

# RESEARCH AND REVIEWS: JOURNAL OF MICROBIOLOGY AND BIOTECHNOLOGY

## Immunisation and Vaccines

Kumar Babu G\*

Department of Pharmacy, Scient Institute of Pharmacy, Hyderabad.

### Review Article

Received: 10/02/2015  
Accepted: 27/03/2015  
Published: 30/03/2015

#### \*For Correspondence

Kumar Babu G  
Department of Pharmacy, Scient Institute of Pharmacy, Hyderabad.

Keywords:  
Immunity, Vaccines, Vaccination, Antibodies

### INTRODUCTION TO IMMUNIZATION & VACCINES

In the course of the most recent 50 years, “immunization” has spared a larger number of lives than whatever other wellbeing measure. Inoculation is the most ideal route for you and your family to forestall intense diseases. When a man gets vaccinated, he or she is shielding himself as well as other people from specific genuine illnesses. Some immunization preventable ailments could prompt inability or passing and can be stayed away from by getting the inoculations you require on time [4,2]. The wellbeing of immunizations is painstakingly checked, beginning ahead of schedule in the item improvement and proceeding for whatever length of time that the antibody is being utilized. Get some answers concerning what is done prior and then afterward immunizations are endorsed for utilization and what is thought about the advantages and security of particular antibodies.

A “vaccine” is an organic planning that gives dynamic procured safety to a specific illness. An immunization ordinarily contains an operator that takes after a sickness bringing about microorganism and is frequently produced using debilitated or executed types of the organism, its poisons or one of its surface proteins [3-6]. The operators fortifies the body's resistant framework to perceive the specialists as a risk, devastate it, and keep a record of it, so that the safe framework can all the more effectively perceive and pulverize any of these microorganisms that it later experiences [7,8].

The organization of antibodies is called immunization. The adequacy of inoculation has been broadly examined and confirmed; for instance, the flu immunization, the HPV antibody, and the chicken pox antibody. Inoculation is the best technique for averting irresistible illnesses; far reaching safety because of immunization is generally in charge of the overall destruction of smallpox and the limitation of sicknesses, for example, polio, measles, and tetanus from a significant part of the world [9,10]. The World Health Organization (WHO) reports that authorized antibodies are presently accessible to counteract or add to the aversion and control of a quarter century [11]. Antibodies can be prophylactic (case: to avert or improve the impacts of a future contamination by any regular or "wild" pathogen), or restorative (e.g., immunizations against growth are likewise being examined; see malignancy antibody) [12-15].

### HISTORY OF VACCINES

The terms Vaccine and immunization are gotten from Variolae vaccinae (smallpox of the bovine), the term contrived by Edward Jenner to indicate cowpox. He utilized it as a part of 1798 in the long title

of his inquiry into the Variolae vaccinae known as the Cow Pox, in which he depicted the defensive impact of cowpox against smallpox [16]. In 1881, to respect Jenner, Louis Pasteur suggested that the terms ought to be stretched out to cover the new defensive vaccinations then being produced [17,18]. Immunization is the organization of antigenic material (an antibody) to animate a singular's invulnerable framework to create versatile insusceptibility to a pathogen. Immunizations can keep or improve bleakness from contamination [19-22]. The adequacy of inoculation has been generally examined and confirmed; for instance, the flu immunization, the HPV antibody, and the chicken pox immunization. Inoculation is the best system for anticipating irresistible illnesses; across the board resistance because of immunization is generally in charge of the overall destruction of smallpox and the limitation of sicknesses, for example, polio, measles, and tetanus from a significant part of the world [23]. The World Health Organization (WHO) reports that authorized immunizations are right now accessible to counteract or add to the counteractive action and control of a quarter century [24-26].

The dynamic operators of an immunization may be in place yet inactivated (non-infective) or constricted (with lessened infectivity) types of the causative pathogens, or sanitized segments of the pathogen that have been discovered to be very immunogenic (e.g., external coat proteins of an infection) [27-30]. Toxoids are delivered for vaccination against poison based sicknesses, for example, the alteration of tetanospasmin poison of tetanus to uproot its dangerous impact yet hold its immunogenic impact [31-34].

