



## **Vaccines and Global Health: The Week in Review**

**27 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.*

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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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org).*

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## **MERS-CoV** [to 27 June 2015]

### **Middle East respiratory syndrome coronavirus (MERS-CoV) – Republic of Korea**

Disease outbreak news

23 June 2015

#### **Situation in Korea**

Between 20 and 23 June 2015, the National IHR Focal Point of the Republic of Korea notified WHO of 9 additional confirmed cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) alongside 3 additional deaths.

*Additional information on the outbreak in Korea*

To date, a total of 175 MERS-CoV cases, including 27 deaths, have been reported. One of the 175 cases is the case that was confirmed in China and also notified by the National IHR Focal Point of China.

The median age of the cases is 56 years old (ranging from 16 to 87 years old). The majority of cases are men (60%). Twenty-three cases (13%) are health care professionals. To date, all cases (excluding the index case) have been linked to a single chain of transmission and are associated with health care facilities.

Detailed information concerning MERS-CoV cases in the Republic of Korea can be found in a separate document (see related links).

#### Public health response

The government of the Republic of Korea continues to implement intense case and contact management activities. As of 23 June, 2,805 contacts are being monitored while a total of 10,718 contacts have been released. The downward trend of reported MERS-CoV cases seems to indicate that the containment measures put in place by the national health authorities of Korea are beginning to work.

#### Global situation

Globally, since September 2012, WHO has been notified of 1,348 laboratory-confirmed cases of infection with MERS-CoV, including at least 479 related deaths.

#### WHO advice

Based on the current situation and available information, WHO encourages all Member States to continue their surveillance for acute respiratory infections and to carefully review any unusual patterns.

Infection prevention and control measures are critical to prevent the possible spread of MERS-CoV in health care facilities. It is not always possible to identify patients with MERS-CoV early because, like other respiratory infections, the early symptoms of MERS-CoV are non-specific. Therefore, health-care workers should always apply standard precautions consistently with all patients, regardless of their diagnosis. Droplet precautions should be added to the standard precautions when providing care to patients with symptoms of acute respiratory infection; contact precautions and eye protection should be added when caring for probable or confirmed cases of MERS-CoV infection; airborne precautions should be applied when performing aerosol generating procedures.

Until more is understood about MERS-CoV, people with diabetes, renal failure, chronic lung disease, and immunocompromised persons are considered to be at high risk of severe disease from MERS-CoV infection. General hygiene measures, such as regular hand washing, should be adhered to.

WHO remains vigilant and is monitoring the situation. Given the lack of evidence of sustained human-to-human transmission in the community, WHO does not recommend travel or trade restrictions with regard to this event. Raising awareness about MERS-CoV among travellers to and from affected countries is good public health practice.

:: Summary of MERS statistics in the Republic of Korea (translated from the [www.mers.go.kr](http://www.mers.go.kr) website) as of 27 June 2015

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

:: 26 June 2015 - Middle East respiratory syndrome coronavirus (MERS-CoV) – United Arab Emirates

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

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

### **After MERS, South Korea Authorizes Prison for Quarantine Scofflaws**

By CHOE SANG-HUN

New York Times, JUNE 26, 2015

SEOUL, South Korea — Stung by the outbreak of Middle East respiratory syndrome, South Korea has passed a law authorizing prison terms of up to two years for people who defy quarantine orders or lie about their possible exposure to an infectious disease.

South Korea has had 181 confirmed cases of the disease known as MERS, including 31 deaths. The outbreak, which began last month, is the worst seen outside Saudi Arabia, where the disease was first identified.

The spread of MERS here has been attributed mainly to poor infection control at the country's hospitals, as well as failures of communication and coordination on the government's part. But the public has also been angered by reports of people flouting orders to stay home while they were being monitored for symptoms. One such person went golfing; another went to China, where he was detained and later tested positive for MERS. Under current law, such defiance can result in a fine but not imprisonment.

The new law, which was passed on Thursday and takes effect in six months, gives more authority to public health investigators, empowering them to close down the site of a possible outbreak of infectious disease and to place people there under quarantine. People who defy the orders can be sentenced to up to two years in prison or fined up to 20 million won, or about \$18,000. The same penalties can be imposed for lying about one's possible exposure to infectious disease...

### **ASEAN Ascertains Region's Information Network in Response to MERS**

JAKARTA, 22 June 2015 - "ASEAN is concerned about the widening spread of Middle East Respiratory Syndrome (MERS)," said H.E. Le Luong Minh, Secretary-General of ASEAN. "ASEAN is taking initiatives on preparedness in responding to the MERS coronavirus (MERS CoV) disease," he added.

Today, a video conference took place among health experts in ASEAN together with their counterparts from the World Health Organisation and from China and Japan in response to this health concern. The conference was held to help ascertain the region's information network and share information and experience on the current situation and what is being done in ASEAN and other countries towards MERS. In this video conference, it was re-affirmed that sharing of lessons learned or sharing of important and updated information in preparedness and response

to MERS is very useful to the internal preparations and response plans of the respective countries in the region...

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### **EBOLA/EVD** [to 27 June 2015]

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

### **WHO: Ebola Situation Report – 24 June 2015**

*[Excerpts]*

#### **SUMMARY**

:: There were 20 confirmed cases of Ebola virus disease (EVD) reported in the week to 21 June, compared with 24 cases the previous week. Weekly case incidence has stalled at between 20 and 27 cases since the end of May, whilst cases continue to arise from unknown sources of infection, and to be detected only after post-mortem testing of community deaths. In Guinea, 12 cases were reported from the same 4 prefectures as reported cases in the previous week: Boke, Conakry, Dubreka, and Forecariah. In Sierra Leone, 8 cases were reported from 3 districts: Kambia, Port Loko, and the district that includes the capital, Freetown, which reported :: Although cases have been reported from the same 4 prefectures in Guinea for the past 3 weeks, the area of active transmission within those prefectures has changed, and in several instances has expanded...

#### **COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION**

:: There have been a total of 27,443 reported confirmed, probable, and suspected cases of EVD in Guinea, Liberia and Sierra Leone (figure 1, table 1), with 11207 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). A total of 12 new confirmed cases were reported in Guinea and 8 in Sierra Leone in the 7 days to 21 June. The outbreak in Liberia was declared over on 9 May...

### ***WHO: News***

#### **Helping Guinean communities fight Ebola**

26 June 2015

In May 2015, cases of Ebola began to appear in Tanene, Dubreka Prefecture, Guinea, an area that had previously been unaffected.

#### **One of Sierra Leone's toughest slums beats Ebola**

22 June 2015

On a stretch of scenic coastline at the edge of the Atlantic Ocean sits one of Freetown, Sierra Leone's, toughest neighbourhoods – Moa Wharf.

### **UNMEER**

:: The UN will continue to support prevention and response efforts against Ebola in Guinea-Bissau - UNMEER SRSG 25 Jun 2015

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**POLIO** [to 27 June 2015]

*Public Health Emergency of International Concern (PHEIC)*

**GPEI Update: Polio this week - As of 24 June 2015**

Global Polio Eradication Initiative

*[Editor's Excerpt and text bolding]*

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

:: In June an outbreak response assessment took place in the Horn of Africa. The team concluded that transmission in Kenya and Ethiopia has been interrupted, however, undetected low level transmission cannot be ruled out in Somalia. They outlined key measures to continue to strengthen immunity and surveillance, and to put risk mitigation plans in place.

:: Five cases of circulating vaccine derived poliovirus type 1 (cVDPV1) have been reported in Madagascar, with dates of onset of paralysis in April and May 2015. These cases are genetically linked to that from September 2014, indicating prolonged and widespread circulation of cVDPV1. The emergency outbreak response is now being intensified to build immunity against the virus in the country, as 25 % of children across Madagascar remain un- or under-immunized.

*Selected excerpts from Country-specific Reports*

***Afghanistan***

:: One new polio case was reported in the past week, in Bakwa district of Farah province on the 21 April. The most recent case had onset of paralysis on 05 May, in Gulestan district, Farah. The total number of WPV1 cases for 2015 is now four.

