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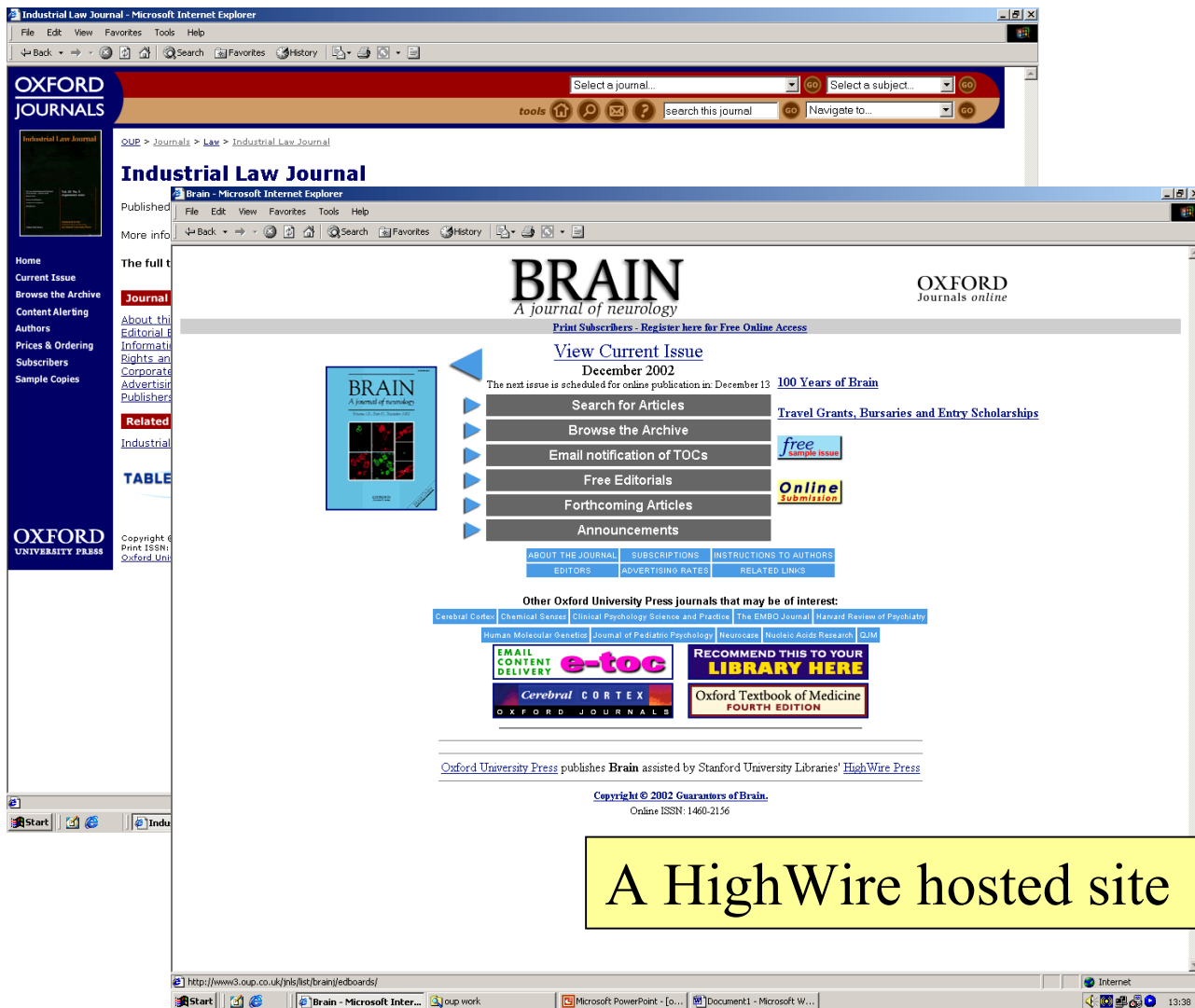
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