

Center for Vaccine Ethics and Policy

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Vaccines and Global Health: The Week in Review 5 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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Editor and

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GPEI Update: Polio this week - As of 2 April 2014

Global Polio Eradication Initiative

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

[Editor's extract and bolded text]

:: The Strategic Advisory Group of Experts on Immunization (SAGE) has met in Geneva on 1-3 April to discuss measures to prevent further international spread of polio, progress in eliminating wild and vaccine derived poliovirus and the status of the preparation for global OPV2 withdrawal. Final recommendations will be published in the *Weekly Epidemiological Record*.

:: The outbreak in North Waziristan, Pakistan, continues, with three new cases of wild poliovirus type 1 (WPV1) and two new circulating vaccine-derived poliovirus type 2 (cVDPV2) cases reported this week. In the Middle East, Syria reported two new WPV1 cases, one each from Aleppo and Hama provinces.

Pakistan

:: Three new WPV1 cases were reported this week from North Waziristan, Federally Administered Tribal Areas – FATA, North-West Pakistan, bringing the total number of cases for 2014 to 39. The most recent reported case had onset of paralysis on 8 March.

:: Two new cVDPV2 cases were reported in the past week with the onset of paralysis on 8 March, from North Waziristan, Federally Administered Tribal Areas – FATA. The total number of cVDPV2 cases is 45 for 2013, and six for 2014.

Middle East

:: Two new WPV1 cases were reported from Syria this week, one from Deir Hafer, Aleppo province with an onset of paralysis on 28 December 2013, and another one from Salamayeh, Hama province with onset of paralysis on 21 January - the first confirmed case in 2014. The total number of WPV1 cases reported from Syria since the outbreak was detected is 39: 27

cases reported by the Ministry of Health, and 12 cases from contested areas (Aleppo, Edleb and Deir Al Zour) not yet reflected in official figures. The most recent case had onset of paralysis on 21 January, 2014, in Salamayeh, Hama province, western Syria.

Attack on polio team: Female worker killed in Bannu

The Express Tribune (Pakistan) (4/1)

A female polio worker was gunned down by two armed men on a motorcycle in the cantonment area of Bannu on Monday. The shooting occurred at around 8:30 in the morning, according to Deputy Superintendent of Police Sanaullah Khan Marwat...

WHO: Global Alert and Response (GAR) – *Disease Outbreak News* [to 5 April 2014]

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

:: Human infection with avian influenza A(H7N9) virus – update [4 April 2014](#)

:: Ebola virus disease: background and summary [3 April 2014](#)

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

:: Ebola virus disease, West Africa – update [2 April 2014](#)

WHO: World Health Day 2014: Preventing vector-borne diseases

2 April 2014 -- More than half the world's population is at risk from diseases such as malaria, dengue, leishmaniasis, Lyme disease, schistosomiasis, and yellow fever, carried by mosquitoes, flies, ticks, water snails and other vectors. Every year, more than 1 billion people are infected and more than 1 million die from vector-borne diseases. This World Health Day – 7 April – WHO is highlighting the serious and increasing threat of vector-borne diseases, with the slogan "Small bite, big threat".

Media release: Global Partners Are Taking the "Neglect" out of "Neglected Tropical Diseases"

Private and public sector leaders release progress report and announce new funding

Excerpts

Global partners supporting the London Declaration on NTDs met in Paris to release a progress report of efforts around NTDs over the past two years, and **to announce some US\$240 million in new funding commitments**. The 10 diseases covered by the London Declaration and its 2020 target include river blindness, Guinea worm, lymphatic filariasis, blinding trachoma, schistosomiasis, soil-transmitted helminths, leprosy, Chagas disease, visceral leishmaniasis and sleeping sickness.

Several partners also announced new funding towards the fight against NTDs. A group of partners is committing more than US\$120 million to address intestinal worms common in communities with limited access to clean water and sanitation, including US\$50 million from the Children's Investment Fund Foundation (CIFF). In addition, the World Bank Group, which has long played an important role in fighting onchocerciasis (river blindness), is committing US\$120 million toward the goal of NTD control and elimination in low-income countries in Africa, including funding for school-based deworming efforts.

Pharmaceutical companies are fulfilling their commitments to sustain and expand drug donations through 2020, which resulted in nearly 1.4 billion NTD treatments in 2013. Investments in NTD program implementation and delivery are leveraging these drug donations

– valued at an estimated US\$19 billion through 2020 – and ensuring they reach all people who need them. Every new dollar invested in NTD program implementation helps deliver up to US\$10 in donated drugs.

“We’re taking the ‘neglect’ out of neglected tropical diseases, thanks to the commitment of partners from across the public and private sectors,” said Bill Gates, co-chair of the Bill & Melinda Gates Foundation. “Pharmaceutical companies are providing drugs free of charge, endemic countries are scaling up integrated screen-and-treat programs for multiple diseases and donors are delivering essential funding. If we stay focused, we can reach the London Declaration’s 2020 goals and help provide millions with access to health.”

Pharmaceutical companies are also accelerating research and development efforts for new diagnostic tools and treatments in partnership with non-profit and other research and development organizations, as well as driving new implementation strategies. Recent advances include:

The Global Health Innovative Technology Fund (GHIT Fund), a partnership between five Japanese pharmaceutical companies, two Japanese government ministries and the Bill & Melinda Gates Foundation, endorsed the London Declaration and dedicated new resources to fill priority research and development gaps needed to achieve the 2020 goals.

Beyond pharmaceutical companies, other private sector enterprises have joined the fight against NTDs. For example, DHL is working with pharmaceutical companies to deliver drugs directly to national warehouses in endemic countries, streamlining customs processes to ensure timely delivery to populations in need.

View the live webcast of the panel event at Institut Pasteur [here](#).

Media release: <http://www.gatesfoundation.org/Media-Center/Press-Releases/2014/04/Global-Partners-Are-Taking-the-Neglect-out-of-Neglected-Tropical-Diseases>

Report: [Delivering on Promises & Driving Progress: The Second Report on Uniting to Combat NTDs](#) *2nd Progress Report on The London Declaration on Neglected Tropical Diseases*

Uniting to Combat NTDs*

April 2014 46 pages Full report here: www.unitingtocombatNTDs.org

Synopsis [Full text]

Two years ago, leaders of many of the world’s most important global health and development organizations stood on a stage in London and pledged to work together to control, eliminate, or eradicate 10 neglected tropical diseases (NTDs). These diseases, many of which have afflicted humanity for millennia, affect more than 1.4 billion people. They sicken, disable, and disfigure, keeping people in cycles of poverty and costing developing economies billions of dollars every year.

Until recently, NTDs saw little attention from all but a small handful of dedicated supporters. But as their impact grew clearer, more were urged into action. In January 2012, the World Health Organization (WHO) released a plan to control, eliminate, or eradicate 17 NTDs by 2020, and the global NTD community—including pharmaceutical companies, donor and endemic countries, private foundations, civil society organizations, and others— responded, with each committing to do its part to reach those goals for 10 of these diseases. This informal group was called Uniting to Combat NTDs.

