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Vaccines and Global Health: The Week in Review
7 February 2015
Center for Vaccine Ethics & Policy (CVEP)

This weekly summary targets news, events, announcements, articles and research in the vaccine and global health ethics and policy space and is aggregated from key governmental, NGO, international organization and industry sources, key peer-reviewed journals, and other media channels. This summary proceeds from the broad base of themes and issues monitored by the Center for Vaccine Ethics & Policy in its work: it is not intended to be exhaustive in its coverage.

*Vaccines and Global Health: The Week in Review is also **posted in pdf form** and as a set of blog posts at http://centerforvaccineethicsandpolicy.wordpress.com/. This blog allows full-text searching of over 6,500 entries.*

Comments and suggestions should be directed to
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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.*

Editor's Note:

A measles outbreak in the U.S. – traced to Disney Land park in California and now active in several U.S. states – has spawned a significant public debate about vaccines, hesitancy, parental responsibility, mandates, and the U.S. federal and state government's role in assuring immunization against infectious diseases generally. This debate has generated assertions, refinements and retractions by politicians, pundits and public health officials over the last week. Please see *Media Watch* below to see a summary of this activity, which was still very active as we published this edition. Reactions to this activity has included statements of support for vaccines as a key preventive health measure, including the statement below by the American Osteopathic Association.

American Osteopathic Association Affirms Safety and Effectiveness of Vaccines
Feb 06, 2015
Amid continuing outbreaks of preventable illnesses, the American Osteopathic Association reiterated its support for CDC vaccination protocols and cited the importance of a fully vaccinated population on the public health of the nation….

EBOLA/EVD [to 7 February 2015]
Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)

Editor's Note:
We include updates below on candidate EVD vaccine and therapeutics trials planned or underway in the affected West African countries, including the NIH announcement about the Liberia trials involving two experimental vaccines, the withdrawal of further activity in clinical studies of brincidofovir by Chimerix, and early (unofficial) results on favipiravir reported by the New York Times. We lead with the regular weekly WHO Ebola Situation Report.

WHO: Ebola Situation Report – 4 February 2015
[Excerpt; Editor's text bolding]
SUMMARY
:: **Weekly case incidence increased in all three countries for the first time this year**. There were 124 new confirmed cases reported in the week to 1 February: 39 in Guinea, 5 in Liberia, and 80 in Sierra Leone.
:: **Continued community resistance, increasing geographical spread in Guinea and widespread transmission in Sierra Leone, and a rise in incidence show that the EVD response still faces significant challenges.**
:: **As the wet season approaches, there is an urgent need to end the outbreak in as wide an area as possible, especially in remote areas that will become more difficult to access.**
:: Guinea reported 39 new confirmed cases, compared with 30 the previous week. An unsafe burial that took place in early January in the eastern prefecture of Lola, on the border with Côte d'Ivoire, has so far resulted in an outbreak of 11 confirmed cases. A further confirmed case in the northern prefecture of Siguiri, on the border with Mali, also originated in Lola.
:: The north Guinean prefecture of Tougué, which also borders Mali, has reported its first 2 confirmed cases. Both cases originated in the western prefecture of Dubreka.
::: In light of the recent increase in cases in northern Guinea, cross-border meetings between Guinea, Mali, and Senegal are planned to strengthen coordination of surveillance. A rapid-response team has also arrived in the border area between Lola, Guinea, and Côte d'Ivoire to assess risk and strengthen surveillance.
:: A total of 80 new cases were reported in Sierra Leone in the week to 1 February, compared with 65 the previous week. The western districts of Port Loko and the capital Freetown are the worst-affected areas. Nine of 14 districts in the country reported at least 1 confirmed case, up from 7 districts in the previous week.
:: The target is for 100% of new cases to arise among registered contacts, so that each and every chain of transmission can be tracked and terminated. In Guinea in the week to 25 January, 14 of 26 (54%) new confirmed and probable cases in arose among registered contacts; in Liberia in the 9 days to 31 January, 7 of 7 (100%) new confirmed cases arose among registered contacts; and in Sierra Leone in the week to 18 January 26 of 121 (21%) confirmed cases arose among registered contacts.
:: The case fatality rate among hospitalized cases (calculated from all confirmed and probable hospitalized cases with a reported definitive outcome) is between 50% and 61% in the 3 intense-transmission countries.

:: A total of 822 confirmed health worker infections have been reported in the 3 intense-transmission countries; there have been 488 reported deaths.
:: A total of 10 of 34 prefectures in Guinea reported at least one security incident or other form of refusal to cooperate in the week to 1 February. No counties in Liberia and 3 districts in Sierra Leone reported at least one similar incident during the week to 27 January.

COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION
:: There have been almost 22 500 reported confirmed, probable, and suspected cases (Annex 1) of EVD in Guinea, Liberia and Sierra Leone (table 1), with almost 9000 reported deaths (outcomes for many cases are unknown). A total of 39 new confirmed cases were reported in Guinea, 5 in Liberia, and 80 in Sierra Leone in the 7 days to 1 February.
:: 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 822 confirmed health worker infections have been reported in the 3 intense-transmission countries; there have been 488 reported deaths (table 3)….

NIH Watch [to 7 February 2015]
http://www.nih.gov/news/index.html
:: **Ebola Vaccine Trial Opens in Liberia**
Study Led by Liberia-NIH Partnership Will Test Two Experimental Vaccines
Feb. 2, 2015
A large clinical trial to assess the safety and efficacy of two experimental vaccines to prevent Ebola virus infection is now open to volunteers in Liberia. The trial is being led by a recently formed Liberia-U.S. clinical research partnership and is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. The Partnership for Research on Ebola Vaccines in Liberia or PREVAIL, a Phase 2/3 study, is designed to enroll approximately 27,000 healthy men and women aged 18 years and older.

One vaccine candidate, cAd3-EBOZ, uses a chimpanzee-derived cold virus to deliver Ebola virus genetic material from the Zaire strain of virus causing the outbreak in Liberia. Published interim results from a Phase 1 trial of this vaccine, which was co-developed by NIAID scientists and GlaxoSmithKline, provided necessary safety information and showed that it prompted immune responses to the outer coat of Ebola virus. The other candidate, VSV-ZEBOV, employs vesicular stomatitis virus, an animal virus that primarily affects cattle, to carry an Ebola virus gene segment. The VSV-ZEBOV vaccine was developed by the Public Health Agency of Canada and licensed to NewLink Genetics Corporation through its wholly owned subsidiary BioProtection Systems Corporation. Phase 1 trial results of this vaccine also provided safety information and showed that it prompted immune responses to the outer coat of Ebola virus. These results have not yet been published but were made available to the regulatory bodies reviewing the study.

"The scale of the current Ebola outbreak in West Africa is unprecedented, and specific medical countermeasures are needed for this and future outbreaks," said NIAID Director Anthony S. Fauci, M.D. "It is imperative that any potential countermeasures, including vaccines, be tested in a manner that conforms to the highest ethical and safety standards in clinical trials designed

to provide a clear answer to the question of whether a candidate vaccine is safe and can prevent infection. This trial is designed to provide such answers."

In addition to healthy adults in the general population, the trial will seek volunteers from groups at particular risk of Ebola infection, including health care workers, communities with ongoing transmission, contact tracers and members of burial teams. Social mobilization and community engagement activities began in Montserrado County, where the Liberian capital Monrovia is located, before the trial started and will continue in order to successfully recruit thousands of participants.

Participants will be assigned at random to one of three equal-sized groups. Volunteers in one group will receive a placebo (saline) injection, while the others will receive a single injection of either the cAd3-EBOZ vaccine or the VSV-ZEBOV vaccine. In addition to including a placebo group, the trial will be double-blinded, meaning that neither volunteers nor staff will know whether a vaccine or placebo was administered. A randomized, double-blind, placebo-controlled trial is considered the "gold standard" in clinical research. All participants will be advised on how to minimize the risk of becoming infected with Ebola virus and will be contacted by study staff about one week after the injection and then monthly for the duration of the study, which is currently expected to last about twelve months.

Given the current decline in the number of new Ebola cases in Liberia, study investigators anticipate the need for flexibility in the conduct and design of the trial to address the changing nature of the outbreak.

The co-leaders of the trial are Stephen B. Kennedy, M.D., MPH, secretary-general of the Liberia College of Physicians and Surgeons; Fatorma Baloy, Ph.D., director, Liberian Institute for Biomedical Research; and H. Clifford Lane, M.D., NIAID's deputy director for clinical research and special projects. The pharmaceutical company GlaxoSmithKline (Research Triangle Park, North Carolina) will supply the cAd3-EBOZ investigational vaccine; Merck (Kenilworth, New Jersey) and NewLink Genetics, Inc. (Ames, Iowa) will supply the VSV-ZEBOV candidate. Additional information about the study is available at ClinicalTrials.gov using the identifier NCT02344407.

Chimerix Focusing Efforts on CMV and Adenovirus Pivotal Trials

Brincidofovir Will Not Be Considered in Further Clinical Trials in Ebola Virus Disease

DURHAM, N.C., Jan. 30, 2015 (GLOBE NEWSWIRE) -- Chimerix, Inc. (Nasdaq:CMRX), a biopharmaceutical company developing novel, oral antivirals in areas of high unmet medical need, today announced that after discussion with the U.S. Food and Drug Administration, the company is ceasing further participation in all current and future clinical studies of brincidofovir for Ebola Virus Disease (EVD), including the study announced in December in Liberia sponsored by investigators at the University of Oxford and the supportive Phase 2 study of brincidofovir for EVD, Study 205.

Over the last several weeks the number of new cases of confirmed Ebola Virus Disease in Liberia has decreased significantly, with only a handful of patients enrolled to date in the single-arm study of brincidofovir led by the University of Oxford and ISARIC (International Severe Acute Respiratory and Emerging Infection Consortium) with operational support from Médecins Sans Frontières (MSF).

The decision to cease further study of brincidofovir in individuals with Ebola Virus Disease does not impact the company's continued focus on advancing brincidofovir in pivotal studies of CMV prevention in recipients of allogeneic hematopoietic transplant and for the treatment of adenovirus infection in immunocompromised patients.

"We were honored to be able to work with the researchers at University of Oxford and ISARIC together with MSF to initiate the first clinical trial of an investigational agent during an outbreak. The progress in controlling the Ebola outbreak in Liberia is to be commended," said M. Michelle Berrey, MD, MPH, President and CEO of Chimerix. "Chimerix will continue to push forward with our development of brincidofovir for the prevention and treatment of serious viral infections in transplant recipients and other immunocompromised patients."

MSF/Médecins Sans Frontières [to 7 February 2015]
Selected Press Releases/Field News
Ebola Drug Trial in Liberia Halted
February 04, 2015
BRUSSELS/NEW YORK—A trial of the experimental Ebola drug brincidofovir in Liberia has officially ended due to a significant drop in the number of new Ebola cases and the drug manufacturer's decision to withdraw from the trial, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières said Tuesday.

Ebola Drug Aids Some in a Study in West Africa
By SHERI FINK
New York Times
February 4, 2015
[Excerpt]
For the first time, a drug is showing promising signs of effectiveness in Ebola patients participating in a study. The medicine, which interferes with the virus's ability to copy itself, seems to have halved mortality — to 15 percent, from 30 percent — in patients with low to moderate levels of Ebola in their blood, researchers have found. It had no effect in patients with more virus in their blood, who are more likely to die.

The drug, approved as an influenza treatment in Japan last year, was generally well tolerated. "The results are encouraging in a certain phase of the disease," Dr. Sakoba Keita, director of disease control for the Guinean Ministry of Health, said in a telephone interview. The drug is being tested in Guinea, one of the three West African countries most affected by the Ebola crisis.

The details of the early findings have not yet been announced, but they raise questions about which patients, if any, outside the study should be offered treatment with the drug, favipiravir. "These are very difficult, agonizing decisions," said Susan Ellenberg, a professor of biostatistics at the University of Pennsylvania's Perelman School of Medicine, who was not involved in the research. She cautioned that early results were sometimes not borne out.

The drug has been provided on an emergency basis to Ebola patients in European countries, but not in Africa. The Japanese maker of the drug announced in October that it had 20,000 courses of treatment in stock. The epidemic is now ebbing but is not over. The World Health

Organization on Wednesday reported 124 new cases in Guinea, Sierra Leone and Liberia in the week that ended on Sunday, warning of an increased geographical spread in Guinea and a rise in new cases in all three countries for the first time this year.

Early reports of the interim results of the drug trial have created unanticipated complications, delaying the testing of at least one other therapy as researchers reconsidered plans and some doctors pressed to make favipiravir more widely available.

Researchers and health authorities have been quietly debating whether and when to release the preliminary results of the study. The dilemmas they face echo those from the early years of the AIDS epidemic. Because mortality was so high in a disease with no proven treatment, there was demand to provide experimental therapies to everyone.

The results for the drug favipiravir are based on an analysis of 69 patients older than 14 who have received it at two sites in Guinea since December. The survival rates of those with low to moderate levels of virus in their blood were significantly better than those of patients previously treated at a center run by Doctors Without Borders in Guéckédou, Guinea….

UNMEER [to 7 February 2015]
[Please see selected excerpts from UNMEER's daily External Situation Reports at the end on this edition]
:: **Secretary-General Appoints Bintou Keita of Guinea Ebola Crisis Manager for Sierra Leone**
05 Feb 2015

IMF [to 7 February 2015]
http://www.imf.org/external/news/default.aspx
IMF Establishes a Catastrophe Containment and Relief Trust to Enhance Support for Eligible Low Income Countries Hit by Public Health Disasters
Press Release No. 15/34
February 5, 2015

The Ebola epidemic in parts of West Africa is a humanitarian disaster that has drawn the attention of the international community to the threat posed by the rapid spread of life-threatening infectious diseases, both within and across international boundaries.

On February 4, 2015, the Executive Board of the International Monetary Fund (IMF) met to consider how the Fund could better support low-income countries hit by such public health disasters. This would take into account both the humanitarian case for providing such support and the wider international interest in supporting vigorous action to contain and halt a potential regional or global pandemic at the earliest possible stage.