***Horn of Africa***

:: An international outbreak response assessment took place last week in the Horn of Africa, to examine the impact of the regional emergency outbreak response activities. The team concluded that transmission in Kenya and Ethiopia has been interrupted, however, undetected low level transmission cannot be ruled out in Somalia. They outlined key measures to continue to strengthen immunity and surveillance, and to put risk mitigation plans in place.

:: Subnational Immunization Days (SNIDs) are planned in Ethiopia from 1 – 3 July and in Somalia for August, with dates to be confirmed. In September, National Immunization Days are planned in Eritrea and Somalia, and SNIDs in Ethiopia, Kenya and Uganda.

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**WHO & Regionals** [to 27 June 2015]

**A commentary on "Health and climate change: policy responses to protect public health"**

June 2015 -- Dr Margaret Chan, WHO Director-General, comments on 3 recommendations where WHO will make direct contributions: financing for climate-resilient health systems; policy recommendations on energy systems that contribute to cleaner air; and monitoring and assessing progress.

**Striving to prevent collapse of Yemen's health system during conflict**

June 2015 -- In Yemen, more than 15 million people are in dire need of health services. WHO and Health Cluster partners have been responding by providing supplies, services and support to national and regional authorities.

### **In public health emergencies, risk communication is essential**

26 June 2015 -- Risk communication is an integral part of any public health emergency response. In epidemics and pandemics, in humanitarian crises and natural disasters, risk communication allows people at risk to understand and adopt protective behaviours.

[More on risk communication during emergencies](#)

### **New film showcasing the Controlled Temperature Chain (CTC)**

24 June 2015

The Controlled Temperature Chain, or CTC is an innovative approach to vaccine management and distribution which allows certain vaccines to be kept at ambient temperatures outside of the traditional vaccine cold chain.

The 3-episode film promotes the CTC approach. Episode 1 explains what is CTC, why it is useful and how it is feasible; episode 2 features a case study on CTC implementation; and episode 3 looks at the options for countries and what manufacturers can do to support countries.

The [Weekly Epidemiological Record \(WER\) 26 June 2015](#), vol. 90, 26 (pp. 321–336) includes:

- :: Index of countries/areas
- :: Index, Volume 90, 2015, Nos. 1–26
- :: Yellow fever in Africa and the Americas, 2014
- :: Monthly report on dracunculiasis cases, January–May 2015

### **:: WHO Regional Offices**

#### **WHO African Region AFRO**

[:: Strong partnerships needed to tackle health challenges faced by Small Island Developing States in the African Region](#)

Mauritius, 24 June 2015 – Health Ministers from Small Island Developing States (SIDS) in the African Region have begun a meeting today in Mauritius to take stock of the health of their people and chart a way forward on possible approaches and actions that will promote sustainable health development. The meeting, organized by the World Health Organization is attended by Health Ministers from Cape Verde, Comoros, Seychelles, Sao Tome & Principe, Mauritius, high ranking officials of the health ministry, representatives of the Indian Ocean Commission and public health experts. In a message read on her behalf by Dr Francis Kasolo, Coordinator...

[:: Staying at zero: Keeping Liberia Ebola free - 22 June 2015](#)

#### **WHO Region of the Americas PAHO**

[:: Women's health needs still not adequately met, according to new articles in the Pan American Journal of Public Health \(06/24/2015\)](#)

[:: Health Coverage Reaches 46 Million More in Latin America and the Caribbean, says new PAHO/WHO–World Bank report \(06/22/2015\)](#)

#### **WHO South-East Asia Region SEARO**

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

18 June 2015

## **WHO European Region EURO**

:: [Health ministers in South-eastern Europe commit to achieving universal health coverage](#) 26-06-2015

:: [Special report on Healthy Cities in Europe launched](#) 22-06-2015

## **WHO Eastern Mediterranean Region EMRO**

*No new digest identified.*

## **WHO Western Pacific Region**

*No new digest identified.*

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## **CDC/MMWR/ACIP Watch** [to 27 June 2015]

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

## **[MMWR June 26, 2015 / Vol. 64 / No. 24](#)**

:: [National HIV Testing Day — June 27, 2015](#)

:: [Prevalence of Diagnosed and Undiagnosed HIV Infection — United States, 2008–2012](#)

:: [Identifying New Positives and Linkage to HIV Medical Care — 23 Testing Site Types, United States, 2013](#)

:: [Notes from the Field: Measles Transmission in an International Airport at a Domestic Terminal Gate — April–May 2014](#)

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## **[Advocacy for Immunisation Platform Launches](#)**

The new web-based platform – developed by PATH and IVAC/Johns Hopkins University with significant input from WHO, Unicef, and Gavi, the Vaccine Alliance and the support of many immunisation partners at global and country level – is intended “to further collective efforts to improve immunisation and help ensure life-saving vaccines reach children everywhere...”

The online advocacy platform <http://advocacy.vaccineswork.org> “provides guidance and tools to in-country stakeholders in developing their advocacy strategies and implementation plans in support of strengthened immunisation programmes and increased coverage and equity. The platform has been developed in response to a high demand from in-country stakeholders for advocacy capacity and skills strengthening. It contains self-guided tools, resources and information about advocacy and communications, vaccines and immunisation...” In October the tool will also be available in French.

## **GAVI** [to 27 June 2015]

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

:: [Enhanced polio protection to reach 650,000 Côte d'Ivoire children every year](#)  
26 June 2015

Côte d'Ivoire is introducing the inactivated polio vaccine (IPV) into its routine immunisation programme.

26 June 2015

:: **Health in the Sahel region, together to improve immunisation programmes**

*The AFD, the Bill and Melinda Gates Foundation and Gavi signed an Initiative to increase coverage rates in six Sahel countries.*

Paris, 26 June 2015 – Today, the Agence française de développement (AFD, French Development Agency), Gavi, the Vaccine Alliance and the Bill and Melinda Gates Foundation signed an innovative partnership worth €100 million at the Ministry of Foreign Affairs and International Development, in the presence of Minister Laurent Fabius and Minister of State for Development and Francophony, Annick Girardin. The partnership aims to increase vaccine coverage in six French-speaking countries of the Sahel region: Burkina Faso, Mali, Mauritania, Niger, Senegal and Chad.

This three-way financing agreement will facilitate the introduction of new vaccines and renewal of existing programmes, as well as strengthening the healthcare systems of the countries concerned. Thanks to the efforts made by these countries, vaccine coverage has improved significantly in the last decade, but the proportion of children receiving all basic vaccines remains too small...

**Global Fund** [to 27 June 2015]

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

:: **Uganda and Global Fund Sign New Grants**

25 June 2015

KAMPALA, Uganda – Uganda and the Global Fund today signaled a new phase of partnership by signing five new grants for US\$226 million to fight HIV and tuberculosis as well as to build resilient and sustainable systems for health in the country.

Funding for grants supported by the Global Fund partnership come from various donors, many of whom were present at a signing ceremony today, including the United States, United Kingdom, European Union, Denmark, Sweden, Belgium, Ireland and South Korea.

"Under this funding model, the Global Fund aims at creating a bigger impact on the three diseases in its design to provide predictable funding, to reward ambitious plans, to work on more flexible time lines and with a smoother, shorter processing of funds," said Dr. Ruhakana Rugunda, Prime Minister of Uganda.

Dr. Elioda Tumwesigye, Minister of Health, added: "We are committed to efficient utilization of funds and guarantee stewardship to ensure maximization of the monies. To attain this commitment, there is need for increased and sustained funding to ensure testing and treatment for all who are in need and request for holistic support and full country coverage."

"If Uganda is to achieve its vision 2040, we need a healthy population," said Matia Kasaija, Minister of Finance Planning and Economic Development of Uganda, confirming that the Ministry will receive and implement grants to continue their education and prevention programs as well as expanding provision of antiretroviral treatment (ART) to people living with HIV, including expectant mothers with HIV.

While investing for HIV prevention among general and most-at-risk populations, Uganda aims to increase coverage of ART to 69 percent of people living with HIV in 2017 from a baseline of 44 percent in 2014. The Prevention of Mother-to-Child Transmission of HIV will be further increased from 85 percent to 90 percent by end of 2016. Uganda's joint TB and HIV control efforts will aim to have all people with TB tested for HIV. It will also seek to give ART to co-infected TB/HIV patients during their TB treatment...

