Vaccines and Global Health: The Week in Review
31 October 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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TB

Global tuberculosis report 2015
WHO

20th Edition October 2015 :: 204 pages
ISBN 978 92 4 156505 9
Overview

This is the twentieth global report on tuberculosis (TB) published by WHO in a series that started in 1997. It provides a comprehensive and up-to-date assessment of the TB epidemic and progress in implementing and financing TB prevention, care, control and research at global, regional and country levels using data reported by over 200 countries that account for more than 99% of the world's TB cases. In this 2015 edition, particular attention is given to assessment of whether 2015 global TB targets set in the context of the Millennium Development Goals were achieved worldwide and at regional and country levels.

The four annexes of the report include an explanation of how to access and use the online global TB database, one-page profiles for 22 high TB-burden countries, one page regional profiles for WHO's six regions, and tables that show estimates and data for key indicators for all countries for the latest year

Executive summary *[excerpt]*

Background

The year 2015 is a watershed moment in the battle against tuberculosis (TB). It marks the deadline for global TB targets set in the context of the Millennium Development Goals (MDGs), and is a year of transitions: from the MDGs to a new era of Sustainable Development Goals (SDGs), and from the Stop TB Strategy to the End TB Strategy. It is also two decades since WHO established a global TB monitoring system; since that time, 20 annual rounds of data collection have been completed.

Using data from 205 countries and territories, which account for more than 99% of the world's population, this global TB report documents advances in prevention, diagnosis and treatment of the disease. It also identifies areas where efforts can be strengthened.

Main findings and messages

The advances are major: TB mortality has fallen 47% since 1990, with nearly all of that improvement taking place since 2000, when the MDGs were set.

In all, effective diagnosis and treatment of TB saved an estimated 43 million lives between 2000 and 2014.

The MDG target to halt and reverse TB incidence has been achieved on a worldwide basis, in each of the six WHO regions and in 16 of the 22 high-burden countries that collectively account for 80% of TB cases. Globally, TB incidence has fallen by an average of 1.5% per year since 2000 and is now 18% lower than the level of 2000.

This year's report describes higher global totals for new TB cases than in previous years, but these reflect increased and improved national data rather than any increase in the spread of the disease.

Despite these advances and despite the fact that nearly all cases can be cured, TB remains one of the world's biggest threats.

In 2014, TB killed 1.5 million people (1.1 million HIV-negative and 0.4 million HIV-positive). The toll comprised 890,000 men, 480,000 women and 140 000 children.

TB now ranks alongside HIV as a leading cause of death worldwide. HIV's death toll in 2014 was estimated at 1.2 million, which included the 0.4 million TB deaths among HIV-positive people.1

Worldwide, 9.6 million people are estimated to have fallen ill with TB in 2014: 5.4 million men, 3.2 million women and 1.0 million children. Globally, 12% of the 9.6 million new TB cases in 2014 were HIV-positive.

To reduce this burden, detection and treatment gaps must be addressed, funding gaps closed and new tools developed.

In 2014, 6 million new cases of TB were reported to WHO, fewer than two-thirds (63%) of the 9.6 million people estimated to have fallen sick with the disease. This means that worldwide, 37% of new cases went undiagnosed or were not reported. The quality of care for people in the latter category is unknown.

Of the 480,000 cases of multidrug-resistant TB (MDR-TB) estimated to have occurred in 2014, only about a quarter of these - 123,000 - were detected and reported.

Although the number of HIV-positive TB patients on antiretroviral therapy (ART) improved in 2014 to 392,000 people (equivalent to 77% of notified TB patients known to be co-infected with HIV), this number was only one third of the estimated 1.2 million people living with HIV who developed TB in 2014. All HIV-positive TB cases are eligible for ART.

Funding gaps amounted to US$ 1.4 billion for implementation of existing interventions in 2015. The most recent estimate of the annual funding gap for research and development is similar, at about US$ 1.3 billion.

From 2016, the goal is to end the global TB epidemic by implementing the End TB Strategy. Adopted by the World Health Assembly in May 2014 and with targets linked to the newly adopted SDGs, the strategy serves as a blueprint for countries to reduce the number of TB deaths by 90% by 2030 (compared with 2015 levels), cut new cases by 80% and ensure that no family is burdened with catastrophic costs due to TB…

[Report excerpt p.112]

8.3 New vaccines to prevent TB

The slow decline in TB incidence globally (Chapter 2) and the persistent threat of MDR-TB both highlight the critical need for new effective TB vaccines. It is estimated that at least US$ 8 billion is required each year for TB diagnosis and treatment using currently available interventions (Chapter 7).

A recent modelling study showed that developing at least one new TB vaccine over the next 10-15 years would cost about US$ 0.8-1 billion, approximately 1% of diagnosis and treatment costs, and that an adolescent and adult vaccine with 60% efficacy delivered to 20% of the population-at-risk could avert as many as 30-50 million new cases of TB by 2050.1

Recent modelling also indicates that targeting adolescents will prevent morbidity and mortality in infants and young children, and is a more effective strategy to protect them from TB than direct vaccination of infants with a similar vaccine.2

The potential for an adult/adolescent vaccine to have a meaningful impact on the global TB epidemic, compared with the limited impact of an infant vaccine, has shifted the focus of TB vaccine development. The new paradigm emphasises the development of a diverse pipeline of new TB vaccine candidates that target the prevention of active TB in these older age groups.

Scientific advances have also enabled the pursuit of more sophisticated approaches to vaccine design. The global pipeline of TB vaccine candidates in clinical trials is more robust than at any previous period in history, now including recombinant BCGs, attenuated M. tuberculosis strains, recombinant viral-vectored platforms, protein/adjuvant combinations, and mycobacterial extracts.

The status of the pipeline for new vaccines in August 2015 is shown in Figure 8.4. These vaccines aim either to prevent infection (pre-exposure) or to prevent primary progression to disease or reactivation of latent TB (post-exposure). Further details are provided below…

1 Aeras, TB Vaccine Research and Development: A Business Case for Investment. Rockville: Aeras; 2014. Available at: http://bit.ly/1EodJBj

2 White, R. Indirect effects in infants on the force of TB disease from vaccinating adolescents and adults. London: TB Modelling Group, TB Centre, Centre for the Mathematical Modelling of Infectious Diseases; 2015.

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Aeras [to 31 October 2015]
http://www.aeras.org/pressreleases
Aeras Responds to the WHO's Report on Threat of TB Epidemic
Rockville, MD, October 28, 2015 – The World Health Organization (WHO) released its Global Tuberculosis Report 2015 today, announcing that tuberculosis (TB) caused 1.5 million deaths in 2014, and HIV/AIDS caused 1.2 million deaths last year1.

"While we applaud the progress made to date, with an estimated 9.6 million people fighting active disease and 1.5 million people dying from TB in 2014, it is essential that the appropriate resources are invested in research and development to create the new drugs, diagnostics, and vaccines we desperately need to arrest this global epidemic," said Aeras CEO Jacqueline E. Shea, Ph.D. "Governments and other funders must dramatically increase the level of resources available for this urgent research." According to the WHO, there is a $1.3 billion yearly funding gap for TB research and development2.

The WHO's report also points to the serious threat of dangerous strains of multidrug-resistant (MDR) and extensively drug-resistant (XDR) TB. In 2014, nearly half a million people developed MDR-TB2. Extensively drug-resistant TB has been reported in 105 countries, representing almost 10 percent of all MDR-TB cases2. Today's report underscores the urgency of increased funding for TB R&D, warns Dr. Shea. "A new, effective vaccine is essential to ending the TB epidemic," she adds. "There are so many scientific avenues worthy of further exploration that could be pursued with the appropriate resources, including new vaccine approaches; shorter, faster drug regimens; and improved diagnostics."

The WHO's announcement follows the End TB Strategy adopted by the World Health Assembly in 2014 and the United Nations' recently affirmed Sustainable Development Goals, which include a target to reduce the number of TB deaths by 90% by 2030. "This simply cannot be achieved with the current tools we have to fight this epidemic," Dr. Shea cautions. "Now is the time for global R&D funders to prioritize TB R&D."

PATH [to 31 October 2015]
http://www.path.org/news/index.php
Announcement | October 29, 2015
PATH scientist: new tools can better detect tuberculosis
Report calls for faster validation

Last week, UNITAID released its Tuberculosis Diagnostics Technology and Market Landscape report, co-authored by PATH scientist Dr. David Boyle, who oversees the PATH Diagnostics Program Tuberculosis (TB) Portfolio. The report, now in its fourth edition, reviews current and potential technologies and critical market challenges to improved access to better TB diagnostics.

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Malaria Vaccine+

Global Fund [to 31 October 2015]
http://www.theglobalfund.org/en/news/
World Health Organisation right to be wary about first malaria vaccine
By Seth Berkley and Mark Dybul in Voices on 29 October 2015

Mosquirix is one of the most widely anticipated vaccines to have been developed. It is the first vaccine for malaria – a disease that kills more than 1,200 children every day– and has been clinically proven to provide protection against the disease. So, given that it has passed the toughest regulatory hurdles required of it, why is it only being made available in a handful of countries?

Demand for the vaccine is likely to be high. With more than 200m cases a year, malaria is endemic in almost every country in sub-Saharan Africa, as well as large parts of Asia and Latin America. Last week, two advisory bodies to the World Health Organisation, the strategic advisory group of experts on immunisation and the malaria policy advisory committee, recommended against its immediate widespread use, and many people may have been left wondering why.

But it was a smart call. While there is a potential to save many lives with this vaccine, we have reason to tread carefully. Rather than being a simple solution, Mosquirix comes with complex caveats and some outstanding questions that the clinical studies were not able to address. While some may argue that any delay in getting the vaccine out to people could end up costing lives, experts first want certainty that, in a real-life setting, it indeed brings the benefits we expect, based on what was shown in the trials.

Clinical trials found Mosquirix to be both safe and effective, providing 39% efficacy at preventing clinical cases of malaria over the course of a four-year trial. While this is low for a vaccine, it is worth remembering that given the large number of people at risk, providing protection in just four out of 10 cases could still go a very long way. Moreover, since there can be more than one episode per child, the trials found that the vaccine prevented on average 1,774 cases of malaria per 1,000 children.

However, what happens during the controlled setting of a clinical trial does not necessarily translate into a real-world situation, and here lies the concern.

To begin with, Mosquirix requires four doses. That's a lot for a vaccine. What's more, trials suggest that its already low efficacy is further reduced if the fourth dose is not administered, down to about 28% protection against clinical malaria and reducing its impact on severe cases

of malaria to nearly zero. That is worrying because, typically, the more doses required of a vaccine the higher the dropout rate.

It then becomes a question of how reliably the vaccine can be administered – and, again, Mosquirix presents challenges. To achieve maximum effect, it should be given to children from five months, with the fourth dose given around the age of two. This is out of sync with the typical immunisation schedule for children in poorer countries, who are brought in for routine vaccination when they are six to 14 weeks old.

Delivering the vaccine will require unprecedented efforts to inform and mobilise people to bring their children to health clinics at the prescribed time to complete all four doses. But, with many of the countries in question already struggling to improve routine immunisation rates, it remains to be seen how reliably four doses of Mosquirix can be deployed.

That doesn't mean it can't be done. In light of how big a priority malaria is for these countries they may well indeed make it work. After all, we have seen this happen with the human papillomavirus (HPV) vaccine, another much sought after vaccine for developing countries, which is given to school-age girls to prevent cervical cancer.

But even if high coverage can be achieved, there is still a danger that news of the vaccine will give people a false sense of security and lead to a reduction in the use of other malaria interventions, which would be tragic. Insecticide treated bednets and anti-malarial medicine have already led to a 37% global decrease in malaria cases since 2000, and a 60% decline in the malaria mortality rate.

Mosquirix is no magic bullet and at best may prove to be a useful complementary tool in reducing malaria, but only one of many already being used.

All this combined is why the WHO has been so cautious, recommending that we proceed with just a few demonstration projects in three to five settings, and involving around 1 million children. This is a sensible approach; it is due diligence. With so many lives at stake, it is critical that we shed more light on these unknowns, so that we fully understand the impact of this vaccine before, or even if, we should make it more widely available.

