaciones del genoma, es decir, 21 procesos que son el origen de esas variaciones del ADN que conllevan un cáncer. Sería algo así como la investigación que se hace en un robo. Por ejemplo, los investigadores han buscado las pistas que el ladrón ha dejado en la escena del delito (en este caso la escena es el genoma), con esas huellas han podido identificar al ladrón y luego lo han relacionado con el robo, que sería el cáncer. "En ese ejemplo podríamos decir que el estudio ha identificado 21 'ladrones' y sólo podemos ponerles nombre a una decena: por ejemplo, la luz ultravioleta [relacionada con la aparición de melanoma], la edad [vinculada a varios tumores], el tabaco, la mala reparación del ADN, determinadas enzimas... Desconocemos sin embargo los responsables de algunas de las huellas mutacionales identificadas, que deberán ser investigados en trabajos futuros", explica Elías Campo, del Hospital Clínic-IDIBAPS y la Universidad de Barcelona. Un futuro prometedor Porque esto no es el punto final del Consorcio, ni mucho menos. De momento se han analizado unos 7.000 genomas pero el objetivo de este proyecto es secuenciar 25.000 en total. "Es previsible que con mayor número de pacientes se puedan tener más datos y más valor estadístico. Importante para descubrir todos los mecanismos que producen las mutaciones. Pero los objetivos van más allá", asegura Campo que lidera el equipo español que ha participado en este proyecto junto con el doctor Carlos López-Otín, del Instituto Universitario de Oncología de la Universidad de Oviedo. Entre ellos está la creación de otro grupo denominado el PANCANCER cuyo objetivo será comparar secuencias de miles de genomas para investigar otros procesos. "Por ejemplo, las mutaciones no se producen igual en toda la hebra del ADN y hay regiones donde se concentran las mutaciones pero no sabemos por qué pasa esto. También queremos estudiar otro tipo de mutaciones, porque ahora nos centramos en las que suponen la sustitución de nucleótidos pero hay otras, como las alteraciones estructurales que suponen roturas o fusiones de genes. Es un campo que requiere una mayor atención", avanza Campo. De momento, lo conseguido en este trabajo que publica la revista 'Nature', supone tener un catálogo de las huellas que han dejado estos procesos en la célula, es decir su biografía, los pasos que han hecho que se convierta en una célula cancerígena. En el futuro, y como otro objetivo del consorcio, está el análisis de los genes mutados. "Esto está por venir. El trabajo definitivo será cuando cada grupo presente sus resultados de 500 genomas, cuando se conozcan los genes que más frecuentemente están alterados en esos tumores, las mutaciones más frecuentes... Esto será en unos meses", explica Carlos López-Otín. Este investigador señala la envergadura de los resultados. "Hasta ahora se conocía que el tabaco genera un daño concreto en el pulmón, pero más allá de eso no se sabía casi nada. Ahora sabemos la huella que han dejado agentes exógenos y endógenos en ese tumor. Y lo hemos realizado con 30 tipos de tumores. En los que hemos comprobado que en algunos, como el cáncer de ovario, sólo están involucrados dos procesos, mientras que en otros como el hepático, hay por lo menos seis", señala López-Otín. Todavía falta mucho por averiguar, como qué implica que unos tumores estén generados por sólo dos procesos biológicos y otros por al menos seis o cuáles de estas huellas son intrascendentes y cuáles son importantes. Sin embargo, este trabajo "sienta las guías del futuro, de cómo va a evolucionar la investigación en este campo. Porque estos resultados proporcionan la etiología, los orígenes del cáncer y con ellos se pueden generar estrategias preventivas y también pueden tener impacto en el tratamiento", apunta el investigador desde Oviedo. (Con información de [Noticias365](#))...

