Vaccines and Global Health: The Week in Review
6 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.*

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

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

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Zika virus [to 6 February 2016]
Public Health Emergency of International Concern (PHEIC)
WHO statement on the first meeting of the International Health Regulations (2005) (IHR 2005) Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations

WHO statement
1 February 2016
[Excerpt; Full statement distributed earlier and available here]

Based on the advice of the International Health Regulations (2005) Emergency Committee on Zika virus the Director-General declared a Public Health Emergency of International Concern (PHEIC) on 1 February 2016. The Director-General endorsed the Committee's advice and issued them as Temporary Recommendations under IHR (2005).

WHO: Zika situation report - 5 February 2016

Neurological syndrome and congenital anomalies
Read the full situation report :: 6 pages

Summary

:: An Emergency Committee was convened by the Director-General under the International Health Regulations (2005) on 1 February 2016. Following the advice of the Committee, the Director-General announced the recent cluster of microcephaly and other neurologic disorders reported in Brazil to be a Public Health Emergency of International Concern.
:: The Emergency Committee agreed that a causal relationship between Zika infection during pregnancy and microcephaly is strongly suspected, though not yet scientifically proven. All experts agreed on the urgent need to coordinate international efforts to investigate and understand this relationship better.
:: Between January 2014 and 5 February 2016, a total of 33 countries have reported autochthonous circulation of Zika virus. There is also indirect evidence of local transmission in 6 additional countries.
:: The geographical distribution of Zika virus has been steadily increasing since it was first detected in the Americas in 2015. Further spread to countries within the geographical range of competent disease vectors — Aedes mosquitoes — is considered likely.
:: Seven countries have reported an increase in the incidence of cases of microcephaly and/or Guillain-Barré syndrome concomitantly with a Zika virus outbreak.
:: The global prevention and control strategy launched by WHO is based on surveillance, response activities, and research.

WHO: Zika: Research in emergencies

February 2016 -- To improve timely access to data in the context of a public health emergency, the WHO Bulletin is implementing a new data-sharing and reporting protocol. All research manuscripts relevant to the Zika epidemic will be posted online in the "Zika Open" collection within 24 hours.

CDC issues Interim Guidelines for Preventing Sexual Transmission of Zika Virus and Updated Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure

Friday, February 5, 2016,

CDC has issued new interim guidance on preventing sexual transmission of Zika virus after confirming through laboratory testing, in collaboration with Dallas County Health and Human Services, the first case of Zika virus infection in a non-traveler in the continental United States during this outbreak.

Although sexual transmission of Zika virus infection is possible, mosquito bites remain the primary way that Zika virus is transmitted. Because there currently is no vaccine or treatment for Zika virus, the best way to avoid Zika virus infection is to prevent mosquito bites.

Based on what we know now, CDC is issuing interim recommendations to prevent sexual transmission of Zika virus. To date, there have been no reports of sexual transmission of Zika virus from infected women to their sex partners. CDC expects to update its interim guidance as new information becomes available….

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

WEDNESDAY, FEBRUARY 3, 2016

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 alerts: Jamaica and Tonga. CDC has issued a travel alert (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://www.cdc.gov/zika/geo/index.html. Specific areas where Zika virus transmission is ongoing are often difficult to determine and are likely to continue to change over time..

Sanofi Pasteur to leverage its strong vaccine legacy in hunt for Zika vaccine

February 2, 2016

- Building on the company's successful history in developing vaccines against similar viruses, most recently the introduction of Dengvaxia® against dengue, Sanofi Pasteur is launching a Zika vaccine project -

Lyon, France - February 2, 2016 -Sanofi Pasteur, the vaccines division of Sanofi, announced today that it has launched a vaccine research and development project targeting the prevention of Zika virus infection and disease.

Sanofi Pasteur leads the vaccine field for viruses in the same family as Zika virus (ZIKV), with licensed vaccines against Yellow Fever, Japanese Encephalitis and, most recently, Dengue. Importantly, Sanofi Pasteur's expertise and established R&D and industrial infrastructure for the newly licensed vaccine for dengue, Dengvaxia®, can be rapidly leveraged to help understand the spread of ZIKV and potentially speed identification of a vaccine candidate for further clinical development.

"Our invaluable collaborations with scientific and public health experts, both globally and in the regions affected by the outbreaks of ZIKV, together with the mobilization of our best experts will expedite efforts to research and develop a vaccine for this disease," said Dr. John Shiver, Global Head of R&D, Sanofi Pasteur.

The ZIKV is closely related to Dengue; it belongs to the same Flavivirus genus, is spread by the same species of mosquito and has a similar acute clinical presentation. Common symptoms caused by a Zika infection include fever, rash, joint swelling, conjunctivitis and headaches. However, there is a growing body of evidence linking Zika infection in pregnant women with an increased risk of a severe congenital complication at birth called microcephaly. Normally a rare condition, microcephaly results in an abnormally small head impairing brain development.

"Sanofi Pasteur is responding to the global call to action to develop a Zika vaccine given the disease's rapid spread and possible medical complications," says Dr. Nicholas Jackson, Global Head of Research for Sanofi Pasteur who will be driving the new ZIKV vaccine project. "In addition to the serious possibility of congenital complications associated with Zika, investigations are also underway to assess another reported connection between Zika and a dangerous neurological disorder".

Until recently, ZIKV was considered a rare and seemingly benign virus. However in May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed ZIKV infection in Brazil, and since then it has spread across the Americas. In the United States, authorities have reported a locally transmitted case of Zika in Puerto Rico, with reports of cases in continental United States in returning travelers.

At a briefing session during the 138th Executive Board of the World Health Organization (WHO), the WHO Director General, Dr. Margaret Chan, stated that the WHO is deeply concerned about ZIKV for four main reasons:

:: the possible association of infection with birth malformations and neurological syndromes;
:: the potential for further international spread given the wide geographical distribution of the mosquito vector;
:: the lack of population immunity in newly affected areas;
:: absence of vaccines, specific treatments, and rapid diagnostic tests.