Smallpox was in all probability the first illness individuals attempted to anticipate by immunizing themselves and was the first infection for which an immunization was delivered [35,36]. The smallpox antibody was outlined in 1796 by the British doctor Edward Jenner, despite the fact that no less than six individuals had utilized the same standards years prior [37-40]. Louis Pasteur advanced the idea through his work in microbiology. The inoculation was called immunization on the grounds that it was gotten from an infection influencing bovines (Latin: vacca—bovine). Smallpox was an infectious and savage sickness, creating the passings of 20–60% of contaminated grown-ups and more than 80% of tainted youngsters [41]. At the point when smallpox was at last killed in 1979, it had murdered an expected 300–500 million individuals in the 20th century [42-44].

In like manner discourse, "immunization" and "vaccination" have a comparative importance [45]. This recognizes it from vaccination, which utilizes un-weakened live pathogens, albeit in like manner use either can allude to an inoculation. Immunization endeavors have been met with some discussion on experimental, moral, political, restorative wellbeing, and religious grounds. In uncommon cases, inoculations can harm individuals and, in the United States, they may get remuneration for those wounds under the National Vaccine Injury Compensation Program [46-50]. Early achievement and impulse brought across the board acknowledgement, and mass inoculation battles have extraordinarily diminished the rate of numerous ailments in various geographic location [51,52].

## MECHANISM OF FUNCTION

Blandly, the procedure of fake prompting of invulnerability, with an end goal to secure against irresistible ailment, lives up to expectations by "preparing" the invulnerable framework with an 'immunogen'. Invigorating insusceptible reactions with irresistible operators is known as vaccination [53]. Inoculation incorporates different methods for directing immunogens [54].

A few antibodies are directed after the patient as of now has gotten an illness. Antibodies given after presentation to smallpox, inside of the initial three days, are accounted for to lessen the ailment significantly, and inoculation up to a week after introduction presumably offers some assurance from malady or may alter the seriousness of infection [55]. The primary rabies inoculation was given by Louis Pasteur to a kid after he was chomped by a frenzied pooch. Ensuing to this, it has been found that, in individuals with uncompromised insusceptible frameworks, four measurements of rabies immunization more than 14 days, wound consideration, and treatment of the nibble with rabies resistant globulin, started at the earliest opportunity after introduction, is powerful in keeping the advancement of rabies in people [56]. Different samples incorporate exploratory AIDS, growth and Alzheimer's sickness antibodies.

Such vaccinations expect to trigger an insusceptible reaction more quickly and with less mischief than normal contamination <sup>[57]</sup>. Most immunizations are given by hypodermic infusion as they are not retained dependably through the guts. Live lessened polio, some typhoid, and some cholera immunizations are offered orally to create resistance in the entrail <sup>[58,59]</sup>.

### PRODUCTION OF VACCINES

Antibody creation has a few stages. To start with, the antigen itself is created. Infections are become either on essential cells, for example, chicken eggs (e.g., for flu) or on persistent cell lines, for example, refined human cells (e.g., for hepatitis A). Microscopic organisms are developed in bioreactors (e.g., *Haemophilus influenzae* sort b) <sup>[60]</sup>. In like manner, a recombinant protein got from the infections or microscopic organisms can be produced in yeast, microbes, or cell societies.

After the antigen is produced, it is segregated from the cells used to produce it. An infection may need to be inactivated, potentially with no further purging needed. Recombinant proteins need numerous operations including ultrafiltration and segment chromatography <sup>[61,62]</sup>. At long last, the immunization is defined by including adjuvant, stabilizers, and additives as required. The adjuvant upgrades the invulnerable reaction of the antigen, stabilizers build the capacity life, and additives permit the utilization of multidose vials. Combination immunizations are harder to create and produce, on account of potential incompatibilities and communications among the antigens and different fixings included <sup>[63,64]</sup>.

### ADVANCES IN THE FIELD OF VACCINES

Antibody generation strategies are advancing. Refined mammalian cells are required to end up progressively imperative, contrasted with ordinary choices, for example, chicken eggs, because of more noteworthy profitability and low frequency of issues with pollution <sup>[65-67]</sup>. Recombination innovation that creates hereditarily detoxified immunization is relied upon to develop in prominence for the creation of bacterial immunizations that utilization toxoids. Mix immunizations are relied upon to lessen the amounts of antigens they contain, and subsequently diminish undesirable cooperations, by utilizing pathogen-related sub-atomic examples. In 2010, India created 60 percent of the world's antibody worth about \$900 million <sup>[68,69]</sup>.