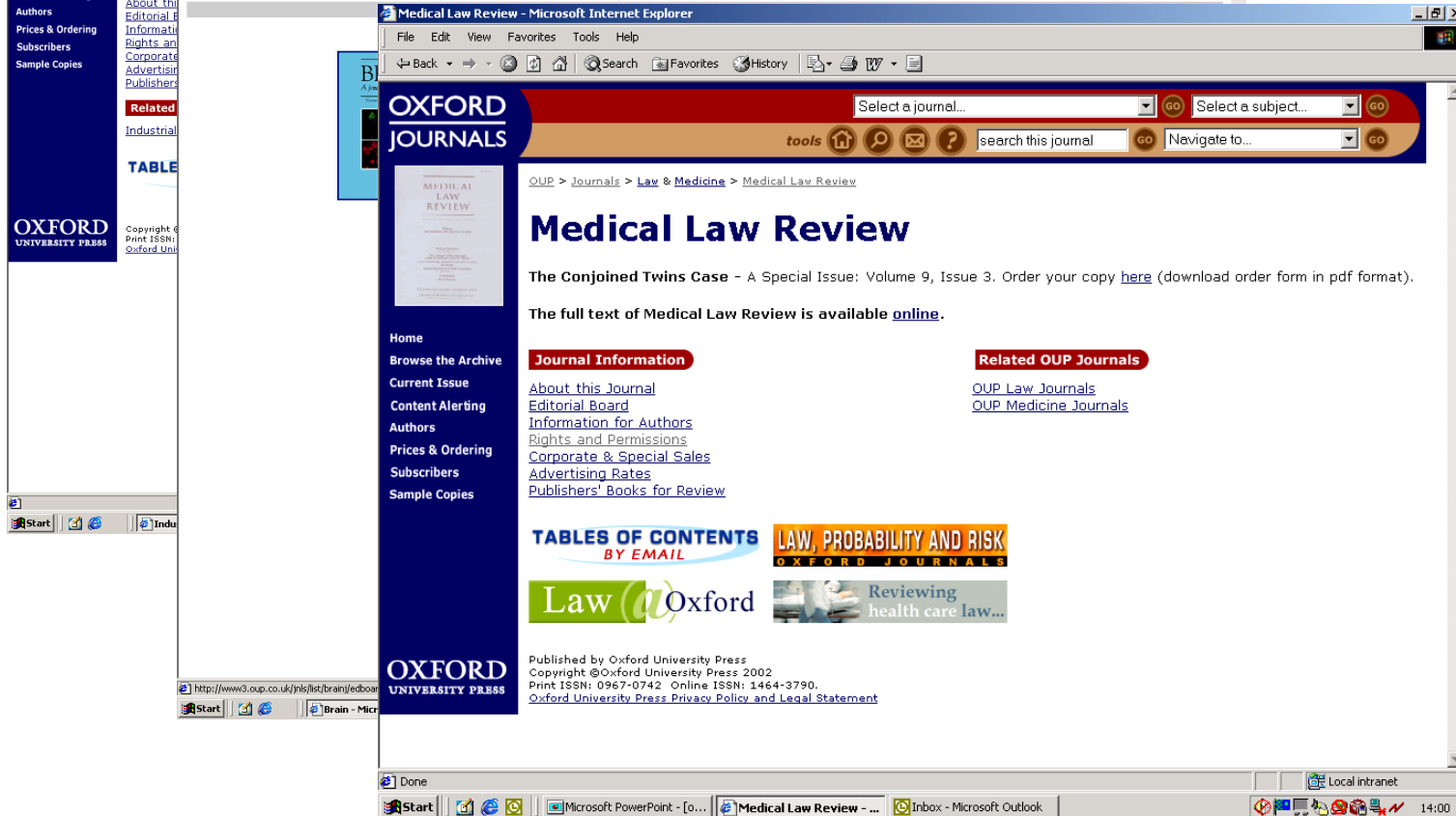
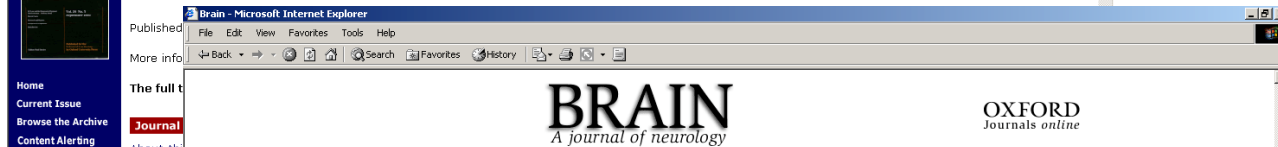
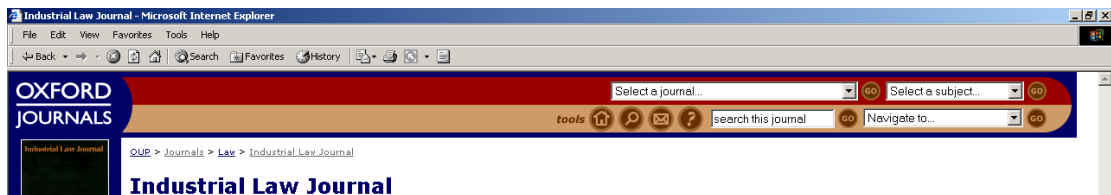


