

## Center for Vaccine Ethics and Policy

NYU | Wistar Institute | CHOP

### Vaccines and Global Health: The Week in Review 11 January 2014 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: 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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)*

**Editor's Note:** *This edition posted from Kathmandu, Nepal while on duty travel.*

**UNICEF undated the status of an emergency vaccination campaign to reach over 210,000 children displaced by violence in Bangui CAR**, noting that it is now underway at major displacement sites in the capital. At least seven cases of measles have been confirmed, three of them at a site by Bangui airport where about 100,000 people fleeing the violence are staying. The integrated vaccination campaign includes immunization against measles and polio, with the addition of vitamin A **UNICEF undated the status of an emergency vaccination campaign to reach over 210,000 children displaced by violence in Bangui CAR**, noting that it is now underway at major displacement sites in the capital. At least seven cases of measles have been confirmed, three of them at a site by Bangui airport where about 100,000 people fleeing the violence are staying. The integrated vaccination campaign includes immunization against measles and polio, with the addition of vitamin A supplementation, deworming medication, and screening for malnutrition. UNICEF noted that up to two-thirds of Bangui's residents have been displaced by violence since early December. Over 935,000 have been displaced across the country over the past year. They seek shelter in a variety of locations which are not formal settlements and are often called displacement sites. UNICEF said it is providing most of the vaccines, injection material, and operational costs, and will monitor the campaign as it unfolds over several days in dozens of sites across the city. Campaign partners supporting the Ministry of Health include the ICRC, WHO, MSF, the CAR Red Cross, Merlin/Save the Children, International Medical Corps and Médecins du Monde...

UNICEF Media Release: BANGUI, Central African Republic / DAKAR, Senegal / GENEVA, 8 January 2014 [http://www.unicef.org/media/media\\_71726.html](http://www.unicef.org/media/media_71726.html)

## **Report: Poliomyelitis: intensification of the global eradication initiative**

Secretariat/GPEI

EXECUTIVE BOARD EB134/35, 134th session 13 December 2013, Provisional agenda item 10.4

[http://apps.who.int/qa/ebwha/pdf\\_files/EB134/B134\\_35-en.pdf](http://apps.who.int/qa/ebwha/pdf_files/EB134/B134_35-en.pdf)

### *Excerpts*

1. The Polio Eradication and Endgame Strategic Plan 2013–2018<sup>1</sup> was prepared in response to a request by the Health Assembly in resolution WHA65.5 on poliomyelitis: intensification of the global eradication initiative. In May 2013, the Plan was presented to the Sixty-sixth World Health Assembly. The present report summarizes the status of each of the four objectives of the Endgame Strategic Plan, the impediments to achieving the milestones in a timely manner, the current financing situation, and the programme priorities for 2014:

:: OBJECTIVE 1: POLIOVIRUS DETECTION AND INTERRUPTION

:: OBJECTIVE 2: STRENGTHENING IMMUNIZATION SYSTEMS AND WITHDRAWAL OF ORAL POLIO VACCINE

:: OBJECTIVE 3: CONTAINMENT AND CERTIFICATION

:: OBJECTIVE 4: LEGACY PLANNING

2. As of 10 December 2013, the number of cases of disease due to wild poliovirus had increased by 68% compared to the same time in 2012 (359 cases compared with 213 cases), with eight countries reporting cases of poliomyelitis compared to four at this point in 2012. This increase is driven by disease outbreaks due to new international spread of polioviruses from Nigeria into the Horn of Africa (183 cases in Somalia, 14 in Kenya, 6 in Ethiopia) and from Pakistan into the Middle East (17 cases in the Syrian Arab Republic). Four cases due to an imported poliovirus have also been detected in Cameroon. To date, cases of endemic poliomyelitis increased by 32% in Pakistan (to 74) compared with the same time in 2012. In the other two countries where the virus is endemic, Nigeria and Afghanistan, cases declined by 58% and 68%, respectively. In 2013, all cases detected in Afghanistan occurred in the Eastern Region and were due to polioviruses that originated in Pakistan. Wild poliovirus of Pakistani origin was also detected in environmental samples collected in Israel and the occupied Palestinian territory.

3. For the first time in the history of the eradication initiative, in 2013 all cases of poliomyelitis caused by a wild virus were due to a single serotype, type 1; the most recent case due to wild poliovirus type 3 occurred on 10 November 2012 in Nigeria. Cases due to circulating vaccine-derived poliovirus type 2 (57 cases in seven countries) declined by 16% compared to 2012, with most cases being either in Pakistan or the border area of Cameroon, Chad, Niger and Nigeria...

### **MAJOR RISKS AND PROGRAMME PRIORITIES FOR 2014**

16. As of 25 November 2013, the major risks to attaining the 2014 eradication target of the Endgame Plan were: the bans on immunization campaigns in the North Waziristan agency in Pakistan and parts of southern and central Somalia; the continued targeting of vaccinators in Khyber Pakhtunkhwa province in Pakistan; ongoing military operations in Khyber Agency (within the Federally Administered Tribal Areas region) of Pakistan; insecurity in Eastern Region, Afghanistan and Borno, Nigeria; active conflict in the Syrian Arab Republic and chronic gaps in programme performance in Kano state, Nigeria. These risks to the vaccination of children in known polio-affected areas are compounded by gaps in polio surveillance and the continued threat of new international spread of wild poliovirus into highly vulnerable areas and populations.

17. Management of these risks requires full national ownership of the eradication programme in all infected countries, with deep engagement of all relevant line ministries and departments, and the holding of local authorities fully accountable for the quality of activities, particularly in accessible areas such as Kano. Accessing and vaccinating children in insecure and conflict-affected areas will in addition require the full engagement of relevant international bodies,

religious leaders and other actors with influence in such settings. Collaboration with broader humanitarian efforts must be enhanced to develop and implement area-specific operational plans, generate greater community demand and participation, and adapt or modify eradication approaches in line with local contexts. In order to minimize the risks and consequences of international spread of poliovirus, Member States are urged to enhance surveillance, strengthen routine immunization coverage, and, where appropriate, implement supplementary immunization activities. The Secretariat will convene an expert group in 2014 to advise on further measures to vaccinate travellers from areas where there is active poliovirus transmission.