No new antibody is created in a vacuum. Each antibody advancing toward business profits by the aggregate group of information that rises up out of eras of immunization exploration <sup>[70]</sup>. Perceiving that fruitful immunization improvement obliges access to a full range of investigative assets, PATH is putting past the antibody items in our portfolio to bolster look into that advances the immunization field on the loose. We encourage the sharing of thoughts, innovations, and assets to help manufacture the limit of our accomplices, upgrade exploratory advancement, and, at last, empower the improvement of better, lower-cost immunizations <sup>[71]</sup>. The choice underneath subtle elements a portion of the activities we bolster. Numerous novel protein immunization hopefuls being worked on can possibly give expansive security against pneumococcal ailment the main reason for extreme pneumonia <sup>[72]</sup>.

### CONCLUSION

The studies uncovered that the human test model regularly utilized required a higher dosage than would normally be appropriate to focus immunization viability. This prompted the untimely end of promising immunizations that could work in low-asset settings. Through examinations, researchers now have the alternative of utilizing lower-dosage test models to better evaluate ETEC immunization competitors. The reference serum, another important development, is a key apparatus for speeding the improvement and sending of these lifesaving immunizations on the grounds that it empowers the antibodies to be tried in a uniform, proficient, and persistent route far and wide. The advancements mentioned are intended to address regular issues among developing antibody makers, giving abnormal state aptitude, minimizing cost, and quickening the pace of improvement. There is a lot for the human kind to see in the field of vaccination and immunization that can overcome the current problems. The

developments and the modernization allowed the professionals to improve the existing concepts and various shortcomings have been eliminated.

## REFERENCES

1. Jose Maticuteas, Carlos Gamazo et al. Preliminary Studies on a Derivative Verotoxin as Oral Adjuvant. *J Vaccines Vaccin.* 2015;6:2.
2. John Edward Connolly, Rational design for next generation pandemic influenza vaccines. *J Vaccines Vaccin.* 2015;4:2.
3. Shahana A Choudhury and Fazle Matin. Seroprevalence of Antibodies to Measles, Mumps and Rubella (MMR) Vaccines in Previously Vaccinated Human Immunodeficiency Virus-Infected Children and their Control Counterparts. *J Vaccines Vaccin.* 2014;5:1.
4. Takako Utsumi, Maria I Lusida, et. al. Progress in the Control of Hepatitis B Virus Infection among Children in Indonesia. *J Vaccines Vaccin.* 2014;5:2.
5. Jeffrey B Ulmer, New technologies for improved vaccines against infectious diseases and cancer. *J Vaccines Vaccin.* 2014;5:3.
6. Onigbogi Olanrewaju, Onigbogi Modupe, et al. Willingness to Participate (WTP) in HIV Vaccine Trials among Itinerant Female Hairdressers in Ibadan, Nigeria. *J AIDS Clin Res.* 2014;5:3.
7. Muchekeza M, Chimusoro A, et al. Adverse Events Following Immunisation (AEFI) Surveillance in Kwekwe District, Midlands Province, Zimbabwe, 2009-2010 . *J Vaccines Vaccin.* 2014;5:2
8. Michael J Ciesielski, Jingxin Qiu, et al. Survivin as a Cancer Vaccine Target. *J Vaccines Vaccin.* 2014; 5:2.
9. Felicia Schanche Hodge. American Indian Male College Students Perception and Knowledge of Human Papillomavirus (HPV). *J Vaccines Vaccin.* 2014;5:2.
10. Carolyn R AhlersSchmidt, Kaitlin Ditch, et al. Characterization of Provider Perspectives on Text Message Reminders for Immunizations. *J Vaccines Vaccin.* 2014;5:2
11. Marc HV Van Regenmortel, JeanMarie Andrieu, et al. Paradigm Changes and the Future of HIV Vaccine Research: A Summary of a Workshop Held in Baltimore. *J AIDS Clin Res.* 2014; 5:2.
12. Oli AN, Agu RU, et al. Potency/Immunogenicity Profile of DPT Vaccines Used in the Expanded Programme on Immunization in South-East, Nigeria. *J Vaccines Vaccin.* 2014;5:1.
13. Mohamed L Elsaie. Vaccination in Psoriasis: A Prophylactic Potential or Aa Therapeutic Adjuvant. *J Vaccines Vaccin.* 2013;4:1.
14. Neil Senzer, Minal Barve, et al. Long Term Follow Up: Phase I Trial of “bi-shRNA furin/GMCSF DNA/Autologous Tumor Cell” Immunotherapy (FANG™) in Advanced Cancer. *J Vaccines Vaccin.* 2013;4:2
15. Ishaya Sini Tekki, Chika Nwosu, et. al. Challenges and Prospects of Anti-Rabies Vaccines Production in Nigeria. *J Vaccines Vaccin.* 2013;4:2.
16. Prabhat Singh, Mohamed Hamdy Yassin et. al. Serology for Hepatitis B Virus Inhemodialysis Patients: What is Necessary?. *J Vaccines Vaccin.* 2013;4:2.
17. Kristin Grevelsdahl Mohn, Birger N Lrum, et. al. Reduced Hospital Stay in Influenza Patients after Mass Vaccination during the 2009 Influenza Pandemic in Norway. *J Vaccines Vaccin.* 2013;4: 1.
18. Danilo A Alves, Ives B Mattos, et. al. Use of Mesoporous Silica SBa-15 and SBa-16 in Association of Outer Membrane Vesicles - OMV from *Neisseria meningitidis*. *J Vaccines Vaccin.* 2013;4: 1
19. Isao Arita. Smallpox Eradication and Human Morality in Evolution. *J Vaccines Vaccin* 2013, 4:1.
20. Nikolai Petrovsky. Unconventional Vaccines: Progress and Challenges. *J Vaccines Vaccin.* 2013;4:1.
21. Kathleen Laura Hefferon. Applications of Plant-derived Vaccines for Developing Countries. *J Trop Med Surg.* 2003;3:1.

