Vaccines and Global Health: The Week in Review
27 February 2016
Center for Vaccine Ethics & Policy (CVEP)

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

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

Comments and suggestions should be directed to
David R. Curry, MS
Editor and
Executive Director
Center for Vaccine Ethics & Policy
david.r.curry@centerforvaccineethicsandpolicy.org

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

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

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Zika virus [to 27 February 2016]
Public Health Emergency of International Concern (PHEIC)
http://www.who.int/emergencies/zika-virus/en/

Zika response accelerates as WHO Director-General visits Brazil

February 2016

As WHO continues its work to guide the international response to Zika, the Director-General, Dr Margaret Chan, has arrived in the northeast of the country to visit the area most affected by neurological disorders suspected of being linked to the virus, including microcephaly in babies.

WHO: Zika Virus, Microcephaly and Guillain–Barré syndrome situation report
26 February 2016
Read the full situation report
Summary
:: Between 1 January 2007 and 25 February 2016, a total of 52 countries and territories have reported autochthonous (local) transmission of Zika virus, including those where the outbreak is now over and countries and territories that provided indirect evidence of local transmission. Among the 52 countries and territories, Marshall Islands, Saint Vincent and the Grenadines, and Trinidad and Tobago are the latest to report autochthonous transmission of Zika virus.

:: The geographical distribution of Zika virus has steadily widened since the virus was first detected in the Americas in 2015. Autochthonous Zika virus transmission has been reported in 31 countries and territories of this region. Zika virus is likely to be transmitted and detected in other countries within the geographical range of competent mosquito vectors, especially Aedes aegypti.

:: So far an increase in microcephaly cases and other neonatal malformations have only been reported in Brazil and French Polynesia, although two cases linked to a stay in Brazil were detected in two other countries.

:: During 2015 and 2016, eight countries and territories have reported an increased incidence of Guillain-Barré syndrome (GBS) and/or laboratory confirmation of a Zika virus infection among GBS cases.

:: Evidence that neurological disorders, including microcephaly and GBS, are linked to Zika virus infection remains circumstantial, but a growing body of clinical and epidemiological data points towards a causal role for Zika virus.

:: The global prevention and control strategy launched by WHO as a Strategic Response Framework1 encompasses surveillance, response activities and research, and this situation report is organized under those headings. Following consultation with partners and taking changes in caseload into account, the framework will be updated at the end of March 2016 to reflect epidemiological evidence coming to light and the evolving division of roles and responsibilities for tackling this emergency.

Disease Outbreak News (DONs)
:: Zika virus infection – Netherlands - Bonaire and Aruba 22 February 2016

WHO Fact Sheet - Zika virus
22 February 2016

WHO releases new guidance for Zika virus and potential complications

25 February 2016 -- WHO, today, releases guidance for health workers to assess microcephaly and identify and manage Guillain-Barré syndrome and other issues in relation to Zika virus and the current health emergency. Watch the video to learn how to prevent Zika virus by protecting yourself against mosquitoes.
:: Psychosocial support for pregnant women and for families with microcephaly and other neurological complications in the context of Zika virus
26 February 2016
:: Assessment of infants with microcephaly in the context of Zika virus
25 February 2016
:: Identification and management of Guillain-Barré syndrome in the context of Zika virus
25 February 2016
:: Breastfeeding in the context of Zika virus
25 February 2016

Zika Open
[Bulletin of the World Health Organization]
:: Papers available here
New
Birth prevalence of microcephaly in India
- Prajkta Bhide & Anita Kar
Posted: 23 February 2016 - http://dx.doi.org/10.2471/BLT.16.172080

CDC/ACIP [to 27 February 2016]
http://www.cdc.gov/media/index.html
FRIDAY, FEBRUARY 26, 2016
New CDC Laboratory Test for Zika Virus Authorized for Emergency Use by FDA
Emergency action expected to bolster US laboratory capacity for Zika testing
In response to a request from the Centers for Disease Control and Prevention, the U.S. Food and Drug Administration (FDA) today issued an Emergency Use Authorization (EUA) for a diagnostic tool for Zika virus that will be distributed to qualified laboratories and, in the United States, those that are certified to perform high-complexity tests.
The test, called the CDC Zika IgM Antibody Capture Enzyme-Linked Immunosorbent Assay (Zika MAC-ELISA), is intended for use in detecting antibodies that the body makes to fight a Zika virus infection. These antibodies (in this case, immunoglobulin M, or IgM) appear in the blood of a person infected with Zika virus beginning 4 to 5 days after the start of illness and last for about 12 weeks. The test is intended to be used on blood samples from people with a history of symptoms associated with Zika and/or people who have recently traveled to an area during a time of active Zika transmission…

FRIDAY, FEBRUARY 26, 2016
CDC issues advice for travel to the 2016 Summer Olympic Games
Today, CDC issued advice for people planning travel to the 2016 Summer Olympic Games in Rio de Janeiro, Brazil, from August 5 to August 21, 2016…

TUESDAY, FEBRUARY 23, 2016

CDC adds 2 destinations to interim travel guidance related to Zika virus - Media Statement

CDC is working with other public health officials to monitor for ongoing Zika virus transmission. Today, CDC added the following destinations to the Zika virus travel notices: Trinidad and Tobago and the Marshall Islands. CDC has issued a travel notice (Level 2-Practice Enhanced Precautions) for people traveling to regions and certain countries where Zika virus transmission is ongoing. For a full list of affected countries/regions: http://wwwnc.cdc.gov/travel/page/zika-travel-information. Specific areas where Zika virus transmission is ongoing are often difficult to determine and are likely to continue to change over time…

TUESDAY, FEBRUARY 23, 2016

CDC encourages following guidance to prevent sexual transmission of Zika virus - Media Statement

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EBOLA/EVD [to 27 February 2016]
Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)

Ebola Situation Reports
[While no announcement of a change in reporting cycle is evident, we deduce that Ebola Situation Reports have been reduced to a bi-weekly cycle given the spacing of the last few reports – previous update at 17 February 2016 and included in last week's edition]

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POLIO [to 27 February 2016]
Public Health Emergency of International Concern (PHEIC)

Polio this week as of 24 February 2016

:: GPEI have published six new videos on 'Securing a Polio Free World' covering topics including the polio vaccines, circulating vaccine-derived polioviruses and the upcoming 'Switch'. The videos are available in both English and French.
:: There are eight weeks to go until the globally synchronized switch from the trivalent to bivalent oral polio vaccine, an important milestone in achieving a polio-free world. Read more about the reasons behind the switch here. Read more ongoing preparation for the switch here.
Selected Country Levels Updates [excerpted]
Pakistan
:: One new case of wild poliovirus type 1 (WPV1) was reported in the last week, in Nowshera, Khyber Pakhtunkhwa, with onset of paralysis on 22 January. The total number of WPV1 cases for 2016 is now 2, compared to 9 reported for 2015 at this point last year.
:: One new WPV1 environmental positive was reported in the past week in Karachi Gadap, Sindh province, with collection on 27 January.
:: National Immunization Days (NIDs) are planned in March using tOPV.

West Africa

:: Three new circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported from Guinea in the past week, all in Kankan province. The first two cases were reported from Siguiri district and the third from Kankan district, with onset of paralysis on 10 October, 1 December and 14 December respectively. The total number of cVDPV2 cases for 2015 is now 7. The 2015 cases are genetically linked to the case with onset in August 2014.

:: National Immunization Days (NIDs) are planned in Benin, Burkina Faso, Cote d'Ivoire, Liberia, Mali, Niger and Sierra Leone from 26 to 29 February and in Guinea from 3 to 6 March. These will be repeated from 25 to 28 March. The March round of NIDs will also include Mauritania. All campaigns are using trivalent oral polio vaccine (tOPV).

Circulating vaccine-derived poliovirus – Lao People's Democratic Republic

Disease Outbreak News (DONs)

25 February 2016

Between 6 and 16 February 2016, the National IHR Focal Point (NFP) of Lao People's Democratic Republic (PDR) notified WHO of 3 additional cases of vaccine-derived poliovirus type 1 (VDPV1).

Details of the new cases

:: The first case is a 15-month-old female from Phonhoung district, Vientiane Province. The patient developed paralysis on 8 January.

:: The second case is a 44-year-old female from Feuang district, Vientiane Province. The patient developed paralysis on 11 January.

Neither of the two cases received oral polio vaccine (OPV). On 3 February 2016, the National Institute of Infectious Diseases, Japan reported that stool samples for both cases tested positive for type 1 circulating vaccine-derived polio virus (cVDPV1). There is no epidemiological link between the two cases.

:: The third case is an 18-year-old male from Meun district, Vientiane Province. The case developed paralysis on 3 January 2016. Test results for his stool specimen are pending; however, the specimen was considered to be as 'inadequate' since it was collected more than 14 days after the onset of paralysis. A stool sample collected from a close contact tested positive for VDPV1, the case is classified as cVDPV1 based on the epidemiological link and the contact's positive stool sample.

Of note is that these new cVDPV1 isolates are genetically linked but have considerable genetic differences with the previous Laos cVDPV1 isolates from the current outbreak. The new findings suggest that more than one strain of cVDPV1 may have emerged separately and co-circulated in Laos without being detected.

To date, the total number of confirmed cVDPV1 cases in this outbreak is 10. Furthermore, since the beginning of the outbreak, circulating cVDPV1 has been isolated from the stools of 23 healthy contacts in the provinces of Bolikhamxay, Xaisomboun and Vientiane…

Organization of Islamic Cooperation (OIC) [to 27 February 2016]

http://www.oic-oci.org/oicv2/news/

23/02/2016

OIC Calls Upon Afghani Ulama to Play their Role in the Efforts to Eradicate Polio from Afghanistan

An International Ulama Conference on Eradication of Polio was opened in Kabul, Afghanistan on 22 February 2016. The Conference has attracted over 100 Ulama (Islamic Scholars) from all parts of Afghanistan and beyond. The Conference was organized by Islamic Advisory Group on Polio Eradication (IAG) in conjunction with the Government of Afghanistan.

IAG was launched at the OIC Headquarters in February 2014 after consultations among Al Azhar University, OIC General Secretariat, Islamic Development Bank (IDB) and International Islamic Fiqh Academy (IIFA). It comprises of Islamic Institutions, religious scholars, technical experts and academia from the Muslim World.

Some of the leading Members of the IAG are: Dr. Saleh Bin Abdullah Bin Humaid, President of the Council of IIFA; Dr. Abdulmohsin Al Qasim; Imam of Holy Mosque in Madinah; Dr. Ahmed Al Tayyeb, Grand Imam of Al Azhar Al Sharif; Mr. Iyad Ameen Madani, Secretary General of OIC; and Dr. Ahmed Mohamed Ali President of IDB.

