

## Immunotherapies for Cancer Are Focus of Newly Formed Consortium

*Cancer Vaccine Consortium Promotes Collaboration to Introduce New Therapeutic Vaccines*

Treatment options for a variety of cancers are expanding to include an array of exciting new approaches. Along with well-established companies, newer biotechnology and biopharmaceutical firms are looking to break into an emerging market that would provide vaccines for both solid cancers—such as melanoma, prostate, breast, lung, cervical, colon, brain, and ovarian—and blood borne cancers—such as lymphoma, leukemia, and myeloma.

The Sabin Vaccine Institute has organized a Cancer Vaccine Consortium, composed of public and private companies with an interest in development of vaccines for cancer. The goal of the consortium is to accelerate the process of bringing cancer vaccines from the development stage to the clinic. A variety of cancer vaccine therapies are in the pipeline, but each of these must proceed through the rigorous, lengthy licensing pathway in several well-defined

stages. “There is really no time to lose when a person is facing a cancer diagnosis,” said H.R. Shepherd, chairman of the Institute, and a cancer survivor.

Traditional pediatric vaccines—like those for polio and measles—provide protective immunity before the disease occurs, averting its full impact. Cancer vaccines seek to boost the immune system and are used after disease onset; therefore, they currently remain thera-

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## Progress Towards a Chlamydial Vaccine

*Sabin Vaccine Institute Convenes Meeting in Arlington, Virginia*

Chlamydial infections are among the world’s most widespread, accounting for a reported 90 million cases of sexually transmitted disease, as well as being the major cause of preventable blindness worldwide. The potential to develop an effective vaccine against this bacterial pathogen was the motivation for the Sabin Vaccine Institute to convene a meeting June 3-5 in Alexandria, Virginia. The chairpersons for the colloquium, Drs. Carolyn Black of the CDC and Gerald Byrne of the University of Tennessee-Memphis, challenged the participants to present and discuss current data which supports the development of a chlamydial vaccine.

The rationale for the development of a chlamydial vaccine is that it is viewed as the most convenient, cost-effective and long-term option to control infections in the human population. Since a high proportion of chlamydial infections are

asymptomatic and potentially persistent in nature, identifying those in need of treatment can be problematic. Three challenges were identified that represent barriers to successful chlamydial vaccine development. First, is the need to identify which immune effector mechanisms within the host are protective. This then, leads to the second challenge: the identification of those chlamydial components that represent suitable vaccine candidates that would stimulate the desired protective immune response. And lastly, an effective delivery system must be identified, along with the proper route of administration needed to elicit a protective immune response from infection.

Several presentations described useful animal models of chlamydial infec-

*Continued on page 4*



Dr. Carolyn M. Black, Scientific Resources Program Director, National Center for Infectious Diseases, CDC, sets the agenda for the three-day Chlamydia Vaccine Development meeting. She, along with Gerald Byrne, PhD, co-chaired the colloquium.

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**VIEW  
POINT**

**Diseases of the Poor Even in a Rich State**

—by Peter J. Hotez, MD, PhD, FAAP

THIS OPINION APPEARED ON JULY 27, 2003 IN *THE HARTFORD COURANT*.

A major theme of President Bush's visit to Africa a week ago was the plight of the region's 30 million people living with HIV/AIDS. Bush used his final stop in Nigeria to promote his proposal to spend \$15 billion over the next five years to help the world's poorest countries combat AIDS.

I was struck by the similarity between the faces of the African children photographed with Bush and those children I treated, mostly African American, in a pediatric clinic in Connecticut during the 1990s.

Just as HIV/AIDS disproportionately affects Africa's most impoverished, it also disproportionately strikes the poorest of the poor in Connecticut. Although Connecticut has the highest per-capita income among states, it also hosts some of the nation's most impoverished cities. The 2000 Census reveals that 41 percent of the children of Hartford live below the poverty line, second only to Brownsville, Texas.

The notion that the poor are sicker than the advantaged is nothing new. During the 1960s, the social activist Michael Harrington, in his landmark book "The Other America," provided a chilling analysis of the 40 million or more Americans who lived in poverty at that time. He noted that "the poor get sick more than anyone else in society ... because they live in slums jammed together under unhygienic conditions ... and cannot get decent medical care." Today, this situation is no different for the 33 million Americans who still live in poverty, the majority of whom are people of color.

The efforts of the Bush administration to highlight Africa's AIDS epidemic and commit urgently needed funds are laudable and long overdue. However, our nation also confronts a serious AIDS epidemic that also has strong links to poverty and race. According to World Health Organization data on the almost 1 million Americans living with HIV/AIDS, "the

epidemic is now shifting into poorer and marginalized sections of society."

For instance, African Americans accounted for an estimated 54 percent of new HIV infections in 2000, even though they constitute only 13 percent of the U.S. population. AIDS-related illnesses remain the leading cause of death for African American men aged 25 to 44. About 64 percent of the women diagnosed with HIV in 2001 in the United States were African Americans. Just this past week, the incidence of AIDS among the residents of the District of Columbia was reported to be higher than anywhere else in the United States (119 new cases per 100,000). Washington also suffers from some of the highest rates of cancer deaths and deaths from cardiovascular disease in the United States. These revelations come at a time when the major health care institutions that serve the poor in Washington are closed or on the brink of financial disaster.

A 1990 study published in the *New England Journal of Medicine* concluded that black men in Harlem were less likely to reach 65 than men in Bangladesh, and "that Harlem and probably other inner-city areas with largely African American populations have extremely high mortality rates that justify special consideration analogous to that given to natural-disaster areas."

The comparison with Bangladesh is not inappropriate. In my travels to tropical developing countries, where I conduct biomedical research on parasitic diseases, it is obvious that disease in urban Connecticut, New York City and Washington shares something fundamental with disease in Tegucigalpa, Jakarta and Shanghai: It predominantly afflicts the poor and people of color.

A proportionate share of the president's attention should be given to this domestic crisis. Our commitment to the global AIDS

*Continued on page 16*

## Cancer Vaccine Consortium Organized by Sabin Vaccine Institute

*Newest Advances for Cancers Could Be Vaccine Therapies*

*Continued from page 1*

peutic rather than preventive and are often referred to as “immunotherapies” rather than vaccines. Their goal is to produce strong anti-tumor immunity in order to combat cancer cells, shrinking or delaying growth of tumors and initiating periods of remission and improved quality of life, while avoiding the traumatic side-effects associated with surgery, radiation, or chemotherapy

The companies launching various potential cancer vaccines are looking to each other for collaborative encouragement to achieve licensing and commercialization of this new wave of therapies. Earlier this month, in Eldred, New York, the Sabin Institute convened the first meeting of the new Cancer Vaccine Consortium. Members came from the U.S., Canada, Germany, and Austria to consider vaccine development and regulatory steps to turn their novel scientific discoveries into products.

For the past five years, the Sabin Vaccine Institute has been a proponent of cancer vaccines, having sponsored a series of scientific meetings to bring to-

gether researchers from universities, government, and private sector companies to address the challenges of cancer vaccines and immunotherapy. The Cancer Vaccine Consortium is focused on the ultimate goal of vaccine development—licensure and commercialization into a medical standard-of-care—and so is looking at advancing products through all phases of the process.

Seventeen companies engaged in cancer vaccine development have already joined the Cancer Vaccine Consortium. Larger pharmaceuticals like Aventis Pasteur, GlaxoSmithKline, Pfizer, and MedImmune are represented, as are smaller-scale biotechnology companies, including Antigenics, BioVex, Cell Genesys, Coley Pharmaceutical Group, Dendreon, EMD Pharmaceuticals, Faville, Igeneon, Medarex, MediGene, Northwest Biotherapeutics, Shire Biologics, Stressgen Biotechnologies, and Therion Biologics. Combined, these companies represent numerous cancer vaccine clinical trials underway. Each participating company has appointed a representative on the Consortium’s

Leadership Council and on its Scientific Advisory Board.

