

**Center for Vaccine
Ethics and Policy**

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Vaccines and Global Health: The Week in Review

8 March 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

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GAVI Watch [to 8 March 2014]

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

:: The GAVI Alliance announced that it will support HPV vaccination programmes in Rwanda, Uganda and Uzbekistan “aiming to protect 1.5 million girls against the cause of cervical cancer.” The first GAVI-supported national rollouts of the vaccine will begin in Uganda and Uzbekistan in 2015 while Rwanda will switch from a vaccine manufacturer’s donation to GAVI Alliance support this year to secure the sustainability of its existing national programme. The three countries “have developed detailed plans to ensure that girls aged 10 - 12 years are vaccinated with HPV vaccine in schools and also that those who are not in the classroom are reached in communities through outreach by health workers.”

Full announcement - 8 March 2014: <http://www.gavialliance.org/library/news/press-releases/2014/1-5-million-girls-set-to-benefit-from-vaccine-against-cervical-cancer/#>

:: GAVI noted that The Obama Administration has requested a record US\$200 million in its fiscal year 2015 budget to support the GAVI Alliance, the largest amount the United States has ever requested for the Alliance.

Full announcement: <http://www.gavialliance.org/library/news/press-releases/2014/us-presidents-budget-proposes-record-usd-200-million-to-the-gavi-alliance/>

Statement: [Message from WHO Director-General on International Women's Day](#)

WHO Director-General, Dr Margaret Chan

7 March 2014

[Full text; Editor’s bolded text]

On this day, WHO joins others in celebrating women's achievements. These achievements are inspiring, and they can inspire change. In health development, as in many other areas, women are agents of change. They are the driving force that creates better lives for families, communities and, increasingly, the countries they have been elected to govern.

As I have learned from my discussions with parliaments in several countries, women are increasingly winning top leadership roles, in rich and poor countries alike, and this helps shape entire societies in broadly beneficial ways. Every time a woman excels in a high-profile position, her achievement lifts the social status of women everywhere.

To inspire change, all women need to be free to achieve their full potential. This means freedom from all forms of discrimination, freedom to pursue all opportunities, including education, freedom to earn and spend their own income, and freedom to follow the career paths they decide they want.

The health sector can do much to free women by ensuring they have access to all the health services they need, including sexual and reproductive health services. Participants at last year's London Summit on Family Planning achieved a breakthrough commitment to halve the number of girls and women in developing countries who want modern contraceptives but have no access. This commitment will give 120 million additional women the right to decide whether, when, and how many children they want to have. This, too, is freedom.

Throughout history, women have been associated with care and compassion. **Worldwide, up to 80% of health care is provided in the home, almost always by women. This should inspire our admiration, but it should also underscore the need for change. Most of this work is unsupported, unrecognized, and unpaid.**

Polio is on the verge of eradication largely thanks to the millions of women – from vaccinators to administrators to medical doctors and mothers – who have made the vaccination and protection of children their life's mission. On this International Women's Day, let me thank these women for a level of dedication that can improve the world in a permanent way.

The Global Fund said it is "expanding action on gender equality and emphasising the importance of saving the lives of women and girls through increased high-impact, gender-responsive investments to tackle HIV, TB and malaria." As it observes International Women's Day, 8 March, the Global Fund cited the health needs of women and girls as a central part of gender equality work that is essential to have significant impact on responses to AIDS, tuberculosis and malaria. Discussions on gender equality were highlighted at a Board Meeting of the Global Fund that concluded on 7 March. Board delegations "were briefed on the new Action Plan of the Global Fund Gender Equality Strategy. Women and men from diverse communities in India, Indonesia, Malawi, Myanmar and Zimbabwe spoke of their experiences with the Global Fund and urged leaders to translate words into action. Over 50 representatives from donor governments, technical agencies and affected women met to determine strategy on concrete steps toward gender equality and to target the world's health investments towards the populations who need them most..."

Separately, the Board of the Global Fund approved strategic, financial and operational components of a new approach to funding that "offers more predictability, more flexibility, more inclusive country dialogue and a greater impact to defeat AIDS, TB and malaria" ... "opening the way for its full implementation to begin this month." Full text of announcements:

:: http://www.theglobalfund.org/en/mediacenter/newsreleases/2014-03-07_Gender_Equality_Central_to_Global_Fund_Next_Steps/

:: http://www.theglobalfund.org/en/mediacenter/newsreleases/2014-03-07_Global_Fund_Board_Moves_Foward_on_New_Funding_Model/

IWD 2014: An AIDS Vaccine as a Force for Women's Equality

Posted by Margaret G. McGlynn, President and CEO, the International AIDS Vaccine Initiative on Friday, March 7th 2014

Excerpt

We've come a long way in 104 years of marking International Women's Day. But far too many women remain left behind in far too many parts of the world.

In sub-Saharan Africa, AIDS is the leading killer of women of reproductive age. Limited education, economic and social dependence on men, and gender-based violence severely restrict women's power over their own health. Imagine what an AIDS vaccine could change for African women and their children. Photo Credit: Frederic Courbet

In Africa, a vicious cycle of HIV and AIDS and gender inequity continues to thwart women's hopes for a healthy and productive life. AIDS is the number-one killer of women of reproductive age in sub-Saharan Africa and the world, and women account for more than half of the people living with HIV in low- and middle-income countries. It's a human tragedy and an economic one. Beyond the epidemic's direct costs, women are a driving force behind Africa's economy, and their productivity loss takes a toll. Women own nearly one-third of firms in sub-Saharan Africa and grow at least 80 percent of the food.

Inequity in daily life explains much of the disproportional impact of HIV on women. Limited education, economic and social dependence on men, and gender-based violence severely restrict African women's power over their own lives and health. An effective and widely available AIDS vaccine will help break through many of the related social and cultural barriers...

Full text: <http://blog.usaid.gov/2014/03/iwd-2014-an-aids-vaccine-as-a-force-for-womens-equality/>

GPEI Independent Monitoring Board: Letter to WHO Director-General

26 February 2014

Full text: [More](#)

Excerpts [Editor's bolded text]

"...The current situation in **Pakistan is a powder key that could ignite widespread polio transmission.** The number of cases in this country is going in the wrong direction...the adequacy of the government's plans will be in full public view at our May meeting and at the subsequent World Health Assembly..."

"..At our suggestion, the program has identified a Red List of the countries most vulnerable to a polio outbreak. In the IMB's view, when a country is placed on the Red List, all possible means must be used to get it out of this precarious situation as swiftly as possible. As the ongoing outbreak in the Horn of Africa demonstrates, the program softens its focus on such countries at its peril...**We are deeply worried about the present situation in the Ukraine, which was very vulnerable even before the recent civil conflict, and recommend that the country be included in the program's Red List.**

"Since our October meeting, a new outbreak has emerged in Syria. The program has done a commendable job of responding to this outbreak, within the constraints of a major conflict. Protecting children from this scourge should be part of a core humanitarian response. **We suggest that when humanitarian emergencies occur in countries where the**

reintroduction (or export) of poliovirus is possible, the GPEI seek to work with the United Nations – OCHA – as a key partner, and that OCHA be asked to include polio vaccination as a priority of the health clusters under the Humanitarian Reform system..."

GPEI Update: Polio this week - As of 5 March 2014

Global Polio Eradication Initiative

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

[Editor's extract and bolded text]

:: On 28 February, UNICEF concluded its tender process which makes accessible sufficient quantities of affordable inactivated polio vaccine (IPV) to support country introductions. The vaccine will now be available to GAVI-supported countries for as little as EUR0.75 per dose (approximately US\$1 at current exchange rate) in ten-dose vials. The introduction of IPV globally, prior to a phased removal of oral polio vaccines (OPV), is a major element of the comprehensive plan to end all polio disease. More than 120 countries have yet to introduce IPV, more than half of which are eligible for GAVI support. The conclusion of UNICEF's tender ensures that affordable IPV will be made available, removing a major obstacle to global introduction. [More](#).

:: On 27 February, the world's leading Islamic scholars, led by the Grand Imam of the Holy Mosque of Mecca, stated that protection against diseases is obligatory and admissible under Islamic Shariah, and that any actions which do not support these preventive measures and cause harm to humanity are un-Islamic. The scholars adopted a strong 'Jeddah Declaration' and a focused six-month Plan of Action to address critical challenges facing polio eradication efforts in the few remaining polio-endemic parts of the Islamic world: a ban on vaccinations and lack of access to children in some areas, deadly attacks on health workers, and misconceptions by communities about mass vaccination campaigns. [More](#).

:: The Independent Monitoring Board (IMB) issued its letter to the heads of the GPEI partner agencies, following the group's additional meeting two weeks ago, and ahead of the group's next regularly meeting on 6-7 May. The IMB reviewed the current global epidemiology, and expressed concern by the persistent shortfall in funds, seemingly due to significant delays in some donors following through on their pledges. [More](#).

:: In Nigeria, the first wild poliovirus type 1 (WPV1) case of 2014 has been reported, from Kano state. It is the first WPV1 case in the country since December. Since September 2013, seven WPV1 cases have been reported, five from Kano. Together with Borno (the location of the last previous case from December), Kano state holds the key to a polio-free Nigeria.

