Center for Vaccine Ethics and Policy
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Vaccines and Global Health: The Week in Review
9 August 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.

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Vaccines and Global Health: The Week in Review will resume publication on 23 August following a short annual leave for the Editor]

Editor's Note:

Two significant WHO Statements were released during the last week cycle: one declaring the Ebola outbreak in West Africa to be a Public Health Emergency of International Concern [PHEIC], and another, extending an earlier declaration of PHEIC status to the international spread of wild poliovirus.

We provide the full text of both WHO Statements below recognizing the import of these PHEIC designations. In particular, we note some of the specific calls to action to State Parties, Heads of State and their respective health delivery systems; the ethics of and fair access to experimental, unapproved medicines to treat Ebola; the impacts of these actions on a range of areas including civil liberties, and the imperative for collaboration across the global community overall.

Ebola outbreak in west Africa: Meeting of the International Health Regulations Emergency Committee

8 August 2014 -- The first meeting of the Emergency Committee convened by the Director-General under the International Health Regulations (2005) regarding the 2014 Ebola Virus Disease outbreak in West Africa was held by teleconference on 6-7 August 2014. The Director-

General accepted the Committee's assessment and on 8 August 2014 declared the Ebola outbreak in West Africa a Public Health Emergency of International Concern.

WHO Statement on the Meeting of the International Health Regulations Emergency Committee Regarding the 2014 Ebola Outbreak in West Africa

WHO statement
8 August 2014
[full text; Editor's text bolding]

The first meeting of the Emergency Committee convened by the Director-General under the International Health Regulations (2005) [IHR (2005)] regarding the 2014 Ebola Virus Disease (EVD, or "Ebola") outbreak in West Africa was held by teleconference on Wednesday, 6 August 2014 from 13:00 to 17:30 and on Thursday, 7 August 2014 from 13:00 to 18:30 Geneva time (CET).

Members and advisors of the Emergency Committee met by teleconference on both days of the meeting1. The following IHR (2005) States Parties participated in the informational session of the meeting on Wednesday, 6 August 2014: Guinea, Liberia, Sierra Leone, and Nigeria.

During the informational session, the WHO Secretariat provided an update on and assessment of the Ebola outbreak in West Africa. The above-referenced States Parties presented on recent developments in their countries, including measures taken to implement rapid control strategies, and existing gaps and challenges in the outbreak response.

After discussion and deliberation on the information provided, the Committee advised that:

:: the Ebola outbreak in West Africa constitutes an 'extraordinary event' and a public health risk to other States;

:: the possible consequences of further international spread are particularly serious in view of the virulence of the virus, the intensive community and health facility transmission patterns, and the weak health systems in the currently affected and most at-risk countries.

:: a coordinated international response is deemed essential to stop and reverse the international spread of Ebola.

It was the unanimous view of the Committee that the conditions for a Public Health Emergency of International Concern (PHEIC) have been met.

The current EVD outbreak began in Guinea in December 2013. This outbreak now involves transmission in Guinea, Liberia, Nigeria, and Sierra Leone. As of 4 August 2014, countries have reported 1 711 cases (1 070 confirmed, 436 probable, 205 suspect), including 932 deaths. This is currently the largest EVD outbreak ever recorded. In response to the outbreak, a number of unaffected countries have made a range of travel related advice or recommendations.

In light of States Parties' presentations and subsequent Committee discussions, several challenges were noted for the affected countries:

:: their health systems are fragile with significant deficits in human, financial and material resources, resulting in compromised ability to mount an adequate Ebola outbreak control response;

:: inexperience in dealing with Ebola outbreaks; misperceptions of the disease, including how the disease is transmitted, are common and continue to be a major challenge in some communities;

:: high mobility of populations and several instances of cross-border movement of travellers with infection;

:: several generations of transmission have occurred in the three capital cities of Conakry (Guinea); Monrovia (Liberia); and Freetown (Sierra Leone); and

:: a high number of infections have been identified among health-care workers, highlighting inadequate infection control practices in many facilities.

The Committee provided the following advice to the Director-General for her consideration to address the Ebola outbreak in accordance with IHR (2005).

::

States with Ebola transmission

:: **The Head of State should declare a national emergency; personally address the nation to provide information on the situation,** the steps being taken to address the outbreak and the critical role of the community in ensuring its rapid control; provide immediate access to emergency financing to initiate and sustain response operations; and ensure all necessary measures are taken to mobilize and remunerate the necessary health care workforce.

:: Health Ministers and other health leaders should assume a prominent leadership role in coordinating and implementing emergency Ebola response measures, a fundamental aspect of which should be to meet regularly with affected communities and to make site visits to treatment centres.

:: **States should activate their national disaster/emergency management mechanisms and establish an emergency operation centre, under the authority of the Head of State,** to coordinate support across all partners, and across the information, security, finance and other relevant sectors, to ensure efficient and effective implementation and monitoring of comprehensive Ebola control measures. These measures must include infection prevention and control (IPC), community awareness, surveillance, accurate laboratory diagnostic testing, contact tracing and monitoring, case management, and communication of timely and accurate information among countries. For all infected and high risks areas, similar mechanisms should be established at the state/province and local levels to ensure close coordination across all levels.

:: States should ensure that there is a large-scale and sustained effort to fully engage the community – through local, religious and traditional leaders and healers – so communities play a central role in case identification, contact tracing and risk education; the population should be made fully aware of the benefits of early treatment.

:: It is essential that a strong supply pipeline be established to ensure that sufficient medical commodities, especially personal protective equipment (PPE), are available to those who appropriately need them, including health care workers, laboratory technicians, cleaning staff, burial personnel and others that may come in contact with infected persons or contaminated materials.

:: In areas of intense transmission (e.g. the cross border area of Sierra Leone, Guinea, Liberia), the provision of quality clinical care, and material and psychosocial support for the affected populations should be used as the primary basis for reducing the movement of people, but extraordinary supplemental measures such as quarantine should be used as considered necessary.

:: States should ensure health care workers receive: adequate security measures for their safety and protection; timely payment of salaries and, as appropriate, hazard pay; and appropriate education and training on IPC, including the proper use of PPEs.

:: States should ensure that: treatment centres and reliable diagnostic laboratories are situated as closely as possible to areas of transmission; that these facilities have adequate numbers of trained staff, and sufficient equipment and supplies relative to the caseload; that sufficient security is provided to ensure both the safety of staff and to minimize the risk of premature removal of patients from treatment centres; and that staff are regularly reminded and monitored to ensure compliance with IPC.

:: **States should conduct exit screening of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential Ebola infection.** The exit screening should consist of, at a minimum, a questionnaire, a temperature measurement and, if there is a fever, an assessment of the risk that the fever is caused by EVD. Any person with an illness consistent with EVD should not be allowed to travel unless the travel is part of an appropriate medical evacuation.
:: **There should be no international travel of Ebola contacts or cases,** unless the travel is part of an appropriate medical evacuation. To minimize the risk of international spread of EVD:

- Confirmed cases should immediately be isolated and treated in an Ebola Treatment Centre with no national or international travel until 2 Ebola-specific diagnostic tests conducted at least 48 hours apart are negative;
- Contacts (which do not include properly protected health workers and laboratory staff who have had no unprotected exposure) should be monitored daily, with restricted national travel and no international travel until 21 days after exposure;
- Probable and suspect cases should immediately be isolated and their travel should be restricted in accordance with their classification as either a confirmed case or contact.

:: States should ensure funerals and burials are conducted by well-trained personnel, with provision made for the presence of the family and cultural practices, and in accordance with national health regulations, to reduce the risk of Ebola infection. The cross-border movement of the human remains of deceased suspect, probable or confirmed EVD cases should be prohibited unless authorized in accordance with recognized international biosafety provisions.
:: States should ensure that appropriate medical care is available for the crews and staff of airlines operating in the country, and work with the airlines to facilitate and harmonize communications and management regarding symptomatic passengers under the IHR (2005), mechanisms for contact tracing if required and the use of passenger locator records where appropriate.
:: **States with EVD transmission should consider postponing mass gatherings until EVD transmission is interrupted.**
::

States with a potential or confirmed Ebola Case, and unaffected States with land borders with affected States

:: **Unaffected States with land borders adjoining States with Ebola transmission should urgently establish surveillance for clusters of unexplained fever or deaths due to febrile illness**; establish access to a qualified diagnostic laboratory for EVD; ensure that health workers are aware of and trained in appropriate IPC procedures; and establish rapid response teams with the capacity to investigate and manage EVD cases and their contacts.
:: Any State newly detecting a suspect or confirmed Ebola case or contact, or clusters of unexplained deaths due to febrile illness, should treat this as a health emergency, take immediate steps in the first 24 hours to investigate and stop a potential Ebola outbreak by instituting case management, establishing a definitive diagnosis, and undertaking contact tracing and monitoring.
:: If Ebola transmission is confirmed to be occurring in the State, the full recommendations for States with Ebola Transmission should be implemented, on either a national or subnational level, depending on the epidemiologic and risk context.
::

All States

:: **There should be no general ban on international travel or trade**; restrictions outlined in these recommendations regarding the travel of EVD cases and contacts should be implemented.
:: States should provide travelers to Ebola affected and at-risk areas with relevant information on risks, measures to minimize those risks, and advice for managing a potential exposure.
:: States should be prepared to detect, investigate, and manage Ebola cases; this should include assured access to a qualified diagnostic laboratory for EVD and, where appropriate, the capacity to manage travelers originating from known Ebola-infected areas who arrive at international airports or major land crossing points with unexplained febrile illness.
:: The general public should be provided with accurate and relevant information on the Ebola outbreak and measures to reduce the risk of exposure.
:: **States should be prepared to facilitate the evacuation and repatriation of nationals (e.g. health workers) who have been exposed to Ebola.**

The Committee emphasized the importance of continued support by WHO and other national and international partners towards the effective implementation and monitoring of these recommendations.

