



Vaccines and Global Health: The Week in Review

11 July 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.*

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EBOLA/EVD [to 11 July 2015]

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

Editor's Note:

A number of key reports, recommendations, meetings and actions marked the past week in Ebola/EVD. In summary:

:: The weekly **Ebola Situation Report - 8 July 2015** reported 30 new confirmed cases across the three affected countries, noting that "...significant challenges remain. A residual lack of trust in the response among some affected communities means that some cases still evade detection for too long, increasing the risk of further hidden transmission. The exportation of cases to densely populated urban areas such as Freetown and Conakry remains a risk, whilst the origin of the new cluster of cases in Liberia is not yet well understood..."

:: The **IHR Emergency Committee** held its sixth meeting, assessing the outbreak response and current status. The key result was that Committee recommended that the EVD outbreak “continues to constitute a Public Health Emergency of International Concern.”

:: The WHO-convened **Ebola Interim Assessment Panel** issued its report on the overall Ebola response, noting that it “... believes that this is a defining moment for the health of the global community. WHO must re-establish its pre-eminence as the guardian of global public health; this will require significant changes throughout WHO with the understanding that this includes both the Secretariat and the Member States [and] ...The Ebola crisis not only exposed organizational failings in the functioning of WHO, but it also demonstrated shortcomings in the International Health Regulations (2005)...” The WHO issued a response to the report outlining a number of action items responding to the report and its recommendations.

:: The UN convened an **International Ebola Recovery Conference** in New York which ran 9-10 July 2015. The Conference was organized as a series of technical sessions focused on the continuing EVD response and post-outbreak recovery planning, with a concluding pledging meeting which generated commitments of several billion dollars.

:: **GAVI announced support for rebuilding of immunisation programmes in Ebola-affected countries** which were largely dormant during the Ebola response period, leaving “hundreds of thousands of children who either missed out or are at risk of missing out will now receive their vaccinations...”

Please see documentation below:

Ebola Situation Report - 8 July 2015

[Excerpts]

SUMMARY

:: There were 30 confirmed cases of Ebola virus disease (EVD) reported in the week to 5 July: 18 in Guinea, 3 in Liberia, and 9 in Sierra Leone. Although this is the highest weekly total since mid-May, improvements to case investigation and contact tracing, together with enhanced incentives to encourage case reporting and compliance with quarantine measures have led to a better understanding of chains of transmission than was the case a month ago. This, in turn, has resulted in a decreasing proportion of cases arising from as-yet unknown sources of infection (5 of 30 cases in the week to 5 July), particularly in previously problematic areas such as Boke and Forecariah in Guinea, and Kambia and Port Loko in Sierra Leone. **However, significant challenges remain. A residual lack of trust in the response among some affected communities means that some cases still evade detection for too long, increasing the risk of further hidden transmission. The exportation of cases to densely populated urban areas such as Freetown and Conakry remains a risk, whilst the origin of the new cluster of cases in Liberia is not yet well understood...**

COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

:: There have been a total of 27,573 reported confirmed, probable, and suspected cases of EVD in Guinea, Liberia and Sierra Leone (figure 1, table 1) up to 5 July, with 11,246 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). A total of 18 new confirmed cases were reported in Guinea, 3 in Liberia, and 9 in Sierra Leone in the week to 5 July...

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Statement on the 6th meeting of the IHR Emergency Committee regarding the Ebola outbreak in West Africa

7 July 2015

...As in previous meetings, the Committee's role was to advise the WHO Director-General as to:

:: whether the event continues to constitute a Public Health Emergency of International Concern (PHEIC) and, if so,

:: whether the current temporary recommendations should be extended, or revised, or whether new temporary recommendations should be issued...

The Committee advised that the EVD outbreak continues to constitute a Public Health Emergency of International Concern and previously issued temporary recommendations should be extended...

...Based on this advice and information, the Director-General declared that the 2014-2015 Ebola outbreak in these West African countries continues to constitute a Public Health Emergency of International Concern. The Director-General endorsed the Committee's advice, extended the existing Temporary Recommendations as appropriate and issued the additional advice as new Temporary Recommendations under the IHR...

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Report of the Ebola Interim Assessment Panel - July 2015

WHO Panel of independent experts

July 2015 :: 29 pages

Languages: English

Pdf: [Report of the Ebola Interim Assessment Panelpdf, 625kb](#)

Executive Summary [Excerpts]

The Panel believes that this is a defining moment for the health of the global community. WHO must re-establish its pre-eminence as the guardian of global public health; this will require significant changes throughout WHO with the understanding that this includes both the Secretariat and the Member States. At each of its three levels, the Secretariat must undergo significant transformation in order to better perform its core function of protecting global health. For their part, Member States must provide, at their highest political levels, the required political and financial support to their Organization. While WHO has already accepted the need for transformation of its organizational culture and delivery, it will need to be held accountable to ensure that this transformation is achieved.

The Ebola crisis not only exposed organizational failings in the functioning of WHO, but it also demonstrated shortcomings in the International Health Regulations (2005). If the world is to successfully manage the health threats, especially infectious diseases that can affect us all, then the Regulations need to be strengthened. We ask that the full Review Committee under the International Health Regulations (2005) to examine the role of the Regulations in the Ebola outbreak (the IHR Review Committee for Ebola), which follows our Panel, consider and take forward the implementation of our recommendations. Had the recommendations for revision made in 2011 by the Review Committee in relation to Pandemic (H1N1) 2009 been

implemented,¹ the global community would have been in a far better position to face the Ebola crisis. The world simply cannot afford another period of inaction until the next health crisis.

Our report and recommendations fall under the following three headings: the International Health Regulations (2005); WHO's health emergency response capacity; and WHO's role and cooperation with the wider health and humanitarian systems...

[The Panel discusses these three thematic areas and make 21 recommendations]

Conclusion

The Panel firmly believes that this is a defining moment not only for WHO and the global health emergency response but also for the governance of the entire global health system. The challenges raised in this report are critical to the delivery of the proposed Sustainable Development Goals, especially Goal 3: Ensure healthy lives and promote well-being for all ages.

The Panel recognizes that it has made recommendations to many different actors and that these recommendations are interdependent in their implementation. Significant political commitment at both global and national levels is needed to take them forward.

WHO response to the Ebola Interim Assessment Panel report

WHO statement

7 July 2015

WHO welcomes the report from the Ebola Interim Assessment Panel and thanks the hard-working members for their rapid review, analysis and recommendations.

The panel members divided their review and recommendations into 3 areas: the International Health Regulations, WHO's health emergency response capacity and WHO's role and cooperation with the wider health and humanitarian systems.

The International Health Regulations

In August 2015, the WHO Director-General will convene a Review Committee of the International Health Regulations, where Member States can discuss the recommendations of the panel, including the idea of establishing an intermediate level of alert to sound an alarm earlier than a full Public Health Emergency of International Concern.

WHO's health emergency response capacity

The panel reiterated the need for a unified programme for health emergencies as committed to by the Director-General at the World Health Assembly to unite resources for emergencies across the 3 levels of the Organization.

WHO is already moving forward on some of the panel's recommendations including the development of the global health emergency workforce and the contingency fund to ensure the necessary resources are available to mount an initial response.

WHO's role and cooperation with the wider health and humanitarian systems

The Ebola outbreak highlighted the separation between systems for responding to health emergencies and systems for humanitarian response, and WHO agrees they must be better integrated for future emergency responses. This includes considering ways to coordinate the

grading of its humanitarian emergencies with the grading of declarations of health emergencies under the International Health Regulations.

Going forward

The current Ebola outbreak is still ongoing and improved methods of working are incorporated into the response as they are developed. But it will take many more months of continued hard work to end the outbreak and to prevent it from spreading to other countries.

WHO is grateful for the commitment from all partners; it is essential to get to zero cases and to put in place the systems to stay there.

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International community pledges more than five billion dollars to help recovery of Ebola-affected countries

10 Jul 2015

New York - The international community has pledged more than five billion dollars to support Guinea, Liberia and Sierra Leone in their efforts to recover from the devastating effects of Ebola, at a high level United Nations Conference in New York today (Friday).

Opening the International Ebola Recovery Conference United Nations Secretary-General Ban Ki-moon said: "Together, let us jumpstart a robust recovery process over the next two years, and usher in a better future for generations to come."

The Secretary-General was joined by the Presidents of Guinea, Liberia and Sierra Leone, and the Secretary-General of the Mano River Union, who were seeking international support as well as financial commitments for their national and regional recovery strategies over the next two years.

Helen Clark, UNDP Administrator, who chaired the Conference, said: "We have seen a very encouraging response today. The preliminary figure for funds announced today amount to \$3.4 billion, taking the total resources pledged for the recovery of the Ebola-affected countries to around five billion dollars. The whole spirit of optimism around the conference and the willingness of partners to see this as a long-term endeavor is hugely encouraging."

Dr. David Nabarro, the Secretary-General's Special Envoy on Ebola, said: "This is a very promising moment. The amount pledged represents a tremendous springboard for recovery. Everyone today has stressed that the partnership we have for the response to the outbreak must be sustained in to the period of recovery. The world is going to stand by these countries as they recover and help them get back on the track of equitable economic and social development."

The United Nations organized the International Ebola Recovery Conference in partnership with the African Union, European Union, the World Bank and the African Development Bank. A day of technical consultation on the recovery strategies on Thursday 9 July was followed by the high level event on 10 July, convened by the Secretary-General, and attended by the Chairperson of the African Union, the Presidents of Guinea, Liberia and Sierra Leone and the Secretary-General of the Mano River Union.

International Ebola Recovery Conference, 9-10 July 2015

10 July

Helen Clark (UNDP) and Dr. David Nabarro (Special Envoy of the Secretary-General on Ebola) following the conclusion of the International Ebola Recovery Conference - Media Stakeout
10 Jul 2015

[webcast: 0:08]

- Informal comments to the media by United Nations Development Programme (UNDP) Administrator Helen Clark and Dr. David Nabarro, Special Envoy of the Secretary-General on Ebola following the conclusion of the International Ebola Recovery Conference.

[webcast: 2:53]

10 July

(Part 1) International Ebola Recovery Conference - Technical consultations

[webcast: 2:53]

The objective of the technical consultations is to have a high level discussion on the "how" and the "what" of the recovery process, resulting in specific inputs to be reflected in the pledging conference on the 10th of July.

Secretary-General Ban Ki-moon will host an International Ebola Recovery Conference on 10 July 2015 at the United Nations Headquarters in New York in cooperation with the Presidents of Guinea, Liberia and Sierra Leone. The purpose of the conference is to ensure that the Ebola affected countries receive the support and resources they need to "get to zero, stay at zero and recover".