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EBOLA/EVD [to 31 October 2015]
Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)

Ebola Situation Report – 28 October 2015
[Excerpts]
SUMMARY
:: Three new confirmed cases of Ebola virus disease (EVD) were reported in the week to 25 October, all of which were reported in Guinea. The country also reported 3 cases the previous week. All 3 new cases are from the same household in the subprefecture of Kaliah, Forecariah, and are registered high-risk contacts linked to a case from the same area last week. There are

currently 364 contacts under follow-up in Guinea (an increase from 246 the previous week), 141 of whom are high-risk. An additional 233 contacts identified during the past 42 days remain untraced. Therefore there remains a near-term risk of further cases among both registered and untraced contacts. Sierra Leone reported zero cases for a sixth consecutive week, and will be declared free of EVD transmission on 7 November if no further cases are reported.

:: Case incidence has remained at 5 confirmed cases or fewer per week for 13 consecutive weeks. Over the same period, transmission of the virus has been geographically confined to several small areas in western Guinea and Sierra Leone, marking a transition to a distinct, third phase of the epidemic. The phase-3 response coordinated by the Interagency Collaboration on Ebola builds on existing measures to drive case incidence to zero, and ensure a sustained end to EVD transmission. Enhanced capacity to rapidly identify a reintroduction (either from an area of active transmission or from an animal reservoir), or re-emergence of virus from a survivor, and capacity for testing and counselling as part of a comprehensive package to safeguard the welfare of survivors are central to the phase-3 response framework…

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POLIO [to 31 October 2015]
Public Health Emergency of International Concern (PHEIC)

GPEI Update: Polio this week as of 28 October 2015
Global Polio Eradication Initiative
Full report link: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
:: On 20 October, the Strategic Advisory Group of Experts on immunization (SAGE) confirmed that the globally coordinated withdrawal of the type 2 component in oral polio vaccine (OPV) should occur in April 2016, specifically in a window from 17 April to 1 May. Countries should intensify their preparatory efforts to switch from trivalent OPV to bivalent OPV to meet this timeline.
:: Withdrawing OPV type 2 is a crucial part of the polio endgame strategy, in order to eliminate the very rare cases of vaccine associated paralytic polio (VAPP) or circulating vaccine derived polioviruses (cVDPVs). The type 2 component of OPV accounts for 40% of VAPP cases, and upwards of 90% of cVDPV cases. By contrast, wild poliovirus type 2 has not been detected anywhere since 1999 and the Global Commission for the Certification of Poliomyelitis Eradication (GCC) declared this strain globally eradicated at its meeting in September 2015.
:: SAGE cautioned, however, that more work needs to be implemented ahead of the April 2016 switch date. It is critical that countries meet established deadlines to protect populations by moving the world towards destruction of wild poliovirus type 2 stocks or their appropriate containment in designated 'poliovirus essential' facilities. Ongoing cVDPV2 outbreaks needed to be fully stopped. And a global supply constraint of inactivated polio vaccine needed to be carefully managed in the lead-up to the switch, with available supply prioritized to highest risk areas. More
[Selected Country Update Information]
Afghanistan
:: One new positive environmental sample was reported in the past week, in Hilmand province, with collection date of 19 September.

:: 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 the Emergency Operations Centre
.. Improving SIA quality by focusing resources on low-performing districts, and clearly identifying and targeting persistently missed children
.. Maximizing 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
::National Immunization Days (NIDs) will take place on 1 – 3 November using trivalent OPV and Subnational Immunization Days (SNIDs) are planned from 29 November to 1 December in the south and east of the country using bivalent OPV. Additional campaigns with inactivated polio vaccine are also planned for November (exact dates to be confirmed).

Madagascar

:: One new case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported in the past week, with onset of paralysis on 22 August from Sud-Ouest province. The total number of cVDPV1 cases for 2015 is ten.
::: The 2015 cases are genetically linked to the case reported in September 2014, indicating prolonged and widespread circulation of the virus. Learn more about vaccine derived polioviruses here.
:: The emergency outbreak response continues to be intensified. A fourth round of National Immunization Days targeting an expanded age group will be held in November

SAGE confirms global polio vaccine switch date as April 2016

Monday, October 26, 2015

Landmark decision paves way for worldwide trivalent to bivalent OPV switch

Convening in Geneva, Switzerland, on 20 October 2015, the Strategic Advisory Group of Experts on immunization (SAGE) confirmed that the globally coordinated withdrawal of the type 2 component in the oral poliovirus vaccine (OPV) should occur in April 2016, specifically in a window from 17 April to 1 May 2016. Countries should soon begin to intensify their preparatory efforts to switch from trivalent oral polio vaccine (tOPV) to bivalent OPV (bOPV) to meet this timeline.

SAGE's landmark decision follows the endorsement by the World Health Assembly (WHA) in May 2015, when Ministers of Health from 194 member states adopted a resolution on the global effort to eradicate polio, paving the way for a world free of polio.

SAGE concluded that significant progress had been made since its last meeting in April 2015, with no cases in Africa since August and over a year having passed since the last case in the Middle East was seen, strengthened surveillance and more children being reached with vaccines in key areas of Pakistan and Afghanistan. As a result of these steps, all countries and the partners of the Global Polio Eradication Initiative (GPEI) should plan for April 2016 as the definitive date for the global withdrawal of OPV type 2 (OPV2).

Withdrawing OPV type 2 is a crucial part of the polio endgame strategy, in order to eliminate the very rare cases of vaccine associated paralytic polio (VAPP) or circulating vaccine derived

polioviruses (cVDPVs). The type 2 component of OPV accounts for 40% of VAPP cases, and upwards of 90% of cVDPV cases. By contrast, wild poliovirus type 2 has not been detected anywhere since 1999 and the Global Commission for the Certification of Poliomyelitis Eradication (GCC) declared this strain globally eradicated at its meeting in September 2015.

SAGE cautioned, however, that more work needs to be implemented ahead of the April 2016 switch date. It is critical that countries meet established deadlines to protect populations by moving the world towards destruction of wild poliovirus type 2 stocks or their appropriate containment in designated 'poliovirus essential' facilities. Ongoing cVDPV2 outbreaks in Guinea and South Sudan needed to be fully stopped. And a global supply constraint of inactivated polio vaccine needed to be carefully managed in the lead-up to the switch. The level of commitment from countries to meet the deadline to introduce IPV ahead of the switch has been exceptional, however due to technical challenges in scaling up manufacturing, short term supply constraints mean that some countries that are at low risk of cVDPV2 emergence and circulation are expected to experience slight delays in deliveries. The available supply must be prioritized to highest risk areas and stocks set aside for use as part of a response to detection of a type 2 poliovirus after OPV2 withdrawal.

The withdrawal of type 2 OPV will ultimately eliminate the risk of emergence of new cVDPV2s in the future, and will also prevent upwards of 200 cases of VAPP that currently occur each year as a result of the type 2 component in trivalent OPV. This globally synchronised switch will therefore be of great significance for the polio eradication programme with tremendous public health benefits.

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MERS-CoV [to 31 October 2015]
Global Alert and Response (GAR) – Disease Outbreak News (DONs)
:: Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia
29 October 2015
:: Middle East respiratory syndrome coronavirus (MERS-CoV) – Republic of Korea
25 October 2015

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WHO & Regionals [to 31 October 2015]

WHO mobilizes 510,000 doses of oral cholera vaccine in Iraq
27 October 2015 – Iraq declared an outbreak of cholera on 15 September 2015. The current number of laboratory confirmed cases is 2055. As an integrated part of the current outbreak response strategy oral cholera vaccines (OCV) have been mobilized through the international coordination group based in Geneva. Based on a public health risk assessment, it has been determined that a number of displacement camps housing Syrian refugees and internally displaced Iraqis are at high risk for further spread of the cholera outbreak.

In addition to current prevention and control measures, WHO is working with the Ministry of Health to provide OCV in an immunization campaign for vulnerable populations in 62 refugee camps for internally displaced persons and collective centres throughout the country, targeting approximately 249,319 people. This is the first time Iraq will introduce the OCV Shanchol vaccine.

2 doses of vaccine are required for an individual to be protected. The campaign begins with an initial round of vaccinations followed by – after a required, minimum 14 days interval – a second round of doses, which will complete the vaccination. For such a campaign to be effective, it is vital that a second dose is administered. The first round is scheduled to take place on 31 October.

Targeted social mobilization, campaign logistics and health education are key components to ensure the successful implementation of OCV. In order to achieve herd immunity all members of a family above 1 year of age must be vaccinated.

Additional staff from WHO and health cluster partners have been deployed to Iraq in order to support the cholera response measures, facilitate the logistics and preparation of the campaign in select locations to ensure as many people as possible are protected.

The provision of safe water, sanitation and personal hygiene will continue to be the critical cholera prevention and control measures. Cholera vaccination is a safe and effective additional tool that can be used under the right conditions to supplement existing priority cholera control measures, not to replace them, and prevention and control measures must be accelerated before, during and after the 2 successive rounds.

Weekly Epidemiological Record (WER) 30 October 2015, vol. 90, 44 (pp. 589–608) includes:
589 Maternal and neonatal tetanus elimination: validation survey in 4 States and 2 union territories in India, May 2015

WHO call for stronger parliamentary engagement on health
29 OCTOBER 2015
IPU - Inter-Parliamentary Union
World Health Organization (WHO) Director General Dr Margaret Chan has urged MPs around the world to step up their efforts to improve the health of their citizens, stressing the importance of political solutions in a new generation of complex challenges. In her first address to an IPU assembly, Dr Chan stressed the vital role of MPs in a wide range of strategies including delivering universal health coverage, taxing tobacco, improving food labelling and fighting tax, trade and insurance policies which impacted on the poor. She warned of new threats including drug-resistant pathogens, the globalized marketing of unhealthy products, and the growing rates of chronic non-communicable diseases such as heart disease, cancer and diabetes – which have overtaken infectious diseases as the world's biggest killers. Dr Chan also offered to strengthen WHO's collaboration with IPU through structured technical support to IPU's advisory bodies and confirmed a new role for parliamentarians in jointly organized side

events at WHO assemblies, the organization's supreme decision-making body. Her address builds on the existing cooperation between WHO and IPU in fields including women's and children's health, family planning, violence against women and girls and harmful traditional practices.

World Antibiotic Awareness Week

30 October 2015 -- The first World Antibiotic Awareness Week 16 to 22 November 2015 encourages best practices among the general public, health workers, policy-makers and the agriculture sector to avoid further emergence and spread of antibiotic resistance. The campaign urges people to "handle antibiotics with care", because when antibiotics are misused or over prescribed bacteria become resistant to their effects, making some infectious diseases difficult - sometimes impossible - to treat

Typhoon-affected communities in the Philippines vulnerable to disease outbreaks

October 2015 -- WHO and partners are assisting the Government of the Philippines by providing targeted support using in-country resources. WHO has assisted with logistics, information management, provision of emergency kits, disease surveillance and is set to deploy more national experts and medical supplies.

Earthquake response in Afghanistan and Pakistan

October 2015 -- An earthquake with magnitude 7.7 occurred in north-eastern Afghanistan on 26 October, 2015 affecting both Afghanistan and Pakistan. WHO is assessing the public health impact of the earthquake and responding to the region's health needs.

Globally, an estimated two-thirds of the population under 50 are infected with herpes simplex virus type 1

28 October 2015

Request for proposals: MICs Task Force Consultant

23 October 2015
Terms of referencepdf, 135kb
Deadline for application: 20 November 2015

:: WHO Regional Offices

WHO African Region AFRO

No new digest content identified.

WHO Region of the Americas PAHO

:: Wider access to ultrasound would save maternal and neonatal lives in Latin America and the Caribbean (10/29/2015)

WHO South-East Asia Region SEARO

:: Reconstruction of health systems should remain top priority in Nepal
Media statement from Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region on six month anniversary of the Nepal earthquake
[undated]

WHO European Region EURO
:: Statement - The challenges of migration require migrant-sensitive health systems for today and for the future 29-10-2015
:: "No" to influenza vaccination costs thousands of lives 28-10-2015
:: WHO/Europe and the Ministry of Health of Hungary conduct a joint assessment of refugee and migrant health in Hungary 27-10-2015
:: Good prison health involves empowering prisoners 26-10-2015

WHO Eastern Mediterranean Region EMRO
:: WHO pre-positions emergency supplies in Somalia in preparation for El Niño
30 October 2015, Mogadishu – WHO is working closely with the Federal Ministry of Health of Somalia in order to prepare for any possible health emergencies resulting from the El Niño climate phenomenon expected to hit some countries of the Region in 2015, including Somalia. WHO and partner United Nations agencies have developed contingency plans and are scaling up preparedness activities, including pre-positioning of aid supplies in areas most likely to be affected by flooding

WHO Western Pacific Region
No new digest content identified.