In addition, the Centers for Disease Control and Prevention (CDC) have issued travel recommendations for pregnant women to post-pone travel to countries in Latin America and the Caribbean where ZIKV transmission is ongoing.

Presently there is no vaccine or specific treatment for Zika. Vector control remains an important means of potentially controlling the mosquitoes responsible for spreading Zika.

Pfizer, J&J, Merck evaluating technologies for Zika vaccine
Reuters Wed Feb 3, 2016

Bharat Biotech says working on two possible Zika vaccines
Reuters Wed Feb 3, 2016

Takeda Assembles Team to Evaluate Zika Vaccine Possibilities
Bloomberg Business February 2, 2016

NIH [to 6 February 2016]
http://www.nih.gov/news/releases.htm
February 5, 2016
NIH seeks research applications to study Zika in pregnancy, developing fetus
New effort seeks to understand virus' effect on reproduction, child development.

IOM / International Organization for Migration [to 6 February 2016]
http://www.iom.int/press-room/press-releases
02/05/16
IOM: Migrants Must Be Included in Zika Virus Response Plans
Switzerland - IOM DG William Lacy Swing has called on governments to include migrants and mobile populations in Zika Virus preparedness and response plans.

UN OHCHR Office of the United Nations High Commissioner for Human Rights [to 6 February 2016]
http://www.ohchr.org/EN/NewsEvents/Pages/media.aspx?IsMediaPage=true
5 February 2016
Upholding women's human rights essential to Zika response - Zeid
GENEVA – Upholding women's human rights is essential if the response to the Zika health emergency is to be effective, UN High Commissioner for Human Rights Zeid Ra'ad Al Hussein said Friday, adding that laws and policies that restrict access to sexual and reproductive health services in contravention of international standards, must be repealed and concrete steps must be taken so that women have the information, support and services they require to exercise their rights to determine whether and when they become pregnant.

"Clearly, managing the spread of Zika is a major challenge to the governments in Latin America," Zeid said. "However, the advice of some governments to women to delay getting pregnant, ignores the reality that many women and girls simply cannot exercise control over whether or when or under what circumstances they become pregnant, especially in an environment where sexual violence is so common."

"In Zika-affected countries that have restrictive laws governing women's reproductive rights, the situation facing women and girls is particularly stark on a number of levels," the UN Human Rights Chief said. "In situations where sexual violence is rampant, and sexual and reproductive health services are criminalized, or simply unavailable, efforts to halt this crisis will not be enhanced by placing the focus on advising women and girls not to become pregnant. Many of the key issues revolve around men's failure to uphold the rights of women and girls, and a range of strong measures need to be taken to tackle these underlying problems."

The World Health Organization has declared a Public Health Emergency of International Concern amid concerns of a possible association between upsurges in reported cases of Zika virus disease and of microcephaly in Latin America. A causative link between Zika and microcephaly (babies born with abnormally small heads), and Zika and Guillain-Barré Syndrome (a neurological condition), is still under investigation.

Amid the continuing spread of the Zika virus, authorities must ensure that their public health response is pursued in conformity with their human rights obligations, in particular relating to health and health-related rights.

"Upholding human rights is essential to an effective public health response and this requires that governments ensure women, men and adolescents have access to comprehensive and affordable quality sexual and reproductive health services and information, without

discrimination," Zeid said, noting that comprehensive sexual and reproductive health services include contraception -- including emergency contraception -- maternal healthcare and safe abortion services to the full extent of the law.

"Health services must be delivered in a way that ensures a woman's fully informed consent, respects her dignity, guarantees her privacy, and is responsive to her needs and perspectives," he added….

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EBOLA/EVD [to 6 February 2016]
Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)

Ebola Situation Report - 3 February 2016
No new confirmed cases reported.
[Excerpt from Summary]
:: With guidance from WHO and other partners, ministries of health in Guinea, Liberia, and Sierra Leone have plans to deliver a package of essential services to safeguard the health of the estimated more than 10 000 survivors of EVD, and enable those individuals to take any necessary precautions to prevent infection of their close contacts. Over 300 male survivors in Liberia have accessed semen screening and counselling services.

:: To achieve the second key objective of the phase 3 response framework of managing residual Ebola risks, WHO has supported the implementation of enhanced surveillance systems in Guinea, Liberia, and Sierra Leone to enable health workers and members of the public to report any case of febrile illness or death that they suspect may be related to EVD.

In the week to 31 January, 1063 alerts were reported in Guinea from all of the country's 34 prefectures, with the vast majority of alerts (1060) reports of community deaths. Over the same period 9 operational laboratories in Guinea tested a total of 346 new and repeat samples (14 samples from live patients and 332 from community deaths) from 17 of the country's 34 prefectures.

In Liberia, 1062 alerts were reported from all of the country's 15 counties, most of which (925) were for live patients. The country's 5 operational laboratories tested 1003 new and repeat samples (807 from live patients and 196 from community deaths) for Ebola virus over the same period.

In Sierra Leone 1287 alerts were reported from the country's 14 districts. The vast majority of alerts (1071) were for community deaths. 1059 new and repeat samples (76 from live patients and 983 from community deaths) were tested for Ebola virus by the country's 7 operational laboratories over the same period…

IOM / International Organization for Migration [to 6 February 2016]
http://www.iom.int/press-room/press-releases

02/05/16

IOM Guinea Supports Psychosocial, Socio-economic Recovery of Ebola Survivors

Guinea - IOM has launched a programme to distribute cash grants to Ebola survivors as part of community-led projects in Boke in the northwestern part of the country.