22. Ajit Mukherjee, Vinita Das, et. al. An Assessment of Wastage Multiplier Factor (WMF) and Percent Wastage of Vaccines during Routine Immunization Under the Universal Immunization Programme (UIP), Government of India (GOI). *J Vaccines Vaccin.* 2013;4:1.
23. Karmarcha Martin and Toufic O Nashar. E. coli Heat-labile Enterotoxin B Subunit as a Platform for the Delivery of HIV Gag p24 Antigen. *J Clin Cell Immunol.* 2013;4:1.
24. Mohamed L Elsaie. Vaccines from a Dermatology Perspective: HPV Vaccines. *J Vaccines Vaccin.* 2013;4:3.
25. Yash Paul. Compassion and Compensation for Polio Cases. *J Vaccines Vaccin.* 2013;4:2.
26. Trilochan Mukkur and Peter Richmond. Alternative Whooping Cough Vaccines: A Minireview. *J Vaccines Vaccin.* 2013;4:1
27. Chidi Victor Nweneka. Taming the Monster: Need for Africa-initiated, Africa-led HIV Vaccine Research and Development Advocacy in Africa. *J Vaccines Vaccin.* 2014;5:2.
28. Seiji Shibasaki, Miki Karasaki, et al. Combining Proteomic Strategies and Molecular Display Technology for Development of Vaccines against *Candida albicans*. *J Proteomics Bioinform.* 2014;7:6.
29. Alwyn Rapose. Look Out for Changing Recommendations Regarding the Tetanus, Diphtheria and Acellular Pertussis (Tdap) and the Yellow Fever (YF) Vaccines: A Call from Increased Tdap Vaccination and Suggestion for Decreased YF Vaccination. *J Vaccines Vaccin.* 2013;4:4.
30. Zehra Diyar Tamburac Uslu, et. al. Detection of the Presence of *Bordetella pertussis* by Real-Time Polymerase Chain Reaction in Children Diagnosed with Pertussis and among their Household Contacts. *J Vaccines Vaccin.* 2013;4:1.
31. Patrick K. Owiafe, Philip C. Hill, et. al. Differential Cytokine Levels in Adults Induced by a Novel Candidate TB Boost Vaccine, MVA85A-According to Previous BCG Vaccination Status. *J Vaccines Vaccin.* 2012;3:1.
32. Bikash Sahay, Mahesh Kathania, et. al. Directional Activation of Intestinal Dendritic Cells by Oral Targeted Multivalent Vaccine. *J Vaccines Vaccin.* 2012;3:1.
33. Arpit Saraswat, Shraddha, et. al. Immuno-Informatic Speculation and Computational Modeling of Novel MHC-II Human Leukocyte Antigenic Alleles to Elicit Vaccine for Ebola Virus. *J Vaccines Vaccin.* 2012;3:4.
34. Andrea Marzi, Heinz Feldmann, et. al. Vesicular Stomatitis Virus-Based Vaccines for Prophylaxis and Treatment of Filovirus Infections. *J Bioterror Biodef.* 2011;S:1
35. Olga V. Arjanova, Nathalia D. Prihoda, et. al. Phase 2 Trial of V-5 Immunitor (V5) in Patients with Chronic Hepatitis C Co-infected with HIV and *Mycobacterium Tuberculosis*. *J Vaccines Vaccin.* 2010; 1:1.
36. Masoud H Manjili. Therapeutic Cancer Vaccines. *J Clin Cell Immunol.* 2011;2:3.
37. Ketema Tafess and Gobena Ameni. Immune Response in Holstein-Zebu Cross and Zebu Calves Vaccinated with *Bacillus Calmette-Guérin* (BCG) at Bako Agricultural Research Centre, Western Ethiopia. *J Vaccines Vaccin.* 2011;3:2.
38. Saridi M, Toska A, et. al. Vaccination Coverage among Health Care Workers in A Greek Hospital. *J Vaccines Vaccin.* 2011;2:1.
39. Takuma Hayashi, Akiko Horiuchi, et. al. Tumor Immunoediting, from T Cell-Mediated Immune Surveillance to Tumor-Escape of Uterine Leiomyosarcoma. *J Vaccines Vaccin.* 2013;S:1.
40. Sergio H, Antonio G, et. al. OMICS Techniques and Identification of Pathogen Virulence Genes Application to the Analysis of Respiratory Pathogens. *J Comput Sci Syst Biol.* 2009;2:2.
41. Kathleen L Hefferon. siRNA in Vivo Delivery Systems: A New Frontier in Biotechnology. *J Vaccines Vaccin.* 2012;3:1.
42. Alwyn Rapose. Re-Emerging Infectious Diseases: Need for Improving Uptake of Existing Vaccines. *J Vaccines Vaccin.* 2012;3:1.

