Center for Vaccine Ethics and Policy
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Vaccines and Global Health: The Week in Review
21 February 2015
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 and Global Health: 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 6,500 entries.*

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***Request an email version:** Vaccines and Global Health: The Week in Review is published as a single email summary, scheduled for release each Saturday evening before midnight (EDT in the U.S.). If you would like to receive the email version, please send your request to david.r.curry@centerforvaccineethicsandpolicy.org.*

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POLIO [to 21 February 2015]
Public Health Emergency of International Concern (PHEIC)

GPEI Update: Polio this week - *As of 18 February 2014*
Global Polio Eradication Initiative
[Editor's Excerpt and text bolding]
Full report: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
:: The fourth meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus is convening this week. Outcomes and the Committee's final report will be made available on www.polioeradication.org.
:: It has been six months since the most recent case of wild poliovirus on the African continent had onset of paralysis, in Somalia on 11 August. Twelve months of absence of wild poliovirus, with certification-quality surveillance, will be necessary for the Horn of Africa outbreak to be declared as closed.

Selected country report content:

Afghanistan

:: On 15 – 17 February in most areas and 22 – 24 February in the south, Subnational Immunization Days (SNIDs) will take place across the entire south and east of the country, using bivalent OPV. The next National Immunization Days (NIDs) are planned for 15 – 17 March using trivalent OPV in most areas, and inactivated polio vaccine (IPV) combined with bivalent OPV in some areas of Hilmand, Kandahar and Nangarhar.

Four kidnapped polio workers are found dead in Pakistan

BBC News | 17 February 2015

Four members of a polio vaccination team have been found shot dead in south-west Pakistan, four days after being abducted.

Police said that the bodies of a health worker, his driver and two security guards were found in the region of Balochistan.

The team were seized on Friday by Taliban militants, security officials said.

Militants say polio teams are spies or that the vaccine causes infertility…

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EBOLA/EVD [to 21 February 2015]

Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)

WHO: Ebola Situation Report - 18 February 2015

[Excerpt; Editor's text bolding]

SUMMARY

Total weekly case incidence increased for the second consecutive week, with 144 new confirmed cases reported in the week to 8 February. Guinea reported a sharp increase in incidence, with 65 new confirmed cases compared with 39 the week before. Transmission remains widespread in Sierra Leone, which reported 76 new confirmed cases, while the resurgence in cases in the western district of Port Loko continued for a second week. Liberia continues to report a low number of new confirmed cases.

Despite improvements in case finding and management, burial practices, and community engagement, the decline in case incidence has stalled. The spike in cases in Guinea and continued widespread transmission in Sierra Leone underline the considerable challenges that must still be overcome to get to zero cases. The infrastructure, systems, and people needed to end the epidemic are now in place; response measures must now be fully implemented.

The surge of new confirmed cases reported by Guinea was driven primarily by transmission in the capital, Conakry (21 confirmed cases) and the western prefecture of Forecariah (26 confirmed cases). Community engagement continues to be a challenge in Conakry and Forecariah, and in Guinea more widely. **Almost one-third of the country's EVD-affected prefectures reported at least one security incident in the week to 8 February**. Effective contact tracing, which relies on the cooperation of communities, has also proved challenging. In the week to 1 February, just 7 of 42 cases arose among registered contacts. A

total of 34 unsafe burials were reported, with 21 EVD-positive deaths reported in the community.

Seven new confirmed cases were reported in the east-Guinean prefecture of Lola. A field team is currently deployed to Côte d'Ivoire to assess the state of preparedness in western areas of the country that border Lola.

Follow-up preparedness missions are planned for Mali and Senegal later this month, culminating in a tri-partite meeting between Guinea, Mali, and Senegal to strengthen cross-border surveillance.

A total of 3 confirmed cases was reported from Liberia. All of the cases originated from the same area of Montserrado county, linked to a single chain of transmission.

Following the steep decline in case incidence in Sierra Leone from December until the end of January, incidence has now stabilized. A total of 76 cases were reported in the week to 8 February, a decrease from the 80 confirmed cases reported in the week to 1 February, but higher than the 65 confirmed cases reported in the week to 25 January. Transmission remains widespread, with 7 districts reporting new confirmed cases. A total of 41 unsafe burials were reported in the week to 8 February.

The case fatality rate among hospitalized cases (calculated from all confirmed and probable hospitalized cases with a reported definitive outcome) remains high, between 53% and 60%.

COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION
There have been **almost 23,000 reported** **confirmed, probable, and suspected cases** of EVD in Guinea, Liberia and Sierra Leone (table 1), with almost **9000 reported deaths (**outcomes for many cases are unknown). A total of 65 new confirmed cases were reported in Guinea, 3 in Liberia, and 76 in Sierra Leone in the 7 days to 8 February (data missing for 8 February in Liberia). At the start of the epidemic many reported suspected cases were genuine cases of EVD. At this stage, with improved surveillance systems in place, a far smaller proportion of suspected cases are confirmed to have EVD. Consequently, the incidence of new confirmed cases gives a more accurate picture of the epidemic.

A stratified analysis of cumulative confirmed and probable cases indicates that the number of cases in males and females is similar (table 2). Compared with children (people aged 14 years and under), people aged 15 to 44 are approximately three times more likely to be affected. People aged 45 and over are almost four times more likely to be affected than are children.

A total of 830 confirmed health worker infections have been reported in the 3 intense-transmission countries; there have been 488 reported deaths…

WHO: Guinea: Reopening schools safely - partnering with families and communities
16 February 2015

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18 February 2015
SG/SM/16536-GA/11621

In General Assembly Meeting on Ebola, Secretary-General Urges Member States to Sustain Crucial Work, Provide Resources Needed to Reach 'Zero Cases'

[Excerpt; Editor's text bolding]

We met five months ago when the world was coming to terms with an unprecedented outbreak of Ebola in West Africa. The outbreak was gaining ground every hour, outpacing response efforts.

You recognized the grave threat that Ebola posed to the region and beyond. You welcomed the deployment of the United Nations Mission for Ebola Emergency Response — UNMEER — the first of its kind in the history of the United Nations.

Local, national, regional and international capacities mobilized in solidarity with the affected communities and countries to support nationally led response efforts. With the leadership of Presidents Condé, Koroma and Sirleaf Johnson, national Governments and communities took proactive steps to protect themselves, leading to reduced risks of infection and lower incidence rates.

Today, we face a critical turning point. The pattern of the Ebola outbreak has changed. 2015 has seen a significant decline in the number of new Ebola cases in the three affected countries. Liberia, once the worst affected country with several hundred cases per week, has been steadily reporting fewer than five cases per week for the past month, all isolated to a single chain of transmission in one county.

While overall figures remain much lower than what we saw in 2014, incidence rates rose again in Guinea and Sierra Leone in recent weeks. More than half of those newly infected have not been in contact with people known to have had Ebola. This reminds us that setbacks can quickly follow apparent gains, and highlights the need for constant vigilance and active surveillance, even in unaffected areas.

The response now faces a complicating factor: the impending rainy season, which will lead to increases in other diseases and impede road access for responders. To get the situation further under control, the UN system, through UNMEER, is mobilizing surge efforts to support national and local authorities in Guinea and Sierra Leone. We are accelerating our work to reach the targets set by the Presidents of the Mano River Union on 15 February — zero cases in 60 days, by mid-April.

A strong, effective response can bring the spread of Ebola under control. But, if communities, Governments and partners stop being vigilant, resort to unsafe practices and fail to conduct active surveillance, and if donors decide not to finance this vital push, flare-ups will occur. This could lead to a serious recurrence of the outbreak.

Too much progress has been made and too much is at stake to afford complacency. We must finish the job. Our collective efforts have made remarkable progress. We have succeeded in averting the worst-case scenarios we feared. There are encouraging signs that the worst of the

outbreak is behind us. But, much important work lies ahead until the affected countries reach zero cases and begin the transition to reconstruction and recovery.

I call on all responders to redouble their efforts, and on donors to stay the course. Under the technical leadership of the World Health Organization, the UN system will continue supporting efforts to get to zero through active surveillance, case management and community engagement. The UN system will also contribute to the safe revival of essential services.

As the situation improves, the time will come for critical functions to transition progressively and seamlessly from UNMEER to the UN agencies, funds and programmes. Significant additional resources will be required by the UN system.

My Special Envoy, Dr. Nabarro, will continue to mobilize the resources needed to fill critical gaps, including through my Trust Fund. The UN system will work with national Governments and regional partners to ensure that the investments made in the fight to stop Ebola serve as a basis for longer-term recovery efforts. We must help the affected countries to become more resilient. Ebola must not be allowed to take hold again in the region.

I appeal to you today to stay engaged and sustain this crucially important work. Let us provide the resources needed to get to zero. Let us ensure that reconstruction and recovery can occur without delay. Let us translate the lessons from this collective effort into building stronger national systems for health security…

Letter from the Secretary-General to the President of the General Assembly: Work on the UN in response to the Ebola outbreak [120-day report], A/69/759 (10 February 2015)

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UNMEER [to 21 February 2015]
https://ebolaresponse.un.org/un-mission-ebola-emergency-response-unmeer
:: Statements from United Nations officials and Coalition partners.
19 Feb 2015
- Special Representative and Head of UNMEER's remarks at the Ministry of Information, Cultural Affairs and Tourism Press Briefing in Monrovia

18 Feb 2015
- Special Representative and Head of UNMEER's statement at the informal plenary meeting of the General Assembly on Ebola
- President of the General Assembly's statement at the informal plenary meeting of the General Assembly on Ebola
- Dr. David Nabarro's statement at the informal plenary meeting of the General Assembly on Ebola

17 Feb 2015
- Remarks by Dr. David Nabarro at the Opening of the International Responders' Meeting, WHO/Geneva

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CDC/MMWR Watch [to 21 February 2015]
http://www.cdc.gov/media/index.html
:: Ebola containment strategy succeeding in Liberia - Friday, February 20, 2015
Data reveal dramatic impact of Rapid Isolation and Treatment of Ebola (RITE) strategy
The Rapid Isolation and Treatment of Ebola (RITE) strategy is helping to end the Ebola epidemic in Liberia, according to new data reported in this week's Morbidity and Mortality Weekly Report (MMWR).
The strategy—a rapid, coordinated response to Ebola cases in remote areas—is now being used in Sierra Leone and Guinea….

:: MMWR Weekly, February 20, 2015 / Vol. 64 / No. 6
- Update on Progress in Selected Public Health Programs After the 2010 Earthquake and Cholera Epidemic — Haiti, 2014
- Measles Outbreak — California, December 2014–February 2015

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WHO urges governments to increase investment to tackle 17 neglected tropical diseases
News release
19 February 2015 ¦ GENEVA - WHO urges affected countries to scale up their investment in tackling 17 neglected tropical diseases in order to improve the health and well-being of more than 1.5 billion people. This investment would represent as little as 0.1% of current domestic expenditure on health in affected low- and middle-income countries for the period 2015-2030.
Neglected tropical diseases cause blindness, disfigurement, permanent disability and death, particularly among the poor…
"Increased investments by national governments can alleviate human misery, distribute economic gains more evenly and free masses of people long trapped in poverty," says WHO Director-General Dr Margaret Chan.
Progress
The report highlights progress made in recent years, largely attributed to a scale-up of control interventions in reaching the poorest. For example, in 2012 alone, more than 800 million people were treated for at least one neglected tropical disease. In 2014 there were just 126 cases reported of Dracunculiasis (guinea-worm disease), compared to almost 1800 in 2010 and 3.5 million in the mid-1980s. Eradication of this disease is achievable with continued effort and investment.
Need for increased domestic investment targets
The report sets specific investment targets for many of the 17 diseases. It stresses that countries must make firm and sustainable budgetary commitments if they are to meet WHO targets and accelerate progress.
The investments
:: An annual investment of US$ 2.9 billion until 2020 (including vector control), is required to reach targets set in 2012 in the WHO Roadmap for 2015-2020.
:: For the following 10 years (2021-2030), investment requirements will drop to US$ 1.6 billion per year. Annual investments will continue to decrease as diseases are reduced or eliminated.

