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***Vaccines for the 21st century - Learning from
Influenza***

Dr. Myers joined the UTMB faculty as Professor of Pediatrics and Preventive Medicine & Community Health in 2002. He serves as the Associate Director for Public Health Policy and Education of the Sealy Center for Vaccine Development.

Prior to joining the faculty at UTMB, Dr. Myers was the Director of the National Vaccine Program Office (NVPO) in the Secretary of DHHS's Office of Public Health & Science. In that position, Dr. Myers coordinated immunization policies across Federal agencies and Departments and with the private sector.

After graduating from Princeton, Dr. Myers obtained his MD and pediatric training at Johns Hopkins University and Hospital. He received his virology and infectious diseases training at the Beth Israel and Children's Hospitals in Boston and in the Laboratory of Virology and Rickettsiology at the NIH. He was Director of Pediatric Infectious Diseases first at the University of Iowa and then at the Children's Hospital Medical Center in Cincinnati.

From 1993 to 1999, he was Professor and Chairman of the Department of Pediatrics at Northwestern University, and Physician-in-Chief at The Children's Memorial Hospital in Chicago.

Dr. Myers is a herpes virologist who shared a laboratory with Dr. Stanberry for many years. He has published more than 100 professional articles and chapters and has received multiple teaching awards. His true passion, however, is immunization and immunization policy.

He serves as the President and Board Chair of a new nonprofit corporation, Immunizations for Public Health (I4PH), dedicated to provide science-based information about vaccines to those who need it. He recruited the National Network for Immunization Information (NNii) to Galveston as a component of I4PH in 2003 and serves as the Director and Editor for NNii.

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ABSTRACT

This year, 120 million Americans were recommended to receive influenza immunization to reduce their risks of complications from infection, but there are going to be only 61 million doses available. Meanwhile, potentially pandemic strains of influenza A are being watched closely in Asia.

Recurring vaccine production problems have highlighted the fragility of the vaccine supply, the difficulties of setting priorities, marketplace disincentives, and the complexities of risk communication. These and other important issues need to be addressed both to assure vaccine availability and to be prepared to respond to a rapidly evolving infectious disease.

The lessons to be learned are not new. Many solutions have previously been outlined but only a few have been implemented.