Center for Vaccine Ethics and Policy
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Vaccines and Global Health: The Week in Review
12 April 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 12 April 2014]
http://www.gavialliance.org/library/news/press-releases/

:: Anuradha Gupta appointed Deputy CEO of the GAVI Alliance

The GAVI Alliance announced the appointment of Anuradha Gupta as its new Deputy CEO, noting that "with more than 30 years of experience in public health and public policy, Ms. Gupta brings with her a wealth of management and leadership expertise, a proven track record of success and a passion for making a profound social impact." Ms. Gupta is currently Additional Secretary, Ministry of Health and Family Welfare and Mission Director of the National Health Mission, Government of India. During this time "she has played an integral role in India's hugely successful polio eradication program, taking strategic decisions that helped secure a polio-free India – a feat once considered impossible by many observers." Ms Gupta will join the GAVI Executive Office on 2nd June and will be based at the Alliance's headquarters in Geneva.

Dr Seth Berkley, CEO of the GAVI Alliance, said, "I am personally very excited to see Anuradha become part of our team, bringing her tremendous expertise, experience and passion. We are moving forward into a phase of massive expansion of GAVI-supported immunisation programmes so Anuradha's extensive management experience and deep understanding of country-level immunisation challenges will prove invaluable. Additionally, with 20 countries expected to graduate away from GAVI support by 2020, Anuradha's broad multi-sectorial expertise and proven ability to deliver results will help to steer the Alliance through this unprecedented transitional phase." Ms. Gupta holds an MBA from Wollongong University in Australia and has read Public Policy at Maxwell School in the United States. She has also received executive education at Stanford Business School and John F. Kennedy School, Harvard University.

Ms. Gupta succeeds current GAVI Alliance Deputy CEO Helen Evans, "who is retiring after a career that has also seen her hold key positions in the Australian Health Ministry and the Global

Fund to Fight AIDS, Tuberculosis and Malaria. She joined the GAVI Alliance in 2009 and was interim CEO during the successful replenishment event in 2011 which saw donors commit US$ 7.4 billion towards Alliance immunisation programmes." Dr Berkley noted, "Helen will be greatly missed by all connected with GAVI. Her successful spell as interim CEO laid the foundations for the huge acceleration of vaccine introductions that we are able to support today. We are sad that she is retiring but we are pleased for her that she will be able to be closer geographically to her family for the first time in more than a decade."

Full media release: Geneva, 10 April 2014 http://www.gavialliance.org/Library/News/Press-releases/2014/Anuradha-Gupta-appointed-Deputy-CEO-of-the-GAVI-Alliance/

UNICEF Watch [to 12 April 2014]
http://www.unicef.org/media/media_67204.html
Joint press release: First mass vaccination campaigns start since polio found in Iraq
WHO-UNICEF
AMMAN, 6 April 2014
Excerpt - Editor's text bolding

Polio vaccination campaigns commenced in Syria, Iraq and Egypt today, aiming to reach more than 20 million children over the next five days. For Iraq, this will be the first nationwide vaccination campaign since a case of polio was confirmed by the Ministry of Health on 30 March in a six-month-old boy from Rusafa, northern Baghdad. Maria Calivis, UNICEF Regional Director for the Middle East and North Africa, said, "The recent detection of a polio case in Iraq after a 14-year absence is a reminder of the risk currently facing children throughout the region. **It is now even more imperative to boost routine immunisations to reach every child multiple times** and do whatever we can to vaccinate children we could not reach in previous rounds. That's the only way we will prevent this outbreak from spreading further."..

…"Midway into the implementation of this outbreak response plan, we're reaching the vast majority of children across the Middle East," said Chris Maher, WHO Manager for Polio Eradication and Emergency Support. "In the second phase of the outbreak response we must work with local partners to reach the hardest-to-reach – those pockets of children who continue to miss out, especially in Syria's besieged and conflict areas and in remote areas of Iraq. We won't stop until we reach them." …Since the outbreak was announced UNICEF has delivered 14 million doses of polio vaccines to Syria.
http://www.unicef.org/media/media_73006.html

WHO: Summary of the SAGE April 2014 meeting
Excerpt – Editor's text bolding

4 April 2014 - SAGE reviewed the status of inactivated polio vaccine (IPV) introduction globally and the outcomes of the recent UNICEF tender process for IPV. SAGE noted that the vaccine will now be available to GAVI-supported countries for EURO 0.75 per dose (approximately US$1 per dose at current exchange rates) and EURO 1.50 to 2.40 per dose (approximately USD$2.1-3.3 per dose at current exchange rates) for middle-income countries. SAGE concurred that these represent the best possible IPV prices in the near term and constitute a firm basis for proceeding with the goal of global IPV introduction by the end of 2015 as an integral part of the polio endgame strategy. SAGE reaffirmed the need for all countries to have completed planning for IPV introduction before the end of 2014.

SAGE reviewed the progress towards eventual confirmation of a specific date for global type 2 oral polio vaccine (OPV2) withdrawal, which requires the absence of 'persistent' type 2 circulating vaccine-derived poliovirus (cVDPV2) for at least 6 months globally. **SAGE was alarmed by the persistent cVDPV2 circulation in northern Nigeria (since July 2005) and Pakistan (since August 2012), highlighting that these areas overlapped with some of the last wild poliovirus (WPV) reservoirs in the world. Stopping circulation of both WPVs and cVDPVs requires addressing gaps in supplementary immunization activity quality, increasing access, and using an appropriate mix of trivalent and bivalent oral poliovirus vaccine over the coming 10 months.** SAGE emphasized that the elimination of persistent cVDPV2s by the end of 2014 or early-2015 must be a high priority to ensure that the global eradication effort remain on-track for achieving the major milestones of the Polio Eradication & Endgame Strategic Plan 2013-18. SAGE urged countries to rectify the mix of OPV being used in large-scale immunization campaigns in cVDPV2-infected areas to ensure that OPV2 can be withdrawn during the 'low season' for poliovirus transmission in 2016, as originally scheduled.

Upon reviewing the relevant scientific evidence, SAGE endorsed the updates made to the existing WHO vaccination recommendations for travellers from polio-infected countries in International Travel and Health (ITH).

SAGE reiterated the importance of providing human papillomavirus immunization to girls as early as necessary, i.e. in girls aged 9 to 13 years prior to sexual debut, based on local data and patterns of sexual activity. Upon review of the evidence, SAGE recommended a 2-dose schedule for girls, if vaccination is initiated prior to 15 years of age. A 3-dose schedule remains necessary if immunization is initiated after the girls' 15th birthday. The recommended minimal interval between the 2 doses is 6 months. This interval may be extended to 12 months if this facilitates administration. A 3-dose schedule (i.e. at 0, 1-2, and 6 months) remains recommended for immunocompromised individuals, including those known to be HIV-infected.

Following the review of data on pertussis, SAGE concluded that the licensed acellular pertussis vaccines (aP) have lower initial efficacy, faster waning of immunity, and possibly a reduced impact on disease transmission relative to currently internationally available whole-cell vaccines (wP). The risk of resurgence of pertussis associated with the use of aP vaccines including increased infant disease, indicates that countries currently using wP should continue using wP vaccines for early infant vaccination.

SAGE reviewed current initiatives to improve coordination and integration of vaccination with other critical maternal and child health services, and assessed what additional measures in this context may be needed to strengthen synergies at the global, regional, national, district and service delivery levels. SAGE was pleased to hear of Ethiopia's experience in improving child survival and achieving the fourth Millennium development goal to cut child deaths by two-thirds between 1990 and 2015 through integrated delivery of life-saving interventions.

The full meeting report will be published in the WHO Weekly Epidemiological Record on 23 May 2014.