18. In order to facilitate the withdrawal of the type 2 component of oral polio vaccine in 2016, and further reduce global vulnerability to the remaining wild poliovirus serotypes, Member States are encouraged to establish plans for the introduction of at least one dose of the inactivated poliovirus vaccine into their routine immunization programmes. Recognizing the complex financing arrangements and tight supply timelines for introduction of this vaccine globally, the Strategic Advisory Group of Experts on immunization recommended that countries endemic and at high risk of polio develop by mid-2014 a plan for inactivated polio vaccine introduction, and that all countries develop such plans by the end of 2014.<sup>1</sup>

19. In order to further strengthen governance and oversight of the eradication initiative, the Polio Oversight Board, comprised of the heads of the five core partners, initiated in-person meetings on a six-monthly basis, is adopting a systematic risk review process, and is introducing a decision-making process that facilitates more systematic input by donors and stakeholders. Within WHO, the Director-General established a cross-cluster Polio Endgame Management Team to enhance organizational support for programme management, strategy implementation, and resource mobilization and management.

### **Update: Polio this week - As of 9 January 2014**

Global Polio Eradication Initiative

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

*[Editor's extract and bolded text]*

:: India will reach a great milestone in polio eradication on 13 January - three years since its last case of wild poliovirus! India was once thought to be the most difficult country in which to achieve polio eradication.

:: The Executive Board (EB) will meet in Geneva on 20-25 January. Ahead of the EB 134th session, the Global Polio Eradication Initiative (GPEI) published the report: "Poliomyelitis: intensification of the global eradication initiative". The full report is available in English and French [here](#). [excerpts above]

#### ***Afghanistan***

:: One new wild poliovirus type 1 (WPV1) case was reported in the past week. The total number of WPV1 cases for 2013 is now 12. The most recent WPV1 case had onset of paralysis on 11 December from Nad-e-Ali, Hilmand province. This is the first case reported from the southern part of the country in 2013. All other WPV1 cases are reported from Eastern Region, close to the Pakistan border.

#### ***Nigeria***

:: One new cVDPV2 case was reported in the past week. The total number of cVDPV2 cases for 2013 is now 2. The most recent cVDPV case had onset of paralysis on 6 November (from Konduga, Borno)

#### ***Pakistan***

:: Two new WPV1 cases were reported in the past week. One from South Waziristan, FATA and one from Gulshan Iqbal Karachi, Sindh. The total number of WPV1 cases for Pakistan in 2013 is

now 85. The most recent WPV1 case had onset of paralysis on 16 December (from South Waziristan, FATA)

**Rotary said its members worldwide are “celebrating a major milestone in the global effort to eradicate polio: India**, until recently an epicenter of the wild poliovirus, will mark the third anniversary of its last recorded case of the paralyzing infectious disease on 13 January.”

...In celebration of the decades-long battle and ultimate victory over this disabling disease in India, Rotary clubs throughout the country will illuminate landmarks and iconic structures on Jan. 13. India Gate in Delhi and Red Fort in Delhi and Agra are among the structures that will carry Rotary's dramatic message – 'India is Polio Free'. Rotary said the three-year achievement also sets the stage for the polio-free certification of the entire South East Asia Region of the World Health Organization in the first quarter of 2014 by the Regional Certification Committee. The Indian government also plans to convene a polio summit in February to mark the occasion. Rotary said the challenge now is to replicate India's success in neighboring Pakistan (in a different WHO region), one of three remaining polio-endemic countries including Afghanistan and Nigeria...

Media Release: EVANSTON, Ill., Jan. 10, 2014 /PRNewswire-USNewswire/ --

<http://www.prnewswire.com/news-releases/rotary-celebrates-indias-third-straight-polio-free-year-239615751.html>

#### **WHO: [Liberia begins protecting its children against pneumococcal disease](#)**

9 January 2014

*Excerpt*

Children across Liberia are now receiving protection against one of the leading vaccine-preventable killers of children as the country today celebrates the introduction of pneumococcal vaccine (PCV)... Liberian President Ellen Johnson Sirleaf was joined at the launch event, held at the JFK Medical Center in Monrovia, by representatives of the GAVI Alliance, cabinet ministers and senior politicians, representatives of the diplomatic corps, UNICEF, WHO, health workers, parents and babies...

[News release on pneumococcal vaccine rollout in Liberia](#)

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

[http://www.who.int/csr/don/2013\\_03\\_12/en/index.html](http://www.who.int/csr/don/2013_03_12/en/index.html)

:: Human infection with avian influenza A(H7N9) virus – update [10 January 2014](#)

:: Human infection with avian influenza A(H7N9) virus – update [9 January 2014](#)

:: Human infection with avian influenza A(H5N1) virus - update [9 January 2014](#)

:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update [9 January 2014](#)

#### **GAVI Watch: Media Releases/Statements** [to 11 January 2014]

<http://www.gavialliance.org/library/news/statements/>

*No new relevant content*

## **UNICEF Watch**

[http://www.unicef.org/media/media\\_67204.html](http://www.unicef.org/media/media_67204.html)

*No new relevant content*

## **CDC/MMWR Watch** [to 11 January 2014]

*No new relevant content*

## **European Medicines Agency Watch** [to 11 January 2014]

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

*No new relevant content*

## **UN Watch** [to 11 January 2014]

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 11 January 2014]

Selected media 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/Commentary/Conferences/Meetings/Book Watch**

*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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)

### **Commentary: *A new development framework for emerging powers***

9 Jan 2014

Mark Dybul and Julio Frenk  
Thomson Reuters Foundation  
[Full text]

When global leaders adopted the “Monterrey Consensus” in 2003, it was a milestone in the evolution of development and international affairs. It established a framework firmly rooted in a 21st Century approach that moves beyond the paternalism of the past to a new era of shared responsibility and mutual accountability for results between, on the one hand, low- and middle-income countries and, on the other, high-income countries.

Now, with the Millennium Development Goals approaching their due date in 2015, important discussions are heating up in capitals around the world about what will come next. Let’s

consider some basic principles and fundamental changes in the global economic and political landscape since the turn of the Century.

Existing institutions, including direct programs between countries, UN organizations and development banks, have realigned their work to the new principles; and a number of new institutions, including the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunizations were created in purpose and structure as manifestations of Monterrey's principles. The work of these institutions has helped to enable remarkable gains in lives saved and lifted up, although much remains to be done.

Today, a number of countries have significant economic growth and political clout and with increasingly prominent roles on the world stage. This new status is reflected in the establishment of, and growing influence of, the G20.