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POLIO [to 6 February 2016]
Public Health Emergency of International Concern (PHEIC)

Polio this week as of 3 February 2016

:: There are ten 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 here.
:: The WHO Executive Board met last week, recognising progress made in 2015 and renewing their commitment to polio eradication. Read more here.
:: For the first time in history, Africa has had 4-months without any wild or circulating vaccine-derived poliovirus cases, nor any environmental positive sample.
Selected content from country-level reports
Pakistan
:: One new wild poliovirus type 1 (WPV1) case was reported in the past week, with onset of paralysis on 31 December in Peshawar, Khyber Pakhtunkhwa. The total number of WPV1 cases for 2015 is now 54, compared to 305 reported for 2014 by this time last year. A total of 306 cases reported onset in Pakistan in 2014.
:: Four new WPV1 environmental positive samples were detected in the past week. Two were in Sindh province, in Hyderabad and Karachi Gulshan-e-Iqbal with collection dates of 5 January and 18 January respectively. The other two were isolated from Peshawar, Khyber Pakhtunkhwa and in Kabdullah, Balochistan, with collection dates of 11 January and 15 January respectively.
:: Sub-National Immunization Days (SNIDs) are planned in February using tOPV. National Immunization Days (NIDs) are planned in March using tOPV.

WHO: Inactivated polio vaccine introduced in Iraq

Baghdad, 3 February 2016 – Immunization is one of the most important preventive health actions in children's lives as it provides protection against the most dangerous childhood diseases.

Iraqi children are set to receive protection from 6 major childhood diseases after the country's introduction of the inactivated polio vaccine (IPV) as part of its national immunization programme. It is given to children at the age of 2 months, 4 months and 6 months. The IPV is introduced as a combination vaccine that contains antigens against polio, diphtheria, tetanus, whooping cough, hepatitis B and Haemophilus influenzae type B (the bacteria that causes meningitis, pneumonia and otitis). Introduction of IPV is one of the key pillars in the global polio eradication effort, which seeks to completely eliminate this terrible disease. To date, the polio virus has been eliminated from every country except for some small areas of Afghanistan and Pakistan…

…"WHO acknowledges the Government of Iraq's commitment to childhood vaccination and supports the introduction of IPV-containing vaccine as part of the Endgame Strategic Plan for the Global Polio Eradication Initiative," said acting WHO Representative Altaf Musani.

"Polio eradication activities have pioneered multiple innovations and demonstrated that health service can, and must reach every child. The introduction of IPV into the Iraq public health structure is one step forward to ensure that Iraqi children are protected from polio, and also that they have equitable access to all health services," added Peter Hawkins, UNICEF Country Representative in Iraq.

In May 2015, Iraq was removed from the list of infected countries, a landmark achieved through the continued support of WHO, UNICEF and multiple partners in Global Polio Eradication Initiative.

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MERS-CoV [to 6 February 2016]

Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia
2 February 2016

Between 22 and 27 January 2016, the National IHR Focal Point for the Kingdom of Saudi Arabia notified WHO of 5 additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection…

…WHO remains vigilant and is monitoring the situation. Given the lack of evidence of sustained human-to-human transmission in the community, WHO does not recommend travel or trade restrictions with regard to this event. Raising awareness about MERS-CoV among travellers to and from affected countries is good public health practice.

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WHO & Regionals [to 6 February 2016]

Zero tolerance for female genital mutilation

February 2016 -- More than 125 million girls and women alive today have undergone some form of female genital mutilation. WHO opposes all forms of female genital mutilation, which can cause a wide range of both short- and long-term health risks, and which is a grave violation of the human rights of women and girls.

Weekly Epidemiological Record (WER) 5 February 2016, vol. 91, 5 (pp. 53–60) - Contents
53 Schistosomiasis: number of people treated worldwide in 2014

Disease Outbreak News (DONs)
No new reports posted.

:: WHO Regional Offices
WHO African Region AFRO
:: Dr Moeti urges vigilance amid spread of Zika virus

Brazzaville, 4 February 2016 - Countries from the WHO African Region have been urged to be watchful and prepare to tackle any signs of the Zika virus disease. The call was made by Dr

Matshidiso Moeti, the WHO Regional Director for Africa. "The most effective forms of prevention are reducing mosquito populations by eliminating their potential breeding sites, and using personal protection measures to prevent mosquito bites. I call upon countries in the Region to strengthen vector control, surveillance and laboratory detection of Zika virus disease and neurological complications, as well as public awareness", said Dr Moeti..

:: Delegates adopted recommendations on Exchange of Best Practices to Reaching Every District/Community, equity and integration of child survival interventions in ESA –

Cape Town, 29 January 2016 - The first ever workshop on Exchange of Best Practices to Reaching Every District/Community (RED/REC), equity and integration of child survival interventions in East and Southern African (ESA) jointly organized by WHO, UNICEF and JSI, MCSP/USAID, ended with delegates agreeing on recommendations to address inequities in coverage of child survival interventions and make progress towards achieving Universal Health Coverage.

One hundred forty six (146) delegates drawn from the Ministries of Health child health and immunization programmes, partner organizations namely, WHO, UNICEF, JSI/MCSP, CDC, Bill and Melinda Gates Foundation, Sabin Vaccine Institute, the Gavi Alliance and PATH agreed for WHO and partners to develop a framework for integration of child survival interventions to address inequities and make progress towards achieving Universal Health Coverage. Additionally EPI managers were called upon to use findings and recommendations from the workshop to brief their respective ministers in preparation for the impending Ministerial Conference on Immunization in Africa scheduled to take place from February 24-25 in Addis Ababa, Ethiopia…

…The meeting agreed on the following recommendations:

…Countries to further review the best practices identified, adapt and plan for use in the national context, and develop an operation framework based on the integrated RED/REC strategic approach

…The African Region and partners to adapt the current RED strategic approach guidelines to include the expansion of RED components with equity and integration

…EPI managers to brief their respective ministers on the need to capitalize on the gains and expand RED approach to address inequities before the ministerial meeting

…WHO and partners should develop a regional framework for equitable and integrated delivery of child survival interventions in order to address inequities and make progress towards achieving Universal Health Coverage…

WHO Region of the Americas PAHO

:: PAHO Director calls for political commitment and more resources to fight Zika in the Americas (02/03/2016)

:: PAHO Director to brief ministers of health on microcephaly/Zika in the Americas (02/03/2016)

:: Films with smoking scenes should be rated "R" to protect children from tobacco addiction (02/01/2016)

WHO South-East Asia Region SEARO

:: WHO calls for preventive measures against Zika virus disease

New Delhi, 02 February 2016: WHO South-East Asia Regional Director Dr Poonam Khetrapal Singh is urging countries in the Region to strengthen surveillance and take preventive measures against the Zika Virus disease which is strongly suspected to have a causal relation with clusters of microcephaly and other neurological abnormalities.

