Vaccines and Global Health: The Week in Review
17 October 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.*

Contents *[click on link below to move to associated content]*

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EBOLA/EVD **[**to 17 October 2015]
Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)

Ebola Situation Report – 14 October 2015

[Excerpts]
SUMMARY *[excerpt]*
No confirmed cases of Ebola virus disease (EVD) were reported in the week to 11 October. This is the second consecutive week with zero confirmed cases. **However, 150 registered contacts remain under follow-up in Guinea, of which 118 are high risk, and an additional 259 contacts remain untraced.** There remains a near-term risk of further cases among both registered and untraced contacts. In Sierra Leone, 2 high-risk contacts associated with the 2 most recently active chains of transmission in the country were lost to follow-up and have not yet been found. In addition, a patient who was reported as a case in the United Kingdom on 29 December 2014, and who later recovered, was hospitalised on 6 October in the United Kingdom after developing late EVD-related complications. As of 13 October, 62 close contacts have been identified in the UK for follow-up…

WHO: Preliminary study finds that Ebola virus fragments can persist in the semen of some survivors for at least nine months
Freetown, 14 October 2015 - Preliminary results of a study into persistence of Ebola virus in body fluids show that some men still produce semen samples that test positive for Ebola virus nine months after onset of symptoms.

The report, published today in the *New England Journal of Medicine,* provides the first results of a long-term study being jointly conducted by the Sierra Leone Ministry of Health and Sanitation, Sierra Leone Ministry of Defence, the World Health Organization and the U.S. Centers for Disease Control and Prevention.

"Sierra Leone is committed to getting to zero cases and to taking care of our survivors, and part of that effort includes understanding how survivors may be affected after their initial recovery," said Amara Jambai, M.D., M.Sc., Deputy Chief Medical Officer for the Sierra Leone Ministry of Health and Sanitation. "Survivors are to be commended for contributing to the studies that help us understand how long the virus may persist in semen."

The first phase of this study has focused on testing for Ebola virus in semen because of past research showing persistence in that body fluid. Better understanding of viral persistence in semen is important for supporting survivors to recover and to move forward with their lives.

"These results come at a critically important time, reminding us that while Ebola case numbers continue to plummet, Ebola survivors and their families continue to struggle with the effects of the disease. This study provides further evidence that survivors need continued, substantial support for the next 6 to 12 months to meet these challenges and to ensure their partners are not exposed to potential virus," said Bruce Aylward, WHO Director-General's Special Representative on the Ebola Response…

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Two new Ebola cases in Guinea confound hopes of end to outbreak
Reuters - Friday 16 October 2015
Weeks away from west African country being declared free of disease, two men have contracted virus, one having had no contact with registered victims

Two people have fallen ill with Ebola in Guinea, the World Health Organisation has said, dashing hopes of an imminent end to the worst recorded outbreak of the disease after a two-week spell without any new cases across west Africa.

Guinea was weeks away from joining Liberia in being declared free of the virus that has killed more than 11,000 people in a near two-year rampage. Neighbouring Sierra Leone is also halfway through the 42-day countdown to being Ebola-free…

Authorities in Guinea said on Friday one of the cases in Forécariah, western Guinea, appeared to be linked to a previously known chain of infection, while the other in the capital, Conakry, seemed to be new.

"On the bumpy road we keep talking about – the high risk of recurrence – once again we are navigating a few bumps," Margaret Harris, a WHO spokeswoman, told a briefing in Geneva. "Of course we didn't want it, but we did expect it. Guinea hadn't got to the stage where we were looking at 42 days."…

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POLIO [to 17 October 2015]
Public Health Emergency of International Concern (PHEIC)

GPEI Update: Polio this week as of 14 October 2015
Global Polio Eradication Initiative
Full report link: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
:: In Lao People's Democratic Republic a circulating vaccine-derived poliovirus type 1 (cVDPV1) outbreak has been confirmed, with one case, an eight year old boy who had onset of paralysis on 7 September. Outbreaks of cVDPVs can arise in areas of low population immunity, emphasizing the importance of strong vaccination coverage. Learn more about VDPVs.
:: Thirty five million children were reached with polio vaccines during the September campaigns in Pakistan. Nearly 3 million children who were previously missed were vaccinated during the catch up days following this campaign. 'Continuous community-protected vaccination' (community based vaccinators who carry out immunization activities on an ongoing basis) and health camps are helping to reach children in the most difficult to reach areas.
:: Last week, the Independent Monitoring Board met in London to assess progress towards polio eradication and to make recommendations for the coming months. The report is expected to be published in the next few weeks.
[Selected Country Update Information]
Afghanistan
:: One new wild poliovirus type 1 (WPV1) cases was reported in the past week in Batikot district of Nangarhar with onset of paralysis on 4 September. This is the first case in this district in 2015. The most recent case had onset of paralysis on 6 September in Sherzad district of Nangarhar province. The total number of WPV1 cases for 2015 is now 13.
:: No new positive environmental samples were reported in the past week.
:: Mop-up campaigns are planned in Nangarhar on 18 – 20 October using bivalent oral polio vaccine (OPV), and Gulestan district of Farah using the inactivated polio vaccine (IPV) and bivalent OPV with dates to be confirmed. National Immunization Days (NIDs) will take place on 1 – 3 November using trivalent OPV and Subnational Immunisation Days (SNIDs) are planned from 29 November to 1 December in the south and east of the country using bivalent OPV.

Further mop up campaigns will take place in Balabuluk and Khak-E-Safed districts of Farah in November.

Pakistan

:: Two new wild poliovirus type 1 (WPV1) cases were confirmed in the past week, one in Chakwal district of Punjab and one in Karachi-Gulberg, Sindh. The most recent case had onset of paralysis on 16 September in Peshawar. The total number of WPV1 cases for 2015 is now 38, compared to 205 at this time last year.

Lao People's Democratic Republic

:: One new case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported in Lao in the past week, in Bolikhanh district of Borikhamxay province, with onset of paralysis on 7 September. Based on epidemiological considerations and indications that the virus has been circulating for a prolonged period of time, this has been classified as circulating despite it being a single case. This case, an eight year old boy who had received zero doses of polio vaccine, is the only one reported in 2015.

:: Outbreaks of cVDPVs can arise in areas of low population immunity, emphasizing the importance of strong vaccination coverage. Learn more about VDPVs.

:: Planning is underway for an emergency outbreak response

Ukraine

:: No new circulating vaccine-derived poliovirus type 1 (cVDPV1) cases have been reported in the past week. The most recent case had onset of paralysis on 7 July in the Zakarpatskaya oblast, in south-western Ukraine, bordering Romania, Hungary, Slovakia and Poland. The number of cVDPV1 cases reported in 2015 remains 2.

:: Ukraine had been at particular risk of emergence of a cVDPV, due to inadequate vaccination coverage. In 2014, only 50% of children were fully immunized against polio and other vaccine-preventable diseases.

:: Discussions are currently ongoing with national health authorities to plan and implement an urgent outbreak response. More.

UNICEF and WHO ready to support immediate polio vaccination campaign in Ukraine

UN agencies concerned further delay puts 1.8 million children's lives at risk

Joint press release

KYIV, Ukraine/COPENHAGEN/GENEVA, 9 October 2015 – Six weeks after the polio outbreak in Ukraine, UNICEF and WHO have stepped up calls for an immediate first round of nationwide polio vaccination…UNICEF and WHO are on standby to support the campaign.

Vaccination teams work to keep Iraq polio free and combat the spread of cholera

Baghdad, 13 October 2015 – A nationwide campaign to vaccinate 5.8 million children in Iraq against polio was concluded on 11 October after a 2-day extension recommended by the Ministry of Health to achieve maximum vaccination coverage. This effort to ensure that Iraq remains polio free also included the dissemination of life-saving information to 1.5 million households across the country on how to detect, prevent and treat cholera.

Led by the Federal Ministry of Health, in coordination with WHO and UNICEF, the 7-day polio vaccination campaign begun on 4 October included nearly 13 000 vaccination teams deployed throughout Iraq. Each team travelled door to door, visiting individual households to vaccinate children against polio. The current campaign is the eleventh such national effort in Iraq since

October 2013, when polio was first detected in neighbouring Syria, and the fourth this year alone.

"WHO is supporting the campaign through a provision of technical expertise at national, regional, and subnational levels in high-risk areas," said Altaf Musani, acting WHO Representative in Iraq. "Our support also includes financial assistance for polio campaign workers and finger-marking, as well as conducting surveillance activities, which is the only scientific tool to prove that polio has been contained in Iraq," he added.

Based on preliminary field reports from the campaign, immunization activities are being implemented smoothly. However, security constraints in parts of Ninewa, Al Shergat district in Sala El Din, and parts of Kirkuk are compromising access to all children in these areas.

"UNICEF and partners have taken an innovative approach to the double threat of disease facing children and families in Iraq," said Peter Hawkins, UNICEF's Representative in Iraq. "In the context of mass displacement and continuing violence, the humanitarian community has succeeded in administering 36 million doses of oral polio vaccine, doubling the country's cold chain capacity. Converging existing activities can help the very limited resources make a greater impact, and ultimately save more lives."

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MERS-CoV [to 17 October 2015]
Global Alert and Response (GAR) – Disease Outbreak News (DONs)
:: Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia 12 October 2015
:: Middle East respiratory syndrome coronavirus (MERS-CoV) – Jordan 12 October 2015

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WHO & Regionals [to 17 October 2015]
Cholera – Iraq
Disease Outbreak News
12 October 2015
WHO has received notification from the National IHR Focal Point of Iraq of additional laboratory-confirmed cases of cholera. As of 8 October, a total of 1,263 laboratory-confirmed cases of Vibrio cholerae 01 Inaba were reported….