Although the basic principles of shared responsibility and mutual accountability are universally applicable, the existing development frameworks were largely created as a reaction to the paternalism of the past. In fact, although a shift has begun, the very language of development – “donors”, “recipients”, “assistance” – remains tinged with the asymmetries inherent in traditional development doctrine. That framework leaves little room for those who have transitioned from colonies and/or low-income countries but, understandably, have little interest in a framework that viewed them as recipients in need of assistance.

Perhaps it is time for a new Monterrey Consensus to define the principles and framework for the engagement of emerging powers in development. This new consensus would not replace the sound principles of the current agreement, but would identify the unique role of an important group of important countries – membership in which will grow over time - within that framework.

Principles might include: reaffirmation of the basic principles of shared responsibility and mutual accountability; a commitment to support and participate in the planning processes and funding priorities of low- and middle-income countries rather than create parallel engagement; focusing investments globally or in regions or countries of particular interest as co-investors with other development partners under national strategies; technical exchange, and; over time, increasing participation as a funder of multilateral organizations that recognize the importance and unique roles of the emerging powers in their governance structures.

Emerging powers are well positioned to have an enormous impact on the regions in which they reside as well as on the global stage. They should maximize this impact in positive and mutually beneficial ways, helping to lead and support strategies for global and regional growth. However, it would better fit the underlying development framework to co-invest with current partners supporting national strategies rather than further complicating an already messy array of organizations countries must work with. It is important that emerging powers not fall into the errors of the past, creating new forms of paternalism or neo-colonialism.

Countries that have transitioned more recently from development struggles are uniquely positioned to share their experience and technical knowledge because their circumstances are closer than those of high-income countries. However, there should be a two-way exchange because, as many emerging powers know from their own experience, spectacular innovation can occur in resource constrained environments.

Although there are mechanisms intended to give such countries a “seat” and a “voice” at the table, through the G20 or the rotating members of the UN Security Council, this has not often translated into meaningful and actionable political weight around common interests. In seeking to represent and lead on shared rather than purely national interests, emerging powers can step up on the world stage in a powerful and influential way.

Having benefited in many cases from external multilateral resources over the past decades, it is also time for the emerging powers to consider expanding their investments through such organizations to become fully engaged in the global dialogue and in the investment approaches required to realize the principles of shared responsibility and mutual accountability.

But we should not expect emerging powers to simply adapt to existing models of development. They may generate their own models, which the rest of the world should welcome and support. And collectively, those of us in the development community should think hard about how we – in our models and institutions – must evolve to embrace and promote the emerging powers' potential for effecting positive impact regionally and globally. We will also need to imagine and create new, structured ways of measuring and encouraging accountability around new models and principles.

As the first Monterrey Consensus laid the lasting foundations for a new approach to development, round two could establish the framework for the productive engagement of emerging powers. It is only with the full participation and leadership of these countries that we can achieve a harmonious, sustainable world in the post-MDG era.

*Mark Dybul is the Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria; Julio Frenk is the Dean of the Harvard School of Public Health*  
<http://www.trust.org/item/20140109174012-rjq4l>

### **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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)*

### **The American Journal of Bioethics**

Volume 13, Issue 12, 2013

[http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az\\_hf1Y](http://www.tandfonline.com/toc/uajb20/current#.Uhk8Az_hf1Y)

**Special Issue Focus: *The SUPPORT Controversy and the Debate Over Research Within the Standard of Care***

[Reviewed earlier]

### **American Journal of Infection Control**

Vol 42 | No. 1 | January 2014 | Pages 1-92

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

[Reviewed earlier]

**American Journal of Preventive Medicine**

Volume 46, Issue 1 , Pages 1-9, January 2014

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

[Reviewed earlier]

**American Journal of Public Health**

Volume 104, Issue S1 (February 2014)

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

**Influenza Vaccine Text Message Reminders for Urban, Low-Income Pregnant Women: A Randomized Controlled Trial**

[Melissa S. Stockwell](#), [Carolyn Westhoff](#), [Elyse Olshen Kharbanda](#), [Celibell Y. Vargas](#), [Stewin Camargo](#), [David K. Vawdrey](#), [Paula M. Castaño](#)

American Journal of Public Health: February 2014, Vol. 104, No. S1: e7–e12.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301620>

*Abstract*

**Objectives.** We evaluated the impact of influenza vaccine text message reminders in a low-income obstetric population.

**Methods.** We conducted a randomized controlled trial that enrolled 1187 obstetric patients from 5 community-based clinics in New York City. The intervention group received 5 weekly text messages regarding influenza vaccination starting mid-September 2011 and 2 text message appointment reminders. Both groups received standard automated telephone appointment reminders. The prespecified endpoints were receipt of either pre- or postpartum influenza vaccination calculated cumulatively at the end of each month (September–December 2011). **Results.** After adjusting for gestational age and number of clinic visits, women who received the intervention were 30% more likely to be vaccinated as of December 2011 (adjusted odds ratio [AOR] = 1.30; 95% confidence interval [CI]=1.003, 1.69 end of September: AOR=1.34; 95% CI=0.98, 1.85; October: AOR = 1.35; 95% CI=1.05, 1.75; November: AOR=1.27; 95% CI=0.98, 1.65). The subgroup of women early in the third trimester at randomization showed the greatest intervention effect (December 31: 61.9% intervention vs 49.0% control; AOR=1.88; 95% CI=1.12, 3.15).

**Conclusions.** In this low-income obstetric population, text messaging was associated with increased influenza vaccination, especially in those who received messages early in their third trimester.

**Improving Maternal Health in Pakistan: Toward a Deeper Understanding of the Social Determinants of Poor Women’s Access to Maternal Health Services**

[Zubia Mumtaz](#), [Sarah Salway](#), [Afshan Bhatti](#), [Laura Shanner](#), [Shakila Zaman](#), [Lory Laing](#), [George T. H. Ellison](#)

American Journal of Public Health: February 2014, Vol. 104, No. S1: S17–S24.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301377>

*Abstract*

Evidence suggests national- and community-level interventions are not reaching women living at the economic and social margins of society in Pakistan. We conducted a 10-month qualitative study (May 2010–February 2011) in a village in Punjab, Pakistan. Data were collected using 94 in-depth interviews, 11 focus group discussions, 134 observational sessions, and 5 maternal death case studies. Despite awareness of birth complications and treatment options, poverty and dependence on richer, higher-caste people for cash transfers or loans prevented women from accessing required care. There is a need to end the invisibility of low-caste groups in



Pakistani health care policy. Technical improvements in maternal health care services should be supported to counter social and economic marginalization so progress can be made toward Millennium Development Goal 5 in Pakistan.