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CDC/MMWR/ACIP Watch [to 31 October 2015]
http://www.cdc.gov/media/index.html
CDC resumes weekly flu activity reports
FRIDAY, OCTOBER 30, 2015
Information about influenza activity in the United States is collected, compiled and analyzed by the Centers for Disease Control and Prevention (CDC) and published in a report called FluView. CDC...

MMWR October 30, 2015 / No. 42/ No. 42/ Vol. 64
:: **Human Papillomavirus Vaccination Coverage Among Female Adolescents in Managed Care Plans — United States, 2013**
OCTOBER 30, 2015
Human papillomavirus (HPV) vaccination is an effective primary prevention strategy that can reduce many of the HPV infections that lead to cancer, and is routinely recommended for persons aged 11–12 years. To determine whether the recommended HPV vaccination series is currently being administered to adolescents with health insurance, CDC and the National Committee for Quality Assurance assessed 2013 data from the Healthcare Effectiveness Data and Information Set. This report summarizes that assessment.

[Report excerpt]
…Most female adolescents in commercial and Medicaid health plans are currently not receiving the recommended doses of HPV vaccine by age 13 years. The HEDIS HPV vaccination measure was publicly reported for the first time in 2013, approximately 7 years after the quadrivalent HPV vaccine was licensed in the United States and recommended by the Advisory

Committee on Immunization Practices (ACIP) for use in female adolescents (4), allowing health care providers time to adapt to the recommendations. Despite this, results from this study indicate that health plans are performing poorly overall with regard to HPV vaccination rates in female adolescents aged 13 years…

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Initiatives/Announcements/Milestones

European Vaccine Initiative [to 31 October 2015]
http://www.euvaccine.eu/news-events
:: **Search for a placental malaria vaccine leads to breakthrough in cancer research**
30 October 2015
A placental malaria vaccine research and development project at the Faculty of Medical Health and Science of the University of Copenhagen leads to an encouraging discovery in the fight against cancer.
:: **EVI letter published in latest edition of The Economist**
30 October 2015
A letter sent by EVI to The Economist pointing out misleading figures in the article in the 10 October edition "Breaking the fever", has been published in the latest edition in the Letters section under Science v malaria.
:: **Recent article to emerge from the PAMCPH project in PLoS ONE**
28 October 2015
The full article, entitled "The Influence of Sub-Unit Composition and Expression System on the Functional Antibody Response in the Development of a VAR2CSA Based Plasmodium falciparum Placental Malaria Vaccine", can be accessed via this link

ICH announces organisational changes as it marks 25 years of successful harmonisation
26 October 2015
The International Council for Harmonisation (ICH), formerly the International Conference on Harmonisation (ICH) held the inaugural meetings of its new Assembly [and Management Committee] on 23 October 2015.

The reforms build on a 25-year track record of successful delivery of harmonised guidelines for global pharmaceutical development, and their regulation. The changes announced today build on that success and will reinforce the foundations of ICH to make it better-equipped to face the challenges of global pharmaceutical development and regulation.

The reforms will mean that ICH is a truly global initiative, expanding beyond the current ICH members. More involvement from regulators around the world is welcomed and expected, as they will be invited to join counterparts from Europe, Japan, USA, Canada and Switzerland as ICH regulatory members. This is matched by the possibility of wider inclusion of global industry

sectors affected by ICH harmonisation. The reforms strengthen ICH as the leading platform for global pharmaceutical regulatory harmonisation, and one that brings together in a transparent manner all key regulatory authorities and industry stakeholders.

The changes give ICH a more stable operating structure through the establishment of an ICH association, a legal entity under Swiss law. The association establishes the new Assembly as the over-arching governing body that will be instrumental in facilitating future growth through the participation of new members.

At the end of the inaugural meeting, ICH Assembly members declared "The fundamentals of what the ICH parties are trying to achieve are not changed, but the reforms to the process and organisation were needed to adapt to changes in how medicines are developed and regulated. These changes mark an exciting moment for us to help harmonise and streamline the global drug development process for the benefit of patients around the world."

FDA [to 31 October 2015]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
:: Influenza Virus Vaccine for the 2015-2016 Season
Posted: 10/28/2015
:: **Product Development Under the Animal Rule; Guidance for Industry** (PDF - 563KB)
Posted: 10/27/2015
INTRODUCTION
This guidance provides information and recommendations on drug and biological product3 development when human efficacy studies are not ethical or feasible. The regulations that set forth the pathway for approval4 of these products under 21 CFR 314.600 through 314.650 (drugs) or 21 CFR 601.90 through 601.95 (biological products) are commonly referred to as the Animal Rule…

Industry Watch
:: **Vaxart Awarded $13.98 Million HHS-BARDA Contract to Support Advanced Development of Influenza Tablet Vaccine**
Contract to fund series of pre-clinical and clinical studies including a Phase 2 efficacy trial
October 28, 2015
SOUTH SAN FRANCISCO, Calif.--(BUSINESS WIRE)--Vaxart, Inc., a privately held, clinical-stage biotechnology company developing oral recombinant vaccines that are administered by tablet rather than by injection, today announced that it was awarded a $13.98 million contract by the Office of Biomedical Advanced Research and Development Authority (BARDA), the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response.
The two-year contract was awarded under a Broad Agency Announcement issued to support the advanced development of more effective and universal influenza vaccines to improve seasonal and pandemic influenza preparedness. The contract will primarily fund a Phase 2 challenge study in human volunteers, designed to evaluate whether the Vaxart tablet vaccine offers broader and more durable protection than currently marketed injectable vaccines. Additionally, through a series of preclinical and clinical studies, Vaxart will seek to demonstrate

broad cross-protective immunity of its tablet vaccine against drifted and divergent influenza strains…

Sabin Vaccine Institute [to 31 October 2015]
http://www.sabin.org/updates/pressreleases
Dr. Denise Garrett Joins Sabin as Director of the Coalition against Typhoid
WASHINGTON, D.C. — October 26, 2015 — The Sabin Vaccine Institute (Sabin) today announced that Denise Garrett, MD, MSc, has joined the organization as director of the Coalition against Typhoid (CaT) secretariat.

IVI [to 31 October 2015]
http://www.ivi.org/web/www/home
IVI Board of Trustees Meeting and Visit by Sida
The week of October 12th was a busy one at IVI with a visit by the Swedish International Development Cooperation Agency (Sida) and the annual gathering of the IVI Board of Trustees (BOT).

Ros Mari Balow, the Sida representative who oversees IVI, visited the IVI headquarters from Oct. 14-16 where she met the Dr. Jerome Kim for the first time since he started his term as Director General and the IVI teams, and participated in the BOT meeting. In addition to being an IVI signatory country, Sweden has been a major contributor of core funds to IVI since 2002. The visit reaffirmed the solid partnership between IVI and Sida.

The BOT meeting took place from Oct. 15-16 at the IVI headquarters and is one of two face-to-face meetings held annually. The meeting is an opportunity for Board members to get institutional updates, and to discuss and make decisions on major issues facing the organization. The major topic at this meeting was IVI's new strategy and organizational plan to support the strategy. A strategic refresh was initiated since the start of Dr. Kim's appointment and is currently being supported by the Boston Consulting Group. These organizational changes will make IVI more effective and efficient on delivering in its mission and help ensure the future sustainability of the organization. The new strategic plan will be announced at the end of the year…

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IAVI International AIDS Vaccine Initiative [to 31 October 2015]
http://www.iavi.org/press-releases/2015
No new digest content identified.

BMGF - Gates Foundation [to 31 October 2015]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

NIH [to 31 October 2015]
http://www.nih.gov/news/releases.htm
No new digest content identified.

European Medicines Agency [to 31 October 2015]
http://www.ema.europa.eu/
Website not functioning at review.

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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

UNAIDS 2016–2021 Strategy - On the Fast-Track to end AIDS [by 2030]
Issue date: 27 October 2015 :: 130 pages
UNAIDS PROGRAMME COORDINATING BOARD
UNAIDS/PCB (37)/15.18.rev1
THIRTY-SEVENTH MEETING
Date: 26 – 28 October 2015
WHO, Geneva
Executive summary *[excerpt]*
A defining moment

1. The UNAIDS 2016–2021 Strategy comes at a critical moment in the history of the HIV epidemic and response. Evidence demonstrates that if the current, unprecedented level of HIV service coverage is simply maintained, progress will slip backwards with rising numbers of people newly infected, and more people dying from AIDS-related causes. Nevertheless, we have never had more opportunities to leverage our momentum to accelerate the response over the next five years: a new sustainable development agenda; fresh, innovative solutions; and the rise of regional, national and local leadership and institutions – including strong political commitment to the 90–90–90 treatment target. By seizing this moment, we can end the AIDS epidemic as a public health threat by 2030. The next five years provide a fragile window of opportunity to Fast-Track the AIDS response and empower people to lead dignified and rewarding lives….

[excerpt: "vaccine"]

157. The Joint Programme will expand its work on and advocacy for the continued innovation and refinement of HIV-related medicines and technologies, and ensuring their availability, quality and affordability. These efforts will include mobilizing scientific and ethical consensus on efforts towards a vaccine and AIDS cure. UNAIDS will support countries in adopting and using health-related TRIPS flexibilities and in defending their ability to challenge provisions in trade agreements that impede access to affordable medicines and go beyond the international obligations provided under the TRIPS agreement. UNAIDS will join the effort to explore new incentive systems for needed research and development in which research and development costs are

delinked from product prices. UNAIDS will also support efforts to overcome regulatory barriers that delay market entry of quality-assured medicines and health technologies, including by strengthening local and regional regulatory capacities. UNAIDS will work with partners in the Diagnostics Access Initiative to fully leverage the potential of laboratory medicine to accelerate progress towards the 90–90–90 treatment target, with particular attention to viral load testing, early infant and other health products amenable to greater market influence..

Press Release
UNAIDS Board adopts bold and ambitious strategy to end the AIDS epidemic by 2030
GENEVA, 30 October 2015—At its 37th meeting, the UNAIDS Programme Coordinating Board adopted a new strategy to end the AIDS epidemic as a public health threat by 2030. The UNAIDS 2016–2021 Strategy is one of the first in the United Nations system to be aligned to the Sustainable Development Goals, which set the framework for global development policy over the next 15 years, including ending the AIDS epidemic by 2030.

With a universal agenda, firmly grounded in evidence and rights-based approaches, the strategy maps out the UNAIDS Fast-Track approach to accelerate the AIDS response over the next five years to reach critical HIV prevention and treatment targets and achieve zero discrimination. Members of the Board from across all regions called the strategy bold, ambitious, yet achievable, and praised the highly inclusive and consultative process to develop it.

In his opening address, the Executive Director of UNAIDS, Michel Sidibé, described the strategy as an urgent call to front-load investment, to close the testing gap, to increase focus and financing for HIV prevention and to protect the health of the 22 million people living with HIV who are not yet accessing treatment. He said that the strategy would be an instrument for social justice and dignity…

…During the dedicated thematic day, the Board discussed the importance of shared responsibility and global solidarity for an effective, equitable and sustainable HIV response. It was agreed that the most critical next step for achievement of the Sustainable Development Goals will be to have clarity on the means of implementation. Participants emphasized that multisectorality and equitable, transparent and inclusive governance are central bases for effective shared responsibility and global solidarity, and that the AIDS response—and in particular UNAIDS—provides an important model to be replicated for other health, development, gender and rights outcomes…

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A NATIONAL BLUEPRINT FOR BIODEFENSE: LEADERSHIP AND MAJOR REFORM NEEDED TO OPTIMIZE EFFORTS
BIPARTISAN REPORT OF THE BLUE RIBBON STUDY PANEL
October 2015 :: 100 pages
BACKGROUND
The Blue Ribbon Study Panel on Biodefense was established in 2014 to assess gaps and provide recommendations to improve U.S. biodefense. The Panel – supported by a suite of distinguished ex officio members and staff with deep expertise in science, policy, intelligence, and defense; institutional hosting through Hudson Institute and the Inter-University Center for

Terrorism Studies at Potomac Institute for Policy Studies; and funds from academia, foundations, and industry – determined where the United States is falling short…

…CONCLUSIONS
We have reached a critical mass of biological crises. Myriad biological threats, vulnerabilities, and consequences have collectively and dramatically increased the risk to the Nation. They have also, we believe, garnered the attention of enough people who understand the threat is real, want to mobilize and take action, and can provide for effective national biodefense.