The Conference in Kabul is intended to mobilize religious scholars and groups to support global efforts to end polio in Afghanistan. In his remarks during the opening of the Conference, the representative of the OIC General Secretariat Amb. Muhammad Naeem Khan, Assistant Secretary General underscored the important role of Ulama in sensitizing communities to protect their children from preventable diseases by embracing vaccination campaigns. He re-irritated OIC commitment to supporting Member States in their efforts to provide health care to their peoples.

The Conference was also addressed by H.E. Dr. Ferozuddin Feroz, Minister of Public Health of the Islamic Republic of Afghanistan and H.E. Dr. Fadhulullah Kakal, Special Advisor to the President of Afghanistan on health, among others. The Conference is expected to end on 23 February 2016 with a declaration and a clear commitment from Ulama to support polio eradication efforts.

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MERS-CoV [to 27 February 2016]
No new digest content identified.

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WHO & Regionals [to 27 February 2016]
Weekly Epidemiological Record (WER) 26 February 2016, vol. 91, 8 (pp. 89–104)
Contents:

Disease Outbreak News (DONs)
:: Human infection with avian influenza A(H7N9) virus – China 25 February 2016
:: Circulating vaccine-derived poliovirus – Lao People's Democratic Republic 25 February 2016
:: Dengue Fever – Uruguay 25 February 2016
:: Zika virus infection – Netherlands - Bonaire and Aruba 22 February 2016

Call for nominations for SAGE Working Group on the Decade of Vaccine's Global Vaccine Action Plan
23 February 2016
Deadline for applications 18 March 2016

WHO "Highlights"
Updated guidance on the care of critically ill children
February 2016 -- Children admitted to hospital often die within 24 hours of admission. Many of these deaths can be prevented if treatment is started immediately after their arrival. Updated guidance covers the most common emergency conditions in children arriving at a health facility.

Health Infographics
February 2016 -- WHO launches an infographics page to display what effects your health in a clear and concise format. View, download, and share infographics and key messages on diverse health topics.

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Commentary
Africa: Now is the time to reach every child with life-saving vaccines
Dr Matshidiso Moeti, WHO Regional Director for Africa
Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean
22 February 2016
[Excerpts]
Africa has an incredible opportunity to provide a better life for each and every child – and we know exactly how to seize it: provide universal acces0s to immunization across the continent to protect them from vaccine preventable diseases. We have seen the transformative impact of efforts to reach more children with life-saving vaccines. Child deaths in Africa fell by half over the past generation, in large part due to the use of high impact interventions such as immunization…
Ministerial Conference on Immunization in Africa
To galvanize action, WHO's offices for Africa and the Eastern Mediterranean, in conjunction with the African Union and other partners, are hosting the first-ever Ministerial Conference on Immunization in Africa, in Addis Ababa from 24–25 February 2016.
This conference will represent a remarkable moment. For the first time ministers of health, finance and other sectors from across the continent will come together to declare their commitment to strengthening immunization services, and put universal access to immunization at the forefront of efforts to improve health and drive sustainable development. These leaders are taking action now because they know that vaccines are a smart investment and that their countries can and must do more.
:: website - Ministerial Conference on Immunization in Africa

Editor's Note:
We generally do not include the full text of declarations from ministerial conferences 9which can be long on text and questionable in substance), but found this one to be robust, comprehensive in scope, and, frankly, a hopeful direction forward…

Ministers pledge to improve access to vaccines at first-ever Ministerial Conference on Immunization in Africa

26 February 2016

Press Release and Declaration

With one in five African children lacking access to all needed and basic life-saving vaccines, ministers of health and other line ministers committed themselves to keep immunization at the forefront of efforts to reduce child mortality, morbidity and disability.

At a landmark Ministerial Conference on Immunization in Africa held from 24-25 February, in Addis Ababa, Ethiopia, the ministers signed a declaration to promote the use of vaccines to protect people of all ages against vaccine-preventable diseases and to close the immunization gap by 2020. The conference, which was hosted by the World Health Organization (WHO) Regional Offices for Africa (AFRO) and the Eastern Mediterranean (EMRO) in conjunction with the African Union Commission (AUC), was the first-ever ministerial-level gathering with a singular focus on ensuring that children across the continent can get access to life-saving vaccines. Below is the full declaration:

Declaration of the Ministerial Conference on Immunization in Africa held from 24-25 February, in Addis Ababa, Ethiopia

Universal Access to Immunization as a Cornerstone for Health and Development in Africa

We, African Ministers of Health, Finance, Education, Social Affairs, Local Governments attending the Ministerial Conference on Immunization in Africa, which took place from 24 to 25 February 2016 in Addis Ababa, Ethiopia, and convened by the World Health Organization in collaboration with the African Union Commission, are committed to continued investment in immunization programs and a healthy future for all people of the African continent.

Recognizing the tremendous advances that are improving the health of Africa's citizens, including:
:: A 50% decline in child death rates, and ever-growing numbers of children attending school;
:: Widespread access to vaccines that were not available to African children and adults just a decade ago;
:: Higher vaccine coverage rates across the continent in each five-year periods between 1999-2014;
:: The remarkable achievement of the Africa continent for interrupting wild poliovirus transmission for more than one year; achieving near elimination of Meningococcal meningitis A epidemics, and the significant reduction in disease burden and mortality due to measles.

Bearing in mind the recently ratified Sustainable Development Goal target of Universal Health Coverage which calls for access to immunisation for all (New York, September 2015); and that health is fundamental to social and economic development;

Acknowledging that, broad-based, inclusive growth in Africa is dependent on a healthy population; and that strong immunization programs are a cornerstone of robust systems that help achieving universal health coverage, which is critical to helping national leaders achieve their economic and development goals;

Reaffirming the economic imperative and benefits of reducing vaccine-preventable diseases and consequential deaths, which will improve overall health, empower our future generation and allow every person to achieve his or her full potential;

Recalling the Heads of State Declaration on Polio Eradication in Africa: "Our Historic Legacy to Future Generations" (Johannesburg, June 2015); the World Health Assembly resolution (WHA68.6) on the Global Vaccine Action Plan (Geneva, May 2015), the commitment made by African Ministers of Health on Universal Health Coverage in Africa (Luanda, April 2014); the Immunize Africa 2020 Declaration (Abuja, May 2014) endorsed by African Heads of State; the World Health Assembly resolution that commits all 194 Member States to apply the vision and strategies of the Global Vaccine Action Plan (GVAP) (Geneva, May 2012), and the African Heads of State endorsement of the Pharmaceutical Manufacturing Plan in 2012 as the framework for African people to have access to essential, quality, safe and effective medical products and technologies.

Recognizing that despite progress, universal access to immunisation by 2020, as endorsed under the GVAP, is largely off track in Africa as indicated by the 2014 GVAP report; but that with resolve we can still achieve the GVAP target of at least 90% coverage in our countries and at least 80% coverage in every district for all nationally available vaccines;

Admitting that to sustain the progress made in vaccine introduction and coverage – and achieve the full potential to save children's and adult's lives – current national budgetary allocations to vaccination programmes within the context of national health systems financing will need to be further increased;

We hereby collectively and individually commit ourselves to:

:: Keeping universal access to immunisation at the forefront of our efforts to reduce child mortality, morbidity and disability, and in doing so help our countries achieve their long-term health, economic and development goals;

:: Increasing and sustaining our domestic investments and funding allocations, including innovative financing mechanisms, to meet the cost of traditional vaccines, fulfil our new vaccine financing requirements, and providing financial support for the operational implementation of immunization activities by EPI programs;

:: Addressing the persistent barriers in our vaccine and healthcare delivery systems, especially in the poorest, vulnerable and most marginalized communities, including the strengthening of data collection, reporting and use at all levels as well as building effective and efficient supply chains and integrated procurement systems;

:: Increasing the effectiveness and efficiency, as well as changing the approaches as needed, of our immunization delivery systems as an integrated part of strong and sustainable primary health care systems;

:: Attaining and maintaining high quality surveillance for targeted vaccine preventable diseases;

:: Monitoring progress towards achieving the goals of the global and regional immunization plans;

:: Ensuring polio legacy transition plans are in place by end-2016 that will allow future health programs to benefit from the knowledge and expertise the polio program has generated through the eradication initiative;

:: Developing a capacitated African research sector to enhance immunization implementation and uptake;

:: Building broad political will, working with communities, civil society organizations, traditional and religious leaders, health professional associations and parliamentarians, for the right of every child and every community to have universal access to life-saving vaccines, and by extension the best possible chance for a healthy future;

:: Promoting and investing in regional capacity for the development and production of vaccines in line with the African Union Pharmaceutical Manufacturing Plan including the strengthening of national regulatory authorities.

We call upon:
:: Member states and partners, including African development banks and African regional economic communities, to support the implementation of this Declaration, and to increase their efforts to mobilize resources and secure new investments to strengthen national immunization programmes to achieve the GVAP goals and overall health care delivery systems in the Member States;

:: Member states and partners, to negotiate with vaccine manufacturers to facilitate access to available vaccines at affordable prices, and in increasing price transparency as well as developing price databases in line with resolution WHA68.6;

:: Gavi, the vaccine alliance to consider refugees and internally displaced populations as eligible recipients of Gavi support for vaccines and operational costs;

:: The World Health Organization and the African Union Commission to support member states to share experiences, strengthen capacity, and establish mechanisms for monitoring progress towards the fulfilment of these commitments.

We thank his Excellency Hailemariam Desalegn, Prime Minister of the Federal Democratic Republic of Ethiopia, and host country for this Ministerial Conference on Immunization in Africa, for agreeing to champion this declaration and further request him to present it to the African Heads of States at the 26th Summit of the African Union, to be held in June 2016.
Done at Addis Ababa on 25 February 2016

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:: WHO Regional Offices
WHO African Region AFRO ::
:: Ministers pledge to improve access to vaccines at first-ever Ministerial Conference on Immunization in Africa
Addis Ababa, Ethiopia (25 February 2016)

:: Meningitis A nearly eliminated in Africa through vaccination, reaching more than 235 million people - 23 February 2016

WHO Region of the Americas **PAHO**
:: PAHO experts visit Colombia to support the response to Zika virus (02/23/2016)

WHO South-East Asia Region **SEARO**
:: Take concrete steps to fight antibiotic resistance, turn pledges into action: WHO
23 February 2016

WHO European Region **EURO**
No new digest content identified.

WHO Eastern Mediterranean Region **EMRO**
:: Health at your fingertips: Using mobiles to help diabetics in Egypt
24 February 2016
:: Africa: Now is the time to reach every child with life-saving vaccines
22 February 2016

WHO Western Pacific Region
:: WHO supports Fiji's health needs caused by Tropical Cyclone Winston
SUVA, 26 February 2016 – In response to Fiji's call for international assistance in the aftermath of Tropical Cyclone Winston, the World Health Organization (WHO) is providing emergency medical supplies and additional personnel to support Fiji as it organizes relief efforts for the survivors. Fiji has declared a State of Emergency.