Nigeria

:: One new WPV1 case was reported in the past week, the first in 2014. The case had onset of paralysis on 1 February, from Gaya Local Government Area (LGA), Kano. The total number of WPV cases for 2013 remains 53 (all WPV1).

:: A full case investigation of this latest WPV1 case has been launched. Technical support to Gaya LGA and surrounding areas was maximised for this week's national Immunization Plus Days (IPDs – 1-4 March, with bivalent OPV), to ensure high-quality implementation, supervision and monitoring.

:: The IMB underscored that stopping polio transmission in 2014 is potentially feasible, though far from certain. The group welcomed the country's determination to succeed this year, but warned Nigeria needed continuity and unwavering commitment particularly in the face of election-related distraction. The IMB underscored that the governors of Kano and Borno are

vital figures in global polio eradication, and should be strongly supported and encouraged to apply their unique influence at this critical time.

Pakistan

:: Three new WPV1 cases were reported in the past week, all from Federally Administered Tribal Areas (FATA – two from North Waziristan and one from FR Bannu). The total number of cases for 2014 is now 24. The total number of cases for 2013 remains 93..

:: The IMB expressed particular concern at the polio situation in Pakistan, concluding that the country risked being the last place on earth in which polio exists, if current trend continues. While commending some new initiatives, the IMB cautioned that authorities needed to fully grasp the fundamental seriousness of the situation.

:: North Waziristan is the district with the largest number of children being paralyzed by poliovirus in the world (both wild and cVDPV2). Immunization activities have been suspended by local leaders since June 2012. It is critical that children in all areas are vaccinated and protected from poliovirus. 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.

:: The densely populated Peshawar valley is considered to be the main 'engine' of poliovirus transmission, alongside North Waziristan, due to large-scale population movements through Peshawar from across this region, and into other areas of Pakistan. The quality of operations must be urgently improved in Peshawar, and immunizations resumed in North Waziristan. However, at the same time, concerning trends have been noted in greater Karachi, Sindh and in Quetta, Balochistan. Environmental positives isolates from every major city of Punjab confirm widespread virus circulation

Horn of Africa

:: One new WPV1 case was reported from Somalia in the past week, with onset of paralysis on 8 August 2013 from Middle Shabelle. The case was reported late due to laboratory processing backlog.

Middle East

:: One new WPV1 case was reported in the past week (onset of paralysis on 1 October 2013 from Deir Al Zour). The total number of laboratory-confirmed WPV1 cases is 25. The most recent case had onset of paralysis on 17 December and was reported from Mara, Edleb governorate.

:: Additionally, there are 13 cases confirmed from contested areas but not yet reflected in official figures.

:: In the Middle East, a comprehensive outbreak response continues to be implemented across the region. The most recent SIAs in Syria were held in early January and early February. Initial reporting indicates that over three million children were reached during both SIAs, with OPV reaching most if not all districts, and coverage attaining more than 85% in all but three governorates.

Cross border movements threaten Afghan polio eradication efforts - [IRIN](#)

Polio-free certification: WHO South-East Asia

7th Meeting of the South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE) - New Delhi, India, 27 March 2014

The WHO South-East Asia Region has been maintaining its polio-free status for the last 3 years. After the last wild polio case was reported from India on 13 January 2011, the Region is firmly on track for polio-free certification in March 2014.

In order to ensure all the requirements for certification of polio eradication are met by the Member States, a review of the annual updates of respective national documentation including phase-1 wild poliovirus laboratory containment will be conducted during the 7th meeting of the SEA-RCCPE. This review will take place in the WHO Regional Office in New Delhi, India on 27 March 2014....

<http://www.searo.who.int/entity/immunization/topics/polio/eradication/sea-polio-free/en/>

MSF responds to inactivated polio vaccine price announcement

<http://www.msfaccess.org/content/msf-responds-inactivated-polio-vaccine-price-announcement>

Industry Watch [to 8 March 2014]

Selected media releases and other selected content from industry.

Inactivated Polio Vaccines Broadly Available for the World's Children in the Drive toward Polio Eradication

Excerpt

Lyon, France, - February 28, 2014 - Sanofi Pasteur announced "its further commitment to the international community's efforts to complete polio eradication. UNICEF, the organization that procures the vaccine to meet global needs, announced it will purchase significant quantities of Inactivated Polio Vaccine (IPV) from Sanofi Pasteur and make it available based on country needs and vaccination plans. To achieve the goal of polio eradication by 2018, the World Health Organization (WHO) recommends that by end 2015, all children receive routinely at least one dose of IPV in over 120 countries that solely use Oral Polio Vaccine."

In order to support rapid and widespread adoption of IPV, Sanofi Pasteur - the world's largest producer of IPV - and the Bill & Melinda Gates Foundation "have developed a joint price support mechanism, including a financial contribution from both organizations. This mechanism allows Sanofi Pasteur to offer IPV at a price of €0.75 per dose (approximately US\$ 1) to 73 of the world's poorest countries. The GAVI Alliance, a global immunisation partnership, will make IPV available for inclusion in routine immunisation schedules in these countries."

This announcement "underscores Sanofi Pasteur's commitment to offer unparalleled volumes of high-quality IPV across a broad range of countries and economic situations at differential prices in an unprecedented, global rollout."

Sanofi Pasteur "has made significant investments in modern technology to produce very large quantities of IPV -- up to 300 million doses a year. As well as this substantial investment in production capacity, Sanofi Pasteur support to IPV now includes development of a five-dose vial presentation (as well as the standard ten-dose vial presentation) to reduce wastage, a massive regulatory and licensing program in about 100 countries and expert contributions on scientific, program and technical questions." Sanofi Pasteur has been a partner of the Global Polio Eradication Initiative for over 20 years...

Full text of media release:

<http://www.reuters.com/article/2014/02/28/idUSnHUGdxHX+73+ONE20140228>

PATH named Katherine (Kate) Wilson to lead its Digital Health Solutions group.

She will "build on PATH's work using innovative digital technologies to develop and improve health solutions worldwide. In addition, she will serve as a global thought leader on digital health and will establish, maintain, and build connections with stakeholders and partners around the world for PATH." PATH said its Digital Health Solutions group "strengthens health

system performance through the design and deployment of effective, scalable, and sustainable digital health solutions and by encouraging use of those systems to impact health."

Full Announcement: <http://www.path.org/news/press-room/671/>

The **Weekly Epidemiological Report (WER) for 7 March 2014**, vol. 89, 10 (pp. 93–104) includes:

:: Recommended composition of influenza virus vaccines for use in the 2014–2015 northern hemisphere influenza season

<http://www.who.int/entity/wer/2014/wer8910.pdf?ua=1>

[GIN February 2014](#)

[pdf, 1.32Mb](#)

5 March 2014

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

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

:: Human infection with avian influenza A(H7N9) virus – update [7 March 2014](#)

7 March 2014 - On 4 March 2014, the Centre for Health Protection (CHP) of the Department of Health, Hong Kong SAR, China, notified WHO of an additional laboratory-confirmed case of human infection with avian influenza A(H7N9) virus...

...The overall risk assessment has not changed...The previous report of avian influenza A(H7N9) virus detection in live poultry exported from mainland China to Hong Kong SAR shows the potential for the virus to spread through movement of live poultry, at this time there is no indication that international spread of avian influenza A(H7N9) has occurred. However as the virus infection does not cause signs of disease in poultry, continued surveillance is needed. Further sporadic human cases of avian influenza A(H7N9) infection are expected in affected and possibly neighbouring areas...

:: Human infection with avian influenza A(H7N9) virus – update [5 March 2014](#)

:: Human infection with avian influenza A(H7N9) virus – update [3 March 2014](#)

WHO: Humanitarian Health Action

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

South Sudan humanitarian medical assistance

5 March 2014 -- According to UNOCHA since the 15 December 2013 over 908 000 people have been displaced by violence. There are 705 800 IDP's within South Sudan and 202 500 South Sudanese refugees in neighbouring countries. The cholera vaccination campaigns continued in Mingkaman and Tomping IDP camps and the number of new measles cases is declining in all the major IDP sites. Cases of suspected meningitis was reported in four states.

[Read the latest situation report - 5 March 2014](#)

[pdf, 600kb](#)

UNICEF Watch [to 8 March 2014]

http://www.unicef.org/media/media_67204.html

No new relevant content.

CDC/MMWR Watch [to 8 March 2014]

http://www.cdc.gov/mmwr/mmwr_wk.html

MMWR March 7, 2014 / Vol. 63 / No. 9

[:: Impact of Requiring Influenza Vaccination for Children in Licensed Child Care or Preschool Programs — Connecticut, 2012–13 Influenza Season](#)

European Medicines Agency Watch [to 8 March 2014]

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

No new relevant content.

