

Center for Vaccine Ethics and Policy

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Vaccines and Global Health: The Week in Review 19 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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WHO: World Immunization Week 2014: Know, Check, Protect

17 April 2014 -- Immunize for a healthy future: Know, Check, Protect. This is the message of this year's World Immunization Week, on 24-30 April. This short video encourages you to ask your local health clinic which vaccines you need, check whether your vaccinations are up-to-date, and to get the vaccines you need, when you need them.

[Find out more about World Immunization Week](#)

GAVI Watch [to 19 April 2014]

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

:: Press Release: East Africa – Germany Contributes 20 Million Euros to EAC to Support Immunisation Programme in Collaboration With GAVI

[AllAfrica](#) | 16 April 2014

Excerpt

East African Community Secretariat; Arusha; 16 April 2014: The Federal Republic of Germany today signed an intergovernmental agreement with the East African Community (EAC) in order to support vaccinations in the region. Germany makes available a financial contribution of 20 million Euros in support of an immunisation programme that will be implemented in collaboration with the GAVI Alliance.

The GAVI Alliance is a public-private global health partnership committed to saving children's lives and protecting people's health by increasing access to immunization in poor countries.

Amb. Dr. Richard Sezibera, Secretary General of the EAC and Member of the GAVI Board, during the signing ceremony expressed his appreciation to the Federal Republic of Germany for

its support in saving lives. "This is a very important and critical programme, and I am sure with such commitment, it will grow. There is need for immediate support in the coordination of cold chain logistics," Amb. Sezibera said. The Secretary General stated the EAC Partner States are all introducing antigens simultaneously, making cold chain logistics support vital...

GPEI Update: Polio this week - As of 16 April 2014

Global Polio Eradication Initiative

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

[Editor's extract and bolded text]

:: In central Africa, a new wild poliovirus type 1 (WPV1) case was reported in Equatorial Guinea. In total, three cases have now been reported from the country; genetic sequencing indicates the cases are linked to an ongoing WPV1 outbreak in Cameroon. Outbreak response in the country is currently being planned.

:: On 17 March, the World Health Organization (WHO) had elevated the risk assessment of international spread of polio from Cameroon to '[very high](#)'. The risk assessment was elevated due to: confirmation of additional WPV1 cases from three new regions of Cameroon confirming continued WPV transmission and geographic expansion of infected areas following detection of four cases in October 2013; gaps in surveillance; and, influx of vulnerable refugee populations from Central African Republic.

:: Immunity levels and surveillance sensitivity are also being assessed in neighbouring countries, in particular in Gabon and the Republic of Congo, and additional immunization activities are being planned in these countries for May.

Pakistan

:: Four new WPV1 cases were reported this week including two from South Waziristan, Federally Administered Tribal Areas – FATA, one from Bannu district, Khyber Pakhtunkhwa (KP), and one from Karachi (Khiorangi), Sindh, bringing the total number of cases for 2014 to 47. The most recent reported case had onset of paralysis on 30 March from Khiorangi, previously a polio-free district...

:: 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 neighboring 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 immunization activities urgently resumed in North Waziristan.

Central Africa

:: In Equatorial Guinea, a new WPV1 case was reported this week from Bata district, Littoral province, with onset of paralysis on 16 March. The total number of WPV1 cases reported from Equatorial Guinea for 2014 is three.

:: 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, six nationwide campaigns have been conducted. However, the quality of implementation has 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 for May.

Militant-infested areas: polio drops to be administered at security checkpoints

[Pakistan]

April 15, 2014

BUSINESS RECORDER REPORT/Agence France-Presse

Government officials said Monday they would begin administering polio vaccines to children at security checkpoints in the country's lawless tribal belt to protect against Taliban attacks. The announcement was made at a ceremony to mark the launch of a three-day anti-polio campaign in Peshawar, and is aimed at children from North Waziristan and other Taliban strongholds.

Farakh Sair Khan, a senior administrative official for the restive tribal areas, told the gathering the new strategy would "vaccinate children belonging to areas that are not accessible for the polio workers." "North Waziristan is affected most by the polio virus and unfortunately we had not been able to vaccinate the children there for security reasons but we are trying to overcome it," Khan said.

As many as 2643 polio teams will be participating in the campaign to vaccinate children under five, he added. "We will establish over 50 vaccination sites next to the checkpoints of security forces," said Shahdab Younis, an official of the UNICEF told AFP. "Establishing these sites next to security checkpoints will minimise the risk of attacks," she added. She said the move would also pressure parents - many of whom believe polio drops are a Western ploy to sterilise Muslims - into allowing their children to be vaccinated, due to the intimidating presence of armed troops. "We have received 37 new cases of polio in the first three months of this year, 33 of them are from North Waziristan," Younis said.

"Polio vaccination was banned in North Waziristan since 2012 and the children there have not been vaccinated against polio since," she added. Meanwhile, a separate official said talks had begun with the army, whose co-operation would be required. "We are discussing it with the army because most of the security checkpoints belong to (them)," the official told AFP on condition of anonymity.

<http://www.brecorder.com/general-news/172/1173270/>

Focusing on Hard-to-Reach Children for Polio Vaccination Campaign in Syria

Posted: 13/04/2014 23:12

Huffington Post

[Razan Rashidi](#), UNICEF Syria communications officer

Excerpt

More than six months after confirmation of the first polio case in Syria, Unicef continues to support efforts to tackle the outbreak in all parts of the country. The April nationwide polio round which started this week aims to reach 2.8million children across Syria with a special focus on hard-to-reach children in conflict zones and besieged areas. It is essential that all children are vaccinated; of the 26 confirmed polio cases in five different Syrian governorates, nearly all had not been vaccinated at all or had not participated in enough rounds of the vaccine, according to Unicef and the Syrian Ministry of Health...

...To improve access, Unicef is supporting local NGOs and the Syrian Arab Red Crescent. In Qudsaya city, for example, which has been sealed off for more than a month, local youth volunteers from Child Rights Society (CRS) are helping out. "We ride a bus and I use a loud speaker, calling parents to bring their under five children for the polio drops," says a CRS volunteer.

Last month, more than 75,000 children were vaccinated in areas which were previously classified as inaccessible. "Some parents were totally unaware of the outbreak and the vital need for vaccination," says another volunteer vaccinator. "The use of mosques to announce the campaign proved to be useful." Unicef is supporting a national communication plan to raise awareness of the campaign among parents.

"It is very positive to see an increase in the number of vaccinated children across Syria," says Youssouf Abdel-Jelili, Unicef Representative in Syria. "There is still work to be done to reach every child."

