

Center for Vaccine Ethics and Policy

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Vaccines: The Week in Review 12 October 2013 Center for Vaccine Ethics & Policy (CVEP)

This weekly summary targets news, events, announcements, articles and research in the global vaccine 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: 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 3,500 entries.

Comments and suggestions should be directed to

David R. Curry, MS

Editor and

Executive Director

Center for Vaccine Ethics & Policy

david.r.curry@centerforvaccineethicsandpolicy.org

Letter: Phase III efficacy trial of the RTS,S malaria vaccine candidate

Dear Colleague:

On behalf of the PATH Malaria Vaccine Initiative, GlaxoSmithKline, and 11 African research centers in seven countries, we are writing to inform you that further results from the Phase III efficacy trial of the RTS,S malaria vaccine candidate are to be presented on Tuesday, 8 October, at the 6th Multilateral Initiative on Malaria (MIM) Pan-African Malaria Conference in Durban, South Africa. An article with additional findings and data is in preparation for submission to a peer-reviewed journal.

The results presented are the third set from the ongoing Phase III trial. Over 18 months of follow-up, RTS,S was shown to almost halve the number of malaria cases in young children (aged 5-17 months at first vaccination) and to reduce by around a quarter the malaria cases in infants (aged 6-12 weeks at first vaccination). These results were demonstrated in the context of existing malaria control measures, such as insecticide treated bednets, which were used by 78% of children and 86% of infants in the trial. The presentation abstract concluded by saying that the vaccine "shows potential for a role in malaria control in Africa."

Over 18 months of follow-up, children aged 5-17 months at first vaccination with RTS,S experienced 46% (95% CI: 42 to 50) fewer cases of clinical malaria, compared to children immunised with a control vaccine; an average of 941 cases of clinical malaria were prevented for every 1,000 children vaccinated. Severe malaria cases were reduced by 36% (95% CI: 15 to 51), malaria hospitalisations by 42% (95% CI: 29 to 52), and all-cause hospitalizations by 19% (95% CI: 9 to 28).

Infants aged 6-12 weeks at first vaccination with RTS,S had 27% (95% CI: 20 to 32) fewer cases of clinical malaria. Over 18 months of follow-up, 444 cases of clinical malaria were prevented for every 1,000 infants vaccinated. The reduction of severe malaria cases and

malaria hospitalisations was not statistically significant.

Vaccine efficacy was also assessed separately at each of the trial sites, which represented a wide range of malaria transmission settings; efficacy was found to be statistically significant at all sites in young children and at four sites in infants. At clinical trial sites where there were more cases of malaria, we found greater impact in both age groups.

RTS,S continued to display an acceptable safety and tolerability profile during the 18 month follow-up. Apart from the meningitis signal previously reported, no other safety signal was identified. The occurrence of meningitis will be followed closely during the remainder of the trial.

Based on these results, GSK now intends to submit, in 2014, a regulatory application to the European Medicines Agency (EMA). The World Health Organization (WHO) has indicated that a policy recommendation for the RTS,S malaria vaccine candidate is possible as early as 2015.

Follow-up in this Phase III trial is ongoing. Further data from 32 months follow-up and the impact of a fourth 'booster' dose given 18 months after the initial three doses are expected to become available in 2014.

The RTS,S malaria vaccine candidate is still under development and subject to the evaluation of the benefits and risks by regulatory authorities before being made available.

The abstract for the presentation at MIM is available at:

<http://www.malariavaccine.org/rd-rtss.php>

A press release on the findings is available at:

<http://www.malariavaccine.org/pr2013Oct8-RTSS.php>

On behalf of the partners, we are,

Sincerely yours,

David C. Kaslow, MD

Vice President for Product Development
PATH

Sophie Biernaux

Vice President and Malaria Vaccine Leader

PATH and China National Biotec Group Co., Ltd. (CNBG) announced that SA 14-14-2, a live, attenuated Japanese encephalitis (JE) vaccine, won WHO prequalification.

The action also represents the first time a vaccine produced by a Chinese manufacturer has achieved prequalification. The vaccine is manufactured by Chengdu Institute of Biological Products Co., Ltd. (CDIBP), a subsidiary of CNBG. With funding from the Bill & Melinda Gates Foundation, PATH "led a series of pivotal clinical trials to establish the immunogenicity and safety of the vaccine in at-risk children and provided technical and financial support to help CDIBP meet the international manufacturing standards required for WHO prequalification."

Steve Davis, PATH president and CEO, commented, "This milestone brings the world within reach of an audacious goal: the elimination of a devastating disease through expanded access to an affordable and lifesaving vaccine. Our groundbreaking collaboration with leading Chinese partners also helped lay the foundation for reshaping global vaccine supply, pricing, and accessibility through increased competition. This milestone signals China's rising importance as a global supplier of high-quality vaccines for the most vulnerable children in the world."

[Read more about PATH's JE Project.](#)

GAVI said it welcomed Canada's US\$20 million pledge to accelerate access to measles vaccines, to be invested in GAVI's measles programme. The pledge is part of Canada's commitment to the Muskoka Initiative on Maternal, Newborn and Child Health launched by G8 partners at the Muskoka Summit in 2010. The six countries covered under Canada's support are Afghanistan, Pakistan, Chad, Democratic Republic of Congo, Nigeria and Ethiopia.

"We are very grateful to Canada for its commitment," said GAVI CEO Dr Seth Berkley. "As a leader of the Muskoka Initiative for Maternal, Newborn, and Child Health, Canada's support paves the way for the introduction of the combined measles-rubella vaccine that will significantly improve the health of mothers and children."

<http://www.gavialliance.org/library/news/statements/2013/gavi-welcomes-canada-s-support-for-measles-vaccines/>

The Global Fund said it appointed Kate Thomson as "Head of the Critical Enablers and Civil Society hub," a new position that "underlines the Global Fund's strengthened efforts to promote human rights and deeper partnership with civil society." Ms. Thomson joins the Global Fund from UNAIDS, and "brings extensive experience in policy and advocacy, having worked within civil society organizations and multilateral institutions with a particular emphasis on people living with HIV and communities at higher risk," the announcement noted.

More here: <http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-10-11-Global-Fund-Names-Kate-Thomson-as-Head-of-the-Critical-Enablers-and-Civil-Society-Hub/>

Security Council Press Statement on POLIO VACCINATION IN SUDAN

11 October 2013

SC/11145 AFR/2719 UN Security Council

The following Security Council press statement was issued today by Council President Agshin Mehdiyev (Azerbaijan):

On 10 October, the United Nations Security Council was briefed by the Under Secretary-General for Peacekeeping, Hervé Ladsous, and United Nations Interim Security Force in Abyei Force Commander, Major General Yohannes Tesfamariam, on the situation in Sudan and South Sudan.

The members of the Security Council expressed alarm and grave concern at the imminent threat of the spread of polio through South Kordofan, and the continuing outbreak of polio in the Horn of Africa. According to the United Nations Office for the Coordination of Humanitarian Affairs, this threat affects more than 165,000 children in South Kordofan and Blue Nile due to a lack of immunization in the border area in more than two years. Failure to vaccinate exacerbates the risk of the further spread of the disease which the international community has made great strides to eliminate.

The members of the Security Council called upon the Government of Sudan and the Sudan People's Liberation Movement-North to urgently resolve differences over the technical plans necessary, including for safe passage, to implement the polio vaccination campaign, as proposed by the United Nations Office for the Coordination of Humanitarian Affairs, United Nations Children's Fund and the World Health Organization, as soon as possible in order for the

two-week vaccination campaign to go forward in South Kordofan and Blue Nile on 5 November as planned. The members of the Security Council reiterated their support for the United Nations' work in this regard and encouraged the Secretary-General to engage with both sides to ensure full vaccination in the coming weeks.