The conference will take place in partnership with the African Union, European Union, the World Bank and the African Development Bank.

Participants at the high-level event will have an opportunity to pledge support to the National Recovery Strategies and the Mano River Union sub-regional Programme.

The conference is expected to secure international support for the affected countries and the Mano River Union (comprising Côte d'Ivoire, Guinea, Liberia and Sierra Leone), as well as concrete financial commitments for the implementation of national and regional recovery strategies over a 24-month time frame.

09 July 2015

(Part 3) International Ebola Recovery Conference - Technical consultations

[webcast: 1:51]

(Part 2) International Ebola Recovery Conference - Technical consultations

[webcast: 2:09]

(Part 1) International Ebola Recovery Conference - Technical consultations

[webcast: 4:12]

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GAVI [to 11 July 2015]

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

07 July 2015

Gavi to support rebuilding of immunisation programmes in Ebola-affected countries

Worryingly low immunisation rates risk further deaths as Ebola recedes.

Geneva, 7 July 2015 – Plans to rebuild immunisation services wrecked by the Ebola crisis in Guinea, Liberia and Sierra Leone will form the first stage of Gavi's Ebola investment support and will ensure that hundreds of thousands of children who either missed out or are at risk of missing out will now receive their vaccinations. Additionally, as part of a coordinated approach to ensure the three countries are stronger and more resilient to infectious disease, Gavi is doubling its long-term support for their health systems through to 2020.

One of the big issues affecting immunisation has been trust in health services. Rumours circulating in the region have falsely claimed that childhood vaccines, such as those protecting against measles, pneumonia and diarrhoea, could be linked to Ebola. This has dealt a severe blow to immunisation coverage, with parents refusing to allow their children to be immunised against common but potentially-fatal conditions, leaving hundreds of thousands of children at risk.

Additionally, hundreds of health workers in the three countries were among the 10,000 people who lost their lives to Ebola during the crisis and many more were forced to abandon their posts as the epidemic took hold. As the three countries begin their return to normality there is now a severe shortage of trained health workers to administer vaccines.

Gavi support will include provision for civil society organisations to work with communities to hold meetings, briefing village chiefs and religious leaders on the importance of immunising children. It will also ensure that there are enough trained health workers to provide the vaccines to the children...

WHO: News

[Liberia update: New information from genetic sequencing](#)

10 July 2015

[Sierra Leone: Inspiring confidence and trust in Ebola care](#)

9 July 2015

World Bank [to 11 July 2015]

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

Disproportionate deaths among health care workers from Ebola could lead to sharp rise in maternal mortality last seen 20 years ago – World Bank report

WASHINGTON DC, July 8, 2015—The loss of health workers due to the Ebola epidemic in West Africa may result in an additional 4,022 deaths of women each year across Guinea, Liberia and Sierra Leone as a result of complications in pregnancy and childbirth. According to the new World Bank report Healthcare Worker Mortality and the Legacy of the Ebola Epidemic published in The Lancet Global Health today, the recent outbreak of Ebola in West Africa could leave a legacy significantly beyond the deaths and disability caused directly by the disease itself. "The loss of health workers to Ebola could increase maternal deaths up to rates last seen in these countries 15-20 years ago," says Markus Goldstein, Lead Economist at the World Bank Group and a co-author of the report who heads the World Bank's Africa Gender Innovation Lab. The paper estimates how the loss of health workers to Ebola will likely affect non-Ebola mortality even after the countries are declared Ebola-free.

Date: July 8, 2015

Type: Press Release

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POLIO [to 11 July 2015]

Public Health Emergency of International Concern (PHEIC)

GPEI Update: Polio this week - As of 8 July 2015

Global Polio Eradication Initiative

[Editor's Excerpt and text bolding]

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

:: Three new cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) have been reported in Madagascar, bringing the total number of cases to 8 in 2015. This most recent case had onset of paralysis on 29 May in Boeni region. These cases are genetically linked to a case reported in September 2014, indicating prolonged and widespread circulation of the virus. The emergency outbreak response is now being intensified. Learn more about vaccine derived polioviruses [here](#).

Selected excerpts from Country-specific Reports

Pakistan

:: One new wild poliovirus type 1 (WPV1) case was reported in the past week in Quetta district, Balochistan province. This most recent case had onset of paralysis on 6 June. The total number of WPV1 cases for 2015 is now 26, compared to 83 at this time last year.

Madagascar

:: Three new cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) have been reported in the past week, one each in Anosy, Androy and Boeni regions. The most recent case had onset of paralysis on 29 May in Boeni. The total number of cVDPV1 cases for 2015 is now 8.

:: These cases are genetically linked to a case reported in September 2014, indicating prolonged and widespread circulation of the virus. Learn more about vaccine derived polioviruses [here](#).

:: The emergency outbreak response is now being intensified. National Immunization Days (NIDs) are scheduled on 4 – 7 August using trivalent oral polio vaccine (OPV) and in September and October using bivalent OPV with dates to be confirmed.

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MERS-CoV [to 11 July 2015]

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

10 July 2015 [Middle East Respiratory Syndrome coronavirus \(MERS-CoV\) – Thailand \(update\)](#)

10 July 2015 [Middle East respiratory syndrome coronavirus \(MERS-CoV\) – Republic of Korea](#)

10 July 2015 [Middle East respiratory syndrome coronavirus \(MERS-CoV\) – The Philippines \(update\)](#)

7 July 2015 [Middle East respiratory syndrome coronavirus \(MERS-CoV\) – Republic of Korea](#)

Summary of Current Situation, Literature Update and Risk Assessment

7 July 2015

MERS-CoV cases in the Republic of Korea as of 10 July 2015

[xlsx, 19kb](#)

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WHO & Regionals [to 11 July 2015]

WHO lays out plans for financing new global health goal: to ensure healthy lives and promote well-being for all at all ages

News release

10 JULY 2015 | ADDIS ABABA | GENEVA - WHO is urging countries to move towards universal health coverage and to scale up international investment in catalytic development funding. The call comes as world leaders travel to the Third UN Financing for Development Conference in Addis Ababa to discuss ways to pay for the new Sustainable Development Goals, to be launched in New York in September 2015.

"The best way to assure meaningful progress towards the new global health goal is for countries to move closer to universal health coverage," says Dr Margaret Chan, WHO Director-General.

Many countries will need help to generate the funding to do this. This week's conference will focus on strengthening international cooperation to build developing countries' capacity to improve domestic tax policy and revenue collection as well as efforts to reduce illicit financial flows and tax avoidance at the international level.

Progress towards the Millennium Development Goals

By the end of this year, if current trends continue, the world will meet Millennium Development Goal targets for turning around the epidemics of HIV, malaria and tuberculosis and increasing access to safe drinking water. It will also have made substantial progress in reducing child under-nutrition, maternal and child deaths, and increasing access to basic sanitation.

But wide gaps remain between and within countries. Much still needs to be done - particularly in the poorest countries and countries affected by conflict. And new health challenges have emerged, as highlighted by the Ebola crisis in West Africa and the rise of noncommunicable diseases. Within this context, countries have agreed a new global health goal with a strong focus on equity - to ensure healthy lives and promote well-being for all at all ages.

A recent WHO and World Bank Group report, *Tracking universal health coverage: First global monitoring report*, shows that 400 million people do not have access to essential health services and 6% of people in developing countries are tipped into or pushed further into extreme poverty because of health spending.

"No one should risk financial ruin because they need health care," says Dr Chan. "And no one should be denied health services, because they can't afford to pay for them. "

Moving towards universal health coverage

Universal health coverage, a major focus of WHO's work for the past 5 years, aims to redress those imbalances. As a first step, the Organization recommends reducing the need for people to pay directly for services at the point of delivery – out of their own pockets. In countries that depend heavily on out-of-pocket payments, health bills push 100 million people into poverty each year.

Public funding is key to reducing out of pocket expenditure. As public spending on health goes up, dependence on out-of-pocket payments declines. Between 1995 to 2013, government spending on health increased from 3.4 to 4.1% of GDP - on average across 190 countries. The increase in low-income countries has been greater, from 1.7 to 2.6% of GDP.

Despite this improvement, there is a long way to go. The challenge for countries is twofold: to mobilize more domestic public resources for health, and to ensure health systems use resources more efficiently. At the Addis Ababa conference, WHO will urge the international community to strengthen cooperation with low- and lower-middle income countries to combine domestic and external funding so they provide sufficient resources to build robust health systems.

The Organization will also emphasize the importance of getting better results from the money spent by putting in place innovative service delivery arrangements, lowering prices of key inputs (e.g. medicines) procured internationally, and reducing fragmentation in aid flows to countries. "If the world is serious about the health-related SDG targets, it needs to make serious investments – both at domestic and international levels," adds Dr Chan.

WHO highlights the potential to generate additional public revenues through taxation of tobacco products. A recent report reveals that only 33 countries worldwide have introduced taxes that represent more than 75% of the retail price of a pack of cigarettes. Some have no or very little excise taxes on tobacco products, depriving themselves of a proven measure to improve health and generate funds for stronger health services.

The Organization also supports the push for high income countries to achieve the target of devoting 0.7% of their Gross National Income (GNI) to Official Development Assistance (ODA) and 0.15% to 0.20% of ODA/GNI to the least developed countries. It advocates for more efficient delivery of such aid, exploring, developing, and documenting ways to align behind comprehensive national health plans, in line with IHP+ (International Health Partnership) principles of development effectiveness.

The [**Weekly Epidemiological Record \(WER\) 10 July 2015**](#), vol. 90, 28 (pp. 349–364) includes:

- :: Human cases of influenza at the human-animal interface, January 2014-April 2015
- :: Helping Guinean communities fight Ebola

:: WHO Regional Offices
WHO African Region AFRO

:: [The World Health Organization \(WHO\) and the National Department of Health, South Africa host summit to accelerate action towards national and global health security](#)

Cape Town, 10 July 2015 - Public health emergencies of international concern, including the Ebola virus disease (EVD) epidemic in West Africa, have demonstrated the need for countries to be prepared and act quickly in response to outbreaks and emergencies to maintain national and global health security.

:: [Sierra Leone: Inspiring confidence and trust in Ebola care - 09 July 2015](#)

:: [Ebola recovery is impossible unless resilient health systems are rebuilt in Guinea, Liberia, and Sierra Leone - 06 July 2015](#)

WHO Region of the Americas PAHO

No new digest content identified.

WHO South-East Asia Region SEARO

No new digest content identified.

WHO European Region EURO

:: [Better prepared for health emergencies in Central Europe](#) 08-07-2015

WHO Eastern Mediterranean Region EMRO

No new digest content identified.

WHO Western Pacific Region

No new digest content identified.