:: This adds up to a total investment of US$ 34 billion (over 16 years) and excludes cost of donated medicines and other in-kind contributions.
The impacts
:: By 2017, the number of people receiving preventive treatment for at least one of the diseases should reach 1.5 billion. As diseases are reduced or eliminated, the number of people needing and receiving treatment will obviously fall. Early detection of some neglected tropical diseases will allow more children to continue school and adults to work while reducing the costs associated with treating more advanced forms of these diseases.
:: Moving towards universal health coverage will ensure that all people have access to preventive and curative health services for neglected tropical diseases without the risk of financial hardship when paying for them.
:: Investing to overcome the impact of neglected tropical diseases - *Third WHO report on neglected tropical diseases*

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WHO & Regionals [to 21 February 2015]
:: **Global Alert and Response (GAR): Disease Outbreak News (DONs)**
- 16 February 2015 Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia

:: The **Weekly Epidemiological Record (WER) 20 February 2015,** vol. 90, 8 (pp. 57–68) includes:
- Meningococcal A conjugate vaccine: updated guidance, February 2015
- Preparation for Ebola in Côte d'Ivoire: WHO Ebola response and preparedness support team, October 2014
- Monthly report on dracunculiasis cases, January– December 2014

In an updated position paper published in today's edition, WHO emphasizes the importance of completing mass vaccination campaigns in individuals aged 1 to 29 years in all countries in the African meningitis belt, and the need to conduct high quality surveillance and vaccine programme evaluation in those countries

:: WHO Regional Offices
WHO African Region AFRO
:: Plague in Madagascar: need for heightened vigilance
[Undated] Since September 2014, 283 suspected, probable or confirmed cases, including 74 deaths have been reported for all affected areas in Madagascar. The outbreak peaked in November and December but has slowed for the time being. Health officials are keeping a close watch over the situation as the plague season on the island continues until April. The district of Amparafavarola, in the central highlands, has been one of the most heavily affected areas, where cases of pneumonic plague have been reported…

WHO Region of the Americas PAHO
No new digest content identified.

WHO South-East Asia Region SEARO
No new digest content identified.

WHO European Region EURO

:: Medical supplies from WHO reach Donetsk as part of UN aid convoy 21-02-2015
:: New tool helps countries identify foods with too much fat, sugar and salt 19-02-2015
:: WHO increases humanitarian efforts as crisis in Ukraine continues 17-02-2015

WHO Eastern Mediterranean Region EMRO
:: WHO responds to increasing health needs in Yemen 16 February 2015

WHO Western Pacific Region
Getting everyone in the picture by 2024

16 February 2015 – If someone asks you to prove who you are, you would show them your passport or birth certificate. However, many children are born and people of all ages die without their births and deaths ever recorded. Countries need to know how many people are born and die each year – and the main causes of their deaths - to develop well-functioning health systems. Many Pacific Island countries do not have adequate civil registration and vital statistics systems…

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China, World Bank and WHO Collaborate to Support 'Deep Water' Phase of Health Reforms

Joint World Bank-WHO-government health reform study launched in Beijing

On February 12, 2015, the World Bank Group and the World Health Organization (WHO) launched a new collaboration with the Government of China to support the next phase of China's health system reforms.

Over the last five years, China has undertaken the biggest health reform in history – with remarkable results: 95 per cent of China's 1.39 billion citizens now have access to a basic health insurance package, up from 30 per cent in 2003.

Yet, for China to build a strong, sustainable, equitable, and cost-effective health system equipped to meet current and future challenges, deepening of reforms is needed.

At the request of senior government officials, the World Bank and the World Health Organization are collaborating with China's Ministry of Finance, National Health and Family Planning Commission (NHFPC) and Ministry of Human Resources and Social Security, with support from the Bill & Melinda Gates Foundation, to analyze current constraints within the health reform process and identify practical solutions.

"In 2009, the Government of China launched an ambitious national health reform program to provide affordable, equitable and effective health care for all by 2020," said Bert Hofman, World Bank Country Director for China.

"Impressive progress has been made in that time: health insurance coverage has increased, and access to health care has greatly improved. But the increasing rates of non-communicable disease like diabetes, hypertension and cancer coupled with an ageing population—and worryingly high prevalence rates key risk factors such as smoking—mean that pressing challenges for the health service delivery system remain," Hofman said.

"China is now entering the 'deep water' phase of the health reform project, where crossing the river will require more than just feeling the stones," said Dr. Vivian Lin, Director Health Systems in the WHO Western Pacific Regional Office.

"We are delighted to be collaborating with the World Bank to support the Government of China as it navigates this crucial next phase of health reform. China now has an unprecedented

opportunity to innovate and develop new models of health service delivery that are truly people-centered and meet the needs and demands of China's vast population," Dr. Lin said.

The World Bank-WHO collaboration with China's Ministry of Finance, NHFPC, and Ministry of Human Resources and Social Security will deliver recommendations to the government on the practical and concrete actions required to build a health care system for the future later this year.

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GAVI Watch [to 21 February 2015]
http://www.gavialliance.org/library/news/press-releases/
:: **Immunisation leaders call for increased political support for immunisation in Pakistan**
High-level mission shines spotlight on challenges facing immunisation services in Pakistan
Islamabad

19 February 2015 – Childhood immunisation in Pakistan is at a crossroads and strong political will is required to ensure that the lives of millions of children are not put at risk, three global health leaders warned today.

Almost three million children miss out on a full course of the most basic vaccines every year in Pakistan, leaving them vulnerable to life-threatening diseases. Immunisation coverage rates across the country vary widely with some districts seeing very few children protected against diseases such as diphtheria, pertussis, tetanus, measles and bacterial pneumonia….

A high-level mission including Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance, Dr Ala Alwan, Regional Director for the Eastern Mediterranean region at the World Health Organization, and Dr Geeta Rao Gupta, Deputy Executive Director of UNICEF is meeting with leaders in Islamabad to set out their concerns and offer their support to Pakistan moving forwards…

…"Deaths among under five years children attributable to vaccine preventable diseases constitute up to 25% of the total deaths among this age group in developing countries, including Pakistan," said Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. "Pakistan is not on track for achieving MDG4 which aims at reducing child mortality by two thirds by 2015. Increasing routine vaccination coverage will significantly contribute to decreasing infant and child deaths and achieving MDG4."

"The need to improve routine immunisation coverage in Pakistan cannot be overemphasised," said Ms Geeta Rao Gupta, the Deputy Executive Director of UNICEF. "We realise the challenge Pakistan faces regarding immunisation and are determined to make 2015 a turning point for the country in terms of immunising all children, especially those living in marginalised communities and hard to reach areas. The fact that nearly 400,000 children under the age of five die in Pakistan every year from diseases which can be prevented through vaccine is simply not acceptable. These precious lives can and must be saved."…

…The delegation calls for stronger collaboration between the federal and provincial level to tackle the variations in vaccination coverage across the country. Accountability of the Expanded Program on Immunization (EPI) is seen as critical to increase access to routine immunisation as well as recruitment and training of qualified EPI personnel coupled with improved reporting systems…

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IVI Watch [to 21 February 2015]
http://www.ivi.org/web/www/home
:: EuBiologics Acquires Licensure for New Cholera Vaccine
- First cholera vaccine made in Korea for use in developing world
- Global health partnership between EuBiologics and International Vaccine Institute to control cholera in poor countries
- Application for WHO approval underway

Seoul, South Korea *[Undated]* EuBiologics Co., Ltd. and the International Vaccine Institute (IVI) announced that the inactivated oral cholera vaccine (OCV) Euvichol obtained licensure for export from the South Korean Ministry of Food and Drug Safety on January 28, 2015, making this the first cholera vaccine produced in Korea and paving the way for vaccine approval by the World Health Organization (WHO). An application has already been submitted for obtaining WHO prequalification of Euvichol.

"After several years of hard work and effort, we are extremely pleased that Euvichol has been licensed since we are one step closer to WHO prequalification and ensuring access of the vaccine for the world's poor," said Mr. Yeong-Ok Baik, EuBiologics CEO, "We are thankful to IVI for their support in helping make this happen."

Since 2010, EuBiologics and IVI have been collaborating on the development and production of a new inactivated oral cholera vaccine following technology transfer from IVI to EuBiologics. Their aim is to ensure a reliable global supply of safe, effective and affordable cholera vaccines to prevent and control endemic and epidemic cholera in the world's poorest communities…

…In collaboration with partners in Vietnam, Sweden, the United States and South Korea, IVI reformulated the oral inactivated cholera vaccine and transferred the technology to Shantha Biotechnics (part of the Sanofi group), an Indian manufacturer. The vaccine Shanchol was licensed in India in 2009 and WHO-prequalified in 2011. In 2010, IVI transferred technology for the cholera vaccine to EuBiologics, which was unprecedented for a Korean company at the time. Euvichol will be the third internationally licensed vaccine against cholera (Shanchol and Dukoral produced by Crucell, part of Johnson & Johnson)…

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NIH Watch [to 21 February 2015]
http://www.nih.gov/news/index.html
:: NIH-supported clinical trials to evaluate long-acting, injectable antiretroviral drugs to prevent HIV infection
February 19, 2015 -The trial will be conducted in South Africa, the United States and Zimbabwe.

:: NIH-sponsored HIV vaccine trial launches in South Africa
February 19, 2015 — *Early-stage trial aims to build on RV144 results.*

A clinical trial called HVTN 100 has been launched in South Africa to study an investigational HIV vaccine regimen for safety and the immune responses it generates in study participants. This experimental vaccine regimen is based on the one tested in the U.S. Military HIV Research Program-led RV144 clinical trial in Thailand—the first study to demonstrate that a vaccine can protect people from HIV infection. The HVTN 100 vaccine regimen was designed to provide greater protection than the RV144 regimen and has been adapted to the HIV subtype that predominates in southern Africa. The results of the HVTN 100 trial, expected in two years, will help determine whether or not this vaccine regimen will be tested for efficacy in a large future study in South Africa.

"A safe and effective HIV vaccine is essential to reach a timely, sustained end to the HIV/AIDS pandemic," said Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. "The launch of HVTN 100 marks an important step forward in building upon the promising results of the RV144 trial to produce an HIV vaccine that could have a significant public health impact in southern Africa, where the HIV/AIDS pandemic is most pervasive."…

:: NIH expands key tuberculosis research program
February 19, 2015 — *Awards over seven years will fund four institutions that will act as a collaborative network.*

The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, is expanding its Tuberculosis Research Units (TBRU) program in an effort to drive innovation in tuberculosis (TB) research. NIAID is awarding up to $15.2 million in fiscal year 2015 and as much as $105.3 million over seven years to fund four institutions that will act as a collaborative TBRU network…

…The new TBRU awards were made to the following institutions: :: Boston Medical Center, Boston; Brigham and Women's Hospital, Boston; Emory University, Atlanta; Weill Cornell Medical College, New York City…

European Medicines Agency Watch [to 21 February 2015]
:: Major European research project on monitoring and evaluation of medicines concludes
16/02/2015

The European Medicines Agency (EMA) hosted and broadcast a symposium on 19 and 20 February to mark the conclusion of the five-year Pharmacoepidemiological Research on Outcomes of Therapeutics by a European Consortium (PROTECT) project.

PROTECT's goal is to strengthen the monitoring of the benefit-risk of medicines marketed in Europe by developing innovative methods. It is a public-private partnership of 34 European partners with EMA as the coordinator and GSK as the deputy coordinator. It is funded by the Innovative Medicines Initiative Joint Undertaking; partners include national medicines authorities, academic institutions and pharmaceutical companies.

The European Medicines Agency (EMA. PROTECT results may significantly influence practices in pharmacovigilance and benefit-risk evaluation. Therefore, during 2015, EMA will systematically scrutinise PROTECT's research outputs in order to identify priority results that are robust and which if implemented, have the greatest potential to positively impact public health.

