



Vaccines and Global Health: The Week in Review 24 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.*

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WHO SAGE Meeting/Malaria Vaccine+

[WHO - Press Conference on Outcomes of SAGE Immunization Meeting \(Geneva, 23 October 2015\)](#)

Video

Briefing on outcomes and recommendations of the meeting of the WHO Strategic Advisory Group of Experts (SAGE) on Immunization, held this week.

The WHO Strategic Advisory Group of Experts (SAGE) on Immunization, which was established to advise WHO on policies and strategies for immunization, met on 20-22 October 20-22 to review the best available scientific evidence on development and use of vaccines including those for use against Ebola virus, poliovirus and malaria. .

Speaker: Professor Jon S. Abramson – Chair of the WHO Strategic Advisory Group of Experts (SAGE) on Immunization

News release

[Pilot implementation of first malaria vaccine recommended by WHO advisory groups](#)

Global move to remove type two oral polio vaccine agreed for April

23 October 2015 | GENEVA - The World Health Organization's Strategic Advisory Group of Experts on Immunization (SAGE) and the Malaria Policy Advisory Committee (MPAC) jointly recommended pilot projects to understand how to best use a vaccine that protects against malaria in young children.

"This was a historic meeting with two of WHO's major advisory committees working together to consider current evidence about this vaccine," said Professor Fred Binka, acting chair of MPAC. "The committees agreed that pilot implementations should be the next step with this vaccine."

The vaccine, known as RTS,S, is the first vaccine for malaria, but there is one primary question. It requires four doses for a child to be fully protected and therefore requires additional contacts with the health care system. The first three doses are given one month apart followed by an 18-month pause before the fourth dose. Without the fourth dose, children had no overall reduction in severe malaria.

"The question about how the malaria vaccine may best be delivered still need to be answered," said Professor Jon S. Abramson, chair of SAGE. "After detailed assessment of all the evidence we recommended that this question is best addressed by having 3-5 large pilot implementation projects."

The malaria vaccine, RTS,S, acts against *P. falciparum*, the most deadly malaria parasite globally, and the most prevalent in Africa. It offers no protection against *P. vivax* malaria, which predominates in many countries outside of Africa. The vaccine is being assessed as a complementary malaria control tool that could potentially be added to—but not replace—the core package of proven malaria preventive, diagnostic and treatment measures.

In other sessions during the SAGE meeting, held from 20-22 October, the group reviewed evidence and offered recommendations on the development and use of vaccines against Ebola virus, poliovirus and measles.

Polio vaccine

Oral polio vaccine (OPV) is the primary tool used to eradicate polio worldwide, thanks to its unique ability to interrupt person-to-person spread of the virus. However, on very rare occasions, the live attenuated vaccine-viruses contained in OPV can be associated with cases of

vaccine-associated polio paralysis (VAPP) or circulating vaccine-derived polioviruses (cVDVPs). Withdrawing OPVs is therefore a crucial part of the polio endgame strategy.

The type 2 component of OPV accounts for 40% of VAPP cases, and upwards of 90% of cVDPV cases. By contrast, wild poliovirus type 2 has not been detected anywhere since 1999 and the Global Commission for the Certification of Poliomyelitis Eradication (GCC) declared this strain globally eradicated at its meeting in September 2015. Countries have therefore been preparing to remove the type 2 component from OPV, by switching from trivalent OPV (containing all three serotypes) to bivalent OPV (containing only type 1 and 3 serotypes). All oral polio vaccines will be removed after global eradication of wild poliovirus types 1 and 3 has been certified.

SAGE confirmed that the globally synchronized switch from trivalent oral polio vaccine (tOPV) to bivalent OPV (bOPV) should occur between 17 April and 1 May 2016.

SAGE also concluded that significant progress had been made since its last meeting, in April 2015, with no cases of wild poliovirus in Africa since August and more than a year having passed since the last case was seen in the Middle East, strengthened surveillance and more children being reached with vaccines in key areas of Pakistan and Afghanistan. As a result of these steps, all countries and the partners of the Global Polio Eradication Initiative (GPEI) should intensify their preparations for the global withdrawal of OPV type 2 (OPV2) in April 2016.

SAGE cautioned, however, that more work needs to be done ahead of the switch date. It is critical that countries meet deadlines to protect populations by moving towards destruction of wild poliovirus type 2 stocks or their containment in 'poliovirus essential' facilities. Ongoing vaccine-derived type 2 polio outbreaks in Guinea and South Sudan need to be stopped. A global shortage of inactivated polio vaccine needs to be managed ahead of the switch, with available supplies prioritized for the highest-risk areas.

Measles vaccine

Currently 13 percent of measles cases are occurring in children before they reach 9 months - the youngest age at which the first dose is typically given, so SAGE is recommending, in specific circumstances, that a dose may be given earlier to infants as young as 6 months when the risk of contracting measles is high.

Ebola

SAGE also offered provisional recommendations on vaccination in response to an outbreak of Ebola, based on interim trial results suggesting high safety and efficacy. These recommendations are provisional because candidate vaccines are currently being used only in the context of clinical trials, and recommendations for use outside trial settings will depend on the vaccines receiving regulatory approval. The recommendations do not apply to any specific vaccine. Recommendations will be adjusted when more data become available.

[Gavi and Global Fund Statement on Malaria Vaccine Recommendations](#)

23 October 2015

GENEVA - Today's recommendations by two advisory bodies to the World Health Organization, the Strategic Advisory Group of Experts on Immunization (SAGE) and the Malaria Policy Advisory Committee (MPAC), for use of the RTS,S malaria vaccine are a step toward making the vaccine available in countries with a heavy malaria burden as well as an opportunity to assess its likely real world impact.

They have called for pilot implementations of the vaccine in three to five settings in sub-Saharan Africa. This follows an earlier four-year trial of the vaccine that found it safe and effective, providing 39 percent efficacy at preventing clinical cases of malaria.

Replicating that success rate in a non-clinical setting poses challenges. The RTS,S vaccine requires four doses and the last dose is critical for sustaining the protective effect of the vaccine. The first three doses of the vaccine will be administered to children between 5 and 9 months of age and the fourth dose is given around the second birthday. This is partially outside the existing immunization schedule in which most vaccines are administered to infants 6 to 14 weeks after birth, potentially posing logistical challenges to health systems in low-income countries. Further assessing the feasibility of providing these vaccinations and the resulting impact is therefore a prudent approach.

While additional studies could demonstrate RTS,S's utility in the malaria control toolkit, global efforts must continue to expand access to proven methods of malaria control. The RTS,S vaccine could complement - not replace - existing proven and cost-effective methods, such as insecticide-treated mosquito nets and spraying. Tools such as insecticide-treated mosquito nets have significantly reduced the burden of malaria, more than halving the number under-five deaths since 2000. Despite such progress, there are still more than 200 million cases of malaria worldwide each year, resulting in 438,000 deaths, the vast majority of them African children.

It is now for the World Health Organization to confirm its recommendations on the first-ever malaria vaccine based on the recommendations received from SAGE/MPAC. The boards of Gavi and the Global Fund will review the WHO's recommendation to determine next steps.

Gavi and the Global Fund are continuing to work together to plan for the possible use of a malaria vaccine, if recommended by WHO and if the Gavi and Global Fund boards decide to support the vaccine in conjunction with other proven malaria interventions, as part of an integrated approach towards malaria control. Both organisations are working in close coordination with the Global Malaria Programme at the WHO, other technical and donor partners and implementing countries.

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PATH [to 24 October 2015]

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

[GSK and PATH joint statement on WHO advisory group recommendation on use of RTS,S malaria vaccine candidate](#)

October 23, 2015—The World Health Organization's Strategic Advisory Group of Experts on Immunization (SAGE) and Malaria Policy Advisory Committee (MPAC) have today jointly recommended implementation of GlaxoSmithKline's (GSK) malaria vaccine candidate RTS,S (Mosquirix™) through a number of pilot projects. This is an important step in the process

toward making RTS,S available alongside existing tools currently recommended for malaria prevention, diagnosis, treatment, and control. GSK and PATH will now review the SAGE/MPAC advice as we wait for the final policy recommendation from the WHO expected by the end of 2015.

GSK and PATH stand ready to work with the WHO on the pilot implementation of the vaccine, in order to provide the additional information needed about how to best deliver the vaccine in a real-world setting, enabling implementation of a wider scale immunisation programme in children in sub-Saharan Africa (SSA). The results of a large scale phase III efficacy and safety trial of RTS,S, have shown that RTS,S could provide a meaningful public health benefit in reducing the burden of malaria when used alongside currently available interventions such as bed nets and insecticides.

The SAGE/MPAC joint recommendation comes after the vaccine candidate received a positive scientific opinion from the European regulators in July 2015 for the prevention of malaria in young children in SSA.

In 2013, there were an estimated 584,000 deaths from malaria with around 90 percent of these occurring in SSA, and 83 percent in children under the age of five.

Press release | October 20, 2015

[Visualize No Malaria campaign to prove malaria elimination possible in Africa](#)

PATH & Tableau Foundation form unique partnership to aid elimination efforts in Zambia using data visualization.

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Global Fund [to 24 October 2015]

<http://www.theglobalfund.org/en/news/>

News

[Global Fund Statement on Cambodia's Programs against Malaria](#)

20 October 2015

Cambodia has made impressive progress against malaria, with a 70 percent decline in the number of cases from 2009 to 2014, and a sharp reduction in deaths in the same period.

However, the situation remains critical, and preliminary data on an increase in malaria cases in parts of Cambodia since mid-2014, as well as resistance to artemisinin-based combination therapies, carries serious implications for the broader Mekong region.

The Global Fund is working with key partners, including the Government of Cambodia and the United Nations Office of Project Services and others, to take all possible measures to reverse the recent increase.

The Global Fund implements a framework of accountability that requires transparent reporting on investments in health, so that a maximum of available resources go toward serving people affected by malaria and other diseases.

The Global Fund has a zero tolerance policy for fraud and corruption, and requires a high degree of transparency and accountability from all partners, even in challenging operating environments where governance and accountability systems do not meet international standards.

In Cambodia, the Global Fund is working with the Ministry of Health to address implementation challenges and to support efforts that maximize results and impact and that further strengthen systems for health to serve the people of Cambodia.