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CDC/MMWR/ACIP Watch [to 11 July 2015]

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

CDC versus Ebola: The Road to Zero

JULY 9, 2015

The Ebola epidemic that began in West Africa in early 2014 continues today. With more than 27,000 reported Ebola cases and more than 11,000 deaths, the scope has been unprecedented. Equally extraordinary is the scale and duration of the response by the Centers for Disease Control and Prevention and partners. Today, CDC is releasing a [multimedia report](#) describing the experiences of the agency's Ebola responders.

Since the outbreak began, CDC has sent more than 1,200 experts in various disciplines to Guinea, Liberia, Sierra Leone, and surrounding countries. Many deployed more than once and also volunteered to return as long as the epidemic persists. Thousands more CDC staff have worked on the response from the agency's Atlanta headquarters, as well as in hospitals, labs and airports; other CDC campuses in the U.S., and CDC country offices around world...

MMWR July 10, 2015 / Vol. 64 / No. 26

:: [Community Knowledge, Attitudes, and Practices Regarding Ebola Virus Disease — Five Counties, Liberia, September–October, 2014](#)

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UNICEF [to 11 July 2015]

http://www.unicef.org/media/media_78364.html

Selected press release and news notes

Amid surging conflict in Yemen, UNICEF mobile teams respond to children's urgent health needs

ADEN, Yemen, 10 July 2015 - With health services across Yemen disintegrating under the impact of a brutal conflict, UNICEF and its partners are stepping up nutrition screening, vaccinations and other life-saving interventions for millions of children caught up in the ongoing crisis.

"Our mobile teams and staff have to brave extremely hazardous conditions, risking their lives to reach children and women wherever they can. If they don't do that more children are likely to die from malnutrition and preventable diseases", said Julien Harneis, UNICEF Representative in Yemen. "But what Yemen really needs now is a return to peace, a solution to the fuel and power crisis and restoration of regular health services", Mr Harneis added.

Since the fighting escalated in March, over 40,000 children have been vaccinated against measles and polio while close to 10,000 pregnant women received support for safe pregnancy and delivery through outreach and mobile health teams. More than 16,000 children have so far been treated for severe malnutrition.

Much of the work is undertaken by some 40 UNICEF-supported mobile health teams (up from just 16 before March) which have been deployed across the country to reach displaced populations. The services they deliver include screening for malnutrition, vaccination, deworming, treatment of malnutrition and childhood diseases, and support to pregnant and lactating women. Vitamin A and other micronutrient supplements are also provided to children and mothers...

In the southern city of Aden, which has witnessed particularly heavy bombardment and fighting, UNICEF supplied emergency ambulances as well as blood testing and transfusion services in the first weeks of the conflict to ensure that injured children can receive immediate treatment.

Currently the UNICEF team in Aden is supporting an immunization campaign as part of a nation-wide drive that aims to vaccinate around a million children under the age of one against measles, polio and other vaccine-preventable diseases.

"In spite of the insecurity, we are taking every opportunity to ensure that we reach children with healthcare services, especially vaccinations to protect them at this time when the health system has crumbled" said Dr Gamila Hibatulla, Nutrition and Health Officer for UNICEF in Aden. She explains that the mobile teams have to use whatever sites they can find – including mosques and other public places – to deliver their services. "It's encouraging to see the parents bringing their children to the vaccination centres. They just tell us how happy they are that their children can be protected against diseases", Ms Hibatulla adds.

The deteriorating situation in Yemen is taking a heavy toll on children's health. Today, over 2.5 million children are at risk of diarrhoeal diseases and half a million are at risk of severe acute malnutrition. Over 1.3 million children face the threat of acute respiratory tract infections and 2.6 million of them under the age of 15 are not protected against measles...

PATH [to 11 July 2015]

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

Announcement / July 09, 2015

Clinical study results pave the way for a promising new approach to rotavirus vaccines

Injected, non-replicating vaccines hold potential for expanded impact in developing countries

Data published this week in *Vaccine* reveal a promising immune response among adults who received a novel non-replicating rotavirus vaccine candidate. Rotavirus accounts for more than one-third of all childhood diarrhea deaths worldwide, and PATH is evaluating the potential of non-replicating rotavirus vaccines, or NRRVs, as valuable additions to the global vaccine portfolio.

Live, orally administered rotavirus vaccines have made a major public health impact since they were first licensed nearly a decade ago. However, as with other oral vaccines, their efficacy is lower in developing countries in comparison to high- and middle-income nations, highlighting the need to consider new approaches. Reduced efficacy may be due to elevated maternal antibodies, potential interference from other oral vaccines, malnutrition, and co-infections in a child's gut, among other issues. Inactivated vaccines like NRRVs, which are injected rather than orally administered, may circumvent some of these factors.

The Phase 1 clinical study, conducted at the Center for Immunization Research at the Johns Hopkins School of Public Health, evaluated the safety, reactogenicity, and tolerability of the P2-VP8 rotavirus vaccine candidate among healthy US adults not previously immunized against rotavirus. The study found the vaccine to be safe and to evoke a strong immune response. Study participants developed high levels of antibodies after immunization and also produced neutralizing antibodies against strains not included in the vaccine.

"Non-replicating rotavirus vaccines offer an exciting approach to preventing the most common cause of severe and deadly childhood diarrhea," said Dr. Stan Cryz, director of PATH's NRRV project. "These data are very promising, and further studies will help us investigate their potential to protect children worldwide."...

NIH [to 11 July 2015]

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

NIH-funded vaccine for West Nile virus enters human clinical trials

July 6, 2015 — A clinical trial of a new investigational vaccine designed to protect against West Nile Virus infection will be sponsored by the National Institute of Allergy and Infectious Diseases (NIAID).

European Vaccine Initiative [to 11 July 2015]

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

Improving safety of medicines across Europe

06/07/2015

EMA publication of safety reports for nationally authorised medicines will support timely and harmonised implementation of safety measures in EU Member States ...

Industry / DCVMN / PhRMA / EFPIA / IFPMA / BIO Watch [to 11 July 2015]

:: **[PhRMA Statement on House Passage of 21st Century Cures Act](#)**

Washington, D.C. (July 10, 2015) — Pharmaceutical Research and Manufacturers of America (PhRMA) president and chief executive officer John J. Castellani issued the following statement on passage of the 21st Century Cures Act (H.R. 6) by the U.S. House of Representatives: "PhRMA applauds the House of Representatives for the overwhelming passage of the 21st Century Cures Act and looks forward to continuing our work with the Senate to ensure biomedical advances continue and are available to the patients who need them to live longer, healthier lives.

:: **[Pfizer Begins Phase 2b Study Of Its Investigational Multi-antigen Staphylococcus aureus Vaccine In Adults Undergoing Elective Spinal Fusion Surgery](#)**

July 07, 2015

Pfizer Inc. (NYSE: PFE) announced today enrollment of the first patient in a Phase 2b clinical trial of its investigational Staphylococcus aureus (S. aureus) multi-antigen vaccine (PF-06290510)...

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IVI [to 11 July 2015]

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

No new digest content identified

Sabin Vaccine Institute [to 11 July 2015]

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

No new digest content identified.

Global Fund [to 11 July 2015]

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

No new digest content identified.

BMGF (Gates Foundation) [to 11 July 2015]

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

No new digest content identified

FDA [to 11 July 2015]

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

No new digest content identified

European Vaccine Initiative [to 11 July 2015]

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

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

International Infectious Disease Emergencies and Domestic Implications for the Public Health and Health Care Sectors—Workshop in Brief

IOM Report

July 7, 2015 :: 11 pages

Overview

Emerging infectious disease events present a threat to U.S. national security, and we need improved efforts to coordinate a response both domestically and with global partners. The most recent outbreak of the Ebola virus disease in West Africa is the largest to date, affecting multiple countries simultaneously and once again bringing the challenges of global health security to the forefront of international preparedness discussions. The Institute of Medicine's (IOM's) Forum on Medical and Public Health Preparedness for Catastrophic Events organized a session at the 2015 Preparedness Summit to discuss international public health emergencies, such as Ebola, and their corresponding impact on state and local public health and health care systems. After briefing the audience on the World Health Organization's 2005 International Health Regulations (IHR) and the Global Health Security Agenda (GHSa) launched in 2014, speakers discussed their experiences during the Ebola outbreak in the United States and as it was unfolding in West Africa. They also discussed remaining challenges and explored ways to effectively respond the next time a public health emergency of international concern (PHEIC) arises.

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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 7, 2015

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

[New issue; No relevant content identified]

American Journal of Infection Control

July 2015 Volume 43, Issue 7, p663-784, e19-e38

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

[Reviewed earlier]

American Journal of Preventive Medicine

July 2015 Volume 49, Issue 1, p1-160, e1-e8

<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>

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

July 2015; 93 (1)

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

[New issue; No relevant content identified]

Annals of Internal Medicine

7 July 2015, Vol. 163. No. 1

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

Medicine and Public Issues / 7 July 2015

[Global Tuberculosis Control: Toward the 2015 Targets and Beyond](#)

Emilio Dirlikov, PhD; Mario Raviglione, MD; and Fabio Scano, MD

Article, Author, and Disclosure Information

Ann Intern Med. 2015;163(1):52-58. doi:10.7326/M14-2210

Abstract

has been made toward global tuberculosis (TB) control, as measured by targets set for 2015. However, TB remains a major threat to health around the world. In 2013, there were an estimated 11 million prevalent cases, and an estimated 9.0 million incident cases occurred globally. Approximately 1.5 million deaths were caused by TB, including 360 000 among people living with HIV. Substantial challenges threaten future control efforts. These include multidrug-resistant forms and co-infection with HIV, as well as other factors, such as the increased prominence of noncommunicable diseases and adverse socioeconomic conditions. Beyond 2015, TB control must be seen as both a public health imperative unto itself and a vital component of economic development plans. To that end, control strategies should exploit technical and operational innovations to improve TB control and care and should promote universal health coverage and social protection mechanisms to expand access to essential prevention, diagnostics, and treatment services while avoiding catastrophic costs incurred by patients.

BMC Health Services Research

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

(Accessed 11 July 2015)

[No new relevant content identified]

BMC Infectious Diseases

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

(Accessed 11 July 2015)

Research article

HBV immunization and vaccine coverage among hospitalized children in Cameroon, Central African Republic and Senegal: a cross-sectional study

Claudine Bekondi, Roberta Zanchi, Abdoulaye Seck, Benoit Garin, Tamara Giles-Vernick, Jean Gody, Petulla Bata, Angèle Pondy, Suzie Tetang, Mamadou Ba, Chantal Ekobo, Dominique Rousset, Jean-Marie Sire, Sarah Maylin, Loïc Chartier, Richard Njouom, Muriel Vray BMC Infectious Diseases 2015, 15:267 (12 July 2015)

Abstract

Background

Hepatitis B is a major health concern in Africa. The vaccine against hepatitis B virus (HBV) was introduced into the Expanded Programme on Immunization (EPI) of Cameroon and Senegal in 2005, and of CAR (Central African Republic) in 2008. A cross-sectional study was conducted to assess HBV immunization coverage following the vaccine's introduction into the EPI and factors associated with having been vaccinated.

