



**Vaccines and Global Health: The Week in Review**  
**19 December 2015**  
**Center for Vaccine Ethics & Policy (CVEP)**

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

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

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

***Editor's Note:***

***Vaccines and Global Health: The Week in Review will resume publication on 2 January 2016 following an end-of-year holiday break.***

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## **EBOLA/EVD** [to 19 December 2015]

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

### **Ebola Situation Report - 16 December 2015**

#### ***SUMMARY***

#### **No confirmed cases of Ebola virus disease (EVD) were reported in the week to 13 December.**

All contacts associated with the cluster of 3 confirmed cases of EVD reported from Liberia in the week to 22 November have now completed 21-day follow-up. The first-reported case in the cluster, a 15-year-old boy, died on 23 November. Two subsequent cases, the boy's father and younger brother, tested negative twice for Ebola virus on 3 December and were discharged. As of 11 December, 210 eligible recipients associated with the cluster had received the rVSV-ZEBOV Ebola vaccine as part of the Partnership for Research on Ebola Vaccines in Liberia (PREVAIL study), which is administered by the Government of Liberia and the US National Institutes of Health.

Human-to-human transmission linked to the recent cluster of cases in Liberia will end on 14 January 2016, 42 days after the 2 most-recent cases received a second consecutive negative test for Ebola virus, if no further cases are reported. Human-to-human transmission linked to the primary outbreak in Guinea will end on 28 December 2015, 42 days after the country's most recent case, reported on 29 October, received a second consecutive negative test for Ebola virus. In Sierra Leone, human-to-human transmission linked to the primary outbreak was declared to have ended on 7 November 2015. The country has now entered a 90-day period of enhanced surveillance scheduled to conclude on 5 February 2016...

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## **POLIO** [to 19 December 2015]

*Public Health Emergency of International Concern (PHEIC)*

### **GPEI Update: Polio this week as of 15 December 2015**

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

:: The report on the September 2015 meeting of the Strategic Advisory Group of Experts on immunization (SAGE) was published this week, confirming that the globally coordinated withdrawal of the type 2 component in oral polio vaccine (OPV), also referred to as the 'tOPV to bOPV switch', should occur in April 2016.

:: Looking back at 2015 and ahead at 2016: a wrap-up of the year shows fewer cases in fewer places than ever before. The report on the status of polio eradication to WHO's Executive Board also summarizes the progress on the Polio Endgame Plan, and on Resolution WHA68.3, adopted by the World Health Assembly (WHA) in May 2015.

*[No new cases identified in Country-level reports in this week's Update]*

### **Poliomyelitis - Report by the Secretariat**

WHO Executive Board 138 Session Provisional Agenda item 8.6

EB138/25 11 December 2015

*Excerpts – Editor's text bolding*

1. At the time of writing (November 2015), strong progress continues to be made towards each of the four objectives of the Polio Eradication and Endgame Strategic Plan 2013–2018 (the Endgame Plan). With only Afghanistan and Pakistan remaining endemic for poliomyelitis, wild poliovirus transmission is at the lowest levels in history, with the fewest-ever reported cases from the fewest-ever affected countries. In resolution WHA68.3 on poliomyelitis, adopted in May 2015, the World Health Assembly recognized progress made towards interrupting transmission and towards the phased removal of oral polio vaccines, and urged Member States to fully finance and implement the Endgame Plan.

2. The declaration of international spread of wild poliovirus as a Public Health Emergency of International Concern and the temporary recommendations promulgated under the International Health Regulations (2005) remain in effect. **In September 2015, the Polio Oversight Board of the Global Polio Eradication Initiative reviewed progress and concluded that wild poliovirus transmission is more likely to be interrupted in 2016 than in 2015. This delay shifts the target date for certification of global polio eradication to 2019 and increases the cost of completing polio eradication by US\$ 1500 million.** In October 2015, WHO's Strategic Advisory Group of Experts on immunization confirmed its recommendation that the withdrawal of oral polio vaccines containing the type 2 component should occur during the period 17 April–1 May 2016 in all countries that are using trivalent oral polio vaccine through a globally-coordinated replacement of this vaccine by the bivalent oral polio vaccine. The Group also reaffirmed that, in preparation for this global event, it is crucial that countries meet established deadlines to identify facilities holding wild or vaccine-derived poliovirus type 2, destroy all type 2 poliovirus materials and, only where necessary, appropriately contain type 2 poliovirus in essential poliovirus facilities...

#### *Strengthening routine immunization*

15. The Global Polio Eradication Programme initiated a joint programme of work with the GAVI Alliance and other partners to support efforts to strengthen routine immunization in 10 "focus" countries with significant polio resources. **Six of these countries – Chad, Democratic Republic of the Congo, Ethiopia, India, Nigeria and Pakistan – have developed annual national immunization plans that build on polio assets to improve broader immunization goals, resulting in as much as a 22% reduction in unimmunized children in some areas, in 2014 compared to 2013.1 Polio staff in these countries spend as much as 50% of their time on broader immunization and public health issues.**

#### *CONTAINMENT*

16. In 2015, pursuant to resolution WHA68.3, the Global Commission for the Certification of the Eradication of Poliomyelitis and the Strategic Advisory Group of Experts on immunization urged accelerated implementation of the WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAP III). **Specifically, all Member States should complete Phase I (Preparation for containment of poliovirus type 2) which includes establishing an inventory of facilities holding polioviruses, destroying all wild poliovirus materials by the end of 2015 and destroying all Sabin type 2 poliovirus materials by July 2016. Any type 2 poliovirus materials not destroyed should be securely contained in designated "poliovirus essential" facilities. For implementation of Phase II (Poliovirus type 2 containment period) Member States hosting essential poliovirus**

**facilities (vaccine production, research and repositories) should designate a national containment authority, establish biorisk management regulations aligned with GAP III, and certify secure containment of poliovirus materials.** The Secretariat is supporting Member States in implementing the global action plan...

### [Circulating vaccine-derived poliovirus – Lao People’s Democratic Republic](#)

Disease outbreak news

15 December 2015

On 8 December 2015, the National IHR Focal Point of Lao People’s Democratic Republic (PDR) notified WHO of 2 additional VDPV1 cases. These cases are from Xaisomboun, a previously unaffected province. To date, the total number of confirmed cVDPV1 cases in this outbreak is 5...

### [IS Hinders Polio Eradication Efforts in Afghanistan](#)

Noor Zahid, Zabihullah Ghazi

Voice of America December 11, 2015 4:40 PM

JALALABAD, AFGHANISTAN—

Polio vaccinations for tens of thousands of Afghan children are being delayed because health workers are unable to access remote regions controlled by Islamic militants including the Islamic State group.

Gula Khan Ayub, a Ministry of Public Health official, said around 100,000 children could not get vaccinated in a recent four-day polio vaccination campaign carried out in 14 eastern and southern provinces of Afghanistan due to militants' threats.

The militants are blocking polio vaccination campaigns, saying the Afghan government and the West are using health workers for intelligence-gathering purposes, VOA correspondent Zabihullah Ghazi reports...

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**MERS-CoV** [to 19 December 2015]

*No new reports/content.*

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**WHO & Regionals** [to 19 December 2015]

### [Health and human rights](#)

Fact sheet N°323

December 2015

*Key facts*

:: The WHO Constitution enshrines "...the highest attainable standard of health as a fundamental right of every human being."

- :: The right to health includes access to timely, acceptable, and affordable health care of appropriate quality.
- :: Yet, about 100 million people globally are pushed below the poverty line as a result of health care expenditure every year.
- :: Vulnerable and marginalized groups in societies tend to bear an undue proportion of health problems.
- :: Universal health coverage is a means to promote the right to health.

### **Launch of WHO mobile phone application for nutrition**

December 2015 -- Access the latest WHO nutrition guidelines, recommendations and related information for nutrition interventions, wherever you are, with the eLENA (e-Library of Evidence for Nutrition Actions) mobile phone application.

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

- :: 17 December 2015 Human infection with avian influenza A(H7N9) virus – China
- :: 15 December 2015 Circulating vaccine-derived poliovirus – Lao People's Democratic Republic
- :: 15 December 2015 Microcephaly – Brazil
- :: 15 December 2015 Cholera – Democratic Republic of the Congo

### **Weekly Epidemiological Record (WER) 18 December 2015**, vol. 90, 51/52 (pp. 701–712)

Contents

701 Index of countries/areas

701 Index, Volume 90, 2015, Nos. 1–52

### **IVB**

- :: 17 December 2015

[WHO seeks expression of interest from sub-Saharan African countries for pilot implementation projects of the RTS,S/AS01 malaria vaccine.](#)

Expression of interest – English pdf, 332kb

Expression of Interest – French pdf, 301kb

Deadline for application: 15 January 2016

- :: 17 December 2015

[Immunization Practices Advisory Committee \(IPAC\): CALL FOR NOMINATIONS](#)

Information and submission of proposals pdf, 124kb

Closing date: 1 February 2016

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

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

[:: The African Programme for Onchocerciasis Control \(APOC\) closes and a new body set up to eliminate Neglected Tropical Diseases](#)

KAMPALA, 17 December 2015:- The African Programme for Onchocerciasis Control (APOC) founded in 1995 has been formally closed and a new entity – the Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN), with an expanded mandate, proposed

to replace it. ESPEN was formally introduced to delegates at the 21st session of the Joint Action Forum (JAF) of the African Programme for Onchocerciasis Control (APOC) that has concluded in Kampala, Uganda.

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

*No new digest content identified.*

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

:: [Make focused, accelerated efforts to prevent, reduce newborn deaths: WHO SEAR/PR/1617](#)

New Delhi, 14 December 2015: Nearly 7400 new-borns die every day in the WHO South-East Asia Region causing untold misery to mothers and families. Two-thirds of these deaths can be prevented by adopting proven and cost-effective measures, World Health Organization today said seeking focused efforts by governments and partners to prevent newborn deaths with a sense of urgency.

"Scaling up interventions with good quality care around the time of childbirth and during the first days after birth can substantially prevent complications and infections in new-borns, which are the main causes of newborn deaths," Dr Poonam Khetrpal Singh, Regional Director for WHO South-East Asia Region, said here as health partners signed a pledge to reduce newborn deaths.

Led by WHO; UNICEF, UNFPA, World Bank, UNAIDS and UNWOMEN pledged to jointly support the countries in the Region to prioritize accelerated reduction in newborn deaths by ensuring equitable access to essential life-saving interventions for mothers and babies across the Region...