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PATH Watch [to 21 February 2015]
http://www.path.org/news/index.php
:: Innovative partnership expanded to bring to market dual detection test for neglected tropical diseases
Press release | February 18, 2015

PATH, Standard Diagnostics/Alere, and NIAID to collaborate on combined point-of-care rapid test for both river blindness and elephantiasis

:: Partners launch phase 2 safety study of a long-acting injectable to prevent HIV

Press release | February 18, 2015
New long-acting formulations may improve adherence and increase uptake, add an important tool to the portfolio of prevention interventions

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Industry Watch [to 21 February 2015]
:: Sanofi Appoints Olivier Brandicourt as Chief Executive Officer
- Tenure as CEO will commence on April 2, 2015 -
Paris - February 19, 2015 - The Board of Directors unanimously appointed Olivier Brandicourt as Chief Executive Officer of Sanofi.
Olivier Brandicourt has 28 years of global experience in the pharmaceutical industry, most recently as Chairman of the Board of Management of Bayer HealthCare AG and member of the Executive Council of Bayer AG. Previously, Brandicourt held numerous positions of increasing responsibility within major global pharmaceutical groups, such as Parke-Davis/Warner-Lambert and Pfizer. Notably, Brandicourt served as a member of Pfizer's global Executive Leadership Team from 2010 - 2013.
A physician by training, Olivier Brandicourt's career includes several senior positions in Europe, Canada and the United States…
:: Wellcome Trust-funded vaccines company acquired by GSK
20 February 2015
GlycoVaxyn, a Swiss-based biopharmaceutical company, which has received funding from the Wellcome Trust Innovations division, has been acquired by global pharma firm GlaxoSmithKline (GSK) for $190 million (approximately £124 million).
GlycoVaxyn, a spin off from the Swiss Federal Institute of Technology (ETH Zurich), has developed an innovative technology that enables the cost-effective manufacture of bioconjugate vaccines.
Bioconjugate vaccines are particularly effective against bacterial infections. They are made by joining sugar molecules called polysaccharides, found in the outer coating of many harmful bacteria, and proteins that together induce a more powerful immune response. GlycoVaxyn's technology allows these conjugates to be mass-produced in live E. coli cells that have been genetically engineered.
GlycoVaxyn was awarded CHF 5.1 million by the Trust in 2012 to develop such a vaccine against the Shigella bacterium...A phase I study of GlycoVaxyn's candidate Shigella vaccine, funded by the Wellcome Trust award, is due to start in the first quarter of 2015.
Dr Georgios Trichas, from the Innovations division at the Wellcome Trust, said:
"This is a fantastic outcome for GlycoVaxyn and the Wellcome Trust-funded project. We look forward to working with both companies in future to establish the safety and efficacy of the candidate Shigella vaccine in this area of urgent unmet medical need."
Prior to the acquisition, GSK was a shareholder in GlycoVaxyn and the two have collaborated since 2012 on research using the latter's innovative biological conjugation platform technology.
With this transaction, GSK has now purchased all shares in the company, valuing it at US$212 million (approximately £139 million). As well as Wellcome Trust funding, Glycovaxyn was also supported previously by investments from life science venture capital firms including Sofinnova Partners, Index Ventures and Edmond de Rothschild Investment Partners.
:: MediVector Completes Patient Enrollment in Two Phase 3 Studies of Favipiravir for Influenza

-More than 2,000 patients enrolled in the Americas, Europe, Australia, New Zealand and South Africa; Favipiravir has potential to provide broad-spectrum coverage of multiple influenza strains-

BOSTON--(*BUSINESS WIRE*)--MediVector, Inc. today announced it has successfully completed enrollment in two FAVOR favipiravir Phase 3 studies in adults with uncomplicated influenza (often called the "flu"). The two studies enrolled 2,021 patients in participating clinics and practices in the Americas, Europe, Australia, New Zealand and South Africa. Favipiravir is an orally administered novel anti-viral compound with a unique mechanism of action that is active

"Completion of enrollment within a year of initiating these clinical trials is a significant accomplishment, and the resulting data from the carefully designed studies will lay the groundwork for filing an application for approval to market favipiravir in the U.S.," Dr. Carol Epstein, Executive Vice President and Chief Medical Officer of MediVector, Inc. said. "Resistance to currently available influenza treatments is a growing problem, and there is an urgent need for a new broad-spectrum therapeutic with a different mechanism of action that is active against multiple strains of influenza viruses."

The randomized, double-blind, placebo-controlled, multi-centered Phase 3 FAVOR studies are evaluating the time to alleviation of all primary influenza symptoms consistent with uncomplicated influenza, after treatment with favipiravir….

DCVMN / PhRMA / EFPIA / IFPMA / BIO Watch [to 21 February 2015]
:: Pharmaceutical industry makes progress in cutting-edge R&D for neglected diseases
19 February 2015
:: Report shows 13% annual increase of pharmaceutical R&D projects to develop treatments to eliminate and control neglected diseases. In 2014, 186 projects were underway.
:: 38 vaccines and treatments currently undergo clinical trials, 10 of which are in final stages. Projects include potential treatments and vaccines for TB, sleeping sickness, malaria, dengue, Chagas, schistosomiasis, intestinal worms and Ebola.
:: Pharmaceutical industry also works with WHO and other partners to implement 40 programs to support health system capacity-strengthening and donations.

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UNICEF Watch [to 21 February 2015]
No new digest content identified.

Sabin Vaccine Institute Watch [to 21 February 2015]
http://www.sabin.org/updates/pressreleases
No new digest content identified.

IAVI Watch [21 February 2015]
http://www.iavi.org/press-releases/2015
No new digest content identified.

BMGF – Gates Foundation Watch [to 21 February 2015]
No new digest content identified.

FDA Watch [to 21 February 2015]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
No new digest content identified.

Global Fund Watch [to 21 February 2015]
http://www.theglobalfund.org/en/mediacenter/
No new digest content identified.

European Vaccine Initiative Watch [to 21 February 2015]
http://www.euvaccine.eu/news-events
No new digest content identified.

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

CDC: Advisory Committee on Immunization Practices (ACIP) - Meeting: February 25-26, 2015

- ACIP Meeting Agenda [2 pages] Final
- Webcast Instructions [Registration is NOT required to watch the meeting via webcast]

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Editor's Note:
We repeat from last week's edition the National Adult Immunization Plan draft with the addition of information on the comment period.

Solicitation of Written Comments on the Draft National Adult Immunization Plan
A Notice by the Health and Human Services Department on 02/06/2015 published in the Federal Register:

NVPO is soliciting public comment on the draft NAIP from a variety of stakeholders, including the general public, for consideration as they develop their final report to the Secretary. It is anticipated that the draft NAIP, as revised with consideration given to public comment and stakeholder input, will be presented to the Secretary in the first quarter of 2015.

Comments for consideration by NVPO should be received no later than 5:00 p.m. EDT on March 9, 2015. Electronic responses are preferred and may be addressed to: Rebecca.Fish@hhs.gov. Written responses should be addressed to: National Vaccine Program Office, U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 733G, Washington, DC 20201. Attn: HHS Adult Immunization c/o Rebecca Fish.

National Adult Immunization Plan - National Vaccine Program Office
U.S. Department of Health and Human Services National
DRAFT: February 5, 2015

Executive Summary

Vaccination is considered one of the most important public health achievements of the 20th century and continues to offer great promise in the 21st century. Vaccines save lives and improve the quality of life by preventing serious infectious diseases and their consequences. However, the benefits of vaccination are not realized equally across the U.S. population. Adult vaccination rates remain low in the United States, and significant racial and ethnic disparities also exist.

The U.S. Department of Health and Human Services National Vaccine Plan (NVP), released in 2010, is a road map for vaccines and immunization programs for the decade 2010–2020. While the NVP provides a vision for improving protection from vaccine-preventable diseases across the lifespan, vaccination coverage levels among adults are not on track to meet Healthy People 2020 targets. The National Vaccine Advisory Committee and numerous stakeholder groups have emphasized the need for focused attention on adult vaccines and vaccination.1 The National Adult Immunization Plan (NAIP) outlined here results from the recognition that progress has been slow, and there is a need for a national adult immunization strategic plan.

The NAIP is a five-year national plan. As a national plan, it will require engagement from a wide range of stakeholders to achieve its full vision. The plan emphasizes collaboration and prioritization of efforts that will have the greatest impact. The NAIP also aims to leverage the unique opportunity presented by the implementation of the Affordable Care Act.

The NAIP is intended to facilitate coordinated action by federal and nonfederal partners to protect public health and achieve optimal prevention of infectious diseases and their consequences through vaccination of adults. The NAIP includes indicators to draw attention to and track progress against core goals. These indicators will measure progress against set standards and inform future implementation and quality improvement efforts. The plan establishes four key goals, each of which is supported by objectives and strategies to guide implementation through 2020:

Goal 1: Strengthen the adult immunization infrastructure.

Goal 2: Improve access to adult vaccines.

Goal 3: Increase community demand for adult immunizations.

Goal 4: Foster innovation in adult vaccine development and vaccination-related technologies.

Achieving the goals of the NAIP is facilitated by agreement on plan priorities and coordination of the wide range of programs that support them. The Assistant Secretary for Health serves as the director of the National Vaccine Program and will lead the NAIP and its implementation. In support of this mission, NVPO will facilitate collaboration and coordinate the monitoring of progress for the NAIP.

::::::

Understanding Gavi's Impact on Vaccination Rates

Center for Global Development | 9 February 2015

2/9/15

Sarah Dykstra, Amanda Glassman, Charles Kenny and Justin Sandefur

[Excerpt from blog announcement of new working paper and policy brief]

Last week, Gavi, the Vaccine Alliance, completed a $7.5 billion replenishment to fund its work on immunization in the world's poorest countries between now and 2020. Gavi's next step is to ensure that the money is used as effectively as possible to save lives and improve health.

Today, we're launching a working paper and policy brief that we hope will be a helpful input to that discussion. We find that many of the vaccines provided by Gavi went to people who

would have been vaccinated anyway, leading to little increase in overall vaccination rates — especially for the cheapest vaccines, and particularly in middle-income countries. Paradoxically, this is partially good news. Our results imply that if it's possible to save lives with a vaccine that costs a few cents, most middle-income countries will do it with or without aid. But that doesn't mean there's no place for aid. First, the poorest countries in the world still struggle to roll out basic vaccines. Second, for newer vaccines that countries have not widely adopted on their own, we find signs of a positive impact of Gavi aid on vaccination rates…

:: Working Paper: The Impact of Gavi on Vaccination Rates: Regression Discontinuity Evidence - Working Paper 394
Center for Global Development 2/9/15 :: 51 pages
Sarah Dykstra, Amanda Glassman, Charles Kenny, and Justin Sandefur
Download PDF
Abstract
Since 2001, an aid consortium known as Gavi has accounted for over half of vaccination expenditure in the 75 eligible countries with an initial per capita GNI below $1,000. Regression discontinuity (RD) estimates show aid significantly displaced other immunization efforts and failed to increase vaccination rates for diseases covered by cheap, existing vaccines. For some newer and more expensive vaccines, i.e., Hib and rotavirus, we found large effects on vaccination and limited fungibility, though statistical significance is not robust. These RD estimates apply to middle-income countries near Gavi's eligibility threshold, and cannot rule out differential effects for the poorest countries.

:: Brief: Refocusing Gavi for Greater Impact
Center for Global Development 2/9/15 :: 6 pages
Sarah Dykstra, Amanda Glassman, Charles Kenny, and Justin Sandefur
Download PDF
Summary
Gavi, the Vaccine Alliance, pools donor funds to increase immunization rates in developing countries. Vaccines have saved millions of lives. [1] Results from new research at the Center for Global Development suggest Gavi could save more lives by shifting support away from lower-cost vaccines provided to middle-income countries toward more underused vaccines and support to the poorest countries

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 15, Issue 2, 2015
http://www.tandfonline.com/toc/uajb20/current
[Reviewed earlier]

American Journal of Infection Control
February 2015 Volume 43, Issue 2, p99-198
http://www.ajicjournal.org/current
[Reviewed earlier]

American Journal of Preventive Medicine
February 2015 Volume 48, Issue 2, p121-240
http://www.ajpmonline.org/current
[Reviewed earlier]

American Journal of Public Health
Volume 105, Issue 3 (March 2015)
http://ajph.aphapublications.org/toc/ajph/current
The Case for the World Health Organization's Commission on Social Determinants of Health to Address Gender Identity
Frank Pega, PhD, MSc, and Jaimie F. Veale, PhD, MSc
Abstract
We analyzed the case of the World Health Organization's Commission on Social Determinants of Health, which did not address gender identity in their final report.
We argue that gender identity is increasingly being recognized as an important social determinant of health (SDH) that results in health inequities. We identify right to health mechanisms, such as established human rights instruments, as suitable policy tools for addressing gender identity as an SDH to improve health equity.
We urge the World Health Organization to add gender identity as an SDH in its conceptual framework for action on the SDHs and to develop and implement specific recommendations for addressing gender identity as an SDH.

