



Vaccines and Global Health: The Week in Review
20 June 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 8,000 entries.*

Comments and suggestions should be directed to

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

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MERS-CoV [to 20 June 2015]

WHO statement on the ninth meeting of the IHR Emergency Committee regarding MERS-CoV

WHO Statement

17 June 2015

[Editor's text bolding]

The ninth meeting of the Emergency Committee (EC) convened by the Director-General under the International Health Regulations (IHR 2005) regarding Middle East respiratory syndrome coronavirus (MERS-CoV) was conducted with members and advisors of the Emergency Committee by teleconference on 16 June 2015, from 12:00 to 15:00 Central European Summer Time (UTC +2). WHO convened the meeting in regards to the outbreak in the Republic of Korea.

The WHO Secretariat updated the Committee on epidemiological and scientific developments, including recent cases and transmission patterns in the Republic of Korea and China, related risk assessments, and control and prevention measures. These countries provided updates and assessments on the MERS-CoV situation and developments in their countries.

Members and advisers of the Committee who participated in the recent Republic of Korea-WHO MERS Joint Mission, were invited to share their observations based on their experience.

The Committee noted the assessment of the Joint mission regarding main factors contributing to the spread of MERS-CoV in the Republic of Korea were:

- :: lack of awareness among health care workers and the general public about MERS;
- :: suboptimal infection prevention and control measures in hospitals;
- :: close and prolonged contact of infected MERS patients in crowded emergency rooms and multibed rooms in hospitals;
- :: the practice of seeking care at multiple hospitals ("doctor shopping");
- :: the custom of many visitors or family members staying with infected patients in the hospital rooms facilitating secondary spread of infections among contacts.

The Committee commended the speed with which the Republic of Korea provided information under the IHR about an infected traveller, enabling China to rapidly locate, isolate and provide care to the individual and place his contacts in quarantine.

The Committee noted that available evidence on genetic sequencing did not identify any significant changes in the viruses obtained from cases in the Republic of Korea compared to viruses from the Middle East. Ongoing monitoring of potential genetic changes in these viruses is important. In this outbreak, transmission of MERS-CoV has been strongly associated with health care settings. This aspect stresses the need for health authorities to make every possible effort to ensure that effective infection prevention and control measures are in place at all times.

There is no current evidence of sustained community transmission. The Committee noted that subsequent public health measures to stop the outbreak, including extensive efforts to enhance contact tracing and steps to ensure that cases and contacts (during the incubation period) are appropriately isolated or quarantined and monitored and that they do not travel, appear to have coincided with a decline in the incidence of cases. However, close monitoring of the situation remains critical to ensure that transmission is interrupted and that all cases without an evident epidemiological link to known chains of transmission be evaluated carefully. For the next several weeks, it is possible for additional cases to be identified, including among contacts who were not identified in the early stages of the outbreak. If reports or rumours of contacts travelling outside of the country are identified, it is important that other countries take notice and quickly assess such possibilities.

The Committee noted that there are still many gaps in knowledge regarding the transmission of this virus between people, including the potential role of environmental contamination, poor ventilation and other factors, and indicated that continued research in these areas was critical.

The Committee expressed its assessment that this outbreak is a wakeup call and that in a highly mobile world, all countries should always be prepared for the unanticipated possibility of outbreaks of this, and other serious infectious diseases. The situation highlights the need to strengthen collaboration between health and other key sectors, such as aviation, and to enhance communication processes.

The Committee reiterated that its previous advice¹ remains relevant and indicated its strong support for the recommendations of the Joint Mission².

The Committee concluded that the conditions for a Public Health Emergency of International Concern have not been met.

In reaching this conclusion, the Committee noted that after the outbreak was detected, and after a period of organization, the Republic of Korea has strongly initiated actions to bring this outbreak under control. This includes use of multiple approaches to identify contacts and to ensure their appropriate quarantine and monitoring, as well as effective means to stop inappropriate travel of cases and contacts during the period of time when they are potentially infectious. Such efforts reflect adoption of the recommendations of the Joint Mission.

Based on the Committee's advice and information currently available, the Director-General accepted the Committee's assessment. She thanked the Committee for its work.

WHO does not recommend the application of any travel or trade restrictions and considers screening at points of entry to be unnecessary at this time. Raising awareness about MERS and its symptoms among those travelling to and from affected areas is good public health practice.

WHO will continue to provide updates to the Committee Members and Advisors. The Emergency Committee will be reconvened should circumstances require.

1 IHR Emergency Committee concerning Middle East respiratory syndrome coronavirus

2 High level messages - assessment and recommendations

:: Emergency Committee Members

WHO: [Virtual press briefings on MERS-CoV](#)

17 June 2015

[WHO calls for stepping up vigilance for MERS, Thailand confirms case](#)

18 June 2015 -- Thailand confirmed Middle East respiratory syndrome coronavirus (MERS CoV) disease in a traveller from the Middle East region, the first case in the WHO South-East Asia Region, as WHO urged countries in the region to step up vigil and review preparedness to respond to the disease. WHO has been working with countries in the Region to build their capacities and strengthen preparedness to effectively detect and respond to outbreaks and other hazards.

Global Alert and Response (GAR) - Disease outbreak news

[Middle East Respiratory Syndrome coronavirus \(MERS-CoV\) – Thailand](#)

20 June 2015

[Middle East respiratory syndrome coronavirus \(MERS-CoV\) – Republic of Korea](#)

19 June 2015

[Middle East respiratory syndrome coronavirus \(MERS-CoV\) – Republic of Korea](#)

16 June 2015

[Middle East Respiratory Syndrome coronavirus \(MERS-CoV\) – Saudi Arabia](#)

16 June 2015

Situation and risk assessments

[Summary and risk assessment of current situation in Republic of Korea and China pdf, 867kb](#)

19 June 2015

[MERS-CoV: Situation assessment in the Republic of Korea](#)

15 June 2015

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EBOLA/EVD [to 20 June 2015]

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

WHO: Ebola Situation Report – 17 June 2015

[Excerpts]

SUMMARY

:: There were 24 confirmed cases of Ebola virus disease (EVD) reported in the week to 14 June, compared with 27 cases the previous week. In Guinea, 10 cases were reported from 4 prefectures (Boke, Conakry, Dubreka, and Forecariah). A total of 14 cases were reported from 2 districts (Kambia and Port Loko) in Sierra Leone.

:: Of 76 confirmed cases reported from Guinea and Sierra Leone in the 21 days to 14 June, 69 (91%) have come from 3 prefectures in Guinea (Boke, Dubreka, and Forecariah) and 2 districts in Sierra Leone (Kambia and Port Loko). Most (55) of these 69 cases came from well-characterised chains of transmission, and arose among registered, monitored contacts of previous cases. Each of these cases presents a risk of further transmission, but in most instances that risk is well understood and can be planned for accordingly. However, 14 of those 69 cases, and 5 of the 7 cases that were reported from other prefectures and districts during the same period, arose from unknown sources of infection, and/or are associated with a large number of high-risk contacts, some of whom it was not possible to trace. Effectively managing the risks associated with cases such as these will be crucial to getting to zero. To that end, a package of enhanced surveillance and response measures has been introduced in both Guinea and Sierra Leone:

...In Guinea, health checkpoints have been established in the western prefectures of Boke and Coyah. A 6-day door-to-door case-finding and sensitization campaign was carried out in Dubreka from 7 June, leading to the detection of 1 confirmed case. In addition, intensive investigations are underway to trace a number of high-risk contacts associated with 3 cases reported from the Guinean capital, Conakry, over the past 2 weeks. All of the 3 cases acquired infection outside the capital.

...In Sierra Leone, a large-scale operation is planned in the districts of Kambia and Port Loko, aimed at ending the secret movement of cases, contacts, and dead bodies that has propagated transmission over the past 2 months. Measures include broadened criteria for identifying and

tracing contacts, improved incentives to increase compliance with quarantine measures and encourage the timely reporting and isolation of cases, and expanded use of rapid diagnostic tests.

:: As at 14 June, there were 1927 contacts being monitored across 8 prefectures in Guinea. In Sierra Leone, 443 contacts were under follow-up in 3 districts. A total of 660 laboratory samples were tested in Guinea in the week to 14 June: 4% tested positive. Over the same period, 1787 new samples were tested in Sierra Leone, with less than 1% testing positive.

:: In Guinea there were a total of 15 unsafe burials in the week to 14 June, representing 4% of 357 community deaths. In the week to 7 June, 1 unsafe burial was reported in Sierra Leone.

COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

:: There have been a total of 27,305 reported confirmed, probable, and suspected cases of EVD in Guinea, Liberia and Sierra Leone (figure 1, table 1), with 11,169 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). A total of 10 new confirmed cases were reported in Guinea and 14 in Sierra Leone in the 7 days to 14 June. The outbreak in Liberia was declared over on 9 May.

WHO: Staying at zero: Keeping Ebola out of Liberia

18 June 2015 -- Over a month has passed since Ebola transmission ceased in Liberia. This hard-fought achievement is still being celebrated across the country, where nearly 11 000 people became infected with the virus and 4 800 died. Liberia is still urging communities not to let their guard down until Ebola is gone from the region. Liberia is working closely with WHO and partners to keep Ebola from re-emerging.