Leadership moves America forward. A central and authoritative leader – who, by recommendation of this report, is the Vice President – can foster substantial progress in biodefense, much of it in the near term. Once installed as this leader, the Vice President (and the interagency team of experts who will work to realize the strategic vision of the Executive and Legislative Branches) can foster substantial progress, much of it in the near term. This is especially true for coordinating federal activities, forging intersectoral partnerships, and revolutionizing the ways in which we approach this mission space.

Dramatic improvements are within our reach if we follow a national blueprint for biodefense, establish leadership, and engage in major reform efforts that build on the good work that is already in place.

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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

Influenza vaccination of health care personnel: Experiences with the first year of a national data collection effort

Elizabeth J. Kalayil, Samantha B. Dolan, Megan C. Lindley, Faruque Ahmed
p1154–1160
Published online: July 30 2015
Preview

The purpose of this project was to evaluate a standardized measure of health care personnel (HCP) influenza vaccination during the first year of implementation. The measure requires acute care hospitals to gather vaccination status data from employees, licensed independent practitioners (LIPs), and adult students/trainees and volunteers. The evaluation included a hospital sampling frame stratified by 4 United States Census Bureau Regions and hospital bed count. The hospitals were selected within strata using simple random sampling and the probability proportional to size method, without replacement.

Social and political determinants of vaccine hesitancy: Lessons learned from the H1N1 pandemic of 2009-2010
Gustavo S. Mesch, Kent P. Schwirian
p1161–1165
Preview
Public acceptance of vaccination programs is essential for vaccine preventable diseases. However, increasing sectors of the population have expressed hesitancy about participating in such programs, leading to the re-emergence of vaccine preventable diseases. In this study we rely on a recreancy hypothesis to test the association between confidence in the government and local hospitals and the willingness to take the vaccine.

American Journal of Preventive Medicine
November 2015 Volume 49, Issue 5, p661-810, e53-e88
http://www.ajpmonline.org/current
Brief Reports
Measles, Mumps, and Rubella Titers in Air Force Recruits: Below Herd Immunity Thresholds?
Paul E. Lewis, Daniel G. Burnett, Amy A. Costello, Cara H. Olsen, Juste N. Tchandja, Bryant J. Webber
p757–760
Published online: July 6 2015
Preview
Preventable diseases like measles and mumps are occurring with increasing frequency in the U.S. despite the availability of an effective vaccine. Given concern that an outbreak may occur among military recruits, we compared serologic evidence of immunity to measles, mumps, and rubella among military recruits with known herd immunity thresholds and determined whether the current Department of Defense policy of presuming mumps immunity based on measles and rubella titers is reliable.

American Journal of Public Health
Volume 105, Issue S5 (November 2015)
http://ajph.aphapublications.org/toc/ajph/current
Universal Health Coverage: A Political Struggle and Governance Challenge
Scott L. Greer, Claudio A. Méndez
American Journal of Public Health: November 2015, Vol. 105, No. S5: S637–S639
Abstract
Universal health coverage has become a rallying cry in health policy, but it is often presented as a consensual, technical project. It is not.

A review of the broader international literature on the origins of universal coverage shows that it is intrinsically political and cannot be achieved without recognition of its dependence on, and consequences for, both governance and politics.

On one hand, a variety of comparative research has shown that health coverage is associated with democratic political accountability. Democratization, and in particular left-wing parties, gives governments particular cause to expand health coverage. On the other hand, governance, the ways states make and implement decisions, shapes any decision to strive for universal health coverage and the shape of its implementation.

American Journal of Tropical Medicine and Hygiene
October 2015; 93 (4)
http://www.ajtmh.org/content/current
[Reviewed earlier]

Annals of Internal Medicine
20 October 2015, Vol. 163. No. 8
http://annals.org/issue.aspx
[Reviewed earlier]

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
(Accessed 31 October 2015)
[No new relevant content identified]

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 31 October 2015)
Research article
Cost-effectiveness evaluation of quadrivalent influenza vaccines for seasonal influenza prevention: a dynamic modeling study of Canada and the United Kingdom
Edward Thommes, Afisi Ismaila, Ayman Chit, Genevieve Meier, Christopher Bauch
BMC Infectious Diseases 2015, 15:465 (27 October 2015)

BMC Medical Ethics
http://www.biomedcentral.com/bmcmedethics/content
(Accessed 31 October 2015)
[No new content]

BMC Medicine
http://www.biomedcentral.com/bmcmed/content
(Accessed 31 October 2015)
[No new relevant content identified]

BMC Pregnancy and Childbirth
http://www.biomedcentral.com/bmcpregnancychildbirth/content
(Accessed 31 October 2015)
[No new relevant content identified]

BMC Public Health
http://www.biomedcentral.com/bmcpublichealth/content
(Accessed 31 October 2015)
[No new relevant content identified]

BMC Research Notes
http://www.biomedcentral.com/bmcresnotes/content
(Accessed 31 October 2015)
Research article
Evaluation of fotonovela to increase human papillomavirus vaccine knowledge, attitudes, and intentions in a low-income Hispanic community
Alvin Chan, Brandon Brown, Enedina Sepulveda, Lorena Teran-Clayton BMC Research Notes 2015, 8:615 (29 October 2015)
Abstract
Background
It has nearly been a decade since the introduction of the vaccine against human papillomavirus (HPV), yet vaccination rates in the United States have remained suboptimal, particularly among Hispanics. Culturally and linguistically relevant health education tools targeting Hispanics are needed to increase the current rate of HPV vaccination. This article evaluates a theory-informed, evidence-guided fotonovela (photographic short story) intervention to improve HPV vaccination knowledge, attitudes, and intention among young adults.
Methods
Young adults (N = 41, aged 18–26 years) in a low-income primary care clinic in Southern California were administered pre- and post-intervention surveys to measure changes in perceived susceptibility to HPV, perceived benefit of vaccination in committed relationship, intention to vaccinate, intention to encourage social networks to vaccinate, and attitude towards vaccination. Post-intervention survey also examined attitudes towards fotonovela. Relationships between attitudes towards fotonovela and demographic characteristics were assessed with Fisher's exact test. Self-reported gains in knowledge were categorized and tabulated. Changes in perceptions and intentions were analyzed with the marginal homogeneity test.
Results
The majority of participants were female (78.0 %), Latino/Hispanic (92.7 %), single (70.7 %), and had at least a college education (61.0 %). The mean age was 21.9 years (SD 0.4). The fotonovela was viewed as entertaining (95.1 %), educational (97.6 %), and easy to read (100 %). Following the intervention, Hispanic participants improved in all five variables of interest measured in the survey, including perceived susceptibility (+10.5 %, p = 0.03), benefit of vaccination (+7.8 %, p = 0.25), intent to vaccinate (+18.4 %, p = 0.06), intent to encourage others to vaccinate (+10.5 %, p = 0.14) and attitude towards vaccination (+13.1 %, p = 0.05). Improvements in perceived susceptibility and attitude towards vaccination reached

statistical significance ($p < 0.05$). The most frequent gains in knowledge were the risk of HPV infection despite condom use (N = 16) and relationship status (N = 8), three-dose vaccine administration schedule (N = 13), and burden of HPV infection among males (N = 9).
Conclusion
Results are promising because they demonstrate that health messages delivered through a narrative format can promote positive changes in knowledge, attitudes, and intentions. The fotonovela may be a powerful vehicle for HPV education, particularly among Hispanics.

BMJ Open
2015, Volume 5, Issue 10
http://bmjopen.bmj.com/content/current
[Reviewed earlier]

British Medical Journal
31 October 2015 (vol 351, issue 8031)
http://www.bmj.com/content/351/8031
[New issue; No relevant content identified]

Bulletin of the World Health Organization
Volume 93, Number 11, November 2015, 741-816
http://www.who.int/bulletin/volumes/93/11/en/
EDITORIALS
Gender, health and the Sustainable Development Goals
Veronica Magar

RESEARCH
An insecticide-treated bed-net campaign and childhood malaria in Burkina Faso
Valérie R Louis, Anja Schoeps, Justin Tiendrebéogo, Claudia Beiersmann, Maurice Yé, Marie R Damiba, Guang Y Lu, André H Mbayiha, Manuela De Allegri, Albrecht Jahn, Ali Sié, Heiko Becher & Olaf Müller
doi: 10.2471/BLT.14.147702

POLICY & PRACTICE
Evidence on global medical travel
Kai Ruggeri, Ladislav Záliš, Christopher R Meurice, Ian Hilton, Terry-Lisa Ly, Zorana Zupan & Saba Hinrichs
doi: 10.2471/BLT.14.146027
Abstract
The potential benefits of travelling across national borders to obtain medical treatment include improved care, decreased costs and reduced waiting times. However, medical travel involves additional risks, compared to obtaining treatment domestically. We review the publicly-available evidence on medical travel. We suggest that medical travel needs to be understood in terms of its potential risks and benefits so that it can be evaluated against alternatives by patients who are seeking care. We propose three domains –quality standards, informed decision-making,

economic and legal protection – in which better evidence could support the development of medical travel policies.

Clinical Infectious Diseases (CID)
Volume 61 Issue 10 November 15, 2015
http://cid.oxfordjournals.org/content/current
[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
[New issue; No relevant content identified]

Conflict and Health
http://www.conflictandhealth.com/
[Accessed 31 October 2015]
Debate
Coincident polio and Ebola crises expose similar fault lines in the current global health regime
Philippe Calain, Caroline Abu Sa'Da
Conflict and Health 2015, 9:29 (16 Sept 2015)

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 31 October 2015)
[No new content]

Current Opinion in Infectious Diseases
October 2015 - Volume 28 - Issue 5 pp: v-vi,397-496
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
[Reviewed earlier]

Developing World Bioethics
August 2015 Volume 15, Issue 2 Pages ii–iii, 59–114
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
[Reviewed earlier]

Disasters
October 2015 Volume 39, Issue 4 Pages 611–810
http://onlinelibrary.wiley.com/doi/10.1111/disa.2015.39.issue-4/issuetoc
[Reviewed earlier]

Emerging Infectious Diseases
Volume 21, Number 11—November 2015
http://wwwnc.cdc.gov/eid/
[Reviewed earlier]

Epidemics
Volume 13, In Progress (December 2015)
http://www.sciencedirect.com/science/journal/17554365
[Reviewed earlier]

Epidemiology and Infection
Volume 143 - Issue 14 - October 2015
http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue
http://www.sciencedirect.com/science/journal/17554365
[Reviewed earlier]

The European Journal of Public Health
Volume 25, Issue 5, 1 October 2015
http://eurpub.oxfordjournals.org/content/25/5
[Reviewed earlier]

Eurosurveillance
Volume 20, Issue 43, 29 October 2015
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678

Rapid communications
Real-time safety surveillance of seasonal influenza vaccines in children, Australia, 2015
by A Pillsbury, P Cashman, A Leeb, A Regan, D Westphal, T Snelling, C Blyth, N Crawford, N Wood, K Macartney

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 31 October 2015]
[No new content]

Global Public Health
Volume 10, Issue 10, 2015
http://www.tandfonline.com/toc/rgph20/current
Global governmentality: Biosecurity in the era of infectious diseases
Jlateh Vincent Jappah & Danielle Taana Smith
pages 1139-1156
DOI:10.1080/17441692.2015.1038843
Abstract
This paper uses Foucault's concept of governmentality to examine relationships between globalisation, the threat of infectious diseases and biosecurity. It draws attention to forms of calculated practices which Foucault notes as technologies of power that aim to foster positive demographic and economic trends in societies through the apparatus of security. These practices are employed at the global level with similar ambitions; hence, we adopt the term global governmentality. We discuss the applications of global governmentality by actors in the global core through the apparatus of security and (neo)liberal economic practices. We then provide examples of resistance/contestation from actors mainly in the global periphery through discussions of viral sovereignty; access to essential medicines, including HIV drugs; and health for all as a human right. We conclude that despite the core-periphery power asymmetry and competing paradigms, these developments tend to complement and/or regulate the phenomenon termed global governmentality, which is made evident by the tremendous successes in global health.

