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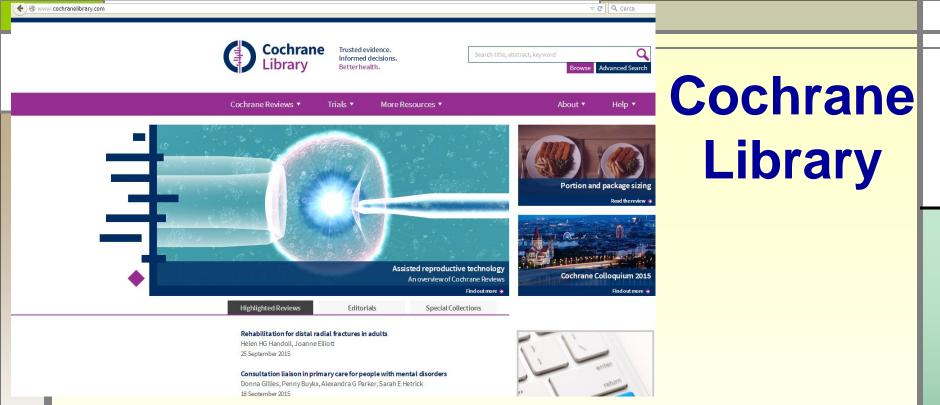
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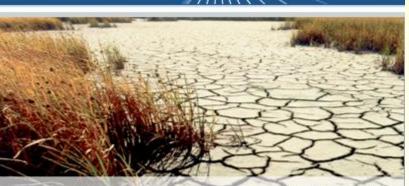
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Medline® is the U.S. NLM journal citation database. Started in the 1960s, it now provides over 22 million references to biomedical and life sciences journal articles back to 1946. It includes citations from over 5,600 scholarly journals published around the world. The means by which you can query Medline

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PubMed

Its over 25 million references include the Medline database plus:

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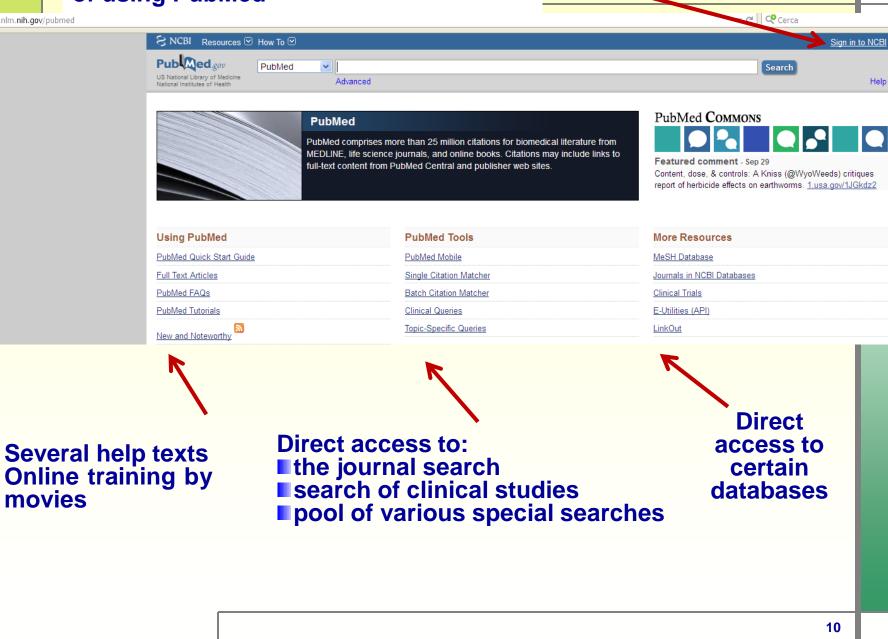
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We can run a search directly from the homepage. The system helps us by suggesting a list of terms from the one entered. After selecting one or more terms, click Search.