:: **Partnership Forum Looks at Strategy to End Epidemics**



24 June 2015 BANGKOK, Thailand – Consultations began today among partners in global health, including civil society, nongovernmental organizations and public health experts, seeking input into a new strategy to accelerate the end of AIDS, tuberculosis and malaria as epidemics and build resilient and sustainable systems for health.

The Partnership Forum brings together more than 120 people to a two-day gathering to focus on developing the Global Fund's strategy for 2017-2021. The forum is considering recent advances in science and delivery of health services, and at how barriers such as stigma and discrimination can be removed. It also involves private sector partners who are contributing resources towards a sustainable response.

"The Global Fund is a partnership in the truest sense of the word," said Aida Kurtovic, the Vice-Chair of the Global Fund Board. "A strategy to defeat these epidemics will be more powerful and effective if it is built by people living with the three diseases and those who support them."

The Forum will focus closely on building resilient and sustainable systems for health, working in challenging environments and the human rights dimension of the epidemics...

:: [\*\*UNAIDS and Lancet Commission Call for Urgent Action on AIDS Response\*\*](#)

*Announcements*

25 June 2015

Countries most affected by HIV must focus on stopping new HIV infections and expanding access to antiretroviral treatment or risk the epidemic rebounding, urges a major new report from the UNAIDS and Lancet Commission.

"We must face hard truths—if the current rate of new HIV infections continues, merely sustaining the major efforts we already have in place will not be enough to stop deaths from AIDS increasing within five years in many countries," said Professor Peter Piot, Director of the London School of Hygiene & Tropical Medicine, Co-Chair of the Commission, and lead author of the report. "Expanding sustainable access to treatment is essential, but we will not treat ourselves out of the AIDS epidemic. We must also reinvigorate HIV prevention efforts, particularly among populations at highest risk, while removing legal and societal discrimination."

While unprecedented progress has been made to increase access to HIV treatment globally, the report shows that the rate of new HIV infections is not falling fast enough. This, combined with high demographic growth in some of the most affected countries, is increasing the number of people living with HIV who will need antiretroviral therapy to stay alive.

"We have to act now. The next five years provide a fragile window of opportunity to fast-track the response and end the AIDS epidemic by 2030," said Michel Sidibé, Executive Director of UNAIDS and Co-Convenor of the Commission. "If we don't, the human and financial consequences will be catastrophic."...

*[UNAIDS–Lancet Commission on Defeating AIDS—Advancing Global Health](#)*

## [\*\*IAVI Applauds UNAIDS-Lancet Commission Report on Defeating AIDS\*\*](#)

June 26, 2015

The International AIDS Vaccine Initiative (IAVI) applauds the UNAIDS-Lancet Commission's call for the world to urgently step up efforts to expand access to HIV/AIDS treatment and to "get serious" about prevention, including supporting development of an HIV vaccine.

Without these stepped-up efforts, the world will "risk the epidemic rebounding" and "face more HIV infections and deaths than five years ago," the Commission warns in a report published 25 June that emphasizes the urgent needs to protect human rights, widen access to

antiretroviral treatment, and efficiently, transparently and accountably mobilize resources for HIV and health.

IAVI particularly welcomes the Commission's call for sustainable funding of research toward a range of approaches to a preventive vaccine as well as a cure...

### **Aeras, IDT Biologika Form a Strategic Partnership with Acquisition of Aeras's Manufacturing Facility**

Rockville, MD., USA and Dessau, Germany, June 23, 2015 – Aeras and IDT Biologika today announced a strategic partnership that includes the acquisition of Aeras's Biopharmaceutical Development Center (BDC) manufacturing facility by IDT.

Aeras is a non-profit biotech organization with offices in the U.S., China, and South Africa, working to develop new tuberculosis (TB) vaccines that are affordable and accessible to all who need them. IDT Biologika is a privately-held company with more than 90 years of experience researching, developing, manufacturing and marketing biologics for the global protection of human and animal health. This strategic partnership allows each organization to focus on its core strengths, with Aeras concentrating its resources on TB vaccine development and IDT working to grow this new commercial entity for vaccine development manufacturing...

**IVI** [to 27 June 2015]

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

### **IVI Holds Inauguration Ceremony for New Director General Dr. Jerome H. Kim**

June 22, Seoul, South Korea - The International Vaccine Institute (IVI) held an inauguration ceremony for its new Director General Jerome H. Kim, M.D., at the IVI headquarters at Seoul National University today. Dr. Kim began his term in March 2015 and will be leading the Seoul-based international organization for the next four years...

**DCVMN / PhRMA / EFPIA / IFPMA / BIO Watch** [to 27 June 2015]

### **:: Pfizer Enters Into Agreement To Acquire Nimenrix And Mencevax From GlaxoSmithKline**

June 22, 2015

NEW YORK--(BUSINESS WIRE)--Pfizer Inc. (NYSE: PFE) today announced that it has entered into an agreement with GlaxoSmithKline (GSK) to acquire its quadrivalent meningitis ACWY vaccines, Nimenrix and Mencevax, for a total consideration of approximately \$130 million (€115 million). This transaction will add two high-quality and complementary vaccines to Pfizer's portfolio, allowing the company to reach a broader global population...

... "The addition of Nimenrix and Mencevax is an important milestone for Pfizer Vaccines. Adding these two innovative and complementary vaccines to our current portfolio will allow us to more completely respond to meningococcal disease outbreaks as well as proactively address a critical public health need – the prevention of meningococcal disease across all ages," said Susan Silbermann, President, Pfizer Vaccines. "Acquiring these quadrivalent vaccines will broaden our ability to address the burden of meningococcal meningitis – an uncommon but serious and sometimes fatal disease. This helps us to further fulfill our vision to protect lives with innovative vaccines to fight serious diseases worldwide and gives us even greater capability to meet the needs of the global community we serve."...

**:: U.S. CDC committee recommends physicians make individual decisions on the use of meningococcal group B vaccines**

PHILADELPHIA, June 24, 2015 /PRNewswire/ -- GlaxoSmithKline (LSE: GSK) announced today that the U.S. Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) voted for a Category B recommendation for meningococcal group B vaccination, including BEXSERO® (Meningococcal Group B Vaccine), in individuals aged 16 to 23 (with a preferred age of 16-18). This recommendation means that the decision to vaccinate against meningococcal group B will be made by qualified healthcare professionals, based on individual patient risk assessment. BEXSERO® was approved by the U.S. Food and Drug Administration (FDA) in January 2015 through an accelerated approval pathway for use in individuals aged 10 through 25 years and acquired by GSK in March 2015 following the closure of the three-part transaction with Novartis.

"GSK welcomes this vote as an important step forward to help protect against meningococcal disease in the U.S.," said Patrick Desbiens, Senior Vice President, U.S. Vaccines, GSK. "Meningococcal disease is fast-moving, unpredictable and can cause irreversible damage, so vaccination is the best tool to help prevent it. Today's vote is the latest milestone on a 20-year journey to develop a vaccine in order to help protect individuals from this devastating condition."...

**:: CDC Advisory Committee on Immunization Practices Votes to Recommend Serogroup B Meningococcal Disease Vaccination including TRUMENBA® for Adolescents and Young Adults 16 through 23 Years of Age**

*Committee's Recommendation Allows for Individual Clinical Decision*  
June 24, 2015

NEW YORK--(BUSINESS WIRE)--Pfizer Inc. (NYSE:PFE) announced today that the U.S. Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) voted to recommend that decisions to vaccinate adolescents and young adults 16 through 23 years of age against serogroup B meningococcal disease should be made at the individual level with healthcare providers. Specifically, the ACIP voted that a serogroup B meningococcal (MenB) vaccine series may be administered to adolescents and young adults 16 through 23 years of age to provide short term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16 through 18 years of age. "Serogroup B meningococcal disease is an uncommon but serious illness that attacks without warning and may become life-threatening within 24 hours"

Pfizer's TRUMENBA® (Meningococcal Group B Vaccine) is FDA-approved for active immunization to prevent invasive disease caused by *Neisseria meningitidis* serogroup B in individuals 10 through 25 years of age.