Public health response
The Cholera task force led by the Ministry of Health (MoH) has established a Cholera Command and Control Centre to enhance multisectoral coordination for effective response to the outbreak. In the affected governorates, active surveillance has been stepped up for case findings in the community and case management has been standardized across all health facilities currently admitting the cholera cases.

In cholera affected areas, and particularly in the camps hosting the internally displaced people and refugees, preparedness activities have been geared up as well…

Furthermore, discussions are ongoing with the International Coordinating Group to release oral cholera vaccine from the global stock. A risk assessment to identify priority groups for vaccination and a vaccination plan is being developed.

WHO has deployed a team of international experts under the Global Outbreak Alert and Response Network (GOARN) to support MoH respond to this outbreak. Additional requests have also been sent out to the technical partners in GOARN in case of request for additional international support for cholera response.

Vaccinations made friendly
4 October 2015
Globally, 1 in 5 children still do not receive routine life-saving immunizations, and an estimated 1.5 million children die each year of diseases that could be prevented by vaccines that already exist. WHO recommends how to reduce the pain at the time of vaccination across all age groups.

The **Weekly Epidemiological Record (WER) 16 October 2015,** vol. 90, 42 (pp. 561–576)
Includes:
561 Antigenic and genetic characteristics of zoonotic influenza viruses and development of candidate vaccine viruses for pandemic preparedness
571 Chikungunya disease: gaps and opportunities in public health and research in the Americas

Call for nominations for experts to serve on a SAGE Working Group on Oral Cholera Vaccines
WHO -2 October 2015
Application deadline: 30 October 2015

:: WHO Regional Offices
WHO African Region AFRO
:: North central states of Nigeria boost population immunity along nomadic routes
Abuja, 16 October 2015 - The World Health Organization (WHO) in collaboration with the government, has recently intensified its efforts to reach the most marginalised, hard-to-reach and nomadic communities of the North Central region of the country.
Following the adoption of a blueprint, states of Nasarawa, Niger and Plateau are working assiduously to provide the required health interventions to pastoral nomadic populations in their respective states with a view to boost population immunity and improve disease surveillance…
:: Liberia Plans to Strengthen Mental Health
Monrovia 15 October - In view of the traumatic effects of the decade long civil war and the recent Ebola outbreak, mental health promotion is now more relevant to Liberia than ever before.
As part of its concerted efforts to build a Resilient Health System in Liberia, the Ministry of Health (MOH) in collaboration with WHO and other major international and national partners is focusing on advocacy and provision of adequate mental and psychosocial support services for persons affected by the epidemic and people with mental disorders in general…
:: Mass Measles campaign launched in Uganda

Kyegegwa 12th October 2015: The Mass Measles Campaign was launched in Kyegegwa district at the Humura Primary School grounds under the theme 'Uganda united against measles'. The key message to parents was to have their children immunized against the Vaccine Preventable Diseases ('VPDs').

Launching the campaign, Honorable Sarah Opendi, the Minister of State for Health in charge of primary health care called on parents to adhere to the immunization schedule provided to them at health centers. She further denounced the myth about vaccine safety, "vaccine development is a long and laborious process, which lasts for several years, it's tested and once recommended and certified by the World Health Organization (WHO), then you know that it is safe for our population." Hon Opendi also said that this is the fourth measles follow up campaign which aims at reducing measles morbidity and mortality by 95 percent in 2015. At the same occasion, Hon. Opendi launched the supplementary Oral Polio Vaccine vaccination that targets at least 2.3 million children between 0-59 months in the 23 high risk districts…

WHO Region of the Americas PAHO

:: PAHO urges accelerated shift to community-based mental health services to widen access, protect human rights (10/10/2015)

WHO South-East Asia Region SEARO

No new digest content identified.

WHO European Region EURO

No new digest content identified.

WHO Eastern Mediterranean Region EMRO

:: Vaccination teams work to keep Iraq polio free and combat the spread of cholera

Baghdad, 13 October 2015 – A nationwide campaign to vaccinate 5.8 million children in Iraq against polio ended on 11 October after a 2-day extension recommended by the Ministry of Health of Iraq to achieve maximum vaccination coverage. The campaign aimed to keep Iraq polio free and also included the dissemination of information to 1.5 million households across the country on how to detect, prevent and treat cholera.

WHO Western Pacific Region

:: Sixty-sixth session of the WHO Regional Committee celebrates progress on ageing and health, NCD prevention and control, and regulatory systems strengthening

GUAM, 15 OCTOBER 2015 - The WHO Regional Committee for the Western Pacific—the Organization's governing body in the Region—noted significant progress on ageing and health, noncommunicable disease (NCD) prevention and control, and regulatory systems strengthening at its sixty-sixth annual meeting Thursday on Guam.

Read the news release

:: WHO tackles violence, injury prevention; and urban health

GUAM, 14 OCTOBER 2015 - The WHO Regional Committee for the Western Pacific—the Organization's governing body in the Region—today endorsed an action plan that will help Member States reduce violence and injuries, and a framework plan that will assist the Region's cities in their efforts to effectively meet the health challenges caused by rapid and unplanned urbanization.

:: WHO takes action to stop viral hepatitis and tuberculosis; promotes universal health coverage

GUAM, 13 October 2015 – On Day 2 of its annual meeting, the World Health Organization (WHO) Regional Committee for the Western Pacific—the Organization's regional governing body—approved action plans and frameworks to strengthen efforts to reduce viral hepatitis and tuberculosis, and attain universal health coverage in the Region.

Read the news release

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CDC/MMWR/ACIP Watch [to 17 October 2015]
http://www.cdc.gov/media/index.html
WEDNESDAY, OCTOBER 14, 2015
Preliminary study finds that Ebola virus fragments can persist in the semen of some survivors for at least nine months

Preliminary results of a study into persistence of Ebola virus in body fluids show that some men still produce semen samples that test positive for Ebola virus nine months after onset of symptoms....

MMWR October 16, 2015 / No. 40/ Vol. 64
:: State and Territorial Ebola Screening, Monitoring, and Movement Policy Statements — United States, August 31, 2015
::Human Papillomavirus Vaccination Coverage Among School Girls in a Demonstration Project — Botswana, 2013

ACIP Meeting – October 21, 2015 [one-day meeting]
October 21, 2015[2 pages] Final, October 8, 2015

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Initiatives/Announcements/Milestones

Sabin Vaccine Institute [to 17 October 2015]
http://www.sabin.org/updates/pressreleases
New Partnership with India Aims to Build Vaccine Manufacturing Network for Hookworm, Other Diseases

WASHINGTON, D.C., BANGALORE, AMSTERDAM — October 14, 2015 — The Amsterdam Institute for Global Health and Development (AIGHD) and Sabin Vaccine Institute Product Development Partnership (Sabin PDP) today announced a new research and innovation partnership with the Association of Biotechnology Led Enterprises (ABLE) of India on vaccine development for hookworm and other neglected tropical diseases (NTDs). The European Union, through its EuropeAid program, recently awarded a five-year grant of €333,000 to AIGHD to establish this EU-India partnership.

Industry Watch [to 17 October 2015]

:: **Sanofi Pasteur and the Infectious Disease Research Institute Partner on a Global-Health, Open-Innovation, Vaccine Research & Development Center**

SWIFTWATER, Pennsylvania, October 15, 2015 /PRNewswire/ --
Sanofi Pasteur, the vaccines division of Sanofi, announced today the creation of a Global Health Vaccine Center of Innovation (GHVCI) with the Infectious Disease Research Institute (IDRI), a Seattle, USA-based global-health, non-profit institute with a focus on developing new products to combat the world's most devastating infectious diseases. This project is also funded in part by a grant from the Bill & Melinda Gates Foundation, as the proposed R&D alliance is related to the Gates Foundation and Sanofi Pasteur's strategic agreement on a Vaccine Discovery Partnership signed in 2013.

The addition of IDRI will enable vaccine adjuvant/formulation platforms and a pipeline of vaccine candidates to be discovered, evaluated and developed to address a range of infectious diseases under the center of innovation based at IDRI. The GHVCI will be co-funded by the Gates Foundation and Sanofi Pasteur under a tripartite agreement.

The GHVCI has been established to accelerate the development of vaccines and supporting technologies to address infectious diseases and ensuring that new critical vaccines are available to populations in developing countries. Sanofi Pasteur will leverage the resources and expertise of this external R&D innovation center and obtain access to IDRI's adjuvants and vaccine antigens.

"IDRI is a partner of choice as they are a world-leader in the development and evaluation of adjuvant formulations, using a broad portfolio of adjuvants with different immune-stimulating properties," commented Jim Tartaglia, PhD, R&D VP for new vaccine projects at Sanofi Pasteur. "The Institute has a world-class staff and capabilities in immunology and GMP production".

"There are a number of diseases that are of great global-health significance, where Sanofi Pasteur could significantly contribute," according to John Shiver, PhD, Sr. VP for R&D at Sanofi Pasteur; "however, commercial realities provide a challenge to investment. The establishment of this Global Health Vaccines Center of Innovation represents a new opportunity--operating within the open innovation R&D model--to provide antigens, adjuvanted formulations, funding, and expertise to allow development of needed vaccines."

This distinctive collaboration brings together the complementary expertise of Sanofi Pasteur's position as a leading, multi-national vaccine developer, manufacturer, and seller; IDRI's antigens, vaccine design, formulation and production expertise; and the Gates Foundation's knowledge, global influence and financial support. A Joint Steering Committee, comprised of representatives from each of the three partners, will be formed to manage the mission of the GHVCI.

:: **Human Vaccines Project Partners with MedImmune to Help Accelerate Research and Development in Infectious Disease and Oncology**

Oct 13, 2015, 09:55 ET

MedImmune is the newest member of the Human Vaccines Project, which will help to accelerate the research and development of vaccines and immunotherapies for infectious disease and cancer…*[see IAVI coverage below]*

IAVI International AIDS Vaccine Initiative [to 17 October 2015]
http://www.iavi.org/press-releases/2015

Human Vaccines Project Partners with MedImmune to Help Accelerate Research and Development in Infectious Disease and Oncology

October 13, 2015

MedImmune is the newest member of the Human Vaccines Project, which will help to accelerate the research and development of vaccines and immunotherapies for infectious disease and cancer.