American Journal of Tropical Medicine and Hygiene
February 2015; 92 (2)
http://www.ajtmh.org/content/current
[Reviewed earlier]

Annals of Internal Medicine
17 February 2015, Vol. 162. No. 4
http://annals.org/issue.aspx
Research and Reporting Methods | 17 February 2015
Innovations in Data Collection, Management, and Archiving for Systematic Reviews

Tianjing Li, MD, MHS, PhD; S. Swaroop Vedula, MBBS, PhD; Nira Hadar, MS, PhD; Christopher Parkin, MS; Joseph Lau, MD; and Kay Dickersin, MA, PhD
Ann Intern Med. 2015;162(4):287-294. doi:10.7326/M14-1603
Abstract
Data abstraction is a key step in conducting systematic reviews because data collected from study reports form the basis of appropriate conclusions. Recent methodological standards and expectations highlight several principles for data collection. To support implementation of these standards, this article provides a step-by-step tutorial for selecting data collection tools; constructing data collection forms; and abstracting, managing, and archiving data for systematic reviews. Examples are drawn from recent experience using the Systematic Review Data Repository for data collection and management. If it is done well, data collection for systematic reviews only needs to be done by 1 team and placed into a publicly accessible database for future use. Technological innovations, such as the Systematic Review Data Repository, will contribute to finding trustworthy answers for many health and health care questions.
Ideas and Opinions / 17 February 2015
Ethical Guidance on the Use of Life-Sustaining Therapies for Patients With Ebola in Developed Countries
Scott D. Halpern, MD, PhD; and Ezekiel J. Emanuel, MD, PhD
Article and Author Information
Ann Intern Med. 2015;162(4):304-305. doi:10.7326/M14-2611
This article was published online first at www.annals.org on 30 December 2014

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
(Accessed 21 February 2015)
Research article
Community health workers improve diabetes care in remote Australian Indigenous communities: results of a pragmatic cluster randomized controlled trial
Robyn A McDermott, Barbara Schmidt, Cilla Preece, Vickie Owens, Sean Taylor, Ming Li, Adrian Esterman
BMC Health Services Research 2015, 15:68 (19 February 2015)
Abstract | Provisional PDF
Research article
The impact of human immunodeficiency virus (HIV) service scale-up on mechanisms of accountability in Zambian primary health centres: a case-based health systems analysis
Stephanie M Topp, Jim Black, Martha Morrow, Julien M Chipukuma, Wim Van Damme
BMC Health Services Research 2015, 15:67 (18 February 2015)
Abstract | Provisional PDF
Research article
An innovation for improving maternal, newborn and child health (MNCH) service delivery in Jigawa State, northern Nigeria: a qualitative study of stakeholders' perceptions about clinical mentoring
Ekechi Okereke, Jamilu Tukur, Amina Aminu, Jean Butera, Bello Mohammed, Mustapha Tanko, Ibrahim Yisa, Benson Obonyo, Mike Egboh
BMC Health Services Research 2015, 15:64 (15 February 2015)

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 21 February 2015)
Research article
Modelling the return on investment of preventively vaccinating healthcare workers against pertussis
Luqman Tariq[12], Marie-Josée J Mangen[3], Anke Hövels[1], Gerard Frijstein[4] and Hero de Boer[4]*
Author Affiliations
BMC Infectious Diseases 2015, 15:75 doi:10.1186/s12879-015-0800-8
Published: 19 February 2015
Abstract (provisional)
Background
Healthcare workers (HCWs) are at particular risk of acquiring pertussis and transmitting the infection to high-risk susceptible patients and colleagues. In this paper, the return on investment (ROI) of preventively vaccinating HCWs against pertussis to prevent nosocomial pertussis outbreaks is estimated using a hospital ward perspective, presuming an outbreak occurs once in 10 years.
Methods
Data on the pertussis outbreak on the neonatology ward in 2004 in the Academic Medical Center Amsterdam (The Netherlands) was used to calculate control costs and other outbreak related costs. The study population was: neonatology ward staff members (n = 133), parents (n = 40), neonates (n = 20), and newborns transferred to other hospitals (n = 23). ROI is presented as the amount of Euros saved in averting outbreaks by investing one Euro in preventively vaccinating HCWs. Sensitivity analysis was performed to study the robustness of the ROI. Results are presented at 2012 price level.
Results
Total nosocomial pertussis outbreak costs were €48,682. Direct control costs (i.e. antibiotic therapy, laboratory investigation and outbreak management control) were €11,464. Other outbreak related costs (i.e. sick leave of HCWs; restrictions on the neonatology ward, savings due to reduced working force required) accounted for €37,218. Vaccination costs were estimated at €12,208. The ROI of preventively vaccinating HCWs against pertussis was 1:4, meaning 4 Euros could be saved by every Euro invested in vaccinating HCWs to avert outbreaks. ROI was sensitive to a lower vaccine price, considering direct control costs only, average length of stay of neonates on the neonatology ward, length of patient uptake restrictions, assuming no reduced work force due to ward closer and presuming more than one outbreak to occur in 10 years' time.
Conclusion
From a hospital ward perspective, preventive vaccination of HCWs against pertussis to prevent nosocomial pertussis outbreaks results in a positive ROI, presuming an outbreak occurs once in 10 years.
Research article
Factors associated with seasonal influenza vaccine uptake among children in Japan
Aiko Shono[1]* and Masahide Kondo[2]
Author Affiliations
BMC Infectious Diseases 2015, 15:72 doi:10.1186/s12879-015-0821-3

Published: 18 February 2015

Abstract

Background

Seasonal influenza vaccine was once part of the routine immunization schedule that is routinely offered to all children in Japan, but it is now excluded from the schedule. This study aimed to investigate factors influential to parents' decision to have their children receive seasonal influenza vaccine, as well as types of seasonal influenza vaccine information that is given to parents.

Methods

We conducted a cross-sectional online survey of 555 participants who have at least one child younger than 13 years of age. Respondents were asked to categorize the history of influenza vaccination of their youngest child as either 'annual', 'sometimes', or 'never'. Participants were also asked about potentially influential factors in their decision to have their children receive a seasonal influenza vaccine.

Results

A total of 75% of respondents answered that their youngest child had received a seasonal influenza vaccine, and 57% of respondents answered that their child receives the vaccine every year. The higher income group was more likely than the lowest income group to have a history of influenza vaccine uptake. A recommendation from a pediatrician or school/nursery to have their child vaccinated was also positively associated with a history of influenza vaccine uptake. The most common reason for a pediatrician's recommendation was 'it leads to milder symptoms if infected'.

Conclusions

The main finding of the study is a significant association between household income and influenza vaccination of the youngest child in the household. We also found that cost could be a barrier to vaccinating children in low income households and that information from pediatricians and schools/nurseries could motivate parents to have their children vaccinated.

Research article

Pneumococcal meningitis and vaccine effects in the era of conjugate vaccination: results of 20 years of nationwide surveillance in Germany

Matthias Imöhl[1]*, Jens Möller[1], Ralf René Reinert[1], Stephanie Perniciaro[1], Mark van der Linden[1] and Orhan Aktas[2]

Author Affiliations

BMC Infectious Diseases 2015, 15:61 doi:10.1186/s12879-015-0787-1

Published: 14 February 2015

Abstract

Background

Long-term complications and a case mortality rate of 7.5% make meningitis caused by Streptococcus pneumoniae a serious clinical threat. In 2006, a general pneumococcal conjugate vaccination (PCV) recommendation was issued for all children under 2 years in Germany. Here, we investigate serotype changes in meningitis cases after this vaccine recommendation.

Methods

The German National Reference Center for Streptococci (NRCS) has conducted surveillance for invasive pneumococcal disease (IPD) in Germany since 1992. Pneumococcal isolates were serotyped by the Neufeld's Quellung reaction and antibiotic susceptibility was tested using the broth microdilution method.

Results

Of 22,204 IPD isolates sent to the NRCS from July 1992 to June 2013, 3,086 were meningitis cases. Microbiological and statistical investigations were performed to characterize and quantify all meningitis cases, focusing on changes reflecting implementation of the national PCV recommendation. 1,766 isolates (57.2% of meningitis cases) were from adults (≥16 years) and 1,320 isolates (42.8%) originated from children (<16 years). Overall, the leading serotypes were 14 (9.7%), 7F (7.8%), 3 (6.9%), 19F (5.7%) and 23F (5.0%). Among children, serotypes 14 (16.2%), 7F (8.9%) and 19F (7.1%) were most common, whereas among adults, serotypes 3 (9.6%), 7F (6.9%), 22F (5.0%), 23F (4.9%) and 14 (4.8%) were most prevalent. After the introduction of general PCV7/10/13 vaccination a significant decrease for most vaccine serotypes was observed. Generally, the differences in antibiotic nonsusceptibility between children <16 years and adults ≥16 were low. For macrolides in the pre-PCV7 period, a significantly higher proportion of resistant isolates was found in children (25.1%), compared to the post-vaccination period (9.7%; $p<0.0001$).
Conclusions
Implementation of the pneumococcal conjugate vaccines broadly reduced vaccine-type meningitis cases. Changes in serotype prevalence must be continuously monitored to observe future trends concerning pneumococcal meningitis.

BMC Medical Ethics
(Accessed 21 February 2015)
http://www.biomedcentral.com/bmcmedethics/content
[No new relevant content]

BMC Public Health
(Accessed 21 February 2015)
http://www.biomedcentral.com/bmcpublichealth/content
[No new relevant content]

BMC Research Notes
(Accessed 21 February 2015)
http://www.biomedcentral.com/bmcresnotes/content
[No new relevant content]

British Medical Journal
21 February 2015(vol 350, issue 7996)
http://www.bmj.com/content/350/7996
[New issue; No relevant content]

Bulletin of the World Health Organization
Volume 93, Number 2, February 2015, 65-132
http://www.who.int/bulletin/volumes/93/2/en/
[Reviewed earlier]

Clinical Infectious Diseases (CID)
Volume 60 Issue 5 March 1, 2015
http://cid.oxfordjournals.org/content/current

Review of Enterovirus 71 Vaccines

Pele Chong1,2, Chia-Chyi Liu1, Yen-Hung Chow1,2, Ai-Hsiang Chou1, and Michel Klein3
1Vaccine Research and Development Center, National Health Research Institutes, Zhunan Town
2Graduate Institute of Immunology, China Medical University, Taichung, Taiwan
3VaxiBio Inc, Toronto, Ontario, Canada
Stanley A. Plotkin, Section Editor

Abstract
Enterovirus 71 (EV71) and coxsackieviruses are the major causative agents of hand, foot, and mouth disease (HFMD) outbreaks worldwide and have a significant socioeconomic impact, particularly in Asia. Formalin-inactivated (FI) EV71 vaccines evaluated in human clinical trials in China, Taiwan, and Singapore were found to be safe and to elicit strong neutralizing antibody responses against EV71 currently circulating in Asia. The results from 3 different phase 3 clinical trials performed in young children (6–60 months) indicate that the efficacy of FI-EV71 vaccines is >90% against EV71-related HFMDs and >80% against EV71-associated serious diseases, but the vaccines did not protect against coxsackievirus A16 infections. Here we discuss the critical factors affecting EV71 vaccine product registration, including clinical epidemiology, antigenic shift issues in cross-protection and vaccine strain selection, standardized animal models for potency testing, and cost-effective manufacturing processes for potential incorporation of FI-EV71 vaccine into Expanded Programme on Immunization vaccines.

