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

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

*Vaccines and Global Health: The Week in Review is also **posted in pdf form** and as a set of blog posts at http://centerforvaccineethicsandpolicy.wordpress.com/. This blog allows full-text searching of over 8,000 entries.*

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

Contents *[click on link below to move to associated content]*

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Global Vaccine Action Plan -assessment report 2015

Strategic Advisory Group of Experts on Immunization (SAGE) Decade of Vaccines Working Group
November 2015 :: 24 pages
English pdf, 278kb
French pdf, 284kb
Russian pdf, 284kb
Spanish pdf, 268kb

EXECUTIVE SUMMARY *[Text bolding from original]*
The Global Vaccine Action Plan (GVAP) set ambitious but achievable goals, to save thousands of lives through vaccination in this Decade of Vaccines to 2020.

The Decade of Vaccines is not on course to achieve its true potential. Good progress has been made in some countries, including those where large numbers of unimmunized children live. **These isolated improvements will have to become the norm if the plan is to get back on track.**

In recommending what needs to change, this report focuses on **two major problems** that are holding back progress in the Decade of Vaccines:
:: The elimination strategies for maternal and neonatal tetanus, and for measles and rubella, and their implementation, are in urgent need of change and adequate resourcing.

:: The monitoring and accountability framework for the Global Vaccine Action Plan has gaps in its mechanisms for accountability, undermining the translation of the plan's goals into reality.

At this critical midpoint of the Decade of Vaccines, SAGE makes nine recommendations, focusing squarely on the major issues.

To improve accountability to achieve the GVAP goals, SAGE recommends that:
1. Countries have annual plans for immunization consistent with the GVAP and relevant regional vaccine action plans. The Ministries of Health, Finance and other pertinent ministries demonstrate leadership by establishing an annual process for monitoring and accountability at national and subnational levels. Monitoring should be through an independent body, for example the National Immunization Technical Advisory Group (NITAG). Each country should share, every year, with WHO regional offices, its monitoring report which should include monitoring progress towards achievement of outcomes but also sharing of best practices.

2. Once regional vaccine action plans are finalised (by December 2015), WHO regional offices establish a process of annual progress review through their regional technical advisory groups and report to the respective Regional Committees. The first annual review should take place in the first half of 2016 for countries with annual plans consistent with the GVAP. WHO Regional Committees' reports should be made available annually to SAGE as part of the global review process.

3. Global, regional and national development partners align their efforts to support countries in strengthening their leadership and accountability frameworks and in implementing their national plans. This should include establishing and/or strengthening partner coordination mechanisms at each level.

4. Decade of Vaccines secretariat agencies report to SAGE in 2016 on their supporting activities conducted in the 10 countries where most of the unvaccinated and under-vaccinated children live. This annual reporting mechanism should include discussion of those reports in regional technical advisory groups.

To address the shortfalls in disease-specific areas of the Global Vaccine Action Plan's implementation, SAGE recommends that:

5. Given poor progress with elimination of maternal and neonatal tetanus and the relatively small funding gap to achieve this goal, WHO and UNICEF convene a meeting of global partners and the remaining 21 countries to agree on an action plan, resources and respective responsibilities so that the goal is achieved no later than 2017 and thereafter strategies are in place to sustain elimination in all countries.

6. Global, regional and national development partners support countries in securing the required resources and in implementing their measles and rubella elimination or control strategies and plans. The recommendations of the mid-term review of the global measles and rubella strategic plan to be conducted in 2016, once endorsed by SAGE, should be taken into account in refining plans and for monitoring and enhancing quality of plan implementation.

To improve immunization coverage especially where many unvaccinated and under-vaccinated children live, including those affected by conflict and crisis, SAGE recommends that:

7. Global, regional and country development partners coordinate and align their efforts to support countries to immunize more children by strengthening their healthcare delivery systems, combined with targeted approaches to reach children consistently missed by the routine delivery system, particularly in the countries where vaccination rates are below 80% and to provide services to populations displaced due to conflict (both internally displaced persons and refugees).

8. WHO provide guidance for countries and partners on implementation of immunization programmes and immunization strategies during situations of conflict and chronic disruption.

The 2016 GVAP assessment report will also serve as a mid-term review of progress in the Decade of Vaccines and SAGE recommends that:

9. This report be presented at the World Economic Forum in Davos where the Decade of Vaccines was launched. The 2016 report should aim to highlight those activities that were game-changers at global, regional and country levels.

Decade of Vaccines Global Vaccine Action Plan GVAP Secretariat report 2015

Update actions on taken by the secretariat in response to previous reports

Dr Thomas Cherian on behalf of the DoV GVAP Secretariat

SAGE, Geneva, 22nd October 2015

[PowerPoint from SAGE Meeting, October 2015]

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EBOLA/EVD [to 21 November 2015]
Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)

Ebola Situation Report - 18 November 2015
[Excerpt]
SUMMARY
:: Guinea reported no confirmed cases of Ebola virus disease (EVD) in the week to 15 November. The most recent case from Guinea was reported on 29 October. That case is a child who was born in an Ebola treatment centre, and who was delivered by medical staff wearing full personal protective equipment (PPE). As such, no contacts are associated with this case, and all contacts associated with previous cases have completed their 21-day follow-up period. A second consecutive blood sample from the child tested negative for Ebola virus on 16 November.
:: On 7 November WHO declared that Ebola virus transmission had been stopped in Sierra Leone. The country has now entered a 90-day period of enhanced surveillance, which is scheduled to conclude on 5 February 2016. Both Liberia and Sierra Leone have now achieved objective 1 of the phase 3 response framework: to interrupt all remaining chains of Ebola virus transmission…

New Ebola cases hit Liberia after country declared virus free
Reuters - Health | Fri Nov 20, 2015 3:10pm EST
MONROVIA | By James Harding Giahyue
Three new cases of Ebola emerged in Liberia on Friday, a setback for a country that had been declared free of the disease on September 3 and also a blow for the wider region as it struggles to end an epidemic that has killed around 11,300 people.

The first of the new patients was a 10-year-old boy who lived with his parents and three siblings in Paynesville, a suburb east of the capital Monrovia, said Minister of Health Minister Bernice Dahn. Two direct family members have also since tested positive, officials said.

All six family members, as well as other high risk contacts, are in care at an Ebola Treatment Unit in Paynesville, she said.

"The hospital is currently decontaminating the unit. All of the healthcare workers who came into contact with the patient have been notified," she told a news conference.

"We know how Ebola spreads and we know how to stop Ebola but we must remain vigilant and work together," she said.

Bruce Aylward, who leads the Ebola response for the U.N. World Health Organisation, said the patient had no history of contact with an Ebola survivor or victim.

"The family obviously is at particular risk and is being investigated right now," he told a news conference in Geneva, speaking before confirmation that two of the first patient's siblings had also tested positive.

Liberia has seen more than 10,600 cases of the disease and 4,808 Ebola deaths since it was first announced in March, 2014, WHO figures show…

Dr. David Nabarro (Special Envoy of the Secretary-General on Ebola) on Ebola - Press Conference (18 November 2015) (English)
18 Nov 2015
Video - 00:37:45
Dr. David Nabarro, the Special Envoy on Ebola, providing an update on the Ebola outbreak, and also speaking in his capacity as Chair of the Advisory Group on Reform of the World Health Organization's Work in Outbreaks and Emergencies.

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Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences
http://www.who.int/about/who_reform/emergency-capacities/advisory-group/en/
First report of the Advisory Group on Reform of WHO's work in outbreaks and emergencies pdf, 659kb
15 November 2015
[Advance version highlighted in last week's edition]

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POLIO [to 21 November 2015]
Public Health Emergency of International Concern (PHEIC)

GPEI Update: Polio this week as of 17 November 2015
http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
:: In 2015, wild poliovirus transmission is at the lowest levels ever, with fewer cases reported from fewer areas of fewer countries than ever before. In 2015, 56 wild poliovirus cases have been reported from two countries (Pakistan and Afghanistan), compared to 290 cases from nine countries during the same period in 2014.

:: However, in the end stages of polio eradication, with most of the world polio-free, the risks posed remaining vaccination coverage gaps anywhere is becoming more evident. On extremely rare occasions, in areas of chronic vaccination coverage gaps, circulating vaccine-derived polioviruses (cVDPVs) can emerge to cause outbreaks of polio cases. This is not a side effect of the oral polio vaccine, but rather an effect of low vaccination coverage in a community, which is enabling such strains to emerge. Though typically less virulent than wild polioviruses (ie typically causing fewer cases and having a lower profile for geographic spread), such strains nevertheless are this year causing paralysis in children at a rate greater than wild polioviruses.

More countries are affected by cVDPV outbreaks (Ukraine, Guinea, Lao, Nigeria, Madagascar) than wild polioviruses (Pakistan and Afghanistan); 3 WHO Regions are affected by cVDPV outbreaks.

:: Efforts are ongoing by the Global Polio Eradication Initiative to urgently address both remaining wild poliovirus transmission and cVDPV outbreaks. This is particularly important in the lead-up to next year's start of the phased removal of OPVs, beginning with the globally-coordinated switch from trivalent OPV to bivalent OPV in April 2016.

[Selected elements from Country-level reports]

Afghanistan

:: Three new wild poliovirus type 1 (WPV1) cases were reported in the past week, from Faryab and Nangahar provinces. The most recent case had onset of paralysis on 27 October, from Nangahar. The total number of WPV1 cases for 2015 is 16.

:: One new WPV1 environmental positive sample was reported in the past week, collected on 25 October from Wardad.

:: Urgent efforts are underway to strengthen the implementation of the national emergency action plan in the country. Focus is on:

- Improving governance and coordination of partners through the National and Provincial Emergency Operations Centres
- Improving SIA quality by focusing resources on low-performing districts, and clearly identifying and targeting persistently missed children
- Maximising the impact of front-line health workers through more systematic vaccinator selection, training and supervision
- Ensuring closer cross-border coordination in border areas with Pakistan
- Further strengthening surveillance, including by expanding environmental surveillance activities

:: National Immunization Days (NIDs) took place on 1 – 3 November using trivalent oral polio vaccine (OPV). Mop up campaigns are planned in areas of Farah using inactivated polio vaccine (IPV) and bivalent OPV with dates to be confirmed, and Subnational Immunisation Days (SNIDs) are planned from 29 November to 1 December in the south and east of the country using bivalent OPV.

Pakistan

:: One new wild poliovirus type 1 (WPV1) case was reported in the past week, with onset of paralysis on 22 October. It is the most recent WPV1 case in the country, from Peshawar in Federally Administered Tribal Areas (FATA). The total number of WPV1 cases for 2015 is 40.

:: Two new type 2 circulating vaccine-derived poliovirus (cVDPV2) cases were retrospectively reported this week. The cases had onset of paralysis in February, from Khyber Paktunkhwa and FATA. No further cases have been identified since then, and the areas were covered by three vaccination campaigns with trivalent OPV.

:: One new environmental sample positive for WPV1 was reported in the last week, from Gadap, greater Karachi, Sindh, collected on 13 October.