Since that day, Uniting to Combat NTDs has grown into much more: it is now a global movement, based on partnership and accountability, in which people and organizations from all over the world find unique and powerful ways to contribute to progress. Central to the London

Declaration is its pledge to report annually on what its collaborators have done to achieve shared targets.

This report, coordinated by the London Declaration Stakeholders Working Group with input from many others, chronicles progress achieved in 2013. It highlights significant momentum, driven by political will in endemic countries, and the commitments of private donors and industry, but it also notes gaps where action is needed. By examining where we stand, we can identify areas of need, engage in coordinated planning, and move forward with clearly defined objectives.

** Under the banner of Uniting to Combat NTDs, a varied set of partners came together to provide different dimensions of support toward attaining the WHO 2020 goals for 10 NTDs as documented in the London Declaration. The collective work of Uniting to Combat NTDs complements WHO's direct collaboration with endemic countries. The efforts of Uniting to Combat NTDs are coordinated by a Stakeholders Group (see image) that includes representatives from the following organizations or institutions:

- :: United States Agency for International Development
- :: The United Kingdom's Department for International Development
- :: World Bank
- :: Partnership for Disease Control Initiatives
- :: Global Network for Neglected Tropical Diseases
- :: Coalition for Operational Research on NTDs
- :: Drugs for Neglected Diseases initiative
- :: Neglected Tropical Disease Non-Governmental Development Organizations Network
- :: GlaxoSmithKline (representing industry)
- :: Bill & Melinda Gates Foundation

Aeras appointed Jacqueline E. Shea PhD as Chief Operating Officer (COO). In the newly established role of COO, Dr. Shea joins Aeras's senior leadership team "to advance organizational excellence and drive innovation and growth of our core capacities, including our contract manufacturing operations." Shea was most recently Vice President of Business Development Europe for Emergent BioSolutions. "We are fortunate to have Jacqui Shea join Aeras as its operational model evolves to tackle the challenges of TB vaccine research and development," said Tom Evans, MD, Aeras's President and Chief Executive Officer.

Full media release: April 4, 2014 – <http://www.aeras.org/pressreleases/jacqui-shea-appointed-chief-operating-officer-at-aeras#.U0BmtVcWNdc>

The **Weekly Epidemiological Record (WER) for 4 April 2014**, vol. 89, 14 (pp. 141–152) includes:

- :: Progress towards measles pre-elimination, African Region, 2011–2012
 - :: Monthly report on dracunculiasis cases, January– February 2014
- <http://www.who.int/entity/wer/2014/wer8914.pdf?ua=1>

WHO: Humanitarian Health Action

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

No new content.

GAVI Watch [to 5 April 2014]

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

No new relevant content identified.

UNICEF Watch [to 5 April 2014]

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

No new relevant content identified.

CDC/MMWR Watch [to 5 April 2014]

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

No new relevant content identified.

European Medicines Agency Watch [to 5 April 2014]

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

No new relevant content identified.

UN Watch [to 5 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 5 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 5 April 2014]

Selected media releases and other selected content from industry.

:: [Sanofi Pasteur Announces FDA Has Expanded Age Indication of Adacel Tdap Vaccine to Include Persons 10 Years of Age](#) Apr 01, 2014,

:: [GSK announces new strategic investments in Africa to increase access to medicines, build capacity and deliver sustainable growth](#) 31 March 2014

- Creates world's first R&D Open Lab to increase understanding of non-communicable diseases and support development of new medicines for Africa
- Significantly increases African manufacturing presence to build capacity and enhance regional self-sufficiency
- Establishes 25 academic Chairs at African universities to support development of local skills and capabilities in science, engineering, public health and other related areas
- Commits to train an additional 10,000 community health workers across sub-Saharan Africa

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

Vaccines and Global Health: The Week in Review has expanded its coverage of new reports, books, research and analysis published independent of the journal channel covered in Journal Watch below. Our interests span immunization and vaccines, as well as global public health, health governance, and associated themes. If you would like to suggest content to be included in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

WHO: Principles and considerations for adding a vaccine to a national immunization programme

From decision to implementation and monitoring

World Health Organization

April 2014 136 pages

Languages: English (French, Spanish, Russian, and Arabic pending)

ISBN: 978 92 4 150689 2

[English \[3.77Mb\]](#)

Overview:

This essential resource document reviews the principles and issues to be considered when making decisions about, planning, and implementing the introduction of a vaccine into a national immunization programme. Importantly, the document highlights ways to use the opportunity provided by the vaccine introduction to strengthen immunization and health systems. The comprehensive guidance also describes the latest references and tools related to vaccine decision-making, economic analyses, cold chain, integrated disease control and health promotion, vaccine safety, communications, monitoring, and more, and provides key URL links to many of these resources.

http://www.who.int/immunization/programmes_systems/policies_strategies/vaccine_intro_resources/nvi_guidelines/en/

IOM: Considerations in Applying Benefit-Cost Analysis to Preventive Interventions for Children, Youth, and Families - Workshop Summary

Benefit-cost analyses hold great promise for influencing policies related to children, youth, and families. By comparing the costs of preventative interventions with the long-term benefits, benefit-cost analysis provides a tool for determining what kinds of investments have the greatest potential to reduce the physical, psychological, and behavioral health problems of children, youth, and families. However, the utility of benefit-cost analyses has been limited by a lack of uniformity in the methods and assumptions underlying these studies. To explore this issue, the IOM/NRC held a workshop that brought together leading practitioners in the field, researchers who study the methodological and analytic dimensions of benefit-cost analysis, and representatives of organizations that use the results of benefit-cost analyses to shape and implement public policies.

[Read the Report >>](#)

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[Read the Report >>](#)

FDA, ONC, FCC: [Health IT Risk-Based Framework](#)

Health information technology, or health IT, is defined by the federal government's Office of the National Coordinator for Health IT (ONC) as, "hardware, software, integrated technologies or related licenses, intellectual property, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information."

Health IT is the framework that enables the management of health information across multiple electronic systems and devices, such as wireless medical devices, hospital information systems, communications infrastructure, and electronic health record (EHR) systems. Three federal agencies, the FDA, ONC and the Federal Communications Commission (FCC) each have unique responsibilities in the health IT arena.

As health IT evolves, we believe that all stakeholders should understand regulatory requirements surrounding its use. Under the direction of the [Food and Drug Administration Safety Innovation Act \(FDASIA\)](#) of 2012, the FDA is working with FCC and ONC to propose a strategy and make recommendations on an appropriate, risk-based regulatory framework for health IT that promotes innovation, protects patient safety, and avoids unnecessary and duplicative regulation.