Based on this advice, the reports made by affected States Parties and the currently available information, the Director-General accepted the Committee's assessment and on 8 August 2014 declared the Ebola outbreak in West Africa a Public Health Emergency of International Concern (PHEIC). The Director-General endorsed the Committee's advice and issued them as Temporary Recommendations under IHR (2005) to reduce the international spread of Ebola, effective 8 August 2014. The Director-General thanked the Committee Members and Advisors for their advice and requested their reassessment of this situation within 3 months.

WHO to convene ethical review of experimental treatment for Ebola
WHO statement
6 August 2014

Early next week, WHO will convene a panel of medical ethicists to explore the use of experimental treatment in the ongoing Ebola outbreak in West Africa. Currently there is no registered medicine or vaccine against the virus, but there are several experimental options under development.

The recent treatment of two health workers from Samaritan's Purse with experimental medicine has raised questions about whether medicine that has never been tested and shown to be safe in people should be used in the outbreak and, given the extremely limited amount of medicine available, if it is used, who should receive it.

"We are in an unusual situation in this outbreak. We have a disease with a high fatality rate without any proven treatment or vaccine," says Dr Marie-Paule Kieny, Assistant Director-General at the World Health Organization. "We need to ask the medical ethicists to give us guidance on what the responsible thing to do is."

The gold standard for assessing new medicine involves a series of trials in humans, starting small to make sure the medicine is safe to use. Then, the studies are expanded to more people to see how effective it is, and how best to use it.

The guiding principle with use of any new medicine is 'do no harm'. Safety is always the main concern.

WHO: Global Alert and Response (GAR) – Disease Outbreak News [to 9 August 2014]
http://www.who.int/csr/don/en/

:: Ebola virus disease update - West Africa 8 August 2014

BBC
http://www.bbc.co.uk/
Accessed 9 August 2014 16:38
Ebola virus: Guinea shuts Liberia and S Leone borders
Africa / NEW 4 hours ago
Ebola outbreak: Nigeria declares national emergency
Africa / NEW 19 hours ago

CDC/MMWR Watch [to 9 August 2014]
http://www.cdc.gov/mmwr/mmwr_wk.html
:: **CDC's surge response to West African Ebola Outbreak - Press Release**
August 6, 2014
The Centers for Disease Control and Prevention (CDC) is rapidly increasing its ongoing efforts to curb the expanding West African Ebola outbreak and deploying staff to four African nations currently affected: Guinea, Sierra Leone, Liberia, and Nigeria.
MMWR Weekly - August 8, 2014 / Vol. 63 / No. 31
No new digest content identified.

Ebola: World Bank Group Mobilizes Emergency Funding to Fight Epidemic in West Africa
WASHINGTON, August 4, 2014 – With the latest death toll from the West Africa Ebola epidemic now at 887, the World Bank Group today pledged as much as US $200 million in emergency funding to help Guinea, Liberia, and Sierra Leone contain the spread of Ebola infections, help their communities cope with the economic impact of the crisis, and improve public health systems throughout West Africa

POLIO [to 9 August 2014]
WHO statement on the second meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus
WHO statement
3 August 2014
[full text; Editor's text bolding]
On 5 May 2014 the Director-General declared the international spread of wild poliovirus in 2014 a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations [IHR 2005], issued Temporary Recommendations to reduce the international spread of wild poliovirus, and requested a reassessment of this situation by the Emergency Committee in 3 months. The 2nd meeting of the Emergency Committee was held by teleconference on Thursday 31 July 2014 from 13:00 to 17:15 Geneva time (CET) 1.
The affected States Parties that met the criteria for 'States currently exporting wild poliovirus' participated in the informational session of the meeting and were as follows: Cameroon, Equatorial Guinea, Pakistan and the Syrian Arab Republic.
During the informational session the WHO Secretariat updated the Committee on wild poliovirus transmission and international spread since 5 May 2014. The above affected States Parties presented information on the implementation of the Temporary Recommendations

issued on 5 May 2014, including the national declaration of a public health emergency and recommendations for travellers, and recent developments in the intensification of national polio eradication strategies.

Using the criteria applied to the declaration of the PHEIC in May, the Committee considered whether the conditions for a PHEIC still apply. After discussion of the information provided, the Committee advised that the international spread of polio in 2014 continues to constitute an extraordinary event and a public health risk to other States for which a coordinated international response continues to be essential.

Since 5 May 2014, and the onset of the high transmission season for polio, there has been new international spread of wild poliovirus in central Asia (from Pakistan to Afghanistan as recently as June 2014) and a poliovirus originating in Central Africa (Equatorial Guinea) was reported from the Americas. The latter had been detected in a single sewage sample that was collected in Brazil in March 2014 at a site that covered an international airport in the state of Sao Paolo. Equatorial Guinea was consequently confirmed as a 'State currently exporting wild poliovirus' and informed of the need to implement the relevant Temporary Recommendations, bringing to four the total number of 'States currently exporting wild poliovirus'. Two of the 'States currently exporting wild poliovirus', Pakistan and Cameroon, have had additional cases and geographic expansion of the infected area within each country since 5 May 2014. The possible consequences of international spread have worsened since the declaration of the PHEIC, as susceptible populations living in polio-free but conflict-torn States and areas have increased, with further deterioration of their routine immunization services.

The international spread of poliovirus in 2014 continues to threaten the ongoing effort to eradicate globally one of the world's most serious vaccine preventable diseases. **It was the unanimous view of the Committee that the conditions for a Public Health Emergency of International Concern (PHEIC) continue to be met.**

All four 'States currently exporting wild poliovirus' had initiated implementation of the Temporary Recommendations issued by the Director-General on 5 May 2014, and further intensified national eradication efforts. While recognizing and appreciating these efforts, the Committee noted that the application of the Temporary Recommendations by affected States Parties remains incomplete. Additional efforts are required to declare and/or operationalize national emergency procedures, to improve vaccination coverage of international travellers and to ensure eradication strategies are fully implemented to international standards in all infected and high risk areas.

The Committee reiterated that the over-riding priority for all polio-infected States must be to interrupt wild poliovirus transmission within their borders as rapidly as possible through high quality application in all geographic areas of the polio eradication strategies. The Committee reinforced the need for a coordinated regional approach to accelerate interruption of virus transmission in each epidemiologic zone.

The Committee provided the following advice to the Director-General for her consideration to reduce the international spread of wild poliovirus.

:: *States Currently Exporting Wild Poliovirus*: Pakistan, Cameroon, Equatorial Guinea and the Syrian Arab Republic continue to meet the criteria for such States and pose the highest risk for further wild poliovirus exportations in 2014. The Temporary Recommendations issued by the Director-General on 5 May 2014 for such States should continue to be implemented.

:: *States Infected with Wild Poliovirus but Not Currently Exporting:* Afghanistan, Ethiopia, Iraq, Israel, Nigeria, and Somalia continue to meet the criteria for such States and pose an ongoing risk for new wild poliovirus exportations in 2014. The Temporary Recommendations issued by the Director-General on 5 May 2014 for such States should continue to be implemented.

The Committee reaffirmed that any polio-free State which becomes infected with wild poliovirus should immediately implement the advice for 'States infected with wild poliovirus but not currently exporting'. In the event of new international spread from an infected State, that State should immediately implement the requirements for 'States currently exporting wild poliovirus'. The Committee noted that although a single wild poliovirus of Equatorial Guinea origin had been detected in Brazil in March 2014, Brazil was not considered polio-infected in the context of the global eradication initiative, as there was no evidence that this poliovirus exposure had resulted in transmission2. The Committee stressed the importance of surveillance in all polio-infected and polio-free countries.

