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Vaccines and Global Health: The Week in Review
31 January 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.*

GAVI Watch [to 31 January 2015]
http://www.gavialliance.org/library/news/press-releases/

World leaders make record-breaking commitment to protect poorest children with vaccines - Gavi Press Release
Support puts Gavi, the Vaccine Alliance on the path to immunise a further 300 million children and save up to six million more lives
[Excerpts]

Berlin, 27 January 2015 – Hundreds of millions of children living in the world's poorest countries will receive life-saving vaccines as a result of record-breaking financial commitments made today at the Gavi Pledging Conference, hosted in Berlin by German Federal Chancellor Angela Merkel.

The new pledges, totalling US$ 7.5 billion, will enable countries to immunise an additional 300 million children, leading to 5 to 6 million premature deaths being averted and economic benefits

of between US$ 80 and US$ 100 billion for developing countries through productivity gains and savings in treatment and transportation costs and caretaker wages.

Chancellor Merkel was joined in Berlin by H.E. Dr Jakaya Mrisho Kikwete, President of the United Republic of Tanzania, and H.E. Mr Ibrahim Boubacar Keïta, President of the Republic of Mali, Erna Solberg, Prime Minister of Norway, Donald Kaberuka, President of the African Development Bank, Bill Gates, Co-Chair of the Bill & Melinda Gates Foundation, ministers from more than 20 implementing and donor countries, civil society groups, CEOs of vaccine manufacturing companies, UN agencies and others who came together to secure commitments to fully fund Gavi-supported immunisation programmes in developing countries between 2016 and 2020.

Additionally, China, Oman, Qatar and Saudi Arabia made pledges to Gavi for the first time. China's pledge means that all BRICS countries are now making financial contributions towards childhood immunisation through Gavi.

Developing countries are also increasing their financial contributions towards immunisation. Between 2016 and 2020, Gavi forecasts that implementing countries will allocate a combined total of around US$ 1.2 billion, which is additional to the funding provided by donors, towards their Gavi-supported programmes through the Alliance's co-financing policy. This country ownership is vital to increasing the long-term sustainability of vaccine programmes…

Vaccine manufacturers

Ahead of the conference, vaccine manufacturers committed to maintaining affordable vaccine prices, a move that will not only help Gavi buy more doses with the money secured but also increase the sustainability of vaccine programmes. Countries whose economic status means they are no longer eligible for Gavi support will still have access to many vaccines at the same price Gavi pays for a number of years.

"Thanks to our donors, Gavi will be able to support developing countries to protect the lives of hundreds of millions of children," said Dagfinn Høybråten, Chair of the Gavi Board. "We believe that vaccines should reach every child because this is one of the most effective ways of reducing preventable deaths in the poorest countries. The commitments made today will ensure Gavi can make a telling contribution towards the global community's goal of ending extreme poverty by 2030."

All donors

The US$ 7.5 billion raised today comes from a mix of pledges from 17 sovereign donors – for the first time almost all donors have made pledges for the full five-year funding period – the European Commission and private sector partners. Of the support from sovereign donors, US$ 252 million was committed to the International Finance Facility for Immunisation (IFFIm).

Additionally, Gavi announced today that the Gavi Matching Fund, a fund that doubles private sector contributions and impact, will be renewed for the 2016-2020 period with the support of the Bill & Melinda Gates Foundation, the Netherlands and other sponsors.

The US$ 7.5 billion pledged for Gavi's replenishment will be combined with US$ 2 billion in already assured resources, including nearly US$ 1.2 billion from IFFIm, for the 2016-2020

period to enable Gavi to meet the US$ 9.5 billion cost of funding vaccine programmes in developing countries over the five year period.

Global leaders gathered in Berlin to mobilize funds for global immunization programmes – WHO Press Release
27 January 2015

With bold new commitments from major public and private donors during this Decade of Vaccines, the success of today's pledging conference signals a renewed global effort to dramatically accelerate action to extend the full benefits of immunization to children and women in the world's poorest countries.

Under the leadership of German Chancellor Angela Merkel and Germany's G7 Presidency, donors have today committed US$ 7.539 billion over the next five years to deliver vaccines and immunization to Gavi-supported countries. With this funding, Gavi, the Vaccine Alliance will be able to help countries immunize an additional 300 million children with the 11* vaccines recommended by WHO for infants.

Immunization programmes have acted as a pathfinder for universal health coverage and the development of stronger health systems. The Global Vaccine Action Plan (GVAP), has set ambitious targets for achieving universal access of vaccines and immunizations and Gavi is a critical contributor towards ensuring these goals are met by 2020.

"WHO sets technical specifications for vaccines and prequalifies all vaccines employed in Gavi-supported programmes ," said Dr Jean-Marie Okwo-Bele, Director of the WHO Department of Immunization, Vaccines and Biologicals. "Gavi benefits from WHO's input on issues ranging from cold chain and vaccine management, monitoring and evaluation, to training and post-introduction analysis of vaccines. Working together with other Vaccine Alliance partners, WHO is committed to ensure that the present gains and investments are sustained, so that countries can increase their immunization coverage and eventually take over full financing of their immunization programmes."

Private sector makes new pledges to support childhood immunisation in developing countries - - Gavi Press Release
Vaccine manufacturers and private firms set out commitments ahead of major Gavi conference [Press release excerpts]

Berlin, 26 January 2015 – Gavi, the Vaccine Alliance today welcomed new commitments from a number of private sector partners towards its mission to immunise children in developing countries…

…"It is encouraging to see vaccine manufacturers increasingly recognising the importance of sustainable vaccine markets for developing countries," said Gavi CEO Dr Seth Berkley. "The commitments made today will help us make more vaccine doses available at a lower cost and will support countries as they move towards financing and sustaining their own immunisation programmes. This will lead to more children being protected and more deaths being averted."

Commitments

The following commitments were announced today.

:: **Biological E** is offering a five-year price commitment to Gavi graduated countries for its pentavalent vaccine.

:: **GSK** extended it price freeze commitment so that developing countries that graduate from Gavi support will be able to continue to purchase vaccines against pneumonia, diarrhoea and cervical cancer at significantly discounted Gavi prices for a decade after graduation. GSK also reaffirmed that if the company identifies new manufacturing efficiencies that reduce the costs of producing these vaccines, it will pass those savings on to Gavi and its donor.

:: **Janssen** reaffirmed its pledge of making its pentavalent vaccine available at UNICEF prices to Gavi graduated countries over the next five years. Janssen also announced the launch of its pentavalent vaccine in cPAD, a compact Prefilled Auto-Disable injection system which helps improve injection safety.

:: **Panacea Biotech** extends its pledge, first made in June 2011, to support all Gavi graduated countries by offering a five-year price freeze on all vaccination programmes started with Gavi support. The price freeze commences from the first calendar year during which a country stops receiving Gavi support.

:: **Pfizer** agreed to reduce the price per dose for its pneumococcal vaccine, from US$ 3.30 per dose to US$ 3.10 per dose for the new 4-dose vial presentation, which is expected to be introduced under the Advance Market Commitment programme in 2016. This new lower price will be extended to all Gavi-eligible and graduated countries until the end of 2025.

:: **Sanofi Pasteur** committed to expand the production of yellow fever vaccine to address chronic shortages, and promised to offer Gavi-level pricing for Gavi graduated countries until the end of 2018. The company will also continue to contribute to the polio endgame by providing inactivated polio vaccine to Gavi countries for delivery in routine immunisation. The company also announced the expansion of its EPIVAC vaccinator training programme in Nigeria, in collaboration with Agence de Médecine Préventive.

:: **Serum Institute of India** reduced its price for their pentavalent vaccines supplied to Gavi that is valued at approximately US$ 50 million dollars over the next two years.

Ebola

Additionally, Merck and NewLink Genetics committed to provide their investigational Ebola (rVSV-EBOV) vaccine to Gavi-eligible countries at the lowest possible access price.
In a statement, the International Federation of Pharmaceutical Manufacturers and & Associations (IFPMA) said: "Vaccines are recognised as one of the most cost-effective health interventions, with potential for substantive, positive impact on health, productivity, and well-being across the globe. IFPMA member companies are proud of their role to help support strong immunisation programmes through ensuring sustainable research and development, manufacturing and availability of high-quality vaccines."…

Four new partnerships

Gavi today announced four new partnerships to support immunisation in developing countries:

:: Alwaleed Bin Talal Foundation of Saudi Arabia – Supporting Gavi through direct funding for vaccine purchases in Timor Leste, Kiribati, Armenia, Azerbaijan, Moldova, and Guyana.

:: Comic Relief – The popular United Kingdom (UK) charity announced that it will expand its partnership with Gavi into the United States in 2015 and has agreed to continue supporting Gavi through donations raised during its annual events, Red Nose Day and Sport Relief in the UK.

:: IKEA Foundation – The independent charitable foundation that oversees IKEA's global philanthropy is partnering with Gavi to provide catalytic funding to increase injection safety.

:: UPS – The global logistics provider will work with Gavi to leverage the expertise of its Global Healthcare Logistics Strategy Group to develop and implement an executive training and mentorship programme to enhance the capability of local supply chain leaders who will go on to build robust immunisation supply chains.

In addition, last week at the World Economic Forum, the International Federation of Pharmaceutical Wholesalers (IFPW), Star Syringe and Hindustan Syringes and Medical Devices (HMD) all made commitments to support Gavi's mission. The commitment from IFPW represents the first of its kind for the global pharmaceutical wholesale industry.

Industry Watch [to 31 January 2015]

:: BE Pledges Its Offering of 5 Year Price Commitment to GAVI Graduated Countries - 26 January 2015

:: GSK extends its price-freeze commitment to ten years for countries graduating from Gavi support - 26 January 2015

:: JANSSEN PLEDGE TO GAVI [QUINVAXEM] - 26 January 2015

:: PANACEA BIOTEC'S STATEMENT: GAVI - 26 January 2015

:: Pfizer Commits to Further Reduce Price for Prevenar 13 in the World's Poorest Countries Through 2025 - January 26, 2015

:: Sanofi Pasteur Statement of Support - GAVI Alliance - January 26, 2015

BMGF - Gates Foundation Watch [to 31 January 2015]

http://www.gatesfoundation.org/Media-Center/Press-Releases

:: Hundreds of Millions More Children to Receive Protection against Deadly Diseases, a Chance at a Healthy Future

Jan 27, 2015

The Bill & Melinda Gates Foundation today announced a five-year, US$1.55 billion commitment to Gavi, the Vaccine Alliance, to bring life-saving vaccines to children in the world's poorest countries. The commitment was announced at the Gavi Replenishment Conference in Berlin…

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EBOLA/EVD [to 31 January 2015]

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

Editor's Note:

In a special update earlier this week we circulated WHO Executive Board resolution EBSS3.R1 affirming WHO's special and specific charter and role in preparing for and responding to disease outbreaks and "humanitarian emergencies with health consequences." Given the implications of

this resolution, we again recommend that readers engage the full special session documentation at http://apps.who.int/gb/e/e_ebss3.html and the full resolution at http://apps.who.int/gb/ebwha/pdf_files/EBSS3/EBSS3_R1-en.pdf. We provide an abbreviated version below for convenience.

EBSS3.R1 *[Resolution adopted Sunday, 25 January 2015 at Special Session]*
Agenda item 3 :: 25 January 2015
Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences
[Editor's excerpts]
… Recalling resolution WHA64.10 on strengthening national health emergency and disaster management capacities and the resilience of health systems, which reaffirms, inter alia, that countries should ensure the protection of health, safety and welfare of their people and should ensure the resilience and self-reliance of the health system, which is critical for minimizing health hazards and vulnerabilities;

…Committed to an effective and coordinated response both for the current Ebola crisis and to make the corrective changes needed to prevent, detect and contain future outbreaks, and reaffirming the central and specialized role played by WHO in emergency preparedness and response, including in health emergency situations as described in Health Assembly resolutions WHA54.14, WHA58.1, WHA59.22, WHA64.10, WHA65.20 and WHA65.23;

Recalling resolution WHA65.20, which affirms WHO's role as the health cluster lead in responding to the growing demands of health in humanitarian emergencies, and recognizes the specific requirements for effective health-related emergency operations;..