ω

Combining similar terms

Use Boolean operators to combine different terms:

• OR \rightarrow to combine different terms for the same concept, synonyms, alterative spellings or related items; OR will search for articles containing any of the terms we chose

AND \rightarrow to combine different concepts; it will search for articles which contain all of the terms we have chosen

■ NOT → excludes concepts but must be used with caution to avoid excluding relevant items

Simple search by search field tags

- [au] author
- [dp] date published (YYYY/MM/DD)
- [ip] issue, part or supplement
- [la] language
- [pg] first page number of the article
- [pmid] PubMed ID
- [pt] publication type
- [ta] journal title
- [ti] title words
- [vi] volume

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- MeSH is the controlled vocabulary used for indexing articles and helps to find articles on the topic, regardless of the exact wording used by the authors
- Subject terms are selected and approved for use by NLM
- Each year subject headings are revised with additions and deletions

MeSH: Medical Subject Headings

- It consists of sets of terms naming descriptors in a hierarchical structure that permits searching at various levels of specificity.
- MeSH descriptors are arranged in both an alphabetic and a hierarchical structure.
- At the most general level of the hierarchical structure are very broad headings such as "Anatomy" or "Mental Disorders". More specific headings are found at more narrow levels of the twelve-level hierarchy, such as "Ankle" and "Conduct Disorder".

There are 27,455 descriptors in 2015 MeSH. There are also over 224,000 entry terms that assist in finding the most appropriate MeSH Heading, for example, "Vitamin C" is an entry term to "Ascorbic Acid".

	MeSH								
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	Chickenpox Vaccino	<u>e</u>							
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	Diphtheria-Tetanus-	Pertussis Vaccine							
	 A vaccine consistin against diphtheria, t Year introduced: 1990 	-		NUS TOX	OID; and whole-cell PERT	TUSSIS VACCINE.	The vaccine protects	s 	17

Vaccines

Suspensions of killed or attenuated microorganisms (bacteria, viruses, fungi, protozoa, or rickettsiae), antigenic proteins derived from them, or synthetic constructs, administered for the prevention, amelioration, or treatment of infectious and other diseases.

PubMed search builder options Subheadings:

abnormalities	diagnostic use	pharmacology	
administration and dosage	drug effects	physiology	
adverse effects	economics	poisoning	
agonists	embryology	prevention and control	
analysis	etiology	radiation effects	
anatomy and histology	genetics	secretion	
antagonists and inhibitors	history	standards	
biosynthesis	immunology	statistics and numerical data	
blood	instrumentation	supply and distribution	
cerebrospinal fluid	isolation and purification	therapeutic use	
chemical synthesis	legislation and jurisprudence	therapy	
chemistry	🗖 metabolism	toxicity	
classification	methods	ultrastructure	
complications	microbiology	🗆 urine	
] contraindications	organization and administration	veterinary	
] cytology	pharmacokinetics	🗆 virology	

Restrict to MeSH Major Topic.

deficiency

Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): D20.215.894 MeSH Unique ID: D014612 Choose if you want to limit search to MeSH Major Topic or search articles focusing only on the main term and eliminating those focusing on narrower terms Chemicals and Drugs Category Complex Mixtures Biological Products Vaccines Alzheimer Vaccines Bacterial Vaccines Anthrax Vaccines Autovaccines Brucella Vaccine Cholera Vaccines Diphtheria-Tetanus-acellular Pertussis Vaccines Diphtheria-Tetanus-Pertussis Vaccine Diphtheria-Tetanus Vaccine Escherichia coli Vaccines Haemophilus Vaccines Lyme Disease Vaccines Meningococcal Vaccines Pertussis Vaccine + Plaque Vaccine Pseudomonas Vaccines **Rickettsial Vaccines** Salmonella Vaccines + Shigella Vaccines Staphylococcal Vaccines Streptococcal Vaccines + Tuberculosis Vaccines + Cancer Vaccines Fungal Vaccines Protozoan Vaccines Leishmaniasis Vaccines Malaria Vaccines Toxoids Diphtheria Toxoid + Staphylococcal Toxoid Tetanus Toxoid + Vaccines, Attenuated Vaccines, Combined Diphtheria-Tetanus-acellular Pertussis Vaccines Diphtheria-Tetanus-Pertussis Vaccine Diphtheria-Tetanus Vaccine Measles-Mumps-Rubella Vaccine Vaccines, Contraceptive Vaccines, Inactivated Poliovirus Vaccine, Inactivated Vaccines, Live, Unattenuated Vaccines, Marker