UN Watch [to 8 March 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 8 March 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

WHO SAGE: Meeting Agenda

Geneva, 1-3 April 2014

[Draft agenda \(as of 24 February 2014\)](#)

[pdf, 290kb](#)

Keynote lecture: Research for Universal Health Coverage

WHO Director-General Dr Margaret Chan

Global vaccine and immunization research forum

Bethesda, Maryland - 5 March 2014

Full text: <http://www.who.int/dg/speeches/2014/research-uhc/en/>

Excerpt

Distinguished conference participants, experts in science and public health, representatives of sister UN agencies and industry, ladies and gentlemen,

WHO is proud to join the Bill and Melinda Gates Foundation and the National Institutes of Allergy and Infectious Diseases as an organizer of this event. The combination of cutting-edge science, down-to-earth public health experience, and well-conceived and generous funding is unbeatable.

The Forum further benefits from the engagement of industry and its commitment to develop new vaccines and constantly improve existing ones, with a particular focus on the needs of users in remote and understaffed areas...

...Last month, I travelled to India to celebrate the country's remarkable polio-free status for the past three years. India's success tells the world there is no such thing as impossible.

This has been the spirit of EPI during its four decades of evolution. This is the spirit of the Decade of Vaccines and the cutting-edge science being presented during this Forum.

This is the spirit of the Bill and Melinda Gates Foundation: set ever higher goals and use research to make them feasible.

Immunization, like universal coverage, is a magnet for solidarity that transcends borders and sectors. It has compelling public and political appeal, and is an especially rewarding investment for national governments and donors.

And it still has tremendous unrealized potential.

In a sense, immunization programmes have matured to the point where they can now take a great leap ahead. And in this sense, we are just getting started as we aim ever higher.

Thank you.

The Global Crisis of Drug-Resistant Tuberculosis and Leadership of China and the BRICS: Challenges and Opportunities: Summary of a Joint Workshop by the Institute of Medicine and the Institute of Microbiology, Chinese Academy of Sciences

Steve Olson, Rebecca A. English, and Anne B. Claiborne, Rapporteurs; Forum on Drug Discovery, Development, and Translation; Board on Health Sciences Policy; Institute of Medicine https://download.nap.edu/login.php?record_id=18346&page=%2Fdownload.php%3Frecord_id%3D18346

Description

Multidrug-resistant tuberculosis (TB) is caused by bacteria resistant to isoniazid and rifampicin, the two most effective first-line anti-TB drugs, originally developed and introduced in the 1950 and 1960s. Since 2008, the Forum on Drug Discovery, Development, and Translation of the Institute of Medicine has hosted or co-hosted six domestic and international workshops addressing the global crisis of drug-resistant TB, with special attention to the BRICS countries - Brazil, Russia, India, China, and South Africa.

The Global Crisis of Drug-Resistant Tuberculosis and Leadership of China and the BRICS is the summary of a workshop convened to address the current status of drug-resistant TB globally and in China. This report considers lessons learned from high burden countries; highlights global challenges to controlling the spread of drug-resistant strains; and discusses innovative strategies to advance and harmonize local and international efforts to prevent and treat drug-resistant TB. Additionally, the report examines the problem of MDR TB and emergent TB strains that are potentially untreatable with drugs available and considers the critical leadership role of the BRICS countries in addressing the threats and opportunities in drug-resistant TB.

Journal Watch

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

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

The American Journal of Bioethics

Volume 14, Issue 2, 2014

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

[Reviewed earlier]

American Journal of Infection Control

Vol 42 | No. 3 | March 2014 | Pages 215-344

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

[Reviewed earlier]

American Journal of Preventive Medicine

Vol 46 | No. 3 | March 2014 | Pages 219-330

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

[Reviewed earlier; No relevant content]

American Journal of Public Health

Volume 104, Issue 3 (March 2014)

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

March 2014; 90 (3)

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

Editorial

Economic Burden of West Nile Virus in the United States

Alan D. T. Barrett

Am J Trop Med Hyg 2014 90:389-390; Published online February 10, 2014,
doi:10.4269/ajtmh.14-0009

[Full Text](#)

Initial and Long-Term Costs of Patients Hospitalized with West Nile Virus Disease

[J. Erin Staples*](#), [Manjunath B. Shankar](#), [James J. Sejvar](#), [Martin I. Meltzer](#) and [Marc Fischer](#)

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<http://www.ajtmh.org/content/90/3/402.abstract>

Abstract

There are no published data on the economic burden for specific West Nile virus (WNV) clinical syndromes (i.e., fever, meningitis, encephalitis, and acute flaccid paralysis [AFP]). We estimated initial hospital and lost-productivity costs from 80 patients hospitalized with WNV disease in Colorado during 2003; 38 of these patients were followed for 5 years to determine long-term medical and lost-productivity costs. Initial costs were highest for patients with AFP (median \$25,117; range \$5,385–\$283,381) and encephalitis (median \$20,105; range \$3,965–\$324,167). Long-term costs were highest for patients with AFP (median \$22,628; range \$624–\$439,945) and meningitis (median \$10,556; range \$0–\$260,748). Extrapolating from this small cohort to national surveillance data, we estimated the total cumulative costs of reported WNV hospitalized cases from 1999 through 2012 to be \$778 million (95% confidence interval \$673 million–\$1.01 billion). These estimates can be used in assessing the cost-effectiveness of interventions to prevent WNV disease.

Disclaimer: The findings and conclusions of this report are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.

Importance of Cholera and Other Etiologies of Acute Diarrhea in Post-Earthquake Port-au-Prince, Haiti

Macarthur Charles, Glavdia G. Delva, Jethro Boutin, Karine Severe, Mireille Peck, Marie Marcelle abou, Peter F. Wright, and Jean W. Pape

Am J Trop Med Hyg 2014 90:511-517; Published online January 20, 2014,
doi:10.4269/ajtmh.13-0514

Abstract

Pre-Travel Preparation of US Travelers Going Abroad to Provide Humanitarian Service, Global TravEpiNet 2009–2011

Rhett J. Stoney, Emily S. Jentes, Mark J. Sotir, Phyllis Kozarsky, Sowmya R. Rao, Regina C. LaRocque, Edward T. Ryan, and the Global TravEpiNet Consortium

Am J Trop Med Hyg 2014 90:553-559; Published online January 20, 2014,
doi:10.4269/ajtmh.13-0479

Abstract

Effects of Malnutrition on Children's Immunity to Bacterial Antigens in Northern Senegal

Lobna Gaayeb, Jean B. Sarr, Cecile Cames, Claire Pingon, Jean-Baptiste Hanon, Mamadou O. Ndiath, Modou Seck, Fabien Herbert, Andre B. Sagna, Anne-Marie Schacht, Franck Remoue, Gilles Riveau, and Emmanuel Hermann

Am J Trop Med Hyg 2014 90:566-573; Published online January 20, 2014,
doi:10.4269/ajtmh.12-0657

Abstract

Annals of Internal Medicine

4 March 2014, Vol. 160. No. 5

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

[No relevant content]

BMC Public Health

(Accessed 8 March 2014)

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

Research article

Factors associated with non-utilization of child immunization in Pakistan: evidence from the Demographic and Health Survey 2006-07

Ayesha Siddiqa Bugvi, Rahla Rahat, Rubeena Zakar, Muhammad Zakria Zakar, Florian Fischer, Muazzam Nasrullah and Riffat Manawar

Author Affiliations

BMC Public Health 2014, 14:232 doi:10.1186/1471-2458-14-232

Published: 6 March 2014

<http://www.biomedcentral.com/1471-2458/14/232/abstract>

Abstract (provisional)

Background

The proportion of incompletely immunized children in Pakistan varies from 37-58%, and this has recently resulted in outbreaks of measles and polio. The aim of this paper is to determine the factors associated with incomplete immunization among children aged 12-23?months in Pakistan.

Methods

Secondary analysis was conducted on nationally representative cross-sectional survey data from the Pakistan Demographic and Health Survey, 2006-07. The analysis was limited to ever-married mothers who had delivered their last child during the 23?months immediately preceding the survey (n=?2,435). 'Complete immunization?' was defined as the child having received twelve doses of five vaccines, and 'incomplete immunization?' was defined if he/she had missed at least one of these twelve doses. The association between child immunization status and determinants of non-utilization of vaccines was assessed by calculating unadjusted and adjusted odds ratios (AOR) with 95% confidence intervals using a multivariable binary logistic regression.

Results

The findings of this research showed that nearly 66% of children were incompletely immunized against seven preventable childhood diseases. The likelihood of incomplete immunization was significantly associated with the father's occupation as a manual worker (AOR = 1.47; 95% CI: 1.10-1.97), lack of access to information (AOR = 1.35; 95% CI: 1.09-1.66), non-use of antenatal care (AOR = 1.33; 95% CI: 1.07-1.66), children born in Baluchistan region (AOR = 1.74; 95% CI: 1.12-2.70) and delivery at home (AOR = 1.39; 95% CI: 1.14-1.69).

Conclusions

Despite governmental efforts to increase rates of immunization against childhood diseases, the proportion of incompletely immunized children in Pakistan is still high. Targeted interventions are needed to increase the immunization rates in Pakistan. These interventions need to concentrate on people with low socioeconomic and educational status in order to improve their knowledge of this topic.