…Emphasizing also the fundamentally civilian character of humanitarian assistance, and reaffirming, in situations in which military capacity and assets are used as a last resort to support the implementation of humanitarian assistance, the need for the use to be undertaken with the consent of affected States and in conformity with relevant provisions of international law, [See United Nations General Assembly resolutions 60/124 and 69/135.]…

Current context and challenges; stopping the epidemic; and global preparedness
1. EXPRESSES its unwavering commitment to contain the Ebola outbreak and to remain engaged in promoting urgent actions to accelerate prevention, detection, control and treatment until we reach zero cases of Ebola virus disease; to contribute to building resilient health systems in the affected countries and other highly at-risk countries; and to provide support for people who have survived Ebola, and their families, and for children orphaned by the disease, including psychosocial support;

Leadership and coordination
2. RECALLS and REAFFIRMS the constitutional mandate given to WHO to act, inter alia, as the directing and coordinating authority on international health work, and to furnish, in emergencies,2 necessary aid upon the request or acceptance of governments, and recognizes the need to accelerate ongoing reform of the Organization;

3. FURTHER REAFFIRMS WHO's role as the lead agency of the global health cluster, including its role to ensure the timely declaration of appropriate response levels to humanitarian emergencies with health consequences, and calls on Member States3 and relevant actors in humanitarian situations with health consequences to support WHO in fulfilling its role as lead agency of the Global Health Cluster within its mandate;

4. FURTHER REAFFIRMS that, in connection with the declaration on 8 August 2014, by the WHO Director-General that the 2014 outbreak of Ebola virus disease in some West African countries is a public health emergency of international concern, all WHO authorities with respect to the administration, deployment and other human resource matters concerning preparedness, surveillance and response rest with the Director-General, and shall be exercised in a manner consistent with the principles and objectives of WHO's Emergency Response Framework, while minimizing the negative impact on regular and routine work of WHO…
[please see additional resolution language at end of this edition]

WHO: Ebola Situation Report - 28 January 2015

[Excerpt; Editor's Text Bolding]
SUMMARY
:: **The response to the EVD epidemic has now moved to a second phase, as the focus shifts from slowing transmission to ending the epidemic.** To achieve this goal as quickly as possible, efforts have moved from rapidly building infrastructure to ensuring that capacity for case finding, case management, safe burials, and community engagement is used as effectively as possible.
:: **For the first time since the week ending 29 June 2014, there have been fewer than 100 new confirmed cases reported in a week in the 3 most-affected countries.** A combined total of 99 confirmed cases were reported from the 3 countries in the week to 25 January: 30 in Guinea, 4 in Liberia, and 65 in Sierra Leone.
:: Case incidence continues to fall in Liberia and Sierra Leone. Guinea reported 30 confirmed cases in the week to 25 January, up from 20 confirmed cases in the previous week.
:: The north Guinean prefecture of Mali, which borders Senegal, has reported its first confirmed case.
:: In the week to 18 January, 6 of 20 (30%) new confirmed and probable cases in Guinea arose among registered contacts. During the week to 25 January, 2 of 4 (50%) new confirmed cases in Liberia arose among known contacts. Equivalent data are not yet available for Sierra Leone. The target is for 100% of new cases to arise among known contacts, so that each and every chain of transmission can be tracked and terminated.
:: In the 21 days to 25 January, it took an average of 0.7 days in Guinea, 0.5 days in Liberia, and 0.8 days in Sierra Leone for a patient sample to go from collection through to the communication of the laboratory test result to a national ministry of health. The target is to have results within 24 hours of sample collection.
:: **The case fatality rate among hospitalized cases (calculated from all hospitalized cases with a reported definitive outcome) is between 54% and 62% in the 3 intense-transmission countries, with no indication of an improvement over time.**
:: All health care facilities in the 3 most-affected countries are assessed for their compliance with minimum standards of infection prevention and control (IPC), with the aim that 100% of facilities meet such standards. Data will soon be available on the proportion of health facilities that meet minimum IPC standards.

:: **A total of 816 confirmed health worker infections have been reported in the 3 intense-transmission countries; there have been 488 reported deaths.** Neither Guinea nor Sierra Leone reported a health worker infection in the week to 25 January. Liberia reported 2 health worker infections during the same period, compared with 0 cases the previous week.
:: **A total of 27 sub-prefectures in Guinea reported at least one security incident or other form of refusal to cooperate in the week to 21 January. A total of 2 districts in Liberia and 4 districts in Sierra Leone reported at least one similar incident during the same reporting period.**

COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

:: **There have been in excess of 22,000 reported confirmed, probable, and suspected cases** (Annex 1) of EVD in Guinea, Liberia and Sierra Leone (table 1), **with almost 8800 deaths (outcomes for many cases are unknown).** A total of 30 new confirmed cases were reported in Guinea, 4 in Liberia, and 65 in Sierra Leone in the 7 days to 25 January.
:: 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 816 confirmed health worker infections have been reported in the 3 intense-transmission countries; there have been 488 reported deaths…

WHO Ebola R&D Effort – vaccines, therapies, diagnostics

30 January update
[Full text; Editor's text bolding]

Since August, when the Ebola outbreak was declared a global public health emergency, WHO has convened a series of consultations and high-level meetings with key experts and stakeholders involved in the research, development, regulation and funding of potential medical solutions for Ebola. Based on concerted expert advice, the best evidence available, and ethical oversight, WHO` has prioritized a number of products for further investigation through human testing. These products now include three lead candidate vaccines (with a possible fourth slated for clinical trials in the near future), a shortlist of antivirals and experimental drugs, and convalescent whole blood and plasma. In addition, WHO is working on a number of emergency procedures with countries and other partners for assessment and fast-track development of adapted diagnostics, as well as joint reviews of vaccine clinical trial protocols to expedite study approvals and potential large-scale introduction.

VACCINES

Two vaccine candidates started human clinical trials in September and are about to enter phase II and III trials in a number of African countries, including the three affected countries. The vaccines are cAd3-ZEBOV, developed by GlaxoSmithKline (GSK) in collaboration with the United States National Institutes for Health, and the rVSV-ZEBOV vaccine, developed by the Public Health Agency of Canada and licensed to NewLink Genetics, who recently licensed the product to Merck Vaccines USA. These two vaccines' manufacturers presented promising safety data at a WHO high-level meeting on Ebola vaccines on 8 January this year.

A third vaccine candidate developed by Johnson & Johnson (J&J) is in phase I trials in the United Kingdom and is planned to start further studies in Africa in the coming weeks and potentially a large-scale efficacy trial in Sierra Leone in the second trimester of 2015.

A number of other vaccines are in the development pipeline. These include a vaccine being developed by Novavax and others being developed in China, Russia and the USA.

Phase II and III trials imminent –

The GSK and Merck vaccine candidates are about to enter phase II and III trials in a number of African countries, including the three affected countries. **Three phase III trial collaborations are planned: a ring vaccination trial in Guinea, organized through a large international collaboration including WHO and MSF; a randomized-controlled trial in Liberia, under a Liberian government – US-NIH collaboration; and a stepped-wedge trial in Sierra Leone under a Sierra Leonean-US-CDC collaboration.** Each trial will test the efficacy of a single dose of one or both vaccine candidates. In the meantime, phase II trials of the GSK vaccine are slated to start in Cameroon, Ghana, Mali, Nigeria and Senegal in the coming weeks.

Production capacity adequate –

At a WHO high-level meeting on Ebola vaccines on 8 January the manufacturers assured the international community that enough supplies would be available for testing, with production capacity for several million doses, in case of deployment.

An effective vaccine will be an asset however the epidemic evolves –

While the current course of the epidemic may be narrowing the window of opportunity for testing the vaccines' efficacy, there is consensus that an effective vaccine would be an invaluable addition to the tools currently used to end the outbreak. A vaccine may be necessary to eliminate the disease should current control measures succeed in bringing transmission down to very low levels, and would act as an insurance policy against future outbreaks.

Continued efforts in community engagement –

Strong emphasis is being given to effective communication and engagement with communities, both to build trust and allay concerns about clinical trials and vaccination campaigns. Work to sensitize health workers and communities at trial sites has been ongoing since November, in collaboration with UNICEF and civil society.

Funding for up to 12 million doses –

A December meeting of Gavi's (the Vaccine Alliance's) Executive Board endorsed a US$ 300 million funding envelope for the purchase of up to an estimated 12 million doses of vaccine.

Regulatory pathways are being finalized –

WHO is facilitating a process to devise an emergency regulatory pathway, with the aim of enabling the rapid introduction of vaccines for clinical trials and general distribution without any compromise of scientific standards or rigour. Regulators from the affected countries and from the wider African region have committed to working closely on these matters with WHO and with manufacturers and trial sponsors. For their part, manufacturers have stated their readiness to generate whatever data are required for licensure.

More about Vaccines

TREATMENTS

Blood and blood products

Convalescent whole blood donated by Ebola recovered patients is currently being administered in Sierra Leone in a trial run by the government. A trial of convalescent plasma has begun in Liberia – under the auspices of ClinicalRM (a clinical research organization) with the US government and the Bill and Melinda Gates Foundation; and Guinea is planning to start a plasma trial in the next weeks through a partnership between its National Blood Transfusion Service, institutes in Belgium, the UK, France and MSF.

So far, plasma trials have not managed to enroll a sufficient number of patients to provide evidence of efficacy. Efforts are being made to identify alternative sites for the studies, but preparation of clinical trial sites is technically and operationally complex. Data from whole blood trials in Sierra Leone is currently being analyzed.

Assessments of national capacities for delivering safe blood products outside of clinical trial settings and plans for recovery and strengthening of national blood transfusion services in the three countries are expected to continue in the coming months. In addition, WHO in collaboration with partners is establishing standards for the therapeutic use of antibodies.

Medicines

A number of pre-existing medicines already approved for treating non-Ebola diseases have been considered for re-purposing to treat Ebola because they have demonstrated efficacy against the virus in test tubes (in vitro). The advantage of considering re-purposing of drugs is that these are readily available, and their safety is known.

A clinical trial of the drug favipiravir (Toyama, Japan), has started in Guinea. Trials are being run by Inserm, MSF and the Guinean government and initial results are expected in the coming weeks. One other re-purposed drug, amiodarone, has been used to treat patients in Sierra Leone outside of a clinical trial setting, but it is unclear whether it provides any benefit.

Other products that are still under development and are not registered for any disease are also being taken into small efficacy trials early in 2015. One of these is brincidofovir (Chimerix, USA), which was originally developed for treating cytomegalovirus but has activity against Ebola virus.

Others are medicines that were specifically developed for Ebola, including the monoclonal antibody cocktail ZMapp (Leafbio, USA) and small inhibitory ribonucleic acid (siRNA) (Tekmira, USA, Canada). All of these have been used compassionately in a few expatriated Ebola patients. Sierra Leone is planning an ethics review for trials involving both siRNA and brincidofovir, and is considering trials with a number of the above-mentioned products. ZMapp is being tested in a small-scale clinical trial in the UK under the auspices of Oxford University. Initial data from this trial should be available in February.

The scientific community is currently testing in non-human primates a wide range of other drugs that have been proposed as potential therapies and will be taking the most promising into clinical trials.

More about Therapies

DIAGNOSTICS

In October 2014, WHO published a Target Product Profile for novel rapid and simpler Ebola in vitro diagnostics and introduced an emergency procedure under its Prequalification Programme for rapid assessment of Ebola in vitro diagnostics for UN procurement to affected countries. The first in vitro diagnostic (an RT-PCR kit for laboratories) was considered eligible for WHO

procurement in November. In the same month, WHO called on manufacturers to develop rapid and easy to use point-of-care diagnostics that are better suited for use in the affected countries, where health infrastructure and trained personnel are largely lacking. The call was followed by a consultation, on 12 December, where diagnostic experts joined WHO and the NGO FIND to plan for accelerated development, production and deployment of adapted and rapid Ebola tests.

Two types of rapid diagnostics are now undergoing evaluation in Sierra Leone and Guinea by multiple organizations including WHO. The most promising type is the rapid, integrated nucleic acid PCR test, which is highly sensitive and thus believed to be more effective in case finding. The other type is the antigen detection test; this type is easier to use but likely to be less sensitive. However, the rapidly decreasing number of cases and subsequent fewer blood samples available may make the evaluation of current and future tests more challenging.

More about Diagnostics

Looking forward

Sustained alignment between partners carrying out clinical trials is of paramount importance. WHO will continue its facilitator role as trials move forward, in particular by ensuring that national regulatory oversight and patient safety remain top priorities. To that end, a high-level meeting on R&D efforts across preventive and therapeutic areas is being planned for April this year to build on progress so far.

At the same time, WHO is working with Ebola affected countries, development partners and financing institutions to finalise national plans for recovery and building resilient health systems.

UNMEER [to 31 January 2015]

[Please see selected excerpts from UNMEER's daily External Situation Reports at the end on this edition]

:: **Statement by Ismail Ould Cheikh Ahmed, Special Representative and Head of UNMEER, to the UN-AU Meeting on Ebola**

29 Jan 2015

World Bank [to 31 January 2015]

World Bank Group President: World is 'Dangerously Unprepared' for Future Pandemics

January 27, 2015

Kim outlines vision for private, public sectors to work together to lessen risk

WASHINGTON, January 27, 2015— Saying the world was "dangerously unprepared" for future pandemics, World Bank Group President Jim Yong Kim today laid out a vision in which insurance companies, governments, multi-lateral organizations, corporations and international donors worked together to build a system that would help all countries prepare for potentially catastrophic health disasters.

"The Ebola outbreak has been devastating in terms of lives lost and the loss of economic growth in Guinea, Liberia and Sierra Leone," Kim told an audience at Georgetown University. "We need to make sure that we get to zero cases in this Ebola outbreak. At the same time, we need to prepare for future pandemics that could become far more deadly and infectious than what we have seen so far with Ebola. We must learn the lessons from the Ebola outbreak because there is no doubt we will be faced with other pandemics in the years to come."

Kim said that the World Bank Group has been working for several months with the World Health Organization, other United Nations agencies, academics, re-insurance company officials and others to work on a concept of developing a pandemic facility; discussions also were held in informal sessions at the World Economic Forum in Davos, Switzerland, last week.

He said he expects that a proposal will be presented in the coming months to leaders of developed and developing countries. While a proposal would likely involve a combination of bonds and insurance instruments, he said that in some ways, a future pandemic response facility was similar to a homeowner's insurance policy.

"This could work like insurance policies that people understand, like fire insurance," he said. "The more that you are prepared for a fire, such as having several smoke detectors in your house, the lower the premium you pay."

Kim continued: "The more that countries, multi-lateral institutions, corporations and donors work together to prepare for future pandemics – by building stronger health systems, improved surveillance and chains of supply and transportation, and fast-acting medical response teams -- the lower the premium as well. That would benefit donors and others who would pay the premium, but the greatest benefit would be that market mechanisms would help us to push improvements in our preparedness for epidemics."

The World Bank Group president said that one possible outcome from the development of a pandemic facility would be a strengthened World Health Organization, as well as building capacity in developing countries for stronger regional disease-control agencies.

