

**Center for Vaccine
Ethics and Policy**

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Vaccines and Global Health: The Week in Review

14 June 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

Executive Director

Center for Vaccine Ethics & Policy

david.r.curry@centerforvaccineethicsandpolicy.org

Media Release: PAHO/WHO steps up surveillance and information exchange during FIFA World Cup

Monitoring helps health authorities respond effectively and promptly to potential health risks during mass-attendance events

Excerpt

Washington, D.C., 11 June 2014 (PAHO/WHO) - The Pan American Health Organization/World Health Organization (PAHO/WHO) is conducting an enhanced surveillance and activating mechanisms of information exchange about public health events during the 2014 FIFA World Cup, which takes place in Brazil from 12 June to 13 July.

The goal is to rapidly detect any events that could have an impact on regional or global public health, enabling health authorities to take timely and appropriate action to respond to risks and minimize any impact on people's health.

In the coming days, hundreds of thousands of people will travel to Brazil to attend soccer matches taking place in 12 World Cup venues. Intensified international travel and population movement associated with mass events such as the World Cup can have an impact in the host country as well as at the regional or global level. For the host country, mass gatherings can overload health services because of the large numbers of people, and visitors from other parts of the world can potentially import or export infectious diseases.

To ensure early detection of public health events, PAHO/WHO is intensifying disease and event surveillance from 5 June to 25 July. The increased surveillance will cover not only events

in Brazil but also events elsewhere in the Americas and in other regions that could have an impact on the World Cup.

PAHO/WHO is sharing daily reports generated through this stepped-up surveillance with health authorities in Brazil and in other countries of the Americas and worldwide.

A series of [health resources for travelers](#) to the 2014 FIFA World Cup is available on the PAHO/WHO website. The resources include an [interactive map](#) with health information related to cities hosting the World Cup games...

UNICEF Watch [to 14 June2014]

http://www.unicef.org/media/media_71724.html

:: [Measles threatens thousands of Somali children](#)

Joint UNICEF/WHO Press Release

Excerpt

/GAROWE/HARGEISA, Somalia, 10 June 2014 – Outbreaks of measles in several regions have left thousands of Somali children at risk of disability or death if they are not urgently vaccinated against the highly contagious disease.

In March and April 2014 there were over 1350 suspected cases of measles – four times the number seen during the same period last year and nearly 1000 cases were reported in May alone.

In response, the health authorities, with the support of UNICEF, the World Health Organization (WHO) and partners, conducted small scale vaccination campaigns and will carry out larger emergency campaigns in the most affected areas of Bari, Nugaal, Mudug, Banadir and Lower Juba in June targeting half a million children under five.

‘We have a very high number of malnourished Somali children,’ said Sikander Khan, UNICEF Somalia Representative. ‘Malnourished children here are more susceptible to disease – and are more likely to die or suffer lifelong disability such as blindness, deafness or brain damage as a result of contracting measles.’

Two decades of conflict have decimated Somalia’s health sector, leaving the country with some of the worst health and nutrition indicators in the world. An estimated one in five children dies before their fifth birthday – with measles as one of the main causes.

‘This is extremely alarming. There is a very poor health care system due to the years of conflict,’ said Dr. Ghulam Popal, WHO Somalia Representative. ‘We know there have been extremely low immunization rates among Somali children and we need to urgently ensure as many as possible are vaccinated.’

It is estimated that less than a third of Somali children under one year were vaccinated against measles in 2013 through routine immunization services. In some areas in central and southern Somalia insecurity has meant that immunization coverage is as low as 15 per cent.

WHO and UNICEF say that a nationwide measles campaigns need to be urgently conducted to prevent thousands of avoidable deaths. This would involve vaccinating about 5 million children and youth from 9 months to 15 years at an estimated cost of US\$ 9 million....

WHO: Global Alert and Response (GAR) – *Disease Outbreak News* [to 14 June2014]

<http://www.who.int/csr/don/en/>

:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update [13 June 2014](#)

...The National IHR Focal Points of Saudi Arabia, the United Arab Emirates (UAE) and the Islamic Republic of Iran recently reported additional laboratory-confirmed cases of infection

with Middle East respiratory syndrome coronavirus (MERS-CoV) to WHO....

:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update [11 June 2014](#)

:: Ebola virus disease, West Africa – update [10 June 2014](#)
...WHO does not recommend any travel or trade restrictions be applied to Guinea, Liberia, or Sierra Leone based on the current information available for this event.

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

WHO: [Update on MERS-CoV transmission from animals to humans, and interim recommendations for at-risk groups](#)

13 June 2014

[Excerpt]

Over the past year, several investigations into the animal source of MERS-CoV have been conducted. MERS-CoV genetic sequences from humans and camels in Egypt, Oman, Qatar and Saudi Arabia demonstrate a close link between the virus found in camels and that found in people in the same geographic area. These and other studies have found MERS-CoV antibodies in camels in Africa and the Middle East.

Preliminary results from an ongoing investigation in Qatar show that people working closely with camels (e.g. farm workers, slaughterhouse workers and veterinarians) may be at higher risk of MERS-CoV infection than people who do not have regular close contacts with camels. In Qatar and several other countries, animals, including goats, cows, sheep, water buffalo, swine and wild birds, have been tested for antibodies to MERS-CoV, with no positive results. The absence of antibodies in these animals indicates that the likelihood of other animals having a substantial role in transmission of MERS-CoV is very low. These studies provide evidence that camels are a likely primary source of the MERS-CoV that is infecting humans.

The current pattern of disease appears to be the result of repeated introductions of the virus from camels to people, resulting in limited human-to-human transmission, but not in sustained transmission. Therefore, discovery of the routes of transmission, whether direct or indirect, between camels and people, is critical to stopping transmission of the virus...

POLIO [to 14 June 2014]

GPEI Update: Polio this week - *As of 11 June 2014*

Global Polio Eradication Initiative

Editor's Excerpt and text bolding

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

:: The Technical Advisory Groups (TAGs) on Polio Eradication in Afghanistan and Pakistan met in Islamabad, Pakistan, last week. The TAG recognized the important progress in Afghanistan and concluded that the country is in a strong position to interrupt endemic transmission of the virus in 2014, provided the country addresses the remaining challenges and risks. These include ensuring the programme is a priority with the new government, reaching children in inaccessible areas, focusing on missed children, strengthening cross-border and transit vaccination and preparing for the displacement of people from infected areas of Pakistan.

