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

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

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

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

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EBOLA/EVD [to 4 April 2015]
Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)

Ebola Situation Report – 1 April 2015
[Excerpts]
SUMMARY
:: **A total of 82 new confirmed cases of Ebola virus disease (EVD) were reported in the week to 29 March, a slight increase compared with 79 cases the previous week.** Case incidence in Guinea increased to 57, compared with 45 the previous week. This offset a fourth consecutive weekly fall in case incidence in Sierra Leone, which reported 25 confirmed cases. Liberia reported no confirmed cases over the same period.
:: **In addition to an increase in case incidence in Guinea, the geographic area of transmission also increased**. A total of 7 Guinean prefectures reported at least one

confirmed case in the week to 29 March, compared with 3 the previous week. Two of the 7 prefectures that reported a new confirmed case, Fria and Siguiri, did so for the first time in over 50 days. Siguiri, which borders Mali, is the first prefecture outside the western area of Guinea to report a confirmed case for over 30 days.
:: In Sierra Leone, cases were reported from 5 northern and western districts around and including the capital Freetown, which reported 10 new confirmed cases. The neighbouring districts of Bombali (1 case), Kambia (5 cases), Port Loko (6 cases) and Western Rural (3 cases) also reported cases.
:: Response indicators for Guinea present a mixed picture. Of 35 confirmed deaths from EVD in the week to 29 March, 15 (43%) were identified post-mortem in the community, compared with 10 of 37 (27%) the previous week. This increase may be attributable to improved access to communities in Forecariah prefecture. The proportion of confirmed cases that arose among registered contacts increased from 38% in the week to 15 March to 53% in week to 22 March.
:: A total of 20 unsafe burials were reported in the week to 29 March, compared with 26 the previous week.
:: **A 45-day state of health emergency has been declared in the Guinean prefectures of Forecariah, Coyah, Dubreka, Boffa, and Kindia. The capital, Conakry, will also be subject to emergency measures, which include the restriction of movement in areas of transmission, the temporary closure and quarantine of private hospitals and clinics where EVD cases have been detected, and limitation of burial participation to close relatives only. All corpses will be tested for EVD during the 45-day emergency period.**
:: The last confirmed case in Liberia passed away on 27 March. Investigations are ongoing to establish the origin of infection. A total of 185 contacts associated with the case are being monitored twice a day. Heightened vigilance is being maintained throughout the country. In the week to 29 March, 278 laboratory samples were tested for EVD, with no confirmed cases.
:: In the week to 29 March, 67% of confirmed cases in Sierra Leone came from registered contacts, compared with 84% the previous week. There was one report of an unsafe burial over the same period. The proportion of confirmed deaths from EVD that were identified in the community increased slightly, from 7 of 56 (13%) in the previous week to 8 of 52 (15%) in the week to 29 March. Heightened surveillance is being maintained: over 100 suspected cases were reported in the week to 29 March, compared with 57 the previous week. The majority of suspected cases (52) were reported during the final 2 days of the 3-day stay-at-home.
:: There were 8 new health worker infections in the week to 29 March: 7 in Guinea, and 1 in Sierra Leone. This brings the total number of health worker infections reported across the three most-affected countries since the start of the outbreak to 861, with 495 deaths.

COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION
:: **There have been a total of 25,178 reported confirmed, probable, and suspected cases of EVD in Guinea, Liberia and Sierra Leone (table 1), with over 10,000 reported deaths** (outcomes for many cases are unknown). A total of 57 new confirmed cases were reported in Guinea, 0 in Liberia, and 25 in Sierra Leone in the 7 days to 29 March…
:: A total of 861 confirmed health worker infections have been reported in Guinea, Liberia, and Sierra Leone; there have been 495 reported deaths (table 5).

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UNMEER [to 4 April 2015]

https://ebolaresponse.un.org/un-mission-ebola-emergency-response-unmeer
Press Releases
30 Mar 2015
UNMEER to align support behind "courageous" Ebola containment steps by Guinea
[see Guinea note above]

UN Mission Situation Reports
- 02 Apr 2015
- 01 Apr 2015
- 31 Mar 2015
- 30 Mar 2015
- 27 Mar 2015

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2 April 2015
SG/A/1558
Secretary-General Appoints High-Level Panel on Global Response to Health Crises
Press Release
United Nations Secretary-General Ban Ki-moon today announced the appointment of a High-level Panel on the Global Response to Health Crises.

The Secretary-General has appointed Jakaya Mrisho Kikwete, President of the United Republic of Tanzania, as Chair. A full list of Panel members appears below. The Secretary-General has asked the Panel to make recommendations to strengthen national and international systems to prevent and manage future health crises, taking into account lessons learned from the response to the outbreak of Ebola virus disease.

In carrying out its work, the Panel will undertake a wide range of consultations, including with representatives from the affected countries and communities, the United Nations system, multilateral and bilateral financial institutions and regional development banks, non-governmental organizations, countries supporting the response effort, other Member States, health-care providers, academic and research institutions, the private sector and other experts. The Panel will be supported by a Resource Group of leading experts which is to provide advice to the Panel on technical and other issues.

The Panel will hold its first meeting in early May 2015 and is expected to submit its final report to the Secretary-General at the end of December 2015. The Secretary-General will make the report available to the General Assembly and undertake further action as appropriate.

Panel Members
- Jakaya Mrisho Kikwete (United Republic of Tanzania)
- Celso Amorim (Brazil)
- Micheline Calmy-Rey (Switzerland)
- Marty Natalegawa (Indonesia)
- Joy Phumaphi (Botswana)
- Rajiv Shah (United States)

[Full press release including bios here: http://www.un.org/press/en/2015/sga1558.doc.htm]

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NIH Watch [to 4 April 2015]
http://www.nih.gov/news/health/apr2015/niaid-01.htm
:: **Experimental Ebola vaccine safe, prompts immune response**
Results from US government-sponsored phase 1 trial of VSV vaccine reported
An early-stage clinical trial of an experimental Ebola vaccine conducted at the National Institutes of Health and the Walter Reed Army Institute of Research (WRAIR) found that the vaccine, called VSV-ZEBOV, was safe and elicited robust antibody responses in all 40 of the healthy adults who received it. The most common side effects were injection site pain and transient fever that appeared and resolved within 12 to 36 hours after vaccination. A report describing preliminary results of the NIH-WRAIR study appears online today in The New England Journal of Medicine. The VSV-ZEBOV candidate is one of two experimental Ebola vaccines now being tested in the phase 2/3 PREVAIL clinical trial that is enrolling volunteers in Liberia.

"The ongoing Ebola ongoing outbreak in West Africa is unprecedented in scope and duration," said Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID), part of NIH. "The outbreak is slowly coming under control, thanks to extraordinary and multi-faceted efforts in the affected nations. However, there still are no licensed specific therapies or vaccines for Ebola. Until a safe and effective vaccine is available, the world will continue to be under-prepared for the next Ebola outbreak."

Scientists at the Public Health Agency of Canada developed the candidate vaccine. It was licensed to NewLink Genetics Corp. of Ames, Iowa, a company collaborating with Merck & Co. Inc., of Kenilworth, New Jersey, which is responsible for advancing this vaccine towards regulatory approval. The investigational vaccine is based on a genetically modified and attenuated vesicular stomatitis virus (VSV), a virus that mainly affects cattle. In the investigational vaccine, a gene for a VSV protein is replaced with a gene segment from a key protein in the Zaire species of Ebola virus. The vaccine does not contain the whole Ebola virus and therefore cannot infect vaccinated persons with Ebola.

The new report summarizes results of the first 52 volunteers enrolled in the study: 26 at the NIH Clinical Center in Bethesda, Maryland, and 26 at the WRAIR clinic in Silver Spring, Maryland. Six volunteers at each site received a placebo injection of saline solution, and the remaining 40 received the experimental vaccine at either one of two different dosages (2 x107 or 3 x106 in 20 volunteers at each site.) The NIH trial was led by NIAID investigators Richard T. Davey, Jr., M.D., and John H. Beigel, M.D., while Jason A. Regules, M.D., and Stephen J. Thomas, M.D., headed the trial at WRAIR.

The candidate vaccine's ability to stimulate immune responses was assessed by sampling the volunteers' blood at multiple time points following injection. (The blood sampling schedule differed between the two trial sites.) Of those volunteers tested at 14 days after injection, 93 percent (26 out of 28) of whose who had received vaccine developed antibodies against Zaire species of Ebola virus. Antibodies were detected in the remaining 14 volunteers who had received vaccine by 28 days after injection. Antibody responses were approximately three-fold

greater in those who received the higher vaccine dose. This information was available to the designers of the PREVAIL trial and was used to guide the decision to use VSV-ZEBOV at the higher dosage level in that trial.

"The prompt, dose-dependent production of high levels of antibodies following a single injection and the overall favorable safety profile of this vaccine make VSV-ZEBOV a promising candidate that might be particularly useful in outbreak interventions," said Dr. Davey.

The volunteers tolerated the vaccine well. Thirty percent (12 out of 40) of those who received the vaccine experienced mild or moderate fever; in all but one case, fever appeared and resolved within 24 hours of vaccination. The VSV-ZEBOV vaccine is made from live, weakened VSV and self-limiting fever following immunization with a live virus vaccine is not unexpected.

Some volunteers in a separate, Swiss study of this candidate vaccine reported experiencing arthritis that started in the second week after vaccination. Therefore, volunteers in the NIH-WRAIR study were specifically queried about new arthritis symptoms. No episodes of frank arthritis were reported by any volunteer.

More details about the NIH portion of this study are available at ClinicalTrials.gov using the identifier NCT02280408. Further details on the WRAIR portion are at ClinicalTrials.gov using the identifier NCT02269423.

:: **Update on clinical status of patient with Ebola virus at the NIH Clinical Center**
March 30, 2015 — Status changes from serious to fair condition.

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CDC/MMWR/ACIP Watch [to 4 April 2015]
http://www.cdc.gov/media/index.html
:: **Ebola in West Africa: The Importance of "Getting to Zero" - Press Release**
FRIDAY, MARCH 27, 2015

:: **Ebola: Getting to Zero - Digital Press Kit**
FRIDAY, MARCH 27, 2015

:: **MMWR Weekly April 3, 2015 / Vol. 64 / No. 12**
- Ebola Virus Disease in a Humanitarian Aid Worker — New York City, October 2014

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POLIO [to 4 April 2015]
Public Health Emergency of International Concern (PHEIC)

GPEI Update: Polio this week - *As of 1 April 2015*
Global Polio Eradication Initiative
[Editor's Excerpt and text bolding]
Full report: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx

:: Every day health workers around the world do heroic work on the frontlines to engage parents and provide children with polio vaccines. Read more about health workers in Pakistan.
:: April marks 60 years since Jonas Salk's inactivated polio vaccine (IPV) was launched, enabling children to be protected against polio for the first time. Read more.
:: National Immunization Days are planned in Madagascar on 27 April to 1 May.
:: The GPEI is currently accepting applications from students and recent graduates interested in summer 2015 internships at the World Health Organization. More information is available here.