NIH Watch [to 20 June 2015]

<http://www.nih.gov/news/releases.htm>

Study of Ebola survivors opens in Liberia

Trial to examine long-term health effects of Ebola virus disease

June 17, 2015

The Liberia-U.S. clinical research partnership known as PREVAIL has launched a study of people in Liberia who have survived Ebola virus disease (EVD) within the past two years. The study investigators hope to better understand the long-term health consequences of EVD, determine if survivors develop immunity that will protect them from future Ebola infection, and assess whether previously EVD-infected individuals can transmit infection to close contacts and sexual partners. The study, sponsored by the Ministry of Health of Liberia and the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, will take place at various sites in Liberia and is expected to enroll approximately 7,500 people, including 1,500 people of any age who survived EVD and 6,000 of their close contacts.

"The clinical course of Ebola virus disease is reasonably well-understood, but we still have much to learn about the long-term health effects of the illness in those who recover," said NIAID Director Anthony S. Fauci, M.D. "To unravel the many unknowns, we have expanded the focus of our partnership with Liberia's Ministry of Health to include research on the long-term health effects of Ebola virus disease, in addition to our ongoing efforts to find an effective preventive vaccine and treatments for Ebola virus disease."...

Wellcome Trust [to 20 June 2015]

<http://www.wellcome.ac.uk/News/2015/index.htm>

Update on Ebola treatment trial in Sierra Leone

A clinical trial of a potential treatment for Ebola, called TKM-Ebola-Guinea, is no longer recruiting patients after reaching a pre-defined endpoint. Early results indicated that continued enrolment to the study, which has been running since March 2015 in Sierra Leone, was unlikely to demonstrate an overall therapeutic benefit to patients.

The research team is currently analysing the data collected during the trial and will make the results available as soon as possible. The single-arm phase II study (RAPIDE-TKM), is led by Professor Peter Horby of the University of Oxford on behalf of the International Severe Acute Respiratory and Emerging Infection Consortium ([ISARIC](#)) in collaboration with the College of Medicine and Allied Health Sciences in Sierra Leone. The study is funded by the Wellcome Trust.

Professor Horby, Associate Professor of Infectious Diseases and Global Health at the University of Oxford and Chief Investigator of the study, said: "It is a great tribute to our colleagues in Sierra Leone that the trial has been run so efficiently and that we now have substantial experience on the use of TKM-Ebola-Guinea in patients with Ebola.

"While the trial has reached a statistical endpoint, and has therefore completed, final conclusions on the efficacy and tolerability of the drug must await full analysis of the data."

TKM-Ebola-Guinea, is a synthetic small interfering RNA (siRNA) therapeutic developed and manufactured by Tekmira Pharmaceuticals. It is one of a number of candidate Ebola treatments to be evaluated through the Wellcome Trust Ebola therapeutics platform, which was set up in September 2014 to enable multiple partners to quickly establish clinical trials at existing Ebola treatment centres.

World Bank [to 20 June 2015]

<http://www.worldbank.org/en/news/all>

As Ebola Crisis Wanes, a Mixed Picture of Economic Recovery for Households in Sierra Leone

Results from third round of mobile-phone surveys show progress since February

WASHINGTON, June 15, 2015—Employment in Sierra Leone has returned to pre-crisis levels, though earnings and hours worked still lag behind. This is according to respondents in the latest round of high-frequency mobile-phone surveys, led by Statistics Sierra Leone with support from the World Bank Group, assessing how Ebola is impacting people's livelihoods. The survey contacted a sample of 1,715 households during May, 2015, which represents 41 percent of the 4,199 households covered in the baseline, nationally-representative Labor Force Survey conducted in July and August 2014. "Sierra Leone is working tirelessly to get to zero cases of Ebola," said Francis Ato Brown, World Bank Group Country Manager for Sierra Leone. "Our job has to be not only to support the country in eradicating Ebola, but also to look toward economic recovery and toward mitigating the short-, medium-, and long-term impacts...

Date: June 15, 2015 Type: Press Release

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POLIO [to 20 June 2015]

Public Health Emergency of International Concern (PHEIC)

GPEI Update: Polio this week - As of 17 June 2015

Global Polio Eradication Initiative

[Editor's Excerpt and text bolding]

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

:: An Independent Outbreak Response Assessment in Equatorial Guinea took place last week with over a year since the most recent case of polio on the 3 May 2014. They concluded that there is no evidence that wild poliovirus continues to circulate in the country and that there has been a significant improvement in surveillance. Strengthening routine immunization was identified as the highest priority for sustaining the gains of the outbreak response.

:: Expert groups in polio-infected areas are actively evaluating progress. Last week, the Technical Advisory Group for Afghanistan and Pakistan met to review the latest epidemiology, while this week an international outbreak assessment team is evaluating the situation in the Horn of Africa. Similar expert bodies will convene in other infected areas/countries over the coming months.

Selected excerpts from Country-specific Reports

Pakistan

:: One new wild poliovirus type 1 (WPV1) case was reported this week in South Waziristan in the Federally Administered Tribal Areas (FATA), with onset of paralysis on the 24 May. The total number of WPV1 cases for 2015 is now 25.

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WHO & Regionals [to 20 June 2015]

Nepal Earthquake - Global Health Cluster

Health Cluster Bulletin No. 6 pdf, 1.11Mb

19 June 2015

Global Alert and Response (GAR) – Disease Outbreak News (DONs)

20 June 2015 - Middle East respiratory syndrome coronavirus (MERS-CoV) – Republic of Korea

20 June 2015 - Middle East Respiratory Syndrome coronavirus (MERS-CoV) – Saudi Arabia

5 June 2015 - Middle East respiratory syndrome coronavirus (MERS-CoV) – Republic of Korea

4 June 2015 - Middle East respiratory syndrome coronavirus (MERS-CoV) – Republic of Korea

4 June 2015 - Middle East Respiratory Syndrome coronavirus (MERS-CoV) – Saudi Arabia

The **Weekly Epidemiological Record (WER) 19 June 2015**, vol. 90, 25 (pp. 309–320) includes:

:: Update on vaccine-derived polioviruses worldwide, January 2014–March 2015

:: **WHO Regional Offices**

WHO African Region AFRO

:: [WHO mobilizes 164 500 doses of oral cholera vaccine to help control the cholera outbreak in Tanzania](#)

Kigoma, 18 June 2015 – The cholera risk remains high in villages around entry points for asylum seekers in Kigoma region, Western Tanzania. The daily influx of asylum seekers has caused the population in the Nyarugusu camp in Tanzania to swell to over 55,500.

:: [Rural mothers in Namibia given access to quality maternal and newborn care - 17 June 2015](#)

:: [Experts meet to discuss a range of public health issues in the African Region - 16 June 2015](#)

WHO Region of the Americas PAHO

No new digest content identified

WHO South-East Asia Region SEARO

:: [WHO calls for stepping up vigil for MERS, Thailand confirms case](#)

18 June 2015

WHO European Region EURO

:: [Stepping up action on migrant and refugee health](#) 18-06-2015

:: [Health a priority for European Development Days](#) 17-06-2015

WHO Eastern Mediterranean Region EMRO

:: [Kuwait donation supports scaling up of health care services to displaced populations and host communities in Iraq](#)

18 June 2015

:: [WHO airlifts from Damascus medical supplies to the besieged Deir ez-Zor city and Qamishly](#)

18 June 2015

:: [WHO welcomes new Kuwait donation for Syrians in need](#)

15 June 2015

WHO Western Pacific Region

:: [WHO recommends continuation of strong disease control measures to bring MERS-CoV outbreak in Republic of Korea to an end](#)

MANILA, 13 JUNE 2015 - A joint mission by the World Health Organization and the Republic of Korea's Ministry of Health and Welfare to review the outbreak of Middle East Respiratory Syndrome coronavirus (MERS CoV) in the Republic of Korea has recommended that continuing strengthening of contact tracing, monitoring and quarantine as well as expanded laboratory testing will prevent further spread of the virus.

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CDC/MMWR/ACIP Watch [to 20 June 2015]

<http://www.cdc.gov/media/index.html>

MMWR June 19, 2015 / Vol. 64 / No. 23

:: [Update on Vaccine-Derived Polioviruses — Worldwide, January 2014–March 2015](#)

:: [Yellow Fever Vaccine Booster Doses: Recommendations of the Advisory Committee on Immunization Practices, 2015](#)

ACIP

:: Next ACIP Meeting - June 24-25, 2015

[ACIP June 2015 Draft Meeting Agenda \[2 pages\]](#)

Register for upcoming June ACIP meeting

(Wednesday - Thursday)

Deadline for registration:

- Non-US Citizens: June 3, 2015

- US Citizens: June 10, 2015

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International AIDS Vaccine Initiative [to 20 June 2015]

<http://www.iavi.org/>

[AIDS Vaccine Candidate Successfully 'Primes' Immune System in Animal Models](#)

June 18, 2015

New research led by scientists at [The Scripps Research Institute](#) (TSRI), International AIDS Vaccine Initiative (IAVI) and [The Rockefeller University](#) shows that an experimental vaccine candidate can stimulate the immune system to block HIV infection in mice.

The new candidate has the potential to inform immunization strategies against AIDS for humans. The effort to develop a vaccine against HIV has so far struggled to elicit antibodies that can effectively fight off different strains of the fast and extensively mutating virus. The new results were published June 18 in concurrent studies in Cell and Science.

"The results are pretty spectacular," said Dennis Burton, chair of the TSRI Department of Immunology and Microbial Science and scientific director of the IAVI Neutralizing Antibody Consortium (NAC) and National Institutes of Health Center for HIV/AIDS Vaccine Immunology and Immunogen Discovery at TSRI...