Kim delivered his talk during the inaugural Global Futures Lecture at Georgetown. The lecture, titled 'Lessons from Ebola: Toward a post-2015 strategy for pandemic response," will kick off a semester-long conversation about the "Global Future of Development" at Georgetown as part of the university's new Global Futures Initiative.

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POLIO [to 31 January 2015]
Public Health Emergency of International Concern (PHEIC)

GPEI Update: Polio this week - *As of 28 January 2014*
Global Polio Eradication Initiative
[Editor's Excerpt and text bolding]
Full report: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
:: Over 6 months have passed since the most recent case of wild poliovirus type 1 had onset of paralysis in Nigeria. This signifies dramatic progress in the drive to end polio for good in the last polio-endemic country on the African continent.
:: Ministers of Health from around the world are convening this week at WHO's Executive Board meeting to set global public health policies. Among other topics, representatives are anticipated to review the current polio epidemiology and global preparedness plans for the phased removal of oral polio vaccines. A report has been prepared to facilitate discussions.
:: This week, a review meeting of experts is taking place in Beirut, Lebanon, to review the impact of current outbreak response activities in the Middle East and agree on strategies for moving forward for phase III of the outbreak response. *[see UNICEF announcement below]*
Selected country report content:
Pakistan
:: Four new wild poliovirus type 1 (WPV1) cases were reported in the past week, including 2 with onset of paralysis in 2015. One case was reported in Khyber Pakhtunkhwa (KP) province,

in Lakki Marwat district; one in the Federally Administered Tribal Areas (FATA), in Khyber Agency; and 2 in Balochistan province (1 in Killa Abdullah and 1 in the newly infected district of Jafarabad). The total number of WPV1 cases in 2014 is now 305, and 3 for 2015. The most recent case had onset of paralysis on 7 January, from KP.

:: To urgently address the intense transmission affecting the country, the government has put in place emergency measures to take advantage of the current 'low season' for poliovirus transmission. A 'low season plan' has been established, based on lessons learned on accessing populations in insecure areas, engaging communities and fixing remaining operational challenges. Implementation is being overseen by Emergency Operations Centres at federal and provincial levels to ensure accountability for the quality of polio eradication operations. More

West Africa

:: Even as polio programme staff across West Africa help to control the Ebola outbreak affecting the region, efforts are being made in those countries not affected by Ebola to vaccinate children against polio to create a buffer zone surrounding the affected countries. The Ebola crisis in western Africa continues to have an impact on the implementation of polio eradication activities in Liberia, Guinea and Sierra Leone. Supplementary immunization activities (SIAs) in these countries have been postponed and the quality of acute flaccid paralysis surveillance has markedly decreased throughout 2014.

:: NIDs are planned using bivalent oral polio vaccine (OPV) in Niger and Benin on 27 February to 2 March, and Subnational Immunization Days (SNIDs) tentatively in Mali in February with dates to be confirmed. From 27 to 31 March, NIDs will take place in Benin, Burkina Faso, Côte d'Ivoire, Mali, Niger and Senegal using trivalent OPV. NIDs are also scheduled on those dates for the three Ebola-affected countries Guinea, Liberia and Sierra Leone.

UNICEF: Devastating Middle East polio outbreak on verge of being stopped, say experts

Polio experts cautiously optimistic, but warn that disease could make renewed comeback

BEIRUT, 27 January 2015 - A 12-month emergency immunization response across the Middle East appears to have halted an outbreak of polio that began in Syria and Iraq, according to health experts meeting in Beirut.

The outbreak, which paralysed at least 38 children in Syria and Iraq and prompted fears of a major epidemic, triggered an unprecedented response that immunized more than 27 million children across 8 countries. The outbreak in Syria – which spread to Iraq in early 2014 -- occurred due to the introduction of poliovirus from Pakistan.

One year has now passed since the last confirmed case of the virus in Syria and nine months since the last in Iraq, in spite of the ongoing conflict and mass population displacement in the region. Experts say this remarkable achievement is the result of the enormous efforts and commitment shown by governments, health workers, and parents to ensure that their children receive the vaccine.

"In normal conditions we would say that the epidemic has stopped," said Maria Calivis, UNICEF Regional Director for the Middle East and North Africa. "But given the ongoing conflict, UNICEF and its partners will spare no efforts to ensure that children continue to receive the protection they need against this terrible disease."

Experts attending a regional Polio review meeting in Beirut January 26-27 warned that with violence still sweeping Syria and Iraq, there is a serious risk that some children are not being reached regularly by vaccination teams. They say that given the gaps in vaccine coverage and

potentially in surveillance for new cases, further immunization campaigns are essential over the months ahead.

"This is no time to relax," said Chris Maher, Manager for Polio Eradication and Emergency Support of the World Health Organization (WHO). "In spite of our success so far, we continue to work with governments and local authorities, United Nations organizations and local and international nongovernmental organizations to ensure that all children across the region are fully protected against polio, including those living in areas most affected by conflict."

A response plan for the next six months was formulated at the Beirut meeting which was attended by expert teams from Ministries of Health from Syria, Iraq, Jordan, Lebanon, Egypt, Turkey, Gaza and the West Bank and Iran and polio experts from the World Health Organization (WHO), UNICEF, the US Centers for Disease Control (CDC), Rotary International, and the Bill and Melinda Gates Foundation. The plan will focus on strengthening the basic delivery of immunization services, and identifying children and communities who are not being reached due to conflict or population movement….

::::::

WHO & Regionals [to 31 January 2015]
:: 136th WHO Executive Board session
26 January–3 February 2015
Geneva, Switzerland
Documentation
- Provisional agenda
- Main documents

Official Meeting Announcements
- Zsuzsanna Jakab elected for a second term as WHO Regional Director for Europe 27 January 2015
- WHO Executive Board appoints Dr Matshidiso Moeti as new Regional Director for Africa 27 January 2015

Resolutions to 31 January 2015
- EB136.R1 - Global technical strategy and targets for malaria 2016–2030
- EB136.R2 - Appointment of the Regional Director for Africa
- EB136.R3 - Expression of appreciation to Dr Luis Gomes Sambo
- EB136.R4 - Appointment of the Regional Director for Europe
- EB136.R5 - Yellow fever risk mapping and recommended vaccination for travellers
- EB136.R6 - The recommendations of the review committee on second extensions for establishing national public health capacities and on IHR implementation
- EB136.R7 - Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage

:: **Global Alert and Response (GAR): Disease Outbreak News (DONs)**
- Human infection with avian influenza A(H7N9) virus – China 27 January 2015

:: The **Weekly Epidemiological Record (WER) 30 January 2015**, vol. 90, 5 (pp. 25–32) includes:
- Schistosomiasis: number of people treated worldwide in 2013

WHO Regional Offices

WHO African Region **AFRO**
Press Releases
:: WHO Executive Board appoints Dr Matshidiso Moeti as new Regional Director for Africa
GENEVA, 27 January 2015 -- The WHO Executive Board, currently holding its 136th session, has appointed Dr Matshidiso Rebecca Moeti as the new Regional Director for WHO's Africa Region. Dr Moeti was nominated Regional Director by the health ministers of the 47 Member States of the WHO African Region at the annual Regional Committee for Africa in Cotonou, Benin, in November 2014. Dr Moeti will take up her appointment for a five-year term on 1 February 2015, succeeding Dr Luis Gomes Sambo who has served as Regional Director for the past 10 years…
:: "Intensify surveillance" to beat Ebola says Dr Moeti - 27 January 2015
:: Learn from the past to build better for the future - 26 January 2015

WHO Region of the Americas **PAHO**
:: Canada reports the Americas' first case of avian influenza A (H7N9) in humans (01/28/2015)

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

WHO European Region **EURO**
:: #WHODiane on assignment against Ebola 28-01-2015
:: Zsuzsanna Jakab appointed WHO Regional Director for Europe for second term 27-01-2015

WHO Eastern Mediterranean Region **EMRO**
:: Devastating Middle East polio outbreak on verge of being stopped, say experts 27 January 2015

WHO Western Pacific Region
No new digest content identified.

CDC/MMWR Watch [to 31 January 2015]
http://www.cdc.gov/media/index.html
:: **Transcript for CDC Telebriefing: Measles in the United States, 2015**
Thursday, January 29, 2015 at 03:30 E.T.
[Excerpt; Editor's formatting]
…ANNE SCHUCHAT: Thank you so much for joining us this afternoon. I want to talk to you today about measles and here's why. It's only January and we have already had a very large number of measles cases. As many cases as we have all year in typical years. This worries me and I want to do everything possible to prevent measles from getting a foothold in the United States and becoming endemic again. I want to make sure that parents who think that measles is gone and haven't made sure that they or their children are vaccinated are aware that measles is still around and it can be serious and that MMR vaccine is safe and effective and highly recommended.
From January until January 1 until January 28, 2015, a total of 84 people in 14 states have been reported as having measles. Most of these cases are part of an ongoing large multistate

outbreak linked to the Disneyland resort theme parks in Orange County, California. CDC is working with state and local health departments to control this outbreak which started in late December.

Many of you know that in 2014, the U.S. experienced the highest number of measles cases we had reported in 20 years, over 600. Many of the people who got measles last year were linked to travelers who had gotten measles from the Philippines, where an extremely large outbreak of over 50,000 cases was occurring. Although we aren't sure exactly how this year's outbreak began, we assume that someone got infected overseas, visited the Disneyland parks and spread the disease to others.

Infected people in this outbreak here in the U.S. this year have exposed others in a variety of settings including school, day cares, emergency departments, outpatient clinics and airplanes. The information that we have is preliminary and the data are changing. We will be updating our website every Monday with the latest total counts. However, based on what we know now, we're seeing more adults than we have seen in a typical outbreak. Children are also getting measles. The majority of the adults and children that are reported to us for which we have information did not get vaccinated or don't know whether they have been vaccinated. This is not a problem with the measles vaccine not working; this is a problem of the measles vaccine not being used…

…Measles is still common around the world and we estimate about 20 million cases each year. In 2013, about 145,700 people died of measles across the world. Measles can come into our country easily through visitors or when Americans travel abroad and bring it back. It can be a serious disease for people of all ages. Even in developed countries like the U.S., for every thousand children who get measles, one to three of them die despite the best treatment. In the U.S. from 2001-2013, 28% of young children who had measles had to be treated in the hospital. Measles can also result in complications. In children they can develop pneumonia, lifelong brain damage or deafness. Of course measles spreads when an infected person breathes, coughs, or sneezes and people don't always know they are infectious, because you can spread the disease before the rash is evident…

…This [outbreak] is a wake-up call to make sure we keep measles from regaining a foothold in our country protecting our most vulnerable babies and others, by assuring everyone who can be protected from measles is appropriately vaccinated. The very large outbreaks we have seen around the world often started with a small number of cases. I have told you before that France went from about 40 cases a year to over 10,000 cases in a year. It's only January and we have already had 84 cases. Let's work together to keep these numbers down and to keep measles from returning to plague our communities….

:: **MMWR Weekly, January 30, 2015 / Vol. 64 / No. 2**

- Update on the Epidemiology of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infection, and Guidance for the Public, Clinicians, and Public Health Authorities — January 2015
- Public Health Response to Commercial Airline Travel of a Person with Ebola Virus Infection — United States, 2014
- A Plan for Community Event-Based Surveillance to Reduce Ebola Transmission — Sierra Leone, 2014–2015

European Medicines Agency Watch [to 31 January 2015]
:: 26/01/2015

Central repository to facilitate assessment of medicines safety reports
EMA launches electronic platform for European regulators ...

PATH Watch [to 31 January 2015]
http://www.path.org/news/
Walking together for immunization: 15 years and counting
Vaccines Work | 23 January 2015
by Steve Davis
…PATH celebrates 15 years of partnership with Gavi in creating access to lifesaving vaccines and strong immunization systems that reach all children everywhere, and we look forward to continuing that partnership and to seeing global leaders stand with us in support of child health later this month. By continuing to walk together, let's see just how far we can go.

Global Fund Watch [to 31 January 2015]
http://www.theglobalfund.org/en/mediacenter/
:: Global Fund Applauds GAVI's Replenishment - 27 January 2015

:: Global Fund Welcomes Appointment of Eric Goosby - 26 January 2015
The Global Fund applauded the appointment of Eric Goosby as the United Nations Special Envoy on Tuberculosis.

DCVMN / PhRMA / EFPIA / IFPMA / BIO Watch [to 31 January 2015]
:: Pentavalent Vaccine from BioFarma is ready for international supply
DCVMN Press Release 31-January-2015
On 16th December 2014, the 5 in 1 Vaccine (Diphtheria, Tetanus, Pertussis, Hepatitis B, Haemophilus influenzae type b) produced by BioFarma has been granted a Pre-qualification (PQ) of the World Health Organization (WHO). Hence this product is added to the vaccines listed by the WHO to be purchased through UNICEF, PAHO and other international agencies and countries in the world…

:: Growing support for shared ethical principles from healthcare and medicines providers
Growing support for shared ethical principles from healthcare and medicines providers
26 JANUARY 2015
[IFPMA Press Release - excerpt]
Geneva, 26 January 2015 – The International Hospital Federation (IHF) and the International Generic Pharmaceutical Alliance (IGPA) today endorsed efforts by founding partners of the Consensus Framework for Ethical Collaboration to promote common ethical principles worldwide when delivering solutions to address patients' needs.
This endorsements fall on the first anniversary of the Consensus Framework when partners met on the fringe of the World Health Organization's Executive Board meeting to celebrate implementation of the framework at national level. Countries currently looking to build a set of joint national ethical health practices inspired by the Consensus Framework include Austria, Belarus, Canada, China, Japan, Mexico, Russia, Philippines, Thailand, and the United Kingdom.
Signatories of the Consensus Framework comprise the International Alliance of Patients' Organizations (IAPO), International Council of Nurses (ICN), International Federation of

Pharmaceutical Manufacturers and Associations (IFPMA), International Pharmaceutical Federation (FIP) and the World Medical Association (WMA).