[Selected country-level report content]

Pakistan

:: Efforts are ongoing to strengthen the implementation of the 'low season' emergency operations plan.
:: Strong, functional Emergency Operations Centres (EOCs) are now operational both at the federal and provincial levels.
:: Strategies are focusing on clearly identifying reasons for missed children, and putting in place area-specific mechanisms to overcome area-specific challenges.
:: Independent monitoring is being strengthened and rolled out across wider geographic areas to provide a clearer assessment of quality and associated gaps.
:: Activities are focusing on known infected areas, but also areas deemed at high-risk but which have not reported polio cases. Environmental surveillance indicates widespread transmission of the virus, not just in known infected areas but also in areas without cases. Environmental surveillance is proving to be an instrumental supplemental surveillance tool enabling a clearer epidemiological picture.

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WHO & Regionals [to 4 April 2015]

:: **Conflict in Yemen kills and injures hundreds, places major strain on health system**

1 April 2015, Sana'a, Yemen – An escalation in conflict and violence in Yemen has resulted in hundreds dead and thousands injured, and placed immense strain on health facilities and humanitarian health care providers…

…WHO, in support of Yemen's Ministry of Public Health and Population, is working with the International Committee of the Red Cross, Médecins Sans Frontières (MSF France and Spain) and other partner organizations to ensure that patients receive the treatment they urgently need and that health facilities are provided with sufficient medicines and medical supplies.

To date, WHO and partners have provided interagency emergency health kits for more than 80 000 beneficiaries, as well as blood bags, oxygen cylinders with regulators, and IV fluids. Urgently required medicines and other supplies that are available in the country are being procured locally. With the closure of all airports and ports to Yemen, WHO is coordinating with the World Food Programme and UN partners to explore alternative solutions for the provision of additional medicines and medical kits from its humanitarian hub in Dubai.

:: The **Weekly Epidemiological Record (WER) 3 April 2015**, vol. 90, 14 (pp. 133–148) includes:
- Planning, requesting medicines and reporting for preventive chemotherapy
- UNICEF and WHO meet to strengthen reporting of anthelminthic treatment for preschool children

:: **GIN - March 2015 pdf, 1.87Mb** 31 March 2015

:: WHO Regional Offices
WHO African Region AFRO
No new digest content identified.

WHO Region of the Americas PAHO
:: Experts Discuss Actions to Include Health in All Public Policies in the Countries of the Americas (03/30/2015)

WHO South-East Asia Region SEARO
:: • Make food safety a priority: WHO 31 March 2015

WHO European Region EURO
:: Complex food chain increases food safety risks 31-03-2015

WHO Eastern Mediterranean Region EMRO
:: Conflict in Yemen kills and injures hundreds, places major strain on health system
1 April 2015, Sana'a, Yemen – An escalation in conflict and violence in Yemen has resulted in hundreds dead and thousands injured, and placed immense strain on health facilities and humanitarian health care providers

WHO Western Pacific Region
:: Ensuring food in the Region is safe from farm to plate
MANILA, 1 April 2015 – Diseases caused by unsafe food claim an estimated 2 million lives globally each year. The World Health Organization (WHO) in the Western Pacific Region marks World Health Day (7 April) this year by urging governments, the food industry and consumers to observe food safety to save lives and improve global health.

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GAVI [to 4 April 2015]
http://www.gavialliance.org/library/news/press-releases/
01 April 2015
Lao PDR to protect more than 1.5 million children from Japanese encephalitis
Gavi supports national campaign to prevent mosquito-borne disease.

PATH [to 4 April 2015]
http://www.path.org/news/index.php
Announcement
April 01, 2015
Laos launches national Japanese encephalitis vaccination campaign
National launch signifies PATH's decade-long work to bring a lifesaving vaccine to at-risk countries
Today, Laos launched a nationwide Japanese encephalitis (JE) campaign aimed at reaching 1.5 million children between the ages of one and 15 years. This national campaign, conducted with support from Gavi, the Vaccine Alliance, is the result of PATH's longstanding efforts to

protect millions of children from a devastating disease. After completing its national catch-up campaigns this year, the government of Laos is expected to fund and incorporate JE vaccination into its childhood routine immunization schedule, ensuring countrywide JE coverage for the first time in history…

The journey to vaccine scale up

With funding from the Bill & Melinda Gates Foundation, PATH and its partners have made tremendous progress in bringing global attention to a long-neglected disease. For more than a decade, PATH worked to identify and accelerate the delivery of an affordable JE vaccine. It began by identifying a safe, effective vaccine used in China for more than 20 years and collaborating with the manufacturer, Chengdu Institute of Biological Products (CDIBP); the World Health Organization (WHO), and ministries of health to conduct pivotal clinical trials to add to a growing collection of data on the vaccine. PATH also negotiated with CDIBP to secure an affordable public-sector price for the countries that needed it most.

In October 2013, a major milestone was reached—the WHO prequalification of CDIBP's JE vaccine, a first for China—signaling its entrance into the global vaccine marketplace and allowing Gavi to provide financing for low-income countries struggling with JE control. PATH played a pivotal role in helping CDIBP meet the rigorous international standards of quality, safety, and efficacy required for WHO prequalification from providing technical support to assisting in the design and financing of a new manufacturing facility.

Countries forging ahead

In the spring of 2014, Laos moved forward to introduce JE immunization campaigns in two new provinces, with the goal of reaching 170,000 children in two weeks. These campaigns were conducted through an innovative partnership between Microsoft employees and PATH, allowing Laos to transport the vaccine from the Chinese manufacturer to the villages that needed them as well as provide health worker training to ensure successful vaccination campaigns. Now, by introducing a national JE vaccination program with additional funding provided by Gavi, Laos continues to demonstrate its commitment to eliminating JE.

The countrywide introduction of CDIBP's JE vaccine in Laos is an incredibly proud moment for PATH and its partners, who have worked since 2003 to support countries in their quest to protect vulnerable children from this deadly disease. Together, their efforts have meant that more than 221 million kids across Southeast Asia in countries such as Nepal, Sri Lanka, Cambodia, and India have been reached by a vaccine once virtually unknown outside of China.

Cambodia is expected to conduct Gavi-funded, nationwide JE vaccination campaigns beginning in January 2016.

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University Of Maryland School Of Medicine Plans To Launch Major New Global Health And Vaccine Institute; Building On Longstanding Worldwide Leadership In Malaria Research And Vaccine Development

New Centers/ Directors Announced as Part of New Institute

BALTIMORE, April 1, 2015 /PRNewswire-USNewswire/ -- University of Maryland School of Medicine Dean E. Albert Reece, MD, PhD, MBA, announced today that the School of Medicine (UM SOM) plans to establish a major new Institute for Global Health (IGH), bringing together decades of UM SOM research, treatment and vaccine development around the world, and expanding the School's platform as the premier, leading center for global health research, treatment and prevention. The new Institute will focus on vaccine development and malaria

research, and will house the UM SOM's reconfigured Center for Vaccine Development (CVD) as well as a newly-formed Center for Malaria Research (CMR).

The new Institute will assemble some of the most prominent scientists and researchers in the fields of malaria research and vaccine development. Myron Levine, MD, DTPH, the Simon and Bessie Grollman Distinguished Professor and Founding Director of the CVD, will serve as a senior advisor to the IGH, and will become the UM SOM's Associate Dean for Global Health, Vaccinology and Infectious Diseases; Christopher Plowe, MD, MPH, Professor of Medicine, of Molecular Microbiology and Immunology, and of Epidemiology and Public Health, and Howard Hughes Medical Institute investigator at the UM SOM, will become the Founding Director of the IGH and the Director of the new CMR. Kathleen Neuzil, MD, MPH, newly-recruited physician-scientist, will become the Deputy Director of IGH and the Director of the CVD. Dr. Neuzil is now Professor of Medicine and Global Health at the University of Washington and is considered one of the world's leaders in vaccinology. She directs worldwide vaccine access and delivery at PATH, an international nonprofit global health organization based in Seattle.

"This will truly be a landmark initiative for the School of Medicine," said Dr. Reece, who is Vice President for Medical Affairs at the University of Maryland and John Z. and Akiko K. Bowers Distinguished Professor and Dean of the University of Maryland School of Medicine. "As a result of the tireless work of Dr. Levine, Dr. Plowe and others, we have continued to grow our global presence now in 35 countries around the world, including research and treatment facilities in Mali, Chile, Malawi and now emerging in Myanmar. This new Institute will enable us to leverage all of the tremendous work that has been done, and will have a powerful and lasting impact on global health."…

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Industry Watch [to 4 April 2015]

:: **GSK to establish global vaccines R&D centre in the US**

02 April 2015 Issued: London and Philadelphia, PA

New hub based in Rockville, MD expands GSK's global vaccines R&D footprint

GSK announced today it is further strengthening and expanding its vaccines presence in the US by establishing a new global centre for vaccines research and development (R&D) in Rockville, Maryland. The site will become one of three global vaccines R&D centres for GSK, complementing the company's existing global R&D centres in Rixensart, Belgium and in Siena, Italy, a site which GSK recently acquired from Novartis in March 2015.

The new US vaccines R&D centre will expand GSK's efforts to discover and develop novel vaccines across a range of pressing public health threats, including those relevant to the US. It will consolidate vaccines R&D activities currently conducted at other GSK sites including in Philadelphia, PA and Cambridge, MA, into one centralised location. Key late stage development programmes, as well as vaccine discovery and new platform technology development will be led from Rockville…

:: **GSK statement on meningitis vaccination in the UK**

29 March 2015 Issued: London

GSK is delighted to have reached an agreement with the UK's Department of Health that will enable babies in the UK to receive its meningitis B vaccine through the NHS immunisation schedule.

We have moved rapidly to conclude negotiations since we acquired the vaccine from Novartis at the beginning of March.

We believe the agreement we have reached offers fair value for the NHS and allows a reasonable return for GSK to ensure that we can continue to invest in creating new treatments and vaccines

:: **Pfizer to Cease Vaccine Sales Business in China**

License not renewed for Prevenar, which protects toddlers against pneumococcal disease

By Laurie Burkitt

Wall Street Journal Updated April 2, 2015 12:03 p.m. ET

SHANGHAI—Pfizer Inc. is ceasing vaccine sales operations in China after the Chinese government failed to renew an import license for one of its products, a move that the company said will cause a shortage of the treatment in China.

Pfizer said in a statement Thursday that the license had expired for Prevenar, sold as Prevnar in the U.S. The vaccine protects toddlers against pneumococcal disease that can lead to pneumonia and other infections,. "Based on a careful assessment of this situation, we have decided to cease our Vaccines commercial operations in China at this time, effective immediately," the statement said. The vaccine is Pfizer's No. 2-selling franchise globally, behind the Lyrica pain drug.

The vaccine operations will close immediately, affecting 200 employees who work in the division, a statement from the company said, adding that "most colleagues will be impacted" by the closure. Pfizer, which has 9,000 employees in China, will help the affected employees find other positions within the company, the statement said.