Research article

From the parents' perspective: a user-satisfaction survey of immunization services in Guatemala

Lissette Barrera, Silas Pierson Trumbo, Pamela Bravo-Alcántara, Martha Velandia-González and M Carolina Danovaro-Holliday

Author Affiliations

BMC Public Health 2014, 14:231 doi:10.1186/1471-2458-14-231

Published: 6 March 2014

<http://www.biomedcentral.com/1471-2458/14/231/abstract>

Abstract (provisional)

Background

Immunization coverage levels in Guatemala have increased over the last two decades, but national targets of $>=95\%$ have yet to be reached. To determine factors related to undervaccination, Guatemala's National Immunization Program conducted a user-satisfaction survey of parents and guardians of children aged 0-5 years. Variables evaluated included parental immunization attitudes, preferences, and practices; the impact of immunization campaigns and marketing strategies; and factors inhibiting immunization.

Methods

Based on administrative coverage levels and socio-demographic indicators in Guatemala's 22 geographical departments, five were designated as low-coverage and five as high-coverage areas. Overall, 1194 parents and guardians of children aged 0-5 years were interviewed in these 10 departments. We compared indicators between low- and high-coverage areas and identified risk factors associated with undervaccination.

Results

Of the 1593 children studied, 29 (1.8%) were determined to be unvaccinated, 458 (28.8%) undervaccinated, and 1106 (69.4%) fully vaccinated. In low-coverage areas, children of less educated (no education: RR = 1.49, p = 0.01; primary or less: 1.39, p = 0.009), older (aged >39 years: RR = 1.31, p = 0.05), and single (RR = 1.32, p = 0.03) parents were more likely to have incomplete vaccination schedules. Similarly, factors associated with undervaccination in high-coverage areas included the caregiver's lack of education (none: RR = 1.72, p = 0.0007; primary or less: RR = 1.30, p = 0.05) and single marital status (RR = 1.36, p = 0.03), as well as the child's birth order (second: RR = 1.68, p = 0.003). Although users generally approved of immunization services, problems in service quality were identified. According to participants, topics such as the risk of adverse events (47.4%) and next vaccination appointments (32.3%) were inconsistently communicated to parents. Additionally, 179 (15.0%) participants reported the inability to vaccinate their child on at least one occasion. Compared to high-coverage areas, participants in low-coverage areas reported poorer service, longer wait times, and greater distances to health centers. In high-coverage areas, participants reported less knowledge about the availability of services.

Conclusions

Generally, immunization barriers in Guatemala are related to problems in accessing and attaining high-quality immunization services rather than to a population that does not adequately value vaccination. We provide recommendations to aid the country in maintaining its achievements and addressing new challenges.

Research article

Vaccination coverage of children aged 12-23 months in Gaziantep, Turkey: comparative results of two studies carried out by lot quality technique: what changed after family medicine?

Birgul Ozcircici, Neriman Aydin, Ferhat Coskun, Hakan Tuzun and Servet Ozgur

Author Affiliations

BMC Public Health 2014, 14:217 doi:10.1186/1471-2458-14-217

Published: 3 March 2014

<http://www.biomedcentral.com/1471-2458/14/217/abstract>

Abstract (provisional)

Background

Health care systems in many countries are changing for a variety of reasons. Monitoring of community-based services, especially vaccination coverage, is important during transition periods to ensure program effectiveness. In 2005, Turkey began a transformation from a "socialization of health services" system to a "family medicine" system. The family medicine system was implemented in the city of Gaziantep, in December, 2010.

Methods

Two descriptive, cross-sectional studies were conducted in Gaziantep city center; the first study was before the transition to the family medicine system and the second study was one year after the transition. The Lot Quality Technique methodology was used to determine the quality of vaccination services. The population studied was children aged 12-23 months. Data from the two studies were compared in terms of vaccination coverage and lot service quality to determine whether there were any changes in these parameters after the transition to a family service system.

Results

A total of 93.7% of children in Gaziantep were fully vaccinated before the transition. Vaccination rates decreased significantly to 84.0% ($p < 0.005$) after the family medicine system was implemented. The number of unacceptable vaccine lots increased from 5 lots before the transition to 21 lots after the establishment of the family medicine system.

Conclusions

The number of first doses of vaccine given was higher after family medicine was implemented; however, the numbers of second, third, and booster doses, and the number of children fully vaccinated were lower than before transition. Acceptable and unacceptable lots were not the same before and after the transition. Different health care personnel were employed at the lots after family medicine was implemented. This result suggests that individual characteristics of the health care personnel working in a geographic area are as important as the socioeconomic and cultural characteristics of the community.

British Medical Bulletin

Volume 109 Issue 1 March 2014

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

[No relevant content]

British Medical Journal

08 March 2014 (Vol 348, Issue 7948)

<http://www.bmjjournals.org/content/348/7948>

Research

Effectiveness of quadrivalent human papillomavirus vaccine for the prevention of cervical abnormalities: case-control study nested within a population based screening programme in Australia

BMJ 2014; 348 doi: <http://dx.doi.org/10.1136/bmj.g1458> (Published 4 March 2014)

Elizabeth Crowe, public health physician¹², Nirmala Pandeya, biostatistician¹, Julia M L Brotherton, public health physician and medical epidemiologist³, Annette J Dobson,

io statistician¹, Stephen Kisely, public health physician⁴, Stephen B Lambert, public health physician⁵⁶, David C Whiteman, cancer epidemiologist¹⁷

<http://www.bmjjournals.org/lookup/doi/10.1136/bmj.g1458>

Abstract

Objective

To measure the effectiveness of the quadrivalent human papillomavirus (HPV) vaccine against cervical abnormalities four years after implementation of a nationally funded vaccination programme in Queensland, Australia.

Design

Case-control analysis of linked administrative health datasets.

Setting

Queensland, Australia.

Participants

Women eligible for free vaccination (aged 12-26 years in 2007) and attending for their first cervical smear test between April 2007 and March 2011. High grade cases were women with histologically confirmed high grade cervical abnormalities (n=1062) and "other cases" were women with any other abnormality at cytology or histology (n=10 887). Controls were women with normal cytology (n=96 404).

Main outcome measures

Exposure odds ratio (ratio of odds of antecedent vaccination (one, two, or three vaccine doses compared with no doses) among cases compared with controls), vaccine effectiveness ($(1 - \text{adjusted odds ratio}) \times 100$), and number needed to vaccinate to prevent one cervical abnormality at first screening round. We stratified by four age groups adjusted for follow-up time, year of birth, and measures of socioeconomic status and remoteness. The primary analysis concerned women whose first ever smear test defined their status as a case or a control.

Results

The adjusted odds ratio for exposure to three doses of HPV vaccine compared with no vaccine was 0.54 (95% confidence interval 0.43 to 0.67) for high grade cases and 0.66 (0.62 to 0.70) for other cases compared with controls with normal cytology, equating to vaccine effectiveness of 46% and 34%, respectively. The adjusted numbers needed to vaccinate were 125 (95% confidence interval 97 to 174) and 22 (19 to 25), respectively. The adjusted exposure odds ratios for two vaccine doses were 0.79 (95% confidence interval 0.64 to 0.98) for high grade cases and 0.79 (0.74 to 0.85) for other cases, equating to vaccine effectiveness of 21%.

Conclusion

The quadrivalent HPV vaccine conferred statistically significant protection against cervical abnormalities in young women who had not started screening before the implementation of the vaccination programme in Queensland, Australia.

Bulletin of the World Health Organization

Volume 92, Number 3, March 2014, 153-228

<http://www.who.int/bulletin/volumes/92/3/en/>

[Reviewed earlier]

Clinical Therapeutics

Vol 36 | No. 2 | 01 February 2014 | Pages 151-308

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

[Reviewed earlier; No relevant content]

Cost Effectiveness and Resource Allocation

(Accessed 8 March 2014)

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

[No new relevant content]

Current Opinion in Infectious Diseases

April 2014 - Volume 27 - Issue 2 pp: v-v,115-210

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

[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 8, 2013

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

[Reviewed earlier]

Emerging Infectious Diseases

[Volume 20, Number 3—March 2014](#)

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

[Reviewed earlier]

The European Journal of Public Health

Volume 24 Issue 1 February 2014

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

[Reviewed earlier; No relevant content]

Eurosurveillance

Volume 19, Issue 9, 06 March 2014

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

Surveillance and outbreak reports

Epidemiology of tuberculosis in big cities of the European Union and European Economic Area countries

by G de Vries, RW Aldridge, JA Caylà, WH Haas, A Sandgren, NA van Hest, I Abubakar, the Tuberculosis in European Union Big Cities Working Group

Perspectives

Tuberculosis control in big cities and urban risk groups in the European Union: a consensus statement

N A van Hest¹, R W Aldridge², G de Vries³, A Sandgren⁴, B Hauer⁵, A Hayward², W Arrazola de Oñate⁶, W Haas⁵, L R Codecasa⁷, J A Caylà⁸, A Story⁹, D Antoine¹⁰, A Gori¹¹, L Quabeck¹², J Jonsson¹³, M Wanlin⁶, À Orcau⁸, A Rodes¹⁴, M Dedicoat¹⁵, F Antoun¹⁶, H van Deutekom¹⁷, S T Keizer¹⁷, I Abubakar¹⁸

Date of submission: 26 February 2013

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20728>

In low-incidence countries in the European Union (EU), tuberculosis (TB) is concentrated in big cities, especially among certain urban high-risk groups including immigrants from TB high-incidence countries, homeless people, and those with a history of drug and alcohol misuse. Elimination of TB in European big cities requires control measures focused on multiple layers of the urban population. The particular complexities of major EU metropolises, for example high population density and social structure, create specific opportunities for transmission, but also enable targeted TB control interventions, not efficient in the general population, to be effective or cost effective. Lessons can be learnt from across the EU and this consensus statement on TB control in big cities and urban risk groups was prepared by a working group representing various EU big cities, brought together on the initiative of the European Centre for Disease Prevention and Control. The consensus statement describes general and specific social, educational, operational, organisational, legal and monitoring TB control interventions in EU big cities, as well as providing recommendations for big city TB control, based upon a conceptual TB transmission and control model.