:: View the meeting documents, including presentations and background readings
http://www.who.int/immunization/sage/meetings/2014/april/report_summary_april_2014/en/

GPEI Update: Polio this week - *As of 9 April 2014*

Global Polio Eradication Initiative

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

[Editor's extract and bolded text]

:: First mass vaccination campaigns started in the Middle East since a polio case was reported in Iraq. Polio vaccination campaigns commenced in Syria, Iraq and Egypt on 6 April and Turkey on 7 April, aiming to reach more than 20 million children over five days. For Iraq, this is the first nationwide vaccination campaign since a case of polio in a six-month-old boy from northern Baghdad was confirmed by the Ministry of Health on 30 March.
:: Last week, WHO's Strategic Advisory Group of Experts on immunization (SAGE) convened in Geneva. In addition to reviewing the global epidemiology of polio transmission, SAGE endorsed the updates made to the existing WHO vaccination recommendations for travelers from polio-infected countries in International Travel and Health (ITH). Additionally, SAGE reviewed progress towards setting a confirmed date for the trivalent to bivalent OPV switch, which requires the absence of persistent circulating vaccine-derived poliovirus type 2 (cVDPV2) for at least six months globally.
:: SAGE expressed alarm at the persistent cVDPV2s in northern Nigeria and Pakistan, highlighting that these areas overlapped with some of the last wild poliovirus (WPV) reservoirs in the world. Stopping circulating of both cVDPV2s and WPVs requires addressing gaps in supplementary immunization activity (SIA) quality, increasing access and using an appropriate mix of trivalent and bivalent OPV over the coming months. A summary of the SAGE meeting is available here. The full SAGE meeting report will be published in the WHO Weekly Epidemiological Record (WER) on 23 May 2014.

Pakistan

:: Three new WPV1 cases were reported this week from North Waziristan, Federally Administered Tribal Areas – FATA, and one new WPV1 from Bannu district, Khyber Pakhtunkhwa (KP), bringing the total number of cases for 2014 to 43. The most recent reported case had onset of paralysis on 20 March from North Waziristan.
:: One new cVDPV2 case was reported in the past week with onset of paralysis on 21 February, from FR Bannu, FATA. The total number of cVDPV2 cases is 45 for 2013, and seven for 2014

Central Africa

:: A new WPV1 case was reported this week from Malabo, the capital of Equatorial Guinea, with onset of paralysis on 19 March. The total number of WPV1 cases reported from Equatorial Guinea for 2014 is two.
:: Due to continued poliovirus circulation in Cameroon, gaps in surveillance quality and influx of vulnerable populations from Central African Republic (CAR), WHO had elevated the risk assessment of international spread of polio from Cameroon to 'very high' in March of 2014.
:: Since confirmation of the outbreak in Cameroon in October, five nationwide campaigns have been conducted. However, the quality of implementation varied greatly by region, and serious coverage gaps remain. As many as 40% of children remain under-immunized (with 30% having received zero doses) during SIAs.
:: The recent confirmation of new cases in Cameroon has resulted in planning additional emergency outbreak response activities, including converting a subnational immunization campaign to a full nationwide activity on 11-13 April, and implementing nationwide campaigns in May and June. Critical to success will be to ensure substantial improvement in the quality campaigns so that all children are reached multiple times with OPV. Equally important will be efforts to rapidly improve the quality of surveillance so that the full extent of the outbreak can be determined and tracked.
:: Immunity levels and surveillance sensitivity are also being assessed in neighboring countries, in particular in Gabon and the Republic of Congo, and additional immunization activities are being planned in these countries in April (Gabon) and May (Republic of Congo).

The **Weekly Epidemiological Record (WER) for 11 April 2014**, vol. 89, 15 (pp. 153–160) Includes:
:: Meeting of the International Task Force for Disease Eradication, January 2014
http://www.who.int/entity/wer/2014/wer8915.pdf?ua=1

WHO: Global Alert and Response (GAR) – *Disease Outbreak News* *[to 12 April 2014]*
http://www.who.int/csr/don/2013_03_12/en/index.html
:: **Human infection with avian influenza A(H7N9) virus –** update 11 April 2014
The Centre for Health Protection (CHP), Hong Kong, SAR, China and the National Health and Family Planning Commission (NHFPC) of China recently notified WHO of 2 additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus…The overall risk assessment has not changed
:: **Middle East respiratory syndrome coronavirus (MERS-CoV)** – update 11 April 2014
On 9 April 2014, the Ministries of Health of Jordan notified WHO of an additional laboratory-confirmed case of infection with Middle East respiratory syndrome coronavirus (MERS-CoV)… Globally, from September 2012 to date, WHO has been informed of a total of 212 laboratory-confirmed cases of infection with MERS-CoV, including 88 deaths. [No change in WHO recommendations]
:: **Ebola virus disease, West Africa** – update 10 April 2014
…WHO's response
WHO, in collaboration with technical partners in the Global Outbreak Alert and Response Network (GOARN) has deployed field laboratory support, and continues to identify and deploy experts in anthropology, epidemiology and data management, outbreak logistics, clinical case management and infection prevention and control, social mobilisation, risk communications and outbreak coordination to support the response in all of the affected countries. Over 50 experts have been deployed to date and response supplies, including PPE and a variety of EVD communication and education materials for local adaptation, have been dispatched to affected and neighbouring countries.
As EVD in West Africa continues to evolve, the number of reported cases and deaths, contacts under medical observation and the number of laboratory results are subject to change due to consolidation of case, contact and laboratory data, enhanced surveillance and contact tracing activities and ongoing laboratory investigations.
WHO does not recommend that any travel or trade restrictions be applied to Guinea, Liberia, Mali or Sierra Leone based on the current information available for this event.
:: Human infection with avian influenza A(H7N9) virus – update 10 April 2014
:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update 10 April 2014
:: Human infection with avian influenza A(H7N9) virus – update 8 April 2014
:: Human infection with avian influenza A(H7N9) virus – update 8 April 2014
:: Ebola virus disease, West Africa – update7 April 2014

The EU Commission approved a Joint Procurement Agreement "which will enable all EU countries to procure pandemic vaccines and other medical countermeasures as a group, rather than individually." The approach is intended "to ensure that pandemic vaccines and medicines are available in sufficient quantities and at a correct price should a cross border health threat emerge. The mechanism will benefit all EU countries, in particular the

ones which encountered difficulties in purchasing vaccines developed for the H1N1 pandemic in 2009. 27 EU countries have declared their intention to sign the Agreement. The Joint Procurement Agreement is voluntary, and will enter into force two weeks after it has been signed by a third of participating Member States (10 countries) and the Commission." http://europa.eu/rapid/press-release_IP-14-418_en.htm

The Indonesia Health Fund was established by a group led by Dato Sri Dr. Tahir, Chairman of the Tahir Foundation in Indonesia, and an initial investment of US$40 million from eight Indonesian business leaders in partnership with the Bill & Melinda Gates Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Bill Gates, co-chair of the Bill & Melinda Gates Foundation, took part in a signing ceremony in Jakarta on 5 April with Dr. Tahir and the other philanthropists. The Gates Foundation will match the investment, which is for health programs in Indonesia. Dr. Tahir, who is also Chairman and CEO of the Mayapada Group in Indonesia, previously announced a separate investment of US$65 million, the largest ever made by a private foundation in an emerging economy to the Global Fund. Dr. Nafsiah Mboi, who is Minister of Health of Indonesia and also Chair of the Board of the Global Fund, said the establishment of the Indonesia Health Fund was a significant step toward making Indonesia self-reliant in health funding. She praised the exemplary leadership by private sector investors who partner with the Global Fund as an effective vehicle to reach more people affected by the diseases. Each of eight business leaders "signed a commitment to providing US$5 million, and each agreement was cosigned by Mr. Gates." The goal of the Indonesia Health Fund is to bring along additional private donors. The Global Fund noted that over the past decade, its financing has supported Indonesia's efforts to treat 1.3 million cases of TB, distribute nearly 9 million insecticide-treated nets to prevent malaria, and provide nearly 30,000 Indonesians with access to HIV treatment.
http://www.theglobalfund.org/en/mediacenter/newsreleases/2014-04-09_Innovative_Investment_in_Indonesia_Health_Fund/

WHO: Guidelines for the screening, care and treatment of persons with hepatitis C infection

April 2014 124 pages
ISBN: 978 92 4 154875 5

Overview

These are the first guidelines dealing with hepatitis C treatment produced by the World Health Organization (WHO) and complement existing guidance on the prevention of transmission of bloodborne viruses, including HCV. They are intended for policy-makers, government officials, and others working in low- and middle-income countries who are developing programmes for the screening, care and treatment of persons with HCV infection.