43. Eunha Shimi. Childhood Immunization Refusal: The Return of Vaccine-Preventable Diseases. *J Vaccines Vaccin.* 2012;3:5.
44. Cassandra M. JamesBerry. Vaccine Control of Avian Influenza H5N1 in Poultry: Need for a Positive Marker. *J Vaccines Vaccin.* 2013;4: 1.
45. Sherif B Mossad, Belinda YenLieberman, et. al. Characteristics of Transplant Recipients Who Developed Influenza in 2007-08 Despite Influenza Vaccination. *J Vaccines Vaccin.* 2013; 4:2.
46. YuFeng Zhang, Nazierbieke Wulumuhan, et. al. Construction and Characterization of an Acapsular Mutant of *Pasteurella multocida* Strain P-1059 (A:3). *J Vaccines Vaccin.* 2013;4:4.
47. Vassilios Lougaris, Giacomo Tampella, et. al. The Genetic Heterogeneity of Common Variable Immunodeficiency (CVID): An Update. *J Vaccines Vaccin.* 2014;5:2.
48. Estefania Mara do Nascimento Martins, Viviane Cristina Fernandes, et. al. Evaluation of the Therapeutic Effect of Radioattenuated Yeast Cells in Experimental Paracoccidioidomycosis. *J Vaccines Vaccin.* 2014;5:2.
49. Sinan Akbayram, Kamuran Karaman, et. al. Vaccination Associated Acute Immune Thrombocytopenic Purpurai Children. *J Vaccines Vaccin.* 2014;5:2.
50. Deeva Berera and Kimberly M Thompson. Medical Student Knowledge, Attitudes, and Practices Regarding Immunization. *J Vaccines Vaccin.* 2015;6:2.
51. Jane Megid. Vaccinia Virus: It's Use in Smallpox Vaccine and Epidemiology. *J Vaccines Vaccin.* 2015;6:4.
52. Zafrir Yaron, Zvulunov Alex and Shoenfeld Yehoda. Infantile Bullous Pemphigoid Following Hepatitis B Vaccinations. *Immunome Res.* 2014;10:7.
53. Abebe Mengesha, Birhanu Hurisa, et. al. Adaptation of Local Rabies Virus Isolates to High Growth Titer and Determination of Pathogenicity to Develop Canine Vaccine in Ethiopia. *J Vaccines Vaccin.* 2014;5:2.
54. Shinobu Watarai and Yukie Sasaki. Evaluation of Stearylamine-Modified Liposomes for the Oral Vaccine Adjuvant. *J Infect Dis Ther.* 2014;2:4.
55. Bijlenga G. The Essential Role Played by a Previously Unknown Mechanism in Viral Pathogenesis Leading to Effective New Vaccines and Post-Exposure Immune Treatments of Viral Infections. *J Blood Disord Transfus.* 2014;5:1.
56. Claudio Nicolini, Nicola Luigi Bragazzi, et. al. From Nanobiotechnology to Organic and Biological Monitoring of Health and Environment for Biosafety. *Biosafety.* 2013;2:6.
57. Arzumanyan Vera, Shmeleva Olga, et. al. Physiological Parameters of Clinical Yeasts Growth and Isolation of Specific Antigens. *Biochem Physiol.* 2013;2:1.
58. Kimberly M Thompson, Radboud J Duintjer Tebbens, et. al. Managing Cholera as a Preventable Global Threat. *J Vaccines Vaccin.* 2013;4:3.
59. Subha Ganguly. Pharmacoepidemiology and Drug Safety with Special Reference to Vaccines and Biologicals used as Diagnostics. *Adv Pharmacoepidem Drug Safety.* 2013;2:8.
60. Awale MM, Mody SK, et. al. Transgenic Plant Vaccine: A Breakthrough in Immunopharmacotherapeutics. *J Vaccines Vaccin.* 2012;3:4.
61. David Bishai, Benjamin Johns, et. al. Measles Eradication versus Measles Control: An Economic Analysis. *J Vaccines Vaccin.* 2014;S:3.
62. Aliabbas A. Husain, Rajpal S. et. al. Evaluation and Identification of in vitro Cellular Immune Response to Culture Filtrate Antigens of *M. tuberculosis* Culture. Implications for Vaccine Design. *J Vaccines Vaccin.* 2012;4:3.
63. Amir S Khan, Kate E Broderick, et. al. Safe and Effective Smallpox Vaccine Development Using DNA Vaccines and In vivo Electroporation. *J Bioterror Biodef.* 2012; S:1.