:: In terms of polio eradication in Pakistan, the TAG concluded that the country is not in a position to interrupt transmission without radical change in reservoir areas including Federally Administered Tribal Areas – FATA, Peshawar and Karachi. To put the program back on the path to polio eradication, the TAG recommended full political commitment and ownership, mobilization of national assets including the army and administrative machinery, restoration of vaccination in FATA and addressing insecurity and

chronic gaps in reservoirs and high risk areas. The TAG also recommended that all provinces integrate communications and social mobilization activities in their planning and operations.

Nigeria

:: Three new cVDPV2 cases were reported in the past week including two cases from Damboa LGA, Borno state, and one case from the previously uninfected Jere LGA, Borno state. The most recent cVDPV2 case had onset of paralysis on 3 May from Damboa LGA, Borno state. The total number of cVDPV2 cases for 2014 is seven.

Pakistan

:: Four new WPV1 cases were reported in the past week including two cases from North Waziristan, Federally Administered Tribal Areas – FATA, and two cases from Bannu, Khyber Pakhtunkhwa – KP. The most recent WPV1 case had onset of paralysis on 19 May from Bannu. The total number of WPV1 cases reported from Pakistan for 2014 is 75.

Central Africa

:: A new WPV1 case was reported this week from Equatorial Guinea. The case is from Ebébeyin district, Kie Ntem province, and had onset of paralysis on 3 April. The total number of WPV1 cases in Equatorial Guinea in 2014 is four. The cases are linked to an ongoing outbreak in neighboring Cameroon, which has reported four cases in 2013 and three cases in 2014. The most recent NIDs in Equatorial Guinea took place on 28 May and the next rounds of activities are planned for mid-July and August.

The **Weekly Epidemiological Record (WER) for 13 June 2014**, vol. 89, 24 (pp. 257–264) includes:

:: Progress towards measles elimination – Eastern Mediterranean Region, 2008–2012

<http://www.who.int/entity/wer/2014/wer8924.pdf?ua=1>

CDC/MMWR Watch [to 14 June2014]

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

MMWR for June 13, 2014 / Vol. 63 / No. 23 includes:

:: [Progress Toward Measles Elimination — Eastern Mediterranean Region, 2008–2012](#)

:: [Announcement: Recommendation Regarding Increasing Vaccination Rates Through Use of Immunization Information Systems — Community Preventive Services Task Force](#)

Excerpt

Task Force Finding

The [Community Preventive Services Task Force recommends](#) immunization information systems (IIS) on the basis of strong evidence of effectiveness in increasing vaccination rates.

Evidence is considered strong based on the findings from 108 published studies and 132 conference abstracts showing that IIS are effective in increasing vaccination rates and reducing vaccine-preventable disease through their capabilities to:

:: Create or support effective interventions such as client reminder and recall systems, provider assessment and feedback, and provider reminders

:: Determine client vaccination status for decisions made by clinicians, health departments, and schools

:: Guide public health responses to outbreaks of vaccine-preventable disease

:: Inform assessments of vaccination coverage, missed vaccination opportunities, invalid dose administration, and disparities in vaccination coverage; and

:: Facilitate vaccine management and accountability

Read the full [Task Force Finding and Rationale Statement](#) for details including implementation issues, possible added benefits, potential harms, and evidence gaps...

Global Fund Watch [to 14 June2014]

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

Media Release

[UNITAID and the Global Fund Announce Formal Collaboration](#)

13 June 2014

Excerpt

GENEVA – UNITAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria have signed a collaboration agreement around a market-shaping agenda to maximize the value for money from each organization's investments.

Both organizations invest to increase access to health products for HIV/AIDS, tuberculosis and malaria for those who need them most. UNITAID focuses on global product markets, investing to speed up and increase access to better adapted and more affordable commodities, and Global Fund investments support countries in efforts to expand health programs, including health products.

The new agreement focuses on three main areas: More rapid development and uptake of high-quality adapted medicines and diagnostics geared toward increasing access for underserved populations; Promoting simpler treatments, including fixed-dose combinations and point-of-care diagnostics that improve adherence and reduce patients' pill burden; Improving value for money of donor investments by achieving greater market improvements with resulting public health impact....

European Medicines Agency Watch [to 14 June2014]

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

[European Medicines Agency agrees policy on publication of clinical trial data with more user-friendly amendments](#)

12 June 2014

The European Medicines Agency Management Board on 12 June 2014 agreed the policy on publication of clinical trial data, together with more user-friendly amendments proposed by EMA Executive Director Guido Rasi, that will not only allow the Agency to proactively publish clinical trial data that are submitted as part of marketing authorisation applications, but also give the possibility to download, save and print the trial data for academic and non-commercial research purposes...

GAVI Watch [to 14 June2014]

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

No new relevant content identified.

WHO: Humanitarian Health Action [to 14 June2014]

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

No new relevant content identified.

UN Watch [to 14 June2014]

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.

Industry Watch [to 14 June2014]

Selected media releases and other selected content from industry.

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

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

No new digest content identified.

Journal Watch

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

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

The American Journal of Bioethics

Volume 14, Issue 6, 2014

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

[Reviewed earlier]

American Journal of Infection Control

Vol 42 | No. 6 | June 2014 | Pages 585-696

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

[Reviewed earlier]

American Journal of Preventive Medicine

Volume 46, Issue 6, p543-660, e53-e60 June 2014

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

[Reviewed earlier]

American Journal of Public Health

Volume 104, Issue S3 (June 2014)

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

Issue Focus: Health of American Indians and Alaska Natives

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

June 2014; 90 (6)

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

[No relevant content]

Annals of Internal Medicine

3 June 2014, Vol. 160. No. 11

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

[No relevant content]

BMC Health Services Research

(Accessed 14 June2014)

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

[No new relevant content]

BMC Medical Ethics

(Accessed 14 June2014)

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

Debate**Child's assent in research: Age threshold or personalisation?**

Marcin Waligora, Vilius Dranseika and Jan Piasecki

Author Affiliations

BMC Medical Ethics 2014, 15:44 doi:10.1186/1472-6939-15-44

Published: 13 June 2014

Abstract* (provisional)*Background**

Assent is an important ethical and legal requirement of paediatric research. Unfortunately, there are significant differences between the guidelines on the details of assent.