Incubated at the International AIDS Vaccine Initiative (IAVI), the Human Vaccines Project is an ambitious new public-private partnership seeking to transform the future of global disease prevention and treatment by solving the primary scientific obstacles impeding the research and development of new vaccines and immunotherapies. Endorsed by 35 leading vaccine scientists, the Project brings together top academic research centers, and government, non-profit and industry research and development efforts into a global consortium.

MedImmune will help establish the Project's global consortium, launch its research program and guide its scientific plan and future direction as a participant of the consortium and member of the Industrial Advisory Committee, a panel of leading industry partners that will advise the Project on its scientific plan and future direction…

Global Fund [to 17 October 2015]
http://www.theglobalfund.org/en/news/
News

Global Fund Hails Swaziland Partnership at Grant Signing

14 October 2015

MBABANE, Swaziland – Swaziland and the Global Fund deepened their partnership with the signing of three grants totaling more than US$66 million, to expand prevention and treatment for HIV and tuberculosis.

The financial resources provided through the Global Fund come from many sources and partners, represented at the signing ceremony today by the United States and the European Union, as well as technical partners from UNAIDS and WHO.

The new grants will go to government and civil society implementers selected through a vibrant country dialogue. The HIV grants will support treatment for people living with HIV as well prevention of new infections among key populations and vulnerable groups, including young women and girls.

The TB grant will accelerate the response toward TB/HIV co-infection and concentrate on treatment and prevention of key populations affected by tuberculosis. Swaziland is a high disease-burden country, with 26 percent HIV prevalence – one of the highest in the world, as well as a high TB burden…

European Medicines Agency [to 17 October 2015]
http://www.ema.europa.eu/ema/

Collecting high-quality information on medicines through patient registries

12/10/2015

Initiative aims to support use of existing registries to collect information on medicines in clinical use and support benefit-risk evaluation ...

PATH [to 17 October 2015]
http://www.path.org/news/index.php
Announcement | October 16, 2015
Strong PATH presence at Global Maternal Newborn Health Conference
Staff will share expertise and experience, build connections, and contribute to global strategy at landmark event in Mexico City.

Gavi [to 17 October 2015]
http://www.gavialliance.org/library/news/press-releases/
12 October 2015
Global Finance magazine recognises IFFIm sukuk
Fifth award for the sukuk since November 2014 issuance.

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IVI [to 17 October 2015]
http://www.ivi.org/web/www/home
No new digest content identified

Aeras [to 17 October 2015]
http://www.aeras.org/pressreleases
No new digest content identified

European Vaccine Initiative [to 17 October 2015]
http://www.euvaccine.eu/news-events
No new digest content identified

BMGF - Gates Foundation [to 17 October 2015]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

FDA [to 17 October 2015]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
No new digest content identified

NIH [to 17 October 2015]
http://www.nih.gov/news/releases.htm
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

UNESCO [to 17 October 2015]
http://en.unesco.org/news
15.10.2015 - Natural Sciences Sector

A new approach to research for health to combat infectious diseases in Africa

The burden of infectious diseases continues to be disproportionately high in some African countries, particularly in sub-Saharan Africa, with significant impacts on health and socio-economic development. However, the difficulties in applying scientific research to improve health are particularly acute in the region. Creating an enabling political environment and building capacity for life sciences and health research are fundamental to improving people's wellbeing across the continent. This will be the focus of the Africa Research Summit organized by UNESCO and Merck that will be live-streamed on 19-20 October 2015 from Geneva.

There is currently a lack of international resources dedicated to regional health needs and a shortage of expenditure on health research. The need to support research in order to address the challenges of infectious disease is recognized in the recently adopted 2030 Agenda for Sustainable Development, as Target 3.b: "Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries". This year's Nobel prize in Physiology or Medicine, awarded to research on infectious diseases, is another strong message, shining a light on health-related issues that can only be addressed adequately when countries have built a strong scientific research environment to support discoveries, inventions, and innovations.

The Africa Research Summit is part of an effort to build the capacities of African researchers in the life and medical sciences and thus, support the improvement of health systems in Africa. There are two key areas which must be addressed. Firstly, the lack of local capacity in the life sciences to perform high-quality research on neglected health needs. Secondly, the ineffectiveness of current mechanisms for translating research into health solutions, which can be disseminated to those most in need. The 2015 Summit will focus on the role of building capacities in the life sciences to address challenges of infectious diseases, most notably the Ebola crises…

UNICEF [to 17 October 2015]
http://www.unicef.org/media/media_78364.html
Selected press releases

Lack of access to hygiene could endanger new Development Agenda – UNICEF

NEW YORK, 15 October 2015 – Handwashing with soap is dangerously low in many countries, UNICEF reports, despite its proven benefits to child health.

The eighth Global Handwashing Day comes less than a month after the United Nations adopted the Sustainable Development Goals, including hygiene for the first time in the global agenda. One of the SDG targets is to achieve 'access to adequate and equitable sanitation and hygiene' by 2030.

UNICEF says improvements in hygiene must supplement access to water and sanitation, or children will continue to fall victim to easily preventable diseases like diarrhoea.

"Along with drinking water and access to toilets, hygiene – particularly handwashing with soap – is the essential third leg of the stool holding up the Goal on water and sanitation," said Sanjay Wijesekera, global head of UNICEF's water, sanitation and hygiene programmes. "From birth – when unwashed hands of birth attendants can transmit dangerous pathogens – right through babyhood, school and beyond, handwashing is crucial for a child's health. It is one of the cheapest, simplest, most effective health interventions we have."…

Declaration of the G7 Health Ministers:: 8 - 9 October 2015 in Berlin

G7 Germany
October 2015

1. In continuation of the G7 Summit in Elmau on 7 and 8 June 2015, we, the G7 Health Ministers, discussed the health topics Antimicrobial Resistance (AMR) and Ebola during our G7-Meeting in Berlin on 8 and 9 October 2015.

2. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. We are therefore strongly committed to continuing our engagement in this field with a specific focus on strengthening health systems through bilateral programmes and multilateral structures.

3. The G7 Health Ministers agreed on the following actions for the implementation of the G7 Leaders' Declaration as outlined in the "Berlin Declaration on AMR" and "G7 Health Ministers' Commitment - Lessons learned from Ebola"…

Berlin Declaration on Antimicrobial Resistance –

Global **U**nion for **A**ntibiotics **R**esearch and **D**evelopment (GUARD)
Agreed by G7 Health Ministers in Berlin 2015
[Excerpt from 22 paragraphs]

…17. We will work, in collaboration with WHO, building on existing networks, to promote a global network of researchers; experts from academia, industry, healthcare, veterinary care, regulatory agencies, food safety and agriculture; philanthropic organizations; and international organizations to provide opportunities to exchange information on ongoing research activities, access to expertise for funded projects, and retention of accumulated knowledge. We welcome the initiative by Germany to organise the first expert meeting in 2016/2017.

18. Given the global nature of drug research, development and commercialisation and the global challenge antimicrobial resistance poses, we call for greater interaction and synergies between research initiatives. We see the need for global access to – and availability, affordability and rational use of – safe, effective and quality-assured antimicrobials. We will therefore explore the feasibility and need of setting up a global antibiotic product development partnership for new and urgently needed antibiotics, vaccine development, alternative therapies

and rapid point of care diagnostics and seek collaboration with others such as WHO and Drugs for Neglected Disease Initiative (DNDi).

19. We encourage international cooperation on antimicrobial stewardship and regulatory dialogue on the approval and regulation for antibiotics. Convergence and harmonisation on technical requirements including for clinical trials and for the approvals for new antibiotics can help to bring new antibiotics faster to the market. In this perspective, we support the ongoing efforts in the wider context of the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH), and its veterinary equivalent VICH and emphasise to take the special needs for antibiotics into account. We will take into account the recommendations and action areas of antibiotics of the Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) as it enters the next five year implementation period.

20. We are committed to explore innovative economic incentives to enhance the research and development of new antibiotics, other therapeutic options, and diagnostics. We will investigate various instruments, such as a global antibiotic research fund and a market entry reward mechanism for truly new antibiotics targeting the most important pathogens and most needed for global public health. We recognise and commend the work of various reviews on AMR, such as the OECD, and other independent Reviews on AMR, tackling the lack of new antibiotics internationally and the initial proposals on how governments around the world could act collectively to stimulate innovation from a range of organisations, private or public, big or small.

21. We will continue close collaboration with our science ministers to advance these goals related to research and development, and invite other countries, international and philanthropic organizations to join this initiative.

22. We call for a High Level Meeting on AMR in 2016 at the United Nations General Assembly to promote increased political awareness, engagement and leadership on antimicrobial resistance among Heads of States, Ministers and global leaders.

G7 Health Ministers' Commitment - Lessons Learned from Ebola
Agreed by G7 Health Ministers in Berlin 2015
[Excerpt from 20 paragraphs]
…10. We support the ongoing work of the IHR Review Committee and look forward to the Committee's findings on effectiveness and functioning of the International Health Regulations, as well as its recommendations for improvement, for instance, related to training, for innovative ways forward for standardized, transparent, and reliable instruments for effective monitoring and reporting under IHR. In this regard, we support a clear role for the WHO to assist countries in IHR implementation.