### **WHO European Region EURO**

:: [Will there be sufficient health professionals to meet future needs?](#) 18-12-2015

:: [European health report available in French, German and Russian](#) 16-12-2015

### **WHO Eastern Mediterranean Region EMRO**

:: [WHO: Urgent support needed to provide health services for 15 million people in Yemen](#)

Geneva, 15 December 2015 – WHO and health partners are appealing for US\$ 31 million to ensure the continuity of health services for nearly 15 million people in Yemen affected by the ongoing conflict. Funding is urgently needed as the Yemeni health system has collapsed, leaving millions of vulnerable people without the care and medications they urgently need. Conflict is making the delivery of health services and supplies extremely challenging, health facilities and ambulances have been damaged, and there is a shortage of health workers, limiting access to health care.

### **WHO Western Pacific Region**

:: [Universal Health Coverage – a Foundation for the Sustainable Development Goals](#)

MANILA, 12 December 2015 – Held every year since 2012 on 12 December, Universal Health Coverage (UHC) day gathers partners globally to reaffirm the urgency for greater action and progress towards UHC. WHO Regional Office for the Western Pacific calls for countries to ensure good quality health services are accessible to all as it celebrates UHC Day. Dr. Shin Young-soo, WHO Regional Director for the Western Pacific said, "Every country – no matter how rich or poor – can do something now to improve access to good quality services, to improve financial protection and to improve efficiency."

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**CDC/ACIP** [to 19 December 2015]  
<http://www.cdc.gov/media/index.html>

**MMWR Weekly - December 18, 2015 / No. 49/ Volume (64)**

<http://www.cdc.gov/mmwr/index2015.html>

:: Rabies in a Dog Imported from Egypt with a Falsified Rabies Vaccination Certificate — Virginia, 2015

:: Notes from the Field: Injection Safety and Vaccine Administration Errors at an Employee Influenza Vaccination Clinic — New Jersey, 2015

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**Initiatives/Announcements/Milestones**

**UNICEF** [to 19 December 2015]  
[http://www.unicef.org/media/media\\_78364.html](http://www.unicef.org/media/media_78364.html)

*Selected press releases*

**On the Day of International Migration, UNICEF says children need urgent solutions, solidarity**

GENEVA, 18 December 2015 – “The year, 2015, will be remembered for the heart-breaking image of a lifeless little boy on a beach – one of many who came before him; one of many who came after him. It was a year that saw hundreds of thousands of children and their families on the move leaving behind horrors, on an odyssey of hope through Europe. It was the year of mass displacement. And there is no end in sight.

**More than 16 million babies born into conflict this year: UNICEF**

NEW YORK, 17 December 2015 – More than 16 million babies were born in conflict zones in 2015 – 1 in 8 of all births worldwide this year – UNICEF said today, a figure that underscores the vulnerability faced by increasing numbers of children.

**UNHCR and UNICEF highlight unrelenting children’s crisis**

NAIROBI, Kenya, 15 December 2015 – The UN High Commissioner for Refugees (UNHCR) and the UN Children’s Fund (UNICEF) warned today that the children of South Sudan remain some of the most vulnerable in the world. Noting the second anniversary since violence erupted in South Sudan, the two UN agencies called for all parties to uphold their commitments to the Peace Agreement, so as to allow the almost 1.5 million South Sudanese children to return home and receive an education, and child soldiers to be released and reintegrated.

**UNICEF: 500 children die every day from lack of safe water, sanitation in sub-Saharan Africa**

DAKAR, Senegal, 15 December 2015 – Around 180,000 children under 5 years old die every

year – roughly 500 a day – in sub-Saharan Africa due to diarrhoeal diseases linked to inadequate water, sanitation and hygiene (WASH), UNICEF said ahead of a conference in Dakar on financing for the sector.

**FDA** [to 19 December 2015]

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

**Influenza Virus Vaccine for the 2015-2016 Season**

Posted: 12/16/2015

**December 14, 2015 Approval Letter - GARDASIL 9 (PDF - 35KB)**

Posted: 12/15/2015

approved your request to supplement your biologics license application for Human Papillomavirus 9 - valent Vaccine, Recombinant to extend the indication by including Boys and men 16 through 26 years of age for the prevention of the following diseases:

- :: Anal cancer caused by HPV types 16, 18, 31, 33, 45, 52, and 58.
- :: Genital warts (condyloma acuminata) caused by HPV types 6 and 11. And the following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58:
- :: Anal intraepithelial neoplasia (AIN) grades 1, 2, and 3...

**Industry Watch** [to 19 December 2015]

**:: FDA Approves Expanded Age Indication for GARDASIL® 9 in Males**

December 15, 2015

Merck (NYSE:MRK), known as MSD outside the United States and Canada, announced today that the U.S. Food and Drug Administration (FDA) approved an expanded age indication for GARDASIL®9

**:: Janssen Announces Collaboration with Bavarian Nordic to Develop Vaccine for Chronic Human Papillomavirus (HPV) Infections**

Dec 18, 2015, 16:00 ET

*New approach for early treatment and interception of HPV-induced cancers*

Janssen Pharmaceuticals, Inc. (Janssen) announced today that the company has entered into a definitive collaboration and license agreement with Bavarian Nordic to leverage their MVA-BN® technology, jointly with Janssen's own AdVac® technology, in the development and commercialization of a heterologous prime-boost vaccine for the treatment of Human Papillomavirus (HPV) chronic infections which can lead to cancer. Under this agreement, Janssen will conduct all clinical development and, subject to regulatory approval, will be responsible for registration, distribution and commercialization of the potential combination vaccine worldwide...

**Global Fund** [to 19 December 2015]

<http://www.theglobalfund.org/en/news/>

**Global Fund Outlines Investment Case to End Epidemics**

17 December 2015

**TOKYO - The Global Fund today presented its investment case for raising US\$13 billion for its next three-year cycle of funding**, outlining how partners in global health can contribute to ending HIV, tuberculosis and malaria as epidemics by 2030.



A US\$13 billion investment for the 2017-2019 funding cycle would save up to eight million lives, avert up to 300 million infections and new cases of HIV, TB and malaria, and lay the groundwork for potential economic gains of up to US\$290 billion in the years ahead. Strong investment in global health can significantly bolster international stability and security, while creating greater opportunity, prosperity, and well-being.

The Investment Case was reviewed and discussed by global health leaders at the Preparatory Meeting of the Global Fund Fifth Replenishment in Tokyo, hosted by the Government of Japan in conjunction with an international conference on universal health coverage...

...Programs supported by the Global Fund saved 17 million lives by the end of 2014. By leveraging advances in science and applying innovative solutions, the partnership is on track to reach 22 million lives saved by the end of 2016, the eve of a new Replenishment period. Every three years, the Global Fund seeks financial support for its mission through a Replenishment pledging conference, to be held in mid-2016...

**IVI** [to 19 December 2015]

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

IVI Director General Jerome Kim was interviewed live on TBS eFM's Primetime on Dec. 4 on the occasion of World AIDS Day. Listen to the interview for his perspectives about the progress made in the fight against AIDS and about IVI.

<http://www.tbs.seoul.kr/efm/Primetime/listenagain.jsp>

**Fondation Merieux** [to 19 December 2015]

<http://www.fondation-merieux.org/news>

*Mission: Contribute to global health by strengthening local capacities of developing countries to reduce the impact of infectious diseases on vulnerable populations.*

**Asian Pacific Vaccinology Meeting**

18 December 2015, Lyon (France)

Fondation Mérieux organized the 2nd Asian Pacific Vaccinology Meeting on 30 November -3 December in Bangkok, Thailand.

**NIH** [to 19 December 2015]

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

**NIH unveils FY2016–2020 Strategic Plan**

December 16, 2015 — Detailed plan sets course for advancing scientific discoveries and human health.

**Poverty may slightly increase childhood risk of neurological impairment, NIH study suggests**

December 16, 2015 — Children from low income environments appear to have a higher risk of neurological impairment.

**PATH** [to 19 December 2015]

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

Announcement | December 18, 2015

**PATH announces call for applications to organize regional caucuses at the Women Deliver 4th Global Conference**

Regional caucuses will bring together diverse stakeholders to identify ways to advance global goals for women and girls

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**AERAS** [to 19 December 2015]

<http://www.aeras.org/pressreleases>

*No new digest content identified.*

**BMGF - Gates Foundation** [to 19 December 2015]

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

*No new digest content identified.*

**DCVMN**

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

*No new digest content identified.*

**EDCTP** [to 19 December 2015]

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

*The European & Developing Countries Clinical Trials Partnership (EDCTP) aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria as well as other poverty-related and neglected infectious diseases in sub-Saharan Africa, with a focus on phase II and III clinical trials.*

*No new digest content identified.*

**European Medicines Agency** [to 19 December 2015]

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

*No new digest content identified*

**European Vaccine Initiative** [to 19 December 2015]

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

*No new digest content identified*

**Gavi** [to 19 December 2015]

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

*No new digest content identified.*

**GHIT Fund** [to 19 December 2015]

<https://www.ghitfund.org/>

*GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that devastate the world's poorest people. Other funders include six Japanese pharmaceutical companies, the Japanese Government and the Bill & Melinda Gates Foundation.*

*No new digest content identified.*

**IAVI** International AIDS Vaccine Initiative [to 19 December 2015]

<http://www.iavi.org/press-releases/2015>

*No new digest content identified.*

**Sabin Vaccine Institute**

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

*No new digest content identified.*

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### **Reports/Research/Analysis/Commentary/Conferences/Meetings/Book Watch/Tenders**

*Vaccines and Global Health: The Week in Review* has expanded its coverage of new reports, books, research and analysis published independent of the journal channel covered in Journal Watch below. Our interests span immunization and vaccines, as well as global public health, health governance, and associated themes. If you would like to suggest content to be included in this service, please contact David Curry at: [david.r.curry@centerforvaccineethicsandpolicy.org](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)

### **Report Finds Gaps in Country's Ability to Prevent Infectious Disease Outbreaks**

Robert Wood Johnson Foundation

Thu Dec 17 10:00:00 EST 2015

Washington, D.C.—A report released today found that more than half (28) of states score a five or lower out of 10 key indicators related to preventing, detecting, diagnosing and responding to outbreaks. The report, from Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF), concluded that the United States must redouble efforts to better protect the country from new infectious disease threats, such as MERS-CoV and antibiotic-resistant superbugs, and resurging illnesses like whooping cough, tuberculosis and gonorrhea.

Five states—Delaware, Kentucky, Maine, New York and Virginia—tied for the top score, achieving eight out of 10 indicators. Seven states—Idaho, Kansas, Michigan, Ohio, Oklahoma, Oregon and Utah—tied for the lowest score at three out of 10...

