



Vaccines and Global Health: The Week in Review 25 July 2015 Center for Vaccine Ethics & Policy (CVEP)

This weekly summary targets news, events, announcements, articles and research in the vaccine and global health ethics and policy space and is aggregated from key governmental, NGO, international organization and industry sources, key peer-reviewed journals, and other media channels. This summary proceeds from the broad base of themes and issues monitored by the Center for Vaccine Ethics & Policy in its work: it is not intended to be exhaustive in its coverage.

*Vaccines and Global Health: The Week in Review is also **posted in pdf form** and as a set of blog posts at <http://centerforvaccineethicsandpolicy.wordpress.com/>. This blog allows full-text searching of over 8,000 entries.*

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Request an email version: *Vaccines and Global Health: The Week in Review is published as a single email summary, scheduled for release each Saturday evening before midnight (EDT in the U.S.). If you would like to receive the email version, please send your request to david.r.curry@centerforvaccineethicsandpolicy.org.*

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Editor's Note:

We provide below the current list of WHO Grade 3 and Grade 2 emergencies. We note that the WHO web pages associated with country links often do not evidence any current information. In a number of cases, the most current information posted is from weeks or months ago.

[WHO Grade 3 and Grade 2 emergencies](#)

[accessed 24 July 2015]

WHO Grade 3 emergencies

[Guinea](#)

[Iraq](#)

[Liberia](#)

[Nepal](#)

[Philippines](#)

[Sierra Leone](#)

[South Sudan](#)

[The Syrian Arab Republic](#)

WHO Grade 2 emergencies

[Central African Republic](#)

[Democratic Republic of the Congo](#)

[Malawi](#)

[Mozambique](#)

[Niger](#)

[Nigeria](#)

[Philippines](#)

[Ukraine](#)

[Vanuatu](#)

[Yemen](#)

Grade definitions

:: Grade 2: a single or multiple country event with moderate public health consequences that requires a moderate WCO response and/or moderate international WHO response.

Organizational and/or external support required by the WCO is moderate. An Emergency Support Team, run out of the regional office (the Emergency Support Team is only run out of HQ if multiple regions are affected), coordinates the provision of support to the WCO.

:: Grade 3: a single or multiple country event with substantial public health consequences that requires a substantial WCO response and/or substantial international WHO response.

Organizational and/or external support required by the WCO is substantial. An Emergency Support Team, run out of the regional office, coordinates the provision of support to the WCO.

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EBOLA/EVD [to 25 July 2015]

Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)

Ebola Situation Report - 22 July 2015

[Excerpts]

SUMMARY

:: There were 26 confirmed cases of Ebola virus disease (EVD) reported in the week to 19 July: 22 in Guinea and 4 in Sierra Leone. Liberia reported no new cases. For the second consecutive

week more than half of all cases were reported from the capitals of Guinea and Sierra Leone, Conakry and Freetown. By contrast, other recent hotspots of transmission such as Boke in Guinea and Kambia in Sierra Leone have now reported no cases for 18 and 9 days, respectively. There are also indications of a continuation of the improvements in contact tracing and case investigation seen in recent weeks, with all but 2 cases arising among registered contacts of previous cases, including all 13 of the cases reported from the Guinean capital Conakry. This is the highest proportion of cases to arise among contacts since the beginning of the outbreak. However, one of the 2 cases reported from Freetown arose from an unknown source of infection, and is considered to represent a high risk of further transmission. In addition, 2 cases, both from Guinea, were identified as EVD-positive only after post-mortem testing of community deaths....

COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

:: There have been a total of 27 705 reported confirmed, probable, and suspected cases of EVD in Guinea, Liberia and Sierra Leone (figure 1, table 1) up to 19 July, with 11 269 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). A total of 22 new confirmed cases were reported in Guinea and 4 in Sierra Leone in the week to 19 July...

WHO Stories from Countries

:: [Vaccinating and registering the children born during Ebola](#)

23 July 2015

:: [Ebola diaries: Helping people to stay safe](#)

21 July 2015

UNMEER

:: [Acting UNMEER SRSG Peter Graaff's remarks at press conference on Ebola preparedness mission to Guinea-Bissau](#)

25 Jun 2015

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POLIO [to 25 July 2015]

Public Health Emergency of International Concern (PHEIC)

GPEI Update: Polio this week - As of 22 July 2015

Global Polio Eradication Initiative

[Editor's Excerpt and text bolding]

Full report: <http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx>

:: Last week, Forbes.com featured a live discussion on the global polio eradication effort with Dr Hamid Jafari, Director for the Global Polio Eradication Initiative at WHO, and Dr John Sever, Vice Chair of Rotary International's Polio Plus Program. A podcast of the discussion can be accessed [here](#).

:: 24 July 2015 will mark 12 months since the last reported case due to wild poliovirus in Nigeria had onset of paralysis. See 'Nigeria' section for more. As Nigeria approaches a year with no child paralyzed with polio this week, influential figures are calling for continued vigilance and

commitment both from the Nigerian government and internationally. Read Nigerian Academy of Science President Oyewale Tomori's appeal to President Buhari and President Obama [here](#).

Selected excerpts from Country-specific Reports

Nigeria

:: No new wild poliovirus type 1 (WPV1) cases were reported in the past week. No cases have been reported in 2015. Nigeria's total WPV1 case count for 2014 remains 6. The most recent case had onset of paralysis on 24 July 2014 in Sumaila Local Government Area (LGA), southern Kano state.

:: No new cases of type 2 circulating vaccine-derived poliovirus (cVDPV2) cases were reported in the past week. The most recent case had onset of paralysis in Kwali Local Government Area (LGA), Federal Capital Territory (FCT) Abuja, with onset of paralysis on 16 May; this is the only cVDPV2 case reported in Nigeria in 2015.

:: 24 July 2015 will mark 12 months since the last reported case due to wild poliovirus in Nigeria had onset of paralysis (the full 12-month data is pending final laboratory classification from all environmental samples and acute flaccid paralysis (AFP) cases, collected up until 24 July 2015. Results are expected by September).

:: This progress is thanks to the hard work of the Nigerian government, partners, religious and community leaders, and health workers.

:: While Nigeria is closer than ever to ending polio, the job is not yet finished. At least two more years must pass without a case of wild poliovirus for Nigeria to be certified polio-free along with the rest of the WHO's African region. To achieve this goal, Nigeria and all countries in the African region must maintain high-quality surveillance for poliovirus and vaccination campaigns, particularly in hard-to-reach and insecure areas, and improve routine immunization.

:: At the same time, efforts are ongoing to rapidly stop a cVDPV2 outbreak affecting the country, with aggressive outbreak response using trivalent OPV being implemented in the affected and high-risk areas.

Buhari and Obama can end polio in Africa

By Oyewale Tomori, DVM, PhD -

Opinion / Op-Ed

The Hill

07/20/15 01:00 PM EDT

For every one of the almost 70 years I have lived in Nigeria, children – often by the hundreds – have become paralyzed from a virus that I've spent my professional life trying to stop. But this year may be different.

Since July 24, 2014, one year ago this week, Nigeria has not recorded a single case of wild poliovirus. This is the first time this has happened in history. If Nigeria is able to stay on track, it can be removed from the short list of countries that have never halted polio transmission.

Also this week, Nigeria's new president, Muhammadu Buhari, is meeting with President Obama – his first official visit to the White House. I do not expect polio to be top of their agenda. Bringing peace and stability to the northeast and instituting economic and political reforms are clearly key priorities, but it would be a mistake to overlook what could be one of President Buhari's greatest achievements: the eradication of polio in Nigeria.

Nigeria's progress to date is encouraging, but the country must go an additional two years without a case to be certified polio-free along with the rest of the WHO African region. We will not make it that far without the steadfast commitment of both leaders. For Buhari, he must appoint a strong health minister and publicly commit to freeing Nigeria from polio by 2017. The U.S. has been a historically strong donor to the Global Polio Eradication Initiative and until Africa is certified polio free and cases have also been stopped in Afghanistan and Pakistan – the only two countries that have had cases of wild polio this year – it is critical that Obama continues to lead the global effort.

Nigeria has shown the world that polio eradication is possible. With the help of seven Emergency Operations Centres throughout the country, the government and partners have been able to respond in real-time to polio outbreaks and coordinate vaccination campaigns. At the local level, health workers, often drawn from the communities they serve, have partnered with polio survivors and religious leaders to help parents understand the importance of the vaccine for their children.

We have also learned from others. Nigeria built on India's polio eradication success by improving immunization microplans, where local leaders and health workers walk through their communities and map each house so that vaccinators know where to go and no child is missed. In conflict zones, health workers have learned to be nimble and take advantage of short periods of calm to vaccinate children.

But I hope that the most important lesson we've learned is not to be complacent. Nigeria is the only country in Africa that has never stopped polio. We have been close before to ridding our country of the deadly virus, but we let our guard down and the disease came roaring back, re-infecting dozens of other African countries.

Yet, despite all the lessons we've learned, the end of polio will not come quietly. Insecurity in the northeast part of the country has left many settlements in the area inaccessible to health workers. A recent case of circulating vaccine-derived poliovirus (cVDPV) – a very rare form of the virus mutated from the oral polio vaccine that emerges in under-immunized populations – shows that polio vaccination rates in Nigeria are still not high enough.

Buhari has the historic opportunity to end polio forever on his watch, but only if he dedicates the necessary resources to improve campaign quality, intensify surveillance measures, and reach children in all parts of the country – particularly in insecure areas in the northeast. Until we reach every child, all children remain at risk.

Freeing my country of polio will have benefits beyond just taking Nigeria's name off that short, inglorious list. The polio program has provided a framework for reaching children all over the country with life-saving vaccines and critical health services. It also taught us how to effectively respond to disease outbreaks, as we did when Ebola came calling.

While it's critical that we don't lose focus on eradication, we must also increase investment in our often fragile health system. One in eight Nigerian children still die before reaching their fifth birthday – the vast majority from preventable diseases – making Nigeria one of the most dangerous countries in the world to be a child. A strong and resilient Nigeria rests on building an effective health system that delivers for its citizens, and for its children.

I dream that I will live the last years of my life in Nigeria – in a country where no child becomes paralyzed by polio, or dies from vaccine preventable diseases. So, to Buhari and our friend to the West, let us commit, once again and finally, to rid Nigeria and Africa of polio. Our children, our country and our continent depend on it.

Tomori is president of the Nigerian Academy of Science.

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MERS-CoV [to 25 July 2015]

[Global Alert and Response \(GAR\) – Disease Outbreak News \(DONs\)](#)

:: [24 July 2015](#) - Middle East Respiratory Syndrome coronavirus (MERS-CoV) – Saudi Arabia

Between 1 and 14 July 2015, the National IHR Focal Point for the Kingdom of Saudi Arabia notified WHO of 6 additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection...

:: [21 July 2015](#) - Middle East respiratory syndrome coronavirus (MERS-CoV) – Republic of Korea
Situation in the Republic of Korea

Between 18 and 21 July 2015, the National IHR Focal Point of the Republic of Korea notified WHO of no additional cases of infection and no new deaths related to Middle East Respiratory Syndrome Coronavirus (MERS-CoV).

Additional information on the outbreak in the Republic of Korea

To date, a total of 186 MERS-CoV cases, including 36 deaths, have been reported. One of the 186 cases is the case that was confirmed in China and also notified by the National IHR Focal Point of China...