### **American Journal of Tropical Medicine and Hygiene**

January 2014; 90 (1)

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

#### **Healthcare Access and Health Beliefs of the Indigenous Peoples in Remote Amazonian Peru**

[Charlotte K. Brierley\\*](#), [Nicolas Suarez†](#), [Gitanjali Arora](#) and [Devon Graham](#)

*Author Affiliations*

Christ Church, University of Oxford, Oxford, United Kingdom; University of California Los Angeles, Los Angeles, California; Project Amazonas, Fort Lauderdale, Florida; The Honors College, Florida International University, Miami, Florida

<http://www.ajtmh.org/content/90/1/180.abstract>

*Abstract.*

Little is published about the health issues of traditional communities in the remote Peruvian Amazon. This study assessed healthcare access, health perceptions, and beliefs of the indigenous population along the Ampiyacu and Yaguasyacu rivers in north-eastern Peru. One hundred and seventy-nine adult inhabitants of 10 remote settlements attending health clinics were interviewed during a medical services trip in April 2012. Demographics, health status, access to healthcare, health education, sanitation, alcohol use, and smoke exposure were recorded. Our findings indicate that poverty, household overcrowding, and poor sanitation remain commonplace in this group. Furthermore, there are poor levels of health education and on-going barriers to accessing healthcare. Healthcare access and health education remain poor in the remote Peruvian Amazon. This combined with poverty and its sequelae render this population vulnerable to disease.

### **Annals of Internal Medicine**

7 January 2014, Vol. 160. No. 1

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

[No relevant content]

### **BMC Public Health**

(Accessed 11 January 2014)

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

[No new relevant content]

### **British Medical Bulletin**

Volume 108 Issue 1 December 2013

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

[Reviewed earlier]

**British Medical Journal**

11 January 2014 (Vol 348, Issue 7940)

<http://www.bmj.com/content/348/7940>

[No relevant content]

**Bulletin of the World Health Organization**

Volume 92, Number 1, January 2014, 1-76

<http://www.who.int/bulletin/volumes/92/1/en/index.html>

[Reviewed earlier; No relevant content]

**Clinical Therapeutics**

Vol 35 | No. 12 | December 2013 | Pages 1865-2058

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

[Reviewed earlier; No relevant content]

**Cost Effectiveness and Resource Allocation**

(Accessed 11 January 2014)

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

[No new relevant content]

**Current Opinion in Infectious Diseases**

February 2014 - Volume 27 - Issue 1 pp: v-vi,1-114

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

[Reviewed earlier; No relevant content]

**Developing World Bioethics**

December 2013 Volume 13, Issue 3 Pages ii-ii, 105-170

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2013.13.issue-3/issuetoc>

[Reviewed earlier]

**Development in Practice**

Volume 23, Issue 7, 2013

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

[Reviewed earlier; No relevant content]

**Emerging Infectious Diseases**

Volume 20, Number 1—January 2014

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

[Reviewed earlier]

### **The European Journal of Public Health**

Volume 23 Issue 6 December 2013

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

[Reviewed earlier]

### **Eurosurveillance**

Volume 19, Issue 1, 09 January 2014

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

[No relevant content]

### **Forum for Development Studies**

[Volume 40](#), Issue 3, 2013

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

[Reviewed earlier; No relevant content]

### **Globalization and Health**

[Accessed 11 January 2014]

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

[No new relevant content]

### **Global Health Governance**

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

[No new relevant content]

### **Global Health: Science and Practice (GHSP)**

November 2013 | Volume 1 | Issue 3

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

[Reviewed earlier]

### **Global Public Health**

Volume 8, Issue 10, 2013

<http://www.tandfonline.com/toc/rgph20/current#.Uq0DgeKy-F9>

[Reviewed earlier]

### **Health Affairs**

January 2014; Volume 33, Issue 1

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

Theme: Exploring Alternatives To Malpractice Litigation

[No relevant content]

### **Health and Human Rights**

Volume 15, Issue 2

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

[Reviewed earlier]

### **Health Economics, Policy and Law**

Volume 9 - Issue 01 - January 2014

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

[Reviewed earlier; No relevant content]

### **Health Policy and Planning**

Volume 29 Issue 1 January 2014

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

[Reviewed earlier]

### **Human Vaccines & Immunotherapeutics** (formerly Human Vaccines)

January 2014 Volume 10, Issue 1

<http://www.landesbioscience.com/journals/vaccines/toc/volume/10/issue/1/>

[Reviewed earlier]

### **Infectious Agents and Cancer**

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

[Accessed 11 January 2014]

[No new relevant content]

### **Infectious Diseases of Poverty**

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

[Accessed 11 January 2014]

[No new relevant content]

### **International Journal of Epidemiology**

Volume 42 Issue 6 December 2013

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

#### **A new era in the history of cholera: the road to elimination**

[David A Sack](#)

± Author Affiliations

Department of International Health, Johns Hopkins Bloomberg School of Public Health, 615 North Wolfe Street, Baltimore, Maryland 21205, USA. E-mail: dsack@jhsph.edu

<http://ije.oxfordjournals.org/content/42/6/1537.extract>

*Excerpt*

Historical background

One hundred and fifty years ago, Snow made the historic discovery that contaminated water transmitted cholera, but there were many other key discoveries and notable developments in the history of cholera. Koch cultured *V. cholerae*, the bacterium about which Snow could only speculate,<sup>1</sup> and S.N. De discovered the enterotoxin produced by the bacterium resulting in massive outpouring of fluid.<sup>2</sup> But these discoveries, by themselves, did not save the lives of cholera's victims; 50% of them died until intravenous hydration therapy began to be used by Rogers in the early 1900s.<sup>3</sup> This hypertonic intravenous solution reduced the case fatality rate, but not until the late 1950s and early 1960s were consistently successful treatments implemented based on careful intake and output balance studies...<sup>4,5</sup>