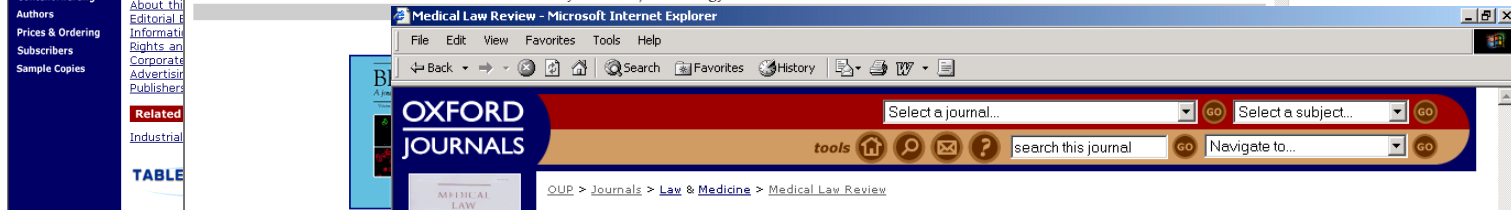
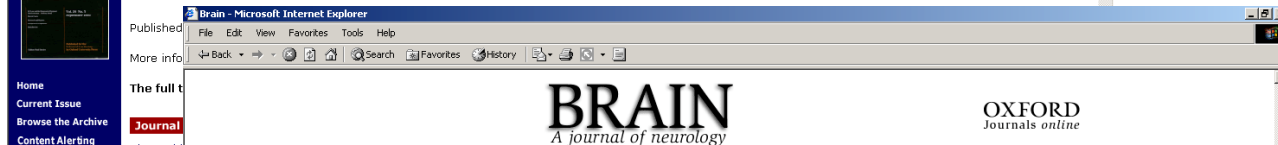
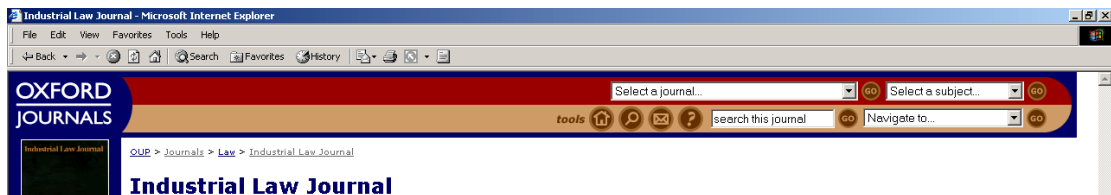
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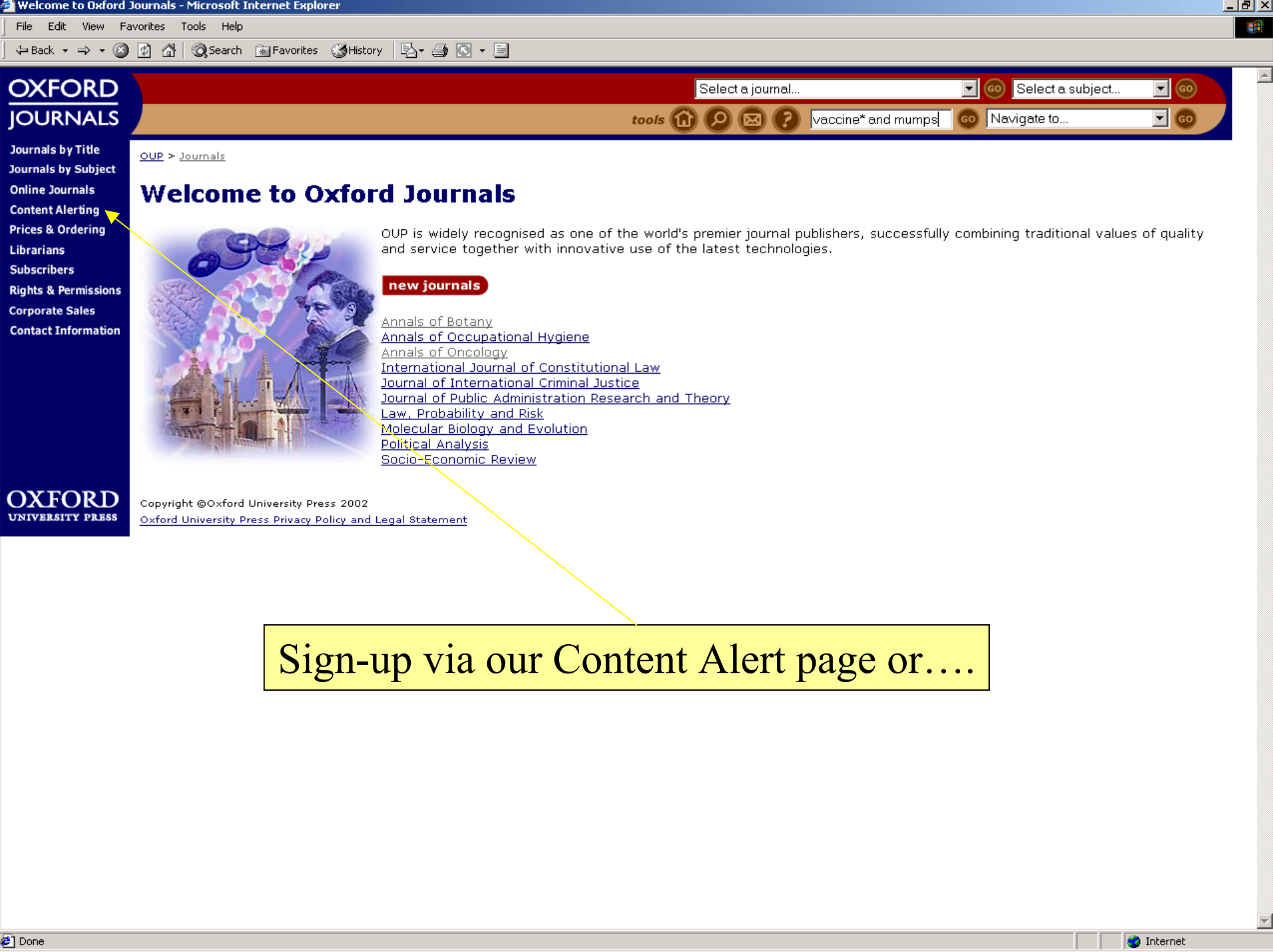
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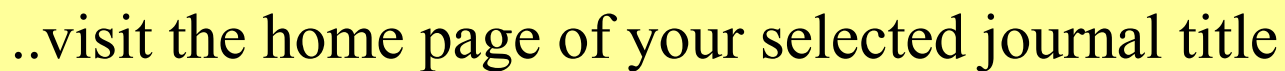
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Disorders of memory