[MERS-CoV cases 21 July 2015](#) [xlsx, 19kb](#)

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Malaria

European Medicines Agency [to 25 July 2015]

<http://www.ema.europa.eu/ema/>

:: **[Meeting highlights from the Committee for Medicinal Products for Human Use \(CHMP\) 20-23 July 2015](#)**

24/07/2015

Ten new medicines recommended for authorisation in the EU, and first malaria vaccine receives positive scientific opinion for use outside the EU

At its July meeting, the Committee for Medicinal Products for Human Use (CHMP) gave a positive scientific opinion for Mosquirix (Plasmodium falciparum and hepatitis B vaccine), the first vaccine for malaria to be assessed by a regulatory agency for use outside the European Union (EU).

Mosquirix was submitted to the European Medicines Agency (EMA) under a regulatory procedure (Article 58) that allows EMA to assess the quality, safety and efficacy of a medicine or vaccine and its benefit-risk balance, although it will not be marketed in the EU...

[:: First malaria vaccine receives positive scientific opinion from EMA](#)

Mosquirix to be used for vaccination of young children, together with established antimalarial interventions

The European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP) has adopted a positive scientific opinion for Mosquirix (Plasmodium falciparum and hepatitis B vaccine), for use outside the European Union (EU).

The malaria vaccine Mosquirix, also known as RTS,S/AS01, was submitted to EMA under a regulatory procedure (Article 58) that allows EMA to assess the quality, safety and efficacy of a medicine or vaccine and its benefit-risk balance, although it will not be marketed in the EU. This means that EMA can help facilitate access to new medicines for people living outside the EU.

Mosquirix is intended for use in areas where malaria is regularly found, for the active immunisation of children aged 6 weeks to 17 months against malaria caused by the Plasmodium falciparum parasite, and against hepatitis B. After decades of research into malaria vaccinations, Mosquirix is the first vaccine for the disease to be assessed by a regulatory agency.

The CHMP highlighted in its opinion that Mosquirix is for use in line with official recommendations that take into account the risk of Plasmodium falciparum malaria in different geographical areas and available malaria control interventions. These recommendations will be defined by the World Health Organization (WHO) and regulatory authorities in the non-EU countries where the vaccine would be used.

As in all Article 58 procedures, the CHMP worked closely with other experts, including from WHO and regulatory authorities from the relevant countries. In its assessment, the CHMP applied the same rigorous standards as for medicines to be marketed within the EU...

[GSK's malaria candidate vaccine, Mosquirix™ \(RTS,S\), receives positive opinion from European regulators for the prevention of malaria in young children in sub-Saharan Africa](#)

WHO will now assess how the world's first malaria candidate vaccine might be used alongside other tools to prevent malaria

GSK Press Release

24 July 2015 Issued: London, UK

GSK announced today that the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) has adopted a positive scientific opinion for its malaria candidate vaccine Mosquirix™, also known as RTS,S, in children aged 6 weeks to 17 months. Following this decision, the World Health Organization (WHO) will now formulate a policy recommendation on use of the vaccine in national immunisation programmes once approved by national regulatory authorities.

RTS,S, which was developed in partnership with the PATH Malaria Vaccine Initiative (MVI), is the first candidate vaccine for the prevention of malaria to reach this milestone. While other vaccines tackle viruses or bacteria, RTS,S has been designed to prevent malaria caused by the Plasmodium falciparum parasite, which is most prevalent in sub-Saharan Africa (SSA). In 2013, there were an estimated 584,000 deaths from malaria with around 90% of these occurring in SSA, and 83% in children under the age of five in SSA.¹

The CHMP scientific opinion is a key step in the regulatory process toward making RTS,S available alongside existing tools currently recommended for malaria prevention. The positive opinion for young children was based on the review of data assessing the candidate vaccine's safety, efficacy and quality. Clinical data submitted for CHMP assessment were mainly from a phase III clinical trial programme involving more than 16,000 young children that was conducted by 13 African research centres in eight African countries (Burkina Faso, Gabon, Ghana, Kenya, Malawi, Mozambique, Nigeria, and Tanzania).

Data from this trial programme demonstrate that over the first 18 months following three doses of RTS,S, malaria cases were reduced by almost half in children aged 5-17 months at the time of first vaccination and by 27% in infants aged 6-12 weeks. At study end, four doses of RTS,S reduced malaria cases by 39% over four years of follow-up in children, and by 27% over three years of follow-up in infants.² In areas of the highest malaria burden, more than 6,000 clinical malaria cases were prevented over the study period for every 1,000 children vaccinated.² The efficacy of RTS,S was evaluated in addition to existing malaria control measures, such as insecticide treated bed nets, which were used by approximately 80% of the children and infants in the trial.

Sir Andrew Witty, CEO of GSK said: "Today's scientific opinion represents a further important step towards making available for young children the world's first malaria vaccine. While RTS,S on its own is not the complete answer to malaria, its use alongside those interventions currently available such as bed nets and insecticides, would provide a very meaningful contribution to controlling the impact of malaria on children in those African communities that need it the most. The work doesn't stop here and GSK remains committed to investing in R&D for malaria vaccines and treatments to find more ways to tackle this devastating disease."

Dr David C. Kaslow, Vice President of Product Development at PATH said: "Today marks a significant scientific milestone for the long-standing partnership to develop a vaccine, yet several more steps remain before a malaria vaccine might reach the young children in Africa who most need protection against this deadly human parasite. PATH will continue to work with GSK and other partners to ensure that the evidence is available, as soon as possible, to support informed decision-making on those remaining steps."

GSK has committed to a not-for-profit price for RTS,S so that, if approved, the price of RTS,S would cover the cost of manufacturing the vaccine together with a small return of around five per cent that will be reinvested in research and development for second-generation malaria vaccines, or vaccines against other neglected tropical diseases.

Next steps

Following the CHMP positive scientific opinion, two of the WHO's independent advisory groups, the Strategic Advisory Group of Experts (SAGE) on Immunization and the Malaria Policy Advisory Committee (MPAC) will now jointly review the evidence base for RTS,S and make a joint policy recommendation for how it might be used alongside other tools to prevent malaria in the event the vaccine candidate is approved by national regulatory authorities in SSA. The WHO has indicated that such a policy recommendation may be possible by end of this year.

Following the WHO policy recommendation, GSK will also submit an application to the WHO for pre-qualification of RTS,S. WHO pre-qualification involves a scientific assessment of the quality, safety and efficacy of any new vaccine proposed for introduction in WHO Expanded Programme on Immunization. A pre-qualification decision is used by the United Nations agencies and other large scale public procurement agencies to help inform vaccine purchasing decisions.

Once a WHO pre-qualification is granted, GSK would then apply for marketing authorisation in countries in sub-Saharan Africa on a country-by-country basis. These regulatory and policy decisions would, if positive, enable countries to begin implementation of RTS,S through their universal immunisation programmes.

Both a WHO policy recommendation and WHO pre-qualification are requirements for Gavi, the Vaccine Alliance, to support eligible African countries introducing RTS,S into local immunisation programmes supported by UNICEF.

PATH [to 25 July 2015]

<http://www.path.org/news/index.php>

Press release | July 13, 2015

:: **[PATH Malaria Vaccine Initiative welcomes positive opinion by European regulators on GSK's Mosquirix™ \(RTS,S\)](#)**

Announcement | July 23, 2015

Decision paves the way for World Health Organization to assess how a malaria vaccine might be used in young children in sub-Saharan Africa

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WHO & Regionals [to 25 July 2015]

The **[Weekly Epidemiological Record \(WER\) 24 July 2015](#)**, vol. 90, 30 (pp. 373–380) includes:

:: Genetic diversity of wild-type measles viruses and the global measles nucleotide surveillance database (MeaNS)

<http://www.who.int/entity/wer/2015/wer9030.pdf?ua=1>

[WHO calls for urgent action to curb hepatitis](#)

News release

23 JULY 2015 | GENEVA - On World Hepatitis Day (28 July) WHO highlights the urgent need for countries to enhance action to prevent viral hepatitis infection and to ensure that people who have been infected are diagnosed and offered treatment. This year, the Organization is focusing particularly on hepatitis B and C, which together cause approximately 80% of all liver cancer deaths and kill close to 1.4 million people every year...

[The control of neglected zoonotic diseases](#)

July 2015 -- A newly published report finds that most neglected zoonotic diseases can be controlled through the use of existing knowledge and tools. WHO estimates that nearly two-thirds of all human pathogens originate from zoonoses.

:: WHO Regional Offices

WHO African Region AFRO

:: [High level delegation from the Bill & Melinda Gates Foundation visits World Health Organization Regional Office for Africa](#)

Brazzaville, 21 July 2015 - A high level delegation from the Bill & Melinda Gates Foundation (BMGF) has begun a four-day official visit to the World Health Organization Regional Office for Africa (AFRO) in Brazzaville, Congo from 21-24 July 2015. The aim of the visit is to review ongoing collaboration between the two organizations and explore new ways of working together to improve the health of people in the African Region. An initial team of senior leaders from BMGF including Dr Steve Landry Director, Multilateral Partnerships and Mr Tom Hurley, Deputy Director, Multilateral Partnerships, began discussions with the senior management...

WHO Region of the Americas PAHO

:: [WHO validates Cuba's elimination of mother-to-child transmission of HIV and syphilis](#) (06/30/2015)

:: [Women's health needs still not adequately met, according to new articles in the Pan American Journal of Public Health](#) (06/24/2015)

:: [Health Coverage Reaches 46 Million More in Latin America and the Caribbean, says new PAHO/WHO–World Bank report](#) (06/22/2015)

WHO South-East Asia Region SEARO

No new digest content identified.

WHO European Region EURO

:: [WHO delivers emergency health kits to Suruc in Turkey](#) 24-07-2015

:: [Georgia sets sights on eliminating hepatitis C](#) 23-07-2015

:: [Viral hepatitis – 400 deaths a day in the WHO European Region could be prevented](#) 23-07-2015

:: [WHO receives Turkmenistan State award for collaboration in public health](#) 21-07-2015

WHO Eastern Mediterranean Region EMRO

:: [World Hepatitis Day in Egypt focuses on hepatitis B and C prevention](#)

23 July, 2015 | Cairo – Preventing hepatitis B and C is the regional theme of this year's World Hepatitis Day. Viral hepatitis is a global health problem affecting hundreds of millions of people worldwide. The Eastern Mediterranean Region has some of the highest rates of viral hepatitis in the world, with an estimated 4.3 million people becoming infected with hepatitis B and 800 000 with hepatitis C every year. This year, the WHO Regional Office will host an event to observe World Hepatitis Day on 28 July 2015 in Cairo, Egypt.

WHO Western Pacific Region

:: [Do your part to prevent hepatitis](#)

MANILA, 24 July 2015 – Nearly 40% of global deaths attributable to viral hepatitis occur in the Western Pacific, more than the combined death toll from HIV/AIDS, tuberculosis and malaria. To mark World Hepatitis Day on 28 July, the World Health Organization (WHO) in the Western Pacific Region urges policy-makers, health workers and the public to take action to stop infection and death from hepatitis B and C.

[Read the news release](#)

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CDC/MMWR/ACIP Watch [to 25 July 2015]

<http://www.cdc.gov/media/index.html>

[MMWR July 24, 2015 / Vol. 64 / No. 28](#)

:: [World Hepatitis Day — July 28, 2015](#)

:: [Launch of a Nationwide Hepatitis C Elimination Program — Georgia, April 2015](#)

:: [Viral Hepatitis Surveillance — India, 2011–2013](#)

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Announcements/Milestones

IVI [to 25 July 2015]

<http://www.ivi.org/web/www/home>

:: **[Dr. In-Kyu Yoon Appointed as Director of the Dengue Vaccine Initiative](#)**

WASHINGTON, DC – July 24, 2015 – The Dengue Vaccine Initiative (DVI) a consortium comprised of the International Vaccine Institute, the Johns Hopkins University’s International Vaccine Access Center, Sabin Vaccine Institute and the World Health Organization, is delighted to announce the appointment of Dr. In-Kyu Yoon as its new Director. Dr. Yoon, former Chief of the Department of Virology, Armed Forces Research Institute Medical Sciences in Bangkok, Thailand, will lead DVI starting August, 2015.