"Healthcare providers should understand the importance of today's ACIP recommendation to help protect adolescents and young adults," said Dr. Laura York, Global Medical Lead for Meningococcal Vaccines, Pfizer Vaccines. "This recommendation is an important step forward that provides guidance that serogroup B meningococcal disease vaccination may be administered between the ages of 16 through 23, with preferred timing for vaccination between ages 16 through 18."...

**:: PhRMA Statement on ASCO Value Framework**

Washington, D.C. (June 22, 2015) — Pharmaceutical Research and Manufacturers of America (PhRMA) executive vice president, policy and research, Lori Reilly provided the following statement on the American Society of Clinical Oncology's (ASCO) conceptual framework for assessing the value of new cancer treatment options based on clinical benefit, side effects, and cost.

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**BMGF (Gates Foundation)** [to 27 June 2015]

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

**Sabin Vaccine Institute** [to 27 June 2015]

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

*No new digest content identified.*

**PATH** [to 27 June 2015]

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

*No new digest content identified*

**European Vaccine Initiative** [to 27 June 2015]

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

*No new digest content identified*

**FDA** [to 27 June 2015]

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

*No new digest content identified*

**NIH** [to 27 June 2015]

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

*No new digest content identified*

**European Medicines Agency** [to 27 June 2015]

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

*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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)

### **Health Coverage Reaches 46 Million More in Latin America and the Caribbean, says new PAHO/WHO–World Bank report**

Health system financing and efficiency remain top challenges to sustainability Since the early 2000s, Latin America and the Caribbean has seen meaningful progress toward universal health coverage with an additional 46 million people in nine countries having at least nominal

guarantees of affordable health care, according to a new joint publication by the Pan American Health Organization/World Health Organization (PAHO/WHO) and the World Bank, released here today." The region has increased its spending on health and narrowed the gap between rich and poor on a number of key outcomes: average life expectancy has risen significantly, more children live to see their first and fifth birthdays, and fewer mothers are dying from complications of childbirth," said Jorge Familiar, World Bank Vice President for Latin America and the Caribbean.

Date: June 22, 2015 Type: Press Release

### **Progress for Children – Beyond averages: learning from the MDGs**

UNICEF

NUMBER 11, 2015 :: 72 pages

*Full Report:*

[http://weshare.unicef.org/archive/Progress%20for%20Children%202015\\_Web\\_PDF-2AM408THYY33.html](http://weshare.unicef.org/archive/Progress%20for%20Children%202015_Web_PDF-2AM408THYY33.html)

*Press Release*

[Millions of world's poorest children left behind despite global progress, new UNICEF report says](#)

*'Progress for Children' report highlights lessons from the MDGs*

*Download the report, photos, b-roll, graphs and the audio recording from the press briefing at:*  
<http://uni.cf/1IZy0VV>

NEW YORK, 23 June 2015 – The global community will fail millions of children if it does not focus on the most disadvantaged in its new 15-year development roadmap, UNICEF warned today.

*Progress for Children: Beyond Averages*, UNICEF's final report on the child-related Millennium Development Goals, says that, despite significant achievements, unequal opportunities have left millions of children living in poverty, dying before they turn five, without schooling and suffering chronic malnutrition.

"The MDGs helped the world realize tremendous progress for children – but they also showed us how many children we are leaving behind," said UNICEF Executive Director Anthony Lake. "The lives and futures of the most disadvantaged children matter – not only for their own sake, but for the sake of their families, their communities and their societies."

Disparities within countries have left children from the poorest households twice as likely to die before their fifth birthday and far less likely to achieve minimum reading standards than children from the richest households.

Continued failure to reach these children can have dramatic consequences. At current rates of progress, given projected population growth, it is estimated that:

:: 68 million more children under five will die from mostly preventable causes by 2030;

:: An estimated 119 million children will still be chronically malnourished in 2030;

:: Half a billion people will still be defecating in the open, posing serious risks to children's health in 2030;

:: It will take almost 100 years for all girls from sub-Saharan Africa's poorest families to complete their lower secondary education.

The report highlights notable successes since 1990:

- :: Under-five mortality dropped by more than half, from 90 per 1,000 live births to 43 per 1,000 live births;
- :: Underweight and chronic malnutrition among children under five decreased by 42 per cent and 41 per cent, respectively;
- :: Maternal mortality decreased by 45 per cent;
- :: Some 2.6 billion people gained access to improved drinking water sources.

And the gaps between the poorest and the wealthiest are narrowing in more than half of the indicators UNICEF analysed:

- :: In many countries, greater gains in child survival and school attendance are seen in the poorest households.
- :: The gap in maternal mortality rates between low- and high-income countries halved between 1990 and 2013, from 38 times higher to 19 times higher.

The report also highlights the bad news: Progress still eludes the nearly 6 million children who die every year before their fifth birthday, the 289,000 women who die every year while giving birth and the 58 million children who don't go to primary school.

As world leaders prepare to adopt the Sustainable Development Goals, the most disadvantaged children should be at the heart of the new goals and targets, UNICEF said. Better data collection and disaggregation – going beyond averages such as those used to measure the MDGs – can help identify the most vulnerable and excluded children and where they live. Stronger local health, education and social protection systems can help more children to survive and thrive. And smarter investments tailored to the needs of the most vulnerable children can yield short and long-term benefits.

"The SDGs present an opportunity to apply the lessons we have learned and reach the children in greatest need – and shame on us if we don't," Lake said "For greater equity in opportunity UNICEF

### **Excerpt from Report, p. 28**

#### **Measles**

Measles was responsible for an estimated 145,700 deaths and nearly 279,000 cases globally in 2013. Compared with estimated mortality assuming the complete absence of measles vaccination, an estimated 15.6 million deaths were averted by measles vaccination during 2000–2013.

Notable improvements in routine immunization among children in the appropriate age group who received the first dose of measles-containing vaccine (MCV1) and in supplementary immunization activities in vaccinating children who are beyond the reach of existing health services have led to major successes to date. During 2000–2009, global coverage with MCV1 increased from 73 per cent to 83 per cent and then remained at 83–84 per cent through 2013. However, an estimated 21.6 million infants – many of whom are among the poorest, most marginalized children residing in especially hard-to-reach areas – did not receive MCV1 in 2013. Although 84 per cent of infants received MCV1 during 2013, an additional 15 million children needed to be reached to meet target coverage of 95 per cent with MCV1 worldwide.<sup>66</sup>

Although few countries report reaching 95 per cent coverage in every district, it is difficult to comment on progress towards such district-level targets – critical for achieving measles elimination. This is because district data are not available or are invalid from one third of countries, reflecting a wider problem with the quality and use of vaccination data within national immunization programmes...

\* \* \* \*

### **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](mailto: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 S3 (July 2015)

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

*Editorials*

**[Embarking on a Science Vision for Health Disparities Research](#)**

[Irene Dankwa-Mullan, Yvonne T. Maddox](#)

American Journal of Public Health: July 2015, Vol. 105, No. S3: S369–S371.

**[Calling for a Bold New Vision of Health Disparities Intervention Research](#)**



Lisa A. Cooper, Alexander N. Ortega, Alice S. Ammerman, Dedra Buchwald, Electra D. Paskett, Lynda H. Powell, Beti Thompson, Katherine L. Tucker, Richard B. Warnecke, William J. McCarthy, K. Vish Viswanath, Jeffrey A. Henderson, Elizabeth A. Calhoun, David R. Williams  
American Journal of Public Health: July 2015, Vol. 105, No. S3: S374–S376.

**Beyond Health Equity: Achieving Wellness Within American Indian and Alaska Native Communities**

Valarie Blue Bird Jernigan, Michael Percy, Dannielle Branam, Bobby Saunkeah, David Wharton, Marilyn Winkleby, John Lowe, Alicia L. Salvatore, Daniel Dickerson, Annie Belcourt, Elizabeth D'Amico, Christi A. Patten, Myra Parker, Bonnie Duran, Raymond Harris, Dedra Buchwald  
American Journal of Public Health: July 2015, Vol. 105, No. S3: S376–S379.

**Review of State Legislative Approaches to Eliminating Racial and Ethnic Health Disparities, 2002–2011**

Jessica L. Young, Keshia Pollack, Lainie Rutkow  
American Journal of Public Health: July 2015, Vol. 105, No. S3: S388–S394.