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CDC/ACIP [to 27 February 2016]
http://www.cdc.gov/media/index.html
[see Zika coverage above which includes CDC briefing content]

WEDNESDAY, FEBRUARY 24, 2016
Flu Vaccine Nearly 60 Percent Effective - Press Release
The Centers for Disease Control and Prevention today reported preliminary overall influenza vaccine effectiveness (VE) of 59 percent this season. These data were presented at a meeting of the agency's Advisory Committee for Immunization Practices (ACIP) in Atlanta. This finding is comparable to past estimates for seasons when most circulating flu viruses and vaccine viruses have been similar…

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Announcements/Milestones/Perspectives

PATH [to 27 February 2016]
http://www.path.org/news/index.php

Press release | February 22, 2016

Meningitis A nearly eliminated in Africa through vaccination, reaching more than 235 million people

Officials at Addis conference plan transition from mass campaigns to use in childhood immunization programs to prevent resurgence of deadly epidemics.

Addis Ababa, 23 February 2016—Global vaccine experts and officials from all 26 African "meningitis belt" countries have convened in Addis Ababa, Ethiopia to celebrate one of Africa's biggest public health achievements—the introduction of a vaccine, MenAfriVac®, designed, developed, and produced for use in Africa, that in five years of use has nearly eliminated serogroup A meningococcal disease from meningitis belt countries and is now being integrated into routine national immunization programs.

Cases of the deadly infectious disease went from over 250,000 during an outbreak in 1996 to just 80 confirmed cases in 2015 among countries that had not yet conducted mass immunization campaigns and among those unvaccinated, scientists at the Meningitis Vaccine Project (MVP) Closure Conference reported.

At the same time, they announced that eight countries have applied for funding to start integrating this lifesaving vaccine into their national childhood immunization programs. "Our great success against meningitis A is by no means permanent," said Dr. Matshidiso Moeti, World Health Organization (WHO) Regional Director for Africa. "To sustain the protection that has been afforded to date against meningitis A, all at-risk countries must finish conducting vaccination campaigns and begin incorporating the vaccine into routine childhood immunization programs."

The MVP Closure Conference organized by WHO and the international global health nonprofit PATH, is taking place just before the Ministerial Conference on Immunization in Africa…

Gavi [to 27 February 2016]
http://www.gavialliance.org/library/news/press-releases/
26 February 2016

Positive impact of Advance Market Commitment highlighted in report

Innovative financing mechanism helping pneumococcal vaccines reach poorest children in record time.

Geneva,– Children in the world's poorest countries are being protected against the leading cause of pneumonia more quickly than ever thanks in part to the influence of the pilot Advance Market Commitment (AMC) for pneumococcal vaccines, an independent evaluation report published today confirms.

The AMC Outcomes and Impact Evaluation examined the role of the AMC in the successful introduction of the pneumococcal vaccine into the routine immunisation programmes of more than 50 developing countries since 2010. Historically it has taken more than a decade for the first children in developing countries to access the same new, effective vaccines as children in richer countries. In this case, newly developed pneumococcal vaccines were provided to developing countries within a year.

The report concludes that "the introduction of pneumococcal conjugate vaccines through the AMC pilot has accelerated immunisation coverage against pneumococcal disease across 53 Gavi counties to date, with 49 million [children] fully immunised [against the disease]". The report also confirms that manufacturers made decisions to expand capacity to serve Gavi countries' requirements in response to the AMC and its supply agreements…

NIH [to 27 February 2016]
http://www.nih.gov/news/releases.htm
February 22, 2016
Vaginal ring provides partial protection from HIV in large multinational trial
— NIH-funded study finds protective effect strongest in women over age 25.

A ring that continuously releases an experimental antiretroviral drug in the vagina safely provided a modest level of protection against HIV infection in women, a large clinical trial in four sub-Saharan African countries has found. The ring reduced the risk of HIV infection by 27 percent in the study population overall and by 61 percent among women ages 25 years and older, who used the ring most consistently.

These results were announced today at the Conference on Retroviruses and Opportunistic Infections (CROI) in Boston and simultaneously published online in the New England Journal of Medicine.

"Women need a discreet, long-acting form of HIV prevention that they control and want to use," said Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH) and the primary funder of the trial. "This study found that a vaginal ring containing a sustained-release antiretroviral drug confers partial protection against HIV among women in sub-Saharan Africa. Further research is needed to understand the age-related disparities in the observed level of protection."…

UNAIDS [to 27 February 2016]
http://www.unaids.org/en/resources/presscentre/
23 February 2016
More investment needed in developing female-controlled HIV prevention options
Results from two recent studies of a monthly vaginal ring show modest protection from HIV infection for women

GENEVA, 23 February 2016—Results from two large-scale studies of a vaginal ring that releases the antiretroviral medicine dapivirine to prevent HIV among women have shown protection of around 30% against HIV. The results are encouraging and show the urgent need to expand investment in research and development for female-controlled methods of HIV prevention.

Although less effective than hoped for, the results are the first to show that a sustained release mechanism for antiretroviral medicine is feasible, safe and partially effective in preventing HIV infection among women. Follow-up studies are needed to build on these results and there is a need to better understand how to optimize the HIV prevention effect and support adherence.

"Women urgently need better options for HIV prevention, especially options that allow them greater control," said Luiz Loures, Deputy Executive Director, UNAIDS. "The path to an effective microbicide has been a long one. The important results from these two studies take us one step closer towards an HIV prevention product that could protect millions of women worldwide."

The two studies, presented on 22 February 2016 at the annual Conference on Retroviruses and Opportunistic Infections, being held in Boston, United States of America, were carried out across four African countries and recruited more than 4500 women. Each participant was randomly assigned to use either an active ring that slowly released the antiretroviral medicine dapivirine over the course of one month or to receive an inactive placebo ring containing no

medicine. The risk of HIV infection was compared between women using the active rings and women using the placebo rings after two to four years of follow-up.

The ASPIRE/MTN-020 trial was carried out by the Microbicide Trials Network and the Ring Study/IPM 027 trial was carried out by the International Partnership for Microbicides. As the two trials were independent, it is encouraging that they achieved similar results (27% protection in ASPIRE and 31% protection in the Ring Study). Despite the high levels of adherence to the ring (82% in ASPIRE and 73% in the Ring Study), the results are lower than hoped for.

Another important finding from both studies was that there was little protection against HIV for women aged 21 years and below, with better protection for women 22 years and above. At least part of this difference was explained by better adherence in the older age group.

Young women in sub-Saharan Africa remain most affected by HIV. Around 79% of all women living with HIV (aged 15 years and older) live in the region. The results from this, and previous studies into female-controlled HIV prevention methods, reinforce the urgent need to find better HIV prevention methods that offer more choices for women…

IAVI International AIDS Vaccine Initiative [to 27 February 2016]
http://www.iavi.org/press-releases/2016
February 22, 2016
IAVI Welcomes New Data from Dapivirine Ring Studies
The International AIDS Vaccine Initiative (IAVI) welcomes new data from two late-stage clinical studies indicating that vaginal rings containing the antiretroviral drug dapivirine can safely help protect vulnerable women in Sub-Saharan Africa from HIV infection.

Results of the ASPIRE and The Ring studies, announced Monday at the Conference on Retroviruses and Opportunistic Infections (CROI) in Boston, indicate that, when used consistently, the ring reduced the risk of HIV infection by approximately 30 percent in study participants overall (the study enrolled HIV-negative women aged 18-45). The results also indicate higher efficacy in women 21 and older, who also appeared to use the ring more consistently. Lower to no protection was found among participants 18 to 21 years of age. The studies confirmed the very high-incident HIV infection rates among women in Sub-Saharan Africa, and found rates even higher than anticipated among some groups of younger participants.

"These results represent a significant step in advancing biomedical research of effective approaches to preventing HIV infection in women, and provide important insights into both opportunities and challenges to developing innovations capable of protecting those at greatest risk of infection in Sub-Saharan Africa," said Mark Feinberg, MD, PhD, IAVI President and CEO.

"The data also underscore yet again the critical need for choices in HIV prevention – and the power to exercise those choices – for women in low-income countries who bear the brunt of this epidemic. We must ensure that all those living with HIV get access to antiretroviral treatment, that all biomedical prevention strategies with demonstrated efficacy are available to those who need them, and that research efforts to develop new highly effective prevention modalities are redoubled and sustained," said Feinberg. "The sponsors, investigators and

participants in the studies announced today all deserve tremendous recognition for their dedication and efforts to ensure the successful conduct of these important studies."

Two Leading Experts Join IAVI's Vaccine Design and Development Teams
February 22, 2015
The International AIDS Vaccine Initiative (IAVI) is pleased to welcome two new senior members to its vaccine design and development teams.

Effective 1 February, Philip R. Johnson has joined IAVI as a Senior Advisor to help with forward planning of vaccine discovery efforts and exploration of innovative approaches to evaluate platform technologies to accelerate progress in HIV vaccine R&D. Johnson's extensive scientific and leadership experience includes 20 years with the National Institutes of Health and the Columbus (Ohio) Children's Hospital and 10 years as Chief Scientific Officer & Executive Vice President of the Children's Hospital of Philadelphia. He has overseen basic, clinical and translational research covering influenza, respiratory syncytial viruses and HIV, and pioneered the use of recombinant adeno-associated-virus (AAV) vectors to deliver genes encoding for neutralizing antibodies or antibody-like molecules that inhibit HIV entry. Johnson and IAVI have worked together for more than a decade on AAV-vector-based approaches; an ongoing Phase 1 trial also involves the National Institute of Allergy and Infectious Diseases and the University of Surrey. Johnson received his undergraduate and medical degrees from the University of North Carolina at Chapel Hill and completed a pediatric residency and an infectious diseases fellowship at Vanderbilt University.

And effective 15 February, Robert Lemon has become an Executive Director of the Vaccine Product Development Center at IAVI. In this position, he will lead teams that help Collaboration for AIDS Vaccine Discovery grantees, supported by the Bill & Melinda Gates Foundation, to move their promising vaccine candidates into clinical testing. During more than 20 years at Wyeth, Pfizer and Merck, Lemon led the development, manufacturing and tech transfer that enabled global launch of seven new pharmaceutical products; the successful scale-up for commercialization of two biological products, and the successful scale-up and globalization of development and manufacturing of Merck's Hepatitis A and Rotavirus vaccines. Lemon received his Bachelor of Science in Biology & Environmental Science from SUNY Plattsburgh and his Master of Business Administration in Leadership & Global Management from the University of Phoenix.

"Phil and Bob will contribute a wealth of design and development experience to IAVI's efforts to help bring the world an AIDS vaccine," said Mark Feinberg, IAVI President and CEO. "We are proud to welcome them to the IAVI family."