Methods

All hospitalized children, regardless of the reasons for their hospitalization, between 3 months and 6 years of age, for whom a blood test was scheduled during their stay and whose condition allowed for an additional 2 mL blood sample to be taken, and who provided the parent's written consent were included. All children anti-HBs- and anti-HBc + were tested for HBsAg.

Vaccination coverage was assessed in three different ways: immunization card, maternal recall and serologic anti-HBs profile.

Results

1783 children were enrolled between April 2009 and May 2010. An immunization card was only available for 24 % of the children. The median age was 21 months.

Overall HBV immunization coverage based on immunization cards was 99 %, 49 % and 100 % in Cameroon, CAR and Senegal, respectively ($p < 0,001$). The immunization rate based on maternal recall was 91 %, 17 % and 88 % in Cameroon, CAR and Senegal, respectively ($p < 0,001$). According to serology (anti-HBs titer ≥ 10 mUI/mL and anti-HBc-), the coverage rate was 68 %, 13 % and 46 % in Cameroon, CAR and Senegal, respectively ($p < 0,001$). In Senegal and Cameroon, factors associated with having been vaccinated were: mother's higher education (OR = 2.2; 95 % CI [1.5–3.2]), no malnutrition (OR = 1.6; 95 % CI [1.1–2.2]), access to flushing toilets (OR = 1.6; 95 % CI [1.1–2.3]), and < 24 months old (OR = 2.1; 95 % CI [1.3–3.4] between 12 and 23 months and OR = 2.7; 95 % CI [1.6–4.4] < 12 months). The prevalence of HBV-infected children (HBsAg+) were 0.7 %, 5.1 %, and 0.2 % in Cameroon, CAR and Senegal, respectively ($p < 0.001$).

Conclusions

Assessing immunization coverage based on immunization cards, maternal recall or administrative data could be usefully reinforced by epidemiological data combined with immunological profiles. Serology-based studies should be implemented regularly in African

countries, as recommended by the WHO. Malnutrition, lack of maternal education and poverty are factors associated with vaccine non-compliance. The countries' vaccination programs should actively address these problems.

BMC Medical Ethics

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

(Accessed 11 July 2015)

[No new relevant content identified]

BMC Pregnancy and Childbirth

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

(Accessed 11 July 2015)

[No new relevant content identified]

BMC Public Health

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

(Accessed 11 July 2015)

Research article

[Vaccine coverage and determinants of incomplete vaccination in children aged 12–23 months in Dschang, West Region, Cameroon: a cross-sectional survey during a polio outbreak](#)

Gianluca Russo, Alessandro Miglietta, Patrizio Pezzotti, Rodrigue Biguioh, Georges Bouting Mayaka, Martin Sobze, Paola Stefanelli, Vincenzo Vullo, Giovanni Rezza BMC Public Health 2015, 15:630 (10 July 2015)

Abstract

Background

Inadequate immunization coverage with increased risk of vaccine preventable diseases outbreaks remains a problem in Africa. Moreover, different factors contribute to incomplete vaccination status. This study was performed in Dschang (West Region, Cameroon), during the polio outbreak occurred in October 2013, in order to estimate the immunization coverage among children aged 12–23 months, to identify determinants for incomplete vaccination status and to assess the risk of poliovirus spread in the study population.

Methods

A cross-sectional household survey was conducted in November-December 2013, using the WHO two-stage sampling design. An interviewer-administered questionnaire was used to obtain information from consenting parents of children aged 12–23 months. Vaccination coverage was assessed by vaccination card and parents' recall. Chi-square test and multilevel logistic regression model were used to identify the determinants of incomplete immunization status. Statistical significance was set at $p < 0.05$.

Results

Overall, 3248 households were visited and 502 children were enrolled. Complete immunization coverage was 85.9 % and 84.5 %, according to card plus parents' recall and card only, respectively. All children had received at least one routine vaccination, the OPV-3 (Oral Polio Vaccine) coverage was >90 %, and 73.4 % children completed the recommended vaccinations before 1-year of age. In the final multilevel logistic regression model, factors significantly

associated with incomplete immunization status were: retention of immunization card (AOR: 7.89; 95 % CI: 1.08–57.37), lower mothers' utilization of antenatal care (ANC) services (AOR: 1.25; 95 % CI: 1.07–63.75), being the ≥ 3 rd born child in the family (AOR: 425.4; 95 % CI: 9.6–18,808), younger mothers' age (AOR: 49.55; 95 % CI: 1.59–1544), parents' negative attitude towards immunization (AOR: 20.2; 95 % CI: 1.46–278.9), and poorer parents' exposure to information on vaccination (AOR: 28.07; 95 % CI: 2.26–348.1). Longer distance from the vaccination centers was marginally significant ($p = 0.05$).

Conclusion

Vaccination coverage was high; however, 1 out of 7 children was partially vaccinated, and 1 out of 4 did not complete timely the recommended vaccinations. In order to improve the immunization coverage, it is necessary to strengthen ANC services, and to improve parents' information and attitude towards immunization, targeting younger parents and families living far away from vaccination centers, using appropriate communication strategies. Finally, the estimated OPV-3 coverage is reassuring in relation to the ongoing polio outbreak.

Research article

Parental attitudes towards male human papillomavirus vaccination: a pan-European cross-sectional survey

Gitte Lee Mortensen, Marjorie Adam, Laïla Idtaleb BMC Public Health 2015, 15:624 (8 July 2015)

Abstract

Background

Human papillomavirus (HPV) is a common sexually transmitted virus that can lead to severe diseases in both women and men. Today, HPV vaccination is offered to females only across Europe. We aimed to examine parental attitudes to HPV vaccination of their sons given brief information about HPV in both genders.

Methods

A literature study on acceptability of male HPV vaccination was carried out to inform the construction of a study questionnaire. Following up on a Danish study from 2012, this questionnaire was applied in 1837 computer assisted interviews with parents of sons in the UK, Germany, France and Italy. In each country, the parents were representative in terms of geographical dispersion, city size and age of sons in the household. The applied questionnaires took the varying vaccination policies and delivery systems into account. The data were analysed pooled and for each country using significant statistical tests (chi-2) with a 95 % confidence interval.

Results

Approximately $\frac{3}{4}$ of parents in the UK, Germany and Italy were in favour of HPV vaccination of their sons. In France, this applied to 49 % of respondents. Favourable parents wanted to protect their sons from disease and found gender equality important. Parents in doubt about male HPV vaccination needed more information about HPV diseases in men and male HPV vaccination; Rejecting parents were generally sceptical of vaccines and feared vaccination side-effects. Parents in countries with active vaccination policies (UK and Italy) tended to trust the importance of national vaccination programmes. Parents in countries with passive vaccination strategies (Germany and France) had greater need for information from health care professionals (HCP) and public health authorities.

Conclusion

Given brief information about HPV in both genders, parental acceptance of HPV vaccination of sons is as high as acceptance levels for girls. All parents should be informed about HPV to make

informed decisions about HPV vaccination for their children. There is a need for joint efforts from public health authorities and HCPs to provide parents with such information.

Research article

Can opportunities be enhanced for vaccinating children in home visiting programs?

A population-based cohort study

Michael R Isaac, Mariette Chartier, Marni Brownell, Dan Chateau, Nathan C Nickel, Patricia Martens, Alan Katz, Joykrishna Sarkar, Milton Hu, Elaine Burland, ChunYan Goh, Carole Taylor, PATHS Equity Team Members BMC Public Health 2015, 15:620 (7 July 2015)

Abstract

Background

Home visiting programs focused on improving early childhood environments are commonplace in North America. A goal of many of these programs is to improve the overall health of children, including promotion of age appropriate vaccination. In this study, population-based data are used to examine the effect of a home visiting program on vaccination rates in children.

Methods

Home visiting program data from Manitoba, Canada were linked to several databases, including a provincial vaccination registry to examine vaccination rates in a cohort of children born between 2003 and 2009. Propensity score weights were used to balance potential confounders between a group of children enrolled in the program ($n = 4,562$) and those who were eligible but not enrolled ($n = 5,184$). Complete and partial vaccination rates for one and two year old children were compared between groups, including stratification into area-level income quintiles.

Results

Complete vaccination rates from birth to age 1 and 2 were higher for those enrolled in the Families First program [Average Treatment Effect Risk Ratio (ATE RR) 1.06 (95 % CI 1.03–1.08) and 1.10 (95 % CI 1.05–1.15) respectively]. No significant differences were found between groups having at least one vaccination at age 1 or 2 [ATE RR 1.01 (95 % CI 1.00–1.02) and 1.00 (95 % CI 1.00–1.01) respectively]. The interaction between program and income quintiles was not statistically significant suggesting that the program effect did not differ by income quintile.

Conclusions

Home visiting programs have the potential to increase vaccination rates for children enrolled, despite limited program content directed towards this end. Evidence-based program enhancements have the potential to increase these rates further, however more research is needed to inform policy makers of optimal approaches in this regard, especially with respect to cost-effectiveness.