Globalization and Health
http://www.globalizationandhealth.com/
[Accessed 31 October 2015]
[No new content]

Health Affairs
October 2015; Volume 34, Issue 10
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]

Health Policy and Planning
Volume 30 Issue 8 October 2015
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

Health Research Policy and Systems
http://www.health-policy-systems.com/content
[Accessed 31 October 2015]
[No new relevant content identified]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 11, Issue 10, 2015
http://www.tandfonline.com/toc/khvi20/current
Review
Protection of young children from influenza through universal vaccination
Nicola Principi, Laura Senatore & Susanna Esposito
pages 2350-2358
DOI:10.1080/21645515.2015.1055428
Abstract
Influenza is a very common disease among infants and young children, with a considerable clinical and socioeconomic impact. A significant number of health authorities presently recommend universal influenza vaccination for the pediatric population, but a large number of European health authorities is still reluctant to include influenza vaccination in their national vaccination programs. The reasons for this reluctance include the fact that the protection offered by the currently available vaccines is considered poor. This review shows that although

future research could lead to an increase in the immunogenicity and potential efficacy of influenza vaccines, the available vaccines, even with their limits, assure sufficient protection in most subjects aged ≥ 6 months, thus reducing the total burden of influenza in young children and justifying the recommendation for the universal vaccination of the whole pediatric population. For younger subjects, the vaccination of their mother during pregnancy represents an efficacious strategy.

Commentary

Apps for immunization: Leveraging mobile devices to place the individual at the center of care

Kumanan Wilson, Katherine M Atkinson & Jacqueline Westeinde

pages 2395-2399
Open access
DOI:10.1080/21645515.2015.1057362

Abstract

Mobile technology and applications (apps) have disrupted several industries including healthcare. The advantage of apps, being personally focused and permitting bidirectional communication, make them well suited to address many immunization challenges. As of April 25, 2015 searching the Android app store with the words 'immunize app' and 'immunization app' in Canada yielded 225 apps. On the Apple App Store a similar search produced 98 results. These include apps that provide immunization related information, permit vaccine tracking both for individuals and for animals, assist with the creation of customized schedules and identification of vaccine clinics and serve as sources of education. The diverse functionality of mobile apps creates the potential for transformation of immunization practice both at a personal level and a system level. For individuals, mobile apps offer the opportunity for better record keeping, assistance with the logistics of vaccination, and novel ways of communicating with and receiving information from public health officials. For the system, mobile apps offer the potential to improve the quality of information residing in immunization information systems and program evaluation, facilitate harmonization of immunization information between individuals, health care providers and public health as well as reduce vaccine hesitancy. As mobile technology continues to rapidly evolve there will emerge new ways in which apps can enhance immunization practice.

Humanitarian Exchange Magazine

Issue 64 June 2015
http://www.odihpn.org/humanitarian-exchange-magazine/issue-64

[Reviewed earlier]

Infectious Agents and Cancer

http://www.infectagentscancer.com/content

[Accessed 31 October 2015]
[No new relevant content]

Infectious Diseases of Poverty

http://www.idpjournal.com/content

[Accessed 31 October 2015]
Research Article
Indirect costs associated with deaths from the Ebola virus disease in West Africa
Joses Kirigia, Felix Masiye, Doris Kirigia, Patricia Akweongo Infectious Diseases of Poverty 2015, 4:45 (29 October 2015)
Editor's summary
Deaths associated with Ebola Virus Disease have been shown to impose a significant economic burden on the affected West African countries. The team did this study to complement the projection by the World Bank in 2014; and made a plea for increased domestic and external investments to enable Guinea, Liberia and Sierra Leone (and other vulnerable African countries) to develop resilient health systems. Image: Ebola v?rus disease treatment centre in Monrovia, Sierra Leone.
Abstract
Background
By 28 June 2015, there were a total of 11,234 deaths from the Ebola virus disease (EVD) in five West African countries (Guinea, Liberia, Mali, Nigeria and Sierra Leone). The objective of this study was to estimate the future productivity losses associated with EVD deaths in these West African countries, in order to encourage increased investments in national health systems.
Methods
A cost-of-illness method was employed to calculate future non-health (NH) gross domestic product (GDP) (NHGDP) losses associated with EVD deaths. The future non-health GDP loss (NHGDPLoss) was discounted at 3 %. Separate analyses were done for three different age groups (< =14 years, 15–44 years and = >45 years) for the five countries (Guinea, Liberia, Mali, Nigeria, and Sierra Leone) affected by EVD. We also conducted a one-way sensitivity analysis at 5 and 10 % discount rates to gauge their impacts on expected NHGDPLoss.
Results
The discounted value of future NHGDPLoss due to the 11,234 deaths associated with EVD was estimated to be Int$ (international dollars) 155,663,244. About 27.86 % of the loss would be borne by Guinea, 34.84 % by Liberia, 0.10 % by Mali, 0.24 % by Nigeria and 36.96 % by Sierra Leone. About 27.27 % of the loss is attributed to those aged under 14 years, 66.27 % to those aged 15–44 years and 6.46 % to those aged over 45 years. The average NHGDPLoss per EVD death was estimated to be Int$ 17,473 for Guinea, Int$ 11,283 for Liberia, Int$ 25,126 for Mali, Int$ 47,364 for Nigeria and Int$ 14,633 for Sierra Leone.
Conclusion
In spite of alluded limitations, the estimates of human and economic losses reported in this paper, in addition to those projected by the World Bank, show that EVD imposes a significant economic burden on the affected West African countries. That heavy burden, coupled with human rights and global security concerns, underscores the urgent need for increased domestic and external investments to enable Guinea, Liberia and Sierra Leone (and other vulnerable African countries) to develop resilient health systems, including core capacities to detect, assess, notify, verify and report events, and to respond to public health risks and emergencies.

International Health
Volume 7 Issue 5 September 2015
http://inthealth.oxfordjournals.org/content/current
Disease Elimination Special Issue
[Reviewed earlier]

International Journal of Epidemiology
Volume 44 Issue 4 August 2015
http://ije.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Infectious Diseases
October 2015 Volume 39, In Progress
http://www.ijidonline.com/issue/S1201-9712%2815%29X0010-5
[Reviewed earlier]

JAMA
October 27, 2015, Vol 314, No. 16
http://jama.jamanetwork.com/issue.aspx
[New issue; No relevant content identified]

JAMA Pediatrics
October 2015, Vol 169, No. 10
http://archpedi.jamanetwork.com/issue.aspx
[Reviewed earlier]

Journal of Community Health
Volume 40, Issue 5, October 2015
http://link.springer.com/journal/10900/40/4/page/1
[Reviewed earlier]

Journal of Epidemiology & Community Health
October 2015, Volume 69, Issue 10
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 3, August 2015
https://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.26.3.html
[Reviewed earlier]

Journal of Immigrant and Minority Health
Volume 17, Issue 5, October 2015
http://link.springer.com/journal/10903/17/4/page/1
[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
[New issue; No relevant content identified]

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
Special Issue: SYMPOSIUM: Should We Offer Genomic Research Results to a Participant's Family, Including After the Participant's Death?
Certificates of Confidentiality: Protecting Human Subject Research Data in Law and Practice (pages 594–609)
Leslie E. Wolf, Mayank J. Patel, Brett A. Williams Tarver, Jeffrey L. Austin, Lauren A. Dame and Laura M. Beskow
Article first published online: 19 OCT 2015 | DOI: 10.1111/jlme.12302
Abstract
The federal Certificate of Confidentiality plays an important role in research on sensitive topics by authorizing researchers to refuse to disclose identifiable research data in response to subpoenas in any legal setting. However, there is little known about how effective Certificates are in practice. This article draws on our legal and empirical research on this topic to fill this information gap. It includes a description of the purpose of Certificates, their legislative and regulatory history, and a summary of the few reported and unreported cases that have dealt with Certificates. In addition, we outline other statutory confidentiality protections, compare them to the Certificate's protections, and analyze some of the vulnerabilities of a Certificate's

protections. This analysis allows us to make specific recommendations for strengthening the protections afforded to research data.

Funding the Costs of Disease Outbreaks Caused by Non-Vaccination (pages 633–647)

Charlotte A. Moser, Dorit Reiss and Robert L. Schwartz
Article first published online: 19 OCT 2015 | DOI: 10.1111/jlme.12305
Abstract
While vaccination rates in the United States are high — generally over 90 percent — rates of exemptions have been going up, and preventable diseases coming back. Aside from their human cost and the financial cost of treatment imposed on those who become ill, outbreaks impose financial costs on an already burdened public health system, diverting resources from other areas. This article examines the financial costs of non-vaccination, showing how high they can be and what they include. It makes a case for requiring those who do not vaccinate to cover the costs of outbreak caused by their choice. Such recouping is justified because the choice not to vaccinate can easily be seen as negligent. But even if it is not, that choice involves imposing costs on others, and there are good reasons to require the actors to internalize those costs.
The article proposes alternative statutory and regulatory schemes to cover the costs imposed on the public purse, focusing on no-fault mechanisms. We consider both ex ante mechanisms like a tax or a fee that will go into a no-fault fund to cover the costs and ex post mechanisms like a statutory authorization for recoupment of those costs by health officials.

Physician Dismissal of Families Who Refuse Vaccination: An Ethical Assessment (pages 654–660)

Douglas S. Diekema
Article first published online: 19 OCT 2015 | DOI: 10.1111/jlme.12307
Abstract
Thousands of U.S. parents choose to refuse or delay the administration of selected vaccines to their children each year, and some choose not to vaccinate their children at all. While most physicians continue to provide care to these families over time, using each visit as an opportunity to educate and encourage vaccination, an increasing number of physicians are choosing to dismiss these families from their practice unless they agree to vaccinate their children. This paper will examine this emerging trend along with the reasons given by those who advocate such an approach. I will argue that the strategy of refusing to allow families into a clinic unless they agree to vaccinate their children is misguided, and the arguments for doing so fail to stand up to close scrutiny. Such a strategy does not benefit the child or the health of the community, and may have a negative impact on both. Furthermore, some of the arguments in support of dismissal policies ignore the importance of professional obligation and appear to favor self-interest over the interest of the patient.

Journal of Medical Ethics
October 2015, Volume 41, Issue 10
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 3 (2015)
http://digitalrepository.aurorahealthcare.org/jpcrr/
[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 4 Issue 3 September 2015
http://jpids.oxfordjournals.org/content/current
[Reviewed earlier]

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)
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[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
October 2015, volume 89, issue 19
http://jvi.asm.org/content/current
[Reviewed earlier]

The Lancet
Oct 31, 2015 Volume 386 Number 10005 p1707-1794 e22-e26
http://www.thelancet.com/journals/lancet/issue/current
Editorial

What next for the malaria RTS,S vaccine candidate?

The Lancet
DOI: http://dx.doi.org/10.1016/S0140-6736(15)00733-3

Summary

On Oct 23, the Strategic Advisory Group of Experts on Immunization (SAGE) and the Malaria Policy Advisory Committee (MPAC) announced their much-anticipated recommendations for the world's first malaria vaccine candidate known as RTS,S/AS01. Their decision is not to recommend widespread deployment of the vaccine based on existing evidence, but instead to assess the feasibility of delivering the vaccine and its impact in real-world settings. This decision was perhaps unexpected given the fact that earlier this year the European Medicines Agency reviewed the same safety and efficacy data, and approved the vaccine's use in young children.

The Lancet Global Health
Nov 2015 Volume 3 Number 11 e654-e724
http://www.thelancet.com/journals/langlo/issue/current

Effect of a community-led sanitation intervention on child diarrhoea and child growth in rural Mali: a cluster-randomised controlled trial

Amy J Pickering, Habiba Djebbari, Carolina Lopez, Massa Coulibaly, Maria Laura Alzua

Summary

Background

Community-led total sanitation (CLTS) uses participatory approaches to mobilise communities to build their own toilets and stop open defecation. Our aim was to undertake the first randomised trial of CLTS to assess its effect on child health in Koulikoro, Mali.