Global Fund [to 27 February 2016]
http://www.theglobalfund.org/en/news/
25 February 2016
Global Fund Supports Health Investments in Mali
BAMAKO, Mali - Mali and the Global Fund strengthened their partnership by signing three new grant agreements totalling €108 million to achieve greater impact against AIDS, tuberculosis and malaria and to build sustainable systems of health.

The financial resources provided through the Global Fund come from many sources and partners, including France, which was represented at a signing ceremony this week…

…The HIV grant of €46 million aims to provide access to anti-retroviral treatment for people living with HIV and by ensuring that at least 65 percent of HIV-positive pregnant women receive treatment to prevent the transmission of the virus to her child.

The malaria grant of €55 million will permit the distribution of mosquito nets in three highly affected regions of the country and the provision of effective treatment for all adults and children diagnosed with malaria.

Mali will use the tuberculosis grant of €7.5 million to increase the treatment success rate for patients with tuberculosis and to ensure that, by 2017, 90 percent tuberculosis patients co-infected with HIV also receive anti-retroviral treatment…

FDA [to 27 February 2016]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
February 24, 2016 –
FDA Statement on Senate Confirmation of Dr. Robert M. Califf

"Today the U.S. Senate voted in support of the confirmation of Dr. Robert Califf, M.D. to be Commissioner of U.S. Food and Drug Administration. Dr. Califf has demonstrated a long and deep commitment to advancing the public health throughout his distinguished career as a physician, researcher, and leader in the fields of science and medicine. He understands well the critical role that the FDA plays in responding to the changes in our society while protecting and promoting the health of the public, across the many areas we regulate – and I am confident that our public health and scientific contributions will further grow under his exceptional leadership." *Dr. Stephen Ostroff*

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UNICEF [to 27 February 2016]
http://www.unicef.org/media/media_89711.html
No new digest content identified.

AERAS [to 27 February 2016]
http://www.aeras.org/pressreleases
No new digest content identified.

Sabin Vaccine Institute [to 27 February 2016]
http://www.sabin.org/updates/ressreleases
No new digest content identified.

IVI [to 27 February 2016]
http://www.ivi.org/web/www/home
No new digest content identified.

BMGF - Gates Foundation [to 27 February 2016]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

Fondation Merieux [to 27 February 2016]
Mission: Contribute to global health by strengthening local capacities of developing countries to reduce the impact of infectious diseases on vulnerable populations.
http://www.fondation-merieux.org/news
No new digest content identified.

National Foundation for Infectious Diseases (NFID) [to 27 February 2016]
http://www.nfid.org/newsroom/press-releases
No new digest content identified.

IVAC [International Vaccine Access Center] [to 27 February 2016]
http://www.jhsph.edu/research/centers-and-institutes/ivac/about-us/news.html
No new digest content identified.

European Vaccine Initiative [to 27 February 2016]
http://www.euvaccine.eu/news-events
No new digest content identified.

European Medicines Agency [to 27 February 2016]
http://www.ema.europa.eu/
No new digest content identified.

EDCTP [to 27 February 2016]
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.

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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

Center for Global Development [to 27 February 2016]
http://www.cgdev.org/page/press-center
Selected Press Releases, Blog Posts, Publications
Global Health Donors Viewed as Regulators of Monopolistic Service Providers: Lessons from Regulatory Literature - Working Paper 424
2/26/16

Han Ye

Controlling healthcare costs while promoting maximum health impact in the recipient countries is one the biggest challenges for global health donors. This paper views global health donors as the regulators of monopolistic service providers, and explores potential optimal fund payment systems under asymmetric information. It provides a summary and assessment of optimal price regulation designs for monopolistic service providers.

Designing Contracts for the Global Fund: Lessons from the Theory of Incentives - Working Paper 425

2/26/16

Liam Wren-Lewis

This paper uses contract theory to suggest simple contract designs that could be used by the Global Fund. Using a basic model of procurement, we lay out five alternative options and consider when each is likely to be most appropriate. We ultimately provide a synthesis to guide policy makers as to when and how 'results-based' incentive contracts can be used in practice.

* * * *

Journal Watch

Vaccines and Global Health: The Week in Review continues its weekly scanning of key peer-reviewed journals to identify and cite articles, commentary and editorials, books reviews and other content supporting our focus on vaccine ethics and policy. ***Journal Watch* is not intended to be exhaustive, but indicative of themes and issues the Center is actively tracking.** We selectively provide full text of some editorial and comment articles that are specifically relevant to our work. Successful access to some of the links provided may require subscription or other access arrangement unique to the publisher.

If you would like to suggest other journal titles to include in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

American Journal of Infection Control

February 2016 Volume 44, Issue 2, p125-252, e9-e14

http://www.ajicjournal.org/current

[Reviewed earlier]

American Journal of Preventive Medicine

March 2016 Volume 50, Issue 3, p295-426, e65-e90

http://www.ajpmonline.org/current

[Reviewed earlier]

American Journal of Public Health

Volume 106, Issue 3 (March 2016)

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
February 2016; 94 (2)
http://www.ajtmh.org/content/current
[Reviewed earlier]

Annals of Internal Medicine
16 February 2016, Vol. 164. No. 4
http://annals.org/issue.aspx
[Reviewed earlier

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
(Accessed 27 February 2016)
[No new content]

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 27 February 2016)
Research article
Comparison of age-specific hospitalization during pandemic and seasonal influenza periods from 2009 to 2012 in Taiwan: a nationwide population-based study
In both pandemic and seasonal periods, the highest hospitalization rate was observed for children younger than 7 years of age. Adults over 50 years of age had a higher hospitalization risk during the seasonal periods and a higher clinical severity during the pandemic periods. Those results emphasize that the importance of influenza-related prevention strategies in the younger and older age groups, either seasonal or pandemic periods.
Shew-Meei Sheu, Ching-Fang Tsai, Hsin-Yi Yang, Hui-Wen Pai and Solomon Chih-Cheng Chen
Published on: 24 February 2016

BMC Medical Ethics
http://www.biomedcentral.com/bmcmedethics/content
(Accessed 27 February 2016)
[No new content]

BMC Medicine
http://www.biomedcentral.com/bmcmed/content
(Accessed 27 February 2016)
Research article
Quantifying the economic impact of government and charity funding of medical research on private research and development funding in the United Kingdom

Overall, this suggests that government and charity funded research in the UK crowds in additional private sector R&D in the UK. The implied historical returns from UK government and charity funded investment in medical research in the UK compare favourably with the rates of return achieved on investments in the rest of the UK economy and are greatly in excess of the 3.5 % real annual rate of return required by the UK government to public investments generally.
Jon Sussex, Yan Feng, Jorge Mestre-Ferrandiz, Michele Pistollato, Marco Hafner, Peter Burridge and Jonathan Grant
Published on: 24 February 2016

BMC Pregnancy and Childbirth
http://www.biomedcentral.com/bmcpregnancychildbirth/content
(Accessed 27 February 2016)
[No new relevant content identified]

BMC Public Health
http://bmcpublichealth.biomedcentral.com/articles
(Accessed 27 February 2016)
Research article
Prevalence of influenza vaccination and its association with health conditions and risk factors among Kansas adults in 2013: a cross-sectional study
Jeanie Santaularia, Wei Hou, Ghazala Perveen, Ericka Welsh and Babalola Faseru
BMC Public Health 2016 16:185
Published on: 24 February 2016

Research article
Motivations to participate in a Phase I/II HIV vaccine trial: A descriptive study from Dar es Salaam, Tanzania
Participation in an HIV vaccine trial in a Tanzanian context is likely to be influenced by altruism and comprehensive education about the trial. Gender differences, marital status and education level need to be considered to enhance participation in future HIV vaccine trials.
E. A. M. Tarimo, M. Bakari, D. C. V. Kakoko, T. W. Kohi, F. Mhalu, E. Sandstrom and A. Kulane
BMC Public Health 2016 16:182
Published on: 24 February 2016

Research article
Factors influencing completion of multi-dose vaccine schedules in adolescents: a systematic review
Completion of multiple dose vaccine schedules is crucial to ensure a protective immune response, and maximise vaccine cost-effectiveness. While barriers and facilitators to vaccine uptake have recently been reviewed, there is no comprehensive review of factors influencing subsequent adherence or completion, which is key to achieving vaccine effectiveness. This study identifies and summarises the literature on factors affecting completion of multi-dose vaccine schedules by adolescents.
K. E. Gallagher, E. Kadokura, L. O. Eckert, S. Miyake, S. Mounier-Jack, M. Aldea, D. A. Ross and D. Watson-Jones

BMC Public Health 2016 16:172
Published on: 19 February 2016

BMC Research Notes
http://www.biomedcentral.com/bmcresnotes/content
(Accessed 27 February 2016)
[No new relevant content identified]

BMC Cost Effectiveness and Resource Allocation
http://resource-allocation.biomedcentral.com/
(Accessed 27 February 2016)
[No new content]

BMJ Open
2016, Volume 6, Issue 2
http://bmjopen.bmj.com/content/current
[Reviewed earlier]

British Medical Journal
27 February 2016 (vol 352, issue 8046)
http://www.bmj.com/content/352/8046
[No new relevant content identified]

Bulletin of the World Health Organization
Volume 94, Number 2, February 2016, 77-156
http://www.who.int/bulletin/volumes/94/2/en/
[Reviewed earlier]

Clinical Infectious Diseases (CID)
Volume 62 Issue 5 March 1, 2016
http://cid.oxfordjournals.org/content/current
Advance Access
Protective Effect of Contemporary Pertussis Vaccines: A Systematic Review and Meta-analysis
T. Roice Fulton[1,2], Varun K. Phadke[3], Walter A. Orenstein[4,6], Alan R. Hinman[5], Wayne D. Johnson[2], and Saad B. Omer[1,2,4,6]
Author Affiliations
1Department of Global Health, Rollins School of Public Health, Emory University, Atlanta, Georgia, USA
2Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, Georgia, USA
3Division of Infectious Diseases, Emory University School of Medicine, Atlanta, Georgia, USA

4Emory Vaccine Center, Atlanta, Georgia, USA
5The Task Force for Global Health, Decatur, Georgia, USA
6Department of Pediatrics, Emory University School of Medicine, Atlanta, Georgia, USA
Abstract
Background.
Acellular (aP) and whole-cell (wP) pertussis vaccines are presumed to have similar short-term (<3 years after completion of the primary series) efficacy. However, vaccine effect varies between individual pertussis vaccine formulations, and many originally studied formulations are now unavailable. An updated analysis of the short-term protective effect of pertussis vaccines limited to formulations currently on the market in developed countries is needed.
Methods.
We conducted a systematic review and meta-analysis of published studies that evaluated pertussis vaccine efficacy or effectiveness within three years after completion (>3 doses) of a primary series of a currently available aP or wP formulation. The primary outcome was based on the World Health Organization (WHO) clinical case definitions for pertussis. Study quality was assessed using the approach developed by the Child Health Epidemiology Research Group (CHERG). We determined overall effect sizes using random effects meta-analyses, stratified by vaccine (aP or wP) and study (efficacy or effectiveness) type.
Results.
Meta-analysis of two aP vaccine efficacy studies (assessing the three-component GlaxoSmithKline and five-component Sanofi-Pasteur formulations) yielded an overall aP vaccine efficacy of 84% (95% confidence interval (CI), 81-87%). Meta-analysis of three wP vaccine effectiveness studies (assessing the Behringwerke, Pasteur/Merieux, and SmithKline Beecham formulations) yielded an overall wP vaccine effectiveness of 94% (95% CI, 88-97%) (both I2=0%).
Conclusions.
Although all contemporary aP and wP formulations protect against pertussis disease, in this meta-analysis the point estimate for short-term protective effect against WHO-defined pertussis in young children was lower for currently available aP vaccines than wP vaccines.