WHO has declared the recent clusters of microcephaly and other neurological abnormalities reported in the Americas region as a Public Health Emergency of International Concern.

The Zika virus is of concern in the WHO South-East Asia Region as the Aedes aegyptii mosquito, responsible for its spread, is found in many areas and there is no evidence of immunity to the Zika virus in many populations of the Region.

In the past sporadic Zika virus cases were reported from Thailand and Maldives…

WHO European Region EURO
:: Preventing cancer - The European code against cancer 04-02-2016
:: Statement - WHO urges European countries to prevent Zika virus disease spread now 03-02-2016

WHO Eastern Mediterranean Region EMRO
:: WHO calls on countries of the Region to take steps to prevent Zika virus

Cairo, 31 January 2016 -- As the Zika virus outbreak continues to spread reaching 24 countries in the Americas (as of 27 January), WHO's Regional Director for the Eastern Mediterranean Dr Ala Alwan is calling on governments to work together to keep the Region protected.

WHO Western Pacific Region
No new digest content identified.

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CDC/ACIP [to 6 February 2016]
http://www.cdc.gov/media/index.html
http://www.cdc.gov/vaccines/acip/

[see Zika coverage above which includes CDC briefing content]

ACIP Meeting - February 24, 2016 (Wednesday only)
Meeting Webcast Instructions

Registration is NOT required to watch the live meeting webcast or to listen via telephone.
DRAFT AGENDA[2 pages] (as of January 25)
Deadline for registration:
Non-US Citizens: February 3, 2016
US Citizens: February 10, 2016

More than 3 million US women at risk for alcohol-exposed pregnancy- Press Release
Tuesday, February 2, 2016

MMWR Weekly – February 5, 2016 / Vol. 65 / No. 4
http://www.cdc.gov/mmwr/index2015.html
:: National Black HIV/AIDS Awareness Day — February 7, 2016
:: Disparities in Consistent Retention in HIV Care — 11 States and the District of Columbia, 2011–2013

:: HIV Testing and Service Delivery Among Black Females — 61 Health Department Jurisdictions, United States, 2012–2014
:: Advisory Committee on Immunization Practices Recommended Immunization Schedules for Persons Aged 0 Through 18 Years — United States, 2016
:: Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2016

Surveillance of Vaccination Coverage Among Adult Populations — United States, 2014
FEBRUARY 5, 2016
Adults are recommended to receive vaccinations based on their age, underlying medical conditions, lifestyle, prior vaccinations, and other considerations. Updated vaccination recommendations from CDC are published annually in the U.S. Adult Immunization Schedule. Despite longstanding recommendations for use of many vaccines, vaccination coverage among U.S. adults is low. Data for 2014 for adult vaccination coverage in the United States indicate that aside from a few minor improvements, vaccination coverage among adults in 2014 was similar to estimates from 2013. This report represents the first comprehensive release of adult vaccination coverage data to include assessment of associations with expanded data on demographic characteristics of respondents including access to health care. These findings can be used by public health practitioners, adult vaccination providers, and the general public to better understand factors that contribute to low vaccination and modify strategies and interventions to improve vaccination coverage.

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Announcements/Milestones/Perspectives

UNICEF [to 6 February 2016]
http://www.unicef.org/media/media_89711.html
Pneumonia kills half a million children under five in sub-Saharan Africa, UNICEF says as it launches campaign to curb the disease
NEW YORK/ADDIS ABABA, Ethiopia, 31 January 2016 – UNICEF and global partners launched a campaign today urging African leaders to increase funding for pneumonia interventions and adopt policy changes to strengthen its treatment at the community level. More than 490,000 children under-five died from the disease last year in sub-Saharan Africa…
… Pneumonia kills nearly 1 million children under the age of five around the world, causing more deaths than HIV/AIDS, diarrhea and malaria combined. Progress in the fight against the disease has been slow compared to progress in other leading diseases. Childhood pneumonia deaths have fallen by just 50 per cent compared to an 85 per cent decline in measles deaths, and 60 per cent in deaths from malaria, AIDS and tetanus in the last 15 years. Funding has also remained low: For every global health dollar spent in 2011, only 2 cents went to pneumonia.
The campaign, Every Breath Counts, seeks to raise awareness among leaders, donors and policy makers of the need for increased funding and more adequate policies for pneumonia interventions. Such measures would help:
:: Prevent pneumonia by immunizing children, reducing household air pollution and improving hygiene practices;
:: Protect new born babies from pneumonia though exclusive breastfeeding;

:: Facilitate community access to effective and timely diagnosis and treatment with amoxicillin as well as oxygen for severe cases.

Every Breath Counts was launched during the African Union Summit at the General Assembly of the Organisation of African First Ladies against HIV/AIDS (OAFLA)…

Gavi [to 30 January 2016]
http://www.gavialliance.org/library/news/press-releases/
05 February 2016
Study shows near elimination of Hib disease in Kilifi region of Kenya after introduction of vaccine
Welcome Trust and Gavi funded research also shows Hib booster not needed for long-term protection.

Geneva - Research funded by the Wellcome Trust and Gavi, the Vaccine Alliance has provided compelling new evidence that three doses of Haemophilus influenzae type b (Hib) vaccine can give children in low-income countries long-lasting protection against life-threatening disease..