These guidelines serve as a framework that can allow the expansion of clinical services to patients with HCV infection, as they provide key recommendations in these areas and discuss considerations for implementation. The guidelines are also intended for health-care providers who care for persons with HCV infection in low- and middle-countries and provide them guidance in the management of patients infected with HCV.

Download: http://www.who.int/hiv/pub/hepatitis/hepatitis-c-guidelines/en/

Brazil's National Technical Commission for Biosecurity (CTNBio) approved the commercial release of the genetically modified (GM) mosquito, OX513A, "which can be used to control the dengue mosquito [Aedes aegypti]. CTNBio is "the collegiate body responsible for approval and regulation of transgenic organisms in Brazil." OX513A, developed by Oxitec, is described as "the first GM insect to be considered safe for commercial use in Brazil and the latest of a long series of biotechnology approvals by CTNBio." The Oxitec mosquito is a strain of the wild species that contains two additional genes. The Oxitec males (which cannot bite) are released to seek out and mate with the wild females. Their offspring inherit the additional genes and die before becoming functional adults. They also inherit a marker that is visible under a special light, making monitoring in the field simple and helping ensure that dengue mosquito control programmes succeed."

Full media release: CAMPINAS, Brazil, April 10, 2014 /PRNewswire/ -- http://www.prnewswire.com/news-releases/high-tech-solution-for-controlling-the-dengue-mosquito-is-approved-by-ctnbio-254765081.html

WHO: Humanitarian Health Action
http://www.who.int/hac/en/
No new content.

CDC/MMWR Watch [to 12 April 2014]
http://www.cdc.gov/mmwr/mmwr_wk.html
MMWR for April 11, 2014 / Vol. 63 / No. 14
:: Measles Outbreak Associated with Adopted Children from China — Missouri, Minnesota, and Washington, July 2013

European Medicines Agency Watch [to 12 April 2014]
http://www.ema.europa.eu/ema/
No new relevant content identified.

UN Watch [to 12 April 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 12 April 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.

Industry Watch [to 12 April 2014]
Selected media releases and other selected content from industry.
:: **Novartis meningitis B vaccine Bexsero® receives FDA Breakthrough Therapy designation in the US**
April 07, 2014 07:15 CET
Summary
- The designation highlights the potential of Bexsero to meet the urgent need for a licensed vaccine in the US against unpredictable and devastating meningitis B[1]

- Bexsero, already approved in Europe, Canada and Australia, is the only broad coverage meningitis B vaccine that can be used from two months of age[2],[3],[4],[5]
- Bexsero was recently provided to two US universities under an Investigational New Drug (IND) designation; Novartis plans to file in the US as early as Q2 2014[6],[7]

…In the last four months, Novartis has provided nearly 30,000 doses of Bexsero to students and staff at Princeton University and the University of California Santa Barbara (UCSB) following meningitis B outbreaks on their campuses under an Investigational New Drug (IND) designation from the FDA [6],[7],[12]. Further, the US Centers for Disease Control and Prevention (CDC) have recommended including the incoming freshman class at Princeton University in the at-risk group to receive Bexsero….

:: **PhRMA: Ian C. Read, chairman and CEO of Pfizer, Inc., was elected chairman** of the Pharmaceutical Research and Manufacturers of America (PhRMA) today at the trade association's annual meeting. Also elected were Kenneth C. Frazier, chairman, president and CEO of Merck & Co, Inc., as chairman-elect of the PhRMA Board of Directors, and George A. Scangos, Ph.D., CEO of Biogen Idec, as Board treasurer.
http://www.businesswire.com/news/home/20140411005017/en/Pfizer%E2%80%99s-Ian-Read-PhRMA-Board-Chairman-Ken#.U0msrVcWNdc

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

No new content identified.

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 3, 2014
http://www.tandfonline.com/toc/uajb20/current
[Reviewed earlier]

American Journal of Infection Control
Vol 42 | No. 4 | April 2014 | Pages 345-464
http://www.ajicjournal.org/current

American Journal of Preventive Medicine
Vol 46 | No. 4 | April 2014 | Pages 331-432
http://www.ajpmonline.org/current
[No relevant content]

American Journal of Public Health
Volume 104, Issue 4 (April 2014)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
April 2014; 90 (4)
http://www.ajtmh.org/content/current
[No relevant content]

Annals of Internal Medicine
1 April 2014, Vol. 160. No. 7
http://annals.org/issue.aspx
[No relevant content]

BMC Health Services Research
(Accessed 12 April 2014)
http://www.biomedcentral.com/bmchealthservres/content
Research article
Cervical cancer prevention in reproductive health services: knowledge, attitudes and practices of midwives in Cote d'Ivoire, West Africa
Boris K Tchounga, Antoine Jaquet, Patrick A Coffie, Apollinaire Horo, Catherine Sauvaget, Innocent Adoubi, Privat Guie, François Dabis, Annie J Sasco and Didier K Ekouevi
Author Affiliations
BMC Health Services Research 2014, 14:165 doi:10.1186/1472-6963-14-165
Published: 11 April 2014
http://www.biomedcentral.com/1472-6963/14/165/abstract
Abstract (provisional)
Background
Cervical cancer is the most common cancer among women and the leading cause of cancer deaths in women in Cote d'Ivoire. Low resource countries can now prevent this cancer by using HPV vaccine and effective and affordable screening tests. However the implementation of these

prevention strategies needs well-trained human resources. Part of the solution could come from midwives by integrating cervical cancer prevention into reproductive health services. The aim of this survey was to assess knowledge, attitudes and practices of midwives towards cervical cancer prevention in Abidjan, Cote d'Ivoire, and to find out factors associated with appropriate knowledge.
Methods
A cross-sectional survey was conducted among midwives in the urban district of Abidjan, using a self-administered questionnaire. Knowledge was assessed by two scores. Factors associated with appropriate knowledge were determined using a logistic regression analysis. Attitudes and practices were described and compare using the Chi2 test.
Results
A total of 592 midwives were enrolled, including 24.5% of final-year students. 55.7% of midwives had appropriate knowledge on cervical cancer, and 42.4% of them had appropriate knowledge on cervical cancer prevention strategies. Conferences, courses taken at school of midwifery and special training sessions on cervical cancer (OR = 4.9, 95% CI [1.9 to 12.6], p <0.01) were associated with good knowledge on the management of this disease. Among these midwives, 18.4% had already benefited from a screening test for themselves, 37.7% had already advised screening to patients and 8.4% were able to perform a visual inspection. 50.3% of midwives knew HPV vaccine as a preventive method; among them 70.8% usually recommended it to young girls.
Conclusion
Despite sufficient knowledge about cervical cancer prevention, attitudes and practices of midwives should be improved by organizing capacity building activities. This would ensure the success of integration of cervical cancer prevention into reproductive health services in countries like Cote d'Ivoire.