**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>

[Reviewed earlier]

**BMC Health Services Research**

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

(Accessed 27 June 2015)

*Research article*

**Association between health literacy and medical care costs in an integrated healthcare system: a regional population based study**

Jolie Haun, Nitin Patel, Dustin French, Robert Campbell, Douglas Bradham, William Lapcevic  
BMC Health Services Research 20

*Research article*

**The readiness of the national health laboratory system in supporting care and treatment of HIV/AIDS in Tanzania**

Leonard Mboera, Deus Ishengoma, Andrew Kilale, Isolide Massawe, Acleus Rutta, Gibson Kagaruki, Erasmus Kamugisha, Vito Baraka, Celine Mandara, Godlisten Materu, Stephen Magesa  
BMC Health Services Research 20

**BMC Infectious Diseases**

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

(Accessed 27 June 2015)

*Research article*



### **Rubella outbreak in a Rural Kenyan District, 2014: documenting the need for routine rubella immunization in Kenya**

Ian Njeru, Dickens Onyango, Yusuf Ajack, Elizabeth Kiptoo BMC Infectious Diseases 2015, 15:245 (27 June 2015)

#### *Abstract*

##### Background

Rubella infection has been identified as a leading cause of birth defects commonly known as Congenital Rubella Syndrome (CRS). Kenya does not currently have a rubella immunization program nor a CRS surveillance system. In 2014, a rubella outbreak was reported in a rural district in Kenya. We investigated the outbreak to determine its magnitude and describe the outbreak in time, place and person. We also analyzed the laboratory-confirmed rubella cases from 2010 to 2014 to understand the burden of the disease in the country.

##### Methods

The Rubella outbreak was detected using the case-based measles surveillance system. A suspected case was a person with generalized rash and fever while a confirmed case was a person who tested positive for rubella IgM. All laboratory-confirmed and epidemiologically linked cases were line listed. The measles case-based surveillance database was used to identify rubella cases from 2010 to 2014.

##### Results

A total of 125 rubella cases were line listed. Fifty four percent of cases were female. Case age ranged from 3 months to 32 years with a median of 4 years. Fifty-one percent were aged less than 5 years, while 82 % were aged less than 10 years. Six percent of the cases were women of reproductive age. All cases were treated as outpatients and there were no deaths. The number of confirmed rubella cases was 473 in 2010, 604 in 2011, 300 in 2012, 336 in 2013 and 646 in 2014.

##### Conclusions

Analysis of Kenya rubella data shows that rubella is endemic throughout the country, and many outbreaks may be underestimated or undocumented. Six percent of all the cases in this outbreak were women of reproductive age indicating that the threat of CRS is real. The country should consider initiating a CRS surveillance system to quantify the burden with the goal of introducing rubella vaccine in the future.

#### *Research article*

### **Changing risk awareness and personal protection measures for low to high pathogenic avian influenza in live-poultry markets in Taiwan, 2007 to 2012**

Ming-Der Liu, Ta-Chien Chan, Cho-Hua Wan, Hsiu-Ping Lin, Tsung-Hua Tung, Fu-Chang Hu, Chwan-Chuen King BMC Infectious Diseases 2015, 15:241 (24 June 2015)

#### **BMC Medical Ethics**

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

(Accessed 27 June 2015)

[No new relevant content identified]

#### **BMC Pregnancy and Childbirth**

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

(Accessed 27 June 2015)

[No new relevant content identified]

### **BMC Public Health**

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

(Accessed 27 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 (27 June 2015)

### **BMC Research Notes**

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

(Accessed 27 June 2015)

[No new relevant content identified]

### **BMJ Open**

2015, Volume 5, Issue 6

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

[Reviewed earlier]

### **British Medical Journal**

27 June 2015(vol 350, issue 8014)

<http://www.bmj.com/content/350/8014>

*Views & Reviews Personal View*

#### **Preparedness explains some differences between Haiti and Nepal's response to earthquake**

2015; 350 doi: <http://dx.doi.org/10.1136/bmj.h3059> (Published 05 June 2015) Cite this as: 2015;350:h3059

*Paul S Auerbach responded to recent disasters in both countries and reflects on why Nepal saw so many fewer deaths and injuries*

*Excerpt*

On 12 January 2010, a magnitude 7 earthquake struck Haiti 25 km from the capital, Port-au-Prince. Between 160 000 and 200 000 people are estimated to have died and more than 300 000 were injured.

Five years later, on 25 April 2015 a 7.8 magnitude earthquake struck Nepal, its epicentre 77 km from Kathmandu. This was followed on 12 May by a 7.3 magnitude earthquake equidistant from Kathmandu but on the opposite side. So far 8604 people are reported to have died and 16 808 have been injured.<sup>1</sup>

In both countries, buildings collapsed and enormous numbers of people were displaced and relocated to improvised shelters. The risk of communicable diarrhoeal disease loomed because of crowding and rain. Restricted airport capacity delayed relief workers and supplies.

The many differences between the two countries help explain why Haiti was far more vulnerable than Nepal to a similar sized earthquake. Both countries are poor, but Haiti is significantly poorer than Nepal. Haiti is considered politically a fragile, if not failed, ...

## **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 61 Issue 2 July 15, 2015

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

### **Editor's choice: The Cost-effectiveness, Health Benefits, and Financial Costs of New Antiviral Treatments for Hepatitis C Virus**

David B. Rein, John S. Wittenborn, Bryce D. Smith, Danielle K. Liffmann, and John W. Ward  
Clin Infect Dis. (2015) 61 (2): 157-168 doi:10.1093/cid/civ220

**Compared to previous treatments for hepatitis C, new treatments provide much higher cure rates with far fewer adverse effects and contraindications. This article estimates the cost-effectiveness and financial impact of new hepatitis C medications as compared to treatments of the past.**

Diane M. Richardson, Elina L. Medvedeva, Christopher B. Roberts, and Darren R. Linkin for the Centers for Disease Control and Prevention Epicenter Program

Comparative Effectiveness of High-Dose Versus Standard-Dose Influenza Vaccination in Community-Dwelling Veterans

Clin Infect Dis. (2015) 61 (2): 171-176 doi:10.1093/cid/civ261

High-dose influenza vaccine was not more effective than standard-dose vaccine in protecting against hospitalization for influenza or pneumonia in patients  $\geq 65$  years of age; subgroup analysis found that it was more effective in those  $\geq 85$  years of age.

## **Clinical Therapeutics**

June 2015 Volume 37, Issue 6, p1147-1378

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

[Reviewed earlier]

## **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 27 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 27 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 25, 25 June 2015

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

*Rapid communications*

[Epidemiological investigation of MERS-CoV spread in a single hospital in South Korea, May to June 2015](#)

by HY Park, EJ Lee, YW Ryu, Y Kim, H Kim, H Lee, SJ Yi

[Preliminary epidemiological assessment of MERS-CoV outbreak in South Korea, May to June 2015](#)

by BJ Cowling, M Park, VJ Fang, P Wu, GM Leung, JT Wu

[The role of superspreading in Middle East respiratory syndrome coronavirus \(MERS-CoV\) transmission](#)

by AJ Kucharski, CL Althaus

## **Global Health: Science and Practice (GHSP)**

June 2015 | Volume 3 | Issue 2

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

[Reviewed earlier]

## **Global Health Governance**

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

[Accessed 27 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 27 June 2015]

*Research*

[Implementation of an electronic fingerprint-linked data collection system: a feasibility and acceptability study among Zambian female sex workers](#)

Wall KM, Kilembe W, Inambao M, Chen YN, Mchoongo M, Kimaru L, Hammond YT, Sharkey T et al. *Globalization and Health* 2015, 11:27 (27 June 2015)

*Abstract* (provisional)

**Background**

Patient identification within and between health services is an operational challenge in many resource-limited settings. When following HIV risk groups for service provision and in the context of vaccine trials, patient misidentification can harm patient care and bias trial outcomes. Electronic fingerprinting has been proposed to identify patients over time and link patient data between health services. The objective of this study was to determine 1) the feasibility of implementing an electronic-fingerprint linked data capture system in Zambia and 2) the acceptability of this system among a key HIV risk group: female sex workers (FSWs).