Clinical Therapeutics
February 2016 Volume 38, Issue 2, p233-428
http://www.clinicaltherapeutics.com/current
[Reviewed earlier]

Complexity
January/February 2016 Volume 21, Issue 3 Pages 1–88
http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.3/issuetoc
[Reviewed earlier]

Conflict and Health
http://www.conflictandhealth.com/
[Accessed 27 February 2016]
[No new relevant content identified]

Contemporary Clinical Trials
Volume 47, In Progress (March 2016)
http://www.sciencedirect.com/science/journal/15517144/47
[Reviewed earlier]

Current Opinion in Infectious Diseases
February 2016 - Volume 29 - Issue 1 pp: v-vi,1-98
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-3/issuetoc
[Reviewed earlier]

Development in Practice
Volume 26, Issue 2, 2016
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 22, Number 2—February 2016
http://wwwnc.cdc.gov/eid/
[Reviewed earlier]

Epidemics
Volume 15, In Progress (June 2016)
http://www.sciencedirect.com/science/journal/17554365
[No new relevant content]

Epidemiology and Infection
Volume 144 - Issue 04 - March 2016
http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue
[Reviewed earlier]

The European Journal of Public Health
Volume 26, Issue 1, 1 February 2016
http://eurpub.oxfordjournals.org/content/26/1
[Reviewed earlier]

Eurosurveillance
Volume 21, Issue 8, 25 February 2016
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Rapid communications
An autochthonous case of Zika due to possible sexual transmission, Florence, Italy, 2014
by G Venturi, L Zammarchi, C Fortuna, M Remoli, E Benedetti, C Fiorentini, M Trotta, C Rizzo, A Mantella, G Rezza, A Bartoloni

Global Health: Science and Practice (GHSP)
December 2015 | Volume 3 | Issue 4
http://www.ghspjournal.org/content/current
[Reviewed earlier]

Global Health Governance
http://blogs.shu.edu/ghg/category/complete-issues/spring-autumn-2014/
[Accessed 27 February 2016]
[No new content]

Global Public Health
Volume 11, Issue 4, 2016
http://www.tandfonline.com/toc/rgph20/current
Articles
Access and utilisation of healthcare services in rural Tanzania: A comparison of public and non-public facilities using quality, equity, and trust dimensions
pages 407-422
Elizabeth H. Shayo, Kesheni P. Senkoro, Romanus Momburi, Oystein E. Olsen, Jens Byskov, Emmanuel A. Makundi, Peter Kamuzora & Leonard E.G. Mboera
DOI:10.1080/17441692.2015.1132750
Published online: 17 Feb 2016
ABSTRACT
This study compared the access and utilisation of health services in public and non-public health facilities in terms of quality, equity and trust in the Mbarali district, Tanzania. Interviews, focus group discussions, and informal discussions were used to generate data. Of the 1836 respondents, 1157 and 679 respondents sought healthcare services on their last visit at public or non-public health facilities, respectively. While 45.5% rated the quality of services to be good in both types of facilities, reported medicine shortages were more pronounced among those who visited public rather than non-public health facilities (OR = 1.7, 95% CI 1.4, 2.1).

Respondents who visited public facilities were 4.9 times less likely than those who visited non-public facilities to emphasise the influence of cost in accessing and utilising health care (OR = 4.9, CI 3.9–6.1). A significant difference was also found in the provider–client relationship satisfaction level between non-public (89.1%) and public facilities (74.7%) (OR = 2.8, CI: 1.5–5.0), indicating a level of lower trust in the later. Revised strategies are needed to ensure availability of medicines in public facilities, which are used by the majority of the population, while strengthening private–public partnerships to harmonise healthcare costs.

The impact of global health initiatives on the health system in Angola
pages 475-495
Isabel Craveiro & Gilles Dussault
DOI:10.1080/17441692.2015.1128957
Published online: 13 Jan 2016
ABSTRACT
We assessed the impact of global health initiatives (GHIs) on the health care system of Angola, as a contribution to documenting how GHIs, such as the Global Fund, GAVI and PEPFAR, influence the planning and delivery of health services in low-income countries and how national systems respond. We collected the views of national and sub-national key informants through 42 semi-structured interviews between April 2009 and May 2011 (12 at the national level and 30 at the sub-national level). We used a snowball technique to identify respondents from government, donors and non-governmental organisations. GHIs stimulated the formulation of a health policy and of plans and strategies, but the country has yet to decide on its priorities for health. At the regional level, managers lack knowledge of how GHIs' function, but they assess the effects of external funds as positive as they increased training opportunities, and augment the number of workers engaged in HIV or other specific disease programmes. However, GHIs did not address the challenge of attraction and retention of qualified personnel in provinces. Since Angola is not entirely dependent on external funding, national strategic programmes and the interventions of GHIs co-habit well, in contrast to countries such as Mozambique, which heavily depend on external aid.

Globalization and Health
http://www.globalizationandhealth.com/
[Accessed 27 February 2016]
[No new content]

Health Affairs
February 2016; Volume 35, Issue 2
http://content.healthaffairs.org/content/current
Issue Focus: Vaccines
[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 31 Issue 1 February 2016
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

Health Research Policy and Systems
http://www.health-policy-systems.com/content
[Accessed 27 February 2016]
Research
Health policy and systems research and analysis in Nigeria: examining health policymakers' and researchers' capacity assets, needs and perspectives in south-east Nigeria
Benjamin Uzochukwu, Chinyere Mbachu, Obinna Onwujekwe, Chinenye Okwuosa, Enyi Etiaba, Monica E. Nyström and Lucy Gilson
Published on: 24 February 2016

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 12, Issue 1, 2016
http://www.tandfonline.com/toc/khvi20/current
[Reviewed earlier]

Humanitarian Exchange Magazine
Number 65 November 2015
http://odihpn.org/wp-content/uploads/2015/10/HE_65_web.pdf
Special Feature: The Crisis in Iraq
[Reviewed earlier]

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 27 February 2016]
[No new relevant content]

Infectious Diseases of Poverty
http://www.idpjournal.com/content

[Accessed 27 February 2016]
Scoping Review
Moving interdisciplinary science forward: integrating participatory modelling with mathematical modelling of zoonotic disease in Africa
Catherine Grant, Giovanni Lo Iacono, Vupenyu Dzingirai, Bernard Bett, Thomas R. A. Winnebah and Peter M. Atkinson
Published on: 25 February 2016
Abstract
This review outlines the benefits of using multiple approaches to improve model design and facilitate multidisciplinary research into infectious diseases, as well as showing and proposing practical examples of effective integration. It looks particularly at the benefits of using participatory research in conjunction with traditional modelling methods to potentially improve disease research, control and management. Integrated approaches can lead to more realistic mathematical models which in turn can assist with making policy decisions that reduce disease and benefit local people. The emergence, risk, spread and control of diseases are affected by many complex bio-physical, environmental and socio-economic factors. These include climate and environmental change, land-use variation, changes in population and people's behaviour.
The evidence base for this scoping review comes from the work of a consortium, with the aim of integrating modelling approaches traditionally used in epidemiological, ecological and development research. A total of five examples of the impacts of participatory research on the choice of model structure are presented. Example 1 focused on using participatory research as a tool to structure a model. Example 2 looks at identifying the most relevant parameters of the system. Example 3 concentrates on identifying the most relevant regime of the system (e.g., temporal stability or otherwise), Example 4 examines the feedbacks from mathematical models to guide participatory research and Example 5 goes beyond the so-far described two-way interplay between participatory and mathematical approaches to look at the integration of multiple methods and frameworks. This scoping review describes examples of best practice in the use of participatory methods, illustrating their potential to overcome disciplinary hurdles and promote multidisciplinary collaboration, with the aim of making models and their predictions more useful for decision-making and policy formulation.

International Health
Volume 8 Issue 1 January 2016
http://inthealth.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Epidemiology
Volume 44 Issue 6 December 2015
http://ije.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Infectious Diseases
February 2016 Volume 43, p1-110
Open Access
http://www.ijidonline.com/current

Editorial

Health literacy: a concept with potential to greatly impact the infectious diseases field

Richard H. Osborne, Alison Beauchamp, Roy Batterham

p101–102
Published online: December 24 2015

Preview

This edition of the International Journal of Infectious Diseases presents a comprehensive narrative review of health literacy research by Castro-Sánchez et al. that has been undertaken across conditions and countries. Health literacy is a relatively new concept in medicine and, for many, has some immediate appeal. The term was coined by Simonds in the 1970s, who argued the case for school health education, with the intention that pupils would not only be educated in the customary curriculum subjects, but might become as 'literate' in health as they were, for example, in history and science.

Reviews

Health literacy and infectious diseases: why does it matter?

Enrique Castro-Sánchez, Peter W.S. Chang, Rafael Vila-Candel, Angel A. Escobedo, Alison H. Holmes

p103–110
Published online: January 2 2016

Preview

The planetary scale of the threat presented by infectious diseases to human health and society has been well described.1 An intricate arrangement of clinical, societal, and ecological determinants powers the emergence of new infectious pathogens such as Ebola virus, and the resurgence of others previously considered to be under control. These same factors drive the unsustainable use and consumption of antimicrobials,2 sketching the looming prospect of a 'world without antibiotics' reflected upon by many,3 and without new therapeutic agents likely to be developed at a sufficient rate and periodicity to provide a significant counterbalance.

Highlights

:: Health literacy is an emerging public health and research field.
:: There are limited studies focused on health literacy and infectious diseases.
:: Infections such as malaria with a high burden of morbidity were underrepresented.
:: Most investigations considered functional but not critical health literacy.

Summary

Objectives

Multifactorial interventions are crucial to arrest the threat posed by infectious diseases. Public involvement requires adequate information, but determinants such as health literacy can impact on the effective use of such knowledge. The influence of health literacy on infectious diseases is examined in this paper.