<http://www.un.org/News/Press/docs//2013/sc11145.doc.htm>

Update: Polio this week - *As of 9 October 2013*

Global Polio Eradication Initiative

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

[Editor's extract and bolded text]

:: All 43 circulating vaccine derived poliovirus (cVDPV) polio cases this year are type 2 (cVDPV2) with the majority reported from Asia (Pakistan 29, Afghanistan 3). Most of these cases (22) are from North Waziristan in the Federally Administered Tribal Areas (FATA), Pakistan. The bulk of the remaining cVDPV2 cases (10) are from Chad and an area in and around the connecting borders of Cameroon, Chad, Niger and Nigeria. One case was reported from Somalia in January.

:: The Independent Monitoring Board met 1-2 October in London, UK. The IMB reviewed the latest epidemiology and programme developments. The next IMB report is expected to be issued within two weeks of the meeting..

Pakistan

:: Three new WPV1 cases were reported in the past week. All were reported from FATA (one from North Waziristan and two from Khyber). The total number of WPV1 cases for Pakistan in 2013 is now 39. The most recent WPV1 case had onset of paralysis on 10 September (from North Waziristan).

:: The majority of WPV1 cases in Pakistan this year, 27 (69%), are from FATA, of which 11 are from North Waziristan and 12 from Khyber.

:: Five new cVDPV2 cases were reported in the past week. All are from North Waziristan. The total number of cVDPV2 cases for Pakistan is now 29. The majority of Pakistan's cVDPV2 cases, 23 (79%), come from FATA, of which all but one are from North Waziristan. The latest cVDPV2 case had onset of paralysis 12 September (from North Waziristan).

:: The situation in North Waziristan is particularly concerning, as it is in an area where immunization activities have been suspended by local leaders since June 2012. Immunizations in neighbouring high-risk areas are being intensified, to further boost population immunity levels in those areas and prevent further spread of this outbreak.

:: NIDs were conducted on 30 September to 2 October targeted 34.5 million children with tOPV.

Horn of Africa

:: The three cases reported from South Sudan in the previous week triggered a full outbreak response from a GPEI operational perspective. South Sudan has launched an immediate response covering children up to 15 years of age in the infected areas, targeting 544,000 children. This will be followed by a SNID and three NIDs using bOPV by the end of year. The last WPV in the country occurred in 2009 in Eastern Equatoria, an area connected with Kakuma refugee camp in northern Kenya with a large Somali population.

:: At risk countries have been put on alert. Sudan will synchronize its October SNID with South Sudan, and SIAs are on-going in Uganda.

:: Because of routes of poliovirus spread in previous Horn of Africa outbreaks, both Ethiopia and South Sudan were already considered at 'high risk' this year, and have been conducting immunization campaigns since the current Horn of Africa outbreak was first confirmed in May 2013.

:: Ethiopia and Somalia have deployed permanent vaccination points at all major entry points. Outbreak response in Somalia and Kenya is continuing, as well as in other areas of the greater Horn of Africa, notably in Yemen. Yemen conducted a SNID in 5-8 October, targeting 65% of the country's children. The next SNID in Yemen is planned for December. Somalia will conduct an all-age campaign covering the whole country from 20 October...

BBC - 7 October 2013 Last updated at 11:12 ET

Pakistan deadly bomb targets Peshawar polio campaign

Two people, one a police officer, have been killed by a bomb which went off near campaigners against polio vaccinations in Pakistan, say police.

The blast struck a van near a hospital in Budh Bher suburb of the north-western city of Peshawar.

A death toll of six was given earlier but later corrected by police.

Pakistan is one of only three countries where polio remains endemic, due in part to militant resistance to polio mass vaccination campaigns.

Militants have attacked and killed health workers and banned immunisation teams from some areas, forcing hundreds of thousands of children to miss vaccinations.

The other person killed in Monday's attack was a member of a local "peace committee", who opposed the Taliban, and was riding in a van as part of the anti-polio campaign, said police officials.

At least 12 people are reported to have been injured. Reports said many were police, but an injured young girl was also pictured in images from the scene.

The team inside the van was supposed to be accompanying the health workers administering polio vaccines in order to protect them, reports said.

One of them, Rasheed Khan, told Reuters news agency: "I was with the polio team. As soon as we reached the front of the hospital... there was a blast right in front of the gate..."

<http://www.bbc.co.uk/news/world-asia-24425441>

PLoS Medicine

(Accessed 12 October 2013)

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

The Final Push for Polio Eradication: Addressing the Challenge of Violence in Afghanistan, Pakistan, and Nigeria

Seye Abimbola, Asmat Ullah Malik, Ghulam Farooq Mansoor

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001529>

Summary Points

:: Polio eradication in Nigeria, Pakistan, and Afghanistan (the three remaining endemic countries) depends on understanding the common determinants and country-specific factors that underlie the failure to eradicate polio in these countries.

:: Our review of the current situation suggests that the global health community and the governments of Afghanistan, Pakistan, and Nigeria need to build trust and to prioritise polio eradication as part of routine health services rather than highlighting it as "the only" health problem.

:: Coercive strategies for making people take the polio vaccine and censorship of discussions around the controversies about polio vaccines need to be avoided.

:: Because polio workers are a newly recognised soft target for anti-West terrorist groups in these countries, the publicity surrounding vaccination activities should be minimised.

:: The global health community and national governments need to work directly with community members and their immediate leaders to dispel myths about polio vaccination rather than engaging only with regional or provincial religious leaders.

Why We Must Provide Better Support for Pakistan's Female Frontline Health Workers

Svea Closserl, Rashid Jooma

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001528>

Summary Points

:: As the Global Polio Eradication Initiative deploys its endgame strategy, the commitment and effectiveness of field health workers in polio-endemic countries is critical.

:: Ongoing attacks on Lady Health Workers and other frontline health staff in Pakistan appear to be an unintended consequence of the high political profile of polio eradication.

:: Achieving polio eradication and strengthening Pakistan's health system now depends on a shift in the center of gravity of international engagement, away from high-profile engagement with federal leaders and towards supportive partnerships with Lady Health Workers and other ground-level staff.

:: Nearly all women who work on the health frontline in Pakistan do so because poverty and a lack of other opportunities force them to accept a job with pay of under US\$5 per day.

:: Steps to support Lady Health Workers and to engage them as strong partners should include paying a living wage, developing world-class security strategies, and providing opportunities for career development and advancement.

WHO: Global Alert and Response (GAR) – *Disease Outbreak News*

http://www.who.int/csr/don/2013_03_12/en/index.html

Yellow fever in Cameroon

8 October 2013 - The Ministry of Health of Cameroon carried out a yellow fever mass vaccination campaign with a reported 94% coverage of the targeted population of 663 900 in 13 health districts considered to be at high risk of yellow fever.

The vaccination campaign was carried out between 27 August to 1 September 2013 in the Littoral Region, following laboratory-confirmation of two cases with yellow fever in the area in April 2013. The index case was a 43-year-old woman from Ndom Health district who became ill on 15 March 2013.

The patients were laboratory confirmed at the Institute Pasteur of Cameroon by IgM ELISA (antibody) test, which was followed by the seroneutralizing test (PRNT) for yellow fever by the Institute Pasteur in Dakar, Senegal, a WHO regional reference laboratory for yellow fever.

In 2012, suspected cases were reported from the South-West area which includes North-West, South-West and West regions. These cases were identified as part of the surveillance system which identifies patients with fever and jaundice within the 14 days of onset.

WHO country office has been working with the health authorities in the field investigation and response to the outbreak. There is ongoing surveillance for yellow fever in the country.

GAVI Alliance and the International Coordinating Group on Yellow Fever Vaccine Provision (YF-ICG1) supported the reactive mass vaccination campaign which covered over 663 900 people in 13 health districts considered to be at high risk for yellow fever, namely Dibombari, Edea,

Loum, Manjo, Manoka, Mbanga, Melong, Ndom, Ngambe, Nkondjock, Nkongsamba, Pouma and Yabass.

http://www.who.int/csr/don/2013_10_08/en/index.html

1The YF-ICG is a partnership that manages the stockpile of yellow fever vaccines for emergency response on the basis of a rotation fund. It is represented by United Nations Children's Fund (UNICEF), Médecins Sans Frontières (MSF) and the International Federation of Red Cross and Red Crescent Societies (IFRC) and WHO, which also serves as the Secretariat. The stockpile was created by GAVI Alliance.