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EBOLA/EVD [to 24 October2015]

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

Ebola Situation Report – 21 October 2015

[Excerpts]

SUMMARY

:: Three new confirmed cases of Ebola virus disease (EVD) were reported in the week to 18 October, all of which were reported in Guinea. The country had reported zero cases for the previous 2 weeks. Of the 3 new cases, 1 was reported from the capital, Conakry, and 2 were reported from the subprefecture of Kaliah, Forecariah. Of note, 2 cases were not registered contacts, 1 of whom was identified after post-mortem testing of a community death. There are currently 246 contacts under follow-up in Guinea (70 of whom are high risk), and an additional 253 contacts identified during the past 42 days remain untraced. Therefore there remains a near-term risk of further cases among both registered and untraced contacts. Sierra Leone reported zero cases for a fifth consecutive week.

:: Case incidence has remained at 5 confirmed cases or fewer per week for 12 consecutive weeks. Over the same period, transmission of the virus has been geographically confined to several small areas in western Guinea and Sierra Leone, marking a transition to a distinct, third phase of the epidemic. The phase-3 response coordinated by the Interagency Collaboration on Ebola builds on existing measures to drive case incidence to zero, and ensure a sustained end to EVD transmission. Enhanced capacity to rapidly identify a reintroduction (either from an area of active transmission or from an animal reservoir), or re-emergence of virus from a survivor, and capacity for testing and counselling as part of a comprehensive package to safeguard the welfare of survivors are central to the phase-3 response framework..

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POLIO [to 24 October2015]

Public Health Emergency of International Concern (PHEIC)

GPEI Update: Polio this week as of 21 October 2015

Global Polio Eradication Initiative

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

:: World Polio Day on 24 October is an opportunity to reflect on how far we have come in the last year and to pay tribute to the countless healthcare workers, volunteers, families, traditional and religious leaders, governments, donors, civil society organizations and partners who work tirelessly to protect children against polio. Join Rotary International and UNICEF for a live streamed global update on 23 October and for updates throughout the week from the partners of the Global Polio Eradication Initiative follow @Vaccines on Twitter.

:: The Independent Monitoring Board met in London in October 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

:: Three new positive environmental samples were reported in the past week, two in Hilmand district of Hilmand province with collection dates of 19 and 20 September and one in Nangarhar district of Nangarhar province, collected on 21 September.

:: Mop-up campaigns are planned in October in 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

:: Three new environmental samples positive for WPV1 were reported in the last week. One was collected in Rawalpindi district of Punjab on 10 September, one in Quetta district of Balochistan on 20 September and one in Karachi-Gadap town, Sindh, on 22 September.

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.

:: An outbreak response has started in the last week in Ukraine with supplementary immunization activities taking place in every Oblast. The next few weeks will be critical in terms of continued political support and oversight to ensure all children are reached with the vaccines.

Nationwide polio immunization campaign under way in Ukraine

After an outbreak of circulating vaccine derived poliovirus was reported in Ukraine in September, a vaccination campaign using the oral polio vaccine has been launched.
Wednesday, October 21, 2015

A nationwide vaccination campaign with oral polio vaccine was launched today in Ukraine in response to a polio outbreak in the country. WHO applauded the decision taken by the Ministry of Health to begin the campaign, which is mandated by international guidelines as part of a comprehensive outbreak response. "With the campaign now under way, we call on health care providers and parents in Ukraine to exercise their right and responsibility to vaccinate all children in the designated age groups urgently to stop transmission of this dreaded virus," said Dr Zsuzsanna Jakab, WHO Regional Director for Europe.

The first phase of the campaign will target 2.85 million children under the age of 6. At least two additional rounds, with one targeting 4.75 million children up to 10 years, are expected to follow at 1-month intervals. The vaccine is to be given free to all children in the designated age groups...

Mass polio immunization campaign aims to reach 3 million children in Syria

UNICEF and WHO appeal for improved access to children

DAMASCUS, Syria, 18 October 2015 -- A 5-day nationwide immunization campaign began today in Syria aiming to vaccinate 3 million children against polio.

The current campaign is part of a comprehensive response to the polio outbreak in October 2013. 15 mass vaccination campaigns reaching on average 2.9 million children each round have been carried out since. No new cases have been reported since January 2014.

The campaign is jointly organized by the Ministry of Health, UNICEF, the World Health Organization and local partners, including the Syrian Arab Red Crescent. It aims to reach children under the age of 5 across the country, including those who have been displaced. The vaccination will take place at fixed clinics, and in areas where the conflict is heavy vaccinators will go house to house...

Rotary gives US\$40.4 million to end polio worldwide

Oct 23, 2015

On the heels of historic success against polio in Nigeria and across the continent of Africa, the global effort to end polio is receiving an additional US\$40.4 million boost from Rotary to support immunization activities and surveillance spearheaded by the Global Polio Eradication Initiative...

... Following Nigeria's polio-free milestone, and no cases of wild polio in all of Africa in more than a year, Rotary is contributing \$26.8 million to African countries to ensure the disease never returns to the continent: Burkina Faso (\$1.6 million), Cameroon (\$2.7 million), Chad (\$2.6 million), Democratic Republic of Congo (\$499,579), Equatorial Guinea (\$685,000), Kenya (\$750,102), Madagascar (\$562,820), Mali (\$1.5 million), Niger (\$3 million), Nigeria (\$6.9 million), Somalia (\$4.9 million) and South Sudan (\$1.5 million).

Rotary has earmarked \$6.7 million to polio-endemic Pakistan, \$400,000 to Iraq and \$5.3 million to India. The remaining \$990,542 will support immunization activities and surveillance...

WHO: World Polio Day: Thanking the health worker for the progress

24 October 2015 -- World Polio Day marks the milestones that have been reached in the past year towards a polio-free world, and most importantly, recognises the incredible contributions made by healthcare workers, volunteers, families, and partners. WHO and partners are marking this day by celebrating progress towards eradication and planning for what still needs to be done to achieve a polio-free world.

[Video message from the WHO Director-General](#)

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MERS-CoV [to 24 October 2015]

Global Alert and Response (GAR) – Disease Outbreak News (DONs)

:: [Middle East respiratory syndrome coronavirus \(MERS-CoV\) – Saudi Arabia](#) 22 October 2015

Between 10 and 13 October 2015, the National IHR Focal Point for the Kingdom of Saudi Arabia notified WHO of 4 additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection. The four cases are from the same compound in Riyadh city...

...The National IHR Focal Point for the Kingdom of Saudi Arabia also notified WHO of the death of 3 MERS-CoV cases that were reported in previous DONs on 27 September (case no. 13), on 17 September (case no. 9) and on 2 September (case no. 1).

Globally, since September 2012, WHO has been notified of 1,599 laboratory-confirmed cases of infection with MERS-CoV, including at least 574 related deaths....

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WHO & Regionals [to 24 October 2015]

Disease Outbreak News (DONs)

- :: [Zika virus infection – Brazil and Colombia](#) 21 October 2015
- :: [Cholera – United Republic of Tanzania](#) 21 October 2015
- :: [Human infection with avian influenza A\(H7N9\) virus – China](#) 19 October 2015

Weekly Epidemiological Record (WER) 23 October 2015, vol. 90, 43 (pp. 577–588):

- 577 Progress towards eliminating onchocerciasis in the WHO Region of the Americas: verification of elimination of transmission in Mexico
- 581 Progress towards poliomyelitis eradication: Afghanistan, January 2014–August 2015

:: **WHO Regional Offices**

WHO African Region AFRO

:: [Statement by the WHO Regional Director for Africa on World Polio Day 2015: A tribute to polio successes in Africa](#)

Brazzaville, 24 October 2015 – Today, we celebrate a very special World Polio Day and a historic moment in the WHO African Region, one without a case of wild polio virus in over a year. The day comes just days before the official ceremony with the President of Nigeria to take the country off the polio endemic list. The day is a true testament of what political will, government leadership and the collective efforts of partners can achieve when united behind a global public health good. The successes in Africa demonstrate that strategies for eradication of vaccine preventable diseases work...

:: [WHO ramps up response to cholera outbreak in two regions - 22 October 2015](#)

:: [WHO scales up efforts to detect and control the spread of influenza viruses in Africa - 19 October 2015](#)

WHO Region of the Americas PAHO

No new digest content identified.

WHO South-East Asia Region SEARO

:: [Act tough against tobacco](#) 20 October 2015

WHO European Region EURO

:: [Towards domestic funding of HIV and TB response in eastern Europe and central Asia](#) 23-10-2015

:: [Day 2 of Life-course Conference: Minsk Declaration signed](#) 23-10-2015

:: [World Polio Day highlights progress and concerns in the final stretch to polio eradication](#) 23-10-2015

:: [Day 1 of Life-course Conference: synergies between Health 2020 and sustainable development goals](#) 21-10-2015

:: [Nationwide polio immunization campaign under way in Ukraine](#) 21-10-2015

WHO Eastern Mediterranean Region EMRO

:: [WHO responds to deteriorating health situation in Taiz, Yemen](#)

20 October 2015, Sana'a, Yemen – Ongoing violence and insecurity continue to limit the delivery of aid in Taiz, Yemen, where more than 3.3 million people, including 300,585 internally displaced persons, are in critical need of health assistance. WHO has provided 30 metric tonnes of medicines and medical supplies to Taiz and is distributing almost one million litres of water. It urgently needs US\$ 60 million to continue life-saving response operations across the country until the end of 2015.

:: [Mass polio immunization campaign aims to reach 3 million children in Syria](#)

18 October 2015

WHO Western Pacific Region

:: [World Polio Day: Fewer children than ever with polio](#)

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CDC/MMWR/ACIP Watch [to 24 October 2015]

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

MMWR October 23, 2015 / No. 41 / Vol. 64

:: [Progress Toward Global Eradication of Dracunculiasis, January 2014–June 2015](#)

:: [Progress Toward Poliomyelitis Eradication — Afghanistan, January 2014–August 2015](#)

:: [Use of Serogroup B Meningococcal Vaccines in Adolescents and Young Adults: Recommendations of the Advisory Committee on Immunization Practices, 2015](#)

:: [Announcement: World Polio Day — October 24, 2015](#)

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Initiatives/Announcements/Milestones

IDRI AND SANOFI PASTEUR TEAM WITH PHILANTHROPY TO DEVELOP NEW MODEL FOR VACCINE DEVELOPMENT

Seattle, WA | October 15, 2015

In an effort to accelerate timelines and decrease development costs of life-saving vaccines, the Infectious Disease Research Institute (IDRI) and Sanofi Pasteur today announced the establishment of the Global Health Vaccine Center of Innovation (GHVCI), to be headquartered at IDRI in Seattle. This project is funded in part by a grant from the Bill & Melinda Gates Foundation. The GHVCI represents an alliance among the three organizations, focused on accelerating the development of vaccines and associated technologies to fight a wide range of global infectious diseases, and ensuring that these critical vaccines are accessible globally, especially to people in need within developing countries.