Discussion

What often remains unclear is the scope of the assent, the procedure for acquiring it, and the way in which children's capacity to assent is determined. There is a general growing tendency that suggests that the process of assent should be personalised, that is, tailored to a particular child. This article supports the idea of personalisation. However, we also propose placing limits on personalisation by introducing a suggested requirement of assent starting at a school-age threshold. In some situations RECs/IRBs and researchers could reduce the suggested threshold.

BMC Public Health

(Accessed 14 June2014)

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

[No new relevant content]

British Medical Bulletin

Volume 110 Issue 1 June 2014

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

[Reviewed earlier]

British Medical Journal

14 June 2014 (Vol 348, Issue 7962)

<http://www.bmjjournals.org/content/348/7962>

[No relevant content]

Bulletin of the World Health Organization

Volume 92, Number 6, June 2014, 385-464

<http://www.who.int/bulletin/volumes/92/6/en/>

Special theme: BRICS and global health

[Reviewed earlier]

Clinical Infectious Diseases (CID)

Volume 58 Issue 12 June 15, 2014

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

[Reviewed earlier]

Clinical Therapeutics

Volume 36, Issue 5, p613-816 May 2014

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

[Reviewed earlier]

Cost Effectiveness and Resource Allocation

(Accessed 14 June2014)

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

[No new relevant content]

Current Opinion in Infectious Diseases

June 2014 - Volume 27 - Issue 3 pp: v-v 211-302

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

[Reviewed earlier]

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 24](#), Issue 3, 2014

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

[No relevant content]

Emerging Infectious Diseases

Volume 20, Number 6—June 2014

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

[Reviewed earlier]

The European Journal of Public Health

Volume 24 Issue 3 June 2014

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

[Reviewed earlier]

Eurosurveillance

Volume 19, Issue 22, 05 June 2014

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

[Website unavailable]

Global Health: Science and Practice (GHSP)

May 2014 | Volume 2 | Issue 2

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

[No relevant content]

Globalization and Health

[Accessed 14 June 2014]

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

Commentary**[Health diplomacy: a new approach to the Muslim world?](#)**

Suleman M, Ali R and Kerr DJ

Globalization and Health 2014, 10:50 (13 June 2014)

Research**[Mobile health for non-communicable diseases in Sub-Saharan Africa: a systematic review of the literature and strategic framework for research](#)**

Bloomfield GS, Vedanthan R, Vasudevan L, Kithei A, Were M and Velazquez EJ

Globalization and Health 2014, 10:49 (13 June 2014)

Research

Community empowerment and involvement of female sex workers in targeted sexual and reproductive health interventions in Africa: a systematic review

Moore L, Chersich MF, Steen R, Reza-Paul S, Dhana A, Vuylsteke B, Lafont Y and Scorgie F
Globalization and Health 2014, 10:47 (10 June 2014)

Research

Systematic review of facility-based sexual and reproductive health services for female sex workers in Africa

Dhana A, Luchters S, Moore L, Lafont Y, Roy A, Scorgie F and Chersich M
Globalization and Health 2014, 10:46 (10 June 2014)

Global Public Health

Volume 9, Issue 5, 2014

<http://www.tandfonline.com/toc/rgph20/.Uq0DgeKy-F9#.U4onnCjDU1w>

[Reviewed earlier]

Health Affairs

June 2014; Volume 33, Issue 6

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

Theme: Economics Of Health Care: Costs, Savings & Value

[Reviewed earlier]

Health and Human Rights

Volume 16, Issue 1

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

Climate Justice and the Right to Health – A Special Issue

Foreword

Mary Robinson, President of the Mary Robinson Foundation-Climate Justice

Excerpt

...In recent years, climate justice is emerging as a discipline that addresses the interlinked challenges of climate change, human rights, and development. At a time when the need for multidisciplinary research is gaining ground, climate justice provides a useful framing for interdisciplinary collaborations.

Climate justice highlights the impacts of climate change on the vulnerable, marginalized, and poor, who are disproportionately affected by extreme weather events, such as floods, storms, and droughts, and slow onset events, such as sea level rise and glacial melt. They are the people who have their homes destroyed, face increasing struggles to feed themselves and their families, and are more susceptible to diseases while having their access to health care diminished.

Climate change is already undermining many of their basic human rights—to food and water, to shelter and health. Climate justice points out that the undermining of these essential rights is an injustice—largely because those who are most affected by the negative impacts are least responsible for the causes of the problem. The concept shows how global development issues and climate change are inextricably linked, as for example when the incidence of a disease like

malaria, that we have been making progress on eradicating, starts to rise again due to climatic changes....

...Articles in this special issue examine the disproportionate impacts of climate change on vulnerable groups, including indigenous peoples. A case is made for climate change mitigation policies informed by human rights and with clear health and equity co-benefits. The links between climate justice and the right to health are presented, including an analysis of the links between the right to food and the right to health in the context on increasing dependency on food aid of low nutritional value. Several papers present a strong case for human rights law guiding procedural responses to climate change and its negative impacts on health....

...It is important at this juncture, with two international processes working on issues of human development and climate change coming to conclusion in 2015, that the value of a climate justice approach is demonstrated and used to inform these policy frameworks. This special edition is a welcome contribution to this endeavor.

Health Economics, Policy and Law

Volume 9 - Issue 03 - July 2014

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

[No relevant content]

Health Policy and Planning

Volume 29 Issue 3 May 2014

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

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

June 2014 Volume 10, Issue 6

<http://www.landesbioscience.com/journals/vaccines/toc/volume/10/issue/6/>

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 14 June2014]

[No new relevant content]

Infectious Diseases of Poverty

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

[Accessed 14 June2014]

[No new relevant content]

International Journal of Epidemiology

Volume 43 Issue 3 June 2014

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

The non-specific effects of vaccines and other childhood interventions: the contribution of INDEPTH Health and Demographic Surveillance Systems

Osman Sankoh^{1,2,3,*}, Paul Welaga^{1,4}, Cornelius Debruur^{1,4}, Charles Zandoh^{1,5}, Stephney Gyaase^{1,5}, Mary Atta Poma^{1,6}, Martin Kavao Mutua^{1,7}, SM Manzoor Ahmed Hanifi^{1,8}, Cesario Martins^{1,9}, Eric Nebie^{1,10}, Moubassira Kagoné^{1,10}, Jacques BO Emina¹ and Peter Aaby^{1,9}

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Accepted April 3, 2014.