The three agencies are committed to a vision that supports a strong health system based on safe and innovative health IT that improves and advances public health.

On 4/3/2014, the FDA, FCC and ONC released the [FDASIA Health IT Report](#) outlining a proposed strategy and recommendations for a risk-based framework.

:: [FDASIA Health IT Report](#)

:: [Press Release: New strategy proposed for health information technology products to promote innovation, protect patients, and clarify oversight](#)

:: [FDASIA Work Group Final Recommendations to the Health IT Policy Committee](#)

NFID: [17th Annual Conference on Vaccine Research](#)

National Foundation for Infectious Diseases

April 28-30, 2014

Bethesda, MD

The Annual Conference on Vaccine Research (ACVR) provides high-quality, current reports of scientific progress and best practices featured in both invited presentations and submitted oral abstracts and posters. The ACVR brings together the diverse disciplines involved in the research and development of vaccines and associated technologies for disease control through immunization. By drawing upon an international audience of scientists and researchers, healthcare professionals and trainees, veterinarians, vaccine manufacturers, and public health officials, the conference is designed to encourage the exchange of ideas across a broad range of disciplines.

<http://www.cvent.com/events/17th-annual-conference-on-vaccine-research/event-summary-742976fb42dc43849867074b2754bed7.aspx?refid=nfid>

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

March 2014; 90 (3)

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

[Reviewed earlier]

Annals of Internal Medicine

1 April 2014, Vol. 160. No. 7

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

[No relevant content]

BMC Health Services Research

(Accessed 5 April 2014)

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

[No new relevant content]

Research article [Open Access](#)

Health extension program factors, frequency of household visits and being model households, improved utilization of basic health services in Ethiopia

Mezgebu Yitayal, Yemane Berhane, Alemayehu Worku, Yigzaw Kebede BMC Health Services Research 2014, 14:156 (5 April 2014)

[Abstract](#) | [Provisional PDF](#)

BMC Public Health

(Accessed 5 April 2014)

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

Research article

Two year mortality and associated factors in a cohort of children from rural Uganda

Patrick Nabongo, Suzanne Verver, Elizabeth Nangobi, Ronald Mutunzi, Anne Wajja, Harriet Mayanja-Kizza, Dan Kadobera, Edward Galiwango, Robert Colebunders and Philippa Musoke

Author Affiliations

BMC Public Health 2014, 14:314 doi:10.1186/1471-2458-14-314

Published: 5 April 2014

Abstract (provisional)

Background

As part of site development for clinical trials in novel TB vaccines, a cohort of infants was enrolled in eastern Uganda to estimate the incidence of tuberculosis. The study introduced several mortality reduction strategies, and evaluated the mortality among study participants at two years. The specific objective of this sub-study was to estimate 2 year mortality and associated factors in this community-based cohort.

Methods

A community based cohort of 2500 infants was enrolled from birth up to 8 weeks of age and followed for 1-2 years. During follow up, several mortality reduction activities were implemented to enhance cohort survival and retention. The verbal autopsy process was used to assign causes of death.

Results

A total of 152 children died over a median follow up period of 2.0 years. The overall crude mortality rate was 60.8/1000 or 32.9/1000 person years with 40 deaths per 1000 for children who died in their first year of life. Anaemia, malaria, diarrhoeal diseases and pneumonia were the top causes of death. There was no death directly attributed to tuberculosis. Significant factors associated with mortality were young age of a mother and child's birth place not being a health facility.

Conclusion

The overall two year mortality in the study cohort was unacceptably high and tuberculosis disease was not identified as a cause of death. Interventions to reduce mortality of children enrolled in the cohort study did not have a significant impact. Clinical trials involving infants and young children in this setting will have to strengthen local maternal and child health services to reduce infant and child mortality.

Research article

Factors associated with place of delivery in rural Nepal

Sudesh Raj Sharma, Amod Kumar Poudyal, Bharat Mani Devkota, Sarawoti Singh BMC Public Health 2014, 14:306 (3 April 2014)

[Abstract](#) | [Provisional PDF](#)

Background

Promotion of institutional delivery is a key intervention in reducing maternal mortality and improving maternal and neonatal health. This study explored factors associated with institutional delivery in rural Nepal.

Method

A household survey was conducted in three rural Village Development Committees of Kavrepalanchowk district to identify the individual, household and health service factors associated with the institutional delivery. All 240 eligible mothers from the study area were interviewed during the study period. Multiple logistic regression analysis was applied to establish the factor associated with the institutional delivery, the outcome variable.

Results

Antenatal care practice, adverse pregnancy outcome, ethnicity and time taken to reach the health institution were significantly associated with the institutional delivery. Utilization of an antenatal care service had the greatest effect on institutional delivery.

Conclusion

Universal antenatal care service utilization may be a critical intervention for increasing institutional delivery. There is a need to raise awareness in hard-to-reach areas where adverse pregnancy outcomes is not considered a serious event.

British Medical Bulletin

Volume 109 Issue 1 March 2014

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

[Reviewed earlier; No relevant content]

British Medical Journal

05 April 2014 (Vol 348, Issue 7952)

<http://www.bmj.com/content/348/7952>

Editorial

Introducing a new group B meningococcus vaccine

BMJ 2014; 348 doi: <http://dx.doi.org/10.1136/bmj.g2415> (Published 2 April 2014)

Cite this as: BMJ 2014;348:g2415

Many forces affect the final decision

The introduction of a new vaccine is highly complex, particularly a new category of vaccine with no biological precedent. The new group B meningococcus vaccine Bexsero (4CMenB),¹ developed using a genomic based reverse vaccinology approach,² is a case in point. When a vaccine is targeted against a relatively common disease, the company usually sponsors a large randomised controlled trial to show that the vaccine works. Group B meningococcal infection is sufficiently rare, however, that such a trial is not feasible.

In most countries, advice on vaccines and immunisation programmes is given to governments by independent committees. This advice includes data on vaccine effectiveness, the likelihood that the vaccine will confer herd immunity (protect some unimmunised people by reducing carriage or spread of disease), safety, and cost effectiveness. In the United Kingdom, the Joint Committee on Vaccination and Immunisation (JCVI) has such a role. In the UK,³ and in Australia, Canada, the United States, and many European countries, the government is not permitted in law to fund an immunisation programme unless the immunisation advisory committee says it is cost effective.

Different countries allow different assumptions in the modelling, so they do not always reach the same decision...

Bulletin of the World Health Organization

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

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

Editorial

Human rabies in India: a problem needing more attention

Alakes Kumar Kole a, Rammohan Roy a & Dalia Chanda Kole b

a. Department of Medicine, Infectious Diseases Hospital 57, Beliaghata Main Road, Kolkata-700010, West Bengal, India.

b. BP Poddar Hospital & Medical Research Institute, Kolkata, India.