Each partner will bring its respective world-leading expertise and technologies to the GHVCI and, collectively, the parties will collaborate with a wide range of other vaccine development organizations. Funding for the establishment, operation and growth of the GHVCI will come from Sanofi and the Gates Foundation, and additional funding will be sought to support collaborative research activities with respect to specific vaccines to be developed at the GHVCI.

This distinctive collaboration leverages the potential power of the partners' collective expertise, combining IDRI's vaccine design, formulation and production technologies; Sanofi's position as a leading multi-national vaccine developer, manufacturer and seller; and the Gates Foundation's knowledge, influence and financial support regarding the discovery and development of global health interventions, including vaccines. A key component is the application of IDRI's vaccine adjuvant technologies and formulation expertise, which have been developed over the past few years with strong financial support from the Gates Foundation. These adjuvant technologies are uniquely designed to improve immune responses, broaden vaccine protection and significantly save costs by reducing the amount of vaccine needed...

...A Joint Steering Committee, comprised of representatives from each of the three partners, will mutually identify areas of research to discover, evaluate and develop novel human vaccines, as well as adjuvant/formulation platforms for the rapid response to emerging pathogens, that can prevent or treat infectious diseases.

Initial funding will be used to establish and operate the GHVCI, build capacity as the collaboration grows, and provide management and scientific recruitment as well as training...

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

The GHVCI will address a range of infectious diseases

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)... 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...

..."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."...

IAVI International AIDS Vaccine Initiative [to 24 October2015]

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

Human Vaccines Project Welcomes Janssen as Newest Partner

October 23, 2015

The Human Vaccines Project welcomes Crucell Holland B.V., one of the Janssen Pharmaceutical Companies of Johnson & Johnson (Janssen), as the newest industry partner in its effort to accelerate the research and development of vaccines and immunotherapies for infectious diseases 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.

"The Human Vaccines Project offers an unprecedented opportunity to merge cutting-edge academic science with industrial product development capabilities to elucidate how the human immune system confers effective immunity, and thus accelerate the development of new interventions for a broad range of critical diseases," said Johan van Hoof, Global Head, Infectious Diseases and Vaccines, Janssen. "Collaborative partnerships such as this, which bring together key expertise to solve complex scientific problems, are essential to deliver the transformational medical innovations needed to advance human health."...

Research and Development of New Biomedical HIV Prevention Tools for Women and Girls: Combating the Global AIDS Epidemic Through a More Empowered Response in Sub-Saharan Africa

IAVI Policy Brief

September 2015 :: 8 pages

High HIV prevalence and incidence puts a disproportionate burden on girls and women in Sub-Saharan Africa and threatens to reverse current success in combating the global AIDS epidemic. Programs to fight HIV/AIDS among women and girls can be bolstered by new biomedical prevention tools including pre-exposure prophylaxis, microbicides and vaccines that enhance women and girls' ability to protect themselves. Better aligning research and development efforts with the needs of women and girls can accelerate the introduction of a wider, more effective array of HIV prevention tools to enhance the health of girls and women, as well as the global response to HIV/AIDS.

Sabin Vaccine Institute [to 24 October2015]

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

First Regional Dengue Symposium

3-4 November, 2015 - Rio de Janeiro, Brazil.

A draft agenda and registration are now available on the website www.denguesymposium.org The main objective of the meeting is to provide a common ground for discussion and exchange of ideas to help overcome the obstacles in reducing the rate of dengue morbidity and mortality in the region.

European Vaccine Initiative [to 24 October2015]

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

News

BELLEROPHON Annual Meeting 2015

20 October 2015

This year's BELLEROPHON annual meeting took place 8-9 October in Oxford, UK. Main topics were the effect of BELLEROPHON's Staphylococcus aureus vaccine candidate on several model systems, and the discovery of further promising antigens. The independent scientific advisory committee complimented the consortium on its cutting edge research, and provided highly valuable input, thus helping the team to focus on the most important task in the next steps of the BELLEROPHON project.

European Medicines Agency [to 24 October 2015]

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

First oncolytic immunotherapy medicine recommended for approval

Advanced therapy medicine Imlygic indicated to treat certain stages of melanoma

23/10/2015

The European Medicines Agency (EMA) has recommended authorising Imlygic (talimogene laherparepvec) for the treatment of adults with melanoma that cannot be removed by surgery and that has spread either to the surrounding area or to other areas of the body (regionally or distantly metastatic) without affecting the bones, brain, lung or other internal organs.

Imlygic is a first-in-class advanced therapy medicinal product (ATMP) derived from a virus, that has been genetically engineered to infect and kill cancer cells. The recommendation was made by the Committee for Medicinal Products for Human Use (CHMP) based on an assessment carried out by the Committee for Advanced Therapies (CAT), the Agency's expert committee for ATMPs...

Gavi [to 24 October 2015]

Lions and Bill Gates commit to vaccinations

[see announcements around malaria above]

21 October 2015

The Lions Clubs International Foundation (LCIF) has committed to raising US\$30 million by 2017 to improve access to vaccines through Gavi, The Vaccine Alliance. The funds raised will be matched by the United Kingdom's Department for International Development and the Bill & Melinda Gates Foundation, bringing the total to US\$60 million.

Global Fund [to 24 October 2015]

<http://www.theglobalfund.org/en/news/>

[see announcements around malaria above]

News

Malawi and Global Fund Deepen Partnership

22 October 2015

LILONGWE, Malawi – Malawi and the Global Fund are strengthening their partnership by signing grants worth more than US\$332 million, to expand treatment and prevention for HIV, TB and malaria and build resilient and sustainable systems for health. This brings the total Global Fund commitment to Malawi to US\$616 million from 2014-2017.

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

NIH [to 24 October2015]

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

New prize competition seeks innovative ideas to advance open science

Applicants asked to develop new products or services to harness the power of "big data" to improve health

October 20, 2015 — The National Institutes of Health has partnered with London-based Wellcome Trust to launch a global science competition for new products or services to advance "open science," a movement to make scientific research data broadly accessible to the public. Up to six teams of technology experts and researchers stand to win \$80,000 each to develop their ideas into a prototype or to advance an existing early stage prototype. The prototype judged to have the greatest potential to further open science will receive \$230,000.

"Research is a global, data-driven enterprise and our ability to improve health increasingly hinges on our ability to manage and make sense of the enormous amounts of data being produced by scientific research," said NIH Director Francis S. Collins, M.D., Ph.D. "I expect the Open Science Prize to generate innovative ideas to improve data access and establish new international collaborations that will illustrate the transformative power of sharing research data."...

FAO Food & Agriculture Organization [to 24 October2015]

<http://www.fao.org/news/archive/news-by-date/2015/en/>

U.S. backs FAO efforts to combat global animal disease threats with \$87 million

Ebola, MERS-CoV and H5N1 avian influenza among diseases with human health implications and pandemic potential being targeted in Africa, Middle East and Asia

20 October 2015, Rome - The United States Agency for International Development (USAID) is backing FAO's efforts to combat pandemic animal disease threats in Asia, Africa and the Middle East with an additional \$87 million in funding covering the 2015-19 period.

USAID and FAO have worked in partnership on controlling animal diseases and managing related human health threats for over a decade. USAID financial backing for this work now amounts to \$320 million since 2004.

The new funds will support monitoring and surveillance, epidemiological studies, prevention and control activities as well as improving veterinary capacities in Asia, Africa and the Middle East and promoting links between animal health specialists and the public health sector.

FAO Director-General José Graziano da Silva thanked the U.S. for its support and longstanding partnership. "This shows how important transboundary diseases are for FAO and the UN system, and how much more important they will be in the future if we want to achieve the Sustainable Development Goals," he said. "Millions of people rely on livestock for survival, income and nutrition, and their livelihoods must be protected," he said...

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Aeras [to 24 October2015]
<http://www.aeras.org/pressreleases>
No new digest content identified.

IVI [to 24 October2015]
<http://www.ivi.org/web/www/home>
No new digest content identified

BMGF - Gates Foundation [to 24 October2015]
<http://www.gatesfoundation.org/Media-Center/Press-Releases>
No new digest content identified.

FDA [to 24 October2015]
<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.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

[The Selection and Use of Essential Medicines](#)

WHO Technical Report Series

Report of the WHO Expert Committee, 2015

(including the 19th WHO Model List of Essential Medicines and the 5th WHO Model List of Essential Medicines for Children)

Executive summary

The 20th meeting of the WHO Expert Committee on the Selection and Use of Essential medicines took place in Geneva, Switzerland, from 20 to 24 April 2015. The goal of the meeting was to review and update the 18th WHO Model List of Essential Medicines (EML) and the 4th WHO Model List of Essential Medicines for Children (EMLc).

In accordance with approved procedures,¹ the Expert Committee evaluated the scientific evidence on the basis of the comparative effectiveness, safety and cost-effectiveness of the medicines. Both lists went through major revisions this year, as the Committee considered 77 applications, including 29 treatment regimens for cancer, and innovative hepatitis C and tuberculosis (TB) medicines.

The Expert Committee -

:: recommended the addition of 36 new medicines to the EML (15 to the core list and 21 to the complementary list); and

:: recommended the addition of 16 new medicines to the EMLc (four to the core list and 12 to the complementary list).

Section 19: Immunologicals [p. 313]

19.3: Vaccines (review) – EML and EMLc

The EML Secretariat, with input from the WHO Immunization, Vaccines and Biologicals Department, proposed a slightly revised approach to the listing of vaccines on the EML and EMLc for consideration by the Expert Committee.

The revised approach involves the full alignment of vaccines on the Model Lists with current WHO immunization policy recommendations as published in vaccine position papers on the basis of recommendations made by the Strategic Advisory Group of Experts on Immunization (SAGE).

SAGE is the principal advisory group to WHO for vaccines and immunization. It is charged with advising WHO on overall global policies and strategies, ranging from vaccines and technology, research and development to delivery of immunization and its linkages with other health interventions in accordance with its mandate to provide guidance to Member States on health policy matters (<http://www.who.int/immunization/policy/sage/en>). SAGE consists of 15 internationally renowned independent experts in the field of immunization and is concerned not just with childhood vaccines and immunization but with all vaccine-preventable diseases. SAGE meets twice a year, generally in April and October. Working groups are established for detailed review of specific topics in advance of discussion by SAGE. Members of working groups review the evidence and prepare options for recommendations for discussion by the full SAGE group in an open forum. In developing recommendations, SAGE follows an evidence-based review process and applies GRADE. Processes follow the critical elements required by WHO's Guideline Review Committee in the development of WHO guidelines.