Vaccines, Subunit

Vaccines, Subunit **ISCOMs** Vaccines, Acellular + Vaccines, Edible Vaccines, Synthetic Vaccines, Conjugate Vaccines, DNA Vaccines, Edible Vaccines, Virosome Vaccines, Virus-Like Particle Viral Vaccines Adenovirus Vaccines AIDS Vaccines Cytomegalovirus Vaccines Dengue Vaccines Ebola Vaccines Herpesvirus Vaccines + Influenza Vaccines Japanese Encephalitis Vaccines Measles-Mumps-Rubella Vaccine Measles Vaccine + Mumps Vaccine + Papillomavirus Vaccines Parainfluenza Vaccines Poliovirus Vaccines + Pseudorabies Vaccines Rabies Vaccines Respiratory Syncytial Virus Vaccines Rotavirus Vaccines Rubella Vaccine + SAIDS Vaccines Smallpox Vaccine Viral Hepatitis Vaccines + West Nile Virus Vaccines Yellow Fever Vaccine

Herpesvirus Vaccines

Vaccines or candidate vaccines used to prevent infection by any virus from the family HERPESVIRIDAE. Year introduced: 2001

PubMed search builder options Subheadings:

administration and dosage
 adverse effects
 analysis
 biosynthesis
 blood
 chemical synthesis
 chemistry
 classification

- contraindications
 economics
 etiology
 genetics
 history
 immunology
 isolation and purification
- 🗌 metabolism

organization and administration
 pharmacokinetics
 pharmacology
 physiology
 standards
 statistics and numerical data
 supply and distribution
 therapeutic use

Restrict to MeSH Major Topic.

Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): D20.215.894.899.290 MeSH Unique ID: D022283 Entry Terms:

· Vaccines, Herpesvirus

Previous Indexing:

Viral Vaccines (1965-2000)

<u>All MeSH Categories</u> <u>Chemicals and Drugs Category</u> <u>Complex Mixtures</u> <u>Biological Products</u> <u>Vaccines</u>

Viral Vaccines

Herpesvirus Vaccines

Chickenpox Vaccine Herpes Zoster Vaccine Herpes Simplex Virus Vaccines Marek Disease Vaccines

Herpes Zoster Vaccine

An attenuated vaccine used to prevent and/or treat HERPES ZOSTER, a disease caused by HUMAN HERPESVIRUS 3. Year introduced: 2007

PubMed search builder options Subheadings:

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analysis	immunology	☐ standards		
biosynthesis	metabolism	statistics and numerical data	Related information	
contraindications	<pre>organization and administration pharmacokinetics</pre>	supply and distribution therapeutic use	PubMed	
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 Physician advocacy for zoster vaccination. Kollipara R, Tyring SK. Cutis. 2015 May;95(5):251. No abstract available. PMID: 26057503 Similar articles 	
 Risk of Herpes Zoster and Disseminated Varicella Zoster in Patients Taking Immunosuppressant Drugs at the Time of Zoster Vaccination. Cheetham TC, Marcy SM, Tseng HF, Sy LS, Liu IL, Bixler F, Baxter R, Donahue JG, Naleway AL, Jacobsen SJ. Mayo Clin Proc. 2015 Jul;90(7):865-73. doi: 10.1016/j.mayocp.2015.04.021. Epub 2015 Jun 4. PMID: 26051268 Similar articles 	
 Practice nurses praised for shingles jab uptake. [No authors listed] Nurs Times. 2014 Dec 10-16;110(50):5. No abstract available. PMID: 26021043 Similar articles 	
 Highlights from the 25th ECCMID. Bosurgi R, McConnell J, Mushtaq A. Lancet Infect Dis. 2015 Jun;15(6):639-40. doi: 10.1016/S1473-3099(15)00010-9. Epub 2015 May 17. No abstract available. 	22

PMID: 26008841 Similar articles

Advantages of MeSH

- It imposes uniformity and consistency to the indexing of biomedical literature (consistency in meaning of terms maintained over time)
- MeSH terms are arranged in a hierarchical categorized manner called MeSH Tree Structures and are updated annually.
- Synonyms are organized under one MeSH term
- Searching using MeSH allows you to overcome problems of spelling and terminology; especially when you might not be aware of different spellings or terminology.