### **Reprints and Reflections**

EA Parkes

Mode of Communication of Cholera. By John Snow, MD: Second Edition – London, 1855, pp 162. *Int. J. Epidemiol.* (2013) 42 (6): 1543-1552 doi:10.1093/ije/dyt193 [Extract](#)

Tom Koch

Commentary: Nobody loves a critic: Edmund A Parkes and John Snow's cholera *Int. J. Epidemiol.* (2013) 42 (6): 1553-1559 doi:10.1093/ije/dyt194 [Extract](#)

John Eyler

Commentary: Confronting unexpected results: Edmund Parkes reviews John Snow *Int. J. Epidemiol.* (2013) 42 (6): 1559-1562 doi:10.1093/ije/dyt195 [Extract](#)

Beverly P Bergman

Commentary: Edmund Alexander Parkes, John Snow and the miasma controversy *Int. J. Epidemiol.* (2013) 42 (6): 1562-1565 doi:10.1093/ije/dyt212 [Extract](#)

Nigel Paneth

Commentary: Two views of cholera

*Int. J. Epidemiol.* (2013) 42 (6): 1565-1566 doi:10.1093/ije/dyt234 [Extract](#)

### **Reprints and Reflections**

William Budd

Malignant Cholera: its cause, mode of propagation, and prevention

*Int. J. Epidemiol.* (2013) 42 (6): 1567-1575 doi:10.1093/ije/dyt204 [Extract](#)

Michael S Dunnill

Commentary: William Budd on cholera

*Int. J. Epidemiol.* (2013) 42 (6): 1576-1577 doi:10.1093/ije/dyt205 [Extract](#)

Robert Moorhead

Commentary: William Budd—a less well known human ecologist?

*Int. J. Epidemiol.* (2013) 42 (6): 1578-1579 doi:10.1093/ije/dyt222 [Extract](#)

## **International Journal of Infectious Diseases**

Vol 17 | No. 12 | December 2013

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

[Reviewed earlier; No relevant content]

## **JAMA**

January 8, 2014, Vol 311, No. 2

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

[No relevant content]

## **JAMA Pediatrics**

January 2014, Vol 168, No. 1

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

### **Review**

#### **Barriers to Human Papillomavirus Vaccination Among US Adolescents: A Systematic Review of the Literature**

Dawn M. Holman, MPH1; Vicki Benard, PhD1; Katherine B. Roland, MPH1; Meg Watson, MPH1; Nicole Liddon, PhD2; Shannon Stokley, MPH3

[\[+\] Author Affiliations](#)

JAMA Pediatr. 2014;168(1):76-82. doi:10.1001/jamapediatrics.2013.2752.

<http://archpedi.jamanetwork.com/article.aspx?articleid=1779687>

#### **ABSTRACT**

**Importance** Since licensure of the human papillomavirus (HPV) vaccine in 2006, HPV vaccine coverage among US adolescents has increased but remains low compared with other recommended vaccines.

**Objective** To systematically review the literature on barriers to HPV vaccination among US adolescents to inform future efforts to increase HPV vaccine coverage.

**Evidence Review** We searched PubMed and previous review articles to identify original research articles describing barriers to HPV vaccine initiation and completion among US adolescents. Only articles reporting data collected in 2009 or later were included. Findings from 55 relevant articles were summarized by target populations: health care professionals, parents, underserved and disadvantaged populations, and males.

**Findings** Health care professionals cited financial concerns and parental attitudes and concerns as barriers to providing the HPV vaccine to patients. Parents often reported needing more information before vaccinating their children. Concerns about the vaccine's effect on sexual behavior, low perceived risk of HPV infection, social influences, irregular preventive care, and vaccine cost were also identified as potential barriers among parents. Some parents of sons reported not vaccinating their sons because of the perceived lack of direct benefit. Parents consistently cited health care professional recommendations as one of the most important factors in their decision to vaccinate their children.

**Conclusions and Relevance** Continued efforts are needed to ensure that health care professionals and parents understand the importance of vaccinating adolescents before they become sexually active. Health care professionals may benefit from guidance on communicating HPV recommendations to patients and parents. Further efforts are also needed to reduce missed opportunities for HPV vaccination when adolescents interface with the health care system. Efforts to increase uptake should take into account the specific needs of subgroups within the population. Efforts that address system-level barriers to vaccination may help to increase overall HPV vaccine uptake.

## **Journal of Community Health**

Volume 39, Issue 1, February 2014

<http://link.springer.com/journal/10900/39/1/page/1>

### **[Primary Prevention for Resettled Refugees from Burma: Where to Begin?](#)**

[Heather-Lyn Haley](#), [Meredith Walsh](#), [Nang H. Tin Maung](#), [Clara P. Savage](#), [Suzanne Cashman](#)

<http://link.springer.com/article/10.1007/s10900-013-9732-7>

*Abstract*

Developing effective primary prevention initiatives may help recently arrived refugees retain some of their own healthy cultural habits and reduce the tendency to adopt detrimental ones. This research explores recent arrivals' knowledge regarding eating behaviors, physical activity and sleep habits. Working collaboratively with community members, a healthy living curriculum was adapted and pilot tested in focus groups. A community-engaged approach to revising and implementing a health promotion tool was effective in beginning dialogue about primary prevention among a group of recently arrived refugees from Burma. Seven themes were identified as particularly relevant: food choices, living environment, health information, financial stress, mobility/transportation, social interaction and recreation, and hopes and dreams. Refugees desire more specific information about nutrition and exercise, and they find community health workers an effective medium for delivering this information. The outcomes of this study may inform future targeted interventions for health promotion with refugees from Burma.

### **Implementation of HIV Prevention Interventions in Resource Limited Settings: The Partner Project**

[Deborah Jones](#), [Stephen M. Weiss](#), [Kris Arheart](#), [Ryan Cook](#), [Ndashi Chitalu](#)  
<http://link.springer.com/article/10.1007/s10900-013-9753-2>

#### *Abstract*

Evidence-based HIV prevention interventions have been translated to a variety of contexts across sub-Saharan Africa. Non-specialized community health center (CHC) staff members have been successfully engaged to deliver the interventions, which can be integrated into pre-existing HIV service programs in community-based health care delivery sites. This manuscript describes the process of implementing the Partner Project, a couples HIV risk reduction intervention, and examines the ability of CHC staff to achieve risk reduction outcomes comparable to those of the highly-trained research staff. The Partner Project was implemented within the HIV Counseling and Testing program in 6 urban community health clinics in Lusaka, Zambia. One hundred ninety-seven HIV-seroconcordant and -discordant couples were sequentially enrolled to the control group or to receive the intervention from partner research or CHC staff members. Couple members completed assessments on condom use, alcohol use, and intimate partner violence (IPV) at baseline, 6, and 12 months follow-up. Sexual barrier use outcomes achieved by the CHC staff were comparable to or better than those achieved by the Partner Project research staff, and both were superior to the control group. A reduction in IPV was observed for the entire sample, although no change in alcohol use was observed. Implementation of HIV prevention interventions at the community level should take advantage of existing resources available within the CHC staff. This is especially relevant in resource limited settings as consideration of the financial and clinical requirements of intervention programs is essential to the achievement of successful program implementation.