:: September and October have historically been the months with the highest disease burden, as it is in the middle of the high transmission season. Epidemiologists are further evaluating data from this year, to more clearly ascertain current transmission patterns during this year's high transmission season. This year, six WPV1 cases were reported during September and October, compared to 79 WPV1 cases in September/October 2014.

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MERS-CoV [to 21 November 2015]
No new digest content identified.

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WHO & Regionals [to 21 November 2015]

WHO calls on countries to protect health from climate change
WHO statement
17 November 2015
Climate change is the defining issue for the 21st century.
According to WHO estimates, climate change is already causing tens of thousands of deaths every year - from shifting patterns of disease, from extreme weather events, such as heat-waves and floods, and from the degradation of air quality, food and water supplies, and sanitation.
The upcoming United Nations Climate Change Conference (COP-21) in Paris offers the world an important opportunity to not only reach a strong international climate agreement, but also to protect the health of current and future generations. WHO considers the Paris treaty to be a significant public health treaty – one that has the potential to save lives worldwide…

15 million babies are born prematurely every year
Complications of preterm births are the leading cause of death among children under 5 years of age. Without appropriate treatment, those who survive often face lifelong disabilities, including learning, visual and hearing problems and their quality of life is greatly affected.

Physical inactivity and diabetes
November 2015 -- Worldwide, people are less physically active. As physical activity decreases, noncommunicable diseases like diabetes are increasing. In the WHO European Region, one third of adults and two thirds of adolescents are insufficiently active.

Clean water and building toilets improves nutrition in Mali
19 November 2015 -- WHO, in collaboration with USAID and UNICEF, are calling for nutrition and water, sanitation and hygiene programmes to work together to maximize nutrition gains. A new report recommends high-impact solutions such as improving access to latrines. Mali has already started implementing some of these recommendations with great success.

Global Alert and Response (GAR) – Disease Outbreak News (DONs)
:: 20 November 2015 Microcephaly – Brazil
:: 16 November 2015 Acute respiratory syndrome – Republic of Korea

Weekly Epidemiological Record (WER) 20 November 2015, vol. 90, 47 (pp. 633–644)
Contents
633 Preparedness for outbreaks of meningococcal meningitis due to Neisseria meningitidis serogroup C in Africa: recommendations from a WHO expert consultation
637 Progress towards poliomyelitis eradication: Pakistan, January 2014–September 2015
643 Monthly report on dracunculiasis cases, January- September 2015

Request for proposals: GAVI transition support consultant
20 November 2015
Terms of reference pdf, 128kb
Deadline for application: 9 December 2015

:: WHO Regional Offices
WHO African Region AFRO
:: Dr Moeti lauds health development efforts in Chad
N'Djamena, 19 November 2015 - The World Health Organization Regional Director for Africa, Dr. Matshidiso Moeti, has commended ongoing efforts in Chad to improve the health and wellbeing of the people. Dr Moeti made the remarks during a courtesy call on the Chadian Prime Minister Kalzeubé Payimi Deubet.During the meeting, the Regional Director observed that the priority that the Chadian government has placed on health is making a difference despite the prevailing challenges. Since 2012 Chad has drastically reduced the occurrences of meningitis and cholera outbreaks. Polio transmission has been stopped as well. Furthermore maternal deaths have been reduced from…

WHO Region of the Americas PAHO
:: PAHO to update its manuals on management of obstetric emergencies (11/18/2015)
:: Antibiotics should be 'handled with care' to preserve their life-saving qualities (11/18/2015)
:: MERCOSUR countries create a negotiating mechanism to procure high-cost medicines, with PAHO support (11/16/2015)

WHO South-East Asia Region SEARO
:: Antibiotics, handle with care 16 November 2015

WHO European Region EURO
:: Addressing the largest single cause of preventable deaths in Europe – cardiovascular disease 19-11-2015
:: Efforts must be scaled up in order to halve road traffic deaths by 2020 19-11-2015
:: New WHO report shows comparable antibiotic resistance in EU and non-EU countries in the European Region 16-11-2015

WHO Eastern Mediterranean Region EMRO
:: Launch of first World Antibiotics Awareness Week from 16 to 22 November 2015

WHO Western Pacific Region
:: World Health Organization launches World Antibiotic Awareness Week to promote best practices in the Western Pacific Region

MANILA, 16 November 2015

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CDC/ACIP [to 21 November 2015]
http://www.cdc.gov/media/index.html

MMWR Weekly - November 13, 2015 / Volume (64) No. 45
http://www.cdc.gov/mmwr/index2015.html
:: Progress Toward Poliomyelitis Eradication — Pakistan, January 2014–September 2015

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Initiatives/Announcements/Milestones

Sabin Vaccine Institute [to 21 November 2015]
http://www.sabin.org/updates/pressreleases
Sabin PDP, King Saud University Sign Project Agreement to Build Vaccine Research and Development Capacity in Saudi Arabia
New Initiative Will Focus on Public Health Preparedness for Emerging, Neglected Diseases
WASHINGTON, D.C. — November 16, 2015 — The Sabin Vaccine Institute Product Development Partnership (Sabin PDP) today signed a project agreement with King Saud University to build vaccine research and development capacity in the Middle East and North Africa (MENA) region and advance the establishment of a vaccine research institute in Saudi Arabia. The project will focus on training activities that could lead to vaccine development for major and emerging neglected diseases and parasitic infections in the region.
As part of this U.S.-Saudi initiative, Saudi scientists, including students and faculty, from Prince Naif Bin Abdulaziz Health Research Center at King Saud University in Riyadh, and other Saudi institutions, will receive technical training in vaccine development processes at the Sabin PDP laboratories, in Houston, Texas. Both partners will work to build the necessary workforce needed for vaccine process development and scale-up, in Saudi Arabia while also developing a total quality management system, including quality control and quality assurance…

Global Fund [to 21 November 2015]
http://www.theglobalfund.org/en/news/
New Grant to Support Human Rights in 10 African Countries
19 November 2015
GENEVA - The United Nations Development Programme (UNDP) and the Global Fund have signed a US$10.5 million grant to address human rights barriers faced by vulnerable communities in Africa, and facilitate access to lifesaving health care. The grant is the first of its kind and will cover 10 countries including Botswana, Côte d'Ivoire, Kenya, Malawi, Nigeria, Senegal, the Seychelles, Tanzania, Uganda and Zambia.

Global Fund Board Approves New Strategic Framework
17 November 2015
GENEVA - The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria approved a new framework for its 2017-2022 strategy to maximize impact, strengthen systems for health, promote and protect human rights and gender equality, and mobilize additional resources.

IAVI International AIDS Vaccine Initiative [to 21 November 2015]
http://www.iavi.org/press-releases/2015
Francine Ntoumi Joins IAVI Board of Directors
November 17, 2015
The International AIDS Vaccine Initiative (IAVI) is pleased to announce that Francine Ntoumi, Founder, Chair and Executive Director of the Congolese Foundation for Medical Research, has joined its Board of Directors.
"We are very pleased to welcome Dr. Ntoumi to IAVI's Board," said IAVI Board Chair Alex Coutinho. "Her pioneering work in infection research and her dedication to advancing African scientific capacity align perfectly with key pillars of IAVI's work toward a safe, effective AIDS vaccine."…

European Medicines Agency [to 21 November 2015]
http://www.ema.europa.eu/
20/11/2015
HPV vaccines: EMA confirms evidence does not support that they cause CRPS or POTS
Reports after HPV vaccination consistent with what would be expected in this age group…

17/11/2015
New strategy to fight antimicrobial resistance
EMA veterinary committee sets objectives to limit risks arising from use of antimicrobials in animals...

16/11/2015
Guido Rasi takes office as head of EMA
Executive Director appointed for five-year term...

EDCTP [to 21 November 2015]
http://www.edctp.org/
The European & Developing Countries Clinical Trials Partnership (EDCTP) aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria as well as other poverty-related and neglected infectious diseases in sub-Saharan Africa, with a focus on phase II and III clinical trials.
Grantees selected to build Ebola research capacity
6 November 2015
Six institutions in Africa and Europe have been awarded funding to strengthen capacity in sub-Saharan Africa to conduct high quality health research during health emergencies and/or

epidemic outbreaks. The grants were developed in response to the Ebola virus disease (EVD) outbreak in West Africa, and they address individual, institutional, national and regional capacity.

Three recipients are based in Africa and three are in Europe, working in Africa and with African partners. The scope of the projects ranges from enhancing capacity for clinical trials to health system rebuilding. The European & Developing Countries Clinical Trials Partnership (EDCTP) and TDR are providing the €1.49 million funding…

MSF/Médecins Sans Frontières [to 21 November 2015]
http://www.doctorswithoutborders.org/news-stories/press/press-releases
MSF Launches Global Action Against Pfizer and GlaxoSmithKline to Cut the Price of Pneumonia Vaccine
November 12, 2015
[Excerpt from press release]

New York—The international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) launched a global petition today, World Pneumonia Day, calling on pharmaceutical companies Pfizer and GlaxoSmithKline (GSK) to reduce the price for humanitarian organizations…

IVI [to 21 November 2015]
http://www.ivi.org/web/www/home
IVI Launches Online Campaign in Collaboration with Naver, Korea's Largest Internet Portal
2015.11.20

IVI is pleased to announce the kick-off of its online campaign today in collaboration with Naver, Korea's largest Internet portal. The title of the Korean-language campaign, roughly translated as "Vaccine, one drop that saves lives" will be broadcast on Naver's Happybean, a popular online donation portal with an average of 4.2 million monthly visitors. The month-long campaign aims to raise awareness about IVI and our work among the Korean public and to mobilize support for our vaccine initiatives to protect children from deadly infectious diseases such as cholera, typhoid, and dengue. Highlighted in our campaign is our combat against cholera in Nepal, a country still grappling with public health issues after the devastating earthquakes in April. More than 300,000 people in Nepal are at risk for cholera.

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BMGF - Gates Foundation [to 21 November 2015]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

Gavi [to 21 November 2015]
http://www.gavialliance.org/library/news/press-releases/
No new digest content identified.

PATH [to 21 November 2015]

http://www.path.org/news/index.php
No new digest content identified.

AERAS [to 21 November 2015]
http://www.aeras.org/pressreleases
No new digest content identified.

European Vaccine Initiative [to 21 November 2015]
http://www.euvaccine.eu/news-events
No new digest content identified.

FDA [to 21 November 2015]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
No new digest content identified.

NIH [to 21 November 2015]
http://www.nih.gov/news/releases.htm
No new digest content identified.

GHIT Fund [to 21 November 2015]
https://www.ghitfund.org/
GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that devastate the world's poorest people. Other funders include six Japanese pharmaceutical companies, the Japanese Government and the Bill & Melinda Gates Foundation.
No new digest content identified.

Fondation Merieux [to 21 November 2015]
http://www.fondation-merieux.org/news
Mission: Contribute to global health by strengthening local capacities of developing countries to reduce the impact of infectious diseases on vulnerable populations.
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

Event: Launch of the Final Report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola

9:00 AM – 11:00 AM
Wednesday, December 2, 2015
2nd Floor Conference Room
Center for Strategic and International Studies
1616 Rhode Island Avenue, NW
Washington, D.C. 20036

Overview

In early 2015, the Harvard Global Health Institute (HGHI) and the London School of Hygiene and Tropical Medicine (LSHTM) convened an Independent Panel to analyze the major weaknesses in the global health system exposed by the Ebola outbreak, and offer concrete recommendations for reform in several areas: leadership, coordination, and advocacy; international rules; financing; operational response and operational research; and health technology research and development. Please join us for the Washington D.C. rollout of the final report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola and a discussion of its main recommendations.

