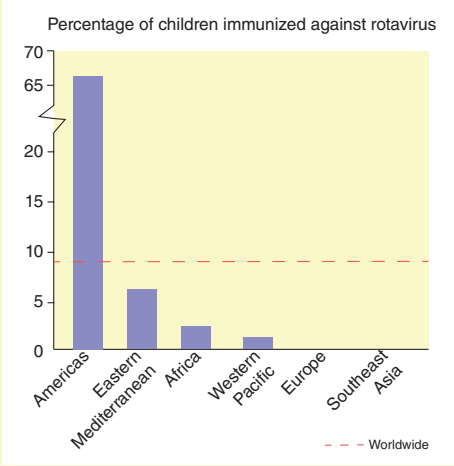
More countries adopt rotavirus vaccines, yet coverage still lags worldwide



Starting in September 2013, the UK Department of Health will begin routinely immunizing all infants against rotavirus, a highly infectious pathogen that can cause fatal gastrointestinal disease. With the move, announced on 10 November, the UK is set to become the largest country in Europe and the fortieth country worldwide to include vaccines against rotavirus as part of its standard national immunization program. However, according to the latest global survey of routine vaccine coverage released last month by the CDC, the World Health Organization and the United Nation's Children Fund, more than 90% of children across the globe are still going unprotected against this vaccine-preventable pathogen. Fortunately, as more governments follow the UK's lead, that figure should start to decline. "As more countries begin using the vaccine, rotavirus coverage will increase and fewer children will die from this avoidable disease," says CDC epidemiologist Samir Sodha. See go.nature.com/MX239K for more.

Vaccine virtuoso

Sanofi has tapped another leading scientist from the US National Institutes of Health (NIH) to lead its research enterprise. On 14 November, the French drugmaker announced that Gary Nabel, the long-serving director of the Vaccine Research Center (VRC) at the National Institute of Allergy and Infectious Diseases, would become the company's chief scientific officer, starting this month. Nabel (pictured) will also serve as deputy to the president of research and development Elias Zerhouni, who directed the NIH from 2002 to 2008. Meanwhile, Paul Chew, who currently leads the company's medical and science divisions in the US, will become Sanofi's chief medical officer and head of global medical affairs, starting in January.


Sanofi

At the NIH, John Mascola will serve as acting VRC director until a permanent replacement is found.

RESEARCH

Resources pooled

Interpreting molecular diagnostics data just got easier, thanks to the launch last month of ClinVar, a repository of DNA sequence information detected in the course of clinical testing. Established by the NIH's National Center for Biotechnology Information (NCBI), organizers say that this one-stop shop for clinical genomics should help physicians and laboratories make more consistent and informed bioinformatic interpretations of gene variant data. "There are too many silos," says NCBI staff scientist Donna Maglott. Thanks to ClinVar, "there will be fewer barriers to understanding what your genome means when you get your sequence."

Relapse relief

A monoclonal antibody used to treat a common form of blood cancer has proved more effective at preventing relapse in multiple sclerosis than standard therapy. In two phase 3 trials involving close to 1,200 patients, an international team gave either Genzyme's alemtuzumab, a CD52-targeting agent approved under the brand name Campath for treating chronic lymphocytic leukemia, or a standard multiple sclerosis drug called Rebif (interferon beta-1a) from EMD Serono and Pfizer. Reporting last month, the researchers found that significantly more study subjects remained relapse-free two years after starting on alemtuzumab, compared to those taking Rebif (*Lancet* **380**, 1819–1828;1829–1839, 2012). Alemtuzumab—which Genzyme's parent company, Sanofi, hopes to market for multiple sclerosis under the brand name Lemtrada—carried a higher risk of thyroid disorders and other immune-compromising reactions in the two trials. Still, "for patients who aren't doing well, it becomes a very attractive option," says study author Jeffrey Cohen, a neurologist at the Cleveland Clinic in Ohio.

Corrections

In the August 2012 issue, the article entitled "Nurses on trial" (*Nat. Med.* **18**, 1165–1167, 2012) incorrectly stated that 27% of people who received talk therapy after a stroke suffered from depression one year on. The correct percentage was 52%. Furthermore, the story reported that 48% of individuals on antidepressants alone were afflicted one year later, when in fact this was 73%. The errors have been corrected in the HTML and PDF versions of the article.

The November 2012 issue's "Biomedical briefing" (*Nat. Med.* **18**, 1600–1601, 2012) misspelled Madhav Thambisetty's first name as Madhev and incorrectly stated his location as Bethesda, Maryland, when he is actually based in Baltimore. The error has been corrected in the HTML and PDF versions of the article.

The table accompanying the article "New biologic drugs get under the skin of psoriasis" (*Nat. Med.* **18**, 638, 2012), which appeared in the May 2012 issue, misstated that the Novartis drug secukinumab was in phase 2 when in fact it was in phase 3. The error has been corrected in the HTML and PDF versions of the article.

In the November 2012 print issue, the article entitled "Call in the backup" (*Nat. Med.* **18**, 1602–1605, 2012) contained a table in which the Nationwide Children's Hospital's *SMN* gene therapy strategy was misplaced in the wrong category. *SMN* gene therapy was also mislabeled as *SMN1* gene therapy. The table was correct in the HTML and PDF versions of the article online.