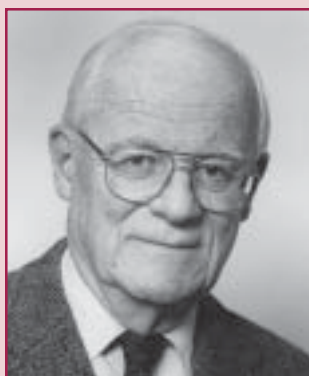
The New York meeting was chaired by Malcolm S. Mitchell, MD, a clinical oncologist and cancer researcher. Other organizers and facilitators were Cohava Gelber, PhD, MBA, a vaccine researcher with pharmaceutical developer MannKind BioPharmaceuticals, Michael Salgaller, PhD, an immunologist with long experience in cancer vaccines, and Cort Wrotnowski, a management consultant in the field of biomedical research. Dr. Mitchell was chosen as chairman *pro tem* to guide the Consortium through its early phases. He is strongly committed to the goals of the Consortium, and has been involved for many years in moving his melanoma vaccine through clinical trials to FDA approval. His research in tumor immunology and immunotherapy of melanoma led to numerous discoveries, such as his development of the therapeutic anti-melanoma vaccine, Melacine. Melacine is the only cancer vaccine thus far approved by a

*Continued on page 13*

### In Memory of Frederick C. Robbins, MD, Vaccinologist and 1954 Nobel Laureate

*School of Medicine Dean Emeritus and University Professor Emeritus, Case Western Reserve University*

Frederick C. Robbins, MD, 86, died Aug. 4, 2003. He shared the 1954 Nobel Prize in Physiology or Medicine with John F. Enders, PhD, and Thomas H. Weller, MD, for discovering a method of growing poliovirus in a test tube; up until that time, the virus had to be studied in monkeys, which were expensive to use and difficult to handle. Their achievement resulted in the development of effective poliomyelitis vaccines and also paved the way for the ultimately successful development of other childhood vaccines, particularly measles and rubella, a major cause of birth defects.



Frederick C. Robbins, MD

Dr. Robbins was born in Auburn, Alabama, on Aug. 25, 1916. He received his AB and BS degrees at the University of Missouri in 1936 and 1938, respectively, and earned his medical degree at Harvard Medical School in 1940. World War II interrupted his residency in bacteriology at Childrens Hospital Medical Center in Boston. He received the Bronze Star for Distinguished Service while serving in the war and was discharged in 1946. He then completed his residency.

Dr. Robbins held positions at Harvard Medi-

cal School and several Boston hospitals before moving to Cleveland in 1952 to be a professor at what is now Case Western Reserve University and director of the Department of Pediatrics and Contagious Diseases at what is now MetroHealth Medical Center. In 1966, he became dean of the School of Medicine; he served in this capacity until 1980, when he assumed the titles of dean emeritus and university professor emeritus. From 1980 to 1985, Dr. Robbins was president of the Institute of Medicine of the National Academies in Washington, D.C. From 1981 to 1985, he held the title of distinguished professor of pediatrics at Georgetown University.

Dr. Robbins is survived by his wife, Alice Northrop Robbins, and by two daughters.

## Sabin Institute Hosts First Chlamydia Vaccine Development Colloquium

Guest report by James T. Summersgill, PhD

*Continued from page 1*

tion that are extremely valuable in evaluating potential vaccine candidates, in that they can closely mimic the clinical course of infection seen in humans. There was a general consensus that the sum of information gained from these models over the years has significantly advanced the field and laid the basis for effective vaccine development. These models have been successfully used to identify the absolute requirement for a specific arm of the immune response as necessary for protective immunity against infection. They have also been instrumental in identifying effective vaccine delivery systems, which would include common immune stimulants, DNA and viral vectors, as well as novel bacterial delivery systems.

The pros and cons of many potential vaccine targets were discussed at length, and these ranged from sub-unit vaccines containing specific chlamydial proteins, to DNA vaccines, which would incor-

porate select DNA sequences of the chlamydial genome. These DNA sequences would hopefully elicit an immune response that would be protective against all species of *Chlamydia*, however, that emerged as a lofty goal. It was also made clear at this meeting that progress towards the genome sequencing of an ever-increasing number of *Chlamydia* isolates will yield information that will allow the full-range of phylogenetic diversity to be examined for potential vaccine candidates.

Several commercial entities were represented at the meeting and presented their avenues of investigation into chlamydial vaccine development. These included progress in identifying candidates for DNA vaccine preparation, successful use of a sub-unit vaccine containing proteins which are prominent on the outer surface of the chlamydial bacterium, and the use of a killed preparation of the bacterium itself. There was general consensus from the participants on the importance of having the re-

sources of industry marshaled behind the drive for effective vaccine development.

A stimulating Keynote Address entitled "Setting the Stage for Clinical Trials" was presented by Dr. Gerald Keusch of the Fogarty International Center, NIH, clearly outlining the necessary stages and obstacles to effective vaccine development in general. Dr. David Mabey then concluded the meeting with a sobering presentation outlining the ethical and technical difficulties that await the successful transition of the laboratory investigation of chlamydial vaccine candidates into evaluable clinical trials in humans. In general, however, the final mood of the meeting was the expectation that a successful chlamydial vaccine, if not eminent, was certainly an achievable goal, given sufficient time and resources.

—by James T. Summersgill, PhD

Dr. Summersgill is a professor of medicine and director of the Infectious Diseases Laboratory at the University of Louisville in Louisville, Kentucky.



Participants at the SVI Colloquium on Chlamydia Vaccine Development include: co-chairs Carolyn M. Black, PhD and Gerald I. Byrne, PhD; organizer Nancy Tomich; and the following participants:

Ron Ballard, MD  
Patrik Bavoil, PhD  
Gail Bolan, MD  
Monica Bologna, MD  
Luis M. de la Maza, MD, PhD  
Carolyn Deal, PhD

Scott Gallichan, PhD  
J. Thomas Grayston, MD  
Peter Hotez, MD, PhD  
Joseph U. Igiertseme, PhD  
W. James Jackson, PhD  
Gerald T. Keusch, MD

Yves Lobet, PhD  
David Mabey, MD  
Jean-François Maison-  
neuve, PhD  
Richard P. Morrison, PhD  
Andrew Murdin, PhD

Gary S. Nabors, PhD  
Dorothy L. Patton, PhD  
Rosanna Peeling, PhD  
Peter Probst, PhD  
Robert Quackenbush, PhD  
Regina Rabinovich, MD, MPH  
Roger G. Rank, PhD  
Ausra Raudonikiene, PhD  
H.R. Shepherd, LHD, DSc  
Fran Sonkin  
Walter E. Stamm, MD  
Richard Steece, PhD, D(ABMM)  
Lisa Steele, PhD  
Kathryn E. Stein, PhD  
James T. Summersgill, PhD  
Kathryn Sykes, PhD  
Peter Timms, PhD  
Nancy Tomich  
Maria Lucia C. Tondella, PhD  
Benjamin Wizen, PhD  
John D. Zapp, DDS  
Veronica Korn  
Raymond MacDougall

This meeting was conducted with support from the Bill and Melinda Gates Foundation and Aventis Pasteur.

## The Americas: PAHO Executive Committee Proposes Goal of Rubella Eradication

### *Target Set for 2010*

The Executive Committee of the Pan American Health Organization (PAHO) issued a resolution June 2003, commending the advances made by national immunization programs in the Americas. It also expressed need for government authorities to maintain an uninterrupted flow of financial resources towards immunization to safeguard these achievements, and allow for the incorporation of other vaccines of public health importance. The resolution highlighted the successful implementation of the first Vaccination Week in the Region, a PAHO initiative that seeks to particularly target immunization services to high risk and underserved areas. Nineteen countries participated this first year and plans are already underway for 2004.