The Committee acknowledged the efforts that Affected States have made to address the Temporary Recommendations, and recognised the challenges experienced by Affected States in their implementation. However, cognizant of the grave implications of any new international spread of poliovirus for the global eradication effort, the Committee considered whether additional Temporary Recommendations were needed at this time to further mitigate this risk. The Committee decided that additional time is first required to fully gauge the impact of the existing Temporary Recommendations in reducing the international spread of wild poliovirus. The Committee recommended, however, that this situation be reviewed again after 3 months.

Noting the challenges, both material and technical, that States had reported in implementing the Temporary Recommendations, the Committee emphasized the importance of continued support by WHO and the Global Polio Eradication Initiative partners towards the effective implementation and monitoring of these recommendations.

Based on this advice and the reports made by affected States Parties, the Director-General accepted the Committee's assessment and declared that the international spread of wild poliovirus in 2014 continued to constitute a Public Health Emergency of International Concern (PHEIC). The Director-General thanked the Committee Members and Advisors for their advice, requested their reassessment of this situation in 3 months and extended the following Temporary Recommendations under the IHR (2005), effective 3 August 2014:

::

States currently exporting wild poliovirus

These States should:

:: officially declare, if not already done, at the level of head of state or government, that the interruption of poliovirus transmission is a national public health emergency;

:: ensure that all residents and long-term visitors (i.e. > 4 weeks) receive a dose of OPV or inactivated poliovirus vaccine (IPV) between 4 weeks and 12 months prior to international travel;

:: ensure that those undertaking urgent travel (i.e. within 4 weeks), who have not received a dose of OPV or IPV in the previous 4 weeks to 12 months, receive a dose of polio vaccine at least by the time of departure as this will still provide benefit, particularly for frequent travellers;

:: ensure that such travellers are provided with an International Certificate of Vaccination or Prophylaxis in the form specified in Annex 6 of the International Health Regulations (2005) to record their polio vaccination and serve as proof of vaccination;

:: maintain these measures until the following criteria have been met: (i) at least 6 months have passed without new exportations and (ii) there is documentation of full application of high quality eradication activities in all infected and high risk areas; in the absence of such documentation these measures should be maintained until at least 12 months have passed without new exportations.

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States infected with wild poliovirus but not currently exporting

These States should:

:: officially declare, if not already done, at the level of head of state or government, that the interruption of poliovirus transmission is a national public health emergency;

:: encourage residents and long-term visitors to receive a dose of OPV or IPV 4 weeks to 12 months prior to international travel; those undertaking urgent travel (i.e. within 4 weeks) should be encouraged to receive a dose at least by the time of departure;

:: ensure that travellers who receive such vaccination have access to an appropriate document to record their polio vaccination status;

:: maintain these measures until the following criteria have been met: (i) at least 6 months have passed without the detection of wild poliovirus transmission in the country from any source, and (ii) there is documentation of full application of high quality eradication activities in all infected and high risk areas; in the absence of such documentation these measures should be maintained until at least 12 months without evidence of transmission.

GPEI Update: Polio this week - *As of 6 August 2014*

Global Polio Eradication Initiative

Editor's Excerpt and text bolding

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

:: On 31 July, the second meeting of the International Health Regulations (IHR) Emergency Committee on polio was held by teleconference, to reassess the situation and examine the actions that countries have taken since the declaration of the 'public health emergency of international concern' (PHEIC) in May. The Director-General of WHO accepted the advice of the Committee and has declared that the international spread of polio in 2014 continues to constitute a PHEIC. She has extended the Temporary Recommendations, effective 3 August, and requested the Committee to reassess the situation in a further 3 months. Of note, the Committee had expressed concern that application of the existing Temporary Recommendations remains incomplete. For more, including the full report of the Committee, please click here.

:: The United Arab Emirates (UAE) have produced a short film to sensitize migrant workers to the importance of vaccinating their children against polio. The three-minute film will be shown on Etihad Airways flights from Lahore, Islamabad, Peshawar and Karachi, Pakistan, throughout August. Special public screenings in high-risk neighbourhoods will also be organized. To view the short film, please click here.

Pakistan

:: Two new WPV1 cases were reported in the past week, from Khyber Agency, Federally Administered Tribal Areas (FATA) and Peshawar, Khyber Pakhtunkhwa (KP), bringing the total number of WPV1 cases for 2014 to 104. The most recent WPV1 case in the country had onset of paralysis on 9 July, from South Waziristan, FATA

Central Africa

:: Two new WPV1 cases were reported from Cameroon (from Est province, with onset of paralysis on 1 July and 9 July). In 2014, ten cases were reported in central Africa: five in Cameroon and five in Equatorial Guinea.

:: The two cases are from a refugee camp in the east of the country, among refugees from Central African Republic (CAR). Coordination with NGOs and organizations such as UNHCR is being strengthened.

:: Given the new cases detected in Est region, Cameroon is developing a rapid response plan.

:: Efforts are also ongoing to improve immunity levels and surveillance sensitivity in neighbouring CAR. With evidence of declining surveillance and immunity levels, coupled with large-scale population movements, the risk of spread of polio into CAR is high. Coordination with NGOs and other health organizations on the ground is strong. Plans are under discussion to conduct polio campaigns. As part of this, active searches for acute flaccid paralysis (AFP) will be conducted, and communities and health centres sensitized on the need for immunization and detection of AFP cases.
:: Equatorial Guinea has conducted three national campaigns using bivalent OPV. Two more national activities are planned for all children aged less than 15 years in August (7-10 and 28-31). In addition, two more activities are planned (20-23 September for <5s, and in November – exact dates and age group to be confirmed). A house-to-house search for AFP cases will be conducted during the campaign; a similar search is currently taking place in Gabon. Countries across central Africa are conducting campaigns.

The **Weekly Epidemiological Record (WER) 8 August 2014**, vol. 89, 32/33 (pp. 357–368) includes:
:: Health conditions for travellers to Saudi Arabia for the pilgrimage to Mecca (Hajj), 2014
:: Global Polio Eradication Initiative: 10th meeting of the Independent Monitoring Board
:: Monthly report on dracunculiasis cases, January– June 2014
http://www.who.int/entity/wer/2014/wer8932_33.pdf?ua=1

WHO: Humanitarian Health Action [to 9 August 2014]
:: Gaza Conflict 6 August 2014 –
Hospitals are treating a constant influx of casualties in already overcrowded facilities and with vastly reduced supply of electricity. More than 17,000 patients utilized UNRWA's 13 open clinics on 2-3 August, higher than the pre-war average of 14,000 patients a day. Currently more than 30% of clinic patients are displaced persons staying in shelters. The public health needs are: fuel, electricity and medical supplies; follow up care for the injured; health care for the displaced people; mental health interventions for patients, their family members and support to children; elective surgeries for patients whose surgeries were postponed.
:: Read the health situation report from the Regional Office website

GAVI Watch [to 9 August 2014]
http://www.gavialliance.org/library/news/press-releases/
:: Niger tackles its two biggest child killers with GAVI Alliance support 05 August 2014
:: South Sudan's Introduction of Pentavalent Vaccine: A Historic Moment as the Vaccine Has Now Reached All 73 GAVI Countries August 4, 2014
South Sudan's recent launch of pentavalent vaccine (on 16 July 2014) marked a historic milestone in the global fight against vaccine-preventable diseases. This is not only a major accomplishment for the country and its children, but also for the international community, as pentavalent (DTP-HepB-Hib) vaccine is now available in all 73 GAVI countries, accounting for more than half of the world's children. Although available for nearly three decades in high-income countries, Haemophilus influenzae type B (Hib) vaccine was not accessible in low-income countries until the late 1990s. With a steady rollout of Hib-containing pentavalent

vaccine, all children living in low-income countries will now have protection against meningitis and severe pneumonia, as well as diphtheria, tetanus, pertussis, and Hepatitis B…

Global Fund Watch [to 9 August 2014]
http://www.theglobalfund.org/en/mediacenter/announcements/
No new digest content identified.

European Medicines Agency Watch [to 9 August 2014]
http://www.ema.europa.eu/ema/
No new digest content identified.

UNICEF Watch [to 9 August 2014]
http://www.unicef.org/media/media_71724.html
No new digest content identified.

Industry Watch [to 9 August 2014]
Selected media releases and other selected content from industry.
:: European Medicines Agency Accepts Application Seeking New Indication For Prevenar 13 For Prevention Of Pneumococcal Pneumonia In Adults
August 07, 2014
Pfizer Inc. (NYSE:PFE) announced today that the European Medicines Agency (EMA) has accepted Pfizer's application seeking to expand the indication for Prevenar 13…

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

Governance for health in the 21st century

By Ilona Kickbusch and David Gleicher
2012, xv + 107 pages
ISBN 978 92 890 0274 5 :: Order no. 13400121
English (PDF, 2.3 MB)
Overview

Governance for health describes the attempts of governments and other actors to steer communities, whole countries or even groups of countries in the pursuit of health as integral to well-being. This study tracks recent governance innovations to address the priority determinants of health and categorizes them into five strategic approaches to smart governance for health. It relates the emergence of joint action by the health sector and non-health sectors, by public and private actors and by citizens, all of whom have an increasing role to play in achieving seminal changes in 21st-century societies.