Research article

Factors associated with uptake of influenza vaccine in people aged 50 to 64 years in Hong Kong: a case-control study

May Yeung, Stephen Ng, Edmond Tong, Stephen Chan, Richard Coker BMC Public Health 2015, 15:617 (7 July 2015)

BMC Research Notes

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

(Accessed 11 July 2015)

[No new relevant content identified]

BMJ Open

2015, Volume 5, Issue 6

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

[Reviewed earlier]

British Medical Journal

11 July 2015(vol 351, issue 8016)

<http://www.bmj.com/content/351/8016>

[New issue; No relevant content identified]

Bulletin of the World Health Organization

Volume 93, Number 7, July 2015, 437-512

<http://www.who.int/bulletin/volumes/93/7/en/>

[Reviewed earlier]

Clinical Infectious Diseases (CID)

Volume 61 Issue 2 July 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>

[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 11 July 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>

[Reviewed earlier]

Cost Effectiveness and Resource Allocation

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

(Accessed 11 July 2015)

[No new relevant content identified]

Current Opinion in Infectious Diseases

August 2015 - Volume 28 - Issue 4 pp: v-vi, 283-396

<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 5, 2015

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

[New issue; No relevant content identified]

Emerging Infectious Diseases

Volume 21, Number 7—July 2015

<http://wwwnc.cdc.gov/eid/>

[New issue; No relevant content identified]

Epidemics

Volume 13, *In Progress* (December 2015)

<http://www.sciencedirect.com/science/journal/17554365>

[**Estimating dynamic transmission model parameters for seasonal influenza by fitting to age and season-specific influenza-like illness incidence**](#)

Original Research Article

Pages 1-9

Nele Goeyvaerts, Lander Willem, Kim Van Kerckhove, Yannick Vandendijck, Germaine Hanquet, Philippe Beutels, Niel Hens

Abstract

Dynamic transmission models are essential to design and evaluate control strategies for airborne infections. Our objective was to develop a dynamic transmission model for seasonal influenza allowing to evaluate the impact of vaccinating specific age groups on the incidence of infection, disease and mortality. Projections based on such models heavily rely on assumed 'input' parameter values. In previous seasonal influenza models, these parameter values were commonly chosen ad hoc, ignoring between-season variability and without formal model validation or sensitivity analyses. We propose to directly estimate the parameters by fitting the

model to age-specific influenza-like illness (ILI) incidence data over multiple influenza seasons. We used a weighted least squares (WLS) criterion to assess model fit and applied our method to Belgian ILI data over six influenza seasons. After exploring parameter importance using symbolic regression, we evaluated a set of candidate models of differing complexity according to the number of season-specific parameters. The transmission parameters (average R_0 , seasonal amplitude and timing of the seasonal peak), waning rates and the scale factor used for WLS optimization, influenced the fit to the observed ILI incidence the most. Our results demonstrate the importance of between-season variability in influenza transmission and our estimates are in line with the classification of influenza seasons according to intensity and vaccine matching.

On the relative role of different age groups in influenza epidemics

Original Research Article

Pages 10-16

Colin J. Worby, Sandra S. Chaves, Jacco Wallinga, Marc Lipsitch, Lyn Finelli, Edward Goldstein

Abstract

The identification of key “driver” groups in influenza epidemics is of much interest for the implementation of effective public health response strategies, including vaccination programs. However, the relative importance of different age groups in propagating epidemics is uncertain. During a communicable disease outbreak, some groups may be disproportionately represented during the outbreak's ascent due to increased susceptibility and/or contact rates. Such groups or subpopulations can be identified by considering the proportion of cases within the subpopulation occurring before (B_p) and after the epidemic peak (A_p) to calculate the subpopulation's relative risk, $RR = B_p/A_p$. We estimated RR for several subpopulations (age groups) using data on laboratory-confirmed US influenza hospitalizations during epidemics between 2009 and 2014. Additionally, we simulated various influenza outbreaks in an age-stratified population, relating the RR to the impact of vaccination in each subpopulation on the epidemic's initial effective reproductive number $Re(0)$.

We found that children aged 5–17 had the highest estimates of RR during the five largest influenza A outbreaks, though the relative magnitude of RR in this age group compared to other age groups varied, being highest for the 2009 A/H1N1 pandemic. For the 2010–2011 and 2012–2013 influenza B epidemics, adults aged 18–49, and 0–4 year-olds had the highest estimates of RR , respectively.

For 83% of simulated epidemics, the group with the highest RR was also the group for which initial distribution of a given quantity of vaccine would result in the largest reduction of $Re(0)$. In the largest 40% of simulated outbreaks, the group with the highest RR and the largest vaccination impact was children 5–17.

While the relative importance of different age groups in propagating influenza outbreaks varies, children aged 5–17 play the leading role during the largest influenza A epidemics. Extra vaccination efforts for this group may contribute to reducing the epidemic's impact in the whole community.

One versus two doses: What is the best use of vaccine in an influenza pandemic?

Original Research Article

Pages 17-27

Laura Matrajt, Tom Britton, M. Elizabeth Halloran, Ira M. Longini Jr.

Abstract

Avian influenza A (H7N9), emerged in China in April 2013, sparking fears of a new, highly pathogenic, influenza pandemic. In addition, avian influenza A (H5N1) continues to circulate and remains a threat. Currently, influenza H7N9 vaccines are being tested to be stockpiled

along with H5N1 vaccines. These vaccines require two doses, 21 days apart, for maximal protection. We developed a mathematical model to evaluate two possible strategies for allocating limited vaccine supplies: a one-dose strategy, where a larger number of people are vaccinated with a single dose, or a two-dose strategy, where half as many people are vaccinated with two doses. We prove that there is a threshold in the level of protection obtained after the first dose, below which vaccinating with two doses results in a lower illness attack rate than with the one-dose strategy; but above the threshold, the one-dose strategy would be better. For reactive vaccination, we show that the optimal use of vaccine depends on several parameters, with the most important one being the level of protection obtained after the first dose. We describe how these vaccine dosing strategies can be integrated into effective pandemic control plans.

Epidemiology and Infection

Volume 143 - Issue 11 - August 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 27, 09 July 2015

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

Rapid communications

[Early intervention in pertussis outbreak with high attack rate in cohort of adolescents with complete acellular pertussis vaccination in Valencia, Spain, April to May 2015](#)

by A Míguez Santiyán, R Ferrer Estrems, JL Chover Lara, J Alberola Enguídanos, JM Nogueira Coito, A Salazar Cifre

[Assessing the risk of observing multiple generations of Middle East respiratory syndrome \(MERS\) cases given an imported case](#)

by H Nishiura, Y Miyamatsu, G Chowell, M Saitoh

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 11 July 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 11 July 2015]

[No new relevant content identified]

Health Affairs

July 2015; Volume 34, Issue 7

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

Focus: Medicaid's Evolving Delivery Systems

[Health Aid Is Allocated Efficiently, But Not Optimally: Insights From A Review Of Cost-Effectiveness Studies](#)

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Abstract

Development assistance from high-income countries to the health sectors of low- and middle-income countries (health aid) is an important source of funding for health in low- and middle-income countries. However, the relationship between health aid and the expected health improvements from those expenditures—the cost-effectiveness of targeted interventions—remains unknown. We reviewed the literature for cost-effectiveness of interventions targeting five disease categories: HIV; malaria; tuberculosis; noncommunicable diseases; and maternal, newborn, and child health. We measured the alignment between health aid and cost-effectiveness, and we examined the possibility of better alignment by simulating health aid reallocation. The relationship between health aid and incremental cost-effectiveness ratios is negative and significant: More health aid is going to disease categories with more cost-effective interventions. Changing the allocation of health aid earmarked funding could lead to greater health gains even without expanding overall disbursements. The greatest improvements in the alignment would be achieved by reallocating some aid from HIV or maternal, newborn, and child health to malaria or TB. We conclude that health aid is generally aligned with cost-effectiveness considerations, but in some countries this alignment could be improved.

Simulations Show Diagnostic Testing For Malaria In Young African Children Can Be Cost-Saving Or Cost-Effective

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2Joseph Njau is a prevention effectiveness fellow in the Global Immunization Division in the Center for Global Health, Centers for Disease Control and Prevention (CDC), in Atlanta.

3Shang Li is a health care analyst at Analysis Group, in New York City.

4Patrick Kachur is a medical epidemiologist and chief of the Malaria Branch, Division of Parasitic Disease and Malaria, Center for Global Health, CDC.

*Corresponding author

Abstract

Malaria imposes a substantial global disease burden. It disproportionately affects sub-Saharan Africans, particularly young children. In an effort to improve disease management, the World Health Organization (WHO) recommended in 2010 that countries test children younger than age five who present with suspected malaria fever to confirm the diagnosis instead of treating them presumptively with antimalarial drugs. Costs and concerns about the overall health impact of such diagnostic testing for malaria in children remain barriers to full implementation. Using data from national Malaria Indicator Surveys, we estimated two-stage microsimulation models for Angola, Tanzania, and Uganda to assess the policy's cost-effectiveness. We found that diagnostic testing for malaria in children younger than five is cost-saving in Angola. In Tanzania and Uganda the cost per life-year gained is \$5.54 and \$94.28, respectively. The costs projected for Tanzania and Uganda are less than the WHO standard of \$150 per life-year gained. Our results were robust under varying assumptions about cost, prevalence of malaria, and behavior, and they strongly suggest the pursuit of policies that facilitate full implementation of testing for malaria in children younger than five.

Despite High Cost, Improved Pneumococcal Vaccine Expected To Return 10-Year Net Savings Of \$12 Billion

Michele A. Kohli, Raymond A. Farkouh, Michael J. Maschio, Lisa J. McGarry, David R. Strutton, and Milton C. Weinstein

Health Aff July 2015 34:1234-1240; published ahead of print July 1, 2015,

doi:10.1377/hlthaff.2014.1274

Abstract

In 2010 the US Advisory Committee on Immunization Practices recommended that the seven-valent pneumococcal conjugate vaccine (PCV7) be replaced by the thirteen-valent version (PCV13), which provides protection against six additional serotypes of the bacterium *Streptococcus pneumoniae*. The higher price of PCV13, compared to PCV7, may be a concern for funding agencies and payers, as has been the case with other new vaccines. This study estimated the budgetary impact on both public and private US insurance payers of the routine use of PCV13 instead of PCV7 from 2010 to 2019. Implementing the PCV13 vaccine is projected to cost public and private payers \$3.5 billion and \$2.6 billion, respectively, more than PCV7. However, PCV13 is expected to provide net cost savings of \$6.1 billion and \$4.2 billion, respectively, to those payers during the ten-year period by preventing pneumococcal disease and its associated costs. An additional \$1.7 billion in cost savings would be realized for uninsured patients, whose costs ultimately fall on those payers. Despite its higher price,

compared to PCV7, this new vaccine is expected to provide payers with substantial net budgetary savings.

Health and Human Rights

Volume 17, Issue 1 June 2015

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

Special Section on Bioethics and the Right to Health

in collaboration with the Dalla Lana School of Public Health, University of Toronto

[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 11 July 2015]

[No new relevant content]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 11, Issue 6, 2015

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 11 July 2015]

[No new relevant content]

Infectious Diseases of Poverty

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

[Accessed 11 July 2015]

[No new relevant content]

International Health

Volume 7 Issue 4 July 2015

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

Meningococcal meningitis: vaccination outbreak response and epidemiological changes in the African meningitis belt

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Abstract

The main approach to controlling epidemics of meningococcal meningitis in the African meningitis belt has been reactive vaccination campaigns with serogroup A polysaccharide vaccine once the outbreak reached an incidence threshold. Early reactive vaccination is effective in reducing morbidity and mortality. A recent paper in International Health has shown that earlier reactive vaccination campaigns may be even more effective than increasing the coverage area of vaccination. Monovalent serogroup A conjugate vaccine programs have recently been launched to prevent transmission in endemic areas in the African meningitis belt. Conjugate vaccines can induce immunological memory and have impact on pharyngeal carriage. However, reactive vaccination still has a role to play taking into account the dynamic changes in the epidemiology of meningitis in this area.