### **Right to sanitation, a distinct human right – Over 2.5 billion people lack access to sanitation**

GENEVA (18 December 2015) – The United Nations Special Rapporteur on the human right to water and sanitation, Léo Heller, and the Chair of the UN Committee on Economic, Social and Cultural Rights, Waleed Sadi, today welcomed the explicit recognition of the 'human right to sanitation' as a distinct right, together with the 'human right to safe drinking water' by the UN General Assembly.

Over 2.5 billion people still lack access to improved sanitation - the sanitation target under Goal 7 has been missed by one of the widest margins of all the 18 targets under the Millennium

Development Goals. One billion people practise open defecation, nine out of ten in rural areas across the world.

"The right to sanitation is an essential component of the right to an adequate standard of living, inextricably linked to the highest attainable standard of health, and integrally related to the human right to water," Mr. Sadi said. "The explicit recognition of the human right to sanitation and the human right to water reaffirms that sanitation has distinct features which warrant its own separate recognition and treatment from water in some respects."

The experts explained that while sanitation does not necessarily have to be water-borne, Governments tend to focus on this type, rather than on-site sanitation such as pit latrines and septic tanks which are still widely used. As a result, individual households which rely on on-site sanitation often have to operate the entire system themselves, including collection and disposal, without government support. "The right to sanitation also requires privacy and dignity," the experts stressed.

"Sanitation and water issues need to be approached comprehensively at many levels," Mr. Heller said. "I strongly believe that the clear definitions of the human right to sanitation and the human right to water provided in the resolution will help focus international attention on sanitation issues in the context of the 2030 Agenda for Sustainable Development."

In the UN General Assembly resolution, adopted by consensus on 17 December, Member States recognized that 'the human right to sanitation entitles everyone, without discrimination, to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure, socially and culturally acceptable and that provides privacy and ensures dignity.'...

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

### **American Journal of Infection Control**

December 2015 Volume 43, Issue 12, p1269-1382, e83-e106

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

[Reviewed earlier]

**American Journal of Preventive Medicine**

December 2015 Volume 49, Issue 6, p811-988, e89-e134

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

[Reviewed earlier]

**American Journal of Public Health**

Volume 105, Issue 12 (December 2015)

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

[Reviewed earlier]

**American Journal of Tropical Medicine and Hygiene**

December 2015; 93 (6)

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

[Reviewed earlier]

**Annals of Internal Medicine**

15 December 2015, Vol. 163. No. 12

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

[New issue; No relevant content identified]

**BMC Health Services Research**

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

(Accessed 19 December 2015)

*Research article*

**[Intellectual capital in the healthcare sector: a systematic review and critique of the literature](#)**

Jenna M. Evans, Adalsteinn Brown and G. Ross Baker

BMC Health Services Research 2015 15:556

Published on: 15 December 2015

*Abstract*

Background

Variations in the performance of healthcare organizations may be partly explained by differing "stocks" of intellectual capital (IC), and differing approaches and capacities for leveraging IC. This study synthesizes what is currently known about the conceptualization, management and measurement of IC in healthcare through a review of the literature.

Methods

Peer-reviewed papers on IC in healthcare published between 1990 and 2014 were identified through searches of five databases using the following key terms: intellectual capital/assets, knowledge capital/assets/resources, and intangible assets/resources. Articles deemed relevant for inclusion underwent systematic data extraction to identify overarching themes and were assessed for their methodological quality.

Results

Thirty-seven papers were included in the review. The primary research method used was cross-sectional questionnaires focused on hospital managers' perceptions of IC, followed by semi-structured interviews and analysis of administrative data. Empirical studies suggest that IC is linked to subjective process and performance indicators in healthcare organizations. Although the literature on IC in healthcare is growing, it is not advanced. In this paper, we identify and examine the conceptual, theoretical and methodological limitations of the literature.

#### Conclusions

The concept and framework of IC offer a means to study the value of intangible resources in healthcare organizations, how to manage systematically these resources together, and their mutually enhancing interactions on performance. We offer several recommendations for future research.

#### *Research article*

#### **Use of peers, community lay persons and Village Health Team (VHT) members improves six-week postnatal clinic (PNC) follow-up and Early Infant HIV Diagnosis (EID) in urban and rural health units in Uganda: A one-year implementation study**

Zikulah Namukwaya, Linda Barlow-Mosha, Peter Mudiope, Adeodata Kekitiinwa, Joyce Namale Matovu, Ezra Musinye, Jane Ntongo Ssebagala, Teopista Nakyanzi, Jubilee John Abwooli, Dorothy Mirembe, Juliane Etima, Edward Bitarakwate, Mary Glenn Fowler and Philippa Martha Musoke

BMC Health Services Research 2015 15:555

Published on: 15 December 2015

#### **BMC Infectious Diseases**

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

(Accessed 19 December 2015)

[No new relevant content identified]

#### **BMC Medical Ethics**

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

(Accessed 19 December 2015)

[No new relevant content identified]

#### **BMC Medicine**

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

(Accessed 19 December 2015)

#### *Guideline*

#### **How should individual participant data (IPD) from publicly funded clinical trials be shared?**

Individual participant data (IPD) from completed clinical trials should be responsibly shared to support efficient clinical research, generate new knowledge and bring benefit to patients.

C. Tudur Smith, C. Hopkins, M. R. Sydes, K. Woolfall, M. Clarke, G. Murray and P. Williamson

BMC Medicine 2015 13:298

Published on: 17 December 2015

*Commentary*

**Subnational benchmarking of health systems performance in Africa using health outcome and coverage indicators**

National health systems performance (HSP) assessments and benchmarking are critical to understanding how well the delivery of healthcare meets the needs of citizens.

Abdisalan Mohamed Noor

BMC Medicine 2015 13:299

Published on: 14 December 2015

**BMC Pregnancy and Childbirth**

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

(Accessed 19 December 2015)

*Research article*

**Innovative approaches for improving maternal and newborn health - A landscape analysis**

Essential interventions can improve maternal and newborn health (MNH) outcomes in low- and middle-income countries, but their implementation has been challenging.

Karsten Lunze, Ariel Higgins-Steele, Aline Simen-Kapeu, Linda Vesel, Julia Kim and Kim Dickson

BMC Pregnancy and Childbirth 2015 15:337

Published on: 17 December 2015

**BMC Public Health**

<http://bmcpublichealth.biomedcentral.com/articles>

(Accessed 19 December 2015)

*Research article*

**Implementation of a national school-based Human Papillomavirus (HPV) vaccine campaign in Fiji: knowledge, vaccine acceptability and information needs of parents**

S. F. La Vincente, D. Mielnik, K. Jenkins, F. Bingwor, L. Volavola, H. Marshall, P. Druavesi, F. M. Russell, K. Lokuge and E. K. Mulholland

BMC Public Health 2015 15:1257

Published on: 18 December 2015

*Abstract*

Background

In 2008 Fiji implemented a nationwide Human Papillomavirus (HPV) vaccine campaign targeting all girls aged 9–12 years through the existing school-based immunisation program. Parents of vaccine-eligible girls were asked to provide written consent for vaccination. The purpose of this study was to describe parents' knowledge, experiences and satisfaction with the campaign, the extent to which information needs for vaccine decision-making were met, and what factors were associated with vaccine consent.

Methods

Following vaccine introduction, a cross-sectional telephone survey was conducted with parents of vaccine-eligible girls from randomly selected schools, stratified by educational district. Factors related to vaccine consent were explored using Generalised Estimating Equations.

Results

There were 560 vaccine-eligible girls attending the participating 19 schools at the time of the campaign. Among these, 313 parents could be contacted, with 293 agreeing to participate

(93.6 %). Almost 80 % of participants reported having consented to HPV vaccination (230/293, 78.5 %). Reported knowledge of cervical cancer and HPV prior to the campaign was very low. Most respondents reported that they were satisfied with their access to information to make an informed decision about HPV vaccination (196/293, 66.9 %). and this was very strongly associated with provision of consent. Despite their young age, the vaccine-eligible girls were often involved in the discussion and decision-making. Most consenting parents were satisfied with the campaign and their decision to vaccinate, with almost 90 % indicating they would consent to future HPV vaccination. However, negative media reports about the vaccine campaign created confusion and concern. Local health staff were cited as a trusted source of information to guide decision-making. Just over half of the participants who withheld consent cited vaccine safety fears as the primary reason (23/44, 52.3 %).

#### Conclusion

This is the first reported experience of HPV introduction in a Pacific Island nation. In a challenging environment with limited community knowledge of HPV and cervical cancer, media controversy and a short lead-time for community education, Fiji has implemented an HPV vaccine campaign that was largely acceptable to the community and achieved a high level of participation. Community sensitisation and education is critical and should include a focus on the local health workforce and the vaccine target group.

#### *Research article*

#### **Challenges to the surveillance of non-communicable diseases – a review of selected approaches**

The rising global burden of non-communicable diseases (NCDs) necessitates the institutionalization of surveillance systems to track trends and evaluate interventions. However, NCD surveillance capacities var ...

Mareike Kroll, Revati K Phalkey and Frauke Kraas

BMC Public Health 2015 15:1243

Published on: 16 December 2015

#### **BMC Research Notes**

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

(Accessed 19 December 2015)

#### *Research article*

#### **MERS-CoV geography and ecology in the Middle East: analyses of reported camel exposures and a preliminary risk map**

Middle Eastern respiratory syndrome coronavirus (MERS-CoV) has spread rapidly across much of the Middle East, but no quantitative mapping of transmission risk has been developed to date.

Tarian Reeves, Abdallah M. Samy and A. Townsend Peterson

BMC Research Notes 2015 8:801

Published on: 18 December 2015

#### **BMJ Open**

2015, Volume 5, Issue 12

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

[Reviewed earlier]



## British Medical Journal

19 December 2015 (vol 351, issue 8038)

<http://www.bmj.com/content/351/8038>

*Editorials Christmas 2015*

### Responding to the needs of refugees

BMJ 2015; 351 doi: <http://dx.doi.org/10.1136/bmj.h6731> (Published 16 December 2015) Cite this as: BMJ 2015;351:h6731

Frank Arnold, convenor, anti-torture initiative<sup>1</sup>, Cornelius Katona, lead<sup>23</sup>, Juliet Cohen, head of doctors<sup>4</sup>, Lucy Jones, UK programme manager<sup>5</sup>, David McCoy, director<sup>16</sup>

#### Author affiliations

*Knowledge of and skills in human rights medicine will be needed*

At the time of writing it is unclear how many people will eventually receive refuge in Britain from encampments in countries surrounding Syria through the UN vulnerable persons relocation scheme. The government's current commitment to receive a maximum of 20 000 over five years, if delivered at a constant rate, would result in 4000 arrivals a year.<sup>1</sup> It is also unclear when they will arrive and what financial and other arrangements are being made for local councils to support them. But even if the UK maintains its decision to opt out of the EU refugee sharing scheme, the number of asylum seekers reaching the UK by other routes may increase, given that more than half a million people seeking protection arrived in Europe by sea in 2015.