Michael D. Kopelman

Brain 2002 125: 2152-2190.

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Chronic, controlled GDNF infusion promotes structural and functional recovery in advanced parkinsonian monkeys

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Gerhardt, and Don M. Gash

Brain 2002 125: 2191-2201.

<http://brain.oupjournals.org/cgi/content/abstract/125/10/2191>

Acute axonal damage in multiple sclerosis is most extensive in early disease stages and decreases over time

Tanja Kuhlmann, Gueanelle Lingfeld, Andreas Bitsch, Jana Schuchardt, and

Wolfgang Bruck

Brain 2002 125: 2202-2212.

<http://brain.oupjournals.org/cgi/content/abstract/125/10/2202>

PMP22 overexpression causes dysmyelination in mice

A. Robaglia-Schlupp, J. Fizant, J.-C. Norrrel, E. Passage, D. Saberan-

Djoneidi, J.-L. Ansaldi, L. Vinay, D. Figarella-Branger, N. Levy, F.

Clarac, P. Cau, J.-F. Pellissier, and M. Fontes

Brain 2002 125: 2213-2221.

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Two types of ipsilateral reorganization in congenital hemiparesis: A TMS and fMRI study

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2 Journal of Public Health Medicine	Pat A. Tookey, Mario Cortina-Borja, Catherine S. Peckham	Rubella susceptibility among pregnant women in North London, 1996-1999 <a href="#">Abstract</a> <a href="#">PDF</a>	24	3	2002	211 - 216
3 International Journal of Epidemiology	K Osborne, N Gay, L Hesketh, P Morgan-Capner, E Miller	Ten years of serological surveillance in England and Wales: methods, results, implications and action <a href="#">Abstract</a> <a href="#">PDF</a>	29	2	2000	362 - 368
4 Mathematical Medicine and Biology: A Journal of the IMA	A. C. Paulo, M. C. Gomes, A. C. Casinhas, A. Horta, T. Domingos	Multiple dose vaccination against childhood diseases: high coverage with the first dose remains crucial for eradication <a href="#">Abstract</a>	17	3	2000	201 - 212

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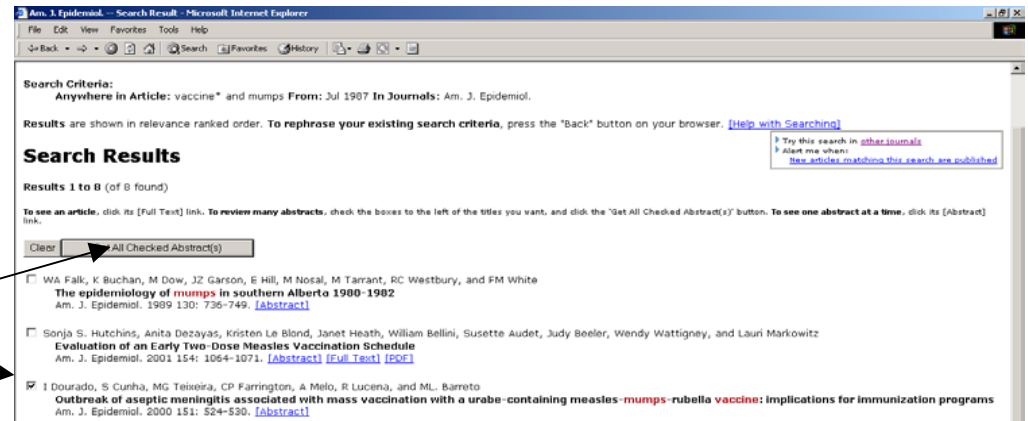
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The high vaccination coverage required to eradicate communicable diseases in countries to introduce a second dose. In this paper we investigate analytical solutions to the classical compartment model that assumes maternally protected (P), susceptibles (S), latents (E), infectious (I), and recovered (R) vaccination schedules with an arbitrary number of doses of vaccine. The coverage rates of vaccines against childhood diseases. In an example, a high (89.0%) immunization coverage in the first dose is insensitive to the age of the second dose and requires only moderate

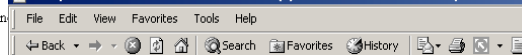
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### ORIGINAL CLINICAL RESEARCH