The Committee's resolution applauded the efforts of countries in significantly reducing measles morbidity (or cases). An eradication goal of indigenous measles transmission in the Western Hemisphere was agreed upon in 1994 by all countries. The strategy for maintaining the Region free of measles is to sustain at least 95 % coverage rates in routine vaccination services, complemented by follow-up immunization campaigns averaging every four years, along with timely surveillance. Over 30 million cases and 875,000 deaths still occur worldwide every year from measles. These deaths represent 50-60% of the estimated **1.6 million deaths caused annually by vaccine preventable diseases of childhood**. The success in the Americas is a direct result of countries implementing a vaccination strategy recommended by PAHO in 1995, and the sustained support of partners.

The resolution also highlighted the important advances made in the Americas in the control of rubella (German measles) and the prevention of congenital rubella syndrome (CRS), and announced for the first time the hemispheric goal of rubella and CRS elimination by 2010. Rubella complications for adults include arthritis and in some

instances, encephalitis. The most severe manifestation of rubella is CRS, an infection of the fetus with rubella virus that can affect virtually all organ systems. Hearing impairment is the most common result, followed by eye and cardiac defects and neurological abnormalities.

PAHO's Executive Committee requested that the Organization's Director devise a regional plan of action to achieve rubella/CRS elimination by 2010, an indication that the goal is attainable and a high priority. Several countries in the Americas have already initiated an accelerated control of rubella and CRS, and important lessons and knowledge have emerged from these campaigns. There has also been progress in the integration of rubella and measles surveillance allowing for improvement in the diagnosis of rubella. A rubella vaccine has been available for 30 years and is known to be 90 to 95% effective. It is generally delivered jointly with measles (MR), or with measles and mumps vaccine (MMR); protection lasts at least 15 years and is probably lifelong.

"The Sabin Vaccine Institute strongly supports the goal set by PAHO for rubella eradication by 2010," said Ciro de Quadros, MD, MPH, director of international programs for the Institute. "We will make every effort to support this program. Elimination of rubella is a feasible goal, though it will require the support from all of governments and all systems and partners working together to make it happen." Dr. de Quadros led the immunization efforts at PAHO for 25 years, playing a leading role in the eradication of polio, and in the measles eradication initiative now underway. He also was involved in the eradication of smallpox in Ethiopia where he worked over six years.

The statement from PAHO comes amid a time of severe economic crises in most of the countries in the Americas. These have had severe consequences in the allocation of resources

towards vaccination programs. Immunization activities receive their fiscal allocations at the national level, and public budgets in member countries are being impacted by the struggling global economy. PAHO experts add that health sector reform trends and decentralization have not been managed adequately, further exacerbating the uniform performance of national immunization programs, including surveillance.

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*"The Sabin Vaccine Institute strongly supports the goal set by PAHO for rubella eradication by 2010."*

*—Ciro de Quadros, MD, MPH  
Director, International Programs*

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To protect the investments made by countries in immunization, PAHO has recommended that countries establish a line item in their national budgets specifically for immunization. Additionally, to avoid lags that would negatively impact vaccination programs, it has recommended that timely budget allocations be made for vaccines, supplies and immunization program operating costs. The finance ministers and senior budgetary decision makers of each country play a decisive facilitating role, so the resolution recommends that communication with them emphasize the benefits of sustaining immunization programs and the danger of leaving pockets of low immunization coverage.

PAHO is the regional arm of the World Health Organization for the Americas.

## 2003 Sabin Gold Medal Presented to Samuel L. Katz, MD

*Co-developer of Measles Vaccine Honored at May Ceremony*

The May tribute to Sabin Gold Medal Recipient Samuel L. Katz, MD, borrowed the famous line of Shakespeare's *Twelfth Night*— "Some are born great, some achieve greatness, and some have greatness thrust upon them."

The quote was offered by Anne Gershon, MD, in her remarks about Katz's life and contribution to vaccinology. Rather than applying to separate individuals, she said that all three origins of greatness applied to the honoree.

A large group enjoyed the event, which annually recognizes a vaccinologist with the Institute's premier scientific award. In addition to Dr. Gershon, members of the Sabin Board, a number of previous Sabin Gold Medal awardees, CDC National Immunization Program Director Walter Orenstein, MD, and proud family members enjoyed the event. Debbye Sabin, the daughter of Dr. Albert B. Sabin, also was in attendance and was referred to endearingly in Dr. Katz's presentation about his life and association with Dr. Sabin.

Upon receipt of the medallion presented by Maj. Gen. Philip Russell, MD

(USA Ret.), founding president of the Sabin Institute, Dr. Katz momentarily left the podium to share the award with his family, placing the medal on his grandson and namesake. As is customary at the annual Sabin Gold Medal event, Dr. Katz provided an insightful talk on his research background, along with an historical account of the polio vaccine, including many reflections on

his own encounters with Dr. Albert B. Sabin, both professional and personal.

Dr. Katz is the Wilburt Cornell Davison Professor and chairman emeritus of pediatrics at Duke University. Dr. Gershon is professor of pediatrics

at the Columbia University College of Physicians and Surgeons.

Dr. Katz is contributor to numerous vaccine discoveries, including collaboration to develop the measles vaccine in use today. In addition to development of the measles vaccine, Dr. Katz worked extensively on a range of other vaccines, including vaccinia (used as smallpox vaccine), polio, rubella, influenza, pertussis (whooping cough), *Haemophilus influenzae* b conjugates, and HIV.

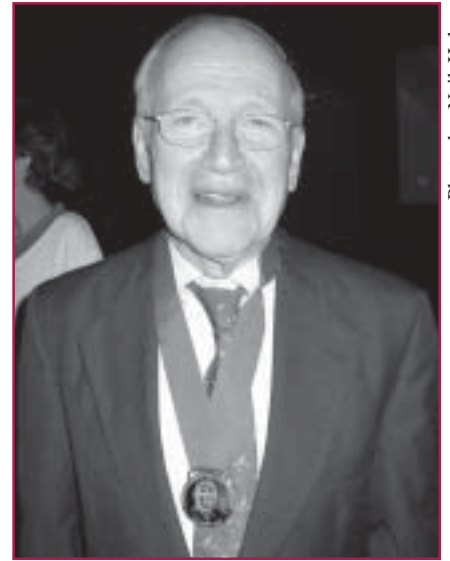


Photo by Neil Halsey

Samuel L. Katz, MD

Dr. Katz worked with Nobel Laureate John F. Enders to develop the attenuated measles virus vaccine. For 22 years, he was chairman of Duke University's Department of Pediatrics. He serves on the NIH Committee for AIDS Vaccines and devotes time to the care of children with HIV infection.

Dr. Katz currently co-chairs the India-U.S. Vaccine Action Program and the National Network for Immunization Information. The award was presented in Arlington, Virginia during the 6th Annual Conference on Vaccine Research, co-organized by the Sabin Vaccine Institute and sponsored by the National Foundation for Infectious Diseases.



Anne Gershon, MD, left, shared remarks in tribute to her colleague, Samuel Katz, MD.



Following his acceptance, Dr. Katz shares the celebration with his family and helps grandson Samuel don the Sabin Gold Medal.



From left, Dr. Samuel Katz, CDC National Immunization Program Director Walter Orenstein, MD, and Sabin Institute Founding President Maj. Gen. Philip K. Russell, MD (USA Ret.).

## IAVI Board Meets at European Parliament

Ciro de Quadros, director of international programs, represented the Sabin Vaccine Institute during a roundtable discussion at the European Parliament in Brussels, Belgium this past June. The roundtable was organized by the International AIDS Vaccine Initiative (IAVI) to create increased momentum in Europe for AIDS vaccine research and development. Dr. de Quadros serves on the IAVI board of directors.

The IAVI and European Parliament members met to reinforce vaccines as a preeminent ingredient in the response to the AIDS epidemic, and to create a sense of urgency about the need to commit additional resources to the vaccine effort. The group wants to establish a coalition of stakeholders and interested parties to increase and keep up momentum in AIDS vaccine research.