Methods

We did a cluster-randomised trial to assess a CLTS programme implemented by the Government of Mali. The study population included households in rural villages (clusters) from the Koulikoro district of Mali; every household had to have at least one child aged younger than 10 years. Villages were randomly assigned (1:1) with a computer-generated sequence by a study investigator to receive CLTS or no programme. Health outcomes included diarrhoea (primary outcome), height for age, weight for age, stunting, and underweight. Outcomes were measured 1·5 years after intervention delivery (2 years after enrolment) among children younger than 5 years. Participants were not masked to intervention assignment. The trial is registered with ClinicalTrials.gov, number NCT01900912.

Findings

We recruited participants between April 12, and June 23, 2011. We assigned 60 villages (2365 households) to receive the CLTS intervention and 61 villages (2167 households) to the control group. No differences were observed in terms of diarrhoeal prevalence among children in CLTS and control villages (706 [22%] of 3140 CLTS children vs 693 [24%] of 2872 control children; prevalence ratio [PR] 0·93, 95% CI 0·76–1·14). Access to private latrines was almost twice as high in intervention villages (1373 [65%] of 2120 vs 661 [35%] of 1911 households) and reported open defecation was reduced in female (198 [9%] of 2086 vs 608 [33%] of 1869 households) and in male (195 [10%] of 2004 vs 602 [33%] of 1813 households) adults. Children in CLTS villages were taller (0·18 increase in height-for-age Z score, 95% CI 0·03–0·32; 2415 children) and less likely to be stunted (35% vs 41%, PR 0·86, 95% CI 0·74–1·0) than children in control villages. 22% of children were underweight in CLTS compared with 26% in control villages (PR 0·88, 95% CI 0·71–1·08), and the difference in mean weight-for-age Z score was 0·09 (95% CI –0·04 to 0·22) between groups. In CLTS villages, younger

children at enrolment (<2 years) showed greater improvements in height and weight than older children.
Interpretation
In villages that received a behavioural sanitation intervention with no monetary subsidies, diarrhoeal prevalence remained similar to control villages. However, access to toilets substantially increased and child growth improved, particularly in children <2 years. CLTS might have prevented growth faltering through pathways other than reducing diarrhoea.
Funding
Bill & Melinda Gates Foundation.

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

Comment

Polio eradication: inching forward, with safety nets

Beth D Kirkpatrick, Josyf C Mychaleckyj

Summary

By mid-2015, WHO-reported cases of paralytic disease caused by polioviruses had reached a new low: only 34 cases were caused by wild polioviruses and nine cases were due to circulating vaccine-derived poliovirus (cVDPV).1 In light of this progress, WHO's Polio Endgame Strategy is moving into a pivotal new stage, focusing on global withdrawal of a vaccine component from primary immunisation schedules. This plan will minimise the time to reach eradication, while maintaining the protection of children in case of disease re-emergence.

Comment

Near full control of human papillomavirus vaccine types

Joakim Dillner

Published Online: 19 July 2015

The Lancet Infectious Diseases, Eric Chow and colleagues1 report on the near elimination of the major human papillomavirus (HPV) types 6, 11, 16, and 18 after introduction of vaccination against these types in Australia when analysed in high-risk women. The authors use the innovative strategy of establishing HPV prevalence in women who are chlamydia positive. Traditional monitoring strategies would typically enrol from the general population, which is both cumbersome and expensive, and potentially biased because volunteering women would tend to be low risk, therefore possibly missing HPV circulation in high-risk core groups.

Ebola: missed opportunities for Europe–Africa research

Giuseppe Ippolito, Simone Lanini, Philippe Brouqui, Antonino Di Caro, Francesco Vairo, Salim Abdulla, Francesco Maria Fusco, Sanjeev Krishna, Maria Rosaria Capobianchi, Henry Kyobe-Bosa, David J M Lewis, Vincenzo Puro, Roman Wolfel, Tatjana Avsic-Zupanc, Osman Dar, Peter Mwaba, Matthew Bates, David Heymann, Alimuddin Zumla

Summary

The current unprecedented Ebola virus disease outbreak in parts of west Africa, which has caused more than 11 200 deaths, has emphasised how the medical and scientific communities lack specific pathways for tackling relevant logistical, design, and ethical issues for assessment of novel diagnostics, treatments, and vaccines through implementation of appropriate clinical trials.1,2 The phenomenal outbreak arose because of several weaknesses in local, regional, and

international public health responses, which delayed provision and implementation of effective intervention.

Inactivated poliovirus vaccine given alone or in a sequential schedule with bivalent oral poliovirus vaccine in Chilean infants: a randomised, controlled, open-label, phase 4, non-inferiority study

Miguel O'Ryan, Ananda S Bandyopadhyay, Rodolfo Villena, Mónica Espinoza, José Novoa, William C Weldon, M Steven Oberste, Steve Self, Bhavesh R Borate, Edwin J Asturias, Ralf Clemens, Walter Orenstein, José Jimeno, Ricardo Rüttimann, Sue Ann Costa Clemens, Chilean IPV/bOPV study group

Summary

Background

Bivalent oral poliovirus vaccine (bOPV; types 1 and 3) is expected to replace trivalent OPV (tOPV) globally by April, 2016, preceded by the introduction of at least one dose of inactivated poliovirus vaccine (IPV) in routine immunisation programmes to eliminate vaccine-associated or vaccine-derived poliomyelitis from serotype 2 poliovirus. Because data are needed on sequential IPV–bOPV schedules, we assessed the immunogenicity of two different IPV–bOPV schedules compared with an all-IPV schedule in infants.

Methods

We did a randomised, controlled, open-label, non-inferiority trial with healthy, full-term (>2·5 kg birthweight) infants aged 8 weeks (± 7 days) at six well-child clinics in Santiago, Chile. We used supplied lists to randomly assign infants (1:1:1) to receive three polio vaccinations (IPV by injection or bOPV as oral drops) at age 8, 16, and 24 weeks in one of three sequential schedules: IPV–bOPV–bOPV, IPV–IPV–bOPV, or IPV–IPV–IPV. We did the randomisation with blocks of 12 stratified by study site. All analyses were done in a masked manner. Co-primary outcomes were non-inferiority of the bOPV-containing schedules compared with the all-IPV schedule for seroconversion (within a 10% margin) and antibody titres (within two-thirds log2 titres) to poliovirus serotypes 1 and 3 at age 28 weeks, analysed in the per-protocol population. Secondary outcomes were seroconversion and titres to serotype 2 and faecal shedding for 4 weeks after a monovalent OPV type 2 challenge at age 28 weeks. Safety analyses were done in the intention-to-treat population. This trial is registered with ClinicalTrials.gov, number NCT01841671, and is closed to new participants.

Findings

Between April 25 and August 1, 2013, we assigned 570 infants to treatment: 190 to IPV–bOPV–bOPV, 192 to IPV–IPV–bOPV, and 188 to IPV–IPV–IPV. 564 (99%) were vaccinated and included in the intention-to-treat cohort, and 537 (94%) in the per-protocol analyses. In the IPV–bOPV–bOPV, IPV–IPV–bOPV, and IPV–IPV–IPV groups, respectively, the proportions of children with seroconversion to type 1 poliovirus were 166 (98·8%) of 168, 95% CI 95·8–99·7; 178 (100%), 97·9–100·0; and 175 (100%), 97·9–100·0. Proportions with seroconvsion to type 3 poliovirus were 163 (98·2%) of 166, 94·8–99·4; 177 (100%), 97·9–100·0, and 172 (98·9%) of 174, 95·9–99·7. Non-inferiority was thus shown for the bOPV-containing schedules compared with the all-IPV schedule, with no significant differences between groups. In the IPV–bOPV–bOPV, IPV–IPV–bOPV, and IPV–IPV–IPV groups, respectively, the proportions of children with seroprotective antibody titres to type 1 poliovirus were 168 (98·8%) of 170, 95% CI 95·8–99·7; 181 (100%), 97·9–100·0; and 177 (100%), 97·9–100·0. Proportions to type 3 poliovirus were 166 (98·2%) of 169, 94·9–99·4; 180 (100%), 97·9–100·0; and 174 (98·9%) of 176, 96·0–99·7. Non-inferiority comparisons could not be done for this outcome because median titres for the groups receiving OPV were greater than the assay's upper limit of detection (log2 titres >10·5).

The proportions of children seroconverting to type 2 poliovirus in the IPV–bOPV–bOPV, IPV–IPV–bOPV, and IPV–IPV–IPV groups, respectively, were 130 (77·4%) of 168, 95% CI 70·5–83·0; 169 (96·0%) of 176, 92·0–98·0; and 175 (100%), 97·8–100. IPV–bOPV schedules resulted in almost a 0·3 log reduction of type 2 faecal shedding compared with the IPV-only schedule. No participants died during the trial; 81 serious adverse events were reported, of which one was thought to be possibly vaccine-related (intestinal intussusception).

Interpretation

Seroconversion rates against polioviruses types 1 and 3 were non-inferior in sequential schedules containing IPV and bOPV, compared with an all-IPV schedule, and proportions of infants with protective antibodies were high after all three schedules. One or two doses of bOPV after IPV boosted intestinal immunity for poliovirus type 2, suggesting possible cross protection. Additionally, there was evidence of humoral priming for type 2 from one dose of IPV. Our findings could give policy makers flexibility when choosing a vaccination schedule, especially when trying to eliminate vaccine-associated and vaccine-derived poliomyelitis.

Funding

Bill & Melinda Gates Foundation.

Safety and immunogenicity of double-dose versus standard-dose hepatitis B revaccination in non-responding adults with HIV-1 (ANRS HB04 B-BOOST): a multicentre, open-label, randomised controlled trial

David Rey, Lionel Piroth, Marie-Josée Wendling, Patrick Miailhes, Marie-Louise Michel, Cécilie Dufour, Georges Haour, Philippe Sogni, Alexandra Rohel, Faiza Ajana, Eric Billaud, Jean-Michel Molina, Odile Launay, Fabrice Carrat, ANRS HB04 B-BOOST study group

Post-exposure prophylaxis against Ebola virus disease with experimental antiviral agents: a case-series of health-care workers

Michael Jacobs, Emma Aarons, Sanjay Bhagani, Ruaridh Buchanan, Ian Cropley, Susan Hopkins, Rebecca Lester, Daniel Martin, Neal Marshall, Stephen Mepham, Simon Warren, Alison Rodger

Summary

Background

Although a few international health-care workers who have assisted in the current Ebola outbreak in west Africa have been medically evacuated for treatment of Ebola virus disease, more commonly they were evacuated after potential accidental exposure to Ebola virus. An urgent need exists for a consensus about the risk assessment of Ebola virus transmission after accidental exposure, and to investigate the use of post-exposure prophylaxis (PEP). Experimental vaccines have occasionally been used for Ebola PEP, but newly developed experimental antiviral agents have potential advantages. Here, we describe a new method for risk assessment and management of health-care workers potentially exposed to Ebola virus and report the use of experimental antiviral therapies for Ebola PEP in people.

Methods

We devised a risk assessment and management algorithm for health-care workers potentially exposed to Ebola virus and applied this to eight consecutive individuals who were medically evacuated to the UK from west Africa between January, and March, 2015. PEP with antiviral agents was given to health-care workers assessed to have had substantial risk exposures to Ebola virus. Participants were followed up for 42 days after potential exposure.

Findings

Four of eight health-care workers were classified as having had low risk exposures and managed by watchful waiting in the community. None of these health-care workers developed

Ebola virus disease. The other four health-care workers had intermediate or maximum risk exposures and were given PEP with antiviral agents. PEP was well tolerated with no serious adverse effects. None of these four health-care workers, including two with maximum risk exposures from penetrating injuries with freshly used hollow-bore needles, developed Ebola virus disease.
Interpretation
Standardised risk assessment should be adopted and consensus guidelines developed to systematically study the efficacy and safety of PEP with experimental agents. New experimental antiviral treatments are a viable option for PEP against Ebola.
Funding
Royal Free London NHS Foundation Trust.