11. In order to prevent future outbreaks from becoming large-scale public health emergencies, the G7 Leaders have agreed to offer to assist at least 60 countries, including the countries of West Africa, over the next five years to implement the IHR, including through the Global Health Security Agenda (GHSA) and its common targets and other multilateral initiatives. By the end of 2015 we will, in collaboration with WHO, announce the countries that the G7 are collectively supporting or have consulted with or agreed plans to support to fulfill the Leaders'

commitment. This work is responding to country needs and entails building on existing in-country expertise and partnerships, programmes and projects. It is an integral part of an overall health systems strengthening agenda, which includes the development of basic health care systems as well as water, sanitation and hygiene programs. The initiative will be conducted in close cooperation and coordination with the WHO. We will continue also to work closely with other relevant institutions including the World Bank, the Global Fund to fight AIDS, Tuberculosis and Malaria, and Gavi, the Vaccine Alliance.

12. The serious domestic and international consequences of the Ebola virus disease outbreak have highlighted the need for a more effective global system of disease surveillance, allowing early event detection, in part through the development of rapid diagnostic tests and the development of better risk modelling, prevention, and surveillance to trigger timely national and global responses. In the future, countries should be encouraged to immediately notify health risks to the WHO in accordance with the IHR, in addition to removing bureaucratic barriers to escalating early notifications at the local, country and global levels. We commend ongoing efforts of the African Union and its regional organizations to build up a surveillance system that will, in cooperation with WHO, be instrumental in the struggle against future disease.

13. In the research and development (R&D) response to the Ebola crisis, we identified a number of gaps and inefficiencies where actions are needed to prevent and manage future outbreaks. We stress that progress should be made as a matter of preparedness on lead candidate products (vaccines, treatments, diagnostics, and personal protective equipment) pre-established protocols, and capacity to ensure the ability to quickly move to advanced phase clinical trials, product development, and scaled-up product manufacturing, which may only be performed when the outbreak occurs. We highlight the need for a more comprehensive applied and translational research in partnership with at-risk countries. We underline the importance of direct collaboration between countries and health research funders, and we call for continued financing, collaboration and coordination on their collective response to emerging epidemics of global concern, including through initiatives such as the proposed WHO blueprint for research and development preparedness and rapid research response during future public health emergencies and the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R).

14. We are convinced that it is essential to ensure that country-owned research is enhanced, including non-medical research such as social, behavioural, medical anthropology, and communication research. We consider that a broad range of capacity-building is needed in developing countries afflicted by or at risk of serious infectious disease outbreaks. It also requires training of research workers and of health staff extending down to the local level. It is important to ensure that epidemiological and, wherever possible, relevant trial information data is shared openly and transparently and shared early in the event of a public health emergency. It is also important to ensure good coordination and prioritisation of timely access to biological materials and clinical samples for research in accordance with national and international legal frameworks.

15. We recognise global gaps in medical facility infection control and related occupational health and safety frameworks designed to protect and train healthcare workers. Healthcare workers are critical national assets at the front line of initial epidemic detection and containment.

Enhanced, national occupational health and safety administrations play a key role in the development of resilient, sustainable, and ready health systems.

16. The Ebola crisis has demonstrated a critical lack of safe and effective systems for deployment of medical experts to public health emergencies of this nature, in particular around insurance, medical evacuation and safe return to work post-deployment. It has also highlighted a lack of standard procedures and protocols across deployable teams which limits their inter-operability. Therefore, we will support national and international efforts, including the WHO's global health emergency workforce, to provide a sustainable multi-disciplinary pool of experts. WHO should play a central role in coordination and facilitating the deployment of these experts. We welcome the process of developing one such initiative within the European Union (EU) (European Medical Corps), which will provide certain capacities to the global health emergency workforce.

17. We recognize the valuable recommendations of the WHO Ebola Interim Assessment Panel and the reform measures adopted by the 68th World Health Assembly in May 2015 – including the establishment of a contingency fund and the decision to establish a global health emergency workforce, making use of existing and strengthened partner mechanisms. We share the assessment that the WHO needs to be strengthened, and we support the reform process to make WHO fit for purpose to effectively fulfil its core functions in health emergencies.

18. We commit ourselves to strengthening WHO in order to better perform its leadership coordination roles on global health issues, and particularly in the face of epidemic threats, global health security, and the necessary support to countries in their efforts to be better prepared for global health crises. We share the view that the WHO must re-establish itself as the authoritative body, providing leadership, and coordinating the international preparedness for and response to health emergencies. This includes informing governments and the public around the world about the extent and severity of an outbreak as rapidly and as comprehensively as possible.

19. It is important that financial resources and mechanisms be strengthened, both within the WHO and elsewhere, to ensure timely, effective and coordinated response to disease outbreaks. Therefore, along with WHO's Contingency Fund, we support the initiative by the World Bank to develop a Pandemic Emergency Facility…

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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 9, 2015
http://www.tandfonline.com/toc/uajb20/current
[Reviewed earlier]

American Journal of Infection Control
October 2015 Volume 43, Issue 10, p1027-1146, e61-e66
http://www.ajicjournal.org/current
[Reviewed earlier]

American Journal of Preventive Medicine
October 2015 Volume 49, Issue 4, p493-660, e23-e52
http://www.ajpmonline.org/current
[Reviewed earlier]

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Volume 105, Issue S4 (October 2015)
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[Reviewed earlier]

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October 2015; 93 (4)
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[Reviewed earlier]

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6 October 2015, Vol. 163. No. 7
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[Reviewed earlier]

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
(Accessed 17 October 2015)
Research article
A survey of Ethiopian physicians' experiences of bedside rationing: extensive resource scarcity, tough decisions and adverse consequences

Frehiwot Defaye, Dawit Desalegn, Marion Danis, Samia Hurst, Yemane Berhane, Ole Norheim, Ingrid Miljeteig BMC Health Services Research 2015, 15:467 (14 October 2015)

Abstract

Background

Resource scarcity in health care is a universal challenge. In high-income settings, bedside rationing is commonly discussed and debated as a means to addressing scarcity. However, little is known about physicians' experiences in resource-limited contexts in low- income countries. Here we describe physicians' experiences regarding scarcity of resources, bedside rationing, use of various strategies to save resources, and perceptions of the consequences of rationing in Ethiopia.

Methods

A national survey was conducted amongst physicians from 49 public hospitals using stratified, multi-stage sampling in six regions. All physicians in the selected hospitals were invited to respond to a self-administered questionnaire. Data were weighted and analyzed using descriptive statistics.

Results

In total, 587 physicians responded (91 % response rate). The majority had experienced system-wide shortages of various types of medical services. The services most frequently reported to be in short supply, either daily or weekly, were access to surgery, specialist and intensive care units, drug prescriptions and admission to hospital (52, 49, 46, 47 and 46 % respectively). The most common rationing strategies used daily or weekly were limiting laboratory tests, hospital drugs, radiological investigations and providing second best treatment (47, 47, 47 and 39 % respectively). Availability of institutional or national guidelines for whom to see and treat first was lacking. Almost all respondents had witnessed different adverse consequences of resource scarcity; 54 % reported seeing patients who, in their estimation, had died due to resource scarcity. Almost 9 out of 10 physicians were so troubled by limited resources that they often regretted their choice of profession.

Conclusion

This study provides the first glimpses of the untold story of resource shortage and bedside rationing in Ethiopia. Physicians encounter numerous dilemmas due to resource scarcity, and they report they lack adequate guidance for how to handle them. The consequences for patients and the professionals are substantial.

BMC Infectious Diseases

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

(Accessed 17 October 2015)

Research article

Frequency and impact of confounding by indication and healthy vaccinee bias in observational studies assessing influenza vaccine effectiveness: a systematic review

Cornelius Remschmidt, Ole Wichmann, Thomas Harder BMC Infectious Diseases 2015, 15:429 (17 October 2015)

Abstract

Background

Evidence on influenza vaccine effectiveness (VE) is commonly derived from observational studies. However, these studies are prone to confounding by indication and healthy vaccinee bias. We aimed to systematically investigate these two forms of confounding/bias.

Methods

Systematic review of observational studies reporting influenza VE and indicators for bias and confounding. We assessed risk of confounding by indication and healthy vaccinee bias for each study and calculated ratios of odds ratios (crude/adjusted) to quantify the effect of confounder adjustment. VE-estimates during and outside influenza seasons were compared to assess residual confounding by healthy vaccinee effects.
Results
We identified 23 studies reporting on 11 outcomes. Of these, 19 (83 %) showed high risk of bias: Fourteen due to confounding by indication, two for healthy vaccinee bias, and three studies showed both forms of confounding/bias. Adjustment for confounders increased VE on average by 12 % (95 % CI: 7–17 %; all-cause mortality), 9 % (95 % CI: 4–14 %; all-cause hospitalization) and 7 % (95 % CI: 4–10 %; influenza-like illness). Despite adjustment, nine studies showed residual confounding as indicated by significant off-season VE-estimates. These were observed for five outcomes, but more frequently for all-cause mortality as compared to other outcomes ($p = 0.03$) and in studies which indicated healthy vaccinee bias at baseline ($p = 0.01$).
Conclusions
Both confounding by indication and healthy vaccinee bias are likely to operate simultaneously in observational studies on influenza VE. Although adjustment can correct for confounding by indication to some extent, the resulting estimates are still prone to healthy vaccinee bias, at least as long as unspecific outcomes like all-cause mortality are used. Therefore, cohort studies using administrative data bases with unspecific outcomes should no longer be used to measure the effects of influenza vaccination.