To help meet these objectives, the Board approved the establishment of a new Catastrophe Containment and Relief (CCR) Trust, as a vehicle to provide exceptional support to countries confronting major natural disasters, including life-threatening, fast-spreading epidemics but also other types of catastrophic disasters, such as massive earthquakes. For eligible countries confronting epidemics that meet specified criteria, the IMF would use CCR trust fund resources

to provide grants as a supplement to its conventional loan support. The grants would be used to pay off future debt service payments, thus reducing the country's debt burden and freeing up resources to tackle relief and recovery challenges.

Subject to Board approval of requests from the individual countries, it is expected that the CCR trust would provide grants-for-debt relief of close to $100 million for the three countries affected by Ebola in West Africa –Liberia, Sierra Leone, and Guinea. These funds would come in addition to the $130 million of assistance provided in September 2014 and to a second round of new concessional loans amounting to about $160 million to be considered soon by the Executive Board.

At the conclusion of the Executive Board meeting on the CCR, IMF Managing Director Christine Lagarde stated: "I welcome the establishment of the Catastrophe Containment Relief Trust. It aims at enhancing our support to the countries in Africa hit by Ebola, as well as other low income countries that may be affected by public health disasters in the future. This is a strong example of the IMF demonstrating flexibility and innovation in responding to the needs of our global membership."

Background

The primary tool through which the Fund supports low income countries confronting natural disasters is through the speedy provision of its interest-free loans to the affected countries, whether by expanding the amounts being provided under a pre-existing Fund financial program with the member or by disbursing funds under the Rapid Credit Facility (RCF).

In their November 2014 meeting in Brisbane, the G-20 called on the Bretton Woods Institutions to continue their strong support to countries severely affected by the Ebola outbreak through a combination of concessional loans, debt relief and grants, and asked the institutions to explore new, flexible mechanisms to address the economic effects of future comparable crises. The CCR Trust is the Fund's response to that call. It replaces the Post-Catastrophe Debt Relief (PCDR) Trust established on June 25, 2010 in the wake of a massive earthquake in Haiti, and expands the circumstances under which the Fund can provide exceptional assistance to its low income members to include public health disasters.

Through the new instrument, the Fund is able to quickly and flexibly adjust its policies in the face of unexpected international developments, including pandemics, to serve the needs of its membership, especially the most vulnerable.

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POLIO [to 7 February 2015]
Public Health Emergency of International Concern (PHEIC)

GPEI Update: Polio this week - *As of 4 February 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 (WPV) type 1 had onset of paralysis in Nigeria. However, at least 12 months must pass without detection of WPV,

in the presence of certification quality surveillance, before Nigeria would be considered as having stopped transmission of WPV. Polio-free certification of Nigeria (and the entire WHO African region) would follow only after 3 years with high quality surveillance have passed without identifying WPV. Intensified efforts are ongoing in the country not just to eradicate WPV, but also to urgently stop the circulating vaccine-derived poliovirus type 2 outbreak which continues to affect the country.
:: Ministers of Health, health leaders and experts from around the world convened in Geneva last week at WHO's Executive Board meeting to set global public health policies. Participants were encouraged by progress towards a polio free world yet warned that as long as the disease remains anywhere, children everywhere are at risk. Read more

Selected country report content:

Nigeria

:: One new type 2 circulating vaccine-derived poliovirus (cVDPV2) case was reported this week in Gujba district of Yobe province (previously uninfected in 2014) with onset of paralysis on 3 November. The most recent case had onset of paralysis on 16 November in Barde district of Yobe state. The total number of cVDPV2 cases for 2014 in Nigeria is now 30.
National Immunization Days (NIDs) are taking place on 21 - 25 March using trivalent OPV.

Pakistan

:: Three new wild poliovirus type 1 (WPV1) cases were reported in the past week, all with onset of paralysis in 2015. One case was reported in Khyber Pakhtunkhwa (KP) province, in Nowshera district; one in the Federally Administered Tribal Areas (FATA), in South Waziristan; and one in Sindh province, in Kambar district. Each of these cases is the first in these districts for 2015. :: The total number of WPV1 cases in 2014 remains 305, and is now 6 for 2015. The most recent onset of paralysis was on 7 January, with one case in FATA and one in 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.
:: The Technical Advisory Group (TAG) on polio eradication in Pakistan is meeting on 14 – 15 February to review the current epidemiological situation and the current status of the low transmission plan implementation.

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 markedly decreased throughout 2014.

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WHO & Regionals [to 7 February 2015]
:: 136th WHO Executive Board session
26 January–3 February 2015
Geneva, Switzerland

Documentation

:: **Global Alert and Response (GAR): Disease Outbreak News (DONs)**
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia 3 February 2015
- Human infection with avian influenza A(H7N9) virus – Canada 1 February 2015

:: The **Weekly Epidemiological Record (WER) 6 February 2015**, vol. 90, 6 (pp. 33–40)
Contents
33 Chagas disease in Latin America: an epidemiological update based on 2010 estimates
43 Monthly report on dracunculiasis cases, January– November 2014

:: **GIN January 2015 pdf, 1.82Mb**
30 January 2015

:: **Cholera prevention measures reduce transmission in South Sudan**
6 February 2015 -- When violence erupted in South Sudan, tens of thousands of people fled the conflict and sought refuge in United Nations bases in the hopes of protection. As the rainy season approached it increased the risk of water-borne diseases, like cholera, and the potential for explosive outbreaks in congested camps. A timely decision to start cholera prevention and control measures, averted illness and death among the vulnerable camp inhabitants who had been at high-risk of the disease.

Preventing premature cancer deaths
4 February 2015 -- Annually there are 14 million new cases of cancer and over 8 million people die from cancer, with 60% of deaths in Africa, Asia and Central and South America. WHO is working with countries to build solutions to reduce premature deaths from cancers through its global drive to prevent premature deaths from NCDs by 25% by 2025.
Read the commentary on cancer and tobacco

WHO Regional Offices

WHO African Region AFRO
No new digest content identified.

WHO Region of the Americas PAHO
:: PAHO/WHO says accessible, cost-effective measures can prevent premature cancer deaths (02/02/2015)

WHO South-East Asia Region SEARO
:: Beat cancer: Prevent, detect early 04 February 2015

WHO European Region EURO
:: WHO strengthens health operations in eastern Ukraine 06-02-2015
:: Influenza season underway in WHO European Region 04-02-2015

WHO Eastern Mediterranean Region EMRO
No new digest content identified.

WHO Western Pacific Region
No new digest content identified.

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CDC/MMWR Watch [to 7 February 2015]
http://www.cdc.gov/media/index.html

:: **MMWR Weekly, February 6, 2015 / Vol. 64 / No. 4**
- Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2015
- Advisory Committee on Immunization Practices Recommended Immunization Schedules for Persons Aged 0 Through 18 Years — United States, 2015
- Vaccination Coverage Among Adults, Excluding Influenza Vaccination — United States, 2013
- Update: Ebola Virus Disease Epidemic — West Africa, January 2015
- Outbreaks of Avian Influenza A (H5N2), (H5N8), and (H5N1) Among Birds — United States, December 2014–January 2015
- *Announcements:* Guidance Available for Implementing and Managing Contact Tracing for Ebola in Countries Without Ebola Outbreaks

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BMGF – Gates Foundation Watch [to 7 February 2015]
Stanford launches major effort to expedite vaccine discovery with $50 million grant
Stanford Report, January 29, 2015
[Excerpt]
Stanford University today announced that it has received a grant from the Bill & Melinda Gates Foundation to accelerate efforts in vaccine development. The $50 million grant over 10 years will build on existing technology developed at Stanford and housed in the Human Immune Monitoring Core, and will establish the Stanford Human Systems Immunology Center. The center aims to better understand how the immune system can be harnessed to develop vaccines for the world's most deadly infectious diseases….

PATH Watch [to 7 February 2015]
http://www.path.org/news/
:: Press release | February 06, 2015
PATH names Kathy Cahill as vice president for International Development
Public health expert to serve on executive leadership team and oversee PATH's international presence

:: Announcement | February 01, 2015
PATH, partners team up to unlock lifesaving health innovation in India
Unique collaboration joins PATH, Unitus Seed Fund, Pfizer, and partners to increase access to health products and services, support Indian entrepreneurs, and improve health throughout India

:: Innovative health sector financing: the Vaccine Independence Initiative
30 January 2015

This week the UNICEF Board is considering expanding the Vaccine Independence Initiative (VII). This financing mechanism was launched almost 25 years ago in 1991 to decouple the procurement of vaccines from the payment for these vaccines by countries out of national budgets. We caught up with PATH's chief strategy officer Amie Batson, who has an intimate connection with this program....Q: What is next for the VII? A: During its meeting this week, the UNICEF Board is considering expanding the VII ten-fold (from $10 million to $100 million) to cover prefinancing of vaccines as well as many health products like bednets treated with long-lasting insecticide and supplies needed for Ebola response. As countries graduate from Gavi and other donor support, there are increasing demands for mechanisms such as the VII that create greater financial flexibility.

Industry Watch [to 7 February 2015]
:: NEOMED creates a new Biologics and Vaccine Centre of Excellence
LAVAL, QC, Feb. 5, 2015 /CNW Telbec/ - NEOMED announced today the launch of the Biologics and Vaccine Centre of Excellence in Laval under a proposed partnership with GSK. This Centre will be unique in Canada and GSK has committed $47 million towards its establishment.

UNICEF Watch [to 7 February 2015]
No new digest content identified.

GAVI Watch [to 7 February 2015]
http://www.gavialliance.org/library/news/press-releases/
No new digest content identified.

Global Fund Watch [to 7 February 2015]
http://www.theglobalfund.org/en/mediacenter/
No new digest content identified.

Sabin Vaccine Institute Watch [to 7 February 2015]
http://www.sabin.org/updates/pressreleases
No new digest content identified.

IAVI Watch [7 February 2015]
http://www.iavi.org/press-releases/2015
No new digest content identified.

IVI Watch [to 7 February 2015]
http://www.ivi.org/web/www/home
No new digest content identified.

FDA Watch [to 7 February 2015]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
No new digest content identified.

European Medicines Agency Watch [to 7 February 2015]
No new digest content identified.

European Vaccine Initiative Watch [to 7 February 2015]
http://www.euvaccine.eu/news-events
No new digest content identified.

DCVMN / PhRMA / EFPIA / IFPMA / BIO Watch [to 7 February 2015]
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

Flu Care in Day Care: The Impact of Vaccination Requirements

A Report by the National Foundation for Infectious Diseases
January 2015 :: 10 pages
Overview

Despite the availability of safe and effective vaccines, tens of thousands of young children in the United States are hospitalized each year for influenza (flu). To protect as many young children as possible, New Jersey, Connecticut, and New York City have each implemented influenza vaccine requirements for children enrolled in licensed preschools, child care, or day care centers.* The National Foundation for Infectious Diseases (NFID), in collaboration with the Association of Immunization Managers (AIM), brought together key professionals from all three jurisdictions to discuss the challenges and key lessons learned in the planning and implementation of the regulations. These professionals were joined by immunization stakeholders, including members of the Childhood Influenza Immunization Coalition (CIIC). This report presents case studies from each jurisdiction along with an integrated set of lessons learned and key elements of successful programs (page 6) to help others considering implementing similar regulations.

[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
[Reviewed earlier]

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

American Journal of Public Health
Volume 105, Issue 2 (February 2015)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
February 2015; 92 (2)
http://www.ajtmh.org/content/current
Editorial
Perspectives on Ebola
Philip J. Rosenthal and Daniel G. Bausch

Am J Trop Med Hyg 2015 92:219-220; Published online January 12, 2015,
doi:10.4269/ajtmh.14-0831
[Free Access]

An unprecedented epidemic of Ebola virus disease (EVD) unfolded in West Africa in 2014. The epidemic has been well described in the popular press and in regular reports from public health authorities. The medical literature has necessarily been slower in describing the epidemic, but comprehensive reports are now appearing, offering valuable accounts of the clinical features, epidemiology, and public health consequences of this terrifying disease. The American Society of Tropical Medicine and Hygiene (ASTMH) has been deeply involved with the EVD outbreak. Numerous ASTMH members have played major roles in addressing the epidemic, including clinicians and epidemiologists working at the front lines of the epidemic at great personal risk, public health authorities guiding control efforts in Africa and elsewhere, and drug and vaccine experts working to rush effective products to the field. The annual meeting of the ASTMH served as a forum for timely expert discussions on EVD, but also highlighted the political challenges of this particular crisis, as some experts were prevented from attending the ASTMH meeting as a result of ill-founded concerns about the consequences of their recent travel to West Africa. In this issue of the American Journal of Tropical Medicine and Hygiene (AJTMH) we offer a series of Perspectives from individuals active in addressing the EVD epidemic.

As with other large disasters, the full toll of the EVD epidemic is difficult to fathom. The numbers are clear. As of the end of 2014, nearly 20,000 cases of EVD and 7,000 deaths have been reported to the World Health Organization (WHO). These numbers are likely underestimates caused by underreporting. Furthermore, although these numbers are much lower than those seen for our greatest tropical medicine challenges, the impact of the epidemic can easily be underappreciated. EVD is quite unique, even among severe infectious diseases, in causing massive disruption to societies, and in particular to the healthcare infrastructure. In affected areas of Africa, in addition to the huge direct toll of EVD, all aspects of healthcare have been torn apart. Management and control of the most important serious infectious diseases, including neonatal infections, human immunodeficiency virus (HIV) infection, tuberculosis, malaria, and other neglected diseases have been greatly disrupted. “Band-aid” solutions, such as widespread distribution of artemisinin-based combination therapies to decrease the incidence of non-Ebola febrile illnesses, have unknown efficacy, and may cause new problems, such as selection of drug resistance and loss of community confidence in the healthcare system. Outside of Africa, responses to the EVD epidemic have often been driven by fear, misguided estimates of risk, and political considerations.