It is estimated that 104,000 children have not been vaccinated in any of the five rounds to date, mainly in East and West Ghouta areas of Rural Damascus Governorate, including parts of Douma district and some villages in Zabadani district.

The support of many donors, including the Governments of Germany and Kuwait, and the UK Department for International Development (DfID), has been vital. Unicef has provided the Ministry of Health with 15million doses of polio vaccine in support of the campaign, and placed an order for an additional three million to cover the May round.

Full text: http://www.huffingtonpost.co.uk/razan-rashidi/syria-humanitarian-aid_b_5131941.html?utm_hp_ref=uk

The **Weekly Epidemiological Record (WER) for 18 April 2014**, vol. 89, 16 (pp. 161–164) includes:

:: Severe atypical pneumonia outbreak associated with influenza A(H1N1)pdm09 in Egypt, 2013–2014 season

<http://www.who.int/entity/wer/2014/wer8916.pdf?ua=1>

WHO: Global Alert and Response (GAR) – *Disease Outbreak News* [to 19 April 2014]

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

:: **Ebola virus disease, West Africa** – update [17 April 2014](#)

Excerpt

Guinea

As of 18:00 on 16 April, the Ministry of Health (MOH) of Guinea has reported a cumulative total of 197 clinical cases of Ebola Virus Disease (EVD), including 122 deaths...

Mali

The Ministry of Health (MOH) of Mali has on the 16th April reported that the clinical samples on the 6 suspected cases have tested negative for ebolavirus...

Liberia

As of 16 April the Ministry of Health and Social Welfare (MOHSW) of Liberia has reported a cumulative total of 27 clinical cases of EVD, including 13 deaths attributed to EVD....

Sierra Leone

On 15 April, the Ministry of Health and Sanitation (MOHS) provided a consolidated report of surveillance activities conducted in that country from 19 March onwards...

...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.

:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update [17 April 2014](#)

Excerpt

On 17 April 2014, the Ministries of Health of Malaysia and the United Arab Emirates (UAE) reported an additional 5 laboratory-confirmed cases of infection with Middle East respiratory syndrome coronavirus (MERS-CoV)...

...This is the first case with MERS-CoV infection in the country [Malaysia]. The Ministry of Health reported that so far no human-to-human transmission has been observed amongst close contacts and in health-care facilities in Malaysia...

...Globally, from September 2012 to date, WHO has been informed of a total of 243 laboratory-confirmed cases of infection with MERS-CoV, including 93 deaths.

WHO advice

Based on the current situation and available information, WHO encourages all Member States to continue their surveillance for severe acute respiratory infections (SARI) and to carefully review any unusual patterns....

:: Human infection with avian influenza A(H7N9) virus – update [16 April 2014](#)

:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update [16 April 2014](#)

:: Human infection with avian influenza A(H7N9) virus – update [15 April 2014](#)

:: Ebola virus disease, West Africa – update [14 April 2014](#)

:: Human infection with avian influenza A(H7N9) virus – update [14 April 2014](#)

:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update [14 April 2014](#)

WHO: Humanitarian Health Action

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

No new content.

UNICEF Watch [to 19 April 2014]

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

No new relevant content identified.

CDC/MMWR Watch [to 19 April 2014]

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

No new relevant content identified.

European Medicines Agency Watch [to 19 April 2014]

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

No new relevant content identified.

Global Fund Watch [to 19 April 2014]

<http://www.theglobalfund.org/en/mediacenter/newsreleases/>

Vulnerable Groups Key to Defeating AIDS

16 April 2014

Excerpt

KINGSTON, Jamaica – Government representatives, civil society and technical partners from nine Caribbean countries held intense discussions on how new funding made available from the generous contributions of major donors to the Global Fund will support their efforts to bring the AIDS epidemic under control and build sustainable health systems.

Many countries in the region fund the majority of their own national programs, but additional resources can play a significant role.

There was agreement among many participants in the meeting that by using the new funding model to help target the most vulnerable they could achieve high impact and a sharper fall in infection rates, thereby helping to put health interventions on a firmer long-term footing.

"We want to use the new funding model as an opportunity to strengthen the health system and we have to emphasize a community-based approach," said Haiti's Health Minister Florence Guillaume. "By creating a foundation in countries like Haiti we can have a better health impact and maintain the results obtained."

"If we can prove that health investment is not a charity but an investment in access to services, people will be in good health. A good labor force is good for growth and that will reduce dependence on external donors," said Guillaume.

Among partners represented at the meeting were the Pan American Health Organization (PAHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Program (UNDP) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)....

UN Watch [to 19 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 identified.

World Bank/IMF Watch [to 19 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 identified.

Industry Watch [to 19 April 2014]

Selected media releases and other selected content from industry.

No new relevant content identified.

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

Meeting: Sabin Vaccine Institute – 20th Anniversary Scientific Symposium

April 25, 2014 1:00PM - 5:40PM

Pan American Health Organization

Washington, DC

The Sabin Vaccine Institute will convene experts from around the world – leaders from industry, government, NGOs and academia – to examine key lessons from recent efforts to address pressing global health challenges and share insights on emerging immunization trends.

Please register [here](#) :: View the full agenda online [here](#)

Meeting: Replenishing GAVI in 2014

Center for Strategic and International Studies

April 25, 2014

Washington, D.C., 20036

RSVP: www.SmartGlobalHealth.org/GAVI2014

The CSIS Global Health Policy Center holds an event focusing on the upcoming GAVI Alliance replenishment process, which will officially launch in May, 2014, and lead to a pledging conference to be held toward the end of the year. Expert panelists will discuss GAVI's achievements and challenges in accelerating developing countries' access to new and underused vaccines during the current period of activity (2011-2016), consider possible pledging and replenishment scenarios, and identify opportunities for enhancing GAVI's impact over the next five years. The event will feature a new CSIS report analyzing policy options for the United States to consider in developing an approach to the replenishment, a moderated conversation with panelists, and audience questions and commentary.