Global Fund [to 20 June 2015]

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

News Release

:: 17 June 2015 [Mozambique and Global Fund Aiming Higher with New Grants](#)

:: 16 June 2015 [Senegal and Global Fund Partners Invest in HIV Programs](#)

European Medicines Agency Watch [to 20 June 2015]

<http://www.ema.europa.eu/ema/>

16/06/2015

[Early dialogue to support development of medicines for children](#)

EMA's early interaction meetings encourage consideration of paediatric needs in the early phases of medicine development ...

IFFIm

17 June 2015

[Financial Times presents 'Achievement in Transformational Finance Award' to IFFIm](#)

Fourth major award for IFFIm's November 2014 sukuk transaction.

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GAVI [to 20 June 2015]

<http://www.gavialliance.org/library/news/press-releases/>

No new digest content identified.

PATH [to 20 June 2015]

<http://www.path.org/news/>

No new digest content identified

European Vaccine Initiative [to 20 June 2015]

<http://www.euvaccine.eu/news-events>

No new digest content identified

IVI [to 20 June 2015]

<http://www.ivi.org/web/www/home>

No new digest content identified.

Sabin Vaccine Institute [to 20 June 2015]

<http://www.sabin.org/updates/pressreleases>

No new digest content identified.

BMGF (Gates Foundation) [to 20 June 2015]

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

FDA Watch [to 20 June 2015]

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm>

No new digest content identified

DCVMN / PhRMA / EFPIA / IFPMA / BIO Watch [to 20 June 2015]

No new digest content identified.

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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 content identified.

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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 6, 2015

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

[Reviewed earlier]

American Journal of Infection Control

June 2015 Volume 43, Issue 6, p547-662

<http://www.ajicjournal.org/current>

[Reviewed earlier]

American Journal of Preventive Medicine

June 2015 Volume 48, Issue 6, p647-770, e11-e30

<http://www.ajpmonline.org/current>

[Reviewed earlier]

American Journal of Public Health

Volume 105, Issue 6 (June 2015)

<http://ajph.aphapublications.org/toc/ajph/current>

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

June 2015; 92 (6)

<http://www.ajtmh.org/content/current>

[Reviewed earlier]

Annals of Internal Medicine

16 June 2015, Vol. 162. No. 12

<http://annals.org/issue.aspx>

[New issue; No relevant content identified]

BMC Health Services Research

<http://www.biomedcentral.com/bmchealthservres/content>

(Accessed 20 June 2015)

Research article

The rise of digital direct-to-consumer advertising?: Comparison of direct-to-consumer advertising expenditure trends from publicly available data sources and global policy implications

Tim Mackey, Raphael Cuomo, Bryan Liang BMC Health Services Research 2015, 15:236 (19 June 2015)

Abstract

Background

Pharmaceutical marketing is undergoing a major shift in the United States, in part due to new transparency regulations under the healthcare reform act. Changes in pharmaceutical marketing practices include a possible shift from more traditional forms of direct-to-consumer advertising towards emerging use of Internet-based DTCA ("eDTCA") given the growing importance of digital health or "eHealth." Though legally allowed only in the U.S. and New Zealand, eDTCA poses novel regulatory challenges, as it can cross geopolitical boundaries and impact health systems and populations outside of these countries.

Methods

We wished to assess whether changes in DTCA and eDTCA expenditure trends was occurring using publicly available pharmaceutical marketing data. DTCA data was analyzed to compare trends in aggregate marketing expenditures and to assess if there were statistically significant differences in trends and magnitudes for data sources and DTCA sub-categories (including eDTCA). This was accomplished using regression lines of DTCA trend data and conducting pairwise comparisons of regression coefficients using t-tests. Means testing was utilized for comparing magnitude of DTCA expenditure.

Results

Data from multiple data sources indicate that aggregate DTCA expenditures have slightly declined during the period from 2005–2009 and are consistent with results from other studies. For DTCA sub-categories, television remained the most utilized form of DTCA, though experienced trends of declining expenditures (–13.2 %) similar to other traditional media platforms such as radio (–30.7 %) and outdoor ads (–12.1 %). The only DTCA sub-category that experienced substantial increased expenditures was eDTCA (+109.0 %) and it was the only medium that had statistically significant differences in its marketing expenditure trends compared to other DTCA sub-categories.

Conclusions

Our study indicates that traditional DTCA marketing may be on the decline. Conversely, the only DTCA sub-category that experienced significant increases was eDTCA. However, to fully understand this possible shift to "digital" DTCA, improvements in publicly available DTCA data sources are necessary to confirm changing trends and validate existing data. Hence, utilizing the newly implemented U.S. physician-payment expenditure transparency requirements, we advocate for the mandatory disclosure of DTCA/eDTCA in order to inform future domestic and international health policy efforts regarding appropriate regulation of pharmaceutical promotion.

BMC Infectious Diseases

<http://www.biomedcentral.com/bmcinfectdis/content>

(Accessed 20 June 2015)

Research article

Trends in antibiotic resistance of *Streptococcus pneumoniae* and *Haemophilus influenzae* isolated from nasopharyngeal flora in children with acute otitis media in France before and after 13 valent pneumococcal conjugate vaccine introduction

François Angoulvant, Robert Cohen, Catherine Doit, Annie Elbez, Andreas Werner, Stéphane Béchet, Stéphane Bonacorsi, Emmanuelle Varon, Corinne Levy BMC Infectious Diseases 2015, 15:236 (21 June 2015)

Abstract

Research article

[High multiple carriage and emergence of Streptococcus pneumoniae vaccine serotype variants in Malawian children](#)

Arox Kamng'ona, Jason Hinds, Naor Bar-Zeev, Katherine Gould, Chrispin Chaguza, Chisomo Msefula, Jennifer Cornick, Benard Kulohoma, Katherine Gray, Stephen Bentley, Neil French, Robert Heyderman, Dean Everett BMC Infectious Diseases 2015, 15:234 (20 June 2015)

Abstract |

BMC Medical Ethics

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

(Accessed 20 June 2015)

[No new relevant content identified]

BMC Pregnancy and Childbirth

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

(Accessed 20 June 2015)

[No new relevant content identified]

BMC Public Health

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

(Accessed 20 June 2015)

Research article

[Determinants of students' willingness to accept a measles–mumps–rubella booster vaccination during a mumps outbreak: a cross-sectional study](#)

Hanna Donkers, Jeannine Hautvast, Reinier Akkermans, Corien Swaan, Wilhelmina Ruijs, Marlies Hulscher BMC Public Health 2015, 15:575 (20 June 2015)

BMC Research Notes

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

(Accessed 20 June 2015)

Research article

[Level of immunization coverage and associated factors among children aged 12–23 months in Lay Armachiho District, North Gondar Zone, Northwest Ethiopia: a community based cross sectional study](#)

Melkamu Kassahun, Gashaw Bikis, Alemayehu Teferra BMC Research Notes 2015, 8:239 (13 June 2015)

BMJ Open

2015, Volume 5, Issue 6

<http://bmjopen.bmj.com/content/current>
[Reviewed earlier]

British Medical Journal

20 June 2015(vol 350, issue 8013)
<http://www.bmj.com/content/350/8013>
Head To Head

[Should we welcome multinational companies' involvement in programmes to improve child health?](#)

2015; 350 doi: <http://dx.doi.org/10.1136/bmj.h3046> (Published 17 June 2015) Cite this as:
2015;350:h3046

Simon Berry, cofounder and chief executive, ColaLife 1,
Jane Berry, cofounder and business development, ColaLife1,
Rohit Ramchandani, doctor of public health candidate and public health adviser, ColaLife2,
Nick Spencer, emeritus professor of child health3

Author affiliations

Pragmatic partnerships with industry can work argue Simon Berry and colleagues, but Nick Spencer thinks the conflicts of interest are too great

Bulletin of the World Health Organization

Volume 93, Number 6, June 2015, 361-436
<http://www.who.int/bulletin/volumes/93/6/en/>
[Reviewed earlier]

Clinical Infectious Diseases (CID)

Volume 60 Issue 12 June 15, 2015
<http://cid.oxfordjournals.org/content/current>
[Reviewed earlier]

Clinical Therapeutics

June 2015 Volume 37, Issue 6, p1147-1378
<http://www.clinicaltherapeutics.com/current>
[New issue; No relevant content identified]

Complexity

May/June 2015 Volume 20, Issue 5 Pages C1–C1, 1–76
<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v20.5/issuetoc>
[Reviewed earlier]

Conflict and Health

[Accessed 20 June 2015]
<http://www.conflictandhealth.com/>

[No new relevant content identified]

Contemporary Clinical Trials

Volume 43, In Progress (July 2015)

<http://www.sciencedirect.com/science/journal/15517144/42>

[New issue; No relevant content identified]

Cost Effectiveness and Resource Allocation

<http://www.resource-allocation.com/>

(Accessed 20 June 2015)

[No new relevant content identified]

Current Opinion in Infectious Diseases

June 2015 - Volume 28 - Issue 3 pp: v-v,199-282

<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 4, 2015

<http://www.tandfonline.com/toc/cdip20/current>

[Reviewed earlier]

Emerging Infectious Diseases

Volume 21, Number 6—June 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 08 - June 2015

<http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue>

[Reviewed earlier]

The European Journal of Public Health

Volume 25, Issue 3, 01 June 2015

<http://eurpub.oxfordjournals.org/content/25/3>

[Reviewed earlier]

Eurosurveillance

Volume 20, Issue 24, 18 June 2015

<http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678>

Rapid communications

Imported case of MERS-CoV infection identified in China, May 2015: detection and lesson learned

by J Wu, L Yi, L Zou, H Zhong, L Liang, T Song, Y Song, J Su, C Ke

Review articles

Systematic review of fever, febrile convulsions and serious adverse events following administration of inactivated trivalent influenza vaccines in children

by J Li-Kim-Moy, JK Yin, H Rashid, G Khandaker, C King, N Wood, KK Macartney, C Jones, R Booy

Global Health: Science and Practice (GHSP)

June 2015 | Volume 3 | Issue 2

<http://www.ghspjournal.org/content/current>

COMMENTARIES

Leveraging the Power of Knowledge Management to Transform Global Health and Development

Good knowledge is essential to prevent disease and improve health. Knowledge management (KM) provides a systematic process and tools to promote access to and use of knowledge among health and development practitioners to improve health and development outcomes. KM tools range from publications and resources (briefs, articles, job aids) and products and services (websites, eLearning courses, mobile applications), to training and events (workshops, webinars, meetings) and approaches and techniques (peer assists, coaching, after-action reviews, knowledge cafés).