The spokeswoman declined to disclose why the vaccine's license wasn't renewed. Regulators at China's Food and Drug Administration weren't immediately available for comment.

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Global Fund [to 4 April 2015]

http://www.theglobalfund.org/en/mediacenter/newsreleases/

01 April 2015

Global Fund Affirms Commitment to Resilient Health Systems

GENEVA - Members of the Board of the Global Fund called for accelerated efforts to build resilient health systems that can contribute to ending AIDS, tuberculosis and malaria as epidemics.

At a Board meeting, several members stressed the need to support countries in strengthening health systems, at a national level and also at a community level, with the entire Global Fund partnership working together to achieve resilience and sustainability in health systems.

The German delegation pointed out the critical importance of making broader investments in health systems in order to address the health concerns of communities responding to HIV, TB and malaria.

Takeshi Osuga, Deputy Director General for International Cooperation and Global Issues in Japan's Ministry of Foreign Affairs said that resilient health systems can galvanize action for many health challenges. By enacting policies that support universal health coverage, partners in global health can support efforts to transformative health systems.

There is broad recognition that the Ebola crisis in West Africa drew increased attention to the importance of health systems.

Prof. Onyebuchi Chukwu, former Minister of Health of Nigeria, spoke about how his country relied with great success on health systems that were built to respond to polio in combating Ebola. He also stressed the importance of community involvement and participation.

The Global Fund has been investing in health systems since its beginning, both in investments that are channelled through disease-specific grants as well as through grants that are solely on strengthening health systems.

Mark Dybul, Executive Director of the Global Fund, said more than a third of the Global Fund's investments go to strengthening health systems in the countries and communities where programs treat, prevent and care for those affected by HIV, TB and malaria. Dr. Dybul said that health systems will be best sustained and strengthened where investments are firmly anchored within communities.

At its two-day meeting which closed today, the Board also approved a framework for financing co-infections and co-morbidities of HIV/AIDS, TB and malaria.

Dr. Nafsiah Mboi, completing a two-year term as Chair of the Board, said that the role of health systems in enabling communities to respond to their diverse and distinct health needs has never been more vital.

"The Global Fund is determined to play a robust role in strengthening health systems during the post-2015 development era," Dr. Nafsiah Mboi said

Global Fund Board Selects New Chair and Vice-Chair

01 April 2015

GENEVA - The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria selected Norbert Hauser, a former Member of Parliament and international auditor from Germany, as its new Chair and also named Aida Kurtovic of Bosnia and Herzegovina as Vice-Chair. Both began serving a two-year term today.

Mr. Hauser, building upon a distinguished career in government and public service, previously served as interim Inspector General at the Global Fund in 2012-13 and as a member of the High-Level Panel that created a blueprint for reform at the Global Fund. Until 2011, he served as Vice President of Germany's Supreme Audit Institution.

"In the changing landscape of global health, we are determined to build resilient health systems and expand our support to the people affected by the epidemics we fight," said Mr. Hauser. "It is an honor to be able to serve the Global Fund, its Board and the people in need, working together with members of the Board of the Global Fund."

Mr. Hauser began his career as a lawyer and prosecutor in Germany. He served in many government positions, including more than 20 years as a Member of the Council of the City of Bonn, and 15 years as District Mayor of the Borough of Bonn-Bad Godesberg. He also served as Chairman of the Panel of External Auditors of the United Nations and as External Auditor of the International Atomic Energy Agency, among other positions.

Mrs. Kurtovic served as a Board member of the Global Fund from 2012-2014, and has been involved with the Global Fund in numerous capacities, serving on Bosnia's Country Coordinating Mechanism and on Board committees. She is Executive Director of Partnerships in Health, an organization in Sarajevo whose mission is assisting institutions to build capacity and achieve sustainable improvements in the quality of basic and essential health services, changing the lives of vulnerable populations. Partnerships in Health strongly focuses on the HIV testing, counseling and support to people living with HIV among other services.

"Like no other organization, the Global Fund has been able to mobilize, perform and deliver results in a very short period of time," said Mrs. Kurtovic. "We have to sustain those gains and expand our support even more."

The handover of Board leadership came at the close of a meeting of the Global Fund Board, as Dr. Nafsiah Mboi, former Minister of Health of Indonesia, completed a two-year term as Chair

of the Board. Mireille Guigaz, former French Ambassador for the fight against HIV/AIDS and communicable diseases, completed a two-year term as Vice-Chair.

During that time, the Global Fund successfully engineered a significant change in its core business by launching a new approach to funding that is geared to increasing impact of programs in countries fighting HIV, TB and malaria.

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European Medicines Agency Watch [to 4 April 2015]
http://www.ema.europa.eu/ema/
:: **European Medicines Agency and Heads of Medicines Agencies consult on common network strategy to 2020**
31/03/2015
Making a difference to human and animal health

The European Medicines Agency (EMA) and the Heads of Medicines Agencies (HMA) have released the 'EU Medicines Agencies Network Strategy to 2020', a draft common strategy to 2020 for the European medicines agencies network, for a three-month public consultation…

The need to further strengthen the collaboration between the members of the network and work together towards achieving agreed goals has become more urgent recently. Europe faces the global threat represented by antimicrobial resistance to human and animal health, and needs to be prepared for emerging epidemics, as reminded by the outbreak of Ebola Virus Disease in West Africa in March 2014. At the same time the healthcare needs of patients in Europe are changing. Advancements in science and medicine mean that new and more complex medicines are being developed, which may bring opportunities for personalised medicines and more treatments for rare diseases. Patients also require timely access to new, beneficial and safe medicines. The globalisation of the pharmaceutical industry means that greater collaboration with regulators beyond the European Union (EU) is essential to assure the supply of safe, effective and good quality medicines for humans and animals.

The joint strategy for the European medicines agencies network is based on a coordinated approach and a strengthened collaboration within the network over the next five years, to address the challenges and make the most of the opportunities to benefit human and animal health.

The network is unique in the global regulatory environment. It includes all national medicines regulatory authorities for both human and veterinary medicines from EU Member States and the European Economic Area (EEA), united in the Heads of Medicines Agencies (HMA), and the European Medicines Agency (EMA). By working closely together, the network can draw on the resources and expertise available across the EU, avoid duplication and share workloads.

The draft strategy focuses on areas where collaboration within the network can make a real difference to human and animal health in the European Union over the next five years. It builds on the EMA roadmap to 2015 and the HMA strategy document 2011-15.
The draft network strategy is arranged under four key themes focusing on:
- human health
- animal health and human health in relation to veterinary medicines
- optimising the operation of the network
- the global regulatory environment…

European Union Medicines Agencies Network Strategy to 2020 - Working together to improve health
EMA/MB/151414/2015 - draft: consultation open

Consultation end date 30/06/2015
Summary
This document outlines the high level strategy for the network for the next five years. It is presented, for the first time, as a single strategy for the entire network to reflect the need for a coordinated approach to address the multiple challenges and opportunities that face the network. Advances in science affect the nature of the products we regulate and the network must support new and innovative developments that contribute to public health.
Submission of comments template - EU Medicines Agencies Network Strategy to 2020 - Working together to improve health (31/03/2015)

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UNICEF Watch [to 4 April 2015]
No new digest content identified.

IVI Watch [to 4 April 2015]
http://www.ivi.org/web/www/home
No new digest content identified.

Sabin Vaccine Institute Watch [to 4 April 2015]
http://www.sabin.org/updates/pressreleases

BMGF (Gates Foundation) [to 4 April 2015]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

FDA Watch [to 4 April 2015]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
No new digest content identified.

European Vaccine Initiative Watch [to 4 April 2015]
http://www.euvaccine.eu/news-events
No new digest content identified.

DCVMN / PhRMA / EFPIA / IFPMA / BIO Watch [to 4 April 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

No new digest content identified.

Journal Watch

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

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

The American Journal of Bioethics

Volume 15, Issue 3, 2015

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

[No relevant content identified]

American Journal of Infection Control

April 2015 Volume 43, Issue 4, p313-422

http://www.ajicjournal.org/current

APIC 2015 opening plenary to feature thought-provoking panel discussion on Ebola: Music City Center in Nashville, TN, June 27-29, 2015

p313

The APIC 2015 Annual Conference, June 27-29 in Nashville, represents the most comprehensive infection prevention meeting in the world, complete with infection prevention experts, cutting-edge education, an exhibit hall showcasing the latest innovations, and vibrant networking events.

Handling Europe's first Ebola case: Internal hospital communication experience

Margarita Mosquera, MD, PhD, MPH, Victoria Melendez, PhD, Pello Latasa, MD, MPH

Published Online: February 24, 2015

Highlights

- Media communication plays an important role in a public health crisis to alarm or reassure the population.
- Internal hospital communication needs to be clear, science-based, and understandable.
- Health care workers are benchmarks for the rest of the population as a trusted source.
- Institutional communication preparedness reducing crisis response time will help social media and networks to convey reassuring coverage.

Abstract

Europe's first Ebola virus disease (EVD) case was diagnosed in our hospital. There was an unjustified panic in the population because of an imbalance of credibility assigned to the media as opposed to scientific information. A reinforcement of hospital internal communication was needed to keep health care workers informed with up-to-date scientific EVD information. The proactive management of information flow to both internal and external actors is required to reduce unjustified fear within the public.

Disinfecting personal protective equipment with pulsed xenon ultraviolet as a risk mitigation strategy for health care workers

Chetan Jinadatha, MD, MPH, Sarah Simmons, BS, MPH, Charles Dale, BA, Nagaraja Ganachari-Mallappa, PhD, Frank Charles Villamaria, MPH, Nicole Goulding, BS, Benjamin Tanner, PhD, Julie Stachowiak, PhD, Mark Stibich, MHS, PhD

Open Access
DOI: http://dx.doi.org/10.1016/j.ajic.2015.01.013

Highlights

- We determined the effectiveness of pulsed xenon ultraviolet against an Ebola surrogate virus on a dry inanimate surface.
- We determined the effectiveness of pulsed xenon ultraviolet against personal protective equipment material inoculated with an Ebola surrogate virus.
- We determined the level of ultraviolet exposure for a person wearing personal protective equipment.
- We described the distribution of germicidal light coverage on personal protective equipment.

Abstract

The doffing of personal protective equipment (PPE) after contamination with pathogens such as Ebola poses a risk to health care workers. Pulsed xenon ultraviolet (PX-UV) disinfection has been used to disinfect surfaces in hospital settings. This study examined the impact of PX-UV disinfection on an Ebola surrogate virus on glass carriers and PPE material to examine the potential benefits of using PX-UV to decontaminate PPE while worn, thereby reducing the pathogen load prior to doffing. Ultraviolet (UV) safety and coverage tests were also conducted. PX-UV exposure resulted in a significant reduction in viral load on glass carriers and PPE materials. Occupational Safety and Health Administration–defined UV exposure limits were not exceeded during PPE disinfection. Predoffing disinfection with PX-UV has potential as an additive measure to the doffing practice guidelines. The PX-UV disinfection should not be considered sterilization; all PPE should still be considered contaminated and doffed and disposed of according to established protocols.