IAVI President and CEO Seth Berkley, MD, gave an overview of the status of AIDS vaccine research and development, stressing the imperative for synergy and speed. Regarding research funding, he emphasized the im-

portance of incentives for private sector investment. Dr. de Quadros presented “Building Sustainable AIDS Vaccine R&D and Delivery Infrastructure in Developing Countries.” The talk emphasized creating regional Vaccine Clinical Trial centers, establishing a regulatory infrastructure, site preparedness and

community preparedness, and building long-term political commitment.

To achieve desired goals in AIDS vaccine research, political commitment is needed along with appropriate global frameworks. A key focus was on accelerating all aspects of vaccine development, testing and access.



From left, Kurt Vanden Berghe, European Parliament; Jeff Lamb, World Bank and chair, IAVI; Glenys Kinnock, MP UK; Seth Berkley, President and CEO, IAVI; Ciro de Quadros, Sabin Vaccine Institute director of international programs; Wanjiku Kamau, Stop AIDS Alliance; Lieve Franssen, European Commission Directorate General.

## In Memory of Fenmore R. Seton, Former SVI Trustee

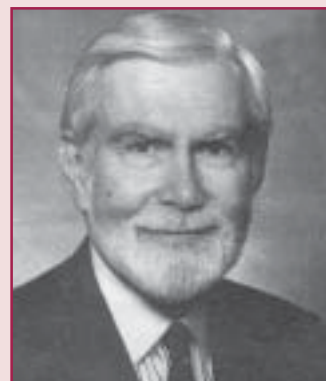
*Business Leader and Philanthropist Served as Sabin Institute Trustee*

Fenmore R. Seton, a trustee of the Sabin Vaccine Institute from 1994 to 1997, passed away on May 26 in North Haven, Connecticut. Mr. Seton was CEO of the Seton Name Plate Corporation, and was a civic leader and philanthropist of note in the New Haven area.

In addition to his business achievements, Mr. Seton was past president of Rehabilitation International, an organization that helps improve the quality of life for disabled people. He was

recognized in 1992 by President George Bush with the Presidential Distinguished Service Award for his work to help the disabled. He graduated from Yale in 1938 and served as an Air Force Major during World War II. He became interested in helping the disabled as a youth, when he was a counselor at a camp for the handicapped.

Mr. Seton is survived by his wife, Phyllis; a daughter, Diana Wakerley; and two grandchildren. A cousin, Carol Ruth Shepherd, is a trustee of the Sabin Vaccine Institute.



Fenmore R. Seton

## 2003 Sabin Vaccine Institute Awards Celebration Recognizes Gro

2003 AWARD

*Bernard Pousso* ♦ *Stephen Joel Trachtenberg,*

The Sabin Vaccine Institute presented its highest non-science awards on May 14 to four groundbreakers in business, academia, and social service. Bernard Pousso, Stephen Joel Trachtenberg, JD, MPA, Paul Simon, and Irwin Redlener, MD, were this year's honorees at a black-tie celebration held at the Pierre Hotel in New York City.

"For the first time in the history of these awards, the work of four individuals has been brought to the Institute's attention all within the same year and we are thrilled to honor each of them for exemplifying these prestigious Sabin prizes," said H.R. Shepherd, chairman of the Sabin Vaccine Institute.

Ari Fleischer, former assistant to the president and White House press secretary, was master of ceremonies for the awards celebration. An added highlight of the evening was recognition of six of the 11 recipients of the Sabin Gold Medal, a scientific award conferred annually by the Institute.

**Bernard Pousso**, executive vice president of Wyeth and president of Wyeth Pharmaceuticals, received the Sabin Lifetime Achievement Award. Pousso joined Wyeth in 1986 and ascended the company's leadership ranks first in Europe and subsequently with global scope. "A company with achievements that contribute in such an essential and tangible way to the well being of humankind requires the bold leader-

ship of dedicated executives such as Bernard Pousso," said Shepherd.

Singer/songwriter **Paul Simon** and **Irwin Redlener, MD**, associate dean and director of the National Center on Disaster Preparedness at Columbia University's Mailman School of Public Health, co-founders of the Children's Health Fund, received the Sabin Humanitarian Award.

Simon's celebrated musical career began in the 1950s and includes classics of the folk and rock genre. His music has been recognized with 12 Grammy awards and in 2001 he was inducted into the Rock and Roll Hall of Fame.

Shepherd commented on the joint recipients of a 2003 Sabin Humanitarian Award: "Paul Simon and Dr. Redlener founded an organization to help many of the medically underserved children of our country. For their consummate humanity in the face of a growing need, they are truly deserving of this year's Sabin Humanitarian Award." Dr. Redlener was on hand to accept the award.

An additional Humanitarian Award went to **Stephen Joel Trachtenberg**, president of The George Washington University. "Navigating the rise of an established and recognized academic institution to far greater heights of excellence and prestige is no mean feat," said Shepherd. "Particularly in the nation's capital, where a lesser figure would become overpowered by the politics and peculiari-



From left, 2003 Award Recipients Bernard Pousso, Stephen J. Trachtenberg, JD, MPA and Irwin Redlener, MD.



GW President Stephen Joel Trachtenberg, JD, MPA accepts Sabin Humanitarian Award.

ties that can impede progress." Shepherd also commented that the university's students are benefiting from President Trachtenberg's many progressive initiatives and the city has been uplifted by his scholarship programs, new GW Hospital, and the University's new Health and Wellness Center. The University is home to the Sabin Institute's research to discover a vaccine against human hookworm infection.



At podium, Wyeth's Bernard Pousso makes acceptance remarks.



Master of Ceremonies Ari Fleischer greets Sabin Vaccine Institute Chairman H.R. Shepherd.

## Groundbreaking Achievements and Service, Marks 10th Anniversary

### AWARD RECIPIENTS

BY JUDITH A. JOHNSON, JD, MPA ♦ Irwin Redlener, MD & Paul Simon



From left, SVI board members Carol Ruth and H.R. Shepherd, chair, greet Bernard and Delphine Poussot. Mr. Poussot received the 2003 Sabin Lifetime Achievement Award.



Sabin Award Celebration guests, from left, Children's Health Fund Executive Director Dennis Johnson and New York CHF Director Karen Redlener, George Guido of Burson-Marsteller, and Craig Engesser of Wyeth.



From left, Lorraine Hilleman, Sabin Gold Medalist Maurice Hilleman, PhD, DSc, and Sabin Fellow Patricia Thomas.



From left, Sabin Gold Medalists Ciro de Quadros, MD, MPH, SVI director of international programs and D.A. Henderson, MD, MPH, with Nana Henderson and Peter Hotez, MD, PhD, SVI scientific advisory chair and chair, Department of Microbiology and Tropical Medicine at The George Washington University.



From left, Fran Sonkin, SVI executive vice president; honoree Irwin Redlener, MD and Karen Redlener, Children's Health Fund; H.R. Shepherd, SVI Chairman, and Marge and William Berkley, co-chair of SVI and chairman/CEO of W.R. Berkley Corporation.



From left, Myron Levine, MD, greets Susan Plotkin and Stanley Plotkin, MD. Drs. Levine and Plotkin were among the Sabin Gold Medal recipients acknowledged.

## SVI Sponsors Conference on Biodefense Vaccines, Therapeutics, and Diagnostics

*Pipeline of New Products Depends on Collaborative Initiatives*

Following the tragic anthrax experience of fall 2001, the federal government realized the need for a second-generation vaccine to treat exposure to anthrax. It looked to biotechnology firms and pharmaceutical companies. A government task force recommended improvement on the existing vaccine; the existing anthrax vaccine provides a good level of immunity but requires six injections. In response to a June 2002 request for proposal (RFP) two biotechnology firms, VaxGen and Avecia were selected to develop the new vaccine.

In VaxGen's case, the government contract combines the work of a private development company, an antigen pioneered in a government laboratory, and clinical trials coordinated across various academic medical centers. This process exemplifies the evolving nature of biological R&D contracting to ensure rapid development of new products that are needed for the biodefense security of this country.