Most often, we in the scientific community appropriately focus on the data—the numbers of cases, the epidemiologic characteristics, and the efficacies of new interventions. In this process we may lose sight of the fact that a crisis such as the EVD epidemic is inherently personal. People are getting infected, suffering, and dying. In the case of this epidemic, much more so than in most humanitarian disasters, many of the victims are the healthcare workers and scientists who have willingly put themselves in harm's way to help alleviate the suffering of others. In this issue of the AJTMH we offer Perspectives focusing on the personal side of the epidemic, considering in particular the points of view of health workers as caregivers at risk, as patients, and as those working to improve our ability to manage and control this epidemic. Two perspectives, from Adaora Igonoh and Will Pooley, offer accounts from those who put themselves at personal risk caring for patients with EVD, and then contracted the disease themselves. Another, from Lewis Rubinson, offers an account of a potential Ebola virus

exposure that led to complex consequences. Susan McClellan offers an account from one of the many non-African healthcare providers who eagerly put themselves at risk. Perspectives addressing an improved response to EVD include a discussion of how, despite some steps in the right direction, the public health community failed to best prepare for a potential hemorrhagic fever outbreak by Daniel Bausch, a consideration of rethinking discharge policy in seriously stressed EVD clinics by Tim O'Dempsey and others, and a comprehensive commentary on clinical preparedness for those providing EVD care from David Brett-Major and many others. Considering the political consequences of responses to the epidemic outside Africa, perspectives from groups led by Ramin Asgary and Piero Olliaro detail the consequences of the misguided effort of the State of Louisiana to protect public health by preventing attendance at the annual meeting of the ASTMH in New Orleans by anyone who had recently traveled to affected countries in West Africa.

The West African EVD epidemic is still unfolding. This enormous disaster is likely to have long-range consequences, with impacts on efforts to control all tropical diseases in addition to specific effects on viral hemorrhagic fever preparedness and far-reaching impacts on the affected countries. Regardless of the future overall course, the epidemic will remain deeply personal, with obvious consequences on affected patients and families, but also on health workers. We hope that the Perspectives in this issue of the AJTMH will help readers to appreciate the personal side of this epidemic, both as a major humanitarian disaster and as a formidable challenge for the international public health community.

Perspective Pieces

My Experience as an Ebola Patient
Adaora K. Igonoh
Am J Trop Med Hyg 2015 92:221-222; Published online December 22, 2014, doi:10.4269/ajtmh.14-0763
Full Text Full Text (PDF) OPEN ACCESS ARTICLE

Ebola: Perspectives from a Nurse and Patient
Will Pooley
Am J Trop Med Hyg 2015 92:223-224; Published online January 5, 2015, doi:10.4269/ajtmh.14-0762
Full Text Full Text (PDF) OPEN ACCESS ARTICLE

From Clinician to Suspect Case: My Experience After a Needle Stick in an Ebola Treatment Unit in Sierra Leone
Lewis Rubinson
Am J Trop Med Hyg 2015 92:225-226; Published online December 15, 2014, doi:10.4269/ajtmh.14-0769
Full Text Full Text (PDF) OPEN ACCESS ARTICLE

Ebola: My Head is Full of Stories
Susan L. F. McLellan
Am J Trop Med Hyg 2015 92:227-228; Published online December 22, 2014, doi:10.4269/ajtmh.14-0801
Full Text Full Text (PDF) OPEN ACCESS ARTICLE

The Year That Ebola Virus Took Over West Africa: Missed Opportunities for Prevention
Daniel G. Bausch
Am J Trop Med Hyg 2015 92:229-232; Published online January 5, 2015, doi:10.4269/ajtmh.14-0818
Full Text Full Text (PDF) OPEN ACCESS ARTICLE

Being Ready to Treat Ebola Virus Disease Patients
David M. Brett-Major, Shevin T. Jacob, Frederique A. Jacquerioz, George F. Risi, William A. Fischer II, Yasuyuki Kato, Catherine F. Houlihan, Ian Crozier, Henry Kyobe Bosa, James V. Lawler, Takuya Adachi, Sara K. Hurley, Louise E. Berry, John C. Carlson, Thomas. C. Button, Susan L. McLellan, Barbara J. Shea, Gary G. Kuniyoshi, Mauricio Ferri, Srinivas G. Murthy, Nicola Petrosillo, Francois Lamontagne, David T. Porembka, John S. Schieffelin, Lewis Rubinson, Tim O'Dempsey, Suzanne M. Donovan, Daniel G. Bausch, Robert A. Fowler, and Thomas E. Fletcher
Am J Trop Med Hyg 2015 92:233-237; Published online December 15, 2014, doi:10.4269/ajtmh.14-0746
Abstract Full Text Full Text (PDF) OPEN ACCESS ARTICLE

Rethinking the Discharge Policy for Ebola Convalescents in an Accelerating Epidemic
Tim O'Dempsey, S. Humarr Khan, and Daniel G. Bausch
Am J Trop Med Hyg 2015 92:238-239; Published online December 1, 2014, doi:10.4269/ajtmh.14-0719
Abstract Full Text Full Text (PDF) OPEN ACCESS ARTICLE

Ebola Policies That Hinder Epidemic Response by Limiting Scientific Discourse
Ramin Asgary, Julie A. Pavlin, Jonathan A. Ripp, Richard Reithinger, and Christina S. Polyak
Am J Trop Med Hyg 2015 92:240-241; Published online January 5, 2015, doi:10.4269/ajtmh.14-0803
Abstract Full Text Full Text (PDF) OPEN ACCESS ARTICLE

Out of (West) Africa—Who Lost in the End?
Piero Olliaro, Estrella Lasry, and Amanda Tiffany
Am J Trop Med Hyg 2015 92:242-243; Published online December 15, 2014, doi:10.4269/ajtmh.14-0753
Full Text Full Text (PDF) OPEN ACCESS ARTICLE

International Aid and Natural Disasters: A Pre- and Post-Earthquake Longitudinal Study of the Healthcare Infrastructure in Leogane, Haiti
Maxwell Kligerman, Michele Barry, David Walmer, and Eran Bendavid
Am J Trop Med Hyg 2015 92:448-453; Published online December 15, 2014, doi:10.4269/ajtmh.14-0379
Abstract Full Text Full Text (PDF) Supplementary File OPEN ACCESS ARTICLE

Annals of Internal Medicine
3 February 2015, Vol. 162. No. 3
http://annals.org/issue.aspx

Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older: United States, 2015* FREE
David K. Kim, MD; Carolyn B. Bridges, MD; Kathleen H. Harriman, PhD, MPH, RN, on behalf of the Advisory Committee on Immunization Practices
Editorial
Adult Immunization 2015: Another Pearl of Pneumococcal Protection
Sandra Adamson Fryhofer, MD
Ideas and Opinions | 20 January 2015
Drug and Vaccine Access in the Ebola Epidemic: Advising Caution in Compassionate Use FREE
Andrew Hantel, MD; and Christopher Olusola Olopade, MD, MPH
[+] Article and Author Information
Ann Intern Med. 2015;162(2):141-142. doi:10.7326/M14-2002
This article was published online first at www.annals.org on 14 October 2014.
Ethical Guidance on the Use of Life-Sustaining Therapies for Patients With Ebola in Developed Countries ONLINE FIRST
Scott D. Halpern, MD, PhD; and Ezekiel J. Emanuel, MD, PhD
Article and Author Information
Ann Intern Med. Published online 30 December 2014 doi:10.7326/M14-2611
The authors discuss ethical issues in the provision of life-sustaining therapies, such as cardiopulmonary resuscitation and dialysis, to patients with Ebola being cared for in developed countries

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
(Accessed 7 February 2015)
Research article
Streamlined research funding using short proposals and accelerated peer review: an observational study
Adrian G Barnett12*, Danielle L Herbert13, Megan Campbell12, Naomi Daly24, Jason A Roberts24, Alison Mudge24 and Nicholas Graves12
Author Affiliations
BMC Health Services Research 2015, 15:55 doi:10.1186/s12913-015-0721-7
Published: 7 February 2015
Abstract (provisional)
Background
Despite the widely recognised importance of sustainable health care systems, health services research remains generally underfunded in Australia. The Australian Centre for Health Services Innovation (AusHSI) is funding health services research in the state of Queensland. AusHSI has developed a streamlined protocol for applying and awarding funding using a short proposal and accelerated peer review.
Method
An observational study of proposals for four health services research funding rounds from May 2012 to November 2013. A short proposal of less than 1,200 words was submitted using a secure web-based portal. The primary outcome measures are: time spent preparing proposals; a simplified scoring of grant proposals (reject, revise or accept for interview) by a scientific

review committee; and progressing from submission to funding outcomes within eight weeks. Proposals outside of health services research were deemed ineligible.
Results
There were 228 eligible proposals across 4 funding rounds: from 29% to 79% were shortlisted and 9% to 32% were accepted for interview. Success rates increased from 6% (in 2012) to 16% (in 2013) of eligible proposals. Applicants were notified of the outcomes within two weeks from the interview; which was a maximum of eight weeks after the submission deadline. Applicants spent 7 days on average preparing their proposal. Applicants with a ranking of reject or revise received written feedback and suggested improvements for their proposals, and resubmissions composed one third of the 2013 rounds.
Conclusions
The AusHSI funding scheme is a streamlined application process that has simplified the process of allocating health services research funding for both applicants and peer reviewers. The AusHSI process has minimised the time from submission to notification of funding outcomes.

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 7 February 2015)
Research article
Pertussis outbreak in university students and evaluation of acellular pertussis vaccine effectiveness in Japan
Megumi Hara, Mami Fukuoka, Katsuya Tashiro, Iwata Ozaki, Satoko Ohfuji, Kenji Okada, Takashi Nakano, Wakaba Fukushima, Yoshio Hirota BMC Infectious Diseases 2015, 15:45 (6 February 2015)
Abstract | Provisional PDF
Research article
An effective strategy for influenza vaccination of healthcare workers in Australia: experience at a large health service without a mandatory policy
Kristina Heinrich-Morrison, Sue McLellan, Ursula McGinnes, Brendan Carroll, Kerrie Watson, Pauline Bass, Leon J Worth, Allen C Cheng BMC Infectious Diseases 2015, 15:42 (6 February 2015)
Abstract | Provisional PDF
Research article
An outbreak following importation of wild poliovirus in Xinjiang Uyghur Autonomous Region, China, 2011
Hai-Bo Wang, Wen-Zhou Yu, Xin-Qi Wang, Fuerhati Wushouer, Jian-Ping Wang, Dong-Yan Wang, Fu-Qiang Cui, Jing-Shan Zheng, Ning Wen, Yi-Xin Ji, Chun-Xiang Fan, Hui-Ling Wang, Gui-Jun Ning, Guo-Hong Huang, Dong-Mei Yan, Qi-Ru Su, Da-Wei Liu, Guo-Ming Zhang, Kathleen H Reilly, Jing Ning, Jian-Ping Fu, Sha-Sha Mi, Hui-Ming Luo, Wei-Zhong Yang BMC Infectious Diseases 2015, 15:34 (31 January 2015)
Abstract | Provisional PDF | PubMed

BMC Medical Ethics
(Accessed 7 February 2015)
http://www.biomedcentral.com/bmcmedethics/content
[No new relevant content]

BMC Public Health
(Accessed 7 February 2015)
http://www.biomedcentral.com/bmcpublichealth/content
Research article
The influence of partial public reimbursement on vaccination uptake in the older population: a cross-sectional study
Sheena M Mc Hugh[1]*, John Browne[1], Ciaran O'Neill[2] and Patricia M Kearney[1]
Author Affiliations
BMC Public Health 2015, 15:83 doi:10.1186/s12889-015-1356-7
Published: 5 February 2015
Abstract (provisional)
Background
Flu vaccination is recommended annually for high risk groups. However, in Ireland, free access to vaccination is not universal for those in high risk groups; the vaccine and consultation are only free for those with a medical card, a means tested scheme. Few private health insurance policies cover the cost of attendance for vaccination in general practice. The aim was to examine the influence of this reimbursement policy on vaccination coverage among older adults.
Methods
Cross-sectional wave 1 data from The Irish Longitudinal Study on Ageing (TILDA) were analysed (2009?2011). TILDA is a nationally representative prospective cohort study of adults aged ?50, sampled using multistage stratified clustered sampling. Self-reported entitlement to healthcare was categorised as 1) medical card only 2) private health insurance only, 3) both and 4) neither. The outcome was responses to `have you ever had a flu shot?. Multivariate logistic regression was used, adjusting for age and need.Results68.6% of those defined as clinically high-risk received the flu vaccination in the past (95% CI?=?67-71%). Those with a medical card were almost twice as likely to have been vaccinated, controlling for age and chronic illness (OR?=?1.9, 95% CI?=?1.5-2.5, p?=?<0.001).
Conclusions
Having a medical card increased the likelihood of being vaccinated, independent of age and need. The mismatch between vaccination guidelines and reimbursement policy is creating unequal access to recommended services among high risk groups.

BMC Research Notes
(Accessed 7 February 2015)
http://www.biomedcentral.com/bmcresnotes/content
[No new relevant content]

British Medical Journal
07 February 2015(vol 350, issue 7994)
http://www.bmj.com/content/350/7994
Analysis
International donations to the Ebola virus outbreak: too little, too late?
BMJ 2015;350:h376 (Published 03 February 2015)

Karen Grépin examines the pledges made to the Ebola crisis, how much has actually reached affected countries, and the lessons to be learnt

…In this article, I examine the level and speed of the international donations to tackle the Ebola epidemic and how they aligned with evolving estimates of funds required to bring the epidemic under control. Understanding what has and has not worked well in the early phases of this crisis can help us learn from it and prepare for future humanitarian and public health emergencies. My analysis considers only international donations captured in the UN Office for the Coordination of Humanitarian Affairs' (OCHA) financial tracking system (http://fts.unocha.org, box), which does not capture all resources that have been pledged to the outbreak…

Key messages

:: Pledges to the Ebola outbreak have reached at least $2.89bn
:: However, only about one third of these resources have been be disbursed to countries
:: Delays have occurred in requests for funding and translating pledges into paid contributions
:: New mechanisms to speed up disbursements could help in future crises

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

Clinical Infectious Diseases (CID)
Volume 60 Issue 4 February 15, 2015
http://cid.oxfordjournals.org/content/current

Editor's choice: Durability of Antibody Response Against Hepatitis B Virus in Healthcare Workers Vaccinated as Adults

Naveen Gara, Adil Abdalla, Elenita Rivera, Xiongce Zhao, Jens M. Werner, T. Jake Liang, Jay H. Hoofnagle, Barbara Rehermann, and Marc G. Ghany
Clin Infect Dis. (2015) 60 (4): 505-513 doi:10.1093/cid/ciu867
Abstract Free Full Text (HTML) Free Full Text (PDF) Supplementary Data
Protective antibody levels persist long-term in a majority of healthcare workers after initial immunization. Those without protective levels have a rapid and robust response to a booster vaccine, suggesting that immunologic memory is long-lasting and booster vaccination is probably unnecessary.