American Journal of Preventive Medicine
April 2015 Volume 48, Issue 4, p365-490
http://www.ajpmonline.org/current

Medicare Claims Versus Beneficiary Self-Report for Influenza Vaccination Surveillance

Kimberly A. Lochner, ScD, Marc A. Wynne, MSPH, Gloria H. Wheatcroft, MPH, Chris M. Worrall, BS, Jeffrey A. Kelman, MD

Published Online: February 17, 2015
DOI: http://dx.doi.org/10.1016/j.amepre.2014.10.016

Abstract

Background

Although self-reported influenza vaccination status is routinely used in surveillance to estimate influenza vaccine coverage, Medicare data are becoming a promising resource for influenza surveillance to inform vaccination program management and planning.

Purpose

To evaluate the concordance between self-reported influenza vaccination and influenza vaccination claims among Medicare beneficiaries.

Methods

This study compared influenza vaccination based upon Medicare claims and self-report among a sample of Medicare beneficiaries (N=9,378) from the 2011 Medicare Current Beneficiary Survey, which was the most recent year of data at the time of analysis (summer 2013). Sensitivity, specificity, positive predictive value, and negative predictive value were calculated using self-reported data as the referent standard. Logistic regression was used to compute the marginal mean proportions for whether a Medicare influenza vaccination claim was present among beneficiaries who reported receiving the vaccination.

Results

Influenza vaccination was higher for self-report (69.4%) than Medicare claims (48.3%). For Medicare claims, sensitivity=67.5%, specificity=96.3%, positive predictive value=97.6%, and negative predictive value=56.7%. Among beneficiaries reporting receiving an influenza vaccination, the percentage of beneficiaries with a vaccination claim was lower for beneficiaries who were aged <65 years, male, non-Hispanic black or Hispanic, and had less than a college education.

Conclusions

The classification of influenza vaccination status for Medicare beneficiaries can differ based upon survey and claims. To improve Medicare claims–based surveillance studies, further research is needed to determine the sources of discordance in self-reported and Medicare claims data, specifically for sensitivity and negative predictive value.

Impacting Delayed Pediatric Influenza Vaccination

A Randomized Controlled Trial of Text Message Reminders

Annika M. Hofstetter, MD, PhD, MPH, Celibell Y. Vargas, MD, Stewin Camargo, MS, Stephen Holleran, BA, David K. Vawdrey, PhD, Elyse Olshen Kharbanda, MD, MPH, Melissa S. Stockwell, D, MPH

This activity is available for CME credit. See page A3 for information.

DOI: http://dx.doi.org/10.1016/j.amepre.2014.10.023

Abstract

Background

Influenza vaccination coverage is low, especially among low-income populations. Most doses are generally administered early in the influenza season, yet sustained vaccination efforts are crucial for achieving optimal coverage. The impact of text message influenza vaccination reminders was recently demonstrated in a low-income population. Little is known about their effect on children with delayed influenza vaccination or the most effective message type.

Purpose

To determine the impact of educational plus interactive text message reminders on influenza vaccination of urban low-income children unvaccinated by late fall.

Design

Randomized controlled trial.

Setting/participants

Parents of 5,462 children aged 6 months–17 years from four academically affiliated pediatric clinics who were unvaccinated by mid-November 2011.

Intervention

Eligible parents were stratified by their child's age and pediatric clinic site and randomized using a 1:1:1 allocation to educational plus interactive text message reminders, educational-only text message reminders, or usual care. Using an immunization registry-linked text messaging system, parents of intervention children received up to seven weekly text message reminders. One of the messages sent to parents in the educational plus interactive text message arm allowed selection of more information about influenza and influenza vaccination.

Main outcome measures
Influenza vaccination by March 31, 2012. Data were collected and analyzed between 2012 and 2014.
Results
Most children were publicly insured and Spanish speaking. Baseline demographics were similar between groups. More children of parents in the educational plus interactive text message arm were vaccinated (38.5%) versus those in the educational-only text message (35.3%; difference=3.3%, 95% CI=0.02%, 6.5%; relative risk ratio (RRR)=1.09, 95% CI=1.002, 1.19) and usual care (34.8%; difference=3.8%, 95% CI=0.6%, 7.0%; RRR=1.11, 95% CI=1.02-1.21) arms.
Conclusions
Text message reminders with embedded educational information and options for interactivity have a small positive effect on influenza vaccination of urban, low-income, minority children who remain unvaccinated by late fall.

American Journal of Public Health
Volume 105, Issue S2 (April 2015)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
April 2015; 92 (4)
http://www.ajtmh.org/content/current
Costs of Dengue to the Health System and Individuals in Colombia from 2010 to 2012
Raul Castro Rodriguez*, Katia Galera-Gelvez, Juan Guillermo López Yescas and Jorge A. Rueda-Gallardo
Author Affiliations
Department of Economics, Universidad de los Andes, Bogotá, Colombia; Sanofi Pasteur Latin America, Mexico DF, Mexico
Abstract.
Dengue fever (DF) is an important health issue in Colombia, but detailed information on economic costs to the healthcare system is lacking. Using information from official databases (2010–2012) and a face-to-face survey of 1,483 households with DF and dengue hemorrhagic fever (DHF) patients, we estimated the average cost per case. In 2010, the mean direct medical costs to the healthcare system per case of ambulatory DF, hospitalized DF, and DHF (in Colombian pesos converted to US dollars using the average exchange rate for 2012) were $52.8, $235.8, and $1,512.2, respectively. The mean direct non-medical costs to patients were greater ($29.7, $46.7, and $62.6, respectively) than the mean household direct medical costs ($13.3, $34.8, and $57.3, respectively). The average direct medical cost to the healthcare system of a case of ambulatory DF in 2010 was 57% of that in 2011. Our results highlight the high economic burden of the disease and could be useful for assigning limited health resources.
The "Performance of Rotavirus and Oral Polio Vaccines in Developing Countries" (PROVIDE) Study: Description of Methods of an Interventional Study Designed to Explore Complex Biologic Problems

Beth D. Kirkpatrick*, E. Ross Colgate, Josyf C. Mychaleckyj, Rashidul Haque, Dorothy M. Dickson, Marya P. Carmolli, Uma Nayak, Mami Taniuchi, Caitlin Naylor, Firdausi Qadri, Jennie Z. Ma, Masud Alam, Mary Claire Walsh, Sean A. Diehl, the PROVIDE Study Teams and William A. Petri Jr.
Author Affiliations
Department of Medicine and Vaccine Testing Center, The University of Vermont College of Medicine, Burlington, Vermont; Departments of Medicine, The University of Virginia, Charlottesville, Virginia; The icddr,b, Dhaka, Bangladesh
Abstract.
Oral vaccines appear less effective in children in the developing world. Proposed biologic reasons include concurrent enteric infections, malnutrition, breast milk interference, and environmental enteropathy (EE). Rigorous study design and careful data management are essential to begin to understand this complex problem while assuring research subject safety. Herein, we describe the methodology and lessons learned in the PROVIDE study (Dhaka, Bangladesh). A randomized clinical trial platform evaluated the efficacy of delayed-dose oral rotavirus vaccine as well as the benefit of an injectable polio vaccine replacing one dose of oral polio vaccine. This rigorous infrastructure supported the additional examination of hypotheses of vaccine underperformance. Primary and secondary efficacy and immunogenicity measures for rotavirus and polio vaccines were measured, as well as the impact of EE and additional exploratory variables. Methods for the enrollment and 2-year follow-up of a 700 child birth cohort are described, including core laboratory, safety, regulatory, and data management practices. Intense efforts to standardize clinical, laboratory, and data management procedures in a developing world setting provide clinical trials rigor to all outcomes. Although this study infrastructure requires extensive time and effort, it allows optimized safety and confidence in the validity of data gathered in complex, developing country settings.

Annals of Internal Medicine
17 March 2015, Vol. 162. No. 6
http://annals.org/issue.aspx
[Reviewed earlier]

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
(Accessed 4 April 2015)
Research article
Can smartphones and tablets improve the management of childhood illness in Tanzania? A qualitative study from a primary health care worker's perspective
Amani Flexson Shao123*, Clotilde Rambaud-Althaus12, Ndeniria Swai4, Judith Kahama-Maro4, Blaise Genton125, Valerie D'Acremont125 and Constanze Pfeiffer12
* Corresponding author: Amani F Shao shaotz@gmail.com
Author Affiliations
BMC Health Services Research 2015, 15:135 doi:10.1186/s12913-015-0805-4
Published: 2 April 2015
Abstract (provisional)
Background

The impact of the Integrated Management of Childhood Illness (IMCI) strategy has been less than anticipated because of poor uptake. Electronic algorithms have the potential to improve quality of health care in children. However, feasibility studies about the use of electronic protocols on mobile devices over time are limited. This study investigated constraining as well as facilitating factors that influence the uptake of a new electronic Algorithm for Management of Childhood Illness (ALMANACH) among primary health workers in Dar es Salaam, Tanzania.
Methods
A qualitative approach was applied using in-depth interviews and focus group discussions with altogether 40 primary health care workers from 6 public primary health facilities in the three municipalities of Dar es Salaam, Tanzania. Health worker's perceptions related to factors facilitating or constraining the uptake of the electronic ALMANACH were identified.
Results
In general, the ALMANACH was assessed positively. The majority of the respondents felt comfortable to use the devices and stated that patient's trust was not affected. Most health workers said that the ALMANACH simplified their work, reduced antibiotic prescription and gave correct classification and treatment for common causes of childhood illnesses. Few HWs reported technical challenges using the devices and complained about having had difficulties in typing. Majority of the respondents stated that the devices increased the consultation duration compared to routine practice. In addition, health system barriers such as lack of staff, lack of medicine and lack of financial motivation were identified as key reasons for the low uptake of the devices.
Conclusions
The ALMANACH built on electronic devices was perceived to be a powerful and useful tool. However, health system challenges influenced the uptake of the devices in the selected health facilities.