Congressional Testimony: Written Testimony Submitted by Margaret G. McGlynn, President and CEO of IAVI, regarding Funding for AIDS Vaccine R&D to the U.S. House

Appropriations Subcommittee on State, Foreign Operations and Related Programs/FY 2015

President's Budget Request

April 4, 2014

Full text: <http://www.iavi.org/Information-Center/Press-Releases/Pages/Margie-McGlynn-Submits-Written-Testimony-to-US-Congress-On-Funding-for-AIDS-Vaccine-RD.aspx>

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 4, 2014

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

Target Article

Is There an Ethical Obligation to Disclose Controversial Risk? A Question From the ACCORD Trial

[Joseph P. DeMarco](#)^{a*}, [Paul J. Ford](#)^b, [Dana J. Patton](#)^b & [Douglas O. Stewart](#)^a

DOI: 10.1080/15265161.2014.889240

Abstract

Researchers designing a clinical trial may be aware of disputed evidence of serious risks from previous studies. These researchers must decide whether and how to describe these risks in their model informed consent document. They have an ethical obligation to provide fully informed consent, but does this obligation include notice of controversial evidence? With ACCORD as an example, we describe a framework and criteria that make clear the conditions requiring inclusion of important controversial risks. The ACCORD model consent document did not include notice of prior trials with excess death. We develop and explain a new standard labeled risk in equipoise. We argue that our approach provides an optimal level of integrity to protect the informational needs of the reasonable volunteers who agree to participate in clinical trials. We suggest language to be used in a model consent document and the informed consent discussion when such controversial evidence exists.

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

15 April 2014, Vol. 160. No. 8

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

[No relevant content]

BMC Health Services Research

(Accessed 19 April 2014)

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

[No new relevant content]

BMC Public Health

(Accessed 19 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

19 April 2014 (Vol 348, Issue 7954)

<http://www.bmj.com/content/348/7954>

[The impact of antibiotics on growth in children in low and middle income countries: systematic review and meta-analysis of randomised controlled trials](#)

BMJ 2014;348:g2267 (Published 15 April 2014)

[Editorial](#)

[PDF](#)

[Press release](#)

Editorial

Excerpt

Worth studying in highly selected children, with a close eye on potential harms

Overt infections are a leading cause of death worldwide in children under 5,¹ and strategies to prevent and treat infections are a cornerstone of child survival programmes. Recent assessments suggest that despite a net increase in the size of birth cohorts, the number of children dying before their fifth birthday has fallen to 6.6 million (uncertainty range 6.3-7.0 million) per year, a 45% reduction from almost 12 million deaths in 1990.² In contrast, the fall in undernutrition has been modest at best. An estimated 165 million children under 5 were stunted in 2011 and an estimated 52 million severely wasted; almost 45% of the current burden from child mortality in under 5s can be attributed to malnutrition.³ Although many risk factors for early child mortality are well recognised, the mechanisms underlying chronic

enteropathy and growth failure among children in low and middle income countries remain uncertain.⁴

In a linked paper, Gough and colleagues (doi:[10.1136/bmj.g2267](https://doi.org/10.1136/bmj.g2267)) report a systematic review of 10 trials looking for associations between antibiotics, given for a variety of indications, and growth in childhood.⁵ The review included 4316 children (age range 1 month to 12 years) from low and middle income countries. The authors' analysis using random effects models suggests that antibiotic use was associated with increased mean height or linear growth (extra linear growth 0.04 cm/month, 95% confidence interval 0.00 to 0.07) and an extra 23.8 g weight gain per month (95% confidence interval 4.3 to 43.3 g). The authors recommend further evaluation of the growth promoting effect of antibiotics and speculate that the effects may operate through reduction in subclinical infections and beneficial effects on intestinal microbiota...

...There is a clear need for further research in this area to help us understand precisely how antibiotics might promote growth in children. Researchers could start by characterising high risk groups of children who might benefit, such as those with clearly defined subclinical or overt infections, HIV, or severe acute malnutrition. Further trials should be done to confirm the interesting findings from Malawi.⁷ But extending trials of antibiotics to other categories of children, such as those at risk of malnutrition and growth failure, may not be justifiable at this stage. Researchers should instead exploit existing observational cohorts to explore the relation between infections, antibiotic treatment, and nutrition outcomes, including growth patterns, where data are available. The large multicentre Mal-ED studies assessing patterns of growth among infants 0-24 months of age across eight countries (www.fnih.org/work/key-initiatives/mal-ed) are an excellent example of an opportunity to assess the potential impact of antibiotic treatment on linear growth and weight gain using standardised data and definitions. In the interim, continued focus on the 10 recommended evidence based nutrition interventions to promote growth¹⁵ must be prioritised.

Abstract

Objectives To determine whether antibiotic treatment leads to improvements in growth in prepubertal children in low and middle income countries, to determine the magnitude of improvements in growth, and to identify moderators of this treatment effect.

Design Systematic review and meta-analysis.

Data sources Medline, Embase, Scopus, the Cochrane central register of controlled trials, and Web of Science.

Study selection Randomised controlled trials conducted in low or middle income countries in which an orally administered antibacterial agent was allocated by randomisation or minimisation and growth was measured as an outcome. Participants aged 1 month to 12 years were included. Control was placebo or non-antimicrobial intervention.

Results Data were pooled from 10 randomised controlled trials representing 4316 children, across a variety of antibiotics, indications for treatment, treatment regimens, and countries. In random effects models, antibiotic use increased height by 0.04 cm/month (95% confidence interval 0.00 to 0.07) and weight by 23.8 g/month (95% confidence interval 4.3 to 43.3). After adjusting for age, effects on height were larger in younger populations and effects on weight were larger in African studies compared with other regions.

Conclusion Antibiotics have a growth promoting effect in prepubertal children in low and middle income countries. This effect was more pronounced for ponderal than for linear growth. The antibiotic growth promoting effect may be mediated by treatment of clinical or subclinical infections or possibly by modulation of the intestinal microbiota. Better definition of the mechanisms underlying this effect will be important to inform optimal and safe approaches to achieving healthy growth in vulnerable populations.

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 19 April 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

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]

The European Journal of Public Health

Volume 24 Issue 2 April 2014

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

[Reviewed earlier]

Eurosurveillance

Volume 19, Issue 15, 17 April 2014

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

Surveillance and outbreak reports

Infectious diseases prioritisation for event-based surveillance at the European Union level for the 2012 Olympic and Paralympic Games

A Economopoulou¹, P Kinross¹, D Domanovic¹, D Coulombier¹

European Centre for Disease Prevention and Control, (ECDC), Stockholm, Sweden

Summary

In 2012, London hosted the Olympic and Paralympic Games (the Games), with events occurring throughout the United Kingdom (UK) between 27 July and 9 September 2012. Public health surveillance was performed by the Health Protection Agency (HPA). Collaboration between the HPA and the European Centre for Disease Prevention and Control (ECDC) was established for the detection and assessment of significant infectious disease events (SIDEs) occurring outside the UK during the time of the Games. Additionally, ECDC undertook an internal prioritisation exercise to facilitate ECDC's decisions on which SIDEs should have preferentially enhanced monitoring through epidemic intelligence activities for detection and reporting in daily surveillance in the European Union (EU). A team of ECDC experts evaluated potential public health risks to the Games, selecting and prioritising SIDEs for event-based surveillance with regard to their potential for importation to the Games, occurrence during the Games or export to the EU/European Economic Area from the Games. The team opted for a multilevel approach including comprehensive disease selection, development and use of a qualitative matrix scoring system and a Delphi method for disease prioritisation. The experts selected 71 infectious diseases to enter the prioritisation exercise of which 27 were considered as priority for epidemic intelligence activities by ECDC for the EU for the Games.