Human papillomavirus in young women with Chlamydia trachomatis infection 7 years after the Australian human papillomavirus vaccination programme: a cross-sectional study
Eric P F Chow, Jennifer A Danielewski, Glenda Fehler, Sepehr N Tabrizi, Matthew G Law, Catriona S Bradshaw, Suzanne M Garland, Marcus Y Chen, Christopher K Fairley

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)
October 2015; 35 (7)
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 526 Number 7575 pp609-734 29 October 2015
http://www.nature.com/nature/current_issue.html
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Nature Medicine
October 2015, Volume 21 No 10 pp1103-1234
http://www.nature.com/nm/journal/v21/n10/index.html
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Nature Reviews Immunology
October 2015 Vol 15 No 10
http://www.nature.com/nri/journal/v15/n10/index.html
[Reviewed earlier]

New England Journal of Medicine
October 29, 2015 Vol. 373 No. 18
http://www.nejm.org/toc/nejm/medical-journal
[New issue; No relevant content identified]

Pediatrics
October 2015, VOLUME 136 / ISSUE 4
http://pediatrics.aappublications.org/current.shtml
[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 10, October 2015
http://link.springer.com/journal/40273/33/10/page/1
[Reviewed earlier]

PLOS Currents: Disasters
http://currents.plos.org/disasters/
[Accessed 31 October 2015]
An Analysis of the Relationship Between the Heat Index and Arrivals in the Emergency Department
October 29, 2015 · Research article
Background: Heatwaves are one of the most deadly weather-related events in the United States and account for more deaths annually than hurricanes, tornadoes, floods, and earthquakes combined. However, there are few statistically rigorous studies of the effect of heatwaves on emergency department (ED) arrivals. A better understanding of this relationship can help hospitals plan better and provide better care for patients during these types of events.

Methods: A retrospective review of all ED patient arrivals that occurred from April 15 through August 15 for the years 2008 through 2013 was performed. Daily patient arrival data were combined with weather data (temperature and humidity) to examine the potential relationships between the heat index and ED arrivals as well as the length of time patients spend in the ED using generalized additive models. In particular the effect the 2012 heat wave that swept across the United States, and which was hypothesized to increase arrivals was examined.
Results: While there was no relationship found between the heat index and arrivals on a single day, a non-linear relationship was found between the mean three-day heat index and the number of daily arrivals. As the mean three-day heat index initially increased, the number of arrivals significantly declined. However, as the heat index continued to increase, the number of arrivals increased. It was estimated that there was approximately a 2% increase in arrivals when the mean heat index for three days approached 100°F. This relationship was strongest for adults aged 18-64, as well as for patients arriving with lower acuity. Additionally, a positive relationship was noted between the mean three-day heat index and the length of stay (LOS) for patients in the ED, but no relationship was found for the time from which a patient was first seen to when a disposition decision was made. No significant relationship was found for the effect of the 2012 heat wave on ED arrivals, though it did have an effect on patient LOS.
Conclusion: A single hot day has only a limited effect on ED arrivals, but continued hot weather has a cumulative effect. When the heat index is high (~90°F) for a number of days in a row, this curtails peoples activities, but if the heat index is very hot (~100°F) this likely results in an exacerbation of underlying conditions as well as heat-related events that drives an increase in ED arrivals. Periods of high heat also affects the length of stay of patients either by complicating care or by making it more difficult to discharge patients.

2011 Joplin, Missouri Tornado Experience, Mental Health Reactions, and Service Utilization: Cross-Sectional Assessments at Approximately 6 Months and 2.5 Years Post-Event

October 26, 2015 · Research article

Introduction. On May 22, 2011 the deadliest tornado in the United States since 1947 struck Joplin, Missouri killing 161 people, injuring approximately 1,150 individuals, and causing approximately $2.8 billion in economic losses.
Methods. This study examined the mental health effects of this event through a random digit dialing sample (N = 380) of Joplin adults at approximately 6 months post-disaster (Survey 1) and a purposive convenience sample (N = 438) of Joplin adults at approximately 2.5 years post-disaster (Survey 2). For both surveys we assessed tornado experience, posttraumatic stress, depression, mental health service utilization, and sociodemographics. For Survey 2 we also assessed social support and parent report of child strengths and difficulties.
Results. Probable PTSD relevance was 12.63% at Survey 1 and 26.74% at Survey 2, while current depression prevalence was 20.82% at Survey 1 and 13.33% at Survey 2. Less education and more tornado experience was generally related to greater likelihood of experiencing probable PTSD and current depression for both surveys. Men and younger participants were more likely to report current depression at Survey 1. Low levels of social support (assessed only at Survey 2) were related to more probable PTSD and current depression. For both surveys, we observed low rates of mental health service utilization, and these rates were also low for participants reporting probable PTSD and current depression. At Survey 2 we assessed parent report of child (ages 4 to 17) strengths and difficulties and found that child difficulties were more frequent for younger children (ages 4 to 10) than older children

(ages 11 to 17), and that parents reporting probable PTSD reported a greater frequency of children with borderline or abnormal difficulties.
Discussion. Overall our results indicate that long-term (multi-year) community disaster mental health monitoring, assessment, referral, outreach, and services are needed following a major disaster like the 2011 Joplin tornado

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
(Accessed 31 October 2015)
[No new content]

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 31 October 2015)
Using Qualitative Evidence in Decision Making for Health and Social Interventions: An Approach to Assess Confidence in Findings from Qualitative Evidence Syntheses (GRADE-CERQual)
Simon Lewin, Claire Glenton, Heather Munthe-Kaas, Benedicte Carlsen, Christopher J. Colvin, Metin Gülmezoglu, Jane Noyes, Andrew Booth, Ruth Garside, Arash Rashidian
Guidelines and Guidance | published 27 Oct 2015 | PLOS Medicine
10.1371/journal.pmed.1001895
Summary Points
:: Qualitative evidence syntheses are increasingly used, but methods to assess how much confidence to place in synthesis findings are poorly developed.
:: The Confidence in the Evidence from Reviews of Qualitative research (CERQual) approach helps assess how much confidence to place in findings from a qualitative evidence synthesis.
:: CERQual's assessment of confidence for individual review findings from qualitative evidence syntheses is based on four components: the methodological limitations of the qualitative studies contributing to a review finding, the relevance to the review question of the studies contributing to a review finding, the coherence of the review finding, and the adequacy of data supporting a review finding.
:: CERQual provides a transparent method for assessing confidence in qualitative evidence syntheses findings. Like the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach for evidence of effectiveness, CERQual may facilitate the use of qualitative evidence to inform decisions and shape policies.
:: The CERQual approach is being developed by a subgroup of the GRADE Working Group.

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 31 October 2015)
[No new relevant content identified]

PLoS One
http://www.plosone.org/

[Accessed 31 October 2015]

Modeling the Impact of Alternative Immunization Strategies: Using Matrices as Memory Lanes

Wladimir J. Alonso, Maia A. Rabaa, Ricardo Giglio, Mark A. Miller, Cynthia Schuck-Paim
Research Article | published 28 Oct 2015 | PLOS ONE
10.1371/journal.pone.0141147

The Impact of Hepatitis B Vaccination Status on the Risk of Diabetes, Implicating Diabetes Risk Reduction by Successful Vaccination

Jean Huang, Horng-Yih Ou, James Lin, Rudruidee Karnchanasorn, Wei Feng, Raynald Samoa, Lee-Ming Chuang, Ken C. Chiu
Research Article | published 28 Oct 2015 | PLOS ONE
10.1371/journal.pone.0139730

Missed Opportunities for Measles, Mumps, and Rubella (MMR) Immunization in Mesoamerica: Potential Impact on Coverage and Days at Risk

Ali H. Mokdad, Marielle C. Gagnier, K. Ellicott Colson, Emily Dansereau, Paola Zúñiga-Brenes, Diego Ríos-Zertuche, Annie Haakenstad, Casey K. Johanns, Erin B. Palmisano, Bernardo Hernandez, Emma Iriarte
Research Article | published 27 Oct 2015 | PLOS ONE
10.1371/journal.pone.0139680

PLoS Pathogens

http://journals.plos.org/plospathogens/
(Accessed 31 October 2015)

Effectively Communicating the Uncertainties Surrounding Ebola Virus Transmission

Andy Kilianski, Nicholas G. Evans
Opinion | published 29 Oct 2015 | PLOS Pathogens
10.1371/journal.ppat.1005097

Abstract

The current Ebola virus outbreak has highlighted the uncertainties surrounding many aspects of Ebola virus virology, including routes of transmission. The scientific community played a leading role during the outbreak—potentially, the largest of its kind—as many of the questions surrounding ebolaviruses have only been interrogated in the laboratory. Scientists provided an invaluable resource for clinicians, public health officials, policy makers, and the lay public in understanding the progress of Ebola virus disease and the continuing outbreak. Not all of the scientific communication, however, was accurate or effective. There were multiple instances of published articles during the height of the outbreak containing potentially misleading scientific language that spurred media overreaction and potentially jeopardized preparedness and policy decisions at critical points. Here, we use articles declaring the potential for airborne transmission of Ebola virus as a case study in the inaccurate reporting of basic science, and we provide recommendations for improving the communication about unknown aspects of disease during public health crises.

Author Summary

Basic scientific research is now considered an integral component of the fight against emerging infectious diseases like Ebola virus. The recent Ebola outbreak, however, demonstrates how the ineffective communication of basic science can stoke public panic more than it provides helpful

tools to responders; basic science trades in probabilities and uncertainty, while public communication tends to favor more categorical claims. Here, we discuss the ethics of communicating scientific results, using, as a case study, the recent controversy over whether basic life sciences research demonstrates that Ebola could become transmissible via airborne respiratory droplet nuclei—popularly known as a virus becoming "airborne." We show how the science does not demonstrate this possibility, despite claims made in the popular and scientific press. We then recommend that uncertain scientific results in the context of public health crises ought to be communicated with humility, an emphasis on what is unknown, and a clear outline of the kinds of evidence that would give proof to controversial claims.

PNAS - Proceedings of the National Academy of Sciences of the United States of America
http://www.pnas.org/content/early/
(Accessed 31 October 2015)
Commentary: Impact of bed capacity on spatiotemporal shifts in Ebola transmission
Jeffrey P. Townsend, Laura A. Skrip, and Alison P. Galvani
PNAS 2015 ; published ahead of print October 30, 2015, doi:10.1073/pnas.1518484112
Extract
The unprecedentedly devastating Ebola epidemic in West Africa brought international attention to the challenges faced by resource-constrained nations in curtailing outbreaks. As the epidemic tapers in Sierra Leone and Guinea, the focus of epidemiologists has shifted from emergency response toward retrospection. Lessons learned from this outbreak will be fundamental for establishing preparedness strategies and for averting future epidemics. In a masterful data-driven modeling study in PNAS, Kucharski et al. (1) quantified the extent to which the international effort to provide more treatment beds prevented new infections across the 12 districts of Sierra Leone, as well as the incremental benefit that could have been achieved if the provision had been earlier in the epidemic.