Whatever the numbers, many will have high levels of complex physical, psychological, social, and legal needs arising from their experiences in their countries of origin or during their often prolonged and dangerous journeys. This is particularly the case for people admitted under the UN relocation scheme, which emphasises vulnerability and damage as primary selection criteria.<sup>2</sup>

These health needs will interact with each other and with wider social needs (housing, schooling, linguistic, and cultural support) to produce challenges that exceed the experience of most UK clinicians. The issues that the responsible practices and hospitals will need to address are many and complex but largely predictable (box). The current crisis must be met by a plan to train and support clinicians to assist this vulnerable group. Such a plan would also benefit the many traumatised, tortured, and ill refugees, asylum seekers, and undocumented migrants who are already in the country.

#### *Common interacting medical needs of refugees*

##### Psychological

:: Post-traumatic stress disorder and other mental health problems resulting from trauma

##### Physical

:: Consequences of torture such as damage to feet from repeated blunt trauma or brachial plexus damage after suspension by hyper-extended arms

:: Screening for sexually transmitted diseases (if rape revealed)

:: Traumatic war injuries

##### Social and legal

:: Adequate interpreting

:: Access to primary and secondary care and difficulties of negotiating exemption from overseas visitors charging regulations

:: Protection from subsequent unsafe repatriation or redress may require careful documentation of medical evidence of human rights abuses, including photographs or clinical notes of physical or psychological damage on arrival

So what needs to happen? Government departments should make use of standard handheld records of medical information gleaned during selection for relocation and ensure that the data follow the patients to their new practitioners. The European Union is developing such a record.<sup>3</sup> For people who require secondary care the Home Office should provide immigration status documents and circulate them with advice to relevant officers to prevent inappropriate attempts to charge user fees. The entitlements of migrants to care are complex, but survivors of torture and other human rights abuses do not have to pay under the current regulations.<sup>4</sup> And unless a general practice has a policy requiring all new registrants to supply documents, to do so for migrants only would constitute impermissible discrimination.<sup>5</sup>

As health professionals, we are occupationally and morally required to offer the highest standard of healthcare to all patients, including survivors of human rights abuses who arrive on these shores.<sup>6</sup> But clinicians need to be trained and supported to help this vulnerable group. The knowledge and skills in human rights medicine and psychology developed by a relatively small number of specialist health professionals within the NHS and third sector organisations needs to be harnessed and used wisely to enable this to happen. These organisations include Freedom from Torture ([www.freedomfromtorture.org](http://www.freedomfromtorture.org)), the Helen Bamber Foundation ([www.helenbamber.org](http://www.helenbamber.org)), and Doctors of the World ([www.doctorsoftheworld.org.uk/pages/UK-Programme](http://www.doctorsoftheworld.org.uk/pages/UK-Programme)). The Royal Society of Medicine is hosting training sessions organised by Medact on clinical aspects of torture and trauma. Public Health England, which has a helpful Migrant Health Guide,<sup>7</sup> the royal colleges, the BMA, and other health professional bodies can also facilitate relevant educational initiatives. Close collaboration between the statutory and charity sectors will be crucial.

The voice and mandate of health professionals also needs to be used to prevent xenophobia and tackle the root causes of the refugee crisis. We should make good use of the expressions of goodwill and solidarity from much of the UK population towards those who need help and highlight the past and potential long term economic and social contributions that such refugees have and can make in the UK. We should also seek to educate and engage the UK health community about the need to promote peace and human security, particularly in north Africa and the Middle East. The refugee crisis will not be resolved otherwise.

### **Bulletin of the World Health Organization**

Volume 93, Number 12, December 2015, 817-892

<http://www.who.int/bulletin/volumes/93/12/en/>

[Reviewed earlier]

### **Clinical Infectious Diseases (CID)**

Volume 62 Issue 1 January 1, 2016

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

*VIEWPOINTS*

### **The Use of Ebola Convalescent Plasma to Treat Ebola Virus Disease in Resource-Constrained Settings: A Perspective From the Field**

Johan van Griensven, Anja De Weigheleire, Alexandre Delamou, Peter G. Smith, Tansy Edwards, Philippe Vandekerckhove, Elhadj Ibrahima Bah, Robert Colebunders, Isola Herve, Catherine Lazaygues, Nyankoye Haba, and Lutgarde Lynen  
Clin Infect Dis. (2016) 62 (1): 69-74 doi:10.1093/cid/civ680

OPEN ACCESS

Clinical evaluation of convalescent plasma (CP) as Ebola treatment in the current outbreak was prioritized by the World Health Organization. Although no efficacy data are available, current field experience supports the safety, acceptability, and feasibility of CP as Ebola treatment.

### **Prevalence and Persistence of Varicella Antibodies in Previously Immunized Children and Youth With Perinatal HIV-1 Infection**

Murli U. Purswani, Brad Karalius, Tzy-Jyun Yao, D. Scott Schmid, Sandra K. Burchett, George K. Siberry, Kunjal Patel, Russell B. Van Dyke, and Ram Yogev for the Pediatric HIV/AIDS Cohort Study (PHACS)

Clin Infect Dis. (2016) 62 (1): 106-114 doi:10.1093/cid/civ734

#### **Abstract**

Long-term persistence of varicella antibodies was strongly associated with administration of 2 varicella vaccines in perinatally human immunodeficiency virus-infected children. Vaccination after  $\geq 3$  months of combination antiretroviral therapy and duration of such therapy were also determinants of vaccine immunogenicity

### **Clinical Therapeutics**

December 2015 Volume 37, Issue 12, p2609-2906

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

[New issue; No relevant content identified]

### **Complexity**

November/December 2015 Volume 21, Issue 2 Pages C1–C1, 1–366

<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.2/issuetoc>

[Reviewed earlier]

### **Conflict and Health**

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

[Accessed 19 December 2015]

[No new relevant content]

### **Contemporary Clinical Trials**

Volume 44, In Progress (September 2015)

<http://www.sciencedirect.com/science/journal/15517144/44>

[No new relevant content]

**Cost Effectiveness and Resource Allocation**

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

(Accessed 19 December 2015)

[No new relevant content]

**Current Opinion in Infectious Diseases**

December 2015 - Volume 28 - Issue 6 pp: v-v,497-624

<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>

[Reviewed earlier]

**Developing World Bioethics**

December 2015 Volume 15, Issue 3 Pages iii-iii, 115-275

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2015.15.issue-2/issuetoc>

[Reviewed earlier]

**Development in Practice**

Volume 25, Issue 8, 2015

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

[Reviewed earlier]

**Disasters**

January 2016 Volume 40, Issue 1 Pages 1-182

<http://onlinelibrary.wiley.com/doi/10.1111/disa.2016.40.issue-1/issuetoc>

[Reviewed earlier]

**Emerging Infectious Diseases**

Volume 21, Number 12—December 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 16 - December 2015

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

[Reviewed earlier]

## **The European Journal of Public Health**

Volume 25, Issue 5, 1 October 2015

<http://eurpub.oxfordjournals.org/content/25/5>

[Reviewed earlier]

## **Eurosurveillance**

Volume 20, Issue 50, 17 December 2015

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

*Research Articles*

### **Assessment of the MSF triage system, separating patients into different wards pending Ebola virus laboratory confirmation, Kailahun, Sierra Leone, July to September 2014**

by F Vogt, G Fitzpatrick, G Patten, R van den Bergh, K Stinson, L Pandolfi, J Squire, T Decroo, H Declerck, M Van Herp

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

December 2015 | Volume 3 | Issue 4

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

*Editorial*

### **Behavior Change Fast and Slow: Changing Multiple Key Behaviors a Long-Term Proposition?**

An intensive radio campaign in rural areas of Burkina Faso addressed multiple key behaviors to reduce child mortality, using a randomized cluster design. After 20 months, despite innovative approaches and high reported listenership, only modest reported change in behavior was found, mainly related to care seeking rather than habitual behavior such as hand washing. Various methodologic difficulties may have obscured a true greater impact. Analysis of the intervention after its full 35-month duration may reveal more impact, including on actual child mortality. Improving a number of key behaviors is essential to child survival efforts, and much of it may require strong and sustained efforts.

Glob Health Sci Pract 2015;3(4):521-524. First published online November 3, 2015.

<http://dx.doi.org/10.9745/GHSP-D-15-00331>

*Original Articles*

### **The Saturation+ Approach to Behavior Change: Case Study of a Child Survival Radio Campaign in Burkina Faso**

This randomized radio campaign focused on the 3 principles of the Saturation+ approach to behavior change: (1) saturation (high exposure to messages), (2) science (basing design on data and modeling), and (3) creative storytelling. Locally developed short spots and longer dramas targeted multiple child survival-related behaviors and were delivered entirely by local radio stations. Innovative partnerships with radio stations provided free airtime in return for training, equipment, and investment in solar power.

Joanna Murray, Pieter Remes, Rita Ilboudo, Mireille Belem, Souleymane Salouka, Will Snell, Cathryn Wood, Matthew Lavoie, Laurent Deboise, Roy Head

Glob Health Sci Pract 2015;3(4):544-556. First published online November 3, 2015.

<http://dx.doi.org/10.9745/GHSP-D-15-00049>

## **Monitoring and Evaluating the Transition of Large-Scale Programs in Global Health**

Monitoring and evaluating large-scale global health program transitions can strengthen accountability, facilitate stakeholder engagement, and promote learning about the transition process and how best to manage it. We propose a conceptual framework with 4 main domains relevant to transitions—leadership, financing, programming, and service delivery—along with guiding questions and illustrative indicators to guide users through key aspects of monitoring and evaluating transition. We argue that monitoring and evaluating transitions can bring conceptual clarity to the transition process, provide a mechanism for accountability, facilitate engagement with local stakeholders, and inform the management of transition through learning.

James Bao, Daniela C Rodriguez, Ligia Paina, Sachiko Ozawa, Sara Bennett

Glob Health Sci Pract 2015;3(4):591-605. <http://dx.doi.org/10.9745/GHSP-D-15-00221>

### *FIELD ACTION REPORTS*

## **Introduction of Mobile Health Tools to Support Ebola Surveillance and Contact Tracing in Guinea**

An informatics system consisting of a mobile health application and business intelligence software was used for collecting and analyzing Ebola contact tracing data. This system offered potential to improve data access and quality to support evidence-based decision making for the Ebola response in Guinea. Implementation challenges included software limitations, technical literacy of users, coordination among partners, government capacity for data utilization, and data privacy concerns.