Tara M Sullivan, Rupali J Limaye, Vanessa Mitchell, Margaret D'Adamo, Zachary Baquet
Glob Health Sci Pract 2015;3(2):150-162. First published online April 27, 2015.

<http://dx.doi.org/10.9745/GHSP-D-14-00228>

How Can We Better Evaluate Complex Global Health Initiatives? Reflections From the January 2014 Institute of Medicine Workshop

An IOM workshop on evaluation design drew on recent evaluations of 4 complex initiatives (PEPFAR; the Global Fund to Fight AIDS, TB and Malaria; the President's Malaria Initiative; and the Affordable Medicines Facility-malaria). Key components for good evaluations: (1) a robust theory of change to understand how and why programs should work; (2) use of multiple analytic methods; and (3) triangulation of evidence to validate and deepen understanding of results as well as synthesis of findings to identify lessons for scale-up or broader application. Sangeeta Mookherji, Kate Meck

Glob Health Sci Pract 2015;3(2):174-179. First published online May 20, 2015.

<http://dx.doi.org/10.9745/GHSP-D-14-00184>

Establishing and Scaling-Up Clinical Social Franchise Networks: Lessons Learned From Marie Stopes International and Population Services International

Sarah Thurston^a, Nirali M Chakraborty^b, Brendan Hayes^c, Anna Mackay^c, Pierre Moon^b

Family planning social franchising has succeeded in countries with an active private sector serving low- and middle-income clients, with services provided mostly by mid-level providers, such as nurses and midwives. Key support for social franchising includes: clinical training and supportive supervision, help building sustainable businesses, marketing and demand creation, and mechanisms to make services affordable for clients. The forward agenda includes selectively introducing other priority health services, improving cost-effectiveness of the model, and promoting sustainability and health systems integration.

Abstract

In many low- and middle-income countries, a majority of people seek health care from the private sector. However, fragmentation, poor economies of scale, inadequate financing, political opposition, a bias toward curative services, and weak regulatory and quality control systems pose serious challenges for the private sector. Social franchising addresses a number of these challenges by organizing small, independent health care businesses into quality-assured networks. Global franchisors Marie Stopes International (MSI) and Population Services International (PSI) have rapidly scaled their family planning social franchising programs in recent years, jointly delivering over 10.8 million couple-years of protection (CYPs) in 2014—up 26% from 8.6 million CYPs just 1 year prior. Drawing on experience across MSI's 17 and PSI's 25 social franchise networks across Africa, Asia, and Latin America and the Caribbean, this article documents the organizations' operational approaches, challenges faced, and solutions implemented. The organizations provide intensive capacity building and support for private-sector providers, including clinical training, branding, monitoring quality of franchised services, and commodity support. In addition, franchising programs engage providers and clients through behavior change communication (BCC) and demand generation activities to raise awareness and to attract clients, and they implement initiatives to ensure services are affordable for the lowest-income clients. Social franchise programs offer the private sector a collective platform to better engage government in health policy advocacy and for integrating into new public health care financing and procurement mechanisms. The future of social franchising will require developing approaches to scale-up and sustain the model cost-effectively, selectively integrating other health services into the franchise package, and being responsive to evolving health care financing approaches with the potential to contribute to universal health coverage

Global Health Governance

<http://blogs.shu.edu/ghg/category/complete-issues/spring-autumn-2014/>

[Accessed 20 June 2015]

[No new relevant content]

Global Public Health

Volume 10, Issue 5-6, 2015

<http://www.tandfonline.com/toc/rgph20/current>

Special Issue: Circumcision and HIV prevention: Emerging debates in science, policies and programs

[Reviewed earlier]

Globalization and Health

<http://www.globalizationandhealth.com/>

[Accessed 20 June 2015]

[No new relevant content identified]

Health Affairs

June 2015; Volume 34, Issue 6

<http://content.healthaffairs.org/content/current>

[New issue; No relevant content identified]

Health and Human Rights

Volume 16, Issue 2 December 2014

<http://www.hhrjournal.org/volume-16-issue-2/>

Special Issue on Health Rights Litigation

[Reviewed earlier]

Health Economics, Policy and Law

Volume 10 - Issue 03 - July 2015

<http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue>

[Reviewed earlier]

Health Policy and Planning

July 2015 30 (6)

<http://heapol.oxfordjournals.org/content/current>

[Applying lessons learned from the USAID family planning graduation experience to the GAVI graduation process](#)

Angela K Shen*,^{1,2}, Marguerite M Farrell³, Mary F Vandenbroucke⁴, Elizabeth Fox⁵ and Ariel Pablos-Mendez¹

Author Affiliations

¹Bureau for Global Health, US Agency for International Development, Washington, DC, USA, ²US Department of Health and Human Services, Washington, DC, USA, ³Office of Population and Reproductive Health, US Agency for International Development, Washington, DC, USA, ⁴Office of Country Support, US Agency for International Development, Washington, DC, USA and ⁵Office of Health Infectious Disease and Nutrition, US Agency for International Development, Washington, DC, USA

Abstract

As low income countries experience economic transition, characterized by rapid economic growth and increased government spending potential in health, they have increased fiscal space to support and sustain more of their own health programmes, decreasing need for donor development assistance. Phase out of external funds should be systematic and efforts towards this end should concentrate on government commitments towards country ownership and self-

sustainability. The 2006 US Agency for International Development (USAID) family planning (FP) graduation strategy is one such example of a systematic phase-out approach. Triggers for graduation were based on pre-determined criteria and programme indicators. In 2011 the GAVI Alliance (formerly the Global Alliance for Vaccines and Immunizations) which primarily supports financing of new vaccines, established a graduation policy process. Countries whose gross national income per capita exceeds \$1570 incrementally increase their co-financing of new vaccines over a 5-year period until they are no longer eligible to apply for new GAVI funding, although previously awarded support will continue. This article compares and contrasts the USAID and GAVI processes to apply lessons learned from the USAID FP graduation experience to the GAVI process. The findings of the review are 3-fold: (1) FP graduation plans served an important purpose by focusing on strategic needs across six graduation plan foci, facilitating graduation with pre-determined financial and technical benchmarks, (2) USAID sought to assure contraceptive security prior to graduation, phasing out of contraceptive donations first before phasing out from technical assistance in other programme areas and (3) USAID sought to sustain political support to assure financing of products and programmes continue after graduation. Improving sustainability more broadly beyond vaccine financing provides a more comprehensive approach to graduation. The USAID FP experience provides a window into understanding one approach to graduation from donor assistance. The process itself—involving transparent country-level partners well in advance of graduation—appears a valuable lesson towards success.

Ten best resources on conditional cash transfers

Caroline Marshall* and Peter S Hill

Author Affiliations

School of Population Health, University of Queensland, QLD 4006, Australia

Abstract

The world's economy is in a fragile state. Although cautiously recovering from a global recession, unemployment rates and poverty levels remain high. At the same time, food and fuel crises have resulted in skyrocketing commodity costs, straining household budgets even further than before. In the wake of these financial pressure points, there has been increased focus on social safety net programmes. More recently, Brazil's 'Bolsa Familia' conditional cash transfer (CCT) programme has celebrated its tenth-year anniversary, renewing focus on this particular aspect of social transfer programmes. This essay examines one particular aspect of these social safety net programmes: CCTs. CCT programmes are useful social programmes that have had demonstrable effects on many different populations. However, they are not a 'magic bullet' against poverty, and their image has suffered from unreasonable expectations of their impacts. This 10 best list is an ideal starting point from which a potential user can begin to understand CCTs. There remain significant gaps in the literature behind CCTs, with a particular need for much more research on emerging areas such as impacts on gender, long-term school and health outcomes, methods for increasing efficiency and adapting conditionalities within cultural contexts, among others. However, this list can function as a starting point from which the reader can gain an understanding and appreciation for what we believe to be one of the most innovative social programmes for addressing poverty worldwide.