[Identifican causas de unos 30 tipos de cáncer...](#)

19. ARABIA SAUDITA – INTERNACIONAL - Hallan el origen del Síndrome Respiratorio del Medio Oriente (MERS, por su sigla en idioma inglés) en murciélagos de Arabia Saudita. Las muestras del virus en los quirópteros coinciden en un cien por ciento con las de los pacientes humanos. **MERS Origin Found in Saudi Arabian Bats; Virus Sample 100% Match to Human Patients'**

Posted by [Russell Westerholm](#) (r.westerholm@universityherald.com) on Aug 21, 2013... Scientists have found the origin of the virus that causes Middle East Respiratory Syndrome (MERS) to come from bats in Saudi Arabia, [Live Science reported](#). A new study, published Wednesday in *Emerging Infectious Diseases*, suggests the virus is the origin of MERS, as it had a 100 percent match to the virus found in humans. The bats were also found just seven miles from the home of the suspected first MERS patient. According to the World Health Organization, MERS has infected 94 people and caused 46 deaths since Sept. 2012, when it was first discovered in Saudi Arabia. In another [study published earlier this month](#), researchers found traces of the disease in camels, but only had enough evidence to say the animal carried MERS at one point. "There have been several reports of finding MERS-like viruses in

animals. None were a genetic match. In this case, we have a virus in an animal that is identical in sequence to the virus found in the first human case. Importantly, it's coming from the vicinity of that first case," study researcher Dr. W. Ian Lipkin, director of the Center for Infection and Immunity at Columbia University's Mailman School of Public Health, said in a statement. The researchers of the new study suggested the bats gave the disease to other animals, like the camels found to have carried MERS. Humans do not often come in contact with bats. The researchers noted bats are known to carry infectious diseases like rabies and SARS, the highly dangerous respiratory disease that killed nearly 800 of the 8,000 it infected in Southeast Asia in 2002 and 2003. Previous research suggested MERS [does not pose the same threat SARS did](#). That research suggested most people infected with MERS already had a chronic health condition and killed many people who were already sick.

[MERS Origin Found in Saudi Arabian Bats: Virus Sample 100 ... University Herald...](#)

20. MUNDO - Más de tres millones de niños mueren cada año por infecciones.

Prensa Latina, Washington, 21 ago (PL)... Más de tres millones de recién nacidos mueren cada año en el mundo y son las infecciones neonatales, neumonías y meningitis, responsables de una buena parte de esos decesos, destaca un estudio divulgado en la revista PLOS Medicine. Infecciones adquiridas a través del canal del parto, o el paso directo de los microbios de madre a hijo antes del alumbramiento son algunas de las formas en que los neonatos enferman, sin embargo, los mecanismos por los que esto sucede necesitan comprenderse mejor para poder desarrollar prioridades y estrategias de prevención, afirman los autores del informe. Tras analizar 67 artículos científicos en las que se evaluó algún aspecto de las infecciones bacterianas en recién nacidos, ocurridas en los primeros siete días de vida, los especialistas determinaron que los niños de madres infectadas tienen hasta siete veces más riesgo de sufrir una sepsis neonatal. Este estudio tiene importantes implicaciones tanto a nivel de investigación como de políticas sanitarias. La profilaxis antibiótica intraparto podría reducir la incidencia de infecciones neonatales adquiridas vía materna, explican los científicos. Asimismo indican que en los países desarrollados existen protocolos que sugieren cómo actuar en situaciones de riesgo, como un parto prematuro o en una rotura de bolsa prolongada. No obstante, consideran que se requieren nuevos trabajos, en particular enfocados hacia regiones de pocos recursos, como África, donde las infecciones son causa importante de mortalidad infantil.