Research article
Immunogenicity and safety of intradermal influenza vaccine in immunocompromized patients: a meta-analysis of randomized controlled trials
Claudia Pileggi, Francesca Lotito, Aida Bianco, Carmelo Nobile, Maria Pavia BMC Infectious Diseases 2015, 15:427 (14 October 2015)

Research article
The epidemiology of all-cause and rotavirus acute gastroenteritis and the characteristics of rotavirus circulating strains before and after rotavirus vaccine introduction in Yemen: analysis of hospital-based surveillance data
Salem Banajeh, Basheer Abu-Asba BMC Infectious Diseases 2015, 15:418 (13 October 2015)

Research article
Epidemiology of Ebola virus disease transmission among health care workers in Sierra Leone, May to December 2014: a retrospective descriptive study
Olushayo Olu, Brima Kargbo, Sarian Kamara, Alie Wurie, Jackson Amone, Louisa Ganda, Bernard Ntsama, Alain Poy, Fredson Kuti-George, Etsub Engedashet, Negusu Worku, Martin Cormican, Charles Okot, Zabulon Yoti, Kande-Bure Kamara, Kennedy Chitala, Alex Chimbaru, Francis Kasolo BMC Infectious Diseases 2015, 15:416 (13 October 2015)

BMC Medical Ethics
http://www.biomedcentral.com/bmcmedethics/content
(Accessed 17 October 2015)
Debate

The importance of values in evidence-based medicine
Michael Kelly, Iona Heath, Jeremy Howick, Trisha Greenhalgh BMC Medical Ethics 2015, 16:69 (12 October 2015)
Abstract
Background
Evidence-based medicine (EBM) has always required integration of patient values with 'best' clinical evidence. It is widely recognized that scientific practices and discoveries, including those of EBM, are value-laden. But to date, the science of EBM has focused primarily on methods for reducing bias in the evidence, while the role of values in the different aspects of the EBM process has been almost completely ignored.
Discussion
In this paper, we address this gap by demonstrating how a consideration of values can enhance every aspect of EBM, including: prioritizing which tests and treatments to investigate, selecting research designs and methods, assessing effectiveness and efficiency, supporting patient choice and taking account of the limited time and resources available to busy clinicians. Since values are integral to the practice of EBM, it follows that the highest standards of EBM require values to be made explicit, systematically explored, and integrated into decision making.
Summary
Through 'values based' approaches, EBM's connection to the humanitarian principles upon which it was founded will be strengthened.

BMC Pregnancy and Childbirth
http://www.biomedcentral.com/bmcpregnancychildbirth/content
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Research article
Longitudinal adherence to antiretroviral drugs for preventing mother-to-child transmission of HIV in Zambia
Sumiyo Okawa, Mable Chirwa, Naoko Ishikawa, Henry Kapyata, Charles Msiska, Gardner Syakantu, Shinsuke Miyano, Kenichi Komada, Masamine Jimba, Junko Yasuoka BMC Pregnancy and Childbirth 2015, 15:258 (12 October 2015)

Research article
A case series study on the effect of Ebola on facility-based deliveries in rural Liberia
Jody Lori, Sarah Rominski, Joseph Perosky, Michelle Munro, Garfee Williams, Sue Bell, Aloysius Nyanplu, Patricia Amarah, Carol Boyd BMC Pregnancy and Childbirth 2015, 15:254 (12 October 2015)

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Research article
A cross-sectional serosurvey on hepatitis B vaccination uptake among adult patients from GP practices in a region of South-West Poland
Maria Ganczak, Gabriela Dmytrzyk-Daniłów, Marcin Korzeń, Zbigniew Szych BMC Public Health 2015, 15:1060 (16 October 2015)

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(Accessed 17 October 2015)
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2015, Volume 5, Issue 10
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17 October 2015 (vol 351, issue 8029)
http://www.bmj.com/content/351/8029
Editorials
Practical tools for improving global primary care
BMJ 2015; 351 doi: http://dx.doi.org/10.1136/bmj.h5361 (Published 13 October 2015)
[Initial text]
Universal health coverage can be achieved only by strengthening primary care, and new tools are needed

The sustainable development goals launched last month commit the world to achieving universal health coverage by 2030.1 Achievement will depend on providing high quality primary healthcare. Last month also saw the launch of a new partnership, the Primary Health Care Performance Initiative (www.phcperformanceinitiative.org), which aims to strengthen primary care in low and middle income countries through enhanced monitoring and sharing of best practices and tools. But the few practical tools that currently exist are often inadequate. We need better integrated, concise, and user friendly materials that can help health workers manage the wide range of problems seen in primary care.

For the past three decades, the World Health Organization has led the development of practical tools for primary care with the publication of charts, handbooks, and intervention guides for use by health workers with limited resources and training. The guidelines of the 1990s advised empirical treatments with essential medicines for clusters of symptoms and covered sexually transmitted infections2 and life threatening illnesses in young children.3 In the 2000s this approach was replicated for pregnancy and childbirth4 and respiratory conditions. …

Bulletin of the World Health Organization
Volume 93, Number 10, October 2015, 665-740
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[Reviewed earlier]

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Volume 61 Issue 9 November 1, 2015
http://cid.oxfordjournals.org/content/current

[New issue; No relevant content identified]

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September 2015 Volume 37, Issue 9, p1873-2150
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[Reviewed earlier]

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September/October 2015 Volume 21, Issue 1 Pages C1–C1, 1–386
http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.1/issuetoc
[Reviewed earlier]

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http://www.conflictandhealth.com/
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[Reviewed earlier]

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Volume 25, Issue 8, 2015
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[Reviewed earlier]

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October 2015 Volume 39, Issue 4 Pages 611–810
http://onlinelibrary.wiley.com/doi/10.1111/disa.2015.39.issue-4/issuetoc
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Volume 21, Number 10—October 2015
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Volume 13, In Progress (December 2015)
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Volume 143 - Issue 14 - October 2015
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[Reviewed earlier]

The European Journal of Public Health
Volume 25, Issue 5, 1 October 2015
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Volume 20, Issue 41, 15 October 2015
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September 2015 | Volume 3 | Issue 3
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Volume 10, Issue 9, 2015
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[Accessed 17 October 2015]
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October 2015; Volume 34, Issue 10
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Volume 17, Issue 1 June 2015
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in collaboration with the Dalla Lana School of Public Health, University of Toronto
[Reviewed earlier]

Health Economics, Policy and Law
Volume 10 - Special Issue 04 - October 2015
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[Reviewed earlier]

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Volume 30 Issue 8 October 2015
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Volume 11, Issue 9, 2015
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[Reviewed earlier]

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Issue 64 June 2015
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Volume 7 Issue 17 October 2015
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Volume 44 Issue 4 August 2015
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October 2015 Volume 39, In Progress
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[Reviewed earlier]

JAMA
October 13, 2015, Vol 314, No. 14
http://jama.jamanetwork.com/issue.aspx
Association Between Hospitalization With Community-Acquired Laboratory-Confirmed Influenza Pneumonia and Prior Receipt of Influenza Vaccination

Carlos G. Grijalva, MD, MPH; Yuwei Zhu, MD, MS; Derek J. Williams, MD, MPH; Wesley H. Self, MD, MPH; Krow Ampofo, MD; Andrew T. Pavia, MD; Chris R. Stockmann, MSc; Jonathan McCullers, MD; Sandra R. Arnold, MD; Richard G. Wunderink, MD; Evan J. Anderson, MD; Stephen Lindstrom, PhD; Alicia M. Fry, MD, MPH; Ivo M. Foppa, ScD, MD; Lyn Finelli, DrPH, MS; Anna M. Bramley, MPH; Seema Jain, MD; Marie R. Griffin, MD, MPH; Kathryn M. Edwards, MD

Abstract

Importance

Few studies have evaluated the relationship between influenza vaccination and pneumonia, a serious complication of influenza infection.

Objective

To assess the association between influenza vaccination status and hospitalization for community-acquired laboratory-confirmed influenza pneumonia.

Design, Setting, and Participants

The Etiology of Pneumonia in the Community (EPIC) study was a prospective observational multicenter study of hospitalizations for community-acquired pneumonia conducted from January 2010 through June 2012 at 4 US sites. In this case-control study, we used EPIC data from patients 6 months or older with laboratory-confirmed influenza infection and verified vaccination status during the influenza seasons and excluded patients with recent hospitalization, from chronic care residential facilities, and with severe immunosuppression. Logistic regression was used to calculate odds ratios, comparing the odds of vaccination between influenza-positive (case) and influenza-negative (control) patients with pneumonia, controlling for demographics, comorbidities, season, study site, and timing of disease onset. Vaccine effectiveness was estimated as (1 – adjusted odds ratio) × 100%.

Exposure

Influenza vaccination, verified through record review.

Main Outcomes and Measures

Influenza pneumonia, confirmed by real-time reverse-transcription polymerase chain reaction performed on nasal/oropharyngeal swabs.

Results

Overall, 2767 patients hospitalized for pneumonia were eligible for the study; 162 (5.9%) had laboratory-confirmed influenza. Twenty-eight of 162 cases (17%) with influenza-associated pneumonia and 766 of 2605 controls (29%) with influenza-negative pneumonia had been vaccinated. The adjusted odds ratio of prior influenza vaccination between cases and controls was 0.43 (95% CI, 0.28-0.68; estimated vaccine effectiveness, 56.7%; 95% CI, 31.9%-72.5%).

Conclusions and Relevance

Among children and adults hospitalized with community-acquired pneumonia, those with laboratory-confirmed influenza-associated pneumonia, compared with those with pneumonia not associated with influenza, had lower odds of having received influenza vaccination.

