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Vaccine-preventable diseases

Diphtheria Measles Monkeypox Mumps Mumps Pertussis (Whooping Cough) Poliomyelitis (Polio) Rubella (German Measles) Smallpox

 Anthrax
 Meningococcal disease

 Hepatitis A
 Pneumococcal diseases

 Hepatitis B
 Rabies

 Haemophilus influenzae type b (Hib)
 Rotavirus

 Human Papillomavirus (HPV)
 Shingles (Herpes Zoster)

 H1N1 Flu (Swine Flu)
 Tetanus (Lockjaw)

 Influenza (Seasonal Flu)
 Tuberculosis

 Lengende Feasephelitir (JE)
 Twhold Eaver
 Japanese Encephalitis (JE) Lyme Disease

+ many more veterinary vaccines

Tetanus (Lockjaw) Tuberculosis Typhoid Fever Varicella (Chickenpox) Yellow Fever

Feline calicivirus Bird flu Next gen vaccines: Malaria, HIV, Ebola

Assessing the evolutionary risk of vaccines	Take home messages Image: Comparison of the second sec
Does the vaccine allow transmission of wild-type pathogens?	1. Vaccines can fail in the face of pathogen evolution.
Are hyperpathogenic strains possible?	
What stopped them spreading in the pre-vaccine era?	 Vaccine-driven evolution can be about more than antigens. Vaccine-induced immunity can favor more virulent pathogens.
Will vaccination relax that?	
Will hyperpathogenic strains have a fitness advantage in vaccinated hosts?	3. Vaccination can enable the circulation of strains otherwise too lethal to persist
	4. Assessing and managing evolutionary risk is a challenging problem
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