At "Biodefense Vaccines, Therapeutics, and Diagnostics: Policy, Funding, Development, Testing, Production, and Distribution," a three-day conference held this past June in Washington, DC, representatives of each of these sectors had the opportunity to gain the latest perspectives on research, development, and production in this field, and to network with counterparts in their own or complementary sectors. VaxGen's anthrax vaccine project demonstrates the kinds of collaborative cross-sectoral initiatives that will accelerate the pace for future research and development necessary to meet the threats posed by biological agents.

The Sabin Vaccine Institute co-sponsored the Biodefense Conference along with the American Academy of Pharmaceutical Physicians, the American

Public Health Association, the Infectious Diseases Society of America, and the Virginia Biotechnology Association, among others. Conference presenters reviewed the roles played by researchers, drug companies, and the public health community in addressing the nation's needs for biodefense vaccines, therapeutics, and clinical diagnostics. High on the agenda were questions about the government's biodefense priorities, funding, participation opportunities and processes, and terms required to work with the government in such areas as intellectual property and pricing.

Biodefense Conference sessions included analysis of Project BioShield and other federal biodefense legislation, as well as Food and Drug Administration fast track testing and

approval regulations. BioShield is President Bush's \$6 billion, 10-year, research and development proposal, and is the latest in a series of government initiatives to fund and fast track development of vaccines, therapeutics, and diagnostics. The U.S. Department of Health and Human Services launched BioWatch this past spring, to monitor the air in 20 major U.S. urban centers for biological contaminants. Both programs signal more acute awareness of the need for an improved state of national readiness regarding the dangers of biological terrorism.

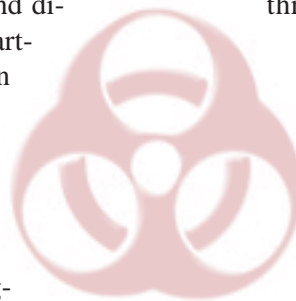
The federal government's new initiatives have common goals—to develop effective biodefense vaccines, therapeutics, and diagnostics; to accelerate their testing and approval; and to facilitate their production, distribution and use. The collective effort of universities, pharmaceutical and biotechnology compa-

nies, and the public health community provide a valuable role in these initiatives.

The Biodefense Conference included workshops facilitated by top experts and networking opportunities with participation from key government agencies, biological institutes at leading universities, and representatives from large and small pharmaceutical and biotechnology companies. Key Department of Public Health and Health Services leaders attended, including Jerome Hauer, MPH, director of Public Health Preparedness. Georges Benjamin, MD, executive director of the American Public Health Association, delivered a keynote address, "Research Needs for the Common Good." He described how public health has received a more prominent spotlight since the fall of 2001, transitioning quickly from a reflective stance to proactive strategy in both collecting and disseminating the immense volume of information it interprets and generates. He listed an array of technology needed to address this new public health environment, including affordable, reliable environmental tests; diagnostic capacity for early detection of threat agents like anthrax and smallpox, as well as SARS; and next-generation vaccines along with antibiotics.

Sabin Vaccine Institute Trustee Lance Gordon, PhD, CEO of VaxGen, took the opportunity at the conference to elucidate his company's experience with government contracting in the biological field. In addition to the anthrax vaccine development contract, the company is looking forward to the government award for manufacture of the anthrax vaccine, hopeful that the development process achieves a successful outcome. The example of his company's experience is a valuable reference point for biological companies and institutes breaking into the biodefense field.

*BioShield and BioWatch signal more acute awareness of the need to achieve a greater state of national readiness regarding the dangers of biological terrorism.*



## Vaccine Supply Task Forces Proceed with Recommendations Exercise

*Supply Colloquium Discussions to Continue Oct. 8-10 with Feasible Solutions to Global Vaccine Shortages*

A generous grant from the Bill & Melinda Gates Foundation supported the Sabin Vaccine Institute's ninth annual vaccine policy colloquium in October 2002. *Global Vaccine Shortage: The Threat to Children and What to Do About It*, chaired by Lewis Miller and Lance Gordon, identified reasons why vaccines have not always been available to children in the U.S. and the developing world. In addition, the purpose of the meeting was to seek pathways to solutions to these problems.

While vaccine shortages are currently not as acute as they were in the months prior to the colloquium, the systemic factors underlying the vaccine shortages still remain.

The colloquium drew experts from academia, government and industry to generate strategies to avert future vaccine shortages. At that meeting's closing, colloquium co-chair and SVI board member Lance Gordon, PhD, proposed the formation of task forces to continue probing this critical public health issue.

The conferees identified the following priority issues for which feasible solutions are being sought, and agreed to serve on task forces to develop proposals for action steps that could be taken within five years to improve elements of the current vaccine licensing, manufacturing, purchasing, and distribution systems.

They are:

**Stockpiling**, chaired by Steven Bice and Elizabeth O'Mara, Strategic National Stockpile, CDC. The objective is to develop a proposal for U.S. and global stockpiling that will substantially reduce the risk of a shortage in the event of a sudden disruption of supply.

**International Commission on Harmonization (ICH) on Vaccines**, chaired by Julie Milstien, PhD, an international vaccine expert. The task force will analyze proposals and data to formulate a model that can more effectively promote harmonization of administration schedules and manufacturing regulations around the world.

**Financing**, chaired by Stephen Jarrett, PhD, of UNICEF. This task force will propose innovative approaches to long-term financing of vaccine purchases in the U.S. and worldwide that will provide reasonable rates of return to manufacturers.

**Public Advocacy**, chaired by Julie Fischer, staff member of the Senate Committee on Veterans' Affairs, will propose ways to strengthen public advocacy of vaccines, emphasizing to the people of many nations and their governments the high cost/benefit value of vaccines in preserving health.

Continuing support from the Bill & Melinda Gates Foundation for this year's meeting, *Feasible Solutions to Global Vaccine Shortages*, will assist the Institute's efforts to serve as a catalyst for changes in U.S. and global systems of vaccine manufacture, regulation and distribution that will reduce the risk of future shortages and thereby the risk of morbidity and mortality among the world's children.

## New Studies Reaffirm Safety of Vaccines

*Critical Research Shows No Link Between Vaccines, Autism*

Two recent studies released by the *American Journal of Preventive Medicine* and the *Journal of the American Medical Association (JAMA)* reaffirm the safety of vaccines, supporting evidence that there is no link between vaccines and autism.

The *American Journal of Preventive Medicine* article, published this past July, looked at the prevalence and incidence of autism in California, Sweden and Denmark as compared to exposure to the vaccine preservative, thimerosal. Scientists concluded there is no data to support the theory linking thimerosal and autism.

The study, which was funded by the National Immunization Program at the

Centers for Disease Control and Prevention, suggests that the rising rates of autism are a result of other factors such as "an increased recognition of the disorder in the most developmentally delayed children...and/or possibly other as-yet-undefined environmental or genetic factors."

In the United States, thimerosal was voluntarily removed from vaccines in 1999, as a precautionary measure agreed to by the American Academy of Pediatrics, the Public Health Service agencies and the vaccine manufacturers.

Additionally, a second study also published July 2003 by the *Journal of the American Medical Association* found that autistic children have a "reduced head size at birth and a sudden exces-

sive increase in head size between 1 and 2 months and 6 to 14 months."

The study's senior author, Dr. Eric Courchesne, stated in a recent press release "This burst of overgrowth takes place in a brief period of time...so, we know it cannot be caused by events that occur later, such as vaccinations for mumps, measles and rubella or exposure to toxins."

The *Journal of the American Medical Association* study, which was conducted at the University of California at San Diego School of Medicine and the Center for Autism Research at the Children's Hospital Research Center, was funded by the National Institute of Neurological Disorders and Stroke.