**Methods**

Working with Biometrac, a US-based company providing biometric-linked healthcare platforms, an electronic fingerprint-linked data capture system was developed for use by field recruiters among Zambian FSWs. We evaluated the technical feasibility of the system for use in the field in Zambia and conducted a pilot study to determine the acceptability of the system, as well as barriers to uptake, among FSWs.

**Results**

We found that implementation of an electronic fingerprint-linked patient tracking and data collection system was feasible in this relatively resource-limited setting (false fingerprint matching rate of 1/1000 and false rejection rate of  $<1/10,000$ ) and was acceptable among FSWs in a clinic setting (2 % refusals). However, our data indicate that less than half of FSWs are comfortable providing an electronic fingerprint when recruited while they are working. The most common reasons cited for not providing a fingerprint (lack of privacy/confidentiality issues while at work, typically at bars or lodges) could be addressed by recruiting women during less busy hours, in their own homes, in the presence of "Queen Mothers" (FSW organizers), or in the presence of a FSW that has already been fingerprinted.

**Conclusions**

Our findings have major implications for key population research and improved health services provision. However, more work needs to be done to increase the acceptability of the electronic fingerprint-linked data capture system during field recruitment. This study indicated several potential avenues that will be explored to increase acceptability.

**Health Affairs**

June 2015; Volume 34, Issue 6

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

[Reviewed earlier]

**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>

[Reviewed earlier]

## **Health Research Policy and Systems**

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

[Accessed 27 June 2015]

[No new relevant content]

## **Human Vaccines & Immunotherapeutics** (formerly Human Vaccines)

Volume 11, Issue 6, 2015

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

*Short Report*

### **[Evaluation of safety and immunogenicity of a quadrivalent human papillomavirus vaccine in healthy females between 9 and 26 years of age in Sub-Saharan Africa](#)**

Nelly Mugo, Nana Akosua Ansah, Deborah Marino, Alfred Saah & Elizabeth IO Garner

pages 1323-1330

DOI:10.1080/21645515.2015.1008877

*Abstract*

Due to sporadic and not easily accessible cervical cancer screening, human papillomavirus (HPV)-related cervical cancer is a leading cause of cancer death in Sub-Saharan African women. This study was designed to assess the safety and immunogenicity of a quadrivalent human papillomavirus (qHPV) vaccine in sub-Saharan African women. This seven month, double-blind study enrolled 250 healthy, human immunodeficiency virus (HIV)-uninfected females ages 9–26 residing in Ghana, Kenya, and Senegal. Thirty females ages 13–15 and 120 females ages 16–26 received qHPV vaccine. In addition, 100 females ages 9–12 y were randomized in a 4:1 ratio to receive either qHPV vaccine (n = 80) or placebo (n = 20 ). The primary immunogenicity hypothesis was that an acceptable percentage of subjects who received the qHPV vaccine seroconvert to HPV6/11/16/18 at 4 weeks post-dose 3, defined as the lower bound of the corresponding 95% confidence interval (CI) exceeding 90%. The primary safety objective was to demonstrate that qHPV vaccine was generally well tolerated when administered in a 3-dose regimen. The pre-specified statistical criterion for the primary immunogenicity hypothesis was met: the lower bound of the 95% exact binomial CI on the seroconversion rate was at least 98% for each vaccine HPV type and all subjects seroconverted by 4 weeks post-dose 3. Across vaccination groups, the most common adverse events (AE) were at the injection site, including pain, swelling, and erythema. No subject discontinued study medication due to an AE and no serious AEs were reported. There were no deaths. This study demonstrated that qHPV vaccination of sub-Saharan African women was highly immunogenic and generally well tolerated.

*Research Paper*

### **A brief educational intervention increases providers' human papillomavirus vaccine knowledge**

Abbey B Berenson, Mahbubur Rahman, Jacqueline M Hirth, Richard E Rupp & Kwabena O Sarpong

pages 1331-1336

#### *Abstract*

Recommendation by a healthcare provider is critical to increase human papillomavirus (HPV) vaccine uptake in the US. However, current deficits in providers' knowledge of HPV and its vaccine are not fully understood and interventions to amend knowledge gaps are untested. To determine whether attending a structured presentation could increase provider knowledge of the HPV vaccine, we assessed knowledge levels of physicians, non-physician healthcare workers, and medical students before and after attending a 30-minute lecture held between October 2012 and June 2014. Paired t-test and McNemar's test were used to compare knowledge scores and the proportion of correct responses for each question, respectively. Multiple linear regression analyses were performed to examine correlates of baseline knowledge and change in knowledge scores post-intervention. A total of 427 participants, including 75 physicians, 208 medical students, and 144 nurses or other healthcare workers, attended one of 16 presentations and responded to both pre-test and post-test surveys. Baseline knowledge was low among all groups, with scores higher among older participants and physicians/medical students. On average, knowledge scores significantly improved from 8 to 15 after the presentation (maximum possible score 16) ( $P < .001$ ), irrespective of specialty, race/ethnicity, gender, and age. Although lower at baseline, knowledge scores of younger participants and non-physician healthcare workers (e.g., nurses, physician assistants (PAs), nursing students) improved the most of all groups. We conclude that a brief, structured presentation increased HPV knowledge among a variety of healthcare workers, even when their baseline knowledge was low.

#### *Review*

### **Comparing the immunogenicity and safety of 3 Japanese encephalitis vaccines in Asia-Pacific area: A systematic review and meta-analysis**

Shi-Yuan Wang, Xiao-Hua Cheng, Jing-Xin Li, Xi-Yan Li, Feng-Cai Zhu & Pei Liu

pages 1418-1425

DOI:10.1080/21645515.2015.1011996

#### *Commentary*

### **Clinical benefits of routine varicella vaccination for adults**

Cinzia Germinario, Maria Serena Gallone, Maria Giovanna Cappelli & Silvio Tafuri

pages 1426-1428

DOI:10.1080/21645515.2015.1030559

#### *Review*

### **Is a single infant priming dose of meningococcal serogroup C conjugate vaccine in the United Kingdom sufficient?**

Helen Findlow & Ray Borrow

pages 1501-1506

DOI:10.1080/21645515.2015.1019189

### **Coverage of the expanded program on immunization in Vietnam: Results from 2 cluster surveys and routine reports**

Trung Dac Nguyen, Anh Duc Dang, Pierre Van Damme, Cuong Van Nguyen, Hong Thi Duong, Herman Goossens, Heidi Theeten & Elke Leuridan

pages 1526-1533



DOI:10.1080/21645515.2015.1032487

### **Infectious Agents and Cancer**

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

[Accessed 27 June 2015]

[No new relevant content]

### **Infectious Diseases of Poverty**

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

[Accessed 27 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>

[Reviewed earlier]

### **International Journal of Infectious Diseases**

June 2015 Volume 35, p1

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

[Reviewed earlier]

### **JAMA**

June 23/30, 2015, Vol 313, No. 24

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

*Viewpoint / June 23/30, 2015 Scientific Discovery and the Future of Medicine*

#### **Broadly Neutralizing Antibodies and the Development of Vaccines**

Barton F. Haynes, MD<sup>1,2,3</sup>; Todd Bradley, PhD<sup>1,3</sup>

#### **Author Affiliations**

JAMA. 2015;313(24):2419-2420. doi:10.1001/jama.2015.2427.

#### **[Excerpt]**

This Viewpoint discusses the importance and progress of neutralizing human immunodeficiency virus through efforts to induce broadly reactive neutralizing antibodies.

Human immunodeficiency virus (HIV) infects 2.5 million people worldwide and accounts for more than 1 million deaths every year. Thus, an HIV vaccine is desperately needed. One roadblock to development of an effective HIV vaccine is the extraordinary ability of HIV to mutate and evolve into myriad quasi-species. Therefore, a key goal in developing a successful

HIV vaccine is the induction of antibodies that can recognize and neutralize the majority of HIV quasi-species, called broadly reactive neutralizing antibodies (bnAbs). The search for an HIV vaccine has led to a greater understanding of bnAbs...