■ The result of a search is a list of citations (including authors, title, source, and often an abstract) to journal articles and an indication of free electronic full-text availability. Searching is free of charge and does not require registration.

■ A growing number of MEDLINE citations contain a link to the free full text of the article archived in PubMed Central® or to other sites. You can also link from many MEDLINE references to the Web site of the publisher or other full text provider to request or view the full article, depending upon the publisher's access requirements.

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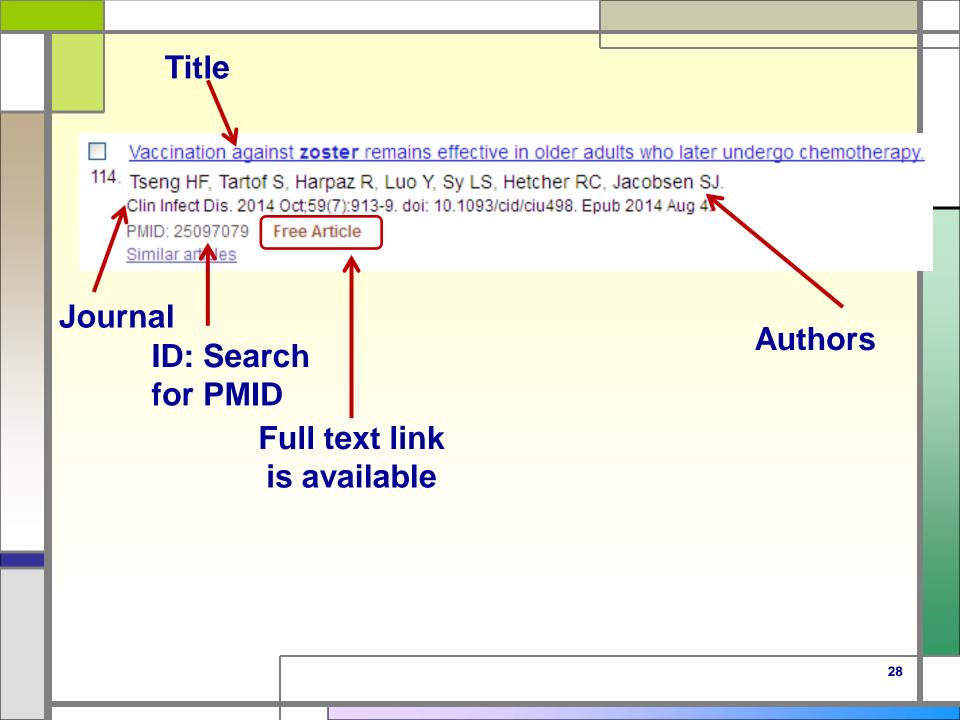
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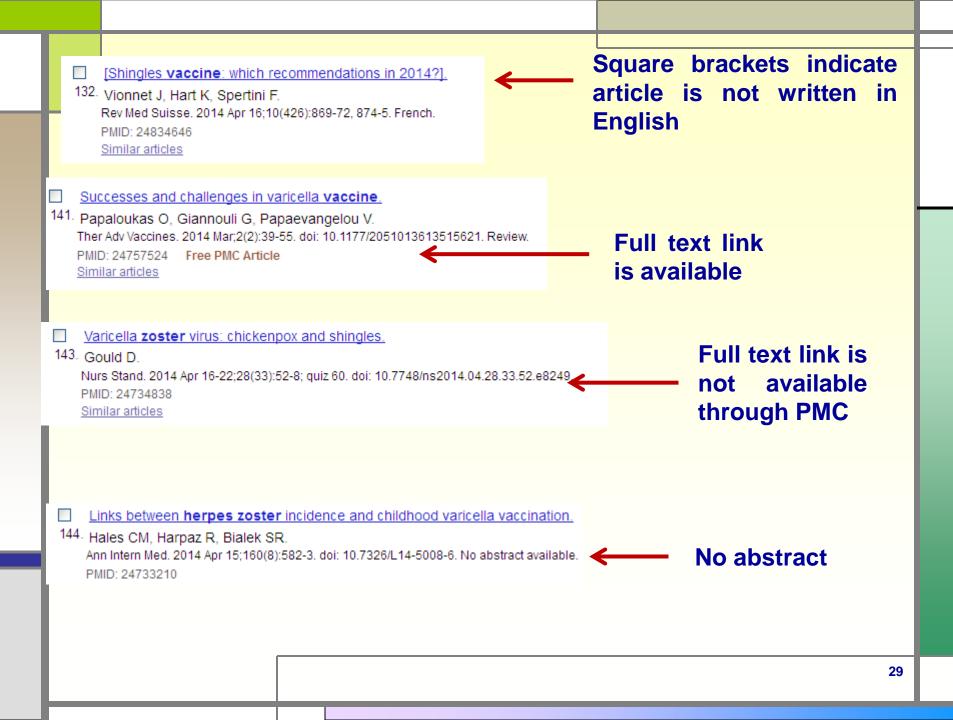
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Decreased varicella and increased herpes zoster incidence at a sentinel medical deputising service in a setting of increasing varicella vaccine coverage in Victoria, Australia, 1998 to 2012.