## More U.S. Children Are Getting Their Shots

*CDC Releases U.S. Immunization Survey Data*

The number of children in the nation receiving immunizations remains at an all time high, with significant increases in the coverage rates for varicella (chickenpox) and pneumococcal conjugate vaccine, two of the most recent additions to the childhood immunization schedule, according to new data from the Centers for Disease Control and Prevention (CDC). Wide variation, however, exists among states and among some urban areas.

Survey findings were presented at a press conference at the beginning of August, nationally recognized as *Immunization Awareness Month*. The survey was conducted by the CDC, which reported that coverage for three or more doses of pneumococcal conjugate vaccine, being reported for the first time, was 40.9%. Pneumococcal conjugate vaccine can help prevent serious pneumococcal disease. Invasive pneumococcal disease is responsible for about 200 deaths each year among children under five years of age. Vaccines are among the most successful and cost-effective public health tools for preventing disease and death. Because of nationwide immunization efforts, the

number of most vaccine-preventable diseases has been reduced by more than 99 % from the pre-vaccine era.

“Vaccines are one of the most important tools we have to protect the health of our nation’s most vulnerable citizens, our children,” said Department of Health and Human Services Secretary Tommy G. Thompson. “These results demonstrate our nation’s ability to reach high immunization coverage rates.” Dr. Julie Gerberding, Director of the CDC, said “We are pleased with the progress we’re making in regards to immunization rates in the United States. However, we have much more work to do to make sure our nation’s children are protected. The consequences from vaccine-preventable disease to even one child is an unnecessary human tragedy.”

National vaccination coverage with the chickenpox vaccine increased from 76.3 in 2001 to 80.6 percent for 2002. For all other vaccines, coverage remained steady compared to 2001.

This year, coverage also is reported for the first time for the immunization series, which includes four doses of DTaP, three doses of polio vaccine, one dose of measles-containing vaccine,

three doses of Hib vaccine, three doses of hepatitis B vaccine and one dose of varicella vaccine (known as the 4:3:1:3:3:1 series). Coverage in 2002 for the series increased to 65.5% compared to 54.1% in 2000 and 61.3% in 2001.

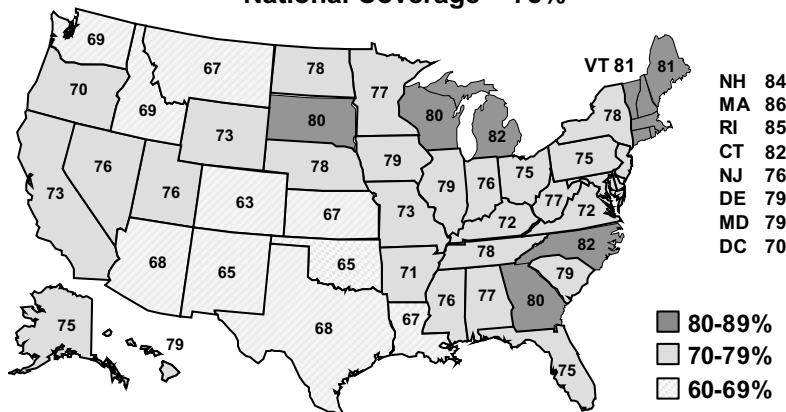
The estimated coverage with the same series, minus the one dose of varicella vaccine ranged from 86.2% in Massachusetts to 62.7 percent in Colorado, a difference of 23.5 percentage points. Variations among urban areas were slightly less than among the states. Among the 28 identified urban areas, the highest estimated coverage for the series that did not include the chicken pox vaccine was 79.3% in Santa Clara County, California with the lowest rate at 57.5% in Newark, New Jersey, a difference of 21.8 percentage points.

“Unfortunately, immunization coverage is not uniformly high across the country,” said Walter Orenstein, MD, director of the CDC National Immunization Program. “There is a substantial variation in coverage levels between various states and cities. Eliminating the disparity between those with the highest and lowest coverage remains a priority. We need the public health community and private providers in areas of low coverage rates to intensify their efforts.”

Dr. Orenstein provided data on the cost savings of vaccines for the nation. He stated that the routine childhood immunization program prevents about 10.5 million cases and 33,000 deaths for one annual birth cohort. The cost savings in terms of direct costs equate to \$10.5 billion and from a societal perspective amount to about \$42 billion.

### Vaccination coverage with the 4:3:1:3:3:1 series, among children 19-35 months, National Immunization Survey, 2002

National Coverage = 75%



† 4+DTP, 3+Polio, 1MCV, 3+Hib, 3Hep B  
Children in this survey were born during February 1999 – May 2001

Illustration source: Centers for Disease Control and Prevention

For the latest state-by-state immunization requirements, visit [www.sabin.org](http://www.sabin.org)

## Cancer Vaccine Consortium Organized by Sabin Vaccine Institute

*New Vaccine Discoveries Are in the Pipeline*

*Continued from page 3*

regulatory agency, the Health Protection Branch in Canada.

“We hope that our Consortium will be able to educate regulatory agencies about the novel agents continually being introduced by biotechnology and pharmaceutical companies,” he said. “With our attention firmly on cancer vaccines and concrete aims, we will focus on identifying vaccines in advanced clinical trials that might be ripe for approval within the near term, perhaps the next two years.”

In order to expedite the approval process, industries must learn to dialog with government regulatory agencies. This was the theme of a presentation by Lucio Miele, MD, PhD, a former FDA official now at the University of Illinois Chicago Cancer Center. According to Miele, research scientists must communicate frequently with their review team at the FDA and develop a close working relationship to get through the clinical trials that prove the safety and efficacy of new products.

Shepherd envisions the Cancer Vaccine Consortium moving discoveries forward the way that the Human Genome Project brought together scientists and biotechnology companies to quickly unravel the human genome map. “We can

do far more for cancer vaccine discovery by working together than by going it alone,” he said. “We have great new science in the field of immunology at our disposal and many vaccine therapy options to pursue.”

To solidify the concepts of “consortium” among the participants, Charles Wessner, a National Research Council expert on the SEMATECH consortium that helped the U.S. semiconductor industry regain worldwide preeminence in the 1980s, presented key concepts of how companies with strong self-interest could work together in a consortium arrangement. SEMATECH may well provide a blueprint for the organization and function of the new Cancer Vaccine Consortium. Some advantages of a consortium approach would be establishment of common research goals and directions and a means of sharing expertise, along with expediting the development of new technologies, research tools and methods, and coordination of research across the institutional infrastructure. He said that the goal for the Cancer Vaccine Consortium is to combine individual action in a common framework.

The companies of the consortium hope to benefit from dynamic exchanges of data, standardization of assays, potential identification of combination therapies,

and shared knowledge management. An overall benefit will be accelerated vaccine development and reduced costs, as the Cancer Vaccine Consortium fosters networking among its members.

Seth Rudnick, MD, of Canaan Partners, based in Rowayton, Connecticut, presented an analysis of the healthcare market, providing a practical perspective on where companies developing new cancer vaccines might draw their financial backing. “I think this is a very valuable enterprise and I hope it succeeds,” Rudnick said about the formation of new Consortium. Rudnick’s assessment was important information for all of the members of the Consortium, whose companies are hopeful that the next wave of approved treatments for cancer will be vaccines. Rudnick described some of the scientific advances in biology and technology that are fueling the healthcare sector. While there is much room for optimism, the investment environment will have to improve to achieve greater support of investors.

The next meeting of the Cancer Vaccine Consortium is scheduled for early November in Bethesda, Maryland, when the group hopes to include essential insight on the regulatory and political aspects of the licensing process for new cancer vaccines and immunotherapies.

## Sabin Vaccine Institute Publishes Colloquium Proceedings

*New Book Analyzes Vaccine Supply Issues*

The Sabin Vaccine Institute released its proceedings of the Ninth Annual Colloquium at Cold Spring Harbor, held in October 2002. *The Global Vaccine Shortage: The Threat to Children and What to Do About It*, edited by Nancy Tomich, records the discussions and recommendations of participants at this important meeting on vaccine supply.