**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](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/10903/17/3/page/1>

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

[Reviewed earlier]

**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***

[Reviewed earlier]

**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**

July 2015, Volume 41, Issue 7

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

*Review*

**[A comparison of justice frameworks for international research](#)**

Bridget Pratt<sup>1,2,3</sup>, Bebe Loff<sup>4</sup>

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4Michael Kirby Center for Public Health and Human Rights, Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Victoria, Australia

*Abstract*

Justice frameworks have been developed for international research that provide guidance on the selection of research targets, ancillary care, research capacity strengthening, and post-trial benefits. Yet there has been limited comparison of the different frameworks. This paper examines the underlying aims and theoretical bases of three such frameworks—the fair benefits framework, the human development approach and research for health justice—and considers how their aims impact their guidance on the aforementioned four ethical issues. It shows that the frameworks' underlying objectives vary across two dimensions. First, whether they seek to prevent harmful or exploitative international research or to promote international research with health benefits for low and middle-income countries. Second, whether they address justice at the micro level or the macro level. The fair benefits framework focuses on reforming contractual elements in individual international research collaborations to ensure fairness, whereas the

other two frameworks aim to connect international research with the reduction of global health inequities. The paper then highlights where there is overlap between the frameworks' requirements and where differences in the strength and content of the obligations they identify arise as a result of their varying objectives and theoretical bases. In doing so, it does not offer a critical comparison of the frameworks but rather seeks to add clarity to current debates on justice and international research by showing how they are positioned relative to one another.

**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>

[Reviewed earlier]

## **The Lancet**

Jun 27, 2015 Volume 385 Number 9987 p2547-2644

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

*Editorial*

### **Sustainable equality—a goal to aspire to**

The Lancet

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)61144-8](http://dx.doi.org/10.1016/S0140-6736(15)61144-8)

*Summary*

2015 marks a transition point for development which is, in its own way, exhilarating. The Millennium Development Goals (MDGs) will shortly expire, and these familiar and extensively discussed benchmarks can then be judged to have culminated in successes, failures, or opportunities against the extraordinary backdrop of the era—from the response to a catastrophic epidemic of HIV/AIDS to the profound and challenging global shifts in disease epidemiology, demography, and migration. A new set of aspirations must be fashioned to prepare the world's people for times of continuing, indeed perhaps intensifying, change and uncertainty.

*Comment*

### **Japan's vision for health care in 2035**

Hiroaki Miyata, Satoshi Ezoe, Manami Hori, Machiko Inoue, Kazumasa Oguro, Toshihisa Okamoto, Kensuke Onishi, Kohei Onozaki, Takeshi Sakakibara, Kazuhisa Takeuchi, Yasuharu Tokuda, Yuji Yamamoto, Mayuka Yamazaki, Kenji Shibuya

for the Health Care 2035 Advisory Panel

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)61135-7](http://dx.doi.org/10.1016/S0140-6736(15)61135-7)

*Summary*

Over the past half century Japan has made remarkable achievements in good population health at low cost, with increased equity.<sup>1</sup> However, a demographic shift towards rapid ageing, the growth of non-communicable diseases (NCDs), and advances in medical technology have led to great changes in health-care needs. In the Lancet 2011 Series on Japan: Universal Health Care at 50 Years, three major challenges to Japan's health system were identified: sustainability, governance, and responsiveness.<sup>2</sup> In that Series, several reforms were proposed to assure the sustainability and equity of Japan's health accomplishments: implementation of human-security, value-based reforms; redefinition of the roles of central and local governments; improvements in the quality of health care; and a commitment to global health.

## **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)**

July 2015; 35 (5)

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

**[Modeling the Effect of Herd Immunity and Contagiousness in Mitigating a Smallpox Outbreak](#)**

Ellie Graeden, PhD, Russel Fielding, BSc, Kyle E. Steinhouse, BSc, Ian N. Rubin, BA

Gryphon Scientific LLC, Takoma Park, Maryland

***Abstract***

The smallpox antiviral tecovirimat has recently been purchased by the U.S. Strategic National Stockpile. Given significant uncertainty regarding both the contagiousness of smallpox in a contemporary outbreak and the efficiency of a mass vaccination campaign, vaccine prophylaxis alone may be unable to control a smallpox outbreak following a bioterror attack. Here, we present the results of a compartmental epidemiological model that identifies conditions under which tecovirimat is required to curtail the epidemic by exploring how the interaction between contagiousness and prophylaxis coverage of the affected population affects the ability of the public health response to control a large-scale smallpox outbreak. Each parameter value in the model is based on published empirical data. We describe contagiousness parametrically using a novel method of distributing an assumed  $R$ -value over the disease course based on the relative rates of daily viral shedding from human and animal studies of cognate orthopoxvirus infections. Our results suggest that vaccination prophylaxis is sufficient to control the outbreak when caused either by a minimally contagious virus or when a very high percentage of the population receives prophylaxis. As vaccination coverage of the affected population decreases below 70%, vaccine prophylaxis alone is progressively less capable of controlling outbreaks, even those caused by a less contagious virus ( $R_0$  less than 4). In these scenarios, tecovirimat treatment is required to control the outbreak (total number of cases under an order of magnitude more than the number of initial infections). The first study to determine the relative importance of smallpox prophylaxis and treatment under a range of highly uncertain epidemiological parameters, this work provides public health decision-makers with an evidence-based guide for responding to a large-scale smallpox outbreak.

**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 7557 pp391-512 25 June 2015

[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)

[New issue; No relevant content identified]

### **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 25, 2015 Vol. 372 No. 26

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

[New issue; No relevant content identified]

### **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 27 June 2015)

[No new content]

## **PLoS Medicine**

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

(Accessed 27 June 2015)

### **[Transmission of Multidrug-Resistant and Drug-Susceptible Tuberculosis within Households: A Prospective Cohort Study](#)**

Louis Grandjean, Robert H. Gilman, Laura Martin, Esther Soto, Beatriz Castro, Sonia Lopez, Jorge Coronel, Edith Castillo, Valentina Alarcon, Virginia Lopez, Angela San Miguel, Neyda Quispe, Luis Asencios, Christopher Dye, David A. J. Moore

Research Article | published 23 Jun 2015 | PLOS Medicine 10.1371/journal.pmed.1001843

## **PLoS Neglected Tropical Diseases**

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

(Accessed 27 June 2015)

### **[Characterization of the Burkholderia mallei tonB Mutant and Its Potential as a Backbone Strain for Vaccine Development](#)**

Tiffany M. Mott, Sudhamathi Vijayakumar, Elena Sbrana, Janice J. Endsley, Alfredo G. Torres

Research Article | published 26 Jun 2015 | PLOS Neglected Tropical Diseases

10.1371/journal.pntd.0003863

### **[Neglected Tropical Diseases in the Ebola-Affected Countries of West Africa](#)**

Peter J. Hotez

Editorial | published 25 Jun 2015 | PLOS Neglected Tropical Diseases

10.1371/journal.pntd.0003671

## **PLoS One**

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

[Accessed 27 June 2015]

### **[Cost-Effectiveness Analysis of Universal Vaccination of Adults Aged 60 Years with 23-Valent Pneumococcal Polysaccharide Vaccine versus Current Practice in Brazil](#)**

Patrícia Coelho de Soárez, Ana Marli Christovam Sartori, Angela Carvalho Freitas, Álvaro

Mitsunori Nishikawa, Hillegonda Maria Dutilh Novaes

Research Article | published 26 Jun 2015 | PLOS ONE 10.1371/journal.pone.0130217

### **[Access and Attitudes to HPV Vaccination amongst Hard-To-Reach Populations in Kenya](#)**

Deborah Watson-Jones, Nelly Mugo, Shelley Lees, Muthoni Mathai, Sophie Vusha, Gathari

Ndirangu, David A. Ross

Research Article | published 26 Jun 2015 | PLOS ONE 10.1371/journal.pone.0123701

#### *Abstract*

#### Background

Sub-Saharan Africa bears the greatest burden of cervical cancer. Human papillomavirus (HPV) vaccination programmes to prevent the disease will need to reach vulnerable girls who may not be able access health and screening services in the future. We conducted formative research on facilitators and barriers to HPV vaccination and potential acceptability of a future HPV vaccination programme amongst girls living in hard-to-reach populations in Kenya.