Kelly HA¹, Grant KA, Gidding H, Carville KS.

Author information

Abstract

We performed an ecological study using sentinel consultation data from a medical deputising service to assess the impact of increasing coverage with childhood varicella vaccine on the incidence risk of varicella and zoster in the population served by the deputising service in Victoria, Australia from 1998 to 2012. Following a successful vaccination programme, the incidence of varicella in Australia was modelled to decrease and the incidence of zoster to increase, based on a theoretical decrease in boosting of zoster immunity following a decrease in wild varicella virus circulation due to vaccination. Incidence risks (consultation proportions for varicella and zoster) were directly age-standardised to the Melbourne population in 2000, when varicella vaccine was first available. Age-standardised varicella incidence risk peaked in 2000 and halved by 2012. Age-standardised zoster incidence risk remained constant from 1998 to 2002, but had almost doubled by 2012. The increase in zoster consultations largely reflected increases in people younger than 50 years-old. Although causality cannot be inferred from ecological studies, it is generally agreed that the decrease in varicella incidence is due to increasing varicella vaccine coverage. The possible indirect effect of the vaccine on zoster incidence is less clear and ongoing monitoring of zoster is required.

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Zoster Vaccine and the Risk of Postherpetic Neuralgia in Patients Who Developed Herpes Zoster Despite Having Received the Zoster Vaccine.

Tseng HE¹, Lewin B², Hales CM³, Sy LS¹, Harpaz R³, Bialek S³, Luo Y¹, Jacobsen SJ¹, Reddy K⁴, Huang PY², Zhang J⁴, Anand S¹, Bauer EM⁴, Chang J², Tartof SY¹.

Author information

Abstract

BACKGROUND: Although it is evident that zoster vaccination reduces postherpetic neuralgia (PHN) risk by reducing herpes zoster (HZ) occurrence, it is less clear whether the vaccine protects against PHN among patients who develop HZ despite previous vaccination.

METHODS: This cohort study included immunocompetent patients with HZ. The vaccinated cohort included 1155 individuals who were vaccinated against HZ at age ≥60 years and had an HZ episode after vaccination. Vaccinated patients were matched 1:1 by sex and age with unvaccinated patients. Trained medical residents reviewed the full medical record to determine the presence of HZ-related pain at 1, 2, 3, and 6 months after HZ diagnosis. The incidence of PHN was compared between vaccinated and unvaccinated -patients.

RESULTS: Thirty vaccinated women (4.2%) experienced PHN, compared with 75 unvaccinated women (10.4%), with an adjusted relative risk of 0.41 (95% confidence interval, .26-.64). PHN occurred in 26 vaccinated men (6.0%) versus 25 unvaccinated men (5.8%), with an adjusted relative risk of 1.06 (.58-1.94). These associations did not differ significantly by age.

CONCLUSIONS: Among persons experiencing HZ, prior HZ vaccination is associated with a lower risk of PHN in women but not in men. This sexrelated difference may reflect differences in healthcare-seeking patterns and deserve further investigation.