Please RSVP here.

This event will be webcast live at www.smartglobalhealth.org/Live

Editor's Note:

In our edition of 7 November 2015, we featured a new UNHCR report (below) which articulates a range of important and disturbing issues involving childhood statelessness, including health and access to health services. We noted two alarming statements (uncited) in the preface of the report [bolded text below]: "…In more than 30 countries, children need nationality documentation to receive medical care. In at least 20 countries, stateless children cannot be legally vaccinated."

We contacted UNHCR to inquire about the source of the statements and the list of countries where these constraints were being exercised. UNHCR was very responsive and tracked down the source, which apparently is a 1998 UNICEF report:

The Progress Of Nations - 1998
The nations of the world ranked according to their achievements in fulfillment of child rights and progress for women
UNICEF :: 1998 : 42 pages [see Birth registration: The 'first' right, by Unity Dow]

Our UNHCR contact – Melanie Khanna, Senior Legal Coordinator and Chief of Section, Statelessness, UNHCR – confirms that these statements have apparently not been revised or updated since 1998, but that UNHCR is seeking more data and encouraging UNICEF to update the 1998 report.

***Our call to action:** if any of our readers is aware of such restrictions in their country of operation, or aware of a listing of countries where such constraints are legally or otherwise operative, please advise me by email at david.r.curry@centerforvaccineethicsandpolicy.org.*

Report: I am Here, I Belong: the Urgent Need to End Childhood Statelessness
UNHCR
November 2015 :: 28 pages

http://www.unhcr.org/ibelong/wp-content/uploads/2015-10-StatelessReport_ENG15-web.pdf

Overview from Report Preface
Stateless children are born into a world in which they will face a lifetime of discrimination; their status profoundly affects their ability to learn and grow, and to fulfil their ambitions and dreams for the future.

With a stateless child being born somewhere in the world at least every 10 minutes, this is a problem that is growing. In countries hosting the 20 largest stateless populations, at least 70,000 stateless children are born each year.

The effects of being born stateless are severe. **In more than 30 countries, children need nationality documentation to receive medical care. In at least 20 countries, stateless children cannot be legally vaccinated.**

This report aims to go beyond these statistics, providing direct testimony of children and young people and how being stateless affects them.

In July and August 2015, UNHCR spoke with more than 250 children and youth,1 and their parents and guardians, in seven countries around the world about their experiences of childhood statelessness.

This is the first geographically diverse survey of the views of stateless children and youth. Many of the children and young people had never spoken to anyone about what it was like to be stateless.

The report highlights how not being recognized as a national of any country can create insurmountable barriers to education and adequate health care and stifle job prospects. It reveals the devastating psychological toll of statelessness and its serious ramifications not only for young people, whose whole futures are before them, but also for their families, communities and countries. It powerfully demonstrates the urgency of ending and preventing childhood statelessness.

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UNICEF [to 21 November 2015]
http://www.unicef.org/media/media_78364.html
For every child, a fair chance: The promise of equity
UNICEF
November 2015 :: 48 pages :: ISBN: 978-92-806-4817-1
PDF: http://www.unicef.org/media/files/Equity_Report.pdf

Introduction: The equity agenda
Giving a fair chance in life to every child, everywhere – especially the most disadvantaged – offers the greatest hope of breaking intergenerational cycles of inequity and poverty in every society. That is the central proposition underlying UNICEF's 'equity agenda'.

The principle of equity guides UNICEF's work with a sharp focus on the world's most vulnerable children: those from the poorest households, girls, children with disabilities, migrant and refugee children, those living in remote areas, and children from ethnic or religious groups facing discrimination. The following pages build on evidence and experience from this work to make two main arguments for closing persistent gaps in equity.

First, the cycle of inequity is neither inevitable nor insurmountable. UNICEF works to break that cycle by tackling inequities in opportunity for children who have been marginalized. That means supporting interventions to give these children a good start in life and continuing to intervene at key points during their early childhood and adolescence. Making such investments not only changes the future of the most disadvantaged children but also charts a new course for their children.

Second, the cost of inaction is too high. Failing to invest sustainably in essential services and protection for every child does not just deny today's children their rights but will have detrimental effects for generations to come. Failing to seize critical windows of opportunity in the lives of the most vulnerable children now will incur higher costs later. These costs will be felt in terms of lost lives, wasted potential and reduced productivity. In the end, inaction will contribute to social and economic inequities affecting entire societies and will slow or reverse global development progress.

This report outlines many of the milestones achieved for the world's poor and marginalized children to date, as well as many of the remaining gaps. It examines seven sectors that are critical to progress for children: health; HIV and AIDS; water, sanitation and hygiene; nutrition; education; child protection; and social inclusion. In each sector, there are stark contrasts between global advances on one hand and the urgent, unmet needs of the world's most vulnerable children on the other.

Beyond facts and figures, the report also features selected stories about children and families who have not shared equally in those advances – and about what UNICEF and its partners are doing to right the balance. The stories highlight equity-focused approaches to both humanitarian crises and longer-term development, because action on both fronts will be needed to achieve the newly adopted Sustainable Development Goals.

As policymakers chart pathways for the post-2015 era, the time has come to invest sustainably in equity for the most disadvantaged. For every child, a fair chance sets out UNICEF's vision for equity and demonstrates the positive, concrete impact of equity-based programmes. Above all, the report underscores why equity is so important: because all children have the right to survive, thrive and reach their full potential, whoever they are and wherever they live.

Press release
Universal Children's Day: Why fair matters
NEW YORK, 20 November 2015 – The world remains a deeply unfair place for the poorest and most disadvantaged children despite major advances since the adoption of the Convention on the Rights of the Child in 1989, according to a UNICEF report released today.

"In just over a generation, the world has cut child death rates by half, put over 90 per cent of children in primary school, and increased by 2.6 billion the number of people with access to safe water," said UNICEF Executive Director Anthony Lake.

"Yet children make up almost half of the world's poor, nearly 250 million children live in conflict-torn countries, and over 200,000 have risked their lives this year seeking refuge in Europe." The report, *For every child, a fair chance: The promise of equity*, presents a statistical picture of how the world's most marginalized children have fared against basic human development indicators.

It points out that:
:: Children from the poorest households are nearly twice as likely as those from the richest households to die before age five, and five times more likely to be out of school.
:: Girls from the poorest families are four times more likely as those from the richest families to be married before 18.
:: More than 2.4 billion people still do not have adequate toilets – 40 per cent of them in South Asia; and more than 660 million still lack access to safe drinking water – nearly half of them in sub-Saharan Africa.
:: Roughly half of the 159 million children suffering from stunting live in South Asia and one-third in Africa.

"Such vast inequities fuel a vicious intergenerational cycle of poverty and disadvantage," Lake said. "But it doesn't have to be this way. We know how to slow, stop, and reverse it into a virtuous cycle of intergenerational progress. It is up to us to decide to do so through more commitment and resources. We must make this moral, pragmatic, strategic…and fair…choice."

For every child, a fair chance makes the case for closing persistent gaps in equity, arguing that investing in children, particularly the most vulnerable, is right in principle and right in practice – and that such investment brings multiple benefits not only to children but also to their families, communities and economies…

TechNet21
http://www.technet-21.org/en/
TechNet-21 is a global network of immunization professionals committed to strengthening immunization services by sharing experiences, coordinating activities, and helping to formulate optimal policies. Our members come from every corner of the world.
Global Events Calendar: Meetings, Conferences, Symposia

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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

American Journal of Infection Control
November 2015 Volume 43, Issue 11, p1147-1268, e67-e81
http://www.ajicjournal.org/current
[Reviewed earlier]

American Journal of Preventive Medicine
November 2015 Volume 49, Issue 5, p661-810, e53-e88
http://www.ajpmonline.org/current
[Reviewed earlier]

American Journal of Public Health
Volume 105, Issue 12 (December 2015)
http://ajph.aphapublications.org/toc/ajph/current
EDITOR'S CHOICE
Preserving the Social Contract of Health Care—A Call to Action
Kumaran Senthil, Evan Russell, Hannah Lantos
American Journal of Public Health: December 2015, Vol. 105, No. 12: 2404–2404.
[No abstract]

EDITORIALS
Middle East Refugees The Refugee Crisis in the Middle East and Public Health
Alfredo Morabia, Georges C. Benjamin
American Journal of Public Health: December 2015, Vol. 105, No. 12: 2405–2406.

Syrian and Iraqi Refugees: A Palestinian Perspective
Rita Giacaman
American Journal of Public Health: December 2015, Vol. 105, No. 12: 2406–2407.

Let's Not Forget the Health of the Syrians Within Their Own Country
Hyam Bashour
American Journal of Public Health: December 2015, Vol. 105, No. 12: 2407–2408.

RESEARCH AND PRACTICE
Human Papillomavirus Predictors of Human Papillomavirus Vaccine Completion Among Female and Male Vaccine Initiators in Family Planning Centers
Hannah R. Simons, Zoe D. Unger, Priscilla M. Lopez, Julia E. Kohn
American Journal of Public Health: December 2015, Vol. 105, No. 12: 2541–2548.

Abstract
Objectives. We estimated human papillomavirus (HPV) vaccine series completion and examined predictors of completion among adolescents and young adults in a large family planning network.
Methods. Our retrospective cohort study of vaccine completion within 12 months and time to completion used electronic health record data from 119 Planned Parenthood health centers in 11 US states for 9648 patients who initiated HPV vaccination between January 2011 and January 2013.
Results. Among vaccine initiators, 29% completed the series within 12 months. Patients who were male, younger than 22 years, or non-Hispanic Black or who had public insurance were less likely to complete within 12 months and completed more slowly than their counterparts. Gender appeared to modify the effect of public versus private insurance on completion (adjusted hazard ratio = 0.76 for women and 0.95 for men; relative excess risk due to interaction = 0.41; 95% confidence interval = 0.09, 0.73).
Conclusions. Completion was low yet similar to previous studies conducted in safety net settings.