The **Weekly Epidemiological Record (WER) for 11 October 2013**, vol. 88, 41 (pp. 437–448) includes:

:: Recommended composition of influenza virus vaccines for use in the 2014 southern hemisphere influenza season

<http://www.who.int/entity/wer/2013/wer8841.pdf>

CDC/MMWR Watch [to 12 October 2013]

October 11, 2013 / Vol. 62 / No. 40

No relevant content

WHO - Humanitarian Health Action

<http://www.who.int/hac/en/index.html>

:: **Pakistan earthquake**

[Read the situation report 26 September 2013](#)

UN Watch to 12 October 2013

Selected meetings, press releases, and press conferences relevant to immunization, vaccines, infectious diseases, global health, etc. <http://www.un.org/en/unpress/>

No new relevant content.

World Bank/IMF Watch to 12 October 2013

Selected press releases and other selected content relevant to immunization, vaccines, infectious diseases, global health, etc. <http://www.worldbank.org/en/news/all>

No new relevant content.

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

Vaccines: 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

Analysis: The State of the Poor – Where Are The Poor, Where Is Extreme Poverty Harder to End, and What Is the Current Profile of the World's Poor?

World Bank - Pedro Olinto, Kathleen Beegle, Carlos Sobrado, and Hiroki Uematsu
October 2013 - Number 125

Report Finds 400 Million Children Living in Extreme Poverty [new study](#)

Although the world witnessed an unprecedented pace of poverty reduction over the last decades, reducing the number of people living in extreme poverty by more than 700 million, approximately 1.2 billion people remained entrenched in destitution in 2010.¹ In order to leverage developing country efforts and galvanize the international development community to exert concerted effort to end extreme poverty, the World Bank has established the twin goals of ending extreme poverty by 2030 and promoting shared prosperity by fostering income growth of the bottom 40 percent of the population in every country. Ending extreme poverty in just one generation is a formidable challenge by all accounts that requires a thorough understanding of the state of the poor.

Media Release: <http://www.worldbank.org/en/news/press-release/2013/10/10/report-finds-400-million-children-living-extreme-poverty>

Journal Watch

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

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

The American Journal of Bioethics

Volume 13, Issue 10, 2013

http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az_hfIY

[Reviewed earlier; No relevant content]

American Journal of Infection Control

Vol 41 | No. 10 | October 2013 | Pages 853-948

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

[Reviewed earlier]

American Journal of Public Health

Volume 103, Issue 11 (November 2013)

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

Commentaries

Modern Cholera in the Americas: An Opportunistic Societal Infection

[Rodrigo Cerda](#), [Patrick T. Lee](#)

American Journal of Public Health: November 2013, Vol. 103, No. 11: 1934–1937.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301567>

Abstract

In the Americas, the only two cholera epidemics of the past century have occurred in the past 25 years.

Lessons from the 1991 Peruvian cholera epidemic can help to focus and refine the response to the current Haitian epidemic. After three years of acute epidemic response, we have an opportunity to refocus on the chronic conditions that make societies vulnerable to cholera.

More importantly, even as international attention wanes in the aftermath of the earthquake and acute epidemic, we are faced with a need for continued and coordinated investment in improving Haiti's structural defenses against cholera, in particular access to improved water and sanitation.

Linking Research to Global Health Equity: The Contribution of Product Development Partnerships to Access to Medicines and Research Capacity Building

[Bridget Pratt](#), [Bebe Loff](#)

American Journal of Public Health: November 2013, Vol. 103, No. 11: 1968–1978.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301341>

Abstract

Certain product development partnerships (PDPs) recognize that to promote the reduction of global health disparities they must create access to their products and strengthen research capacity in developing countries.

We evaluated the contribution of 3 PDPs—Medicines for Malaria Venture, Drugs for Neglected Diseases Initiative, and Institute for One World Health—according to Frost and Reich's access framework. We also evaluated PDPs' capacity building in low- and middle-income countries at the individual, institutional, and system levels.

We found that these PDPs advance public health by ensuring their products' registration, distribution, and adoption into national treatment policies in disease-endemic countries. Nonetheless, ensuring broad, equitable access for these populations—high distribution coverage; affordability, particularly for the poor; and adoption at provider and end-user levels—remains a challenge.

American Journal of Tropical Medicine and Hygiene

October 2013; 89 (4)

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

Cholera

Perspective Piece - ASTMH Presidential Address

Eyes on the Prize: Lessons from the Cholera Wars for Modern Scientists, Physicians, and Public Health Officials

Edward T. Ryan

Am J Trop Med Hyg 2013 89:610-614; doi:10.4269/ajtmh.13-0173

[Full Text](#)

AJTMH and PAHO: Commemorating the 3rd Anniversary of the Cholera Outbreak in Haiti: Invited Papers

Overview

Cholera Elimination in Hispaniola

Carissa F. Etienne, Jordan W. Tappero, Barbara J. Marston, Thomas R. Frieden, Thomas A. Kenyon, and Jon K. Andrus

Am J Trop Med Hyg 2013 89:615-616; doi:10.4269/ajtmh.13-0510

[Full Text](#)

Use of Oral Cholera Vaccine in Haiti: A Rural Demonstration Project

Am J Trop Med Hyg 2013 89:617-624; doi:10.4269/ajtmh.13-0183

Louise C. Ivers, Jessica E. Teng, Jonathan Lascher, Max Raymond, Jonathan Weigel, Nadia Victor, J. Gregory Jerome, Isabelle J. Hilaire, Charles P. Almazor, Ralph Ternier, Jean Cadet, Jeannot Francois, Florence D. Guillaume, and Paul E. Farmer

[Abstract](#)

Predictors of Disease Severity in Patients Admitted to a Cholera Treatment Center in Urban Haiti

Am J Trop Med Hyg 2013 89:625-632; doi:10.4269/ajtmh.13-0170

Claude-Lyne Valcin, Karine Severe, Claudia T. Riche, Benedict S. Anglade, Colette Guiteau oise, Michael Woodworth, Macarthur Charles, Zhongze Li, Patrice Joseph, Jean W. Pape, and Peter F. Wright

[Abstract](#)

Modeling the Effect of Water, Sanitation, and Hygiene and Oral Cholera Vaccine Implementation in Haiti

Isaac Chun-Hai Fung, David L. Fitter, Rebekah H. Borse, Martin I. Meltzer, and Jordan W. Tappero

Am J Trop Med Hyg 2013 89:633-640; doi:10.4269/ajtmh.13-0201

[Abstract](#)

Laboratory-Confirmed Cholera and Rotavirus among Patients with Acute Diarrhea in Four Hospitals in Haiti, 2012–2013

Maria W. Steenland, Gerard A. Joseph, Mentor Ali Ber Lucien, Nicole Freeman, Marisa Hast, Benjamin L. Nygren, Eyal Leshem, Stanley Juin, Michele B. Parsons, Deborah F. Talkington, Eric D. Mintz, John Vertefeuille, S. Arunmozhi Balajee, Jacques Boncy, and Mark A. Katz

Am J Trop Med Hyg 2013 89:641-646; doi:10.4269/ajtmh.13-0307

[Abstract](#)

Access to Safe Water in Rural Artibonite, Haiti 16 Months after the Onset of the Cholera Epidemic

Molly Patrick, David Berendes, Jennifer Murphy, Fabienne Bertrand, Farah Husain, and Thomas Handzel

Am J Trop Med Hyg 2013 89:647-653; doi:10.4269/ajtmh.13-0308

[Abstract](#)

Seroepidemiologic Survey of Epidemic Cholera in Haiti to Assess Spectrum of Illness and Risk Factors for Severe Disease