### **Journal of Health Organization and Management**

Volume 27 issue 6 - Latest Issue

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

[Reviewed earlier; No relevant content]

### **Journal of Infectious Diseases**

Volume 209 Issue 3 February 1, 2014

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

[No relevant content]

**Journal of Global Ethics**

Volume 9, Issue 3, 2013

[http://www.tandfonline.com/toc/rjge20/current#.UqNh2OKy\\_Kc](http://www.tandfonline.com/toc/rjge20/current#.UqNh2OKy_Kc)

[Reviewed earlier; No relevant content]

**Journal of Global Infectious Diseases (JGID)**

October-December 2013 Volume 5 | Issue 4 Page Nos. 125-186

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

[No relevant content]

**Journal of Medical Ethics**

January 2014, Volume 40, Issue 1

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

[Reviewed earlier; No relevant content]

**Journal of Medical Microbiology**

January 2014; 63 (Pt 1)

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

[No relevant content]

**Journal of the Pediatric Infectious Diseases Society (JPIDS)**

Volume 2 Issue 4 December 2013

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

[Reviewed earlier]

**Journal of Pediatrics**

Vol 164 | No. 1 | January 2014 | Pages 1-222

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

[Reviewed earlier]

**Journal of Public Health Policy**

Volume 34, Issue 4 (November 2013)

<http://www.palgrave-journals.com/jphp/journal/v34/n4/index.html>

[Reviewed earlier]

**Journal of the Royal Society – Interface**

March 6, 2014; 11 (92)

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



[No relevant content]

### **Journal of Virology**

January 2014, volume 88, issue 2

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

[No relevant content]

### **The Lancet**

Jan 11, 2014 Volume 383 Number 9912 p99 – 186 e3 - 4

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

[No relevant content]

### **The Lancet Global Health**

Jan 2014 Volume 2 Number 1 e1 - 57

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

[Reviewed earlier; No relevant content]

### **The Lancet Infectious Diseases**

Jan 2014 Volume 14 Number 1 p1 - 86

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

[Reviewed earlier]

### **Medical Decision Making (MDM)**

January 2014; 34 (1)

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

[Reviewed earlier]

### **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

December 2013 Volume 91, Issue 4 Pages 659–868

[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 505 Number 7482 pp131-254 9 January 2014

[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)

[No relevant content]

### **Nature Immunology**

January 2014, Volume 15 No 1 pp1-109

<http://www.nature.com/ni/journal/v15/n1/index.html>

[Reviewed earlier]

### **Nature Medicine**

January 2014, Volume 20 No 1 pp1-103

<http://www.nature.com/nm/journal/v20/n1/index.htm>

#### ***Opinion***

**Partnering with local scientists should be mandatory** - p12

Miriam Shuchman, Dawit Wondimagegn, Clare Pain & Atalay Alem

doi:10.1038/nm0114-12

The problem of inequity in international research is perpetuated by policies that enable scientists to conduct research in lower-resourced areas of the world without partnering with local researchers. The World Health Organization (WHO) needs to lead in solving this problem by working with research institutions, journal editors and funding agencies to document the degree of inequity and to impose penalties for failures to collaborate.

[Abstract](#)

### **Nature Reviews Immunology**

January 2014 Vol 14 No 1

<http://www.nature.com/nri/journal/v14/n1/index.html>

[No relevant content]

### **New England Journal of Medicine**

January 9, 2014 Vol. 370 No. 2

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

[No relevant content]

### **OMICS: A Journal of Integrative Biology**

December 2013, 17(12):

<http://online.liebertpub.com/toc/omi/17/12>

[No relevant content]

### **The Pediatric Infectious Disease Journal**

January 2014 - Volume 33 - Issue 1 pp: 1-120,e1-e28

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

[No specific relevant content]

### **Pediatrics**

January 2014, VOLUME 133 / ISSUE 1

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

[Reviewed earlier]

## **Pharmaceutics**

Volume 6, Issue 1 (March 2014), Pages 1-

<http://www.mdpi.com/1999-4923/6/1>

[No new relevant content]

## **Pharmacoeconomics**

Volume 32, Issue 1, January 2014

<http://link.springer.com/journal/40273/32/1/page/1>

### **Cost Effectiveness of the New Pneumococcal Vaccines: A Systematic Review of European Studies**

[Katelijne van de Vooren](#), [Silvy Duranti](#), [Alessandro Curto](#), [Livio Garattini](#)

<http://link.springer.com/article/10.1007/s40273-013-0113-y>

#### *Abstract*

##### Introduction

Diseases caused by *Streptococcus pneumoniae* (pneumococcus) are a major global public health problem. Despite their importance, information on the burden of the different pneumococcal diseases is limited and estimates vary widely.

##### Objective and Methods

We critically reviewed the full economic evaluations (FEEs) on the new pneumococcal conjugate vaccines (PCVs) conducted in the European Union (EU) to assess their potential contribution to public decision making. We selected the FEEs focussed on PCV-10 and PCV-13 and published in English from January 2007 until June 2013. We screened the selected articles to assess their main methodological features using a common checklist composed of epidemiological, clinical and economic items.

##### Results

All the ten studies selected were based on modelling and the time horizon was always long term. Two studies focused on adults, the remaining eight on infants. Only one study based herd immunity on national data, eight used foreign data or modelling and the last did not consider it. National prices and tariffs were claimed to be sources for unit costs in all studies; however, half of them assumed price parity when one vaccine was not yet marketed, and the figures varied within the countries where more than one study was conducted. Conclusions supported the economic utility of pneumococcal vaccination in all studies, raising some concern only in (i) the independent study, which found that PCV-13 was borderline cost effective, and (ii) the study sponsored by both manufacturers, which estimated an incremental ratio slightly above the national threshold for both PCV-10 and PCV-13.