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October 2015, Vol 169, No. 10
http://archpedi.jamanetwork.com/issue.aspx
[Reviewed earlier]

Journal of Community Health

Volume 40, Issue 5, October 2015
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October 2015, Volume 69, Issue 10
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Volume 11, Issue 2, 2015
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July-September 2015 Volume 7 | Issue 3 Page Nos. 95-124
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Volume 26, Number 3, August 2015
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Volume 17, Issue 5, October 2015
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Volume 13, Issue 3, 2015
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Special Issue: Social Work and Migration in Europe [Reviewed earlier]
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Volume 212 Issue 9 November 1, 2015
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Summer 2015 Volume 43, Issue 2 Pages 174–430
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Volume 2, Issue 3 (2015)
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Volume 4 Issue 3 September 2015
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Edited by Ronald E. Kleinman

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Volume 36, Issue 3 (August 2015)
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06 August 2015; volume 12, issue 109
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[Reviewed earlier]

The Lancet
Oct 17, 2015 Volume 386 Number 10003 p1509-1598 e18-e20
http://www.thelancet.com/journals/lancet/issue/current
Editorial
Ageing and health—an agenda half completed
The Lancet
DOI: http://dx.doi.org/10.1016/S0140-6736(15)00521-8
The unprecedented increase in longevity across the world is a dividend from investment in health and progressive socioeconomic policies. It should be the source of celebration and pride; yet, the very systems that fostered longevity now risk squandering that success—and shaming themselves—because they are not aligned to the challenges and opportunities of older populations. To make healthy ageing a reality, radical changes are required in the education, organisation, and delivery of health care. The Lancet Series on ageing, published in 2014, outlined the challenges; now WHO's World report on ageing and health, published Sept 30, guides the public health response.

The report avoids rigid age-definitions that perpetuate discrimination. Instead, it emphasises the heterogeneity of individuals and the importance of functional ability, rather than chronological age. Key domains that optimise functional ability are basic needs, autonomy, mobility, relationships, and contribution to society. Much of the diversity observed in older age is a consequence of social determinants and the advantages and disadvantages that accumulate across an individual's life course. The authors consider how these factors can be influenced through environmental strategies, the delivery of health and long-term care, and policy.

Environment is formed not only by physical location, but also by government policies and societal attitudes. Environments are dynamic and can modify the trajectory of functional ability in older age by influencing an individual's physical and mental capacity as either a facilitator or barrier to healthy ageing. They go beyond housing (which should be affordable, safe, and accessible), to include transport, cultural and community factors, opportunities for physical activity, and exposure to tobacco and other harmful materials.

Historically, health-care systems were designed to address isolated acute episodes of illness, rather than to manage the chronic multimorbidity that becomes increasingly common with age. So disappointed with their experience of care was one WHO sample of older patients from high-income countries, that it dissuaded almost a quarter of them from seeking care at a subsequent episode. A total change is called for, from improving the skills and understanding of health-care providers to a more age-friendly, holistic, integrated, sustainable, and dignified approach that focuses care across a range of services on common priorities identified by the individual. While such a role might seem tailored for primary care, it requires underpinning from adequately supported centres of expertise in geriatric care and a cadre of trained care-providers. A further weakness of current approaches is that non-clinical carers are often inadequately prepared, resourced, and respected for their role.

Changes are also necessary in the organisation of health care. Just as it seems unimaginable to deliver equitable care of high quality to older people in the absence of universal health coverage, some form of integrated and affordable social support in old age will also be required. To demonstrate the simultaneous acuteness and distance of that goal, the UK released figures on Oct 6 showing that only a minority of the 1·85 million requests for social services in the previous financial year, 72% of which came from people aged older than 65 years, could be supported by local councils.

The report is a welcome catalyst for much-needed research in the care of older people. The messages are relevant to all practitioners and health systems, particularly in middle-income and low-income countries where, by 2050, 80% of people aged older than 60 years will live. To translate the report into action, WHO is working with Member States to develop a global strategy and action plan, which is open for a web consultation until Oct 30. Engagement at high levels is important, including linkage with the Sustainable Development Goals for inclusiveness and wellbeing. However, just as older people will each have unique needs and preferences, so, too, countries will need to adapt their own health systems to local needs and circumstances.

At present only one country, Japan, has more than 30% of its population aged older than 60 years. By 2050, there will be many, including Chile, China, Iran, and Thailand. Opportunities for shared learning abound, such as the ongoing Joint Research Network on Ageing and Health in Asia, a multidisciplinary, multicountry collaboration, organised jointly by Mahidol University and the University of Tokyo that meets in Bangkok on Oct 22. Sharing perspectives and ideas in similar gatherings will create the environment from which local innovative solutions arise.

Comment

Maternal, newborn, and child health and the Sustainable Development Goals—a call for sustained and improved measurement

John Grove, Mariam Claeson, Jennifer Bryce, Agbessi Amouzou, Ties Boerma, Peter Waiswa, Cesar Victora, Kirkland Group

DOI: http://dx.doi.org/10.1016/S0140-6736(15)00517-6

Immunisation is one of the great global health successes of the past century, with millions of lives saved.1 Ensuring vaccination of millions of children is complex, but is made possible by one fundamental task: systematic counting at multiple levels and at frequent intervals. From charts in thousands of rural health posts, to databases in ministries of health, to standardised surveys and global reports from WHO, UNICEF, and GAVI, the Vaccine Alliance, a robust interconnected system of data collection and use enables health workers, programme

managers, and global actors to track who is vaccinated and make course corrections as needed to improve performance, policies, and programmes…

Articles
Estimations of worldwide prevalence of chronic hepatitis B virus infection: a systematic review of data published between 1965 and 2013
Aparna Schweitzer, Johannes Horn, Rafael T Mikolajczyk, Gérard Krause, Jördis J Ott

The Lancet Global Health
Oct 2015 Volume 3 Number 10 e576-e654
http://www.thelancet.com/journals/langlo/issue/current
[Reviewed earlier]

The Lancet Infectious Diseases
Oct 2015 Volume 15 Number 10 p1115-1242
http://www.thelancet.com/journals/laninf/issue/current
[Reviewed earlier]

Maternal and Child Health Journal
Volume 19, Issue 11, November 2015
http://link.springer.com/journal/10995/19/11/page/1
Original Paper
The Effects of Maternal Mortality on Infant and Child Survival in Rural Tanzania: A Cohort Study
Jocelyn E. Finlay, Corrina Moucheraud, Simo Goshev…

Medical Decision Making (MDM)
October 2015; 35 (7)
http://mdm.sagepub.com/content/current
[Reviewed earlier]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
September 2015 Volume 93, Issue 3 Pages 447–649
http://onlinelibrary.wiley.com/doi/10.1111/milq.2015.93.issue-3/issuetoc
[Reviewed earlier]

Nature
Volume 526 Number 7573 pp293-468 15 October 2015
http://www.nature.com/nature/current_issue.html
[New issue; No relevant content identified]

Nature Medicine
October 2015, Volume 21 No 10 pp1103-1234
http://www.nature.com/nm/journal/v21/n10/index.html
[Reviewed earlier]

Nature Reviews Immunology
October 2015 Vol 15 No 10
http://www.nature.com/nri/journal/v15/n10/index.html
[Reviewed earlier]

New England Journal of Medicine
October 15, 2015 Vol. 373 No. 16
http://www.nejm.org/toc/nejm/medical-journal
[New issue; No relevant content identified]

Pediatrics
October 2015, VOLUME 136 / ISSUE 4
http://pediatrics.aappublications.org/current.shtml
[Reviewed earlier]

Pharmaceutics
Volume 7, Issue 3 (September 2015), Pages 90-362
http://www.mdpi.com/1999-4923/7/3
[Reviewed earlier]

PharmacoEconomics
Volume 33, Issue 10, October 2015
http://link.springer.com/journal/40273/33/10/page/1
[Reviewed earlier]

PLOS Currents: Disasters
http://currents.plos.org/disasters/
[Accessed 17 October 2015]
[No new content]

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
(Accessed 17 October 2015)
[No new content]

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 17 October 2015)
[No new relevant content identified]

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 17 October 2015)
Complete Protection against Pneumonic and Bubonic Plague after a Single Oral Vaccination
Anne Derbise, Yuri Hanada, Manal Khalifé, Elisabeth Carniel, Christian E. Demeure
Research Article | published 16 Oct 2015 | PLOS Neglected Tropical Diseases
10.1371/journal.pntd.0004162
Abstract
Background
No efficient vaccine against plague is currently available. We previously showed that a genetically attenuated Yersinia pseudotuberculosis producing the Yersinia pestis F1 antigen was an efficient live oral vaccine against pneumonic plague. This candidate vaccine however failed to confer full protection against bubonic plague and did not produce F1 stably.
Methodology/Principal Findings
The caf operon encoding F1 was inserted into the chromosome of a genetically attenuated Y. pseudotuberculosis, yielding the VTnF1 strain, which stably produced the F1 capsule. Given orally to mice, VTnF1 persisted two weeks in the mouse gut and induced a high humoral response targeting both F1 and other Y. pestis antigens. The strong cellular response elicited was directed mostly against targets other than F1, but also against F1. It involved cells with a Th1—Th17 effector profile, producing IFNγ, IL-17, and IL-10. A single oral dose (108 CFU) of VTnF1 conferred 100% protection against pneumonic plague using a high-dose challenge (3,300 LD50) caused by the fully virulent Y. pestis CO92. Moreover, vaccination protected 100% of mice from bubonic plague caused by a challenge with 100 LD50 Y. pestis and 93% against a high-dose infection (10,000 LD50). Protection involved fast-acting mechanisms controlling Y. pestis spread out of the injection site, and the protection provided was long-lasting, with 93% and 50% of mice surviving bubonic and pneumonic plague respectively, six months after vaccination. Vaccinated mice also survived bubonic and pneumonic plague caused by a high-dose of non-encapsulated (F1-) Y. pestis.
Significance
VTnF1 is an easy-to-produce, genetically stable plague vaccine candidate, providing a highly efficient and long-lasting protection against both bubonic and pneumonic plague caused by wild type or un-encapsulated (F1-negative) Y. pestis. To our knowledge, VTnF1 is the only plague vaccine ever reported that could provide high and durable protection against the two forms of plague after a single oral administration.
Author Summary
Yersinia pestis, the agent of plague, is among the deadliest infectious agents affecting humans. Injected in the skin by infected fleas, Y. pestis causes bubonic plague, which occasionally evolves into the very lethal and contagious pneumonic plague. Y. pestis is also a dangerous potential bioweapon but no plague vaccine is available. The current study describes the development of a vaccine highly efficient against plague in both its bubonic and pneumonic

forms. The strategy consists of a live, avirulent, genetically modified Yersinia pseudotuberculosis that produces the capsule antigen of Y. pestis, named F1. The goal was to propose a vaccine that would be both easy to produce rapidly in large amounts with high quality, and easy to administer to individuals via a single oral dose. The VTnF1 strain described fulfills these demands. The immune response generated is long-lasting, involving both antibodies and memory cells directed against F1 and other antigens. We conclude that VTnF1 is a very promising candidate vaccine against plague.