Forum for Development Studies

Volume 40, Issue 3, 2013

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

[Reviewed earlier]

Globalization and Health

[Accessed 8 March 2014]

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

[No new relevant content]

Global Health Governance

Summer 2013

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

[No new relevant content]

Global Health: Science and Practice (GHSP)

February 2014 | Volume 2 | Issue 1

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

[Reviewed earlier]

Global Public Health

[Volume 9](#), Issue 1-2, 2014

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

Theme: HIV Scale-up

[Reviewed earlier; No relevant content]

Health Affairs

March 2014; Volume 33, Issue 3

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

Themes: The ACA & Vulnerable Americans: HIV/AIDS; Jails

[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 2 March 2014

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

Impact of user fees on maternal health service utilization and related health outcomes: a systematic review

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2Department of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London WC1E 7HT, UK

Accepted December 21, 2012.

<http://heapol.oxfordjournals.org/content/29/2/137.abstract>

Abstract

Objective

To assess the evidence of the impact of user fees on maternal health service utilization and related health outcomes in low- and middle-income countries, as well as their impact on inequalities in these outcomes.

Methods

Studies were identified by modifying a search strategy from a related systematic review. Primary studies of any design were included if they reported the effect of fee changes on

maternal health service utilization, related health outcomes and inequalities in these outcomes. For each study, data were systematically extracted and a quality assessment conducted. Due to the heterogeneity of study methods, results were examined narratively.

Findings

Twenty studies were included. Designs and analytic approaches comprised: two interrupted time series, eight repeated cross-sectional, nine before-and-after without comparison groups and one before-and-after in three groups. Overall, the quality of studies was poor. Few studies addressed potential sources of bias, such as secular trends over time, and even basic tests of statistical significance were often not reported. Consistency in the direction of effects provided some evidence of an increase in facility delivery in particular after fees were removed, as well as possible increases in the number of managed delivery complications. There was little evidence of the effect on health outcomes or inequality in accessing care and, where available, the direction of effect varied.

Conclusion

Despite the global momentum to abolish user fees for maternal and child health services, robust evidence quantifying impact remains scant. Improved methods for evaluating and reporting on these interventions are recommended, including better descriptions of the interventions and context, looking at a range of outcome measures, and adopting robust analytical methods that allow for adjustment of underlying and seasonal trends, reporting immediate as well as longer-term (e.g. at 6 months and 1 year) effects and using comparison groups where possible.

Estimates of performance in the rate of decline of under-five mortality for 113 low- and middle-income countries, 1970–2010

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Author Affiliations

Department of Global Health, University of Washington, Seattle, WA, USA

Accepted December 21, 2012.

<http://heapol.oxfordjournals.org/content/29/2/151.abstract>

Abstract

Background

Measuring country performance in health has focused on assessing predicted vs observed levels of outcomes, an indicator that varies slowly over time. An alternative is to measure performance in terms of the rate of change in how a selected outcome compares to what would be expected given contextual determinants. Rates of change in health indicators can prove more sensitive than levels to changes in social, intersectoral or health policy context. It is thus similar to the growth rate of gross domestic product in the economic context. We assess performance in the rate of change (decline) of under-five mortality for 113 low- and middle-income countries.

Methods

For 1970–2010, we study the evolution in rates of decline of under-five mortality. For each decade, we define performance as the average of the difference between the observed rate of decline and a rate of decline predicted by a model controlling for the contextual factors of income, female education levels, decade and geographical location.

Results

In the 1970s, the top performer in the rate of decline of under-five mortality was Costa Rica. In the 2000s, the top performer was Turkey. Overall, performance in rates of decline correlated little with performance in levels of under-five mortality. A major transition in performance between decades suggests a change in underlying determinants and we report the magnitude of these transitions. For example, heavily AIDS impacted countries, such as Botswana,

experienced major drops in performance between the 1980s and the 1990s and some, including Botswana, experienced major compensatory improvements between the 1990s and the 2000s.

Conclusions

Rate-based measures of country performance in health provide a starting point for assessments of the importance of health system, social and intersectoral determinants of performance.

Achieving comprehensive childhood immunization: an analysis of obstacles and opportunities in The Gambia

[Sarah Payne1](#), [John Townend3](#), [Momodou Jasseh3](#), [Yamundow Lowe Jallow4](#) and [Beate Kampmann2,3](#)

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Accepted January 11, 2013.

<http://heapol.oxfordjournals.org/content/29/2/193.abstract>

Abstract

Introduction

Immunization is a vital component in the drive to decrease global childhood mortality, yet challenges remain in ensuring wide coverage of immunization and full immunization, particularly in low- and middle-income countries. This study assessed immunization coverage and the determinants of immunization in a semi-rural area in The Gambia.

Methods

Data were drawn from the Farafenni Health and Demographic Surveillance System. Children born within the surveillance area between January 2000 and December 2010 were included. Main outcomes assessed included measles, BCG and DTP vaccination status and full immunization by 12 months of age as reported on child healthcards. Predictor variables were evaluated based on a literature review and included gender, ethnicity, area of residence, household wealth and mother's age.

Results

Of the 7363 children included in the study, immunization coverage was 73% (CI 72–74) for measles, 86% (CI 86–87) for BCG, 79% (CI 78–80) for three doses of DTP and 52% (CI 51–53) for full immunization. Coverage was significantly associated with area of residence and ethnicity, with children in urban areas and of Mandinka ethnicity being least likely to be fully immunized.

Conclusions

Despite high levels of coverage of many individual vaccines, delivery of vaccinations later in the schedule and achieving high coverage of full immunization remain challenges, even in a country with a committed childhood immunization programme, such as The Gambia. Our data indicate areas for targeted interventions by the national Expanded Programme of Immunization.

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

March 2014 Volume 10, Issue 3

<http://www.landesbioscience.com/journals/vaccines/toc/volume/10/issue/3/>

[Reviewed earlier; No relevant content]

Infectious Agents and Cancer

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

[Accessed 8 March 2014]

[No new relevant content]

Infectious Diseases of Poverty

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

[Accessed 8 March 2014]

[No new relevant content]

International Journal of Epidemiology

Volume 43 Issue 1 February 2014

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

[Reviewed earlier; No relevant content]

International Journal of Infectious Diseases

Vol 17 | No. 12 | December 2013

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

[Reviewed earlier; No relevant content]

JAMA

March 2014, Vol 311, No. 9

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

[No relevant content]

JAMA Pediatrics

March 2014, Vol 168, No. 3

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

Original Investigation | March 2014

Risk of Fever After Pediatric Trivalent Inactivated Influenza Vaccine and 13-Va lent Pneumococcal Conjugate Vaccine

Melissa S. Stockwell, MD, MPH1,2,3; Karen Broder, MD4; Philip LaRussa, MD1;

Paige Lewis, MSPH4; Nadira Fernandez, MD1; Devindra Sharma, MSN, MPH4; Angela Barrett1; Jose Sosa, MD1; Claudia Vellozzi, MD, MPH4

Author Affiliations

JAMA Pediatr. 2014;168(3):211-219. doi:10.1001/jamapediatrics.2013.4469.

Importance An observational study found an increased risk of febrile seizure on the day of or 1 day after vaccination (days 0-1) with trivalent inactivated influenza vaccine (TIV) in the 2010-2011 season; risk was highest with simultaneous vaccination with TIV and 13-valent pneumococcal vaccine (PCV13) in children who were 6 to 23 months old. Text messaging is a novel method for surveillance of adverse events after immunization that has not been used for hypothesis-driven vaccine safety research.