“We greatly look forward to Dr. Yoon’s leadership of DVI,” said Dr. Jerome Kim, the International Vaccine Institute’s Director General. “Dr. Yoon’s extensive research experience and knowledge of dengue and vaccine clinical trials will further strengthen DVI’s management and operations. His experience will be welcomed by the International Vaccine Institute as he can also provide additional scientific leadership at the Institute.”

In his previous position, Dr. Yoon investigated arbovirus and respiratory virus infections including clinical trials of candidate vaccines. He has conducted research on the epidemiology, pathophysiology and immunology of dengue and other emerging infectious diseases, was a faculty member of the Uniformed Services University of the Health Sciences in Maryland, United States and authored over 70 publications and provided clinical care in a variety of civilian and military settings internationally...

...“I’m excited to lead the Dengue Vaccine Initiative during this critical period in the development and implementation of dengue vaccines. DVI and PDVI have played a crucial role over the past 12 years in advancing the field of dengue vaccines. As we move forward, DVI will continue to work diligently to promote measures to prevent and control this global problem” commented Dr. Yoon on his new endeavor

Aeras [to 25 July 2015]

<http://www.aeras.org/pressreleases>

:: **[Aeras Welcomes David Blumberg to its Board of Directors](#)**

Rockville, MD, July 20, 2015 – David L. Blumberg, M.B.A., an expert in the life sciences industry, recently joined Aeras’s Board of Directors. He has more than 20 years of business and consulting experience across the life sciences continuum, including large global, specialty, and generic pharmaceuticals, biotech, and medical devices and products.

Global Fund [to 25 July 2015]

<http://www.theglobalfund.org/en/mediacenter/newsreleases/>

:: [Global Fund Statement on International Investment in Global Health](#) 24 July 2015

:: [Breakthrough Global Agreement Sharply Lowers Price of Early Infant Diagnosis of HIV](#)
20 July 2015

FDA [to 25 July 2015]

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm>

:: [JFDA approves diagnostic test to differentiate between types of HIV infection](#) July 23, 2015 -

NIH [to 25 July 2015]

<http://www.nih.gov/news/releases.htm>

:: [Young South African women can adhere to daily PrEP regimen as HIV prevention](#)

July 21, 2015 — NIH-funded study finds men in Bangkok, Harlem also successful in taking daily dose.

:: [Early antiretroviral therapy prevents non-AIDS outcomes in HIV-infected people](#)

July 20, 2015 — NIH-supported findings illustrate manifold benefit of therapy.

:: [HIV control through treatment durably prevents heterosexual transmission of virus](#)

July 20, 2015 — NIH-funded trial proves suppressive antiretroviral therapy for HIV-infected people effective in protecting uninfected partners.

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UNICEF [to 25 July 2015]

http://www.unicef.org/media/media_78364.html

No new digest content identified

GAVI [to 25 July 2015]

<http://www.gavialliance.org/library/news/press-releases/>

No new digest content identified

Sabin Vaccine Institute [to 25 July 2015]

<http://www.sabin.org/updates/pressreleases>

No new digest content identified

IAVI International AIDS Vaccine Initiative [to 25 July 2015]

<http://www.iavi.org/press-releases/2015>

No new digest content identified

European Vaccine Initiative [to 25 July 2015]

<http://www.euvaccine.eu/news-events>

No new digest content identified

BMGF (Gates Foundation) [to 25 July 2015]

<http://www.gatesfoundation.org/Media-Center/Press-Releases>

No new digest content identified

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Reports/Research/Analysis/Commentary/Conferences/Meetings/Book Watch/Tenders

Vaccines and Global Health: The Week in Review has expanded its coverage of new reports, books, research and analysis published independent of the journal channel covered in Journal Watch below. Our interests span immunization and vaccines, as well as global public health, health governance, and associated themes. If you would like to suggest content to be included in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

Perspective

Establishing a Global Vaccine-Development Fund

Stanley A. Plotkin, M.D., Adel A.F. Mahmoud, M.D., Ph.D., and Jeremy Farrar, M.D., Ph.D.
N Engl J Med 2015; 373:297-300 [July 23, 2015](#) DOI: 10.1056/NEJMp1506820

As the Ebola epidemic in West Africa continues, albeit at a much lower level than it reached in the spring, we still lack a vaccine that has been shown to be safe and effective. There has been no shortage of basic research: by 2009, at least seven Ebola vaccines had been tested in monkeys, with encouraging results.¹ But before the West African epidemic, only one of these vaccine candidates was tested in healthy humans, in phase 1 trials to evaluate its safety, and it was subsequently abandoned.² No vaccine had reached the later processes that would lead to licensure, and none was available in sufficient supply to be deployed in an emergency. Unfortunately, the same applies to many other infections: vaccines against them are not available because collectively we have not been willing or able to invest in the costly and complex development process that would be required to establish safety and immunogenicity, at a minimum.

Vaccine development is facing a crisis for three reasons: the complexity of the most challenging targets, which necessitates substantial investment of capital and human expertise; the diminishing numbers of vaccine manufacturers able to devote the necessary resources to research, development, and production; and the prevailing business model, which prioritizes the development of vaccines with a large market potential. We consider an international vaccine-development fund to be urgently needed to provide the resources and the momentum to carry vaccines from their conception in academic and government laboratories and small biotechnology firms to development and licensure by industry. Such a fund would enable basic scientists to move candidate vaccines from the laboratory through the so-called valley of death

— the critical steps after good preclinical data have been obtained, comprising manufacture to Food and Drug Administration standards, a phase 1 clinical trial, and proof of concept in terms of protective immune responses. This support would permit efficacy assessment to begin — and thereby avert a repetition of the Ebola crisis.

Much attention has appropriately been directed at major disease targets such as human immunodeficiency virus (HIV), tuberculosis, and malaria, for which organizations such as the National Institutes of Health, the Bill and Melinda Gates Foundation, and the Wellcome Trust are providing considerable financial support. Similar attention has been devoted to the provision of currently licensed pediatric vaccines, which is supported by GAVI (formerly the Global Alliance for Vaccines and Immunization). However, there are many infectious disease targets for which vaccines are both badly needed and feasible but which are not being developed owing to either a lack of governmental prioritization or a lack of incentives because the market has been considered too small to justify the capital investment, to allow development costs and to reward the required investment risk. These targets...include Ebola, chikungunya, Middle East respiratory syndrome coronavirus (MERS-CoV), acute respiratory syndrome (SARS) virus (which is not extinct in its animal reservoir), West Nile virus, and Lyme disease, to name a few. They are not attractive to major manufacturers because the anticipated revenues would be small. In the [table](#), we compare the three major global health funds with the vaccine-development fund that we are proposing.

There are now only four major manufacturers that focus on vaccine development: GlaxoSmithKline, Merck, Pfizer, and Sanofi Pasteur. These days, the development of just one new vaccine requires a capital investment ranging from \$500 million for the least complex to \$1 billion or more for the most complex, including construction of facilities for manufacture.³ Moreover, only about 7% of vaccine development projects that reach the preclinical development phase result in a licensed vaccine.⁴ With few exceptions, the scores of biotechnology companies and government and university laboratories engaged in vaccine discovery and development lack the necessary resources to carry candidate vaccines through early-stage clinical trials — let alone the costly phase 3 trials required for licensure. They and other groups must convince an increasingly skeptical investor or a major vaccine manufacturer to take up development after the initial stages.

Thus, the pharmaceutical industry's enthusiasm for vaccine development has dropped well below the levels seen in the 1980s and 1990s. The ClinicalTrials.gov website shows that only a minority of trials of vaccines against new infectious disease targets are sponsored by major vaccine companies and that the total number of trials is not increasing. Although we may hope that manufacturers in developing countries will soon be able to develop needed new vaccines from research to licensure, that is only beginning to be the case.

In addition to producing new vaccines, there is a growing need to improve old vaccines. Pertussis and influenza vaccines, for example, are currently recommended for everyone, but their effectiveness leaves much to be desired. Efforts to improve them are stymied by the need for costly, new — and in many cases impractically large — studies of vaccine safety and efficacy to validate reformulated products. Also weighing against efforts to develop improved vaccines are the low prices of existing vaccines and the lack of economic incentives to improve them. External funding could permit the exploration of ideas for improving partially effective vaccines.

Seed money for the proposed fund could come from governments, foundations, the pharmaceutical industry, and nontraditional sources, perhaps including the insurance and travel industries. At least \$2 billion would be needed at the outset. This level of funding should be achievable, even at a time when resources are scarce. Witness the cost of addressing the Ebola emergency, estimated at \$8 billion to date, with the final figure likely to be far higher.

The proposed fund would invite competitive proposals from scientists, their institutions, and eligible biotech companies. Requests for support to help carry promising vaccine projects through tests in large animals, manufacturing for human use, phase 1 and 2 clinical trials, including the initial demonstration of efficacy and the production of a small stockpile, would be reviewed by an independent panel of scientists and funders. Grants would be awarded and renewed on the basis of milestones achieved and overall grant performance, which would be closely monitored by independent auditors. Institutional overhead costs would be capped. Costly phase 3 trials would have to be funded and conducted by an interested pharmaceutical partner, most likely with substantial government support or special incentives, as circumstances dictated. With initial support, however, at least a vaccine would be available for emergency use. In some cases, if phase 3 trials were impractical, results from animal or human challenge models might suffice for licensure.

The extraordinary challenges facing vaccine developers are not dissimilar to those of developing new classes of antibiotics. Indeed, the rationale for the proposed \$2 billion antibiotic-resistance fund is remarkably similar to our arguments for a vaccine-development fund; the two funds would be complementary. The economic reality today is that strategic support from government and other investors is needed to address the most difficult infectious disease problems.

The fundamental challenges facing the discovery and development of new vaccines are growing in significance and can no longer be ignored. The lack of resources at critical stages of the early development process is the key rate-limiting factor that discourages vaccine discovery and development by impeding scientific advances that could lead to new and improved vaccines. If a global vaccine-development fund had enabled just one candidate Ebola vaccine to be tested for safety and immunogenicity in humans before the 2014 outbreak in West Africa, public health workers could have begun vaccinating people at the start of the epidemic, potentially saving thousands of lives. The lesson we take from the Ebola crisis is that disease prevention should not be held back by lack of money at a critical juncture when a relatively modest, strategic investment could save thousands of lives and billions of dollars further down the line.

Interview with Dr. Stanley Plotkin on a strategy for stimulating and supporting global vaccine research. (9:21)

[Listen](#)

[Download](#)

[Using Existing Platforms to Integrate and Coordinate Investments for Children—Workshop in Brief](#)

IOM Report

July 21, 2015

Online full report: http://books.nap.edu/openbook.php?record_id=21783

Overview

On March 14–15, 2015, the Forum on Investing in Young Children Globally, in partnership with the Centre for Health Education and Health Promotion and Wu Yee Sun College of the Chinese University of Hong Kong, held a workshop in Hong Kong to examine the science and policy issues involved in coordinating investments in children and their caregivers. Over the course of a day and a half, researchers, policy makers, program practitioners, and other experts on early childhood development from 22 countries discussed how best to coordinate such investments using existing platforms across areas of health, education, nutrition, social protection, and other service domains. This brief summary of the presentations and discussions at the workshop highlights the major issues raised by individual workshop participants, including suggestions for future discussion and action.