Quadrivalent Human Papillomavirus Vaccine Initiation in Boys Before and Since Routine Use: Southern California, 2009–2013
Rulin C. Hechter, Chun R. Chao, Margo A. Sidell, Lina S. Sy, Bradley K. Ackerson, Jeff M. Slezak, Nilesh J. Patel, Hung Fu Tseng, Steven J. Jacobsen
American Journal of Public Health: December 2015, Vol. 105, No. 12: 2549–2556.
Abstract
Objectives. We examined the trends and correlates of quadrivalent human papillomavirus vaccine (HPV4) initiation in insured boys during the periods before and after routine use recommendation.
Methods. We grouped data from electronic medical records of boys aged 9 to 17 years from the Kaiser Permanente Southern California prepaid health plan into 3 open cohorts: permissive use: 2009 to 2010; anal cancer indication added: 2010 to 2011; and routine use: 2011 to 2013. We estimated adjusted risk ratios (ARRs) between demographics and vaccination initiation using Poisson regression.
Results. HPV4 initiation increased across cohorts—1.6%, 3.4%, and 18.5%—with the greatest increase among boys aged 11 to 12 years in cohort 3. Initiation was associated with receiving influenza vaccination in the previous year in all cohorts (cohort 3: ARR = 1.48; 95% confidence interval [CI] = 1.46, 1.51) and with non-White race/ethnicity following routine recommendation (cohort 3, non-Hispanic Black: ARR = 1.18; 95% CI = 1.08, 1.30; Hispanic: ARR = 1.23; 95% CI = 1.17, 1.29; Asian/Pacific Islanders: ARR = 1.16; 95% CI = 1.11, 1.20).
Conclusions. Routine use recommendation increased the uptake of HPV4 in boys. System-level interventions to encourage providers to routinely recommend HPV4 vaccination may help increase HPV4 uptake in boys.

American Journal of Tropical Medicine and Hygiene
November 2015; 93 (5)
http://www.ajtmh.org/content/current
Editorial
Does Poor Water Quality Cause Diarrheal Disease?
Karen Levy

Am J Trop Med Hyg 2015 93:899-900; Published online October 5, 2015, doi:10.4269/ajtmh.15-0689
Full Text

Articles
Microbiological Contamination of Drinking Water Associated with Subsequent Child Diarrhea
Stephen P. Luby, Amal K. Halder, Tarique Md. Huda, Leanne Unicomb, M. Sirajul Islam, Benjamin F. Arnold, and Richard B. Johnston
Am J Trop Med Hyg 2015 93:904-911; Published online October 5, 2015, doi:10.4269/ajtmh.15-0274
OPEN ACCESS ARTICLE

Annals of Internal Medicine
17 November 2015, Vol. 163. No. 10
http://annals.org/issue.aspx
Right-to-Try Laws: Hope, Hype, and Unintended Consequences
Alison Bateman-House, PhD, MPH, MA; Laura Kimberly, MSW, MBE; Barbara Redman, PhD, MBE; Nancy Dubler, LLB; and Arthur Caplan, PhD

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
(Accessed 21 November 2015)
Research article
Improving access to medicines through centralised dispensing in the public sector: a case study of the Chronic Dispensing Unit in the Western Cape Province, South Africa
Bvudzai Magadzire, Bruno Marchal, Kim Ward
BMC Health Services Research 2015, 15:513 (17 November 2015)

Research article
Cost effectiveness analysis of Year 2 of an elementary school-located influenza vaccination program–Results from a randomized controlled trial
Byung-Kwang Yoo, Sharon Humiston, Peter Szilagyi, Stanley Schaffer, Christine Long, Maureen Kolasa
BMC Health Services Research 2015, 15:511 (16 November 2015)
Abstract
Background
School-located vaccination against influenza (SLV-I) has the potential to improve current suboptimal influenza immunization coverage for U.S. school-aged children. However, little is known about SLV-I's cost-effectiveness. The objective of this study is to establish the cost-effectiveness of SLV-I based on a two-year community-based randomized controlled trial (Year 1: 2009–2010 vaccination season, an unusual H1N1 pandemic influenza season, and Year 2: 2010–2011, a more typical influenza season).
Methods

We performed a cost-effectiveness analysis on a two-year randomized controlled trial of a Western New York SLV-I program. SLV-I clinics were offered in 21 intervention elementary schools (Year 1 n = 9,027; Year 2 n = 9,145 children) with standard-of-care (no SLV-I) in control schools (Year 1 n = 4,534 (10 schools); Year 2 n = 4,796 children (11 schools)). We estimated the cost-per-vaccinated child, by dividing the incremental cost of the intervention by the incremental effectiveness (i.e., the number of additionally vaccinated students in intervention schools compared to control schools).
Results
In Years 1 and 2, respectively, the effectiveness measure (proportion of children vaccinated) was 11.2 and 12.0 percentage points higher in intervention (40.7 % and 40.4 %) than control schools. In year 2, the cost-per-vaccinated child excluding vaccine purchase ($59.88 in 2010 US $) consisted of three component costs: (A) the school costs ($8.25); (B) the project coordination costs ($32.33); and (C) the vendor costs excluding vaccine purchase ($16.68), summed through Monte Carlo simulation. Compared to Year 1, the two component costs (A) and (C) decreased, while the component cost (B) increased in Year 2. The cost-per-vaccinated child, excluding vaccine purchase, was $59.73 (Year 1) and $59.88 (Year 2, statistically indistinguishable from Year 1), higher than the published cost of providing influenza vaccination in medical practices ($39.54). However, taking indirect costs (e.g., averted parental costs to visit medical practices) into account, vaccination was less costly in SLV-I ($23.96 in Year 1, $24.07 in Year 2) than in medical practices.
Conclusions
Our two-year trial's findings reinforced the evidence to support SLV-I as a potentially favorable system to increase childhood influenza vaccination rates in a cost-efficient way. Increased efficiencies in SLV-I are needed for a sustainable and scalable SLV-I program.

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 21 November 2015)
[No new relevant content identified]

BMC Medical Ethics
http://www.biomedcentral.com/bmcmedethics/content
(Accessed 21 November 2015)
[No new relevant content identified]

BMC Medicine
http://www.biomedcentral.com/bmcmed/content
(Accessed 21 November 2015)
Research article
Comparison of registered and published outcomes in randomized controlled trials: a systematic review
Christopher Jones, Lukas Keil, Wesley Holland, Melissa Caughey, Timothy Platts-Mills BMC Medicine 2015, 13:282 (18 November 2015)
Abstract
Background

Clinical trial registries can improve the validity of trial results by facilitating comparisons between prospectively planned and reported outcomes. Previous reports on the frequency of planned and reported outcome inconsistencies have reported widely discrepant results. It is unknown whether these discrepancies are due to differences between the included trials, or to methodological differences between studies. We aimed to systematically review the prevalence and nature of discrepancies between registered and published outcomes among clinical trials.
Methods
We searched MEDLINE via PubMed, EMBASE, and CINAHL, and checked references of included publications to identify studies that compared trial outcomes as documented in a publicly accessible clinical trials registry with published trial outcomes. Two authors independently selected eligible studies and performed data extraction. We present summary data rather than pooled analyses owing to methodological heterogeneity among the included studies.
Results
Twenty-seven studies were eligible for inclusion. The overall risk of bias among included studies was moderate to high. These studies assessed outcome agreement for a median of 65 individual trials (interquartile range [IQR] 25–110). The median proportion of trials with an identified discrepancy between the registered and published primary outcome was 31 %; substantial variability in the prevalence of these primary outcome discrepancies was observed among the included studies (range 0 % (0/66) to 100 % (1/1), IQR 17–45 %). We found less variability within the subset of studies that assessed the agreement between prospectively registered outcomes and published outcomes, among which the median observed discrepancy rate was 41 % (range 30 % (13/43) to 100 % (1/1), IQR 33–48 %). The nature of observed primary outcome discrepancies also varied substantially between included studies. Among the studies providing detailed descriptions of these outcome discrepancies, a median of 13 % of trials introduced a new, unregistered outcome in the published manuscript (IQR 5–16 %).
Conclusions
Discrepancies between registered and published outcomes of clinical trials are common regardless of funding mechanism or the journals in which they are published. Consistent reporting of prospectively defined outcomes and consistent utilization of registry data during the peer review process may improve the validity of clinical trial publications

BMC Pregnancy and Childbirth
http://www.biomedcentral.com/bmcpregnancychildbirth/content
(Accessed 21 November 2015)
[No new relevant content identified]

BMC Public Health
http://www.biomedcentral.com/bmcpublichealth/content
(Accessed 21 November 2015)
Research article
Perceptions and plans for prevention of Ebola: results from a national survey
Bridget Kelly, Linda Squiers, Carla Bann, Alexander Stine, Heather Hansen, Molly Lynch BMC Public Health 2015, 15:1136 (16 November 2015)
Abstract
Background

Literature suggests that Americans may have higher levels of perceived threat to Ebola than are warranted.
Methods
We surveyed 1018 U.S. adults from a nationally representative Internet panel about their knowledge, perceived threat, and behavioral intentions during the 2014 Ebola outbreak.
Results
Eighty-six percent of respondents knew that Ebola could be transmitted through blood and bodily fluids. However, a large percentage had some inaccurate knowledge and 19 % believed Ebola would spread to the U.S. Respondents favored mandatory quarantine (63 %) and travel bans (55 %). Confidence in the ability of the media and government to accurately report on or prevent a U.S. epidemic was low. Fifty-two percent intended to engage in behaviors such as avoiding public transportation.
Discussion
Despite low perceived susceptibility, half intended to engage in behaviors to prevent transmission and large numbers favored policies not currently recommended by health officials. The extreme nature of Ebola virus likely motivated people to engage in behaviors and favor policies that were not necessary given the low risk of transmission in the U.S.
Conclusions
Health officials should ensure the public has accurate information about Ebola and bolster confidence in the government's ability to control infectious diseases in case of a future outbreak in the U.S.

BMC Research Notes
http://www.biomedcentral.com/bmcresnotes/content
(Accessed 21 November 2015)
[No new relevant content identified]

BMJ Open
2015, Volume 5, Issue 11
http://bmjopen.bmj.com/content/current
[Reviewed earlier]

British Medical Journal
21 November 2015 (vol 351, issue 8034)
http://www.bmj.com/content/351/8034
Maternal vaccination against H1N1 influenza and offspring mortality: population based cohort study and sibling design
BMJ 2015; 351 :h5585 (Published 16 November 2015)
Abstract
Study question
What is the mortality in offspring of mothers who had influenza A(H1N1)pdm09 vaccination during pregnancy?
Methods
This was a prospective population based cohort study in seven healthcare regions in Sweden based on vaccinations taking place between 2 October 2009 and 26 November 2010. H1N1

vaccination data were linked with pregnancy and birth characteristics and offspring mortality data in 275 500 births (of which 1203 were stillbirths) from 137 886 mothers. Of these offspring, 41 183 had been exposed to vaccination with Pandemrix, a monovalent AS03 adjuvanted H1N1 influenza vaccine, during fetal life. A primary comparison group consisted of pregnancies of women who were not vaccinated during the same calendar period. In a second comparison, non-exposed siblings of infants prenatally exposed to vaccination were used as controls. Cox regression was used to estimate hazard ratios for stillbirth, early neonatal mortality (days 0-6 after birth), and subsequent mortality (beginning on day 7) in vaccinated versus non-vaccinated women, adjusting for mother's age at delivery, body mass index, parity, smoking, country of birth, and disposable income and for sex of offspring.
Study answer and limitations
The results of this study suggest that AS03 adjuvanted H1N1 vaccination during pregnancy does not affect the risk of stillbirth, early neonatal death, or later mortality in the offspring. During follow-up, 1172 stillbirths, 380 early neonatal deaths, and 706 deaths thereafter occurred. Compared with general population controls, this corresponded to adjusted hazard ratios of 0.83 (95% confidence interval 0.65 to 1.04) for stillbirth, 0.71 (0.44 to 1.14) for early neonatal death, and 0.97 (0.69 to 1.36) for later death. When siblings were used as controls, adjusted hazard ratios were 0.88 (0.59 to 1.30) for stillbirth, 0.82 (0.46 to 1.49) for early neonatal death, and 0.78 (0.52 to 1.19) for later death. Limitations of the study include lack of data on miscarriage before gestational week 22, inability to ascertain which mothers had pandemic flu during pregnancy, and lack of data on factors influencing the decision to vaccinate during pregnancy.
What this study adds
H1N1 vaccination during pregnancy is not associated with adverse fetal outcome or offspring mortality, including when familial factors are taken into account.
Funding, competing interests, data sharing
This project was supported by grants from the Swedish Research Council and the Swedish Council for Working Life and Social Research. NF was employed at the Swedish Medical Product Agency at the time of the study.