Hepatitis A and B Immunity and Vaccination in Chronic Hepatitis B and C Patients in a Large United States Cohort

Emily Henkle, Mei Lu, Lora B. Rupp, Joseph A. Boscarino, Vinutha Vijayadeva, Mark A. Schmidt, and Stuart C. Gordon for the Chronic Hepatitis Cohort Study (CHeCS) Investigators
Clin Infect Dis. (2015) 60 (4): 514-522 doi:10.1093/cid/ciu879
Abstract Full Text (HTML) Full Text (PDF)
Among Chronic Hepatitis Cohort Study patients, approximately 40% of chronic hepatitis B and C patients were potentially susceptible to hepatitis A or B. Clinicians should consider antibody testing and vaccination for this vulnerable population.

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 7 February 2015]
http://www.conflictandhealth.com/
[No new relevant content]

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

Cost Effectiveness and Resource Allocation
(Accessed 7 February 2015)
http://www.resource-allocation.com/
Research
Cost-effectiveness of using a social franchise network to increase uptake of oral rehydration salts and zinc for childhood diarrhea in rural Myanmar
Bishai D, Sachathep K, LeFevre A, Thant HNN, Zaw M, Aung T, McFarland W, Montagu D et al.
Cost Effectiveness and Resource Allocation 2015, 13:3 (5 February 2015)
Abstract (provisional)
Introduction
This paper examines the cost-effectiveness of achieving increases in the use of oral rehydration solution and zinc supplementation in the management of acute diarrhea in children under 5 years through social franchising. The study uses cost and outcome data from an initiative by Population Services International (PSI) in 3 townships of Myanmar in 2010 to promote an ORS-Zinc product called ORASEL.
Background
The objective of this study was to determine the incremental cost-effectiveness of a strategy to promote ORS-Z use through private sector franchising compared to standard government and private sector practices.
Methods
Costing from a societal perspective included program, provider, and household costs for the 2010 calendar year. Program costs including ORASEL program launch, distribution, and administration costs were obtained through a retrospective review of financial records and key informant interviews with staff in the central Yangon office. Household out of pocket payments for diarrheal episodes were obtained from a household survey conducted in the study area and additional estimates of household income lost due to parental care-giving time for a sick child were estimated. Incremental cost-effectiveness relative to status quo conditions was calculated

per child death and DALY averted in 2010. Health effects included deaths and DALYs averted; the former modeled based on coverage estimates from a household survey that were entered into the Lives Saved Tool (LiST). Uncertainty was modeled with Monte Carlo methods.
Findings
Based on the model, the promotional strategy would translate to 2.85 (SD 0.29) deaths averted in a community population of 1 million where there would be 81,000 children under 5 expecting 48,373 cases of diarrhea. The incremental cost effectiveness of the franchised approach to improving ORASEL coverage is estimated at a median $5,955 (IQR: $3437-$7589) per death averted and $214 (IQR: $127-$287) per discounted DALY averted.
Interpretation
Investing in developing a network of private sector providers and keeping them stocked with ORS-Z as is done in a social franchise can be a highly cost-effective in terms of dollars per DALY averted.

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

[Reviewed earlier]

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 5, 05 February 2015
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Editorials
Influenza – the need to stay ahead of the virus
by S van der Werf, D Lévy-Bruhl
Rapid communications
Low effectiveness of seasonal influenza vaccine in preventing laboratory-confirmed influenza in primary care in the United Kingdom: 2014/15 mid–season results
by RG Pebody, F Warburton, J Ellis, N Andrews, C Thompson, B von Wissmann, HK Green, S Cottrell, J Johnston, S de Lusignan, C Moore, R Gunson, C Robertson, J McMenamin, M Zambon
Reduced cross-protection against influenza A(H3N2) subgroup 3C.2a and 3C.3a viruses among Finnish healthcare workers vaccinated with 2013/14 seasonal influenza vaccine
by A Haveri, N Ikonen, I Julkunen, A Kantele, VJ Anttila, E Ruotsalainen, H Nohynek, O Lyytikäinen, C Savolainen-Kopra
Research articles
Interim estimates of 2014/15 influenza vaccine effectiveness in preventing laboratory-confirmed influenza-related hospitalisation from the Serious Outcomes Surveillance Network of the Canadian Immunization Research Network, January 2015
by SA McNeil, MK Andrew, L Ye, F Haguinet, TF Hatchette, M ElSherif, J LeBlanc, A Ambrose, A McGeer, JE McElhaney, M Loeb, D MacKinnon-Cameron, R Sharma, G Dos Santos, V Shinde, on behalf of the Investigators of the Serious Outcomes Surveillance Network of the Canadian Immunization Research Network (CIRN)

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

Global Health Governance
[Accessed 7 February 2015]
http://blogs.shu.edu/ghg/category/complete-issues/summer-2013/
[No new relevant content]

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

Globalization and Health
[Accessed 7 February 2015]
http://www.globalizationandhealth.com/
Research
Reverse innovation: an opportunity for strengthening health systems
Anne W Snowdon12*, Harpreet Bassi12, Andrew D Scarffe12 and Alexander D Smith12
Author Affiliations
Globalization and Health 2015, $article.volume.volumeNumber:2 doi:10.1186/s12992-015-0088-x
Published: 7 February 2015
Abstract (provisional)
Background
Canada, when compared to other OECD countries, ranks poorly with respect to innovation and innovation adoption while struggling with increasing health system costs. As a result of its failure to innovate, the Canadian health system will struggle to meet the needs and demands of both current and future populations. The purpose of this initiative was to explore if a competition-based reverse innovation challenge could mobilize and stimulate current and future leaders to identify and lead potential reverse innovation projects that address health system challenges in Canada.
Methods
An open call for applications took place over a 4-month period. Applicants were enticed to submit to the competition with a $50,000 prize for the top submission to finance their project. Leaders from a wide cross-section of sectors collectively developed evaluation criteria and graded the submissions. The criteria evaluated: proof of concept, potential value, financial impact, feasibility, and scalability as well as the use of prize money and innovation team.
Results
The competition received 12 submissions from across Canada that identified potential reverse innovations from 18 unique geographical locations that were considered developing and/or emerging markets. The various submissions addressed health system challenges relating to education, mobile health, aboriginal health, immigrant health, seniors health and women?s health and wellness. Of the original 12 submissions, 5 finalists were chosen and publically profiled, and 1 was chosen to receive the top prize.
Conclusions
The results of this initiative demonstrate that a competition that is targeted to reverse innovation does have the potential to mobilize and stimulate leaders to identify reverse innovations that have the potential for system level impact. The competition also provided important insights into the capacity of Canadian students, health care providers, entrepreneurs, and innovators to propose and implement reverse innovation in the context of the Canadian health system.

Health Affairs
February 2015; Volume 34, Issue 2
http://content.healthaffairs.org/content/current
Biomedical Innovation
[New issue; No new relevant content]

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 7 February 2015]
Commentary
Informing the establishment of the WHO global observatory on health research and development: a call for papers
Taghreed Adam, John-Arne Røttingen, Marie-Paule Kieny Health Research Policy and Systems 2015

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

Infectious Agents and Cancer
[Accessed 7 February 2015]

http://www.infectagentscancer.com/content
[No new relevant content]

Infectious Diseases of Poverty
[Accessed 7 February 2015]
http://www.idpjournal.com/content
Research Article
Incidence of human rabies exposure and associated factors at the Gondar Health Center, Ethiopia: a three-year retrospective study
Meseret Yibrah, Debasu Damtie Infectious Diseases of Poverty 2015, 4:3 (2 February 2015)
Abstract | Provisional PDF | Editor's summary
A three year retrospective study revealed a significant incidence of human rabies exposure in Ethiopia. This study also depicted being male and living in urban areas as a potential risk factor for human rabies exposure. Image: Canine rabies is a significant problem in Ethiopia.
Research Article
Assessment of research productivity of Arab countries in the field of infectious diseases using Web of Science database
Waleed M Sweileh, Samah W Al-Jabi, Alaeddin Abuzanat, Ansam F Sawalha, Adham S AbuTaha, Mustafa A Ghanim, Sa¿ed H Zyoud Infectious Diseases of Poverty 2015, 4:2 (2 February 2015)
Abstract | Provisional PDF | Editor's summary
Arab countries, like other developing poor countries, suffer from various types of infectious diseases. Some of these diseases might be endemic or unique to the Arab countries. However, Arab countries are still lagging behind in research in the field of infectious diseases. More efforts and further financial support are needed to encourage research and publications in this field. Image: Dr. Adham Abu Taha doing microbiological testing for specimens at An-Najah National University.

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

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

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

JAMA
February 3, 2015, Vol 313, No. 5
http://jama.jamanetwork.com/issue.aspx
Viewpoint | February 3, 2015
Digital Multimedia: A New Approach for Informed Consent?
Alan R. Tait, PhD1,2; Terri Voepel-Lewis, PhD, RN1
1Department of Anesthesiology, University of Michigan Health System, Ann Arbor
2Center for Bioethics and Social Sciences in Medicine, University of Michigan Health System, Ann Arbor
JAMA. 2015;313(5):463-464. doi:10.1001/jama.2014.17122.
This Viewpoint discusses use of digital multimedia as a strategy to enhance study participants' understanding of research information.

The bioethical principle of respect for persons requires that individuals participating in research studies are provided with sufficient information to allow them to make autonomous and informed decisions. In general, the process of informed consent requires that investigators disclose pertinent information regarding procedures to be performed, risks, and benefits, etc, in a manner that participants can understand. In most cases, this information is reinforced by having the study participant or parent/guardian read a consent document, which is then signed to authorize participation…

JAMA Pediatrics
February 2015, Vol 169, No. 2
http://archpedi.jamanetwork.com/issue.aspx
[New issue; No relevant content]

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

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

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

Journal of Global Infectious Diseases (JGID)

January-March 2015 Volume 7 | Issue 1 Page Nos. 1-50
http://www.jgid.org/currentissue.asp?sabs=n
Editorial
State of Globe: Rabies: The lethality since antiquity!
Inder Maurya, Ketan Vagholkar, Bhavesh Patel, Mohsin Siddiqui, Shreshtha Tiwari, Premkumar Maurya
DOI:10.4103/0974-777X.150880
[HTML Full text] [PDF]

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 5 March 1, 2015
http://jid.oxfordjournals.org/content/current
AS03B-Adjuvanted H5N1 Influenza Vaccine in Children 6 Months Through 17 Years of Age: A Phase 2/3 Randomized, Placebo-Controlled, Observer-Blinded Trial
Pope Kosalaraksa1,a, Robert Jeanfreau2,a, Louise Frenette3, Mamadou Drame4, Miguel Madariaga4,b, Bruce L. Innis4, Olivier Godeaux5, Patricia Izurieta5 and David W. Vaughn6
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3QT Research, Sherbrooke, Canada

4GlaxoSmithKline Vaccines, King of Prussia, Pennsylvania
5GlaxoSmithKline Vaccines, Wavre
6GlaxoSmithKline Vaccines, Rixensart, Belgium
Presented in part: 50th Annual Meeting of the Infectious Diseases Society of America, San Diego, California, 17–21 October 2012; Second WHO Integrated Meeting on Development and Clinical Trials of Influenza Vaccines That Introduce Broadly Protective and Long-Lasting Immune Responses, Geneva, Switzerland, 5–7 May 2014.
a P. K. and R. J. are co–first authors.
b Present affiliation: Infectious Diseases Department, Naples Community Hospital, Florida.
Abstract
Background.
This phase 2/3, randomized, placebo-controlled, observer-blinded study assessed the immunogenicity, reactogenicity, and safety of an inactivated, split-virion H5N1 influenza vaccine (A/Indonesia/5/2005) in children aged 6 months through 17 years.
Methods. Children received 2 influenza vaccine doses 21 days apart, each containing 1.9 μg of hemagglutinin and AS03B adjuvant (5.93 mg of α-tocopherol). The randomization ratio was 8:3 for vaccine to placebo, with equal allocation between 3 age strata (6–35 months, 3–8 years, and 9–17 years). Immunogenicity against the vaccine strain was assessed 21 days after the first and second vaccine doses for all vaccinees, at day 182 for half, and at day 385 for the remaining half. Reactogenicity after each dose and safety up to 1 year after vaccination were evaluated.
Results.
Within each age stratum, the lower limit of the 98.3% confidence interval for the day 42 seroprotection rate was ≥70%, thus fulfilling the US and European licensure criteria. The immune responses elicited by vaccine persisted well above baseline levels for 1 year. The vaccine was more reactogenic than placebo, but no major safety concerns were identified.
Conclusions.
AS03B-adjuvanted H5N1 influenza vaccine was immunogenic and showed an acceptable safety profile in all age groups studied.
Clinical Trials Registration. NCT01310413.