SAGE may decide to recommend specific vaccines to be used universally or to be used conditionally or to not use specific vaccines at a given point in time. These recommendations translate into WHO policy recommendations. WHO publishes its global vaccine policy recommendations as vaccine position papers within the Weekly Epidemiological Record, available on the WHO website at <http://www.who.int/immunization/documents/positionpapers/en/index.html>. The position papers summarize essential background information on diseases and vaccines, and conclude with the current WHO position concerning vaccine use in the global context. The papers are designed for use by national public health officials and immunization programme managers. They may also be of interest to international funding agencies, the vaccine manufacturing industry, the medical community, and the scientific media.

WHO position papers undergo a formal review process both internally and externally before publication. Processes for managing potential conflicts of interest and ensuring careful and critical appraisal of the best scientific evidence have become more rigorous in recent years. The need for updating vaccine position papers is reviewed periodically and depends primarily on the availability of new scientific evidence and public health priorities. A brief update concerning a specific recommendation in a paper is released when warranted.

The Expert Committee agreed that the EML and EMLc should include those vaccines for which a WHO position paper exists (as at a specific publication date), with reference to the WHO

immunization website for up-to-date recommendations at any point in time. The Committee also agreed that the EML and EMLc should specify whether vaccines are recommended for universal or conditional use (e.g. only in certain regions, populations, or in other specified circumstances), with reference to relevant WHO vaccine position papers for detail.

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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

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]

American Journal of Public Health

Volume 105, Issue S4 (October 2015)
<http://ajph.aphapublications.org/toc/ajph/current>
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

October 2015; 93 (4)
<http://www.ajtmh.org/content/current>
[Reviewed earlier]

Annals of Internal Medicine

20 October 2015, Vol. 163. No. 8

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

[New issue; No relevant content identified]

BMC Health Services Research

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

(Accessed 24 October 2015)

[No new relevant content identified]

BMC Infectious Diseases

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

(Accessed 24 October 2015)

[No new relevant content identified]

BMC Medical Ethics

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

(Accessed 24 October 2015)

Research article

[Key factors in children's competence to consent to clinical research](#)

Irma Hein, Pieter Troost, Robert Lindeboom, Marc Benninga, C. Zwaan, Johannes van Goudoever, Ramón Lindauer

BMC Medical Ethics 2015, 16:74 (24 October 2015)

Abstract

Background

Although law is established on a strong presumption that persons younger than a certain age are not competent to consent, statutory age limits for asking children's consent to clinical research differ widely internationally. From a clinical perspective, competence is assumed to involve many factors including the developmental stage, the influence of parents and peers, and life experience. We examined potential determining factors for children's competence to consent to clinical research and to what extent they explain the variation in competence judgments.

Methods

From January 1, 2012 through January 1, 2014, pediatric patients aged 6 to 18 years, eligible for clinical research studies were enrolled prospectively at various in- and outpatient pediatric departments. Children's competence to consent was assessed by MacArthur Competence Assessment Tool for Clinical Research. Potential determining child variables included age, gender, intelligence, disease experience, ethnicity and socio-economic status (SES). We used logistic regression analysis and change in explained variance in competence judgments to quantify the contribution of a child variable to the total explained variance. Contextual factors included risk and complexity of the decision to participate, parental competence judgment and the child's or parents decision to participate.

Results

Out of 209 eligible patients, 161 were included (mean age, 10.6 years, 47.2 % male). Age, SES, intelligence, ethnicity, complexity, parental competence judgment and trial participation were univariately associated with competence ($P < 0.05$). Total explained variance in competence

judgments was 71.5 %. Only age and intelligence significantly and independently explained the variance in competence judgments, explaining 56.6 % and 12.7 % of the total variance respectively. SES, male gender, disease experience and ethnicity each explained less than 1 % of the variance in competence judgments. Contextual factors together explained an extra 2.8 % ($P > 0.05$).

Conclusions

Age is the factor that explains most of the variance in children's competence to consent, followed by intelligence. Experience with disease did not affect competence in this study, nor did other variables.

BMC Medicine

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

(Accessed 24 October 2015)

Correspondence

[Role of healthcare workers in early epidemic spread of Ebola: policy implications of prophylactic compared to reactive vaccination policy in outbreak prevention and control](#)

Cordelia Coltart, Anne Johnson, Christopher Whitty BMC Medicine 2015, 13:271 (19 October 2015)

Abstract

Ebola causes severe illness in humans and has epidemic potential. How to deploy vaccines most effectively is a central policy question since different strategies have implications for ideal vaccine profile. More than one vaccine may be needed. A vaccine optimised for prophylactic vaccination in high-risk areas but when the virus is not actively circulating should be safe, well tolerated, and provide long-lasting protection; a two- or three-dose strategy would be realistic. Conversely, a reactive vaccine deployed in an outbreak context for ring-vaccination strategies should have rapid onset of protection with one dose, but longevity of protection is less important.

In initial cases, before an outbreak is recognised, healthcare workers (HCWs) are at particular risk of acquiring and transmitting infection, thus potentially augmenting early epidemics. We hypothesise that many early outbreak cases could be averted, or epidemics aborted, by prophylactic vaccination of HCWs. This paper explores the potential impact of prophylactic versus reactive vaccination strategies of HCWs in preventing early epidemic transmissions. To do this, we use the limited data available from Ebola epidemics (current and historic) to reconstruct transmission trees and illustrate the theoretical impact of these vaccination strategies. Our data suggest a substantial potential benefit of prophylactic versus reactive vaccination of HCWs in preventing early transmissions. We estimate that prophylactic vaccination with a coverage $>99\%$ and theoretical 100% efficacy could avert nearly two-thirds of cases studied; 75% coverage would still confer clear benefit (40% cases averted), but reactive vaccination would be of less value in the early epidemic.

A prophylactic vaccination campaign for front-line HCWs is not a trivial undertaking; whether to prioritise long-lasting vaccines and provide prophylaxis to HCWs is a live policy question. Prophylactic vaccination is likely to have a greater impact on the mitigation of future epidemics than reactive strategies and, in some cases, might prevent them. However, in a confirmed outbreak, reactive vaccination would be an essential humanitarian priority.

The value of HCW Ebola vaccination is often only seen in terms of personal protection of the HCW workforce. A prophylactic vaccination strategy is likely to bring substantial additional

benefit by preventing early transmission and might abort some epidemics. This has implications both for policy and for the optimum product profile for vaccines currently in development.

BMC Pregnancy and Childbirth

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

(Accessed 24 October 2015)

[No new relevant content identified]

BMC Public Health

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

(Accessed 24 October 2015)

Research article

[**Development and promotion of a national website to improve dissemination of information related to the prevention of mother-to-child HIV transmission \(PMTCT\) in Tanzania**](#)

Gudila Stephan, Mary Hoyt, Deborah Storm, Sylvia Shirima, Charles Matiko, Emmanuel Matechi
BMC Public Health 2015, 15:1077 (22 October 2015)

BMC Research Notes

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

(Accessed 24 October 2015)

[No new relevant content identified]

BMJ Open

2015, Volume 5, Issue 10

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

[Reviewed earlier]

British Medical Journal

24 October 2015 (vol 351, issue 8030)

<http://www.bmj.com/content/351/8030>

[New issue; No relevant content identified]

Bulletin of the World Health Organization

Volume 93, Number 10, October 2015, 665-740

<http://www.who.int/bulletin/volumes/93/10/en/>

[Reviewed earlier]

Clinical Infectious Diseases (CID)

Volume 61 Issue 10 November 15, 2015

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

Association of Influenza Vaccination Coverage in Younger Adults With Influenza-Related Illness in the Elderly

Glen B. Taksler, Michael B. Rothberg, and David M. Cutler
Clin Infect Dis. (2015) 61 (10): 1495-1503 doi:10.1093/cid/civ630

Abstract

Background.

Older adults have the highest influenza-related morbidity and mortality risk, but the influenza vaccine is less effective in the elderly. It is unknown whether influenza vaccination of nonelderly adults confers additional disease protection on the elderly population.

Methods.

We examined the association between county-wide influenza vaccination coverage among 520 229 younger adults (aged 18–64 years) in the Behavioral Risk Factors Surveillance System Survey and illnesses related to influenza in 3 317 709 elderly Medicare beneficiaries aged ≥ 65 years, between 2002 and 2010 (13 267 786 person-years). Results were stratified by documented receipt of a seasonal influenza vaccine in each Medicare beneficiary.

Results.

Increases in county-wide vaccine coverage among younger adults were associated with lower adjusted odds of illnesses related to influenza in the elderly. Compared with elderly residents of counties with $\leq 15\%$ of younger adults vaccinated, the adjusted odds ratio for a principal diagnosis of influenza among elderly residents was 0.91 (95% confidence interval, .88–.94) for counties with 16%–20% of younger adults vaccinated, 0.87 (.84–.90) for counties with 21%–25% vaccinated, 0.80 (.77–.83) for counties with 26%–30% vaccinated, and 0.79 (.76–.83) for counties with $\geq 31\%$ vaccinated (P for trend $< .001$). Stronger associations were observed among vaccinated elderly adults, in peak months of influenza season, in more severe influenza seasons, in influenza seasons with greater antigenic match to influenza vaccine, and for more specific definitions of influenza-related illness.

Conclusions.

In a large, nationwide sample of Medicare beneficiaries, influenza vaccination among adults aged 18–64 years was inversely associated with illnesses related to influenza in the elderly.

The Effect of Oral Polio Vaccine at Birth on Infant Mortality: A Randomized Trial

Najaaraq Lund, Andreas Andersen, Anna Sofie K. Hansen, Frida S. Jepsen, Amarildo Barbosa, Sofie Biering-Sørensen, Amabelia Rodrigues, Henrik Ravn, Peter Aaby, and Christine Stabell Benn

Clin Infect Dis. (2015) 61 (10): 1504-1511 doi:10.1093/cid/civ617

Abstract

Background.

Routine vaccines may have nonspecific effects on mortality. An observational study found that OPV given at birth (OPV0) was associated with increased male infant mortality. We investigated the effect of OPV0 on infant mortality in a randomized trial in Guinea-Bissau.

Methods.

A total of 7012 healthy normal-birth-weight neonates were randomized to BCG only (intervention group) or OPV0 with BCG (usual practice). All children were to receive OPV with pentavalent vaccine (diphtheria, tetanus, pertussis, Haemophilus influenzae type b, and hepatitis B) at 6, 10, and 14 weeks of age. Seven national OPV campaigns were also conducted during the trial period. Children were followed to age 12 months. We used Cox regression to calculate hazard ratios (HRs) for mortality.