BMC Public Health
(Accessed 12 April 2014)
http://www.biomedcentral.com/bmcpublichealth/content
[No new relevant content]

British Medical Bulletin
Volume 109 Issue 1 March 2014
http://bmb.oxfordjournals.org/content/current
[Reviewed earlier; No relevant content]

British Medical Journal
12 April 2014 (Vol 348, Issue 7953)
http://www.bmj.com/content/348/7953
Editor's Choice
The missing data that cost $20bn
Kamran Abbasi, international editor
BMJ 2014; 348 doi: http://dx.doi.org/10.1136/bmj.g2695 (Published 10 April 2014)
BMJ 2014;348:g2695
Excerpt

Marketing is what you do when your product is no good, said Edward Land, scientist and inventor of the Polaroid instant camera. The same notion filled Tom Jefferson's head when he began to reappraise his initial conclusions about neuraminidase inhibitors and the risk of influenza complications and hospital admissions (doi:10.1136/bmj.g2227). Keiji Hayashi, a Japanese researcher, alerted him to the existence of unpublished trials, trials that were not included in his Cochrane review of 2006. From trusting the literature, researchers, and companies, Jefferson moved to a position of deep scepticism. Many trials were unpublished, data weren't shared, and decisions on purchasing, stockpiling, and using the drugs were based on a slim and skewed representation of the total evidence base.

This week is the culmination of a five year campaign led by Jefferson's Cochrane research team, supported by The BMJ, to ensure the release of the full clinical trial data on neuraminidase inhibitors (doi:10.1136/bmj.g2630). The studies, analyses, and editorials in this issue strike like a hammer blow

Editorials

The Tamiflu trials

BMJ 2014;348:g2630 (Published 10 April 2014)

:: Tamiflu open data campaign
:: Analysis
:: Analysis
:: Research
:: Research
:: Editorial
:: Editorial
:: Press release

Bulletin of the World Health Organization

Volume 92, Number 4, April 2014, 229-308

http://www.who.int/bulletin/volumes/92/4/en/

[Reviewed earlier]

Clinical Therapeutics

Volume 36, Issue 4, p459-612 April 2014

http://www.clinicaltherapeutics.com/current

[No relevant content]

Cost Effectiveness and Resource Allocation

(Accessed 12 April 2014)

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

Research

Ownership and technical efficiency of hospitals: evidence from Ghana using data envelopment analysis

Caroline Jehu-Appiah1*, Serufusa Sekidde2, Martin Adjuik3, James Akazili3, Selassi D Almeida4, Frank Nyonator5, Rob Baltussen6, Eyob Zere Asbu7 and Joses Muthuri Kirigia8

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Cost Effectiveness and Resource Allocation 2014, 12:9 doi:10.1186/1478-7547-12-9
http://www.resource-allocation.com/content/12/1/9
Abstract
Background
In order to measure and analyse the technical efficiency of district hospitals in Ghana, the specific objectives of this study were to (a) estimate the relative technical and scale efficiency of government, mission, private and quasi-government district hospitals in Ghana in 2005; (b) estimate the magnitudes of output increases and/or input reductions that would have been required to make relatively inefficient hospitals more efficient; and (c) use Tobit regression analysis to estimate the impact of ownership on hospital efficiency.
Methods
In the first stage, we used data envelopment analysis (DEA) to estimate the efficiency of 128 hospitals comprising of 73 government hospitals, 42 mission hospitals, 7 quasi-government hospitals and 6 private hospitals. In the second stage, the estimated DEA efficiency scores are regressed against hospital ownership variable using a Tobit model. This was a retrospective study.
Results
In our DEA analysis, using the variable returns to scale model, out of 128 district hospitals, 31 (24.0%) were 100% efficient, 25 (19.5%) were very close to being efficient with efficiency scores ranging from 70% to 99.9% and 71 (56.2%) had efficiency scores below 50%. The lowest-performing hospitals had efficiency scores ranging from 21% to 30%.
Quasi-government hospitals had the highest mean efficiency score (83.9%) followed by public hospitals (70.4%), mission hospitals (68.6%) and private hospitals (55.8%). However, public hospitals also got the lowest mean technical efficiency scores (27.4%), implying they have some of the most inefficient hospitals.
Regarding regional performance, Northern region hospitals had the highest mean efficiency score (83.0%) and Volta Region hospitals had the lowest mean score (43.0%).
From our Tobit regression, we found out that while quasi-government ownership is positively associated with hospital technical efficiency, private ownership negatively affects hospital efficiency.
Conclusions
It would be prudent for policy-makers to examine the least efficient hospitals to correct widespread inefficiency. This would include reconsidering the number of hospitals and their distribution, improving efficiency and reducing duplication by closing or scaling down hospitals with efficiency scores below a certain threshold. For private hospitals with inefficiency related to large size, there is a need to break down such hospitals into manageable sizes.

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
April 2014 Volume 14, Issue 1 Pages ii–ii, 1–57
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2014.14.issue-1/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 4—April 2014
http://www.cdc.gov/ncidod/EID/index.htm
[Reviewed earlier]

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Volume 24 Issue 2 April 2014
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[Reviewed earlier]

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[Reviewed earlier]

Global Health: Science and Practice (GHSP)
February 2014 | Volume 2 | Issue 1
http://www.ghspjournal.org/content/current
[Reviewed earlier]

Globalization and Health
[Accessed 12 April 2014]
http://www.globalizationandhealth.com/

Commentary

Open access: academic publishing and its implications for knowledge equity in Kenya

Duncan Mwangangi Matheka, Joseph Nderitu, Daniel Mutonga, Mary Iwaret Otiti, Karen Siegel and Alessandro Rhyll Demaio
Author Affiliations

Globalization and Health 2014, 10:26 doi:10.1186/1744-8603-10-26
Published: 9 April 2014
http://www.globalizationandhealth.com/content/10/1/26/abstract

Abstract (provisional)
Traditional, subscription-based scientific publishing has its limitations: often, articles are inaccessible to the majority of researchers in low- and middle-income countries (LMICs), where journal subscriptions or one-time access fees are cost-prohibitive. Open access (OA) publishing, in which journals provide online access to articles free of charge, breaks this barrier and allows unrestricted access to scientific and scholarly information to researchers all over the globe. At the same time, one major limitation to OA is a high publishing cost that is placed on authors. Following recent developments to OA publishing policies in the UK and even LMICs, this article highlights the current status and future challenges of OA in Africa. We place particular emphasis on Kenya, where multidisciplinary efforts to improve access have been established. We note that these efforts in Kenya can be further strengthened and potentially replicated in other African countries, with the goal of elevating the visibility of African research and improving access for African researchers to global research, and, ultimately, bring social and economic benefits to the region. We (1) offer recommendations for overcoming the challenges of implementing OA in Africa and (2) call for urgent action by African governments to follow the suit of high-income countries like the UK and Australia, mandating OA for publicly-funded research in their region and supporting future research into how OA might bring social and economic benefits to Africa.

Global Public Health

Volume 9, Issue 3, 2014
http://www.tandfonline.com/toc/rgph20/current#.Uq0DgeKy-F9
[Reviewed earlier]

Health Affairs

April 2014; Volume 33, Issue 4
http://content.healthaffairs.org/content/current
Theme: The Long Reach Of Alzheimer's Disease
[No relevant content]

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Volume 15, Issue 2
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[Reviewed earlier]

Health Economics, Policy and Law
Volume 9 / Issue 02 / April 2014
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[Reviewed earlier]

Health Policy and Planning
Volume 29 Issue 2 March 2014
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[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
April 2014 Volume 10, Issue 4
http://www.landesbioscience.com/journals/vaccines/toc/volume/10/issue/4/
[Reviewed earlier]

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[Accessed 12 April 2014]
[No new relevant content]

Infectious Diseases of Poverty
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[Accessed 12 April 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
April 2014, Vol 311, No. 13
http://jama.jamanetwork.com/issue.aspx
[No relevant content]

JAMA Pediatrics
April 2014, Vol 168, No. 4
http://archpedi.jamanetwork.com/issue.aspx
[No relevant content]

Journal of Community Health
Volume 39, Issue 2, April 2014
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[Reviewed earlier]

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Volume 9, Issue 3, 2013
http://www.tandfonline.com/toc/rjge20/current#.UqNh2OKy_Kc
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Journal of Health Organization and Management
Volume 28 issue 1 - Latest Issue
http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest
[No relevant content]