Correspondence to Alakes Kumar Kole

Bulletin of the World Health Organization 2014;92:230. doi:

<http://dx.doi.org/10.2471/BLT.14.136044>

Initial text

Rabies is fully preventable. About 563 million United States dollars are spent annually in the world on measures to prevent rabies,¹ yet in countries of south-eastern Asia the disease is still an important public health problem. An estimated 45% of all deaths from rabies occur in that part of the world.² The situation is especially pronounced in India, which reports about 18 000 to 20 000 cases of rabies a year and about 36% of the world's deaths from the disease.³ Rabies incidence in India has been constant for a decade, without any obvious declining trend, and reported incidence is probably an underestimation of true incidence because in India rabies is still not a notifiable disease.⁴ This situation is rooted in a general lack of awareness of preventive measures, which translates into insufficient dog vaccination, an uncontrolled canine population, poor knowledge of proper post-exposure prophylaxis on the part of many medical professionals, and an irregular supply of anti-rabies vaccine and immunoglobulin, particularly in primary-health-care facilities.

Editorial

The lack of progress in reducing anaemia among women: the inconvenient truth

Francesco Branca a, Lina Mahy a & Thahira Shireen Mustafa a

a. United Nations System Standing Committee on Nutrition, c/o World Health Organization, avenue Appia 20, 1211 Geneva 27, Switzerland.

Correspondence to Francesco Branca

Bulletin of the World Health Organization 2014;92:231. doi:

<http://dx.doi.org/10.2471/BLT.14.137810>

Initial text

Most of the 1.62 billion people currently affected by anaemia are women or young children. Since 1995, the global prevalences of anaemia among non-pregnant women, pregnant women and children aged less than 5 years have fallen only slightly: from 33 to 29%, 43 to 38% and 47 to 43%, respectively.¹ Although the corresponding prevalences of severe anaemia have shown more substantial declines over the same period –from 1.8 to 1.1%, 2.0 to 0.9% and 3.7 to 1.5%, respectively – the global prevalence of anaemia only fell by 0.2 to 0.3 percentage points per year between 1993 and 2013.² Anaemia in women – especially among non-pregnant women in central, northern and western Africa, central Asia and the Middle East and among pregnant women in southern Africa and southern Asia – is a particularly persistent problem...

Effect of breastfeeding on immunogenicity of oral live-attenuated human rotavirus vaccine: a randomized trial in HIV-uninfected infants in Soweto, South Africa

Michelle J Groome, Sung-Sil Moon, Daniel Velasquez, Stephanie Jones, Anthonet Koen, Nadia van Niekerk, Baoming Jiang, Umesh D Parashar & Shabir A Madhi

Abstract

Objective

To investigate the effect of abstention from breastfeeding, for an hour before and after each vaccination, on the immune responses of infants to two doses of rotavirus vaccine.

Methods

In Soweto, South Africa, mother–infant pairs who were uninfected with human immunodeficiency virus (HIV) were enrolled as they presented for the “6-week” immunizations of the infants. Each infant was randomly assigned to Group 1 – in which breastfeeding was deferred for at least 1 h before and after each dose of rotavirus vaccine – or Group 2 – in which unrestricted breastfeeding was encouraged. Enzyme-linked immunosorbent assays were used to evaluate the titres of rotavirus-specific IgA in samples of serum collected from each infant immediately before each vaccine dose and 1 month after the second dose. Among the infants, a fourfold or greater increase in titres of rotavirus-specific IgA following vaccination was considered indicative of seroconversion.

Findings

The evaluable infants in Group 1 ($n = 98$) were similar to those in Group 2 ($n = 106$) in their baseline demographic characteristics and their pre-vaccination titres of anti-rotavirus IgA. After the second vaccine doses, geometric mean titres of anti-rotavirus IgA in the sera of Group-1 infants were similar to those in the sera of Group-2 infants ($P = 0.685$) and the frequency of seroconversion in the Group-1 infants was similar to that in the Group-2 infants ($P = 0.485$).

Conclusion

Among HIV-uninfected South African infants, abstention from breastfeeding for at least 1 h before and after each vaccination dose had no significant effect on the infants’ immune response to a rotavirus vaccine.

Early response to the emergence of influenza A(H7N9) virus in humans in China: the central role of prompt information sharing and public communication

Sirenda Vong, Michael O’Leary & Zijian Feng

Abstract

Problem

In 2003, China’s handling of the early stages of the epidemic of severe acute respiratory syndrome (SARS) was heavily criticized and generally considered to be suboptimal.

Approach

Following the SARS outbreak, China made huge investments to improve surveillance, emergency preparedness and response capacity and strengthen public health institutions. In 2013, the return on these investments was evaluated by investigating China’s early response to the emergence of avian influenza A(H7N9) virus in humans.

Local setting

Clusters of human infection with a novel influenza virus were detected in China – by national surveillance of pneumonia of unknown etiology – on 26 February 2013.

Relevant changes

On 31 March 2013, China notified the World Health Organization (WHO) of the first recorded human infections with A(H7N9) virus. Poultry markets – which were rapidly identified as a major source of transmission of A(H7N9) to humans – were closed down in the affected areas. Surveillance in humans and poultry was heightened and technical guidelines were quickly

updated and disseminated. The health authorities collaborated with WHO in risk assessments and risk communication. New cases were reported promptly and publicly.

Lessons learnt

The relevant infrastructures, surveillance systems and response capacity need to be strengthened in preparation for future emergencies caused by emerging or existing disease threats. Results of risk assessments and other data should be released promptly and publicly and such release should not jeopardize future publication of the data in scientific journals. Coordination between public health and veterinary services would be stronger during an emergency if these services had already undertaken joint preparedness planning.

Clinical Therapeutics

Volume 36, Issue 3, p309-458 March 2014

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

[No relevant content]

Cost Effectiveness and Resource Allocation

(Accessed 5 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 13, 03 April 2014
<http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678>

Editorials

Integrated surveillance for prevention and control of emerging vector-borne diseases in Europe

J C Semenza 1, H Zeller1

European Centre for Disease Prevention and Control, Stockholm, Sweden

World Health Day, celebrated on 7 April, marks the anniversary of the founding of the World Health Organization (WHO) in 1948. This year, vector-borne diseases which are transmitted mainly by bites of vectors such as mosquitoes, ticks and sandflies are highlighted as a global public health priority. This issue of Eurosurveillance focuses on vector-borne diseases and their impact on public health in Europe and other parts of the world such as the recent outbreaks of Chikungunya fever in the Caribbean and Zika virus fever in the Pacific [1-6].