Jilian A Sacks, Elizabeth Zehe, Cindil Redick, Alhoussaine Bah, Kai Cowger, Mamady Camara, Aboubacar Diallo, Abdel Nasser Iro Gigo, Ranu S Dhillon, Anne Liu

Glob Health Sci Pract 2015;3(4):646-659. First published online November 12, 2015.

<http://dx.doi.org/10.9745/GHSP-D-15-00207>

## **Global Health Governance**

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

[Accessed 19 December 2015]

[No new content]

## **Global Public Health**

Volume 11, Issue 1-2, 2016

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

***Special Issue: Conceptualising the agency of highly marginalised women: Intimate partner violence in extreme settings***

*Guest Editors' Introduction*

## **Conceptualising the agency of highly marginalised women: Intimate partner violence in extreme settings**

Catherine Campbell<sup>a</sup>\* & Jenevieve Mannell<sup>b</sup>

pages 1-16

DOI: 10.1080/17441692.2015.1109694

*Abstract*

How is the agency of women best conceptualised in highly coercive settings? We explore this in the context of international efforts to reduce intimate partner violence (IPV) against women in heterosexual relationships. Articles critique the tendency to think of women's agency and programme endpoints in terms of individual actions, such as reporting violent men or leaving violent relationships, whilst neglecting the interlocking social, economic and cultural contexts that make such actions unlikely or impossible. Three themes cut across the articles. (1) Unhelpful understandings of gender and power implicit in commonly used 'men-women' and 'victim-agent' binaries obscure multi-faceted and hidden forms of women's agency, and the complexity of agency-violence intersections. (2) This neglect of complexity results in a poor fit between policy and interventions to reduce IPV, and women's lives. (3) Such neglect also obscures the multiplicities of women's agency, including the competing challenges they juggle alongside IPV, differing levels of response, and the temporality of agency. We outline a notion of 'distributed agency' as a multi-level, incremental and non-linear process distributed across time, space and social networks, and across a continuum of action ranging from survival to resistance. This understanding of agency implies a different approach to those currently underpinning policies and interventions.

### **Globalization and Health**

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

[Accessed 19 December 2015]

*Review*

#### **Short term global health experiences and local partnership models: a framework**

Contemporary interest in in short-term experiences in global health (STEGH) has led to important questions of ethics, responsibility, and potential harms to receiving communities. Lawrence C. Loh, William Cherniak, Bradley A. Dreifuss, Matthew M. Dacso, Henry C. Lin and Jessica Evert

Globalization and Health 2015 11:50

Published on: 18 December 2015

*Research*

#### **Towards a simple typology of international health partnerships**

International health partnerships are one approach to capacity building in health systems. The evidence base for institutional partnerships for health service development remains weak... Suzanne Edwards, Dan Ritman, Emily Burn, Natascha Dekkers and Paula Baraitser

Globalization and Health 2015 11:49

Published on: 15 December 2015

### **Health Affairs**

December 2015; Volume 34, Issue 12

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

***Affordability, Access, Models Of Care & More***

[Reviewed earlier]

### **Health and Human Rights**

Volume 17, Issue 2 December 2015

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

***Special Issue: Evidence of the Impact of Human Rights-Based Approaches to Health***

[Reviewed earlier]

**Health Economics, Policy and Law**

Volume 11 - Issue 01 - January 2016

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

[Reviewed earlier]

**Health Policy and Planning**

Volume 30 Issue 10 December 2015

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

[Reviewed earlier]

**Health Research Policy and Systems**

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

[Accessed 19 December 2015]

[No new relevant content identified]

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

Volume 11, Issue 11, 2015

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

[Reviewed earlier]

**Humanitarian Exchange Magazine**

Number 65 November 2015

[http://odihpn.org/wp-content/uploads/2015/10/HE\\_65\\_web.pdf](http://odihpn.org/wp-content/uploads/2015/10/HE_65_web.pdf)

***Special Feature: The Crisis in Iraq***

[Reviewed earlier]

**Infectious Agents and Cancer**

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

[Accessed 19 December 2015]

[No new relevant content identified]

**Infectious Diseases of Poverty**

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

[Accessed 19 December 2015]

[No new relevant content identified]



**International Health**

Volume 7 Issue 6 November 2015

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

[Reviewed earlier]

**International Journal of Epidemiology**

Volume 44 Issue 5 October 2015

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

[New issue; No relevant content identified]

**International Journal of Infectious Diseases**

December 2015 Volume 41, In Progress

<http://www.ijidonline.com/issue/S1201-9712%2815%29X0012-9>

[Reviewed earlier]

**JAMA**

December 15, 2015, Vol 314, No. 23

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

[New issue; No relevant content identified]

**JAMA Pediatrics**

December 2015, Vol 169, No. 12

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

[Reviewed earlier]

**Journal of Community Health**

Volume 40, Issue 6, December 2015

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

[Reviewed earlier]

**Journal of Epidemiology & Community Health**

January 2016, Volume 70, Issue 1

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

[Reviewed earlier]

**Journal of Global Ethics**

Volume 11, Issue 3, 2015

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

***Forum: The Sustainable Development Goals***

[Reviewed earlier]

**Journal of Global Infectious Diseases (JGID)**

October-December 2015 Volume 7 | Issue 4 Page Nos. 125-174

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

[Reviewed earlier]

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

Volume 26, Number 4, November 2015

[https://muse.jhu.edu/journals/journal\\_of\\_health\\_care\\_for\\_the\\_poor\\_and\\_underserved/toc/hpu.26.4.html](https://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.26.4.html)

[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 17, Issue 6, December 2015

<http://link.springer.com/journal/10903/17/6/page/1>

***Special issue : Mental Health and Substance Use***

[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 13, Issue 4, 2015

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

[Reviewed earlier]

**Journal of Infectious Diseases**

Volume 212 Issue 19 December 15, 2015

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

[Reviewed earlier]

**The Journal of Law, Medicine & Ethics**

Fall 2015 Volume 43, Issue 3 Pages 437–666

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.2015.43.issue-3/issuetoc>

[Reviewed earlier]

**Journal of Medical Ethics**

December 2015, Volume 41, Issue 12

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

[Reviewed earlier]

**Journal of Medical Microbiology**

Volume 64, Issue 11, November 2015

<http://jmm.microbiologyresearch.org/content/journal/jmm/64/11;jsessionid=1db6iqtockm03.x-sm-live-03>

[Reviewed earlier]

### **Journal of Patient-Centered Research and Reviews**

Volume 2, Issue 4 (2015)

<http://digitalrepository.auorahealthcare.org/jpcrr/>

[New issue; No relevant content identified]

### **Journal of the Pediatric Infectious Diseases Society (JPIDS)**

Volume 4 Issue 4 December 2015

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

[Reviewed earlier]

### **Journal of Pediatrics**

December 2015 Volume 167, Issue 6, p1179-1460

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

[Reviewed earlier]

### **Journal of Public Health Policy**

Volume 36, Issue 4 (November 2015)

<http://www.palgrave-journals.com/jphp/journal/v36/n4/index.html>

[Reviewed earlier]

### **Journal of the Royal Society – Interface**

06 December 2015; volume 12, issue 113

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

[New issue; No relevant content identified]

### **Journal of Virology**

December 2015, volume 89, issue 24

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

[New issue; No relevant content identified]

### **The Lancet**

Dec 19, 2015 Volume 386 Number 10012 p2445-2540 e61

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

*Editorial*

**[Health security: the defining challenge of 2016](#)**

The Lancet

*Summary*

This end-of-year double issue of The Lancet is a moment to pause, reflect on the passing year, and consider how the journey through 2015, with its planned milestones and unforeseen global events, might shape the path ahead in 2016. This Year in Medicine crystallises the key moments of 2015: a year that continued to be dominated by the Ebola outbreak; adoption by nations of 17 Sustainable Development Goals, setting the health agenda for the next 15 years; and appalling acts of war and terrorism, which have seen murderous violence in, for example, Syria, Paris, and California.

#### *Editorial*

#### **Time to eliminate rabies**

The Lancet

#### *Summary*

On Dec 10, WHO and the World Organisation for Animal Health, in collaboration with the UN Food and Agriculture Organization and the Global Alliance for the Control of Rabies, launched a global framework to eliminate rabies by 2030. This initiative marks the first time that the human and animal health sectors have come together to adopt a common strategy to tackle this devastating, but massively neglected, disease.

#### *This Year in Medicine*

#### **2015: review of the year**

Farhat Yaqub

The year, progress was made for Ebola virus disease, genetic disorders, and the health of the planet and its population, with two new global agendas agreed. Farhat Yaqub reports

#### *Viewpoint*

#### **The medical response to multisite terrorist attacks in Paris**

Martin Hirsch, Pierre Carli, Rémy Nizard, Bruno Riou, Barouyr Baroudjian, Thierry Baubet, Vibol Chhor, Charlotte Chollet-Xemard, Nicolas Dantchev, Nadia Fleury, Jean-Paul Fontaine, Youri Yordanov, Maurice Raphael, Catherine Paugam Burtz, Antoine Lafont, health professionals of Assistance Publique-Hôpitaux de Paris (APHP)

#### **The Lancet Infectious Diseases**

Dec 2015 Volume 15 Number 12 p1361-1498

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

[Reviewed earlier]

#### **Maternal and Child Health Journal**

Volume 19, Issue 12, December 2015

<http://link.springer.com/journal/10995/19/12/page/1>

[Reviewed earlier]

#### **Medical Decision Making (MDM)**

January 2016; 36 (1)

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

## **Mind the Gap! A Multilevel Analysis of Factors Related to Variation in Published Cost-Effectiveness Estimates within and between Countries**

Christian E. H. Boehler, PhD, Joanne Lord, PhD

Institute for Prospective Technological Studies, Joint Research Centre–European Commission, Seville, Spain (CEHB)

Health Economics Research Group, Brunel University, Uxbridge, UK (JL)

### ***Abstract***

**Background.** Published cost-effectiveness estimates can vary considerably, both within and between countries. Despite extensive discussion, little is known empirically about factors relating to these variations.

**Objectives.** To use multilevel statistical modeling to integrate cost-effectiveness estimates from published economic evaluations to investigate potential causes of variation.

**Methods.** Cost-effectiveness studies of statins for cardiovascular disease prevention were identified by systematic review. Estimates of incremental costs and effects were extracted from reported base case, sensitivity, and subgroup analyses, with estimates grouped in studies and in countries. Three bivariate models were developed: a cross-classified model to accommodate data from multinational studies, a hierarchical model with multinational data allocated to a single category at country level, and a hierarchical model excluding multinational data.