Journal of Infectious Diseases
Volume 209 Issue 9 May 1, 2014
http://jid.oxfordjournals.org/content/current
A Case for Immunization of Human Papillomavirus (HPV) 6/11–Infected Pregnant Women With the Quadrivalent HPV Vaccine to Prevent Juvenile-Onset Laryngeal Papilloma
Keerti V. Shah
Author Affiliations
Department of Molecular Microbiology and Immunology, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland
Presented in part: Second International Neonatal and Maternal Immunization Symposium, Antalya, Turkey, 1–3 March 2013.
http://jid.oxfordjournals.org/content/209/9/1307.abstract
Abstract
Juvenile-onset recurrent respiratory papillomatosis (JORRP) is a rare disease caused by intrapartum or perinatal transmission of human papillomavirus (HPV) types 6 and 11 from an infected mother to the newborn. Immunization of a pregnant woman who has condyloma or HPV-6/11 infection with the quadrivalent HPV vaccine will result in a high neutralizing antibody response to HPV 6 and HPV 11 in her serum, and these antibodies transferred to the newborn will likely protect the child against the development of JORRP. Because of the low incidence of disease in at-risk children, it may be difficult to test the effectiveness of maternal immunization for prevention of JORRP.
Vaccine-Associated Paralytic Poliomyelitis in the Postelimination Era in Latin America and the Caribbean, 1992–2011

J. Mauricio Landaverde1, Silas Pierson Trumbo2, M. Carolina Danovaro-Holliday1, Shea E. Cochi3, Raghunathan Gandhi1 and Cuauhtémoc Ruiz-Matus1
Author Affiliations
1Comprehensive Family Immunization Unit, Pan American Health Organization/World Health Organization, Washington, D. C.
2Vanderbilt School of Medicine, Nashville, Tennessee
3Emory School of Medicine, Atlanta, Georgia
http://jid.oxfordjournals.org/content/209/9/1393.abstract
Abstract
The Americas interrupted the transmission of poliovirus in 1991; most Latin American and Caribbean (LAC) countries rely on the oral polio vaccine (OPV) to maintain elimination. We estimated the risk of vaccine-associated paralytic polio (VAPP) in LAC for 1992–2011. VAPP cases were identified using LAC's acute flaccid paralysis (AFP) surveillance system. VAPP was defined as any AFP case with residual paralysis 60 days following onset that did not have a clear alternative etiology and with isolation of vaccine-strain poliovirus. Recipient VAPP cases were defined as those with paralysis onset 4–40 days following OPV; cases meeting these criteria but with unknown residual paralysis were added. Nonrecipient VAPP cases were defined as those in individuals with an unknown vaccination status, those in individuals who received 0 doses, or those with paralysis onset outside the 4–40-day interval. Of 40 926 AFP cases reported in LAC from 1992–2011, we identified 72 recipient and 119 nonrecipient VAPP cases. The estimated risk of recipient VAPP was 1 case per 3.15 million newborns (95% confidence interval [CI], 1 case per 2.56–4.10 million newborns), and the estimated overall risk was 1 case per 1.19 million newborns (95% CI, 1 case per 1.04–1.39 million newborns). In this multicountry VAPP analysis in a postelimination period, we found that the risk of VAPP in LAC was lower than previously estimated.

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
[Reviewed earlier; No relevant content]

Journal of Immigrant and Minority Health
Volume 16, Issue 2, April 2014
http://link.springer.com/journal/10903/16/2/page/1
[No relevant content]

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April 2014, Volume 40, Issue 4
http://jme.bmj.com/content/current
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April 2014; 63 (Pt 4)
http://jmm.sgmjournals.org/content/current

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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]

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Vol 164 | No. 4 | April 2014 | Pages 679-948
http://www.jpeds.com/current
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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
June 6, 2014; 11 (95*)*
http://rsif.royalsocietypublishing.org/content/current
[No relevant content]

Journal of Virology
April 2014, volume 88, issue 7
http://jvi.asm.org/content/current
[No relevant content]

The Lancet
Apr 12, 2014 Volume 383 Number 9925 p1269 - 1358
http://www.thelancet.com/journals/lancet/issue/current
Editorial
Neglected tropical diseases: becoming less neglected
The Lancet
Preview | Full Text | PDF
Neglected tropical diseases (NTDs) cover a wide range of infections that predominantly affect the poorest and most vulnerable individuals. Neglected, but not unknown, these diseases are preventable and treatable. They threaten the lives of more than 1 billion people worldwide, including half a billion children. To take the "neglected" out of NTDs, public and private partners—including drug companies, donors, and governments—committed to what is now referred to as the 2012 London Declaration to control, eliminate, or eradicate by 2020 ten NTDs (lymphatic filariasis, trachoma, soil-transmitted helminths, onchocerciasis, schistosomiaisis,

leprosy, guinea worm, visceral leishmaniasis, Chagas disease, and human African trypanosomiasis).

Comment

Prevention of varicella: time for two-dose vaccination

Kristine Macartney

Preview | Full Text | PDF

Live-attenuated varicella zoster virus (VZV) vaccines have been available for decades, but their potential to reduce disease worldwide has not been fully realised. Few countries have incorporated varicella vaccination into public programmes, even though rapid and large decreases in varicella deaths and admissions have been achieved in the USA and Australia.1,2 One reason for reluctance to vaccinate is that, despite high efficacy of 88–100% reported in the randomised controlled trials of one-dose live-attenuated monovalent varicella vaccines in children (Varilrix, GSK3 and Varivax, Merck4), field effectiveness has turned out to be lower at 72–81%.

Protection against varicella with two doses of combined measles-mumps-rubella-varicella vaccine versus one dose of monovalent varicella vaccine: a multicentre, observer-blind, randomised, controlled trial

Prof Roman Prymula MD a, Marianne Riise Bergsaker MD b, Susanna Esposito MD c, Prof Leif Gothefors MD d e, Sorin Man MD f, Nadezhda Snegova MD g, Mária Štefkovičova MD h, Prof Vytautas Usonis MD i, Prof Jacek Wysocki MD j k, Martine Douha MSc m, Ventzislav Vassilev PhD m, Dr Ouzama Nicholson MD l, Bruce L Innis MD l, Paul Willems MD m

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2961461-5/abstract

Summary

Background

Rates of varicella have decreased substantially in countries implementing routine varicella vaccination. Immunisation is possible with monovalent varicella vaccine or a combined measles-mumps-rubella-varicella vaccine (MMRV). We assessed protection against varicella in naive children administered one dose of varicella vaccine or two doses of MMRV.

Methods

This study was done in ten European countries with endemic varicella. Healthy children aged 12—22 months were randomised (3:3:1 ratio, by computer-generated randomisation list, with block size seven) to receive 42 days apart (1) two doses of MMRV (MMRV group), or (2) MMR at dose one and monovalent varicella vaccine at dose two (MMR+V group), or (3) two doses of MMR (MMR group; control). Participants and their parents or guardians, individuals involved in assessment of any outcome, and sponsor staff involved in review or analysis of data were masked to treatment assignment. The primary efficacy endpoint was occurrence of confirmed varicella (by detection of varicella zoster virus DNA or epidemiological link) from 42 days after the second vaccine dose to the end of the first phase of the trial. Cases were graded for severity. Efficacy analyses were per protocol. Safety analyses included all participants who received at least one vaccine dose. This trial is registered with ClinicalTrials.gov, number NCT00226499.