"The Consensus Framework has today become stronger as its provision can now apply across the whole healthcare community", said Dr. Xavier Deau, President of the WMA. "Actions undertaken under the Framework will guide interactions between millions of patients and nurses, pharmacists, doctors, dentists and hospitals, as well as the research-based and generic pharmaceutical industries worldwide", added Stephen McMahon, Interim Chief Executive Officer, IAPO.

Today's endorsements also coincide with the establishment of the Consensus Framework Endorsement Guidelines. The Framework does not override existing individual codes and guidelines; instead, it highlights and reinforces the existing commitments held by each individual organization. By endorsing the Framework, collaborating organizations, like IGPA and IHF, commit both at global and national levels to ethical conduct and interactions that uphold high standards and integrity to ensure the well-being of patients worldwide. The Consensus Framework is voluntary and has no formal enforcement mechanism…

European Vaccine Initiative Watch [to 31 January 2015]
http://www.euvaccine.eu/news-events
No new digest content identified.

Sabin Vaccine Institute Watch [to 31 January 2015]
http://www.sabin.org/updates/pressreleases
No new digest content identified.

IAVI Watch [31 January 2015]
http://www.iavi.org/press-releases/2015
No new digest content identified.

IVI Watch [to 31 January 2015]
http://www.ivi.org/web/www/home
No new digest content identified.

NIH Watch [to 31 January 2015]
http://www.nih.gov/news/index.html
No new digest content identified.

FDA Watch [to 31 January 2015]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
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

[U.S.] National Vaccine Advisory Committee - Meeting February 10-11, 2015
- Agenda
- Federal Register Notice
Join the NVAC Webcast - Day 1; Join the NVAC Webcast - Day 2
Toll Free Number: 1-888-456-0278 :: International Number: 1-517-308-9054
Participate Passcode: 5515687

CDC: Advisory Committee on Immunization Practices (ACIP) - Meeting: February 25-26, 2015
- Agenda
- Meeting Registration (U.S. citizens AND non-U.S. citizens)
  Deadline for meeting registration:
  Non-US Citizens: February 2, 2015; US Citizens: February 9, 2015

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 1, 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
Influenza vaccination rates and beliefs about vaccination among nursing home employees
Jill D. Daugherty, MPH, PhD, Sarah C. Blake, MA, PhD, Jessica M. Grosholz, MA, PhD, Saad B. Omer, MBBS, MPH, PhD, LuMarie Polivka-West, MS, David H. Howard, PhD
DOI: http://dx.doi.org/10.1016/j.ajic.2014.08.021
Highlights
:: We surveyed nearly 2,000 nursing home staff members from 37 agencies regarding their influenza vaccination policies and procedures.

:: During the most recent influenza season, approximately 54% of nursing home staff members had received the influenza vaccine.
:: Black and younger nursing home employees were less likely to obtain the vaccine than white or older employees.
:: Certain beliefs and/or attitudes toward the influenza vaccine had a statistically significant impact on the likelihood that respondents had received the vaccine.

Abstract

Background

Recent studies have suggested that vaccination of nursing home staff members may reduce the incidence of influenza among nursing home residents. Current national estimates of employee vaccination rates (around 50%) indicate that residents may be at an unnecessarily high risk of contracting influenza. This article reports on the influenza vaccination rates and attitudes toward the vaccine among employees in 37 nursing homes in 3 states.

Methods

Nursing home employees were surveyed at nursing homes in Florida, Georgia, and Wisconsin in 2011-2012. Completed surveys were received from a total of 1,965 employees.

Results

Approximately 54% of the employees surveyed received the vaccination during the 2010-2011 and 2011-2012 influenza seasons. Nursing home–level staff vaccination rates varied widely, from 15%-97%. Black and younger employees were less likely to receive the vaccine. Employee vaccination rates in nursing homes that used incentives were 12 percentage points higher than those that did not use incentives (P = .08).

Conclusion

Low vaccination rates among nursing home workers may put residents at increased risk for influenza-related morbidity and mortality. The Centers for Medicare and Medicaid Services may consider employee vaccination rates as a quality indicator in addition to resident vaccination rates. Our findings support the use of a trial to test the use of incentives to increase employee vaccination rates.

Vaccination coverage among students from a German health care college

Carolin Mäding, MSc1, Carolin Jacob, MPH1, Carola Münch, BSc, Katharina von Lindeman, PhD, Jörg Klewer, MD, Joachim Kugler, MD

1Equally contributed to the manuscript.

Published Online: December 23, 2014

DOI: http://dx.doi.org/10.1016/j.ajic.2014.10.019

Highlights

:: Vaccination coverage among health care students is reviewed.
:: Unsatisfactory vaccination rates were found.
:: Significant association between age, sex, socioeconomic status, and vaccination coverage was found.
:: Health care students stated: Vaccinations are absolutely or in part necessary (97%).

Abstract

Health care students are at risk of acquiring and transmitting vaccine-preventable diseases. The purpose of this study was to assess their vaccination status and the influence of determining factors on their vaccination status. Unsatisfactory vaccination rates (43.8%-94.1%) and significant effects regarding age, sex, and socioeconomic status were found; therefore, there is an increased need for education and motivation for vaccinations in student training.

American Journal of Preventive Medicine
February 2015 Volume 48, Issue 2, p121-240
http://www.ajpmonline.org/current
[New issue; No relevant content]

American Journal of Public Health
Volume 105, Issue 2 (February 2015)
http://ajph.aphapublications.org/toc/ajph/current
[New issue; No relevant content]

American Journal of Tropical Medicine and Hygiene
January 2015; 92 (1)
http://www.ajtmh.org/content/current
[Reviewed earlier]

Annals of Internal Medicine
20 January 2015, Vol. 162. No. 2
http://annals.org/issue.aspx
[Reviewed earlier]

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
(Accessed 31 January 2015)
Research article
Innovation in health service delivery: integrating community health assistants into the health system at district level in Zambia
Joseph Zulu, Anna-Karin Hurtig, John Kinsman, Charles Michelo BMC Health Services Research 2015, 15:38 (28 January 2015)
Abstract | Provisional PDF
Research article
'Deep down in their heart, they wish they could be given some incentives': a qualitative study on the changing roles and relations of care among home-based caregivers in Zambia
Fabian Cataldo, Karina Kielmann, Tara Kielmann, Gitau Mburu, Maurice Musheke BMC Health Services Research 2015, 15:36 (28 January 2015)
Abstract | Provisional PDF

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 31 January 2015)
[No new relevant content]

BMC Medical Ethics
(Accessed 31 January 2015)
http://www.biomedcentral.com/bmcmedethics/content
[No new relevant content]

BMC Public Health
(Accessed 31 January 2015)
http://www.biomedcentral.com/bmcpublichealth/content
Research article
Acceptability of financial incentives and penalties for encouraging uptake of healthy behaviours: focus groups
Emma L Giles, Falko F Sniehotta, Elaine McColl, Jean Adams BMC Public Health 2015, 15:58 (31 January 2015)
Abstract | Provisional PDF

BMC Research Notes
(Accessed 31 January 2015)
http://www.biomedcentral.com/bmcresnotes/content
[No new relevant content]

British Medical Journal
31 January 2015(vol 350, issue 7993)
http://www.bmj.com/content/350/7993
[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/
SYSTEMATIC REVIEWS
The effectiveness of interventions to reduce the household economic burden of illness and injury: a systematic review
Beverley M Essue, Merel Kimman, Nina Svenstrup, Katharina Lindevig Kjoege, Tracey Lea Laba, Maree L Hackett & Stephen Jan
doi: 10.2471/BLT.14.139287
Abstract [HTML]
Objective
To determine the nature, scope and effectiveness of interventions to reduce the household economic burden of illness or injury.
Methods
We systematically reviewed reports published on or before 31 January 2014 that we found in the CENTRAL, CINAHL, Econlit, Embase, MEDLINE, PreMEDLINE and PsycINFO databases. We extracted data from prospective controlled trials and assessed the risk of bias. We narratively synthesized evidence.
Findings

Nine of the 4330 studies checked met our inclusion criteria – seven had evaluated changes to existing health-insurance programmes and two had evaluated different modes of delivering information. The only interventions found to reduce out-of-pocket expenditure significantly were those that eliminated or substantially reduced co-payments for a given patient population. However, the reductions only represented marginal changes in the total expenditures of patients. We found no studies that had been effective in addressing broader household economic impacts – such as catastrophic health expenditure – in the disease populations investigated.
Conclusion
In general, interventions designed to reduce the complex household economic burden of illness and injury appear to have had little impact on household economies. We only found a few relevant studies using rigorous study designs that were conducted in defined patient populations. The studies were limited in the range of interventions tested and they evaluated only a narrow range of household economic outcomes. There is a need for method development to advance the measurement of the household economic consequences of illness and injury and facilitate the development of innovative interventions to supplement the strategies based on health insurance.

Policy & Practice

Thresholds for the cost–effectiveness of interventions: alternative approaches

Elliot Marseille, Bruce Larson, Dhruv S Kazi, James G Kahn & Sydney Rosen

Many countries use the cost–effectiveness thresholds recommended by the World Health Organization's Choosing Interventions that are Cost–Effective project (WHO-CHOICE) when evaluating health interventions. This project sets the threshold for cost–effectiveness as the cost of the intervention per disability-adjusted life-year (DALY) averted less than three times the country's annual gross domestic product (GDP) per capita. Highly cost–effective interventions are defined as meeting a threshold per DALY averted of once the annual GDP per capita. We argue that reliance on these thresholds reduces the value of cost–effectiveness analyses and makes such analyses too blunt to be useful for most decision-making in the field of public health. Use of these thresholds has little theoretical justification, skirts the difficult but necessary ranking of the relative values of locally-applicable interventions and omits any consideration of what is truly affordable. The WHO-CHOICE thresholds set such a low bar for cost–effectiveness that very few interventions with evidence of efficacy can be ruled out. The thresholds have little value in assessing the trade-offs that decision-makers must confront. We present alternative approaches for applying cost–effectiveness criteria to choices in the allocation of health-care resources.

Perspectives

Rabies control in India: a need to close the gap between research and policy

Syed Shahid Abbas a & Manish Kakkar b
a. Institute of Development Studies, University of Sussex, Brighton, England.
b. Public Health Foundation of India, ISID Campus, 4 Vasant Kunj Institutional Area, New Delhi, 110070, India.
doi: http://dx.doi.org/10.2471/BLT.14.140723

Clinical Infectious Diseases (CID)
Volume 60 Issue 3 February 1, 2015
http://cid.oxfordjournals.org/content/current
[Reviewed earlier]

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 31 January 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 31 January 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 2—February 2015
http://wwwnc.cdc.gov/eid/
[Reviewed earlier]

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
Immunisation
The impact of the media on the decision of parents in South Wales to accept measles-mumps-rubella (MMR) immunization
S. WALSHa1, D. Rh. THOMASa1, B. W. MASONa1 c1 and M. R. EVANSa1
a1 Public Health Wales Communicable Disease Surveillance Centre, Temple of Peace and Health, Cathays Park, Cardiff, UK
SUMMARY
A large measles outbreak occurred in South Wales in 2012/2013. The outbreak has been attributed to low take-up of measles-mumps-rubella (MMR) immunization in the early 2000s. To understand better the factors that led to this outbreak we present the findings of a case-control study carried out in the outbreak area in 2001 to investigate parents' decision on whether to accept MMR. Parents who decided not to take-up MMR at the time were more likely to be older and better educated, more likely to report being influenced by newspapers [adjusted odds ratio (aOR) 3·07, 95% confidence interval (CI) 1·62–5·80], television (aOR 3·30, 95% CI 1·70–6·43), the internet (aOR 7·23, 3·26–16·06) and vaccine pressure groups (aOR 5·20, 95% CI 2·22–12·16), and less likely to be influenced by a health visitor (aOR 0·30, 95% CI 0·16–0·57). In this area of Wales, daily English-language regional newspapers, UK news programmes and the internet appeared to have a powerful negative influence. We consider the relevance of these findings to the epidemiology of the outbreak and the subsequent public health response.