64. Vivian L Hashimoto, Zenaide M Moraes, et. al. Failure of LIC13435 Protein of *Leptospira interrogans* Serovar Copenhageni to Confer Protection in Immunized Hamsters. *J Vaccines Vaccin.* 2011;4:5.
65. Varsha Singhal, Dhrubajyoti Bora, et. al. Prevalence of Hepatitis B Virus Infection in Healthcare Workers of a Tertiary Care Centre in India and Their Vaccination Status. *J Vaccines Vaccin.* 2011; 2:8.
66. Abeer S. Yamany. Studies on the Development of the Ovaries of the Malaria Mosquitoes(*Anopheles pharoensis*). *J Vaccines Vaccin.* 2012;4:5.
67. Laura Manna, Ilaria Michela Piras, et. al. Development and Clinical Trial of a Novel DNA Vaccine as Immunotherapy during Canine Leishmaniasis. *J Vaccines Vaccin.* 2012;5:3.
68. Ricardo Carrion Jr, Peter Bredenbeek, et. al. Vaccine Platforms to Control Arenaviral Hemorrhagic Fevers. *J Vaccines Vaccin.* 2012;3:6.
69. Anthony Burton. Estimating Coverage of Hepatitis B Birth Dose Vaccination: A Pilot Study in Western Pacific Countries. *J Vaccines Vaccin.* 2013;4:7.
70. Mohamed L Elsaie, (2013) Tumor Immunology. *J Vaccines Vaccin.* 2013;4:2.
71. Nikita Shroff, Brandon Brown, et. al. Barriers and Facilitators in the Recruitment and Retention of Peruvian Female Sex Workers in a Randomized HPV Vaccine Trial. *J Vaccines Vaccin.* 2013;4:8.
72. Raffaella Mormile and Giorgio Vittori. Celiac Disease, Hepatitis B Vaccine Nonresponse and Endometriosis: What is the Link?. *J Vaccines Vaccin.* 2013;4:7.