[Más de tres millones de niños mueren cada año por infecciones Prensa Latina...](#)



21. NOTICIAS NO DESARROLLADAS SOBRE VACUNAS E INMUNIZACIONES EN IBERLATINOAMÉRICA Y EL CARIBE. (Por países).

Argentina

[CENSO Y VACUNACIÓN GRATUITA REALIZÓ LA MUNICIPALIDAD ... radiopolar.com...](#)

[Vacunación antigripal: hasta el momento se han colocado 259 mil ... Sitio Andino...](#)

[El INTA desarrolló una nueva vacuna El Diario del Sur de Córdoba...](#)

[PROVINCIA PRESENTA NUEVA FÓRMULA DE VACUNA BCG ... El Comercial.com.ar ...](#)

[Desarrollan en La Plata una nueva fórmula de vacuna oncológica El Día \(Argentina\)...](#)

[Castración y vacunación antirrábica de mascotas en la Vecinal ... LT10Digital...](#)

[El Imusa realizará operativos de vacunación Sin Mordaza...](#)

[Campaña de vacunación para mascotas Diario C...](#)

[Operativos sanitarios de vacunación y controles médicos en ... Vida de Lanús...](#)

Córdoba: Elevado porcentaje de vacunación contra la gripe El Diario de Carlos Paz...

Bolivia

"EN BOLIVIA AÚN NO SE PUEDEN ELABORAR VACUNAS" La Prensa (Bolivia)...

Brasil

El 99 por ciento del rebaño brasileño procede de áreas libres de ... EFE...

Experimentarán vacuna brasileña contra el dengue en 300 voluntarios Radio Programas del Perú...

Brasil: Vacuna contra el dengue será experimentada en 300 ... Aeronoticias.com.pe ...

Chile

Vacuna antirrábica será obligatoria para personas mordidas por ... Latercera...

Autoridades sanitarias fiscalizan sistema de vacunación antirrábica ... Radio Bío-Bío...

Colombia

Vacunación contra el papiloma humano en Cali ElTiempo.com...

Las mascotas tuvieron jornada de vacunación El Universal – Cartagena...

España

Antes del 31 de agosto se debe aplicar de forma obligatoria la ... Murcia.com...

El SAS aplica ya sin incidencias el nuevo calendario infantil... Málaga Hoy...

La Junta proporciona a sanitarios y embarazadas un teléfono de ... Lainformacion.com...

La vacuna triple vírica se adelanta a los 12 meses a partir de enero La Voz de Galicia...

Vacunación de adultos aumenta protección contra la tosferina en ... EFE...

Los hospitales madrileños se quedan sin vacunas de Hepatitis B Cadena Ser...

Sanidade adelanta la vacuna conocida como 'triple vírica' a los ... La Opinión A Coruña...

México

Rezagan vacunas adultos mayores Periódico AM...

Vacuna evitó se propagara sarampión El Sol de Hidalgo...

Vacunación y desparasitación de mascotas, de casa en casa Diario de Quintana Roo...

Audita OMS vacunas mexicanas para reconocimiento a nivel mundial Milenio.com...

El Centro de Vacunación Internacional ha recibido ya a 5.000 ... nueva alcarria...

Pueden protegerse niños con vacunas El Imparcial.com...

Inicia el Imss campaña de vacunación contra el Rotavirus [EnLíneaDirecta.info...](#)

Nicaragua

Nicaragua sería de los primeros países con vacunas contra el ... [ABC.es...](#)

Nicaragua sería de los primeros países con vacunas contra el ... [Prensa Libre...](#)

Perú

Pacientes reclaman por vacuna [La Hora...](#)

Pondrán vacuna contra Papiloma en Feria de la Salud en el Parque ... [Diario Digital Juárez ...](#)

Piden a GR que vacunas contra AH1N1 lleguen a PP.JJ. [LaRepública.pe...](#)

28 Mil vacunas contra influenza [Pro y Contra...](#)

Llegan vacunas sólo para mayores de 60 años en riesgo [Diario Digital Chimbote en Línea...](#)

Piura: Vacunas contra gripe AH1N1 no pueden ser distribuidas por ... [Radio Programas del Perú ...](#)

Minsa distribuye vacunas contra la influenza en zonas priorizadas ... [Andina...](#)

Repartieron vacunas contra la influenza en centros [Diario Correo...](#)

República Dominicana

R. Dominicana aplicará a menores de un año vacuna gratis contra ... [Lainformacion.com...](#)

Vacunarán a niños dominicanos contra neumococo...

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