Published in the journal Lancet Global Health today, the study was carried out in the Kilifi region of Kenya over a period of 15 years…

Sabin Vaccine Institute [to 6 February 2016]
http://www.sabin.org/updates/ressreleases
February 3, 2016
Nepal Enacts Bill to Strengthen National Immunization Program, Reduce Dependency on External Funding
KATHMANDU, NEPAL - The Sabin Vaccine Institute (Sabin) joins global health partners around the world in congratulating Nepal on new legislation that will bolster and help sustain its national immunization program. On Jan. 26, President Bidya Devi Bhandari of Nepal signed into law, "Immunization Bill 2072," a landmark piece of legislation that will make the country's national immunization program more financially-sustainable as new, costlier vaccines are introduced.

Among its provisions, the law provides for a dedicated national immunization fund to allocate money for the immunization program. This innovative fund will include both government and private contributions. The Nepali government has already allocated 60 million Nepalese rupees, or approximately US$550,000, to the fund, which will be managed by the private sector.

Proceeds will be used to purchase vaccines and support immunization delivery. The new national immunization fund will be supplemented by another fund created by Rotary District 3292. Both funds were established to push Nepal toward full domestic financing of its immunization program and reduce dependency on external financing.

"This legislation is an important milestone for Nepal in protecting children's rights to getting quality immunization service; increasing country ownership; and sustaining the national immunization program by securing adequate funding," said the Hon. Ranju Kumari Jha, chairperson of the Nepali Parliamentary Committee on Women, Children, Senior Citizen and Social Welfare. "I hope Nepalese children will be able to receive the full benefits of our

immunization program. However, to achieve this goal, we need to work together to ensure the effective implementation of the law."

This news is particularly important to Sabin's Sustainable Immunization Financing (SIF) Program, which works in Nepal and 21 other countries to ensure increased and reliable immunization financing. The SIF Program collaborates with counterparts in government ministries and parliaments, subnational decision-makers and the private sector to develop innovative financing solutions, such as Nepal's new immunization fund.

"Work on this bill began in 2012. Nepal now joins eight other SIF countries with immunization legislation on their books," said Mike McQuestion, Ph.D., M.P.H., SIF program director. "Greater political commitment, expressed in part through laws, is building the momentum needed for countries to fully finance their immunization programs and achieve the goals set forth in the Global Vaccine Action Plan (GVAP)."…

IAVI International AIDS Vaccine Initiative [to 6 February 2016]
http://www.iavi.org/press-releases/2016
February 5, 2016
IAVI Announces Partnership in European HIV Vaccine Alliance

The International AIDS Vaccine Initiative (IAVI) is pleased to announce its partnership in the European HIV Vaccine Alliance (EHVA), a new research consortium to develop innovative HIV vaccine concepts.

Funded by a European Union grant under the Horizon 2020 health program, the consortium convenes 39 industrial and academic partners from Europe, the United States and Africa to develop innovative concepts for both prophylactic and therapeutic HIV vaccines. The effort is led by Yves Lévy, CEO of the French Institute of Health and Medical Research (INSERM), and Giuseppe Pantaleo, Executive Director of the Swiss Vaccine Research Institute at Lausanne University Hospital (CHUV). The consortium grant is supplemented with additional funding from the Swiss Government for the Swiss project partners.

IAVI will provide product development support to help the consortium's vaccine candidates to advance through clinical assessment. The IAVI Human Immunology Laboratory, a partnership with Imperial College London, will help assess immune responses induced in EHVA's clinical trials. IAVI's European regional office in Amsterdam will help coordinate the consortium's communications activities…

IVI [to 6 February 2016]
http://www.ivi.org/web/www/home
2016.02.05
Launch of New IVI: Strategic Renewal and Organizational Changes

Major exciting developments are in store for the organization. In 2015, IVI underwent a strategic renewal in which core capabilities were re-evaluated and organizational direction was redefined, with support from the Boston Consulting Group (BCG). As a result, IVI is in a much stronger position to deliver on our core mission due to the following changes:

[1] Revised mission statement to reflect our expanded focus on new and emerging diseases of global health importance such as MERS: Discover, develop, and deliver safe, effective and affordable vaccines for global public health.

[2] Articulation of a clear strategic direction that builds on our best-in-class product development and translational capabilities.

[3] Renewed focus on diseases where we have exceptional expertise and experience, including cholera, typhoid, dengue, hepatitis E, and MERS.

[4] A reorganized scientific lab structure designed to facilitate cross-departmental communication and to focus talent against highest priority activities.

[5] Streamlined core cost structure that ensures financial sustainability and operational efficiency.

[6] Strengthened relationships with funders, PDP partners and Developing Country Vaccine Manufacturers (DCVMs) that ensure that IVI will remain at the forefront of efforts to develop affordable vaccines with global, Asian and African public health importance

More information will be issued soon describing in more detail IVI's new strategy, organization, and focus on cutting-edge vaccine development and delivery. The new team and new direction will help make IVI a stronger organization to deliver greater impact in global health.

Global Fund [to 6 February 2016]
http://www.theglobalfund.org/en/news/
News

Grant to Fight TB in Southern Africa's Mining Sector

PRETORIA, February 5, 2016 - The Global Fund to Fight AIDS, Tuberculosis and Malaria and a Regional Coordinating Mechanism (RCM) representing a group of 10 Southern African countries today signed a landmark grant to pioneer innovative models to reduce high rates of TB in the mining sector.

The Grant will support potentially-transformative interventions in Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. The World Bank Group serves as the Secretariat for the RCM while the Wits Health Consortium acts as the Principal Recipient of the Grant.

"Gold miners in southern Africa have some of the highest rates of TB infection in the world, we are committed to investing vigorously to reduce rates as much as possible," said Mark Dybul, Executive Director of the Global Fund. "To end TB as an epidemic, we have to be effective here."…

Global Fund Supports Health Investment in Botswana
03 February 2016

GABORONE, Botswana - Two new grants signed today between the Global Fund and Botswana mark a new phase of partnership, with a focus on preventing, treating and caring for people affected by HIV and tuberculosis.

The financial resources provided through the Global Fund come from many sources and partners, represented today at a signing event by the United States, the United Kingdom, Japan, the European Union, Germany and France. The grants signed today total US$27 million.