Global Health Governance

Summer 2013

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

[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 19 April 2014]

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

Debate

Challenges faced by multi-disciplinary new investigators on addressing grand challenges in global health

Logie C, Dimaras H, Fortin A and Ramón-García S Globalization and Health 2014, 10:27 (15 April 2014)

Abstract (provisional)

Background

The grand challenges approach aims to spark innovative and transformative strategies to overcome barriers to significant global health issues. Grand Challenges Canada endorses an 'Integrated InnovationTM' approach that focuses on the intersection of scientific/technological, social and business innovation. In this article we explore themes emerging from a dialogue between the authors, who are multi-disciplinary recipients of the 'Rising Stars in Global Health' award from Grand Challenges Canada, regarding benefits of engaging in integrated innovation research, and recommendations for how this approach may develop in the future.

Discussion

Our dialogue followed a semi-structured interview format that addressed three topics: 1) reflections on applying an Integrated InnovationTM approach for global health; 2) thoughts on participation in the Grand Challenges 2012 meeting; and 3) authors' visions of Grand Challenges Canada and the Grand Challenge movement towards 2020. The dialogue was transcribed verbatim and we used thematic analysis techniques to identify, analyze and report themes in the data. Benefits of working using the Grand Challenges approach centered on two themes: a) the potential for scientific breakthrough and b) building interdisciplinary collaborations and a community of scholars. Challenges and opportunities for Grand Challenges in moving forward included: a) capacity building, particularly regarding Integrated InnovationTM and scale-up planning; b) interdisciplinary and international mentorship for new investigators; and c) potential for future commercialization.

Conclusions

Our discussion highlighted that Integrated InnovationTM offers the opportunity to develop new theories, methods and approaches to global health while simultaneously fostering a collaborative spirit grounded in international, interdisciplinary collaborations. However, the arguable over-emphasis on corporatization poses a major challenge for new investigators. We propose a more balanced way forward that can harness technology to foster mentorship across time and space to support the development of such skills and ideas among new investigators.

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]

Health and Human Rights

Volume 15, Issue 2

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

[Reviewed earlier]

Health Economics, Policy and Law

[Volume 9](#) / [Issue 02](#) / April 2014

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

[Reviewed earlier]

Health Policy and Planning

Volume 29 Issue 2 March 2014

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

[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]

Infectious Agents and Cancer

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

[Accessed 19 April 2014]

[No new relevant content]

Infectious Diseases of Poverty

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

[Accessed 19 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]

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April 2014, Vol 311, No. 13

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

[No relevant content]

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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

<http://link.springer.com/journal/10900/39/2/page/1>

[Reviewed earlier]

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Volume 9, Issue 3, 2013

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[Reviewed earlier]

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Volume 28 issue 1 - Latest Issue

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

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Journal of Infectious Diseases

Volume 209 Issue 9 May 1, 2014

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

[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>

[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]

Journal of Medical Ethics

April 2014, Volume 40, Issue 4

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

[No relevant content]

Journal of Medical Microbiology

April 2014; 63 (Pt 4)

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

[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. 4 | April 2014 | Pages 679-948

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

[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

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 19, 2014 Volume 383 Number 9926 p1359 - 1436

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

Editorial

Water and sanitation: addressing inequalities

The Lancet

“Water is life”, said UN Secretary-General Ban Ki-moon, at the opening session of the high-level meeting on sanitation and water for all, in Washington, DC, on April 11, 2014. Yet lack of

access to safe drinking water, and poor sanitation and hygiene in many parts of the world, often leads to death. [The Lancet Series](#) on childhood pneumonia and diarrhoea estimated that in 2011 around 700 000 child deaths occurred from diarrhoeal disease alone. The Millennium Development Goal (MDG) 7c target to halve the proportion of people without sustainable access to safe water by 2015 has been declared on track, yet 768 million people globally are still without access to safe drinking water. In a letter in today's Lancet, Mira Johri and colleagues argue that the indicator does not consider water quality, and should be reconsidered. Progress for sanitation is alarmingly off track. An estimated 2.5 billion people lack access to basic sanitation (functioning toilets and safe means to dispose of human faeces). A shocking 1 billion people practice open defecation, with one in nine living in rural areas. The high-level meeting gathered ministers and representatives of finance, health, and water and sanitation from 46 countries, donors, international organisations, and civil society to discuss how to reach water and sanitation targets. Margaret Chan and Jim Kim were both in attendance. The UN-Water Global Analysis and Assessment of Sanitation and Drinking—Water (GLAAS) project, led by WHO, simultaneously released a [preliminary report](#) - *Investing in Water and Sanitation: Increasing Access, Reducing Inequalities* Special Report for the Sanitation and Water for All (SWA) High-Level Meeting (HLM). The report comprehensively analysed whether an enabling environment (governance, monitoring and evaluation, financing) for reaching water and sanitation targets exists for each country. The full report will be released in September, 2014, with data from 90 countries.

The good news is that there is progress. Cambodia for example, has increased access to safe water and sanitation in urban areas for all quintiles by implementing pro-poor policies. 7% of the population in urban areas practice open defecation, reduced from 28% in 2005. 75% of countries analysed have pro-poor universal access to water and sanitation policies, and three-quarters of countries have constitutions or legislation recognising the human right to water and sanitation. The alarming news is that although many countries have established policies for disadvantaged groups (poor individuals, populations with disabilities, urban slums, and remote communities), only 30% have financed implementation plans, and household contributions range from 6—97% of water, sanitation, and hygiene financing. More than 50% of the unserved population for water and sanitation live in middle-income countries .