Improving Quality of Care in Low- and Middle-Income Countries: Workshop Summary

IOM Report

July 23, 2015

Online full report: http://books.nap.edu/openbook.php?record_id=21736

Overview

Momentum for universal health coverage has underscored the problem of poor quality care in low- and middle-income countries. While concern with access to services sometimes overshadows interest in the standard of the services provided, unsafe care is a leading cause of disability-adjusted life years (DALYs) lost worldwide. As governments and donors spend more on health, they want to ensure that the services they pay for are safe and effective and, therefore, have more reason to invest in quality improvement.

Quality of care is a priority for U.S. Agency for International Development (USAID), but a lack of evidence has constrained the ability of the agency and its partners to make informed choices. With investments in quality continuing to grow, there is demand for more scientific evidence on the best ways to reliably improve quality of care in low- and middle-income countries.

To this end, the Institute of Medicine convened a two-day workshop on January 28–29, 2015, focusing on the six methods that currently make up the majority of USAID's investment in quality improvement: accreditation, COPE®, improvement collaborative, standards-based management and recognitions (SBM-R), supervision, and clinical in-service training. The workshop considered how the different methods work to improve quality, when and where certain approaches might be most effective, and the best ways to measure success and shortcomings. Participants reflected on the state of the evidence and opportunities for advancing the global quality improvement agenda through policy, practice, and research.

The State of the National Vaccine Plan - 2014 [United States]

U.S. HHS

July 2015 :: 118 pages

The Annual Report of the State of the National Vaccine Plan 2014 highlights the work done by HHS agencies and our partners toward attaining the 5 goals of the 2010 National Vaccine Plan [PDF]. It features accomplishments across the vaccination system in regards to development, safety, communications, access and global vaccination, and reflects new opportunities and challenges presented by the 21st century immunization landscape.

This report includes:

Goal 1: Details about the discovery and creation of new vaccines

Goal 2: Information about advancing vaccine safety

Goal 3: Insight on communications efforts enhancing informed decision-making

Goal 4: Examples of work expanding access to vaccines

Goal 5: Summaries of global immunization activities

[Download the full Annual Report of the State of the National Vaccine Plan 2014 \[PDF - 11MB\]](#)

[\[back to top/Contents\]](#)

* * * *

Journal Watch

Vaccines and Global Health: The Week in Review continues its weekly scanning of key peer-reviewed journals to identify and cite articles, commentary and editorials, books reviews and other content supporting our focus on vaccine ethics and policy. **Journal Watch is not intended to be exhaustive, but indicative of themes and issues the Center is actively tracking.** We selectively provide full text of some editorial and comment articles that are specifically relevant to our work. Successful access to some of the links provided may require subscription or other access arrangement unique to the publisher.

If you would like to suggest other journal titles to include in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

The American Journal of Bioethics

Volume 15, Issue 7, 2015

<http://www.tandfonline.com/toc/uajb20/current>

[Reviewed earlier]

American Journal of Infection Control

July 2015 Volume 43, Issue 7, p663-784, e19-e38

<http://www.ajicjournal.org/current>

[Reviewed earlier]

American Journal of Preventive Medicine

August 2015 Volume 49, Issue 2, p161-334, e9-e12

<http://www.ajpmonline.org/current>

Theme: Reduce Cervical Cancer Incidence Using Evidence-Based Programs in Community Settings

[Reviewed earlier]

American Journal of Public Health

Volume 105, Issue 8 (August 2015)

<http://ajph.aphapublications.org/toc/ajph/current>

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

July 2015; 93 (1)

<http://www.ajtmh.org/content/current>

[Reviewed earlier]

Annals of Internal Medicine

21 July 2015, Vol. 163. No. 2

<http://annals.org/issue.aspx>

[Characteristics and Clinical Management of a Cluster of 3 Patients With Ebola Virus Disease, Including the First Domestically Acquired Cases in the United States](#) FREE

Allison M. Liddell, MD; Richard T. Davey Jr., MD; Aneesh K. Mehta, MD; Jay B. Varkey, MD; Colleen S. Kraft, MD, MSc; Gebre K. Tseggay, MD; Oghenetega Badidi, MD; Andrew C. Faust, PharmD; Katia V. Brown, MD; Anthony F. Suffredini, MD; Kevin Barrett, RN; Mark J. Wolcott, PhD; Vincent C. Marconi, MD; G. Marshall Lyon III, MD, MMSc; Gary L. Weinstein, MD; Kenney Weinmeister, MD; Shelby Sutton, MD; Munir Hazbun, MD; César G. Albariño, PhD; Zachary Reed, MPH; Debi Cannon; Ute Ströher, PhD; Mark Feldman, MD; Bruce S. Ribner, MD, MPH; H. Clifford Lane, MD; Anthony S. Fauci, MD; and Timothy M. Uyeki, MD, MPH, MPP

[Sexual Orientation Identity Disparities in Awareness and Initiation of the Human Papillomavirus Vaccine Among U.S. Women and Girls: A National Survey](#)

Madina Agénor, ScD, MPH; Sarah Peitzmeier, MSPH; Allegra R. Gordon, MPH; Sebastien Haneuse, PhD; Jennifer E. Potter, MD; and S. Bryn Austin, ScD

Abstract

Background: Lesbians and bisexual women are at risk for human papillomavirus (HPV) infection from female and male sexual partners.

Objective: To examine the association between sexual orientation identity and HPV vaccination among U.S. women and girls.

Design: Cross-sectional, using 2006–2010 National Survey of Family Growth data.

Setting: U.S. civilian noninstitutionalized population.

Participants: The 2006–2010 National Survey of Family Growth used stratified cluster sampling to establish a national probability sample of 12 279 U.S. women and girls aged 15 to 44 years. Analyses were restricted to 3253 women and girls aged 15 to 25 years who were asked about HPV vaccination.

Measurements: Multivariable logistic regression was used to obtain prevalence estimates of HPV vaccine awareness and initiation adjusted for sociodemographic and health care factors for each sexual orientation identity group.

Results: Among U.S. women and girls aged 15 to 25 years, 84.4% reported having heard of the HPV vaccine; of these, 28.5% had initiated HPV vaccination. The adjusted prevalence of vaccine awareness was similar among heterosexual, bisexual, and lesbian respondents. After adjustment for covariates, 8.5% ($P = 0.007$) of lesbians and 33.2% ($P = 0.33$) of bisexual women and girls who had heard of the vaccine had initiated vaccination compared with 28.4% of their heterosexual counterparts.

Limitation: Self-reported, cross-sectional data, and findings may not be generalizable to periods after 2006 to 2010 or all U.S. lesbians aged 15 to 25 years (because of the small sample size for this group).

Conclusion: Adolescent and young adult lesbians may be less likely to initiate HPV vaccination than their heterosexual counterparts. Programs should facilitate access to HPV vaccination services among young lesbians.

Summaries for Patients

[Sexual Orientation Identity and Human Papillomavirus Vaccination](#)

BMC Health Services Research

<http://www.biomedcentral.com/bmchealthservres/content>

(Accessed 25 July 2015)

[No new relevant content identified]

BMC Infectious Diseases

<http://www.biomedcentral.com/bmcinfectdis/content>

(Accessed 25 July 2015)

Research article

[The health and economic impact of vaccination with 7-valent pneumococcal vaccine \(PCV7\) during an annual influenza epidemic and influenza pandemic in China](#)

Ronald Caldwell, Craig Roberts, Zhijie An, Chieh-I Chen, Bruce Wang

BMC Infectious Diseases 2015, 15:284 (24 July 2015)

BMC Medical Ethics

<http://www.biomedcentral.com/bmcmedethics/content>

(Accessed 25 July 2015)

[No new relevant content identified]

BMC Pregnancy and Childbirth

<http://www.biomedcentral.com/bmcpregnancychildbirth/content>

(Accessed 25 July 2015)

Research article

[The relationship of women's status and empowerment with skilled birth attendant use in Senegal and Tanzania](#)

Kyoko Shimamoto* and Jessica D. Gipson

[Author Affiliations](#)

BMC Pregnancy & Childbirth 2015, 15:154 doi:10.1186/s12884-015-0591-3

Published: 24 July 2015

Abstract

Background

Maternal mortality remains unacceptably high in sub-Saharan Africa with 179,000 deaths occurring each year, accounting for 2-thirds of maternal deaths worldwide. Progress in reducing maternal deaths and increasing Skilled Birth Attendant (SBA) use at childbirth has stagnated in Africa. Although several studies demonstrate the important influences of women's status and empowerment on SBA use, this evidence is limited, particularly in Africa. Furthermore, few studies empirically test the operationalization of women's empowerment and incorporate

multidimensional measures to represent the potentially disparate influence of women's status and empowerment on SBA use across settings.

Methods

This study examined the relationship of women's status and empowerment with SBA use in two African countries – Senegal and Tanzania – using the 2010 Demographic and Health Surveys (weighted births n = 10,688 in SN; 6748 in TZ). Factor analysis was first conducted to identify the structure and multiple dimensions of empowerment. Then, a multivariate regression analysis was conducted to examine associations between these empowerment dimensions and SBA use.

Results

Overall, women's status and empowerment were positively related to SBA use. Some sociodemographic characteristics showed similar effects across countries (e.g., age, wealth, residence, marital relationship, parity); however, women's status and empowerment influence SBA use differently by setting. Namely, women's education directly and positively influenced SBA use in Tanzania, but not in Senegal. Further, each of the dimensions of empowerment influenced SBA use in disparate ways. In Tanzania women's higher household decision-making power and employment were related to SBA use, while in Senegal more progressive perceptions of gender norms and older age at first marriage were related to SBA use.

Conclusions

This study provides evidence of the disparate influences of women's status and empowerment on SBA use across settings. Results indicate that efforts to increase SBA use and to reduce maternal mortality through the improvement of women's status and empowerment should focus both on improving girls' education and delaying marriage, as well as transforming gender norms and decision-making power. However, given the multi-dimensional and contextual nature of women's status and empowerment, it is critical to identify key drivers to increase SBA use in a given setting for contextually tailored policy and programming.

Research article

[A cross sectional comparison of postnatal care quality in facilities participating in a maternal health voucher program versus non-voucher facilities in Kenya](#)

Charlotte E Warren, Timothy Abuya, Lucy Kanya, Francis Obare, Rebecca Njuki, Marleen Temmerman, Ben Bellows

BMC Pregnancy & Childbirth 2015, 15:153 (24 July 2015)

BMC Public Health

<http://www.biomedcentral.com/bmcpublichealth/content>

(Accessed 25 July 2015)

Research article

[Informal employment and health status in Central America](#)

María López-Ruiz, Lucía Artazcoz, José Martínez, Marianela Rojas, Fernando Benavides BMC Public Health 2015, 15:698 (24 July 2015)

Research article

[Promotion of influenza vaccination among health care workers: findings from a tertiary care children's hospital in Italy](#)

Vanessa Cozza, Valeria Alfonsi, Maria Rota, Valerio Paolini, Marta Ciofi degli Atti BMC Public Health 2015, 15:697 (24 July 2015)

BMC Research Notes

<http://www.biomedcentral.com/bmcresnotes/content>

(Accessed 25 July 2015)

Research article

[Level of mother's knowledge about neonatal danger signs and associated factors in North West of Ethiopia: a community based study](#)

Solomon Nigatu, Abebaw Worku, Abel Dadi

BMC Research Notes 2015, 8:309 (19 July 2015)

BMJ Open

2015, Volume 5, Issue 7

<http://bmjopen.bmj.com/content/current>

[Reviewed earlier]

British Medical Journal

25 July 2015 (vol 351, issue 8018)

<http://www.bmj.com/content/351/8018>

Editorials

[Rethinking governance for trade and health](#)

BMJ 2015; 351 doi: <http://dx.doi.org/10.1136/bmj.h3652> (Published 08 July 2015) Cite this as:

BMJ 2015;351:h3652

Helen Walls, research fellow,

Richard Smith, professor

Author affiliations

1London School of Hygiene and Tropical Medicine and Leverhulme Centre for Integrative Research on Agriculture and Health, London, UK

The mechanism for dispute settlement in preferential trade agreements risks riding roughshod over health

[Initial text]

Strengthening governance for more “healthy” trade is a recognised public health priority,¹ and increasingly so given recent shifts in the international trade regime.² After the second world war increasing trade liberalisation became a focus of international attention, and the General Agreement on Tariffs and Trade (GATT) was set up to coordinate international trade agreements. This was highly successful, and average world tariff rates fell from about 40% in 1948 to 4% in the early 1990s.³

At this time, GATT was replaced by the World Trade Organization (WTO), which had an increased scope. However, over the past two decades bilateral and regional trade agreements have proliferated. These have generally been negotiated in extreme secrecy, with increasingly “deep” commitments that go beyond those required by the WTO.^{2 4} These commitments, the specifics of which have been well documented,^{2 5 6 7} have important implications for public health. One focus of concern is the investor-state dispute settlement (ISDS) mechanism, which allows foreign companies to sue host governments for compensation when policy changes ...