Methods

Databases were searched from January 1999 through July 2015 seeking studies reporting on health literacy and infections such tuberculosis, malaria, and influenza, and infection-related behaviours such as vaccination and hand hygiene. HIV was excluded, as comprehensive reviews have already been published.

Results

Studies were found on antibiotic knowledge and use, the adoption of influenza and MMR immunizations, and screening for sexually transmitted and viral hepatitis infections. There was a

lack of investigations on areas such as tuberculosis, malaria, hand hygiene, and diarrhoeal diseases.
Conclusions
Limited or insufficient health literacy was associated with reduced adoption of protective behaviours such as immunization, and an inadequate understanding of antibiotics, although the relationship was not consistent. Large gaps remain in relation to infectious diseases with a high clinical and societal impact, such as tuberculosis and malaria.

JAMA
February 23, 2016, Vol 315, No. 8
http://jama.jamanetwork.com/issue.aspx
Viewpoint | February 23, 2016
Critical Care in Resource-Restricted Settings
Arjen M. Dondorp, MD, PhD1,2; Shivakumar S. Iyer, MD3; Marcus J. Schultz, MD, PhD1,4
Author Affiliations
JAMA. 2016;315(8):753-754. doi:10.1001/jama.2016.0976.
Extract
This Viewpoint discusses the challenges of providing intensive care in settings and countries with limited resources.
In many low- and middle-income countries, with improved public health services like sanitation and immunization, the relative contribution of curative care for critically ill patients to overall health and life expectancy has increased considerably. The importance of intensive care facilities as a global good was emphasized by recent epidemics in which survival was highly dependent on adequate critical care. Examples include the SARS coronavirus (2002-2003), avian influenza H5N1 (2004 and onward), pandemic influenza A(H1N1) (2009), the MERS coronavirus (2012 and onward), and Ebola virus disease (2014-2015)…

JAMA Pediatrics
February 2016, Vol 170, No. 2
http://archpedi.jamanetwork.com/issue.aspx
[Reviewed earlier]

Journal of Community Health
February 2016, Issue 1, Pages 1-205
http://link.springer.com/journal/10900/41/1/page/1
[Reviewed earlier]

Journal of Epidemiology & Community Health
March 2016, Volume 70, Issue 3
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)
January-March 2016 Volume 8 | Issue 1 Page Nos. 1-56
http://www.jgid.org/currentissue.asp?sabs=n
[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)
Volume 27, Number 1, February 2016
https://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.27.1.html
[Reviewed earlier]

Journal of Immigrant and Minority Health
Volume 18, Issue 1, February 2016
http://link.springer.com/journal/10903/18/1/page/1
[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 213 Issue 3 February 1, 2016
http://jid.oxfordjournals.org/content/current
[Reviewed earlier]

The Journal of Law, Medicine & Ethics
Winter 2015 Volume 43, Issue 4 Pages 673–913
http://onlinelibrary.wiley.com/doi/10.1111/jlme.2015.43.issue-4/issuetoc
Special Issue: SYMPOSIUM: Harmonizing Privacy Laws to Enable International Biobank Research: Part I
[14 articles]
[Reviewed earlier]

Journal of Medical Ethics
February 2016, Volume 42, Issue 2

http://jme.bmj.com/content/current
[Reviewed earlier]

Journal of Medical Microbiology
Volume 65, Issue 2, February 2016
http://jmm.microbiologyresearch.org/content/journal/jmm/65/2;jsessionid=6i2bjt9ki4ncd.x-sgm-live-03
[New issue; No relevant content identified]

Journal of Patient-Centered Research and Reviews
Volume 3, Issue 1 (2016)
http://digitalrepository.aurorahealthcare.org/jpcrr/
[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 5 Issue 1 March 2016
http://jpids.oxfordjournals.org/content/current
SLIPE HIGHLIGHTS: UPDATE FROM LATIN AMERICA
Influenza B Burden in Latin America and Potential Benefits of the New Quadrivalent Vaccines
Luiza Helena Falleiros Arlant, Lucia F. Bricks
Extract
Respiratory infections caused by the influenza virus have a huge impact on public health. Influenza vaccination offers many benefits to not only patients at high risk for complications of influenza but also to healthy individuals [1]. Because of pandemics, influenza A virus is perceived to carry greater risk than influenza B [2]. However, both types of influenza virus can affect people of any age group, and they cause clinically indistinguishable infections and pose equal risks [1, 2].

Globally, the influenza type B virus causes 20% to 25% of influenza infections. Influenza B viruses include 2 antigenically distinguished lineages, Victoria and Yamagata, which have been cocirculating globally since 2002 [3]. Circulation of the B lineages varies from year to year, so predicting which one to include in the next year's trivalent influenza vaccine (IIV3) is difficult. In fact, data from the United States and Europe indicate that in half of the influenza seasons over the past decade, the B lineage included in …

Journal of Pediatrics
March 2016 Volume 170, p1-350
http://www.jpeds.com/current
Medical Progress
Moving Towards a More Aggressive and Comprehensive Model of Care for Children with Ebola
Indi Trehan, Tracy Kelly, Regan H. Marsh, Peter Matthew George, Charles W. Callahan
p28–33.e7
Published online: January 8 2016

Preview
Ebola is a devastating illness for children, particularly those under 5 years of age.1-3 Although children are proportionally less affected than adults during outbreaks of Ebola, including in the current West Africa outbreak,4 it remains a major threat to child health in the affected nations and a neglected area of investigation and discussion.5 The threat is not only for those infected with Ebola, but for all children in the affected region because of the tremendous impact of this outbreak on national health care systems.

Journal of Public Health Policy
Volume 37, Issue 1 (February 2016)
http://www.palgrave-journals.com/jphp/journal/v37/n1/index.html
[Reviewed earlier]

Journal of the Royal Society – Interface
01 January 2016; volume 13, issue 114
http://rsif.royalsocietypublishing.org/content/current
[Reviewed earlier]

Journal of Virology
February 2016, volume 90, issue 3
http://jvi.asm.org/content/current
[Reviewed earlier]

The Lancet
Feb 27, 2016 Volume 387 Number 10021 p817-916 e21
http://www.thelancet.com/journals/lancet/issue/current
[New issue; Nor relevant content identified]

The Lancet Infectious Diseases
Feb 2016 Volume 16 Number 2 p131-264 e10-e21
http://www.thelancet.com/journals/laninf/issue/current
[Reviewed earlier]

Lancet Global Health
Feb 2016 Volume 4 Number 2 e69-e136
http://www.thelancet.com/journals/langlo/issue/current
[Reviewed earlier]

Maternal and Child Health Journal
Volume 20, Issue 2, February 2016
http://link.springer.com/journal/10995/20/2/page/1

[Reviewed earlier]

Medical Decision Making (MDM)
February 2016; 36 (2)
http://mdm.sagepub.com/content/current
[Reviewed earlier]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
December 2015 Volume 93, Issue 4 Pages 651–883
http://onlinelibrary.wiley.com/doi/10.1111/1468-0009.2015.93.issue-4/issuetoc
[Reviewed earlier]

Nature
Volume 530 Number 7591 pp381-510 25 February 2016
http://www.nature.com/nature/current_issue.html
[New issue; No relevant content identified]

Nature Reviews Immunology
February 2016, Volume 22 No 2 pp115-217
http://www.nature.com/nm/journal/v22/n2/index.html
[Reviewed earlier]

New England Journal of Medicine
February 25, 2016 Vol. 374 No. 8
http://www.nejm.org/toc/nejm/medical-journal
Review Article
Challenges in the Elimination of Pediatric HIV-1 Infection
Katherine Luzuriaga, M.D., and Lynne M. Mofenson, M.D.
N Engl J Med 2016; 374:761-770 February 25, 2016 DOI: 10.1056/NEJMra1505256
Preventing mother-to-child transmission of HIV-1 requires a series of steps in the care of women and their infants during pregnancy, delivery, and the postpartum period. This review outlines the steps and summarizes progress in resource-limited countries and elsewhere.

Pediatrics
February 2016, VOLUME 137 / ISSUE 2
http://pediatrics.aappublications.org/content/137/2?current-issue=y
[Reviewed earlier]

Pharmaceutics
Volume 7, Issue 4 (December 2015), Pages 363-564

http://www.mdpi.com/1999-4923/7/4
[Reviewed earlier]

PharmacoEconomics
Volume 34, Issue 2, February 2016
http://link.springer.com/journal/40273/34/2/page/1
Big Data Themed Issue
Editorial
Big Data and Its Role in Health Economics and Outcomes Research: A Collection of Perspectives on Data Sources, Measurement, and Analysis
Eberechukwu Onukwugha
Initial text
Health economists and outcomes researchers have watched the term 'big data' increase in prominence over the last several years. However, to date, the use of big data in medicine has not been concretely illustrated across a variety of health economics and outcomes research (HEOR). At the same time, many of the same observers agree that fundamental questions remain unanswered and include (1) "What does the term 'big data' mean?" and (2) "What does the availability of big data mean for individuals who produce and use findings from HEOR?" This editorial tackles the first question and leaves contributors to this issue of PharmacoEconomics to discuss the promises, possibilities and potential pitfalls of using big data in HEOR….

Current Opinion
Big Data and Health Economics: Strengths, Weaknesses, Opportunities and Threats
Brendan Collins
Abstract
'Big data' is the collective name for the increasing capacity of information systems to collect and store large volumes of data, which are often unstructured and time stamped, and to analyse these data by using regression and other statistical techniques. This is a review of the potential applications of big data and health economics, using a SWOT (strengths, weaknesses, opportunities, threats) approach. In health economics, large pseudonymized databases, such as the planned care.data programme in the UK, have the potential to increase understanding of how drugs work in the real world, taking into account adherence, co-morbidities, interactions and side effects. This 'real-world evidence' has applications in individualized medicine. More routine and larger-scale cost and outcomes data collection will make health economic analyses more disease specific and population specific but may require new skill sets. There is potential for biomonitoring and lifestyle data to inform health economic analyses and public health policy.

PLOS Currents: Disasters
http://currents.plos.org/disasters/
[Accessed 27 February 2016]
Characteristics of an Effective International Humanitarian Assistance: A Systematic Review
February 25, 2016 · Research Article
Introduction: The objective of this study is to identify the effectiveness characteristics, review the definition of them, and develop a conceptual mapping of existing domains in the field of International Humanitarian Assistance (IHA).

Methods: We conducted a systematic review and searched the major databases (Science Direct, Scopus, Springer and Pubmed) and grey literature, including references of potentially eligible articles and conference proceedings through March 2015. Articles were included if they focused on IHA effectiveness. Reviewers independently identified the eligible studies and extracted data.