This study was commissioned to provide the evidence base for the new European health policy, Health 2020. Calling for a health-in-all-policies, whole-of-government and whole-of-

society approach, Health 2020 uses governance as a "lens" through which to view all technical areas of health.

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 8, 2014
http://www.tandfonline.com/toc/uajb20/current
[Reviewed earlier]

American Journal of Infection Control
Volume 42, Issue 8, p819-940 August 2014
http://www.ajicjournal.org/current
[Reviewed earlier]

American Journal of Preventive Medicine
Volume 47, Issue 2, p105-232, e3-e6 August 2014
http://www.ajpmonline.org/current
[Reviewed earlier]

American Journal of Public Health
Volume 104, Issue 8 (August 2014)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
August 2014; 91 (2)
http://www.ajtmh.org/content/current
Editorial
The Impact of the Fogarty International Clinical Scholars and Fellows Program Extends Beyond Borders
Catherine P. Benziger and Robert H. Gilman

Am J Trop Med Hyg 2014 91:211-212; Published online June 2, 2014, doi:10.4269/ajtmh.14-0265
[No abstract; free full text]

Doctors and Vampires in Sub-Saharan Africa: Ethical Challenges in Clinical Trial Research

Koen Peeters Grietens*, Joan Muela Ribera, Annette Erhart, Sarah Hoibak, Raffaella M. avinetto, Charlotte Gryseels, Susan Dierickx, Sarah O'Neill, Susanna Hausmann Muela and Umberto D'Alessandro

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Abstract.

Collecting blood samples from individuals recruited into clinical research projects in sub-Saharan Africa can be challenging. Strikingly, one of the reasons for participant reticence is the occurrence of local rumors surrounding "blood stealing" or "blood selling." Such fears can potentially have dire effects on the success of research projects—for example, high dropout rates that would invalidate the trial's results—and have ethical implications related to cultural sensitivity and informed consent. Though commonly considered as a manifestation of the local population's ignorance, these rumors represent a social diagnosis and a logical attempt to make sense of sickness and health. Born from historical antecedents, they reflect implicit contemporary structural inequalities and the social distance between communities and public health institutions. We aim at illustrating the underlying logic governing patients' fear and argue that the management of these beliefs should become an intrinsic component of clinical research.

Annals of Internal Medicine

5 August 2014, Vol. 161. No. 3
http://annals.org/issue.aspx
[No relevant content]

BMC Health Services Research

(Accessed 9 August 2014)
http://www.biomedcentral.com/bmchealthservres/content
[No new relevant content]

BMC Infectious Diseases

(Accessed 9 August 2014)
http://www.biomedcentral.com/bmcinfectdis/content
Research article

Decline in severe diarrhea hospitalizations after the introduction of rotavirus vaccination in Ghana: a prevalence study

Christabel C Enweronu-Laryea, Isaac Boamah, Eric Sifah, Stanley K Diamenu and George Armah
Author Affiliations

BMC Infectious Diseases 2014, 14:431 doi:10.1186/1471-2334-14-431
Published: 6 August 2014

Abstract (provisional)

Background

Almost all diarrhea deaths in young children occur in developing countries. Immunization against rotavirus, the leading cause of childhood severe dehydrating acute diarrhea may reduce the burden of severe diarrhea in developing countries. Ghana introduced rotavirus and pneumococcal vaccination in the national expanded program on immunization in May 2012.

Methods

Review of all-cause diarrheal hospitalization data for children aged 59?months and younger at 2 pediatric referral hospitals in southern Ghana from 2008 to 2014. The proportion of acute diarrhea (defined as 3 or more watery, non-bloody stools within 24?hours that has lasted for less than 7?days) cases caused by rotavirus was determined. Temporal trend and age group distribution of all-cause diarrhea and rotavirus gastroenteritis before and after introduction of the new vaccines were compared.

Results

Of the 5847 children hospitalized with all-cause diarrhea during the 74 months (January 2008 - February 2014), 3963 (67.8%) children were recruited for rotavirus surveillance and stool specimens were tested for rotavirus in 3160/3963 (79.7%). Median monthly hospitalization for all-cause diarrhea reduced from 84 [interquartile range (IQR) 62 - 105] during the 52 months pre-vaccination introduction to 46 (IQR 42 - 57) in the 22 months after implementation of vaccination. Significant decline in all-cause diarrhea hospitalization occurred in children aged 0 – 11 months: 56.3% (2711/4817) vs. 47.2% 486/1030 [p=0.0001, 95% confidence interval (CI) 0.77 - 0.88] and there was significant reduction of rotavirus gastroenteritis hospitalization: 49.7% (1246/2505) vs. 27.8% (182/655) [p=0.0001, 95% CI 0.32 - 0.47] before and after vaccine introduction respectively.

Conclusions

Implementation of rotavirus vaccination program may have resulted in significant reduction of severe diarrhea hospitalization even though this observational study could not exclude the effect of other confounding factors. Continued surveillance is recommended to monitor the progress of this program.

BMC Medical Ethics

(Accessed 9 August 2014)

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

Debate

What makes public health studies ethical? Dissolving the boundary between research and practice

Donald J Willison, Nancy Ondrusek, Angus Dawson, Claudia Emerson, Lorraine E Ferris, Raphael Saginur, Heather Sampson and Ross Upshur
Author Affiliations

BMC Medical Ethics 2014, 15:61 doi:10.1186/1472-6939-15-61
Published: 8 August 2014

Abstract (provisional)
Background
The generation of evidence is integral to the work of public health and health service providers. Traditionally, ethics has been addressed differently in research projects, compared with other forms of evidence generation, such as quality improvement, program evaluation, and surveillance, with review of non-research activities falling outside the purview of the research ethics board. However, the boundaries between research and these other evaluative activities are not distinct. Efforts to delineate a boundary - whether on grounds of primary purpose, temporality, underlying legal authority, departure from usual practice, or direct benefits to participants - have been unsatisfactory.
Public Health Ontario has eschewed this distinction between research and other evaluative activities, choosing to adopt a common framework and process to guide ethical reflection on all public health evaluative projects throughout their lifecycle - from initial planning through to knowledge exchange.
Discussion
The Public Health Ontario framework was developed by a working group of public health and ethics professionals and scholars, in consultation with individuals representing a wide range of public health roles. The first part of the framework interprets the existing Canadian research ethics policy statement (commonly known as the TCPS 2) through a public health lens. The second part consists of ten questions that guide the investigator in the application of the core ethical principles to public health initiatives.
The framework is intended for use by those designing and executing public health evaluations, as well as those charged with ethics review of projects. The goal is to move toward a culture of ethical integrity among investigators, reviewers and decision-makers, rather than mere compliance with rules. The framework is consonant with the perspective of the learning organization and is generalizable to other public health organizations, to health services organizations, and beyond.
Summary
Public Health Ontario has developed an ethics framework that is applicable to any evidence-generating activity, regardless of whether it is labelled research. While developed in a public health context, it is readily adaptable to other health services organizations and beyond.

BMC Public Health
(Accessed 9 August 2014)
http://www.biomedcentral.com/bmcpublichealth/content

Research article

Factors associated with hepatitis B vaccine series completion in a randomized trial for injection drug users reached through syringe exchange programs in three US cities

Sarah Bowman, Lauretta E Grau, Merrill Singer, Greg Scott, Robert Heimer BMC Public Health 2014, 14:820 (9 August 2014)
Abstract | Provisional PDF

Commentary

Costs and benefits of influenza vaccination: more evidence, same challenges

Bruno Christian Ciancio and Giovanni Rezza
BMC Public Health 2014, 14:818 doi:10.1186/1471-2458-14-818
Published: 8 August 2014

Abstract (provisional)
Seasonal influenza vaccination coverage in most EU/EEA remains suboptimal. Providers' and users' confidence in influenza vaccines is undermined by reports of moderate to low vaccine effectiveness and by the lack of solid evidence on disease burden. A study from Preaud and co. indicates that even with current levels of vaccine effectiveness, increasing vaccination coverage would significantly reduce disease burden and health cost. The results of the study should be interpreted cautiously because some of the assumptions are not generalizable or are imprecise, especially those on vaccine coverage, disease burden and health cost. Increasing vaccination coverage in EU/EEA countries is very challenging. Multifaceted approaches and country specific strategies are needed to address vaccine hesitancy in health care workers and in the population, and to manage organisational and financial obstacles. One key element for increasing vaccination coverage is the development of better influenza vaccines, e.g. vaccines that are more effective, provide longer lasting immunity and do not require annual administration. Vaccine producers should consider this as the highest research priority in the field of influenza vaccine development.