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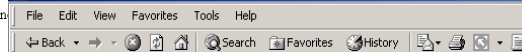
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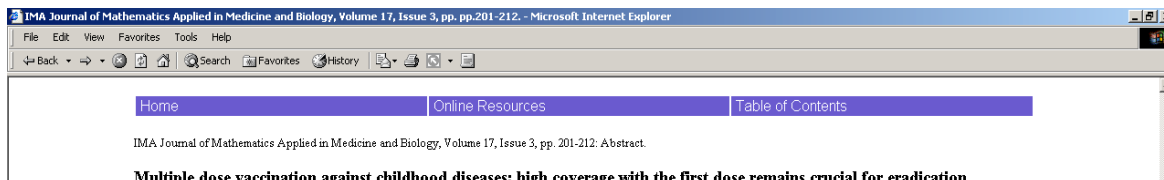
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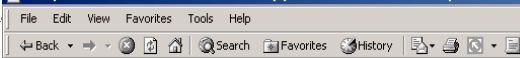
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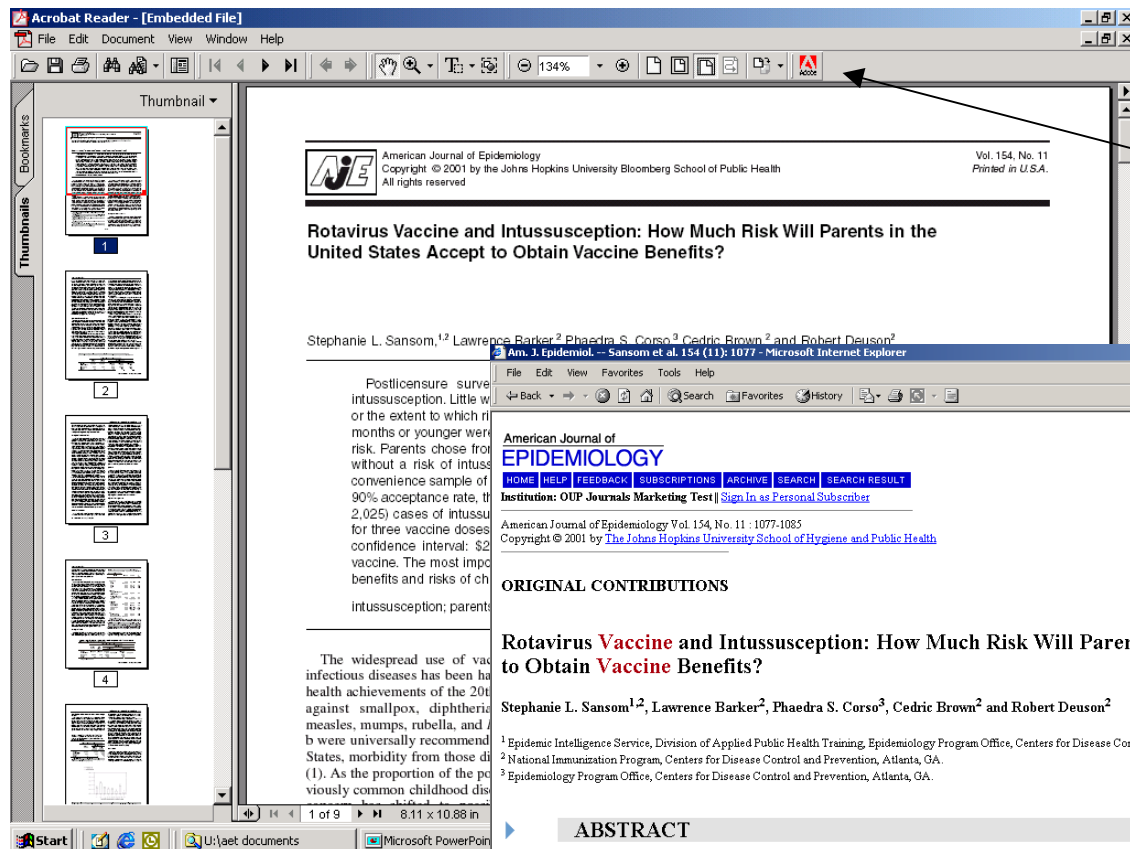
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## ABSTRACT