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
February 2015, Volume 41, Issue 2
http://jme.bmj.com/content/current
[New issue; No relevant content]

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

Knowledge, Attitudes, and Practices Regarding Avian Influenza A (H7N9) Among Mobile Phone Users: A Survey in Zhejiang Province, China
Hua Gu, Zhenggang Jiang, Bin Chen, Jueman (Mandy) Zhang, Zhengting Wang, Xinyi Wang, Jian Cai, Yongdi Chen, Dawei Zheng, Jianmin Jiang
JMIR mHealth uHealth 2015 (Feb 04); 3(1):e15

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

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 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
[Reviewed earlier]

The Lancet
Feb 07, 2015 Volume 385 Number 9967 p481-576 e5-e6
http://www.thelancet.com/journals/lancet/issue/current
Editorial
Don't forget health when you talk about human rights

The Lancet

Last week, Human Rights Watch (HRW) released World Report 2015, their 25th annual global review documenting human rights practices in more than 90 countries and territories in 2014. The content is based on a comprehensive investigation by HRW staff, together with in-country human rights activists. In his opening essay, HRW's Executive Director, Kenneth Roth, writes, "The world has not seen this much tumult in a generation…it can seem as if the world is unravelling". Indeed, this 656-page report is a grim read in a year marked by extensive conflict and extreme violence.

The Lancet Global Health
Feb 2015 Volume 3 Number 2 e62-e112
http://www.thelancet.com/journals/langlo/issue/current

Editorial

All about the money

Zoë Mullan

Open Access
DOI: http://dx.doi.org/10.1016/S2214-109X(15)70003-3

Summary

It's finally 2015: a year by the end of which extreme poverty and hunger are to be eradicated, maternal and child mortality are to be drastically reduced, and the trajectory of the global incidence of HIV, tuberculosis, and malaria are to be reversed. Much has been written about where the Millennium Development Goals succeeded and failed as global targets, and what has changed in the world since 2000. Much work has also been done to establish what happens next. In his synthesis report on the post-2015 agenda released last month, UN Secretary-General Ban Ki-Moon summarised and annotated this work, ultimately backing the 17 goals proposed by the Open Working Group on Sustainable Development Goals as the basis for a truly transformative agenda.

Articles

Effect of self-collection of HPV DNA offered by community health workers at home visits on uptake of screening for cervical cancer (the EMA study): a population-based cluster-randomised trial

Dr Silvina Arrossi, PhD, Laura Thouyaret, BSc, Rolando Herrero, PhD, Alicia Campanera, MD, Adriana Magdaleno, BSc, Milca Cuberli, MSc, Paula Barletta, BSc, Rosa Laudi, MD, Liliana Orellana, PhD, the EMA Study team
EMA Study team members listed at end of reportOpen Access
DOI: http://dx.doi.org/10.1016/S2214-109X(14)70354-7
Open access funded by the Author(s)

Summary

Background
Control of cervical cancer in developing countries has been hampered by a failure to achieve high screening uptake. HPV DNA self-collection could increase screening coverage, but implementation of this technology is difficult in countries of middle and low income. We investigated whether offering HPV DNA self-collection during routine home visits by community health workers could increase cervical screening.
Methods
We did a population-based cluster-randomised trial in the province of Jujuy, Argentina, between July 1, 2012, and Dec 31, 2012. Community health workers were eligible for the study if they

scored highly on a performance score, and women aged 30 years or older were eligible for enrolment by the community health worker. 200 community health workers were randomly allocated in a 1:1 ratio to either the intervention group (offered women the chance to self-collect a sample for cervical screening during a home visit) or the control group (advised women to attend a health clinic for cervical screening). The primary outcome was screening uptake, measured as the proportion of women having any HPV screening test within 6 months of the community health worker visit. Analysis was by intention to treat. This trial is registered with ClinicalTrials.gov, number NCT02095561.

Findings

100 community health workers were randomly allocated to the intervention group and 100 were assigned to the control group; nine did not take part. 191 participating community health workers (94 in the intervention group and 97 in the control group) initially contacted 7650 women; of 3632 women contacted by community health workers in the intervention group, 3049 agreed to participate; of 4018 women contacted by community health workers in the control group, 2964 agreed to participate. 2618 (86%) of 3049 women in the intervention group had any HPV test within 6 months of the community health worker visit, compared with 599 (20%) of 2964 in the control group (risk ratio 4·02, 95% CI 3·44–4·71).

Interpretation

Offering self-collection of samples for HPV testing by community health workers during home visits resulted in a four-fold increase in screening uptake, showing that this strategy is effective to improve cervical screening coverage. This intervention reduces women's barriers to screening and results in a substantial and rapid increase in coverage. Our findings suggest that HPV testing could be extended throughout Argentina and in other countries to increase cervical screening coverage.

Funding

Instituto Nacional del Cáncer (Argentina).

The Lancet Infectious Diseases

Feb 2015 Volume 15 Number 2 p131-248

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

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Maternal and Child Health Journal

Volume 19, Issue 2, February 2015

http://link.springer.com/journal/10995/19/1/page/1

Special Issue : MCH Leadership

[19 articles focused around MCH leadership themes]

Medical Decision Making (MDM)

February 2015; 35 (2)

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

[New issue; No relevant content]

The Milbank Quarterly

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

Nature
Volume 518 Number 7537 pp5-132 5 February 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
[Reviewed earlier]

Nature Reviews Immunology
January 2015 Vol 15 No 1
http://www.nature.com/nri/journal/v15/n1/index.html
[Reviewed earlier]

New England Journal of Medicine
February 5, 2015 Vol. 372 No. 6
http://www.nejm.org/toc/nejm/medical-journal
Editorial
Ebola in West Africa at One Year — From Ignorance to Fear to Roadblocks
Jeffrey M. Drazen, M.D., Edward W. Campion, M.D., Eric J. Rubin, M.D., Ph.D., Stephen Morrissey, Ph.D., and Lindsey R. Baden, M.D.
N Engl J Med 2015; 372:563-564 February 5, 2015 DOI: 10.1056/NEJMe1415398
It has been a year since the first case associated with the current Ebola virus outbreak in West Africa was identified and just over 8 months since we first started reporting on the outbreaks that stemmed from that patient in Guinea.1 Today's posts at NEJM.org include an anniversary update on the fight against Ebola virus disease (EVD).2 It is painfully clear that the world's initial handling of this dangerous outbreak was far from optimal, but we now appear to be making progress in the battle. This headway is evidenced by the observations that the rate of appearance of new cases is not as high as had been predicted by the World Health Organization or the U.S. Centers for Disease Control and Prevention in September 2014 and that outcomes may be improving at some Ebola treatment units.2,3

Patients in the hardest-hit areas are able to receive care at one of many Ebola treatment units that have been set up in West Africa. These units now offer hope for patients with EVD in places where 6 months ago there was little care available and little hope. The ongoing case finding and contact tracing are essential to preventing new outbreak clusters. Staffing the treatment units, tracing contacts, and providing basic health care services for the populations in the most severely affected areas, where the health care infrastructure has been devastated, are

just a few of the tasks that must be performed if the battle against Ebola is to be won. If we don't bring this outbreak to a halt now, it may again expand throughout the region and spread to other parts of the world. To deliver a victory, we need more volunteers who are willing to serve, to live in austere conditions, and to put themselves in harm's way. All estimates indicate that the number of personnel needed far exceeds the current supply. We need to make it easier for those who want to help in the fight against Ebola to do so.

That brings us to academic medical centers in the United States. As the Ebola outbreak has burned its way deep into Guinea, Liberia, and Sierra Leone, in one of the worst acute public health crises in 50 years, our academic medical centers have sat largely on the sidelines. They have spent a fortune preparing their facilities and staff for the much-feared scenario of a local patient with possible Ebola virus infection. What has been lacking is leadership to help quell the crisis where it is actually happening. The problem is more than a lack of effective, positive leadership, as Rosenbaum reports[4]: the difficulties created by many academic medical centers for trainees and staff who want to go to West Africa to help control this outbreak are more akin to roadblocks. This response stands in contrast to that in the United Kingdom, where the Wellcome Trust has encouraged academic institutions to join the fight and has provided emergency funding for their research initiatives, and to that of the U.S. National Institute of Allergy and Infectious Diseases, which is offering extensions for grant renewals to people who have taken time to participate in Ebola mitigation efforts.

The medical centers that have helped pave the way for their personnel to fight Ebola deserve praise. The leaders of academic medical centers that have put roadblocks in the path of those wishing to serve need to rethink their priorities. They should be making it easier, not harder, for altruistic physicians, nurses, and other health care providers to help care for the sick and control the Ebola epidemic in West Africa. Our medical centers have immense resources and expertise; the countries wracked by Ebola have almost none. Something is wrong when some of the greatest health care centers in the world are not helping in the fight against this disastrously dangerous threat to human health. We ask the leaders of every medical center in the country to figure out how to make it possible for their staff, and even qualified trainees, to help on the ground in West Africa. And once the leaders have decided what to do, they need to tell their risk managers and their lawyers to make it work, rather than make decisions based on the worst-case scenarios and risks to their reputation, image, and market share painted by corporate advisors and legal staff. If in a year's time this epidemic has not been controlled, we will have only ourselves to blame.

Pediatrics
February 2015, VOLUME 135 / ISSUE 2
http://pediatrics.aappublications.org/current.shtml
Article
Safety of Measles-Containing Vaccines in 1-Year-Old Children
Nicola P. Klein, MD, PhDa, Edwin Lewis, MPHa, Bruce Fireman, MAa, Simon J. Hambidge, MD, hDb, Allison Naleway, PhDc, Jennifer C. Nelson, PhDd, Edward A. Belongia, MDe, W. Katherine Yih, PhD, MPHf, James D. Nordin, MD, MPHg, Rulin C. Hechter, MD, PhDh, Eric Weintraub, MPHi, and Roger Baxter, MDa
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dGroup Health Cooperative and the University of Washington, Seattle, Washington;
eCenter for Clinical Epidemiology & Population Health, Marshfield Clinic Research Foundation, Marshfield, Wisconsin;
fHarvard Pilgrim Health Care Institute, Boston, Massachusetts;
gHealthPartners Research Foundation, Minneapolis, Minnesota;
hResearch and Evaluation, Kaiser Permanente Southern California, Pasadena, California; and
iImmunization Safety Office, Centers for Disease Control and Prevention, Atlanta, Georgia
Abstract
BACKGROUND AND OBJECTIVES: All measles-containing vaccines are associated with several types of adverse events, including seizure, fever, and immune thrombocytopenia purpura (ITP). Because the measles-mumps-rubella-varicella (MMRV) vaccine compared with the separate measles-mumps-rubella (MMR) and varicella (MMR + V) vaccine increases a toddler's risk for febrile seizures, we investigated whether MMRV is riskier than MMR + V and whether either vaccine elevates the risk for additional safety outcomes.
METHODS: Study children were aged 12 to 23 months in the Vaccine Safety Datalink from 2000 to 2012. Nine study outcomes were investigated: 7 main outcomes (anaphylaxis, ITP, ataxia, arthritis, meningitis/encephalitis, acute disseminated encephalomyelitis, and Kawasaki disease), seizure, and fever. Comparing MMRV with MMR + V, relative risk was estimated by using stratified exact binomial tests. Secondary analyses examined post-MMRV or MMR + V risk versus comparison intervals; risk and comparison intervals were then contrasted for MMRV versus MMR+V.
RESULTS: We evaluated 123 200 MMRV and 584 987 MMR + V doses. Comparing MMRV with MMR + V, risks for the 7 main outcomes were not significantly different. Several outcomes had few or zero postvaccination events. Comparing risk versus comparison intervals, ITP risk was higher after MMRV (odds ratio [OR]: 11.3 [95% confidence interval (CI): 1.9 to 68.2]) and MMR + V (OR: 10 [95% CI: 4.5 to 22.5]) and ataxia risk was lower after both vaccines (MMRV OR: 0.8 [95% CI: 0.5 to 1]; MMR + V OR: 0.8 [95% CI: 0.7 to 0.9]). Compared with MMR + V, MMRV increased risk of seizure and fever 7 to 10 days after vaccination.
CONCLUSIONS: This study did not identify any new safety concerns comparing MMRV with MMR + V or after either the MMRV or the MMR + V vaccine. This study provides reassurance that these outcomes are unlikely after either vaccine.
Article

Variation in Rotavirus Vaccine Coverage by Provider Location and Subsequent Disease Burden

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Author Affiliations
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cDepartment of Pediatrics, Baylor College of Medicine, Houston, Texas
Abstract
BACKGROUND: Rotavirus vaccines were introduced in the United States in 2006. Full-series coverage is lower than for other vaccines, and disease continues to occur. We examined

variation in vaccine coverage among provider locations and correlated coverage with the detection of rotavirus in children who sought treatment of severe acute gastroenteritis (AGE).
METHODS: Vaccine records of children enrolled in an AGE surveillance program were obtained and children were grouped by the location that administered each child's 2-month vaccines. Cases were children with laboratory-confirmed rotavirus AGE; controls were children with rotavirus-negative AGE or acute respiratory infection. Location-level coverage was calculated using ≥1 dose rotavirus vaccine coverage among controls and classified as low (<40%), medium (≥40% to <80%), or high (≥80%). Rotavirus detection rates among patients with AGE were calculated by vaccine coverage category.
RESULTS: Of controls, 80.4% (n = 1123 of 1396) received ≥1 dose of rotavirus vaccine from 68 locations. Four (5.9%) locations, including a NICU, were low coverage, 22 (32.3%) were medium coverage, and 42 (61.8%) were high coverage. In low-coverage locations, 31.4% of patients with AGE were rotavirus-positive compared with 13.1% and 9.6% in medium- and high-coverage locations, respectively. Patients with AGE from low-coverage locations had 3.3 (95% confidence interval 2.4–4.4) times the detection rate of rotavirus than patients with AGE from high vaccine coverage locations.
CONCLUSIONS: We observed the highest detection of rotavirus disease among locations with low rotavirus vaccine coverage, suggesting that ongoing disease transmission is related to failure to vaccinate. Educational efforts focusing on timely rotavirus vaccine administration to age-eligible infants are needed.