Health Research Policy and Systems

<http://www.health-policy-systems.com/content>

[Accessed 20 June 2015]

[No new relevant content]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 11, Issue 4, 2015

<http://www.tandfonline.com/toc/khvi20/current>

[Reviewed earlier]

Infectious Agents and Cancer

<http://www.infectagentscancer.com/content>

[Accessed 20 June 2015]

[No new relevant content]

Infectious Diseases of Poverty

<http://www.idpjournal.com/content>

[Accessed 20 June 2015]

[No new relevant content]

International Health

Volume 7 Issue 3 May 2015

<http://inthehealth.oxfordjournals.org/content/current>

[Reviewed earlier]

International Journal of Epidemiology

Volume 44 Issue 2 April 2015

<http://ije.oxfordjournals.org/content/current>

[New issue; No relevant content identified]

International Journal of Infectious Diseases

June 2015 Volume 35, p1

<http://www.ijidonline.com/current>

[Reviewed earlier]

JAMA

June 16, 2015, Vol 313, No. 23

<http://jama.jamanetwork.com/issue.aspx>

Scientific Discovery and the Future of Medicine

[Science, Medicine, and Society: A View From the Wellcome Trust](#)

Jeremy Farrar, FRS, FRCP, FMedSci, OBE

Editorial / June 16, 2015

[Development Assistance for Health Potential Contribution to the Post-2015 Agenda](#)

Andy Haines, MD, MB, BS1

Author Affiliations

JAMA. 2015;313(23):2328-2330. doi:10.1001/jama.2015.5790.

Despite economic growth in low-income countries, the internal resources available to some governments will be inadequate to support the delivery of health care to their populations for years to come.¹ Approximately 150 million people worldwide experience catastrophic expenditure annually to cover out-of-pocket payments for health.¹ Despite substantial progress, 6.6 million children who were younger than 5 years died in 2012 and a quarter of all children younger than 5 years were stunted (having an inadequate height or length for age).² Almost 300 000 women died in 2013 of causes related to pregnancy and childbirth.² Against this background, the study by Dieleman and colleagues³ in this issue of JAMA makes a substantial contribution to the current understanding of the flow of development assistance for health (DAH) and how these resources can contribute to the achievement of international health goals....

Special Communication / June 16, 2015

Sources and Focus of Health Development Assistance, 1990–2014

Joseph L. Dieleman, PhD¹; Casey Graves, BA¹; Elizabeth Johnson, BA¹; Tara Templin, BA¹; Maxwell Birger, BS¹; Hannah Hamavid, BA¹; Michael Freeman, MPH²; Katherine Leach-Kemon, MPH¹; Lavanya Singh, BS¹; Annie Haakenstad, MA¹; Christopher J. L. Murray, MD¹

Author Affiliations

JAMA. 2015;313(23):2359-2368. doi:10.1001/jama.2015.5825

Abstract

Importance

The governments of high-income countries and private organizations provide billions of dollars to developing countries for health. This type of development assistance can have a critical role in ensuring that life-saving health interventions reach populations in need.

Objectives

To identify the amount of development assistance that countries and organizations provided for health and to determine the health areas that received these funds.

Evidence Review Budget, revenue, and expenditure data on the primary agencies and organizations (n = 38) that provided resources to developing countries (n = 146-183, depending on the year) for health from 1990 through 2014 were collected. For each channel (the international agency or organization that directed the resources toward the implementing institution or government), the source and recipient of the development assistance were determined and redundant accounting of the same dollar, which occurs when channels transfer funds among each other, was removed. This research derived the flow of resources from source to intermediary channel to recipient. Development assistance for health (DAH) was divided into 11 mutually exclusive health focus areas, such that every dollar of development assistance was assigned only 1 health focus area.

Findings

Since 1990, \$458.0 billion of development assistance has been provided to maintain or improve health in developing countries. The largest source of funding was the US government, which provided \$143.1 billion between 1990 and 2014, including \$12.4 billion in 2014. Of resources that originated with the US government, 70.6% were provided through US government agencies, and 41.0% were allocated for human immunodeficiency virus (HIV)/AIDS. The second largest source of development assistance for health was private philanthropic donors, including the Bill and Melinda Gates Foundation and other private foundations, which provided \$69.9 billion between 1990 and 2014, including \$6.2 billion in 2014. These resources were provided primarily through private foundations and nongovernmental organizations and were allocated for a diverse set of health focus areas. Since 1990, 28.0% of all DAH was allocated for maternal

health and newborn and child health; 23.2% for HIV/AIDS, 4.3% for malaria, 2.8% for tuberculosis, and 1.5% for noncommunicable diseases. Between 2000 and 2010, DAH increased 11.3% annually. However, since 2010, total DAH has not increased as substantially.

Conclusions and Relevance

Funding for health in developing countries has increased substantially since 1990, with a focus on HIV/AIDS, maternal health, and newborn and child health. Funding from the US government has played a substantial role in this expansion. Funding for noncommunicable diseases has been limited. Understanding how funding patterns have changed across time and the priorities of sources of international funding across distinct channels, recipients, and health focus areas may help identify where funding gaps persist and where cost-effective interventions could save lives.

JAMA Pediatrics

June 2015, Vol 169, No. 6

<http://archpedi.jamanetwork.com/issue.aspx>

[Reviewed earlier]

Journal of Community Health

Volume 40, Issue 3, June 2015

<http://link.springer.com/journal/10900/40/3/page/1>

[Reviewed earlier]

Journal of Epidemiology & Community Health

June 2015, Volume 69, Issue 6

<http://jech.bmj.com/content/current>

[New issue; No relevant content identified]

Journal of Global Ethics

Volume 11, Issue 1, 2015

<http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L0l#.VAJEj2N4WF8>

Forum: The Sustainable Development Goals

[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)

April-June 2015 Volume 7 | Issue 2 Page Nos. 53-94

<http://www.jgid.org/currentissue.asp?sabs=n>

[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)

Volume 26, Number 2, May 2015 Supplement

https://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.26.2A.html

SUPPLEMENT FOCUS: Shining the Light on Asian American, Native Hawaiian, and Pacific Islander Health

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 17, Issue 3 – June 2015

<http://link.springer.com/journal/10903/17/2/page/1>

Special Focus: Cancer Risk, Screening, Prevention, and Treatment

[New issue; No relevant content]

Journal of Immigrant & Refugee Studies

Volume 13, Issue 2, 2015

<http://www.tandfonline.com/toc/wimm20/current#.VQS0KOFnBhW>

***Special Issue: Implementing Human Rights: Civil Society and Migration Policies
NGOs and Health Services for Irregular Immigrants in Italy: When the Protection of
Human Rights Challenges the Laws***

Maurizio Ambrosini

pages 116-134

DOI:10.1080/15562948.2015.1017631

Published online: 17 Jun 2015

[The Integration of Forced Migrants Into the Italian Labor Market](#)

Livia Elisa Ortensi

pages 179-199

DOI:10.1080/15562948.2014.907952

Published online: 17 Jun 2015

Journal of Infectious Diseases

Volume 212 Issue 1 July 1, 2015

<http://jid.oxfordjournals.org/content/current>

[Reviewed earlier]

The Journal of Law, Medicine & Ethics

Spring 2015 Volume 43, Issue 1 Pages 6–166

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.2015.43.issue-1/issuetoc>

[Reviewed earlier]

Journal of Medical Ethics

June 2015, Volume 41, Issue 6

<http://jme.bmj.com/content/current>

[Reviewed earlier]

Journal of Medical Internet Research

Vol 17, No 5 (2015): May
<http://www.jmir.org/2015/5>
[Reviewed earlier]

Journal of Medical Microbiology

May 2015; 64 (Pt 5)
<http://jmm.sgmjournals.org/content/current>
[Reviewed earlier]

Journal of Patient-Centered Research and Reviews

Volume 2, Issue 2 (2015)
<http://digitalrepository.aurorahealthcare.org/jpcrr/>
[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 4 Issue 2 June 2015
<http://jpids.oxfordjournals.org/content/current>
[Reviewed earlier]

Journal of Pediatrics

June 2015 Volume 166, Issue 6, p1329-1550
<http://www.jpeds.com/current>
[New issue: No relevant content identified]

Journal of Public Health Policy

Volume 36, Issue 2 (May 2015)
<http://www.palgrave-journals.com/jphp/journal/v36/n2/index.html>
[Reviewed earlier]

Journal of the Royal Society – Interface

06 May 2015; volume 12, issue 106
<http://rsif.royalsocietypublishing.org/content/current>
[Reviewed earlier]

Journal of Virology

June 2015, volume 89, issue 12
<http://jvi.asm.org/content/current>
[New issue; No relevant content]

The Lancet

Jun 20, 2015 Volume 385 Number 9986 p2433-2546
<http://www.thelancet.com/journals/lancet/issue/current>

Editorial

The G7 and global health: inaction or incisive leadership?

The Lancet

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)61121-7](http://dx.doi.org/10.1016/S0140-6736(15)61121-7)

Preview

"They came, they met, and nothing happened." So was the conclusion of James Rubin, former US Assistant Secretary of State. A harsh, but many might say fair, statement about the recent G7 meeting held in Germany. A few days before the start of the Summit, UN Secretary General Ban Ki-moon set the scene for leaders: "When they meet at the Schloss Elmau Summit in Germany on June 7–8, G7 leaders can show they are serious about seizing the moment and protecting people and the planet." He was right to suggest that as the international community prepares to adopt a new sustainable development agenda in New York in September, together with a new climate treaty in Paris in December, G7 countries have "a special responsibility to lead".