"The overall goals of the grants are to achieve zero local malaria transmission or the elimination of malaria, to prevent new HIV infections, reduce morbidity and mortality as well as to enhance the psychosocial and economic impact associated with TB," said Botswana's Minister Of Health, Dorcas Makgato…

…Botswana faces high rates of HIV and TB. The HIV prevalence rate is 18.5 percent, one of the highest in the world. It also has one of the highest TB prevalence rates globally. The two diseases are highly interlinked - 60 percent of people with TB in Botswana also have HIV…

UNAIDS [to 6 February 2016]
http://www.unaids.org/en/resources/presscentre/
04 February 2016
On World Cancer Day 2016, UNAIDS calls for greater integration of health services to save women's lives
GENEVA, 4 February 2016—On World Cancer Day, UNAIDS calls for greater investment in the prevention and treatment of cervical cancer and underlines the additional benefits to be achieved for women and adolescent girls from a coordinated response to HIV and cervical cancer.

Every year, more than 500 000 women develop cervical cancer, which is caused by the human papillomavirus (HPV), and more than 250 000 women die of the disease, most of whom live in low- and middle-income countries. Yet cervical cancer is a preventable disease that can also be successfully treated if detected early. Furthermore, the relationship between HPV and HIV offers significant opportunities to reduce the impact of both viruses, since existing HIV programmes could play an important role in expanding cervical cancer prevention and treatment services. For example, every woman who tests positive for HIV should be offered cervical cancer screening and follow-up treatment if necessary; HIV testing should also be offered during cervical cancer screening…

HPV infection increases women's vulnerability to HIV transmission, while women living with HIV are four to five times more likely to develop cervical cancer than their HIV-negative peers. HPV infections are common in the general population and most people with strong immune systems will be free of them over time. However, women with weakened immune systems are less likely to clear the HPV virus and become more susceptible to developing pre-invasive lesions that can, if left untreated, quickly progress to invasive, life-threatening cancer.

Reducing preventable deaths from cervical cancer requires a comprehensive approach that delivers effective and age-appropriate programmes that include the vaccination of young adolescent girls against HPV, the screening of women at risk of developing cervical cancer, treatment of pre-cancerous cervical lesions and treatment for invasive and advanced cervical cancer, including chemotherapy and/or radiotherapy.

Industry Watch [to 6 February 2016]
04 February 2016
World Cancer Day: R&D Pharmaceutical Industry Partnerships to Enhance Access to Cancer Care
…The member companies and associations of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) endorse the efforts of the global health community to reduce incidences and death from cancer worldwide. Within our industry's Framework of Action for the Prevention and Control of Non-communicable Diseases (NCDs), IFPMA and its members are committed to supporting countries towards reaching the NCD targets of the World Health

Organization (WHO), including the target of a 25% relative reduction in premature mortality from cancer and other NCDs by 2025.

In our industry's first role as researchers and developers of medicines, IFPMA companies today work on over 3000 projects for cancer treatments. These innovative treatments come in addition to a legacy of medicines for cancer currently available in generic form. Since 1980, 83% of life expectancy gains in cancer are attributable to improved treatments…

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AERAS [to 6 February 2016]
http://www.aeras.org/pressreleases
No new digest content identified.

PATH [to 6 February 2016]
http://www.path.org/news/index.php
No new digest content identified.

European Vaccine Initiative [to 6 February 2016]
http://www.euvaccine.eu/news-events
No new digest content identified.

DCVMN [Developing Country Vaccine Manufacturers Network] [to 6 February 2016]
http://www.dcvmn.org/
No new digest content identified.

BMGF - Gates Foundation [to 6 February 2016]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

Fondation Merieux [to 6 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.

FDA [to 6 February 2016]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
No new digest content identified.

European Medicines Agency [to 6 February 2016]
http://www.ema.europa.eu/
No new digest content identified.

National Foundation for Infectious Diseases (NFID) [to 6 February 2016]
http://www.nfid.org/newsroom/press-releases
No new digest content identified.

EDCTP [to 6 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.

* * * *

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

The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises (2016)
Commission on a Global Health Risk Framework for the Future; National Academy of Medicine, Secretariat
National Research Council. Washington, DC: The National Academies Press, 2016.
doi:10.17226/21891 :: 145 pages
Pdf:
http://www.nap.edu/login.php?record_id=21891&page=http%3A%2F%2Fwww.nap.edu%2Fdownload.php%3Frecord_id%3D21891
Description

Since the 2014 Ebola outbreak many public- and private-sector leaders have seen a need for improved management of global public health emergencies. The effects of the Ebola epidemic go well beyond the three hardest-hit countries and beyond the health sector. Education, child protection, commerce, transportation, and human rights have all suffered. The consequences and lethality of Ebola have increased interest in coordinated global response to infectious threats, many of which could disrupt global health and commerce far more than the recent outbreak.

In order to explore the potential for improving international management and response to outbreaks the National Academy of Medicine agreed to manage an international, independent, evidence-based, authoritative, multistakeholder expert commission. As part of this effort, the Institute of Medicine convened four workshops in summer of 2015. This commission report considers the evidence supplied by these workshops and offers conclusions and actionable recommendations to guide policy makers, international funders, civil society organizations, and the private sector.

Announcement
How to Stop Epidemics: Spend Billions to Save Trillions
Partners in Health

Posted on February 04, 2016
Global health has occupied the news this year. In January, the World Health Organization announced an end to Ebola in West Africa, only for a new case to emerge in Sierra Leone the next day. This week, the Zika virus was declared an international public health emergency as it runs rampant in Brazil and spreads to neighboring countries.

Global health experts are not surprised. Partners In Health Co-founder Dr. Paul Farmer is among them. He and 16 others—including university presidents, finance executives, and disease control specialists—forecast in a 130-page report that pandemics are inevitable as new infectious diseases emerge alongside ever-increasing international travel and trade.

The authors, who comprise the Commission on a Global Health Risk Framework for the Future, say the solution is proper investment in countries' health systems.