Brendan R. Jackson, Deborah F. Talkington, James M. Pruckler, M. D. Bernadette Fouché, Elsie Lafosse, Benjamin Nygren, Gerardo A. Gómez, Georges A. Dahourou, W. Roodly Archer, Amanda B. Payne, W. Craig Hooper, Jordan W. Tappero, Gordana Derado, Roc Magloire, Peter Gerner-Smidt, Nicole Freeman, Jacques Boncy, Eric D. Mintz, and the Cholera Serosurvey Working Group

Am J Trop Med Hyg 2013 89:654-664; doi:10.4269/ajtmh.13-0208

[Abstract](#)

Water, Sanitation and Hygiene in Haiti: Past, Present, and Future

Richard Gelting, Katherine Bliss, Molly Patrick, Gabriella Lockhart, and Thomas Handzel

Am J Trop Med Hyg 2013 89:665-670; doi:10.4269/ajtmh.13-0217

[Abstract](#)

Cholera Vaccination in Urban Haiti

Vanessa Rouzier, Karine Severe, Marc Antoine Jean Juste, Mireille Peck, Christian Perodin, Patrice Severe, Marie Marcelle Deschamps, Rose Irene Verdier, Sabine Prince, Jeannot Francois, Jean Ronald Cadet, Florence D. Guillaume, Peter F. Wright, and Jean W. Pape
Am J Trop Med Hyg 2013 89:671-681; doi:10.4269/ajtmh.13-0171

[Abstract](#)

Development of a Cholera Vaccination Policy on the Island of Hispaniola, 2010–2013

Andrea S. Vicari, Cuauhtémoc Ruiz-Matus, Ciro de Quadros, and Jon K. Andrus
Am J Trop Med Hyg 2013 89:682-687; doi:10.4269/ajtmh.13-0200

[Abstract](#)

Implementation of an Alert and Response System in Haiti during the Early Stage of the Response to the Cholera Epidemic

Patricia Santa-Olalla, Michelle Gayer, Roc Magloire, Robert Barraïs, Marta Valenciano, Carmen Aramburu, Jean Luc Poncelet, Juan Carlos Gustavo Alonso, Dana Van Alphen, Florence Heuschen, Roberta Andraghetti, Robert Lee, Patrick Drury, and Sylvain Aldighieri
Am J Trop Med Hyg 2013 89:688-697; doi:10.4269/ajtmh.13-0267

[Abstract](#)

Annals of Internal Medicine

1 October 2013, Vol. 159. No. 7

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

[Reviewed earlier; No relevant content]

BMC Public Health

(Accessed 12 October 2013)

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

[No new relevant content]

British Medical Bulletin

Volume 107 Issue 1 September 2013

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

[Reviewed earlier]

British Medical Journal

12 October 2013 (Vol 347, Issue 7928)

<http://www.bmj.com/content/347/7928>

[No relevant content]

Bulletin of the World Health Organization

Volume 91, Number 10, October 2013, 717-796

<http://www.who.int/bulletin/volumes/91/10/en/index.html>

[Reviewed earlier]

Clinical Therapeutics

Vol 35 | No. 9 | September 2013 | Pages 1253-1474

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

[Reviewed earlier; No relevant content]

Cost Effectiveness and Resource Allocation

(Accessed 12 October 2013)

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

Methodology

Balancing efficiency, equity and feasibility of HIV treatment in South Africa – development of programmatic guidance

Baltussen R, Mikkelsen E, Tromp N, Hurtig AK, Byskov J, Olsen Ø, Bærøe K, Hontelez JA et al. Cost Effectiveness and Resource Allocation 2013, **11**:26 (9 October 2013)

Abstract

South Africa, the country with the largest HIV epidemic worldwide, has been scaling up treatment since 2003 and is rapidly expanding its eligibility criteria. The HIV treatment programme has achieved significant results, and had 1.8 million people on treatment per 2011. Despite these achievements, it is now facing major concerns regarding (i) *efficiency*: alternative treatment policies may save more lives for the same budget; (ii) *equity*: there are large inequalities in who receives treatment; (iii) *feasibility*: still only 52% of the eligible population receives treatment.

Hence, decisions on the design of the present HIV treatment programme in South Africa can be considered suboptimal. We argue there are two fundamental reasons to this. First, while there is a rapidly growing evidence-base to guide priority setting decisions on HIV treatment, its included studies typically consider only one criterion at a time and thus fail to capture the broad range of values that stakeholders have. Second, priority setting on HIV treatment is a highly political process but it seems no adequate participatory processes are in place to incorporate stakeholders' views and evidences of all sorts.

We propose an alternative approach that provides a better evidence base and outlines a fair policy process to improve priority setting in HIV treatment. The approach integrates two increasingly important frameworks on health care priority setting: accountability for reasonableness (A4R) to foster procedural fairness, and multi-criteria decision analysis (MCDA) to construct an evidence-base on the feasibility, efficiency, and equity of programme options including trade-offs. The approach provides programmatic guidance on the choice of treatment strategies at various decisions levels based on a sound conceptual framework, and holds large potential to improve HIV priority setting in South Africa.

Current Opinion in Infectious Diseases.

October 2013 - Volume 26 - Issue 5 pp: v-vi,399-492

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

[Reviewed earlier]

Development in Practice

[Volume 23](#), Issue 5-06, 2013

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

Special Issue: Civil societies at crossroads: eruptions, initiatives, and evolution in citizen activism

Abstract

This Special Issue has grown from the sense that important changes in the last two decades pose dilemmas and challenges for civil societies in many countries. The Issue reports on a series of studies of the evolving roles of civil society sectors and citizen initiatives in several regions of the world. This introduction identifies a series of events and forces that over the last two decades have fundamentally changed the contexts of civil society activities in many countries. These changes have catalyzed a wide range of citizen eruptions and initiatives on particular issues as well as national civil society evolutions in many countries. The papers in this Special Issue have resulted from a multi-country collective reflection organized by five civil society support organizations from different regions. They sought to identify roles, capacities, contributions, and limitations of civil society in these changing contexts using a variety of approaches to data collection and analysis. This introduction briefly describes the papers in the Special Issue. They include regional overviews, descriptions of national sector evolution, and cases of citizen activism in Southern and Eastern Africa, Asia, Southern Latin America, Western Europe and Russia. The final paper provides an overview of the lessons learned from comparative analysis across these and other cases and draws some of the implication of those lessons for practitioners and policy makers.

Emerging Infectious Diseases

Volume 19, Number 10—October 2013

<http://www.cdc.gov/ncidod/EID/index.htm>

[Reviewed earlier]

The European Journal of Public Health

Volume 23 Issue 5 October 2013

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

[Reviewed earlier]

Eurosurveillance

Volume 18, Issue 41, 10 October 2013

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

Rapid communications

Hajj pilgrims' knowledge about Middle East respiratory syndrome coronavirus, August to September 2013

by P Gautret, S Benkouiten, I Salaheddine, K Belhouchat, T Drali, P Parola, P Brouqui

Summary

In preparation for Hajj 2013, 360 French pilgrims were interviewed regarding their knowledge about Middle East respiratory syndrome (MERS). Respondents were aged 20–85 years, male-female ratio was 1.05:1; 64.7% were aware of the MERS situation in Saudi Arabia; 35.3% knew about the Saudi Ministry of Health recommendations for at-risk pilgrims to postpone participation in the 2013 Hajj. None of 179 at-risk individuals (49.9%) decided to cancel their Hajj participation even after advice during consultation.