Maternal Influenza Immunization and Birth Outcomes of Stillbirth and Spontaneous Abortion: A Systematic Review and Meta-analysis

Kristin N. Bratton1,2, Melissa T. Wardle1,2, Walter A. Orenstein1,2,3,4, and Saad B. Omer1,2,5
Author Affiliations
1Department of Epidemiology
2Hubert Department of Global Health, Rollins School of Public Health, Emory University
3Department of Medicine, Division of Infectious Diseases
4Influenza Pathogenesis and Immunology Research Center
5Department of Pediatrics, Emory University School of Medicine, Atlanta, Georgia

Abstract
Despite strong evidence that maternal influenza vaccination during pregnancy is safe, uptake of influenza vaccination during pregnancy remains low. We identified studies that assessed outcomes of stillbirth or spontaneous abortion after administration of influenza vaccine during pregnancy. We conducted a literature search in November 2013 that yielded 447 total citations. After removal of duplicates and studies deemed not relevant based on the title and abstract, 36 records underwent a full text review and 7 studies were included in the final review. Where possible, adjusted results were included in the meta-analysis. Women in the influenza vaccine group had a lower likelihood of stillbirth (relative risk [RR], 0.73; 95% confidence interval [CI], .55–.96); this association was similar when restricted to the H1N1pdm09 vaccine (RR, 0.69; 95% CI, .53–.90). The pooled estimate for spontaneous abortion was not significant (RR, 0.91; 95% CI, .68–1.22). These analyses add to the evidence base for the safety of influenza vaccination in pregnancy.

Clinical Therapeutics

January 2015 Volume 37, Issue 1, p1-242
http://www.clinicaltherapeutics.com/current
[Reviewed earlier]

Complexity
January/February 2015 Volume 20, Issue 3 Pages fmi–fmi, 1–92
http://onlinelibrary.wiley.com/doi/10.1002/cplx.v20.3/issuetoc
[Reviewed earlier]

Conflict and Health
[Accessed 21 February 2015]
http://www.conflictandhealth.com/
[No new relevant content]

Contemporary Clinical Trials
Volume 41, In Progress (March 2015)
[Reviewed earlier]

Cost Effectiveness and Resource Allocation
(Accessed 21 February 2015)
http://www.resource-allocation.com/
[No new relevant content]

Current Opinion in Infectious Diseases
February 2015 - Volume 28 - Issue 1 pp: v-vi,1-116
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
[Reviewed earlier]

Developing World Bioethics
December 2014 Volume 14, Issue 3 Pages ii–iii, 111–167
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2014.14.issue-3/issuetoc
[Reviewed earlier]

Development in Practice
Volume 25, Issue 1, 2015
http://www.tandfonline.com/toc/cdip20/current
[Reviewed earlier]

Emerging Infectious Diseases
Volume 21, Number 3—March 2015

http://wwwnc.cdc.gov/eid/
Dispatch
Postmortem Stability of Ebola Virus
Joseph Prescott, Trenton Bushmaker, Robert Fischer, Kerri Miazgowicz, Seth Judson, and Vincent J. Munster✉
Author affiliations: National Institutes of Health, Hamilton, Montana, USA
Abstract
The ongoing Ebola virus outbreak in West Africa has highlighted questions regarding stability of the virus and detection of RNA from corpses. We used Ebola virus–infected macaques to model humans who died of Ebola virus disease. Viable virus was isolated 7 days posteuthanasia; viral RNA was detectable for 10 weeks
Research
Evaluation of the Benefits and Risks of Introducing Ebola Community Care Centers, Sierra Leone PDF Version [PDF - 509 KB - 7 pages]
A. J. Kucharski et al.
These centers could lead to a decline in cases, even if virus containment is imperfect.
Dispatches
Regional Spread of Ebola Virus, West Africa, 2014 PDF Version [PDF - 583 KB - 4 pages]
G. Rainisch et al.
Treatment of Ebola Virus Infection with Antibodies from Reconvalescent Donors PDF Version [PDF - 313 KB - 3 pages]
T. R. Kreil

Epidemics
Volume 9, In Progress (December 2014)
http://www.sciencedirect.com/science/journal/17554365
[Reviewed earlier]

Epidemiology and Infection
Volume 143 - Issue 03 - February 2015
http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue
[Reviewed earlier]

The European Journal of Public Health
Volume 25, Issue 1, 01 February 2015
http://eurpub.oxfordjournals.org/content/25/suppl_1
Theme: Unwarranted variations in health care performance across Europe: Lessons from the ECHO Project
[Reviewed earlier]

Eurosurveillance
Volume 20, Issue 7, 19 February 2015
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678

Surveillance and outbreak reports
The impact of a national routine immunisation programme initiated in 1999 on Hepatitis A incidence in Israel, 1993 to 2012
by H Levine, E Kopel, E Anis, N Givon-Lavi, R Dagan
Research articles
Comparative safety evaluation of 7-valent and 13-valent pneumococcal vaccines in routine paediatric vaccinations in four Italian regions, 2009 to 2011
by F Trotta, C Rizzo, C Santuccio, A Bella, the Pharmacovigilance Study Group on Pneumococcal Vaccination in Children
Review articles
Assessment of human influenza pandemic scenarios in Europe
by C Napoli, M Fabiani, C Rizzo, M Barral, J Oxford, JM Cohen, L Niddam, P Goryński, A Pistol, C Lionis, S Briand, A Nicoll, P Penttinen, C Gauci, A Bounekkar, S Bonnevay, A Beresniak

Global Health: Science and Practice (GHSP)
December 2014 | Volume 2 | Issue 4
http://www.ghspjournal.org/content/current
[Reviewed earlier]

Global Health Governance
[Accessed 21 February 2015]
http://blogs.shu.edu/ghg/category/complete-issues/summer-2013/
[No new relevant content]

Global Public Health
Volume 10, Issue 2, 2015
http://www.tandfonline.com/toc/rgph20/10/2#.VM2Niy5nBhU
Special Issue: Sexual and Reproductive Health and Rights for the next decades: What's been achieved? What lies ahead? [Reviewed earlier]
[Reviewed earlier]

Globalization and Health
[Accessed 21 February 2015]
http://www.globalizationandhealth.com/
Debate
The ecosystem approach to health is a promising strategy in international development: lessons from Japan and Laos
Takashi Asakura1*, Hein Mallee2, Sachi Tomokawa3, Kazuhiko Moji4 and Jun Kobayashi5
Author Affiliations
Globalization and Health 2015, $article.volume.volumeNumber:3 doi:10.1186/s12992-015-0093-0
Published: 16 February 2015
Abstract (provisional)
Background

An ecological perspective was prominently present in the health promotion movement in the 1980s, but this seems to have faded. The burden of disease the developing world is facing cannot be addressed solely by reductionist approaches. Holistic approaches are called for that recognize the fundamentally interdependent nature of health and other societal, developmental, and ecosystem related factors in human communities. An ecosystem approach to human health (ecohealth) provides a good starting point to explore these interdependencies.
Discussion
Development assistance is often based on the assumption that developed countries can serve as models for developing ones. Japan has provided lavish assistance to Laos for example, much of it going to the development of transport networks. However, there is little sign that there is an awareness of the potentially negative environmental and health impacts of this assistance. We argue that the health consequences of environmental degradation are not always understood, and that developing countries need to consider these issues. The ecohealth approach is useful when exploring this issue. We highlight three implications of the ecohealth approach: (1) The WHO definition of health as a state of complete physical, mental and social well-being emphasized that health is more than the absence of disease. However, because this approach may involve an unattainable goal, we suggest that health should be defined in the ecosystem context, and the goal should be to attain acceptable and sustainable levels of health through enabling people to realize decent livelihoods, and to pursue their life purpose; (2) The increasing interconnectedness of ecosystems in a globalizing world requires an ethical approach that considers human responsibility for the global biosphere. Here, ecohealth could be a countervailing force to our excessive concentration on economy and technology; and (3) If ecohealth is to become a positive agent of change in the global health promotion movement, it will have to find a secure place in the educational curriculum.
Summary
This article presents a brief case study of Japan's development assistance to Laos, and its environmental and health implications, as an illustration of the ecohealth approach. We highlight three implications of the ecohealth perspective.

Health Affairs
February 2015; Volume 34, Issue 2
http://content.healthaffairs.org/content/current
Biomedical Innovation
[Reviewed earlier]

Health and Human Rights
Volume 16, Issue 2 December 2014
http://www.hhrjournal.org/volume-16-issue-2/
Papers in Press: Special Issue on Health Rights Litigation
[Reviewed earlier]

Health Economics, Policy and Law
Volume 10 - Special Issue 01 January 2015
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
SPECIAL ISSUE: Global Financial Crisis, Health and Health Care

[Reviewed earlier]

Health Policy and Planning
Volume 30 Issue 1 February 2015
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

Health Research Policy and Systems
http://www.health-policy-systems.com/content
[Accessed 21 February 2015]
[No new relevant content]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 10, Issue 11, 2014
http://www.landesbioscience.com/journals/vaccines/toc/volume/10/issue/9/
Special Issue on Vaccine Acceptance; Key focus on HPV vaccine uptake and maternal immunization
[Reviewed earlier]

Infectious Agents and Cancer
[Accessed 21 February 2015]
http://www.infectagentscancer.com/content
[No new relevant content]

Infectious Diseases of Poverty
[Accessed 21 February 2015]
http://www.idpjournal.com/content
[No new relevant content]

International Health
Volume 109 Issue 2 February 2015
http://trstmh.oxfordjournals.org/content/109/2.toc
Special issue: Innovative community-based vector control interventions for improved dengue and Chagas disease prevention in Latin America
[Reviewed earlier]

International Journal of Epidemiology
Volume 43 Issue 6 December 2014
http://ije.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Infectious Diseases
April 2015 Volume 33, p1
http://www.ijidonline.com/current
[Reviewed earlier]

JAMA
February 17, 2015, Vol 313, No. 7
http://jama.jamanetwork.com/issue.aspx
[New issue; No relevant content]

JAMA Pediatrics
February 2015, Vol 169, No. 2
http://archpedi.jamanetwork.com/issue.aspx
[Reviewed earlier]

Journal of Community Health
Volume 40, Issue 1, February 2015
http://link.springer.com/journal/10900/40/1/page/1
[Reviewed earlier]

Journal of Epidemiology & Community Health
February 2015, Volume 69, Issue 2
http://jech.bmj.com/content/current
[Reviewed earlier]

Journal of Global Ethics
Volume 10, Issue 3, 2014
http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L0I#.VAJEj2N4WF8
Tenth Anniversary Forum: The Future of Global Ethics
[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)
January-March 2015 Volume 7 | Issue 1 Page Nos. 1-50
http://www.jgid.org/currentissue.asp?sabs=n
[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)
Volume 25, Number 4, November 2014
http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.25.4.html

[Reviewed earlier]

Journal of Health Organization and Management
Volume 17, Issue 1, February 2015
http://link.springer.com/journal/10903/17/1/page/1
[Reviewed earlier]

Journal of Immigrant and Minority Health
Volume 17, Issue 1, February 2015
http://link.springer.com/journal/10903/17/1/page/1
Original Paper
Awareness and Knowledge of Human Papillomavirus (HPV) Among Ethnically Diverse Women Varying in Generation Status
L. M. Garcini, K. E. Murray…
Pages 29-36
Original Paper
Development and Initial Testing of Messages to Encourage Tuberculosis Testing and Treatment Among Bacille Calmette-Guerin (BCG) Vaccinated Persons
Joan M. Mangan, Sebastian Galindo-Gonzalez…
Pages 79-88
Original Paper
Understanding HPV Vaccination Among Latino Adolescent Girls in Three U.S. Regions
Beth A. Glenn, Jennifer Tsui…
Pages 96-103
Original Paper
Low Human Papillomavirus (HPV) Vaccine Knowledge Among Latino Parents in Utah
Deanna Kepka, Echo L. Warner, Anita Y. Kinney…
Pages 125-131
Original Paper
Parental Awareness and Dental Attendance of Children Among African Immigrants
Maryam S. Amin, Arnaldo Perez, Pawan Nyachhyon
Pages 132-138

Journal of Immigrant & Refugee Studies
Volume 12, Issue 4, 2014
http://www.tandfonline.com/toc/wimm20/current#.VFWeF8l4WF9
Special Issue: New Forms of Intolerance in European Political Life
[Reviewed earlier]