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

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

Preventive Medicine
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]

Proceedings of the Royal Society B
07 May 2015; volume 282, issue 1806
http://rspb.royalsocietypublishing.org/content/282/1806?current-issue=y[Reviewed earlier]
[Reviewed earlier]

Public Health Ethics
Volume 8 Issue 2 July 2015
http://phe.oxfordjournals.org/content/current
Special Symposium: Migrant Health
[Reviewed earlier]

Qualitative Health Research
October 2015; 25 (10)
http://qhr.sagepub.com/content/current
[Reviewed earlier]

Reproductive Health
http://www.reproductive-health-journal.com/content
[Accessed 31 October 2015]
[No new relevant content identified]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
August 2015 Vol. 38, No. 2
http://www.paho.org/journal/
[Reviewed earlier]

Risk Analysis
October 2015 Volume 35, Issue 10 Pages 1765–1956
http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-10/issuetoc
Introduction to the Special Series on Risk, Perception, and Response (pages 1766–1769)
Lisa A. Robinson and James K. Hammitt
Article first published online: 22 OCT 2015 | DOI: 10.1111/risa.12520

Risk Communication, Values Clarification, and Vaccination Decisions (pages 1801–1819)
Holly O. Witteman, Selma Chipenda Dansokho, Nicole Exe, Audrey Dupuis, Thierry Provencher and Brian J. Zikmund-Fisher
Article first published online: 20 MAY 2015 | DOI: 10.1111/risa.12418
Abstract

Many health-related decisions require choosing between two options, each with risks and benefits. When presented with such tradeoffs, people often make choices that fail to align with scientific evidence or with their own values. This study tested whether risk communication and values clarification methods could help parents and guardians make evidence-based, values-congruent decisions about children's influenza vaccinations. In 2013–2014 we conducted an online 2×2 factorial experiment in which a diverse sample of U.S. parents and guardians (n = 407) were randomly assigned to view either standard information about influenza vaccines or risk communication using absolute and incremental risk formats. Participants were then either presented or not presented with an interactive values clarification interface with constrained sliders and dynamic visual feedback. Participants randomized to the risk communication condition combined with the values clarification interface were more likely to indicate intentions to vaccinate ($\beta = 2.10$, $t(399) = 2.63$, $p < 0.01$). The effect was particularly notable among participants who had previously demonstrated less interest in having their children vaccinated against influenza ($\beta = -2.14$, $t(399) = -2.06$, $p < 0.05$). When assessing vaccination status reported by participants who agreed to participate in a follow-up study six months later (n = 116), vaccination intentions significantly predicted vaccination status (OR = 1.66, 95%CI (1.13, 2.44), $p < 0.05$) and rates of informed choice (OR = 1.51, 95%CI (1.07, 2.13), $p < 0.012$), although there were no direct effects of experimental factors on vaccination rates. Qualitative analysis suggested that logistical barriers impeded immunization rates. Risk communication and values clarification methods may contribute to increased vaccination intentions, which may, in turn, predict vaccination status if logistical barriers are also addressed.

Science
30 October 2015 vol 350, issue 6260, pages 481-596
http://www.sciencemag.org/current.dtl
Review
The realities of risk-cost-benefit analysis
Baruch Fischhoff
BACKGROUND
Synthetic biology, nanotechnology, geoengineering, and other innovative technologies share a property: Their effects must often be inferred long before they are experienced. If those inferences are sound, then informed decisions are possible. If not, then decision-makers may incur risks and costs far greater than any expected benefits. Risk, cost, and benefit analysis can offer transparent ways to assemble and integrate relevant evidence to support complex decision-making All forms of analysis have the same logic: Decompose complex systems into manageable components and then calculate how they might perform together. All require scientific judgment to bound the set of components and assess the limits to those bounds. All require ethical judgment to determine which outcomes to predict and to extract the policy implications of the results. The usefulness of any analysis depends on how well its underlying assumptions and their implications are understood by those hoping to use its results. The present review uses historical examples to illustrate the roles of judgment in analyses that address four basic questions: (i) How large are the risks from a single technology?(ii) Which risks merit the greatest attention? (iii) Which technology produces the least risk per unit of benefit? (iv) Are a technology's expected benefits acceptable, given its risks and other expected costs?
ADVANCES

Analyses are always incomplete. They neglect concerns that are hard to quantify. They define terms in ways that serve some interests more than others. They consider some sources of uncertainty but not others. Advances in the science of analysis have often occurred after critics unhappy with the results of an analysis challenged the legitimacy of its assumptions. Awareness of the role of judgment in analysis has grown over time, in parallel with improvements in the sophistication of analytical calculations. Progress has been made in some areas, but more is needed, to include developing better ways to model human behavior, elicit expert judgments, articulate decision-makers' preferences, characterize the robustness of conclusions, and communicate with decision-makers. The practice of analysis draws on the sciences of public participation and science communication, both shaped by the challenges faced in securing a fair hearing for science in issues where it plays a central role.

OUTLOOK

The pace of advances will depend on the degree of collaboration among the sciences relevant to these problems, including not only the sciences underlying the technology in question but social, behavioral, and economic science as well. How well the science of analysis aids its practice will depend on how well analysts collaborate with decision-makers so as to produce the estimates that decision-makers need and ensure that analytical results are properly understood. Over time, those interactions will help decision-makers understand the capabilities and limitations of analysis while helping analysts become trusted allies, dedicated to producing relevant, properly qualified estimates of cost, risk, and benefit.

Social Science & Medicine
Volume 143, Pages 1-342 (October 2015)
http://www.sciencedirect.com/science/journal/02779536/143
Special issue section The rise of developmental science: Debates on health and humanity; Edited by Dominique P. Béhague and Samuel Lézé
[Reviewed earlier]

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
October 2015 Volume 20, Issue 10 Pages 1257–1404
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2015.20.issue-7/issuetoc
[Reviewed earlier]

Vaccine
Volume 33, Issue 43, Pages 5729-5888 (26 October 2015)
http://www.sciencedirect.com/science/journal/0264410X/33/43
[Reviewed earlier]

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 31 October 2015)
Review: **The Use of Synthetic Carriers in Malaria Vaccine Design**
by Liam Powles, Sue D. Xiang, Cordelia Selomulya and Magdalena Plebanski
Vaccines 2015, 3(4), 894-929; doi:10.3390/vaccines3040894 - published 29 October 2015

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

Preventive Medicine
Available online 24 October 2015
Providers' beliefs about the effectiveness of the HPV vaccine in preventing cancer and their recommended age groups for vaccination: Findings from a provider survey, 2012
Z Berkowitz, M Malone, J Rodriguez, M Saraiya
Abstract
Background
The human papillomavirus (HPV) vaccine was recommended in 2007 by the Advisory Committee on Immunization Practices (ACIP) to preadolescent and adolescent girls. Vaccination initiation was recommended at age 11–12 years with the option to start at age 9. Catchup vaccination was recommended to females aged 13–26 previously not vaccinated. However, vaccination coverage remains low. Studies show that the HPV vaccine can prevent cervical, vulvar, vaginal, anal and some oropharyngeal cancers and that provider recommendation of vaccines can improve low vaccination rates.
Methods
Using data from 2012 DocStyles, an annual, web-based survey of U.S. healthcare professionals including physicians and nurse practitioners (n = 1753), we examined providers' knowledge about the effectiveness of the HPV vaccine in preventing cancer and their vaccine recommendation to all age-eligible females (9–26 years). Descriptive statistics and Chi-square tests were used to assess differences across specialties.
Results
Knowledge about HPV vaccine effectiveness in preventing cervical cancer was highly prevalent (96.9%), but less so for anal, vaginal, vulvar and oropharyngeal cancers. Only 14.5% of providers recommended the vaccine to all age-eligible females and 20.2% recommended it to females aged 11–26 years. Knowledge assessment of cancers associated with HPV and

vaccination recommendations varied significantly among providers ($p < 0.01$). Providers more frequently recommended the vaccine to girls older than 11–12 years.
Conclusions
Improving providers' knowledge about HPV-associated cancers and the age for vaccination initiation, communicating messages focusing on the vaccine safety and benefits in cancer prevention and on the importance of its delivery prior to sexual onset, may improve HPV vaccine coverage.

Epidemiol Prev

Vaccine coverage in Italy and assessment of the 2012-2014 National Immunization Prevention Plan

Paolo Bonanni,1 Antonio Ferro,1 Raniero Guerra,2 Stefania Iannazzo,2 Anna Odone,1Maria Grazia Pompa,2Elvira Rizzuto,2 Carlo Signorelli1

Abstract
Background. In 2012, the Italian Ministry of Health issued the National Immunization Prevention Plan (Piano Nazionale Prevenzione Vaccinale, or PNPV 2012-2014), with the aim of harmonizing immunization strategies across the country and ensuring equitable access to infectious disease prevention to all citizens. The Plan defines the immunization standards all regions should comply with.
Objective and methods. As new evidence has accumulated in the field of immunization, and the new National Immunization Prevention Plan is about to be launched, the aim of the current study is to: i. present immunization coverage data (2000-2014) for 14 vaccines included in the PNPV to be offered to the general population, ii. assess to what extent the PNPV coverage targets and objectives have been met, and iii. report on how the PNPV was transposed into regional immunization programs. Data are also available for the eight regions that piloted varicella immunization.
Results. The 2012-2014 PNPV first introduced a "lifecourse" approach to vaccination at the institutional level, and has been a milestone for prevention in the Italian health policy agenda. However, infant vaccine coverage rates have been decreasing over the last years, as has influenza immunization in the elderly. HPV vaccine coverage has been increasing for all birth cohorts, but is still far below the targets set in the Plan. Promising preliminary data show that pneumococcal and meningococcal C conjugate vaccines were well introduced in regional immunization schedules.
Conclusion. The 2012-2014 PNPV objectives have only been partially met, due to several factors, in particular increase in vaccine hesitancy. Strengthened efforts are needed to promote immunization. The new National Immunization Prevention Plan should introduce new vaccines and extend immunization programs to other target populations on the basis of the most recent scientific evidence available. It is of crucial importance that interventions of proven efficacy be planned and implemented to contrast the growing phenomenon of vaccine hesitancy and ultimately increase immunization uptake.

Journal of Immigrant and Minority Health

Immmunization Coverage in Migrant School Children Along the Thailand-Myanmar Border.

Kaji A, Parker DM, Chu CS, Thayatkawin W, Suelaor J, Charatrueangrongkun R, Salathibuppha K, Nosten FH, McGready R

Abstract: The objective of this project was to document and increase vaccine coverage in migrant school children on the Thailand-Myanmar border. Migrant... 1 Europe PubMed Central (Europe PMC) requires Javascript to function effectively. ...
Abstract
The objective of this project was to document and increase vaccine coverage in migrant school children on the Thailand-Myanmar border. Migrant school children (n = 12,277) were enrolled in a school-based immunization program in four Thai border districts. The children were evaluated for vaccination completion and timing, for six different vaccines: Bacille Calmette-Guerin (BCG); Oral Polio vaccine (OPV); Hepatitis B vaccine (HepB); Diphtheria, Pertussis and Tetanus vaccine (DTP); Measles Containing Vaccine or Measles, Mumps and Rubella vaccine (MMR); Tetanus and Diphtheria containing vaccine (Td). Vaccine coverage proportions for BCG, OPV3, DTP3, HepB3 and measles containing vaccine were 92.3, 85.3, 63.8, 72.2, and 90.9 % respectively. Most children were able to receive vaccines in a time appropriate manner. School-based immunization programs offer a suitable vaccine delivery mechanism for hard-to-reach populations. However, these data suggest overall low vaccine coverage in migrant populations. Further efforts toward improving appropriate vaccine coverage and methods of retaining documentation of vaccination in mobile migrant populations are necessary for improved health.

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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 31 October 2015
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 31 October 2015
[No new, unique, relevant content]

Brookings

http://www.brookings.edu/
Accessed 31 October 2015
[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 31 October 2015
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 31 October 2015
[No new, unique, relevant content]

Financial Times
http://www.ft.com/hme/uk
Accessed 31 October 2015
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 31 October 2015
FluMist Shortage Shouldn't Delay Flu Shots -- Yes, Even If You Hate Needles
Yes, you have to get your flu shot approximately yesterday if you want to be protected from this year's flu season -- even if that means getting a painful jab.
Sarah Hedgecock, Forbes Staff, Oct 30, 2015

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 31 October 2015
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 31 October 2015
The Polio Capital of the World
Pakistan's Army and Lady Health Workers are at the center of the global effort to eradicate polio. How successful have they been?
Arsla Jawaid | October 22, 2015

The Guardian
http://www.guardiannews.com/
Accessed 31 October 2015
[No new, unique, relevant content]

The Huffington Post
http://www.huffingtonpost.com/
Accessed 31 October 2015

[No new, unique, relevant content]

Mail & Guardian
http://mg.co.za/
Accessed 31 October 2015
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 31 October 2015
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 31 October 2015
It's Not Brain Surgery, Ben Carson
…He has hedged on the question of childhood vaccine safety to suggest that "a multitude of vaccines" backed by decades of conclusive research ought to be considered with "discretion."
November 01, 2015 - By ISHANI GANGULI - Opinion

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 31 October 2015
NY to mandate meningitis vaccines for 7th, 12th-graders
Oct. 29, 2015 4:38 pm ET

Washington Post
http://www.washingtonpost.com/
Accessed 31 October 2015
[No new, unique, relevant content]

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Support is also provided by a growing list of individuals who use this membership service to support their roles in public health, clinical practice, government, NGOs and other international institutions, academia and research organizations, and industry.

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