Research article

Annual public health and economic benefits of seasonal influenza vaccination: a European estimate

Emmanuelle Preaud, Laure Durand, Bérengère Macabeo, Norbert Farkas, Brigitte Sloesen, Abraham Palache, Francis Shupo, Sandrine I Samson
BMC Public Health 2014, 14:813 (7 August 2014)
Abstract | Provisional PDF

BMC Research Notes
(Accessed 9 August 2014)
http://www.biomedcentral.com/bmcresnotes/content
[No new relevant content]

British Medical Journal
09 August 2014(vol 349, issue 7970)
http://www.bmj.com/content/349/7970

Research

Effect of BCG vaccination against Mycobacterium tuberculosis infection in children: systematic review and meta-analysis

A Roy, senior scientist1, M Eisenhut, consultant paediatrician2, R J Harris, statistician1, L C Rodrigues, professor of epidemiology3, S Sridhar, research associate4, S Habermann, junior doctor2, L Snell, junior doctor2, P Mangtani, senior lecturer3, I Adetifa, paediatrician and medical epidemiologist5, A Lalvani, professor of infectious disease4, I Abubakar, professor of infectious disease epidemiology16
Author affiliations
BMJ 2014; 349 doi: http://dx.doi.org/10.1136/bmj.g4643 (Published 05 August 2014) Cite this as: BMJ 2014;349:g4643
Accepted 11 July 2014
Abstract
Objectives

To determine whether BCG vaccination protects against Mycobacterium tuberculosis infection as assessed by interferon γ release assays (IGRA) in children.
Design
Systematic review and meta-analysis. Searches of electronic databases 1950 to November 2013, checking of reference lists, hand searching of journals, and contact with experts.
Setting
Community congregate settings and households.
Inclusion criteria Vaccinated and unvaccinated children aged under 16 with known recent exposure to patients with pulmonary tuberculosis. Children were screened for infection with M tuberculosis with interferon γ release assays.
Data extraction
Study results relating to diagnostic accuracy were extracted and risk estimates were combined with random effects meta-analysis.
Results
The primary analysis included 14 studies and 3855 participants. The estimated overall risk ratio was 0.81 (95% confidence interval 0.71 to 0.92), indicating a protective efficacy of 19% against infection among vaccinated children after exposure compared with unvaccinated children. The observed protection was similar when estimated with the two types of interferon γ release assays (ELISpot or QuantiFERON). Restriction of the analysis to the six studies (n=1745) with information on progression to active tuberculosis at the time of screening showed protection against infection of 27% (risk ratio 0.73, 0.61 to 0.87) compared with 71% (0.29, 0.15 to 0.58) against active tuberculosis. Among those infected, protection against progression to disease was 58% (0.42, 0.23 to 0.77).
Conclusions B
CG protects against M tuberculosis infection as well as progression from infection to disease.
Trial registration PROSPERO registration No CRD42011001698 (www.crd.york.ac.uk/prospero/).

Feature Infectious Diseases

Ebola: an opportunity for a clinical trial?

BMJ 2014; 349 doi: http://dx.doi.org/10.1136/bmj.g4997 (Published 06 August 2014) Cite this as: BMJ 2014;349:g4997
As the largest outbreak of Ebola virus has forced hitherto neglected tropical diseases on to the public agenda, debate is growing over whether affected patients should have the chance to try experimental drugs. Sophie Arie reports

Bulletin of the World Health Organization
Volume 92, Number 7, July 2014, 465-544
http://www.who.int/bulletin/volumes/92/7/en/
[Reviewed earlier]

Clinical Infectious Diseases (CID)
Volume 59 Issue 4 August 15, 2014
http://cid.oxfordjournals.org/content/current

Measles Vaccination in the Presence or Absence of Maternal Measles Antibody: Impact on Child Survival

Peter Aaby1,2, Cesário L. Martins1, May-Lill Garly1, Andreas Andersen1,2, Ane B. Fisker1, Mogens H. Claesson3, Henrik Ravn2, Amabelia Rodrigues1, Hilton C. Whittle4, and Christine S. Benn1,2
Author Affiliations
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3Institute of International Health, Immunology and Microbiology, Faculty of Health Sciences, University of Copenhagen, Denmark
4London School of Hygiene and Tropical Medicine, United Kingdom
Abstract
Background. Measles vaccine (MV) has a greater effect on child survival when administered in early infancy, when maternal antibody may still be present.
Methods. To test whether MV has a greater effect on overall survival if given in the presence of maternal measles antibody, we reanalyzed data from 2 previously published randomized trials of a 2-dose schedule with MV given at 4–6 months and at 9 months of age. In both trials antibody levels had been measured before early measles vaccination.
Results. In trial I (1993–1995), the mortality rate was 0.0 per 1000 person-years among children vaccinated with MV in the presence of maternal antibody and 32.3 per 1000 person-years without maternal antibody (mortality rate ratio [MRR], 0.0; 95% confidence interval [CI], 0–.52). In trial II (2003–2007), the mortality rate was 4.2 per 1000 person-years among children vaccinated in presence of maternal measles antibody and 14.5 per 1000 person-years without measles antibody (MRR, 0.29; 95% CI, .09–.91). Possible confounding factors did not explain the difference. In a combined analysis, children who had measles antibody detected when they received their first dose of MV at 4–6 months of age had lower mortality than children with no maternal antibody, the MRR being 0.22 (95% CI, .07–.64) between 4–6 months and 5 years.
Conclusions. Child mortality in low-income countries may be reduced by vaccinating against measles in the presence of maternal antibody, using a 2-dose schedule with the first dose at 4–6 months (earlier than currently recommended) and a booster dose at 9–12 months of age.
Clinical Trials Registration. NCT00168558.

Maternal Immunization

Stanley A. Plotkin, Section Editor, Helen Y. Chu1 and Janet A. Englund2
Author Affiliations
1Department of Medicine, Division of Allergy and Infectious Diseases, University of Washington
2Department of Pediatrics, Division of Infectious Diseases, Seattle Children's Hospital, Washington
Abstract
Maternal immunization has the potential to protect the pregnant woman, fetus, and infant from vaccine-preventable diseases. Maternal immunoglobulin G is actively transported across the placenta, providing passive immunity to the neonate and infant prior to the infant's ability to respond to vaccines. Currently inactivated influenza, tetanus toxoid, and acellular pertussis vaccines are recommended during pregnancy. Several other vaccines have been studied in pregnancy and found to be safe and immunogenic and to provide antibody to infants. These include pneumococcus, group B Streptococcus, Haemophilus influenzae type b, and meningococcus vaccines. Other vaccines in development for potential maternal immunization include respiratory syncytial virus, herpes simplex virus, and cytomegalovirus vaccines.

Clinical Therapeutics
Volume 36, Issue 7, p993-1126 July 2014
http://www.clinicaltherapeutics.com/current
[Reviewed earlier]

Cost Effectiveness and Resource Allocation
(Accessed 9 August 2014)
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[No new relevant content]

Current Opinion in Infectious Diseases
August 2014 - Volume 27 - Issue 4 pp: v-vi, 303-401
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
[Reviewed earlier]

Developing World Bioethics
August 2014 Volume 14, Issue 2 Pages ii–viii, 59–110
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2014.14.issue-2/issuetoc
[Reviewed earlier]

Development in Practice
Volume 24, Issue 4, 2014
http://www.tandfonline.com/toc/cdip20/current
Special issue on climate change adaptation and development

Emerging Infectious Diseases
Volume 20, Number 8—August 2014
http://wwwnc.cdc.gov/eid/
[Reviewed earlier]

The European Journal of Public Health
Volume 24 Issue 4 August 2014
http://eurpub.oxfordjournals.org/content/current
[Reviewed earlier]

Eurosurveillance
Volume 19, Issue 31, 07 August 2014
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
[New issue; No relevant content]

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

Globalization and Health
[Accessed 9 August 2014]
http://www.globalizationandhealth.com/
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[Accessed 9 August 2014]
http://blogs.shu.edu/ghg/category/complete-issues/summer-2013/
[No new relevant content]

Global Public Health
Volume 9, Supplement 1, 2014
http://www.tandfonline.com/toc/rgph20/.Uq0DgeKy-F9#.U4onnCjDU1w
This Special Supplement is dedicated to all the Afghan and international health workers who sacrificed their lives during the rebuilding of the Afghan health system.
[Reviewed earlier]

Health Affairs
August 2014; Volume 33, Issue 8
http://content.healthaffairs.org/content/current
Theme: Variety Issue
[New issue; No relevant content]