Access to safe water and sanitation is essential to all development outcomes across the life course. It ensures healthy growth and prevention of water-borne and food-borne diseases causing diarrhoea, which contributes to [stunting in children](#). Contaminated and stagnant water also contribute to the global burden of trachoma, and vector-borne diseases. 165 million children worldwide with stunted growth risk compromised cognitive development, physical capabilities, and future school performance; resulting in a less productive generation, with unfulfilled potential to contribute to the workforce and the economy.

Beyond direct health outcomes, investing in water and sanitation is essential to achievement of post—2015 sustainable development goals. The Lancet highlights four areas going forward. First, the poor must remain central to all planning, because they pay the highest individual cost in health and finances in efforts to access safe drinking water and sanitation. Donors and governments must target and urgently address open defecation in particular. Second, girls and women must be prioritised. They travel long distances to fetch water, and the lack of private sanitation facilities at schools to ensure their dignity and safety risks absenteeism and drop out. Third, in fragile states and situations, access to health services, clean water, and sanitation must be secured, rapidly and without question. The supply of clean drinking water and sanitation facilities can be the difference between life and death, not to mention risks to personal security. Fourth, and finally, with the rapid and uncontrolled growth of urban slums,

climate change, conflict over water resources, and growing global demand for products and food that require water for production, all sectors beyond health must develop [governance mechanisms](#) to ensure that access to safe water, sanitation, and hygiene, is a right for all. Only then can the global community return to the notion of water as life.

[Classification of mental disorders: a global mental health perspective](#)

Prof [K S Jacob a](#), Prof [Vikram Patel b c d](#)

Excerpt

Mental disorders are common in all countries, affect every community and age group, contribute substantially to the overall burden of disease, and have major economic and social consequences and effects on human rights. However, the greatest inequities are cross-national: 80% of people affected by mental disorders live in low-income and middle-income countries, which benefit from scarcely 10% of global mental health resources. Global mental health initiatives attempt to improve the availability of, access to, and quality of services for people with mental disorders worldwide. Diagnostic categories and a classification of mental disorders, which are essential to achieve objectives of global mental health, are needed for a range of stakeholders: for health-care practitioners to make treatment decisions and implement clinical guidelines; for policy makers to make decisions about allocation of resources; and for patients and their families to gain an understanding of their disorders. But can contemporary psychiatric classifications meet these needs?

Non-specialist health professionals working in routine health-care settings deliver more than 90% of mental health care worldwide. Psychiatric disorders are frequently diagnosed in epidemiological surveys in community and primary care populations, in particular the common mental disorders of depression, anxiety, somatoform, and stress-related disorders (all of which are distinct categories in contemporary classifications). However, a large gap often exists between the numbers reported in surveys and those recorded by primary care workers. The response of psychiatry has traditionally been to assume that these workers are not well informed about contemporary psychiatric concepts. Many strategies, such as the use of simple diagnostic algorithms, straightforward management guidelines, training programmes to improve skills, and advocacy campaigns, were developed and implemented to address this gap.¹ However, these approaches did not seem to substantially change primary care worker behaviour, or improve detection rates or outcomes in developed nations or low and middle-income countries.^{2–4} Indeed, one of us (VP) had proposed that even the term “mental” needed to be dropped altogether from such training.⁴...

...Global mental health needs a pragmatic classification that addresses the prevalent disorders in primary care and community settings, acknowledges both the dimensional and categorical nature of common mental health symptoms, addresses contextual issues, and that can easily be incorporated into routine health-care platforms across diverse settings. This aim does not just mean reduction in the number of labels or in their complexity, but the creation of categories relevant to and frequently seen in primary care. The fact that labels will vary across languages and cultures should be explicitly acknowledged, and diagnostic practices must be adapted to suit these variations. Put bluntly, if very few patients report feeling depressed, then the value of imposing the label “depression” is questionable; unsurprisingly, most global mental health interventions targeting depression in low-income and middle-income countries avoid the use of the label altogether.¹⁸

Many narratives of mental distress and disorder across settings exist that argue against one authentic version of these complex accounts. Their diversity and contradictions are a testimony to the pluralism of mental health-care traditions. Consequently, primary care needs to consider its own reality and devise a classification for mental distress and disorder that is usable in

routine clinical practice, rather than work with a handed-down, diluted version of specialist approaches. Mental disorders in primary care need to be understood and theorised independently of specialist perspectives.¹⁹ The process of the identification of common presentations and development of a classification system and management protocols in primary care needs to be led and owned by primary care workers, and this process needs to engage with communities, donors, or policy makers who are major stakeholders for global mental health.

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]

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

[Reviewed earlier]

Nature

Volume 508 Number 7496 pp287-426 17 April 2014

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

[No relevant content]

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>

[Reviewed earlier]

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 17, 2014 Vol. 370 No. 16

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

Perspective

The Calculus of Cures

R. Kocher and B. Roberts

Excerpt

In 2013, the Food and Drug Administration (FDA) approved 27 new drugs for marketing. Eight of these drugs are for orphan diseases, including six rare cancers. In fact, more than half of the 139 drugs approved by the FDA since 2009 are for orphan diseases and cancers.¹ This disproportion is not solely the result of scientific breakthroughs; the economics of drug development and the business of health care delivery also play large roles. Although these drugs may end up being critically important to patients with the targeted diseases, we believe we must avoid systematically underinvesting in drugs in other important areas of medicine...

OMICS: A Journal of Integrative Biology

March 2014, 18(3)

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[No relevant content]

The Pediatric Infectious Disease Journal

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/40273/32/4/page/1>

[Reviewed earlier]

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[Accessed 19 April 2014]

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

[No new relevant content]

PLoS Medicine

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

(Accessed 19 April 2014)

[No new relevant content]

PLoS Neglected Tropical Diseases

March 2014

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

Electronic Data Capture Tools for Global Health Programs: Evolution of LINKS, an Android-, Web-Based System

Alex Pavluck mail, Brian Chu, Rebecca Mann Flueckiger, Eric Ottesen

Excerpt

Introduction

The rapid expansion of mobile networks globally, coupled with the decreasing cost of mobile equipment [1], is allowing global health programs increasingly to utilize mobile- and cloud-based technology in their efforts to target important challenges to public health. Our initial electronic data collection system employed personal digital assistants (PDAs) [2], [3], but these proved to have significant cost and scalability limitations. The present report describes a second-generation, more efficient, cloud-based, smartphone-based system and the key elements that lead to its greater efficiency.

The LINKS System

While there are a number of tools available for data collection (EpiCollect, FormHub, EpiInfo, and others), these tools were not ideal for our purposes because of either license restrictions or other challenges. The starting point for the new mobile application, called the LINKS system (Figure 1), was the open source project Open Data Kit (ODK) [4], [5]. ODK allows the collection of a wide range of data using only the internal components of smartphone devices, such as the built-in GPS and the camera that can be used as a barcode scanner.