Postlicensure surveillance of a newly licensed rotavirus **vaccine** suggested an increased risk of intussusception. Little was known about the amount of risk parents would tolerate to obtain the **vaccine's** benefits or the extent to which risk would reduce the price parents would pay for the **vaccine**. Parents of infants aged 12 months or younger were asked to accept or reject two hypothetical **vaccines** associated with varying degrees of risk. Parents chose from a list the amount they would pay for two additional hypothetical **vaccines**, with and without a risk of intussusception. The authors conducted face-to-face surveys in September 1999 among a convenience sample of parents in three US cities. Of 405 eligible parents, 260 (64%) participated. To achieve a 90% acceptance rate, the **vaccine** could be associated with no more than 1,794 (95% confidence interval: 1,400, 2,188) additional cases of intussusception per 100,000 fully vaccinated, national cohort of infants. The median willingness to pay for three **vaccine** doses, when vaccination was associated with 1,400 additional cases of intussusception, was \$28, \$46 compared with \$110 (95% confidence interval: \$96, \$126) for the risk-free **vaccine**. The most important aspect of this study may be the association between the benefits and risks of childhood **vaccines**.

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Key Words: intussusception • parents • risk • rotavirus • vaccines

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The widespread use of vaccines to prevent childhood infectious diseases has been hailed as one of the top public health achievements of the 20th century (1). After vaccines against smallpox, diphtheria, pertussis, poliomyelitis, measles, mumps, rubella, and *Haemophilus influenzae* type b were universally recommended for children in the United States, morbidity from those diseases declined dramatically (1). As the proportion of the population protected from previously common childhood disease has increased, however, concern has shifted to possible vaccine-associated side effects (2).

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Epidemic Intelligence Service, Division of Applied Public Health Training, Epidemiology Program Office, Centers for Disease Control and Prevention, Atlanta, GA, USA. [ssansom@cdc.gov](mailto:ssansom@cdc.gov)

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**Rotavirus vaccine and intussusception**

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Postlicensure surveillance of a newly licensed rotavirus vaccine to obtain the vaccine's benefits or to accept or reject two hypothetical vaccines, with and without a risk of 405 eligible parents, 260 (64%) of 405 eligible parents, 260 (64%) cases of intussusception in a 1,400 cases of intussusception, was an important aspect of this study may be important.

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## ORIGINAL CONTRIBUTIONS

**Rotavirus Vaccine and Intussusception: How Much Risk Will Parents in the United States Accept to Obtain Vaccine Benefits?**Stephanie L. Sansom<sup>1,2</sup>, Lawrence Barker<sup>2</sup>, Phaedra S. Corso<sup>3</sup>, Cedric Brown<sup>2</sup> and Robert Deuson<sup>2</sup><sup>1</sup> Epidemic Intelligence Service, Division of Applied Public Health Training, Epidemiology Program Office, Centers for Disease Control and Prevention, Atlanta, GA.<sup>2</sup> National Immunization Program, Centers for Disease Control and Prevention, Atlanta, GA.<sup>3</sup> Epidemiology Program Office, Centers for Disease Control and Prevention, Atlanta, GA.