Bulletin of the World Health Organization

Volume 93, Number 7, July 2015, 437-512

<http://www.who.int/bulletin/volumes/93/7/en/>

[Reviewed earlier]

Clinical Infectious Diseases (CID)

Volume 61 Issue 3 August 1, 2015

<http://cid.oxfordjournals.org/content/current>

[Reviewed earlier]

Clinical Therapeutics

July 2015 Volume 37, Issue 7, p1379-1600

<http://www.clinicaltherapeutics.com/current>

[Reviewed earlier]

Complexity

July/August 2015 Volume 20, Issue 6 Pages C1–C1, 1–97

<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v20.6/issuetoc>

[New issue; No relevant content identified]

Conflict and Health

[Accessed 25 July 2015]

<http://www.conflictandhealth.com/>

[No new relevant content identified]

Contemporary Clinical Trials

Volume 43, *In Progress* (July 2015)

<http://www.sciencedirect.com/science/journal/15517144/42>

[Reviewed earlier]

Cost Effectiveness and Resource Allocation

<http://www.resource-allocation.com/>

(Accessed 25 July 2015)

[No new relevant content identified]

Current Opinion in Infectious Diseases

August 2015 - Volume 28 - Issue 4 pp: v-vi,283-396

<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>

[Reviewed earlier]

Developing World Bioethics

August 2015 Volume 15, Issue 2 Pages ii–iii, 59–114

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2015.15.issue-2/issuetoc>

ARTICLE

[Prioritising Healthcare Workers for Ebola Treatment: Treating Those at Greatest Risk to Confer Greatest Benefit](#)

Priya Satalkar*, Bernice E. Elger and David M. Shaw

Article first published online: 6 FEB 2015

DOI: 10.1111/dewb.12079

Abstract

The Ebola epidemic in Western Africa has highlighted issues related to weak health systems, the politics of drug and vaccine development and the need for transparent and ethical criteria for use of scarce local and global resources during public health emergency. In this paper we explore two key themes. First, we argue that independent of any use of experimental drugs or vaccine interventions, simultaneous implementation of proven public health principles, community engagement and culturally sensitive communication are critical as these measures represent the most cost-effective and fair utilization of available resources. Second, we attempt to clarify the ethical issues related to use of scarce experimental drugs or vaccines and explore in detail the most critical ethical question related to Ebola drug or vaccine distribution in the current outbreak: who among those infected or at risk should be prioritized to receive any new experimental drugs or vaccines? We conclude that healthcare workers should be prioritised for these experimental interventions, for a variety of reasons.

Development in Practice

Volume 25, Issue 5, 2015

<http://www.tandfonline.com/toc/cdip20/current>

[Reviewed earlier]

Emerging Infectious Diseases

Volume 21, Number 8—August 2015

<http://wwwnc.cdc.gov/eid/>

[Response Strategies against Meningitis Epidemics after Elimination of Serogroup A Meningococci, Niger](#) PDF Version [PDF - 1.90 MB - 8 pages]

H. Mainassara et al.

Summary

Surveillance and epidemic vaccine response would be most effective at the health area level.

[Estimates of Outbreak Risk from New Introductions of Ebola with Immediate and Delayed Transmission Control](#) PDF Version [PDF - 812 KB - 7 pages]

D. Toth et al.

Summary

Identifying incoming patients can have a larger risk-reduction effect than efforts to reduce transmissions from identified patients.

[Transmission Models of Historical Ebola Outbreaks](#) PDF Version [PDF - 724 KB - 4 pages]

J. M. Drake et al.

Epidemics

Volume 13, *In Progress* (December 2015)

<http://www.sciencedirect.com/science/journal/17554365>

[Reviewed earlier]

Epidemiology and Infection

Volume 143 - Issue 11 - August 2015

<http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue>

[Reviewed earlier]

The European Journal of Public Health

Volume 25, Issue 4, 1 August 2015

<http://eurpub.oxfordjournals.org/content/25/4>

[Access to healthcare for undocumented migrants with communicable diseases in Germany: a quantitative study](#)

Maren Mylius, Andreas Frewer

DOI: <http://dx.doi.org/10.1093/eurpub/ckv023> 582-586 First published online: 15 March 2015

Abstract

Background:

Migrants without residence permits are de facto excluded from access to healthcare in Germany. There is one exception in relevant legislation: in the case of sexually transmitted infections and tuberculosis, the legislator has instructed the local Public Health Authorities to offer free and anonymous counseling, testing and, if necessary, treatment in case of apparent need. Furthermore, recommended vaccinations may be carried out free of charge. This study intends to comprehensively capture the services for undocumented migrants at Public Health Authorities in Germany.

Methods:

An e-mail survey of all Local Public Health Authorities (n = 384) in Germany was carried out between January and March 2011 using a standardized questionnaire.

Results:

One hundred thirty-nine of 384 targeted local Health Authorities completed the questionnaire (36.2%), of which approximately a quarter (n = 34) reported interaction with 'illegal' immigrants. Twenty-five authorities (18.4%) gave the indication to carry out treatment. This outpatient treatment option is mostly limited to patients afflicted with sexually transmitted infections with the distinct exception of human immunodeficiency virus/acquired immune deficiency syndrome.

Conclusions:

The study highlights the gap between legislation and the reality of restricted access to medical services for undocumented migrants in Germany. It underlines the need of increased financial and human resources in Public Health Authorities and, overall, the simplification of national legislation to assure the right to healthcare.

[Severe maternal morbidity associated with maternal birthplace in three high-immigration settings](#)

Marcelo L. Urquia, Richard H. Glazier, Laust Mortensen, Anne-Marie Nybo-Andersen, Rhonda Small, Mary-Ann Davey, Mattias Rööst, Birgitta Essén,
DOI: <http://dx.doi.org/10.1093/eurpub/cku230> 620-625 First published online: 13 January 2015

Abstract

Background:

Maternal mortality and morbidity vary substantially worldwide. It is unknown if these geographic differences translate into disparities in severe maternal morbidity among immigrants from various world regions. We assessed disparities in severe maternal morbidity between immigrant women from various world regions giving birth in three high-immigration countries.

Methods:

We used population-based delivery data from Victoria; Australia and Ontario, Canada and national data from Denmark, in the most recent 10-year period ending in 2010 available to each participating centre. Each centre provided aggregate data according to standardized definitions of the outcome, maternal regions of birth and covariates for pooled analyses. We used random effects and stratified logistic regression to obtain odds ratios (ORs) with 95% confidence intervals (95% CIs), adjusted for maternal age, parity and comparability scores.

Results:

We retrieved 2,322,907 deliveries in all three receiving countries, of which 479,986 (21%) were to immigrant women. Compared with non-immigrants, only Sub-Saharan African women were consistently at higher risk of severe maternal morbidity in all three receiving countries (pooled adjusted OR: 1.67; 95% CI: 1.43, 1.95). In contrast, both Western and Eastern European immigrants had lower odds (OR: 0.82; 95% CI: 0.70, 0.96 and OR: 0.64; 95% CI: 0.49, 0.83, respectively). The most common diagnosis was severe pre-eclampsia followed by uterine rupture, which was more common among Sub-Saharan Africans in all three settings.

Conclusions:

Immigrant women from Sub-Saharan Africa have higher rates of severe maternal morbidity. Other immigrant groups had similar or lower rates than the majority locally born populations.

Eurosurveillance

Volume 20, Issue 29, 23 July 2015

<http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678>

Surveillance and outbreak reports

[Successful methodology for large-scale surveillance of severe events following influenza vaccination in Canada, 2011 and 2012](#)

by JA Bettinger, I Rouleau, MC Gariépy, WR Bowie, L Valiquette, OG Vanderkooi, JD Kellner, BL Coleman, SA McNeil, A McCarthy, G De Serres, On behalf of the Public Health Agency of Canada/Canadian Institutes for Health Research Influenza Research Network

Global Health: Science and Practice (GHSP)

June 2015 | Volume 3 | Issue 2

<http://www.ghspjournal.org/content/current>

[Reviewed earlier]

Global Health Governance

<http://blogs.shu.edu/ghg/category/complete-issues/spring-autumn-2014/>

[Accessed 25 July 2015]
[No new relevant content]

Global Public Health

Volume 10, Issue 7, 2015

<http://www.tandfonline.com/toc/rgph20/current>

[Policy responses to HIV/AIDS in Central Asia](#)

DOI:10.1080/17441692.2015.1043313

Svetlana Anckera* & Bernd Rechelb

pages 817-833

Published online: 20 Jul 2015

Abstract

The countries of Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) are confronted with one of the fastest growing HIV/AIDS epidemics worldwide, largely driven through injecting drug use. This article, based on a review of academic and grey literature, explores how they have responded. We find major similarities and differences across the region. At one extreme is Turkmenistan, which denies that there is any problem, does not offer harm reduction services or HIV/AIDS treatment and does not report any meaningful data to the international community. Uzbekistan is also pretty closed to outside influences, has discontinued its opioid substitution project and shares with Turkmenistan the legal prohibition of male-to-male sex. Kyrgyzstan originally led many progressive approaches in the region and, like neighbouring Tajikistan, has received substantial assistance by international agencies, in particular the Global Fund. Kazakhstan, with a much higher gross domestic product per capita, has taken on the financing of harm reduction activities through its national budget and has liberalised its drug policies. Yet, across the region punitive approaches to injecting drug use and people living with HIV/AIDS persist as do stigma and discrimination, while coverage with harm reduction programmes and treatment services is still low although with substantial variation across countries.

[The experience of cash transfers in alleviating childhood poverty in South Africa: Mothers' experiences of the Child Support Grant](#)

Open access

DOI:10.1080/17441692.2015.1007471

Wanga Zembe-Mkabilea*, Rebecca Surrenderb, David Sandersc, Debra Jacksonc & Tanya

Dohertyacd

pages 834-851

Published online: 16 Feb 2015

Abstract

Cash transfer (CT) programmes are increasingly being used as policy instruments to address child poverty and child health outcomes in developing countries. As the largest cash-transfer programme in Africa, the South African Child Support Grant (CSG) provides an important opportunity to further understand how a CT of its kind works in a developing country context. We explored the experiences and views of CSG recipients and non-recipients from four diverse settings in South Africa. Four major themes emerged from the data: barriers to accessing the CSG; how the CSG is utilised and the ways in which it makes a difference; the mechanisms for supplementing the CSG; and the impact of not receiving the grant. Findings show that administrative factors continue to be the greatest barrier to CSG receipt, pointing to the need

for further improvements in managing queues, waiting times and coordination between departments for applicants trying to submit their applications. Many recipients, especially those where the grant was the only source of income, acknowledged the importance of the CSG, while also emphasising its inadequacy. To maximise their impact, CT programmes such as the CSG need to be fully funded and form part of a broader basket of poverty alleviation strategies.