##### Conclusion

The European studies we analysed are mostly based on weak sources of data. Because of the limited information on vaccine effectiveness and lack of epidemiological and economic data, the need for extensive recourse to assumptions leads to great within- and between-study variability generated by authors' choices.

### **The Value of a QALY: Individual Willingness to Pay for Health Gains Under Risk**

[Ana Bobinac](#), [Job van Exel](#), [Frans F. H. Rutten](#), [Werner B. F. Brouwer](#)

<http://link.springer.com/article/10.1007/s40273-013-0110-1>

#### *Abstract*

##### Background

There is an increased interest in the monetary value of a quality-adjusted life-year (QALY). Past studies commonly derived willingness to pay (WTP) for certain future QALY gains. However, obtaining valid WTP per QALY estimates proved to be difficult.

#### Objective

We conducted a contingent valuation study and estimated the individual WTP per QALY under risk. We demonstrate the impact of probability weighting on WTP per QALY estimates in the Netherlands.

#### Results

Our estimates of the value of a QALY are in the range of €80,000–110,000 when the weighting correction was applied, and €250,500 without correction. The validity of these estimates, applying probability weighting, appears to be good.

#### Conclusions

Given the reasonable support for their validity and practical meaningfulness, the estimates derived while correcting for probability weighting may provide valuable input for the debate on the consumption value of health. While decision makers should not apply these estimates without further consideration, since strictly individual valuations may not carry all relevant information and values for societal decision-making, the current estimates may provide a good and informed basis for further discussion and study of this important topic.

## PLoS One

[Accessed 11 January 2014]

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

### **The Quality of Registration of Clinical Trials: Still a Problem**

Roderik F. Viergever, Ghassan Karam, Andreas Reis, Davina Gherzi Research Article | published 10 Jan 2014 | PLOS ONE 10.1371/journal.pone.0084727

### **Cost-Effectiveness of Tdap Vaccination of Adults Aged $\geq 65$ Years in the Prevention of Pertussis in the US: A Dynamic Model of Disease Transmission**

Lisa J. McGarry, Girishanthi Krishnarajah, Gregory Hill, Cristina Masseria, Michelle Skornicki, Narin Pruttivarasin, Bhakti Arondekar, Julie Roiz, Stephen I. Pelton, Milton C. Weinstein Research Article | published 09 Jan 2014 | PLOS ONE 10.1371/journal.pone.0072723

### **The Role of Evidence in the Decision-Making Process of Selecting Essential Medicines in Developing Countries: The Case of Tanzania**

Amani Thomas Mori, Eliangiringa Amos Kaale, Frida Ngalesoni, Ole Frithjof Norheim, Bjarne Robberstad Research Article | published 08 Jan 2014 | PLOS ONE 10.1371/journal.pone.0084824

## PLoS Medicine

(Accessed 11 January 2014)

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

### ***Essay***

### **Improving Women's Health through Universal Health Coverage**

Jonathan Quick mail, Jonathan Jay, Ana Langer

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001580>

#### *Summary Points*

:: Unequal access to health care contributes to shortcomings in women's health at all ages. The post-2015 United Nations development framework must address these inequalities globally.

:: Universal health coverage (UHC) is considered a leading candidate among health-related targets. It is the one approach that reduces inequitable access and addresses the full range of women's health issues with the full spectrum of health services.

:: UHC has proven a powerful driver for women's health in low- and middle-income countries including Afghanistan, Mexico, Rwanda, and Thailand. Success requires a gender-sensitive approach to design and implementation around (1) the essential services package, (2) improving access to services, (3) eliminating financial barriers, (4) reducing social barriers, and (5) performance monitoring.

:: To expand coverage and effectively deliver quality services to all women, health systems must become stronger around leadership, management, financing, human resources, community involvement, and other critical elements.

:: Essential measures of UHC include women's access to health care, coverage equity for essential services for women, financial protection for women and impact on women's health outcomes. Post-2015 UHC indicators should retain the Millennium Development Goals' focus on priority health outcomes.

:: Women's health must be a shared agenda for which success requires active engagement by country political and health leadership; civil society, including advocates for women's health, sexual, and reproductive health rights; multilateral agencies; global health funders; and all others concerned with women's health and equity.

## **PLoS Neglected Tropical Diseases**

December 2013

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

[No new relevant content]

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

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

(Accessed 11 January 2014)

### **Tuberculosis vaccine with high predicted population coverage and compatibility with modern diagnostics**

[Niels Peter H. Knudsen](#), [Sara Nørskov-Lauritsen](#),<sup>1</sup>, [Gregory M. Dolganov](#), [Gary K. Schoolnik](#), [Thomas Lindenstrøm](#), [Peter Andersén](#), [Else Marie Agger](#),<sup>2</sup>, and [Claus Aagaard](#),<sup>2</sup>

[Author Affiliations](#)

Edited by Barry R. Bloom, Harvard School of Public Health, Boston, MA, and approved December 4, 2013 (received for review August 7, 2013)

<http://www.pnas.org/content/early/2014/01/03/1314973111.abstract>

#### *Significance*

Despite the availability of a number of antibiotics and extensive use of the live vaccine bacillus Calmette–Guérin, tuberculosis remains a major global health problem. Antigen 85 is by far the most popular antigen in current clinical trials vaccines. However, a recent failure of a virus-based vaccine expressing antigen 85 emphasizes the continued need for identifying antigens, testing their protective efficacy, and learning from this process to develop a protective vaccine. The H65 vaccine demonstrates that it is possible to develop antigen 85-free vaccines that does not interfere with current immune-based diagnostic assays.

### *Abstract*

A central goal in vaccine research is the identification of relevant antigens. The Mycobacterium tuberculosis chromosome encodes 23 early secretory antigenic target (ESAT-6) family members that mostly are localized as gene pairs. In proximity to five of the gene pairs are ESX secretion systems involved in the secretion of the ESAT-6 family proteins. Here, we performed a detailed and systematic investigation of the vaccine potential of five possible Esx dimer substrates, one for each of the five ESX systems. On the basis of gene transcription during infection, immunogenicity, and protective capacity in a mouse aerosol challenge model, we identified the ESX dimer substrates EsxD-EsxC, ExsG-EsxH, and ExsW-EsxV as the most promising vaccine candidates and combined them in a fusion protein, H65. Vaccination with H65 gave protection at the level of bacillus Calmette–Guérin, and the fusion protein exhibited high predicted population coverage in high endemic regions. H65 thus constitutes a promising vaccine candidate devoid of antigen 85 and fully compatible with current ESAT-6 and culture filtrate protein 10-based diagnostics.