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KEYWORDS: adult vaccination; herpes zoster; post-herpetic neuralgia; shingles; varicella zoster virus



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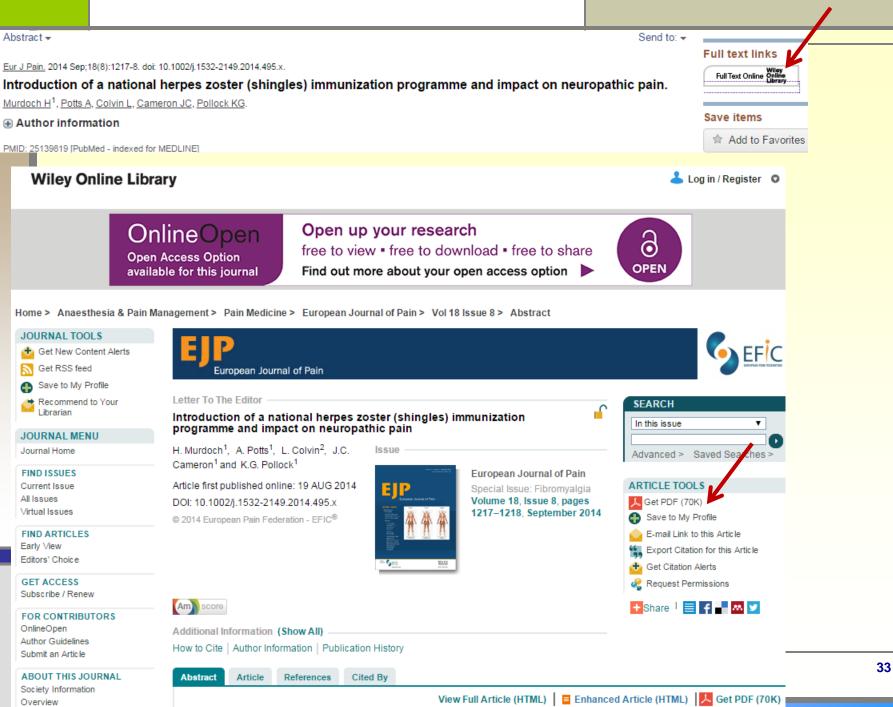
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LETTER TO THE EDITOR

Introduction of a national herpes zoster (shingles) immunization programme and impact on neuropathic pain

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In September 2013, the United Kingdom was the first country in Europe to launch a national herpes zoster (HZ) immunization programme, following implementation in the United States in 2006. The HZ vaccine has been offered to immunocompetent adults aged 70 years, with a targeted catch-up for 79 year olds.

HZ or shingles is characterized by a painful vesicular skin rash (Willison et al., 2010; Yawn and Gilden, 2013). Patients have reported pain ranging from moderate to severe (Bresse et al., 2013), with associated debilitating effects on mood, mobility, sleep and overall quality of life (Lukas et al., 2012). In Europe, incidence of shingles increases with advancing age and each year approximates 7-8 per 1000 in those over 50 years and 10 per 1000 in those over 80 years (Pinchinat et al., 2013). Post-herpetic neuralgia (PHN) is the main complication of shingles and is a long-lasting neuropathic pain that follows resolution of the initial rash. PHN can persist for months or years and is often very debilitating (Weinke et al., 2010; Lukas et al., 2012). In Scotland annually, approximately 7000 people aged 70 years and above develop shingles. Of these, between 700 and 1400 develop PHN and approximately 600 shingles-related hospitalization episodes are recorded per year.

The effect on quality of life for patients with PHN has been likened to that of myocardial infarction, major depressive illness and congestive heart failure (Bresse et al., 2013). For older patients, this can result in severe consequences, which can include loss of independence and a need for care interventions (Bresse et al., 2013). Strategies to reduce the incidence of PHN are urgently needed since effective treatment, with tolerable side effects is a major clinical challenge.

The HZ vaccine, Zostavax*, has been shown to be well-tolerated, sale and effective (Oxman et al., 2005) and to reduce incidence of shingles and PHN in older adults by 51% and 66%, respectively (Bresse et al., 2013). Health economic models predicting the clinical and economic benefits found that vaccination of the elderly population was cost-effective (Szucs and Pfeil, 2013). However, it should be highlighted that cost calculations undoubtedly underestimate the total

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burden to society of PHN in terms of personal and societal burden.