This is at the core of PIH's work. Early during the Ebola crisis, Farmer said the only "formula" to counter Ebola is a "comprehensive model of prevention," meaning strong, functioning health systems that provide quality care.

The global community is learning this lesson again with the Zika virus. In Brazil, it is spreading where poverty is concentrated. Virus-carrying mosquitos breed in the stagnant water of dirty canals or the dumped garbage of shantytowns. Poor people without access to running water store their own, and are at greater risk of contracting Zika.

According to the commission, the public health community should view infectious diseases as important as other security threats. They recommend spending $4.5 billion per year on helping countries prepare for pandemics, growing funds for emergency responses, and accelerating research and development of drugs, vaccines, and diagnostics for infectious diseases. While a large figure, the commissioners say it's a wise investment—pandemics could cost the global economy $60 billion a year. A fraction of that could prevent a $6 trillion problem over the next century.

PIH has been investing in the health systems of poor countries for nearly 30 years. And we're beginning the long road to building robust health systems in West Africa, where we've been at the frontlines of the Ebola crisis since September 2014.
We believe this work—building clinics and hospitals, training nurses and doctors, conducting research, and partnering with local governments—will raise the standard of care available to poor communities. It is also the way to prevent debilitating epidemics such as Ebola and Zika in the future.

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Journal Watch

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

specifically relevant to our work. Successful access to some of the links provided may require subscription or other access arrangement unique to the publisher.

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

American Journal of Infection Control
February 2016 Volume 44, Issue 2, p125-252, e9-e14
http://www.ajicjournal.org/current
Brief Reports

Influenza vaccination competence of nurses in France: A survey in nursing schools
Lucille Desbouys, Sabine Grison, Odile Launay, Pierre Loulergue
p236–238
Published online: November 13 2015
Abstract
Since 2008, French nurses have been allowed to vaccinate against influenza without medical prescription. Our survey aimed at assessing nursing students' knowledge and perception of this prerogative. Among 213 responders, 61% were aware of this matter, and 47.5% were familiar with its requirements. Most (75.6%) were positive about it. Influenza vaccination without medical prescription is well-known and validated by nursing students. This new competence may improve vaccination coverage.

Association between early influenza vaccination and the reduction of influenza-like syndromes in health care providers
Evelyn Saadeh-Navarro, Elvira Garza-González, Raúl Gabino Salazar-Montalvo, Juan Manuel Rodríguez-López, Lidia Mendoza-Flores, Adrián Camacho-Ortiz
p250–252
Published online: November 13 2015
Abstract
A comparison of 2 different influenza seasons (2013-2014 and 2014-2015) where early vaccination among health care providers (HCPs) in the latter was the difference. Differences in leave of absence because of influenza-like illness (ILI) (52 vs 15 [total number of leave of absence issued], $P < .001$) and total days of lost work (218 vs 68, $P < .001$) were found for the 2013-2014 and 2014-2015 seasons, respectively. An association between earlier influenza vaccination among HCPs and a reduction in ILI, leave of absence, and days of lost work was found.

American Journal of Preventive Medicine
February 2016 Volume 50, Issue 2, p129-294, e33-e64
http://www.ajpmonline.org/current
[New issue; No relevant content identified]

American Journal of Public Health
Volume 106, Issue 2 (February 2016)
http://ajph.aphapublications.org/toc/ajph/current
AJPH PERSPECTIVES

Protecting Personally Identifiable Information When Using Online Geographic Tools for Public Health Research
American Journal of Public Health: February 2016, Vol. 106, No. 2: 206–208.
Michael D. M. Bader, Stephen J. Mooney, Andrew G. Rundle
[No abstract]

Integrating Systems Science and Community-Based Participatory Research to Achieve Health Equity
American Journal of Public Health: February 2016, Vol. 106, No. 2: 215–222.
Leah Frerichs, Kristen Hassmiller Lich, Gaurav Dave, Giselle Corbie-Smith
ABSTRACT
Unanswered questions about racial and socioeconomic health disparities may be addressed using community-based participatory research and systems science. Community-based participatory research is an orientation to research that prioritizes developing capacity, improving trust, and translating knowledge to action. Systems science provides research methods to study dynamic and interrelated forces that shape health disparities. Community-based participatory research and systems science are complementary, but their integration requires more research. We discuss paradigmatic, socioecological, capacity-building, colearning, and translational synergies that help advance progress toward health equity.

AJPH POLICY
Use of Fees to Discourage Nonmedical Exemptions to School Immunization Laws in US States
American Journal of Public Health: February 2016, Vol. 106, No. 2: 269–270.
John K. Billington, Saad B. Omer
Abstract
Recent outbreaks of vaccine-preventable diseases in the United States have renewed public discourse about state vaccine mandates for children entering schools. With acknowledgment of the challenge of eliminating religious and philosophical exemptions in most states, some have proposed instead to impose additional administrative burdens for parents seeking such exemptions. We review the use of taxes, fines, and fees as financial disincentives in public health. We argue that adding processing fees to a comprehensive set of administrative requirements for obtaining exemptions will avoid the use of taxpayer funding for exemption processing and will help tilt the balance of convenience in favor of vaccination.

AJPH LAW AND ETHICS
Ethics and Childhood Vaccination Policy in the United States
American Journal of Public Health: February 2016, Vol. 106, No. 2: 273–278.
Kristin S. Hendrix, Lynne A. Sturm, Gregory D. Zimet, Eric M. Meslin
Abstract
Childhood immunization involves a balance between parents' autonomy in deciding whether to immunize their children and the benefits to public health from mandating vaccines. Ethical concerns about pediatric vaccination span several public health domains, including those of policymakers, clinicians, and other professionals.
In light of ongoing developments and debates, we discuss several key ethical issues concerning childhood immunization in the United States and describe how they affect policy development and clinical practice. We focus on ethical considerations pertaining to herd

immunity as a community good, vaccine communication, dismissal of vaccine-refusing families from practice, and vaccine mandates.