Research article

Cost of installing and operating an electronic clinical decision support system for maternal health care: case of Tanzania rural primary health centres

Happiness Pius Saronga[14]*, Maxwell Ayindenaba Dalaba[24], Hengjin Dong[3], Melkizedeck Leshabari[1], Rainer Sauerborn[4], Felix Sukums[14], Antje Blank[4], Jens Kaltschmidt[4] and Svetla Loukanova[4]

Author Affiliations

BMC Health Services Research 2015, 15:132 doi:10.1186/s12913-015-0780-9
Published: 2 April 2015

Abstract (provisional)
Background
Poor quality of care is among the causes of high maternal and newborn disease burden in Tanzania. Potential reason for poor quality of care is the existence of a "know-do gap" where by health workers do not perform to the best of their knowledge. An electronic clinical decision support system (CDSS) for maternal health care was piloted in six rural primary health centers of Tanzania to improve performance of health workers by facilitating adherence to World Health Organization (WHO) guidelines and ultimately improve quality of maternal health care. This study aimed at assessing the cost of installing and operating the system in the health centers.
Methods
This retrospective study was conducted in Lindi, Tanzania. Costs incurred by the project were analyzed using Ingredients approach. These costs broadly included vehicle, computers, furniture, facility, CDSS software, transport, personnel, training, supplies and communication. These were grouped into installation and operation cost; recurrent and capital cost; and fixed

and variable cost. We assessed the CDSS in terms of its financial and economic cost implications. We also conducted a sensitivity analysis on the estimations.
Results
Total financial cost of CDSS intervention amounted to 185,927.78 USD. 77% of these costs were incurred in the installation phase and included all the activities in preparation for the actual operation of the system for client care. Generally, training made the largest share of costs (33% of total cost and more than half of the recurrent cost) followed by CDSS software-32% of total cost. There was a difference of 31.4% between the economic and financial costs. 92.5% of economic costs were fixed costs consisting of inputs whose costs do not vary with the volume of activity within a given range. Economic cost per CDSS contact was 52.7 USD but sensitive to discount rate, asset useful life and input cost variations.
Conclusions
Our study presents financial and economic cost estimates of installing and operating an electronic CDSS for maternal health care in six rural health centres. From these findings one can understand exactly what goes into a similar investment and thus determine sorts of input modification needed to fit their context.

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 4 April 2015)
[No new relevant content]

BMC Medical Ethics
http://www.biomedcentral.com/bmcmedethics/content
(Accessed 4 April 2015)
Debate
Journalists, district attorneys and researchers: why IRBs should Get in the middle
Anna H Chodos12* and Sei J Lee2
Author Affiliations
BMC Medical Ethics 2015, 16:19 doi:10.1186/s12910-015-0015-y
Published: 29 March 2015
Abstract (provisional)
Background
Federal regulations in the United States have shaped Institutional Review Boards (IRBs) to focus on protecting individual human subjects. Health services research studies focusing on healthcare institutions such as hospitals or clinics do not have individual human subjects. Since U.S. federal regulations are silent on what type of review, if any, these studies require, different IRBs may approach similar studies differently, resulting in undesirable variation in the review of studies focusing on healthcare institutions. Further, although these studies do not focus on individual human subjects, they may pose risks to participating institutions, as well as individuals who work at those institutions, if identifying information becomes public.
Discussion
Using two recent health services research studies conducted in the U.S. as examples, we discuss variations in the level of IRB oversight for studies focusing on institutions rather than individual human subjects. We highlight how lack of IRB guidance poses challenges for researchers who wish to both protect their subjects and work appropriately with the public,

journalists or the legal system in the U.S. Competing interests include the public's interest in transparency, the researcher's interest in their science, and the research participants' interests in confidentiality. Potential solutions that may help guide health services researchers to balance these competing interests include: 1) creating consensus guidelines and standard practices that address confidentiality risk to healthcare institutions and their employees; and 2) expanding the IRB role to conduct a streamlined review of health services research studies focusing on healthcare institutions to balance the competing interest of stakeholders on a case-by-case basis.

Summary

For health services research studies focusing on healthcare institutions, we outline the competing interests of researchers, healthcare institutions and the public. We propose solutions to decrease undesirable variations in the review of these studies.

BMC Pregnancy and Childbirth

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

(Accessed 4 April 2015)

[No new relevant content]

BMC Public Health

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

(Accessed 4 April 2015)

[No new relevant content]

BMC Research Notes

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

(Accessed 4 April 2015)

[No new relevant content]

BMJ Open

2015, Volume 5, Issue 4

http://bmjopen.bmj.com/content/current

British Medical Journal

04 April 2015(vol 350, issue 8002)

http://www.bmj.com/content/350/8002

Research

Avoidable waste of research related to inadequate methods in clinical trials

BMJ 2015; 350 doi: http://dx.doi.org/10.1136/bmj.h809 (Published 24 March 2015) Cite this as: BMJ 2015;350:h809

Youri Yordanov, physician and PhD student12, Agnes Dechartres, researcher134, Raphaël Porcher, associate professor134, Isabelle Boutron, professor1345, Douglas G Altman, professor and director6, Philippe Ravaud, professor and director13457

Author affiliations

Abstract
Objective
To assess the waste of research related to inadequate methods in trials included in Cochrane reviews and to examine to what extent this waste could be avoided. A secondary objective was to perform a simulation study to re-estimate this avoidable waste if all trials were adequately reported.
Design
Methodological review and simulation study.
Data sources
Trials included in the meta-analysis of the primary outcome of Cochrane reviews published between April 2012 and March 2013.
Data extraction and synthesis
We collected the risk of bias assessment made by the review authors for each trial. For a random sample of 200 trials with at least one domain at high risk of bias, we re-assessed risk of bias and identified all related methodological problems. For each problem, possible adjustments were proposed that were then validated by an expert panel also evaluating their feasibility (easy or not) and cost. Avoidable waste was defined as trials with at least one domain at high risk of bias for which easy adjustments with no or minor cost could change all domains to low risk. In the simulation study, after extrapolating our re-assessment of risk of bias to all trials, we considered each domain rated as unclear risk of bias as missing data and used multiple imputations to determine whether they were at high or low risk.
Results
Of 1286 trials from 205 meta-analyses, 556 (43%) had at least one domain at high risk of bias. Among the sample of 200 of these trials, 142 were confirmed as high risk; in these, we identified 25 types of methodological problem. Adjustments were possible in 136 trials (96%). Easy adjustments with no or minor cost could be applied in 71 trials (50%), resulting in 17 trials (12%) changing to low risk for all domains. So the avoidable waste represented 12% (95% CI 7% to 18%) of trials with at least one domain at high risk. After correcting for incomplete reporting, avoidable waste due to inadequate methods was estimated at 42% (95% CI 36% to 49%).
Conclusions
An important burden of wasted research is related to inadequate methods. This waste could be partly avoided by simple and inexpensive adjustments.

Bulletin of the World Health Organization
Volume 93, Number 4, April 2015, 209-284
http://www.who.int/bulletin/volumes/93/4/en/
Editorials
Lack of toilets and safe water in health-care facilities
Jamie Bartram a, Ryan Cronk a, Maggie Montgomery b, Bruce Gordon b, Maria Neira b, Edward Kelley c & Yael Velleman d
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b. Department of Public Health, Environmental and Social Determinants of Health, World Health Organization, Geneva, Switzerland.
c. Department of Service Delivery and Safety, World Health Organization, Geneva, Switzerland.
d. WaterAid, London, England.

Bulletin of the World Health Organization 2015;93:210. doi:
http://dx.doi.org/10.2471/BLT.15.154609
[Initial text]

In March 2015, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) released a report1 on the status of water and sanitation in health-care facilities from 54 low- and middle-income countries. Data representing 66 000 health facilities show that water was not readily available in about 40%.1 Over a third of facilities lacked soap for hand washing and a fifth lacked toilets. In many countries, in facilities where water is available, there is no guarantee that it is safe for consumption.2

This is a major embarrassment for the health sector: health facilities serve as foci for infection and patients seeking treatment fall ill and may die, for the lack of the most basic requirements for good hygiene – safe, reliable water supplies and adequate sanitation…

WHO's first global health treaty: 10 years in force

Haik Nikogosian a & Vera Luiza da Costa e Silva a
a. World Health Organization, Avenue Appia 20, 1211 Geneva 27, Switzerland.
Bulletin of the World Health Organization 2015;93:211. doi:
http://dx.doi.org/10.2471/BLT.15.154823
[Initial text]

It is 10 years since the World Health Organization (WHO) Framework Convention on Tobacco Control entered into force.1 This binding treaty, the first to be negotiated under the auspices of WHO, is widely recognized as a major milestone in global health.

Although challenges in fully implementing the treaty remain, it has been successful as a novel public health instrument. It has been ratified by 180 Parties – representing 90% of the global population – making it one of the most rapidly embraced treaties in the United Nations system…

Data-driven methods for imputing national-level incidence in global burden of disease studies

Scott A McDonald, Brecht Devleesschauwer, Niko Speybroeck, Niel Hens, Nicolas Praet, Paul R Torgerson, Arie H Havelaar, Felicia Wu, Marlène Tremblay, Ermias W Amene & Dörte Döpfer
Abstract

Objective

To develop transparent and reproducible methods for imputing missing data on disease incidence at national-level for the year 2005.

Methods

We compared several models for imputing missing country-level incidence rates for two foodborne diseases – congenital toxoplasmosis and aflatoxin-related hepatocellular carcinoma. Missing values were assumed to be missing at random. Predictor variables were selected using least absolute shrinkage and selection operator regression. We compared the predictive performance of naive extrapolation approaches and Bayesian random and mixed-effects regression models. Leave-one-out cross-validation was used to evaluate model accuracy.

Findings

The predictive accuracy of the Bayesian mixed-effects models was significantly better than that of the naive extrapolation method for one of the two disease models. However, Bayesian mixed-effects models produced wider prediction intervals for both data sets.

Conclusion

Several approaches are available for imputing missing data at national level. Strengths of a hierarchical regression approach for this type of task are the ability to derive estimates from other similar countries, transparency, computational efficiency and ease of interpretation. The

inclusion of informative covariates may improve model performance, but results should be appraised carefully.

The Global Drug Facility as an intervention in the market for tuberculosis drugs

Nimalan Arinaminpathy, Thierry Cordier-Lassalle, Kaspars Lunte & Christopher Dye

Abstract

Objective

To investigate funding for the Global Drug Facility since 2001 and to analyse the facility's influence on the price of high-quality tuberculosis drugs.

Methods

Data on the price of tuberculosis drugs were obtained from the Global Drug Facility for 2001 to 2012 and, for the private sector in 15 countries, from IMS Health for 2002 to 2012. Data on funding of the facility were also collected.

Findings

Quality-assured tuberculosis drugs supplied by the Global Drug Facility were generally priced lower than drugs purchased in the private sector. In 2012, just three manufacturers accounted for 29.9 million United Stated dollars (US$) of US$ 44.5 million by value of first-line drugs supplied. The Global Fund to Fight AIDS, Tuberculosis and Malaria provided 73% (US$ 32.5 million of US$ 44.5 million) and 89% (US$ 57.8 million of US $65.2 million) of funds for first- and second-line drugs, respectively. Between 2010 and 2012, the facility's market share of second-line tuberculosis drugs increased from 26.1% to 42.9%, while prices decreased by as much as 24% (from US$ 1231 to US$ 939). Conversely, the facility's market share of first-line drugs fell from 37.2% to 19.2% during this time, while prices increased from US$ 9.53 to US$ 10.2.

Conclusion

The price of tuberculosis drugs supplied through the facility was generally less than that on the private market. However, to realize its full potential and meet the needs of more tuberculosis patients, the facility requires more diverse and stable public funding and greater flexibility to participate in the private market.