With the introduction of this vaccine comes a unique epidemiological opportunity to monitor the benefits realization not only in terms of reduced shingles and PHN incidence but also on resultant quality of life. Although the vaccine has already been introduced in the United States, uptake has been low (18.3% for ≥70 year olds), with lack of awareness and education a potential factor (Javed et al., 2012). Uptake figures in the United Kingdom are expected to be much higher, in line with those for seasonal flu and pneumococcal vaccine uptake in those aged above 65 years (>70%). Information on uptake, effectiveness and associated economic benefits of HZ vaccine will therefore be important to inform policy makers, clinicians and the public of the benefits of this new national vaccination programme, which offers a novel strategy for pain prevention at the population level and will reduce needless suffering in older age.

H. Murdoch¹, A. Potts¹, L. Colvin², J.C. Cameron¹, K.G. Pollock¹ 1 NHS National Services Scotland, Health Protection Scotland, Glasgow, UK 2 Lothian Chronic Pain Service and University of Edinburgh, UK

> Conflicts of interest None declared.

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Risk factors for herpes zoster in a large cohort of unvaccinated older adults: a prospective cohort study.

Liu B¹, Heywood AE¹, Reekie J², Banks E³, Kaldor JM², McINTYRE P⁴, Newall AT¹, Macintyre CR¹.

Author information

Abstract

We analysed data from a prospective cohort of 255024 adults aged ≥45 years recruited from 2006-2009 to identify characteristics associated with a zoster diagnosis. Diagnoses were identified by linkage to pharmaceutical treatment and hospitalization records specific for zoster and hazard ratios were estimated. Over 940583 person-years, 7771 participants had a zoster diagnosis; 253 (3·3%) were hospitalized. After adjusting for age and other factors, characteristics associated with zoster diagnoses included: having a recent immunosuppressive condition [adjusted hazard ratio (aHR) 1·58, 95% confidence interval (CI) 1·32-1·88], female sex (aHR 1·36, 95% CI 1·30-1·43), recent cancer diagnosis (aHR 1·35, 95% CI 1·24-1·46), and severe physical limitation vs. none (aHR 1·33, 95% CI 1·23-1·43). The relative risk of hospitalization for zoster was higher for those with an immunosuppressive condition (aHR 3·78, 95% CI 2·18-6·55), those with cancer (aHR 1·78, 95% CI 1·24-2·56) or with severe physical limitations (aHR 2·50, 95% CI 1·56-4·01). The novel finding of an increased risk of zoster diagnoses and hospitalizations in those with physical limitations should prompt evaluation of the use of zoster vaccine in this population.

KEYWORDS: Herpes zoster; prospective study; risk factors; shingles; vaccination

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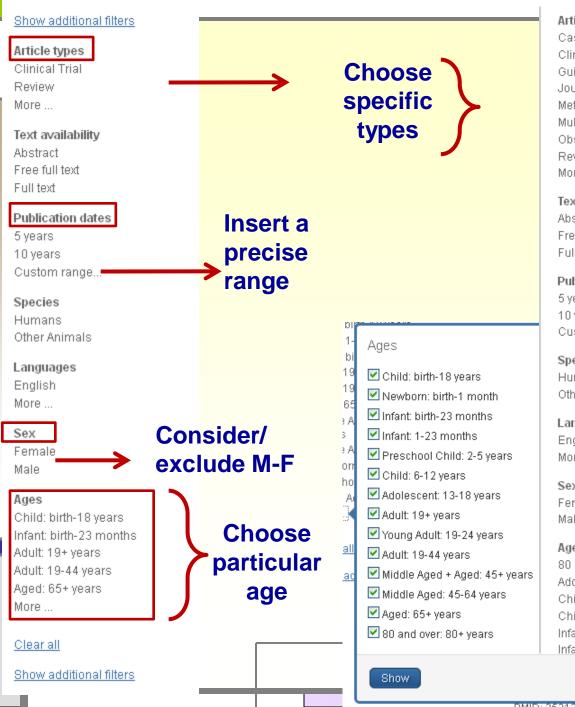
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Advertisements promoting human papillomavirus vaccine for adolescent boys: does source matter?