The European Journal of Public Health
Volume 25, Issue 1, 01 February 2015
http://eurpub.oxfordjournals.org/content/24/6
[Reviewed earlier]

Eurosurveillance
Volume 20, Issue 4, 29 January 2015
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Research articles

Interim estimates of 2014/15 vaccine effectiveness against influenza A(H3N2) from Canada's Sentinel Physician Surveillance Network, January 2015
by DM Skowronski, C Chambers, S Sabaiduc, G De Serres, JA Dickinson, AL Winter, SJ Drews, K Fonseca, H Charest, JB Gubbay, M Petric, M Krajden, TL Kwindt, C Martineau, A Eshaghi, N Bastien, Y Li

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

Global Health Governance
[Accessed 31 January 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?
Advancing sexual and reproductive health and rights in low- and middle-income countries: Implications for the post-2015 global development agenda
Adrienne Germain, Gita Sen, Claudia Garcia-Moreno & Mridula Shankar
pages 137-148
Open access
DOI:10.1080/17441692.2014.986177
Published online: 28 Jan 2015
THEME: INTEGRATED AND COMPREHENSIVE SRH SERVICES: A GLOBAL VIEW
Sexual and reproductive health: Progress and outstanding needs
Rachel C. Snow, Laura Laski & Massy Mutumba
pages 149-173
Open access
DOI:10.1080/17441692.2014.986178
Published online: 02 Jan 2015
Commentary: Actions to end violence against women: A multi-sector approach
Claudia García-Moreno & Marleen Temmerman
pages 186-188
Open access
DOI:10.1080/17441692.2014.986163
Published online: 28 Jan 2015
THEME: ADOLESCENTS' HEALTH AND HUMAN RIGHTS
Sexual and reproductive health and rights in changing health systems
Gita Sen & Veloshnee Govender
pages 228-242

Open access
DOI:10.1080/17441692.2014.986161
Published online: 24 Dec 2014
THEME: SEXUAL HEALTH, HUMAN RIGHTS AND THE LAW
Advancing sexual health through human rights: The role of the law
Eszter Kismödi, Jane Cottingham, Sofia Gruskin & Alice M. Miller
pages 252-267
Open access
DOI:10.1080/17441692.2014.986175
Published online: 24 Dec 2014

Globalization and Health
[Accessed 31 January 2015]
http://www.globalizationandhealth.com/
[No new relevant content]

Health Affairs
January 2015; Volume 34, Issue 1
http://content.healthaffairs.org/content/current
Variety Issue
[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 31 January 2015]

[No new relevant content]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 10, Issue 9, 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 31 January 2015]
http://www.infectagentscancer.com/content
[No new relevant content]

Infectious Diseases of Poverty
[Accessed 31 January 2015]
http://www.idpjournal.com/content
Scoping Review
Ecohealth research in Southeast Asia: past, present and the way forward
Hung Nguyen-Viet, Siobhan Doria, Dinh Xuan Tung, Hein Mallee, Bruce A Wilcox and Delia Grace
Infectious Diseases of Poverty 2015, 4:5 doi:10.1186/2049-9957-4-5
Published: 29 January 2015
Abstract (provisional)
Ecohealth is a comprehensive approach to understanding health at its human, animal and environmental interface in a socio-ecological systems context. This approach was introduced widely in Southeast Asia (SEA) by the Canadian International Development Research Centre (IDRC) in the late 2000s. Aimed at addressing the problem of emerging infectious diseases (EIDs), numerous such projects and activities have been generated throughout the region. Ecohealth is increasingly converging with the One Health approach, as both movements emphasise a holistic understanding to health. We conducted a scoping review by considering all of the Ecohealth programmes, initiatives and projects that have been implemented in SEA since the introduction of the approach, and also gathered information from peer-reviewed literature. The objective of this paper is to review Ecohealth activities within SEA over the last 10 years to address the lessons learned, challenges faced and the way forward for Ecohealth in the region. Activities range from those focusing purely on capacity, projects focusing on research and projects covering both. Achievements to date include, for example, research contributing to the field of infectious diseases in relation to social ecological factors and associated urbanisation and agricultural intensification. Challenges remain at the project design and implementation level, in the available capacity and coordination to develop Ecohealth research teams in the countries, gauging teams' assimilation of Ecohealth's underlying tenets and their translation into sustainable disease prevention and control, as well as in the ability to scale up Ecohealth projects. We suggest that the way forward for Ecohealth should be from a regional perspective in terms of research, training and policy translation using Ecohealth in combination with the One Health approach.

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

Innovative community-based vector control interventions for improved dengue and Chagas disease prevention in Latin America: introduction to the special issue

Johannes Sommerfelda,* and Axel Kroegera,b, Guest Editors

Dengue fever and Chagas disease are important public health problems in Latin America. Dengue is a re-emerging viral disease, mainly transmitted by Aedes aegyptii mosquitoes, leading to an increasing number of outbreaks notably in urban areas of the continent.[1,2] Chagas disease, a parasitic disease transmitted by Triatomine bugs, is a major cause of morbidity and mortality among the continent's rural poor and persisting in different social-ecological settings.[3,4] In spite of their epidemiological difference, both are vector-borne neglected tropical diseases (NTDs) for which primary prevention can currently mainly be achieved through vector control.[5]

In the case of dengue, routine vector control usually consists of source reduction strategies, including larviciding and/or insecticide space-spraying.[6] However, vertically organized and insecticide-based vector control efforts often lack effectiveness and sustainability, and the need for community-based vector control strategies that include environmental management has been highlighted.[7–9] With Chagas disease, routine interventions are usually based on insecticide spraying to eliminate household infestation. With a focus on domestic transmission, the peri-domestic transmission context is often neglected.

Current strategies for integrated vector management call for the adaptation of vector control interventions to local vector ecology, epidemiology and resources.[10] Therefore, further insights relevant to specific ecosystems, into transmission dynamics and the possibility of intersectoral ecosystem management programs for dengue and Chagas disease prevention and control are urgently needed. This will play a crucial function in defining locally relevant and appropriate interventions with the prospects for sustainable control of vector populations.

This special issue reports findings of a research and capacity building program on innovative community-based vector control interventions for improved dengue and Chagas disease prevention in Latin America. The overall objective of the research initiative was to improve dengue and Chagas disease prevention by better understanding, through multi-level/multi-scale and trans-disciplinary analysis, ecosystem-related, biological and social ('eco-bio-social') determinants, and to develop and evaluate community-based public health interventions targeting dengue and Chagas disease vector habitats and delivered through intersectoral actions. The research program was a collaborative effort between the Special Programme for Research and Training in Tropical Diseases (TDR) and the Ecosystems and Human Health Program of the International Development Research Centre (IDRC).

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
Prognosis of neonatal tetanus in the modern management era: an observational study in 107 Vietnamese infants
Phung Khanh Lam, Huynh T. Trieu, Inke Nadia D. Lubis, Huynh T. Loan, Tran Thi Diem Thuy, Bridget Wills, Christopher M. Parry, Nicholas P.J. Day, Phan T. Qui, Lam Minh Yen, C. Louise Thwaites
p7–11
Published online: December 11, 2014
Open Access
Evolution of pneumococcal infections in adult patients during a four-year period after vaccination of a pediatric population with 13-valent pneumococcal conjugate vaccine
Antoni Payeras, Aroa Villoslada, Margarita Garau, Mª. Neus Salvador, Mª. Carmen Gallegos
p22–27
Published online: December 22, 2014
Open Access

JAMA
January 27, 2015, Vol 313, No. 4
http://jama.jamanetwork.com/issue.aspx
Viewpoint / *January 27, 2015*
Sharing and Reporting the Results of Clinical Trials
Kathy L. Hudson, PhD1; Francis S. Collins, MD, PhD1
JAMA. 2015;313(4):355-356. doi:10.1001/jama.2014.10716.
This Viewpoint advocates initiating greater transparency in reporting results of clinical trials as a responsibility that will benefit the health of many.
The principle of data sharing dates to the dawn of scientific discovery—it is how researchers from different disciplines and countries form collaborations, learn from others, identify new scientific opportunities, and work to turn newly discovered information into shared knowledge and practical advances. When research involves human volunteers who agree to participate in clinical trials to test new drugs, devices, or other interventions, this principle of data sharing properly assumes the role of an ethical mandate. These participants are often informed that such research might not benefit them directly, but may affect the lives of others. If the clinical research community fails to share what is learned, allowing data to remain unpublished or unreported, researchers are reneging on the promise to clinical trial participants, are wasting time and resources, and are jeopardizing public trust.
Viewpoint / January 27, 2015
Maximizing Antiretroviral Therapy in Developing CountriesThe Dual Challenge of Efficiency and Quality
Christopher J. L. Murray, MD, DPhil1
JAMA. 2015;313(4):359-360. doi:10.1001/jama.2014.16376.
This Viewpoint discusses the need for improvement in both efficiency and quality of antiretroviral therapy programs in developing countries.

The rapid scale-up of antiretroviral therapy (ART) has been one of the great achievements of global health in the last decade. Declines in deaths from human immunodeficiency virus (HIV)/AIDS in high-income countries following the adoption of highly active ART starting in 1996 are well documented. In low-resource settings, demographic surveillance sites have recorded marked decreases in death rates with the scale-up of ART. In its modeling efforts, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that global mortality declined by 35% from 2005 to 2013, with much of the decline related to ART scale-up.1 The Global Burden of Disease (GBD) collaboration recently estimated that 19 million extra years of life have been gained as a result of ART and prevention of mother-to-child transmission of HIV.2

JAMA Pediatrics
January 2015, Vol 169, No. 1
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

Exposure to genocide and risk of suicide in Rwanda: a population-based case–control study

Wilson Rubanzana, Bethany L Hedt-Gauthier, Joseph Ntaganira, Michael D Freeman
J Epidemiol Community Health 2015;69:117-122 Published Online First: 8 December 2014
doi:10.1136/jech-2014-204307
Abstract
Background
In Rwanda, an estimated one million people were killed during the 1994 genocide, leaving the country shattered and social fabric destroyed. Large-scale traumatic events such as wars and genocides have been linked to endemic post-traumatic stress disorder, depression and suicidality. The study objective was to investigate whether the 1994 genocide exposure is associated with suicide in Rwanda.
Methods
We conducted a population-based case–control study. Suicide victims were matched to three living controls for sex, age and residential location. Exposure was defined as being a genocide survivor, having suffered physical/sexual abuse in the genocide, losing a first-degree relative in the genocide, having been convicted for genocide crimes or having a first-degree relative convicted for genocide. From May 2011 to May 2013, 162 cases and 486 controls were enrolled countrywide. Information was collected from the police, local village administrators and family members.
Results

After adjusting for potential confounders, having been convicted for genocide crimes was a significant predictor for suicide (OR=17.3, 95% CI 3.4 to 88.1). Being a survivor, having been physically or sexually abused during the genocide, and having lost a first-degree family member to genocide were not significantly associated with suicide.
Conclusions
These findings demonstrate that individuals convicted for genocide crimes are experiencing continued psychological disturbances that affect their social reintegration into the community even 20 years after the event. Given the large number of genocide perpetrators reintegrated after criminal courts and Gacaca traditional reconciling trials, suicide could become a serious public health burden if preventive remedial action is not identified.

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)
October-December 2014 Volume 6 | Issue 4 Page Nos. 139-198
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
Issue 6 – December 2014
http://link.springer.com/journal/10903/16/6/page/1
Special Focus: Mental Health and Wellness
[Reviewed earlier]

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

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 3 February 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
January 2015, Volume 41, Issue 1
http://jme.bmj.com/content/current
JME40: Good medical ethics
[Reviewed earlier]

Journal of Medical Internet Research
Vol 17, No 1 (2015): January
http://www.jmir.org/2015/1
[Reviewed earlier]

Journal of Medical Microbiology
February 2015; 64 (Pt 2)
http://jmm.sgmjournals.org/content/current
[No relevant content]

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 3 Issue 4 December 2014
http://jpids.oxfordjournals.org/content/current
[Reviewed earlier]

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
[New issue; No relevant content]

The Lancet
Jan 31, 2015 Volume 385 Number 9966 p393-480
http://www.thelancet.com/journals/lancet/issue/current
Editorial
Women's, children's, and adolescents' health: who will lead?
The Lancet
DOI: http://dx.doi.org/10.1016/S0140-6736(15)60135-0
Summary
Last week, Somalia became the 195th country to ratify the Convention on the Rights of the Child (CRC), making the USA the only UN member state yet to ratify the treaty. The CRC, adopted by the UN General Assembly in 1989, is a landmark international agreement delivering a comprehensive set of rights for the world's youngest citizens; Somalia should be applauded for its move. The news comes in a year that is critical for children, and for women. In less than a month in Delhi, India (Feb 26–27), a consultation will take place on transitioning the Global Strategy for Women's and Children's Health (2010–15) into a post-2015 environment.
Articles
Global, regional, and national causes of child mortality in 2000–13, with projections to inform post-2015 priorities: an updated systematic analysis
Li Liu, PhD, Shefali Oza, MSc, Daniel Hogan, PhD, Jamie Perin, PhD, Prof Igor Rudan, MD, Prof Joy E Lawn, MD, Prof Simon Cousens, MA, Colin Mathers, PhD, Prof Robert E Black, MD
Published Online: 30 September 2014
DOI: http://dx.doi.org/10.1016/S0140-6736(14)61698-6
Summary
Background
Trend data for causes of child death are crucial to inform priorities for improving child survival by and beyond 2015. We report child mortality by cause estimates in 2000–13, and cause-specific mortality scenarios to 2030 and 2035.
Methods
We estimated the distributions of causes of child mortality separately for neonates and children aged 1–59 months. To generate cause-specific mortality fractions, we included new vital

registration and verbal autopsy data. We used vital registration data in countries with adequate registration systems. We applied vital registration-based multicause models for countries with low under-5 mortality but inadequate vital registration, and updated verbal autopsy-based multicause models for high mortality countries. We used updated numbers of child deaths to derive numbers of deaths by causes. We applied two scenarios to derive cause-specific mortality in 2030 and 2035.

Findings

Of the 6·3 million children who died before age 5 years in 2013, 51·8% (3·257 million) died of infectious causes and 44% (2·761 million) died in the neonatal period. The three leading causes are preterm birth complications (0·965 million [15·4%, uncertainty range (UR) 9·8–24·5]; UR 0·615–1·537 million), pneumonia (0·935 million [14·9%, 13·0–16·8]; 0·817–1·057 million), and intrapartum-related complications (0·662 million [10·5%, 6·7–16·8]; 0·421–1·054 million). Reductions in pneumonia, diarrhoea, and measles collectively were responsible for half of the 3·6 million fewer deaths recorded in 2013 versus 2000. Causes with the slowest progress were congenital, preterm, neonatal sepsis, injury, and other causes. If present trends continue, 4·4 million children younger than 5 years will still die in 2030. Furthermore, sub-Saharan Africa will have 33% of the births and 60% of the deaths in 2030, compared with 25% and 50% in 2013, respectively.