Results.

The trial contradicted the original hypothesis about OPV0 increasing male infant mortality. Within 12 months, 73 children in the BCG + OPV group and 87 children in the BCG-only group died, all from infectious diseases. Comparing BCG + OPV0 vs BCG only, the HR was 0.83 (95% confidence interval [CI], .61–1.13): 0.72 (95% CI, .47–1.10) in boys and 0.97 (95% CI, .61–1.54) in girls. For children enrolled within the first 2 days of life, the HR for BCG + OPV0 vs BCG only was 0.58 (95% CI, .38–.90). From enrollment until the time of OPV campaigns, the HR was 0.68 (95% CI, .45–1.00), the beneficial effect being separately significant for males (0.55 [95% CI, .32–.95]).

Conclusions.

This is the only randomized trial of the effect of OPV0 on mortality. OPV0 may be associated with nonspecific protection against infectious disease mortality, particularly when given early in life. There are reasons to monitor mortality when OPV is being phased out.

Editorial Commentary: Oral Polio Vaccine at Birth

Lawrence D. Frenkel

Clin Infect Dis. (2015) 61 (10): 1512-1513 doi:10.1093/cid/civ619

Extract

The carefully done randomized study by Lund and colleagues, published in this issue of Clinical Infectious Diseases [1], is reassuring, after a previous observational study reported an increase in male infant mortality following oral poliovirus vaccine (OPV) given at birth [2]. That article by Benn and colleagues was disconcerting to vaccine advocates around the world, both for the possible detrimental effect on the control of polio disease in the few remaining endemic countries and because it could give additional fodder to antivaccine groups. The study by Lund et al reports the opposite—namely, a protective effect of OPV given within 2–3 days of birth, and an overall (uncensored) reduction in mortality of 16% by specifically decreasing male infant mortality. The specific causes of mortality are unfortunately not documented in this article, although the statement is made that they were all related to infectious diseases.

It is important to note that none of the studies of nonspecific effects of live viral vaccines given at birth show the same protective or detrimental effects in female infants as is seen in males. It is generally hypothesized that females have an extra ...

Chicago Ebola Response Network (CERN): A Citywide Cross-hospital Collaborative for Infectious Disease Preparedness

Omar Lateef, Bala Hota, Emily Landon, Larry K. Kociolek, Julie Morita, Stephanie Black, Gary Noskin, Michael Kelleher, Krista Curell, Amy Galat, David Ansell, John Segreti, and Stephen G. Weber

Clin Infect Dis. (2015) 61 (10): 1554-1557 doi:10.1093/cid/civ510

Abstract

The Chicago Ebola Response Network, a hospital and public health collaboration, was formed in response to the 2014–2015 Ebola virus epidemic and is a roadmap for how a region can prepare to respond to public health emergencies.

Clinical Therapeutics

October 2015 Volume 37, Issue 10, p2151-2384

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

[New issue; No relevant content identified]

Complexity

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]

Conflict and Health

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

[Accessed 24 October 2015]

[No new content]

Contemporary Clinical Trials

Volume 44, *In Progress* (September 2015)

<http://www.sciencedirect.com/science/journal/15517144/44>

[No new relevant content]

Cost Effectiveness and Resource Allocation

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

(Accessed 24 October 2015)

[No new content]

Current Opinion in Infectious Diseases

October 2015 - Volume 28 - Issue 5 pp: v-vi, 397-496

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

[Reviewed earlier]

Developing World Bioethics

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

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

[Reviewed earlier]

Development in Practice

Volume 25, Issue 8, 2015

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

[Reviewed earlier]

Disasters

October 2015 Volume 39, Issue 4 Pages 611–810

<http://onlinelibrary.wiley.com/doi/10.1111/disa.2015.39.issue-4/issuetoc>

[Reviewed earlier]

Emerging Infectious Diseases

Volume 21, Number 11—November 2015

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

Perspective

[Ebola in West Africa—CDC’s Role in Epidemic Detection, Control, and Prevention](#)

T. R. Frieden and I. K. Damon

Abstract

Since Ebola virus disease was identified in West Africa on March 23, 2014, the Centers for Disease Control and Prevention (CDC) has undertaken the most intensive response in the agency’s history; >3,000 staff have been involved, including >1,200 deployed to West Africa for >50,000 person workdays. Efforts have included supporting incident management systems in affected countries; mobilizing partners; and strengthening laboratory, epidemiology, contact investigation, health care infection control, communication, and border screening in West Africa, Nigeria, Mali, Senegal, and the United States. All efforts were undertaken as part of national and global response activities with many partner organizations. CDC was able to support community, national, and international health and public health staff to prevent an even worse event. The Ebola virus disease epidemic highlights the need to strengthen national and international systems to detect, respond to, and prevent the spread of future health threats.

[Contact Tracing Activities during the Ebola Virus Disease Epidemic in Kindia and Faranah, Guinea, 2014](#)

M. G. Dixon et al.

Summary

Thorough case identification and contact tracing are necessary to end this epidemic.

Epidemics

Volume 13, *In Progress* (December 2015)

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

[Reviewed earlier]

Epidemiology and Infection

Volume 143 - Issue 14 - October 2015

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

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

[Reviewed earlier]

The European Journal of Public Health

Volume 25, Issue 5, 1 October 2015

<http://eurpub.oxfordjournals.org/content/25/5>

[Reviewed earlier]

Eurosurveillance

Volume 20, Issue 42, 22 October 2015

<http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678>
[New issue; No relevant content identified]

Global Health: Science and Practice (GHSP)

September 2015 | Volume 3 | Issue 3
<http://www.ghspjournal.org/content/current>
[Reviewed earlier]

Global Health Governance

<http://blogs.shu.edu/ghg/category/complete-issues/spring-autumn-2014/>
[Accessed 24 October2015]
[No new content]

Global Public Health

Volume 10, Issue 9, 2015
<http://www.tandfonline.com/toc/rgph20/current>
[Reviewed earlier]

Globalization and Health

<http://www.globalizationandhealth.com/>
[Accessed 24 October2015]
[No new content]

Health Affairs

October 2015; Volume 34, Issue 10
<http://content.healthaffairs.org/content/current>
[Reviewed earlier]

Health and Human Rights

Volume 17, Issue 1 June 2015
<http://www.hhrjournal.org/>
Special Section on Bioethics and the Right to Health
in collaboration with the Dalla Lana School of Public Health, University of Toronto
[Reviewed earlier]

Health Economics, Policy and Law

Volume 10 - Special Issue 04 - October 2015
<http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue>
SPECIAL ISSUE: 10th Anniversary Issue
[Reviewed earlier]

Health Policy and Planning

Volume 30 Issue 8 October 2015

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 24 October 2015]

Research

[SDH-NET: a South–North–South collaboration to build sustainable research capacities on social determinants of health in low- and middle-income countries](#)

Lucinda Cash-Gibson, German Guerra, V Salgado-de-Snyder *Health Research Policy and Systems* 2015, 13:45 (22 October 2015)

Abstract

Background

It is desirable that health researchers have the ability to conduct research on health equity and contribute to the development of their national health system and policymaking processes. However, in low- and middle-income countries (LMICs), there is a limited capacity to conduct this type of research due to reasons mostly associated with the status of national (health) research systems. Building sustainable research capacity in LMICs through the triangulation of South–North–South (S–N–S) collaborative networks seems to be an effective way to maximize limited national resources to strengthen these capacities. This article describes how a collaborative project (SDH-Net), funded by the European Commission, has successfully designed a study protocol and a S–N–S collaborative network to effectively support research capacity building in LMICs, specifically in the area of social determinants of health (SDH); this project seeks to elaborate on the vital role of global collaborative networks in strengthening this practice.

Methods

The implementation of SDH-Net comprised diverse activities developed in three phases. Phase 1: national level mapping exercises were conducted to assess the needs for SDH capacity building or strengthening in local research systems. Four strategic areas were defined, namely research implementation and system performance, social appropriation of knowledge, institutional and national research infrastructure, and research skills and training/networks. Phase 2: development of tools to address the identified capacity building needs, as well as knowledge management and network strengthening activities. Phase 3: identifying lessons learned in terms of research ethics, and how policies can support the capacity building process in SDH research.

Results

The implementation of the protocol has led the network to design innovative tools for strengthening SDH research capacities, under a successful S–N–S collaboration that included national mapping reports, a global open-access learning platform with tools and resources, ethical guidelines for research, policy recommendations, and academic contributions to the global SDH discourse.

Conclusions

The effective triangulation of S–N–S partnerships can be of high value in building sustainable research capacity in LMICs. If designed appropriately, these multicultural, multi-institutional,

and multidisciplinary collaborations can enable southern and northern academics to contextualize global research according to their national realities.

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 11, Issue 9, 2015

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

[Reviewed earlier]

Humanitarian Exchange Magazine

Issue 64 June 2015

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 24 October 2015]

[No new relevant content]

Infectious Diseases of Poverty

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

[Accessed 24 October 2015]

[No new content]

International Health

Volume 7 Issue 5 September 2015

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

Disease Elimination Special Issue

[Reviewed earlier]

International Journal of Epidemiology

Volume 44 Issue 4 August 2015

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

[Reviewed earlier]

International Journal of Infectious Diseases

October 2015 Volume 39, In Progress

<http://www.ijidonline.com/issue/S1201-9712%2815%29X0010-5>

[Reviewed earlier]

JAMA

October 20, 2015, Vol 314, No. 15
<http://jama.jamanetwork.com/issue.aspx>

The Trans-Pacific Partnership Agreement and Implications for Access to Essential Medicines

Jing Luo, MD; Aaron S. Kesselheim, MD, JD, MPH

[Initial text]

This Viewpoint discusses the importance of patent protection and its role in the Trans-Pacific Partnership (TPP) Agreement.