Abstract

Most childhood interventions (vaccines, micronutrients) in low-income countries are justified by their assumed effect on child survival. However, usually the interventions have only been studied with respect to their disease/deficiency-specific effects and not for their overall effects on morbidity and mortality. In many situations, the population-based effects have been very different from the anticipated effects; for example, the measles-preventive high-titre measles vaccine was associated with 2-fold increased female mortality; BCG reduces neonatal mortality although children do not die of tuberculosis in the neonatal period; vitamin A may be associated with increased or reduced child mortality in different situations; effects of interventions may differ for boys and girls. The reasons for these and other contrasts between expectations and observations are likely to be that the immune system learns more than specific prevention from an intervention; such training may enhance or reduce susceptibility to unrelated infections. INDEPTH member centres have been in an ideal position to document such additional non-specific effects of interventions because they follow the total population long term. It is proposed that more INDEPTH member centres extend their routine data collection platform to better measure the use and effects of childhood interventions. In a longer perspective, INDEPTH may come to play a stronger role in defining health research issues of relevance to low-income countries.

Commentary: Potential implications of non-specific effects of childhood vaccines

Harshpal Singh Sachdev

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Abstract

The World Health Organization states that: 'A vaccine is a biological preparation that improves immunity to a particular disease. A vaccine typically contains an agent that resembles a disease-causing microorganism, and is often made from weakened or killed forms of the microbe, its toxins or one of its surface proteins. The agent stimulates the body's immune system to recognize the agent as foreign, destroy it, and 'remember' it, so that the immune system can more easily recognize and destroy any of these microorganisms that it later encounters'.¹ This statement is in conformity with the usual scientific and lay perceptions that vaccines have only specific disease-protective effects. However, historically it has been suspected that Vaccinia² and BCG vaccination³ confer protection against non-targeted infectious diseases. Emerging

evidence suggests that vaccines can positively or negatively affect the resistance to other infectious diseases—the so-called non-specific effects of vaccines or non-specific immunomodulation by vaccines. The bulk of this evidence has been generated from Guinea-Bissau by researchers led by Peter Aaby. The current status of global evidence has been summarized by them in this issue of IJE4 and elsewhere.⁵ On this basis, they also suggest a new definition of vaccines: 'A vaccine is a biological preparation that improves immunity to a particular disease and at the same ...

International Journal of Infectious Diseases

Vol 23 Complete | June 2014 | Pages 1-108

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

[Reviewed earlier]

JAMA

June 11, 2014, Vol 311, No. 22

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

[No relevant content]

JAMA Pediatrics

June 2014, Vol 168, No. 6

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

[No relevant content]

Journal of Community Health

Volume 39, Issue 3, June 2014

<http://link.springer.com/journal/10900/39/3/page/1>

[Reviewed earlier]

Journal of Global Ethics

Volume 10, Issue 1, 2014

<http://www.tandfonline.com/toc/rjge20/current#.U2V-Elf4L0I>

Tenth Anniversary Forum: The Future of Global Ethics

[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)

Volume 25, Number 2, May 2014

http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.25.2.html

[Reviewed earlier]

Journal of Health Organization and Management

Volume 28 issue 3 - Latest Issue

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

[No relevant content]

Journal of Infectious Diseases

Volume 210 Issue 1 July 1, 2014

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

[No relevant content]

Journal of Global Infectious Diseases (JGID)

Volume 6 | Issue 2 Page Nos. 57-92 April-June 2014

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

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 16, Issue 3, June 2014

<http://link.springer.com/journal/10903/16/3/page/1>

Special Topics in Immigrant Health: The Health of Indigenous Mayan Migrants from Yucatán México

[Reviewed earlier]

Journal of Medical Ethics

June 2014, Volume 40, Issue 6

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

[No relevant content]

Journal of Medical Microbiology

June 2014; 63 (Pt 6)

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

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 3 Issue 2 June 2014

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

[Reviewed earlier]

Journal of Pediatrics

Vol 164 | No. 6 | June 2014 | Pages 1245-1504

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

[Reviewed earlier]

Journal of Public Health Policy

Volume 35, Issue 2 (May 2014)

<http://www.palgrave-journals.com/jphp/journal/v35/n2/index.html>

[Reviewed earlier]

Journal of the Royal Society – Interface

July 6, 2014; 11 (96)

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

[No relevant content]

Journal of Virology

July 2014, volume 88, issue 13

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

[No relevant content]

The Lancet

Jun 14, 2014 Volume 383 Number 9934 p2019 – 2098 e19 – 21

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

Editorial**Ending sexual violence in conflict and beyond**

The Lancet

Today's Lancet has a special focus on sexual violence in conflict to coincide with the first Global Summit to End Sexual Violence in Conflict in London, June 10–14. War zone sexual violence and other forms of gender-based violence inflict extreme suffering and represent serious violations of human rights. These crimes leave physical, psychological, social, and economic scars on individuals, families, and communities. And shamefully, most of the perpetrators are never brought to justice.

Comment**Mass gatherings medicine: international cooperation and progress**

Ziad A Memish ^a ^b, Alimuddin Zumla ^c, Brian McCloskey ^d, David Heymann ^e ^f, Abdullah A Al Rabeeah ^a, Maurizio Barbeschi ^g, Richard Horton ^h

Excerpt

In July, 2012, we discussed plans to move the complex public health issues surrounding mass gatherings into a formal scientific discipline, and to create a global network for mass gatherings research, training, and capacity development.^{1, 2} We believed that it was important for this network to be led by Saudi Arabia, since the country has extensive experience through many decades of managing millions of pilgrims from 184 countries at the largest yearly recurring religious mass gathering in the world—the Hajj. Subsequently, the Saudi Government and WHO³ strongly supported mass gatherings medicine as a scientific discipline, establishing the Saudi Global Center for Mass Gathering Medicine (GCMGM), with its headquarters in Riyadh and membership from other Gulf countries,⁴ and a virtual research network linked with other WHO collaborating centres for mass gatherings. This network has brought together global academic and public health institutions with complementary expertise to gather and translate the most

appropriate public health policy evidence for use by countries that host, or plan to host, mass gathering events...

...Mass gatherings medicine provides an opportunity to generate a wealth of knowledge and expertise, and sharing the experiences of organisers can assist in shaping a positive legacy and provide valuable lessons for organisers of future events. The value to planners of mass gatherings and their governments in sharing best practices is clear, as is the need for new operational research into mass gatherings, with systematic collection and analysis of data to inform planning activities for future events. Through provision of scientific evidence, the GCMGM aims to drive the best health promotion and prevention guidelines and practice, including health education for attendees of mass gatherings across different contexts. The Hajj provides an ideal model for research into mass gatherings that recur yearly in the same location, and the very large sporting events provide a different context and complementary opportunities for research and training. Substantial gaps in research remain, particularly in relation to mass gatherings in low-resource settings and in unplanned or spontaneous mass gatherings....