**Covariates** at different levels were drawn from a long list of factors suggested in the literature.

**Results.** We found 67 studies reporting 2094 cost-effectiveness estimates relating to 23 countries (6 studies reporting for more than 1 country). Data and study-level covariates included patient characteristics, intervention and comparator cost, and some study methods (e.g., discount rates and time horizon). After adjusting for these factors, the proportion of variation attributable to countries was negligible in the cross-classified model but moderate in the hierarchical models (14%–19% of total variance). Country-level variables that improved the fit of the hierarchical models included measures of income and health care finance, health care resources, and population risks.

**Conclusions.** Our analysis suggested that variability in published cost-effectiveness estimates is related more to differences in study methods than to differences in national context.

Multinational studies were associated with much lower country-level variation than single-country studies. These findings are for a single clinical question and may be atypical.

## **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 528 Number 7582 pp307–430 17 December 2015

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

[New issue; No relevant content identified]

## **Nature Medicine**

December 2015, Volume 21 No 12 pp1400–1520

<http://www.nature.com/nm/journal/v21/n12/index.html>

[Reviewed earlier]

### **Nature Reviews Immunology**

November 2015 Vol 15 No 11

<http://www.nature.com/nri/journal/v15/n11/index.html>

[Reviewed earlier]

### **New England Journal of Medicine**

December 17, 2015 Vol. 373 No. 25

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

[New issue; No relevant content identified]

### **Pediatrics**

December 2015, VOLUME 136 / ISSUE 6

<http://pediatrics.aappublications.org/content/136/6?current-issue=y>

[Reviewed earlier]

### **Pharmaceutics**

Volume 7, Issue 3 (September 2015), Pages 90-362

<http://www.mdpi.com/1999-4923/7/3>

[Reviewed earlier]

### **Pharmacoeconomics**

Volume 33, Issue 12, December 2015

<http://link.springer.com/journal/40273/33/12/page/1>

[Reviewed earlier]

### **PLOS Currents: Disasters**

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

[Accessed 19 December 2015]

[No new content]

### **PLoS Currents: Outbreaks**

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

(Accessed 19 December 2015)

#### **Validating the Use of Google Trends to Enhance Pertussis Surveillance in California**

October 19, 2015 · Research Article

Introduction and Methods: Pertussis has recently re-emerged in the United States. Timely surveillance is vital to estimate the burden of this disease accurately and to guide public health response. However, the surveillance of pertussis is limited by delays in reporting, consolidation

and dissemination of data to relevant stakeholders. We fit and assessed a real-time predictive Google model for pertussis in California using weekly incidence data from 2009-2014. Results and Discussion: The linear model was moderately accurate ( $r = 0.88$ ). Our findings cautiously offer a complementary, real-time signal to enhance pertussis surveillance in California and help to further define the limitations and potential of Google-based epidemic prediction in the rapidly evolving field of digital disease detection.

## **PLoS Medicine**

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

(Accessed 19 December 2015)

[No new relevant content identified]

## **PLoS Neglected Tropical Diseases**

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

(Accessed 19 December 2015)

*Review*

### **Earth Observation, Spatial Data Quality, and Neglected Tropical Diseases**

Nicholas A. S. Hamm, Ricardo J. Soares Magalhães, Archie C. A. Clements

Published: December 17, 2015

DOI: 10.1371/journal.pntd.0004164

*Abstract*

Earth observation (EO) is the use of remote sensing and in situ observations to gather data on the environment. It finds increasing application in the study of environmentally modulated neglected tropical diseases (NTDs). Obtaining and assuring the quality of the relevant spatially and temporally indexed EO data remain challenges. Our objective was to review the Earth observation products currently used in studies of NTD epidemiology and to discuss fundamental issues relating to spatial data quality (SDQ), which limit the utilization of EO and pose challenges for its more effective use. We searched Web of Science and PubMed for studies related to EO and echinococcosis, leptospirosis, schistosomiasis, and soil-transmitted helminth infections. Relevant literature was also identified from the bibliographies of those papers. We found that extensive use is made of EO products in the study of NTD epidemiology; however, the quality of these products is usually given little explicit attention. We review key issues in SDQ concerning spatial and temporal scale, uncertainty, and the documentation and use of quality information. We give examples of how these issues may interact with uncertainty in NTD data to affect the output of an epidemiological analysis. We conclude that researchers should give careful attention to SDQ when designing NTD spatial-epidemiological studies. This should be used to inform uncertainty analysis in the epidemiological study. SDQ should be documented and made available to other researchers.

## **PLoS One**

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

[Accessed 19 December 2015]

*Research Article*

### **Differential Globalization of Industry- and Non-Industry–Sponsored Clinical Trials**

Ignacio Atal, Ludovic Trinquart, Raphaël Porcher, Philippe Ravaud

Published: December 14, 2015  
DOI: 10.1371/journal.pone.0145122

### *Abstract*

#### Background

Mapping the international landscape of clinical trials may inform global health research governance, but no large-scale data are available. Industry or non-industry sponsorship may have a major influence in this mapping. We aimed to map the global landscape of industry- and non-industry-sponsored clinical trials and its evolution over time.

#### Methods

We analyzed clinical trials initiated between 2006 and 2013 and registered in the WHO International Clinical Trials Registry Platform (ICTRP). We mapped single-country and international trials by World Bank's income groups and by sponsorship (industry- vs. non-industry), including its evolution over time from 2006 to 2012. We identified clusters of countries that collaborated significantly more than expected in industry- and non-industry-sponsored international trials.

#### Results

119,679 clinical trials conducted in 177 countries were analysed. The median number of trials per million inhabitants in high-income countries was 100 times that in low-income countries (116.0 vs. 1.1). Industry sponsors were involved in three times more trials per million inhabitants than non-industry sponsors in high-income countries (75.0 vs. 24.5) and in ten times fewer trials in low-income countries (0.08 vs. 1.08). Among industry- and non-industry-sponsored trials, 30.3% and 3.2% were international, respectively. In the industry-sponsored network of collaboration, Eastern European and South American countries collaborated more than expected; in the non-industry-sponsored network, collaboration among Scandinavian countries was overrepresented. Industry-sponsored international trials became more inter-continental with time between 2006 and 2012 (from 54.8% to 67.3%) as compared with non-industry-sponsored trials (from 42.4% to 37.2%).

#### Conclusions

Based on trials registered in the WHO ICTRP we documented a substantial gap between the globalization of industry- and non-industry-sponsored clinical research. Only 3% of academic trials but 30% of industry trials are international. The latter appeared to be conducted in preferentially selected countries.

### *Research Article*

### **People at Risk of Influenza Pandemics: The Evolution of Perception and Behavior**

Jianhua Xu, Zongchao Peng

Published: December 14, 2015

DOI: 10.1371/journal.pone.0144868

### *Abstract*

Influenza pandemics can severely impact human health and society. Understanding public perception and behavior toward influenza pandemics is important for minimizing the effects of such events. Public perception and behavior are expected to change over the course of an influenza pandemic, but this idea has received little attention in previous studies. Our study aimed to understand the dynamics of public perception and behavior over the course of the 2009 H1N1 influenza pandemic. Three consecutive cross-sectional surveys were administered among Beijing residents with random-digit dialing techniques in March 2008 and August and November 2009. Effective samples of 507, 508 and 1006 respondents were interviewed in each of the three surveys, respectively. The mean scores of risk perception were low to moderate



across the three surveys. The perceived risk of infection of self was significantly lower than that of the community, revealing an optimistic bias. Longitudinally, the perceived risk of contracting H1N1 increased, whereas the perceived risk of being unable to obtain medicine and medical care once influenza permeated the community first increased and then decreased. Responsive actions toward influenza varied. Most respondents took actions that required little extra effort, such as ventilating rooms; these actions did not change over time. Comparatively, a smaller number of respondents took actions for coping with influenza, such as vaccination; however, these actions were taken by an increasing number of respondents over time. The association between risk perception and behavior was unstable. Positive, insignificant, and negative associations were obtained in the three surveys. In conclusion, the evolving patterns of risk perception and responsive behavior over the course of an influenza pandemic are sensitive to how risk and behavior are defined and scoped.

### **PLoS Pathogens**

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

(Accessed 19 December 2015)

[No new relevant content identified]

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

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

(Accessed 19 December 2015)

[No new relevant content identified]

### **Pneumonia**

Vol 6 (2015)

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

[Reviewed earlier]

### **Prehospital & Disaster Medicine**

Volume 30 - Issue 06 - December 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**

22 November 2015; volume 282, issue 1819

<http://rspb.royalsocietypublishing.org/content/282/1806?current-issue=y>  
[New issue; No relevant content identified]

### **Public Health Ethics**

Volume 8 Issue 3 November 2015

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

***Special Symposium: Antimicrobial Resistance***

[Reviewed earlier]

### **Qualitative Health Research**

December 2015; 25 (12)

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

[New issue; No relevant content identified]

### **Reproductive Health**

<http://www.reproductive-health-journal.com/content>

[Accessed 19 December 2015]

No new content]

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

September 2015 Vol. 38, No. 3

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

[Reviewed earlier]

### **Risk Analysis**

November 2015 Volume 35, Issue 11 Pages 1957–2119

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-11/issuetoc>

[Reviewed earlier]

### **Science**

18 December 2015 vol 350, issue 6267, pages 1437-1580

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

[New issue; No relevant content identified]

### **Social Science & Medicine**

Volume 146, Pages 1-348 (December 2015)

<http://www.sciencedirect.com/science/journal/02779536/146>

***Special issue section Violence, Health and South-North Collaboration: Furthering an Interdisciplinary Agenda***

## **Stock-outs, uncertainty and improvisation in access to healthcare in war-torn Northern Uganda**

Original Research Article

Pages 316-323

Herbert Muyinda, James Mugisha

### ***Abstract***

Stock-outs, also known as shortages or complete absence of a particular inventory, in public health facilities have become a hallmark in Uganda's health system making the notions of persistent doubt in access to healthcare – uncertainty, and doing more with less – ‘improvisation’, very pronounced. The situation becomes more critical in post-conflict areas with an over whelming burden of preexisting and conflict-related ailments amidst weak health systems. Particularly in the war-torn Northern Uganda, the intersection between the effects of violent conflict and shortage of medications is striking. There are problems getting the right type of medications to the right people at the right time, causing persistent shortages and uncertainty in access to healthcare. With reference to patients on Antiretroviral Therapy (ART), we present temporal trends in access to healthcare in the context of medication shortages in conflict-affected areas. We examine uncertainties in access to care, and how patients, medical practitioners, and the state – the key actors in the domain of supplying and utilizing medicines, respond. Our observation is that, while improvisation is a feature of biomedicine and facilitates problem solving in daily life, it is largely contextual. Given the rapidly evolving contexts and social and professional sensitivities that characterize war affected areas, there is a need for deliberate healthcare programs tailored to the unique needs of people and to the shaping of appropriate policies in post-conflict settings, which call for more North-South collaboration on equal terms.