PLoS One
http://www.plosone.org/
[Accessed 17 October 2015]
[No new relevant content identified]

PLoS Pathogens
http://journals.plos.org/plospathogens/
(Accessed 17 October 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 17 October 2015)
Biological Sciences - Population Biology:
Measuring the impact of Ebola control measures in Sierra Leone
Adam J. Kucharski, Anton Camacho, Stefan Flasche, Rebecca E. Glover, W. John Edmunds, and Sebastian Funk
PNAS 2015 ; published ahead of print October 12, 2015, doi:10.1073/pnas.1508814112
Significance
Between June 2014 and February 2015, thousands of Ebola treatment beds were introduced in Sierra Leone, alongside other infection control measures. However, there has been criticism of the timing and focus of this response, and it remains unclear how much it contributed to curbing the 2014–2015 Ebola epidemic. Using a mathematical model, we estimated how many Ebola virus disease cases the response averted in each district of Sierra Leone. We estimated that 56,600 (95% credible interval: 48,300–84,500) Ebola cases were averted in Sierra Leone as a direct result of additional treatment beds. Moreover, the number of cases averted would have been even greater had beds been available 1 month earlier.
Abstract
Between September 2014 and February 2015, the number of Ebola virus disease (EVD) cases reported in Sierra Leone declined in many districts. During this period, a major international response was put in place, with thousands of treatment beds introduced alongside other infection control measures. However, assessing the impact of the response is challenging, as several factors could have influenced the decline in infections, including behavior changes and other community interventions. We developed a mathematical model of EVD transmission, and measured how transmission changed over time in the 12 districts of Sierra Leone with sustained transmission between June 2014 and February 2015. We used the model to estimate how many

cases were averted as a result of the introduction of additional treatment beds in each area. Examining epidemic dynamics at the district level, we estimated that 56,600 (95% credible interval: 48,300–84,500) Ebola cases (both reported and unreported) were averted in Sierra Leone up to February 2, 2015 as a direct result of additional treatment beds being introduced. We also found that if beds had been introduced 1 month earlier, a further 12,500 cases could have been averted. Our results suggest the unprecedented local and international response led to a substantial decline in EVD transmission during 2014–2015. In particular, the introduction of beds had a direct impact on reducing EVD cases in Sierra Leone, although the effect varied considerably between districts.

Pneumonia
Vol 6 (2015)
https://pneumonia.org.au/index.php/pneumonia/issue/current
[Reviewed earlier]

Prehospital & Disaster Medicine
Volume 30 - Issue 05 - October 2015
https://journals.cambridge.org/action/displayIssue?jid=PDM&tab=currentissue
[Reviewed earlier]

Preventive Medicine
Volume 80, Pages 1-106 (November 2015)
http://www.sciencedirect.com/science/journal/00917435/80
Special Issue: Behavior change, health, and health disparities
[Reviewed earlier]

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
October 2015; 25 (10)
http://qhr.sagepub.com/content/current
[Reviewed earlier]

Reproductive Health
http://www.reproductive-health-journal.com/content
[Accessed 17 October 2015]
[No new relevant content identified]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
August 2015 Vol. 38, No. 2
http://www.paho.org/journal/
SERIES ON EQUITY IN HEALTH AND SUSTAINABLE DEVELOPMENT
Desigualdades educacionales en mortalidad y supervivencia de mujeres y hombres de las Américas, 1990–2010 [Educational inequalities in mortality and survival of women and men in the Americas, 1990–2010]
Mariana Haeberer, Isabel Noguer y Oscar J. Mújica

Assessing equitable care for Indigenous and Afrodescendant women in Latin America
[Evaluación de la equitatividad de la atención a las mujeres indígenas y afrodescendientes de América Latina]
Arachu Castro, Virginia Savage, and Hannah Kaufman

ORIGINAL RESEARCH ARTICLES
Formative evaluation of a proposed mHealth program for childhood illness management in a resource-limited setting in Peru [Evaluación formativa de un programa de salud móvil propuesto para el manejo de las enfermedades de la infancia en un entorno del Perú con recursos limitados]
T. A. Calderón, H. Martin, K. Volpicelli, C. Diaz, E. Gozzer, and A. M. Buttenheim

CURRENT TOPICS
Paving pathways: Brazil's implementation of a national human papillomavirus immunization campaign [Allanando el camino: implementación de una campaña nacional de vacunación contra el virus del papiloma humano en Brasil]
Misha L. Baker, Daniella Figueroa-Downing, Ellen Dias De Oliveira Chiang,
Luisa Villa, Maria Luiza Baggio, José Eluf-Neto, Robert A. Bednarczyk, and Dabney P. Evans
Abstract
In 2014, Brazil introduced an HPV immunization program for girls 9–13 years of age as part of the Unified Health System's (SUS) National Immunization Program. The first doses were administered in March 2014; the second ones, in September 2014. In less than 3 months more than 3 million girls received the first dose of quadrivalent HPV vaccine, surpassing the target rate of 80%. This paper examines three elements that may influence the program's long-term success in Brazil: sustaining effective outreach, managing a large technology-transfer collaboration, and developing an electronic immunization registry, with a focus on the State of São Paulo. If these three factors are managed, the Government of Brazil is primed to serve as a model of success for other countries interested in implementing a national HPV vaccination program to decrease HPV-related morbidity and mortality.

Risk Analysis
September 2015 Volume 35, Issue 9 Pages 1593–1763
http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-9/issuetoc
[Reviewed earlier]

Science
16 October 2015 vol 350, issue 6258, pages 249-352
http://www.sciencemag.org/current.dtl
[New issue; No relevant content identified]

Social Science & Medicine
Volume 143, Pages 1-342 (October 2015)
http://www.sciencedirect.com/science/journal/02779536/143
Special issue section The rise of developmental science: Debates on health and humanity; Edited by Dominique P. Béhague and Samuel Lézé

Tropical Medicine and Health
Vol. 43(2015) No. 3
https://www.jstage.jst.go.jp/browse/tmh/43/0/_contents
[Reviewed earlier]

Tropical Medicine & International Health
October 2015 Volume 20, Issue 10 Pages 1257–1404
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2015.20.issue-7/issuetoc
[Reviewed earlier]

Vaccine
Volume 33, Issue 41, Pages 5333-5488 (5 October 2015)
http://www.sciencedirect.com/science/journal/0264410X/33/41
[Reviewed earlier]

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 17 October 2015)
[No new relevant content identified]

Value in Health
September 2015 Volume 18, Issue 6, p739-940
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

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

Current Treatment Options in Oncology
2015, 16(11):54
An Update on the Role of Immunotherapy and Vaccine Strategies for Primary Brain Tumors.
Neagu MR, Reardon DA
Pappas Center for Neuro-Oncology, Massachusetts General Hospital, WACC 8-835m 55 Fruit St, Boston, MA, 02114, USA.
Type: Journal Article
DOI: 10.1007/s11864-015-0371-3
OPINION STATEMENT:
Existing therapies for glioblastoma (GBM), the most common malignant primary brain tumor in adults, have fallen short of improving the dismal patient outcomes, with an average 14-16-month median overall survival. The biological complexity and adaptability of GBM, redundancy of dysregulated signaling pathways, and poor penetration of therapies through the blood-brain barrier contribute to poor therapeutic progress. The current standard of care for newly diagnosed GBM consists of maximal safe resection, followed by fractionated radiotherapy combined with concurrent temozolomide (TMZ) and 6-12 cycles of adjuvant TMZ. At progression, bevacizumab with or without additional chemotherapy is an option for salvage therapy. The recent FDA approval of sipuleucel-T for prostate cancer and ipilumimab, nivolumab, and pembrolizumab for select solid tumors and the ongoing trials showing clinical efficacy and response durability herald a new era of cancer treatment with the potential to change standard-of-care treatment across multiple cancers. The evaluation of various immunotherapeutics is advancing for GBM, putting into question the dogma of the CNS as an immuno-privileged site. While the field is yet young, both active immunotherapy involving vaccine strategies and cellular therapy as well as reversal of GBM-induced global immune-suppression through immune checkpoint blockade are showing promising results and revealing essential immunological insights regarding kinetics of the immune response, immune evasion, and correlative biomarkers. The future holds exciting promise in establishing new treatment options for GBM that harness the patients' own immune system by activating it with immune checkpoint inhibitors, providing specificity using vaccine therapy, and allowing for modulation and enhancement by combinatorial approaches.