Findings

Between Sept 1, 2005, and May 10, 2006, 5803 children (mean age 14·2 months, SD 2·5) were vaccinated. In the efficacy cohort of 5285 children, the mean duration of follow-up in the MMRV group was 36 months (SD 8·8), in the MMR+V group was 36 months (8·5) and in the MMR group was 35 months (8·9). Varicella cases were confirmed for 37 participants in the MMRV group (two moderate to severe), 243 in the MMR+V group, and 201 in the MMR group. Second cases occurred for three participants (all in the MMR+V group). Varicella cases were moderate

to severe for two participants in the MMRV group, 37 in the MMR+V group (one being a second case that followed a mild first case); and 117 in the MMR group. Efficacy of two-dose MMRV against all varicella was 94·9% (97·5% CI 92·4—96·6), and against moderate to severe varicella was 99·5% (97·5—99·9). Efficacy of one-dose varicella vaccine against all varicella was 65·4% (57·2—72·1), and against moderate to severe varicella (post hoc) was 90·7% (85·9—93·9). The most common adverse event in all groups was injection-site redness (up to 25% of participants). Within 15 days after dose one, 57·4% (95% CI 53·9—60·9) of participants in the MMRV group reported fever of 38°C or more, by contrast with 44·5% (41·0—48·1) with MMR+V, and 39·8% (33·8—46·1) with MMR. Eight serious adverse events were deemed related to vaccination (three MMRV, four MMR+V, one MMR). All resolved within the study period.

Interpretation

These results support the implementation of two-dose varicella vaccination on a short course, to ensure optimum protection from all forms of varicella disease.

Funding

GlaxoSmithKline Vaccines.

Health Policy

Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework

Karin Stenberg MSc a, Henrik Axelson MSc e, Peter Sheehan DPhil p, Ian Anderson MSc q, A Metin Gülmezoglu PhD c, Marleen Temmerman PhD c, Elizabeth Mason MSc d, Howard S Friedman PhD n, Prof Zulfiqar A Bhutta PhD g h, Joy E Lawn PhD k, Kim Sweeny PhD p, Jim Tulloch MBBS r, Peter Hansen PhD i, Mickey Chopra MD m, Anuradha Gupta MBA l, Joshua P Vogel MBBS c, Mikael Ostergren MD d, Bruce Rasmussen PhD p, Carol Levin PhD s, Colin Boyle MBA t, Shyama Kuruvilla PhD f, Marjorie Koblinsky PhD o, Neff Walker PhD j, Andres de Francisco MD f, Nebojsa Novcic MPhil f, Carole Presern PhD f, Prof Dean Jamison PhD s, Flavia Bustreo MD b, on behalf of the Study Group for the Global Investment Framework for Women's Children's Health

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2962231-X/abstract

Summary

A new Global Investment Framework for Women's and Children's Health demonstrates how investment in women's and children's health will secure high health, social, and economic returns. We costed health systems strengthening and six investment packages for: maternal and newborn health, child health, immunisation, family planning, HIV/AIDS, and malaria. Nutrition is a cross-cutting theme. We then used simulation modelling to estimate the health and socioeconomic returns of these investments. Increasing health expenditure by just $5 per person per year up to 2035 in 74 high-burden countries could yield up to nine times that value in economic and social benefits. These returns include greater gross domestic product (GDP) growth through improved productivity, and prevention of the needless deaths of 147 million children, 32 million stillbirths, and 5 million women by 2035. These gains could be achieved by an additional investment of $30 billion per year, equivalent to a 2% increase above current spending.

Viewpoint

Children growing up with HIV infection: the responsibility of success

Sarah Bernays, Prudence Jarrett, Katharina Kranzer, Rashida A Ferrand

Preview | Full Text | PDF

An estimated 3·4 million children are living with HIV, more than 90% in sub-Saharan Africa.1 Those working in paediatric HIV care are now cautiously optimistic. Comparing the landscape

with 10 years ago when HIV-infected infants faced inevitable death, those born with HIV now have access to antiretroviral therapy (ART) so that increasing numbers of children are surviving to adolescence and beyond.2 Coupled with this progress, the number of new infections has substantially decreased (from 450 000 in 2005, to 260 000 in 2012) because of scale-up of interventions to prevent mother-to-child HIV transmission (PMTCT), resulting in a shift of burden of HIV towards older children.

The Lancet Global Health
Apr 2014 Volume 2 Number 4 e182 – 241
http://www.thelancet.com/journals/langlo/issue/current
[Reviewed earlier]

The Lancet Infectious Diseases
Apr 2014 Volume 14 Number 4 p257 - 358
http://www.thelancet.com/journals/laninf/issue/current
[Reviewed earlier]

Medical Decision Making (MDM)
April 2014; 34 (3)
http://mdm.sagepub.com/content/current
[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
[Reviewed earlier]

Nature
Volume 508 Number 7495 pp149-280 10 April 2014
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Nature Immunology
April 2014, Volume 15 No 4 pp307-401
http://www.nature.com/ni/journal/v15/n4/index.html
[Reviewed earlier]

Nature Medicine
April 2014, Volume 20 No 4 pp319-449
http://www.nature.com/nm/journal/v20/n4/index.html

Editorial

The price of good health

Nature Medicine
20, 319 (2014)
doi:10.1038/nm.3538
Published online 07 April 2014
http://www.nature.com/nm/journal/v20/n4/abs/nm.3538.html

Abstract

Efficacious new drugs to treat hepatitis C virus infection offer the potential to halt this epidemic. But their exorbitant cost may prove prohibitive for most patients in need. Strong patient and government advocacy will be necessary to ensure that accessibility to treatments is a right, not a privilege.

Nature Reviews Immunology

April 2014 Vol 14 No 4
http://www.nature.com/nri/journal/v14/n3/index.html
[No relevant content]

New England Journal of Medicine

April 10, 2014 Vol. 370 No. 15
http://www.nejm.org/toc/nejm/medical-journal
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March 2014, 18(3)
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April 2014 - Volume 33 - Issue 4 pp: 337-429,e87-e120
http://journals.lww.com/pidj/pages/currenttoc.aspx
[Reviewed earlier]

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April 2014, VOLUME 133 / ISSUE 4
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]

Pharmacoeconomics
Volume 32, Issue 4, April 2014
http://link.springer.com/journal/40273/32/3/page/1
[Reviewed earlier]

PLoS One
[Accessed 12 April 2014]
http://www.plosone.org/
The Recognition of and Care Seeking Behaviour for Childhood Illness in Developing Countries: A Systematic Review
Pascal Geldsetzer mail, Thomas Christie Williams, Amir Kirolos, Sarah Mitchell, Louise Alison Ratcliffe, Maya Kate Kohli-Lynch, Esther Jill Laura Bischoff, Sophie Cameron, Harry Campbell
http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0093427
Abstract
Background
Pneumonia, diarrhoea, and malaria are among the leading causes of death in children. These deaths are largely preventable if appropriate care is sought early. This review aimed to determine the percentage of caregivers in low- and middle-income countries (LMICs) with a child less than 5 years who were able to recognise illness in their child and subsequently sought care from different types of healthcare providers.
Methods and Findings
We conducted a systematic literature review of studies that reported recognition of, and/or care seeking for episodes of diarrhoea, pneumonia or malaria in LMICs. The review is registered with PROSPERO (registration number: CRD42011001654). Ninety-one studies met the inclusion criteria. Eighteen studies reported data on caregiver recognition of disease and seventy-seven studies on care seeking. The median sensitivity of recognition of diarrhoea, malaria and pneumonia was low (36.0%, 37.4%, and 45.8%, respectively). A median of 73.0% of caregivers sought care outside the home. Care seeking from community health workers (median: 5.4% for diarrhoea, 4.2% for pneumonia, and 1.3% for malaria) and the use of oral rehydration therapy (median: 34%) was low.
Conclusions
Given the importance of this topic to child survival programmes there are few published studies. Recognition of diarrhoea, malaria and pneumonia by caregivers is generally poor and represents a key factor to address in attempts to improve health care utilisation. In addition, considering that oral rehydration therapy has been widely recommended for over forty years, its use remains disappointingly low. Similarly, the reported levels of care seeking from community health workers in the included studies are low even though global action plans to address these illnesses promote community case management. Giving greater priority to research on care seeking could provide crucial evidence to inform child mortality programmes.