Nosocomial transmission of avian influenza A (H7N9) virus in China: epidemiological investigation
BMJ 2015; 351 :h5765 (Published 19 November 2015)
Open Access

Nosocomial transmission of avian influenza virus A (H7N9)
BMJ 2015; 351 :h5980 (Published 19 November 2015)

Bulletin of the World Health Organization
Volume 93, Number 11, November 2015, 741-816
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[Reviewed earlier]

Clinical Infectious Diseases (CID)
Volume 61 Issue 11 December 1, 2015
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[Reviewed earlier]

Clinical Therapeutics
October 2015 Volume 37, Issue 10, p2151-2384
http://www.clinicaltherapeutics.com/current
[Reviewed earlier]

Complexity
November/December 2015 Volume 21, Issue 2 Pages C1–C1, 1–366
http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.2/issuetoc
[Reviewed earlier]

Conflict and Health
http://www.conflictandhealth.com/
[Accessed 21 November 2015]
[No new content]

Contemporary Clinical Trials
Volume 44, In Progress (September 2015)
http://www.sciencedirect.com/science/journal/15517144/44
[No new relevant content]

Cost Effectiveness and Resource Allocation
http://www.resource-allocation.com/
(Accessed 21 November 2015)
[No new content]

Current Opinion in Infectious Diseases
December 2015 - Volume 28 - Issue 6 pp: v-v,497-624
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
[Reviewed earlier]

Developing World Bioethics
December 2015 Volume 15, Issue 3 Pages iii–iii, 115–275
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2015.15.issue-2/issuetoc
[Reviewed earlier]

Development in Practice
Volume 25, Issue 8, 2015
http://www.tandfonline.com/toc/cdip20/current

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Disasters
October 2015 Volume 39, Issue 4 Pages 611–810
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Volume 21, Number 12—December 2015
http://wwwnc.cdc.gov/eid/
Synopses
Identifying and Reducing Remaining Stocks of Rinderpest Virus PDF Version [PDF - 330 KB - 7 pages]
K. Hamilton et al.
Virus-containing material remains stored in an unacceptably high number of facilities worldwide.

Epidemics
Volume 13, In Progress (December 2015)
http://www.sciencedirect.com/science/journal/17554365
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Epidemiology and Infection
Volume 143 - Issue 16 - December 2015
http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue
[Reviewed earlier]

The European Journal of Public Health
Volume 25, Issue 5, 1 October 2015
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[Reviewed earlier]

Eurosurveillance
Volume 20, Issue 46, 19 November 2015
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Research Articles
Sub-Saharan African migrants living with HIV acquired after migration, France, ANRS PARCOURS study, 2012 to 2013
by A Desgrées-du-Loû, J Pannetier, A Ravalihasy, A Gosselin, V Supervie, H Panjo, N Bajos, F Lert, N Lydié, R Dray-Spira, The Parcours Study Group5

Global Health: Science and Practice (GHSP)

September 2015 | Volume 3 | Issue 3
http://www.ghspjournal.org/content/current
[Reviewed earlier]

Global Health Governance
http://blogs.shu.edu/ghg/category/complete-issues/spring-autumn-2014/
[Accessed 21 November 2015]
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Global Public Health
Volume 10, Issue 10, 2015
http://www.tandfonline.com/toc/rgph20/current
[Reviewed earlier]

Globalization and Health
http://www.globalizationandhealth.com/
[Accessed 21 November 2015]
Research
'They hear "Africa" and they think that there can't be any good services' – perceived context in cross-national learning: a qualitative study of the barriers to Reverse Innovation
Harris M, Weisberger E, Silver D and Macinko J Globalization and Health 2015, 11:45 (19 November 2015)

Research
Rethinking health care commercialization: evidence from Malaysia
Nwagbara VC and Rasiah R Globalization and Health 2015, 11:44 (19 November 2015)
Abstract
Background
Against the backdrop of systemic inefficiency in the public health care system and the theoretical claims that markets result in performance and efficiency improvement, developing countries' governments have been rapidly commercializing health care delivery. This paper seeks to determine whether commercialization through an expansion in private hospitals has led to performance improvements in public hospitals.
Methods
Inpatient utilization records of all public hospitals in Peninsular Malaysia over the period 2006–2010 were used in this study. These records were obtained from the Ministry of Health. The study relied on utilization ratios, bed occupancy rates (BOR), bed turnover rates (BTR) and average length of stay (ALOS). The data were analyzed using SPSS 22 Statistical Software and the Pabon Lasso technique.
Results
Over 60 % of public hospitals in Malaysia are inefficient and perform sub-optimally. Average BOR among the public hospitals was 56 % in 2006 and 61 % in 2010. There was excessive BTR of 65 and 73 times within the period. Overall, the ALOS was low, falling from 3.4 days in 2006 to 3.1 days in 2010.

Conclusions
This study demonstrates that commercialization has not led to performance improvements in the public health care sector in Malaysia. The evidence suggests that efforts to improve performance will require a focus directly on public hospitals.

Health Affairs
November 2015; Volume 34, Issue 11
http://content.healthaffairs.org/content/current
[Reviewed earlier]

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 - Special Issue 04 - October 2015
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
SPECIAL ISSUE: 10th Anniversary Issue
[Reviewed earlier]

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Volume 30 Issue 10 December 2015
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[Reviewed earlier]

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http://www.health-policy-systems.com/content
[Accessed 21 November 2015]
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Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 11, Issue 10, 2015
http://www.tandfonline.com/toc/khvi20/current
[Reviewed earlier]

Humanitarian Exchange Magazine
Number 65 November 2015
http://odihpn.org/wp-content/uploads/2015/10/HE_65_web.pdf

Special Feature: The Crisis in Iraq
[Reviewed earlier]

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 21 November 2015]
Research Article
Cross-sectional study about primary health care professionals views on the inclusion of the vaccine against human papillomavirus in the vaccine schedules
M. Pérez, Victoria Violeta, Ana del Campo, Cristina Ruiz, Sonia Castaño, Laura Conde, Jesús López Infectious Agents and Cancer 2015,
Abstract
Background
Although the inclusion of the HPV vaccine has been registered in Spain since 2007, vaccination rates are lower than expected. The patients wish to be vaccinated is heavily influenced by information they have received from many source. The Knowledge of primary health care professionals affects the information provided to patients and is fundamental in the decision making. The aim of this study is to assess the opinions of primary health care professionals on the vaccine against HPV and their knowledge about HPV infection and its links to with gynecological and oropharyngeal cancer.
Methods
Cross-sectional study. A 19-item survey was drawn up. It included questions on basic aspects of HPV infection and marketed vaccines, personal opinion about the inclusion in the immunization schedules and their level of prescription and recommendation to patients in their clinical practice. From October 2013 to December 2013, 607 surveys were distributed among 20 primary health centers affiliated to the University Hospital 12 de Octubre. The results were analyzed using SPSS statistical package.
Results
One hundred sixty four successfully completed surveys were obtained for analysis. 89 % of the professionals knew about the relationship between HPV infection and cervical cancer, 57.3 % did not know any of the serotypes against which vaccines are targeted; 40.4 % believed that there is insufficient data to support the commercialization of the vaccines. Of these, 65.7 % argue that there is no data of its long-term effectiveness, 13.4 % that there is no data as to its side effects, 13.4 % believed that the cost effectiveness is not worthwhile.
Conclusions
There is a strong controversy among health professionals regarding the marketing and inclusion of HPV vaccine in immunization schedules. However, the knowledge of the primary care health professionals on key aspects of infection and vaccine protection are insufficient. The training of professionals in vaccination, cervical pathology and HPV infection should be improved to provide objective information on the use as this vaccine for patients.

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 21 November 2015]
[No new content]

International Health
Volume 7 Issue 6 November 2015
http://inthealth.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Epidemiology
Volume 44 Issue 4 August 2015
http://ije.oxfordjournals.org/content/current
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November 2015 Volume 40, In Progress
http://www.ijidonline.com/issue/S1201-9712%2815%29X0010-5
[Reviewed earlier]

JAMA
November 17, 2015, Vol 314, No. 19
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[New issue; No relevant content identified]

JAMA Pediatrics
November 2015, Vol 169, No. 11
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[Reviewed earlier]

Journal of Community Health
Volume 40, Issue 6, December 2015
http://link.springer.com/journal/10900/40/4/page/1
[Reviewed earlier]

Journal of Epidemiology & Community Health
November 2015, Volume 69, Issue 11
http://jech.bmj.com/content/current
[Reviewed earlier]

Journal of Global Ethics
Volume 11, Issue 2, 2015
http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L0I#.VAJEj2N4WF8
[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)
July-September 2015 Volume 7 | Issue 3 Page Nos. 95-124
http://www.jgid.org/currentissue.asp?sabs=n
[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)
Volume 26, Number 4, November 2015
https://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.26.4.html
[Reviewed earlier]

Journal of Immigrant and Minority Health
Volume 17, Issue 6, December 2015
http://link.springer.com/journal/10903/17/6/page/1
Special issue : Mental Health and Substance Use
[Reviewed earlier]

Journal of Immigrant & Refugee Studies
Volume 13, Issue 3, 2015
http://www.tandfonline.com/toc/wimm20/current#.VQS0KOFnBhW
Special Issue: Social Work and Migration in Europe
[Reviewed earlier]

Journal of Infectious Diseases
Volume 212 Issue 9 November 1, 2015
http://jid.oxfordjournals.org/content/current
[Reviewed earlier]

The Journal of Law, Medicine & Ethics
Fall 2015 Volume 43, Issue 3 Pages 437–666
http://onlinelibrary.wiley.com/doi/10.1111/jlme.2015.43.issue-2/issuetoc
[Reviewed earlier]

Journal of Medical Ethics
November 2015, Volume 41, Issue 11
http://jme.bmj.com/content/current
[Reviewed earlier]

Journal of Medical Microbiology
Volume 64, Issue 10, October 2015

http://jmm.microbiologyresearch.org/content/journal/jmm/64/10;jsessionid=2we3ohkljd6vw.x-sgm-live-03
[Reviewed earlier]

Journal of Patient-Centered Research and Reviews
Volume 2, Issue 4 (2015)
http://digitalrepository.aurorahealthcare.org/jpcrr/
[New issue; No relevant content identified]

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 4 Issue 4 December 2015
http://jpids.oxfordjournals.org/content/current