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]

Global Public Health

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

Health Affairs

March 2014; Volume 33, Issue 3
<http://content.healthaffairs.org/content/current>
Themes: The ACA & Vulnerable Americans: HIV/AIDS; Jails
[Reviewed earlier; 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 5 April 2014]

[No new relevant content]

Infectious Diseases of Poverty

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

[Accessed 5 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

March 2014, Vol 168, No. 3

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

[Reviewed earlier]

Journal of Community Health

Volume 39, Issue 2, April 2014

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

[Reviewed earlier]

Journal of Global Ethics

Volume 9, Issue 3, 2013

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

[Reviewed earlier]

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 8 April 15, 2014

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

[No relevant content]

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 05, 2014 Volume 383 Number 9924 p1183 – 1268

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

Editorial

Mental health and wellbeing in children and adolescents

The Lancet

[Preview](#) | [Full Text](#) | [PDF](#)

On March 25, an important milestone was reached in making children's and adolescents' mental health, wellbeing, and development everyone's business. A UK consortium, including the Royal College of Paediatrics and Child Health, the Royal College of Psychiatrists, the Royal College of General Practitioners, and others, launched a new website, MindEd, funded by the Department of Health and aimed at any adult who is working with children, young people, and families. It consists of free online information and education modules that support anyone interested in recognising what healthy behaviour and development is, how wellbeing can be supported, and which signs and symptoms need closer attention.

Long-term outcomes of patients with extensively drug-resistant tuberculosis in South Africa: a cohort study

Elize Pietersen, Elisa Ignatius, Elizabeth M Streicher, Barbara Mastrapa, Xavier Padanilam, Anil Pooran, Motasim Badri, Maia Lesosky, Paul van Helden, Frederick A Sirgel, Robin Warren, Keertan Dheda

[Preview](#) | [Summary](#) | [Full Text](#) | [PDF](#)

In South Africa, long-term outcomes in patients with XDR tuberculosis are poor, irrespective of HIV status. Because appropriate long-stay or palliative care facilities are scarce, substantial numbers of patients with XDR tuberculosis who have failed treatment and have positive sputum cultures are being discharged from hospital and are likely to transmit disease into the wider community. Testing of new combined regimens is needed urgently and policy makers should implement interventions to minimise disease spread by patients who fail treatment.

Viewpoint

Scaling up of family planning in low-income countries: lessons from Ethiopia

Daniel T Halperin

[Preview](#) | [Full Text](#) | [PDF](#)

Previous analyses have emphasised the crucial importance of family planning to achieve a range of health and other development objectives in developing countries. This Viewpoint focuses on the successful implementation of services in Ethiopia, Africa's second most populous country. Ethiopia's encouraging experience could challenge the widely held assumption that a decline in fertility must be preceded by sweeping economic and educational advancement, and offers other useful policy and programmatic lessons for other low-income countries, especially in sub-Saharan Africa.

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

[Reviewed earlier]

Nature

Volume 508 Number 7494 pp7-144 3 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

March 2014, Volume 20 No 3

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

[No relevant content]

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 3, 2014 Vol. 370 No. 14

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

Review Article - Global Health

Pandemic Preparedness and Response — Lessons from the H1N1 Influenza of 2009

Harvey V. Fineberg, M.D., Ph.D.

N Engl J Med 2014; 370:1335-1342 [April 3, 2014](#) DOI: 10.1056/NEJMra1208802

[Free full text]

OMICS: A Journal of Integrative Biology

March 2014, 18(3)

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

[No relevant content]

The Pediatric Infectious Disease Journal

April 2014 - Volume 33 - Issue 4 pp: 337-429,e87-e120

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

[Reviewed earlier]

Pediatrics

April 2014, VOLUME 133 / ISSUE 4

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

Article

Effective Messages in Vaccine Promotion: A Randomized Trial

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Author Affiliations

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^cDepartment of Political Science, Georgia State University, Atlanta, Georgia;

^dThe Child Health Evaluation and Research (CHEAR) Unit, Division of General Pediatrics, University of Michigan, Ann Arbor, Michigan; and

^eDepartment of Health Management and Policy, School of Public Health, University of Michigan, Ann Arbor, Michigan

<http://pediatrics.aappublications.org/content/133/4/e835.abstract>

Abstract

OBJECTIVES: To test the effectiveness of messages designed to reduce vaccine misperceptions and increase vaccination rates for measles-mumps-rubella (MMR).

METHODS: A Web-based nationally representative 2-wave survey experiment was conducted with 1759 parents age 18 years and older residing in the United States who have children in their household age 17 years or younger (conducted June–July 2011). Parents were randomly assigned to receive 1 of 4 interventions: (1) information explaining the lack of evidence that MMR causes autism from the Centers for Disease Control and Prevention; (2) textual information about the dangers of the diseases prevented by MMR from the Vaccine Information Statement; (3) images of children who have diseases prevented by the MMR vaccine; (4) a dramatic narrative about an infant who almost died of measles from a Centers for Disease Control and Prevention fact sheet; or to a control group.

RESULTS: None of the interventions increased parental intent to vaccinate a future child. Refuting claims of an MMR/autism link successfully reduced misperceptions that vaccines cause autism but nonetheless decreased intent to vaccinate among parents who had the least favorable vaccine attitudes. In addition, images of sick children increased expressed belief in a vaccine/autism link and a dramatic narrative about an infant in danger increased self-reported belief in serious vaccine side effects.

CONCLUSIONS: Current public health communications about vaccines may not be effective. For some parents, they may actually increase misperceptions or reduce vaccination intention. Attempts to increase concerns about communicable diseases or correct false claims about vaccines may be especially likely to be counterproductive. More study of pro-vaccine messaging is needed.

Article

Prenatal Nutrient Supplementation and Postnatal Growth in a Developing Nation: An RCT

[Hermann Lanou](#), MD, MSc^{a,c}, [Lieven Huybregts](#), PhD^b, [Dominique Roberfroid](#), MD, PhD^c, [Laetitia Nikiéma](#), MD, MSc^a, [Séni Kouanda](#), MD, PhD^a, [John Van Camp](#), PhD^b, and [Patrick Kolsteren](#), MD, PhD^{b,c}

Author Affiliations

^aInstitut de Recherche en Sciences de la Santé, Ministry of Scientific Research and Innovation, Ouagadougou, Burkina Faso;

^bDepartment of Food Safety and Food Quality, Ghent University, Ghent, Belgium; and

^cChild Health and Nutrition Unit, Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium

Abstract

BACKGROUND AND OBJECTIVES: Prenatal lipid-based nutrient supplements (LNS) have been shown to improve birth anthropometry. However, little is known about the effects of such supplements on infant health. We hypothesized that prenatal LNS compared with multiple micronutrient supplement for pregnant and lactating women would improve survival, growth, and morbidity during infancy.

METHODS: Infants' weight, length, head, chest, and mid-upper arm circumferences were measured during monthly home visits from birth to 12 months of age in the Micronutrients et Santé de la Mère et de l'Enfant—2 trial. Differences in stunting and wasting episodes between study arms were assessed by Cox regression for recurrent event models. Morbidity signs during the 2 weeks before the visits and death cases were also assessed by multilevel analysis accounting for repeated individual measurements.