Results: 10 studies were included and 48 characteristics were identified. There is a lack of scientific studies and agreement on the characteristics of IHA effectiveness.

Conclusion: This study could be the step toward an understanding of IHA effectiveness characteristics and its definitions with the findings making a base line for more research in this area.

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
(Accessed 27 February 2016)
[No new content]

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 27 February 2016)
[No new relevant content]

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 27 February 2016)
Reducing Cost of Rabies Post Exposure Prophylaxis: Experience of a Tertiary Care Hospital in Pakistan
Naseem Salahuddin, M. Aftab Gohar, Naila Baig-Ansari
Research Article | published 26 Feb 2016 | PLOS Neglected Tropical Diseases
10.1371/journal.pntd.0004448

Phase 1/2a Trial of Plasmodium vivax Malaria Vaccine Candidate VMP001/AS01B in Malaria-Naive Adults: Safety, Immunogenicity, and Efficacy
Jason W. Bennett, Anjali Yadava, Donna Tosh, Jetsumon Sattabongkot, Jack Komisar, Lisa A. Ware, William F. McCarthy, Jessica J. Cowden, Jason Regules, Michele D. Spring, Kristopher Paolino, Joshua D. Hartzell, James F. Cummings, Thomas L. Richie, Joanne Lumsden, Edwin Kamau, Jittawadee Murphy, Cynthia Lee, Falgunee Parekh, Ashley Birkett, Joe Cohen, W. Ripley Ballou, Mark E. Polhemus, Yannick F. Vanloubbeeck, Johan Vekemans, Christian F. Ockenhouse
Research Article | published 26 Feb 2016 | PLOS Neglected Tropical Diseases
10.1371/journal.pntd.0004423

PLoS One
http://www.plosone.org/
[Accessed 27 February 2016]

Do Maternal Knowledge and Attitudes towards Childhood Immunizations in Rural Uganda Correlate with Complete Childhood Vaccination?
Bryan J. Vonasek, Francis Bajunirwe, Laura E. Jacobson, Leonidas Twesigye, James Dahm, Monica J. Grant, Ajay K. Sethi, James H. Conway
Research Article | published 26 Feb 2016 | PLOS ONE
10.1371/journal.pone.0150131
Abstract
Improving childhood vaccination coverage and timeliness is a key health policy objective in many developing countries such as Uganda. Of the many factors known to influence uptake of childhood immunizations in under resourced settings, parents' understanding and perception of childhood immunizations has largely been overlooked. The aims of this study were to survey mothers' knowledge and attitudes towards childhood immunizations and then determine if these variables correlate with the timely vaccination coverage of their children. From September to December 2013, we conducted a cross-sectional survey of 1,000 parous women in rural Sheema district in southwest Uganda. The survey collected socio-demographic data and knowledge and attitudes towards childhood immunizations. For the women with at least one child between the age of one month and five years who also had a vaccination card available for the child (N = 302), the vaccination status of this child was assessed. 88% of these children received age-appropriate, on-time immunizations. 93.5% of the women were able to state that childhood immunizations protect children from diseases. The women not able to point this out were significantly more likely to have an under-vaccinated child (PR 1.354: 95% CI 1.018–1.802). When asked why vaccination rates may be low in their community, the two most common responses were "fearful of side effects" and "ignorance/disinterest/laziness" (44% each). The factors influencing caregivers' demand for childhood immunizations vary widely between, and also within, developing countries. Research that elucidates local knowledge and attitudes, like this study, allows for decisions and policy pertaining to vaccination programs to be more effective at improving child vaccination rates.

Cost-Effectiveness of Vaccinating Immunocompetent ≥65 Year Olds with the 13-Valent Pneumococcal Conjugate Vaccine in England
Albert Jan van Hoek, Elizabeth Miller
Research Article | published 25 Feb 2016 | PLOS ONE
10.1371/journal.pone.0149540

PLoS Pathogens
http://journals.plos.org/plospathogens/
(Accessed 27 February 2016)
[No new relevant content]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
http://www.pnas.org/content/early/
(Accessed 27 February 2016)
[No new relevant content]

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

Prehospital & Disaster Medicine
Volume 31 - Issue 01 - February 2016
https://journals.cambridge.org/action/displayIssue?jid=PDM&tab=currentissue
[Reviewed earlier]

Preventive Medicine
Volume 83, Pages 1-76 (February 2016)
http://www.sciencedirect.com/science/journal/00917435/83
[Reviewed earlier]

Proceedings of the Royal Society B
10 February 2016; volume 283, issue 1824
http://rspb.royalsocietypublishing.org/content/283/1824?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]

Public Health Reports
Volume 131 , Issue Number 1 January/February 2016
http://www.publichealthreports.org/issuecontents.cfm?Volume=131&Issue=1
[Reviewed earlier]

Qualitative Health Research
February 2016; 26 (3)
http://qhr.sagepub.com/content/current
Special Issue: Qualitative Meta-Analysis
[Reviewed earlier]

Reproductive Health
http://www.reproductive-health-journal.com/content
[Accessed 27 February 2016]
[No new relevant content]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
December 2015 Vol. 38, No. 6
http://www.paho.org/journal/
SECCIÓN ESPECIAL / SPECIAL SECTION
Declaración SPIRIT 2013: definición de los elementos estándares del protocolo de un ensayo clínico [SPIRIT 2013 Statement: defining standard protocol items for clinical trials]
An-Wen Chan, Jennifer M. Tetzlaff, Douglas G. Altman, Andreas Laupacis, Peter C. Gøtzsche, Karmela Krleža-Jerić, Asbjørn Hrobjartsson, Howard Mann, Kay Dickersin, Jesse A. Berlin, Caroline J. Dore, Wendy R. Parulekar, William S. M. Summerskill, Trish Groves, Kenneth F. Schulz, Harold C. Sox, Frank W. Rockhold, Drummond Rennie y David Moher
Abstract
The protocol of a clinical trial serves as the foundation for study planning, conduct, reporting, and appraisal. However, trial protocols and existing protocol guidelines vary greatly in content and quality. This article describes the systematic development and scope of SPIRIT (Standard Protocol Items: Recommendations for Interventional Trials) 2013, a guideline for the minimum content of a clinical trial protocol. The 33-item SPIRIT checklist applies to protocols for all clinical trials and focuses on content rather than format. The checklist recommends a full description of what is planned; it does not prescribe how to design or conduct a trial. By providing guidance for key content, the SPIRIT recommendations aim to facilitate the drafting of high-quality protocols. Adherence to SPIRIT would also enhance the transparency and completeness of trial protocols for the benefit of investigators, trial participants, patients, sponsors, funders, research ethics committees or institutional review boards, peer reviewers, journals, trial registries, policymakers, regulators, and other key stakeholders.

Risk Analysis
February 2016 Volume 36, Issue 2 Pages 183–430
http://onlinelibrary.wiley.com/doi/10.1111/risa.2016.36.issue-2/issuetoc
[New issue; No relevant content identified]

Science
26 February 2016 Vol 351, Issue 6276
http://www.sciencemag.org/current.dtl
[New issue; No relevant content identified]

Social Science & Medicine
Volume 150, Pages 1-290 (February 2016)
http://www.sciencedirect.com/science/journal/02779536/150
[Reviewed earlier]

Tropical Medicine & International Health

February 2016 Volume 21, Issue 2 Pages 157–291
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2016.21.issue-2/issuetoc
[Reviewed earlier]

Vaccine
Volume 34, Issue 11, Pages 1325-1422 (8 March 2016)
http://www.sciencedirect.com/science/journal/0264410X/34/11
Meeting report
Implementing efficient and sustainable collaboration between National Immunization Technical Advisory Groups: Report on the 3rd International Technical Meeting, Paris, France, 8–9 December 2014
Pages 1325-1330
Christian Perronne, Alex Adjagba, Philippe Duclos, Daniel Floret, Hans Houweling, Corinne Le Goaster, Daniel Lévy-Brühl, François Meyer, Kamel Senouci, Ole Wichmann
Abstract
Many experts on vaccination are convinced that efforts should be made to encourage increased collaboration between National Immunization Technical Advisory Groups on immunization (NITAGs) worldwide. International meetings were held in Berlin, Germany, in 2010 and 2011, to discuss improvement of the methodologies for the development of evidence-based vaccination recommendations, recognizing the need for collaboration and/or sharing of resources in this effort. A third meeting was held in Paris, France, in December 2014, to consider the design of specific practical activities and an organizational structure to enable effective and sustained collaboration. The following conclusions were reached:
(i) The proposed collaboration needs a core functional structure and the establishment or strengthening of an international network of NITAGs.
(ii).Priority subjects for collaborative work are background information for recommendations, systematic reviews, mathematical models, health economic evaluations and establishment of common frameworks and methodologies for reviewing and grading the evidence.
(iii).The programme of collaborative work should begin with participation of a limited number of NITAGs which already have a high level of expertise. The amount of joint work could be increased progressively through practical activities and pragmatic examples. Due to similar priorities and already existing structures, this should be organized at regional or subregional level. For example, in the European Union a project is funded by the European Centre for Disease Prevention and Control (ECDC) with the aim to set up a network for improving data, methodology and resource sharing and thereby supporting NITAGs. Such regional networking activities should be carried out in collaboration with the World Health Organization (WHO).
(iv).A global steering committee should be set up to promote international exchange between regional networks and to increase the involvement of less experienced NITAGs. NITAGs already collaborate at the global level via the NITAG Resource Centre, a web-based platform developed by the Health Policy and Institutional Development Unit (WHO Collaborating Centre) of the Agence de Médecine Préventive (AMP-HPID). It would be appropriate to continue facilitating the coordination of this global network through the AMP-HPID NITAG Resource Centre.
(v).While sharing work products and experiences, each NITAG would retain responsibility for its own decision-making and country-specific recommendations.

Brief report

A qualitative study of healthcare provider awareness and informational needs regarding the nine-valent HPV vaccine

Pages 1331-1334

Monica L. Kasting, Shannon Wilson, Brian E. Dixon, Stephen M. Downs, Amit Kulkarni, Gregory D. Zimet

Abstract

The 9-valent Human Papillomavirus (HPV) vaccine, 9vHPV, was licensed in the U.S. in December, 2014. We assessed healthcare provider (HCP) awareness of the newly approved vaccine and identified questions HCPs have about the vaccine. As part of a larger study, we used semi-structured interviews to ask 22 pediatric HCPs about their awareness of 9vHPV, questions they have about the vaccine, and questions they anticipate from patients and parents. Interviews were audio-recorded and transcribed then analyzed using inductive content analysis. Over half were aware of the vaccine but few HCPs claimed to be familiar with it. HCPs indicated several questions with common themes pertaining to efficacy, side effects, and cost. Only half of HCPs believed patients or parents would have questions. The results suggest strategies and areas for health systems and public health organizations to target in order to resolve unmet educational needs among HCPs regarding 9vHPV.