Health and Human Rights
Volume 16, Issue 1
http://www.hhrjournal.org/
Climate Justice and the Right to Health – A Special Issue
[Reviewed earlier]

Health Economics, Policy and Law
Volume 9 - Issue 03 - July 2014
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
[Reviewed earlier]

Health Policy and Planning

Volume 29 Issue 5 August 2014
http://heapol.oxfordjournals.org/content/current
[New issue; No relevant content]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
July 2014 Volume 10, Issue 7
http://www.landesbioscience.com/journals/vaccines/toc/volume/10/issue/7/
[Reviewed earlier]

Infectious Agents and Cancer
[Accessed 9 August 2014]
http://www.infectagentscancer.com/content
[No new relevant content]

Infectious Diseases of Poverty
[Accessed 9 August 2014]
http://www.idpjournal.com/content
Letter to the Editor
Need of surveillance response systems to combat Ebola outbreaks and other emerging infectious diseases in African countries
Ernest Tambo, Emmanuel Chidiebere Ugwu and Jeane Yonkeu Ngogang
Author Affiliations
Infectious Diseases of Poverty 2014, 3:29 doi:10.1186/2049-9957-3-29
Published: 5 August 2014
Abstract (provisional)
There is growing concern in Sub-Saharan Africa about the spread of the Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, and the public health burden that it ensues. Since 1976, there have been 884,955 suspected and laboratory confirmed cases of EVD and the disease has claimed 2,309 lives including 729 lives in West Africa. There are certain requirements that must be met when responding to EVD outbreaks and this process could incur certain challenges. For the purposes of this paper, five have been identified: (i) the deficiency in the development and implementation of surveillance response systems against Ebola and others infectious disease outbreaks in Africa; (ii) the lack of education and knowledge resulting in an EVD outbreak triggering panic, anxiety, psychosocial trauma, isolation and dignity impounding, stigmatisation, community ostracism and resistance to associated socio-ecological and public health consequences; (iii) limited financial resources, human technical capacity and weak community and national health system operational plans for prevention and control responses, practices and management; (iv) inadequate leadership and coordination; and (v) the lack of development of new strategies, tools and approaches, such as improved diagnostics and novel therapies including vaccines which can assist in preventing, controlling and containing Ebola outbreaks as well as the spread of the disease. Hence, there is an urgent need to develop and implement an active early warning alert and surveillance response system for outbreak response and control of emerging infectious diseases. Understanding the unending risks of transmission dynamics and resurgence is essential in implementing rapid effective response interventions tailored to specific local settings and contexts. Therefore, the following actions are

recommended: (i) national and regional inter-sectorial and trans-disciplinary surveillance response systems that include early warnings, as well as critical human resources development, must be quickly adopted by allied ministries and organisations in African countries in epidemic and pandemic responses; (ii) harnessing all stakeholders commitment and advocacy in sustained funding, collaboration, communication and networking including community participation to enhance a coordinated responses, as well as tracking and prompt case management to combat challenges; (iii) more research and development in new drug discovery and vaccines; and (iv) understanding the involvement of global health to promote the establishment of public health surveillance response systems with functions of early warning, as well as monitoring and evaluation in upholding research-action programmes and innovative interventions.

International Journal of Epidemiology
Volume 43 Issue 4 August 2014
http://ije.oxfordjournals.org/content/current
[New issue; No relevant content]

International Journal of Infectious Diseases
Vol 25 Complete | August 2014 | Pages 1-206
http://www.ijidonline.com/current
[Reviewed earlier]

JAMA
August 6, 2014, Vol 312, No. 5
http://jama.jamanetwork.com/issue.aspx
[New issue; No relevant content]

JAMA Pediatrics
August 2014, Vol 168, No. 8
http://archpedi.jamanetwork.com/issue.aspx
[New issue; No relevant content]

Journal of Community Health
Volume 39, Issue 4, August 2014
http://link.springer.com/journal/10900/39/4/page/1
[Reviewed earlier]

Journal of Global Ethics
Volume 10, Issue 1, 2014
http://www.tandfonline.com/toc/rjge20/current#.U2V-Elf4L0l
Tenth Anniversary Forum: The Future of Global Ethics
[Reviewed earlier]

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 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
THEMES: Linguistically-Identified Populations and Health Care Settings
[Reviewed earlier]

Journal of Health Organization and Management
Volume 28 issue 4 - Latest Issue
http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest
[Reviewed earlier]

Journal of Immigrant and Minority Health
Volume 16, Issue 4 – August 2014
http://link.springer.com/journal/10903/16/4/page/1
Special Focus: Health Care Barriers, Access, Quality, and Utilization
[Reviewed earlier]

Journal of Infectious Diseases
Volume 210 Issue 4 August 15, 2014
http://jid.oxfordjournals.org/content/current
Naturally Acquired Immunity Against Human Papillomavirus (HPV): Why It Matters in the HPV Vaccine Era
Silvia Franceschi and Iacopo Baussano
Author Affiliations
International Agency for Research on Cancer, Lyon, France
(See the major article by Castellsagué et al on pages 517–34.)
Extract

Scientists do not know precisely which elements of the immune system are important in preventing or resolving human papillomavirus (HPV) infections in unvaccinated women. HPV has a battery of immune-evasion mechanisms that include hiding within the host mucosal cells, low-level production of late (L) proteins, and inhibition of innate immunity and cell-mediated response by early proteins [1].

HPV vaccine trials show that sufficiently high levels of neutralizing antibodies against viral capsid strongly protect women who are negative for vaccine types at baseline against homologous (same-type) HPV infection. The measurement of HPV antibodies is also important for identifying unvaccinated women who have mounted an antibody response following

previous exposure to HPV infection and may, therefore, be naturally protected. However, only approximately half of women seroconvert within 18 months after HPV infection [2]. The interpretation of HPV serology is additionally complicated by substantial differences across assays used in different studies (eg, detection ranges, targeted HPV types, and epitopes) [3–5]. Despite these limitations, seroprevalence studies have been essential in understanding HPV exposure [6] and infection trends [7], and have more recently started providing prospective estimates of naturally acquired immunity after HPV infection [4].

In this issue of The Journal of Infectious Diseases, Castellsagué and colleagues [8] report on the association of HPV types 16 and 18 antibody levels …

Risk of Newly Detected Infections and Cervical Abnormalities in Women Seropositive for Naturally Acquired Human Papillomavirus Type 16/18 Antibodies: Analysis of the Control Arm of PATRICIA

Xavier Castellsagué, Paulo Naud, Song-Nan Chow, Cosette M. Wheeler, Maria Julieta V. Germar, Matti Lehtinen, Jorma Paavonen, Unnop Jaisamrarn, Suzanne M. Garland, Jorge Salmerón, Dan Apter, Henry Kitchener, Julio C. Teixeira, S. Rachel Skinner, Genara Limson, Anne Szarewski, Barbara Romanowski, Fred Y. Aoki, Tino F. Schwarz, Willy A. J. Poppe, F. Xavier Bosch, Newton S. de Carvalho, Klaus Peters, Wiebren A. A. Tjalma, Mahboobeh Safaeian, Alice Raillard, Dominique Descamps, Frank Struyf, Gary Dubin, Dominique Rosillon, and Laurence Baril

J Infect Dis. (2014) 210 (4): 517-534 doi:10.1093/infdis/jiu139

Abstract

Free Full Text (HTML)

Relative Efficacy of AS03-Adjuvanted Pandemic Influenza A(H1N1) Vaccine in Children: Results of a Controlled, Randomized Efficacy Trial

Terry Nolan1,2,a, Sumita Roy-Ghanta3,a, May Montellano5, Lily Weckx8, Rolando Ulloa-Gutierrez11, Eduardo Lazcano-Ponce12, Angkool Kerdpanich16, Marco Aurélio Palazzi afadi9,10, Aurelio Cruz-Valdez12, Sandra Litao6, Fong Seng Lim18, Abiel Mascareñas de Los Santos13, Miguel Angel Rodriguez Weber14, Juan-Carlos Tinoco15, Marcela Hernandez-de Mezerville11, Idis Faingezicht11, Pensri Kosuwon17, Pio Lopez19, Charissa Borja-Tabora7, Ping Li3, Serge Durviaux20, Louis Fries4, Gary Dubin3, Thomas Breuer20, Bruce L. Innis3 and David W. Vaughn21

Abstract

Background. The vaccine efficacy (VE) of 1 or 2 doses of AS03-adjuvanted influenza A(H1N1) vaccine relative to that of 2 doses of nonadjuvanted influenza A(H1N1) vaccine in children 6 months to <10 years of age in a multinational study conducted during 2010–2011.