Forum for Development Studies

Volume 40, Issue 2, 2013

<http://www.tandfonline.com/toc/sfds20/current>

[Reviewed earlier]

Global Health Governance

Summer 2013 Archive

<http://blogs.shu.edu/ghg/category/complete-issues/summer-2013/>

Special Series on Universal Health Coverage

Globalization and Health

[Accessed 12 October 2013]

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

[No new relevant content]

Health Affairs

October 2013; Volume 32, Issue 10

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

Theme: Economic Trends & Quality Trade-Off

[No relevant content]

Health and Human Rights

Volume 15, Issue 1

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

Theme: Realizing the Right to Health Through a Framework Convention on Global Health

[Reviewed earlier]

Health Economics, Policy and Law

Volume 8 / Issue 04 / October 2013

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

[Reviewed earlier; No relevant content]

Health Policy and Planning

Volume 28 Issue 7 October 2013

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

Access to medicines from a health system perspective

Health Policy Plan. (2013) 28 (7): 692-704 doi:10.1093/heapol/czs108

Maryam Bigdeli, Bart Jacobs, Goran Tomson, Richard Laing, Abdul Ghaffar, Bruno Dujardin, and Wim Van Damme

Abstract

Most health system strengthening interventions ignore interconnections between systems components. In particular, complex relationships between medicines and health financing, human resources, health information and service delivery are not given sufficient consideration. As a consequence, populations' access to medicines (ATM) is addressed mainly through fragmented, often vertical approaches usually focusing on supply, unrelated to the wider issue of access to health services and interventions. The objective of this article is to embed ATM in a health system perspective. For this purpose, we perform a structured literature review: we examine existing ATM frameworks, review determinants of ATM and define at which level of the health system they are likely to occur; we analyse to which extent existing ATM frameworks take into account access constraints at different levels of the health system. Our findings suggest that ATM barriers are complex and interconnected as they occur at multiple levels of the health system. Existing ATM frameworks only partially address the full range of ATM barriers. We propose three essential paradigm shifts that take into account complex and dynamic relationships between medicines and other components of the health system. A holistic view of demand-side constraints in tandem with consideration of multiple and dynamic relationships between medicines and other health system resources should be applied; it should be recognized that determinants of ATM are rooted in national, regional and international contexts. These are schematized in a new framework proposing a health system perspective on ATM.

For-profit sector immunization service provision: does low provision create a barrier to take-up?

Neeraj Sood and Zachary Wagner

Health Policy Plan. (2013) 28 (7): 730-738 doi:10.1093/heapol/czs113

Abstract

Achievement of the health-related Millennium Development Goals is dependent on increasing take-up of preventive public health services (PHSs) in developing countries. Poor country governments often lack the resources to provide optimal access to preventive services and a great deal of attention is being directed towards the private sector to fill this void. In many developing countries, the private sector already plays a large role in health care. However, the for-profit private sector has little incentive to provide PHSs. The lack of provision of services by the for-profit sector may create a barrier to take-up of these services. In this study, we use data from a census of health facilities combined with data from community and provider surveys from Kenya to analyse whether the private for-profit sector has lower provision rates of child immunization services, and subsequently whether this creates a barrier that results in lower immunization take-up. We show that only 34% of for-profit facilities provide immunizations and that in areas with a larger share of for-profit providers, children are more likely to have no immunization coverage. Our model predicts that the odds of a child receiving no immunization coverage are 4.8 times higher in areas where all health facilities are for-profit compared to areas with no for-profit facilities. This indicates that a policy of engagement with the private for-profit sector aimed at increasing provision of immunization services may be an effective strategy for increasing take-up.

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

October 2013 Volume 9, Issue 10

<http://www.landesbioscience.com/journals/vaccines/toc/volume/9/issue/10>

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 12 October 2013]

[No new relevant content]

Infectious Diseases of Poverty

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

[Accessed 12 October 2013]

[No new relevant content]

International Journal of Epidemiology

Volume 42 Issue 4 August 2013

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

[Reviewed earlier; No relevant content]

International Journal of Infectious Diseases

Vol 17 | No. 10 | October 2013

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

[Reviewed earlier; No relevant content]

JAMA

October 9, 2013, Vol 310, No. 14

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

[No relevant content]

JAMA Pediatrics

October 2013, Vol 167, No. 10

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

[No relevant content]

Journal of Community Health

Volume 38, Issue 5, October 2013

<http://link.springer.com/journal/10900/38/5/page/1>

[Reviewed earlier]

Journal of Health Organization and Management

Volume 27 issue 6 - Latest Issue

<http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest>

[No relevant content]

Journal of Infectious Diseases

Volume 208 Issue 9 November 1, 2013

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

[Reviewed earlier; No relevant content]

Volume 208 suppl 1 November 1, 2013

http://jid.oxfordjournals.org/content/208/suppl_1.toc

Supplement: Cholera in Africa: Microbiology, Epidemiology, Prevention and Control Editorial Committee Introduction

[Martin Mengel](#)¹, [Eric Mintz](#)², [Gopinath Balakrish Nair](#)³ and [Bradford D. Gessner](#)¹

¹ Agence de Medecine Preventive, Paris, France

² US Centers for Disease Control and Prevention, Atlanta, Georgia

³ National Institute of Cholera and Enteric Diseases, Kolkata, India

The current supplement presents an overview of cholera disease burden and critical issues for the diagnosis, detection, prevention, and control of cholera in Africa. In 2013, the seventh cholera pandemic reached its 43rd year in Africa, with no evidence that it will end soon. More than 20 African countries have reported cholera to the World Health Organization (WHO) every year between 2007 and 2012, including large recent epidemics in the Democratic Republic of Congo (DRC), Sierra Leone, Uganda, Ghana, Niger, and Guinea [1].

In the current supplement, articles from individual countries highlight the human toll of cholera, including more than 200 000 cases and 7000 deaths in DRC from 2000 through 2008 [2]; 68 000 cases and 2600 deaths in Kenya from 1998 through 2010 [3]; 28 000 cases and 1300 deaths in Cameroon from 2010 through 2011 [4]; 25 000 cases and 220 deaths in Mozambique from 2009 through 2011 [5]; and more than 12 000 cases and 500 deaths in Togo from 1996 through 2010 [6]. Two patterns emerge from these reports. The first is endemic, as in DRC, where cholera has occurred continuously in specific regions with an increase in the number of outbreaks during the rainy season. The second pattern is epidemic or outbreak driven, as in Mozambique, where many districts have been affected over relatively short periods, separated by prolonged quiescent periods. Although factors such as climate might increase outbreak risk, in these settings it remains difficult to predict the specific districts or communities that will be affected during any given year.

Difficulties in interpreting country-level data exist. Most African countries currently rely on reporting of aggregate data from the district level, whose completeness remains unknown. This could lead to serious underestimation of ...

Journal of Global Infectious Diseases (JGID)

July-September 2013 Volume 5 | Issue 3 Page Nos. 91-124

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

[No relevant content]

Journal of Medical Ethics

October 2013, Volume 39, Issue 10

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

[No relevant content]

Journal of Medical Microbiology

October 2013; 62 (Pt 10)

<http://jmm.sgmjournals.org/content/current>

[No relevant content]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 2 Issue 3 September 2013

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

[Reviewed earlier]

Journal of Pediatrics

Vol 163 | No. 4 | October 2013 | Pages 929-1234

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

[No relevant content]

Journal of Public Health Policy

Volume 34, Issue 3 (August 2013)

<http://www.palgrave-journals.com/jphp/journal/v34/n3/index.html>

[No relevant content]

Journal of the Royal Society – Interface

December 6, 2013; 10 (89)

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

[No relevant content]

Journal of Virology

[November 2013, volume 87, issue 21](#)

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

[No relevant content]

The Lancet

Oct 12, 2013 Volume 382 Number 9900 p1225 – 1308 e11 - 20

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

Mapping of available health research and development data: what's there, what's missing, and what role is there for a global observatory?