## Methods

Stakeholder interviews with Ministry of Health staff explored barriers to and support for the uptake of HPV vaccination. A situation assessment was conducted to assess community services in Maasai nomadic pastoralist communities in Kajiado County and in Korogocho informal settlement in Nairobi city, followed by focus group discussions (n=14) and semi-structured interviews (n=28) with health workers, parents, youth, and community and religious leaders. These covered marriage, knowledge of cervical cancer and HPV, factors that might inhibit or support HPV vaccine uptake and intention to accept HPV vaccine if a programme was in place.

## Results

Reported challenges to an HPV vaccination programme included school absenteeism and drop-out, early age of sex and marriage, lack of parental support, population mobility and distance from services. Despite little prior knowledge of cervical cancer and HPV, communities were interested in receiving HPV vaccination. Adequate social mobilisation and school-based vaccination, supplemented by out-reach activities, were considered important facilitating factors to achieve high coverage. There was some support for a campaign approach to vaccine delivery.

## Conclusions

Given the high level of support for a vaccine against cervical cancer and the experience of reaching pastoralist and slum-dwellers for other immunizations, implementing an HPV vaccine programme should be feasible in such hard-to-reach communities. This may require additional delivery strategies in addition to the standard school-based delivery, with vaccine offered at multiple venues, potentially through a campaign approach.

## **The Cooperative Landscape of Multinational Clinical Trials**

David Hsiehchen, Magdalena Espinoza, Antony Hsieh

Research Article | published 23 Jun 2015 | PLOS ONE 10.1371/journal.pone.0130930

## *Abstract*

The scale and nature of cooperative efforts spanning geopolitical borders in clinical research have not been elucidated to date. In a cross-sectional study of 110,428 interventional trials registered in Clinicaltrials.gov, we characterized the evolution, trial demographics, and network properties of multinational clinical research. We reveal that the relative growth of international collaboratives has remained stagnant in the last two decades, although clinical trials have evolved to become much larger in scale. Multinational clinical trials are also characterized by higher patient enrollments, industry funding, and specific clinical disciplines including oncology and infectious disease. Network analyses demonstrate temporal shifts in collaboration patterns between countries and world regions, with developing nations now collaborating more within themselves, although Europe remains the dominant contributor to multinational clinical trials worldwide. Performances in network centrality measures also highlight the differential contribution of nations in the global research network. A city-level clinical trial network analysis further demonstrates how collaborative ties decline with physical distance. This study clarifies evolving themes and highlights potential growth mechanisms and barriers in multinational clinical trials, which may be useful in evaluating the role of national and local policies in organizing transborder efforts in clinical endeavors.

## **PLoS Pathogens**

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

(Accessed 27 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 27 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)**

April/May 2015 Vol. 37, Nos. 4/5

<http://www.paho.org/journal/>

NÚMERO ESPECIAL SOBRE SALUD DE LA MUJER EN LAS AMÉRICAS / SPECIAL ISSUE ON WOMEN'S HEALTH IN THE AMERICAS

This special issue of the Pan American Journal of Public Health on women's health aims to identify and reflect on the main challenges that demographic, social, and epidemiological changes will pose to women's health in the Region of the Americas in the coming years. The

manuscripts address a variety of subjects ranging from the health of women at different stages of life, sexual and reproductive health, gender-based violence, non-communicable chronic diseases, infectious diseases, and mental and occupational health, to adapting quality health services to meet promotion, prevention, treatment, and rehabilitation needs during the different stages of life and in several regional contexts.

REFLEXIONES DE LA DIRECTORA / FROM THE DIRECTOR

### **A new agenda for women's health in the Americas**

EDITORIAL

### **Women's health in the Region of the Americas ; La salud de la mujer en la Región de las Américas**

Leticia Artiles, Francisco Becerra-Posada, Aníbal Faundes, Suzanne Jacob Serruya, Alejandra López Gómez y Raffaella Schiavon

ARTÍCULOS DE INVESTIGACIÓN ORIGINAL / ORIGINAL RESEARCH ARTICLES

### **Obstetric transition in the World Health Organization Multicountry Survey on Maternal and Newborn Health: exploring pathways for maternal mortality reduction**

[Transición obstétrica en la Encuesta Global de la Organización Mundial de la Salud sobre Salud Materna y Neonatal: exploración de las vías de reducción de la mortalidad materna]

Solange da Cruz Chaves, José Guilherme Cecatti, Guillermo Carroli, Pisake Lumbiganon, Carol J. Hogue, Rintaro Mori, Jun Zhang, Kapila Jayaratne, Ganchimeg Togoobaatar, Cynthia Pileggi-Castro, Meghan Bohren, Joshua Peter Vogel, Özge Tunçalp, Olufemi Taiwo Oladapo, Ahmet Metin Gülmezoglu, Marleen Temmerman, and João Paulo Souza

### **Risk Analysis**

May 2015 Volume 35, Issue 5 Pages 759–959

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-5/issuetoc>

[New issue; No relevant content identified]

### **Science**

26 June 2015 vol 348, issue 6242, pages 1397-1508

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

[New issue; No relevant content identified]

### **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](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>  
[Reviewed earlier]

### **Vaccines — Open Access Journal**

(Accessed 27 June 2015)  
<http://www.mdpi.com/journal/vaccines>  
[No new content]

### **Value in Health**

June 2015 Volume 18, Issue 4, p355-548  
<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 content identified.*

\* \* \* \*

### **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 27 June 2015*  
[No new, unique, relevant content]

**Associated Press**

<http://hosted.ap.org/dynamic/fronts/HOME?SITE=AP&SECTION=HOME>

*Accessed 27 June 2015*

**[California vaccine bill clears major legislative hurdle](#)**

26 June 2015

SACRAMENTO, Calif. (AP) — California's Assembly on Thursday approved a hotly contested bill requiring that nearly all public schoolchildren be vaccinated, clearing one of its last major legislative obstacles before the measure heads to the desk of Gov. Jerry Brown.

The bill aims to increase immunization rates after a measles outbreak linked to Disneyland in December sickened over 100 people in the U.S. and Mexico.

It would give California one of the nation's strictest vaccine laws by striking the state's personal belief exemption. Only children with serious health issues would be allowed to opt out of mandatory vaccine schedules. Unvaccinated children would need to be homeschooled.

If the bill becomes law, California would join Mississippi and West Virginia as the only states with such strict requirements...

**The Atlantic**

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

*Accessed 27 June 2015*

[No new, unique, relevant content]

**BBC**

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

*Accessed 27 June 2015*

[No new, unique, relevant content]

**Brookings**

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

*Accessed 27 June 2015*

[No new, unique, relevant content]

**Center for Global Development**

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

*Accessed 27 June 2015*

[No new, unique, relevant content]

**Council on Foreign Relations**

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

*Accessed 27 June 2015*

[No new, unique, relevant content]

**The Economist**

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

*Accessed 27 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 27 June 2015

[No new, unique, relevant content]

### **Foreign Affairs**

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

Accessed 27 June 2015

[No new, unique, relevant content]

### **Foreign Policy**

<http://foreignpolicy.com/>

Accessed 27 June 2015

[No new, unique, relevant content]

### **The Guardian**

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

Accessed 27 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 27 June 2015

[No new, unique, relevant content]

### **New Yorker**

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

Accessed 27 June 2015

[No new, unique, relevant content]

### **New York Times**

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

Accessed 27 June 2015

[Boy Dies of Diphtheria in Spain, Parents Rejected Vaccine](#)

Officials say a six-year-old boy who had been the first child to contract diphtheria in Spain in 29 years has died from the disease in a Barcelona hospital.

June 27, 2015 - By THE ASSOCIATED PRESS

### **Wall Street Journal**

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

Accessed 27 June 2015

## [NIH Expands Testing of Ebola Drugs and Vaccines Into New Countries](#)

06/23/15

The National Institutes of Health has widened its research into Sierra Leone and Guinea, a move that increases the chances of getting definitive results from clinical studies.

### **Washington Post**

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

Accessed 27 June 2015

### [Nearly instantaneous, finger-prick test for Ebola could be game changer](#)

The blood test can detect the virus in minutes.

Ariana Eunjung Cha | National | Jun 26, 2015

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***Vaccines and Global Health: The Week in Review*** is a service of the Center for Vaccines Ethics and Policy (CVEP) which is solely responsible for its content, and is an open access publication, subject to the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/3.0/>). Copyright is retained by CVEP.

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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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