Safety and Immunogenicity of Human Serum Albumin-Free MMR Vaccine in US Children Aged 12–15 Months

Maurice A. Mufson, Clemente Diaz, Michael Leonardi, Christopher J. Harrison, Stanley Grogg, Antonio Carbayo, Simon Carlo-Torres, Robert JeanFreau, Ana Quintero-Del-Rio, Gisele Bautista, Michael Povey, Christopher Da Costa, Ouzama Nicholson, and Bruce L. Innis
J Ped Infect Dis (2015) 4 (4): 339-348 doi:10.1093/jpids/piu081
Free Full Text (HTML)

Abstract
Background
M-M-RTMII (MMRII; Merck & Co) is currently the only measles-mumps-rubella (MMR) vaccine licensed in the United States. Another licensed vaccine would reinforce MMR supply. This study assessed the immunogenicity of a candidate vaccine (PriorixTM, GlaxoSmithKline Vaccines [MMR-RIT]) when used as a first dose among eligible children in the United States.
Methods
In this exploratory Phase-2, multicenter, observer-blind study, 1220 healthy subjects aged 12–15 months were randomized (3:3:3:3) and received 1 dose of 1 of 3 MMR-RIT lots with differing mumps virus titers (MMR-RIT-1 [4.8 log10]; MMR-RIT-2 [4.1 log10]; MMR-RIT-3 [3.7 log10] CCID50) or MMRII co-administered with hepatitis A vaccine (HAV), varicella vaccine (VAR) and 7-valent pneumococcal conjugate vaccine (PCV7). Immune response to measles, mumps, and rubella viruses was evaluated at Day 42 post-vaccination. Incidence of solicited injection site, general, and serious adverse events was assessed.
Results
Seroresponse rates for MMR vaccine viral components in MMR-RIT lots were 98.3–99.2% (measles), 89.7–90.7% (mumps), and 97.5–98.8% (rubella), and for MMRII were 99.6%, 91.1%, and 100%, respectively. Immune responses to HAV, VAR, and PCV7 were similar when co-administered with any of the 3 MMR-RIT lots or MMRII. There were no apparent differences in solicited or serious adverse events among the 4 groups.
Conclusions
Immune responses were above threshold levels for projected protection against the 3 viruses from MMR-RIT lots with differing mumps virus titers. MMR-RIT had an acceptable safety profile when co-administered with HAV, VAR, and PCV7.
Clinical Trials Registration NCT00861744; etrack; 111870

Efficacy of a Tetravalent Dengue Vaccine in Children in Latin America

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Division of Infectious Diseases, The Children's Hospital of Philadelphia
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Villar L, Dayan GH, Arredondo-Garcia JL, et al. Efficacy of a tetravalent dengue vaccine in children in Latin America. N Engl J Med 2015; 372:113–23.
Extract

Dengue is a mosquito-borne disease caused by 1 of 4 virus serotypes from the flavivirus genus present in tropical and subtropical regions. This study reports the results from a phase 3 randomized, blinded, placebo-controlled efficacy trial of a recombinant, live, attenuated, tetravalent dengue vaccine (CYD-TDV) involving healthy children ages 9 to 16 years in 5 Latin American countries.

The study, sponsored by Sanofi Pasteur, took place in 22 centers in Colombia, Brazil, Mexico, Puerto Rico, and Honduras from June 2011 to March 2012. The investigational vaccine consists of 4 recombinant dengue vaccine viruses, which were constructed by replacing the genes that encode the premembrane and envelope proteins of the yellow fever 17D vaccine virus with those from wild-type dengue viruses…

Journal of Pediatrics
October 2015 Volume 167, Issue 4 , Supplement, S1-S50
http://www.jpeds.com/current
Recommended Iron Levels for Nutritional Formulas for Infants (0 – 12 months)
Edited by Ronald E. Kleinman

Journal of Public Health Policy
Volume 36, Issue 4 (November 2015)
http://www.palgrave-journals.com/jphp/journal/v36/n4/index.html
[Reviewed earlier]

Journal of the Royal Society – Interface
06 August 2015; volume 12, issue 109
http://rsif.royalsocietypublishing.org/content/current
[Reviewed earlier]

Journal of Virology
December 2015, volume 89, issue 24
http://jvi.asm.org/content/current
[New issue; No relevant content identified]

The Lancet
Nov 21, 2015 Volume 386 Number 10008 p2029-2116
http://www.thelancet.com/journals/lancet/issue/current

Editorial

Violence against women and girls: how far have we come?

The Lancet
DOI: http://dx.doi.org/10.1016/S0140-6736(15)01029-6

Summary

A year ago, The Lancet published a Series on violence against women and girls ahead of the International Day for the Elimination of Violence against Women on Nov 25. The day marks the start of the 16 Days of Activism against Gender-Based Violence, which this year, for the first time, has prevention as its theme. This focus is encouraging. One in three women will experience physical and/or sexual violence in their lifetime but, as evidence in the Series showed, such violence is preventable. The authors found that community and group interventions involving men and women can shift entrenched social norms and attitudes to reduce the risk of violence against women and girls, but concerted efforts were needed for change

Comment

Towards therapeutic vaccination against cervical precancer?

Mark Schiffman, Nicolas Wentzensen

Published Online: 16 September 2015
DOI: http://dx.doi.org/10.1016/S0140-6736(15)00240-8

Summary

In The Lancet, Cornelia Trimble and colleagues1 report the results of a double-blind, randomised controlled trial of therapeutic human papillomavirus (HPV) vaccination. Three doses of an intramuscular HPV-16 and HPV-18 plasmid vaccine significantly increased histological regression of cervical precancers caused by HPV types 16 and 18. At 36 weeks after the first dose, regression of cervical intraepithelial neoplasia 2/3 was 48·2% compared with a spontaneous rate in the placebo group of 30·0% (difference 18·2%, 95% CI 1·3–34·4).

Safety, efficacy, and immunogenicity of VGX-3100, a therapeutic synthetic DNA vaccine targeting human papillomavirus 16 and 18 E6 and E7 proteins for cervical intraepithelial neoplasia 2/3: a randomised, double-blind, placebo-controlled phase 2b trial

Cornelia L Trimble, Matthew P Morrow, Kimberly A Kraynyak, Xuefei Shen, Michael Dallas, Jian Yan, Lance Edwards, R Lamar Parker, Lynette Denny, Mary Giffear, Ami Shah Brown, Kathleen Marcozzi-Pierce, Divya Shah, Anna M Slager, Albert J Sylvester, Amir Khan, Kate E Broderick, Robert J Juba, Timothy A Herring, Jean Boyer, Jessica Lee, Niranjan Y Sardesai, David B Weiner, Mark L Bagarazzi

Summary

Background
Despite preventive vaccines for oncogenic human papillomaviruses (HPVs), cervical intraepithelial neoplasia (CIN) is common, and current treatments are ablative and can lead to long-term reproductive morbidity. We assessed whether VGX-3100, synthetic plasmids targeting HPV-16 and HPV-18 E6 and E7 proteins, delivered by electroporation, would cause histopathological regression in women with CIN2/3.
Methods
Efficacy, safety, and immunogenicity of VGX-3100 were assessed in CIN2/3 associated with HPV-16 and HPV-18, in a randomised, double-blind, placebo-controlled phase 2b study. Patients from 36 academic and private gynaecology practices in seven countries were randomised (3:1)

to receive 6 mg VGX-3100 or placebo (1 mL), given intramuscularly at 0, 4, and 12 weeks. Randomisation was stratified by age (<25 vs ≥25 years) and CIN2 versus CIN3 by computer-generated allocation sequence (block size 4). Funder and site personnel, participants, and pathologists were masked to treatment. The primary efficacy endpoint was regression to CIN1 or normal pathology 36 weeks after the first dose. Per-protocol and modified intention-to-treat analyses were based on patients receiving three doses without protocol violations, and on patients receiving at least one dose, respectively. The safety population included all patients who received at least one dose. The trial is registered at ClinicalTrials.gov (number NCT01304524) and EudraCT (number 2012-001334-33).

Findings

Between Oct 19, 2011, and July 30, 2013, 167 patients received either VGX-3100 (n=125) or placebo (n=42). In the per-protocol analysis 53 (49·5%) of 107 VGX-3100 recipients and 11 (30·6%) of 36 placebo recipients had histopathological regression (percentage point difference 19·0 [95% CI 1·4–36·6]; p=0·034). In the modified intention-to-treat analysis 55 (48·2%) of 114 VGX-3100 recipients and 12 (30·0%) of 40 placebo recipients had histopathological regression (percentage point difference 18·2 [95% CI 1·3–34·4]; p=0·034). Injection-site reactions occurred in most patients, but only erythema was significantly more common in the VGX-3100 group (98/125, 78·4%) than in the placebo group (24/42, 57·1%; percentage point difference 21·3 [95% CI 5·3–37·8]; p=0·007).

Interpretation

VGX-3100 is the first therapeutic vaccine to show efficacy against CIN2/3 associated with HPV-16 and HPV-18. VGX-3100 could present a non-surgical therapeutic option for CIN2/3, changing the treatment outlook for this common disease.

Funding

Inovio Pharmaceuticals.

The Lancet Infectious Diseases
Nov 2015 Volume 15 Number 11 p1243-1360
http://www.thelancet.com/journals/laninf/issue/current
[Reviewed earlier]

Maternal and Child Health Journal
Volume 19, Issue 11, November 2015
http://link.springer.com/journal/10995/19/11/page/1
[Reviewed earlier]

Medical Decision Making (MDM)
November 2015; 35 (8)
http://mdm.sagepub.com/content/current
[Reviewed earlier]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
September 2015 Volume 93, Issue 3 Pages 447–649

http://onlinelibrary.wiley.com/doi/10.1111/milq.2015.93.issue-3/issuetoc
[Reviewed earlier]

Nature
Volume 527 Number 7578 pp275-404 19 November 2015
http://www.nature.com/nature/current_issue.html
[New issue; No relevant content identified]

Nature Medicine
November 2015, Volume 21 No 11 pp1235-1371
http://www.nature.com/nm/journal/v21/n11/index.html
[Reviewed earlier]

Nature Reviews Immunology
November 2015 Vol 15 No 11
http://www.nature.com/nri/journal/v15/n11/index.html
[New issue; No relevant content identified]

New England Journal of Medicine
November 19, 2015 Vol. 373 No. 21
http://www.nejm.org/toc/nejm/medical-journal
Editorials
Vaccine-Resistant Malaria
C.V. Plowe
[Free Full Text]
To ensure efficacy against wild poliovirus, Jonas Salk methodically classified circulating polio strains before choosing three to use in his inactivated vaccine.1 Several other successful vaccines against viruses and bacteria have likewise included immunogen variants that were selected through careful assessments of pathogen genetic diversity and strain-specific protective immunity.

In contrast, virtually all vaccines against the malaria parasite *Plasmodium falciparum*, including RTS,S/AS01, have been designed with the use of genetic sequences that are derived from a single, well-characterized reference strain thought to be of West African origin — 3D7. In light of the extreme diversity of malaria parasites, could this "freezer epidemiology" approach to vaccine development be one reason it has been so hard to make an effective malaria vaccine?