Prof [John-Arne Røttingen](#) MD [a](#) [b](#) [c](#), [Sadie Regmi](#) BSc [d](#), [Mari Eide](#) [e](#), [Alison J Young](#) MA [f](#), [Roderik F Viergever](#) MD [g](#) [h](#), [Christine Årdal](#) MBA [a](#) [i](#), [Javier Guzman](#) MD [j](#), [Danny Edwards](#) MBioeth [k](#), [Stephen A Matlin](#) DSc [l](#), [Robert F Terry](#) MPhil [m](#)

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961046-6/abstract>

Summary

The need to align investments in health research and development (R&D) with public health demands is one of the most pressing global public health challenges. We aim to provide a comprehensive description of available data sources, propose a set of indicators for monitoring the global landscape of health R&D, and present a sample of country indicators on research inputs (investments), processes (clinical trials), and outputs (publications), based on data from international databases. Total global investments in health R&D (both public and private sector) in 2009 reached US\$240 billion. Of the US\$214 billion invested in high-income countries, 60% of health R&D investments came from the business sector, 30% from the public sector, and about 10% from other sources (including private non-profit organisations). Only about 1% of all health R&D investments were allocated to neglected diseases in 2010. Diseases of relevance to high-income countries were investigated in clinical trials seven-to-eight-times more often than were diseases whose burden lies mainly in low-income and middle-income countries. This report confirms that substantial gaps in the global landscape of health R&D remain, especially for and in low-income and middle-income countries. Too few investments are targeted towards the health needs of these countries. Better data are needed to improve priority setting and coordination for health R&D, ultimately to ensure that resources are allocated to diseases and regions where they are needed the most. The establishment of a global observatory on health R&D, which is being discussed at WHO, could address the absence of a comprehensive and sustainable mechanism for regular global monitoring of health R&D.

The Lancet Global Health

Oct 2013 Volume 1 Number 4 e169 - 237

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

[Reviewed earlier]

The Lancet Infectious Diseases

Oct 2013 Volume 13 Number 10 p823 - 906

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

[Reviewed earlier]

Medical Decision Making (MDM)

October 2013; 33 (7)

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

September 2013 Volume 91, Issue 3 Pages 419–65

[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1468-0009/currentissue](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1468-0009/currentissue)

[No relevant content]

Nature

Volume 502 Number 7470 pp141-264 10 October 2013

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

Special Focus

[Outlook - Tuberculosis](#)

Tony Scully

[Epidemiology: A mortal foe](#)

Tom Paulson

[Drug development: A combined effort](#)

Amy Maxmen

[Perspective: Graduation time](#)

David G. Russell &

Carl F. Nathan

[Vaccines: An age-old problem](#)

Sarah DeWeerd

[Diagnosis: Waiting for results](#)

Catherine de Lange

[Perspective: Weigh all TB risks](#)

Christopher Dye &

Mario Raviglione

[Latency: A sleeping giant](#)

Courtney Humphries

[Transmission: Control issues](#)

Ewen Callaway

Nature Immunology

October 2013, Volume 14 No 10 pp977-1100

<http://www.nature.com/ni/journal/v14/n10/index.html>

[No relevant content]

Nature Medicine

October 2013, Volume 19 No 10 pp1191-1350

<http://www.nature.com/nm/journal/v19/n10/index.html>

Focus on 2013 Albert Lasker Medical Research Awards - An interview with Bill and Melinda Gates - pp1249 - 1251

doi:10.1038/nm.3331

Bill and Melinda Gates have led a profound transformation in the way we view the world's most pressing health concerns, looking for effective ways to improve the lives of millions of people. Claire Pomeroy, president of the Albert and Mary Lasker Foundation, spoke with them about their current concerns and plans to advance their agenda.

Nature Reviews Immunology

October 2013 Vol 13 No 10

<http://www.nature.com/nri/journal/v13/n10/index.html>

[No relevant content]

New England Journal of Medicine

October 10, 2013 Vol. 369 No. 15

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

[No relevant content]

OMICS: A Journal of Integrative Biology

October 2013, 17(10)

<http://online.liebertpub.com/toc/omi/17/10>

[No relevant content]

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

August 2013 Vol. 34, No. 2

http://www.paho.org/journal/index.php?option=com_content&view=article&id=129&Itemid=227&lang=en

[No relevant content]

The Pediatric Infectious Disease Journal

October 2013 - Volume 32 - Issue 10 pp: e383-e413,1045-1158

<http://journals.lww.com/pidj/pages/currenttoc.aspx>

[Reviewed earlier]

Pediatrics

October 2013, VOLUME 132 / ISSUE 4

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

[Reviewed earlier]

Pharmaceutics

[Volume 5](#), Issue 3 (September 2013), Pages 371-

<http://www.mdpi.com/1999-4923/5/3>

[No new relevant content]

Pharmacoeconomics

Volume 31, Issue 10, October 2013

<http://link.springer.com/journal/40273/31/10/page/1>

Systematic Review**The Road Not Taken: Transferability Issues in Multinational Trials**

Pepijn Vemer, Maureen P. M. H. Rutten-van Mölken

Abstract**Background**

National regulatory agencies often have to use cost-effectiveness (CE) data from multinational randomized controlled trials (RCTs) for national decision making on reimbursement of new

drugs. We need to make the best use of these patient-level data to obtain estimates of country-specific CE. Several methods, ranging from simple to statistically complex, have existed for years. We investigated which of these methods are used to estimate CE ratios in economic evaluations performed alongside recent, multinational RCTs that enrolled at least 500 patients.

Methods

In this systematic literature review, studies were classified based on whether resource use, unit costs, health outcomes and utility value sets were obtained from all countries, a subset of countries or one country. We recorded if the study presented trial-wide and country-specific CE results and reported the statistical analyses that were used to estimate them.

Results

We included 21 studies, of which the majority used measurements of health care utilization and health outcomes from all countries to estimate CE. Thirteen studies used a one-country valuation of health care utilization; six used a multi-country valuation. Despite the availability of country-specific utility value sets, none of the studies that presented quality-adjusted life-years (QALYs) used multi-country valuation. Valuation of health care utilization and health outcomes was not always consistent within a study: three studies combined a multi-country valuation of health care utilization, with a one-country valuation of health outcomes. Most studies calculated trial-wide CE estimates, while 11 studies calculated country- or region-specific estimates.

Thirteen studies used relatively simple methods, which do not take the possible interaction between the country and treatment effect on health care utilization and health outcomes into account. Eight studies used more advanced statistical methods. Three of them used a fixed-effects modeling approach. Five studies explicitly took the hierarchical structure of the data into account, which leads to more appropriate estimates of population average results and associated standard errors. In this way, they help improve transferability of the published results.

Conclusion

Based on this systematic review, we concluded that the uptake of more advanced statistical methods has been relatively slow, while simpler naïve methods are still routinely employed.

PLoS One

[Accessed 12 October 2013]

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

Vaccination against Foot-And-Mouth Disease: Do Initial Conditions Affect Its Benefit?

Thibaud Porphyre, Harriet K. Auty, Michael J. Tildesley, George J. Gunn, Mark E. J. Woolhouse
Research Article | published 04 Oct 2013 | PLOS ONE 10.1371/journal.pone.0077616

Abstract

When facing incursion of a major livestock infectious disease, the decision to implement a vaccination programme is made at the national level. To make this decision, governments must consider whether the benefits of vaccination are sufficient to outweigh potential additional costs, including further trade restrictions that may be imposed due to the implementation of vaccination. However, little consensus exists on the factors triggering its implementation on the field. This work explores the effect of several triggers in the implementation of a reactive vaccination-to-live policy when facing epidemics of foot-and-mouth disease. In particular, we tested whether changes in the location of the incursion and the delay of implementation would affect the epidemiological benefit of such a policy in the context of Scotland. To reach this goal, we used a spatial, premises-based model that has been extensively used to investigate the

effectiveness of mitigation procedures in Great Britain. The results show that the decision to vaccinate, or not, is not straightforward and strongly depends on the underlying local structure of the population-at-risk. With regards to disease incursion preparedness, simply identifying areas of highest population density may not capture all complexities that may influence the spread of disease as well as the benefit of implementing vaccination. However, if a decision to vaccinate is made, we show that delaying its implementation in the field may markedly reduce its benefit. This work provides guidelines to support policy makers in their decision to implement, or not, a vaccination-to-live policy when facing epidemics of infectious livestock disease.