Lancet Series –mass gatherings medicine

Hajj: infectious disease surveillance and control

Prof Ziad A Memish FRCPC a b c d, Prof Alimuddin Zumla FRCP a e f, Rafat F Alhakeem MD a d, Abdullah Assiri MD d, Abdulhafeez Turkestani MD d, Khalid D Al Harby MD d, Mohamed Alyemni PhD d, Khalid Dhafar MD d, Philippe Gautret MD g, Maurizio Barbeschi PhD a h, Brian McCloskey MD a i, Prof David Heymann MD a j k, Abdullah A Al Rabeeah FRCS a d, Jaffar A Al-Tawfig FACP l m

Summary

Religious festivals attract a large number of pilgrims from worldwide and are a potential risk for the transmission of infectious diseases between pilgrims, and to the indigenous population. The gathering of a large number of pilgrims could compromise the health system of the host country. The threat to global health security posed by infectious diseases with epidemic potential shows the importance of advanced planning of public health surveillance and response at these religious events. Saudi Arabia has extensive experience of providing health care at mass gatherings acquired through decades of managing millions of pilgrims at the Hajj. In this report, we describe the extensive public health planning, surveillance systems used to monitor public health risks, and health services provided and accessed during Hajj 2012 and Hajj 2013 that together attracted more than 5 million pilgrims from 184 countries. We also describe the recent establishment of the Global Center for Mass Gathering Medicine, a Saudi Government partnership with the WHO Collaborating Centre for Mass Gatherings Medicine, Gulf Co-operation Council states, UK universities, and public health institutions globally.

London 2012 Olympic and Paralympic Games: public health surveillance and epidemiology

Brian McCloskey FFPH a b, Tina Endericks MBA b, Mike Catchpole FRCP c, Maria Zambon FRCPPath d, Jim McLauchlin PhD e, Nandini Shetty FRCPPath l, Rohini Manuel FRCPPath l, Deborah Turbitt FFPH l, Gillian Smith FFPH f, Paul Crook MSc g, Ettore Severi MSc h, Jane Jones MFPH i, Sue Ibbotson FFPH j, Roberta Marshall FFPH k, Catherine A H Smallwood m, Nicolas Isla MSc n, Prof Ziad A Memish FRCP a o p, Abdullah A Al-Rabeeah FRCS a o, Maurizio Barbeschi PhD a m, David L Heymann FMEDSci a l q r, Alimuddin Zumla FRCP a s t

Summary

Mass gatherings are regarded as potential risks for transmission of infectious diseases, and might compromise the health system of countries in which they are hosted. The evidence for increased transmission of infectious diseases at international sporting mass gatherings that

attract many visitors from all over the world is not clear, and the evidence base for public health surveillance, epidemiology, and response at events such as the Olympics is small. However, infectious diseases are a recognised risk, and public health planning is, and should remain, a crucial part of the overall planning of sporting events. In this Series paper, we set out the planning and the surveillance systems that were used to monitor public health risks during the London 2012 Olympic and Paralympic Games in the summer of 2012, and draw attention to the public health issues—*infectious diseases and chemical, radiation, and environmental hazards*—that arose. Although the absolute risk of health-protection problems, including infectious diseases, at sporting mass gatherings is small, the need for reassurance of the absence of problems is higher than has previously been considered; this could challenge conventional public health surveillance systems. Recognition of the limitations of health-surveillance systems needs to be part of the planning for future sporting events.

Euro 2012 European Football Championship Finals: planning for a health legacy

Catherine A H Smallwood DPhil a, Katherine G Arbuthnott BMBCh a, Barbara Banczak-Mysiak MD h, Mariya Borodina MD c, Ana Paula Coutinho MSc e, Lara Payne-Hallström MSc g, Elzbieta Lipska MD i, Viktor Lyashko MD j, Miroslaw Miklasz MD l, Paulina Miskiewicz MD l, Dorit Nitzan MD b, Igor Pokanevych MD b, Marek Posobkiewicz MD h, Gerald Rockenschaub MD f, Malgorzata Sadkowska-Todys PhD k, Svetlana Sinelnik d, Daniel Smiley PhD c, Rysard Tomialoic MSc q, Volodimir Yurchenko MD d, Prof Ziad A Memish FRCPC m, Prof David Heymann MD n o p, Tina Endericks MBA r, Brian McCloskey FFPH r, Prof Alimuddin Zumla FRCP s t, Maurizio Barbeschi PhD a

Summary

The revised international health regulations offer a framework that can be used by host countries to organise public health activities for mass gatherings. From June 8, to July 1, 2012, Poland and Ukraine jointly hosted the Union of European Football Associations European Football Championship Finals (Euro 2012). More than 8 million people from around the world congregated to watch the games. Host countries and international public health agencies planned extensively to assess and build capacity in the host countries and to develop effective strategies for dissemination of public health messages. The effectiveness of public health services was maximised through rapid sharing of information between parties, early use of networks of experienced individuals, and the momentum of existing national health programmes. Organisers of future mass gatherings for sporting events should share best practice and their experiences through the WHO International Observer Program. Research about behaviour of large crowds is needed for crowd management and the evidence base translated into practice. A framework to measure and evaluate the legacy of Euro 2012 is needed based on the experiences and the medium-term and long-term benefits of the tournament.

The Lancet Global Health

Jun 2014 Volume 2 Number 6 e301 - 363

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

Early Online Publication, 10 June 2014

Cost-effectiveness of female human papillomavirus vaccination in 179 countries: a PRIME modelling study

Mark Jit PhD a b, Marc Brisson PhD c d e, Allison Portnoy MSPH f, Dr Raymond Hutubessy PhD g

Summary

Background

Introduction of human papillomavirus (HPV) vaccination in settings with the highest burden of HPV is not universal, partly because of the absence of quantitative estimates of country-specific effects on health and economic costs. We aimed to develop and validate a simple generic model of such effects that could be used and understood in a range of settings with little external support.