## **Tropical Medicine and Health**

Vol. 43(2015) No. 4

[https://www.jstage.jst.go.jp/browse/tmh/43/0/\\_contents](https://www.jstage.jst.go.jp/browse/tmh/43/0/_contents)

[New issue; No relevant content identified]

## **Tropical Medicine & International Health**

December 2015 Volume 20, Issue 12 Pages 1591–1854

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2015.20.issue-12/issuetoc>

[Reviewed earlier]

## **Vaccine**

**Volume 33, Issue 51** pp. 7141-7422 (16 December 2015)

<http://www.sciencedirect.com/science/journal/0264410X/33/51>

## **Arguments and sources on Italian online forums on childhood vaccinations: Results of a content analysis**

Original Research Article

Pages 7152-7159

Marta Fadda, Ahmed Allam, Peter J. Schulz

### ***Abstract***

Background

Despite being committed to the immunization agenda set by the WHO, Italy is currently experiencing decreasing vaccination rates and increasing incidence of vaccine-preventable diseases. Our aim is to analyze Italian online debates on pediatric immunizations through a content analytic approach in order to quantitatively evaluate and summarize users' arguments and information sources.

#### Methods

Threads were extracted from 3 Italian forums. Threads had to include the keyword Vaccin\* in the title, focus on childhood vaccination, and include at least 10 posts. They had to have been started between 2008 and June 2014. High inter-coder reliability was achieved. Exploratory analysis using k-means clustering was performed to identify users' posting patterns for arguments about vaccines and sources.

#### Results

The analysis included 6544 posts mentioning 6223 arguments about pediatric vaccinations and citing 4067 sources. The analysis of argument posting patterns included users who published a sufficient number of posts; they generated 85% of all arguments on the forum. Dominating patterns of three groups were identified: (1) an anti-vaccination group (n = 280) posted arguments against vaccinations, (2) a general pro-vaccination group (n = 222) posted substantially diverse arguments supporting vaccination and (3) a safety-focused pro-vaccination group (n = 158) mainly forwarded arguments that questioned the negative side effects of vaccination. The anti-vaccination group was shown to be more active than the others. They use multiple sources, own experience and media as their cited sources of information. Medical professionals were among the cited sources of all three groups, suggesting that vaccination-adverse professionals are gaining attention.

#### Conclusions

Knowing which information is shared online on the topic of pediatric vaccinations could shed light on why immunization rates have been decreasing and what strategies would be best suited to address parental concerns. This suggests there is a high need for developing automated approaches to detect misleading or false information on the Internet.

### **Factors affecting the causality assessment of adverse events following immunisation in paediatric clinical trials: An online survey**

Original Research Article

Pages 7203-7210

Merryn Voysey, Rahele Tavana, Yama Farooq, Paul T. Heath, Jan Bonhoeffer, Matthew D. Snape

#### *Abstract*

##### Background

Serious adverse events (SAEs) in clinical trials require reporting within 24 h, including a judgment of whether the SAE was related to the investigational product(s). Such assessments are an important component of pharmacovigilance, however classification systems for assigning relatedness vary across study protocols. This on-line survey evaluated the consistency of SAE causality assessment among professionals with vaccine clinical trial experience.

##### Methods

Members of the clinical advisory forum of experts (CAFÉ), a Brighton Collaboration online-forum, were emailed a survey containing SAEs from hypothetical vaccine trials which they were asked to classify. Participants were randomised to either two classification options (related/not related to study immunisation) or three options (possibly/probably/unrelated). The clinical scenarios, were (i) leukaemia diagnosed 5 months post-immunisation with a live RSV vaccine,

(ii) juvenile idiopathic arthritis (JIA) 3 months post-immunisation with a group A streptococcal vaccine, (iii) developmental delay diagnosed at age 10 months after infant capsular group B meningococcal vaccine, (iv) developmental delay diagnosed at age 10 months after maternal immunisation with a group B streptococcal vaccine.

#### Results

There were 140 respondents (72 two options, 68 three options). Across all respondents, SAEs were considered related to study immunisation by 28% (leukaemia), 74% (JIA), 29% (developmental delay after infant immunisation) and 42% (developmental delay after maternal immunisation). Having only two options made respondents significantly less likely to classify the SAE as immunisation-related for two scenarios (JIA  $p = 0.0075$ ; and maternal immunisation  $p = 0.045$ ). Amongst study investigators ( $n = 43$ ) this phenomenon was observed for three of the four scenarios: (JIA  $p = 0.0236$ ; developmental delay following infant immunisation  $p = 0.0266$ ; and developmental delay after maternal immunisation  $p = 0.0495$ ).

#### Conclusions

SAE causality assessment is inconsistent amongst study investigators and can be influenced by the classification systems available to them. There is a pressing need for SAE classification systems to be standardised across study protocols.

### **Public opinion on childhood immunisations in Iceland**

Original Research Article

Pages 7211-7216

Ýmir Óskarsson, Þórólfur Guðnason, Guðbjörg A. Jónsdóttir, Karl G. Kristinsson, Haraldur Briem, Ásgeir Haraldsson

#### *Abstract*

##### Introduction

In recent years, vaccine preventable diseases such as measles and pertussis have been re-emerging in Western countries, maybe because of decreasing participation in childhood vaccination programs in some countries. There is clear evidence for vaccine efficacy and the risk of adverse effects is low. This needs to be communicated to the general public. The aim of the study was to evaluate the public opinion on childhood vaccinations in Iceland.

##### Materials and methods

An internet based study was used to evaluate the opinion on childhood immunisations in Iceland. The cohort was divided in three groups: (a) general public (b) employees of the University Hospital Iceland and (c) employees (teachers and staff) of the University of Iceland. The cohorts could be stratified according to age, gender, education, household income, parenthood and residency.

##### Results

Responses were received from 5584 individuals (53% response rate). When asked about childhood vaccinations in the first and second year of life, approximately 95% of participants were "positive" or "very positive", approximately 1% were "negative" or "very negative". When participants were asked whether they would have their child immunized according to the Icelandic childhood vaccination schedule, 96% were "positive" or "very positive", 1.2% were "negative" or "very negative". Similarly, 92% trust Icelandic Health authorities to decide on childhood vaccination schedule, 2.3% did not. In total, 9.3% "rather" or "strongly" agreed to the statement "I fear that vaccinations can cause severe adverse effects", 17.5% were undecided and 66.9% "disagreed" or "strongly disagreed". Individuals with higher education were more likely to disagree with this statement (OR = 1.45, CI95 = 1.29–1.64,  $p < 0.001$ ) as did males (OR = 1.22, CI95 = 1.087–1.379,  $p = 0.001$ ).

## Conclusion

This study shows a very positive attitude towards vaccinations raising expectations for an ongoing success in preventing preventable communicable diseases in childhood in Iceland.

## **Increasing postpartum rate of vaccination with tetanus, diphtheria, and acellular pertussis vaccine by incorporating pertussis cocooning information into prenatal education for group B streptococcus prevention**

Original Research Article

Pages 7225-7231

Po-Jen Cheng, Shang-Yu Huang, Sheng-Yuan Su, Hsiu-Huei Peng, Chia-Lin Chang

### *Abstract*

#### Background

To evaluate whether incorporating pertussis cocooning information into prenatal education for group B streptococcus (GBS) prevention increased postpartum rate of vaccination with tetanus, diphtheria, and acellular pertussis (Tdap) vaccine.

#### Methods

We performed a retrospective pre-intervention/post-intervention study of postpartum women at a teaching hospital in Taiwan. We compared the frequency of Tdap vaccination during the pre-intervention (May 1, 2009 to December 31, 2010) and post-intervention (March 1, 2011–March 31, 2012) time periods. The clinical intervention was incorporation of pertussis cocooning information into prenatal education for GBS prevention to pregnant women presented during a prenatal visit at 35–37 weeks of gestation. Postpartum Tdap vaccination rate during the pre-intervention and post-intervention periods was compared. We also specifically examined group differences in the percentage of women who received postpartum Tdap vaccination to explore factors that influenced their decision regarding Tdap vaccine.

#### Results

Tdap vaccination was more likely during the post-intervention period compared with the pre-intervention period (2268 of 3186 [71.2%] compared with 2556 of 5030 [55.6%];  $p < .001$ ). Comparisons between each subgroup of pre-intervention and post-intervention women showed that incorporating pertussis information into prenatal education for GBS prevention was beneficial except for women of maternal age 30–34 years and women living in rural areas.

#### Conclusions

Prenatal GBS screening activities represent an opportunity for healthcare providers to offer pertussis cocooning information to eligible pregnant women to improve rates of postpartum Tdap vaccination.

## **From current vaccine recommendations to everyday practices: An analysis in five sub-Saharan African countries**

Original Research Article

Pages 7290-7298

Isabelle Delrieu, Bradford D. Gessner, Laurence Baril, Edith Roset Bahmanyar

### *Abstract*

#### Background

Estimates of WHO and UNICEF vaccination coverage may provide little insight into the extent to which vaccinations are administered on time. Yet, lack of adherence to the recommended age to receive a specific vaccination may have detrimental health consequences. For example, delays in receiving vaccination will prolong the risk of lack of protection, often when disease risk

is highest, such as during early infancy. We estimated the reported age at vaccination, and vaccine coverage at different ages in children from five sub-Saharan African countries.

#### Methods

We analyzed data from the latest Demographic and Health Programme databases available for Burkina Faso 2010 (n = 15,044 observations), Ghana 2008 (n = 2992), Kenya 2008–9 (n = 6079), Senegal 2010–11 (n = 12,326), and Tanzania 2010 (n = 8023). We assessed, amongst vaccinees, the exact age when vaccine was administered for the three infant doses of pentavalent vaccine (DTP) and the first dose of measles-containing-vaccine (MCV), as well as the proportion of children immunized with these antigens by a certain age. Vitamin A supplementation (VAS) coverage was evaluated as a potential contact visit for vaccine introduction.

#### Results

For all DTP doses, the median intervals between recommended and actual ages of receiving vaccination ranged from 12, 17 and 23 days in Kenya, to 22, 33 and 45 days in Senegal. MCV was mostly given during the recommended age of 9 months. In each country, there was a large discrepancy in the median age at DTP vaccination between regions. VAS coverage in young children ranged from 30.3% in Kenya to 78.4% in Senegal, with large variations observed between areas within each study country.