Data flow from the point of entry (cellular phones/tablets), to encrypted transmission to the cloud, to access and management of the data through a web interface.

A server-based application (app) processes incoming data and writes those data to a database. A dynamic web interface was developed to present the collected data to the user in the form of tables, graphs, maps, and downloadable datasets. The system was deployed on Ubuntu Linux, running on Amazon.com's Elastic Cloud (AWS EC2, <http://aws.amazon.com/ec2/>)

infrastructure. Geotrust secure certificates were installed to encrypt the data during transmission and between the user's browser and the server. Data are managed through a web interface or downloaded for offline use outside of the system.

The LINKS system was initially developed to address shortcomings of the earlier PDA-based data-capture systems and to support the interests of the Neglected Tropical Diseases (NTDs) community in employing an integrated approach to the NTDs using shared technical platforms. The LINKS system can support mobile technology running on a wide range of locally accessible hardware be used in both highly connected (internet) and connection-poor settings have a mechanism to deploy additional surveys to equipment already in the field be built entirely with industry-standard open source software to avoid costly licensing fees be cloud-based to allow for centralized management and increase scalability for large, highly dispersed projects

Since its launch in June of 2011, the LINKS system has been deployed to over 20 countries by multiple partner organizations ([Table 1](#))...

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

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

(Accessed 19 April 2014)

[No new relevant content]

Pneumonia

Vol 4 (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]

Risk Analysis

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

18 April 2014 vol 344, issue 6181, pages 225-332

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

Editorial

Influenza and the Live Poultry Trade

[George F. Gao](#)

George F. Gao is director of the CAS Key Laboratory of Pathogenic Microbiology and Immunology at the Institute for Microbiology of the Chinese Academy of Sciences, Beijing; vice president of the Beijing Institutes of Life Science, Beijing; president of the Chinese Society for Virology, Beijing; and deputy director general of the Chinese Center for Disease Control and Prevention, Beijing.

Preview

Live poultry trade at local markets has long been a part of China's national identity. From small villages to big cities, the gathering and selling of different birds in this vibrant atmosphere is at the heart of the country's cuisine culture. Unfortunately, the backdrop to this tradition has changed. Last year, the H7N9 virus, a new strain of influenza A, jumped from birds to humans, causing 144 cases of human infection and 47 deaths in China. Now a second wave of this flu is coursing through the country, with 258 confirmed cases and 99 deaths as of 8 April 2014. Scientific evidence points to a connection between the conditions at these live markets and the spread of flu, suggesting that until other means are found to prevent the transmission of or effectively treat the illness, China must shut down live poultry markets to prevent further spread of the virus and a possible global pandemic.

[Read the Full Text](#)

Science Translational Medicine

16 April 2014 vol 6, issue 232

<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 22, Pages 2521-2666 (7 May 2014)

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

Progress on pursuit of human cytomegalovirus vaccines for prevention of congenital infection and disease

Review Article

Pages 2525-2533

Tong-Ming Fu, Zhiqiang An, Dai Wang

Abstract

Congenital infection of human cytomegalovirus (HCMV) is the leading cause of childhood hearing loss and mental retardation. Unfortunately, a preventive vaccine remains elusive. Two strategies have been employed to develop HCMV vaccines, including (1) attenuating HCMV to generate modified virus vaccines and (2) isolating subunit viral antigen(s) to create individual antigen vaccines. The most studied candidate in each category is live attenuated Towne virus and recombinant gB/MF59 vaccine, respectively. Although both were moderately efficacious, neither could induce the durable, robust humoral and cellular immunity commonly seen in HCMV seropositive subjects. In addition, both vaccines failed to induce neutralizing antibodies against viral infection of endothelial cells, epithelial cells and leukocytes. This review summarizes the recent understanding of host natural immunity to HCMV, including the importance of antibodies targeting HCMV epithelial tropism, and discusses its implications for vaccine design. We also highlight some recent key discoveries that may lead to the development of an effective HCMV vaccine.

Acceptability of immunization in adult contacts of infants: Possibility of expanding platforms to increase adult vaccine uptake

Original Research Article

Pages 2540-2545

Elizabeth Rossmann Beel, Marcia A. Rench, Diana P. Montesinos, C. Mary Healy

Highlights

:: Adult contacts of infants are willing to receive recommended vaccines during prenatal clinic appointments, infant hospital or clinic visits.

:: Males had higher vaccine hesitancy than females. Perceived barriers to vaccination differed between males and females.

:: Expanding existing immunization platforms may increase adult vaccine uptake.

Abstract

Objective

Adult vaccination coverage is low and current strategies are unlikely to achieve Healthy People 2020 targets. We determined the attitude of adult infant contacts toward recommended adult vaccines and their willingness to receive vaccines should they be available during hospital visits or prenatal or infant clinic appointments.

Methods

Survey of predominantly Hispanic, underinsured and medically underserved infant contacts at a county hospital in Houston, Texas where a pertussis cocooning program is offered.

Results

Two hundred and eighty-five contacts (mean age 32.8 years [18–73]; 94.8% Hispanic) participated. Most were fathers (58.2%), followed by aunts (19%), and grandparents (12.3%). Participants used many health information sources. 221 (77.5%) considered healthcare providers the most influential on their decisions but only 51.6% reported healthcare visits within the prior year. Forty-one (14.4%) discussed family vaccinations during prenatal visits. Preferred locations for adult vaccination were hospital or clinic-based (96.5%). Lack of knowledge (22.8%), fear of pain/needles (14.7%), work commitments (14%), lack of transport (11.2%), cost (10.2%) and fear of side effects (5.3%) were barriers to vaccination. More males than

females reported fear of pain/needles and work commitments (P 0.01 and P 0.02, respectively), and more females lack of transport (P < 0.001) as barriers. Most planned to (76.1%) or had received (7%) pertussis vaccine; if available, 73.3%, 53.3% and 50.5% expressed willingness to receive vaccines against influenza, pneumonia and meningitis, respectively. Age, ethnicity or education was not associated with willingness to be vaccinated. Vaccine acceptance was higher in females than males for pertussis (P 0.04), influenza (P 0.008), pneumonia (P 0.04), and meningitis (P 0.006) vaccines by multiple regression analysis.

Conclusions

Most adults were willing to be vaccinated if offered during hospital visits or clinic appointments for mother or infant. Development and expansion of recommended immunization platforms, such as the cocooning platform, offers the opportunity to increase adult vaccination coverage.