Interpretation

Our projection results provide concrete examples of how the distribution of child causes of deaths could look in 15–20 years to inform priority setting in the post-2015 era. More evidence is needed about shifts in timing, causes, and places of under-5 deaths to inform child survival agendas by and beyond 2015, to end preventable child deaths in a generation, and to count and account for every newborn and every child.

Funding

Bill & Melinda Gates Foundation.

Review

Countdown to 2015 and beyond: fulfilling the health agenda for women and children

Jennifer Harris Requejo, PhD, Prof Jennifer Bryce, EdD, Aluisio JD Barros, PhD, Prof Peter Berman, PhD, Prof Zulfiqar Bhutta, PhD, Mickey Chopra, MD, Bernadette Daelmans, MD, Andres de Francisco, PhD, Prof Joy Lawn, PhD, Blerta Maliqi, PhD, Elizabeth Mason, MD, Holly Newby, MS, Carole Presern, PhD, Ann Starrs, MPA, Prof Cesar G Victora, PhD

Published Online: 29 June 2014

DOI: http://dx.doi.org/10.1016/S0140-6736(14)60925-9

Summary

The end of 2015 will signal the end of the Millennium Development Goal era, when the world can take stock of what has been achieved. The Countdown to 2015 for Maternal, Newborn, and Child Survival (Countdown) has focused its 2014 report on how much has been achieved in intervention coverage in these groups, and on how best to sustain, focus, and intensify efforts to progress for this and future generations. Our 2014 results show unfinished business in achievement of high, sustained, and equitable coverage of essential interventions. Progress has accelerated in the past decade in most Countdown countries, suggesting that further gains are possible with intensified actions. Some of the greatest coverage gaps are in family planning, interventions addressing newborn mortality, and case management of childhood diseases. Although inequities are pervasive, country successes in reaching of the poorest populations provide lessons for other countries to follow. As we transition to the next set of global goals, we must remember the centrality of data to accountability, and the importance of support of

country capacity to collect and use high-quality data on intervention coverage and inequities for decision making. To fulfill the health agenda for women and children both now and beyond 2015 requires continued monitoring of country and global progress; Countdown is committed to playing its part in this effort.

The Lancet Global Health
Jan 2015 Volume 3 Number 1 e1-e61
http://www.thelancet.com/journals/langlo/issue/current
[Reviewed earlier]

The Lancet Infectious Diseases
Jan 2015 Volume 15 Number 1 p1-130
http://www.thelancet.com/journals/laninf/issue/current
[Reviewed earlier]

Maternal and Child Health Journal
Volume 19, Issue 1, January 2015
http://link.springer.com/journal/10995/19/1/page/1
[Reviewed earlier]

Medical Decision Making (MDM)
January 2015; 35 (1)
http://mdm.sagepub.com/content/current
[Reviewed earlier]

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 517 Number 7536 pp527-650 29 January 2015
http://www.nature.com/nature/current_issue.html
[New issue; No relevant content]

Nature Medicine
January 2015, Volume 21 No 1 pp1-98
http://www.nature.com/nm/journal/v21/n1/index.html
[New issue; No relevant content]

Nature Reviews Immunology
January 2015 Vol 15 No 1
http://www.nature.com/nri/journal/v15/n1/index.html
[New issue; No relevant content]

New England Journal of Medicine
January 29, 2015 Vol. 372 No. 5
http://www.nejm.org/toc/nejm/medical-journal
[New issue; No relevant content]

Pediatrics
January 2015, VOLUME 135 / ISSUE 1
http://pediatrics.aappublications.org/current.shtml
[Reviewed earlier]

Pharmaceutics
Volume 6, Issue 4 (December 2014), Pages 543-
http://www.mdpi.com/1999-4923/6/4
[Reviewed earlier]

Pharmacoeconomics
Volume 33, Issue 1, January 2015
http://link.springer.com/journal/40273/33/1/page/1
[Reviewed earlier]

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
(Accessed 31 January 2015)
A Model of the 2014 Ebola Epidemic in West Africa with Contact Tracing
January 30, 2015 · Research
A differential equations model is developed for the 2014 Ebola epidemics in Sierra Leone and Liberia. The model describes the dynamic interactions of the susceptible and infected populations of these countries. The model incorporates the principle features of contact tracing, namely, the number of contacts per identified infectious case, the likelihood that a traced contact is infectious, and the efficiency of the contact tracing process. The model is first fitted to current cumulative reported case data in each country. The data fitted simulations are then projected forward in time, with varying parameter regimes corresponding to contact tracing efficiencies. These projections quantify the importance of the identification, isolation, and contact tracing processes for containment of the epidemics.
Projected Treatment Capacity Needs in Sierra Leone
January 30, 2015 · Research
Abstract
Background:

The ongoing outbreak of Ebola Virus Disease in West Africa requires immediate and sustained input from the international community in order to curb transmission. The CDC has produced a model that indicates that to end the outbreak by pushing the reproductive number below one, 25% of the patients must be placed in an Ebola Treatment Unit (ETC) and 45% must be isolated in community settings in which risk of disease transmission is reduced and safe burials are provided. In order to provide firmer targets for the international response in Sierra Leone, we estimated the national and international personnel and treatment capacity that may be required to reach these percentages.
Methods:
We developed a compartmental SEIR model that was fitted to WHO data and local data allowing the reproductive number to change every 8 weeks to forecast the progression of the EVD epidemic in Sierra Leone. We used the previously estimated 2.5x correction factor estimated by the CDC to correct for underreporting. Number of personnel required to provide treatment for the predicted number of cases was estimated using UNMEER and UN OCHA requests for resources required to meet the CDC target of 70% isolation.
Results:
As of today (2014-12-04), we estimate that there are 810 (95% CI=646 to 973) EVD active cases in treatment, with an additional 3751 (95% CI=2778 to 4723) EVD cases unreported and untreated. To reach the CDC targets today, we need 1140 (95% CI=894 to 1387) cases in ETCs and 2052 (95% CI=1608 to 2496) at home or in a community setting with a reduced risk for disease transmission. In 28 days (2015-01-01), we will need 1309 (95% CI=804 to 1814) EVD cases in ETCs and 2356 (95% CI=1447 to 3266) EVD cases at reduced risk of transmission. If the current transmission rate is not reduced, up to 3183 personnel in total will be required in 56 days (2015-01-29) to operate ETCs according to our model.
Conclusions:
The current outbreak will require massive input from the international community in order to curb the transmission through traditional containment mechanisms by breaking the chains of transmission in Sierra Leone. If sufficient treatment facilities, healthcare workers and support personnel are not rapidly deployed, the increasing number of cases will be overwhelming. In addition to supporting isolation and treatment mechanisms, other viable control options, such as the development of an effective vaccine, should be supported.

Global Climate Anomalies and Potential Infectious Disease Risks: 2014-2015

January 26, 2015 · Research

Abstract
Background:
The El Niño/Southern Oscillation (ENSO) is a global climate phenomenon that impacts human infectious disease risk worldwide through droughts, floods, and other climate extremes. Throughout summer and fall 2014 and winter 2015, El Niño Watch, issued by the US National Oceanic and Atmospheric Administration, assessed likely El Niño development during the Northern Hemisphere fall and winter, persisting into spring 2015.
Methods:
We identified geographic regions where environmental conditions may increase infectious disease transmission if the predicted El Niño occurs using El Niño indicators (Sea Surface Temperature [SST], Outgoing Longwave Radiation [OLR], and rainfall anomalies) and literature review of El Niño-infectious disease associations.
Results:
SSTs in the equatorial Pacific and western Indian Oceans were anomalously elevated during August-October 2014, consistent with a developing weak El Niño event. Teleconnections with

local climate is evident in global precipitation patterns, with positive OLR anomalies (drier than average conditions) across Indonesia and coastal southeast Asia, and negative anomalies across northern China, the western Indian Ocean, central Asia, north-central and northeast Africa, Mexico/Central America, the southwestern United States, and the northeastern and southwestern tropical Pacific. Persistence of these conditions could produce environmental settings conducive to increased transmission of cholera, dengue, malaria, Rift Valley fever, and other infectious diseases in regional hotspots as during previous El Niño events.
Discussion and Conclusions:
The current development of weak El Niño conditions may have significant potential implications for global public health in winter 2014-spring 2015. Enhanced surveillance and other preparedness measures in predicted infectious disease hotspots could mitigate health impacts.

PLoS Medicine
(Accessed 31 January 2015)
http://www.plosmedicine.org/
Supporting Those Who Go to Fight Ebola
Michelle M. Mello, Maria W. Merritt, Scott D. Halpern
Editorial | published 26 Jan 2015 | PLOS Medicine 10.1371/journal.pmed.1001781
…Conclusion
Given the opportunities for HCPs to care for patients in desperate need and help avert global harm, the consistency of such service with HCPs' professional ethics and AMCs' missions, and institutions' ability to manage risks attributable to HCPs' temporary absence and return to work, health care institutions should routinely support willing and qualified HCPs' service in West Africa. At a minimum, institutions should not impede employees from fulfilling their perceived professional duties to help the sick and, thereby, to do their part in responding to a global public health emergency. This means refraining from adverse action against those who choose to travel, arranging for others to provide the services the travelers normally render, and not imposing restrictions that exceed CDC recommendations for returning travelers.
Ideally, institutions would go further and actively promote HCPs' service by enabling them to go as employees and preserving the full net of support and protection this status confers in the US, including travel insurance, worker's compensation coverage, and pay. Such institutions would also assume liability for harms to third parties, although these situations would likely be rare.
Finally, institutions could fulfill their ethical responsibilities to contribute to the fight against Ebola in different ways. Some hospitals might step forward as primary centers of care for Ebola patients domestically while others focus on facilitating HCPs services' abroad. However institutions choose to address these responsibilities, it is heartening that there are HCPs who wish to provide care in West Africa. This heroism is remarkable and reflects a deep humanitarian instinct. It calls for validation, not discouragement, by health care institutions.

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 31 January 2015)
The Onchocerciasis Vaccine for Africa—TOVA—Initiative
Peter J. Hotez, Maria Elena Bottazzi, Bin Zhan, Benjamin L. Makepeace, Thomas R. Klei, David Abraham, David W. Taylor, Sara Lustigman

Editorial | published 29 Jan 2015 | PLOS Neglected Tropical Diseases
10.1371/journal.pntd.0003422

New supportive health intervention technologies, including a vaccine, may be required in order to achieve onchocerciasis (river blindness) elimination targets. A new transatlantic partnership has been established to develop and test an onchocerciasis vaccine for Africa…

…OVA Initiative is now establishing a roadmap for developing a vaccine to meet one of the two described TPPs, with plans to take at least one candidate forward to phase two trials (proof-of-concept trial for efficacy) by 2020. Among the key activities envisioned for TOVA Initiative is a program of confirmatory preclinical testing, optimization, and down-selection in the O. ochengi–cow model under conditions of natural exposure, together with scale-up process development, pilot manufacture, toxicology testing, regulatory filing, and phase one clinical testing. Indeed, TOVA Initiative is poised to lead on the development of this important new tool to aid in the elimination of onchocerciasis.

An onchocerciasis vaccine for Africa would build on past investments in OCP and APOC and support future investments planned under PENDA to help achieve elimination of onchocerciasis [19]. TOVA has begun to explore innovative financing mechanisms from major foundations, governments in North America, Europe, and elsewhere, as well as some of the major development banks committed to poverty reduction in sub-Saharan Africa. We strongly encourage the global public health community to embrace the prospect of an onchocerciasis vaccine and to incorporate plans for a vaccine's development into future public policy and strategic plan considerations.

PLoS One
[Accessed 31 January 2015]
http://www.plosone.org/
[No new relevant content]

PLoS Pathogens
http://journals.plos.org/plospathogens/
(Accessed 31 January 2015)
[No new relevant content]

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(Accessed 31 January 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]

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)
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[Reviewed earlier]

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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
December 2014 Volume 34, Issue 12 Pages 2063–2188
http://onlinelibrary.wiley.com/doi/10.1111/risa.2014.34.issue-12/issuetoc
[Reviewed earlier]

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30 January 2015 vol 347, issue 6221, pages 453-580
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[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

January 2015 Volume 20, Issue 1 Pages 1–119
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2014.20.issue-1/issuetoc
[Reviewed earlier]

Vaccine
Volume 33, Issue 8, Pages 943-1098 (18 February 2015)
http://www.sciencedirect.com/science/journal/0264410X/33/8
Commentary
Open vial policy in India—A commentary
Pages 943-945
S.K. Panigrahi, S. Mahapatro
Reviews
An assessment of enterotoxigenic Escherichia coli and Shigella vaccine candidates for infants and children
Review Article
Pages 954-965
Richard I. Walker
Abstract
Highlights
:: ETEC and Shigella are the most important bacterial pathogens for which there is no licensed vaccine.
:: Cellular and subunit vaccine approaches are currently under development for both pathogens.
:: There are several possible strategies for maximizing the potential benefit of these vaccines.
:: Impact studies show that ETEC and Shigella vaccines could strongly benefit global public health.
Regulatory considerations in the clinical development of vaccines indicated for use during pregnancy
Review Article
Pages 966-972
Jeffrey N. Roberts, Marion F. Gruber
Abstract
Despite supportive public health policies (e.g., ACIP recommendations), the potential for providing clinical benefit through maternal immunization has yet to be fully realized. For vaccines already licensed and approved for use in adults, specific FDA approval for use during pregnancy to prevent disease in the mother and/or infant may have a significant impact on uptake and usage in pregnant women. In addition, for either a licensed vaccine or a novel vaccine, FDA approval for use during pregnancy would result in labeling that would serve as a resource for practitioners and would facilitate the safe and effective use of the vaccine during pregnancy.