Phase 2 field trials of two malaria vaccines targeting highly polymorphic blood-stage antigens have shown strain-specific efficacy — that is, parasites that are genetically divergent from the strain used in the vaccine escaped its effect.2,3 However, field trials of RTS,S, which is based on the pre-erythrocytic *P. falciparum* circumsporozoite protein, showed no clear evidence of strain-specific efficacy.4,5 Circumsporozoite protein has polymorphism within two major T-cell epitopes, and although there is some variation in the immunodominant central repeat region, for decades it has been hoped that antibodies targeting a single dominant epitope based on the

tetrapeptide repeat NANP would provide strain-transcending immunity. A molecular epidemiologic study showed no evidence of naturally acquired strain-specific immunity to different variants of circumsporozoite protein in African children,[6] which added to the hope that RTS,S might not be threatened by "vaccine-resistant malaria."[7]

These previous studies each examined malaria parasites in a few hundred children at a single African site and were constrained by the challenges of sequencing the long central repeat region of the circumsporozoite protein. Neafsey et al.[8] now describe in the *Journal* how they used next-generation sequencing to measure strain-specific efficacy in a phase 3 trial of RTS,S/AS01 involving 15,000 children at 11 study sites across Africa. Parasite DNA was extracted from several thousand dried blood spots collected from children who were randomly assigned to receive the malaria vaccine or a control vaccine, and the efficacy of the vaccine against infection and clinical malaria with circumsporozoite protein identical to, or different from, the vaccine strain 3D7 was measured by means of a sieve analysis.[9]

The approach is straightforward: if vaccine-induced immunity is acting like a sieve that filters out parasites that are identical to the vaccine strain at immunologically important polymorphic amino acid positions, then less vaccine-type malaria should occur among vaccinated children, as compared with the control group. The large sample size was needed — vaccine-type parasites were in the minority at all study sites. Several predetermined analyses examining different variant components of circumsporozoite protein showed that, at least in older children, RTS,S/AS01 was indeed better at protecting against malaria caused by vaccine-type parasites. There was no such allele-specific efficacy in young infants, a group in which RTS,S efficacy was lower and in which there may have been different immune responses to both vaccination and malaria infection.

The effect of parasite genetic diversity on efficacy in older children was modest. Various measures of efficacy were approximately 10 to 15 percentage points lower when they were evaluated against non–vaccine-type parasites. This is a much smaller blow to efficacy than the more than 40-point deficit seen with a blood-stage vaccine.[3]

If we had a vaccine with 80% or 90% efficacy, we might be willing to accept a loss of this magnitude. But RTS,S/AS01 starts off with about 50 to 60% efficacy at best; the efficacy is lower in younger children, and it wanes over time. As this first malaria vaccine moves toward licensure, the results of this study should give pause to those considering whether, where, and when to deploy it. If RTS,S/AS01 is introduced into wide use, over time the loss of efficacy could be more profound than that seen during just a year of follow-up among children who are exposed to a large surrounding population of malaria parasites that are not under selection pressure from vaccine-induced immunity. The most prudent course may be to use RTS,S/AS01 in the specific populations that will benefit most, while redoubling efforts to improve this pioneering vaccine on the basis of new understanding provided by this study of the strain-specific basis of its partial efficacy.

The news is not all bad. The modest loss of efficacy against divergent parasites implies that RTS,S/AS01 offers some degree of cross-protection — vaccine escape is not complete. A multivalent version of RTS,S with carefully chosen circumsporozoite protein variants, possibly combined with additional antigens, might offer broader protection.[10] The large set of molecular epidemiologic data on the prevalence of circumsporozoite protein variants across Africa that

was generated for this study should provide the evidence needed to select a combination of strains for a more broadly efficacious, next-generation malaria vaccine.

Pediatrics
November 2015, VOLUME 136 / ISSUE 5
http://pediatrics.aappublications.org/content/136/5?current-issue=y
[Reviewed earlier]

Pharmaceutics
Volume 7, Issue 3 (September 2015), Pages 90-362
http://www.mdpi.com/1999-4923/7/3
[Reviewed earlier]

PharmacoEconomics
Volume 33, Issue 11, November 2015
http://link.springer.com/journal/40273/33/10/page/1
[Reviewed earlier]

PLOS Currents: Disasters
http://currents.plos.org/disasters/
[Accessed 21 November 2015]
[No new content]

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
(Accessed 21 November 2015)
[No new content]

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 21 November 2015)
The First Use of the Global Oral Cholera Vaccine Emergency Stockpile: Lessons from South Sudan
Abdinasir Abubakar, Andrew S. Azman, John Rumunu, Iza Ciglenecki, Trina Helderman, Haley West, Justin Lessler, David A. Sack, Stephen Martin, William Perea, Dominique Legros, Francisco J. Luquero
Health in Action | published 17 Nov 2015 | PLOS Medicine
10.1371/journal.pmed.1001901
Summary Points
:: A global oral cholera vaccine (OCV) stockpile was established in 2013 to improve rapid access to the vaccine in outbreaks and emergencies in which cholera risk is high. The first deployment

from the global OCV stockpile was to South Sudan in 2014 because of high cholera risk from massive population displacements within the civil war.
:: 256,700 doses of OCV were delivered, with high coverage, throughout the country as part of a comprehensive cholera prevention strategy by multiple agencies, some of which had little to no previous experience with this vaccine.
:: A cholera epidemic began during vaccination, and a basic comparison of epidemic curves in vaccinated and unvaccinated areas suggests little to no transmission occurred in vaccinated areas, though more in depth analysis is needed.
:: This deployment highlights the feasibility of effective deployments from the OCV stockpile and the importance of strong coordination between governmental and nongovernmental agencies in cholera prevention and control planning from the assessment of cholera risk to the deployment of the vaccines.
:: A larger global supply of OCV is urgently needed to cover those most in need. With limited vaccine availability now and likely in the upcoming years, more work is needed on deciding how to most efficiently use the vaccine, which may include alternative dosing regimens and targeting specific subpopulations.

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 21 November 2015)
[No new relevant content identified]

PLoS One
http://www.plosone.org/
[Accessed 21 November 2015]
Developing and Optimising the Use of Logic Models in Systematic Reviews: Exploring Practice and Good Practice in the Use of Programme Theory in Reviews
Dylan Kneale, James Thomas, Katherine Harris
Research Article | published 17 Nov 2015 | PLOS ONE
10.1371/journal.pone.0142187
Abstract
Background
Logic models are becoming an increasingly common feature of systematic reviews, as is the use of programme theory more generally in systematic reviewing. Logic models offer a framework to help reviewers to 'think' conceptually at various points during the review, and can be a useful tool in defining study inclusion and exclusion criteria, guiding the search strategy, identifying relevant outcomes, identifying mediating and moderating factors, and communicating review findings.
Methods and Findings
In this paper we critique the use of logic models in systematic reviews and protocols drawn from two databases representing reviews of health interventions and international development interventions. Programme theory featured only in a minority of the reviews and protocols included. Despite drawing from different disciplinary traditions, reviews and protocols from both sources shared several limitations in their use of logic models and theories of change, and these were used almost unanimously to solely depict pictorially the way in which the intervention

worked. Logic models and theories of change were consequently rarely used to communicate the findings of the review.
Conclusions
Logic models have the potential to be an aid integral throughout the systematic reviewing process. The absence of good practice around their use and development may be one reason for the apparent limited utility of logic models in many existing systematic reviews. These concerns are addressed in the second half of this paper, where we offer a set of principles in the use of logic models and an example of how we constructed a logic model for a review of school-based asthma interventions.

PLoS Pathogens
http://journals.plos.org/plospathogens/
(Accessed 21 November 2015)
[No new relevant content identified]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
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(Accessed 21 November 2015)
[No new relevant content identified]

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

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Volume 30 - Issue 05 - October 2015
https://journals.cambridge.org/action/displayIssue?jid=PDM&tab=currentissue
[Reviewed earlier]

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Volume 80, Pages 1-106 (November 2015)
http://www.sciencedirect.com/science/journal/00917435/80
Special Issue: Behavior change, health, and health disparities
[Reviewed earlier]

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22 November 2015; volume 282, issue 1819
http://rspb.royalsocietypublishing.org/content/282/1806?current-issue=y
[New issue; No relevant content identified]

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Volume 8 Issue 3 November 2015
http://phe.oxfordjournals.org/content/current
Special Symposium: Antimicrobial Resistance
[Reviewed earlier]

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November 2015; 25 (11)
http://qhr.sagepub.com/content/current
[Reviewed earlier]

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http://www.reproductive-health-journal.com/content
[Accessed 21 November 2015]
[No new relevant content identified]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
September 2015 Vol. 38, No. 3
http://www.paho.org/journal/
SERIES ON EQUITY IN HEALTH AND SUSTAINABLE DEVELOPMENT
Social determinants and inequalities in tuberculosis incidence in Latin America and the Caribbean [Determinantes sociales y desigualdades en la incidencia de tuberculosis en América Latina y el Caribe]
César V. Munayco, Oscar J. Mújica, Francisco X. León, Mirtha del Granado, and Marcos A. Espinal

La ventaja epidemiológica de la orientación preferencial del control de la tuberculosis hacia los pobres [**The epidemiological advantage of preferential targeting of tuberculosis control at the poor]**
J. R. Andrews, S. Basu, D. W. Dowdy, and M. B. Murray

Risk Analysis
October 2015 Volume 35, Issue 10 Pages 1765–1956
http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-10/issuetoc
[Reviewed earlier]

Science
20 November 2015 vol 350, issue 6263, pages 885-1000
http://www.sciencemag.org/current.dtl
Feature
What does a disease deserve?

Jocelyn Kaiser
Since the early 1990s, Congress and the National Institutes of Health (NIH) have agreed to dedicate roughly 10% of the NIH budget to fighting HIV/AIDS. Now, however, that special arrangement is under fire. Health policy experts, lawmakers, and even NIH officials have wondered why, 2 decades after AIDS death rates began dropping dramatically in the United States, the disease still gets a lion's share of NIH resources, or $3 billion this year. As questions have arisen about how HIV/AIDS research funds are spent, NIH has also resolved to refocus AIDS money on ending the epidemic. Some voice a broader critique: that NIH's spending on a disease often doesn't align with how much suffering it causes. They note that diseases imposing a relatively small burden on U.S. society, such as AIDS, can get a larger share of NIH funding than those that cause greater harm, such as heart disease. Recently, while responding to pointed questions from a member of Congress about the issue, NIH Director Francis Collins said the agency is ready to abandon the 10% set-aside. And next month officials are expected to release an agency-wide strategic plan that they say will address how disease burden should influence the allocation of research dollars.

Social Science & Medicine
Volume 144, Pages 1-148 (November 2015)
http://www.sciencedirect.com/science/journal/02779536/144

Unpaid work in health economic evaluations
Review Article
Pages 127-137
Marieke Krol, Werner Brouwer

Abstract

Given its societal importance, unpaid work should be included in economic evaluations of health care technology aiming to take a societal perspective. However, in practice this does not often appear to be the case. This paper provides an overview of the current place of unpaid work in economic evaluations in theory and in practice. It does so first by summarizing recommendations regarding the inclusion of unpaid labor reported in health economic textbooks and national guidelines for economic evaluations. In total, three prominent health economic text-books were studied and 28 national health economic guidelines. The paper, moreover, provides an overview of the instruments available to measure lost unpaid labor and reports on a review of the place of unpaid labor in applied economic evaluations in the area of rheumatoid arthritis. The review was conducted by examining methodology of evaluations published between 1 March 2008 and 1 March 2013.