[Ready or not? School preparedness for California's new personal beliefs exemption law](#)

Original Research Article

Pages 2563-2569

Marissa Wheeler, Alison M. Bутtenheim

Abstract

Objective

This paper describes elementary school officials' awareness of and preparedness for the implementation of California's new exemption law that went into effect on January 1, 2014. The new law prescribes stricter requirements for claiming a personal beliefs exemption from mandated school-entry immunizations.

Method

We used cross-sectional data collected from a stratified random sample of 315 schools with low, middle, and high rates of personal beliefs exemptions. We described schools' awareness and specific knowledge of the new legislation and tested for differences across school types. We additionally tested for associations between outcome variables and school and respondent characteristics using ordered logit and negative binomial regression. Finally, we described schools' plans and needs for implementing the new legislation.

Results

Elementary school staff reported an overall low level of awareness and knowledge about the new legislation and could identify few of its features. We observed, however, that across the exemption-level strata, respondents from high-PBE schools reported significantly higher awareness, knowledge and feature identification compared to respondents from low-PBE schools. Multivariate analyses revealed only one significant association with awareness, knowledge and identification: respondent role. Support staff roles were associated with lower odds of having high self-rated awareness or knowledge compared to health workers, as well as with a reduced log count of features identified. Though most school officials were able to identify a communication plan, schools were still in need of resources and support for successful implementation, in particular, the need for information on the new law.

Conclusion

Schools need additional information and support from state and local agencies in order to successfully implement and enforce California's new school immunization law. In particular, our results suggest the need to ensure information on the new law reaches all levels of school staff.

[Cost-effectiveness and equity impacts of three HPV vaccination programmes for school-aged girls in New Zealand](#)

Original Research Article

Pages 2645-2656

Tony Blakely, Giorgi Kvizhinadze, Tanja Karvonen, Amber L. Pearson, Megan Smith, Nick Wilson

Abstract

Background

As with many high-income countries, vaccination coverage against human papilloma virus (HPV) infection is not high in New Zealand (NZ) at 47% in school-aged girls for three doses. We estimate the health gains, net-cost and cost-effectiveness of the currently implemented HPV national vaccination programme of vaccination dispersed across schools and primary care, and two alternatives: school-based only (assumed coverage as per Australia: 73%), and mandatory school-based vaccination but with opt-out permitted (coverage 93%). We also generate estimates by social group (sex, ethnic and deprivation group).

Methods

A Markov macro-simulation model was developed for 12-year-old girls and boys in 2011, with future health states of: cervical cancer, pre-cancer (CIN I–III), genital warts, and three other HPV-related cancers (oropharyngeal, anal, vulvar cancer). In each state health sector costs, including additional health sector costs from extra life, and quality-adjusted life years (QALYs) were accumulated.

Results

The current HPV vaccination programme has an estimated cost-effectiveness of NZ\$18,800/QALY gained (about US\$9700/QALY gained using the OECD's purchasing power parities; 95% UI: US\$6900 to \$33,700) compared to the status quo in NZ prior to 2008 (no vaccination, screening alone). The incremental cost-effectiveness ratio (ICER) of an intensive school-based only programme of girls, compared to the current situation, was US\$33,000/QALY gained. Mandatory vaccination appeared least cost-effective (ICER compared to school-based of US\$117,000/QALY gained, but with wide 95% uncertainty limits from \$56,000 to \$220,000). All interventions generated more QALYs per 12-year-old for Māori (indigenous population) and people living in deprived areas (range 5–25% greater QALYs gained).

Interpretation

A more intensive school-only vaccination programme seems warranted. Reductions in vaccine price will greatly improve cost-effectiveness of all options, possibly making a law for mandatory vaccination optimal from a health sector perspective. All interventions could reduce ethnic and socioeconomic disparities in HPV-related disease.

Vaccine: Development and Therapy

(Accessed 19 April 2014)

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

Current progress toward vaccines against *Toxoplasma gondii*

Review

João Luis Garcia,¹ Elisabeth A Innes,² Frank Katzer²

¹Department of Preventative Veterinary Medicine, Center of Agricultural Science, State University of Londrina, Parana, Brazil; ²Moredun Research Institute, Pentlands Science Park, Edinburgh, Scotland

Published Date April 2014 Volume 2014:4 Pages 23 - 37

DOI: <http://dx.doi.org/10.2147/VDT.S57474>

Abstract:

Toxoplasma gondii is an intracellular protozoan parasite that can infect many warm-blooded animal species and humans. Despite substantial knowledge of the biology, epidemiology, and host-pathogen interactions of *T. gondii*, there are still very few effective control strategies to prevent oocyst shedding in cats, tissue cysts in livestock for consumption, and infection and disease in humans. This article reviews current progress and targets for vaccination against *T. gondii*.

Vaccines — Open Access Journal

(Accessed 19 April 2014)

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

Review

Vaccine Potentiation by Combination Adjuvants

by [Benoît Levast](#), [Sunita Awate](#), [Lorne Babiuk](#), [George Mutwiri](#), [Volker Gerdts](#) and [Sylvia van Drunen Littel-van den Hurk](#)

Vaccines 2014, 2(2), 297-322; doi:[10.3390/vaccines2020297](https://doi.org/10.3390/vaccines2020297) - published online 14 April 2014

Abstract:

Adjuvants are crucial components of vaccines. They significantly improve vaccine efficacy by modulating, enhancing, or extending the immune response and at the same time reducing the amount of antigen needed. In contrast to previously licensed adjuvants, current successful adjuvant formulations often consist of several molecules, that when combined, act synergistically by activating a variety of immune mechanisms. These “combination adjuvants” are already registered with several vaccines, both in humans and animals, and novel combination adjuvants are in the pipeline. With improved knowledge of the type of immune responses needed to successfully induce disease protection by vaccination, combination adjuvants are particularly suited to not only enhance, but also direct the immune responses desired to be either Th1-, Th2- or Th17-biased. Indeed, in view of the variety of disease and population targets for vaccine development, a panel of adjuvants will be needed to address different disease targets and populations. Here, we will review well-known and new combination adjuvants already licensed or currently in development—including ISCOMs, liposomes, Adjuvant Systems Montanides, and triple adjuvant combinations—and summarize their performance in preclinical and clinical trials. Several of these combination adjuvants are promising having promoted improved and balanced immune responses.