Methods

We developed the Papillomavirus Rapid Interface for Modelling and Economics (PRIME) model to assess cost-effectiveness and health effects of vaccination of girls against HPV before sexual debut in terms of burden of cervical cancer and mortality. PRIME models incidence according to proposed vaccine efficacy against HPV 16/18, vaccine coverage, cervical cancer incidence and mortality, and HPV type distribution. It assumes lifelong vaccine protection and no changes to other screening programmes or vaccine uptake. We validated PRIME against existing reports of HPV vaccination cost-effectiveness, projected outcomes for 179 countries (assuming full vaccination of 12-year-old girls), and outcomes for 71 phase 2 GAVI-eligible countries (using vaccine uptake data from the GAVI Alliance). We assessed differences between countries in terms of cost-effectiveness and health effects.

Findings

In validation, PRIME reproduced cost-effectiveness conclusions for 24 of 26 countries from 17 published studies, and for all 72 countries in a published study of GAVI-eligible countries.

Vaccination of a cohort of 58 million 12-year-old girls in 179 countries prevented 690 000 cases of cervical cancer and 420 000 deaths during their lifetime (mostly in low-income or middle-income countries), at a net cost of US\$4 billion. HPV vaccination was very cost effective (with every disability-adjusted life-year averted costing less than the gross domestic product per head) in 156 (87%) of 179 countries. Introduction of the vaccine in countries without national HPV vaccination at present would prevent substantially more cases of cervical cancer than in countries with such programmes, although the disparity has narrowed since 2012. If 71 phase 2 GAVI-eligible countries adopt vaccination according to forecasts, then in 2070 GAVI Alliance-funded vaccination could prevent 200 000 cases of cervical cancer and 100 000 deaths in some of the highest-burden countries.

Interpretation

Large between-country disparities exist for HPV vaccination, with countries with the most to gain yet to introduce national HPV vaccination. Support from the GAVI Alliance could help to reduce such disparities, but a substantial burden will remain even after presently projected vaccine introductions.

Funding

WHO.

The Lancet Infectious Diseases

Jun 2014 Volume 14 Number 6 p441 - 532

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

[Reviewed earlier]

Medical Decision Making (MDM)

July 2014; 34 (5)

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

Framing Options as Choice or Opportunity

Does the Frame Influence Decisions?

[Purva Abhyankar](#), PhD, [Barbara A. Summers](#), PhD, [Galina Velikova](#), MD, PhD, [Hilary L. Bekker](#), PhD

Abstract

Objective. Health professionals must enable patients to make informed decisions about health care choices through unbiased presentation of all options. This study examined whether presenting the decision as “opportunity” rather than “choice” biased individuals’ preferences in the context of trial participation for cancer treatment.

Methods. Self-selecting healthy women (N = 124) were randomly assigned to the following decision frames: opportunity to take part in the trial (opt-in), opportunity to be removed from the trial (opt-out), and choice to have standard treatment or take part in the trial (choice). The computer-based task required women to make a hypothetical choice about a real-world cancer treatment trial. The software presented the framed scenario, recorded initial preference, presented comprehensive and balanced information, traced participants’ use of information during decision making, and recorded final decision. A posttask paper questionnaire assessed perceived risk, attitudes, subjective norm, perceived behavioral control, and satisfaction with decision.

Results. Framing influenced women’s immediate preferences. Opportunity frames, whether opt-in or opt-out, introduced a bias as they discouraged women from choosing standard treatment. Using the choice frame avoided this bias. The opt-out opportunity frame also affected women’s perceived social norm; women felt that others endorsed the trial option. The framing bias was not present once participants had had the opportunity to view detailed information on the options within a patient decision aid format. There were no group differences in information acquisition and final decisions. Sixteen percent changed their initial preference after receiving full information.

Conclusions. A “choice” frame, where all treatment options are explicit, is less likely to bias preferences. Presentation of full information in parallel, option-by-attribute format is likely to “de-bias” the decision frame. Tailoring of information to initial preferences would be ill-advised as preferences may change following detailed information.

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

June 2014 Volume 92, Issue 2 Pages 167–405

[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 510 Number 7504 pp187-306 12 June 2014

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

[No relevant content]

Nature Immunology

June 2014, Volume 15 No 6 pp483-587

<http://www.nature.com/ni/journal/v15/n6/index.html>

Focus on Post-Transcriptional and Post-Translational Control of Immunity
[Reviewed earlier]

Nature Medicine

June 2014, Volume 20 No 6 pp561-688
<http://www.nature.com/nm/journal/v20/n6/index.html>
[No relevant content]

Nature Reviews Immunology

June 2014 Vol 14 No 6
<http://www.nature.com/nri/journal/v14/n6/index.html>
[No relevant content]

New England Journal of Medicine

June 12, 2014 Vol. 370 No. 24
<http://www.nejm.org/toc/nejm/medical-journal>
[No relevant content]

OMICS: A Journal of Integrative Biology

June 2014, 18(6)
<http://online.liebertpub.com/toc/omi/18/5>
[No new relevant content]

The Pediatric Infectious Disease Journal

June 2014 - Volume 33 - Issue 6 pp: 549-673,e135-e161
<http://online.liebertpub.com/toc/omi/18/6>
[Reviewed earlier]

Pediatrics

June 2014, VOLUME 133 / ISSUE 6
<http://pediatrics.aappublications.org/current.shtml>
[Reviewed earlier]

Pharmaceutics

Volume 6, Issue 2 (June 2014), Pages 195-
<http://www.mdpi.com/1999-4923/6/2>
[Reviewed earlier]

Pharmacoeconomics

Volume 32, Issue 6, June 2014

<http://link.springer.com/journal/40273/32/5/page/1>
[Reviewed earlier]

PLoS One

[Accessed 14 June2014]
<http://www.plosone.org/>
[No new relevant content]

PLoS Medicine

<http://www.plosmedicine.org/>
(Accessed 14 June2014)

Policy Forum

Antiretroviral Therapy for Refugees and Internally Displaced Persons: A Call for Equity

Joshua B Mendelsohn mail, Paul Spiegel, Marian Schilperoord, Nadine Cornier, David A. Ross
Published: June 10, 2014

DOI: 10.1371/journal.pmed.1001643

Summary Points

- :: Available evidence suggests that refugees and internally displaced persons (IDPs) in stable settings can sustain high levels of adherence and viral suppression.
- :: Moral, legal, and public health principles and recent evidence strongly suggest that refugees and IDPs should have equitable access to HIV treatment and support.
- :: Exclusion of refugees and IDPs from HIV National Strategic Plans suggests that they may not be included in future national funding proposals to major donors.
- :: Levels of viral suppression among refugees and nationals documented in a stable refugee camp suggest that some settings require more intensive support for all population groups.
- :: Detailed recommendations are provided for refugees and IDPs accessing antiretroviral therapy in stable settings.