Journal of the American Geriatrics Society
Early View
Pneumococcal Carriage and Vaccine Coverage in Retirement Community Residents

Sylvia Becker-Dreps MD, MPH1,*, Christine E. Kistler MD, MASc1,2, Kimberly Ward BA2, Ley A. Killeya-Jones PhD1, Olga Maria Better BS3, David J. Weber MD, MPH4, Sheryl Zimmerman PhD2,5, Bradly P. Nicholson PhD6, Chris W. Woods MD, MPH7 andPhilip Sloane MD, MPH1,2
Article first published online: 12 OCT 2015
DOI: 10.1111/jgs.13651
Abstract
Objectives
To evaluate pneumococcal immunization in older adults living in retirement communities and to measure nasopharyngeal carriage of Streptococcus pneumoniae to better assess the potential for herd protection from the 13-valent pneumococcal conjugate vaccine (PCV-13) in these settings.
Design
Cross-sectional observational study of adults aged 65 and older living in retirement communities to determine coverage with 23-valent pneumococcal vaccine (PPSV-23), coverage with PCV-13 in immuncompromised individuals according to 2012 Advisory Committee on Immunization Practices (ACIP) guidelines, and nasopharyngeal carriage of S. pneumoniae.
Setting
Two retirement communities in North Carolina.
Participants
Older adults recruited between December 2013 and April 2014 (N = 21, 64.8% female, mean age 81.4).
Measurements
A survey was used to assess chronic illnesses, immunization history, and potential risk factors for pneumococcal carriage; a chart review was used to confirm immunization history and abstract chronic conditions; and a nasopharyngeal swab was collected and cultured for S. pneumoniae.
Results
Eighty-seven percent of participants reported receiving PPSV-23 since age 65. Of the 16.2% of participants with an immunocompromising condition, only one had received PCV-13. Nasopharyngeal carriage with S. pneumoniae was detected in 1.9% (95% confidence interval = 0.0–3.8%) of participants.
Conclusion
In this select sample, PPSV-23 coverage was high, but adherence to the ACIP recommendation for PCV-13 in immunocompromised groups was low. Nasopharyngeal carriage of S. pneumoniae was present, although infrequent, suggesting that immunization with PCV-13 could provide an individual benefit and a small degree of herd protection.

Health Technology Assessment (Winchester, England)
2015, 19(79):1-32
Early estimation of pandemic influenza Antiviral and Vaccine Effectiveness (EAVE): use of a unique community and laboratory national data-linked cohort study.
Centre for Medical Informatics, The Usher Institute of Population Health Sciences and Informatics, The University of Edinburgh, Edinburgh, UK.
Simpson CR, Lone N, McMenamin J, Gunson R, Robertson C, Ritchie LD, Sheikh A
DOI: 10.3310/hta19790
Abstract

BACKGROUND: After the introduction of any new pandemic influenza, population-level surveillance and rapid assessment of the effectiveness of a new vaccination will be required to ensure that it is targeted to those at increased risk of serious illness or death from influenza.
OBJECTIVE: We aimed to build a pandemic influenza reporting platform that will determine, once a new pandemic is under way: the uptake and effectiveness of any new pandemic vaccine or any protective effect conferred by antiviral drugs once available; the clinical attack rate of pandemic influenza; and the existence of protection provided by previous exposure to, and vaccination from, A/H1N1 pandemic or seasonal influenza/identification of susceptible groups.
DESIGN: An observational cohort and test-negative study design will be used (post pandemic).
SETTING: A national linkage of patient-level general practice data from 41 Practice Team Information general practices, hospitalisation and death certification, virological swab and serology-linked data.
PARTICIPANTS: We will study a nationally representative sample of the Scottish population comprising 300,000 patients. Confirmation of influenza using reverse transcription polymerase chain reaction and, in a subset of the population, serology.
INTERVENTIONS: Future available pandemic influenza vaccination and antivirals will be evaluated.
MAIN OUTCOME MEASURES: To build a reporting platform tailored towards the evaluation of pandemic influenza vaccination. This system will rapidly measure vaccine effectiveness (VE), adjusting for confounders, estimated by determining laboratory-confirmed influenza; influenza-related morbidity and mortality, including general practice influenza-like illnesses (ILIs); and hospitalisation and death from influenza and pneumonia. Once a validated haemagglutination inhibition assay has been developed (and prior to the introduction of any vaccination), cross-reactivity with previous exposure to A/H1N1 or A/H1N1 vaccination, other pandemic influenza or other seasonal influenza vaccination or exposure will be measured.
CONCLUSIONS: A new sentinel system, capable of rapidly determining the estimated incidence of pandemic influenza, and pandemic influenza vaccine and antiviral uptake and effectiveness in preventing influenza and influenza-related clinical outcomes, has been created. We have all of the required regulatory approvals to allow rapid activation of the sentinel systems in the event of a pandemic. Of the 41 practices expressing an interest in participating, 40 have completed all of the necessary paperwork to take part in the reporting platform. The data extraction tool has been installed in these practices. Data extraction and deterministic linkage systems have been tested. Four biochemistry laboratories have been recruited, and systems for serology collection and linkage of samples to general practice data have been put in place.
FUTURE WORK: The reporting platform has been set up and is ready to be activated in the event of any pandemic of influenza. Building on this infrastructure, there is now the opportunity to extend the network of general practices to allow important subgroup analyses of VE (e.g. for patients with comorbidities, at risk of serious ILI) and to link to other data sources, in particular to test for maternal outcomes in pregnant patients.
STUDY REGISTRATION: This study is registered as ISRCTN55398410.
FUNDING: The National Institute for Health Research Health Technology Assessment programme.

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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.

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 17 October 2015
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 17 October 2015
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 17 October 2015
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 17 October 2015
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 17 October 2015
[No new, unique, relevant content]

Financial Times
http://www.ft.com/hme/uk
Accessed 17 October 2015
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 17 October 2015
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 17 October 2015
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 17 October 2015
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 17 October 2015
Two new Ebola cases in Guinea confound hopes of end to outbreak
Reuters - Friday 16 October 2015
Weeks away from west African country being declared free of disease, two men have contracted virus, one having had no contact with registered victims

The Huffington Post
http://www.huffingtonpost.com/
Accessed 17 October 2015
[No new, unique, relevant content]

Mail & Guardian
http://mg.co.za/
Accessed 17 October 2015
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 17 October 2015
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 17 October 2015
More Than 400 Dead in Southeast Congo Measles Outbreak-U.N.
World Health Organization warned last November that progress towards wiping out measles has stalled worldwide due to poor vaccine coverage. (Reporting By Aaron Ross; Editing by Andrew Heavens)
October 16, 2015 - By REUTERS
California's Sweeping New Social Policies Could Set Trend
the brass ring for setting policies — and then testing whether those policies can withstand rigorous challenges. "Both the vaccine bill and the right-to-die legislation will be seriously looked at by other states," said Sherry
October 13, 2015 - By THE ASSOCIATED PRESS -

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 17 October 2015
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 17 October 2015
Larry Summers: How finance can fight disease epidemics
October 14, 2015
Lawrence H. Summers, the Charles W. Eliot university professor at Harvard, is a former treasury secretary and director of the National Economic Council in the White House. He is writing occasional posts, to be featured on Wonkblog, about issues of national and international economics and policymaking.

During the annual IMF-World Bank meetings last week in Lima, Peru, I was part of a discussion on a proposed pandemic emergency financing facility. The subject brought together two things I am very interested in. First, the Lancet Commission on Global Health 2035, which I recently chaired, argues that underinvestment in health-related global public goods is a major problem -- and that in particular the world is badly underinvesting in epidemic and pandemic protection relative to the risks involved. Second, after all that has gone wrong in recent years, it seems incumbent on all of us involved in finance to think about how financial innovations can address the real problems of real people.

The idea under discussion is a potentially powerful one: some public entity would issue bonds to investors which would be deemed to default in the event of an epidemic, assuring the availability of resources to respond before the epidemic takes on pandemic proportions. The facility would complement the new World Health Organization contingency fund as well as its existing financing mechanisms. Such bonds are routinely issued to mobilize resources that will trigger in the event of hurricanes or earthquakes. So called catastrophe bonds or cat-bonds offer higher yields to investors in return for taking risks that are not correlated with the normal risks of business cycle downturns.

This has the potential to be a win-win-win. The World Bank is using financial innovation to mitigate a major threat to the world, and especially the world's poor. The vast resources of the global capital market are being tapped to provide vitally important insurance – and bring much-needed financial discipline to pandemic preparedness and response. And investors who, at this time of zero rates, are desperate for return are getting a new vehicle in which to invest. Little wonder that the session brought together health advocates, national aid agencies and leading financial firms, all of whom were very positive.

I hope 2016 will see the advent of epidemic or pandemic bonds. But there are two hurdles that will have to be overcome if this initiative is to succeed. These hurdles, amidst the happy talk of cooperation, were I thought somewhat elided in the conversation.

First, a suitable price has to be found for these bonds: a price that works for both investors and for those who will issue them. Experience with hurricane and earthquake bonds suggests that in order to accept a 1 percent chance of default, investors require about a 3 percent yield

premium. The same is likely true of epidemic or pandemic bonds. In an expected value sense the bonds are expensive for issuers and attractive to investors. So the question posed is this: As an aid agency concerned with, say, health in sub-Saharan Africa, is it better to pay $3 million to support the issuance of a bond that will with 1 percent probability pay off $100 million or is it better to give the $3 million to support improvements in local health care systems?

Second, a suitable contract has to be drafted specifying when exactly the bonds will default. Investors will expect something observable that does not involve any discretion so that actuaries can make rigorous models. The health community seems to see these bonds as vehicles for driving all sorts of good things like reform of local systems and very rapid response at the first instant in an epidemic situation. A way of satisfying both constituencies needs to be found.

I think these problems are solvable. But it will take more than rhetoric of cooperation and good will. It will take good ideas and hard negotiation. We can all hope that they will be forthcoming.

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Support for this service is provided by its governing institutions – Division of Medical Ethics, NYU Medical School, NYU Langone and the Children's Hospital of Philadelphia Vaccine Education Center. Additional support is provided by PATH; the International Vaccine Institute (IVI); the Bill & Melinda Gates Foundation; and industry resource members Crucell/Janssen/J&J, Pfizer, Sanofi Pasteur U.S.,Takeda (list in formation), and the Developing Countries Vaccine Manufacturers Network (DCVMN).

Support is also provided by a growing list of individuals who use this membership service to support their roles in public health, clinical practice, government, NGOs and other international institutions, academia and research organizations, and industry.

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