Article

Geographic Clusters in Underimmunization and Vaccine Refusal

Tracy A. Lieu, MD, MPHa, G. Thomas Ray, MBAa, Nicola P. Klein, MD, PhDa,b, Cindy Chung, MDc, and Martin Kulldorff, PhDd

Author Affiliations

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bVaccine Study Center, Kaiser Permanente, Oakland, California;
cDepartment of Pediatrics, San Rafael Medical Center, Kaiser Permanente Northern California, San Rafael, California; and
dDepartment of Population Medicine, Harvard Pilgrim Health Care and Harvard Medical School, Boston, Massachusetts

Abstract

BACKGROUND AND OBJECTIVE: Parental refusal and delay of childhood vaccines has increased in recent years and is believed to cluster in some communities. Such clusters could pose public health risks and barriers to achieving immunization quality benchmarks. Our aims were to (1) describe geographic clusters of underimmunization and vaccine refusal, (2) compare clusters of underimmunization with different vaccines, and (3) evaluate whether vaccine refusal clusters may pose barriers to achieving high immunization rates.
METHODS: We analyzed electronic health records among children born between 2000 and 2011 with membership in Kaiser Permanente Northern California. The study population included 154 424 children in 13 counties with continuous membership from birth to 36 months of age. We used spatial scan statistics to identify clusters of underimmunization (having missed 1 or more vaccines by 36 months of age) and vaccine refusal (based on International Classification of Diseases, Ninth Revision, Clinical Modification codes).
RESULTS: We identified 5 statistically significant clusters of underimmunization among children who turned 36 months old during 2010–2012. The underimmunization rate within clusters ranged from 18% to 23%, and the rate outside them was 11%. Children in the most statistically significant cluster had 1.58 ($P < .001$) times the rate of underimmunization as

others. Underimmunization with measles, mumps, rubella vaccine and varicella vaccines clustered in similar geographic areas. Vaccine refusal also clustered, with rates of 5.5% to 13.5% within clusters, compared with 2.6% outside them.
CONCLUSIONS: Underimmunization and vaccine refusal cluster geographically. Spatial scan statistics may be a useful tool to identify locations with challenges to achieving high immunization rates, which deserve focused intervention.

Review Article

Duration of Pertussis Immunity After DTaP Immunization: A Meta-analysis

Ashleigh McGirr, MPH and David N. Fisman, MD, MPH, FRCPC

Author Affiliations

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Abstract

BACKGROUND AND OBJECTIVES: Pertussis incidence is increasing, possibly due to the introduction of acellular vaccines, which may have decreased the durability of immune response. We sought to evaluate and compare the duration of protective immunity conferred by a childhood immunization series with 3 or 5 doses of diphtheria-tetanus-acellular pertussis (DTaP).
METHODS: We searched Medline and Embase for articles published before October 10, 2013. Included studies contained a measure of long-term immunity to pertussis after 3 or 5 doses of DTaP. Twelve articles were eligible for inclusion; 11 of these were included in the meta-analysis. We assessed study quality and used meta-regression models to evaluate the relationship between the odds of pertussis and time since last dose of DTaP and to estimate the probability of vaccine failure through time.
RESULTS: We found no significant difference between the annual odds of pertussis for the 3- versus 5-dose DTaP regimens. For every additional year after the last dose of DTaP, the odds of pertussis increased by 1.33 times (95% confidence interval: 1.23–1.43). Assuming 85% vaccine efficacy, we estimated that 10% of children vaccinated with DTaP would be immune to pertussis 8.5 years after the last dose. Limitations included the statistical model extrapolated from data and the different study designs included, most of which were observational study designs.
CONCLUSIONS: Although acellular pertussis vaccines are considered safer, the adoption of these vaccines may necessitate earlier booster vaccination and repeated boosting strategies to achieve necessary "herd effects" to control the spread of pertussis.

Quality Report

Quality Improvement Initiative to Increase Influenza Vaccination in Pediatric Cancer Patients

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Author Affiliations

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cDepartment of Nursing, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania; and bDepartment of Pediatrics, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania

Abstract

BACKGROUND: Pediatric patients with cancer face more severe complications of influenza than healthy children. Although Centers for Disease Control and Prevention guidelines recommend yearly vaccination in these patients, in our large academic center, <60% of oncology patients

receiving chemotherapy were immunized at baseline. Our objective was to increase this rate through a multifaceted quality improvement initiative.
METHODS: Eligible patients were >6 months old, within 1 year of receiving chemotherapy, >100 days from stem cell transplant, and had ≥1 outpatient oncology visit between September 1, 2012, and March 31, 2013. Five interventions were instituted concomitantly: (1) family education: influenza/vaccine handouts were provided to families in clinic waiting rooms; (2) health informatics: daily lists of outpatients due for immunization were generated from the electronic medical record and sent automatically to triage staff and nurses; (3) outpatient clinic: patients due for vaccination were given colored wristbands during triage to alert providers; (4) inpatient: vaccine order was built into admission order set; and (5) provider education: staff education was provided at conferences on screening of patients, vaccine ordering, and documentation of refusals/contraindications.
RESULTS: The complete influenza immunization rate increased by 20.1% to 64.5%, and the proportion of patients receiving ≥1 dose of vaccination increased by 22.9% to 77.7%. Similar changes were noted across all cancer types, with highest rates of immunization in leukemia/lymphoma patients (86.8%) and lowest in patients after stem cell transplant (66.7%).
CONCLUSIONS: Technology, education, and multidisciplinary clinical process changes increased influenza vaccination rates. Ongoing efforts are targeting subgroups with lowest rates of immunization.

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

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

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
(Accessed 7 February 2015)
Measles Vaccination Coverage Survey in Moba, Katanga, Democratic Republic of Congo, 2013: Need to Adapt Routine and Mass Vaccination Campaigns to Reach the Unreached
February 2, 2015 · Research
Julita Gil Cuesta, Narcisse Mukembe, Palle Valentiner-Branth, Pawel Stefanoff, Annick Lenglet
The Democratic Republic of Congo (DRC) has committed to eliminate measles by 2020. In 2013, in response to a large outbreak, Médecins Sans Frontières conducted a mass vaccination campaign (MVC) in Moba, Katanga, DRC. We estimated the measles vaccination coverage for the MVC, the Expanded Programme on Immunization routine measles vaccination (EPI) and assessed reasons for non-vaccination.
We conducted a household-based survey among caretakers of children aged 6 months-15 years in Moba from November to December 2013. We used a two-stage-cluster-sampling,

where clusters were allocated proportionally to village size and households were randomly selected from each cluster. The questionnaire included demographic variables, vaccination status (card or oral history) during MVC and EPI and reasons for non-vaccination. We estimated the coverage by gender, age and the reasons for non-vaccination and calculated 95% confidence intervals (95% CI).

We recruited 4,768 children living in 1,684 households. The MVC coverage by vaccination card and oral history was 87% (95% CI 84-90) and 66% (95% CI 61-70) if documented by card. The EPI coverage was 76% (95% CI 72-81) and 3% (95% CI 1-4) respectively. The MVC coverage was significantly higher among children previously vaccinated during EPI 91% (95% CI 88-93), compared to 74% (95% CI 66-80) among those not previously vaccinated. Six percent (n=317) of children were never vaccinated. The main reason for non-vaccination was family absence 68% (95% CI 58-78).

The MVC and EPI measles coverage was insufficient to prevent the recurrence of outbreaks in Moba. Lack of EPI vaccination and lack of accessibility by road were associated with lower MVC coverage. We recommend intensified social mobilization and extended EPI and MVCs to increase the coverage of absent residents and unreached children. Routine and MVCs need to be adapted accordingly to improve coverage in hard-to-reach populations in DRC.

Conclusions

We estimated 87% coverage of the MVC in response to the measles outbreak in Moba territory. This coverage may be insufficient to prevent future outbreaks. Lack of a EPI vaccination and lack of accessibility by road were associated with lower MVC campaign coverage. Absence during the MVC and EPI vaccination were the main reasons for non-vaccination. On the basis of these conclusions, we recommend more accessible vaccination sites for each village in order to improve vaccination coverage during EPI and MVCs. We recommend improved social mobilization of the population through extended vaccination time in less accessible villages and to give notice well ahead of vaccination days. Campaign staff must emphasise children and their parents the importance of keeping the vaccination cards. EPI and MVCs need to be adapted accordingly to face these logistical and communication barriers. Hence, the vaccination of hard-to-reach children can contribute to meet the goal of measles elimination in DRC and similar settings.

PLoS Medicine

(Accessed 7 February 2015)

http://www.plosmedicine.org/

Enabling Dynamic Partnerships through Joint Degrees between Low- and High-Income Countries for Capacity Development in Global Health Research: Experience from the Karolinska Institutet/Makerere University Partnership

Nelson Sewankambo, James K. Tumwine, Göran Tomson, Celestino Obua, Freddie Bwanga, Peter Waiswa, Elly Katabira, Hannah Akuffo, Kristina Persson, Stefan Peterson

Health in Action | published 03 Feb 2015 | PLOS Medicine 10.1371/journal.pmed.1001784

Summary Points

:: Partnerships between universities in high- and low-income countries have the potential to increase research capacity in both settings.

:: We describe a partnership between the Karolinska Institutet in Sweden and Makerere University in Uganda that includes a joint PhD degree program and sharing of scientific ideas and resources.

:: Ten years of financial support from the Swedish International Development Cooperation Agency has enabled 44 graduated PhD students and more than 500 peer-reviewed articles, the majority with a Ugandan as first author.
:: The collaborative research environment is addressing Ugandan health and health system priorities, in several cases resulting in policy and practice reforms.
:: Even though all Ugandan PhD graduates have remained in the country and 13 have embarked on postdoc training, remaining institutional challenges include developing functioning research groups, grant writing, network building at Makerere, and continued funding on both sides of the partnership.

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 7 February 2015)
[No new relevant content]

PLoS One
[Accessed 7 February 2015]
http://www.plosone.org/
[No new relevant content]

PLoS Pathogens
http://journals.plos.org/plospathogens/
(Accessed 7 February 2015)
[No new relevant content]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
(Accessed 7 February 2015)
http://www.pnas.org/content/early/
[No new relevant content]

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

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

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

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

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
September 2014 Vol. 36, No. 3
http://www.paho.org/journal/index.php?option=com_content&view=article&id=151&Itemid=266&lang=en
[Reviewed earlier]

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

Science
6 February 2015 vol 347, issue 6222, pages 581-688
http://www.sciencemag.org/current.dtl
[New issue; No relevant content]

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

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

Tropical Medicine & International Health

March 2015 Volume 20, Issue 3 Pages 251–406
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2014.20.issue-1/issuetoc
Original Article
Getting the basic rights – the role of water, sanitation and hygiene in maternal and reproductive health: a conceptual framework
Oona M. R. Campbell1,*, Lenka Benova1, Giorgia Gon1, Kaosar Afsana2 and Oliver Cumming3
Article first published online: 22 DEC 2014
DOI: 10.1111/tmi.12439
Abstract
Objective
To explore linkages between water, sanitation and hygiene (WASH) and maternal and perinatal health via a conceptual approach and a scoping review.
Methods
We developed a conceptual framework iteratively, amalgamating three literature-based lenses. We then searched literature and identified risk factors potentially linked to maternal and perinatal health. We conducted a systematic scoping review for all chemical and biological WASH risk factors identified using text and MeSH terms, limiting results to systematic reviews or meta-analyses. The remaining 10 complex behavioural associations were not reviewed systematically.
Results
The main ways poor WASH could lead to adverse outcomes are via two non-exclusive categories: 1. 'In-water' associations: (a) Inorganic contaminants, and (b) 'water-system' related infections, (c) 'water-based' infections, and (d) 'water borne' infections. 2. 'Behaviour' associations: (e) Behaviours leading to water-washed infections, (f) Water-related insect-vector infections, and (g-i) Behaviours leading to non-infectious diseases/conditions. We added a gender inequality and a life course lens to the above framework to identify whether WASH affected health of mothers in particular, and acted beyond the immediate effects. This framework led us to identifying 77 risk mechanisms (67 chemical or biological factors and 10 complex behavioural factors) linking WASH to maternal and perinatal health outcomes.
Conclusion
WASH affects the risk of adverse maternal and perinatal health outcomes; these exposures are multiple and overlapping and may be distant from the immediate health outcome. Much of the evidence is weak, based on observational studies and anecdotal evidence, with relatively few systematic reviews. New systematic reviews are required to assess the quality of existing evidence more rigorously, and primary research is required to investigate the magnitude of effects of particular WASH exposures on specific maternal and perinatal outcomes. Whilst major gaps exist, the evidence strongly suggests that poor WASH influences maternal and reproductive health outcomes to the extent that it should be considered in global and national strategies.

Vaccine
Volume 33, Issue 9, Pages 1099-1230 (25 February 2015)
http://www.sciencedirect.com/science/journal/0264410X/33/9
Considerations for developing an immunization strategy with enterovirus 71 vaccine
Review Article
Pages 1107-1112
Li Li, Hongzhang Yin, Zhijie An, Zijian Feng

Abstract
Enterovirus 71 (EV71) is a common pathogen for hand, foot, and mouth disease (HFMD), which has significant morbidity and mortality, and for which children aged 6–59 months age are at highest risk. Due to lack of effective treatment options, control of EV71 epidemics has mainly focused on development of EV71 vaccines. Clinical trials have been completed on 3 EV71 vaccines, with trial results demonstrating good vaccine efficacy and safety. When EV71 vaccine is approved by China's national regulatory authority, an evidence-based strategy should be developed to optimize impact and safety. An immunization strategy for EV71 vaccine should consider several factors, including the target population age group, the number of doses for primary immunization, the need for a booster dose, concomitant administration of other vaccines, economic value, program capacity and logistics, and public acceptance. Once EV71 vaccines are in use, vaccine effectiveness and safety must be monitored in large populations, and the epidemiology of HFMD must be evaluated to assure a match between vaccination strategy and epidemiology. Evaluation in China is especially important because there are no other EV71 vaccines globally.