Journal of Community Health

Volume 39, Issue 2, April 2014

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

[Reviewed earlier; No relevant content]

Journal of Infectious Diseases

Volume 209 Issue 6 March 15, 2014

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

[Reviewed earlier; No relevant content]

Journal of Global Ethics

Volume 9, Issue 3, 2013

http://www.tandfonline.com/toc/rjge20/current#.UqNh2OKy_Kc

[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)

January-March 2014 Volume 6 | Issue 1 Page Nos. 1-48

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

[No relevant content]

Journal of Medical Ethics

March 2014, Volume 40, Issue 3

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

[Reviewed earlier; No relevant content]

Journal of Medical Microbiology

March 2014; 63 (Pt 3)

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

[Reviewed earlier; No relevant content]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 3 Issue 1 March 2014

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

[Reviewed earlier; No relevant content]

Journal of Pediatrics

Vol 164 | No. 3 | March 2014 | Pages 431-678

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

[Reviewed earlier; No relevant content]

Journal of Public Health Policy

Volume 35, Issue 1 (February 2014)

<http://www.palgrave-journals.com/jphp/journal/v35/n1/index.html>

Special Section: Preventing Addictions

[Reviewed earlier; No relevant content]

Journal of the Royal Society – Interface

May 6, 2014; 11 (94)

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

[No relevant content]

Journal of Virology

[March 2014, volume 88, issue 5](http://jvi.asm.org/content/88/5)

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

[Reviewed earlier; No relevant content]

The Lancet

Mar 08, 2014 Volume 383 Number 9920 p845 - 926

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

Editorial**An inspired change—stopping sexual violence against women**

The Lancet

[Preview |](#)

International Women's Day, this year themed *Inspiring Change*, falls on March 8. For more than a century, this event has marked women's achievements in a world where the sexes are far from equal in many countries. In promoting the education, health, and success of women, the Day has addressed the distressing but key topic of violence against women more than once.

The Lancet Global Health

Mar 2014 Volume 2 Number 3 e117 – 181

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

[Reviewed earlier]

The Lancet Infectious Diseases

Mar 2014 Volume 14 Number 3 p173 - 256

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

[Reviewed earlier]

Medical Decision Making (MDM)

February 2014; 34 (2)

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

[Reviewed earlier; No relevant content]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

March 2014 Volume 92, Issue 1 Pages 1–166

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

Review Article

Social Media and Internet-Based Data in Global Systems for Public Health

Surveillance: A Systematic Review

EDWARD VELASCO¹, TUMACHA AGHENEZA¹, KERSTIN DENECKE², GÖRAN KIRCHNER¹, TIM ECKMANN¹

Article first published online: 6 MAR 2014

DOI: 10.1111/1468-0009.12038

<http://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12038/abstract>

Abstract

Context

The exchange of health information on the Internet has been heralded as an opportunity to improve public health surveillance. In a field that has traditionally relied on an established system of mandatory and voluntary reporting of known infectious diseases by doctors and laboratories to governmental agencies, innovations in social media and so-called user-generated information could lead to faster recognition of cases of infectious disease. More direct access to such data could enable surveillance epidemiologists to detect potential public health threats such as rare, new diseases or early-level warnings for epidemics. But how useful are data from social media and the Internet, and what is the potential to enhance surveillance? The challenges of using these emerging surveillance systems for infectious disease epidemiology, including the specific resources needed, technical requirements, and acceptability to public health practitioners and policymakers, have wide-reaching implications for public health surveillance in the 21st century.

Methods

This article divides public health surveillance into indicator-based surveillance and event-based surveillance and provides an overview of each. We did an exhaustive review of published articles indexed in the databases PubMed, Scopus, and Scirus between 1990 and 2011 covering contemporary event-based systems for infectious disease surveillance.

Findings

Our literature review uncovered no event-based surveillance systems currently used in national surveillance programs. While much has been done to develop event-based surveillance, the existing systems have limitations. Accordingly, there is a need for further development of automated technologies that monitor health-related information on the Internet, especially to handle large amounts of data and to prevent information overload. The dissemination to health authorities of new information about health events is not always efficient and could be

improved. No comprehensive evaluations show whether event-based surveillance systems have been integrated into actual epidemiological work during real-time health events.

Conclusions

The acceptability of data from the Internet and social media as a regular part of public health surveillance programs varies and is related to a circular challenge: the willingness to integrate is rooted in a lack of effectiveness studies, yet such effectiveness can be proved only through a structured evaluation of integrated systems. Issues related to changing technical and social paradigms in both individual perceptions of and interactions with personal health data, as well as social media and other data from the Internet, must be further addressed before such information can be integrated into official surveillance systems.

Nature

Volume 507 Number 7490 pp8-134 6 March 2014

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

Outlook: Vaccines

Produced with support from: newventurefund, UNICEF, GAVI

:: [Vaccines](#) Herb Brody

:: [The age of vaccines](#) Tony Scully

:: [Infectious disease: Beating the big three](#) Katherine Bourzac

:: [Logistics: Keeping cool](#) Neil Savage

:: [Drug development: Searching for patterns](#) Tom Paulson

:: [Production: Vaccines from the East](#) Priya Shetty

:: [Polio: The eradication endgame](#) Cassandra Willyard

:: [Perspective: Elimination round](#) Andrew W. Artenstein & Gregory A. Poland

:: [Public health: An injection of trust](#) Michael Eisenstein

:: [Perspective: Ill prepared for a pandemic](#) Klaus Stöhr

[**A predictive fitness model for influenza**](#)

Marta Łuksza & Michael Lässig

A computational approach for predicting the future evolution of the human influenza virus, based on population-genetic data of previous strains, is presented; this model holds promise for improving vaccine strain selection for seasonal influenza.

Nature Immunology

March 2014, Volume 15 No 3 pp207-305

<http://www.nature.com/ni/journal/v15/n3/index.html>

[No relevant content]

Nature Medicine

March 2014, Volume 20 No 3

<http://www.nature.com/nm/journal/v20/n3/index.html>

[No relevant content]

Nature Reviews Immunology

March 2014 Vol 14 No 3

<http://www.nature.com/nri/journal/v14/n2/index.html>

[No relevant content]

New England Journal of Medicine

March 6, 2014 Vol. 370 No. 10

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

Review Article

[Global Health: Global Supply of Health Professionals](#)

N. Crisp and L. Chen

Free Full Text

Excerpt

There is a global crisis of severe shortages and marked maldistribution of health professionals that is exacerbated by three great global transitions — demographic changes, epidemiologic shifts, and redistribution of the disability burden. Each of these transitions exerts a powerful force for change in health care systems, the roles of health professionals, and the design of health professional education.[1-5](#) Every country will have to respond to these global pressures for change.

There are many other reasons that it is important to think globally about the education and role of health professionals.[6](#) The knowledge base of the profession is global in scope, and there is increasing cross-national transfer of technology, expertise, and services. Health professionals are migrating in what is now effectively a global market for their talent, while patients are also traveling for treatment. One quarter of the doctors in the United States come from abroad, and the “medical tourism” market for travel to such countries as Thailand and Singapore is growing at a rate of 20% annually.[7,8](#) All people worldwide are threatened by risks such as global infectious epidemics and climate change. Health professionals globally are interlinked and interdependent, facing shared challenges.

[OMICS: A Journal of Integrative Biology](#)

March 2014, 18(3)

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

[No relevant content]

[The Pediatric Infectious Disease Journal](#)

March 2014 - Volume 33 - Issue 3 pp: 233-335,e67-e86

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

[Reviewed earlier]

[Pediatrics](#)

March 2014, VOLUME 133 / ISSUE 3

<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>
[Reviewed earlier; No relevant content]

Pharmacoconomics

Volume 32, Issue 3, March 2014
<http://link.springer.com/journal/40273/32/3/page/1>
Theme: Health Economic Issues in China
[No relevant content]

PLoS One

[Accessed 8 March 2014]
<http://www.plosone.org/>

Research Article

Incentives for Reporting Disease Outbreaks

Ramanan Laxminarayan mail, Julian Reif, Anup Malani
Published: March 06, 2014

DOI: 10.1371/journal.pone.0090290

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0090290>

Abstract

Background

Countries face conflicting incentives to report infectious disease outbreaks. Reports of outbreaks can prompt other countries to impose trade and travel restrictions, which has the potential to discourage reporting. However, reports can also bring medical assistance to contain the outbreak, including access to vaccines.

Methods

We compiled data on reports of meningococcal meningitis to the World Health Organization (WHO) from 54 African countries between 1966 and 2002, a period marked by two events: first, a large outbreak reported from many countries in 1987 associated with the Hajj that resulted in more stringent requirements for meningitis vaccination among pilgrims; and second, another large outbreak in Sub-Saharan Africa in 1996 that led to a new international mechanism to supply vaccines to countries reporting a meningitis outbreak. We used fixed-effects regression modeling to statistically estimate the effect of external forcing events on the number of countries reporting cases of meningitis to WHO.

Findings

We find that the Hajj vaccination requirements started in 1988 were associated with reduced reporting, especially among countries with relatively fewer cases reported between 1966 and 1979. After the vaccine provision mechanism was in place in 1996, reporting among countries that had previously not reported meningitis outbreaks increased.

Interpretation

These results indicate that countries may respond to changing incentives to report outbreaks when they can do so. In the long term, these incentives are likely to be more important than surveillance assistance in prompt reporting of outbreaks.