The past several years have been marked by gaps in vaccine supply that have left children vulnerable to debilitating and life threatening infections. Diseases that have become rare in developed countries, due to our past immunization efforts, continue to proliferate

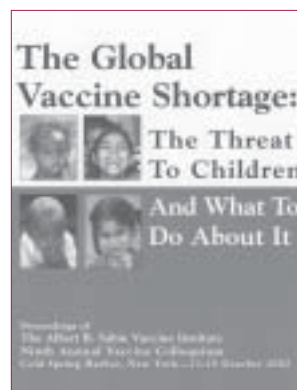
globally and are easily imported by jet travel. The one exception to this threat is smallpox, which has been eliminated globally.

Experts from international public health agencies, U.S. regulatory and policy making bodies, academia, and the vaccine manufacturing industry met to focus on resolving vaccine shortages. Consensus prevailed on one underly-

ing tenet: unless there is a greater appreciation of the value of vaccines for the individual and for society, they will continue to be underfunded, underused, and more likely to suffer production shortfalls.

This book conveys urgency over the fact that vaccine supply issues need the attention of regulators, lawmakers and the public. Needed are actions that can stabilize and enhance predictability for supplies.

A PDF of this publication can be downloaded from the Sabin Institute website, [www.sabin.org](http://www.sabin.org) and is found on the “Publications” button.



## ProMED Mail Provides Real Time Disease Outbreak Notification

*ProMED Reported SARS Outbreak Ahead of Official Sources*

ProMED-mail is an online community that is saving lives around the globe. It is an Internet-based reporting system focused on rapid dissemination of disease outbreak information to an audience that spans the globe.

The service uses email and its website to provide up-to-date and reliable news on disease outbreaks. The goal is to give the public health community the opportunity to initiate precautions at all levels expeditiously to prevent epidemic transmission and to save lives.

Created in 1994, ProMED-mail has been steadily growing in numbers of subscribers and playing an increasingly important role. Its effectiveness was recently highlighted in the aftermath of the SARS outbreak, when it reported the outbreak a day ahead of the official report by the World Health Organization. This feat drew renewed international

attention to the service.

Sources of information for ProMED-mail include media reports, official reports, online summaries, local observers, and others. Reports are often contributed by subscribers.

A team of expert human, plant, and animal disease moderators screen, review, and investigate reports before they are posted to the network. Reports are distributed by email to direct subscribers and posted immediately on the ProMED-mail web site. From its first message to 40 subscribers in seven countries back in 1994, ProMED-mail currently reaches over 30,000 subscribers in at least 150 countries.

A central purpose of ProMED-mail is to promote communication among the international infectious disease community, including scientists, physicians, epidemiologists, public health professionals,

and others interested in infectious diseases on a global scale. Subscribers often participate in discussions on infectious disease concerns, and are encouraged to respond to requests for information and to collaborate together in outbreak investigations and prevention efforts.

ProMED-mail welcomes the participation of those outside of the health and biomedical professions. Travellers find the service helpful. It is also available in Portuguese, ProMED-PORT, and in Spanish, ProMED-ESP.

ProMED-mail is a free service of the International Society for Infectious Diseases. Access to its home page and the form for subscribers can be found at [www.promedmail.org](http://www.promedmail.org). Sabin Vaccine Institute Scientific Advisory Council member John P. Woodall, PhD is associate editor for ProMED-mail.

## SARS Workshop at NIH Draws upon Broad Resources in Pursuit of Interventions

*Severe Acute Respiratory Syndrome Strikes and Infectious Disease Experts Respond*

In the wake of the SARS outbreak this past spring, the National Institute of Allergy and Infectious Diseases (NIAID) hosted a meeting of leading researchers, all of whom were eager to quickly grasp the impact of this emerging disease. Introduced by Tommy Thompson, Secretary of Health and Human Services and Anthony Fauci, MD of NIAID, the audience heard from experts from around the globe, including Taiwan and Canada, representing first-hand experience with the new disease.

International experts represented the fields of coronavirus biology, vaccine development, antiviral drug development, laboratory diagnosis, SARS epidemiology, etiology, and clinical management. Among the topics discussed were the scientific, technical, and logistical challenges that must be addressed to develop vaccines, antiviral therapeutics, and other interventions in response to SARS.

Among the important messages from the meeting was the notion that emerging diseases appear on the global scene with regularity. International travel has made it easier for diseases to be ex-

ported, so that in the current situation, extra vigilance is required by public health experts. SARS demonstrates the impact and havoc that a newly emerging disease can cause globally.

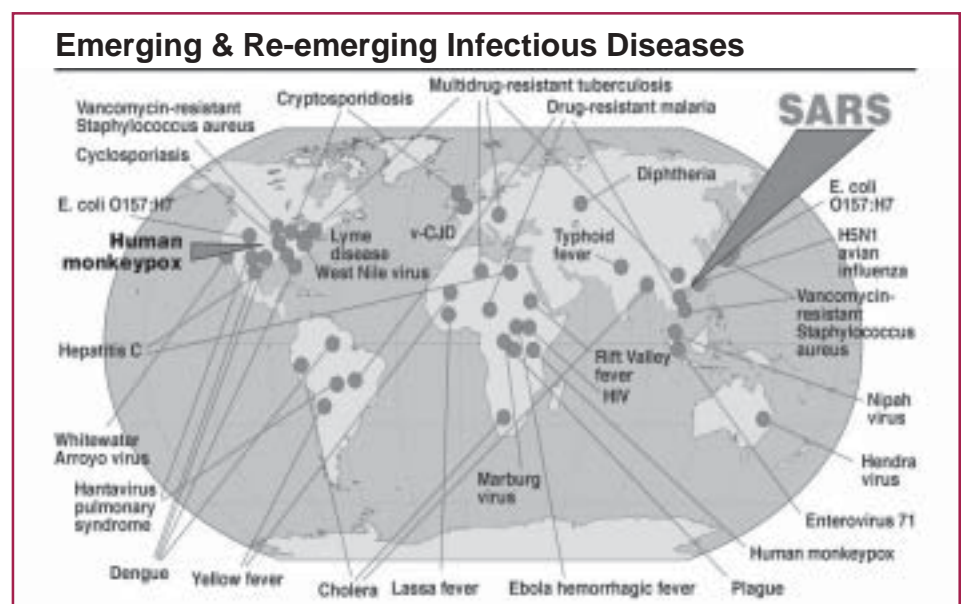


Illustration source: Anthony Fauci, NIAID. Printed with permission.

## Sabin Vaccine Institute Salutes Anne Gershon, MD

*Varicella Vaccine Developer and Researcher Lends Special Talent to Pediatric HIV/AIDS Patients*

The Institute's ongoing series of tributes to individuals and/or groups making important contributions to vaccine science and public health spotlights Anne Gershon, MD, professor of pediatrics and chief of the Division of Pediatric Infectious Diseases at Columbia University College of Physicians and Surgeons. She is recognized both nationally and internationally in the field of antiviral therapy for her basic and clinical investigations of varicella zoster virus, varicella zoster virus vaccine, herpes simplex and respiratory syncytial virus infections and their management.

Dr. Gershon initiated and conducted the studies in the United States which eventually led to the licensure of the vaccine for the common childhood disease better known as chickenpox. Additionally, she has explored the molecular biology and pathogenesis of varicella zoster virus infection, latency, persistence and reactivation. Her division at Columbia University includes the HIV/AIDS Pediatric Unit. Together with a

dedicated staff, she leads the Women and Children's Care Center at Children's Hospital at Columbia, which provides evaluation and therapy for women and children with HIV.

Following a postdoctoral fellowship at Oxford University, Dr. Gershon completed a pediatric internship and residency at New York Hospital-Cornell Medical Center. Her career in pediatric infectious diseases began at New York University School of Medicine, where her mentor was the noted Saul Krugman, MD—a first cousin of Dr. Albert B. Sabin.