Conceptual frameworks and key dimensions to support coverage decisions for vaccines

Original Research Article
Pages 1206-1217
Marien González-Lorenzo, Alessandra Piatti, Liliana Coppola, Maria Gramegna, Vittorio Demicheli, Alessia Melegaro, Marcello Tirani, Elena Parmelli, Francesco Auxilia, Lorenzo Moja, the Vaccine Decision Group
Abstract
Background
Health policy makers often have to face decisions on whether and how to incorporate new vaccines into immunisation plans. This study aims to review and catalogue the relevant current frameworks and taxonomies on vaccines and connect these to the DECIDE Evidence to Decision framework (EtD), a general framework based on evidence-based criteria to guide decision-making on intervention adoption.
Methods
We systematically searched MEDLINE, EMBASE, Cochrane Library and funding agency websites from 1990 to 2013. We included systematic reviews and primary studies presenting decision-making tools for community vaccine adoption. We qualitatively summarised the reports by purpose, targeted country, principal results, and decisional models. We then extracted and compared the dimensions adopted by vaccine frameworks across studies.
Results
Fourteen studies (five systematic reviews and nine primary studies) were included. Several factors frequently influenced decision-makers' views on vaccines: the most frequent political-context factors considered were Importance of illness or problem, Vaccine characteristics, Resource use, and Feasibility. Others such as Values and preferences and Acceptability were less consistently reported. We did not find evidence on the reasons why a framework for vaccine adoption differs from that for decisions on the adoption of an intervention in general, such as the EtD. There are limited data on how dimensions are explained in practical factors and directly linked to coverage decisions.
Conclusions
This review summarises conceptual models and taxonomy of a heterogeneous and evolving area in health policy decisions. A shared and comprehensive framework on vaccine coverage remains to be achieved with its single dimensions (epidemiologic, effectiveness, economic, and

social) valued differently across studies. A generic tool such as the EtD conceptualises all relevant dimensions, and might reduce inconsistencies.

Is there an association between the coverage of immunisation boosters by the age of 5 and deprivation? An ecological study

Original Research Article
Pages 1218-1222
Helena Sandford, Laila J. Tata, Ivan Browne, Catherine Pritchard
Abstract
Objective
To determine whether there was an association between the coverage of booster immunisation of Diphtheria, Tetanus, acellular Pertussis and Polio (DTaP/IPV) and second Measles, Mumps and Rubella (MMR) dose by age 5 in accordance with the English national immunisation schedule by area-level socioeconomic deprivation and whether this changed between 2007/08 and 2010/11.
Design
Ecological study.
Data
Routinely collected national Cover of Vaccination Evaluated Rapidly data on immunisation coverage for DTaP/IPV booster and second MMR dose by age 5 and the Index of Multiple Deprivation (IMD).
Setting
Primary Care Trust (PCT) areas in England between 2007/08 and 2010/11.
Outcome Measures
Population coverage (%) of DTaP/IPV booster and second MMR immunisation by age 5.
Results
Over the 4 years among the 9,457,600 children there was an increase in the mean proportion of children being immunised for DTaP/IPV booster and second MMR across England, increasing from 79% (standard deviation (SD12%)) to 86% (SD8%) for DTaP/IPV and 75% (SD10%) to 84% (SD6%) for second MMR between 2007/08 and 2010/11. In 2007/08 the area with lowest DTaP/IPV booster coverage was 31% compared to 54.4% in 2010/11 and for the second MMR in 2007/08 was 39% compared to 64.8% in 2010/11. A weak negative correlation was observed between average IMD score and immunisation coverage for the DTaP/IPV booster which reduced but remained statistically significant over the study period ($r = -0.298$, $p < 0.001$ in 2007/08 and $r = -0.179$, $p = 0.028$ in 2010/11). This was similar for the second MMR in 2007/08 ($r = -0.225$, $p = 0.008$) and 2008/09 ($r = -0.216$, $p = 0.008$) but there was no statistically significant correlation in 2009/10 ($r = -0.108$, $p = 0.186$) or 2010/11 ($r = -0.078$, $p = 0.343$).
Conclusion
Lower immunisation coverage of DTaP/IPV booster and second MMR dose was associated with higher area-level socioeconomic deprivation, although this inequality reduced between 2007/08 and 2010/11 as proportions of children being immunised increased at PCT level, particularly for the most deprived areas. However, coverage is still below the World Health Organisation recommended 95% threshold for Europe.

Effectiveness of a provider-focused intervention to improve HPV vaccination rates in boys and girls

Original Research Article
Pages 1223-1229

Rebecca B. Perkins, Lara Zisblatt, Aaron Legler, Emma Trucks, Amresh Hanchate, Sherri Sheinfeld Gorin

Abstract

Background

HPV vaccination is universally recommended for boys and girls, yet vaccination rates remain low nationwide.

Methods

We conducted a provider-focused intervention that included repeated contacts, education, individualized feedback, and strong quality improvement incentives to raise HPV vaccination rates at two federally qualified community health centers. To estimate the effectiveness of the intervention, rates of initiation of vaccination, and completion of the next needed HPV vaccination (dose 1, 2 or 3) among boys and girls ages 11–21 were compared at baseline and two follow-up periods in two intervention health centers (n ≡ 4093 patients) and six control health centers (n ≡ 9025 patients). We conducted multivariable logistic regression accounting for clustering by practice.

Results

Girls and boys in intervention practices significantly increased HPV vaccine initiation during the active intervention period relative to control practices (girls OR 1.6, boys OR 11; $p < 0.001$ for both). Boys at intervention practices were also more likely to continue to initiate vaccination during the post-intervention/maintenance period (OR 8.5; $p < 0.01$). Girls and boys at intervention practices were more also likely to complete their next needed HPV vaccination (dose 1, 2 or 3) than those at control practices (girls OR 1.4, boys OR 23; $p < 0.05$ for both). These improvements were sustained for both boys and girls in the post-intervention/maintenance period (girls OR 1.6, boys OR 25; $p < 0.05$ for both).

Conclusions

Provider-focused interventions including repeated contacts, education, individualized feedback, and strong quality improvement incentives have the potential to produce sustained improvements in HPV vaccination rates.

Vaccine: Development and Therapy

(Accessed 7 February 2015)

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

[No new relevant content]

Vaccines — Open Access Journal

(Accessed 7 February 2015)

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

[No new relevant content]

Value in Health

January 2015 Volume 18, Issue 1, p1-136

http://www.valueinhealthjournal.com/current

[Reviewed earlier]

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

European Health Psychologist – Bulletin of the European Health Psychology Society
Vol 16, No 6 (2014)
http://www.ehps.net/ehp/index.php/contents/issue/view/21/showToc
Experiences of Child Vaccine Providers With the National Immunization Programme and Their Dialogue With Parents
I.A. Harmsen , R. A.C. Ruiter , G. Kok , T.G.W. Paulussen , H.E. de Melker , L. Mollema
Abstract
Background:
Child Vaccine Providers (CVP) work at Child Welfare Centers (CWC), administer vaccines and communicate with parents about the National Immunization Programme (NIP). We performed this quantitative study to get more insight in CVPs attitude, their need for information and education, and their experience with educating (critical) parents who visit the CWC.
Methods:
We conducted a cross-sectional on-line self-report questionnaire. In total, 1427 CVPs received, and 432 CVPs completed the questionnaire (response rate = 30.3%). Findings: Half of the CVPs (52.2%) indicated that they sometimes avoid discussion with parents. CVPs give 1-2 minutes education during a consult about the NIP to parents, but prefer 2-5 minutes, while 11.8% of the CVPs do not give education at all.
Discussion:
CVPs indicated not having enough time to fulfill the information need of parents, we think that CWCs should schedule an extra consult, or information meeting when parents have many questions. CVPs have a need for education in how to communicate with parents, therefore Public Health Institutes should develop training for CVPs about how to communicate with parents.

New England Journal of Medicine
This article was published on January 28, 2015, at NEJM.org.
DOI: 10.1056/NEJMoa1411627
[PDF] **A Monovalent Chimpanzee Adenovirus Ebola Vaccine—Preliminary Report**
Tommy Rampling, M.R.C.P., Katie Ewer, Ph.D., Georgina Bowyer, B.A., Danny Wright, M.Sc., Egeruan B. Imoukhuede, M.D., Ruth Payne, M.R.C.P., Felicity Hartnell, M.B., B.S., Malick Gibani, M.R.C.P., Carly Bliss, B.A., Alice Minhinnick, M.B., Ch.B., Morven Wilkie, M.R.C.P., Navin Venkatraman, M.R.C.P., Ian Poulton, Dip.H.E., Natalie Lella, B.A., Rachel Roberts, M.Sc., Kailan Sierra-Davidson, B.A., Verena Kr.hling, Ph.D., Eleanor Berrie, Ph.D., Francois Roman, M.D., Iris De Ryck, Ph.D., Alfredo Nicosia, Ph.D., Nancy J. Sullivan, Ph.D., Daphne A. Stanley, M.S., Julie E. Ledgerwood, D.O., Richard M. Schwartz, Ph.D., Loredana Siani, Ph.D., Stefano Colloca, Ph.D., Antonella Folgori, Ph.D., Stefania Di Marco, Ph.D., Riccardo Cortese, M.D., Stephan Becker, Ph.D., Barney S. Graham, M.D., Richard A. Koup, M.D., Myron M. Levine, M.D., Vasee Moorthy, D.Phil., Andrew J. Pollard, Ph.D., Simon J. Draper, D.Phil., W. Ripley Ballou, M.D., Alison Lawrie, Ph.D., Sarah C. Gilbert, Ph.D., and Adrian V.S. Hill, D.M.
Abstract

Background
The West African outbreak of Ebola virus disease has caused more than 8500 deaths. A vaccine could contribute to outbreak control in the region. We assessed a monovalent formulation of a chimpanzee adenovirus 3 (ChAd3)–vectored vaccine encoding the surface glycoprotein of Zaire ebolavirus (EBOV), matched to the outbreak strain.
Methods
After expedited regulatory and ethics approvals, 60 healthy adult volunteers in Oxford, United Kingdom, received a single dose of the ChAd3 vaccine at one of three dose levels: 1×1010 viral particles, 2.5×1010 viral particles, and 5×1010 viral particles (with 20 participants per group). Safety was assessed over the next 4 weeks. Antibodies were measured on enzyme-linked immunosorbent assay (ELISA) and T-cell responses on enzyme-linked immunospot (ELISpot) and flow-cytometry assays.
Results
No safety concerns were identified at any of the dose levels studied. Fever developed in 2 of the 59 participants who were evaluated. Prolonged activated partial-thromboplastin times and transient hyperbilirubinemia were observed in 4 and 8 participants, respectively. Geometric mean antibody responses on ELISA were highest (469 units; range, 58 to 4051; 68% response rate) at 4 weeks in the high-dose group, which had a 100% response rate for T cells on ELISpot, peaking at day 14 (median, 693 spot-forming cells per million peripheral-blood mononuclear cells). Flow cytometry revealed more CD4+ than CD8+ T-cell responses. At the vaccine doses tested, both antibody and T-cell responses were detected but at levels lower than those induced in macaques protected by the same vaccine.
Conclusions
The ChAd3 monovalent vaccine against EBOV was immunogenic at the doses tested.
(Funded by the Wellcome Trust and others; ClinicalTrials.gov number, NCT02240875.)

Blood
December 6, 2014; Blood: 124 (21)

Turning a Tumor into a Vaccine Factory: In Situ Vaccination for Low-Grade Lymphoma

Thomas Marron, MD PhD1, Nina Bhardwaj, MD PhD*,1, Elizabeth Crowley*,2, Tibor Keler, PhD*,3, Thomas A. Davis, MD3, and Joshua Brody, MD*,1

Abstract
BACKGROUND:
Lymphomas are the 5th most common cancer in the U.S. and most are incurable with standard therapy. Previously, we completed three trials of 'in situ vaccination' - combining low-dose radiotherapy (XRT) with intratumoral administration of TLR9 agonist (CpG). We demonstrated induction of anti-tumor CD8 T cell responses and clinical remissions of patients' non-irradiated sites of disease, lasting up to 4+ years. One limitation may have been the paucity of intratumoral dendritic cells (DC). DC are uniquely able to endocytose dying (e.g. irradiated) tumor cells for cross-presentation to anti-tumor CD8 T cells.
METHODS:
Flt3L– the predominant DC differentiation factor– induces tumor leukocyte infiltration and regression of lymphoma tumors pre-clinically and a new formulation of this cytokine -CDX-301- was shown to mobilize BDCA-1 and BDCA-3 DC subsets in an early phase trial. These DC subsets respond to several TLR agonists and cross-present antigens more effectively than plasmacytoid DC (the CpG-responsive DC subset). We initiated a phase I/II study of a new

iteration of the in situ vaccine, adding Flt3L-priming and replacing the prior TLR9 agonist with the TLR3 agonist poly-ICLC (Fig 1A).

The vaccine consists of:

- intratumoral Flt3L administration to increase DC within the tumor
- low-dose XRT to induce immunogenic tumor cell death and release tumor-associated antigens, and
- intratumoral poly-ICLC administration to activate tumor antigen-loaded DC.

RESULTS:

Six patients have been enrolled, two patients have completed therapy. Treated patients had 2-200-fold increases in BDCA1 and BDCA3 intratumoral DC after Flt3L administration and marked DC activation after XRT and poly-ICLC. Both treated patients have had partial remissions of untreated sites per Cheson criteria, persisting or improving for >6 months after vaccination. These include regressions of bulky lymph nodes (Fig 1B), as well as peripheral blood (Fig1C) and bone marrow disease. A patient with significant peripheral blood tumor burden experienced >10-fold decrease in malignant B cells with concurrent increase in non-tumor B cells, suggesting a degree of cell specificity in the tumor-killing mechanism. Adverse effects have been mild.

CONCLUSIONS:

Preliminary results suggest that the Flt3L-primed in situ vaccine is feasible, safe and immunologically and clinically effective, warranting further study.

* * * *

Media/Policy Watch

This section is intended to alert readers to substantive news, analysis and opinion from the general media on vaccines, immunization, global; public health and related themes. *Media Watch* is not intended to be exhaustive, but indicative of themes and issues CVEP is actively tracking. This section will grow from an initial base of newspapers, magazines and blog sources, and is segregated from *Journal Watch* above which scans the peer-reviewed journal ecology.