RESULTS: Infant length-for-age growth (-0.033 z score/month; 95% confidence interval: -0.601 to -0.006 ; $P = .018$) for the LNS group was inferior to that of the control group. We did not find evidence of significant difference in mortality or morbidity between groups.

CONCLUSIONS: The previously reported positive effect of prenatal LNS on birth length was not sustained during the postnatal phase. Prenatal LNS does not appear to make a long-lasting difference in child linear growth.

Article

Economic Evaluation of the Routine Childhood Immunization Program in the United States, 2009

[Fangjun Zhou](#), PhD^a, [Abigail Shefer](#), MD^a, [Jay Wenger](#), MD^a, [Mark Messonnier](#), PhD^a, [Li Yan Wang](#), MBA^b, [Adriana Lopez](#), MHS^a, [Matthew Moore](#), MD, MPH^a, [Trudy V. Murphy](#), MD^b, [Margaret Cortese](#), MD^a, and [Lance Rodewald](#), MD^a

Author Affiliations

^aNational Center for Immunization and Respiratory Diseases, and

^bNational Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia

Dr Wenger is currently affiliated with the Bill & Melinda Gates Foundation, Seattle, WA.

<http://pediatrics.aappublications.org/content/133/4/577.abstract>

Abstract

OBJECTIVES: To evaluate the economic impact of the 2009 routine US childhood immunization schedule, including diphtheria and tetanus toxoids and acellular pertussis, Haemophilus influenzae type b conjugate, inactivated poliovirus, measles/mumps/rubella, hepatitis B, varicella, 7-valent pneumococcal conjugate, hepatitis A, and rotavirus vaccines; influenza vaccine was not included.

METHODS: Decision analysis was conducted using population-based vaccination coverage, published vaccine efficacies, historical data on disease incidence before vaccination, and disease incidence reported during 2005 to 2009. Costs were estimated using the direct cost and societal (direct and indirect costs) perspectives. Program costs included vaccine, administration, vaccine-associated adverse events, and parent travel and work time lost. All costs were inflated to 2009 dollars, and all costs and benefits in the future were discounted at a 3% annual rate. A hypothetical 2009 US birth cohort of 4 261 494 infants over their lifetime was followed up from birth through death. Net present value (net savings) and benefit-cost ratios of routine childhood immunization were calculated.

RESULTS: Analyses showed that routine childhood immunization among members of the 2009 US birth cohort will prevent ~42 000 early deaths and 20 million cases of disease, with net savings of \$13.5 billion in direct costs and \$68.8 billion in total societal costs, respectively. The direct and societal benefit-cost ratios for routine childhood vaccination with these 9 vaccines were 3.0 and 10.1.

CONCLUSIONS: From both direct cost and societal perspectives, vaccinating children as recommended with these vaccines results in substantial cost savings.

Quality Report

Improving Immunization Rates in a Hospital-Based Primary Care Practice

[Clement J. Bottino](#), MD, MPH^{a,b}, [Joanne E. Cox](#), MD^{a,b}, [Prerna Singh Kahlon](#), BDS, MPAH, CPHQ^c, and [Ronald C. Samuels](#), MD, MPH^{a,b}

Author Affiliations

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^cProgram for Patient Safety and Quality, Boston Children's Hospital, Boston, Massachusetts; and

^bDepartment of Pediatrics, Harvard Medical School, Boston, Massachusetts

<http://pediatrics.aappublications.org/content/133/4/e1047.abstract>

Abstract

OBJECTIVE: We implemented a quality improvement initiative aimed at reaching a 95% immunization rate for patients aged 24 months. The setting was a hospital-based pediatric primary care practice in Boston, Massachusetts. We defined immunization as full receipt of the vaccine series as recommended by the Centers for Disease Control and Prevention.

METHODS: The initiative was team-based and structured around 3 core interventions: systematic identification and capture of target patients, use of a patient-tracking registry, and patient outreach and care coordination. We measured monthly overall and modified immunization rates for patients aged 24 months. The modified rate excluded vaccine refusals and practice transfers. We plotted monthly overall and modified immunization rates on statistical process control charts to monitor progress and evaluate impact.

RESULTS: We measured immunization rates for 3298 patients aged 24 months between January 2009 and December 2012. Patients were 48% (n = 1576) female, 77.3% (n = 2548) were African American or Hispanic, and 70.2% (n = 2015) were publicly insured. Using control charts, we established mean overall and modified immunization rates of 90% and 93%, respectively. After implementation, we observed an increase in the mean modified immunization rate to 95%.

CONCLUSIONS: A quality improvement initiative enabled our pediatric practice to increase its modified immunization rate to 95% for children aged 24 months. We attribute the improvement to the incorporation of medical home elements including a multidisciplinary team, patient registry, and care coordination.

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>

How to Estimate Productivity Costs in Economic Evaluations

[Marieke Krol](#), [Werner Brouwer](#)

<http://link.springer.com/article/10.1007/s40273-014-0132-3>

Abstract

Productivity costs are frequently omitted from economic evaluations, despite their often strong impact on cost-effectiveness outcomes. This neglect may be partly explained by the lack of standardization regarding the methodology of estimating productivity costs. This paper aims to contribute to standardization of productivity cost methodology by offering practical guidance on how to estimate productivity costs in economic evaluations. The paper discusses the identification, measurement and valuation of productivity losses. It is recommended to include not only productivity losses related to absenteeism from and reduced productivity at paid work, but also those related to unpaid work. Hence, it is recommended to use a measurement instrument including questions about both paid and unpaid productivity, such as the iMTA Productivity Cost Questionnaire (iPCQ) or the Valuation of Lost Productivity (VOLP). We indicate how to apply the friction cost and the human capital approach and give practical guidance on deriving final cost estimates.

Differential Time Preferences for Money and Quality of Life

[M. B. Y. Parouty](#), [H. H. Le](#), [D. Krooshof](#), [M. J. Postma](#)

<http://link.springer.com/article/10.1007/s40273-013-0124-8>

Abstract

Background

This study provides an empirical investigation into differential time preferences between money and quality of life. Thus far, time preference investigations in health have mostly involved life-years gained and lives saved. However, the quality-adjusted life-year, which is recommended by several bodies, is a multiplicative measure of life duration and quality of life. To our knowledge, our study is the first to follow this approach specifically for quality of life.

Methods

A questionnaire was developed to elicit time preferences for quality of life and for money, and it was distributed to a representative sample of the Dutch population. We also investigated the impact of population characteristics, such as current health state, optimistic/pessimistic future views or gender, on time preferences.

Results

We found that discount rates for both money and quality of life decrease with increasing time of delay, with rates of the former being consistently at least two times higher than those of the latter. Similar trends in time preferences were observed across the subgroups, with the exception of the relatively high education subgroup.