PLoS Medicine

(Accessed 8 March 2014)
<http://www.plosmedicine.org/>
[No new relevant content]

PLoS Neglected Tropical Diseases

February 2014

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

From Innovation to Application

Resource Planning for Neglected Tropical Disease (NTD) Control Programs: Feasibility Study of the Tool for Integrated Planning and Costing (TIPAC)

Olivier J. Wouters, Philip W. Downs mail, Kathryn L. Zoerhoff, Kathryn R. Crowley, Hannah Frawley, Jennifer Einberg, Brian K. Chu, Molly A. Brady, Roland Oscar, Mireille Jeudi, Anne-Marie Desormeaux, Karleen Coly, Abdel N. Direny, [...], Aya Yajima

Published: February 27, 2014

DOI: 10.1371/journal.pntd.0002619

<http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0002619;jsessionid=A6EAED973FE58156CF54531355875C4>

Excerpt

Neglected tropical diseases (NTDs) cause significant morbidity and mortality worldwide and impose a large economic burden on endemic countries [1]. In 2006, the United States Agency for International Development (USAID) founded the NTD Control Program to target five NTDs in African, Asian, and Latin American countries, namely, lymphatic filariasis (LF), onchocerciasis, schistosomiasis, soil-transmitted helminthiases (STH), and trachoma; the three targeted STH infections are ascariasis, hookworm, and trichuriasis. The NTD Control Program supported national NTD control and elimination programs' efforts to integrate and scale up delivery of preventive chemotherapy (PC) [2]. PC is the administration of safe, single-dose drugs, either alone or in combination, as a public health intervention against targeted NTDs. Administration is characterized by population-based diagnosis, population-based treatment, and implementation at regular intervals. PC can be delivered as universal chemotherapy (i.e., mass drug administration [MDA]), where the entire population of an area is targeted; targeted chemotherapy, where only high-risk groups (e.g., school age children) are targeted; or selective chemotherapy, where only screened individuals found or suspected to be infected are targeted [3]. Between October 2006 and March 2012, the program provided 589 million NTD treatments through the collaborative efforts of ministries of health, implementing partners, funders, and pharmaceutical donation programs.

The implementation of integrated NTD programs at the full national scale remains an important objective in many endemic countries [4]–[8]. Several theoretical frameworks for integration have been proposed; most protocols stress the importance of long-term commitments and concerted efforts of partnerships to realize NTD control and elimination objectives [9]–[14]. However, there is currently a paucity of economic evidence on the costs of integrated PC delivery for NTDs, primarily due to the significant variation in program structures and operations [14]. Given the scarce resources and substantial costs associated with NTD control and elimination, there is therefore a need to accurately determine the cost of program implementation. It is also important to delineate funding commitments to ensure that additional assistance is used to complement available resources, rather than duplicate or replace previous efforts.

To allow governments to more easily enumerate costs and funding commitments for NTD control and elimination, the NTD Control Program developed the Tool for Integrated Planning and Costing (TIPAC). The TIPAC, a versatile planning and costing instrument, is designed to be used by members of a NTD program at the national level. For countries with decentralized political structures, the TIPAC can also be implemented at a subnational administrative level. NTD program and financial managers are the primary users of the tool; the involvement of other personnel, including representatives from partner organizations and ministries of education, improves the accuracy and completeness of the TIPAC data...

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

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

(Accessed 8 March 2014)

A priority-setting aid for new vaccine candidates

Charles Phelpsa,b, Guruprasad Madhavanc,1, Kinpritma Sanghac, Rino Rappuolid, Rita R. Colwelleg,f, Rose Marie Martinezc, Patrick Kelleyc, and Lonnie King

[Author Affiliations](#)

Abstract

Policy and investment decisions regarding new health technologies are often complex. They require a careful balancing of multiple perspectives and differing objectives. On some occasions, policymakers or analysts approaching these decisions have access to cost-effectiveness or cost-benefit analyses to help guide their decisions, but almost invariably such analyses are inadequate.

Recent advances in decision-support systems have offered ways to embed a range of different preferences and parameters into formal modeling structures, known as multicriteria decision analysis. The Institute of Medicine (IOM) has released a software tool called SMART Vaccines, short for Strategic Multi-Attribute Ranking Tool for Vaccines. This early-stage prototype—the use of which needs to be evaluated by interested parties—is grounded on multiattribute utility theory (see screenshot in Fig. 1). The software and associated reports in the Ranking Vaccines series can be downloaded free of charge from www.nap.edu/smartvaccines (1, 2).

Pneumonia

Vol 2 (2013)

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

[Reviewed earlier]

Public Health Ethics

Volume 6 Issue 3 November 2013

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

[Reviewed earlier]

Qualitative Health Research

March 2014; 24 (3)

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

[No relevant content]

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

[January 2014](#) Vol. 35, No. 1

http://www.paho.org/journal/index.php?option=com_content&view=article&id=137&Itemid=233&lang=en

[Reviewed earlier]

Risk Analysis

February 2014 Volume 34, Issue 2 Pages 203–398

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2014.34.issue-2/issuetoc>

[No relevant content]

Science

7 March 2014 vol 343, issue 6175, pages 1049-1168

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

Report

Altitudinal Changes in Malaria Incidence in Highlands of Ethiopia and Colombia

[A. S. Siraj1, M. Santos-Vega2, M. J. Bouma3, D. Yadeta4, D. Ruiz Carrascal5,6, M. Pascual2,7,†](#)

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6Escuela de Ingenieria de Antioquia, km 02+200 Vía al Aeropuerto José María Córdova, Envigado, Antioquia, Colombia.

7Howard Hughes Medical Institute, Chevy Chase, MD 20815-6789, USA.

<http://www.sciencemag.org/content/343/6175/1154.abstract>

Abstract

Editor's Summary

The impact of global warming on insect-borne diseases and on highland malaria in particular remains controversial. Temperature is known to influence transmission intensity through its effects on the population growth of the mosquito vector and on pathogen development within the vector. Spatiotemporal data at a regional scale in highlands of Colombia and Ethiopia supplied an opportunity to examine how the spatial distribution of the disease changes with the interannual variability of temperature. We provide evidence for an increase in the altitude of malaria distribution in warmer years, which implies that climate change will, without mitigation,

result in an increase of the malaria burden in the densely populated highlands of Africa and South America...

Science Translational Medicine

5 March 2014 vol 6, issue 226

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

[No relevant content]

Social Science & Medicine

Volume 106, [In Progress](#) (April 2014)

<http://www.sciencedirect.com/science/journal/02779536/106>

[Reviewed earlier]

Vaccine

Volume 32, Issue 14, Pages 1523-1640 (20 March 2014)

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

Special Issue Theme: Sexually transmitted infections: Vaccine development for global health

16 articles focused on a range of STIs and vaccine prospects and performance.

Available online 2 March 2014

Review

Understanding vaccine hesitancy around vaccines and vaccination from a global perspective: A systematic review of published literature, 2007–2012

[Heidi J. Larson](#), [Caitlin Jarrett](#), [Elisabeth Eckersberger](#), [David M.D. Smith](#), [Pauline Paterson](#)

<http://www.sciencedirect.com/science/article/pii/S0264410X14001443>

Highlights

:: Vaccine hesitancy is a complex issue driven by a variety of context-specific factors.

:: Most studies were conducted in Europe and the Americas, with a two-fold increase in research on this topic during the period 2007–2012.

:: Determinants examined are mostly from classic models (e.g., Health Belief Model) which do not adequately account for contextual influences.

Abstract

Vaccine “hesitancy” is an emerging term in the literature and discourse on vaccine decision-making and determinants of vaccine acceptance. It recognizes a continuum between the domains of vaccine acceptance and vaccine refusal and de-polarizes previous characterization of individuals and groups as either anti-vaccine or pro-vaccine.

The primary aims of this systematic review are to: 1) identify research on vaccine hesitancy; 2) identify determinants of vaccine hesitancy in different settings including its context-specific causes, its expression and its impact; and 3) inform the development of a model for assessing determinants of vaccine hesitancy in different settings as proposed by the Strategic Advisory Group of Experts Working Group (SAGE WG) for dealing with vaccine hesitancy.

A broad search strategy, built to capture multiple dimensions of public trust, confidence and hesitancy around vaccines, was applied across multiple databases. Peer-reviewed studies were

selected for inclusion if they focused on childhood vaccines [≤ 7 years of age], used multivariate analyses, and were published between January 2007 and November 2012.

Our results show a variety of factors as being associated with vaccine hesitancy but they do not allow for a complete classification and confirmation of their independent and relative strength of influence. Determinants of vaccine hesitancy are complex and context-specific – varying across time, place and vaccines.

Vaccine: Development and Therapy

(Accessed 8 March 2014)

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

[No new relevant content]

Vaccines — Open Access Journal

(Accessed 8 March 2014)

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

[No new relevant content]

Value in Health

Vol 17 | No. 1 | January – February 2014 | Pages 1-140

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

[Reviewed earlier; No relevant content]

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

Q&A with WHO: Cholera vaccine stockpile - a new tool to avoid needless suffering

Thomson Reuters Foundation - Mon, 3 Mar 2014 11:20 AM

Alisa Tang

Excerpt

The World Health Organization (WHO) has activated for the first time a new cholera vaccine emergency stockpile to protect hundreds of thousands displaced by conflict in South Sudan and living in temporary camps.

Although there is currently no outbreak of cholera - an acute diarrhoeal infection caused by ingestion of contaminated food or water - the risk is high due to poor sanitary conditions and overcrowding, the WHO said.

With WHO coordinating the campaign, Médecins Sans Frontières (MSF) on Feb. 22 started vaccinations for 94,000 people in Minkaman camp in Awerial county, and the humanitarian organisation Medair was to vaccinate an additional 43,000 in camps in South Sudan's capital, Juba.