PLoS Neglected Tropical Diseases

May 2014
<http://www.plosntds.org/article/browseIssue.action>

Viewpoints

Social Sciences Research on Infectious Diseases of Poverty: Too Little and Too Late?

José Azoh Barry mail
Published: June 12, 2014
DOI: 10.1371/journal.pntd.0002803

Introduction

Infectious diseases of poverty, also labeled tropical diseases or neglected tropical diseases (NTDs) and caused by pathogenic agents (viruses, bacteria, fungi, and other parasites), are viciously more prevalent among poor people. Though being preventable for the most part in a cost-effective way, they are devastating. These are, to name a few, Chagas disease, schistosomiasis, malaria, leprosy, visceral leishmaniasis, lymphatic filariasis, Buruli ulcer, and onchocerciasis. Besides the vicious circle these diseases maintain with dire conditions of poverty, an increased microbial resistance to some therapeutic drugs adds to the complexity of

health disparities and human suffering among the socially disadvantaged, marginalized, and prejudiced against. Fostering virtuous circles (as opposed to vicious circles) against infections of poverty and putting the disenfranchised first are primary concerns for social scientists engaged with research into infectious diseases of poverty. The historical role of social science research into these diseases, its current impacts, substantial contributions, and opportunities and interests for future endeavors are the focus of this article. Persistent disruptions and their propensity to wholly hamper productivity, derail economic and social progress, and deny child development are part of the complex reality to look into. In forcing the displacement of populations and creating chaos, they increase the risk for the spread of infections and maintain the infected poor in a downward spiral of poverty through their capacity of securing the vicious relationship with NTDs. Rather than compassion for inequalities, vulnerabilities, deprivations and misery, or bad fate, foci such as social justice, preparedness, and empowerment are of utmost importance. The case for bridging the divide among scientific disciplines has been strongly made over the years by scholars and outside of academic institutions. Acknowledging the importance of interdisciplinary science and contemplating the need for funded multidisciplinary research is hopeful for broadening the expertise needed to tackle these multidimensional afflictions. However, it should also call for a cautious enthusiasm...

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

(Accessed 14 June 2014)

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

[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

June 2014; 24 (6)

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

[Reviewed earlier; No relevant content]

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

April 2014 Vol. 35, No. 4

http://www.paho.org/journal/index.php?option=com_content&view=article&id=143&Itemid=236&lang=en

[Reviewed earlier]

Risk Analysis

May 2014 Volume 34, Issue 5 Pages 789–980

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2014.34.issue-5/issuetoc>

[Reviewed earlier; No relevant content]

Science

13 June 2014 vol 344, issue 6189, pages 1197-1316

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

Policy Forum

Public Health

Measuring the path toward malaria elimination

Thomas S. Churcher¹, Justin M. Cohen², Joseph Novotny^{2,3}, Nyasatu Ntshalintshali^{2,3}, Simon Kunene⁴, Simon Cauchemez^{1,5,*}

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⁴National Malaria Control Program, Manzini, Swaziland.

⁵Mathematical Modelling of Infectious Diseases Unit, Institut Pasteur, Paris, France.

Summary

In many parts of the world, malaria elimination—defined by the World Health Organization (WHO) as the absence of locally acquired malaria cases in the country—is being considered as a target because of recent successes in reducing disease burden (1, 2). Rigorous evaluation of malaria elimination programs is essential for financial and political support to be maintained. Yet such evaluation remains challenging, and appropriate metrics to ascertain “success” are needed.

Social Science & Medicine

Volume 115, In Progress (August 2014)

<http://www.sciencedirect.com/science/journal/02779536/115>

[No new relevant content]

Tropical Medicine and Health

Vol. 42(2014) No. 1

https://www.jstage.jst.go.jp/browse/tmh/42/1/_contents

[Reviewed earlier; No relevant content]

Vaccine

Volume 32, Issue 31, Pages 3879-4012 (30 June 2014)

<http://www.sciencedirect.com/science/journal/0264410X/32/31>

[Reviewed earlier]

Vaccine: Development and Therapy

(Accessed 14 June2014)

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

[No new relevant content]

Vaccines — Open Access Journal

(Accessed 14 June2014)

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

Review

[Therapeutic Vaccine Strategies against Human Papillomavirus](#)

by Hadeel Khalouf, Agnieszka K. Grabowska and Angelika B. Riemer

Vaccines 2014, 2(2), 422-462; doi:10.3390/vaccines2020422 (doi registration under processing)

- published online 13 June 2014

Abstract

High-risk types of human papillomavirus (HPV) cause over 500,000 cervical, anogenital and oropharyngeal cancer cases per year. The transforming potential of HPVs is mediated by viral oncoproteins. These are essential for the induction and maintenance of the malignant phenotype. Thus, HPV-mediated malignancies pose the unique opportunity in cancer vaccination to target immunologically foreign epitopes. Therapeutic HPV vaccination is therefore an ideal scenario for proof-of-concept studies of cancer immunotherapy. This is reflected by the fact that a multitude of approaches has been utilized in therapeutic HPV vaccination design: protein and peptide vaccination, DNA vaccination, nanoparticle- and cell-based vaccines, and live viral and bacterial vectors. This review provides a comprehensive overview of completed and ongoing clinical trials in therapeutic HPV vaccination (summarized in tables), and also highlights selected promising preclinical studies. Special emphasis is given to adjuvant science and the potential impact of novel developments in vaccinology research, such as combination therapies to overcome tumor immune suppression, the use of novel materials and mouse models, as well as systems vaccinology and immunogenetics approaches.

Value in Health

Vol 17 | No. 3 | May 2014

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

[Reviewed earlier]

WHO South-East Asia Journal of Public Health

Volume 3, Issue 1, January-March 2014, 1-122

<http://www.searo.who.int/publications/journals/seajph/issues/whoseajphv3n1/en/>

Special Issue on Vector-borne diseases

[Reviewed earlier]

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

The Role of Race in Vaccine Acceptance in Routine and Crisis Contexts

Sandra Quinn, PhD

142nd APHA Annual Meeting and Exposition 2014

Session Objectives: To effectively tailor communications to promote vaccine uptake, researchers must examine the social, cultural, familial and structural factors that may influence vaccine uptake. In this session, we will explore and compare vaccine disparities and communication inequalities in the context of Public Health Critical Race Praxis.