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where content is published without restriction, but most publications require registration and some subscription level.

Al Jazeera

http://america.aljazeera.com/search.html?q=vaccine

Accessed 7 February 2015

[No new, unique, relevant content]

The Atlantic

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

Accessed 7 February 2015

[No new, unique, relevant content]

BBC

http://www.bbc.co.uk/
Accessed 7 February 2015
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 7 February 2015
Blog Post
What the Anti-Vaxxers are Getting Dangerously Wrong
February 6, 2015, Kavita Patel and Rio I. Hart

CNN
http://money.cnn.com/
Accessed 7 February 2015
CNNMoney Reports
The money behind the vaccine skeptics
[Video] By Kate Trafecante @CNNMoney
Well-funded family foundations are backing the movement to get parents to question vaccines.

Council on Foreign Relations
http://www.cfr.org/
Accessed 7 February 2015
Transcript
Media Call: Measles Outbreak in the United States
with Laurie Garrett, Richard E. Besser, Thomas E. Novotny February 6, 2015
Laurie Garrett, CFR's senior fellow for global health, and Richard Besser, ABC News' chief health and medical editor join Thomas Novotny, San Diego University's associate director for border and global health, for a conference call on the recent measles outbreak in the United States and its effect on public health.
Backgrounder
Ebola Virus
by Danielle Renwick February 5, 2015
The 2014 Ebola outbreak that killed thousands in West Africa has spurred new efforts to improve regional health-care systems and global responses.
Expert Brief
The Year of the Flu
by Laurie Garrett February 4, 2015
Health experts are already calling 2015 one of the most complicated ever for influenza outbreaks, and the prevalence of lethal strains normally found in birds is especially troubling, writes CFR's Laurie Garrett.

The Economist
http://www.economist.com/
Accessed 7 February 2015
Of vaccines and vacuous starlets - The Economist
Jan 31, 2015 - The measles vaccine, now combined with those for mumps and rubella, is safe and effective. Yet some parents believe the opposite and refuse…

Politics and vaccinations - What experts say, and what people hear
Feb 5th 2015, 15:47 by N.L. | CHICAGO
EVERY day seems to bring a new story of a politician saying something stupid or evasive about vaccines. Rand Paul frets that they might cause mental disorders. Chris Christie said that his own children had taken their shots but that "parents need to have some measure of choice". Barack Obama, who once waffled on this subject, has declared his strong support for vaccinating children against measles, as has Hillary Clinton. The airwaves and the internet are filled with discussions about whether or not vaccines are safe. Health officials are worried that the discussion itself could scare more parents into shunning them…

Financial Times
http://www.ft.com/home/uk
Accessed 7 February 2015
February 7-8, 2015
Spots of Resistance
By Leslie Hook and Sarah Mishkin
A measles outbreak linked to a mass infection at Disneyland has sparked a fierce debate in the U.S. about whether more should be done to persuade "anti-vaxxers" to immunise their children.
February 4, 2015 6:29 pm
Merck defends children's vaccines after measles outbreak
David Crow in New York and Andrew Ward in London
Merck has launched a staunch defence of its childhood vaccines, after an outbreak of measles in California prompted a nationwide debate on the safety of infant immunisation.
Roger Perlmutter, Merck's head of research and development, told the Financial Times that childhood vaccines were "one of the major triumphs that medical science has ever made".
"We are extremely proud of what we have been able to do to vanquish paediatric diseases that cause enormous suffering and death," added Mr Perlmutter.
Merck is the sole provider of immunisations against common childhood diseases in the US through its combination measles, mumps and rubella (MMR) and Proquad products.
Mr Perlmutter called on the government and other advocacy groups to do more to reassure the public about the safety of vaccines. He said there was a limit to how much Merck could do because "there are many who believe we are in some way prejudiced by virtue of being a commercial entity"…

Forbes
http://www.forbes.com/
Accessed 7 February 2015
RAND Corporation MD: Some Educated Parents Misunderstand Critical Vaccine Information
This is the second part of a story on the cost of measles. Read the first part, "Measles Outbreaks Cost Taxpayers Millions." One way to save money, time and suffering caused by outbreaks of measles and other preventable, contagious diseases, such as whooping cough, is to vaccinate. A dose costs $20 to [...]
Vanessa McGrady, Contributor Feb 06, 2015
Why Debate Over Vaccines And Autism Will Continue
How do you win a debate, when the arguments you're presented with keep changing? Such is the problem with the dispute over whether vaccines – and specifically the shot for measles,

mumps, and rubella – cause autism. At first, the theory of disease was related to a 1998 study, published in [...]
Scott Gottlieb, Contributor Feb 04, 2015
Sears and Gordon: Should Misleading Vaccine Advice Have Professional Consequences?
In the midst of this measles outbreak, everyone has started talking about extreme anti-vaccine advocates (such as that crazy cardiologist in Arizona who I'm not going to give free publicity to) or politicians stepping into it about "freedom of choice" (see Chris Christie's and Rand Paul's recent statements). But extremists [...]
Tara Haelle, Contributor Feb 03, 2015

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 7 February 2015
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 7 February 2015
[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 7 February 2015
[No new, unique, relevant content]

Mail & Guardian
http://mg.co.za/
Accessed 7 February 2015
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 7 February 2015
News Desk: The New Yorker
2 days ago ... Talking to Vaccine Resisters. By Seth Mnookin. Measles, the most infectious microbe known to humanity, is making a comeback
February 6, 2015
The Political Scene: Fear of Vaccines
By The New Yorker
"Where is my child's liberty if she is made sick by the freedom of someone else not to be vaccinated?" says the New Yorker staff writer Michael Specter about the politics of falling inoculation numbers. Specter joins fellow staff writer Ryan Lizza and host Dorothy Wickenden on this week's Political Scene podcast to discuss the anti-vaccination movement and American hostility to science.
They discuss the origins of suspicions about vaccines, the history of government responses to epidemics, the change in popular attitudes toward science during the George W. Bush Administration, and President Obama's inability to convince some Americans that vaccinations

are safe for their children. “When he champions something, it polarizes the issue,” says Lizza. “If he says the sky is blue, people may start to question that.”

You can listen to the full episode in the stream above. You can also subscribe to the podcast for free on iTunes or via RSS. Listen to the latest episodes of all New Yorker podcasts here.

New York Times

http://www.nytimes.com/

Accessed 7 February 2015

Paul on Vaccines, Thin Line Between Medicine and Politics

February 07, 2015 - By THE ASSOCIATED PRESS - U.S. - Print Headline: "Paul on Vaccines, Thin Line Between Medicine and Politics"

Ebola Drug Aids Some in a Study in West Africa

Favipiravir -- effectiveness in Ebola patients participating in a study. The medicine, which interferes with the virus’s ability to copy itself, seems to have halved mortality — to 15 percent, from 30 percent — in patients with low to moderate virus…

February 05, 2015 - By SHERI FINK - Science - Print Headline: "Ebola Drug Aids Some in a Study in West Africa"

Ebola: Sierra Leone Officials Criticize Travel Relaxation

FREETOWN, Sierra Leone — Although Ebola cases are declining in West Africa, Sierra Leone officials are worried that the president's decision to lift travel restrictions may re-ignite the spread of the deadly disease. President

February 03, 2015 - By THE ASSOCIATED PRESS -

Measles Outbreak Proves Delicate Issue to G.O.P. Field

February 03, 2015 - By JEREMY W. PETERS and RICHARD PÉREZ-PEÑA -

As Ebola Ebbs in Africa, Focus Turns From Death to Life

February 01, 2015 - By NORIMITSU

The Vaccine Lunacy

February 01, 2015 - By FRANK BRUNI - Opinion - Print Headline: "The Vaccine Lunacy"

Wall Street Journal

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

Accessed 7 February 2015

Video: Measles: How the Unvaccinated Put the 'Herd' at Risk

A measles outbreak in California has scientists concerned about the disease making a resurgence. Why do health officials track vaccinations so closely? WSJ’s Jason Bellini has #TheShortAnswer.

23 Hours ago Video – WSJ

Behind the Numbers: Herd Immunity

Herd immunity relies upon a certain vaccination rate--92%-94% in the case of measles--to safeguard those in the herd who can't or won't get immunized. And that rate has been threatened by the anti-vaccination trend.

The Numbers -- Yesterday 03:56:00 PM

The Weird Vaccine Panic

Rand Paul joins the Santa Monica left by indulging bad science.

02/03/15

Opinion

Washington Post

http://www.washingtonpost.com/
Accessed 7 February 2015
Opinions
Revoke the license of any doctor who opposes vaccination
By Arthur L. Caplan February 6
…When politicians ignore the evidence, fail to cite appropriate medical authorities, and rely on hearsay and rumor, with the result that people — out of ignorance or error — don't vaccinate their children, we can and should deny them elective office. When a doctor does so, we should demand that he forfeit his right to use his medical degree to misinform, confuse or lie.

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Ebola/EVD: Additional Coverage [to 7 February 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 7 February 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.

:: **07 Feb 2015** UNMEER External Situation Reports
No report posted.

:: **05 Feb 2015** *UNMEER External Situation Report*
KEY POINTS
:: Case incidence increased in all three countries for the first time this year
:: Community resistance remains a concern in pockets of affected countries

:: Logistics Cluster continues to coordinate delivery of critical relief items

Response Efforts and Health

4. Continued community resistance, increasing geographical spread in Guinea and widespread transmission in Sierra Leone, and a rise in incidence show that the EVD response still faces significant challenges. A total of 10 of 34 prefectures in Guinea reported at least one security incident or other form of refusal to cooperate in the week to 1 February. No counties in Liberia and 3 districts in Sierra Leone reported at least one similar incident during the week to 27 January. As the wet season approaches, there is an urgent need to end the outbreak in as wide an area as possible, especially in remote areas that will become more difficult to access.

8. In Sierra Leone, UNDP and UNMEER continue to provide support to the efforts of the National Ebola Response Centre (NERC), to implement the revised Hazard Policy payment aimed at re-classifying Ebola Response Workers (ERWs) based on real risks and further ensuring fiduciary sustainability and compliance. Biometric verification of ERWs commenced last week in Western Area. As of 1 February about 10,000 ERWs were verified, with several fraudulent ERWs in the Western Area discovered and reported to the Anti-Corruption Commission.

Essential Services

16. The Periodic Intensified Routine Immunization (PIRI) campaign teams reported community resistance in some parts of the districts at the IMS meeting in Grand Gedeh County. The misconception about Ebola vaccines trials, ongoing in Monrovia, persists in various districts (Cavalla, Gbao and Putu districts) where some of the town chiefs rejected the vaccination exercise in their communities.

:: **04 Feb 2015** *UNMEER External Situation Report*

Logistics

8. WFP, in coordination with the Government of Liberia, UNMEER and UNICEF, is providing logistics support for the transportation of WASH supplies for the safe re-opening of schools in Liberia. Dispatches are planned to commence on 4 February in Nimba County and are planned to be completed in all 15 counties by 15 February ahead of the school start date on 2 March. Dispatches will be conducted by road, air and sea transport. In total over 7,000 kits (some 2,700m3) will be delivered to over 4,000 schools serving one million students.

9. The WFP-led Emergency Telecommunications Cluster is providing Internet access for 1,112 humanitarian staff in 59 locations across Guinea, Liberia and Sierra Leone.

Essential Services

15. UNICEF Guinea distributed more than 31,720 household hygiene kits to 222,040 people in Ebola-affected areas. This brings the total number of household kits distributed since the beginning of the outbreak to 81,252 and the number of beneficiaries to 568,764. In support of government efforts as students returned to schools and universities, UNICEF distributed 25,800 school hygiene kits benefitting 1,467,252 students.

17. UNMEER facilitated a rapid assessment of three border crossing points along the Liberia/Bong country - Guinea border, namely Jowah, Gboata and Garmu. The joint team composed of the CDC and UNMEER was led by the Director of Operations in the Bureau of Immigration and Naturalization (BIN), Liberia. The joint team interacted with border officials who reported the crossing were officially closed in July 2014, but illegal crossings continue due to extensive family, cultural and economic ties on both sides. The border officials reported that each border post is manned by 10-15 personnel, which is insufficient for ensuring the necessary patrolling of the border area. The CDC experts also held extensive discussions with the medical personnel at Joseph Clinic in Jowah, a regional medical facility that provides medical care for

the population across 5 areas, including to patients from Guinea (especially before the outbreak). Medical personnel at Jowah Clinic emphasized the need for a joint health team and Infection Prevention and Control (IPC) resources before officially re-opening the borders.

:: **03 Feb 2015** *UNMEER External Situation Report*
Key Political and Economic Developments
1. WHO reports that 3 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, due to begin week of 2 February; and a stepped-wedge trial in Sierra Leone under a Sierra Leonean-US-CDC collaboration. Strong emphasis is being given to effective communication and engagement with communities to build trust, address concerns about clinical trials and vaccination campaigns and ensure that volunteers can make informed choices. WHO will continue its facilitator role as trials move forward, in particular by ensuring that national regulatory oversight and patient safety remain top priorities. WHO's efforts in R&D for Ebola have had one overriding objective: to help end the epidemic and provide insurance against future epidemics.
3. The Ministry of Education in Liberia has postponed the reopening of schools to allow for continued preparation for the safe re-opening of schools. Schools were initially planned to re-open on 2 February.

:: **02 Feb 2015** *UNMEER External Situation Report*
Response Efforts and Health
5. In the previous week, WFP supplied food commodities to quarantined households and six quarantined communities in Port Loko District, Sierra Leone. In addition, WFP provided one month rations in Kenema Township where 29 new households were recently quarantined and to hotspots in Kono District. With CIDO, WFP completed food distributions for over 5,800 beneficiaries in Rotifunk community in Moyamba.

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Support is also provided by a growing list of individuals who use this membership service to support their roles in public health, clinical practice, government, NGOs and other international institutions, academia and research organizations, and industry.

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