After a difficult legislative battle, President Obama signed into law Trade Promotion Authority on June 29, 2015. The legislation allows for an up-or-down vote with no amendments in Congress for international trade agreements such as the Trans-Pacific Partnership (TPP) Agreement. The TPP Agreement includes 12 Asia-Pacific countries (United States, Canada, Mexico, Peru, Chile, Japan, Vietnam, Malaysia, Singapore, Brunei, Australia, and New Zealand) with a collective trading power amounting to 40% of the global gross domestic product. The TPP Agreement is still being negotiated; recently, in a meeting of trade ministers in Maui, Hawaii, negotiators failed to finalize the text of the Agreement due in large part to disagreement regarding intellectual property protections for pharmaceutical products.¹

Association of Tdap Vaccination With Acute Events and Adverse Birth Outcomes Among Pregnant Women With Prior Tetanus-Containing Immunizations

Lakshmi Sukumaran, MD, MPH; Natalie L. McCarthy, MPH; Elyse O. Kharbanda, MD, MPH; Michael M. McNeil, MD, MPH; Allison L. Naleway, PhD; Nicola P. Klein, MD, PhD; Michael L. Jackson, MPH, PhD; Simon J. Hambidge, MD, PhD; Marlene M. Lugg, DrPH; Rongxia Li, PhD; Eric S. Weintraub, MPH; Robert A. Bednarczyk, PhD; Jennifer P. King, MPH; Frank DeStefano, MD, MPH; Walter A. Orenstein, MD; Saad B. Omer, MBBS, MPH, PhD

Abstract

Importance

The Advisory Committee on Immunization Practices (ACIP) recommends the tetanus, diphtheria, and acellular pertussis (Tdap) vaccine for pregnant women during each pregnancy, regardless of prior immunization status. However, safety data on repeated Tdap vaccination in pregnancy is lacking.

Objective

To determine whether receipt of Tdap vaccine during pregnancy administered in close intervals from prior tetanus-containing vaccinations is associated with acute adverse events in mothers and adverse birth outcomes in neonates.

Design, Setting, and Participants

A retrospective cohort study in 29 155 pregnant women aged 14 through 49 years from January 1, 2007, through November 15, 2013, using data from 7 Vaccine Safety Datalink sites in California, Colorado, Minnesota, Oregon, Washington, and Wisconsin.

Exposures

Women who received Tdap in pregnancy following a prior tetanus-containing vaccine less than 2 years before, 2 to 5 years before, and more than 5 years before.

Main Outcomes and Measures

Acute adverse events (fever, allergy, and local reactions) and adverse birth outcomes (small for gestational age, preterm delivery, and low birth weight) were evaluated. Women who were vaccinated with Tdap in pregnancy and had a prior tetanus-containing vaccine more than 5 years before served as controls.

Results

There were no statistically significant differences in rates of medically attended acute adverse events or adverse birth outcomes related to timing since prior tetanus-containing vaccination. For example, local reactions occurred at a rate (per 10 000 women) of 4.2 in those who received Tdap in pregnancy less than 2 years before (adjusted risk ratio [RR], 0.49 [95% CI, 0.11-2.20]; P = .35) and 7.0 two to 5 years before (adjusted RR, 0.77 [95% CI, 0.31-1.95]; P = .59) a prior tetanus-containing vaccine compared with 11.2 in controls. Preterm delivery occurred in 6.6% of women receiving Tdap in pregnancy less than 2 years before (adjusted RR, 1.15 [95% CI, 0.98-1.34]; P = .08) and 6.4% two to 5 years before (adjusted RR, 1.06 [95% CI, 0.94-1.19]; P = .33) a prior tetanus-containing vaccine compared with 6.8% of controls. Small for gestational age delivery occurred in 9.0% of women less than 2 years before (adjusted RR, 0.99 [95% CI, 0.87-1.13]; P = .88) and 8.7% of women 2 to 5 years before (adjusted RR, 0.96 [95% CI, 0.87-1.06]; P = .45) a prior tetanus-containing vaccine compared with 9.1% of controls.

Conclusions and Relevance

Among women who received Tdap vaccination during pregnancy, there was no increased risk of acute adverse events or adverse birth outcomes for those who had been previously vaccinated less than 2 years before or 2 to 5 years before compared with those who had been vaccinated more than 5 years before. These findings suggest that relatively recent receipt of a prior tetanus-containing vaccination does not increase risk after Tdap vaccination in pregnancy.

JAMA Pediatrics

October 2015, Vol 169, No. 10

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

[Reviewed earlier]

Journal of Community Health

Volume 40, Issue 5, October 2015

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

[Reviewed earlier]

Journal of Epidemiology & Community Health

October 2015, Volume 69, Issue 10

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

[Reviewed earlier]

Journal of Global Ethics

Volume 11, Issue 2, 2015

<http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L0l#.VAJEj2N4WF8>

[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)

July-September 2015 Volume 7 | Issue 3 Page Nos. 95-124

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

[Reviewed earlier]

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

Volume 26, Number 3, August 2015

https://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.26.3.html

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 17, Issue 5, October 2015

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

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 13, Issue 3, 2015

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

Special Issue: Social Work and Migration in Europe

[Reviewed earlier]

Journal of Infectious Diseases

Volume 212 Issue 9 November 1, 2015

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

[New issue; No relevant content identified]

The Journal of Law, Medicine & Ethics

Summer 2015 Volume 43, Issue 2 Pages 174–430

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.2015.43.issue-2/issuetoc>

Special Issue: SYMPOSIUM: Intersections in Reproduction: Perspectives on Abortion and Assisted Reproductive Technologies

[Reviewed earlier]

Journal of Medical Ethics

October 2015, Volume 41, Issue 10

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

[Reviewed earlier]

Journal of Medical Internet Research

Vol 17, No 5 (2015): May

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

[Reviewed earlier]

Journal of Medical Microbiology

Volume 64, Issue 10, October 2015

<http://jmm.microbiologyresearch.org/content/journal/jmm/64/10;jsessionid=2we3ohkljd6vw.x-sm-live-03>

[Reviewed earlier]

Journal of Patient-Centered Research and Reviews

Volume 2, Issue 3 (2015)

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

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 4 Issue 3 September 2015

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

[Reviewed earlier]

Journal of Pediatrics

October 2015 Volume 167, Issue 4, Supplement, S1-S50

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

Recommended Iron Levels for Nutritional Formulas for Infants (0 – 12 months)

Edited by Ronald E. Kleinman

Journal of Public Health Policy

Volume 36, Issue 4 (November 2015)

<http://www.palgrave-journals.com/jphp/journal/v36/n4/index.html>

Climate change: Assessing effects on health and wealth of populations

Anthony Robbins

Excerpt

Can the health consequences of climate change be at the center of discussions at this year's climate summit in Paris? Very possibly. Pope Francis' encyclical letter and The Lancet's excellent report on the topic give us hope.^{1, 2} Now the World Federation of Public Health Associations (whose Federation's Pages we publish in JPHP) is preparing to participate in the twenty-first Conference of the Parties, United Nations Framework Convention on Climate Change. The Federation and its Environmental Health Working Group have developed a strategy to put population health front and center in the Paris discussions. We commend them...

Viewpoint: Counterfeit medicines and substandard medicines: Different problems requiring different solutions

Ellen 't Hoen and Fernando Pascual

J Public Health Pol 36: 384-389; advance online publication, July 16, 2015;

doi:10.1057/jphp.2015.22

Ensuring that all effective and necessary medicines are affordable, available, and of assured quality will combat falsified and substandard medicines. The authors explain how and why this will protect consumers.

[Global prevention and control of NCDs: Limitations of the standard approach](#)

Neil Pearce, Shah Ebrahim, Martin McKee, Peter Lamptey, Mauricio L Barreto, Don Matheson, Helen Walls, Sunia Foliaki, J Jaime Miranda, Oyun Chimeddamba, Luis Garcia-Marcos, Andy Haines, and Paolo Vineis

J Public Health Pol 36: 408-425; advance online publication, September 17, 2015;
doi:10.1057/jphp.2015.29

The standard approach to prevention and control of non-communicable disease, called '25x25' has the benefit of simplicity, but also has major weaknesses described herein.

Journal of the Royal Society – Interface

06 August 2015; volume 12, issue 109

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

[Reviewed earlier]

Journal of Virology

October 2015, volume 89, issue 19

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

[Reviewed earlier]

The Lancet

Oct 24, 2015 Volume 386 Number 10004 p1599-1706

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

Editorial

[Ebola: forgotten but not gone?](#)

The Lancet

On Oct 16, two new Ebola cases were reported in Guinea, indicating the continuing danger of Ebola virus even after progress in bringing the west African Ebola outbreak under control. The outbreak in Guinea, Liberia, and Sierra Leone caught the world badly unprepared during 2013–14, resulting in more than 11 000 deaths. WHO responded slowly to this major challenge in countries with sparse health provision, and disease control measures worked imperfectly. During 2015, lost ground has been made up by provision of care for those infected and at risk of infection, yet recent developments illustrate the continuing health risks for those who have been infected.

Despite previous outbreaks in sub-Saharan Africa, limited understanding of the physiological effects of Ebola virus has compromised preventive and therapeutic efforts. However, a recent [study](#) on 100 Ebola survivors in Sierra Leone has shown the importance of continuing research by indicating that viral RNA can be detected in semen up to 9 months after overt recovery from infection. A [study](#) in The Lancet Infectious Diseases on 49 survivors of a 2007 Ebola outbreak in Uganda reported ocular deficits and hearing loss, among other health problems, which persisted for 2 years. On Oct 6, Pauline Cafferkey, a Scottish nurse who contracted Ebola early in 2015 and was thought to have made a full recovery after treatment, was rehospitalised with severe

health problems. At the time of writing, Ms Cafferkey's condition was reported to be serious but stable, with disease transmission unlikely. Post-Ebola discharge criteria are discussed by Nazaria Bevilacqua and colleagues in *The Lancet Global Health*.

Salutary lessons are still being learned from the west African Ebola outbreak—opportunities for and benefits of research will be greatest in the communities most affected. WHO's Director-General Margaret Chan believes the world is “dangerously ill-prepared” for further infectious disease outbreaks spread through the air or contagious during an incubation period. Strengthening of and investment in health systems in countries most at risk of infectious disease outbreaks are key to prevention, and in the worst case scenarios control, of health emergencies.

Comment

Essential medicines are still essential

Andy L Gray, Veronika J Wirtz, Ellen F M 't Hoen, Michael R Reich, Hans V Hogerzeil
DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)00514-0](http://dx.doi.org/10.1016/S0140-6736(15)00514-0)

On Oct 21, WHO published the full report of the 20th Expert Committee on the Selection and Use of Essential Medicines,¹ with its new WHO Model List of Essential Medicines (EML).² The new list includes recently developed medicines for drug-resistant tuberculosis (bedaquiline and delamanid), a number of new cancer treatments (such as imatinib, rituximab, and trastuzumab), and, perhaps most controversially, new direct-acting antiviral drugs (DAA) for the treatment of hepatitis C (sofosbuvir, simeprevir, daclatasvir, ledipasvir, and ombitasvir).