Globalization and Health

<http://www.globalizationandhealth.com/>

[Accessed 25 July 2015]

[No new relevant content identified]

Health Affairs

July 2015; Volume 34, Issue 7

<http://content.healthaffairs.org/content/current>

Focus: Medicaid's Evolving Delivery Systems

[Reviewed earlier]

Health and Human Rights

Volume 17, Issue 1 June 2015

<http://www.hhrjournal.org/>

Special Section on Bioethics and the Right to Health

in collaboration with the Dalla Lana School of Public Health, University of Toronto

[Reviewed earlier]

Health Economics, Policy and Law

Volume 10 - Issue 03 - July 2015

<http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue>

[Reviewed earlier]

Health Policy and Planning

July 2015 30 (6)

<http://heapol.oxfordjournals.org/content/current>

[Reviewed earlier]

Health Research Policy and Systems

<http://www.health-policy-systems.com/content>

[Accessed 25 July 2015]

[No new relevant content]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 11, Issue 6, 2015

<http://www.tandfonline.com/toc/khvi20/current>

[Reviewed earlier]

Humanitarian Exchange Magazine

Issue 64 June 2015

<http://www.odihpn.org/humanitarian-exchange-magazine/issue-64>

[Reviewed earlier]

Infectious Agents and Cancer

<http://www.infectagentscancer.com/content>

[Accessed 25 July 2015]

[No new relevant content]

Infectious Diseases of Poverty

<http://www.idpjournal.com/content>

[Accessed 25 July 2015]

[No new relevant content]

International Health

Volume 7 Issue 4 July 2015

<http://inthehealth.oxfordjournals.org/content/current>

[Reviewed earlier]

International Journal of Epidemiology

Volume 44 Issue 2 April 2015

<http://ije.oxfordjournals.org/content/current>

[Reviewed earlier]

International Journal of Infectious Diseases

August 2015 Volume 37, p1

<http://www.ijidonline.com/current>

Editorial

[Middle East Respiratory Syndrome - need for increased vigilance and watchful surveillance for MERS-CoV in sub-Saharan African Africa](#)

Alimuddin Zumla, Roxana Rustomjee, Francine Ntoumi, Peter Mwaba, Matthew Bates, Markus Maeurer, David S. Hui, Eskild Petersen

p77–79

Published online: June 30 2015

Open Access

Abstract

The past two decades have witnessed the emergence of several new and old respiratory tract infectious diseases, which threaten global health security due to their epidemic potential.^{1,2}

These include multi-drug resistant TB, Severe Acute Respiratory Syndrome (SARS), avian and swine influenza and more recently the Middle East Respiratory Syndrome (MERS). MERS is a new zoonotic disease of humans caused by a coronavirus (MERS-CoV) which was first isolated in September, 2012 from a patient who died from a severe respiratory disease in Jeddah Saudi Arabia.

Outbreak of varicella in a highly vaccinated preschool population

Jiye Fu, Juguang Wang, Chu Jiang, Rujing Shi, Tianwei Ma

Beijing Haidian Center for Disease Control and Prevention, NO.5 Xibeiwang 2nd Road, Haidian district, Beijing 100094, People's Republic of China

Corresponding Editor: Eskild Petersen, Aarhus, Denmark

Open Access

DOI: <http://dx.doi.org/10.1016/j.ijid.2015.06.003>

Open access funded by the Author(s)

Highlights

- :: Breakthrough varicella may be as infectious as varicella in unvaccinated persons.
- :: The potential for transmission due to breakthrough varicella should be focused on.
- :: No increased risk for breakthrough varicella was found in 1-dose vaccine recipients.
- :: High 1-dose varicella vaccination coverage is not sufficient to prevent outbreak.
- :: To control varicella outbreak, a second dose may deserve additional consideration.

Summary

Background

Varicella vaccine is available for private purchase in Beijing, with single dose recommended for children aged ≥ 12 months before 2013. Despite the success achieved in reducing varicella incidence, varicella outbreaks continued to occur, including in schools and kindergartens among highly vaccinated children. We investigated a varicella outbreak in a preschool with high varicella vaccination coverage in Haidian district, Beijing.

Methods

Through questionnaires, data including children's medical and vaccination history were collected from their parents. A case of varicella was defined as an acute, generalized, maculopapulovesicular rash without other apparent cause in a child in the preschool from March 10 through March 29, 2010. Attack rates in vaccinated and unvaccinated children were calculated, and the analyses of vaccine effectiveness (VE) and of risk factors for breakthrough disease (varicella occurring >42 days after vaccination) were conducted.

Results

A total of 12 cases occurred during the outbreak, and ten of them (83.3%) had breakthrough varicella. The index case with mild varicella occurred in a child who had been vaccinated four years previously. Questionnaires were returned for all of 150 children in the preschool. Of all the 150 children, 144 (96.0%) had no prior history of varicella disease. Among these children, 135(93.7%) had received single-dose varicella vaccine before the outbreak. VE was 84.5% [95% confidence interval (CI): 62.8%~93.5%] in preventing varicella of any severity, and VE was 92.2% (95% CI: 81.4%~96.8%) against moderate to severe varicella. Age at vaccination (<15 months vs. ≥ 15 months) and time since vaccination before the outbreak (<3 years vs. ≥ 3 years) were not associated with the increased risk of breakthrough varicella($P=0.124$ and 1, respectively). All the varicella cases with vaccination history verified through immunization records had received varicella vaccine and measles-mumps-rubella vaccine >30 days apart.

Conclusions

Breakthrough infection with fever in vaccinated person may be as infectious as varicella in unvaccinated persons. High single-dose varicella vaccination coverage is effective in reducing varicella incidence, but not sufficient to prevent outbreak. To control varicella outbreak a second dose may deserve additional consideration.

JAMA

July 21, 2015, Vol 314, No. 3

<http://jama.jamanetwork.com/issue.aspx>

Original Investigation

[Effect of Varying Doses of a Monovalent H7N9 Influenza Vaccine With and Without AS03 and MF59 Adjuvants on Immune Response: A Randomized Clinical Trial](#)

Lisa A. Jackson, MD, MPH; James D. Campbell, MD, MS; Sharon E. Frey, MD; Kathryn M. Edwards, MD; Wendy A. Keitel, MD; Karen L. Kotloff, MD; Andrea A. Berry, MD; Irene Graham, MD; Robert L Atmar, MD; C. Buddy Creech, MD, MPH; Isaac P. Thomsen, MD; Shital M. Patel, MD; Andres F. Gutierrez, MD; Edwin L. Anderson, MD; Hana M. El Sahly, MD; Heather Hill, MS; Diana L. Noah, PhD; Abbie R. Bellamy, PhD

JAMA Pediatrics

July 2015, Vol 169, No. 7

<http://archpedi.jamanetwork.com/issue.aspx>

[Reviewed earlier]

Journal of Community Health

Volume 40, Issue 4, August 2015

<http://link.springer.com/journal/10900/40/4/page/1>

[Reviewed earlier]

Journal of Epidemiology & Community Health

August 2015, Volume 69, Issue 8

<http://jech.bmj.com/content/current>

[Reviewed earlier]

Journal of Global Ethics

Volume 11, Issue 1, 2015

<http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L0I#.VAJEj2N4WF8>

Forum: The Sustainable Development Goals

[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)

April-June 2015 Volume 7 | Issue 2 Page Nos. 53-94

<http://www.jgid.org/currentissue.asp?sabs=n>

[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)

Volume 26, Number 2, May 2015 Supplement

https://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.26.2A.html

SUPPLEMENT FOCUS: Shining the Light on Asian American, Native Hawaiian, and Pacific Islander Health

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 17, Issue 4, August 2015

<http://link.springer.com/journal/10903/17/4/page/1>

HPV Awareness and Vaccine Willingness Among Dominican Immigrant Parents Attending a Federal Qualified Health Clinic in Puerto Rico

Vivian Colón-López, Valerie Quiñones, Lizbeth M. Del Toro-Mejías, Alexandra Conde-Toro, Michelle J. Serra-Rivera, Tania M. Martínez, Verónica Rodríguez, Luis Berdiel, Héctor Villanueva

Abstract

The purpose of this study was to describe the socio-demographic characteristics, awareness of human papillomavirus (HPV), and willingness to vaccinate among a convenience sample of 60 immigrant Dominican parents of adolescent sons in a Federal Qualified Health Clinic in Puerto Rico. Participation involved completing a self-administered survey. Even though more than half of the parents had not received proper HPV vaccine orientation from healthcare provider (58.3 %) nor asked provider for vaccination recommendation for their adolescent sons (56.7 %), most parents were aware of HPV (91.7 %) and HPV vaccination among males (55.0 %). Among those with unvaccinated sons, willingness to vaccinate the son within the next year was high (83.8 %). The low vaccination percentage (31.7 %) and information exchange between the parents and the son's healthcare provider indicates an opportunity for future culturally tailored interventions to target HPV vaccination among healthcare providers and parents of foreign descent in order to increase HPV vaccine uptake among males.

Effect of Influenza Vaccination on Acute Respiratory Symptoms in Malaysian Hajj Pilgrims

Habsah Hasan, Zakuan Zainy Deris, Siti Amrah Sulaiman, Mohd Suhaimi Abdul Wahab, Nyi Nyi Naing, Zulkefle Ab Rahman, Nor Hayati Othman

Abstract

Respiratory illness were a major problem and caused high hospital admission during hajj seasons. One of the contributing cause to this illness is infection. Various measures had been implemented to reduce respiratory infections. The aim on the study is to determine the effect of influenza vaccination against acute respiratory illness among Malaysian Hajj pilgrims. This is an observational cohort study. Influenza vaccination was given to pilgrims at least 2 weeks prior to departure. The occurrence of symptoms for respiratory illness such as cough, fever, sore throat and runny nose was monitored daily for 6 weeks during pilgrimage using a health diary. A total of 65 vaccinated hajj pilgrims and 41 controls were analyzed. There was no significant difference in pattern of occurrence of symptoms of respiratory illness by duration of pilgrimage as well as the number of symptoms between both groups. Hajj pilgrims have frequent

respiratory symptoms. We were unable to document benefit from influenza vaccination, but our study was limited by a small sample size and lack of laboratory testing for influenza.