Comment

Capacity for science in sub-Saharan Africa

Alison Elliott, Barbara Nerima, Bernard Bagaya, Andrew Kambugu, Moses Joloba, Stephen Cose, Guiseppe Pantaleo, Maria Yazdanbakhsh, David Mabey, David Dunne, Ashley Moffett, Eli Katunguka Rwakishaya, Pontiano Kaleebu, Edward Katongole Mbidde

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)61111-4](http://dx.doi.org/10.1016/S0140-6736(15)61111-4)

Preview

During the past decade there has been an increase in funding for research capacity building in Africa. Two major European programmes are at a turning point: the Wellcome Trust's African Institutions Initiative is about to end, while their new initiative, DELTAS Africa,¹ will be launched later this year. The European Union's Seventh Framework Programme (FP7) is ending, superseded by Horizon 2020,² with the transition of some research areas that are important to Africa into the expanded second phase of the European and Developing Countries Clinical Trials Partnership.

The Lancet Global Health

Jun 2015 Volume 3 Number 6 e297-e340

<http://www.thelancet.com/journals/langlo/issue/current>

[Reviewed earlier]

The Lancet Infectious Diseases

Jun 2015 Volume 15 Number 6 p615-746

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

[Reviewed earlier]

Maternal and Child Health Journal

Volume 19, Issue 6, June 2015

<http://link.springer.com/journal/10995/19/6/page/1>

[Reviewed earlier]

Medical Decision Making (MDM)

May 2015; 35 (4)

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

June 2015 Volume 93, Issue 2 Pages 223–445

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2015.93.issue-2/issuetoc>

[Reviewed earlier]

Nature

Volume 522 Number 7556 pp255-384 18 June 2015

http://www.nature.com/nature/current_issue.html

Comment

Global risks: Pool knowledge to stem losses from disasters

Public awareness, rigorous risk research and aligned targets will help policy-makers to increase resilience against natural hazards, say Susan L. Cutter and colleagues.

Nature Medicine

June 2015, Volume 21 No 6 pp539-653

<http://www.nature.com/nm/journal/v21/n6/index.html>

[Reviewed earlier]

Nature Reviews Immunology

June 2015 Vol 15 No 6

<http://www.nature.com/nri/journal/v15/n6/index.html>

[Reviewed earlier]

New England Journal of Medicine

June 18, 2015 Vol. 372 No. 25

<http://www.nejm.org/toc/nejm/medical-journal>

Brief Report: Persistence of Ebola Virus in Ocular Fluid during Convalescence

J.B. Varkey and Others

Pediatrics

June 2015, VOLUME 135 / ISSUE 6

<http://pediatrics.aappublications.org/current.shtml>

[Reviewed earlier]

Pharmaceutics

Volume 7, Issue 2 (June 2015), Pages 10-

<http://www.mdpi.com/1999-4923/7/2>

[Reviewed earlier]

Pharmacoeconomics

Volume 33, Issue 6, June 2015

<http://link.springer.com/journal/40273/33/6/page/1>

[New issue; No relevant content identified]

PLoS Currents: Outbreaks

<http://currents.plos.org/outbreaks/>

(Accessed 20 June 2015)

[No new content]

PLoS Medicine

<http://www.plosmedicine.org/>

(Accessed 20 June 2015)

Policy Forum

Maximizing the Impact of Training Initiatives for Health Professionals in Low-Income Countries: Frameworks, Challenges, and Best Practices

Corrado Cancedda, Paul E. Farmer, Vanessa Kerry, Tej Nuthulaganti, Kirstin W. Scott, Eric Goosby, Agnes Binagwaho

June 16, 2015

DOI: 10.1371/journal.pmed.1001840

Summary Points

:: Historically, the impact of many health professional training initiatives in low-income countries has been limited by narrow focus on a small set of diseases, inefficient utilization of donor funding, inadequate scale up, insufficient emphasis on the acquisition of practical skills, poor alignment with local priorities, and lack of coordination.

:: Fortunately, several innovative training initiatives have emerged over the past five years in sub-Saharan Africa. This article focuses on four initiatives funded by the United States government: the Medical Education Training Partnership Initiative (MEPI), the Nursing Training Partnership Initiative (NEPI), the Rwanda Human Resources for Health Program (HRH Program), and the Global Health Service Partnership (GHSP).

:: The best practices adopted by these initiatives are: alignment to local priorities, country ownership, competency-based training, institutional capacity building, and the establishment of long-lasting partnerships with international stakeholders,

:: Based on these best practices, we outline a framework for health professional training initiatives that can help better address the health workforce shortage in low-income countries.

PLoS Neglected Tropical Diseases

<http://www.plosntds.org/>

(Accessed 20 June 2015)

Research Article

Acceptability and Willingness-to-Pay for a Hypothetical Ebola Virus Vaccine in Nigeria

Maduka Donatus Ughasoro, Dorothy Omono Esangbedo, Beckie Nnenna Tagbo, Ijeoma Chigozie Mejeha

Published: June 15, 2015

DOI: 10.1371/journal.pntd.0003838

Abstract

Background

Ebola virus disease is a highly virulent and transmissible disease. The largest recorded fatality from Ebola virus disease epidemic is ongoing in a few countries in West Africa, and this poses a health risk to the entire population of the world because arresting the transmission has been challenging. Vaccination is considered a key intervention that is capable of arresting further spread of the disease and preventing future outbreak. However, no vaccine has yet been approved for public use, although various recombinant vaccines are undergoing trials and approval for public use is imminent. Therefore, this study aimed to determine the acceptability of and willingness-to-pay for Ebola virus vaccine by the public.

Methods

The study was a community-based cross-sectional qualitative and quantitative interventional study conducted in two communities, each in two states in Nigeria. An interviewer-administered questionnaire was used to collect information on respondents' knowledge of the Ebola virus, the ways to prevent the disease, and their preventive practices, as well as their acceptability of and willingness-to-pay for a hypothetical vaccine against Ebola virus disease. The association between acceptability of the vaccine and other independent variables were evaluated using multivariate regression analysis.

Results

Ebola virus disease was considered to be a very serious disease by 38.5% of the 582 respondents (224/582), prior to receiving health education on Ebola virus and its vaccine. Eighty percent (80%) accepted to be vaccinated with Ebola vaccine. However, among those that accepted to be vaccinated, most would only accept after observing the outcome on others who have received the vaccine. More than 87.5% was willing to pay for the vaccine, although 55.2% was of the opinion that the vaccine should be provided free of charge.

Conclusion

The level of acceptability of Ebola virus vaccine among respondents was impressive (though conditional), as well as their willingness to pay for it if the vaccine is not publicly funded. In order to achieve a high uptake of the vaccine, information and education on the vaccine should be extensively shared with the public prior to the introduction of the vaccine, and the vaccine should be provided free of charge by government.

Author Summary

Ebola virus disease (EVD) is highly virulent and transmissible. The transmission is mostly by direct contact with an infected person or indirectly through contact with material contaminated with the secretions or body fluids of an infected person. Currently there is no vaccine or drug for EVD. Maintaining good personal and environmental hygiene remains the only control strategy, and its implementation was a challenge in West Africa countries. Ebola virus vaccine (EVV) is being developed and may soon be deployed; thus a need to evaluate factors that can improve or discourage the uptake of the vaccine when it becomes approved for public administration. This study highlights the acceptability and willingness-to-pay for EVV. Majority

of the respondents were willing to accept the vaccine and pay for it if it is not publicly funded. Of interest was that among those that accepted to be vaccinated, most would only accept to do so after they had observed the outcome on others that had received the vaccine. There is need for early dissemination of correct information and education on EVV to the populace so as to prevent any misinformation and misperception about the vaccine. This will improve universal coverage with the vaccine when deployed.

PLoS One

<http://www.plosone.org/>

[Accessed 20 June 2015]

[No new relevant content identified]

PLoS Pathogens

<http://journals.plos.org/plospathogens/>

(Accessed 20 June 2015)

[No new relevant content identified]

PNAS - Proceedings of the National Academy of Sciences of the United States of America

<http://www.pnas.org/content/early/>

(Accessed 20 June 2015)

[No new relevant content identified]

Pneumonia

Vol 6 (2015)

<https://pneumonia.org.au/index.php/pneumonia/issue/current>

[Reviewed earlier]

Preventive Medicine

Volume 77, *In Progress* (August 2015)

<http://www.sciencedirect.com/science/journal/00917435/77/supp/C>

[Reviewed earlier]

Proceedings of the Royal Society B

07 May 2015; volume 282, issue 1806

<http://rspb.royalsocietypublishing.org/content/282/1806?current-issue=y> [Reviewed earlier]

[Reviewed earlier]

Public Health Ethics

Volume 8 Issue 1 April 2015

<http://phe.oxfordjournals.org/content/current>

[Reviewed earlier]

Qualitative Health Research

July 2015; 25 (7)

<http://qhr.sagepub.com/content/current>

[Reviewed earlier]

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

March 2015 Vol. 37, No.