[see [Reports/Research/Analysis](#)]

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>

[Reviewed earlier]

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 7574 pp475-602 22 October 2015

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

World View

[Indigenous peoples must benefit from science](#)

To drive sustainable development, Dyna Rochmyaningsih argues, science must empower rural communities — not just serve industry and governments.

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 22, 2015 Vol. 373 No. 17

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

Perspective

[Caring for the Wave of Refugees in Munich](#)

Thomas Nicolai, M.D., Oliver Fuchs, M.D., and Erika von Mutius, M.D.

N Engl J Med 2015; 373:1593-1595 [October 22, 2015](#) DOI: 10.1056/NEJMp1512139

[No abstract]

Editorial

[Declining Malaria Transmission and Pregnancy Outcomes in Southern Mozambique](#)

Nicholas J. White, F.R.S.

N Engl J Med 2015; 373:1670-1671 [October 22, 2015](#) DOI: 10.1056/NEJMe1511278

Free Full Text

[Changing Trends in P. falciparum Burden, Immunity, and Disease in Pregnancy](#)

Mayor and Others

N Engl J Med 2015; 373:1607-1617 [October 22, 2015](#) DOI: 10.1056/NEJMoa1406459

Free Full Text

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 24 October 2015]

[No new content]

PLoS Currents: Outbreaks

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

(Accessed 24 October 2015)

[Validating the Use of Google Trends to Enhance Pertussis Surveillance in California](#)

October 19, 2015 · Research

Introduction and Methods: Pertussis has recently re-emerged in the United States. Timely surveillance is vital to estimate the burden of this disease accurately and to guide public health response. However, the surveillance of pertussis is limited by delays in reporting, consolidation and dissemination of data to relevant stakeholders. We fit and assessed a real-time predictive Google model for pertussis in California using weekly incidence data from 2009-2014.

Results and Discussion: The linear model was moderately accurate ($r = 0.88$). Our findings cautiously offer a complementary, real-time signal to enhance pertussis surveillance in California and help to further define the limitations and potential of Google-based epidemic prediction in the rapidly evolving field of digital disease detection.

PLoS Medicine

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

(Accessed 24 October 2015)

[No new relevant content identified]

PLoS Neglected Tropical Diseases

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

(Accessed 24 October2015)

[Cholera Transmission in Ouest Department of Haiti: Dynamic Modeling and the Future of the Epidemic](#)

Alexander Kirpich, Thomas A. Weppelmann, Yang Yang, Afsar Ali, J. Glenn Morris, Ira M. Longini

Research Article | published 21 Oct 2015 | PLOS Neglected Tropical Diseases
10.1371/journal.pntd.0004153

PLoS One

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

[Accessed 24 October2015]

[Community Participation in Health Systems Research: A Systematic Review Assessing the State of Research, the Nature of Interventions Involved and the Features of Engagement with Communities](#)

Asha S. George, Vrinda Mehra, Kerry Scott, Veena Sriram

Research Article | published 23 Oct 2015 | PLOS ONE

10.1371/journal.pone.0141091

Abstract

Background

Community participation is a major principle of people centered health systems, with considerable research highlighting its intrinsic value and strategic importance. Existing reviews largely focus on the effectiveness of community participation with less attention to how community participation is supported in health systems intervention research.

Objective

To explore the extent, nature and quality of community participation in health systems intervention research in low- and middle-income countries.

Methodology

We searched for peer-reviewed, English language literature published between January 2000 and May 2012 through four electronic databases. Search terms combined the concepts of community, capability/participation, health systems research and low- and middle-income countries. The initial search yielded 3,092 articles, of which 260 articles with more than nominal community participation were identified and included. We further excluded 104 articles due to lower levels of community participation across the research cycle and poor description of the process of community participation. Out of the remaining 160 articles with rich community participation, we further examined 64 articles focused on service delivery and governance within health systems research.

Results

Most articles were led by authors in high income countries and many did not consistently list critical aspects of study quality. Articles were most likely to describe community participation in health promotion interventions (78%, 202/260), even though they were less participatory than other health systems areas. Community involvement in governance and supply chain management was less common (12%, 30/260 and 9%, 24/260 respectively), but more participatory. Articles cut across all health conditions and varied by scale and duration, with those that were implemented at national scale or over more than five years being mainstreamed by government. Most articles detailed improvements in service availability, accessibility and acceptability, with fewer efforts focused on quality, and few designs able to measure impact on health outcomes. With regards to participation, most articles supported

community's in implementing interventions (95%, n = 247/260), in contrast to involving communities in identifying and defining problems (18%, n = 46/260). Many articles did not discuss who in communities participated, with just over a half of the articles disaggregating any information by sex. Articles were largely under theorized, and only five mentioned power or control. Majority of the articles (57/64) described community participation processes as being collaborative with fewer describing either community mobilization or community empowerment. Intrinsic individual motivations, community-level trust, strong external linkages, and supportive institutional processes facilitated community participation, while lack of training, interest and information, along with weak financial sustainability were challenges. Supportive contextual factors included decentralization reforms and engagement with social movements.

Conclusion

Despite positive examples, community participation in health systems interventions was variable, with few being truly community directed. Future research should more thoroughly engage with community participation theory, recognize the power relations inherent in community participation, and be more realistic as to how much communities can participate and cognizant of who decides that.

[A Mumps Outbreak in Vojvodina, Serbia, in 2012 Underlines the Need for Additional Vaccination Opportunities for Young Adults](#)

Jasminka Nedeljković, Vesna Kovačević-Jovanović, Vesna Milošević, Zorica Šeguljev, Vladimir Petrovic, Claude P. Muller, Judith M. Hübschen

Research Article | published 23 Oct 2015 | PLOS ONE
10.1371/journal.pone.0139815

PLoS Pathogens

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

(Accessed 24 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 24 October 2015)

[No new relevant content identified]

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 24 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/>

[Reviewed earlier]

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

23 October 2015 vol 350, issue 6259, pages 353-480
<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

[Reviewed earlier]

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 43, Pages 5729-5888 (26 October 2015)

<http://www.sciencedirect.com/science/journal/0264410X/33/43>

Short communication

[HPV vaccination series completion and co-vaccination: Pairing vaccines may matter for adolescents](#)

Pages 5729-5732

Jessica Keim-Malpass, Emma McKim Mitchell, Fabian Camacho

Abstract

Very little is known about the effect of concurrent co-vaccination on HPV series completion. This study utilized a retrospective review of a Clinical Data Repository to assess whether concurrent vaccination had an impact on HPV vaccination series completion, and whether there were differences based on age. 3371 patients who received the HPV vaccine at a single academic medical center between the years 2009–2013 were included in this analysis. The adjusted odds ratio (aOR) for effect of concurrent vaccination on series completion for the age group 9–18 was 1.32 (95% CI 1.09, 1.60). Although not statistically significant, the aOR for effect of concurrent vaccination on completion changed direction for the 19–25 age group and was 0.44 (95% CI 0.17, 1.12). This study provides preliminary evidence that pairing the HPV vaccine with one or more co-vaccines may yield a higher HPV vaccination completion rate among adolescents age 9–18.

[Text message reminders for timely routine MMR vaccination: A randomized controlled trial](#)

Original Research Article

Pages 5741-5746

Annika M. Hofstetter, Nathalie DuRivage, Celibell Y. Vargas, Stewin Camargo, David K. Vawdrey, Allison Fisher, Melissa S. Stockwell

Abstract

Objective

Measles–mumps–rubella (MMR) vaccination is important for preventing disease outbreaks, yet pockets of under-vaccination persist. Text message reminders have been employed successfully for other pediatric vaccines, but studies examining their use for MMR vaccination are limited.

This study assessed the impact of text message reminders on timely MMR vaccination.

Study design

Parents (n = 2054) of 9.5–10.5-month-old children from four urban academically-affiliated pediatric clinics were randomized to scheduling plus appointment text message reminders, appointment text message reminder-only, or usual care. The former included up to three text reminders to schedule the one-year preventive care visit. Both text messaging arms included a text reminder sent 2 days before that visit. Outcomes included appointment scheduling, appointment attendance, and MMR vaccination by age 13 months, the standard of care at study sites.

Results

Children of parents in the scheduling plus appointment text message reminders arm were more likely to have a scheduled one-year visit than those in the other arms (71.9% vs. 67.4%, relative risk ratio (RRR) 1.07 [95% CI 1.005–1.13]), particularly if no appointment was scheduled before randomization (i.e., no baseline appointment) (62.1% vs. 54.7%, RRR 1.14 [95% CI 1.04–1.24]). One-year visit attendance and timely MMR vaccination were similar between arms. However, among children without a baseline appointment, those with parents in the scheduling plus appointment text message reminders arm were more likely to undergo timely MMR vaccination (61.1% vs. 55.1%, RRR 1.11 [95% CI 1.01–1.21]).

Conclusion

Text message reminders improved timely MMR vaccination of high-risk children without a baseline one-year visit.

[Medicaid provider reimbursement policy for adult immunizations](#)

Original Research Article

Pages 5801-5808

Alexandra M. Stewart, Megan C. Lindley, Marisa A. Cox

Abstract

Background

State Medicaid programs establish provider reimbursement policy for adult immunizations based on: costs, private insurance payments, and percentage of Medicare payments for equivalent services. Each program determines provider eligibility, payment amount, and permissible settings for administration. Total reimbursement consists of different combinations of Current Procedural Terminology codes: vaccine, vaccine administration, and visit.

Objective

Determine how Medicaid programs in the 50 states and the District of Columbia approach provider reimbursement for adult immunizations.

Design

Observational analysis using document review and a survey.

Setting and participants

Medicaid administrators in 50 states and the District of Columbia.

Measurements

Whether fee-for-service programs reimburse providers for: vaccines; their administration; and/or office visits when provided to adult enrollees. We assessed whether adult vaccination services are reimbursed when administered by a wide range of providers in a wide range of settings.

Results

Medicaid programs use one of 4 payment methods for adults: (1) a vaccine and an administration code; (2) a vaccine and visit code; (3) a vaccine code; and (4) a vaccine, visit, and administration code.

Limitations

Study results do not reflect any changes related to implementation of national health reform. Nine of fifty one programs did not respond to the survey or declined to participate, limiting the information available to researchers.

Conclusions

Medicaid reimbursement policy for adult vaccines impacts provider participation and enrollee access and uptake. While programs have generally increased reimbursement levels since 2003, each program could assess whether current policies reflect the most effective approach to encourage providers to increase vaccination services.