Results from a survey of national immunization programmes on home-based vaccination record practices in 2013

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Abstract

Background

Data on home-based records (HBRs) practices within national immunization programmes are non-existent, making it difficult to determine whether current efforts of immunization programmes related to basic recording of immunization services are appropriately focused.

Methods

During January 2014, WHO and the United Nations Children's Fund sent a one-page questionnaire to 195 countries to obtain information on HBRs including type of record used, number of records printed, whether records were provided free-of-charge or required by schools, whether there was a stock-out and the duration of any stock-outs that occurred, as well as the total expenditure for printing HBRs during 2013.

Results

A total of 140 countries returned a completed HBR questionnaire. Two countries were excluded from analysis because they did not use a HBR during 2013. HBR types varied across countries (vaccination only cards, 32/138 [23.1%]; vaccination plus growth monitoring records, 31/138 [22.4%]; child health books, 48/138 [34.7%]; combination of these, 27/138 [19.5%] countries). HBRs were provided free-of-charge in 124/138 (89.8%) respondent countries. HBRs were required for school entry in 62/138 (44.9%) countries. Nearly a quarter of countries reported HBR stock-outs during 2013. Computed printing cost per record was <US\$0.50 in 53/77 (69%) of countries providing information.

Conclusions

These results provide a basis for national immunization programmes to develop, implement and monitor corrective activities to improve the availability and utilization of HBRs. Much work remains to improve forecasting where appropriate, to prevent HBR stock-outs, to identify and improve sustainable financing options and to explore viable market shaping opportunities.

Hepatitis B vaccination of healthcare workers at the Princess Marina Hospital, Botswana

Tichaona Machiya, Rosemary J. Burnett, Lucy Fernandes, Guido François, Antoon De Schryver, Marc van Sprundel, and M. Jeffrey Mphahlele
Int. Health (2015) 7 (4): 256-261 doi:10.1093/inthealth/ihu084

International Journal of Epidemiology

Volume 44 Issue 2 April 2015

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

[Reviewed earlier]

International Journal of Infectious Diseases

July 2015 Volume 36, p1-84

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

[Reviewed earlier]

JAMA

July 7, 2015, Vol 314, No. 1

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

[New issue; No relevant content identified]

JAMA Pediatrics

July 2015, Vol 169, No. 7

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

Viewpoint

Time to Improve the Global Human Immunodeficiency Virus/AIDS Care Continuum for Adolescents: A Generation at Stake

Sarah M. Wood, MD, AAHIVS; Nadia Dowshen, MD, AAHIVS; Elizabeth Lowenthal, MD, MSCE, AAHIVS

Extract

This Viewpoint discusses the importance of improving care globally for adolescents with human immunodeficiency virus (HIV)/AIDS.

Pediatricians have an obligation to protect the health of children and adolescents. Human immunodeficiency virus (HIV)/AIDS remains the second leading cause of death for adolescents worldwide and the leading cause for adolescents in sub-Saharan Africa.¹ Youth aged 15 to 24 years represent one-third of new infections.² While AIDS-related mortality declined for adults and children from 2005 to 2012, there was a 50% increase in mortality among HIV-infected adolescents.² For perinatally HIV-infected youth, worse outcomes largely reflect developmental struggles with treatment adherence they face as they enter adolescence. For adolescents with behaviorally acquired HIV, late diagnosis, poor linkage to and retention in care, low rates of antiretroviral therapy (ART) prescription, and inadequate treatment adherence all affect mortality.² In the United States, nearly 60% of HIV-infected youth do not know they are infected.³ In sub-Saharan Africa, only 1 in 5 HIV-infected young women knows her status...

International Child Health Competencies

Meaghann Shaw Weaver, MD, MPHc; Liza-Marie Johnson, MD, MSB, MPH

Extract

This Viewpoint reports that global health outreach partnerships with a bioethical foundation have the potential for immense societal benefit, personal growth, and professional enhancement for pediatric trainees.

Well-guided, sustainable global health outreach partnerships have the potential for immense societal benefit, personal growth, and professional enhancement for pediatric trainees. Yet, international pursuits lacking a bioethical foundation risk harming medically underserved populations and learners. Determining ethical competency in overseas training efforts rests on whether the pursuit is one of clinical skills practice or one of purposeful praxis (reflective experiential learning). Aristotle honored praxis as the highest form of knowledge, a practical knowledge; later philosophers used praxis to describe a shift from mindful reflection to social improvement. We define international child health praxis as a mentored, ethical approach that acknowledges system barriers, strives for solidarity with local stakeholders, and partners with them toward population wellness...

Remembering the Benefits of Vaccination

Kristen A. Feemster, MD, MPH, MSHP

Extract

Between 2009 and 2012, 36 bills were introduced in 18 states to change vaccine exemption laws related to school-entry requirements. Of the 31 bills that sought to loosen requirements for obtaining an exemption, none passed.¹ Fortunately, the clear evidence showing that easy exemption laws lead to higher exemption rates and higher exemption rates lead to outbreaks of vaccine-preventable diseases was well-heeded.^{2- 5} Further proof is now visible as we face the largest number of measles cases in the United States since the disease was declared eliminated in 2000, including a large ongoing outbreak associated with Disneyland that has affected more than 140 individuals.⁶ Most measles cases are among unvaccinated children whose parents refused the measles, mumps, and rubella vaccine because of philosophical or religious beliefs. Since January 2015, legislators in at least 8 states have introduced bills to tighten exemptions to mandatory school-entry vaccination policies.⁷ The reemergence of measles has raised a sense of urgency and voices in support of vaccination have become much louder...

Invasive Pneumococcal Disease Following the Introduction of 13-Valent Conjugate Vaccine in Children in New York City From 2007 to 2012

Andrea C. Farnham, MPH; Christopher M. Zimmerman, MD, MPH; Vikki Papadouka, PhD, MPH; Kevin J. Konty, MS, MA; Jane R. Zucker, MD, MSc; Geetha V. Nattanmai, BS, MT, MS; Sherly Jose, AAS, CLT; Jennifer B. Rosen, MD

Practice- and Community-Based Interventions to Increase Human Papillomavirus Vaccine Coverage: A Systematic Review

Linda M. Niccolai, PhD; Caitlin E. Hansen, MD

Abstract

Importance

Vaccines against human papillomavirus (HPV) are recommended for routine use in adolescents aged 11 to 12 years in the United States, but uptake remains suboptimal. Educational interventions focused on parents and patients to increase coverage have not generally demonstrated effectiveness.

Objective

To systematically review the literature on effectiveness of interventions conducted at the practice or community level to increase uptake of HPV vaccines in the United States.

Evidence Review

Keyword searches of the PubMed, Web of Science, and MEDLINE databases identified studies of adolescents that included the outcome of HPV vaccination published through July 2014. References of identified articles were also reviewed. A total of 366 records were screened, 38 full-text articles were reviewed, and 14 published studies were included. Results were summarized by different intervention approaches.

Findings

Practice- and community-based intervention approaches included reminder and recall (n = 7), physician-focused interventions (eg, audit and feedback) (n = 6), school-based programs (n = 2), and social marketing (n = 2) (2 interventions tested multiple approaches). Seven studies used a randomized design, and 8 used quasiexperimental approaches (one used both). Thirteen studies included girls, and 2 studies included boys. Studies were conducted in a variety of populations and geographic locations. Twelve studies reported significant increases in at least one HPV vaccination outcome, one reported a nonsignificant increase, and one reported mixed effects.

Conclusions and Relevance

Most practice- and community-based interventions significantly increased HPV vaccination rates using varied approaches across diverse populations. This finding is in stark contrast to a recent review that did not find effects to warrant widespread implementation for any educational intervention. To address the current suboptimal rates of HPV vaccination in the United States, future efforts should focus on programs that can be implemented within health care settings, such as reminder and recall strategies and physician-focused efforts, as well as the use of alternative community-based locations, such as schools.

Journal of Community Health

Volume 40, Issue 4, August 2015

<http://link.springer.com/journal/10900/40/4/page/1>

[Reviewed earlier]

Journal of Epidemiology & Community Health

August 2015, Volume 69, Issue 8

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

Editorial

[Life course epidemiology: recognising the importance of adolescence](#)

Russell M Viner, David Ross, Rebecca Hardy, Diana Kuh, Christine Power, Anne Johnson, Kaye Wellings, Jim McCambridge, Tim J Cole, Yvonne Kelly, G David Batty

J Epidemiol Community Health 2015;69:719-720 Published Online First: 2 February 2015

doi:10.1136/jech-2014-20530

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]

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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/10903/17/3/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 3 August 1, 2015

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

Response to Hepatitis A Vaccination in Immunocompromised Travelers

Hannah M. Garcia Garrido, Rosanne W. Wieten, Martin P. Grobusch, and Abraham Goorhuis
J Infect Dis. (2015) 212 (3): 378-385 doi:10.1093/infdis/jiv060

Limited Efficacy of Antibacterial Vaccination Against Secondary Serotype 3 Pneumococcal Pneumonia Following Influenza Infection

Dennis W. Metzger, Yoichi Furuya, Sharon L. Salmon, Sean Roberts, and Keer Sun
J Infect Dis. (2015) 212 (3): 445-452 doi:10.1093/infdis/jiv066

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>

[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

Volume 64, Issue 6, June 2015

<http://jmm.sgmjournals.org/content/journal/jmm/64/6>

[Reviewed earlier]

Journal of Patient-Centered Research and Reviews

Volume 2, Issue 2 (2015)

<http://digitalrepository.auorahealthcare.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>

[Reviewed earlier]

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 August 2015; volume 12, issue 109

<http://rsif.royalsocietypublishing.org/content/current>

[New issue; No relevant content identified]

Journal of Virology

August 2015, Volume 89, Issue 15

<http://jvi.asm.org/content/current>

Rethinking the Response to Emerging Microbes: Vaccines and Therapeutics in the Ebola Era—a Conference at Harvard Medical School

David M. Knipe and Sean P. Whelan

Department of Microbiology and Immunobiology, Harvard Medical School, Boston, Massachusetts, USA

F. Goodrum, Editor

Author Affiliations

ABSTRACT

Harvard Medical School convened a meeting of biomedical and clinical experts on 5 March 2015 on the topic of “Rethinking the Response to Emerging Microbes: Vaccines and Therapeutics in the Ebola Era,” with the goals of discussing the lessons from the recent Ebola outbreak and using those lessons as a case study to aid preparations for future emerging infections. The speakers and audience discussed the special challenges in combatting an infectious agent that causes sporadic outbreaks in resource-poor countries. The meeting led to a call for improved basic medical care for all and continued support of basic discovery research to provide the foundation for preparedness for future outbreaks in addition to the targeted emergency response to outbreaks and targeted research programs against Ebola virus and other specific emerging pathogens.