Conclusion

In agreement with the results of other studies, our empirically derived discount rates are higher than the rates featured in national guidelines for health care economic assessment. Our

empirical study adds to the evidence for differential discounting, both with regards to money and health, as well as in time

PLoS One

[Accessed 5 April 2014]

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

[Online site issues]

PLoS Medicine

(Accessed 5 April 2014)

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

[Online site issues]

PLoS Neglected Tropical Diseases

March 2014

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

[No new relevant content]

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

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

(Accessed 5 April 2014)

[No new relevant content]

Pneumonia

Vol 3 (2014)

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

Reflections on pneumonia in the tropics

Michael Alpers

<https://pneumonia.org.au/index.php/pneumonia/article/view/416>

Abstract

This review of pneumonia in the tropics is based on experience with respiratory infections in Papua New Guinea since the 1970s. It discusses ideas, principles, historical aspects of pneumonia research and the need to work with the community. In order to understand pneumonia in a tropical setting and evaluate new interventions it is essential to study the ecosystem of the causative infections, within the host and the community and between interacting microorganisms. Vaccines are much-needed preventive tools, and for pneumonia in a highly endemic setting the prevention of severe and fatal disease takes priority over the prevention of infection. In this setting mild infection plays an important role in preventing severe disease. For achieving long-term sustainable outcomes, sometimes 'less is more'. A multipronged approach is required to control and prevent pneumonia, and in devising new ways of doing so. This includes appropriate and accessible clinical care, a clean, smoke-free environment, good nutrition and a range of vaccines. Also required are persistent advocacy

from the global scientific community and strong engagement with and by the communities that bear the burden of disease. Better health care must be pursued in conjunction with raising literacy rates and reducing poverty.

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

[No relevant content]

Physical Intimate Partner Violence in Northern India

[Maya I. Ragavan¹](#), [Kirti Iyengar²](#), [Rebecca M. Wurtz³](#)

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³Northwestern University, Chicago, Illinois, USA

Maya I. Ragavan, Stanford University, Department of Pediatrics, 725 Welch Road, Palo Alto, CA 94304, USA.

Abstract

In this article, we examine perceptions about the definition of physical intimate partner violence (IPV) in northern India utilizing feminist perspectives as a framework. We interviewed 56 women and 52 men affiliated with a health services nongovernmental organization in the Udaipur district of Rajasthan. We transcribed, coded, and analyzed the interviews utilizing grounded theory. We found that perceptions regarding physical IPV were associated with both structural and ideological patriarchal beliefs and microlevel constructs such as alcohol use. We discovered multiple types of physical IPV in the study region, including rationalized violence (socially condoned violence perpetrated by a husband against his wife), unjustified violence (socially prohibited violence perpetrated by a husband against his wife), and majboori violence (violence perpetrated by a wife against her husband). Our results add to the breadth of research available about IPV in India and create a framework for future research and IPV prevention initiatives.

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

[Desnutrición infantil en menores de cinco años en Perú: tendencias y factores determinantes](#)

[Child malnutrition in children under 5 years of age in Peru: trends and determinants]

Manuel Sobrino, César Gutiérrez, Antonio J. Cunha, Miguel Dávila y Jorge Alarcon

[Determinantes sociales de la exclusión a los servicios de salud y a medicamentos en tres países de América Central](#) [**Social determinants of exclusion from health services and medicines in three Central American countries**]

Cecilia Acuña, Nelly Marin, Adriana Mendoza, Isabel Cristina Martins Emmerick, Vera Lucía Luiza, and Thiago Botelho Azeredo

[Investigação participativa baseada na comunidade em saúde pública: potencialidades e desafios](#) [**Community-based participatory research in public health: potentials and challenges**]

Sónia Dias e Ana Gama

[Eficacia de la detección sistemática de la gripe en las fronteras en los viajeros que llegan por vía aérea](#) [**Effectiveness of border screening for detecting influenza in arriving airline travelers**]

Patricia C. Priest, Lance C. Jennings, Alasdair R. Duncan, Cheryl R. Brunton y Michael G. Baker

Risk Analysis

March 2014 Volume 34, Issue 3 Pages 399–598

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

[Reviewed earlier]

Science

4 April 2014 vol 344, issue 6179, pages 1-116

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

Perspective - Immunology

Immune Activation with HIV Vaccines

[Anthony S. Fauci¹](#), [Mary A. Marovich¹](#), [Carl W. Dieffenbach¹](#), [Eric Hunter²](#),
[Susan P. Buchbinder³](#)

Author Affiliations

1National Institute of Allergy and Infectious Diseases, Bethesda, MD 20892, USA.

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3San Francisco Department of Public Health, Department of Medicine, University of California, San Francisco, CA 94143, USA.

The development of a safe and effective HIV vaccine is perhaps the most important and challenging goal remaining in HIV-AIDS research. Recent progress using a poxvirus vector prime and envelope protein boost strategy demonstrated a modest but statistically significant level of efficacy and established the concept that a vaccine could prevent HIV infection (1), and approaches to boost durability and efficacy are currently in the planning stages (2). But the results of two vaccine concepts based on recombinant adenovirus serotype-5 (rAd5) (3–5) pointed to a potential major problem—that such vaccines might increase susceptibility to HIV infection. This also raised the question of whether the problem extends to some or all of the other recombinant adenovirus vectors currently in development or to other vector-based vaccines.

Science Translational Medicine

2 April 2014 vol 6, issue 230

<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

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

Volume 32, Issue 20, Pages 2261-2388 (25 April 2014)

<http://www.sciencedirect.com/science/journal/0264410X/32/20>

What a pandemic teaches us about vaccination attitudes of parents of children with asthma

Original Research Article

Pages 2275-2280

Betul Buyuktiryaki, Ozge Uysal Soyer, Mustafa Erkocoglu, Ayse Dogan, Dilek Azkur, Can Naci Kocabas, Yildiz Dallar, Ayfer Tuncer, Bulent Enis Seker

Abstract

Background

During the recent pandemic, Influenza A/H1N1 vaccine uptake remained far below the targeted rates. Associated factors regarding vaccine refusal in the general population have been reported in many studies, however the reasons behind refusals for asthmatic children have not yet been identified. We aimed to investigate Influenza A/H1N1 virus vaccine acceptance for children with asthma, to determine the attitudes and beliefs of parents concerning Influenza A/H1N1 disease and vaccine and to identify the association of asthma control parameters with vaccination.

Methods

The parents of asthmatic children aged 6–18 years participated in a cross-sectional survey study in three pediatric allergy outpatient clinics. The survey measured demographic factors, asthma control parameters, vaccination rates, and beliefs and attitudes regarding Influenza A/H1N1 vaccine.