The results of this study show that little guidance is offered regarding the inclusion of unpaid labor in economic evaluations in textbooks and guidelines. The review identified five productivity costs instruments including questions about unpaid work and 33 economic evaluations of treatments for rheumatoid arthritis of which only one included unpaid work. The results indicate that unpaid work is rarely included in applied economic evaluations of treatments for rheumatoid arthritis, despite this disease expecting to be associated with lost unpaid work. Given the strong effects of certain diseases and treatments on the ability to perform unpaid work, unpaid work currently receives less attention in economic evaluations than it deserves.

Toward a multidimensional understanding of culture for health interventions
Original Research Article

Pages 79-87
Asad L. Asad, Tamara Kay
Abstract
Although a substantial literature examines the relationship between culture and health in myriad individual contexts, a lack of comparative data across settings has resulted in disparate and imprecise conceptualizations of the concept for scholars and practitioners alike. This article examines scholars and practitioners' understandings of culture in relation to health interventions. Drawing on 169 interviews with officials from three different nongovernmental organizations working on health issues in multiple countries—Partners in Health, Oxfam America, and Sesame Workshop—we examine how these respondents' interpretations of culture converge or diverge with recent developments in the study of the concept, as well as how these understandings influence health interventions at three different stages—design, implementation, and evaluation—of a project. Based on these analyses, a tripartite definition of culture is built—as knowledge, practice, and change—and these distinct conceptualizations are linked to the success or failure of a project at each stage of an intervention. In so doing, the study provides a descriptive and analytical starting point for scholars interested in understanding the theoretical and empirical relevance of culture for health interventions, and sets forth concrete recommendations for practitioners working to achieve robust improvements in health outcomes.

Tropical Medicine and Health
Vol. 43(2015) No. 3
https://www.jstage.jst.go.jp/browse/tmh/43/0/_contents
[Reviewed earlier]

Tropical Medicine & International Health
November 2015 Volume 20, Issue 11 Pages 1405–1589
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2015.20.issue-11/issuetoc

Improving survey data on pregnancy-related deaths in low-and middle-income countries: a validation study in Senegal (pages 1415–1423)
Stéphane Helleringer, Gilles Pison, Bruno Masquelier, Almamy Malick Kanté, Laetitia Douillot, Cheikh Tidiane Ndiaye, Géraldine Duthé, Cheikh Sokhna and Valérie Delaunay
Article first published online: 28 AUG 2015 | DOI: 10.1111/tmi.12583

Reduction in symptomatic malaria prevalence through proactive community treatment in rural Senegal (pages 1438–1446)
Annē M. Linn, Youssoupha Ndiaye, Ian Hennessee, Seynabou Gaye, Patrick Linn, Karin Nordstrom and Matt McLaughlin
Article first published online: 7 AUG 2015 | DOI: 10.1111/tmi.12564

Use of a bibliometric literature review to assess medical research capacity in post-conflict and developing countries: Somaliland 1991–2013 (pages 1507–1515)
Ross Boyce, Richard Rosch, Alexander Finlayson, Djibril Handuleh, Said Ahmed Walhad, Susannah Whitwell and Andy Leather
Article first published online: 14 SEP 2015 | DOI: 10.1111/tmi.12590

Disease mapping for informing targeted health interventions: childhood pneumonia in Bohol, Philippines (pages 1525–1533)
Deborah S. K. Thomas, Peter Anthamatten, Elisabeth Dowling Root, Marilla Lucero, Hanna Nohynek, Veronica Tallo, Gail M. Williams, Eric A. F. Simões and the ARIVAC Consortium
Article first published online: 21 JUL 2015 | DOI: 10.1111/tmi.12561

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Volume 33, Issue 46, Pages 6135-6370 (17 November 2015)
http://www.sciencedirect.com/science/journal/0264410X/33/46
[Reviewed earlier]

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 21 November 2015)
[No new relevant content identified]

Value in Health
November 2015 Volume 18, Issue 7
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

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* * * *

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

Advanced Drug Delivery Reviews
Available online 17 November 2015
In Press, Accepted Manuscript
Novel adjuvant formulations for delivery of anti-tuberculosis vaccine candidates
EM Agger
Abstract
There is an urgent need for a new and improved vaccine against tuberculosis for controlling this disease that continues to pose a global health threat. The current research strategy is to replace the present BCG vaccine or boost BCG-immunity with subunit vaccines such as viral vectored- or protein-based vaccines. The use of recombinant proteins holds a number of production advantages including ease of scalability, but requires an adjuvant inducing cell-mediated immune responses. A number of promising novel adjuvant formulations have recently been designed and show evidence of induction of cellular immune responses in humans. A common trait of effective TB adjuvants including those already in current clinical testing is a two-component approach combining a delivery system with an appropriate immunomodulator.

This review summarises the status of current TB adjuvant research with a focus on the division of labor between delivery systems and immunomodulators.

Clinical Nursing Studies
International Peer-reviewed and Open Access Journal for the Clinical Nursing Specialists
Vol 4, No 1 (2016)
Evaluation of specific antibody responses to selected malaria vaccine candidates in Zimbabwean children
A Marume, G. Nyandoro, I Mutingwende, M. Tshabalala, T. Gozho, N Paul, J. Gusha, E Zumbika, N. Midzi, Takafira Mduluza
Abstract
Introduction: There is high malaria related morbidity and mortality amongst infants and children in malaria endemic areas. An In-depth understanding of protective immunity correlates enables the long due necessary development of an effective malaria vaccine. This study aimed at evaluating antibody responses to apical membrane antigen 1 (AMA 1) that helps P falciparum entry into red blood cells, Glutamate rich protein (GLURP), an antigen expressed in the whole life cycle of the malaria causing pathogen, merozoite surface protein-1 (MSP 1) coding for a major antigen in the asexual stage of P falciparum and merozoite surface protein 3 (MSP 3), a polymorphic blood stage malaria antigen in Zimbabwean children living in malaria endemic areas.
Methods: We characterized humoral immune responses to malaria vaccine candidates in a two year longitudinal survey among 136 children (6-16 years) from Burma and Kariba in Zimbabwe. Blood samples were collected and analyzed for malaria parasites, plasma and antibody titers against malaria vaccine candidates [MSP1, MSP3, GLURP, AMA] by ELISA technique. The blood samples were also checked for potential confounders like anemia, bilharzia and HIV sero-status using the ELISA technique.
Results: Ig levels were significantly different ($p < .0001$) across the three time points, and against the different candidates ($p < .0001$). MSP3 had the highest (13,552.2) and GLURP the least (4,741.6) IgM titers. However, IgG, IgG1, IgG3 and IgG4 levels were highest against AMA compared to other vaccine candidates, [anti-MSP3 IgG3 (15.3) and anti-GLURP IgG4 (58.7)]. Anemia burden was about 44% at baseline with a threefold decrease (-16%) over the 12 month follow up.
Conclusions: This study highlights the need for robust evaluation of several malaria vaccine candidates in combination to understand correlates of protective immunity as suggested by the significant antibody levels against the four vaccine candidates. Longer follow up periods are needed to assess the impact of continuous malaria exposure on host immune responses. Multivalent malaria vaccine development offer a better chance towards an efficacious malaria vaccine compared to monovalent vaccine. Antibody levels against the four vaccine candidates were significant suggesting that an ideal malaria vaccine should target more than one antigen.

Infectious Agents and Cancer
December 2015, 10:41
Cross-sectional study about primary health care professionals views on the inclusion of the vaccine against human papillomavirus in the vaccine schedules
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Abstract
Background
Although the inclusion of the HPV vaccine has been registered in Spain since 2007, vaccination rates are lower than expected. The patients wish to be vaccinated is heavily influenced by information they have received from many source. The Knowledge of primary health care professionals affects the information provided to patients and is fundamental in the decision making. The aim of this study is to assess the opinions of primary health care professionals on the vaccine against HPV and their knowledge about HPV infection and its links to with gynecological and oropharyngeal cancer.
Methods
Cross-sectional study. A 19-item survey was drawn up. It included questions on basic aspects of HPV infection and marketed vaccines, personal opinion about the inclusion in the immunization schedules and their level of prescription and recommendation to patients in their clinical practice. From October 2013 to December 2013, 607 surveys were distributed among 20 primary health centers affiliated to the University Hospital 12 de Octubre. The results were analyzed using SPSS statistical package.
Results
One hundred sixty four successfully completed surveys were obtained for analysis. 89 % of the professionals knew about the relationship between HPV infection and cervical cancer, 57.3 % did not know any of the serotypes against which vaccines are targeted; 40.4 % believed that there is insufficient data to support the commercialization of the vaccines. Of these, 65.7 % argue that there is no data of its long-term effectiveness, 13.4 % that there is no data as to its side effects, 13.4 % believed that the cost effectiveness is not worthwhile.
Conclusions
There is a strong controversy among health professionals regarding the marketing and inclusion of HPV vaccine in immunization schedules. However, the knowledge of the primary care health professionals on key aspects of infection and vaccine protection are insufficient. The training of professionals in vaccination, cervical pathology and HPV infection should be improved to provide objective information on the use as this vaccine for patients.

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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.

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 21 November 2015
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 21 November 2015
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 21 November 2015
[No new, unique, relevant content]

Center for Global Development
http://www.cgdev.org/
Press Release
Nancy Birdsall to Step Down as CGD President
November 16, 2015
The Center for Global Development today announced that Nancy Birdsall is to step down as president in 2016, once a successor is in place. Birdsall, CGD's founding president, will stay with the Center as a senior fellow.
"This is an exciting moment for me and for CGD," said Birdsall. "The Center, though still youthful and disruptive, is in fact a mature and established institution. And the key to CGD's success has always been hard-wired into its culture: a value-driven 'think and do' approach based on top-grade research and practical ideas. That's bigger than any one person. Knowing that makes me confident that this transition will inspire change along with continuity."
Birdsall, a former executive vice president at the Inter-American Development Bank and head of the World Bank policy research department, co-founded the Center in 2001 to analyze how the policies and actions of rich country governments and international financial institutions affect people in the developing world…

Council on Foreign Relations
http://www.cfr.org/
Accessed 21 November 2015
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 21 November 2015
[No new, unique, relevant content]

Financial Times
http://www.ft.com/hme/uk
Accessed 21 November 2015
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 21 November 2015
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 21 November 2015
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 21 November 2015
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 21 November 2015
[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 21 November 2015
[No new, unique, relevant content]

Mail & Guardian
http://mg.co.za/
Accessed 21 November 2015
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 21 November 2015
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 21 November 2015
Africa
Ebola Cases in 3 Family Members Confirmed in Liberia
By CLAIR MacDOUGALL and HELENE COOPERNOV. 20, 2015

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 21 November 2015
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 21 November 2015
[No new, unique, relevant content]

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