The Lancet

Online First

Articles

Feasibility and effectiveness of oral cholera vaccine in an urban endemic setting in Bangladesh: a cluster randomised open-label trial

Dr Firdausi Qadri, PhD, Mohammad Ali, PhD, Fahima Chowdhury, MPH, Ashraful Islam Khan, PhD, Amit Saha, MMed, Iqbal Ansary Khan, MSc, Yasmin A Begum, PhD, Taufiqur R Bhuiyan, PhD, Mohiul Islam Chowdhury, MPH, Md Jasim Uddin, PhD, Jahangir A M Khan, PhD, Atique Iqbal Chowdhury, MSc, Anisur Rahman, MSc, Shah Alam Siddique, MPH, Muhammad Asaduzzaman, MBBS, Afroza Akter, MBBS, Arifuzzaman Khan, MBBS, Young Ae You, MS, Ashraf

Uddin Siddik, MSS, Nirod Chandra Saha, MSc, Alamgir Kabir, MSc, Baizid Koorshid Riaz, MBBS, Shwapon Kumar Biswas, MPH, Farzana Begum, MPH, Leanne Unicomb, PhD, Prof Stephen P Luby, MD, Prof Alejandro Cravioto, PhD, Prof John D Clemens, MD

Published Online: 08 July 2015

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)61140-0](http://dx.doi.org/10.1016/S0140-6736(15)61140-0)

Summary

Background

Cholera is endemic in Bangladesh with epidemics occurring each year. The decision to use a cheap oral killed whole-cell cholera vaccine to control the disease depends on the feasibility and effectiveness of vaccination when delivered in a public health setting. We therefore assessed the feasibility and protective effect of delivering such a vaccine through routine government services in urban Bangladesh and evaluated the benefit of adding behavioural interventions to encourage safe drinking water and hand washing to vaccination in this setting.

Methods

We did this cluster-randomised open-label trial in Dhaka, Bangladesh. We randomly assigned 90 clusters (1:1:1) to vaccination only, vaccination and behavioural change, or no intervention. The primary outcome was overall protective effectiveness, assessed as the risk of severely dehydrating cholera during 2 years after vaccination for all individuals present at time of the second dose. This study is registered with ClinicalTrials.gov, number [NCT01339845](https://clinicaltrials.gov/ct2/show/study/NCT01339845).

Findings

Of 268 896 people present at baseline, we analysed 267 270: 94 675 assigned to vaccination only, 92 539 assigned to vaccination and behavioural change, and 80 056 assigned to non-intervention. Vaccine coverage was 65% in the vaccination only group and 66% in the vaccination and behavioural change group. Overall protective effectiveness was 37% (95% CI lower bound 18%; $p=0\cdot002$) in the vaccination group and 45% (95% CI lower bound 24%; $p=0\cdot001$) in the vaccination and behavioural change group. We recorded no vaccine-related serious adverse events.

Interpretation

Our findings provide the first indication of the effect of delivering an oral killed whole-cell cholera vaccine to poor urban populations with endemic cholera using routine government services and will help policy makers to formulate vaccination strategies to reduce the burden of severely dehydrating cholera in such populations.

Funding

Bill & Melinda Gates Foundation.

The Lancet

Jul 11, 2015 Volume 386 Number 9989 p103-218

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

Editorial

A plan to protect the world—and save WHO

The Lancet

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)61225-9](http://dx.doi.org/10.1016/S0140-6736(15)61225-9)

Summary

“WHO must reestablish its pre-eminence as the guardian of global public health.” These words resonate throughout the [final report of the Ebola Interim Assessment Panel](#), requested by WHO's Executive Board, chaired by Dame Barbara Stocking, and published this week. The findings of the panel present a devastating critique of WHO and the chronic inaction of its member states, which together created the conditions for an Ebola virus disease outbreak of

unprecedented ferocity and human tragedy. The Stocking Report, as it will come to be known, sets out in agonising detail how the entire global health system fatally let down the people of west Africa.

Editorial

Cuba: defeating AIDS and advancing global health

The Lancet

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)61227-2](http://dx.doi.org/10.1016/S0140-6736(15)61227-2)

Summary

On June 30, Cuba became the world's first country to eliminate mother-to-child transmission of HIV. As WHO Director-General Margaret Chan noted, this achievement is a "major victory" and "an important step towards having an AIDS-free generation".

Comment

The Global Financing Facility: country investments for every woman, adolescent, and child

Hailemariam Desalegn, Erna Solberg, Jim Yong Kim

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)61224-7](http://dx.doi.org/10.1016/S0140-6736(15)61224-7)

Summary

On July 13–16, 2015, leaders from around the globe will meet in Addis Ababa, Ethiopia, for the Third International Financing for Development Conference. The promise of this conference is in both finding new resources for development and doing development differently. We are setting a course of bold action for sustainable results to achieve a world in which every woman, child, and adolescent thrives and realises her full potential. The launch of the Global Financing Facility (GFF) at the conference in Addis Ababa will be an essential pillar to support this goal.

Articles

Social network targeting to maximise population behaviour change: a cluster randomised controlled trial

David A Kim, BSc, Alison R Hwang, BSc, Derek Stafford, BSc, D Alex Hughes, BSc, Prof A James O'Malley, PhD, Prof James H Fowler, PhD, Prof Nicholas A Christakis, MD

Published Online: 04 May 2015

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)60095-2](http://dx.doi.org/10.1016/S0140-6736(15)60095-2)

Summary

Background

Information and behaviour can spread through interpersonal ties. By targeting influential individuals, health interventions that harness the distributive properties of social networks could be made more effective and efficient than those that do not. Our aim was to assess which targeting methods produce the greatest cascades or spillover effects and hence maximise population-level behaviour change.

Methods

In this cluster randomised trial, participants were recruited from villages of the Department of Lempira, Honduras. We blocked villages on the basis of network size, socioeconomic status, and baseline rates of water purification, for delivery of two public health interventions: chlorine for water purification and multivitamins for micronutrient deficiencies. We then randomised villages, separately for each intervention, to one of three targeting methods, introducing the interventions to 5% samples composed of either: randomly selected villagers (n=9 villages for each intervention); villagers with the most social ties (n=9); or nominated friends of random villagers (n=9; the last strategy exploiting the so-called friendship paradox of social networks). Participants and data collectors were not aware of the targeting methods. Primary endpoints

were the proportions of available products redeemed by the entire population under each targeting method. This trial is registered with ClinicalTrials.gov, number NCT01672580.

Findings

Between Aug 4, and Aug 14, 2012, 32 villages in rural Honduras (25–541 participants each; total study population of 5773) received public health interventions. For each intervention, nine villages (each with 1–20 initial target individuals) were randomised, using a blocked design, to each of the three targeting methods. In nomination-targeted villages, 951 (74·3%) of 1280 available multivitamin tickets were redeemed compared with 940 (66·2%) of 1420 in randomly targeted villages and 744 (61·0%) of 1220 in indegree-targeted villages. All pairwise differences in redemption rates were significant ($p < 0·01$) after correction for multiple comparisons. Targeting nominated friends increased adoption of the nutritional intervention by 12·2% compared with random targeting (95% CI 6·9–17·9). Targeting the most highly connected individuals, by contrast, produced no greater adoption of either intervention, compared with random targeting.

Interpretation

Introduction of a health intervention to the nominated friends of random individuals can enhance that intervention's diffusion by exploiting intrinsic properties of human social networks. This method has the additional advantage of scalability because it can be implemented without mapping the network. Deployment of certain types of health interventions via network targeting, without increasing the number of individuals targeted or the resources used, could enhance the adoption and efficiency of those interventions, thereby improving population health.

Funding

National Institutes of Health, The Bill & Melinda Gates Foundation, Star Family Foundation, and the Canadian Institutes of Health Research.

The Lancet Commissions

Defeating AIDS—advancing global health

Prof [Peter Piot](#), PhD, [Salim S Abdool Karim](#), PhD, [Robert Hecht](#), PhD, [Helena Legido-Quigley](#), PhD, [Kent Buse](#), PhD, [John Stover](#), MA, [Stephen Resch](#), PhD, [Theresa Ryckman](#), BA, [Sigrun Møgedal](#), MD, [Mark Dybul](#), MD, [Eric Goosby](#), MD, [Charlotte Watts](#), PhD, [Nduku Kilonzo](#), PhD, [Joanne McManus](#), [Michel Sidibé](#), MSc on behalf of the UNAIDS–Lancet Commission

Listed at end of paper

Published Online: 24 June 2015

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)60658-4](http://dx.doi.org/10.1016/S0140-6736(15)60658-4)

Summary

After more than a decade of major achievements, the AIDS response is at a crucial juncture, both in terms of its immediate trajectory and its sustainability, as well as its place in the new global health and development agendas. In May, 2013, the UNAIDS–Lancet Commission—a diverse group of experts in HIV, health, and development, young people, people living with HIV and affected communities, activists, and political leaders—was established to investigate how the AIDS response could evolve in a new era of sustainable development.

The Lancet Global Health

Jul 2015 Volume 3 Number 7 e341-e422

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

[Reviewed earlier]

The Lancet Infectious Diseases

Jul 2015 Volume 15 Number 7 p747-866

<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>

[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 523 Number 7559 pp127-250 9 July 2015

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

[New issue; No relevant content identified]

Nature Medicine

July 2015, Volume 21 No 7 pp655-827

<http://www.nature.com/nm/journal/v21/n7/index.html>

[New issue; No relevant content identified]

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

July 9, 2015 Vol. 373 No. 2

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

[New issue; No relevant content identified]

Pediatrics

July 2015, VOLUME 136 / ISSUE 1

<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>

[Reviewed earlier]

PLoS Currents: Outbreaks

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

(Accessed 11 July 2015)

[No new content]

PLoS Medicine

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

(Accessed 11 July 2015)

[No new relevant content]

PLoS Neglected Tropical Diseases

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

(Accessed 11 July 2015)

[No new relevant content]

PLoS One

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

[Accessed 11 July 2015]

[The Effectiveness of Age-Specific Isolation Policies on Epidemics of Influenza A \(H1N1\) in a Large City in Central South China](#)

Ruchun Liu, Ross Ka-kit Leung, Tianmu Chen, Xixing Zhang, Faming Chen, Shuilian Chen, Jin Zhao

Research Article | published 10 Jul 2015 | PLOS ONE 10.1371/journal.pone.0132588

Abstract

During the early stage of a pandemic, isolation is the most effective means of controlling transmission. However, the effectiveness of age-specific isolation policies is not clear; especially little information is available concerning their effectiveness in China. Epidemiological and serological survey data in the city of Changsha were employed to estimate key model parameters. The average infectious period (date of recovery – date of symptom onset) of influenza A (H1N1) was 5.2 days. Of all infected persons, 45.93% were asymptomatic. The basic reproduction number of the influenza A (H1N1) pandemic was 1.82. Based on the natural history of influenza A (H1N1), we built an extended susceptible-exposed-infectious/asymptomatic-removed model, taking age groups: 0–5, 6–14, 15–24, 25–59, and ≥60 years into consideration for isolation. Without interventions, the total attack rates (TARs) in each age group were 42.73%, 41.95%, 20.51%, 45.03%, and 37.49%, respectively. Although the isolation of 25–59 years-old persons was the most effective, the TAR of individuals of aged 0–5 and 6–14 could not be reduced. Paradoxically, isolating individuals ≥60 year olds was not predicted to be an effective way of reducing the TAR in this group but isolating the age-group 25–59 did, which implies inter-age-group transmission from the latter to the former is significant. Isolating multiple age groups increased effectiveness. The most effective combined isolation target groups were of 6–14 + 25–59 year olds, 6–14 + 15–24 + 25–59 year olds, and 0–5 + 6–14 + 25–59 + ≥60 year olds. The last of these isolation schemas reduced the TAR of the total population from 39.64% to 0.006%, which was exceptionally close to the effectiveness of isolating all five age groups (TAR = 0.004%).