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Author information

Abstract

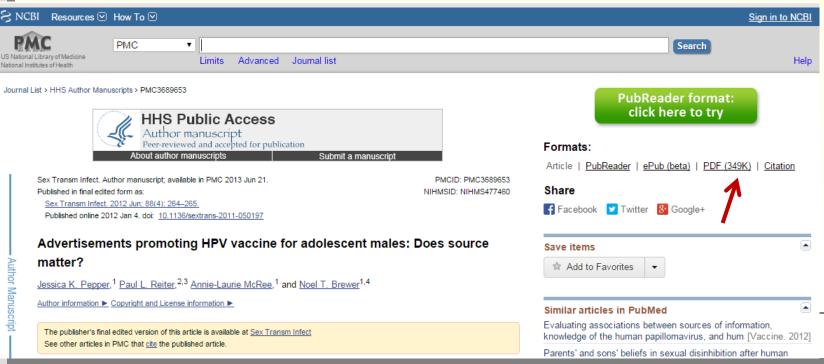
OBJECTIVES: Many parents recall hearing of human papillomavirus (HPV) vaccine through drug company advertisements. This study sought to examine whether parents accurately recall the source (ie, sponsor) of advertisements promoting HPV vaccine and the impact of drug company advertisements.

METHODS: A U.S. national sample of 544 parents of adolescent boys aged 11-17 participated in an online between-subjects experiment. Parents viewed an advertisement encouraging HPV vaccination for boys with a logo from a randomly assigned source. Parents rated trust, likability and motivation for vaccination while viewing the advertisement and later indicated who they believed sponsored it.

RESULTS: Nearly half (43%) of parents who viewed a hypothetical advertisement containing a logo incorrectly identified the advertisement source. More parents correctly identified the source of drug company advertisements than advertisement from other sources (62% vs. 25%, OR 4.93, 95% CI 3.26 to 7.46). The majority of parents who saw a logo-free advertisement believed a drug company created it (60%). Among parents who correctly identified the advertisement source, drug company advertisements decreased motivation to vaccinate their sons, an association mediated by reduced liking of and trust in the advertisements.

CONCLUSIONS: Parents were more accurate in identifying drug company advertisements, primarily because they tended to assume any advertisement was from a drug company. Public health organisations may need to take special measures to ensure their messages are not perceived as sponsored by drug companies.

PMID: 22223814 [PubMed - indexed for MEDLINE] PMCID: PMC3689653 Free PMC Article



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Sex Transm Infect. Author manuscript; available in PMC 2013 June 21.

Published in final edited form as:

Sex Transm Infect. 2012 June ; 88(4): 264-265. doi:10.1136/sextrans-2011-050197.

Advertisements promoting HPV vaccine for adolescent males: Does source matter?

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Abstract

Objectives—Many parents recall hearing of HPV vaccine through drug company advertisements. We sought to examine whether parents accurately recall the source (i.e., sponsor) of ads promoting HPV vaccine and the impact of drug company ads.

Methods—A U.S. national sample of 544 parents of adolescent males ages 11–17 participated in an online between-subjects experiment. Parents viewed an advertisement encouraging HPV vaccination for boys with a logo from a randomly assigned source. Parents rated trust, likability, and motivation for vaccination while viewing the ad and later indicated who they believed sponsored it.

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Conclusions—Parents were more accurate in identifying drug company ads, primarily because they tended to assume any ad was from a drug company. Public health organizations may need to take special measures to ensure their messages are not perceived as sponsored by drug companies.

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Contributors: Jessica K. Pepper, Paul L. Reiter, Annie-Laurie McRee, and Noel T. Brewer all participated in the development of the survey and data analysis. Jessica K. Pepper drafted the initial manuscript. The other coauthors provided significant input on all subsequent revisions. All authors had full access to all of the data in the study and can take responsibility for the integrity of that data and the accuracy of the data analysis.

Competing Interests: A research grant to Noel T. Brewer and Paul L. Reiter from Merck Sharp & Dohme Corp. funded the study. Merck Sharp & Dohme Corp. played no role in the study design, planning, implementation, analysis, or reporting of the findings. Noel T. Brewer has also received grants and/or honoraria from GlaxoSmithKline and Merck Sharp & Dohme Corp. Paul L. Reiter has not received honoraria or consulting fees from these companies.