SYSTEMATIC REVIEWS

Inequities in postnatal care in low- and middle-income countries: a systematic review and meta-analysis

Étienne V Langlois, Malgorzata Miszkurka, Maria Victoria Zunzunegui, Abdul Ghaffar, Daniela Ziegler & Igor Karp

Abstract

Objective

To assess the socioeconomic, geographical and demographic inequities in the use of postnatal health-care services in low- and middle-income countries.

Methods

We searched Medline, Embase and Cochrane Central databases and grey literature for experimental, quasi-experimental and observational studies that had been conducted in low- and middle-income countries. We summarized the relevant studies qualitatively and performed meta-analyses of the use of postnatal care services according to selected indicators of socioeconomic status and residence in an urban or rural setting.

Findings

A total of 36 studies were included in the narrative synthesis and 10 of them were used for the meta-analyses. Compared with women in the lowest quintile of socioeconomic status, the pooled odds ratios for use of postnatal care by women in the second, third, fourth and fifth quintiles were: 1.14 (95% confidence interval, CI : 0.96–1.34), 1.32 (95% CI: 1.12–1.55), 1.60

(95% CI: 1.30–1.98) and 2.27 (95% CI: 1.75–2.93) respectively. Compared to women living in rural settings, the pooled odds ratio for the use of postnatal care by women living in urban settings was 1.36 (95% CI: 1.01–1.81). A qualitative assessment of the relevant published data also indicated that use of postnatal care services increased with increasing level of education.
Conclusion
In low- and middle-income countries, use of postnatal care services remains highly inequitable and varies markedly with socioeconomic status and between urban and rural residents.

Clinical Infectious Diseases (CID)
Volume 60 Issue 8 April 15, 2015
http://cid.oxfordjournals.org/content/current
[Reviewed earlier]

Clinical Therapeutics
March 2015 Volume 37, Issue 3, p481-686
http://www.clinicaltherapeutics.com/current
[New issue; No relevant content]

Complexity
March/April 2015 Volume 20, Issue 4 Pages C1–C1, 1–80
http://onlinelibrary.wiley.com/doi/10.1002/cplx.v20.4/issuetoc
[Reviewed earlier]

Conflict and Health
[Accessed 4 April 2015]
http://www.conflictandhealth.com/
[No new relevant content]

Contemporary Clinical Trials
Volume 42, In Progress (May 2015)
http://www.sciencedirect.com/science/journal/15517144/42
[Reviewed earlier]

Cost Effectiveness and Resource Allocation
http://www.resource-allocation.com/
(Accessed 4 April 2015)
[No new relevant content]

Current Opinion in Infectious Diseases
April 2015 - Volume 28 - Issue 2 pp: v-v,117-198
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx

[Reviewed earlier]

Developing World Bioethics
April 2015 Volume 15, Issue 1 Pages ii–iii, 1–57
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2015.15.issue-1/issuetoc
[Reviewed earlier]

Development in Practice
Volume 25, Issue 2, 2015
http://www.tandfonline.com/toc/cdip20/current
[Reviewed earlier]

Emerging Infectious Diseases
Volume 21, Number 4—April 2015
http://wwwnc.cdc.gov/eid/
[Reviewed earlier]

Epidemics
Volume 11, In Progress (June 2015)
http://www.sciencedirect.com/science/journal/17554365
[Reviewed earlier]

Epidemiology and Infection
Volume 143 - Issue 06 - April 2015
http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue
[Reviewed earlier]

The European Journal of Public Health
Volume 25, Issue 2, 01 April 2015
http://eurpub.oxfordjournals.org/content/25/suppl_1
[Reviewed earlier]

Eurosurveillance
Volume 20, Issue 13, 02 April 2015
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
[New issue; No relevant content]

Global Health: Science and Practice (GHSP)
March 2015 | Volume 3 | Issue 1
http://www.ghspjournal.org/content/current

[Reviewed earlier]

Global Health Governance
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[Accessed 4 April 2015]
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An analysis of government immunization program expenditures in lower and lower middle income countries 2006–12
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Accepted December 31, 2013.
Abstract
Financing is becoming increasingly important as the cost of immunizing the world's children continues to rise. By 2015, that cost will likely exceed US$60 per infant as new vaccines are introduced into national immunization programs. In 2006, 51 lower and lower middle income countries reported spending a mean US$12 per surviving infant on routine immunization. By 2012, the figure had risen to $20, a 67% increase. This study tests the hypothesis that lower and lower middle income countries will spend more on their routine immunization programs as their economies grow. A panel data regression approach is used. Expenditures reported by governments annually (2006–12) through the World Health Organization/UNICEF Joint Reporting Form are regressed on lagged annual per capita gross national income (GNI), controlling for prevailing mortality levels, immunization program performance, corruption control efforts, geographical region and correct reporting. Results show the expenditures increased with GNI. Expressed as an elasticity, the countries spent approximately $6.32 on immunization for every $100 in GNI increase from 2006 to 2012. Projecting forward and assuming continued annual GNI growth rates of 10.65%, countries could be spending $60 per infant by 2020 if national investment functions increase 4-fold. Given the political will, this result implies countries could fully finance their routine immunization programs without cutting funding for other programs.

Drivers of routine immunization coverage improvement in Africa: findings from district-level case studies

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Accepted January 28, 2014.
Abstract
There is limited understanding of why routine immunization (RI) coverage improves in some settings in Africa and not in others. Using a grounded theory approach, we conducted in-depth case studies to understand pathways to coverage improvement by comparing immunization programme experience in 12 districts in three countries (Ethiopia, Cameroon and Ghana). Drawing on positive deviance or assets model techniques we compared the experience of districts where diphtheria–tetanus–pertussis (DTP3)/pentavalent3 (Penta3) coverage improved with districts where DTP3/Penta3 coverage remained unchanged (or steady) over the same period, focusing on basic readiness to deliver immunization services and drivers of coverage improvement. The results informed a model for immunization coverage improvement that emphasizes the dynamics of immunization systems at district level. In all districts, whether improving or steady, we found that a set of basic RI system resources were in place from 2006 to 2010 and did not observe major differences in infrastructure. We found that the differences in coverage trends were due to factors other than basic RI system capacity or service readiness. We identified six common drivers of RI coverage performance improvement—four direct drivers and two enabling drivers—that were present in well-performing districts and weaker or absent in steady coverage districts, and map the pathways from driver to improved supply, demand and coverage. Findings emphasize the critical role of implementation strategies and the need

for locally skilled managers that are capable of tailoring strategies to specific settings and community needs. The case studies are unique in their focus on the positive drivers of change and the identification of pathways to coverage improvement, an approach that should be considered in future studies and routine assessments of district-level immunization system performance.

Tackling the tensions in evaluating capacity strengthening for health research in low- and middle-income countries

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Accepted February 13, 2014.
Abstract
Strengthening research capacity in low- and middle-income countries is one of the most effective ways of advancing their health and development but the complexity and heterogeneity of health research capacity strengthening (RCS) initiatives means it is difficult to evaluate their effectiveness. Our study aimed to enhance understanding about these difficulties and to make recommendations about how to make health RCS evaluations more effective. Through discussions and surveys of health RCS funders, including the ESSENCE on Health Research initiative, we identified themes that were important to health RCS funders and used these to guide a systematic analysis of their evaluation reports. Eighteen reports, produced between 2000 and 2013, representing 12 evaluations, were purposefully selected from 54 reports provided by the funders to provide maximum variety. Text from the reports was extracted independently by two authors against a pre-designed framework. Information about the health RCS approaches, tensions and suggested solutions was re-constructed into a narrative. Throughout the process contacts in the health RCS funder agencies were involved in helping us to validate and interpret our results. The focus of the health RCS evaluations ranged from individuals and institutions to national, regional and global levels. Our analysis identified tensions around how much stakeholders should participate in an evaluation, the appropriate balance between measuring and learning and between a focus on short-term processes vs longer-term impact and sustainability. Suggested solutions to these tensions included early and ongoing stakeholder engagement in planning and evaluating health RCS, modelling of impact pathways and rapid assimilation of lessons learned for continuous improvement of decision making and programming. The use of developmental approaches could improve health RCS evaluations by addressing common tensions and promoting sustainability. Sharing learning about how to do robust and useful health RCS evaluations should happen alongside, not after, health RCS efforts.

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Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

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Cost-effectiveness of quadrivalent influenza vaccine in Hong Kong – A decision analysis

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Joyce H S Youa*, Wai-Kit Minga & Paul K S Chanbc
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Abstract
Trivalent influenza vaccine (TIV) selects one of the 2 co-circulating influenza B lineages whereas quadrivalent influenza vaccine (QIV) includes both lineages. We examined potential cost-effectiveness of QIV versus TIV from perspectives of healthcare provider and society of Hong Kong. A decision tree was designed to simulate the outcomes of QIV vs. TIV in 6 age groups: 0–4 years, 5–9 years, 10–14 years, 15–64 years, 65–79 y and ≥80 years. Direct cost alone, direct and indirect costs, and quality-adjusted life-years (QALYs) loss due to TIV-unmatched influenza B infection were simulated for each study arm. Outcome measure was incremental cost per QALY (ICER). In base-case analysis, QIV was more effective than TIV in all-age population with additional direct cost per QALY (ICER-direct cost) and additional total cost per QALY (ICER-total cost) of USD 22,603 and USD 12,558, respectively. Age-stratified analysis showed that QIV was cost-effective in age groups 6 months to 9 y and ≥80 years from provider's perspective, and it was cost-effective in all age group except 15–64 y from societal perspective. Percentage of TIV-unmatched influenza B in circulation and additional vaccine cost of QIV were key influential factors. From perspectives of healthcare provider and society, QIV was the preferred option in 52.77% and 66.94% of 10,000 Monte Carlo simulations, respectively. QIV appears to be cost-effective in Hong Kong population, except for age group 15–64 years, from societal perspective. From healthcare provider's perspective, QIV seems to be cost-effective in very young (6 months-9 years) and older (≥80 years) age groups.

Pertussis models to inform vaccine policy

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Patricia T Campbellab*, James M McCawab & Jodie McVernonab
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Abstract
Pertussis remains a challenging public health problem with many aspects of infection, disease and immunity poorly understood. Initially controlled by mass vaccination, pertussis resurgence has occurred in some countries with well-established vaccination programs, particularly among adolescents and young adults. Several studies have used mathematical models to investigate drivers of pertussis epidemiology and predict the likely impact of different vaccination strategies. We reviewed a number of these models to evaluate their suitability to answer questions of public health importance regarding optimal vaccine scheduling. We critically discuss the approaches adopted and the impact of chosen model structures and assumptions on study conclusions. Common limitations were a lack of contemporary, population relevant data for parameterization and a limited understanding of the relationship between infection and

disease. We make recommendations for future model development and suggest epidemiologic data collections that would facilitate efforts to reduce uncertainty and improve the robustness of model-derived conclusions.