Understanding HPV Vaccine Uptake Among Cambodian American Girls

142nd APHA Annual Meeting and Exposition 2014

Linda Ko, PhD , Cancer Prevention Program, Fred Hutchinson Cancer Research Center, Seattle, WA; Vicky Taylor, MD, MPH , Public Health Sciences Division, Fred Hutchinson Cancer Research Center, Seattle, WA; Nancy Burke, PhD , Helen Diller Family Comprehensive Cancer Center, University of California, San Francisco, San Francisco, CA; Channdara Sos, MBA , Cancer Prevention Research Program, Fred Hutchinson Cancer Research Center, Seattle, WA
Qi Liu, MS , Department of Public Health Sciences, University of Alberta, Edmonton, AB, Canada
Hoai Do, MPH , Cancer Prevention Research Program, Fred Hutchinson Cancer Research Center, Seattle, WA; Jocelyn Talbot, BA , Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, WA; Yutaka Yasui, PhD , School of Public Health, University of Alberta, Edmonton, AB, Canada ;Roshan Bastani, PhD , UCLA School of Public Health, Department of Health Policy and Management, Jonsson Comprehensive Cancer Center, Cancer Prevention and Control Research, Los Angeles, CA

Abstract

Introduction: Cervical cancer incidence rates vary substantially among racial/ethnic groups in the US with women of Southeast Asian descent having the highest rates. Up to 70% of cervical cancers could be prevented by widespread use of the HPV vaccine. There is a lack of information about HPV vaccine uptake among Southeast Asian girls. Our objective was to examine HPV vaccination barriers, facilitators, and uptake in a Cambodian immigrant community.

Methods: We conducted a telephone survey of Cambodian women with daughters who were age-eligible for HPV vaccination in 2013. Our study group included 86 Cambodian mothers who lived in the Seattle metropolitan area.

Results: Nearly all (96%) of our survey participants were foreign-born and over one-half (51%) had limited English proficiency. The proportions of mothers who reported their daughter had initiated and completed the HPV vaccine series were only 29% and 14%, respectively. Higher levels of vaccine uptake were significantly associated with mothers having heard about the HPV vaccine from a health professional and having received a recent Pap test. Commonly cited barriers to HPV vaccination included lack of knowledge about the HPV vaccine, not having received a physician recommendation for HPV vaccination, and thinking the HPV vaccine is unnecessary in the absence of health problems.

Conclusion: Linguistically and culturally appropriate HPV educational programs should be developed and implemented in Cambodian immigrant communities. These programs should aim to enhance understanding of disease prevention measures, increase knowledge about the HPV vaccine, and empower women to ask their daughters' doctors for HPV vaccination.

BMC Infectious Diseases

Accessed 14 June 2014

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

[A systematic review of the epidemiology of hepatitis E virus in Africa](#)

Jong-Hoon Kim¹, Kenrad E Nelson², Ursula Panzner¹, Yogita Kasture¹, Alain B Labrique² and Thomas F Wierzba^{1*}

Abstract

Background

Hepatitis E Virus (HEV) infection is a newly recognized serious threat to global public health and Africa is suspected to be among the most severely affected regions in the world. Understanding HEV epidemiology in Africa will expedite the implementation of evidence-based control policies aimed at preventing the spread of HEV including policies for the use of available resources such as HEV vaccines.

Methods

Here we present a comprehensive review of HEV epidemiology in Africa based on published data. We searched for articles on HEV epidemiology in Africa from online databases such as PubMed, Scopus, and ISI Web of Science and critically reviewed appropriate publications to extract consistent findings, identify knowledge gaps, and suggest future studies.

Results

Taking a particularly high toll in pregnant women and their fetuses, HEV has infected human populations in 28 of 56 African countries. Since 1979, 17 HEV outbreaks have been reported about once every other year from Africa causing a reported 35,300 cases with 650 deaths.

Conclusions

In Africa, HEV infection is not new, is widespread, and the number of reported outbreaks are likely a significant underestimate. The authors suggest that this is a continent-wide public health problem that deserves the attention of local, regional and international agencies to implement control policies that can save numerous lives, especially those of pregnant women and their fetuses.

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 14 June 2014

[No new, unique, relevant content]

The Atlantic

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

Accessed 14 June2014

[No new, unique, relevant content]

BBC

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

Accessed 14 June2014

[No new, unique, relevant content]

Brookings

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

Accessed 14 June2014

[No new, unique, relevant content]

Council on Foreign Relations

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

Accessed 14 June2014

[No new, unique, relevant content]

Economist

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

Accessed 14 June2014

[No new, unique, relevant content]

Financial Times

<http://www.ft.com>

Accessed 14 June2014

[No new, unique, relevant content]

Forbes

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

Accessed 14 June2014

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 14 June2014

[No new, unique, relevant content]

Foreign Policy

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

Accessed 14 June2014

[No new, unique, relevant content]

The Guardian

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

Accessed 14 June2014

[No new, unique, relevant content]

The Huffington Post

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

Accessed 14 June2014

[No new, unique, relevant content]

Le Monde

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

Accessed 14 June2014

[No new, unique, relevant content]

New Yorker

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

Accessed 14 June2014

[No new, unique, relevant content]

New York Times

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

Accessed 14 June2014

[No new, unique, relevant content]

Reuters

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

Accessed 14 June2014

[No new, unique, relevant content]

Wall Street Journal

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

Accessed 14 June2014

[No new, unique, relevant content]

Washington Post

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

Accessed 14 June2014

[No new, unique, relevant content]

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Vaccines and Global Health: The Week in Review is a service of the Center for Vaccines Ethics and Policy (CVEP) which is solely responsible for its content. Support for this service is provided by its governing institutions – Department of Medical Ethics, NYU Medical School; The Wistar Institute Vaccine Center and the Children's Hospital of Philadelphia Vaccine Education Center. Additional support is provided by the PATH Vaccine Development Program

and the International Vaccine Institute (IVI), by the Bill & Melinda Gates Foundation, and by vaccine industry leaders including Janssen, Pfizer, and Sanofi Pasteur U.S. (list in formation), as well as the Developing Countries Vaccine Manufacturers Network (DCVMN). Support is also provided by a growing list of individuals who use this service to support their roles in public health, clinical practice, government, NGOs and other international institutions, academia and research organizations, and industry.

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