### **Pneumonia**

Vol 2 (2013)

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

*pneumonia* is an international, peer reviewed open access journal that publishes original research articles, case studies, reviews, commentaries, correspondence and highlights, news and activities on all aspects related to pneumonia. The focus of the journal is to establish an international forum for pneumonia, bringing together knowledge from the various specialties involved in the treatment and prevention of this disease

[Reviewed earlier]

### **Public Health Ethics**

Volume 6 Issue 3 November 2013

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

[Reviewed earlier]

### **Qualitative Health Research**

December 2013; 23 (12)

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

[Reviewed earlier; No relevant content]

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

October 2013 Vol. 34, No. 4

[http://www.paho.org/journal/index.php?option=com\\_content&view=article&id=133&Itemid=229&lang=en](http://www.paho.org/journal/index.php?option=com_content&view=article&id=133&Itemid=229&lang=en)

[Reviewed earlier; No relevant content]

### **Risk Analysis**

December 2013 Volume 33, Issue 12 Pages 2079–2224  
<http://onlinelibrary.wiley.com/doi/10.1111/risa.2013.33.issue-12/issuetoc>  
[Reviewed earlier]

### **Science**

10 January 2014 vol 343, issue 6167, pages 109-220  
<http://www.sciencemag.org/current.dtl>  
[No relevant content]

### **Science Translational Medicine**

1 January 2014 vol 6, issue 217  
<http://stm.sciencemag.org/content/current>

### **Social Science & Medicine**

Volume 102, [In Progress](#) (February 2014)  
<http://www.sciencedirect.com/science/journal/02779536/102>  
[No new relevant content]

### **UN Chronicle**

Vol. L No. 4 2013 December 2013  
<http://unchronicle.un.org/>  
**Theme: Education**

This edition of the UN Chronicle looks at the social impact of education as part of the third anniversary of the establishment of the United Nations Academic Impact. The articles, written by leading experts on education, examine issues such as the importance of educating young people about the UN; higher learning institutions and global citizen education; making academic research accessible; international mobility of Brazilian students; and education as the pathway towards gender equality.

### **Vaccine**

**Volume 32, Issue 5, Pages 527-638 (23 January 2014)**  
<http://www.sciencedirect.com/science/journal/0264410X/32>  
[Reviewed earlier]

### **Vaccine: Development and Therapy**

(Accessed 11 January 2014)  
<http://www.dovepress.com/vaccine-development-and-therapy-journal>  
[No new relevant content]

### **Vaccines — Open Access Journal**

(Accessed 11 January 2014)

<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. 8 | December 2013 | Pages 1111-1174

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

[Reviewed earlier; No relevant content]

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

### ***Special Focus Newsletters***

**Rota Roundup 2013** – An unprecedented year of remarkable progress

PATH January 9, 2014

Critical advances in policy, science, and access hold great promise for 2014

<http://vad.createsend4.com/t/ViewEmail/r/236458FD3D44AA6B2540EF23F30FEDED/E38B11B8894CC5F5DBC23BD704D2542D>

### **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 11 January 2014

[No new, unique, relevant content]

### **The Atlantic**

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

Accessed 11 January 2014

[No new, unique, relevant content]



**BBC**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

**Brookings**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

**Council on Foreign Relations**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

**Economist**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

**Financial Times**

<http://www.ft.com>

*Accessed 11 January 2014*

[No new, unique, relevant content]

**Forbes**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

**Foreign Affairs**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

**Foreign Policy**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

**The Guardian**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

**The Huffington Post**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

### **Le Monde**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

### **New Yorker**

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

*Accessed 11 January 2014*

#### ***Letter from Shenzhen***

#### **The Gene Factory**

by [Michael Specter](#)

B.G.I., formerly called Beijing Genomics Institute, is the world's largest genetic-research center. Located in Shenzhen China, it produces at least a quarter of the world's genomic data: more than Harvard University, the National Institutes of Health, or any other scientific institution. Now it's making a bid to crack hunger, illness, evolution, and the genetics of human intelligence.

### **New York Times**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

### **Reuters**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

### **Wall Street Journal**

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

*Accessed 11 January 2014*

[No new, unique, relevant content]

### **Washington Post**

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

*Accessed 11 January 2014*

#### **Politicians, Muslim scholars join vaccination effort as violence hinders Pakistan polio drive**

By [Pamela Constable](#), Published: January 11

*Excerpt*

AKORA KHATTAK, Pakistan — In the tribal badlands of Pakistan's northwest, where Pakistani soldiers and American drones target Taliban insurgents, a parallel war is being waged over a crippling virus that endures in only three places in the world.

Last year, 83 new polio cases were reported in Pakistan, more than in either Afghanistan or Nigeria, the other countries where it is endemic.

But aggressive efforts to combat the virus are being hampered by a surge of attacks attributed to Islamist extremists. In the past three months, at least a dozen government

vaccinators or their police escorts have been killed or wounded in the northwest region near the Afghan border.

Now officials hope that by enlisting influential Pakistanis, including Muslim scholars, in a high-profile campaign to endorse polio vaccines, they can defeat the shadowy gunmen and the remnants of doubt about the program among devout Muslims.

“This has been a very difficult campaign, but the problems are limited to a very few areas,” said Elias Durry, a doctor with the World Health Organization in Islamabad who heads the national polio vaccine campaign. “In places where the vaccinators can go, there is very little resistance. The major problem is that most cases are coming from areas where the vaccinators are not able to go.”...

[http://www.washingtonpost.com/world/politicians-muslim-scholars-join-vaccination-effort-as-violence-hinders-pakistan-polio-drive/2014/01/10/aacf96fc-768c-11e3-a647-a19deaf575b3\\_story.html](http://www.washingtonpost.com/world/politicians-muslim-scholars-join-vaccination-effort-as-violence-hinders-pakistan-polio-drive/2014/01/10/aacf96fc-768c-11e3-a647-a19deaf575b3_story.html)

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