Methods. A total of 6145 children were randomly assigned at a ratio of 1:1:1 to receive 2 injections 21 days apart of A/CNCT00alifornia/7/2009(H1N1)-AS03 vaccine at dose 1 and saline placebo at dose 2, 2 doses 21 days apart of A/California/7/2009(H1N1)-AS03 vaccine (the Ad2 group), or 2 doses 21 days apart of nonadjuvanted A/California/7/2009(H1N1) vaccine (the NAd2 group). Active surveillance for influenza-like illnesses continued from days 14 to 385. Nose and throat samples obtained during influenza-like illnesses were tested for A/California/7/2009(H1N1), using reverse-transcriptase polymerase chain reaction. Immunogenicity, reactogenicity, and safety were assessed.

Results. There were 23 cases of confirmed 2009 pandemic influenza A(H1N1) (A[H1N1]pdm09) infection for the primary relative VE analysis. The VE in the Ad2 group relative to that in the NAd2 group was 76.8% (95% confidence interval, 18.5%–93.4%). The benefit of the AS03 adjuvant was demonstrated in terms of the greater immunogenicity observed in the Ad2 group, compared with the NAd2 group.

Conclusion. The 4–8-fold antigen-sparing adjuvanted pandemic influenza vaccine demonstrated superior and clinically important prevention of A(H1N1)pdm09 infection, compared with nonadjuvanted vaccine, with no observed increase in medically attended or serious adverse events. These data support the use of adjuvanted influenza vaccines during influenza pandemics.
Clinical Trials Registration. NCT01051661.

Journal of Medical Ethics
August 2014, Volume 40, Issue 8
http://jme.bmj.com/content/current
[Reviewed earlier]

Journal of Medical Microbiology
August 2014; 63 (Pt 8)
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 165 | No. 2 | August 2014 | Pages 217-426
http://www.jpeds.com/current
[Reviewed earlier]

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Volume 35, Issue 3 (August 2014)
http://www.palgrave-journals.com/jphp/journal/v35/n3/index.html
[Reviewed earlier]

Journal of the Royal Society – Interface
October 6, 2014; 11 (99)
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[Reviewed earlier]

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August 2014, volume 88, issue 15
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[Reviewed earlier]

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Aug 09, 2014 Volume 384 Number 9942 p469 - 556
http://www.thelancet.com/journals/lancet/issue/current
[New issue; No relevant content]

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Aug 2014 Volume 2 Number 8 e431 - 487
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[Reviewed earlier]

The Lancet Infectious Diseases
Aug 2014 Volume 14 Number 8 p657 - 778
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[Reviewed earlier]

Medical Decision Making (MDM)
August 2014; 34 (6)
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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
[Reviewed earlier]

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Volume 512 Number 7512 pp5-108
7 August 2014
http://www.nature.com/nature/current_issue.html
[New issue; No relevant content]

Nature Immunology
August 2014, Volume 15 No 8 pp695-788
http://www.nature.com/ni/journal/v15/n6/index.html
[Reviewed earlier]

Nature Medicine
August 2014, Volume 20 No 8 pp795-966

http://www.nature.com/nm/journal/v20/n8/index.html
[New issue; No relevant content]

Nature Reviews Immunology
August 2014 Vol 14 No 8
http://www.nature.com/nri/journal/v14/n7/index.html
[Reviewed earlier]

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August 7, 2014 Vol. 371 No. 6
http://www.nejm.org/toc/nejm/medical-journal
[New issue; No relevant content]

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August 2014 - Volume 33 - Issue 8 pp: 789-891,e183-e218
http://journals.lww.com/pidj/pages/currenttoc.aspx
[Reviewed earlier]

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August 2014, VOLUME 134 / ISSUE 2
http://pediatrics.aappublications.org/current.shtml

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Volume 6, Issue 3 (September 2014), Pages 354-
http://www.mdpi.com/1999-4923/6/2
[Reviewed earlier]

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Volume 32, Issue 8, August 2014
http://link.springer.com/journal/40273/32/8/page/1
[Reviewed earlier]

PLoS One
[Accessed 9 August 2014]
http://www.plosone.org/
Research Article
Incremental Benefits of Male HPV Vaccination: Accounting for Inequality in Population Uptake
Megan A. Smith mail, Karen Canfell
Abstract
Background

Vaccines against HPV16/18 are approved for use in females and males but most countries currently have female-only programs. Cultural and geographic factors associated with HPV vaccine uptake might also influence sexual partner choice; this might impact post-vaccination outcomes. Our aims were to examine the population-level impact of adding males to HPV vaccination programs if factors influencing vaccine uptake also influence partner choice, and additionally to quantify how this changes the post-vaccination distribution of disease between subgroups, using incident infections as the outcome measure.
Methods
A dynamic model simulated vaccination of pre-adolescents in two scenarios: 1) vaccine uptake was correlated with factors which also affect sexual partner choice ("correlated"); 2) vaccine uptake was unrelated to these factors ("unrelated"). Coverage and degree of heterogeneity in uptake were informed by observed data from Australia and the USA. Population impact was examined via the effect on incident HPV16 infections. The rate ratio for post-vaccination incident HPV16 in the lowest compared to the highest coverage subgroup (RRL) was calculated to quantify between-group differences in outcomes.
Results
The population-level incremental impact of adding males was lower if vaccine uptake was "correlated", however the difference in population-level impact was extremely small (<1%) in the Australia and USA scenarios, even under the conservative and extreme assumption that subgroups according to coverage did not mix at all sexually. At the subgroup level, "correlated" female-only vaccination resulted in RRL = 1.9 (Australia) and 1.5 (USA) in females, and RRL = 1.5 and 1.3 in males. "Correlated" both-sex vaccination increased RRL to 4.2 and 2.1 in females and 3.9 and 2.0 in males in the Australia and USA scenarios respectively.
Conclusions
The population-level incremental impact of male vaccination is unlikely to be substantially impacted by feasible levels of heterogeneity in uptake. However, these findings emphasize the continuing importance of prioritizing high coverage across all groups in HPV vaccination programs in terms of achieving equality of outcomes.

PLoS Medicine
(Accessed 9 August 2014)
http://www.plosmedicine.org/

Health in Action

From Intense Rejection to Advocacy: How Muslim Clerics Were Engaged in a Polio Eradication Initiative in Northern Nigeria

Sani-Gwarzo Nasir, Gambo Aliyu mail, Inuwa Ya'u, Muktar Gadanya, Muktar Mohammad, Mahmud Zubair, Samer S. El-Kamary

Published: August 05, 2014
DOI: 10.1371/journal.pmed.1001687

Summary Points

:: Of the several setbacks suffered by the polio eradication initiative in Nigeria, vaccination rejection by Muslim clerics (imams) is perhaps the most profound.
:: Anti-polio propaganda, misconceptions, and violence against vaccinators at the community level present huge challenges to polio eradication in Nigeria and globally.
:: However, the intense opposition to polio vaccination is systematically being reversed by the active engagement of imams to promote uptake of polio vaccination in areas worst hit by the disease.

:: A coalition campaign involving imams, Islamic school teachers, traditional rulers, doctors, journalists, and polio survivors is gradually turning the tide against polio vaccine rejection in northern Nigeria.
:: Innovative engagement and the coalition campaign at the community level should be part of the focus of the polio eradication initiative in Nigeria.

PLoS Neglected Tropical Diseases
(Accessed 9 August 2014)
http://www.plosntds.org/
[No new relevant content]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
(Accessed 9 August 2014)
http://www.pnas.org/content/early/
[No new relevant content]

Pneumonia
Vol 5 (2014)
https://pneumonia.org.au/index.php/pneumonia/issue/current
Special Issue "Pneumonia Diagnosis"
[Reviewed earlier]

Public Health Ethics
Volume 7 Issue 2 July 2014
http://phe.oxfordjournals.org/content/current
[Reviewed earlier]

Qualitative Health Research
August 2014; 24 (8)
http://qhr.sagepub.com/content/current
Special Issue: Insights Into Mental Health
[Reviewed earlier]

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
July 2014 Volume 34, Issue 7 Pages 1161–1358
http://onlinelibrary.wiley.com/doi/10.1111/risa.2014.34.issue-7/issuetoc
[Reviewed earlier]

Science
8 August 2014 vol 345, issue 6197, pages 597-708
http://www.sciencemag.org/current.dtl
[New issue; No relevant content]

Social Science & Medicine
Volume 118, In Progress (October 2014)
http://www.sciencedirect.com/science/journal/02779536/118
[Reviewed earlier]

Tropical Medicine and Health
Vol. 42(2014) No. 2
https://www.jstage.jst.go.jp/browse/tmh/42/2/_contents
[Reviewed earlier]

Vaccine
Volume 32, Issue 37, Pages 4703-4812 (20 August 2014)
http://www.sciencedirect.com/science/journal/0264410X/32/37
[Reviewed earlier]