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 12 April 2014)
Policy Forum

The Use of Preliminary Scientific Evidence in Public Health: A Case Study of XMRV
Kumanan Wilson mail, Katherine Atkinson, Jennifer Keelan
http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001623
Summary Points
:: The rapid response to XMRV as a novel pathogen has highlighted some challenges pertaining to policy making and editorial responsibilities in a policy environment influenced by the precautionary principle.
:: Once published, preliminary scientific evidence can result in rapid changes in policy and can undergo widespread dissemination via both the Internet and social media.
:: The impact on policy and the propagation of the initial scientific information may not cease if the evidence is disproven and retracted from peer-reviewed journals.
:: Regulators should consider the use of frameworks to guide the use of the precautionary principle and a separate, more flexible policy stream for precautionary policies.
:: Editors should continue to develop strategies to place preliminary scientific evidence of potential public health relevance in context for the public and for policy makers.

PLoS Neglected Tropical Diseases
March 2014
http://www.plosntds.org/article/browseIssue.action
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http://www.pnas.org/content/early/
(Accessed 12 April 2014)
[No new relevant content]

Pneumonia
Vol 3 (2014)
https://pneumonia.org.au/index.php/pneumonia/issue/current
[Reviewed earlier]

Public Health Ethics
Volume 7 Issue 1 April 2014
http://phe.oxfordjournals.org/content/current
[Reviewed earlier]

Qualitative Health Research
April 2014; 24 (4)
http://qhr.sagepub.com/content/current
Special Issue: Women's Health
[Reviewed earlier]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH
February 2014 Vol. 35, No. 2
http://www.paho.org/journal/index.php?option=com_content&view=article&id=137&Itemid=233&lang=en
[Reviewed earlier]

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April 2014 Volume 34, Issue 4 Pages 599–788
http://onlinelibrary.wiley.com/doi/10.1111/risa.2014.34.issue-2/issuetoc
[No relevant content]

Science
11 April 2014 vol 344, issue 6180, pages 117-224
http://www.sciencemag.org/current.dtl
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Science Translational Medicine
9 April 2014 vol 6, issue 231
http://stm.sciencemag.org/content/current
Focus
PRENATAL GENETICS
Noninvasive Prenatal Testing Goes Global
Subhashini Chandrasekharan,*, Mollie A. Minear, Anthony Hung and Megan Allyse
http://stm.sciencemag.org/content/6/231/231fs15.abstract
Abstract
Noninvasive prenatal genetic testing is becoming available worldwide—particularly in low- and middle-income countries—but practical and ethical challenges must be overcome

Social Science & Medicine
Volume 106, In Progress (April 2014)
http://www.sciencedirect.com/science/journal/02779536/106
[Reviewed earlier]

Vaccine
http://www.sciencedirect.com/science/journal/0264410X/32
Volume 32, Issue 21, Pages 2389-2520 (1 May 2014)
From refrigerator to arm: Issues in vaccination delivery
Pages 2389-2393
L.J. Tan, SHAPE Vaccine Delivery Working Group (Storage, Handling, Administration, and Preparation Experts) SHAPE Vaccine Delivery Working Group
Abstract

This report summarizes the first meeting of a panel of immunization experts who met in Washington, DC, on May 4–5, 2012. The panel consisted of experts from national immunization policy organizations; state, regional, and local immunization programs; and vaccinating health care practices. The primary objective of this meeting was to identify issues in the vaccine delivery process as a critical first step in the determination of where and how improvements can be made. Vaccines are one of the greatest achievements in public health. However, in order to maintain the integrity of vaccines and the success of vaccination programs, proper handling of vaccines from the receipt of shipment through administration to the patient is critical. Continuous improvement of the vaccine delivery process is important to ensure appropriate vaccine handling by all vaccine providers. The overarching consensus of the participants of this meeting was that the major challenge in vaccine delivery is the complexity throughout all areas of the vaccine delivery process, which is often underestimated, particularly in the areas of vaccine preparation and administration. The lack of detailed, consistent standards encompassing all areas of the vaccine delivery process, and the gaps in oversight, education, and training of vaccine providers, particularly providers of adult vaccines, were also identified as major issues. The next step for this panel is to reconvene to explore potential solutions to address the identified issues.

Geographic variation in human papillomavirus vaccination uptake among 13–17 year old adolescent girls in the United States

Pages 2394-2398

Mahbubur Rahman, Christine J. McGrath, Abbey B. Berenson

Abstract

Geographic variation in provider-verified human papillomavirus (HPV) vaccine uptake among adolescent girls in the US has not been examined. To investigate this, we analyzed 2011 National Immunization Survey-Teen data. Among 13–17 year old girls (n = 11,236), weighted vaccine initiation (48.4%) and completion rates (30.6%) were the lowest in the South when compared to the Northeast (53.4% and 39.9%), Midwest (51.1% and 33.5%) and West (61.6% and 38.7%) ($P < .001$, both for initiation and completion). Multivariable log-binomial regression analysis indicated that 13–17 year old girls living in the South were less likely to initiate [adjusted prevalence ratio (aPR) = 0.86, 95% confidence interval (CI) 0.75–0.97] and complete (aPR = 0.83, 95% CI, 0.74–0.93) the HPV vaccine series compared to girls living in the Northeast. Similar differences were observed when the uptake rates in the South were compared to other regions in the US. Intervention programs to increase HPV vaccine uptake and reduce regional disparities are warranted.

Staying on track: A cluster randomized controlled trial of automated reminders aimed at increasing human papillomavirus vaccine completion

Original Research Article

Pages 2428-2433

Ashlesha Patel, Lisa Stern, Zoe Unger, Elie Debevec, Alicia Roston, Rita Hanover, Johanna Morfesis

Abstract

Objectives

To evaluate whether automated reminders increase on-time completion of the three-dose human papillomavirus (HPV) vaccine series.

Methods

Ten reproductive health centers enrolled 365 women aged 19–26 to receive dose one of the HPV vaccine. Health centers were matched and randomized so that participants received either routine follow-up (control) or automated reminder messages for vaccine doses two and three

(intervention). Intervention participants selected their preferred method of reminders – text, e-mail, phone, private Facebook message, or standard mail. We compared vaccine completion rates between groups over a period of 32 weeks.
Results
The reminder system did not increase completion rates, which overall were low at 17.2% in the intervention group and 18.9% in the control group (p = 0.881). Exploratory analyses revealed that participants who completed the series on-time were more likely to be older (OR = 1.15, 95% CI 1.01–1.31), report having completed a four-year college degree or more (age-adjusted OR = 2.51, 95% CI 1.29–4.90), and report three or more lifetime sexual partners (age-adjusted OR = 3.45, 95% CI 1.20–9.92).
Conclusions
The study intervention did not increase HPV vaccine series completion. Despite great public health interest in HPV vaccine completion and reminder technologies, completion rates remain low.

Eliciting youth and adult recommendations through citizens' juries to improve school based adolescent immunisation programs

Original Research Article
Pages 2434-2440
Helen S. Marshall, Claudia Proeve, Joanne Collins, Rebecca Tooher, Maree O'Keefe, Teresa Burgess, S. Rachel Skinner, Maureen Watson, Heather Ashmeade, Annette Braunack-Mayer
Abstract
Objectives
Completion of adolescent immunisation schedules in Australia is sub-optimal despite a well-established school based delivery program. The aim of this study was to seek adolescent and adult views on how existing adolescent school based immunisation policy and program delivery could be improved to increase adolescent immunisation uptake.
Method
Two citizens' juries held separately, one with adolescent participants and one with adult participants deliberated on recommendations for public policy. Jury members were selected using a stratified sampling technique and recruited from a standing panel of community research participants through a market research company in South Australia. Juries were conducted in Metropolitan South Australia over two days and used university facilities with all meals and refreshments provided.
Results
Fifteen adults and 16 adolescents participated in the adult and youth juries respectively. Similar recommendations were made by both juries including increased ensuring the accuracy of information provided to adolescents and parents; employing a variety of formats for information delivery; and greater consideration of students' physical and emotional comfort in order to improve the experience for adolescents. While the youth jury recommended that it should be compulsory for adolescents to receive vaccines through the school based immunisation program, the adult jury recommended an 'opt-out' system of consent. Both juries also recommended the use of incentives to improve immunisation uptake and immunisation course completion.
Conclusions
Eliciting adolescent views and including the perspectives of adolescents in discussions and development of strategies to improve engagement in the school based immunisation program provided valuable insight from the group most impacted by these policies and practices. Specifically, incorporation of adolescent and community views using citizens' juries may lead to

greater overall support from the community as their values and needs are more accurately reflected.