#### Conclusion

In the context of new vaccine introduction, age of children at vaccination should be monitored to interpret data on vaccine-preventable disease burden, vaccine effectiveness, and vaccine safety, and to adapt targeted interventions and messages.

### **A cost comparison of introducing and delivering pneumococcal, rotavirus and human papillomavirus vaccines in Rwanda**

Original Research Article

Pages 7357-7363

Fidèle Ngabo, Ann Levin, Susan A. Wang, Maurice Gatera, Celse Rugambwa, Celestin Kayonga, Philippe Donnen, Philippe Lepage, Raymond Hutubessy

#### *Abstract*

##### Background

Detailed cost evaluations of delivery of new vaccines such as pneumococcal conjugate, human papillomavirus (HPV), and rotavirus vaccines in low and middle-income countries are scarce. This paper differs from others by comparing the costs of introducing multiple vaccines in a single country and then assessing the financial and economic impact at the time and implications for the future. The objective of the analysis was to understand the introduction and delivery cost per dose or per child of the three new vaccines in Rwanda to inform domestic and external financial resource mobilization.

##### Methods

Start-up, recurrent, and capital costs from a government perspective were collected in 2012. Since pneumococcal conjugate and HPV vaccines had already been introduced, cost data for those vaccines were collected retrospectively while prospective (projected) costing was done for rotavirus vaccine.

##### Results

The financial unit cost per fully immunized child (or girl for HPV vaccine) of delivering 3 doses of each vaccine (without costs related to vaccine procurement) was \$0.37 for rotavirus (RotaTeq®) vaccine, \$0.54 for pneumococcal (Pneumovax®) vaccine in pre-filled syringes, and \$10.23 for HPV (Gardasil®) vaccine. The financial delivery costs of Pneumovax® and RotaTeq®



were similar since both were delivered using existing health system infrastructure to deliver infant vaccines at health centers. The total financial cost of delivering Gardasil® was higher than those of the two infant vaccines due to greater resource requirements associated with creating a new vaccine delivery system in for a new target population of 12-year-old girls who have not previously been served by the existing routine infant immunization program.

#### Conclusion

The analysis indicates that service delivery strategies have an important influence on costs of introducing new vaccines and costs per girl reached with HPV vaccine are higher than the other two vaccines because of its delivery strategy. Documented information on financial commitments for new vaccines, particularly from government sources, is a useful input into country policy dialogue on sustainable financing and co-financing of new vaccines, as well as for policy decisions by donors such as Gavi, the Vaccine Alliance.

#### Vaccine

**Volume 33, Issue 50** pp. 7049-7140 (10 December 2015)  
<http://www.sciencedirect.com/science/journal/0264410X/33/50>

#### *Dengue Vaccines*

##### **Next generation dengue vaccines: A review of the preclinical development pipeline**

Original Research Article

Pages 7091-7099

Kirsten S. Vannice, John T. Roehrig, Joachim Hombach

#### *Abstract*

Dengue represents a significant and growing public health problem across the globe, with approximately half of the world's population at risk. The increasing and expanding burden of dengue has highlighted the need for new tools to prevent dengue, including development of dengue vaccines. Recently, the first dengue vaccine candidate was evaluated in Phase 3 clinical trials, and other vaccine candidates are under clinical evaluation. There are also a number of candidates in preclinical development, based on diverse technologies, with promising results in animal models and likely to move into clinical trials and could eventually be next-generation dengue vaccines. This review provides an overview of the various technological approaches to dengue vaccine development with specific focus on candidates in preclinical development and with evaluation in non-human primates.

##### **Development of the Sanofi Pasteur tetravalent dengue vaccine: One more step forward**

Original Research Article

Pages 7100-7111

Bruno Guy, Olivier Briand, Jean Lang, Melanie Saville, Nicholas Jackson

#### *Abstract*

Sanofi Pasteur has developed a recombinant, live-attenuated, tetravalent dengue vaccine (CYD-TDV) that is in late-stage development. The present review summarizes the different steps in the development of this dengue vaccine, with a particular focus on the clinical data from three efficacy trials, which includes one proof-of-concept phase IIb (NCT00842530) and two pivotal phase III efficacy trials (NCT01373281 and NCT01374516). Earlier studies showed that the CYD-TDV candidate had a satisfactory safety profile and was immunogenic across the four vaccine serotypes in both in vitro and in vivo preclinical tests, as well as in initial phase I to phase II clinical trials in both flavivirus-naïve and seropositive individuals. Data from the 25 months (after the first injection) active phase of the two pivotal phase III efficacy studies shows



that CYD-TDV (administered at 0, 6, and 12 months) is efficacious against virologically-confirmed disease (primary endpoint) and has a good safety profile. Secondary analyses also showed efficacy against all four dengue serotypes and protection against severe disease and hospitalization. The end of the active phases in these studies completes more than a decade of development of CYD-TDV, but considerable activities and efforts remain to address outstanding scientific, clinical, and immunological questions, while preparing for the introduction and use of CYD-TDV. Additional safety observations were recently reported from the first complete year of hospital phase longer term surveillance for two phase 3 studies and the first and second completed years for one phase 2b study, demonstrating the optimal age for intervention from 9 years. Dengue is a complex disease, and both short-term and long-term safety and efficacy will continue to be addressed by ongoing long-term follow-up and future post-licensure studies.

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

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

(Accessed 19 December 2015)

[No new relevant content identified]

### **Value in Health**

December 2015 Volume 18, Issue 8, p941-1162

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

[Reviewed earlier]

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

*No new digest content identified.*

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\* \* \* \*

### **Media/Policy Watch**

This section is intended to alert readers to substantive news, analysis and opinion from the general media on vaccines, immunization, global; public health and related themes. *Media Watch* is not intended to be exhaustive, but indicative of themes and issues CVEP is actively tracking. This section will grow from an initial base of newspapers, magazines and blog sources, and is segregated from *Journal Watch* above which scans the peer-reviewed journal ecology.

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media

sources have tiered, fee-based subscription models for access. We will provide full-text where content is published without restriction, but most publications require registration and some subscription level.

### **The Atlantic**

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

*Accessed 19 December 2015*

[No new, unique, relevant content]

### **BBC**

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

*Accessed 19 December 2015*

[No new, unique, relevant content]

### **The Economist**

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

*Accessed 19 December 2015*

[No new, unique, relevant content]

### **Financial Times**

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

*Accessed 19 December 2015*

[No new, unique, relevant content]

### **Forbes**

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

*Accessed 19 December 2015*

[No new, unique, relevant content]

### **Foreign Affairs**

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

*Accessed 19 December 2015*

[No new, unique, relevant content]

### **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 19 December 2015*

### **The Guardian**

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

*Accessed 19 December 2015*

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### **The Huffington Post**

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

*Accessed 19 December 2015*

[It's Time for Action on Universal Health Coverage](#)

Huffington Post | 16 December 2015

By Jim Yong Kim, President, World Bank Group

TOKYO, Japan — In 1961, Japan established universal health coverage, a remarkable achievement for a post-conflict country. Broadly accessible, affordable, quality health care has helped the residents of Japan live healthier, longer and more prosperous lives than people almost anywhere else in the world.

Yet for billions of others -- and especially for those in the developing world -- even basic health care remains out of reach. Estimates suggest that only 65 percent of the global population had access to basic health services in 2013.

Japan's upcoming G7 presidency presents a golden opportunity to remedy this shortcoming by making progress toward universal health coverage, or UHC, in every country. Since Japan established universal health coverage, it has helped take this concept global, sharing knowledge and resources, and rallying political will...

...At the request of the G7 and G20, the World Bank Group is working with the World Health Organization and other partners to build a comprehensive response to pandemics. A critical part of the framework that we are developing is called the Pandemic Emergency Financing Facility. The facility aims to eliminate financial constraints to a swift and effective response to an outbreak, using pre-arranged public and private financing, including leveraging resources from insurance and capital markets. It should save lives and protect economies.

A strong and well-funded WHO must be our next step. The reforms underway to strengthen the WHO's emergency response capacity are a good start. We must fully fund its Contingency Fund for Emergencies.

We also need a new international mechanism designed to hold accountable the pandemic risk management community. This body must be apolitical, technical and independent of countries, institutions or funders. It should have the mandate, funding and authority to evaluate the preparedness and response plans of governments, international institutions, the private sector, civil society, and communities. By telling the truth to the highest levels of the global system, this group of trusted experts would prompt action from the entire pandemic response community.

Japan's G7 Presidency in May is our moment for action. At the Ise-Shima summit, we have the opportunity to finally act on the unfulfilled promise of Alma Ata, and move rapidly toward universal health coverage. It also is our opportunity to prepare ourselves before the next pandemic hits. Accomplishing these goals will represent a quantum leap forward in people's health and economic well-being.

#### **Mail & Guardian**

<http://mg.co.za/>

*Accessed 19 December 2015*

[No new, unique, relevant content]

#### **New Yorker**

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

*Accessed 19 December 2015*

[No new, unique, relevant content]

### **New York Times**

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

*Accessed 19 December 2015*

#### [Flu Season Off to Slower Start This Year; Might Be Milder](#)

The CDC's Brammer said so far this year there's a mix of flu viruses making people sick. In bad seasons, one nasty strain dominates...

December 18, 2015 - By THE ASSOCIATED PRESS - Health - Print Headline: "Flu Season Off to Slower Start This Year; Might Be Milder"

#### [New York City's Flu Shot Mandate for Young Children Is Struck Down](#)

December 18, 2015 - By MARC SANTORA - N.Y. / Region - Print Headline: "Judge Halts City's Flu-Shot Mandate for Children, Saying It Bypassed Albany"

### **Wall Street Journal**

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

*Accessed 19 December 2015*

#### [Fresh Ebola Cases Damp Liberia Hopes of Eliminating Deadly Disease](#)

New cases serve notice that the fight against the disease will take months, even years

By Drew Hinshaw in Monrovia, Liberia, and Betsy McKay in Atlanta

Updated Dec. 10, 2015

### **Washington Post**

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

*Accessed 19 December 2015*

[No new, unique, relevant content]

### ***Think Tanks et al***

#### **Brookings**

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

*Accessed 19 December 2015*

[No new relevant content]

### **Center for Global Development**

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

#### [Aligning Incentives, Accelerating Impact: Next Generation Financing Models for Global Health](#) 12/15/15

*Next Generation Financing Models in Global Health Working Group*

Founded in 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is one of the world's largest multilateral health funders, disbursing \$3–\$4 billion a year across 100-plus countries. Many of these countries rely on Global Fund monies to finance their respective disease responses—and for their citizens, the efficient and effective use of Global Fund monies can be the difference between life and death.

### **Council on Foreign Relations**

<http://www.cfr.org/>  
Accessed 19 December 2015  
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