Journal of Immigrant & Refugee Studies

Volume 13, Issue 2, 2015

<http://www.tandfonline.com/toc/wimm20/current#.VQS0KOFnBhW>

Special Issue: Implementing Human Rights: Civil Society and Migration Policies

[Reviewed earlier]

Journal of Infectious Diseases

Volume 212 Issue 3 August 1, 2015

<http://jid.oxfordjournals.org/content/current>

[Reviewed earlier]

The Journal of Law, Medicine & Ethics

Spring 2015 Volume 43, Issue 1 Pages 6–166

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.2015.43.issue-1/issuetoc>

[Reviewed earlier]

Journal of Medical Ethics

July 2015, Volume 41, Issue 7

<http://jme.bmj.com/content/current>

[Reviewed earlier]

Journal of Medical Internet Research

Vol 17, No 5 (2015): May

<http://www.jmir.org/2015/5>

[Reviewed earlier]

Journal of Medical Microbiology

Volume 64, Issue 6, June 2015

<http://jmm.sgmjournals.org/content/journal/jmm/64/6>

[Reviewed earlier]

Journal of Patient-Centered Research and Reviews

Volume 2, Issue 2 (2015)

<http://digitalrepository.aurorahealthcare.org/jpcrr/>

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 4 Issue 2 June 2015

<http://jpid.oxfordjournals.org/content/current>

[Reviewed earlier]

Journal of Pediatrics

August 2015 Volume 167, Issue 2, p219-502

<http://www.jpeds.com/current>

[New issue; No relevant content identified]

Journal of Public Health Policy

Volume 36, Issue 2 (May 2015)

<http://www.palgrave-journals.com/jphp/journal/v36/n2/index.html>

[Reviewed earlier]

Journal of the Royal Society – Interface

06 August 2015; volume 12, issue 109

<http://rsif.royalsocietypublishing.org/content/current>

[Reviewed earlier]

Journal of Virology

August 2015, Volume 89, Issue 15

<http://jvi.asm.org/content/current>

[Reviewed earlier]

The Lancet

Jul 25, 2015 Volume 386 Number 9991 p311-402

<http://www.thelancet.com/journals/lancet/issue/current>

Editorial

[Financing global health: the poverty of nations](#)

The Lancet

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)61392-7](http://dx.doi.org/10.1016/S0140-6736(15)61392-7)

Summary

The *Addis Ababa Action Agenda* (AAAA), the outcome from the first of three meetings in 2015 intended to set the course for the next 15 years of sustainable development, is remarkable only for its alliteration. The third *Financing for Development* conference (FFD3), which followed meetings in Monterrey, Mexico, in 2002 and Doha, Qatar, in 2008, was an opportunity for the world to restate its vision of a shared, sustainable, prosperous future, and to make plans for achieving it. In this, FFD3 was a resounding disappointment.

Editorial

[Ending institutionalisation of children](#)

The Lancet

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)61394-0](http://dx.doi.org/10.1016/S0140-6736(15)61394-0)

Summary

Childhood is a time when the seeds of a person's future health and wellbeing are sown. Ideally, it happens within a family setting that provides individualised care in a loving, safe, enriching, and happy environment. Sadly, more than 8 million vulnerable children worldwide do not have access to such care and grow up in large institutions or orphanages. Such environments share conditions that can be detrimental to children, such as depersonalisation—through lack of personal possessions, care relationships, or symbols of individuality—strict routines, group treatment, and isolation from wider society.

Special Report

[The World Bank under Jim Kim](#)

Sam Loewenberg

The Lancet Global Health

Jul 2015 Volume 3 Number 7 e341-e422

<http://www.thelancet.com/journals/langlo/issue/current>

[Reviewed earlier]

The Lancet Infectious Diseases

Jul 2015 Volume 15 Number 7 p747-866

<http://www.thelancet.com/journals/laninf/issue/current>

[Reviewed earlier]

Maternal and Child Health Journal

Volume 19, Issue 8, August 2015

<http://link.springer.com/journal/10995/19/8/page/1>

[Reviewed earlier]

Medical Decision Making (MDM)

July 2015; 35 (5)

<http://mdm.sagepub.com/content/current>

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

June 2015 Volume 93, Issue 2 Pages 223–445

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2015.93.issue-2/issuetoc>

[Reviewed earlier]

Nature

Volume 523 Number 7561 pp381-496 23 July 2015

http://www.nature.com/nature/current_issue.html

[New issue; No relevant content identified]

Nature Medicine

July 2015, Volume 21 No 7 pp655-827

<http://www.nature.com/nm/journal/v21/n7/index.html>

[Reviewed earlier]

Nature Reviews Immunology

July 2015 Vol 15 No 7

<http://www.nature.com/nri/journal/v15/n7/index.html>

[New issue; No relevant content identified]

New England Journal of Medicine

July 23, 2015 Vol. 373 No. 4

<http://www.nejm.org/toc/nejm/medical-journal>

Perspective

Establishing a Global Vaccine-Development Fund

S.A. Plotkin, A.A.F. Mahmoud, and J. Farrar

Pediatrics

July 2015, VOLUME 136 / ISSUE 1

<http://pediatrics.aappublications.org/current.shtml>

[Reviewed earlier]

Pharmaceutics

Volume 7, Issue 2 (June 2015), Pages 10-

<http://www.mdpi.com/1999-4923/7/2>

[Reviewed earlier]

Pharmacoeconomics

Volume 33, Issue 7, July 2015

<http://link.springer.com/journal/40273/33/7/page/1>

Issue Theme: Economic Consequences of Obesity

[New issue; No relevant content identified]

PLoS Currents: Outbreaks

<http://currents.plos.org/outbreaks/>

(Accessed 25 July 2015)

[No new content]

PLoS Medicine

<http://www.plosmedicine.org/>

(Accessed 25 July 2015)

Guidelines and Guidance

[Individual Participant Data \(IPD\) Meta-analyses of Randomised Controlled Trials: Guidance on Their Use](#)

Jayne F. Tierney, Claire Vale, Richard Riley, Catrin Tudur Smith, Lesley Stewart, Mike Clarke, Maroeska Rovers

Published: July 21, 2015

DOI: 10.1371/journal.pmed.1001855

Summary Points

:: Systematic reviews are most commonly based on aggregate data extracted from publications or obtained from trial investigators.

:: Systematic reviews involving the central collection and analysis of individual participant data (IPD) usually are larger-scale, international, collaborative projects that can bring about substantial improvements to the quantity and quality of data, give greater scope in the analyses, and provide more detailed and robust results.

:: The process of collecting, checking, and analysing IPD is more complex than for aggregate data, and not all IPD meta-analyses are done to the same standard, making it difficult for researchers, clinicians, patients, policy makers, funders, and publishers to judge their quality.

:: Following our step-by-step guide will help reviewers and users of IPD meta-analyses to understand them better and recognise those that are well designed and conducted and so help ensure that policy, practice, and research are informed by robust evidence about the effects of interventions.

PLoS Neglected Tropical Diseases

<http://www.plosntds.org/>

(Accessed 25 July 2015)

[No new relevant content]

PLoS One

<http://www.plosone.org/>

[Accessed 25 July 2015]

Research Article

[School-Age Children Are a Reservoir of Malaria Infection in Malawi](#)

Jenny A. Walldorf, Lauren M. Cohee, Jenna E. Coalson, Andy Bauleni, Kondwani Nkanaunena, Atupele Kapito-Tembo, Karl B. Seydel, Doreen Ali, Don Mathanga, Terrie E. Taylor, Clarissa alim, Miriam K. Laufer

Published: July 24, 2015

DOI: 10.1371/journal.pone.0134061

Abstract

Malaria surveillance and interventions in endemic countries often target young children at highest risk of malaria morbidity and mortality. We aimed to determine whether school-age children and adults not captured in surveillance serve as a reservoir for malaria infection and may contribute to malaria transmission. Cross-sectional surveys were conducted in one rainy and one dry season in southern Malawi. Demographic and health information was collected for

all household members. Blood samples were obtained for microscopic and PCR identification of *Plasmodium falciparum*. Among 5796 individuals aged greater than six months, PCR prevalence of malaria infection was 5%, 10%, and 20% in dry, and 9%, 15%, and 32% in rainy seasons in Blantyre, Thyolo, and Chikhwawa, respectively. Over 88% of those infected were asymptomatic. Participants aged 6–15 years were at higher risk of infection (OR=4.8; 95%CI, 4.0–5.8) and asymptomatic infection (OR=4.2; 95%CI, 2.7–6.6) than younger children in all settings. School-age children used bednets less frequently than other age groups. Compared to young children, school-age children were brought less often for treatment and more often to unreliable treatment sources. Conclusion: School-age children represent an underappreciated reservoir of malaria infection and have less exposure to antimalarial interventions. Malaria control and elimination strategies may need to expand to include this age group.

[Investigation of a Measles Outbreak in China to Identify Gaps in Vaccination Coverage, Routes of Transmission, and Interventions](#)

Xiang Zheng, Ningjing Zhang, Xiaoshu Zhang, Lixin Hao, Qiru Su, Haijun Wang, Kongyan Meng, Binglin Zhang, Jianfeng Liu, Huaqing Wang, Huiming Luo, Li Li, Hui Li, Chao Ma
Research Article | published 24 Jul 2015 | PLOS ONE 10.1371/journal.pone.0133983

[Effect of Restricting Access to Health Care on Health Expenditures among Asylum-Seekers and Refugees: A Quasi-Experimental Study in Germany, 1994–2013](#)

Kayvan Bozorgmehr, Oliver Razum
Research Article | published 22 Jul 2015 | PLOS ONE 10.1371/journal.pone.0131483

PLoS Pathogens

<http://journals.plos.org/plospathogens/>

(Accessed 25 July 2015)

[No new relevant content identified]

PNAS - Proceedings of the National Academy of Sciences of the United States of America

<http://www.pnas.org/content/early/>

(Accessed 25 July 2015)

[Global trends in infectious diseases at the wildlife–livestock interface](#)

Anke K. Wiethoeltera, Daniel Beltrán-Alcrudob, Richard Kockc, and Siobhan M. Mora,d,1

Author Affiliations

Significance

Infectious diseases at the wildlife–livestock interface threaten the health and well-being of wildlife, livestock, and human populations, and contribute to significant economic losses to each sector. No studies have sought to characterize the diseases and animals involved on a global level. Using a scoping review framework we show that 10 diseases—mostly zoonoses—have accounted for half of the published research in this area over the past century. We show that relatively few interfaces can be considered important from a disease ecology perspective. These findings suggest that surveillance and research strategies that target specific wildlife–livestock interfaces may yield the greatest return in investment.

Abstract

The role and significance of wildlife–livestock interfaces in disease ecology has largely been neglected, despite recent interest in animals as origins of emerging diseases in humans. Scoping review methods were applied to objectively assess the relative interest by the scientific community in infectious diseases at interfaces between wildlife and livestock, to characterize animal species and regions involved, as well as to identify trends over time. An extensive literature search combining wildlife, livestock, disease, and geographical search terms yielded 78,861 publications, of which 15,998 were included in the analysis. Publications dated from 1912 to 2013 and showed a continuous increasing trend, including a shift from parasitic to viral diseases over time. In particular there was a significant increase in publications on the artiodactyls–cattle and bird–poultry interface after 2002 and 2003, respectively. These trends could be traced to key disease events that stimulated public interest and research funding. Among the top 10 diseases identified by this review, the majority were zoonoses. Prominent wildlife–livestock interfaces resulted largely from interaction between phylogenetically closely related and/or sympatric species. The bird–poultry interface was the most frequently cited wildlife–livestock interface worldwide with other interfaces reflecting regional circumstances. This review provides the most comprehensive overview of research on infectious diseases at the wildlife–livestock interface to date.

Pneumonia

Vol 6 (2015)

<https://pneumonia.org.au/index.php/pneumonia/issue/current>

[Reviewed earlier]

Preventive Medicine

Volume 77, *In Progress* (August 2015)

<http://www.sciencedirect.com/science/journal/00917435/77/supp/C>

[HPV vaccine for teen boys: Dyadic analysis of parents' and sons' beliefs and willingness](#)

JL Moss, PL Reiter, NT Brewer - Preventive Medicine, 2015

Abstract

Objective

Parents and adolescents often decide together whether the child should receive human papillomavirus (HPV) vaccine. However, few studies have investigated the dyadic nature of beliefs that affect this process.

Method

Data came from the 2010 HPV Immunization in Sons (HIS) Study, a national sample of 412 parents and their adolescent sons. We conducted dyadic multivariate logistic regression to test the relationships between parents' and sons' HPV vaccine beliefs and their willingness to have the son receive the vaccine.