PLoS Medicine

(Accessed 12 October 2013)

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

Research Article

Assessing Optimal Target Populations for Influenza Vaccination Programmes: An Evidence Synthesis and Modelling Study

Marc Baguelin, Stefan Flasche, Anton Camacho, Nikolaos Demiris, Elizabeth Miller, W. John Edmunds

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001527>

Abstract

Background

Influenza vaccine policies that maximise health benefit through efficient use of limited resources are needed. Generally, influenza vaccination programmes have targeted individuals 65 y and over and those at risk, according to World Health Organization recommendations. We developed methods to synthesise the multiplicity of surveillance datasets in order to evaluate how changing target populations in the seasonal vaccination programme would affect infection rate and mortality.

Methods and Findings

Using a contemporary evidence-synthesis approach, we use virological, clinical, epidemiological, and behavioural data to develop an age- and risk-stratified transmission model that reproduces the strain-specific behaviour of influenza over 14 seasons in England and Wales, having accounted for the vaccination uptake over this period. We estimate the reduction in infections and deaths achieved by the historical programme compared with no vaccination, and the reduction had different policies been in place over the period. We find that the current programme has averted 0.39 (95% credible interval 0.34–0.45) infections per dose of vaccine and 1.74 (1.16–3.02) deaths per 1,000 doses. Targeting transmitters by extending the current programme to 5–16-y-old children would increase the efficiency of the total programme, resulting in an overall reduction of 0.70 (0.52–0.81) infections per dose and 1.95 (1.28–3.39) deaths per 1,000 doses. In comparison, choosing the next group most at risk (50–64-y-olds) would prevent only 0.43 (0.35–0.52) infections per dose and 1.77 (1.15–3.14) deaths per 1,000 doses.

Conclusions

This study proposes a framework to integrate influenza surveillance data into transmission models. Application to data from England and Wales confirms the role of children as key infection spreaders. The most efficient use of vaccine to reduce overall influenza morbidity and mortality is thus to target children in addition to older adults.

The Final Push for Polio Eradication: Addressing the Challenge of Violence in Afghanistan, Pakistan, and Nigeria

Seye Abimbola, Asmat Ullah Malik, Ghulam Farooq Mansoor

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001529>

Summary Points

:: Polio eradication in Nigeria, Pakistan, and Afghanistan (the three remaining endemic countries) depends on understanding the common determinants and country-specific factors that underlie the failure to eradicate polio in these countries.

:: Our review of the current situation suggests that the global health community and the governments of Afghanistan, Pakistan, and Nigeria need to build trust and to prioritise polio eradication as part of routine health services rather than highlighting it as “the only” health problem.

:: Coercive strategies for making people take the polio vaccine and censorship of discussions around the controversies about polio vaccines need to be avoided.

:: Because polio workers are a newly recognised soft target for anti-West terrorist groups in these countries, the publicity surrounding vaccination activities should be minimised.

:: The global health community and national governments need to work directly with community members and their immediate leaders to dispel myths about polio vaccination rather than engaging only with regional or provincial religious leaders.

Why We Must Provide Better Support for Pakistan's Female Frontline Health Workers

Svea Closserl, Rashid Jooma

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001528>

Summary Points

:: As the Global Polio Eradication Initiative deploys its endgame strategy, the commitment and effectiveness of field health workers in polio-endemic countries is critical.

:: Ongoing attacks on Lady Health Workers and other frontline health staff in Pakistan appear to be an unintended consequence of the high political profile of polio eradication.

:: Achieving polio eradication and strengthening Pakistan's health system now depends on a shift in the center of gravity of international engagement, away from high-profile engagement with federal leaders and towards supportive partnerships with Lady Health Workers and other ground-level staff.

:: Nearly all women who work on the health frontline in Pakistan do so because poverty and a lack of other opportunities force them to accept a job with pay of under US\$5 per day.

:: Steps to support Lady Health Workers and to engage them as strong partners should include paying a living wage, developing world-class security strategies, and providing opportunities for career development and advancement.

PLoS Neglected Tropical Diseases

September 2013

<http://www.plosntds.org/article/browseIssue.action>

[Reviewed earlier]

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

(Accessed 12 October 2013)

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

[No new relevant content]

Public Health Ethics

Volume 6 Issue 2 July 2013

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

[Reviewed earlier]

Qualitative Health Research

October 2013; 23 (10)

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

[No relevant content]

Risk Analysis

October 2013 Volume 33, Issue 10 Pages 1759–1937

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-10/issuetoc>

[No relevant content]

Science

11 October 2013 vol 342, issue 6155, pages 149-280

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

[No relevant content]

Science Translational Medicine

9 October 2013 vol 5, issue 206

<http://stm.sciencemag.org/content/current>

[No relevant content]

Social Science & Medicine

Volume 98, [In Progress](#) (December 2013)

<http://www.sciencedirect.com/science/journal/02779536/93>

[No new relevant content]

UN Chronicle

Vol. L No. 3 2013 September 2013

<http://unchronicle.un.org/>

Theme: *Migration*

This issue, which features contributions from twelve leading experts from within and outside of the United Nations system, looks at international migration and development. The articles examine, among other things, lowering the costs and amplifying the benefits of migration; the protection of migrants' rights and State sovereignty; labour migration and inclusive

development; leveraging remittances for development; the reintegration of returning migrants; and strengthening migration cooperation.

Vaccine

Volume 31, Issue 44, Pages 5005-5146 (17 October 2013)

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

Risks and safety of pandemic H1N1 influenza vaccine in pregnancy: Exposure prevalence, preterm delivery, and specific birth defects

Original Research Article

Pages 5033-5040

Carol Louik, Katherine Ahrens, Stephen Kerr, Junhee Pyo, Christina Chambers, Kenneth L. Jones, Michael Schatz, Allen A. Mitchell

Abstract

We estimated exposure prevalence and studied potential risks for preterm delivery (PTD) and specific birth defects associated with exposure to the unadjuvanted pH1N1-containing vaccines in the 2009–2010 and 2010–2011 influenza seasons.

We used data from 4 regional centers in the United States collected as part of the Slone Epidemiology Center's Birth Defects Study. For PTD, propensity score-adjusted time-varying hazard ratios (HRs) and 95% confidence intervals (CIs) were estimated for exposure anytime in pregnancy and for each trimester. For 41 specific major birth defects, propensity score-adjusted odds ratios (ORs) and 95% confidence intervals (CIs) were estimated.

Among 4191 subjects, there were 3104 mothers of malformed (cases) and 1087 mothers of nonmalformed (controls). Exposure prevalences among controls were 47% for the 2009–2010 season and 38% for the 2010–2011 season; prevalence varied by geographic region. Results for PTD differed between the two seasons, with risks above and below the null for the 2009–2010 and 2010–2011 seasons, respectively. For 41 specific birth defects, most adjusted ORs were close to 1.0. Three defects had adjusted ORs > 2.0 and four had risks < 0.5; however, 95% CIs for these were wide.

Conclusions

Among women exposed to pH1N1 vaccine, we found a decreased risk for PTD in the 2010–2011 season; risk was increased in 2009–2010, particularly following exposure in the first trimester, though the decrease in gestational length was less than 2 days. For specific major defects, we found no meaningful evidence of increased risk for specific congenital malformations following pH1N1 influenza vaccinations in the 2009–2010 and 2010–2011 seasons.

Assessment of causality of individual adverse events following immunization (AEFI): A WHO tool for global use

Original Research Article

Pages 5041-5046

Alberto E. Tozzi, Edwin J. Asturias, Madhava Ram Balakrishnan, Neal A. Halsey, Barbara Law, Patrick L.F. Zuber

Abstract

Serious illnesses or even deaths may rarely occur after childhood vaccinations. Public health programs are faced with great challenges to establish if the events presenting after the administration of a vaccine are due to other conditions, and hence a coincidental presentation, rather than caused by the administered vaccines. Given its priority, the Global Advisory Committee for Vaccine Safety (GACVS) commissioned a group of experts to review the

previously published World Health Organization (WHO) Adverse Event Following Immunization (AEFI) causality assessment methodology and aide-memoire, and to develop a standardized and user friendly tool to assist health care personnel in the processing and interpretation of data on individual events, and to assess the causality after AEFIs. We describe a tool developed for causality assessment of individual AEFIs that includes: (a) an eligibility component for the assessment that reviews the diagnosis associated with the event and identifies the administered vaccines; (b) a checklist that systematically guides users to gather available information to feed a decision algorithm; and (c) a decision support algorithm that assists the assessors to come to a classification of the individual AEFI. Final classification generated by the process includes four categories in which the event is either: (1) consistent; (2) inconsistent; or (3) indeterminate with respect of causal association; or (4) unclassifiable. Subcategories are identified to assist assessors in resulting public health decisions that can be used for action. This proposed tool should support the classification of AEFI cases in a standardized, transparent manner and to collect essential information during AEFI investigation. The algorithm should provide countries and health officials at the global level with an instrument to respond to vaccine safety alerts, and support the education, research and policy decisions on immunization safety.