Two oral doses of the cholera vaccine are required for an individual to be protected. The campaign begins with an initial round of vaccinations followed after a required 14-day interval by a second round.

William Perea, the WHO's coordinator for the control of epidemic diseases, spoke to Thomson Reuters Foundation by phone from Geneva about the emergency stockpile - which is managed by WHO, the International Federation of the Red Cross and Red Crescent Societies (IFRC), MSF and UNICEF - as a tool to fight cholera...

Special Focus Newsletter/Projects

The Vaccine Confidence Project :: Confidence Commentary from Dr Heidi Larson

"Why we need "'science understanding the public' more than just 'public understanding of science': the case of vaccines"

London School of Hygiene and Tropical Medicine

www.vaccineconfidence.org

BMC Health Services Research

2014, **14**:111

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

Research article

Urban settings do not ensure access to services: findings from the immunisation programme in Kampala Uganda

Juliet N Babirye, Ingunn MS Engebretsen, Elizeus Rutebemberwa, Juliet Kiguli and Fred Nuwaha
Published: 6 March 2014

Author Affiliations

<http://www.biomedcentral.com/1472-6963/14/111/abstract>

Abstract (provisional)

Background

Previous studies on vaccination coverage in developing countries focus on individual- and community-level barriers to routine vaccination mostly in rural settings. This paper examines health system barriers to childhood immunisation in urban Kampala Uganda.

Methods

Mixed methods were employed with a survey among child caretakers, 9 focus group discussions (FGDs), and 9 key informant interviews (KIIs). Survey data underwent descriptive statistical analysis. Latent content analysis was used for qualitative data.

Results

Of the 821 respondents in the survey, 96% (785/821) were mothers with a mean age of 26 years (95% CI 24-27). Poor geographical access to immunisation facilities was reported in this urban setting by FGDs, KIIs and survey respondents (24%, 95% CI 21-27). This coupled with reports of few health workers providing immunisation services led to long queues and long waiting times at facilities. Consumers reported waiting for 3-6 hours before receipt of services although this was more common at public facilities. Only 33% (95% CI 30-37) of survey respondents were willing to wait for three or more hours before receipt of services. Although private-for-profit facilities were engaged in immunisation service provision their participation was low as only 30% (95% CI 27-34) of the survey respondents utilised these facilities. The low participation could be due to lack of financial support for immunisation activities at these facilities. This in turn could explain the rampant informal charges for services in this setting. Charges ranged from US\$ 0.2 to US\$4 and these were more commonly reported at private (70%, 95% CI 65-76) than at public (58%, 95% CI 54-63) facilities. There were intermittent availability of vaccines and transport for immunisation services at both private and public facilities.

Conclusions

Complex health system barriers to childhood immunisation still exist in this urban setting; emphasizing that even in urban areas with great physical access, there are hard to reach people. As the rate of urbanization increases especially in sub-Saharan Africa, governments should strengthen health systems to cater for increasing urban populations.

Journal of Epidemiology and Community Health

Online First doi:10.1136/jech-2013-203272

Commentary

International institutional legitimacy and the World Health Organization

Jennifer Prah Ruger

<http://jech.bmjjournals.org/content/early/2014/03/05/jech-2013-203272.extract>

Extract

The global health community continues to look to the World Health Organization (WHO) to solve current global health governance (GHG) problems. Until the 1990s, nation-states and multilateral organisations with state members governed international health, and WHO played a prominent role, coordinating worldwide efforts such as smallpox eradication with a few partner organisations. WHO also provided international reporting and handled disease outbreaks through the International Health Regulations. The world still sees WHO as the leading global health governor, and proposals abound to reform it,^{1–4} to use its treaty abilities more regularly and to give it enforcement powers—all in the absence of real institutional alternatives. But today's WHO is a compromised institution; some interrogate its relevance altogether² and WHO Director-General Margaret Chan herself questions WHO's ability to respond to global health challenges.⁵ On a theoretical level, WHO lacks a substantive justice oriented conception of international institutional legitimacy. On a more pragmatic plane, WHO is riddled with budgetary weaknesses, power politics and diminishing reputation and effectiveness. WHO's early successes were laudable and the organisation has the potential to make an impact on future global health problems, but the institution lacks a number of key ingredients of success: coordination capacity, authority, accountability, fairness, a master global health plan, effectiveness and credible compliance mechanisms.

While WHO reforms could help it do its job better, a new vision, based on a substantive conception of justice and legitimacy, and associated reforms in the broader GHG system will more effectively and efficiently serve GHG functions and the WHO itself. WHO Director-General Margaret Chan states "[t]he level of WHO engagement should not be governed by the size of a health problem. Instead it should be governed by the extent to which WHO can have an impact on the problem. Others may be positioned to do a ...

Communication, Somali culture and decision-making about the human papillomavirus (HPV) Vaccine

Dailey, Phokeng 2014-02

28th Edward F. Hayes Graduate Research Forum. Ohio State University

<http://hdl.handle.net/1811/59265>

Abstract

The current study uses a multiple goals theoretical perspective to explore how Somali immigrant families in the United States make decisions regarding whether to vaccinate their children against human papillomavirus (HPV). A focus was placed on the communication goals of parents in HPV vaccine discussions with their child and health care provider. 16 semi-structured interviews were audiotaped, transcribed, and analyzed using a grounded theory approach. Key themes were the implications of the vaccine for early sexual activity, confusion

between HPV and human immunodeficiency virus (HIV), the perception that the HPV vaccine is unnecessary, uncertainty about the vaccine's efficacy and side effects, avoidance of parent-child communication about the vaccine, and a preference for framing the vaccine as a health promotion behavior. Framing the threat of HPV in the context of initiation of sexual activity, uncertainty regarding vaccine efficacy, and anticipated regret account for the inconsistency in HPV vaccine uptake among Somali parents. Health care providers should consider talking about HPV as a distal versus an immediate threat and HPV vaccine uptake as a health-promotion rather than a sexually transmitted infection (STI) prevention behavior.

Trends in HPV Vaccination of US Adolescent Females: How Policies, Education, and Health Care Providers Influence Immunization Rates

Grant, Jennifer Lyn ([2013](#))

Dissertation (88 pages)

Program: Laney Graduate School, [Health Services and Research Health Policy](#)

Permanent url: <http://pid.emory.edu/ark:/25593/f4mjs>

Abstract

In my first paper, *The Impact of State Immunization Financing Policies on HPV Vaccination Rates among US Adolescent Females*, I examine the impact of expanded enrollment eligibility for The Vaccines for Children (VFC) program on HPV vaccine series initiation and completion among US adolescent girls. The VFC program provides certain vaccines at a reduced or no cost to eligible children. It was designed to help ensure all children receive recommended vaccinations on schedule, even if their parents are not be able to afford them. Specifically, I hypothesized that adolescent girls living in states in which all recommended vaccines were provided free of cost to all children in the state would be more likely to initiate and complete the HPV vaccine series than their peers living in states with more restricted VFC eligibility requirements.

In my second paper, *Maternal Educational Inequalities in HPV Vaccine Utilization among US adolescent females- The relative roles of economics and awareness*, I evaluate the relative influences of household-level socioeconomic status, specific health knowledge, and general healthcare utilization and timeliness in mediating the relationship between maternal educational attainment and HPV vaccine utilization among adolescent girls.

In my third and final paper, *Factors Associated with Health Care Provider Recommendation of the Human Papillomavirus Vaccine and effect of provider recommendation on vaccine series initiation and completion*, I examine the relative influences of adolescent and household sociodemographic characteristics and characteristics of their health-seeking behavior on the likelihood of receiving a health care provider recommendation of the HPV vaccine for US Adolescent girls. I also estimate the effect of provider recommendation on vaccine series initiation and completion

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 8 March 2014

[No new, unique, relevant content]

The Atlantic

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

Accessed 8 March 2014

[No new, unique, relevant content]

BBC

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

Accessed 8 March 2014

[No new, unique, relevant content]

Brookings

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

Accessed 8 March 2014

[No new, unique, relevant content]

Council on Foreign Relations

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

Accessed 8 March 2014

[No new, unique, relevant content]

Economist

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

Accessed 8 March 2014

[No new, unique, relevant content]

Financial Times

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

Accessed 8 March 2014

[No new, unique, relevant content]

Forbes

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

Accessed 8 March 2014

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 8 March 2014
[No new, unique, relevant content]

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

Accessed 8 March 2014
[No new, unique, relevant content]

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

Accessed 8 March 2014
[No new, unique, relevant content]

The Huffington Post
<http://www.huffingtonpost.com/>

Accessed 8 March 2014
[No new, unique, relevant content]

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

Accessed 8 March 2014
[No new, unique, relevant content]

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

Accessed 8 March 2014
[No new, unique, relevant content]

New York Times
<http://www.nytimes.com/>

Accessed 8 March 2014
March 5, 2014, 11:15 am
Opinion
[An End to Polio in India?](#)
By ESHA CHHABRA

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

Accessed 8 March 2014
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us

Accessed 8 March 2014
[No new, unique, relevant content]

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

Accessed 8 March 2014
[No new, unique, relevant content]

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