In the U.S., while many vaccines are approved for use in adults and most are not contraindicated for use in pregnant women, no vaccine is licensed for use specifically during pregnancy. Among the perceived obstacles hindering the clinical development of vaccines for use in pregnancy, regulatory issues are frequently cited. One aim of this article is to address the perceived regulatory obstacles. General concepts and regulatory considerations for clinical safety and effectiveness evaluations for vaccines indicated for use during pregnancy will be discussed. This discussion is not intended to establish data requirements or to articulate agency policy or guidance regarding specific vaccine products.

Human papillomavirus vaccination: Assessing knowledge, attitudes, and intentions of college female students in Lebanon, a developing country

Original Research Article
Pages 1001-1007
Mohammed Dany, Alissar Chidiac, Anwar H. Nassar

Abstract
Human papillomavirus (HPV) infection is a common cause for genital warts and cervical cancer. Developing countries in the Middle East such as Lebanon are traditionally considered to be conservative societies with low incidence of sexually transmitted infections. However, nowadays, there is an unexpected increase in the incidence of HPV infections among Middle Eastern females. Thus, the objective of this study is to assess the behavioral perceptions of HPV vaccination among female students attending an academic institution in Lebanon. This cross-sectional study invited 512 students to complete a self-administered questionnaire that assessed the knowledge, attitudes, and intentions towards HPV vaccination. Data analysis included the calculation of knowledge scores ranging from 0 to 100, attitude scores ranging from most positive (1) to most negative (5), and intention scores ranging from lowest intention (0) to highest intention (10). With a response rate of n = 215 (42%), 36.5% never heard of the vaccine before, and only 16.5% were already HPV vaccinated. The median knowledge score of 52.7% ± 1.71 reflects poor to moderate knowledge. Still, the median attitude score of 2.47 ± 0.05 shows a general positive attitude towards HPV vaccination where most of the participants agreed that female college students in Lebanon have a good chance of contracting HPV (62.1%) and that all gynecologists should recommend the vaccine (76.0%). Students in graduate programs, health related majors, and those who are vaccinated had significantly higher knowledge scores compared with students in undergraduate programs, non-health related majors, and HPV non-vaccinated students, respectively. Finally, the survey helped in increasing the intention to obtain HPV vaccine as the intention score increased significantly from 5.24 ± 0.27 before the students went through the survey to 6.98 ± 0.22 after the students completed the survey. Our study highlights the importance of offering guidance to female college students about HPV and its vaccination in developing countries where the incidence of sexually transmitted infections is on the rise.

Intussusception risk after RotaTeq vaccination: Evaluation from worldwide spontaneous reporting data using a self-controlled case series approach

Original Research Article
Pages 1017-1020
Sylvie Escolano, Catherine Hill, Pascale Tubert-Bitter

Abstract
The increased risk of intussusception after vaccination with the rhesus-human reassortant rotavirus vaccine Rotashield led to its withdrawal in 2005. We assess the risk of intussusception following the pentavalent rotavirus vaccine (RV5) on the basis of worldwide reports to the manufacturer up to May 2014, using a self-controlled case series. The method had to be modified to account for the under-reporting, a specific feature of pharmacovigilance spontaneous reports. The risk of intussusception occurring in either of the 0- to 2-day, 3- to 7-day or 8- to 14-day risk periods, was compared to the risk in the 15- to 30-day period. A total of 502 cases occurring 0–30 days after a vaccine dose were studied, including 188 cases after the first dose, 190 cases after the second dose, and 124 cases after the third dose. The incidence risk ratio relative to the control period was highest for the 3- to 7-day period and equal to 3.45 (95% CI 1.84–6.55), 1.63 (0.86–3.13) and 1.73 (0.86–3.51) after the first, second and third dose, respectively. Rotavirus vaccination with RV5 increases the risk of

intussusception 3–7 days following vaccination, mainly after the first dose and marginally after the second and third doses. The risk is small and restricted to a short time window. It does not outweigh the benefit of the vaccination, but parents of vaccinated infants should be informed in order to react appropriately to the first symptoms. With appropriate assumptions about the reporting rate, spontaneous reports of adverse events after vaccination can be studied to evaluate vaccine safety.

Vaccine-criticism on the internet: New insights based on French-speaking websites

Original Research Article

Pages 1063-1070

Jeremy K. Ward, Patrick Peretti-Watel, Heidi J Larson, Jocelyn Raude, Pierre Verger

Abstract

The internet is playing an increasingly important part in fueling vaccine related controversies and in generating vaccine hesitant behaviors. English language Antivaccination websites have been thoroughly analyzed, however, little is known of the arguments presented in other languages on the internet. This study presents three types of results: (1) Authors apply a time tested content analysis methodology to describe the information diffused by French language vaccine critical websites in comparison with English speaking websites. The contents of French language vaccine critical websites are very similar to those of English language websites except for the relative absence of moral and religious arguments. (2) Authors evaluate the likelihood that internet users will find those websites through vaccine-related queries on a variety of French-language versions of google. Queries on controversial vaccines generated many more vaccine critical websites than queries on vaccination in general. (3) Authors propose a typology of vaccine critical websites. Authors distinguish between (a) websites that criticize all vaccines ("antivaccine" websites) and websites that criticize only some vaccines ("vaccine-selective" websites), and between (b) websites that focus on vaccines ("vaccine-focused" websites) and those for which vaccines were only a secondary topic of interest ("generalist" websites). The differences in stances by groups and websites affect the likelihood that they will be believed and by whom. This study therefore helps understand the different information landscapes that may contribute to the variety of forms of vaccine hesitancy. Public authorities should have better awareness and understanding of these stances to bring appropriate answers to the different controversies about vaccination.

Vaccine

Volume 33, Issue 7, Pages 833-942 (11 February 2015)

http://www.sciencedirect.com/science/journal/0264410X/33/7

Visualizing knowledge and attitude factors related to influenza vaccination of physicians

Original Research Article

Pages 885-891

Ane Antón-Ladislao, Susana García-Gutiérrez, Núria Soldevila, Fernando González-Candelas, Pere Godoy, Jesús Castilla, José María Mayoral, Jenaro Astray, Vicente Martín, Sonia Tamames, Diana Toledo, Urko Aguirre, Angela Domínguez, the CIBERESP Working Group for the Survey on Influenza Vaccination in Primary Health Care Workers

Abstract

Purpose

To characterize groups of primary healthcare physicians according to sociodemographic data, years of professional experience and knowledge of and attitudes to influenza, and to evaluate differences between groups with respect to influenza vaccination in the 2011–2012 season.

Methods
We carried out an anonymous web survey of Spanish primary healthcare physicians in 2012. Information on vaccination, and knowledge of and attitudes to influenza was collected. Multiple correspondence analysis and cluster analysis were used to define groups of physicians.
Results
We included 835 physicians and identified three types. Type B were physicians with low professional experience of influenza. Types A and C were physicians with high professional experience with influenza, type A also had a high awareness of influenza and seasonal vaccination. Types A and C were older and more often male than type B ($p < 0.0001$). Knowledge of influenza was greatest in type A and lowest in type B. Awareness of influenza was greatest in type A and lowest in type C. In type A, 71.0% of physicians were vaccinated in the 2011–2012 season, compared with 48.1% and 33.6% from types B and C, respectively ($p < 0.001$).
Conclusions
Additional efforts should be made to increase interest and concerns about preventing the transmission of influenza in physicians who do not believe influenza is a severe disease and are not concerned about its transmission.

Evaluation of invalid vaccine doses in 31 countries of the WHO African Region

Original Research Article
Pages 892-901
Manas K. Akmatov, Elizabeth Kimani-Murage, Frank Pessler, Carlos A. Guzman, Gérard Krause, Lothar Kreienbrock, Rafael T. Mikolajczyk
Abstract
We examined (a) the fraction of and extent to which vaccinations were administered earlier than recommended (age-invalid) or with too short intervals between vaccine doses (interval-invalid) in countries of the World Health Organisation (WHO) African Region and (b) individual- and community-level factors associated with invalid vaccinations using multilevel techniques. Data from the Demographic and Health Surveys conducted in the last 10 years in 31 countries were used. Information about childhood vaccinations was based on vaccination records ($n = 134,442$). Invalid vaccinations (diphtheria, tetanus, pertussis [DTP1, DTP3] and measles-containing vaccine (MCV)) were defined using the WHO criteria. The median percentages of invalid DTP1, DTP3 and MCV vaccinations across all countries were 12.1% (interquartile range, 9.4–15.2%), 5.7% (5.0–7.6%), and 15.5% (10.0–18.1%), respectively. Of the invalid DTP1 vaccinations, 7.4% and 5.5% were administered at child's age of less than one and two weeks, respectively. In 12 countries, the proportion of invalid DTP3 vaccinations administered with an interval of less than two weeks before the preceding dose varied between 30% and 50%. In 13 countries, the proportion of MCV doses administered at child's age of less than six months varied between 20% and 45%. Community-level variables explained part of the variation in invalid vaccinations. Invalid vaccinations are common in African countries. Timing of childhood vaccinations should be improved to ensure an optimal protection against vaccine-preventable infections and to avoid unnecessary wastage in these economically deprived countries.

Reducing the loss of vaccines from accidental freezing in the cold chain: The experience of continuous temperature monitoring in Tunisia

Original Research Article
Pages 902-907
John Lloyd, Patrick Lydon, Ramzi Ouhichi, Michel Zaffran
Abstract

Optimizing energy for a 'green' vaccine supply chain

Original Research Article
Pages 908-913
John Lloyd, Steve McCarney, Ramzi Ouhichi, Patrick Lydon, Michel Zaffran
Abstract
Highlights
:: High energy efficiency in storing and delivering vaccines reduced the recurrent costs of distribution.
:: Adopting a system of planned vaccine deliveries by dedicated electric vehicle was more reliable and timely.
:: Solar modules on the roofs of stores linked to the electrical grid, generate enough 'green' energy for storage and transport.
:: 'Green' distribution systems for vaccines and medicines meet an increasing need for cooling in public health programmes.

Vaccine: Development and Therapy
(Accessed 31 January 2015)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Vaccines — Open Access Journal
(Accessed 31 January 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

Special Focus Newsletters

TBVI (Tuberculosis Vaccine Initiative) Newsletter – January 2015
- New TBVI senior leadership
- 24.6 million euros for TB vaccine R&D

Dengue Vaccine Initiative Newsletter – First Edition 2015
- 2014 Dengue Vaccine Candidates in Review

Lancet Oncology
Volume 16, No. 2, p133–134, February 2015
http://www.thelancet.com/journals/lanonc/issue/current
Comment
Towards a global cancer fund
Franco Cavalli, Rifat Atun
DOI: http://dx.doi.org/10.1016/S1470-2045(15)70012-4
Summary

The annual death toll from cancer has risen by almost 40% since 1990,1 and this increase is set to continue. Deaths from cancer are projected to increase from the present level of around 8 million a year to more than 13 million by 2030, with most of the burden being in poorer countries.2 Once a problem almost exclusive to rich countries, cancer is rapidly becoming a leading cause of death and disability in poor countries, where cancer survival is much lower than in the affluent parts of the world—eg, breast cancer survival in the Gambia is below 15%.

… In 2014, leading international experts met at the WOF to promote sustainable new models of public–private partnership to find new cancer therapies that could make a real difference in patients worldwide. … Such a fund should draw on the experience of the three innovative financing mechanisms that have reached a global scale, namely the Global Fund to Fight AIDS, Tuberculosis, and Malaria, GAVI, and UNITAID. These organisations have introduced novel approaches in each step of the innovative finance value chain—ie, resource mobilisation, pooling, channelling, resource allocation, and implementation—and integrated these steps to successfully mobilise more than $30 billion in 10 years from diverse sources, which they have channeled rapidly to low-income and middle-income countries to address HIV/AIDS, malaria, tuberculosis, and vaccine-preventable diseases in children…

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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://www.aljazeera.com/
Accessed 31 January 2015
[No new, unique, relevant content]

The Atlantic

http://www.theatlantic.com/magazine/
Accessed 31 January 2015
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 31 January 2015
Ebola outbreak: Virus mutating, scientists warn
BBC News | 29 January 2015
Scientists tracking the Ebola outbreak in Guinea say the virus has mutated. Researchers at the Institut Pasteur in France, which first identified the outbreak last March, are investigating whether it could have become more contagious. More than 22,000 people have been infected with Ebola and 8,795 have died in Guinea, Sierra Leone and Liberia.
Ebola crisis: World 'dangerously unprepared' for future pandemics
BBC | 28 January 2015
The world is "dangerously unprepared" for future deadly pandemics like the Ebola outbreak in West Africa, the president of the World Bank has warned. Jim Yong Kim, speaking in Washington, said it was vital that governments, corporations, aid agencies and insurance companies worked together to prepare for future outbreaks. He said they needed to learn lessons from the Ebola crisis.