Vaccine: Development and Therapy
(Accessed 9 August 2014)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Vaccines — Open Access Journal
(Accessed 9 August 2014)
http://www.mdpi.com/journal/vaccines
[No new relevant content]

Value in Health
Vol 17 | No. 4 | June 2014 | Pages 307-490
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

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

Expert Review of Vaccines
Volume 13, Number 8 (August 2014)
http://informahealthcare.com/toc/erv/current
***Special Focus: Pertussis* - Review**
Waning vaccine immunity in teenagers primed with whole cell and acellular pertussis vaccine: recent epidemiology
Posted online on August 5, 2014. (doi:10.1586/14760584.2014.944167)
Sarah L Sheridan1,2, Katie Frith3, Thomas L Snelling4,5, Keith Grimwood1,6, Peter B McIntyre7 and Stephen B Lambert *1,8
Abstract
The recent epidemics of pertussis (whooping cough) in parts of the USA and Australia have led to the largest numbers of annual cases reported in over half a century. These epidemics demonstrated a new pattern, with particularly high rates of disease among pre-adolescents and early adolescents. These high rates of pertussis coincided with the first cohorts vaccinated with purely acellular pertussis vaccine, which replaced whole-cell pertussis (wP) vaccine in the later 1990s in the USA and Australia. Studies undertaken during these epidemics provide new evidence of more rapid waning of acellular pertussis-containing vaccines and longer-term protection from effective wP-containing vaccines. There is evidence that receiving wP as at least the first dose of pertussis-containing vaccine provides greater and more long-lived protection, irrespective of the nature of subsequent doses. This evidence will be reviewed together with the immunobiology associated with both vaccines, and the implications for pertussis control discussed.

Special Focus Newsletters
RotaFlash (PATH)
August 4, 2014
Headline: Rotavirus technical experts meet to prioritize intussusception research agenda

Special Request Posting
Cell Host & Microbe
2014 Jun 11;15(6):729-40. doi: 10.1016/j.chom.2014.05.009.
http://www.cell.com/cell-host-microbe/current
The classical lancefield antigen of group a Streptococcus is a virulence determinant with implications for vaccine design.
van Sorge NM1, Cole JN2, Kuipers K3, Henningham A2, Aziz RK4, Kasirer-Friede A5, Lin L3, Berends ET6, Davies MR7, Dougan G8, Zhang F9, Dahesh S3, Shaw L3, Gin J10, Cunningham M11, Merriman JA12, Hütter J13, Lepenies B13, Rooijakkers SH6, Malley R9, Walker MJ14, Shattil SJ5, Schlievert PM12, Choudhury B15, Nizet V16.
Author information
Abstract
Group A Streptococcus (GAS) is a leading cause of infection-related mortality in humans. All GAS serotypes express the Lancefield group A carbohydrate (GAC), comprising a polyrhamnose backbone with an immunodominant N-acetylglucosamine (GlcNAc) side chain, which is the basis of rapid diagnostic tests. No biological function has been attributed to this conserved antigen.

Here we identify and characterize the GAC biosynthesis genes, gacA through gacL. An isogenic mutant of the glycosyltransferase gacI, which is defective for GlcNAc side-chain addition, is attenuated for virulence in two infection models, in association with increased sensitivity to neutrophil killing, platelet-derived antimicrobials in serum, and the cathelicidin antimicrobial peptide LL-37. Antibodies to GAC lacking the GlcNAc side chain and containing only polyrhamnose promoted opsonophagocytic killing of multiple GAS serotypes and protected against systemic GAS challenge after passive immunization. Thus, the Lancefield antigen plays a functional role in GAS pathogenesis, and a deeper understanding of this unique polysaccharide has implications for vaccine development.

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 9 August 2014
Experts: Give new US Ebola drug to Africans
World's top Ebola specialists question why only US aid workers given experimental drug, but firm says little available

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 9 August 2014
An Ebola Vaccine Is Not the Answer
Instead, we need a treatment and better quarantine measures.
Olga Khazan
5 August 2014
In a widely shared *Onion* article from a few days ago, scientists "announced" that an Ebola vaccine was still 50 white people away. This was a jab at pharmaceutical companies, who, cynics think, will only set their R&D wheels in motion if there's money on the horizon….

BBC
http://www.bbc.co.uk/
Accessed 9 August 2014 16:38
Ebola virus: Guinea shuts Liberia and S Leone borders
Africa / NEW 4 hours ago

Ebola outbreak: Nigeria declares national emergency
Africa / NEW 19 hours ago

Brookings
http://www.brookings.edu/
Accessed 9 August 2014
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 9 August 2014
Transcript : The Ebola Outbreak
with John Campbell, Laurie Garrett, Robert McMahon August 5, 2014
CFR fellows discuss the recent Ebola outbreak in western Africa and its effect on the region.

Economist
http://www.economist.com/
Accessed 9 August 2014
[No new, unique, relevant content]

Financial Times
http://www.ft.com
Accessed 9 August 2014
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 9 August 2014
BioWar Lab Helping To Develop Treatment For Ebola
Paul Rodgers, Contributor Aug 04, 2014
A top U.S. biological-warfare unit is developing a treatment for the deadly Ebola virus and could have it in the field within two years. The virus, which has killed more than 800 people in West Africa as of August 4, is a "Category A Bioterrorism Agent" along with anthrax, botulism, bubonic…

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 9 August 2014
[No new, unique, relevant content]

Foreign Policy
http://www.foreignpolicy.com/
Accessed 9 August 2014
Loose Lips at the White House Created a Polio Crisis
BY Kristofer Harrison
5 August 2014
There is a tragic story unfolding in Pakistan, which is the only country in the world where polio infections increased last year. According to the Centers for Disease Control there were 416

reported cases in the world last year. Ninety-three of them were in Pakistan. So far this year there have been 128 recorded cases. Ninety-nine have been in Pakistan. Pakistan saw a 60 percent increase from the prior year despite the availability of a licensed polio vaccine since 1962. The problem is that the Taliban is shooting the doctors administering the vaccine and has banned the vaccine outright.
The reason the Taliban is suddenly against the polio vaccine isn't because of Jenny McCarthy-led anti-vaccine lunacy. Rather, it's because the Taliban and tribal leaders fear that it is a CIA plot. They have drawn this conclusion because the CIA famously used a hepatitis vaccine program to confirm the location of Osama bin Laden…

The Guardian
http://www.guardiannews.com/
Accessed 9 August 2014
Ebola rages in Africa as west agonises over ethics of vaccine and drug testing
31 July 2014
In 2002, scientists writing in a leading American medical journal discussed the possibility that the Ebola virus could be used in a biochemical weapon. It would be technically difficult and unlikely to cause mass destruction because those infected quickly die and the virus is not as transmissible as many assume. But, the scientists warned, if it could be done, there would be no protection. No vaccine or drug treatment exists…

The Huffington Post
http://www.huffingtonpost.com/
Accessed 9 August 2014
[No new, unique, relevant content]

Le Monde
http://www.lemonde.fr/
Accessed 9 August 2014
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 9 August 2014
After Ebola - The New Yorker
Jul 31, 2014 **...** There are several **vaccines** under development; in early animal tests, more than one has shown promise. But it will be years before they are ...

New York Times
http://www.nytimes.com/
Accessed 9 August 2014
Ebola Drug Could Save a Few Lives. But Whose?
By ANDREW POLLACK AUG. 8, 2014
With hundreds of Africans dying from the outbreak of Ebola, some activists have said it is wrong that extremely scarce supplies of an experimental drug went to two white American aid workers.

But others wonder: What if the first doses of the drug — which had never been used in people and had not even finished the typical animal safety testing — had been given to African patients instead?

"It would have been the front-page screaming headline: 'Africans used as guinea pigs for American drug company's medicine,' " said Dr. Salim S. Abdool Karim, director of Caprisa, an AIDS research center in South Africa.

A history of controversy about drug testing in Africa is just one of the complexities facing public health authorities as they wrestle with whether and how to bring that drug and possibly other experimental ones to the countries afflicted with Ebola. Who should get such a scarce supply of medicine? Health workers? Children? The newly infected who are not yet as sick?

There are virtually no remaining supplies of the drug, called ZMapp, that was used to treat the two Americans, United States officials say. And even a few months from now, according to various estimates, there may be no more than a few hundred doses….

Inside Hospital's Ebola Battle

August 9, 2014

At the government hospital in Kenema, Sierra Leone, health care workers struggle to contain the Ebola epidemic, which has killed almost 1,000 people across West Africa.

Reuters

http://www.reuters.com/

Accessed 9 August 2014

[No new, unique, relevant content]

Wall Street Journal

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

Accessed 9 August 2014

[No new, unique, relevant content]

Washington Post

http://www.washingtonpost.com/

Accessed 9 August 2014

[No new, unique, relevant content]

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