Journal of Infectious Diseases
Volume 211 Issue 5 March 1, 2015
http://jid.oxfordjournals.org/content/current
[Reviewed earlier]

The Journal of Law, Medicine & Ethics
Winter 2014 Volume 42, Issue 4 Pages 408–602
http://onlinelibrary.wiley.com/doi/10.1111/jlme.2014.42.issue-4/issuetoc
Special Issue: SYMPOSIUM: The Buying and Selling of Health Care
[Reviewed earlier]

Journal of Medical Ethics
March 2015, Volume 41, Issue 3
http://jme.bmj.com/content/current
Refugees, humanitarian aid and the right to decline vaccinations
A L Caplan, David R Curry
J Med Ethics 2015;41:276-277 Published Online First: 18 August 2014 doi:10.1136/medethics-2014-102383
[*Abstract*]

Journal of Medical Internet Research
Vol 17, No 2 (2015): February
http://www.jmir.org/2015/2
[Reviewed earlier]

Journal of Medical Microbiology
February 2015; 64 (Pt 2)
http://jmm.sgmjournals.org/content/current
[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 4 Issue 1 March 2015
http://jpids.oxfordjournals.org/content/current
Chikungunya Virus in the Caribbean: A Threat for All of the Americas
Enrique Gutierrez-Saravia1 and Camilo E. Gutierrez2
Author Affiliations
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2Pediatric Emergency Medicine, Boston University School of Medicine, MA
Received December 29, 2014.
Accepted January 5, 2015.
Extract
The first known autochthonous transmission of chikungunya virus (CHIKV) fever in the Western Hemisphere occurred in October 2013 in the French sector of the island of Saint Martin, approximately 150 miles east from Puerto Rico [1]. Chikungunya virus is a mosquito-borne arbovirus widely distributed in Africa, Southeast Asia, and India, but until the last decade it was responsible mainly for sporadic, limited outbreaks of illness [2–5]. Its recent epidemic spread

through the Caribbean now poses a threat to the continental countries of South, Central, and North America [6–10].

Systematic Review of Antibiotic Resistance Rates Among Gram-Negative Bacteria in Children With Sepsis in Resource-Limited Countries

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Author Affiliations
1Wellcome Centre for Global Health Research, Imperial College, London
2Paediatric Infectious Diseases Research Group, St George's University of London, UK
Received October 9, 2013.
Accepted January 16, 2014.
Abstract
Background
Gram-negative antimicrobial resistance (AMR) is of global concern, yet there are few reports from low- and low-middle-income countries, where antimicrobial choices are often limited.
Methods
This study offers a systematic review of PubMed, Embase, and World Health Organization (WHO) regional databases of Gram-negative bacteremia in children in low- and low-middle-income countries reporting AMR since 2001.
Results
Data included 30 studies comprising 71 326 children, of whom 7056 had positive blood cultures, and Gram-negative organisms were isolated in 4710 (66.8%). In neonates, Klebsiella pneumoniae median resistance to ampicillin was 94% and cephalosporins 84% in Asia; 100% and 50% in Africa. Large regional variations in resistance rates to commonly prescribed antibiotics for Salmonella spp. were identified. Multidrug resistance (resistance to ampicillin, chloramphenicol, and cotrimoxazole) was present in 30% (interquartile range [IQR], 0–59.6) in Asia and 75% (IQR, 30–85.4) in Africa.
Conclusions
There is a need for an international pediatric antimicrobial resistance surveillance system that collects local epidemiological data to improve the evidence base for the WHO guidance for childhood Gram-negative bacteremia.

Susceptibility to Measles Among Perinatally HIV-Infected Adolescents and Young Adults

Lee E. Morris, Roberto Posada, Carole J. Hickman, Donald R. Latner, Tricia A. Singh, Alyssa Rautenberg, Jennifer Jao, William J. Bellini, and Rhoda Sperling
J Ped Infect Dis (2015) 4 (1): 63-66 doi:10.1093/jpids/pit054
Abstract

Journal of Pediatrics
February 2015 Volume 166, Issue 2, p215-506
http://www.jpeds.com/current
[Reviewed earlier]

Journal of Public Health Policy
Volume 36, Issue 1 (February 2015)
http://www.palgrave-journals.com/jphp/journal/v36/n1/index.html
[Reviewed earlier]

Journal of the Royal Society – Interface
06 February 2015; volume 12, issue 103
http://rsif.royalsocietypublishing.org/content/current
[Reviewed earlier]

Journal of Virology
February 2015, volume 89, issue 3
http://jvi.asm.org/content/current
[Reviewed earlier]

The Lancet
Feb 21, 2015 Volume 385 Number 9969 p663-744
http://www.thelancet.com/journals/lancet/issue/current
[New issue; No relevant content]

The Lancet Global Health
Volume 3, No. 3, e162–e168, March 2015
http://www.thelancet.com/journals/langlo/issue/current
Editorial
Ebola vaccines: an uncertain future?
Zoë Mullan
Published Online: 11 February 2015
Open Access
DOI: http://dx.doi.org/10.1016/S2214-109X(15)70083-5

On Jan 28, the preliminary phase 1 safety data for GlaxoSmithKline's (GSK's) candidate Ebola vaccine were published. The chimpanzee adenovirus vector (ChAd3) vaccine, which encodes a wild-type surface glycoprotein from Zaire Ebolavirus, raised no safety concerns in the 60 healthy volunteers from the UK tested and showed reasonable immunogenicity. Five days later, the first dose was given to a Liberian man as part of an expedited phase 3 trial in west Africa. Phase 1 trials of at least two other candidates are in progress: Merck's Zaire-strain-encoding vesicular stomatitis virus (VSV) vector, and Johnson & Johnson's heterologous prime-boost vaccine based on human Ad26 and modified vaccinia Ankara (MVA) vectors expressing Zaire strain glycoprotein.

The rapid roll-out of these trials has been tremendously impressive. Yet none of the vaccines were originally developed with African public health in mind: they were created out of fear that the virus could be used as a bioweapon. Concerns over limited market size and recipient governments' ability to pay meant that the business case for a population-level Ebola vaccine was flimsy. Now, as the epidemic wanes and phase 3 trials and licensing become more complex, there is a risk that manufacturers will revert back to this previous state of thinking. Declining case numbers have already led drug manufacturer Chimerix to pull out of a trial of brincidofovir in Liberia. This is disheartening to say the least.

The reduction in incidence of Ebola virus disease has been brought about by means of a combination of scaled-up treatment capacity, safe burial practices, and rigorous case and contact finding. Vital communication and consultation work with communities has improved trust and understanding. But, as Brian McCloskey from the Office of the UN Special Envoy on Ebola was at pains to point out at a seminar in London last week, the outbreak cannot yet be considered under control. In fact a slight uptick in cases since the beginning of February illustrates his point. He further emphasised that the outlook is now not one of a single epidemic across three countries, but of perhaps 60 or more localised outbreaks with the very real potential to spread across borders into countries such as Mali and Côte d'Ivoire.

The UN's response strategy is now moving away from a concentration on treating the vast volume of cases and towards elimination of transmission. Here vaccines play a vital role. It was ring vaccination—ie, the vaccination of a "ring" of individuals potentially exposed to a case—that saw the eradication of smallpox in 1980. Furthermore, as Peter Piot noted at the same seminar, Ebola's ability to disrupt the whole health system by means of decimating the workforce is as potent a threat as its case–fatality rate. Vaccination of health workers could neutralise this threat. With the UN's focus now on case and contact finding and with a still-uncertain epidemic trajectory, the drive to bring vaccines (and the more the better) to licensing and production should not falter.

So what of the realities of this for vaccine manufacturers? There is hope. First, a willingness to collaborate between governments, funding bodies, and companies has been key to the success of the vaccine trials so far. The phase 1 GSK vaccine trial in the UK, for example, was funded by the Wellcome Trust, the UK Department for International Development, the UK Medical Research Council, and the UK National Institute for Health Research. Financial support for its further development is being provided by the European Union, the Bill & Melinda Gates Foundation, and the Swiss Government. GSK has committed to scaling up vaccine production even as later-phase trials are ongoing. Second, governments are offering levers such as tax incentives and extended exclusivity rights to drive manufacturers on. And third, regulators are showing signs of flexibility in terms of accelerated licensure in the event that the waning epidemic delays the ability to demonstrate efficacy.

Vaccines are not a magic bullet. Nothing can replace the basic tenets of public health epidemiology and community mobilisation. But in the early days of a new outbreak in an unprepared population, as in all likelihood will happen again, vaccines can be a vital early weapon. Once we are reasonably assured of safety and efficacy, everything must be done to ensure that stockpiles are ready and the necessary clearances for their use are in place.

Comment

Trafficking, migration, and health: complexities and future directions

Shira M Goldenberg

Open Access Altmetric 1
DOI: http://dx.doi.org/10.1016/S2214-109X(15)70082-3

Summary

Documenting the health-related harms associated with human trafficking is crucial for the development of strategies to protect and promote the health of individuals who experience this serious human rights violation. In The Lancet Global Health, Ligia Kiss and colleagues1 report the results of a study of 1102 men, women, and children receiving post-trafficking services in

Cambodia, Thailand, and Vietnam—the largest quantitative study of its kind. They document the health-related harms experienced by men, women, and children trafficked for sex work (32%), fishing (27%), and factory work (13%).

Comment

Effectiveness of oral cholera vaccine in Haiti

Francisco J Luquero, David A Sack

DOI: http://dx.doi.org/10.1016/S2214-109X(15)70015-X

Summary

Although killed, whole-cell oral cholera vaccines (OCVs) have been known to be efficacious since 1986,1 and the bivalent whole-cell vaccine Shanchol has been licensed in India since 2009,2 OCV was not regarded as useful for controlling cholera outbreaks until recently.2 Many public health officials questioned the use of OCV,3 including concerns about its cost, the feasibility of undertaking large campaigns, the acceptability of OCV among vaccinated communities, and the possibility of diverting resources from other interventions.

Articles

Dietary quality among men and women in 187 countries in 1990 and 2010: a systematic assessment

Fumiaki Imamura, Renata Micha, Shahab Khatibzadeh, Saman Fahimi, Peilin Shi, John Powles, Dariush Mozaffarian, on behalf of the Global Burden of Diseases Nutrition and Chronic Diseases Expert Group (NutriCoDE)

e132

Summary Full-Text HTMLPDF

Cost-effectiveness of two versus three or more doses of intermittent preventive treatment for malaria during pregnancy in sub-Saharan Africa: a modelling study of meta-analysis and cost data

Silke Fernandes, Elisa Sicuri, Kassoum Kayentao, Anne Maria van Eijk, Jenny Hill, Jayne Webster, Vincent Were, James Akazili, Mwayi Madanitsa, Feiko O ter Kuile, Kara Hanson

e143

Summary Full-Text HTML PDF

Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: an observational cross-sectional study

Ligia Kiss, Nicola S Pocock, Varaporn Naisanguansri, Soksreymom Suos, Brett Dickson, Doan Thuy, Jobst Koehler, Kittiphan Sirisup, Nisakorn Pongrungsee, Van Anh Nguyen, Rosilyne Borland, Poonam Dhavan, Cathy Zimmerman

e154

Summary

Background

Trafficking is a crime of global proportions involving extreme forms of exploitation and abuse. Yet little research has been done of the health risks and morbidity patterns for men, women, and children trafficked for various forms of forced labour.

Methods

We carried out face-to-face interviews with a consecutive sample of individuals entering 15 post-trafficking services in Cambodia, Thailand, and Vietnam. We asked participants about living and working conditions, experience of violence, and health outcomes. We measured symptoms of anxiety and depression with the Hopkins Symptoms Checklist and post-traumatic stress disorder with the Harvard Trauma Questionnaire, and used adjusted logistic regression models to estimate the effect of trafficking on these mental health outcomes, controlling for age, sector of exploitation, and time in trafficking.