Results

Of the 625 asthmatic children, 16.8% ($n = 105$) were immunized with Influenza A/H1N1 and 45.7% ($n = 286$) with seasonal influenza vaccine. Educational background of parents ($p < 0.001$ and $p = 0.002$, for father's and mother's educational level, respectively), previous vaccination with seasonal influenza ($p < 0.001$), and having a family member vaccinated against Influenza A/H1N1 ($p < 0.001$) had a significant influence on vaccine acceptance, while fear of side effects (88.6%) was the major parental reason for refusing the vaccine. Asthma control parameters had no influence on uptake of the vaccine. Physician recommendation (84.8%) was important in the decision-making process for immunization. The statement "Children with asthma should receive swine flu vaccine" increased the likelihood of being vaccinated [OR: 2.160, (95%CI 1.135–4.111), $p = 0.019$].

Conclusion

Although asthmatic children are considered to be a high-priority group for Influenza A/H1N1 vaccination, we found low uptake of vaccine among our patients. Beliefs and attitudes rather than asthma control parameters influenced parental decisions for immunization. Understanding

the underlying determinants for refusing the vaccine will help to improve vaccine campaigns in advance of a future outbreak.

Cost and sustainability of a successful package of interventions to improve vaccination coverage for children in urban slums of Bangladesh

Original Research Article

Pages 2294-2299

K. Hayford, M.J. Uddin, T.P. Koehlmoos, D.M. Bishai

Abstract

Objective

To estimate the incremental economic costs and explore satisfaction with a highly effective intervention for improving immunization coverage among slum populations in Dhaka, Bangladesh. A package of interventions based on extended clinic hours, vaccinator training, active surveillance, and community participation was piloted in two slum areas of Dhaka, and resulted in an increase in valid fully immunized children (FIC) from 43% pre-intervention to 99% post-intervention.

Methods

Cost data and stakeholder perspectives were collected January–February 2010 via document review and 10 key stakeholders interviews to estimate the financial and opportunity costs of the intervention, including uncompensated time, training and supervision costs.

Results

The total economic cost of the 1-year intervention was \$18,300, comprised of external management and supervision (73%), training (11%), coordination costs (1%), uncompensated staff time and clinic costs (2%), and communications, supplies and other costs (13%). An estimated 874 additional children were correctly and fully immunized due to the intervention, at an average cost of \$20.95 per valid FIC. Key stakeholders ranked extended clinic hours and vaccinator training as the most important components of the intervention. External supervision was viewed as the most important factor for the intervention's success but also the costliest. All stakeholders would like to reinstate the intervention because it was effective, but additional funding would be needed to make the intervention sustainable.

Conclusion

Targeting slum populations with an intensive immunization intervention was highly effective but would nearly triple the amount spent on immunization per FIC in slum areas. Those committed to increasing vaccination coverage for hard-to-reach children need to be prepared for substantially higher costs to achieve results.

Vaccine preventable diseases: Time to re-examine global surveillance data?

Original Research Article

Pages 2315-2320

Adam MacNeil, Vance Dietz, Thomas Cherian

Abstract

While data driven estimates of the global burden of disease for some vaccine preventable diseases (VPDs) are limited, aggregate case numbers of VPDs are reported annually by country in the Joint Reporting Form (JRF). We examined pertussis surveillance data in the JRF, and vaccine coverage estimates, in comparison to measles, which is a priority disease for elimination and eradication efforts and is supported by the WHO Global Measles and Rubella Laboratory Network. In 2012, highest pertussis case numbers and incidence were reported from high income countries with high vaccine coverage, discordant with countries that had low vaccine coverage. Use of laboratory diagnostics for pertussis cases varied among countries. In contrast, highest reported numbers of measles cases and incidences tended to occur in low income

countries. These observations imply poor quality global surveillance data for some VPDs, limiting capacity for monitoring global epidemiology or making vaccination policy decisions. Efforts are needed to improve the availability of quality surveillance data for all VPDs.

Vaccine

Volume 32, Issue 19, Pages 2135-2260 (17 April 2014)

<http://www.sciencedirect.com/science/journal/0264410X/32/19>

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

Review Article

Pages 2150-2159

Heidi J. Larson, Caitlin Jarrett, Elisabeth Eckersberger, David M.D. Smith, Pauline Paterson

Abstract

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

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

A broad search strategy, built to capture multiple dimensions of public trust, confidence and hesitancy around vaccines, was applied across multiple databases. Peer-reviewed studies were selected for inclusion if they focused on childhood vaccines [≤ 7 years of age], used multivariate analyses, and were published between January 2007 and November 2012.

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

Vaccine: Development and Therapy

(Accessed 5 April 2014)

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

[No new relevant content]

Vaccines — Open Access Journal

(Accessed 5 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

Special Focus Newsletters

RotaFlash – April 2, 2014

::Rotavirus vaccines welcomed in Cameroon and Sierra Leone
New introductions signal continued progress in the fight against deadly diarrhea

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 5 April 2014

[No new, unique, relevant content]

The Atlantic

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

Accessed 5 April 2014

[No new, unique, relevant content]

BBC

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

Accessed 5 April 2014

[No new, unique, relevant content]

Brookings

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

Accessed 5 April 2014

[No new, unique, relevant content]

Council on Foreign Relations

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

Accessed 5 April 2014

[No new, unique, relevant content]

DEVEX

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

Accessed 5 April 2014

[No new, unique, relevant content]

Economist

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

Accessed 5 April 2014

[No new, unique, relevant content]

Financial Times

<http://www.ft.com>

Accessed 5 April 2014

[No new, unique, relevant content]

Forbes

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

Accessed 5 April 2014

Dr. Paul Offit: 'Journalism Jail' For Faulty Medical Reporting

At the annual meeting of the Association of Health Care Journalists, Children's Hospital of Philadelphia chief of infectious diseases, pediatrician, vaccine developer and author called on broadcast and print reporters to avoid the "he-said, she-said reporting" that perpetuates false controversies in science and medicine...

Foreign Affairs

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

Accessed 5 April 2014

[No new, unique, relevant content]

Foreign Policy

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

Accessed 5 April 2014

[No new, unique, relevant content]

The Guardian

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

Accessed 5 April 2014

Putting people at the centre of vaccination development

5 April 2014 [PATH-sponsored content]

It is time to put more consideration into the consumer experience of vaccination...

The Huffington Post

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

Accessed 5 April 2014

World Health Day | Peter Hotez, M.D, Ph.D.

The global health community has a huge task ahead in order to control or eliminate the worst neglected tropical diseases transmitted by insects...

Le Monde

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

Accessed 5 April 2014

[No new, unique, relevant content]

New Yorker

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

Accessed 5 April 2014

[No new, unique, relevant content]

New York Times

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

Accessed 5 April 2014

[No new, unique, relevant content]

Reuters

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

Accessed 5 April 2014

[No new, unique, relevant content]

Wall Street Journal

<http://online.wsj.com/home-page? wsjregion=na,us& homepage=/home/us>

Accessed 5 April 2014

[No new, unique, relevant content]

Washington Post

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

Accessed 5 April 2014

[No new, unique, relevant content]

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