Results

Fewer than half of parents and sons were willing to have the sons receive HPV vaccine (43% and 29%, respectively). Willing parents and sons anticipated greater regret if the son did not receive HPV vaccine but later contracted an HPV infection (parent odds ratio [OR] = 1.72, 95% confidence interval [CI] = 1.24–2.40; son OR = 1.51, 95% CI = 1.04–2.19) (both $p < .05$). Lower concerns about side effects, such as pain and fainting, were also associated with willingness.

Conclusion

Parents and sons were more willing to have the son receive HPV vaccine if they had higher anticipated regret about potential HPV infection and lower concerns about side effects. Communication campaigns should target these beliefs to increase parents' and sons' willingness to seek HPV vaccination.

Proceedings of the Royal Society B

07 May 2015; volume 282, issue 1806

<http://rspb.royalsocietypublishing.org/content/282/1806?current-issue=y> [Reviewed earlier]
[Reviewed earlier]

Public Health Ethics

Volume 8 Issue 2 July 2015

<http://phe.oxfordjournals.org/content/current>

Special Symposium: Migrant Health

[Reviewed earlier]

Qualitative Health Research

July 2015; 25 (7)

<http://qhr.sagepub.com/content/current>

[Reviewed earlier]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)

June 2015 Vol. 37, No. 6

<http://www.paho.org/journal/>

[Estratégias de desenvolvimento, acompanhamento e avaliação do atendimento da gestante no ciclo gravídico-puerperal](#) [Strategies for development, follow-up, and assessment of care provided to women in the pregnancy-postnatal cycle]

Cristyanne Samara Miranda de Holanda, João Carlos Alchieri, Fátima Raquel Rosado Morais e Técia Maria de Oliveira Maranhão

[Moving toward universal access to health and universal health coverage: a review of comprehensive primary health care in Suriname](#) [Avanzando hacia el acceso universal a la salud y la cobertura universal de salud: un análisis de la atención primaria de salud integral en Suriname]

Stephanie Laryea, Hedwig Goede, and Francoise Barten

[Regulatory transparency: social, technical, and ethical aspects of clinical trial data access](#) [Transparencia reglamentaria: aspectos sociales, técnicos y éticos del acceso a los datos de los ensayos clínicos]

Varley Dias Sousa and Dâmaris Silveira

[A comprehensive protocol to evaluate the use of blood and its components in Latin America and the Caribbean](#) [Un protocolo integral para evaluar el uso de la sangre y sus componentes en América Latina y el Caribe]

Ana E. del Pozo, Maria D. Pérez-Rosales, Cesar de Almeida-Neto, Mirta C. Remesar, Armando D. Cortes, Raquel Baumgratz Delgado, Alfredo Mendrone Jr., and Ester Sabino

Risk Analysis

June 2015 Volume 35, Issue 6 Pages 961–1186

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-5/issuetoc>

Special Issue: Special Series on Research Synthesis Methods: A Cross-Disciplinary Approach

[Reviewed earlier]

Science

24 July 2015 vol 349, issue 6246, pages 341-448

<http://www.sciencemag.org/current.dtl>

Policy Forum

Public Health

[Toward an HIV vaccine: A scientific journey](#)

[Anthony S. Fauci](#)^{1,*}, [Hilary D. Marston](#)²

Author Affiliations

¹Anthony S. Fauci M.D. is the Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, Bethesda, MD 20892, USA.

²Hilary D. Marston M.D., M.P.H. is a Medical Officer and Policy Advisor for Global Health at the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, Bethesda, MD 20892, USA.

Summary

In the face of a global pandemic, the search for an effective vaccine against the human immunodeficiency virus (HIV) remains an urgent priority. From the first HIV vaccine trials in the 1980s to the present, a tension has existed between the desire to move quickly to clinical trials to stem the spread of the epidemic and the view that research into HIV pathogenesis and host immunity were necessary predicates to and informative of vaccine design. Those advocating the first strategy—an empirical (or inductive) approach—argued that in vitro and animal studies were poorly predictive of the human response to HIV infection and that the only way to gauge vaccine efficacy was to test candidates in humans. Those advocating the second strategy—a theoretical (or deductive) approach—hoped to establish an understanding of the immune response to natural infection and to find ways to recapitulate and enhance that response through vaccination. Today, these approaches are coalescing into concomitant paths toward a safe and effective HIV vaccine.

Social Science & Medicine

Volume 138, [In Progress](#) (August 2015)

<http://www.sciencedirect.com/science/journal/02779536/138>

[Reviewed earlier]

Tropical Medicine and Health

Vol. 43(2015) No. 2

https://www.jstage.jst.go.jp/browse/tmh/43/0/_contents

[Reviewed earlier]

Tropical Medicine & International Health

July 2015 Volume 20, Issue 7 Pages 821–966

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2015.20.issue-7/issuetoc>

[Reviewed earlier]

Vaccine

Volume 33, Issue 32, Pages 3779-4046 (31 July 2015)

<http://www.sciencedirect.com/science/journal/0264410X/33/32>

[Reviewed earlier]

Vaccines — Open Access Journal

(Accessed 25 July 2015)

<http://www.mdpi.com/journal/vaccines>

[No new relevant content]

Value in Health

June 2015 Volume 18, Issue 4, p355-548

<http://www.valueinhealthjournal.com/current>

[Reviewed earlier]

[\[back to top/Contents\]](#)

* * * *

From Google Scholar & other sources: Selected Journal Articles, Newsletters, Dissertations, Theses, Commentary

No new content

[\[back to top/Contents\]](#)

* * * *

Media/Policy Watch

This section is intended to alert readers to substantive news, analysis and opinion from the general media on vaccines, immunization, global; public health and related themes. *Media*

Watch is not intended to be exhaustive, but indicative of themes and issues CVEP is actively tracking. This section will grow from an initial base of newspapers, magazines and blog sources, and is segregated from *Journal Watch* above which scans the peer-reviewed journal ecology.

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where content is published without restriction, but most publications require registration and some subscription level.

Al Jazeera

<http://america.aljazeera.com/search.html?q=vaccine>

Accessed 25 July 2015

[No new, unique, relevant content]

The Atlantic

<http://www.theatlantic.com/magazine/>

Accessed 25 July 2015

[No new, unique, relevant content]

BBC

<http://www.bbc.co.uk/>

Accessed 25 July 2015

[No new, unique, relevant content]

Brookings

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Center for Global Development

<http://www.cgdev.org/>

[Restructuring US Global Health Programs to Respond to New Challenges and Missed Opportunities](#)

| 20 July 2015

By Amanda Glassman, Rachel Silverman

Policy Recommendations

:: Appoint US global health leadership with the mandate, budget alignment, and political support to enforce interagency collaboration.

:: Harmonize the approach to multilateral organizations to ensure consistency of priorities and objectives.

:: Establish an office of Global Health Trade, Economics, and Knowledge Exchange responsible for sharing US health-care know-how with policymakers and businesses in developing countries.

Introduction

In the absence of effective international institutions, the United States has become the world's de facto first responder for global health crises such as HIV/AIDS and new threats like Ebola. The US government has the technical know-how, financial and logistical resources, and unparalleled political support to act quickly and save lives. Initiatives such as the President's

Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative are widely considered among the most effective aid programs in the world.

Yet US global health approaches are based on increasingly outdated engagement models, which fail to reflect emerging challenges, threats, and financial constraints. Effective HIV/AIDS control efforts, which already cost US taxpayers many billions of dollars each year, will require more funding as a result of new science and ambitious program coverage goals.^[1] At the same time, noncommunicable diseases — such as cancer, diabetes, and cardiovascular disease — have exploded in developing countries. Moreover, the United States and other donor countries historically have spent little on national health systems; in 2011, for example, just 4 percent of development assistance for health went to programs to strengthen health systems.^[2] The inability of West African nations to combat the Ebola crisis demonstrates the practical impact of those past spending decisions, with frightening results in the United States and abroad.

The next US president, working closely with Congress, should modernize how US global health programs are organized, deployed, and overseen. By taking three specific steps, the United States can reduce the need for costly first responses and generate more health and economic impact for every US taxpayer dollar spent...

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Accessed 25 July 2015

Opinion

Commentary

[A Win for Vaccines, but Worries Remain](#)

Doctors who offer easy exemptions could undermine efforts to rein in the antivaccine crowd.

By Nina Shapiro

July 23, 2015 7:01 p.m. ET

In a growing number of states, parents can no longer refuse to immunize their children due to conflicting “personal beliefs”—at least not if they want their children to attend school. California recently joined West Virginia and Mississippi in requiring a medical exemption from a physician to permit a child to enter school without being immunized. Gov. Jerry Brown signed the controversial bill, SB277, last month.

Most of us rejoice, yet there is still reason to worry that exemptions will proliferate along with preventable diseases. Particularly if doctors feed their patients’ fears and offer easy exemptions with few questions asked.

The overall immunization rate in California is high, but many schools have dangerously low immunization rates. A Hollywood Reporter [story last year](#) highlighted schools in tony areas like Santa Monica [with immunization rates near 25%](#), lower than those in South Sudan.

Vaccines have been a hot topic since 1855, when Massachusetts began requiring them for schoolchildren. England had more stringent laws: The Compulsory Vaccination Act of 1853 required all infants born in England and Wales to be immunized against smallpox, unless they were considered medically “unfit.” This became the first “medical exemption” for vaccines.

Others objected to the mandate itself—and so began the antivaccination movement, long before actress Jenny McCarthy spewed her views on national television. A clause to the Compulsory Vaccination Act, created in 1898, allowed for “conscience” exemptions, eventually leading to the term “conscientious objector” for those abstaining from military service. In 1898 alone, 200,000 conscience (or, shall we say, personal belief) vaccine exemptions were granted in the United Kingdom.

In California exemptions are now up to the doctors, as parents must get approval from their physician. A legitimate medical exemption might be given for a child who has a weakened immune system, either due to a congenital condition or to chemotherapy or long-term steroid use.

A second reason for an exemption might be that the child had a serious allergic or other adverse reaction to an earlier vaccine. But serious, life-threatening reactions, such as seizures or severe rashes, are extremely rare, about one in every 100,000 doses. (The death rate from measles, by the way, is closer to one in 1,000 cases.)

Pockets of California residents are in an uproar over SB277; a few hundred rallied against the bill in San Diego in April. They would prefer to not immunize their children, or to design custom schedules on the medically dubious theory that the recommended schedule is unsafe. There is no evidence for this.

Unvaccinated children are themselves at risk, but they also put other children at risk, too. The more exemptions are given, the larger the gaps in herd immunity, and the more outbreaks of preventable diseases. Children with cancer who cannot be safely given the recommended course of vaccines, for instance, are among the most vulnerable to others’ so-called personal decisions.

Along with these California residents are California doctors who share in their uproar. Dr. Jay Gordon of Santa Monica, for example, testified against the bill; he has called the bill “disgracefully arrogant” and said parents “must participate in all health-care decisions for their children.” He is not alone, and these doctors will certainly stand by their patients.

Who will monitor the high volume of medical exemptions? Will doctors who opposed SB277 be allowed to dole out faux medical exemptions to their patients? In that sense, the California bill is an improvement, but antivaccination fear-mongers will continue to find a workaround.

Dr. Shapiro, director of pediatric ear, nose and throat at Mattel Children’s Hospital, is a professor of head and neck surgery at UCLA.

Washington Post

<http://www.washingtonpost.com/>

Accessed 25 July 2015

[USDA: Bird flu vaccine works on chickens; testing on turkeys](#)

Scientists have developed a vaccine strain that has tested 100 percent effective in protecting chickens from bird flu and testing is underway to see if it also protects turkeys, U.S. Agriculture Secretary Tom Vilsack told the House Agriculture Committee at a hearing on Wednesday.

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