PLoS Pathogens

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

(Accessed 11 July 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 11 July 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 2 July 2015

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

Special Symposium: Migrant Health

Health of Migrants: Approaches from a Public Health Ethics Perspective

Verina Wild, Deborah Zion, and Richard Ashcroft

Extract

'How do we know when it is dawn? When we have enough light to recognise, in the face of the stranger, that of our sister.' 1

In 2013, a number of 230 million international migrants was estimated, of which 51.2 million people were forcibly displaced (UNHCR, 2014; United Nations, 2014). The majority of these refugees reside in the global South, in countries that have difficulties providing health care to their own citizens. However, in countries with functioning health care systems, there are also hundreds of thousands of people who are seeking refuge for example from brutal wars in the Middle East, and in the Horn of Africa. Additionally, an unknown number of undocumented migrants or temporary workers are on the move.

Despite the fact that Europe, the USA and Australia have considerably more resources to support health care (among other social and economic benefits) than other reception countries such as Pakistan and Iran, there is little consensus between or within countries about an acceptable standard of health care for different migrant groups, such as undocumented migrants, asylum seekers, refugees and temporary workers. There is also considerable disagreement about how this health care might be accessed, or the philosophical and human rights positions that underpin discussions concerning access and delivery.

In this edition of Public Health Ethics, we seek to address these concerns. Our conversation began in 2013 at an international symposium at the Brocher Foundation in Switzerland, in which a group of scholars, and experts from non-governmental organizations and international organizations from five continents explored ethical issues related to different migrant groups and health. We focussed particularly on undocumented migrants, asylum seekers and refugees as some of those who can be rendered most vulnerable. The papers published here trace the arc of philosophical debates and practical ...

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/>

[Reviewed earlier]

Risk Analysis

May 2015 Volume 35, Issue 5 Pages 759–959

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

[Reviewed earlier]

Science

10 July 2015 vol 349, issue 6244, pages 113-208

<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>

[Reviewed earlier]

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 31, Pages 3605-3778 (17 July 2015)

<http://www.sciencedirect.com/science/journal/0264410X/33/3>

[Reviewed earlier]

Vaccines — Open Access Journal

(Accessed 11 July 2015)

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

[No new relevant content identified]

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

Clinical Journal of Pain

Psychological interventions for vaccine injections in children and adolescents: systematic review of randomized and quasi-randomized controlled trials

Birnie, Kathryn A. BA(Hons), PhD Candidate; Chambers, Christine T. PhD; Taddio, Anna BScPhm, MSc, PhD; McMurtry, C. Meghan PhD, C Psych; Noel, Melanie PhD; Pillai Riddell, Rebecca PhD, C Psych; Shah, Vibhuti MD, MSc; HELPinKids&Adults Team

Abstract

Background:

This systematic review evaluated the effectiveness of psychological interventions for reducing vaccination pain and related outcomes in children and adolescents.

Design/Methods:

Database searches identified relevant randomized and quasi-randomized controlled trials. Data were extracted and pooled using established methods. Pain, fear, and distress were considered critically important outcomes.

Results:

Twenty-two studies were included; two included adolescents. Findings showed no benefit of false suggestion (n=240) for pain (SMD -0.21 (-0.47, 0.05)) or distress (SMD -0.28 (-0.59, 0.11)), or for use of repeated reassurance (n=82) for pain (SMD -0.18 (-0.92, 0.56)), fear (SMD -0.18 (-0.71, 0.36)), or distress (SMD 0.10 (-0.33, 0.54)). Verbal distraction (n=46) showed reduced distress (SMD -1.22 (-1.87, -0.58)), but not reduced pain (SMD -0.27 (-1.02, 0.47)). Similarly, video distraction (n=328) showed reduced distress (SMD -0.58 (-0.82, -0.34)), but not reduced pain (SMD -0.88 (-1.78, 0.02)) or fear (SMD 0.08 (-0.25, 0.41)). Music distraction demonstrated reduced pain when used with children (n=417) (SMD -0.45 (-0.71, -0.18)), but not with adolescents (n=118) (SMD -0.04 (-0.42, 0.34)). Breathing with a toy (n=368) showed benefit for pain (SMD -0.49 (-0.85, -0.13)), but not fear (SMD -0.60 (-1.22, 0.02)); whereas breathing without a toy (n=136) showed no benefit for pain (SMD -0.27 (-0.61, 0.07)) or fear (SMD -0.36 (-0.86, 0.15)). There was no benefit for a breathing intervention (cough) in children and adolescents (n=136) for pain (SMD -0.17 (-0.41, 0.07)).

Conclusions:

Psychological interventions with some evidence of benefit in children include: verbal distraction, video distraction, music distraction, and breathing with a toy.

Psycho-Oncology

'I didn't even know boys could get the vaccine': Parents' reasons for human papillomavirus (HPV) vaccination decision making for their sons

Samara Perez^{1,2,*}, Gilla K. Shapiro^{1,2}, Christopher A. Brown², Eve Dube⁶, Gina Ogilvie^{7,8} and Zeev Rosberger^{1,2,3,4,5}

Article first published online: 7 JUL 2015

DOI: 10.1002/pon.3894

Abstract

Objective

The study's objective was to examine parents' reasons for their decision to vaccinate their 9–16-year-old sons with the human papillomavirus (HPV) vaccine.

Methods

Using the precaution adoption process model (PAPM), parents were classified according to one of six stages of decision making: unaware, unengaged, undecided, decided not to vaccinate, decided to vaccinate, or vaccinated. Parents responded to an open-ended question: 'What would influence your decision to have your son vaccinated or not against HPV?'

Results

Three thousand one hundred and seventeen parents provided 2,874 interpretable narrative responses that were coded using thematic content analyses. The majority of parents were in the earlier precaution adoption process model stages, that is, unaware that the HPV vaccine could be given to boys (57.0%), unengaged (20.9%), or undecided (9.1%). Needing more information, vaccine cost, risks associated with vaccination, and wanting a doctor's recommendation influenced these earlier-staged parents' decisions. Parents who decided not to vaccinate their sons (6.8%) reported their decision was due to the risks, insufficient research, lack of confidence in vaccines, and/or no need for the vaccine (as their sons are not sexually active and/or too young). Parents who had decided to vaccinate their sons (5.0%) or who had vaccinated their sons (1.1%) reported that their decisions were based on protecting their sons' health and preventing disease.

Conclusion

There are important differences in the factors that influence parents' decision depending on where they are along the decision-making trajectory. Assuring that parents are well informed about the importance of male vaccination, reducing vaccine cost, accurately communicating vaccine safety, and improving patient–provider communication may augment vaccine coverage and prevent HPV-associated cancers in Canada.

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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 11 July 2015

[No new, unique, relevant content]

The Atlantic

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

Accessed 11 July 2015

[No new, unique, relevant content]

BBC

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

Accessed 11 July 2015

[No new, unique, relevant content]

Brookings

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

Accessed 11 July 2015

[No new, unique, relevant content]

Center for Global Development

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

Accessed 11 July 2015

Council on Foreign Relations

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

Accessed 11 July 2015

[No new, unique, relevant content]

The Economist

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

Accessed 11 July 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 11 July 2015

[The California Child Vaccination Mandates And The Everlasting Cycle Of Infectious Diseases](#)

Recent legislation mandating child vaccinations in California are a predictable response to an ongoing cycle of outbreaks and increased prevention-oriented behavior. This cycle arises when increasing risk of infection drives burgeoning demand for protection, which in turn drives down the rate of infection and future disease prevalence. Falling [...]

Tomas Philipson, Contributor Jul 09, 2015

Foreign Affairs

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

Accessed 11 July 2015

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 11 July 2015

[No new, unique, relevant content]

The Guardian

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

Accessed 11 July 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 11 July 2015

[No new, unique, relevant content]

New Yorker

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

Accessed 11 July 2015

[No new, unique, relevant content]

New York Times

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

Accessed 11 July 2015

Health

[Promise Is Seen in an Inexpensive Cholera Vaccine](#)

By DONALD G. McNEIL Jr. JULY 8, 2015

An inexpensive, little-known cholera vaccine appears to work so well that it can protect entire communities and perhaps head off explosive epidemics like the one that killed nearly 10,000 Haitians in 2010.

A major study published on Wednesday in The Lancet found that the vaccine gave individuals more than 50 percent protection against cholera and reduced life-threatening episodes of the infection by about 40 percent in Bangladesh, where the disease has persisted for centuries. In a result that surprised researchers, the vaccine worked far better than supplying families with chlorine for their water and soap for hand-washing.

The study is “really very important, and testing it in 270,000 people is phenomenal,” said Dr. Louise C. Ivers, a health policy adviser at Partners in Health, a medical charity that fights AIDS in Haiti and switched to treating cholera there after the earthquake.

“In the last five years, the conversation has switched from ‘We shouldn’t use vaccine’ to ‘How can we use it best?’ ”...

[Facts & Figures: After Outbreaks, Vaccine Support Rises](#)

July 7, 2015

A new poll, conducted after outbreaks of measles and whooping cough in several states, found that about a third of parents see more benefit in vaccines than they did a year ago, and a similar percentage are more supportive of requiring vaccines for school admission...

Wall Street Journal

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

Accessed 11 July 2015

[No new, unique, relevant content]

Washington Post

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

Accessed 11 July 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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