Dr. Gershon is a recipient of an honorary doctorate degree from her alma mater, Smith College. Over the years her research has been supported by competitive grants from the National Institutes of Health (NIH). In addition

to several hundred original publications in journals with critical editorial review, she has also authored chapters in text-

books and was an editor for three editions of *Krugman's Infectious Diseases of Children* (a new edition is now in preparation). She has served on the editorial boards of at least seven journals in the fields of infectious diseases, pediatrics, and virology. She has been a councilor of the Infectious Diseases Society of America and

a member of NIH's Study Section on Microbiology and Infectious Diseases. Her husband, Dr. Michael Gershon, is the Chairman of the Department of Anatomy at Columbia University College of Physicians and Surgeons, and together they have recently collaborated in studies of the neural latency of varicella zoster virus.



Anne Gershon, MD

### NEWS

### BRIEFS

#### **American Public Health Association Briefed on Vaccine Supply**

Lewis A. Miller, Sabin Institute Trustee and Chairman of Intermedica, addressed the June 2003 meeting of managers of the American Public Health Association in Washington, DC. His talk was a briefing on the SVI Policy Colloquium on Vaccine Supply and resulting progress identifying key issues for recommendations to be made at the national and global level to address vaccine shortages.

#### **Lotos Club Recognizes Sabin Institute Chairman for Merit**

H.R. Shepherd, SVI Chairman, was honored at a recent dinner of New York City's Lotos Club, for "profound humanism" and was presented the Lotos Medal of Merit. Shepherd is a long-time member of the Lotos Club

and a past chair of the Public Affairs Committee. He was acclaimed for having distinguished himself while using his talents for the betterment of the club, whose membership has included such prominent figures as Mark Twain and Andrew Carnegie.

Shepherd also was recently re-elected to three-year term on the National Academies Presidents' Circle. A signature program of the Presidents' Circle is the National Academies Library Collections, a program which Shepherd started. The program makes scientific resources available to community libraries and seeks to broaden scientific literacy. For more information, visit the following website: [www7.nationalacademies.org/giving/Library\\_Collections.html](http://www7.nationalacademies.org/giving/Library_Collections.html).

Shepherd also was recently reappointed as adjunct professor in the Department of Microbiology and Tropical Medicine at The George Washington University's (GW) School of Medicine and Health Sciences.

#### **Hookworm Vaccine Initiative Scientist Receives Award**

Maria Elena Bottazzi, PhD, an assistant professor of Microbiology and Tropical Medicine at GW and member of the Hookworm Vaccine Initiative sponsored by the Sabin Vaccine Institute, was awarded a prestigious visiting professorship. Bottazzi received the American Society for Microbiology International Professorship for Latin America.

The Hookworm Vaccine Initiative also will be assisted by Dr. Concepcion Zuniga from the Honduran Ministry of Health, who will work in the laboratories of the Department of Microbiology and Tropical Medicine at GW with Dr. Bottazzi as her mentor. Dr. Zuniga will be sponsored through a Gorgas Memorial Fellowship and will study epidemiologic methods for endemic hookworm in Central America. For more information about the SVI's Hookworm Vaccine Initiative, visit [www.sabin.org](http://www.sabin.org).

## Diseases of the Poor

ViewPoint

*Continued from page 2*

epidemic in Botswana, South Africa and Zimbabwe, while welcome, must not come at the expense of the poor and marginalized living in Hartford, Providence, Atlanta, Buffalo, Miami, Gary, Rochester, Flint and Newark, where poverty rates approach or exceed 40 percent.

In Uganda, President Bush remarked, "We are a great nation; we're a wealthy nation. We have a responsibility to help a neighbor in need, a brother and a sister in crisis." We also need to remember to take care of ourselves.

Peter J. Hotez, MD, PhD is professor and chair of the Department of Microbiology and Tropical Medicine, The George Washington University, and senior fellow of the Albert Sabin Vaccine Institute. He is also visiting professor of the Institute of Parasitic Diseases of the Chinese Academy of Preventive Medicine in Shanghai.

### Readership Survey Update

To make our newsletter more pertinent to our readers, we distributed a questionnaire to a random sample of readers. Thank you to those who have already responded to the questionnaire. There's still time to respond. Your feedback gives us a better idea of what you and fellow readers of *The Sabin Vaccine Report* want to read.

Would you like to read the *Sabin Vaccine Report* online? Our newsletter is available in a PDF format at [www.sabin.org](http://www.sabin.org)

## SABIN CALENDAR

### SEPTEMBER 2003

12 - 13 *Arona, Novara, Italy*

**Albert Sabin and the Polio Vaccine:  
From Intuitions to Biotechnology**

*Palazzo dei Congressi*

[www.sitinazionale.it/notizia.asp?id=413](http://www.sitinazionale.it/notizia.asp?id=413)

14 - 17 *Chicago, Illinois*

**43rd Interscience Conference on  
Antimicrobial Agents and Chemotherapy**

*McCormick Place*

[icaac@asmusa.org](mailto:icaac@asmusa.org) [www.icaac.org](http://www.icaac.org)

17-19 *Montreal, Canada*

**The First International Conference on  
TB Vaccines for the World**

*Montreal Marriott Chateau Champlain*

[www.meetingsmanagement.com/tbv\\_2003/introduction.htm](http://www.meetingsmanagement.com/tbv_2003/introduction.htm)

18 - 21 *New York, New York*

**AIDS Vaccine 2003**

*Hilton New York*

[www.aidsvaccine2003.org](http://www.aidsvaccine2003.org)

20-24 *Sardinia, Italy*

**Salmonella: Epidemiology,  
Pathogenesis and Vaccine Development**

[www.asm.org/Meetings/index.asp?bid=4034](http://www.asm.org/Meetings/index.asp?bid=4034)

25-26 *Minsk, Belarus*

**6th Int'l. Forum on Global Vaccinology**

Infections Control World Org. &  
Research Inst. for Epidem. & Microbio.

[kurstak@sympatico.ca](mailto:kurstak@sympatico.ca)

[www.briem.ac.by/eng/konf.html](http://www.briem.ac.by/eng/konf.html)

Sept 29-Oct. 1 *Lyon, France*

**World Vaccine Congress Lyon 2003**

*Palais des Congrès de Lyon*

[www.pharma-rd.net/2003/wvcl\\_FR](http://www.pharma-rd.net/2003/wvcl_FR)

### OCTOBER 2003

1-3 *New York, New York*

**Cancer Vaccines 2003: Cancer &  
HIV Vaccines: Shared Lessons**

*Manhattan Conference Center  
at the Millennium Broadway*

[www.cancerresearch.org](http://www.cancerresearch.org)

8-10 *Cold Spring Harbor, New York*

**10th Annual Sabin Vaccine Policy  
Colloquium: Feasible Solutions to  
Global Vaccine Shortages**

*Cold Spring Harbor Laboratory*

[veronica.korn@sabin.org](mailto:veronica.korn@sabin.org)

[www.sabin.org](http://www.sabin.org)

9-12 *San Diego, California*

**41st Annual Meeting of the Infectious  
Diseases Society of America (IDSA)**

*San Diego Convention Center*

[info@idsociety.org](mailto:info@idsociety.org)

[www.idsociety.org](http://www.idsociety.org)

22-24 *Arlington, Virginia*

**Vaccines: from Political, Socio-  
Economic, Scientific, Provider, User,  
and Legal Viewpoints**

*Hilton Crystal City*

[gtcbio.com/confpage.asp?cid=4](http://gtcbio.com/confpage.asp?cid=4)

### NOVEMBER 2003

30 Oct.-2 Nov. *Bethesda, Maryland*

**18th Annual Meeting, International  
Society for Biological Therapy of**

**Cancer** *Hyatt Regency*

[isbtc.org/meetings/am03](http://isbtc.org/meetings/am03)

17-20 *Boston, Massachusetts*

**Phacilitate Vaccine Forum Fall 2003**

*Fairmont Copley Plaza*

[www.phacilitate.co.uk/pages/fall\\_vac2003](http://www.phacilitate.co.uk/pages/fall_vac2003)



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