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

Neurology

April 8, 2014 vol. 82 no. 10 Supplement S34.005

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

Vaccines and the Risk of Multiple Sclerosis and Other CNS Demyelinating Diseases (S34. 005)

Annette Langer-Gould¹, Lie Chen², Sara Tartof², Chun Chao² and Hung-Fu Tseng²

Abstract

OBJECTIVE: To determine whether vaccines increase the risk of multiple sclerosis (MS) or other CNS demyelinating diseases over the short and longer-term.

BACKGROUND: Clinicians have reported temporal associations between vaccine administration and onset of MS or other CNS demyelinating diseases. Yet, whether vaccines, particularly for hepatitis B (HepB) and human papilloma virus (HPV), can trigger MS or other CNS demyelinating diseases remains controversial.

DESIGN/METHODS: We conducted a case-control study from the membership of Kaiser Permanente Southern California (KPSC). Cases were identified through the KPSC Acquired Demyelinating Diseases (ADS) Cohort between 2008 and 2011. Five controls per case were matched on age, sex and zip code. Data were obtained from the complete electronic health record and analyzed using conditional logistic regression, adjusted for race/ethnicity, health care utilization, and infectious illnesses prior to symptom onset.

RESULTS: We identified 780 incident cases of CNS ADS and 3885 controls, of which 92 cases and 459 controls were women ages 9-26 years, the indicated age range for HPV vaccination. There were no associations between hepatitis B vaccination (OR 1.12, 95% CI 0.72-1.73); HPV vaccination (OR 1.05 95% CI 0.62-1.78); or any vaccination (OR 1.03, 95% CI 0.86-1.22) and the risk of CNS ADS up to 3 years later. Vaccination of any type was associated with an increased risk of CNS ADS onset within the first 30 days after vaccination in younger (<50 years) individuals only (OR 2.32, 95%CI 1.18-4.57).

CONCLUSIONS: We found no longer-term association of vaccines with MS or other CNS demyelinating diseases, which argues against a causal association. The short-term increase in risk suggests vaccines may accelerate the transition from subclinical to overt autoimmunity in patients with existing disease. Our findings do not suggest a need for change in vaccine policy.

Study Supported by: Kaiser Permanente Direct Community Benefit Funds and NIH-NINDS, 1R01NS075308 PI: Langer-Gould)

Disclosure: Dr. Langer-Gould has received research support from Biogen Idec and Roche. Dr. Chen has nothing to disclose. Dr. Tartof has nothing to disclose. Dr. Chao has nothing to disclose. Dr. Tseng has nothing to disclose.

Current Opinion in Pediatrics

April 2014 - Volume 26 - Issue 2 pp: v-vi,137-264

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

CURRENT OPINION Child and adolescent immunizations: selected review of recent US recommendations and literature

Kao, Carol M.; Schneyer, Rebecca J.; Bocchini, Joseph A. Jr.

Abstract

Purpose of review: To provide a clinically relevant summary of the latest research and recommendations regarding childhood and adolescent immunizations.

Recent findings: Childhood vaccination has dramatically reduced pediatric morbidity and mortality in the United States. Recent research on childhood and adolescent immunizations has focused on expanding the use of current vaccines for additional subpopulations as well as the development of new vaccines. In particular, data confirming the safety and immunogenicity of vaccines in various groups of children have shaped national guidelines. Furthermore, studies on vaccine uptake, cost-effectiveness, and impact of vaccination have reinforced the importance of

adhering to these guidelines. More work needs to be done by providers and parents to increase vaccination coverage rates to better protect children and adolescents from these serious diseases. In this article, selected recent publications and recommendations on the following vaccines are reviewed: influenza, meningococcal conjugate, childhood and adolescent/adult formulations of diphtheria and tetanus toxoids and acellular pertussis, pneumococcal conjugate, and human papillomavirus.

Summary: Research on childhood and adolescent vaccinations continues to shape future guidelines. Through this work, we can learn how to optimize the protection of all children and adolescents against vaccine-preventable diseases.

Cell

Volume 157, Issue 2 April 10, 2014

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

Essay

Peering into the Crystal Ball: Influenza Pandemics and Vaccine Efficacy

[Matthew S. Miller](#), [Peter Palese](#)

[Volume 157, Issue 2](#), p294–299, 10 April 2014

DOI: <http://dx.doi.org/10.1016/j.cell.2014.03.023>

Summary

The looming threat of a new influenza virus pandemic has fueled ambitious efforts to devise more predictive parameters for assessing the risks associated with emergent virus strains. At the same time, a comprehensive understanding of critical factors that can accurately predict the outcome of vaccination is sorely needed in order to improve the effectiveness of influenza virus vaccines. Will new studies aimed at identifying adaptations required for virus transmissibility and systems-level analyses of influenza virus vaccine responses provide an improved framework for predictive models of viral adaptation and vaccine efficacy?

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 19 April 2014

[No new, unique, relevant content]

The Atlantic

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

Accessed 19 April 2014

[No new, unique, relevant content]

BBC

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

Accessed 19 April 2014

[No new, unique, relevant content]

Brookings

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

Accessed 19 April 2014

[No new, unique, relevant content]

Council on Foreign Relations

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

Accessed 19 April 2014

[No new, unique, relevant content]

DEVEX

<https://www.devex.com/en/>

Accessed 19 April 2014

[No new, unique, relevant content]

Economist

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

Accessed 19 April 2014

[No new, unique, relevant content]

Financial Times

<http://www.ft.com>

Accessed 19 April 2014

[No new, unique, relevant content]

Forbes

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

Accessed 19 April 2014

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 19 April 2014

[No new, unique, relevant content]

Foreign Policy

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

Accessed 19 April 2014

[No new, unique, relevant content]

The Guardian

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

Accessed 19 April 2014

[No new, unique, relevant content]

The Huffington Post

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

Accessed 19 April 2014

[No new, unique, relevant content]

Le Monde

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

Accessed 19 April 2014

[No new, unique, relevant content]

New Yorker

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

Accessed 19 April 2014

[No new, unique, relevant content]

New York Times

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

Accessed 19 April 2014

[No new, unique, relevant content]

Reuters

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

Accessed 19 April 2014

[No new, unique, relevant content]

Wall Street Journal

http://online.wsj.com/home-page?_wsjregion=na_us&_homepage=/home/us

Accessed 19 April 2014

[Asia News](#)

[Measles Sweep Through Vietnam](#)

Death Toll Expected to Climb as Children Suffer the Most

By Vu Trong Khanh

April 17, 2014 6:39 a.m. ET

Washington Post

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

Accessed 19 April 2014

[No new, unique, relevant content]

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