Vaccine attitudes and practices among obstetric providers in New York State following the recommendation for pertussis vaccination during pregnancy

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Abstract

To determine factors associated with obstetric provider recommendation of pertussis vaccine (Tdap) to their pregnant patients following the Advisory Committee on Immunization Practices (ACIP) recommendation that Tdap be given in the third trimester of each pregnancy. Obstetric providers across New York State anonymously completed a standard set of questions to assess vaccine recommendation knowledge and practice. Statistical analysis: Descriptive statistical methods were used to define provider characteristics, knowledge and vaccine practices. Factors associated with recommendation were analyzed using odds ratios. 133 obstetric providers were included in the study. 11% and 13% expressed concern with pertussis vaccine safety and efficacy, respectively, in pregnant women. 92% of obstetric providers stated that they knew ACIP recommendations for Tdap during pregnancy, 80% recommended Tdap to all eligible patients, but only 67% provided Tdap vaccine in their office. Provider knowledge of recommendation (OR 23.33), routine provider recommendation of influenza vaccine (OR 12.5), and administration of pertussis vaccine in the office (OR 7.01) were all factors strongly associated with routine provider recommendation of Tdap vaccine to eligible pregnant women ($P < 0.05$). Providers expressed concerns with cost of Tdap, the need to administer Tdap with each pregnancy, vaccine safety, low incidence of pertussis in the area, and administration of pertussis vaccine at the hospital after delivery. Educational programs are needed to improve provider vaccine confidence and recommendation.

Factors affecting uptake of recommended immunizations among health care workers in South Australia

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Abstract

Despite the benefits of vaccination for health care workers (HCWs), uptake of recommended vaccinations is low, particularly for seasonal influenza and pertussis. In addition, there is variation in uptake within hospitals. While all vaccinations recommended for HCWs are important, vaccination against influenza and pertussis are particularly imperative, given HCWs are at risk of occupationally acquired influenza and pertussis, and may be asymptomatic, acting as a reservoir to vulnerable patients in their care. This study aimed to determine predictors of uptake of these vaccinations and explore the reasons for variation in uptake by HCWs working in different hospital wards. HCWs from wards with high and low influenza vaccine uptake in a tertiary pediatric and obstetric hospital completed a questionnaire to assess knowledge of HCW recommended immunizations. Multiple logistic regression was used to determine predictors of

influenza and pertussis vaccination uptake. Of 92 HCWs who responded, 9.8% were able to identify correctly the vaccines recommended for HCWs. Overall 80% of respondents reported they had previously received influenza vaccine and 50.5% had received pertussis vaccine. Independent predictors of pertussis vaccination included length of time employed in health sector ($P < 0.001$), previously receiving hepatitis B/MMR (measles, mumps, rubella) vaccine ($P < 0.001$), and a respondent being aware influenza infections could be severe in infants ($p = 0.023$). Independent predictors of seasonal influenza vaccination included younger age ($P < 0.001$), English as first language ($P < 0.001$), considering it important to be vaccinated to protect themselves ($P < 0.001$), protect patients ($p = 0.012$) or awareness influenza could be serious in immunocompromised patients ($p = 0.030$). Independent predictors for receiving both influenza and pertussis vaccinations included younger age ($P < 0.001$), time in area of work ($P = 0.020$), previously receiving hepatitis B vaccine ($P = 0.006$) and awareness influenza could be severe in infants ($P < 0.001$). A knowledge gap exists around HCW awareness of vaccination recommendations. Assessment of the risk/benefit value for HCWs and their patients, determines uptake of HCW immunization programs and should be considered in promotional HCW vaccination programs.

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Global Justice and Health Systems Research in Low- and Middle-Income Countries
Bridget Pratt1 and Adnan A. Hyder2
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Abstract
Scholarship focusing on how international research can contribute to justice in global health has primarily explored requirements for the conduct of clinical trials. Yet health systems research in low- and middle-income countries (LMICs) has increasingly been identified as vital to the reduction of health disparities between and within countries. This paper expands an existing ethical framework based on the health capability paradigm – research for health justice – to externally-funded health systems research in LMICs. It argues that a specific form of health systems research in LMICs is required if the enterprise is to advance global health equity. "Research for health justice" requirements for priority setting, research capacity strengthening, and post-study benefits in health systems research are derived in light of the field's distinctive characteristics. Specific obligations are established for external research actors, including governments, funders, sponsors, and investigators. How these framework requirements differ from those for international clinical research is discussed.

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Apr 04, 2015 Volume 385 Number 9975 p1261-1364 e25-e37
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Editorial
China-Africa Health Collaboration
The Lancet
Summary
The 5th International Roundtable on China-Africa Health Collaboration: Contributing to Universal Health Coverage (UHC), Expanding Access to Essential Medicines, convened by

Honorati Masanja, Emily R Smith, Alfa Muhihi, Christina Briegleb, Salum Mshamu, Julia Ruben, Ramadhani Abdallah Noor, Polyna Khudyakov, Sachiyo Yoshida, Jose Martines, Rajiv Bahl, Wafaie W Fawzi, for the Neovita Tanzania Study Group
1324
Efficacy of early neonatal supplementation with vitamin A to reduce mortality in infancy in Haryana, India (Neovita): a randomised, double-blind, placebo-controlled trial
Sarmila Mazumder, Sunita Taneja, Kiran Bhatia, Sachiyo Yoshida, Jasmine Kaur, Brinda Dube, G S Toteja, Rajiv Bahl, Olivier Fontaine, Jose Martines, Nita Bhandari, for the Neovita India Study Group
1333

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New England Journal of Medicine
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http://www.nejm.org/toc/nejm/medical-journal
International Health Care Systems: Lessons from the East — China's Rapidly Evolving Health Care System
D. Blumenthal and W. Hsiao
Free Full Text

At first glance, China might seem unlikely to offer useful health care lessons to many other countries. Its health system exists within a unique geopolitical context: a country of more than 1.3 billion people, occupying a huge, diverse landmass, living under authoritarian single-party rule, and making an extraordinarily rapid transition from a Third-World to a First-World economy.

But first impressions can be misleading. Since its birth in 1949, the People's Republic of China has undertaken a series of remarkable health system experiments that are instructive at many levels. One of the most interesting lessons from the Chinese experience concerns the value of an institution that many countries take for granted: medical professionalism….

Pediatrics
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Article
13-Valent Pneumococcal Conjugate Vaccine (PCV13) in Preterm Versus Term Infants
Federico Martinón-Torres, MD, PhDa, Hanna Czajka, MDb, Kimberly J. Center, MDc, Jacek Wysocki, MDd, Ewa Majda-Stanislawska, MDe, Felix Omeñaca, MDf, Enrique Bernaola Iturbe, MDg, Daniel Blazquez Gamero, MDh, Ana Concheiro-Guisán, MD, PhDi, Francisco Gimenez-Sanchez, MD, PhDj, Leszek Szenborn, MDk, Peter C. Giardina, PhDl, Scott Patterson, PhDc, William C. Gruber, MDl, Daniel A. Scott, MDl, and Alejandra Gurtman, MDl
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jHospital Torrecardenas, Almeria, Spain;
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lPfizer Inc, Pearl River, New York
Abstract
OBJECTIVES: This study evaluated the immune response and safety profile of 13-valent pneumococcal conjugate vaccine (PCV13) in preterm infants compared with term infants.
METHODS: This Phase IV, open-label, 2-arm, multicenter, parallel-group study enrolled 200 healthy infants (preterm, n = 100; term, n = 100) aged 42 to 98 days. All subjects received PCV13 at ages 2, 3, 4 (infant series), and 12 (toddler dose [TD]) months, together with routine vaccines (diphtheria-tetanus-acellular pertussis, hepatitis B, inactivated poliovirus, and Haemophilus influenzae type b vaccine and meningococcal group C conjugate vaccine).
RESULTS: Most subjects achieved an anticapsular immunoglobulin G (IgG) antibody concentration ≥0.35 μg/mL for all serotypes: >85% after the infant series (except preterm infants for serotypes 5, 6A, and 6B) and >97% after TD (except for serotype 3). Preterm infants had overall lower IgG geometric mean concentrations compared with term infants; however, geometric mean fold increases after TD were similar for all serotypes. Opsonophagocytic activity results were consistent with IgG results and titers increased after TD in both groups for all serotypes, including serotype 3. PCV13 was generally well tolerated, with similar safety profiles in all preterm subgroups.
CONCLUSIONS: Immune responses were lower in preterm infants than in term infants. However, the majority of subjects in both groups achieved both pneumococcal serotype-specific IgG antibody levels after the infant series that exceeded the World Health Organization–established threshold of protection and functional antibody responses. Responses were uniformly higher after TD, reinforcing the importance of a timely booster dose. PCV13 was well tolerated regardless of gestational age.
Article
Government Health Care Spending and Child Mortality
Mahiben Maruthappu, MA, BM BCha, Ka Ying Bonnie Ng, BMedSci, MBChBa,b, Callum Williams, BAc,d, Rifat Atun, FRCP, MBA, FFPHa,e, and Thomas Zeltner, MD, LLMf,g
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Abstract
BACKGROUND: Government health care spending (GHS) is of increasing importance to child health. Our study determined the relationship between reductions in GHS and child mortality rates in high- and low-income countries.
METHODS: The authors used comparative country-level data for 176 countries covering the years 1981 to 2010, obtained from the World Bank and the Institute for Health Metrics and Evaluation. Multivariate regression analysis was used to determine the association between changes in GHS and child mortality, controlling for differences in infrastructure and demographics.
RESULTS: Data were available for 176 countries, equating to a population of ~5.8 billion as of 2010. A 1% decrease in GHS was associated with a significant increase in 4 child mortality measures: neonatal (regression coefficient [R] 0.0899, P = .0001, 95% confidence interval [CI] 0.0440–0.1358), postneonatal (R = 0.1354, P = .0001, 95% CI 0.0678–0.2030), 1- to 5-year (R = 0.3501, P < .0001, 95% CI 0.2318–0.4685), and under 5-year (R = 0.5207, P < .0001, 95% CI 0.3168–0.7247) mortality rates. The effect was evident up to 5 years after the reduction in GHS (P < .0001). Compared with high-income countries, low-income countries experienced greater deteriorations of ~1.31 times neonatal mortality, 2.81 times postneonatal mortality, 8.08 times 1- to 5-year child mortality, and 2.85 times under 5-year mortality.
CONCLUSIONS: Reductions in GHS are associated with significant increases in child mortality, with the largest increases occurring in low-income countries.

Physician Response to Parental Requests to Spread Out the Recommended Vaccine Schedule

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Abstract
OBJECTIVES: To assess among US physicians (1) frequency of requests to spread out recommended vaccination schedule for children <2 years, (2) attitudes regarding such requests, and (3) strategies used and perceived effectiveness in response to such requests.
METHODS: An e-mail and mail survey of a nationally representative sample of pediatricians and family physicians from June 2012 through October 2012.
RESULTS: The response rate was 66% (534 of 815). In a typical month, 93% reported some parents of children <2 years requested to spread out vaccines; 21% reported ≥10% of parents made this request. Most respondents thought these parents were putting their children at risk for disease (87%) and that it was more painful for children (84%), but if they agreed to requests, it would build trust with families (82%); further, they believed that if they did not agree, families might leave their practice (80%). Forty percent reported this issue had decreased their job satisfaction. Most agreed to spread out vaccines when requested, either

often/always (37%) or sometimes (37%); 2% would often/always, 4% would sometimes, and 12% would rarely dismiss families from their practice if they wanted to spread out the primary series. Physicians reported using a variety of strategies in response to requests but did not think they were effective.
CONCLUSIONS: Virtually all providers encounter requests to spread out vaccines in a typical month and, despite concerns, most are agreeing to do so. Providers are using many strategies in response but think few are effective. Evidence-based interventions to increase timely immunization are needed to guide primary care and public health practice.