Findings
We interviewed 1102 people, of whom 1015 reached work destinations. Participants worked in various sectors including sex work (329 [32%]), fishing (275 [27%]), and factories (136 [13%]). 481 (48%) of 1015 experienced physical violence, sexual violence, or both, with 198 (35%) of 566 women and girls reporting sexual violence. 478 (47%) of 1015 participants were threatened and 198 (20%) were locked in a room. 685 (70%) of 985 who had data available worked 7 days per week and 296 (30%) of 989 worked at least 11 hours per day. 222 (22%) of 983 had a serious injury at work. 61·2% (95% CI 58·2–64·2) of participants reported symptom of depression, 42·8% (39·8–45·9) reported symptoms of anxiety, and 38·9% (36·0–42·0) reported symptoms of post-traumatic stress disorder. 5·2% (4·0–6·8) had attempted suicide in the past month. Participants who experienced extremely excessive overtime at work, restricted freedom, bad living conditions, threats, or severe violence were more likely to report symptoms of depression, anxiety, and post-traumatic stress disorder.
Interpretation
This is the first health study of a large and diverse sample of men, women, and child survivors of trafficking for various forms of exploitation. Violence and unsafe working conditions were common and psychological morbidity was associated with severity of abuse. Survivors of trafficking need access to health care, especially mental health care.
Articles
Effectiveness of reactive oral cholera vaccination in rural Haiti: a case-control study and bias-indicator analysis
Dr Louise C Ivers, MBBCh, Isabelle J Hilaire, MD, Jessica E Teng, MPH, Charles P Almazor, MD, J Gregory Jerome, MD, Ralph Ternier, MD, Jacques Boncy, MD, Josiane Buteau, MD, Prof Megan B Murray, MD, Jason B Harris, MD, Molly F Franke, ScD
DOI: http://dx.doi.org/10.1016/S2214-109X(14)70368-7
Open access funded by the Author(s)
Summary
Background
Between April and June, 2012, a reactive cholera vaccination campaign was done in Haiti with an oral inactivated bivalent whole-cell vaccine. We aimed to assess the effectiveness of the vaccine in a case-control study and to assess the likelihood of bias in that study in a bias-indicator study.
Methods
Residents of Bocozel or Grand Saline who were eligible for the vaccination campaign (ie, age ≥12 months, not pregnant, and living in the region at the time of the vaccine campaign) were included. In the primary case-control study, cases had acute watery diarrhoea, sought treatment at one of three participating cholera treatment units, and had a stool sample positive for cholera by culture. For each case, four control individuals who did not seek treatment for acute watery diarrhoea were matched by location of residence, enrolment time (within 2 weeks of the case), and age (1–4 years, 5–15 years, and >15 years). Cases in the bias-indicator study were individuals with acute watery diarrhoea with a negative stool sample for cholera. Controls were selected in the same manner as in the primary case-control study. Trained staff used standard laboratory procedures to do rapid tests and stool cultures from study cases. Participants were interviewed to collect data on sociodemographic characteristics, risk factors for cholera, and self-reported vaccination. Data were analysed by conditional logistic regression, adjusting for matching factors.
Findings

From Oct 24, 2012, to March 9, 2014, 114 eligible individuals presented with acute watery diarrhoea and were enrolled, 25 of whom were subsequently excluded. 47 participants were analysed as cases in the vaccine effectiveness case-control study and 42 as cases in the bias-indicator study. 33 (70%) of 47 cholera cases self-reported vaccination versus 167 (89%) of 188 controls (vaccine effectiveness 63%, 95% CI 8–85). 27 (57%) of 47 cases had certified vaccination versus 147 (78%) of 188 controls (vaccine effectiveness 58%, 13–80). Neither self-reported nor verified vaccination was significantly associated with non-cholera diarrhoea (vaccine effectiveness 18%, 95% CI −208 to 78 by self-report and −21%, −238 to 57 by verified vaccination).

Interpretation

Bivalent whole-cell oral cholera vaccine effectively protected against cholera in Haiti from 4 months to 24 months after vaccination. Vaccination is an important component of efforts to control cholera epidemics.

Funding

National Institutes of Health, Delivering Oral Vaccines Effectively project, and Department of Global Health and Social Medicine at Harvard Medical School.

The Lancet Infectious Diseases
Feb 2015 Volume 15 Number 2 p131-248
http://www.thelancet.com/journals/laninf/issue/current
[Reviewed earlier]

Maternal and Child Health Journal
Volume 19, Issue 2, February 2015
http://link.springer.com/journal/10995/19/1/page/1
Special Issue : MCH Leadership
[19 articles focused around MCH leadership themes]
[Reviewed earlier]

Medical Decision Making (MDM)
February 2015; 35 (2)
http://mdm.sagepub.com/content/current
[New issue; No relevant content]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
December 2014 Volume 92, Issue 4 Pages 633–840
http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1468-0009/currentissue
[Reviewed earlier]

Nature
Volume 518 Number 7539 pp274-450 19 February 2015
http://www.nature.com/nature/current_issue.html

[New issue; No relevant content]

Nature Medicine
February 2015, Volume 21 No 2 pp99-197
http://www.nature.com/nm/journal/v21/n2/index.html
[New issue; No relevant content]

Nature Reviews Immunology
February 2015 Vol 15 No 2
http://www.nature.com/nri/journal/v15/n2/index.html
[New issue; No relevant content]

New England Journal of Medicine
February 19, 2015 Vol. 372 No. 8
http://www.nejm.org/toc/nejm/medical-journal
Editorial
HPV "Coverage"
Anne Schuchat, M.D.
N Engl J Med 2015; 372:775-776 February 19, 2015 DOI: 10.1056/NEJMe1415742
This article has no abstract; the first 100 words appear below.
This issue of the Journal presents a milestone in expanding the coverage of cancers associated with the human papillomavirus (HPV). Joura and colleagues1 report the results of a randomized, controlled trial of a new 9-valent HPV vaccine versus a quadrivalent HPV vaccine in more than 14,000 young women. The authors found that the new vaccine had an efficacy of nearly 97% against high-grade cervical, vulvar, and vaginal disease related to HPV types 31, 33, 45, 52, and 58. In the intention-to-treat analysis, the 9-valent vaccine was not found to be more beneficial than the quadrivalent vaccine, presumably because so many . . .
Original Article
A 9-Valent HPV Vaccine against Infection and Intraepithelial Neoplasia in Women
Elmar A. Joura, M.D., Anna R. Giuliano, Ph.D., Ole-Erik Iversen, M.D., Celine Bouchard, M.D., Constance Mao, M.D., Jesper Mehlsen, M.D., Edson D. Moreira, Jr., M.D., Yuen Ngan, M.D., Lone Kjeld Petersen, M.D., Eduardo Lazcano-Ponce, M.D., Punnee Pitisuttithum, M.D., Jaime Alberto Restrepo, M.D., Gavin Stuart, M.D., Linn Woelber, M.D., Yuh Cheng Yang, M.D., Jack Cuzick, Ph.D., Suzanne M. Garland, M.D., Warner Huh, M.D., Susanne K. Kjaer, M.D., Oliver M. Bautista, Ph.D., Ivan S.F. Chan, Ph.D., Joshua Chen, Ph.D., Richard Gesser, M.D., Erin Moeller, M.P.H., Michael Ritter, B.A., Scott Vuocolo, Ph.D., and Alain Luxembourg, M.D., Ph.D. for the Broad Spectrum HPV Vaccine Study
N Engl J Med 2015; 372:711-723 February 19, 2015 DOI: 10.1056/NEJMoa1405044
Abstract
Background
The investigational 9-valent viruslike particle vaccine against human papillomavirus (HPV) includes the HPV types in the quadrivalent HPV (qHPV) vaccine (6, 11, 16, and 18) and five additional oncogenic types (31, 33, 45, 52, and 58). Here we present the results of a study of the efficacy and immunogenicity of the 9vHPV vaccine in women 16 to 26 years of age.
Methods

We performed a randomized, international, double-blind, phase 2b–3 study of the 9vHPV vaccine in 14,215 women. Participants received the 9vHPV vaccine or the qHPV vaccine in a series of three intramuscular injections on day 1 and at months 2 and 6. Serum was collected for analysis of antibody responses. Swabs of labial, vulvar, perineal, perianal, endocervical, and ectocervical tissue were obtained and used for HPV DNA testing, and liquid-based cytologic testing (Papanicolaou testing) was performed regularly. Tissue obtained by means of biopsy or as part of definitive therapy (including a loop electrosurgical excision procedure and conization) was tested for HPV.
Results
The rate of high-grade cervical, vulvar, or vaginal disease irrespective of HPV type (i.e., disease caused by HPV types included in the 9vHPV vaccine and those not included) in the modified intention-to-treat population (which included participants with and those without prevalent infection or disease) was 14.0 per 1000 person-years in both vaccine groups. The rate of high-grade cervical, vulvar, or vaginal disease related to HPV-31, 33, 45, 52, and 58 in a prespecified per-protocol efficacy population (susceptible population) was 0.1 per 1000 person-years in the 9vHPV group and 1.6 per 1000 person-years in the qHPV group (efficacy of the 9vHPV vaccine, 96.7%; 95% confidence interval, 80.9 to 99.8). Antibody responses to HPV-6, 11, 16, and 18 were noninferior to those generated by the qHPV vaccine. Adverse events related to injection site were more common in the 9vHPV group than in the qHPV group.
Conclusions
The 9vHPV vaccine prevented infection and disease related to HPV-31, 33, 45, 52, and 58 in a susceptible population and generated an antibody response to HPV-6, 11, 16, and 18 that was noninferior to that generated by the qHPV vaccine. The 9vHPV vaccine did not prevent infection and disease related to HPV types beyond the nine types covered by the vaccine. (Funded by Merck; ClinicalTrials.gov number, NCT00543543).

Pediatrics
February 2015, VOLUME 135 / ISSUE 2
http://pediatrics.aappublications.org/current.shtml
[Reviewed earlier]

Pharmaceutics
Volume 7, Issue 1 (March 2015), Pages 1-
http://www.mdpi.com/1999-4923/6/4
[No new relevant content]

Pharmacoeconomics
Volume 33, Issue 2, February 2015
http://link.springer.com/journal/40273/33/2/page/1
[No relevant content]

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
(Accessed 21 February 2015)

Assessing the Direct Effects of the Ebola Outbreak on Life Expectancy in Liberia, Sierra Leone and Guinea
February 19, 2015 · Research
Background:
An EVD outbreak may reduce life expectancy directly (due to high mortality among EVD cases) and indirectly (e.g., due to lower utilization of healthcare and subsequent increases in non-EVD mortality). In this paper, we investigated the direct effects of EVD on life expectancy in Liberia, Sierra Leone and Guinea (LSLG thereafter).
Methods:
We used data on EVD cases and deaths published in situation reports by the World Health Organization (WHO), as well as data on the age of EVD cases reported from patient datasets. We used data on non-EVD mortality from the most recent life tables published prior to the EVD outbreak. We then formulated three scenarios based on hypotheses about a) the extent of under-reporting of EVD cases and b) the EVD case fatality ratio. For each scenario, we re-estimated the number of EVD deaths in LSLG and we applied standard life table techniques to calculate life expectancy.
Results:
In Liberia, possible reductions in life expectancy resulting from EVD deaths ranged from 1.63 year (low EVD scenario) to 5.56 years (high EVD scenario), whereas in Sierra Leone, possible life expectancy declines ranged from 1.38 to 5.10 years. In Guinea, the direct effects of EVD on life expectancy were more limited (<1.20 year).
Conclusions:
Our high EVD scenario suggests that, due to EVD deaths, life expectancy may have declined in Liberia and Sierra Leone to levels these two countries had not experienced since 2001-2003, i.e., approximately the end of their civil wars. The total effects of EVD on life expectancy may however be larger due to possible concomitant increases in non-EVD mortality during the outbreak.