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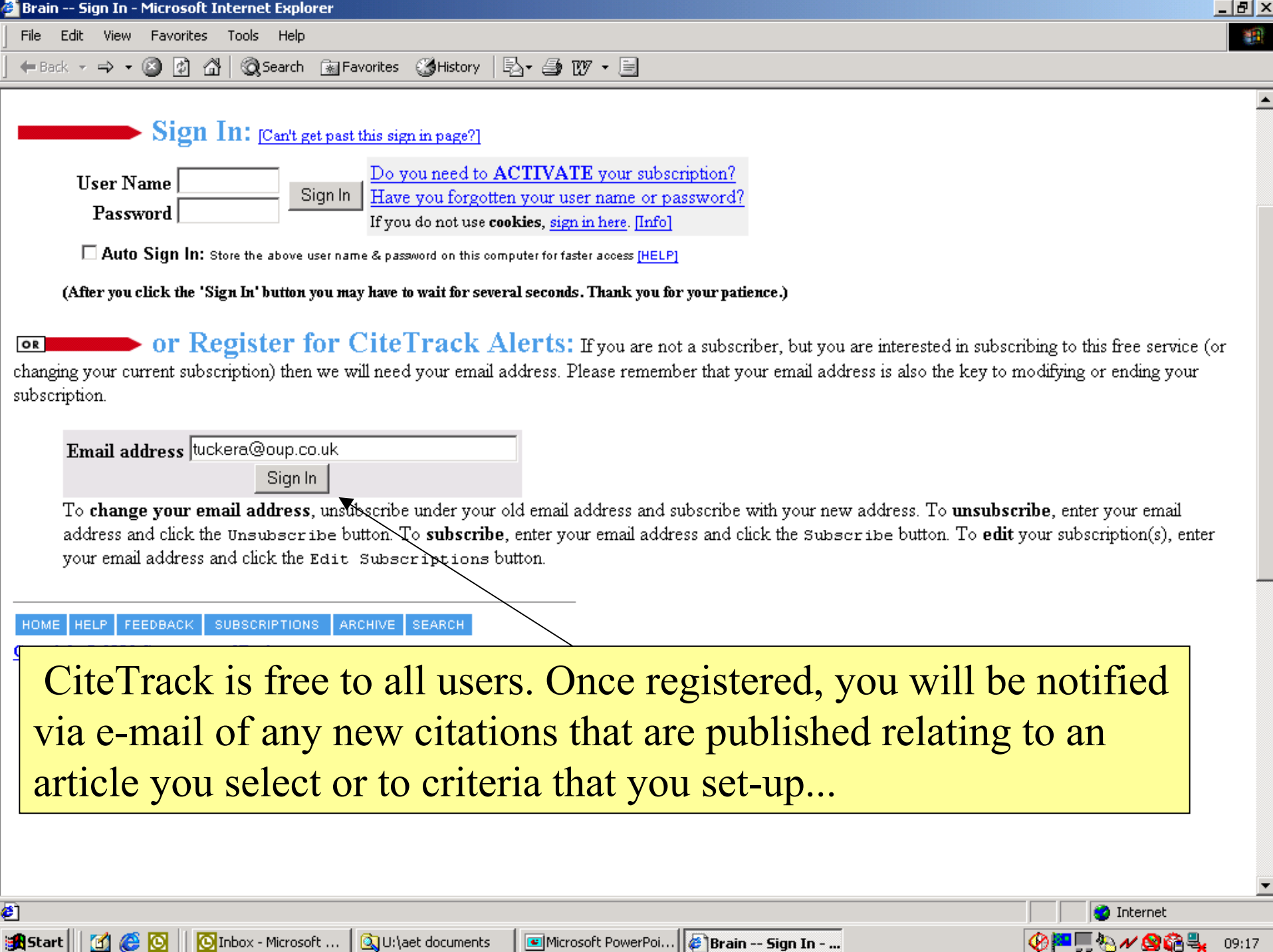
tolerate to obtain the **vaccine's** benefits or the extent to which risk would reduce the price parents would pay for the **vaccine**. Parents of infants aged 12 months or younger were asked to accept or reject two hypothetical **vaccines** associated with varying degrees of risk. Parents chose from a list the amount they would pay for two additional hypothetical **vaccines**, with and without a risk of intussusception. The authors conducted face-to-face surveys in September 1999 among a convenience sample of parents in three US cities. Of 405 eligible parents, 260 (64%) participated. To achieve a 90% acceptance rate, the **vaccine** could be associated with no more than 1,794 (95% confidence interval: 1,551, 2,025) cases of intussusception in a fully vaccinated, national cohort of infants. The median willingness to pay for three **vaccine** doses, when vaccination was associated with 1,400 cases of intussusception, was \$36 (95% confidence interval: \$28, \$46) compared with \$110 (95% confidence interval: \$96, \$126) for the risk-free **vaccine**. The most important aspect of this study may be the methodology to assess how parents balance the benefits and risks of childhood **vaccines**.

Key Words: intussusception • parents • risk • rotavirus • **vaccines****INTRODUCTION**

The widespread use of **vaccines** to prevent childhood infectious diseases has been hailed as one of the top public health achievements of the 20th century (1□). After **vaccines** against smallpox, diphtheria, pertussis, poliomyelitis, measles, **mumps**, rubella, and *Haemophilus influenzae* type b were universally recommended for children in the United States, morbidity from those diseases declined dramatically (1□). As the proportion of the population protected from previously common childhood disease has increased, however, concern has shifted to possible **vaccine**-associated side effects (2□).

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