Hepatitis B and influenza vaccines: Important occupational vaccines differently perceived among medical students

Original Research Article

Pages 5111-5117

Sabine Wicker, Holger F. Rabenau, Laura von Gierke, Guido François, Ramona Hambach, Antoon De Schryver

Abstract

Healthcare personnel (HCP) are at risk from occupational exposure to airborne and bloodborne pathogens, and the risk of infection among HCP is greater than among the general population. The aim of the study was to characterize attitudes toward occupational recommended vaccines as well as the perception of risks of occupationally acquired infections. We surveyed 650 medical students to assess their perception of influenza and hepatitis B and their opinions and beliefs about influenza and hepatitis B vaccines.

We found differences between pre-clinical and clinical students regarding the uptake of influenza and hepatitis B vaccines, about the chances of being occupationally infected with influenza or hepatitis B, and about the likelihood of suffering from severe side-effects following immunization.

Interestingly, the risk perception varied drastically between the two vaccine-preventable diseases hepatitis B and influenza. Medical students rated the probability of contracting hepatitis B due to a work-related exposure and the severity of disease significantly higher than for influenza, and this may be an explanation for the greater acceptance of the hepatitis B vaccine. Furthermore, our findings suggest that medical students are frequently inaccurate in assessing their own risk level, and their specific knowledge about both diseases and the severity of these diseases proved to be unsatisfactory.

Acceptability of human papillomavirus vaccination among male university students in the United Arab Emirates

Original Research Article

Pages 5141-5144

Osman Ortashi, Hina Raheel, Jasem Khamis

Abstract

Objective

To assess the knowledge about and acceptability of human papillomavirus (HPV) vaccination among male university students in the United Arab Emirates (UAE).

Methods

Between June and August 2012 we approached 356 male university students from the UAE and asked them to fill out a 12-item self-administered questionnaire.

Results

Knowledge of HPV was low among the university students who participated (32%). Less than half of the students (46%) indicated they would accept HPV vaccination, and around 30% were unsure of their decision. Safety (68%), protection of their female partner (65%) and doctor's recommendation (64%) were rated as the factors most likely to increase the uptake of HPV vaccination among participating students. The factors rated most likely to stop students from using the vaccine were fear of side effects (85%), absence of clear benefits (38%) and objections from a religious authority (25%). Marital status and sexual activity were associated with greater knowledge of HPV but not with greater acceptance of vaccination among university students in the UAE.

Conclusion

Overall acceptability of and knowledge about HPV infection and vaccination were low in a sample of male university students in the UAE. Marital status and sexual activity are associated with greater knowledge of HPV infection but have no effect on the acceptability of HPV vaccination.

Vaccine: Development and Therapy

(Accessed 12 October 2013)

<http://www.dovepress.com/vaccine-development-and-therapy-journal>

[No new relevant content]

Vaccines — Open Access Journal

(Accessed 12 October 2013)

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

Vaccines (ISSN 2076-393X), an international open access journal, is published by MDPI online quarterly.

[No new relevant content]

Value in Health

Vol 16 | No. 6 | September-October 2013 | Pages 907-1110

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

[No relevant content]

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

No new content

Media/Policy Watch

This section is intended to alert readers to substantive news, analysis and opinion from the general media on vaccines, immunization, global; public health and related themes. *Media Watch* is not intended to be exhaustive, but indicative of themes and issues CVEP is actively tracking. This section will grow from an initial base of newspapers, magazines and blog sources, and is segregated from *Journal Watch* above which scans the peer-reviewed journal ecology.

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

Al Jazeera

<http://www.aljazeera.com/Services/Search/?q=vaccine>

Accessed 12 October 2013

[No new, unique, relevant content]

The Atlantic

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

Accessed 12 October 2013

[No new, unique, relevant content]

BBC

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

Accessed 12 October 2013

BBC - 7 October 2013 Last updated at 11:12 ET

Pakistan deadly bomb targets Peshawar polio campaign

Two people, one a police officer, have been killed by a bomb which went off near campaigners against polio vaccinations in Pakistan, say police.

The blast struck a van near a hospital in Budh Bher suburb of the north-western city of Peshawar.

A death toll of six was given earlier but later corrected by police.

Pakistan is one of only three countries where polio remains endemic, due in part to militant resistance to polio mass vaccination campaigns.

Militants have attacked and killed health workers and banned immunisation teams from some areas, forcing hundreds of thousands of children to miss vaccinations.

The other person killed in Monday's attack was a member of a local "peace committee", who opposed the Taliban, and was riding in a van as part of the anti-polio campaign, said police officials.

At least 12 people are reported to have been injured. Reports said many were police, but an injured young girl was also pictured in images from the scene.

The team inside the van was supposed to be accompanying the health workers administering polio vaccines in order to protect them, reports said.

One of them, Rasheed Khan, told Reuters news agency: "I was with the polio team. As soon as we reached the front of the hospital... there was a blast right in front of the gate..."

<http://www.bbc.co.uk/news/world-asia-24425441>

Brookings

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

Accessed 12 October 2013

[No new, unique, relevant content]

Council on Foreign Relations

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

Accessed 12 October 2013

[No new, unique, relevant content]

Economist

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

Accessed 12 October 2013

[No new, unique, relevant content]

Financial Times

<http://www.ft.com>

Accessed 12 October 2013

[No new, unique, relevant content]

Forbes

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

Accessed 12 October 2013

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 12 October 2013

[No new, unique, relevant content]

Foreign Policy

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

Accessed 12 October 2013

[No new, unique, relevant content]

The Guardian

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

Accessed 12 October 2013

[No new, unique, relevant content]

The Huffington Post

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

Accessed 12 October 2013

[No new, unique, relevant content]

Le Monde

<http://www.lemonde.fr/>

Accessed 12 October 2013

[No new, unique, relevant content]

New Yorker

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

Accessed 12 October 2013

[No new, unique, relevant content]

New York Times

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

Accessed 12 October 2013

[No new, unique, relevant content]

Reuters

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

Accessed 12 October 2013

Rabies kills 24,000 a year in Africa because vaccine costly: experts

DAKAR | Thu Oct 10, 2013 2:53pm EDT

<http://www.reuters.com/article/2013/10/10/us-africa-rabies-idUSBRE9990XD20131010>

(Reuters) - Rabies kills 24,000 people a year in Africa, most of them children, because many on the world's poorest continent cannot afford the cost of the vaccine, experts said on Thursday. Africa is home to nearly half the 55,000 people around the world who die each year from rabies, caused mainly by bites from dogs contaminated with the virus, according to a conference of experts on the disease in the Senegalese capital Dakar. Vaccination of humans, as well as dogs and domestic pets, is the only way to prevent the spread of the disease.

"This is the disease of the poorest of the poor who can't afford the vaccine," Herve Bourhy, a doctor at France's Pasteur Institute, told reporters.

An anti-rabies vaccine costs 10 euros per injection and four to five vaccinations are needed to create immunity. For many in poor rural African areas where the disease is endemic, this is prohibitively expensive...

Wall Street Journal

<http://online.wsj.com/home-page>

Accessed 12 October 2013

[No new, unique, relevant content]

Washington Post

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

Accessed 12 October 2013

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