[What determines uptake of pertussis vaccine in pregnancy? A cross sectional survey in an ethnically diverse population of pregnant women in London](#)

Original Research Article

Pages 5822-5828

Beverly Donaldson, Prerna Jain, Beth S. Holder, Benjamin Lindsay, Lesley Regan, Beate Kampmann

Abstract

Introduction

Following the major outbreak of pertussis and 14 infant deaths across England in 2012, the Department of Health (DH) introduced the UK's first maternal pertussis vaccination programme. Data published by Public Health England (PHE) suggest uptake of the vaccine varies considerably across the country. The reasons for this heterogeneity need to be addressed to optimise the impact of the programme.

Objective

To assess uptake of antenatal pertussis and influenza vaccine in a leading NHS Trust in London and to explore awareness and attitudes of pregnant women towards the pertussis vaccination programme.

Design

A cross sectional survey was conducted in an ethnically diverse group of 200 pregnant women accessing antenatal care at Imperial Healthcare NHS Trust. Quantitative data was tabulated and content analysis was carried out on the free text. Qualitative data was divided into themes for accepting or declining the vaccine.

Results

Awareness of the programme was 63% (126/200) with actual uptake of the vaccine only 26.0% (52/200). Women had received information from multiple sources, primarily General Practitioners (GP) and midwives. 34.0% (68/200) of women were offered the vaccine at their GP practice, only 24% reported a meaningful discussion with their GP about it. Uptake differed by up to 15.0% between ethnicities. Qualitative data showed that uptake could be significantly

enhanced if vaccination was recommended by a familiar healthcare professional. Feeling uninformed, lack of professional encouragement and uncertainties of risk and benefit of the vaccine were the greatest barriers to uptake.

Conclusion

Vaccine uptake in this cohort of pregnant women was poor. Understanding the target audience and engaging with key groups who influence women's decision-making is essential. Knowledgeable health care professionals need to recommend the vaccine and provide accurate and timely information to increase success of this important programme.

The effect of various types of patients' reminders on the uptake of pneumococcal vaccine in adults: A randomized controlled trial

Original Research Article

Pages 5868-5872

Alexandra S. Ghadieh, Ghassan N. Hamadeh, Dina M. Mahmassani, Najla A. Lakkis

Abstract

Background

Invasive pneumococcal disease is one of the most important vaccine-preventable diseases threatening the adult community due to missed opportunities for vaccination. This study compares the effect of three different types of patient reminder system on adulthood *Streptococcus pneumoniae* immunization in a primary care setting.

Methods

The study targeted patients aged 40 and older eligible for pneumococcal vaccine, but did not receive it yet (89.5% of 3072 patients) based on their electronic medical records in a family medicine center in Beirut. The sample population was randomized using an automated computer randomization system into six equal groups, receiving short phone calls, short text messaging system (sms-text) or e-mails each with or without patient education. Each group received three identical reminders spaced by a period of four weeks. Documentation of vaccine administration was then added to the longitudinal electronic patient record. The primary outcome was the vaccine administration rate in the clinics.

Results

Of the eligible patients due for the pneumococcal 23-polyvalent vaccine, 1380 who had mobile phone numbers and e-mails were randomized into six equal intervention groups. The various reminders increased vaccination rate to 14.9%: 16.5% of the short phone calls group, 7.2% of the sms-text group and 5.7% of the e-mail group took the vaccine. The vaccination rate was independent of the age, associated education message and the predisposing condition.

Conclusion

Use of electronic text reminders via e-mails and mobile phones seems to be a feasible and sustainable model to increase pneumococcal vaccination rates in a primary care center.

Childhood vaccination requirements: Lessons from history, Mississippi, and a path forward

Original Research Article

Pages 5884-5887

Philip B. Cawkwell, David Oshinsky

Abstract

Mississippi consistently leads the United States in childhood vaccination with a greater than 99% measles–mumps–rubella vaccination rate for children entering kindergarten. The story of how this came to pass in a state that lags behind on nearly every other public health measure is

pertinent given the recent outbreaks of measles in the United States, especially in pockets of the country where there is strong resistance to vaccination. The fight against compulsory vaccination law is centuries old and the enduring success of Mississippi at repelling challenges to their vaccination requirements is a testament to the public health infrastructure and legal framework established in the state. Herein we trace the anti-vaccination movement from its origins in England up until the present time in the United States and explore how Mississippi has established a model vaccination system. Seminal court cases and legislation are evaluated for their impact. Finally, contemporary battles over vaccination legislation are examined and the feasibility of national-level change is considered.

Vaccines — Open Access Journal

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

(Accessed 24 October 2015)

[No new relevant content identified]

Value in Health

November 2015 Volume 18, Issue 7

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

[Public Health Impact and cost-Effectiveness of Malaria routine Vaccination in Infants](#)

C Sauboin, E Sicuri, L Van Bellinghen, N Van de Velde, I Van Vlaenderen
A338–A339

Abstract

Final phase III trial results of the first malaria vaccine candidate RTS,S have been published. Based on these results, our study aims at estimating the public health impact and cost-effectiveness of RTS,S implementation in infants in 42 sub-Saharan countries

[Cost-Effectiveness analysis of Quadrivalent Versus trivalent Influenza Vaccination In Germany — Linking a Dynamic Transmission Model with Health and Economic Outcomes](#)

FC Dolk, M Eichner, R Welte, A Anastassopoulou, L Van Bellinghen, B Poulsen Nautrup, I Van Vlaenderen, R Schmidt-Ott, M Schwehm, M Postma
A339

Abstract

Trivalent influenza vaccine (TIV) contains two Influenza A strains, but only one of the two B-lineages, resulting in frequent mismatches between vaccines and circulating B-lineages during seasonal epidemics. Quadrivalent influenza vaccine (QIV) prevents such mismatches by including both B-lineages. The objective of our study was to estimate the cost-effectiveness (CE) of QIV versus TIV in Germany by coupling influenza incidence generated by a dynamic individual-based simulation to health and economic outcomes.

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

[No new relevant content identified]

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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 24 October 2015

[No new, unique, relevant content]

BBC

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

Accessed 24 October 2015

[No new, unique, relevant content]

Brookings

<http://www.brookings.edu/>

Accessed 24 October 2015

[No new, unique, relevant content]

Council on Foreign Relations

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

Accessed 24 October 2015

[No new, unique, relevant content]

The Economist

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

Accessed 24 October 2015

[No new, unique, relevant content]

Financial Times

<http://www.ft.com/hme/uk>

Accessed 24 October 2015

[No new, unique, relevant content]

Forbes

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

Accessed 24 October 2015

[Going After Customized Lung Cancer Vaccines, Gritstone Grabs \\$102M](#)

Exciting things are happening in cancer immunotherapy, but scientists don't have all the pieces of the puzzle yet for most patients. Today, a startup has gotten more than \$100 million straight out of the gate to see if it can make customized types of puzzle pieces--cancer vaccines based on a patient's [...]

Luke Timmerman, Contributor Oct 20, 2015

[Three Ways Sanofi Pasteur Encourages Collaboration](#)

When you think of companies that foster and encourage employee collaboration, a big pharmaceutical company probably doesn't top your list. But thanks to enthusiastic employees and visionary leadership, Sanofi, one of the top five pharmaceutical companies in the world, is leading the charge in a new wave of collaboration. I sat [...]

Jacob Morgan, Contributor Oct 20, 2015

Foreign Affairs

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

Accessed 24 October 2015

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 24 October 2015

[No new, unique, relevant content]

The Guardian

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

Accessed 24 October2015

[No new, unique, relevant content]

The Huffington Post

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

Accessed 24 October2015

[The Fight Against Yellow Fever Must Go On](#)

Dr. Orin Levine

Director of Vaccine Delivery, Bill & Melinda Gates Foundation

16 October 2015

As health systems around the world get stronger and more vaccines are available to more communities, it can be easy to grow complacent and forget that this absence of disease is the result of ongoing efforts that must be sustained. The most destructive Ebola outbreak in history provides a valuable reminder of the terrible toll of epidemic infectious diseases. Earlier this year, Germany and the United States experienced their first measles deaths in years and just last month, polio crept back into Ukraine. Now, as governments and heroic health workers continue working to treat ill patients while increasing efforts to reach more communities with vaccines, global attention may be tempted to shift elsewhere.. But it shouldn't...

Mail & Guardian

<http://mg.co.za/>

Accessed 24 October2015

[No new, unique, relevant content]

New Yorker

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

Accessed 24 October2015

[No new, unique, relevant content]

New York Times

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

Accessed 24 October2015

[WHO Chief Says U.S., Saudi Discussing MERS Vaccine](#)

GENEVA — The United States and Saudi Arabia are discussing the possibility of readying a vaccine for Middle East Respiratory Syndrome (MERS) before the next outbreak of the disease, the head of the World Health Organization (WHO)

October 20, 2015 - By REUTERS

Wall Street Journal

<http://online.wsj.com/home-page? wsjregion=na,us& homepage=/home/us>

Accessed 24 October2015

[No new, unique, relevant content]

Washington Post

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

Accessed 24 October2015

[A new wave of diseases threatens Southern Europe and the Middle East](#)

With new infection hot zones developing in Europe, world leaders need to get ahead of potential epidemics.

Peter J. Hotez | Editorial-Opinion | Oct 23, 2015

While global attention has been focused on strengthening health systems in West Africa in the aftermath of the [Ebola outbreak there](#), a new wave of tropical infectious disease is threatening Southern Europe, North Africa and the Middle East.

The unprecedented appearance of tropical diseases in Southern Europe in recent years has been well documented. [Dengue fever](#) appeared on Madeira off the coast of Portugal in 2012, and [chikungunya](#) arrived in Spain this year. [Malaria](#) has returned to Greece after being eliminated in the 1960s, and [West Nile virus](#) has gained a foothold throughout Southern Europe. These infections are transmitted by mosquitoes that now inhabit the region. [Schistosomiasis](#), a parasitic blood fluke infection transmitted by snails, just made its first recorded appearance on the island of Corsica, while outbreaks of [opisthorchiasis](#), a liver fluke that causes bile duct cancer, have occurred in Italy.

We are still investigating the forces responsible for the transformation of Southern Europe into a tropical disease "hot zone." Among the possible causes are the severe economic downturns in [Greece](#), Italy and Spain, which may have slowed national public-health efforts, and global warming, which is creating temperature and rainfall conditions better suited for insects and other carriers of disease adapted to tropical climates.

But a third factor must also be considered: The conflicts in the Middle East and North Africa. Ebola arose in Guinea, Sierra Leone and Liberia, in part because the health systems of the affected countries had been weakened by years of conflict and human migration. That same combination is now present in the Islamic State-occupied areas of Syria, Iraq and Libya, as well as in Yemen...

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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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