Universal paid leave increases influenza vaccinations among employees in the U.S.
Original Research Article
Pages 2441-2445
Fernando A. Wilson, Yang Wang, Jim P. Stimpson

Abstract
Objectives
We predict the impact of paid leave in increasing influenza vaccinations for employees, thus decreasing workdays lost and healthcare visits resulting from infection.
Methods
Nationally representative data from the 2006–2010 Medical Expenditure Panel Survey were used. We examined working adults aged 18 and above (N = 51,471). Logistic regression measured the association of paid leave with flu vaccination. We predicted the impact on labor and healthcare markets if universal paid leave were provided.
Results
The proportion of workers receiving vaccination annually was higher for those with paid leave versus without paid leave (34.0% vs. 21.0%, P < 0.001). Adjusted odds of having a vaccination increased with paid leave vs. without paid leave (OR = 1.42, CI: 1.31–1.53). Universal paid leave is predicted to increase vaccinations by 1.6 million, resulting in 63.8 thousand fewer absences from work and 18.2 thousand fewer healthcare visits for the flu annually.
Conclusions
Our study suggests that employees without paid leave are significantly less likely to have had a flu vaccination. Expanding paid leave could substantially increase flu vaccination, resulting in fewer workdays lost to influenza and savings in healthcare costs.

Vaccine: Development and Therapy
(Accessed 12 April 2014)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Vaccines — Open Access Journal
(Accessed 12 April 2014)
http://www.mdpi.com/journal/vaccines
[No new relevant content]

Value in Health
Vol 17 | No. 2 | March 2014 | Pages 141-306
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

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

[PDF] Vaccination Decision-Making and HPV Knowledge: How Informed and Engaged Are Young Adult HPV Vaccine Recipients in Australia?
RC Laidsaar-Powell, KJ McCaffery, T Mather… - Journal of Vaccines, 2014
Objectives. To date, there has been limited research on the decision-making process of HPV vaccine recipients. This study aimed to explore HPV-related knowledge, vaccination decision-making, and post vaccination attitudes about sexual behaviour in women who ...

The BCG replacement vaccine VPM1002: from drawing board to clinical trial
SHE Kaufmann, MF Cotton, B Eisele, M Gengenbacher… - Expert Review of Vaccines, 2014
Tuberculosis remains a major health threat and vaccines better than bacillus Calmette-Guérin (BCG) are urgently required. Here we describe our experience with a recombinant BCG expressing listeriolysin and deficient in urease. This potential replacement vaccine ...

Contrasting the anti-vaccine prejudice: a public health perspective. Commentary.
P Stefanelli, G Rezza - Annali dell'Istituto superiore di sanità, 2014
Although immunization is one of the most successful and cost-effective health interventions, there has been always opposition to vaccines. This may be due to several factors, some of which are: 1) the vaccines are given to healthy individuals to prevent disease;

Media/Policy Watch

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

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

Al Jazeera
http://www.aljazeera.com/Services/Search/?q=vaccine
Accessed 12 April 2014
[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 12 April 2014
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 12 April 2014

[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 12 April 2014
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 12 April 2014
Article
The Shots Heard Around the World
by Laurie Garrett April 4, 2014
New shots are jeopardizing humanity's battle to eradicate polio, and they don't include syringes or vaccines. Rather, they're the gunshots of Islamic terrorists, and they're imperiling the fight to eliminate polio.

DEVEX
https://www.devex.com/en/
Accessed 12 April 2014
Ending extreme poverty with a new model of development
Rajiv Shah
The U.S. Agency for International Development has expanded its focus on partnerships and innovation, and others should do, too, writes USAID Administrator Rajiv Shah in a guest commentary ahead of the first high-level meeting of the Global Partnership for Effective Development Cooperation on April 15-16 in Mexico City

Economist
http://www.economist.com/
Accessed 12 April 2014
Aid for health care
New prescriptions
Chronic diseases and a cash squeeze are prompting donors to rethink spending
Apr 12th 2014 | From the print edition
IN 2000 policy wonks from governments and aid organisations agreed on what would become the Millennium Development Goals, an ambitious set of development targets for 2015. Surprisingly, the fine words prompted concerted action. From 2001 to 2010 the aid devoted to health care grew by more than 10% a year, compared with 7% a year in the 1990s. Most of the new money went on fighting the scourges on the list: HIV/AIDS, malaria, tuberculosis, and maternal and infant mortality.
The growth in health-care aid has now slowed to less than half the rate of the early 2000s. And as 2015 approaches, donors are mulling new health-care goals. Ideas will be discussed at a big meeting of the World Bank and IMF in Washington, DC, on April 11th-13th. One is to make aid money go further by increasing the use of cash incentives for patients or health-care providers. Rather than merely buy inputs such as vaccines, donors would pay for results, such as each child who is immunised.
Such schemes can improve outcomes: one in Rwanda that offered cash rewards for clinics increased the share of women giving birth in the clinic, rather than at home, by 23%. But the

design and implementation need thought, says Tim Evans of the World Bank: another in the Democratic Republic of Congo that paid clinics for offering more services—more prenatal consultations and childhood immunisations, for example—made little difference, perhaps because the bonus payments were too small.

Since 2008 the World Bank has devoted $2.5 billion to programmes that pay at least partly by results. It, and other donors, are thinking of shifting more of their spending to such schemes. But even if the outcome is greater efficiency, it will not deal with a bigger problem: the growing burden of chronic diseases in the developing world.

Research by Christopher Murray of the University of Washington published on April 8th in the journal Health Affairs shows a growing mismatch between the ailments donors spend most on tackling, and those that are taking the heaviest toll. About 55% of all aid for health care in 2011, the most recent year for which global figures were available, went to areas identified by the Millennium Development Goals. Just 1% went to chronic ailments such as diabetes and heart disease, though these now account for half the years spent in bad health, or lost because of early death caused by illness, in developing countries.

Austerity in the rich world means that aid budgets are unlikely to start growing quickly again. And even if more money was forthcoming, chronic diseases are harder to target with aid programmes. A vaccine can be administered in one, or at most a few, doses and offers an easily calculated return on investment. Managing diabetes requires long-term monitoring and medication—that is, a functioning health-care system, which will have to be built by recipient countries' governments.

It seems likely, then, that donors will continue to go for infectious diseases, leaving governments to tackle chronic ones. In a sign of the shift to come, Dr Murray reports that government spending on health care in poor and middle-income countries grew more quickly than health-care aid between 2010 and 2011. On April 11th ministers and aid specialists in Washington were due to discuss their next task: helping to ensure that by 2030 everyone, everywhere, has health care. The Millennium Development Goals look modest by comparison.

Financial Times
http://www.ft.com
Accessed 12 April 2014
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 12 April 2014
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 12 April 2014
[No new, unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 12 April 2014
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 12 April 2014
[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 12 April 2014
[No new, unique, relevant content]

Le Monde
http://www.lemonde.fr/
Accessed 12 April 2014
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 12 April 2014
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 12 April 2014
[No new, unique, relevant content]

Reuters
http://www.reuters.com/
Accessed 12 April 2014
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 12 April 2014
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 12 April 2014
[No new, unique, relevant content]

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