Antenatal immunisation intentions of expectant parents: Relationship to immunisation timeliness during infancy

Original Research Article

Pages 1379-1388

Cameron C. Grant, Mei-Hua Chen, Dinusha K. Bandara, Emma J. Marks, Catherine A. Gilchrist, Sonia Lewycka, Polly E. Atatoa Carr, Elizabeth M. Robinson, Jan E. Pryor, Carlos A. Camargo, Susan M.B. Morton

Abstract

Background

Most women decide about infant immunisation during pregnancy. However, we have limited knowledge of the immunisation intentions of their partners. We aimed to describe what pregnant women and their partners intended for their future child's immunisations, and to identify associations between parental intentions and the subsequent timeliness of infant immunisation.

Methods

We recruited a cohort of pregnant New Zealand (NZ) women expecting to deliver between April 2009 and March 2010. The cohort included 11% of births in NZ during the recruitment period and was generalisable to the national birth cohort. We completed antenatal interviews independently with mothers and partners. We determined immunisation receipt from the National Immunisation Register and defined timely immunisation as receiving all vaccines (scheduled at 6-weeks, 3- and 5-months) within 30 days of their due date. We described independent associations of immunisation intentions with timeliness using adjusted odds ratios (OR) and 95% confidence intervals (CI).

Results

Of 6172 women, 5014 (81%) intended full immunisation, 245 (4%) partial immunisation, 140 (2%) no immunisation and 773 (13%) were undecided. Of 4152 partners, 2942 (71%) intended full immunisation, 208 (5%) partial immunisation, 83 (2%) no immunisation and 921 (22%) were undecided. Agreement between mothers and partners was moderate (Kappa = 0.42). Timely immunisation occurred in 70% of infants. Independent of their partner's intentions, infants of pregnant women who decided upon full immunisation were more likely to be

immunised on time (OR = 7.65, 95% CI: 4.87 – 12.18). Independent of the future mother's intentions, infants of partners who had decided upon full immunisations were more likely to be immunised on time (OR = 3.33, 95% CI: 2.29 – 4.84).
Conclusions
During pregnancy, most future parents intend to fully immunise their child; however, more partners than mothers remain undecided about immunisation. Both future mothers' and future fathers' intentions are independently associated with the timeliness of their infant's immunisations.

Changing the default to promote influenza vaccination among health care workers
Original Research Article
Pages 1389-1392
Birthe A Lehmann, Gretchen B Chapman, Frits ME Franssen, Gerjo Kok, Robert AC Ruiter
Abstract
Background
The prevention of health care acquired infections is an important objective for patient safety and infection control in all health care settings. Influenza vaccination uptake among health care workers (HCWs) is the most effective method to prevent transmission to patients, but vaccination coverage rates are low among HCWs. Several educational campaigns have been developed to increase the influenza vaccination coverage rates of HCWs, but showed only small effects. The aim of this study was to test an opt-out strategy in promoting uptake among HCWs in a tertiary care center for patients with complex chronic organ failure.
Methods
HCWs were randomly assigned to one of two conditions. In the opt-out condition (N = 61), participants received an e-mail with a pre-scheduled appointment for influenza vaccination, which could be changed or canceled. In the opt-in condition (N = 61), participants received an e-mail explaining that they had to schedule an appointment if they wanted to get vaccinated.
Results
The findings show no statistically detectable effect of condition on being vaccinated against influenza. However, HCWs in the opt-out condition were more likely to have an appointment for influenza vaccination, which in turn increased the probability of getting vaccinated.
Conclusion
To change the default to promote influenza vaccination among HCWs might be an easy and cost-effective alternative to the complex vaccination campaigns that have been proposed in recent years.

Vaccine
Volume 34, Issue 10, Pages 1233-1324 (4 March 2016)
http://www.sciencedirect.com/science/journal/0264410X/34/10
Conference report
Report on: "The 1st Workshop on National Immunization Programs and Vaccine Coverage in ASEAN Countries, April 30, 2015, Pattaya, Thailand"
Pages 1233-1240
Weerawan Hattasingh, Krisana Pengsaa, Usa Thisyakorn, 1st Workshop on National Immunization Programs and Vaccine Coverage in ASEAN Group
Abstract
The 1st Workshop on National Immunization Programs and Vaccine Coverage in Association of Southeast Asian Nations (ASEAN) Countries Group (WNIPVC-ASEAN) held a meeting on April

30, 2015, Pattaya, Thailand under the auspices of the Pediatric Infectious Diseases Society and the World Health Organization (WHO). Reports on the current status and initiatives of the national immunization program (NIP) in each ASEAN countries that attended were presented. These reports along with survey data collected from ministries of health in ASEAN countries NIPs demonstrate that good progress has been made toward the goal of the Global Vaccine Action Plan (GVAP). However, some ASEAN countries have fragile health care systems that still have insufficient vaccine coverage of some basic EPI antigens. Most ASEAN countries still do not have national coverage of some new and underused vaccines, and raising funds for the expansion of NIPs is challenging. Also, there is insufficient research into disease burden of vaccine preventable diseases and surveillance. Health care workers must advocate NIPs to government policy makers and other stakeholders as well as improve research and surveillance to achieve the goals of the GVAP.

Place of influenza vaccination among children—United States, 2010–11 through 2013–14 influenza seasons

Original Research Article

Pages 1296-1303

Tammy A. Santibanez, Tara M. Vogt, Yusheng Zhai, Anne F. McIntyre

Abstract

Background

Studies are published on settings adults receive influenza vaccination but few have reported on settings children are vaccinated and how this might be changing over time or vary by socio-demographics.

Methods

Data from the National Immunization Survey-Flu were analyzed to assess place of influenza vaccination among vaccinated children 6 months–17 years during the 2010–11, 2011–12, 2012–13, and 2013–14 influenza seasons. The percentage of children vaccinated at each place was calculated overall and by age, race/ethnicity, income, and Metropolitan Statistical Area (MSA).

Results

The places children received influenza vaccination varied little over four recent influenza seasons. From the 2010–11 through 2013–14 influenza seasons the percentage of vaccinated children receiving influenza vaccination at a doctor's office was 64.1%, 65.1%, 65.3%, and 65.3%, respectively with no differences from one season to the next. Likewise, for vaccination at clinics or health centers (17.8%, 17.5%, 17.0%. 18.0%), health departments (3.2%, 3.6%, 3.0%, 2.8%), and other non-medical places (1.6%, 1.4%, 1.2%, 1.1%), there were no differences from one season to the next. There were some differences for vaccinations at hospitals, pharmacies, and schools. There was considerable variability in the place of influenza vaccination by age, race/ethnicity, income, and MSA. Fewer Hispanic children were vaccinated at a doctor's office than black, white, and other or multiple race children and fewer black children and children of other or multiple races were vaccinated at a doctor's office than white children. More children at or below the poverty level were vaccinated at a clinic or health center than all of the other income groups.

Conclusion

Most vaccinated children receive their influenza vaccination at a doctor's office. Place of vaccination changed little over four recent influenza seasons. Large variability in place of vaccination exists by age, race/ethnicity, income, and MSA. Monitoring place of vaccination can help shape future immunization programs.

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 27 February 2016)
Review:
Streptococcus pneumoniae Serotype Distribution and Pneumococcal Conjugate Vaccine Serotype Coverage among Pediatric Patients in East and Southeast Asia, 2000–2014: a Pooled Data Analysis
by Stanley S. Tai
Vaccines 2016, 4(1), 4; doi:10.3390/vaccines4010004 - published 22 February 2016

Value in Health
January 2016 Volume 19, Issue 1, p1-122
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

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

European Geriatric Medicine
http://www.sciencedirect.com/science/journal/18787649
Available online 12 February 2016 - In Press, Corrected Proof
The role of vaccination in successful independent ageing
JE McElhaney, G Gavazzi, J Flamaing, J Petermans -
Abstract
Ageing increases the risk and severity of infectious diseases, especially when chronic diseases are present. Healthcare providers generally view vaccination as a childhood intervention and consider vaccination of the elderly not to be sufficiently effective due to immunosenescence. However, the burden of frequent vaccine-preventable diseases, such as influenza, pneumococcal disease and herpes zoster, increases with age, so that the perceived lower vaccine effectiveness should be considered in the context of this higher burden. Vaccination can prevent infection and mortality hospitalization and functional decline, and their consequences thereby having a positive impact. The use of medications will be reduced (e.g. antibiotics, analgesics) and therefore the iatrogenic risk would be lower. This contributes to an improved quality of life and to successful ageing. Many countries recommend influenza and pneumococcal vaccination in the elderly and, more recently, some recommend the live-attenuated herpes zoster vaccine. However, better guidelines and recommendations, especially for frail individuals are needed. Protection may be improved by offering vaccination to younger, fitter individuals, before they become frail. In addition, offering vaccination to caregivers and others who are in contact with the elderly could also improve protection. Many studies have demonstrated that influenza, pneumococcal and herpes zoster vaccinations in the elderly are cost-effective and can even be cost-saving. Healthcare providers and public health decision-makers need to understand more fully the value of vaccination and to consider it as an important preventive tool in the promotion of successful ageing.

* * * *

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 27 February 2016
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 27 February 2016
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 27 February 2016
[No new, unique, relevant content]

Financial Times
http://www.ft.com/home/uk
Accessed 27 February 2016
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 27 February 2016
The HPV Vaccine Is Working, But Why Are So Many Teens Still Not Getting It?

Since the Food and Drug Administration approved the first human papillomavirus (HPV) vaccine in 2006, infections with the four types of HPV it targets have declined in adolescent girls and young women, scientists reported Monday. Certain types of HPV--the most common sexually transmitted infection in the United States--cause cervical, vulvar and [...]
Rita Rubin, Contributor Feb 22, 2016

Bringing Compassion To The Sick Is Not Easy

By Arthur Caplan and Kenneth Moch
Three events are taking place this week that shed light on the challenges posed by trying to help those seeking access to unapproved drugs or vaccines for their terminal, chronic or dangerous conditions. Each event shows how careful we must be in designing well intended, [...]
Feb 22, 2016

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 27 February 2016
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 27 February 2016
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 27 February 2016
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Obama on Vaccine for Zika
President Obama said there is a "promising pathway" for developing a vaccine against Zika, adding that the virus is not, apparently, a very complicated one.
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CDC issues Olympics advisory: Pregnant women should 'consider not going' to Rio
U.S. officials issued their strongest travel warning yet, urging pregnant women to "consider not going" to the 2016 Summer Olympics in Rio de Janeiro.
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'Seriously flawed' study linking behavioral problems to Gardasil has been retracted
The authors of the study have come under fire for vaccine-critical studies before.
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D. Reports/Research/Analysis E. Journal Watch F. Media Watch