[Reviewed earlier]

Risk Analysis

April 2015 Volume 35, Issue 4 Pages 555–758

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-4/issuetoc>

[Reviewed earlier]

Science

19 June 2015 vol 348, issue 6241, pages 1285-1396

<http://www.sciencemag.org/current.dtl>

Research Articles

[A mucosal vaccine against Chlamydia trachomatis generates two waves of protective memory T cells](#)

Georg Stary, Andrew Olive, Aleksandar F. Radovic-Moreno, David Gondek, David Alvarez, Pamela A. Basto, Mario Perro, Vladimir D. Vrbanc, Andrew M. Tager, Jinjun Shi, Jeremy A. Yethon, Omid C. Farokhzad, Robert Langer, Michael N. Starnbach, and Ulrich H. von Andrian
Science 19 June 2015: aaa8205

A nanoparticle-based vaccine protects mice against infection with Chlamydia trachomatis. [Also see Perspective by Brunham]

Social Science & Medicine

Volume 138, In Progress (August 2015)

<http://www.sciencedirect.com/science/journal/02779536/138>

[New issue; No relevant content identified]

Tropical Medicine and Health

Vol. 43(2015) No. 2

https://www.jstage.jst.go.jp/browse/tmh/43/0/_contents

[Reviewed earlier]

Tropical Medicine & International Health

July 2015 Volume 20, Issue 7 Pages 821–966
<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2015.20.issue-7/issuetoc>
[Reviewed earlier]

Vaccine

Volume 33, Issue 30, Pages 3435-3604 (9 July 2015)
<http://www.sciencedirect.com/science/journal/0264410X/33/30>

Vaccination against serogroup B *Neisseria meningitidis*: Perceptions and attitudes of parents

Original Research Article

Pages 3463-3470

Sandra Le Ngoc Tho, Florence Ader, Tristan Ferry, Daniel Floret, Maximilien Arnal, Simone Fargeas, Christian Chidiac, Florent Valour

Abstract

Background

A vaccine against serogroup B *Neisseria meningitidis*, major cause of bacterial meningitis in children and adults, has recently been developed. In a context of an increasing parental mistrust against vaccinations, understanding the reason for their choices is crucial in order to improve immunization coverage. Our study aimed at evaluating parental attitudes and perceptions towards serogroup B meningococcal invasive disease vaccination.

Methods

A prospective observational study was conducted in different French independent-practice medical offices (general practitioners and paediatricians) and nurseries between May 1 and December 31, 2013, using a questionnaire distributed in electronic and paper forms to parents having at least one child between the ages of 2 months and 16 years old.

Results

1270 parents were included, of whom 671 (52.8%) spontaneously stated to be in favour of this vaccination. Their choice was mainly justified by the severity of the disease (63.8%) and the desire to protect their child (51.7%). In multivariate analysis, the young age of parents (OR 0.949 per additional year; $p < 10^{-3}$), the history of vaccination against serogroup C meningococcal invasive diseases (OR 6.755; $p < 10^{-3}$), and the prior knowledge of the vaccine (OR 2.081; $p = 0.001$) were associated with vaccination acceptance. The main reasons for refusal were the lack of hindsight on this new vaccine (50.6%) and the fear of side effects (45.5%). After objective information on the disease and the vaccine, only 6.3% of the entire responding population would refuse to consider vaccination.

Conclusions

The spontaneous acceptance rate of vaccination against serogroup B meningococcal invasive disease is insufficient. However, after objective information by their physician or public health authorities, only a few parents would in the end be completely resistant.

Evaluating the value proposition for improving vaccine thermostability to increase vaccine impact in low and middle-income countries

Original Research Article

Pages 3471-3479

Christopher L. Karp, Deborah Lans, José Esparza, Eleanore B. Edson, Katey E. Owen, Christopher B. Wilson, Penny M. Heaton, Orin S. Levine, Raja Rao

Abstract

The need to keep vaccines cold in the face of high ambient temperatures and unreliable access to electricity is a challenge that limits vaccine coverage in low and middle-income countries (LMICs). Greater vaccine thermostability is generally touted as the obvious solution. Despite conventional wisdom, comprehensive analysis of the value proposition for increasing vaccine thermostability has been lacking. Further, while significant investments have been made in increasing vaccine thermostability in recent years, no vaccine products have been commercialized as a result. We analyzed the value proposition for increasing vaccine thermostability, grounding the analysis in specific vaccine use cases (e.g., use in routine immunization [RI] programs, or in campaigns) and in the broader context of cold chain technology and country level supply chain system design. The results were often surprising. For example, cold chain costs actually represent a relatively small fraction of total vaccine delivery system costs. Further, there are critical, vaccine use case-specific temporal thresholds that need to be overcome for significant benefits to be reaped from increasing vaccine thermostability. We present a number of recommendations deriving from this analysis that suggest a rational path toward unlocking the value (maximizing coverage, minimizing total system costs) of increased vaccine thermostability, including: (1) the full range of thermostability of existing vaccines should be defined and included in their labels; (2) for new vaccines, thermostability goals should be addressed up-front at the level of the target product profile; (3) improving cold chain infrastructure and supply chain system design is likely to have the largest impact on total system costs and coverage in the short term—and will influence the degree of thermostability required in the future; (4) in the long term, there remains value in monitoring the emergence of disruptive technologies that could remove the entire RI portfolio out of the cold chain.

Vaccine

Volume 33, Issue 29, Pages 3263-3434 (26 June 2015)

<http://www.sciencedirect.com/science/journal/0264410X/33/29>

Conference report

[Rotavirus landscape in Africa—Towards prevention and control: A report of the 8th African rotavirus symposium, Livingstone, Zambia](#)

Pages 3263-3267

Cheryl Rudd, Jason Mwenda, Roma Chilengi

[Protocol versus practice of supplementary immunization activity \(SIA\) for polio eradication in Pakistan](#)

Page 3270

Ali Sibtain Farooq Sheikh

Highlights

- :: Currently oral polio vaccine is made extensively available in Pakistan.
- :: Children are getting more vaccine dose than required.
- :: Subsequently risk of vaccine-derived poliovirus could increase many fold.
- :: With all efforts towards polio eradication, other routine vaccinations get delayed.
- :: Cross-referencing and tracking of vaccinated pool should be made more effective.

[Exploring the presentation of HPV information online: A semantic network analysis of websites](#)

Original Research Article

Pages 3354-3359

Jeanette B. Ruiz, George A. Barnett

Abstract

Context

Negative vaccination-related information online leads some to opt out of recommended vaccinations.

Objective

To determine how HPV vaccine information is presented online and what concepts co-occur.

Methods

A semantic network analysis of the words in first-page Google search results was conducted using three negative, three neutral, and three positive search terms for 10 base concepts such as HPV vaccine, and HPV immunizations. In total, 223 of the 300 websites retrieved met inclusion requirements. Website information was analyzed using network statistics to determine what words most frequently appear, which words co-occur, and the sentiment of the words.

Results

High levels of word interconnectivity were found suggesting a rich set of semantic links and a very integrated set of concepts. Limited number of words held centrality indicating limited concept prominence. This dense network signifies concepts that are well connected. Negative words were most prevalent and were associated with describing the HPV vaccine's side-effects as well as the negative effects of HPV and cervical cancer. A smaller cluster focuses on reporting negative vaccine side-effects. Clustering shows the words women and girls closely located to the words sexually, virus, and infection.

Discussion

Information about the HPV vaccine online centered on a limited number of concepts. HPV vaccine benefits as well as the risks of HPV, including severity and susceptibility, were centrally presented. Word cluster results imply that HPV vaccine information for women and girls is discussed in more sexual terms than for men and boys.

Barriers to childhood immunisation: Findings from the Longitudinal Study of Australian Children

Original Research Article

Pages 3377-3383

Anna Pearce, Helen Marshall, Helen Bedford, John Lynch

Abstract

Objectives

To examine barriers to childhood immunisation experienced by parents in Australia.

Design

Cross-sectional analysis of secondary data.

Setting

Nationally representative Longitudinal Study of Australian Children (LSAC).

Participants

Five thousand one hundred seven infants aged 3–19 months in 2004.

Main outcome measure

Maternal report of immunisation status: incompletely or fully immunised.

Results

Overall, 9.3% (473) of infants were incompletely immunised; of these just 16% had mothers who disagreed with immunisation. Remaining analyses focussed on infants whose mother did not disagree with immunisation (N = 4994) (of whom 8% [398] were incompletely immunised). Fifteen variables representing potential immunisation barriers and facilitators were available in LSAC; these were entered into a latent class model to identify distinct clusters (or 'classes') of barriers experienced by families. Five classes were identified: (1) 'minimal barriers', (2) 'lone parent, mobile families with good support', (3) 'low social contact and service information; psychological distress', (4) 'larger families, not using formal childcare', (5) 'child health

issues/concerns'. Compared to infants from families experiencing minimal barriers, all other barrier classes had a higher risk of incomplete immunisation. For example, the adjusted risk ratio (RR) for incomplete immunisation was 1.51 (95% confidence interval: 1.08–2.10) among those characterised by 'low social contact and service information; psychological distress', and 2.47 (1.87–3.25) among 'larger families, not using formal childcare'.

Conclusions

Using the most recent data available for examining these issues in Australia, we found that the majority of incompletely immunised infants (in 2004) did not have a mother who disagreed with immunisation. Barriers to immunisation are heterogeneous, suggesting a need for tailored interventions

Field evaluation of measles vaccine effectiveness among children in the Democratic Republic of Congo

Original Research Article

Pages 3407-3414

Reena H. Doshi, Patrick Mukadi, Calixte Shidi, Audry Mulumba, Nicole A. Hoff, Sue Gerber, Emile Okitolonda-Wemakoy, Benoit Kebela Ilunga, Jean-Jacques Muyembe, Anne W. Rimoin

Abstract

Background

Large-scale measles outbreaks in areas with high administrative vaccine coverage rates suggest the need to re-evaluate measles prevention and control in the Democratic Republic of Congo (DRC). Monitoring of measles Vaccine Effectiveness (VE) is a useful measure of quality control in immunization programs. We estimated measles VE among children aged 12–59 months in the Democratic Republic of Congo (DRC) using laboratory surveillance data from 2010–2012.