Brookings
http://www.brookings.edu/
Accessed 31 January 2015
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 31 January 2015
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 31 January 2015
Measles returns: Of vaccines and vacuous starlets
The Economist | 29 January 2015

Forbes
http://www.forbes.com/
Accessed 31 January 2015

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 31 January 2015
[No new, unique, relevant content]

Fortune
http://fortune.com/

Accessed 31 January 2015

The Guardian
http://www.guardiannews.com/
Accessed 31 January 2015
Bill Gates predicts HIV vaccine by 2030
The Guardian | 24 January 2015
Bill Gates believes that a vaccine and new intensive drugs to combat HIV should be available by 2030 and end most new cases of the virus that has killed millions in the past three decades...Gates was also optimistic about the battle against malaria, where work on a vaccine is more advanced than for HIV. GSK filed the world's first malaria vaccine for approval in July 2014. "We won't see the end of Aids," Gates told the Davos forum on Friday. "But both for malaria and Aids we're seeing the tools that will let us do 95-100% reduction. Those tools will be invented during this 15-year period."

The Huffington Post
http://www.huffingtonpost.com/
Accessed 31 January 2015
2015: Full Speed Ahead
The Huffington Post | 26 January 2015
by Orin Levine
We are already midway through the first month of the 2015—and more importantly, midway through the Decade of Vaccines. With much to accomplish, I compiled a quick list of the 10 advances in global health and vaccinations I would like to see in 2015: A fully-funded Gavi, the Vaccine Alliance, with Alliance partners energized by that success and driving to achieve its ambitious goal of preventing 5 to 6 million deaths and increasing access to vaccines for everyone. Strong routine immunization is a platform for child health programs and makes a big contribution to ending preventable child death.

Le Monde
Accessed 31 January 2015
http://www.lemonde.fr/
[No new, unique, relevant content]

Mail & Guardian
http://mg.co.za/
Accessed 31 January 2015
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 31 January 2015
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 31 January 2015

Reuters
http://www.reuters.com/
Accessed 31 January 2015
Liberia Ebola vaccine trial "challenging" as cases tumble
Reuters | 25 January 2015
A steep fall in Ebola cases in Liberia will make it hard to prove whether experimental vaccines work in a major clinical trial about to start in the country, the head of the U.S. National Institutes of Health (NIH) said on Saturday. The NIH might have to move some testing to neighbouring Sierra Leone, while regulators could end up approving Ebola shots based on efficacy data from animal tests backed by only limited human evidence, Francis Collins told Reuters..."It's going to be a hard trial," Collins said on the sidelines of the World Economic Forum in Davos. "It's possible we may have to move some of the effort to Sierra Leone, which is unfortunately in not quite such a good position as Liberia"... Nonetheless, vaccines could still be submitted to regulators using efficacy data from non-human primate experiments, plus proof of safety and immune system response in humans.

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 31 January 2015
A New Index Measures Impact Pharma Has on Infectious Diseases
Wall Street Journal | 23 January 2015
The pharmaceutical industry regularly boasts that its efforts to develop treatments for infectious diseases in poor nations are making a difference. But for those wondering how to gauge those efforts, a new metric has been created. The Global Health Impact Index measures three factors: the need for several important drugs for three specific infectious diseases: tuberculosis, HIV/AIDS and malaria; the effectiveness of the available treatments; and the number of people who can access those drugs. The rankings estimate the amount of death and disability the drugs are alleviating...there is currently no way to determine the extent to which drug makers and their products are having a desired effect, according to Nicole Hassoun, an associate philosophy professor at Binghamton University, who developed the index.
Fear Measles, Not Vaccines
Wall Street Journal | 26 January 2015
A measles outbreak traced to the Disneyland theme park in California has infected nearly 70 people since December. Even before this alarming episode, 2014 saw the worst U.S. measles outbreak in two decades. What else happened last year? More than 13,000 parents nationwide claimed on forms that vaccinating their children from preventable diseases like measles violated their "personal beliefs." Most of these parents are motivated by irrational fears. It is human to be nervous about injecting foreign substances into a child's body, but should parents be more afraid of the vaccine or the virus? With measles, there is no question: The virus is the danger.

Washington Post
http://www.washingtonpost.com/
Accessed 31 January 2015

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Ebola/EVD: Additional Coverage [to 31 January 2015]

UNMEER [UN Mission for Ebola Emergency Response] @UNMEER #EbolaResponse

Editor's Note: UNMEER's website is aggregating and presenting content from various sources including its own External Situation Reports, press releases, statements and other formats.

We present a composite below from the week ending 31 January 2015. We also note that 1) a regular information category in these reports – human rights – has apparently eliminated as it no longer appears in any of the continuing updates, and 2) the content level of these reports continues, in our view, to trend less informative and less coherent. We will review continuing coverage of this material over the next few weeks.

UNMEER External Situation Reports

UNMEER External Situation Reports are issued daily (excepting Saturday) with content organized under these headings:

- *Highlights*
- *Key Political and Economic Developments*
- *Human Rights*
- *Response Efforts and Health*
- *Logistics*
- *Outreach and Education*
- *Resource Mobilisation*
- *Essential Services*
- *Upcoming Events*

The "*Week in Review"* will present highly-selected elements of interest from these reports. The full daily report is available as a pdf using the link provided by the report date.

:: **30 Jan 2015** UNMEER External Situation Report

Key Political and Economic Developments

1. Addressing the Stakeholder Meeting on Ebola, convened by the Chairperson of the AU Commission in Addis Ababa on 29 January, SRSG Ould Cheikh Ahmed called on all leaders to maintain commitment until the goal of zero cases is reached. The SRSG underscored that situation is still perilous as Ebola is still present in more than 25 of the 66 districts, counties and prefectures in the region.

Response Efforts and Health

3. On 29 January in Sierra Leone, UNMEER joined the government and UNDP to launch a month-long exercise to revise the hazard payment policy for Ebola Response Workers (ERWs). The reclassification exercise will now ensure that response work is based on real risks, save cost and at the same time ensure that hazard pay is sustainable. A local ICT firm is assisting in computerizing a database workers, which may among others provide details that reflects the trends in the Ebola fight. The hazard incentive programme is funded by the World Bank, the African Development Bank and DFID, with technical guidance, implementation and coordination support provided by UNDP and UNMEER.

Logistics

8. WFP is coordinating with WHO, UNICEF and other key partners to harmonise the supply chain of essential items for the three affected countries, in line with the shift in focus of the Ebola response to a district-by-district approach and early recovery activities. WFP has augmented its storage capacity at the Main Logistics Hub at Roberts International Airport,

Monrovia, from four to six Mobile Storage Units (MSUs), in response to an increasingly high volume of supplies coming into Liberia via air transport.

Resource Mobilisation

11. The OCHA Ebola Virus Outbreak Overview of Needs and Requirements, now totaling USD 2.27 billion, has been funded for USD 1.22 billion, which is around 54% of the total ask.

12. The Ebola Response Multi-Partner Trust Fund currently has USD 135.8 million in commitments. In total USD 140 million has been pledged.

Essential Services

15. Preparation of school infection prevention and control (IPC) kits to facilitate the safe reopening of more than 4,000 schools in Liberia began in UNICEF's Monrovia warehouse. Each kit is designed to support essential hygiene and sanitation measures and health screening for 150 students. Additionally, UNMEER attended a 2-day WHO supported Training of Trainers (ToT) workshop organized by the County Health Team (CHT) of Rivercess for 16 Ministry of Education (MoEd) personnel including County Education Officer, District Education Officers, Education Consultants and professionals to enhance awareness on EVD in preparation for the opening of schools next week. The trained group will later train 538 teachers and support staff in the entire county. The training was jointly developed by the government and partners.

:: **29 Jan 2015** UNMEER External Situation Report

Key Political and Economic Developments

1. The International Finance Corporation (IFC) announced plans to invest USD 30 million, to support Small and Medium Enterprises (SMEs) and the creation of jobs in Guinea.

Response Efforts and Health

5. In Sierra Leone, WFP and UNICEF jointly distributed food and WASH kits to over 500 quarantined households in the Western Area, including Waterloo. WFP also provided over 90mt of assorted food commodities to five quarantined communities in Port Loko District, Thigbono, Musaia, Bailor Wharf 1, Bailor Warf 2 and Petifu Walla. WFP with its cooperating partner CIDO has so far distributed assorted food commodities to approximately 39,000 households in Waterloo, with distributions ongoing to reach over 47,000 households targeted by general food distributions in this area.

8. WHO reports that for the first time since the week ending 29 June 2014, there have been fewer than 100 new confirmed cases reported in a week in the 3 most-affected countries. A combined total of 99 confirmed cases were reported from the 3 countries in the week to 25 January: 30 in Guinea, 4 in Liberia, and 65 in Sierra Leone.

Logistics

11. The WFP-led Logistics Cluster continues to facilitate the transportation and storage of essential relief items on behalf of the humanitarian community. Since September 2014, over 35,000m3 of cargo has been transported and over 52,000m3 stored, across Guinea, Liberia and Sierra Leone.

Outreach and Education

16. WHO reports that a total of 27 sub-prefectures in Guinea reported at least one security incident or other forms of refusal to cooperate in the week to 21 January. A total of 2 districts in Liberia and 4 districts in Sierra Leone reported at least one similar incident during the same reporting period.

17. Awareness of EVD transmission remains a challenge in pockets in Guinea. A group of youth threw stones at a Guinean Red Cross (GRC) vehicle, on a mission to disinfect a house in Koulé, N'Zérékoré, despite prior arrangement with local authorities.

Essential Services

18. In Guinea, UNMEER observes that the process of a full return to normal school activities continues at varying rates. Reports range from increasing numbers/attendance rates in the main high school in Kankan to delays in commencing university classes and in some cases boycotting of schools by students due to rumours that thermoflash thermometer are transmitting EDV.

:: **28 Jan 2015** UNMEER External Situation Report

Upcoming Events

14. On 29 January, UNDP will organize in New York a high-level event on Ebola recovery. From the UN Secretary-General's initiative, a partnership has developed between the UN, the EU, the World Bank and the African Development Bank to support the national EVD recovery strategies of the affected countries to facilitate governments' recovery priorities and reach agreement on areas of integrated support. This high-level event is an opportunity to update Members States on progress in this regard and share information on preliminary findings.

:: **27 Jan 2015** UNMEER External Situation Report

Key Political and Economic Developments

1. On 26 January, Senegal reopened its land borders with Guinea. Senegal had reopened air and sea borders on 14 November 2014, after closing all borders on 21 August 2014.

Outreach and Education

11. UNDP is training hundreds of community police officers to help keep EVD case numbers down and prevent future outbreaks. 450 newly trained officers have begun sharing information with communities in Matoto, in Guinea's capital Conakry, enhance public awareness to help stop EVD spread and to build more trust between the public and the security services.

Essential Services

15. In Guinea, UNICEF in collaboration with other partners undertook a vaccination catch-up programme in 19 high risk health districts during its Child Health Days. While in Liberia, the second phase of the Periodic Intensification of Routine Immunization drive is set to begin to reach children aged under five with the measles vaccine. UNICEF is also financing the cold chain and vaccination teams in addition to leading social mobilisation efforts.

16. Under the leadership of the Liberian Ministry of Health, UNICEF is a key partner in the upcoming assessment and development of a budgeted health plan to building resilient health systems in Liberia. Discussions are underway on the scope and level of preparedness for this assessment. Eight thematic groups were formed, namely: (1) context and policies, (2) health governance, (3) health workforce, (4) healthcare financing, (5) health information and surveillance, (6) technology, medicines, supply chain management systems, (7) health service delivery, and (8) health infrastructure and logistics.

:: **26 Jan 2015** UNMEER External Situation Report

Key Political and Economic Developments

1. In an address to the nation on 22 January, President Koroma of Sierra Leone, declared the nation's goal to move towards the target of zero cases by 31 March. The President announced the easing of restriction of movement; he highlighted measures for the safe re-opening of schools to be in the third and fourth week in March are underway. The President emphasized that the nation needs to continue to focus on surveillance and contact tracing; enhance social mobilisation and community engagement efforts; refrain from washing and touching corpses; and not to relent until Sierra Leone gets to zero cases for 42 days and until Liberia and Guinea have had zero cases for 42 days. He also underscored the importance of building the national

surveillance capacity and resilient healthcare system to interrupt transmission and prevent future outbreaks.

Logistics

6. The WFP-led Emergency Telecommunication (ET) cluster is constructing towers (17x24m in height) across the three affected countries, in order to widen the coverage of internet in hard to reach locations. More Wi-Fi hotspots will now be available to the humanitarian community, as the ET cluster is in the process of constructing towers in six locations in Guinea; in three locations in Liberia; and in six locations in Sierra Leone.

Outreach and Education

13. In Guinea, UNICEF in partnership with CARITAS has set up 20 social Mediation Councils comprised of religious leaders of all faiths to act on resistance across the country; the social mediation councils have been deployed to communities reporting resistance. UNICEF, Research for Common Ground and the Ministry of Youth continue to use the platform provided by African Cup to scale social mobilization featuring football legends, Guinea national team and Miss Guinea.

14. On 24 January, WHO Guinea with support from CDC, IOM, UNMEER Guinea, Liberia and Sierra Leone organised a cross-border community-based consultative meeting in Nongowa, Guéckédou Prefecture, reuniting state, security and health officials from the tri-border area districts, prefectures and chiefdoms. 24 local community leaders from Liberia and Sierra Leone attended the meeting with support from UNMEER field teams. WHO representatives across the tri-border area districts - Guéckédou (Guinea), Kailahum (Sierra Leone) and Lofa (Liberia) led the discussions which were chaired by the prefect of Guéckédou. These were followed by a series of focus groups sessions. The objectives of the meeting was to share updates on the epidemiological reports; experiences and lessons learned as well as explore ways to strengthen cross border community engagement, surveillance and notification mechanisms, among all stakeholders.

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