PLoS Medicine
(Accessed 21 February 2015)
http://www.plosmedicine.org/
[No new relevant content]

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 21 February 2015)
[No new relevant content]

PLoS One
[Accessed 21 February 2015]
http://www.plosone.org/
Human Papillomavirus Vaccine Uptake among Individuals with Systemic Inflammatory Diseases
Candace H. Feldman, Linda T. Hiraki, Huichuan Lii, John D. Seeger, Seoyoung C. Kim
Research Article | published 18 Feb 2015 | PLOS ONE 10.1371/journal.pone.0117620

Optimal Vaccination in a Stochastic Epidemic Model of Two Non-Interacting Populations
Edwin C. Yuan, David L. Alderson, Sean Stromberg, Jean M. Carlson
Research Article | published 17 Feb 2015 | PLOS ONE 10.1371/journal.pone.0115826

PLoS Pathogens
http://journals.plos.org/plospathogens/
(Accessed 21 February 2015)
[No new relevant content]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
(Accessed 21 February 2015)
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]

Proceedings of the Royal Society B
07 March 2015; volume 282, issue 1802
http://rspb.royalsocietypublishing.org/content/282/1802?current=y
[No relevant content]

Public Health Ethics
Volume 7 Issue 3 November 2014
http://phe.oxfordjournals.org/content/current
Special Symposium on Dual Loyalities: Health Providers Working for the State
[Reviewed earlier]

Qualitative Health Research
February 2015; 25 (2)
http://qhr.sagepub.com/content/current
Special Issue: Responses to Treatment
[Reviewed earlier]

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

September 2014 Vol. 36, No. 3
http://www.paho.org/journal/index.php?option=com_content&view=article&id=151&Itemid=266&lang=en
[Reviewed earlier]

Risk Analysis
January 2015 Volume 35, Issue 1 Pages 1–177
http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-1/issuetoc
[New issue; No relevant content]

Science
20 February 2015 vol 347, issue 6224, pages 801-920
http://www.sciencemag.org/current.dtl
[New issue; No relevant content]

Social Science & Medicine
Volume 126, In Progress (February 2015)
http://www.sciencedirect.com/science/journal/02779536/126
[Reviewed earlier]

Tropical Medicine and Health
Vol. 42(2014) No. 4
https://www.jstage.jst.go.jp/browse/tmh/42/4/_contents
[Reviewed earlier]

Tropical Medicine & International Health
March 2015 Volume 20, Issue 3 Pages 251–406
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2014.20.issue-1/issuetoc
[Reviewed earlier]

Vaccine
Volume 33, Issue 11, Pages 1299-1418 (10 March 2015)
http://www.sciencedirect.com/science/journal/0264410X/33/11
Adolescent decision making about participation in a hypothetical HIV vaccine trial
Original Research Article
Pages 1331-1337
Andreia B. Alexander, Mary A. Ott, Michelle A. Lally, Kevin Sniecinski, Alyne Baker, Gregory D. Zimet, the Adolescent Trials Network for HIV/AIDS Interventions
Abstract
Purpose

The purpose of this study was to examine the process of adolescent decision-making about participation in an HIV vaccine clinical trial, comparing it to adult models of informed consent with attention to developmental differences.
Methods
As part of a larger study of preventive misconception in adolescent HIV vaccine trials, we interviewed 33 male and female 16–19-year-olds who have sex with men. Participants underwent a simulated HIV vaccine trial consent process, and then completed a semistructured interview about their decision making process when deciding whether or not to enroll in and HIV vaccine trial. An ethnographic content analysis approach was utilized.
Results
Twelve concepts related to adolescents' decision-making about participation in an HIV vaccine trial were identified and mapped onto Appelbaum and Grisso's four components of decision making capacity including understanding of vaccines and how they work, the purpose of the study, trial procedures, and perceived trial risks and benefits, an appreciation of their own situation, the discussion and weighing of risks and benefits, discussing the need to consult with others about participation, motivations for participation, and their choice to participate.
Conclusion
The results of this study suggest that most adolescents at high risk for HIV demonstrate the key abilities needed to make meaningful decisions about HIV vaccine clinical trial participation.

Cost–benefit comparison of two proposed overseas programs for reducing chronic Hepatitis B infection among refugees: Is screening essential?

Original Research Article
Pages 1393-1399
Amelia Jazwa, Margaret S. Coleman, Julie Gazmararian, La'Marcus T. Wingate, Brian Maskery, Tarissa Mitchell, Michelle Weinberg
Abstract
Background
Refugees are at an increased risk of chronic Hepatitis B virus (HBV) infection because many of their countries of origin, as well as host countries, have intermediate-to-high prevalence rates. Refugees arriving to the US are also at risk of serious sequelae from chronic HBV infection because they are not routinely screened for the virus overseas or in domestic post-arrival exams, and may live in the US for years without awareness of their infection status.
Methods
A cohort of 26,548 refugees who arrived in Minnesota and Georgia during 2005–2010 was evaluated to determine the prevalence of chronic HBV infection. This prevalence information was then used in a cost–benefit analysis comparing two variations of a proposed overseas program to prevent or ameliorate the effects of HBV infection, titled 'Screen, then vaccinate or initiate management' (SVIM) and 'Vaccinate only' (VO). The analyses were performed in 2013. All values were converted to US 2012 dollars.
Results
The estimated six year period-prevalence of chronic HBV infection was 6.8% in the overall refugee population arriving to Minnesota and Georgia and 7.1% in those ≥6 years of age. The SVIM program variation was more cost beneficial than VO. While the up-front costs of SVIM were higher than VO ($154,084 vs. $73,758; n = 58,538 refugees), the SVIM proposal displayed a positive net benefit, ranging from $24 million to $130 million after only 5 years since program initiation, depending on domestic post-arrival screening rates in the VO proposal.
Conclusions

Chronic HBV infection remains an important health problem in refugees resettling to the United States. An overseas screening policy for chronic HBV infection is more cost–beneficial than a 'Vaccination only' policy. The major benefit drivers for the screening policy are earlier medical management of chronic HBV infection and averted lost societal contributions from premature death.

Factors that affect voluntary vaccination of children in Japan

Original Research Article
Pages 1406-1411
Aiko Shono, Masahide Kondo

Abstract
Some important vaccinations are not included in the routine childhood immunization schedule in Japan. Voluntary vaccinations are usually paid as an out-of-pocket expense. Low voluntary vaccination coverage rates and high target disease incidence are assumed to be a consequence of voluntary vaccination. Therefore, this study aimed to explore factors associated with voluntary vaccination patterns in children. We conducted an online survey of 1243 mothers from a registered survey panel who had at least one child 2 months to <3 years of age. The voluntary vaccination mainly correlated positively with annual household income and mothers' positive opinions about voluntary vaccinations, but negatively with number of children. Financial support, especially for low income households and households with more than one child, may motivate parents to vaccinate their children. Communication is also an important issue. More opportunities for education and information about voluntary vaccinations should be provided to mothers without distinguishing between voluntary and routine vaccination.

Vaccines — Open Access Journal
(Accessed 21 February 2015)
http://www.mdpi.com/journal/vaccines
[No new relevant content]

Value in Health
January 2015 Volume 18, Issue 1, p1-136
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

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

Clinical and Translational Medicine
Published online: 14 February 2015

Vaccination in children with allergy to non active vaccine components

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6. Clinica Pediatrica Unit, University of Ferrara, Ferrara, Italy
7. Pediatric Unit, Palmanova Hospital, Palmanova, Italy
8. Pediatric Unit, Bollate Hospital, Bollate, Italy
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Abstract
Childhood immunisation is one of the greatest public health successes of the last century. Vaccines contain an active component (the antigen) which induces the immune response. They may also contain additional components such as preservatives, additives, adjuvants and traces of other substances. This review provides information about risks of hypersensitivity reactions to components of vaccines. Furthermore, recommendations to avoid or reduce reactions to vaccine components have been detailed.

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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://america.aljazeera.com/search.html?q=vaccine
Accessed 21 February 2015
[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 21 February 201
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 21 February 2015

[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 21 February 2015
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 21 February 2015
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 21 February 2015
[No new, unique, relevant content]

Financial Times
http://www.ft.com/home/uk
Accessed 21 February 2015
Ebola spurs healthcare insurance debate
16 February 2015
The one good thing to come from the Ebola outbreak in west Africa is a fresh debate on the urgency of improving access to basic healthcare and, in turn, the need for moves towards universal heathcare coverage. Years of neglect of prevention and treatment help explain why the lethal infection claimed thousands of lives in Sierra Leone, Liberia and Guinea, whereas it was effectively contained in Europe and North America. To some, the events have underlined the broader benefits of investment in health as a way not only to cut illness and death but also to support broader development. Given the poor response, Ebola has sharply set back economies in the region.

Forbes
http://www.forbes.com/
Accessed 21 February 2015
15 Myths About Anti-Vaxxers, Debunked - Part 1
This is part one of a three-part series. Here are parts two and three. Alongside the measles cases that have spread across the country since late December has been a rising awareness among parents and the media of a problem that medical professionals and public health officials have been battling for [...]
Tara Haelle, Contributor Feb 17, 2015
15 Myths About Anti-Vaxxers, Debunked - Part 2
This is part two in a three-part series. Here are parts one and three. Yesterday's post introduced the first five misconceptions much of the public and the media have about parents who don't vaccinate – and I've already heard some pushback. Regardless of whether parents fully, partially or never vaccinate, we all [...]
15 Myths About Anti-Vaxxers, Debunked - Part 3

This is part three in a three-part series. Here are parts one and two. At last we arrive at the final installment in common myths about parents who don't vaccinate (here are the first and second installments). The first post in this series focused on the tendency to think of all [...]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 21 February 2015
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 21 February 2015
[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 21 February 2015
About our Health Care System
Vaccinations - Balancing Community and Individual Liberties and Rights
18 February 2015
William Pierce

The measles outbreak has brought the United States face-to-face with a critically important question that spills over into many other areas and is in many ways at the heart of our political debate: How do we balance the protection of individual liberty with the liberties and rights of the community we all live in?

Vaccines are one of the true miracles of modern medicine. We have wiped out smallpox worldwide, are closing in on polio and have nearly eradicated measles, mumps, chickenpox in this country. That is, until recently, when we began to see a resurgence of measles, mumps and whooping cough in the United States. This is attributable to less-than-desirable vaccination rates nation-wide, but mostly in clustered areas around the country. The current measles outbreak is the most recent consequence of the purposeful inaction of too many of our fellow citizens.

This brings us to the issue of individual liberty versus community liberty…

Mail & Guardian
http://mg.co.za/
Accessed 21 February 2015
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 21 February 2015
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 21 February 2015
New Approach to Blocking H.I.V. Raises Hopes for an AIDS Vaccine

in monkeys that it may be able to function as a vaccine against AIDS, the scientists who designed it reported Wednesday. H.I.V. has defied more than 30 years of conventional efforts to fashion a vaccine. The new
February 19, 2015 - By DONALD G. McNEIL Jr -

Scientific American
http://www.scientificamerican.com/
Accessed 21 February 2015
How to Get More Parents to Vaccinate Their Kids
A look at the financial and behavioral nudges that can provide incentives for change
February 19, 2015 |By Dina Fine Maron

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 21 February 2015
Essay
The Return of the Vaccine Wars
The controversy over vaccines is as old as vaccination itself
By David Oshinsky
Feb. 20, 2015 3:22 p.m. ET
The controversy over vaccines is as old as vaccination itself. When Edward Jenner, a brilliant English country doctor, discovered the vaccine for smallpox in 1796, he faced as much criticism as praise. Ministers thundered against tampering with the Lord's grand design. The economist Thomas Malthus worried that vaccines would lead to dangerous population increases. The very idea of injecting animal matter into the human body struck many as dangerous and repulsive. Cartoons appeared showing cows' horns sprouting from the heads of recently vaccinated children…

Washington Post
http://www.washingtonpost.com/
Accessed 21 February 2015
Measles infections in California grow to 123
The number of measles cases in California has reached 123 in the wake of a December outbreak at Disneyland.
Associated Press | Health & Science | Feb 20, 2015
Washington state panel mulls bill to trim vaccine exemptions
Personal or philosophical opposition to vaccines would not be an authorized exemption for the parents of school-age children under a measure that received a public hearing before a House committee on Tuesday, drawing at least two dozen opponents to the proposed change.
Associated Press | Health & Science | Feb 17, 2015
Amid measles outbreak, few rules on teacher vaccinations
While much of the attention in the ongoing measles outbreak has focused on student vaccination requirements and exemptions, less attention has been paid to another group in the nation's classrooms: Teachers and staff members, who, by and large, are not required to be vaccinated.
Associated Press | Health & Science | Feb 16, 2015

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Support is also provided by a growing list of individuals who use this membership 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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