Methods

We used the case-based surveillance system with laboratory confirmation to conduct a case-control study using the test negative design. Cases and controls were selected based on presence ($n = 1044$) or absence ($n = 1335$) of measles specific antibody IgM or epidemiologic linkage. Risk factors for measles were assessed using unconditional logistic regression, stratified by age.

Results

Among children 12–59 months, measles vaccination was protective against measles [aOR (95% CI), 0.20 (0.15–0.26) and estimated VE was 80% (95% CI 74–85%). Year of diagnosis, 2011: 6.02 (4.16–8.72) and 2012; 8.31 (5.57–12.40) was a risk factor for measles when compared to 2010. Compared to Kinshasa, children in Bas-Congo, Kasai-Oriental, Maniema and South Kivu provinces all had higher odds of developing measles. Measles VE was similar for children 12–23 months and 24–59 months (80% and 81% respectively).

Conclusions

Repeated occurrences of measles outbreaks and lower than expected VE estimates suggest the need to further evaluate measles vaccine efficacy and improve vaccine delivery strategies in DRC.

Outsourcing vaccine logistics to the private sector: The evidence and lessons learned from the Western Cape Province in South-Africa

Original Research Article

Pages 3429-3434

Patrick Lydon, Ticky Raubenheimer, Michelle Arnot-Krüger, Michel Zaffran

Abstract

With few exceptions, immunization supply chains in developing countries continue to face chronic difficulties in providing uninterrupted availability of potent vaccines up to service

delivery levels, and in the most efficient manner possible. As these countries struggle to keep pace with an ever growing number of vaccines, more and more Ministries of Health are considering options of engaging the private sector to manage vaccine storage, handling and distribution on their behalf. Despite this emerging trend, there is limited evidence on the benefits or challenges of this option to improve public supply chain performance for national immunization programmes. To bridge this knowledge gap, this study aims to shed light on the value proposition of outsourcing by documenting the specific experience of the Western Cape Province of South Africa. The methodology for this review rested on conducting two key supply chain assessments which allowed juxtaposing the performance of the government managed segments of the vaccine supply chain against those managed by the private sector. In particular, measures of effective vaccine management best practice and temperature control in the cold chain were analysed. In addition, the costs of engaging the private sector were analysed to get a better understanding of the economics underpinning outsourcing vaccine logistics. The results from this analysis confirmed some of the theoretical benefits of outsourcing to the private sector. Yet, if the experience in the Western Cape can be deemed a successful one, there are several policy and practice implications that developing countries should be mindful of when considering engaging the private sector. While outsourcing can help improve the performance of the vaccine supply chain, it has the potential to do the reverse if done incorrectly. The findings and lessons learnt from the Western Cape experience can serve as a step towards understanding the role of the private sector in immunization supply chain and logistics systems for developing countries.

Vaccines — Open Access Journal

(Accessed 20 June 2015)

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

Review:

[The Promise of Preventive Cancer Vaccines](#)

by Pier-Luigi Lollini, Federica Cavallo, Patrizia Nanni and Elena Quaglino

Vaccines 2015, 3(2), 467-489; doi:[10.3390/vaccines3020467](https://doi.org/10.3390/vaccines3020467) - published 17 June 2015

Abstract: Years of unsuccessful attempts at fighting established tumors with vaccines have taught us all that they are only able to truly impact patient survival when used in a preventive setting, as would normally be the case for traditional vaccines against infectious diseases. While true primary cancer prevention is still but a long-term goal, secondary and tertiary prevention are already in the clinic and providing encouraging results. A combination of immunopreventive cancer strategies and recently approved checkpoint inhibitors is a further promise of forthcoming successful cancer disease control, but prevention will require a considerable reduction of currently reported toxicities. These considerations summed with the increased understanding of tumor antigens allow space for an optimistic view of the future.

Value in Health

June 2015 Volume 18, Issue 4, p355-548

<http://www.valueinhealthjournal.com/current>

[Public Health Impact and Cost-Effectiveness of Hepatitis A Vaccination in the United States: A Disease Transmission Dynamic Modeling Approach](#)

Praveen Dhankhar, PhD, Chizoba Nwankwo, PhD, Matthew Pillsbury, PhD, Andreas Lauschke, MsC, Michelle G. Goveia, MD, MPH, Camilo J. Acosta, MD, Elamin H. Elbasha, PhD

Open Access

DOI: <http://dx.doi.org/10.1016/j.jval.2015.02.004>

Abstract

Objective

To assess the population-level impact and cost-effectiveness of hepatitis A vaccination programs in the United States.

Methods

We developed an age-structured population model of hepatitis A transmission dynamics to evaluate two policies of administering a two-dose hepatitis A vaccine to children aged 12 to 18 months: 1) universal routine vaccination as recommended by the Advisory Committee on Immunization Practices in 2006 and 2) Advisory Committee on Immunization Practices's previous regional policy of routine vaccination of children living in states with high hepatitis A incidence. Inputs were obtained from the published literature, public sources, and clinical trial data. The model was fitted to hepatitis A seroprevalence (National Health and Nutrition Examination Survey II and III) and reported incidence from the National Notifiable Diseases Surveillance System (1980–1995). We used a societal perspective and projected costs (in 2013 US \$), quality-adjusted life-years, incremental cost-effectiveness ratio, and other outcomes over the period 2006 to 2106.

Results

On average, universal routine hepatitis A vaccination prevented 259,776 additional infections, 167,094 outpatient visits, 4781 hospitalizations, and 228 deaths annually. Compared with the regional vaccination policy, universal routine hepatitis A vaccination was cost saving. In scenario analysis, universal vaccination prevented 94,957 infections, 46,179 outpatient visits, 1286 hospitalizations, and 15 deaths annually and had an incremental cost-effectiveness ratio of \$21,223/quality-adjusted life-year when herd protection was ignored.

Conclusions

Our model predicted that universal childhood hepatitis A vaccination led to significant reductions in hepatitis A mortality and morbidity. Consequently, universal vaccination was cost saving compared with a regional vaccination policy. Herd protection effects of hepatitis A vaccination programs had a significant impact on hepatitis A mortality, morbidity, and cost-effectiveness ratios.

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

No new 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 20 June 2015

[No new, unique, relevant content]

The Atlantic

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

Accessed 20 June 2015

[No new, unique, relevant content]

BBC

<http://www.bbc.co.uk/>

Accessed 20 June 2015

[No new, unique, relevant content]

Brookings

<http://www.brookings.edu/>

Accessed 20 June 2015

[No new, unique, relevant content]

Center for Global Development

<http://www.cgdev.org/>

Accessed 20 June 2015

[No new, unique, relevant content]

Council on Foreign Relations

<http://www.cfr.org/>

Accessed 20 June 2015

[No new, unique, relevant content]

The Economist

<http://www.economist.com/>

Accessed 20 June 2015

[No new, unique, relevant content]

Financial Times

<http://www.ft.com/hme/uk>

[No new, unique, relevant content]

Forbes

<http://www.forbes.com/>

Accessed 20 June 2015
[No new, unique, relevant content]

Foreign Affairs

<http://www.foreignaffairs.com/>
Accessed 20 June 2015
[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>
Accessed 20 June 2015
[No new, unique, relevant content]

The Guardian

<http://www.guardiannews.com/>
Accessed 20 June 2015
[No new, unique, relevant content]

The Huffington Post

<http://www.huffingtonpost.com/>
[No new, unique, relevant content]

Mail & Guardian

<http://mg.co.za/>
Accessed 20 June 2015
[No new, unique, relevant content]

New Yorker

<http://www.newyorker.com/>
Accessed 20 June 2015
[No new, unique, relevant content]

New York Times

<http://www.nytimes.com/>
Accessed 20 June 2015

[North Korea Claims It Has Cure for MERS, Ebola and AIDS](#)

Korea fights an outbreak of MERS that has killed two dozen people and sickened more than 160 since last month. There is no vaccine for the disease.

June 19, 2015 - By THE ASSOCIATED PRESS - World - Print Headline: "North Korea Claims It Has Cure for MERS, Ebola and AIDS"

[Meningitis Vaccine Mandate for Seventh Graders in New York Passes](#)

Legislature. Beginning in September 2016, the bill would require students entering seventh grade to have received the meningitis vaccine, with a booster shot to be given in the 12th grade. The United States Centers for Disease

June 19, 2015 - By ANEMONA HARTOCOLLIS - N.Y. / Region - Print Headline: "Meningitis Vaccine Mandate for Seventh Graders Passes"

[Ebola Vaccines in Limbo Expose Need for More Speed in Trials](#)

there are suddenly no cases for the trials," said the World Health Organization's (WHO) Marie-Paule Kieny. The Liberia Ebola vaccine trial, which had aimed to sign up more than 28,000 subjects, has had to stop enrolling after only
June 17, 2015 - By REUTERS - World - Print Headline: "Ebola Vaccines in Limbo Expose Need for More Speed in Trials"

Wall Street Journal

<http://online.wsj.com/home-page?wsjregion=na,us&homepage=/home/us>

Accessed 20 June 2015

[No new, unique, relevant content]

Washington Post

<http://www.washingtonpost.com/>

Accessed 20 June 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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