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http://www.plosone.org/
Research Article
Can Reproductive Health Voucher Programs Improve Quality of Postnatal Care? A Quasi-Experimental Evaluation of Kenya's Safe Motherhood Voucher Scheme
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Abstract

This study tests the group-level causal relationship between the expansion of Kenya's Safe Motherhood voucher program and changes in quality of postnatal care (PNC) provided at voucher-contracted facilities. We compare facilities accredited since program inception in 2006 (phase I) and facilities accredited since 2010-2011 (phase II) relative to comparable non-voucher facilities. PNC quality is assessed using observed clinical content processes, as well as client-reported outcome measures. Two-tailed unpaired t-tests are used to identify differences in mean process quality scores and client-reported outcome measures, comparing changes between intervention and comparison groups at the 2010 and 2012 data collection periods. Difference-in-differences analysis is used to estimate the reproductive health (RH) voucher program's causal effect on quality of care by exploiting group-level differences between voucher-accredited and non-accredited facilities in 2010 and 2012. Participation in the voucher scheme since 2006 significantly improves overall quality of postnatal care by 39% (p=0.02), where quality is defined as the observable processes or components of service provision that occur during a PNC consultation. Program participation since phase I is estimated to improve the quality of observed maternal postnatal care by 86% (p=0.02), with the largest quality improvements in counseling on family planning methods (IRR 5.0; p=0.01) and return to fertility (IRR 2.6; p=0.01). Despite improvements in maternal aspects of PNC, we find a high proportion of mothers who seek PNC are not being checked by any provider after delivery. Additional strategies will be necessary to standardize provision of packaged postnatal interventions to both mother and newborn. This study addresses an important gap in the existing RH literature by using a strong evaluation design to assess RH voucher program effectiveness on quality improvement.

Research Article

Determinants of Performance of Health Systems Concerning Maternal and Child Health: A Global Approach

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Abstract

Aims

To assess the association of social determinants on the performance of health systems around the world.

Methods

A transnational ecological study was conducted with an observation level focused on the country. In order to research on the strength of the association between the annual maternal and child mortality in 154 countries and social determinants: corruption, democratization, income inequality and cultural fragmentation, we used a mixed linear regression model for repeated measures with random intercepts and a conglomerate-based geographical analysis, between 2000 and 2010.

Results

Health determinants with a significant association on child mortality(<1year): higher access to water (βa Quartile 4(Q4) vs Quartile 1(Q1) = -6,14; 95%CI: -11,63 to -0,73), sanitation systems, (Q4 vs Q1 = -25,58; 95%CI: -31,91 to -19,25), % measles vaccination coverage (Q4 vs Q1 = -7.35; 95%CI: -10,18 to -4,52), % of births attended by a healthcare professional (Q4 vs Q1 = -7,91; 95%CI: -11,36 to -4,52) and a % of the total health expenditure (Q3 vs Q1 = -

2,85; 95%CI: -4,93 to -0,7). Ethnic fragmentation (Q4 vs Q1 = 9,93; 95%CI: -0.03 to 19.89) had a marginal effect. For child mortality<5 years, an association was found for these variables and democratization (not free vs free = 11,23; 95%CI: -0,82 to 23,29), out-of-pocket expenditure (Q1 vs Q4 = 17,71; 95%CI: 5,86 to 29,56). For MMR (Maternal mortality ratio), % of access to water for all the quartiles, % of access to sanitation systems, (Q3 vs Q1 = -171,15; 95%CI: -281,29 to -61), birth attention by a healthcare professional (Q4 vs Q1 = -231,23; 95%CI: -349,32 to -113,15), and having corrupt government (Q3 vs Q1 = 83,05; 95%CI: 33,10 to 133).
Conclusions
Improving access to water and sanitation systems, decreasing corruption in the health sector must become priorities in health systems. The ethno-linguistic cultural fragmentation and the detriment of democracy turn out to be two factors related to health results.

PLoS Pathogens
http://journals.plos.org/plospathogens/
(Accessed 4 April 2015)
[No new relevant content]

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

Pneumonia
Vol 6 (2015)
https://pneumonia.org.au/index.php/pneumonia/issue/current
[Reviewed earlier]

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

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Volume 8 Issue 1 April 2015
http://phe.oxfordjournals.org/content/current
[Reviewed earlier]

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April 2015; 25 (4)
http://qhr.sagepub.com/content/current

Special Issue: Perceptions of Caregivers
[Reviewed earlier]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
December 2014 Vol. 36, No. 6
http://www.paho.org/journal/index.php?option=com_content&view=article&id=151&Itemid=266&lang=en
[Reviewed earlier]

Risk Analysis
February 2015 Volume 35, Issue 2 Pages 179–344
http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-2/issuetoc
[Reviewed earlier]

Science
3 April 2015 vol 348, issue 6230, pages 1-150
http://www.sciencemag.org/current.dtl
Special Issue
Cancer Immunology and Immunotherapy
Infectious Diseases
As Ebola wanes, trials jockey for patients
Kai Kupferschmidt
The Ebola epidemic in West Africa has caused enormous suffering, but scientists also see it as a chance to test experimental therapies that could save lives in the future. With declining case numbers, however, it is becoming less likely that all the drug tests will reach a conclusion. Now, scientists are debating whether some trials should be stopped so that tests of more promising therapies that have only now become available have a better chance of reaching a conclusion. An expert panel at the World Health Organization has given ZMapp and TKM-Ebola highest priority but in a recent meeting did not call for ongoing studies of favipiravir and convalescent blood to be stopped. The experts did convince a group of Italian doctors to test ZMapp instead of the heart drug amiodarone and criticized an interferon trial that has now started in Guinea.
Policy Forum
Vaccine Testing
Ebola and beyond
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Many epidemic-prone infectious diseases present challenges that the current West African Ebola outbreak brings into sharp relief. Specifically, the urgency to evaluate vaccines, initially limited vaccine supplies, and large and unpredictable spatial and temporal fluctuations in incidence have presented huge logistical, ethical, and statistical challenges to trial design.

Report

Mutation rate and genotype variation of Ebola virus from Mali case sequences

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5Centre des Operations d'Urgence, Centre pour le Développement des Vaccins (CVD-Mali), Centre National d'Appui à la lutte contre la Maladie, Ministère de la Sante et de l'Hygiène Publique, Bamako, Mali.
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8Office of the Scientific Director, NIAID, NIH, Bethesda, MD 20895, USA.

Abstract

Editor's Summary

The occurrence of Ebola virus (EBOV) in West Africa during 2013–2015 is unprecedented. Early reports suggested that in this outbreak EBOV is mutating twice as fast as previously observed, which indicates the potential for changes in transmissibility and virulence and could render current molecular diagnostics and countermeasures ineffective. We have determined additional full-length sequences from two clusters of imported EBOV infections into Mali, and we show that the nucleotide substitution rate (9.6 × 10–4 substitutions per site per year) is consistent with rates observed in Central African outbreaks. In addition, overall variation among all genotypes observed remains low. Thus, our data indicate that EBOV is not undergoing rapid evolution in humans during the current outbreak. This finding has important implications for

outbreak response and public health decisions and should alleviate several previously raised concerns.

Social Science & Medicine
Volume 131, In Progress (April 2015)
http://www.sciencedirect.com/science/journal/02779536/131
[Reviewed earlier]

Tropical Medicine and Health
Vol. 43(2015) No. 1
https://www.jstage.jst.go.jp/browse/tmh/43/0/_contents
[Reviewed earlier]

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

Vaccine
Volume 33, Issue 16, Pages 1897-1998 (15 April 2015)
http://www.sciencedirect.com/science/journal/0264410X/33/16
[Reviewed earlier]

Vaccines — Open Access Journal
(Accessed 4 April 2015)
http://www.mdpi.com/journal/vaccines
[No new relevant cntent]

Value in Health
March 2015 Volume 18, Issue 2, p137-354
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

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From Google Scholar & other sources: Selected Journal Articles, Newsletters, Dissertations, Theses, Commentary
No new digest content identified.

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Media/Policy Watch

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

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

Al Jazeera
http://america.aljazeera.com/search.html?q=vaccine
Accessed 4 April 2015
[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 4 April 201
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 4 April 2015
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 4 April 2015
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 4 April 2015
Chinese Pharma: A Global Health Game Changer?
31 March 2015

The twenty-first century shift in geoeconomic power toward Asia has also spurred a rebalancing in global pharmaceutical research and development (R&D) investment toward emerging economies. China is currently the world's second-highest investor in R&D and is poised to overtake the United States in R&D spending by 2023. Determined to become a world leader in the pharmaceutical sector, China spent $1.17 billion on promoting life and medical sciences in 2012—nearly ten times its 2004 level of investment. With U.S. funding for medical research on the decline, the surge in Chinese funding has prompted many policymakers to ask if the country's pharmaceutical industry could be the next game changer for global public health and access to medicine (ATM)…

The Economist
http://www.economist.com/
Accessed 4 April 2015
[No new, unique, relevant content]

Financial Times
http://www.ft.com/home/uk
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 4 April 2015
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 4 April 2015
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 4 April 2015
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 4 April 2015
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The Huffington Post
http://www.huffingtonpost.com/
5 Crucial Lessons From The Recent Measles Outbreak
1 April 2015

While the United States is overwhelmingly vaccinated against preventable viruses like measles, mumps and rubella (on account of them coming altogether in one shot), there are certain pockets around the country where vaccination rates are dipping below the 95 percent needed to maintain herd immunity. These under-vaccinated communities, coupled with travelers bringing the measles over from other countries, have resulted in an unusual amount of measles cases -- 644 cases over 23 outbreaks in 2014, and in 2015 to date, 178 cases over four outbreaks. These numbers represent the greatest levels of measles that America has ever seen since measles was first eradicated from the country, in 2000.

The size and scope of the biggest outbreak this year, which links 131 cases to exposure at the Disneyland theme park last December, has focused the nation's attention like a laser to the tiny communities scattered around the U.S. that have chosen to skip vaccinating their children, without medical justification. In the story below, three infectious disease experts weigh in on what America has learned by turning an ear toward these communities and keeping a wary eye on the growing number of infections…

Mail & Guardian
http://mg.co.za/
Accessed 4 April 2015
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 4 April 2015
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 4 April 2015
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 4 April 2015
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 4 April 2015
[No new, unique, relevant content]

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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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