Clinicians and policymakers need to consider the nature and timing of vaccine-related discussions and invoke deliberative approaches to policymaking.

American Journal of Tropical Medicine and Hygiene
February 2016; 94 (2)
http://www.ajtmh.org/content/current
Perspective Piece
Clinical Research and the Training of Host Country Investigators: Essential Health Priorities for Disease-Endemic Regions
Ousmane A. Koita, Robert L. Murphy, Saharé Fongoro, Boubakar Diallo, Seydou O. Doumbia, Moussa Traoré, and Donald J. Krogstad
Am J Trop Med Hyg 2016 94:253-257; Published online November 23, 2015, doi:10.4269/ajtmh.15-0366
Abstract
The health-care needs and resources of disease-endemic regions such as west Africa have been a major focus during the recent Ebola outbreak. On the basis of that experience, we call attention to two priorities that have unfortunately been ignored thus far: 1) the development of clinical research facilities and 2) the training of host country investigators to ensure that the facilities and expertise necessary to evaluate candidate interventions are available on-site in endemic regions when and where they are needed. In their absence, as illustrated by the recent uncertainty about the use of antivirals and other interventions for Ebola virus disease, the only treatment available may be supportive care, case fatality rates may be unacceptably high and there may be long delays between the time potential interventions become available and it becomes clear whether those interventions are safe or effective. On the basis of our experience in Mali, we urge that the development of clinical research facilities and the training of host country investigators be prioritized in disease-endemic regions such as west Africa.

Annals of Internal Medicine
2 February 2016, Vol. 164. No. 3
http://annals.org/issue.aspx
[New issue; No relevant content identified]

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
(Accessed 6 February 2016)
[No new relevant content identified]

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 6 February 2016)
Research article

Pattern of animal bites and post exposure prophylaxis in rabies: A five year study in a tertiary care unit in Sri Lanka

Rabies is a global problem which occurs in more than 150 countries and territories including Sri Lanka, where human deaths from rabies are in decline whilst resources incurred for prevention of rabies are in sharp incline over the years…

Senanayake Abeysinghe Mudiyanselage Kularatne, Dissanayake Mudiyanselage Priyantha Udaya Kumara Ralapanawa, Koasala Weerakoon, Usha Kumari Bokalamulla and Nanada Abagaspitiya
BMC Infectious Diseases 2016 16:62
Published on: 4 February 2016

Research article

Trends in genital warts by socioeconomic status after the introduction of the national HPV vaccination program in Australia: analysis of national hospital data

Human papillomavirus (HPV) vaccination targeting females 12–13 years commenced in Australia in 2007, with catch-up of females 13–26 years until the end of 2009. No analyses of HPV vaccination program impact by either socioeconomic or geographic factors have been reported for Australia… The relative reduction in genital warts appears similar in young females across different levels of disadvantage, including within and outside major cities, both for females predominantly vaccinated at school and in the community.

Megan A. Smith, Bette Liu, Peter McIntyre, Robert Menzies, Aditi Dey and Karen Canfell
BMC Infectious Diseases 2016 16:52
Published on: 1 February 2016

BMC Medical Ethics

http://www.biomedcentral.com/bmcmedethics/content
(Accessed 6 February 2016)

Research article

Exceptions to the rule of informed consent for research with an intervention

Susanne Rebers, Neil K. Aaronson, Flora E. van Leeuwen and Marjanka K. Schmidt
BMC Medical Ethics 2016 17:9
Published on: 6 F ebruary 2016

Abstract

Background
In specific situations it may be necessary to make an exception to the general rule of informed consent for scientific research with an intervention. Earlier reviews only described subsets of arguments for exceptions to waive consent.
Methods
Here, we provide a more extensive literature review of possible exceptions to the rule of informed consent and the accompanying arguments based on literature from 1997 onwards, using both Pubmed and PsycINFO in our search strategy.
Results
We identified three main categories of arguments for the acceptability of a consent waiver: data validity and quality, major practical problems, and distress or confusion of participants. Approval by a medical ethical review board always needs to be obtained. Further, we provide examples of specific conditions under which consent waiving might be allowed, such as additional privacy protection measures.
Conclusions

The reasons legitimized by the authors of the papers in this overview can be used by researchers to form their own opinion about requesting an exception to the rule of informed consent for their own study. Importantly, rules and guidelines applicable in their country, institute and research field should be followed. Moreover, researchers should also take the conditions under which they feel an exception is legitimized under consideration. After discussions with relevant stakeholders, a formal request should be sent to an IRB.

BMC Medicine
http://www.biomedcentral.com/bmcmed/content
(Accessed 6 February 2016)
Research article
Post-marketing withdrawal of 462 medicinal products because of adverse drug reactions: a systematic review of the world literature
There have been no studies of the patterns of post-marketing withdrawals of medicinal products to which adverse reactions have been attributed. We identified medicinal products that were withdrawn because of a...
Igho J. Onakpoya, Carl J. Heneghan and Jeffrey K. Aronson
BMC Medicine 2016 14:10
Published on: 4 February 2016
Abstract
Background
There have been no studies of the patterns of post-marketing withdrawals of medicinal products to which adverse reactions have been attributed. We identified medicinal products that were withdrawn because of adverse drug reactions, examined the evidence to support such withdrawals, and explored the pattern of withdrawals across countries.
Methods
We searched PubMed, Google Scholar, the WHO's database of drugs, the websites of drug regulatory authorities, and textbooks. We included medicinal products withdrawn between 1950 and 2014 and assessed the levels of evidence used in making withdrawal decisions using the criteria of the Oxford Centre for Evidence Based Medicine.
Results
We identified 462 medicinal products that were withdrawn from the market between 1953 and 2013, the most common reason being hepatotoxicity. The supporting evidence in 72 % of cases consisted of anecdotal reports. Only 43 (9.34 %) drugs were withdrawn worldwide and 179 (39 %) were withdrawn in one country only. Withdrawal was significantly less likely in Africa than in other continents (Europe, the Americas, Asia, and Australasia and Oceania). The median interval between the first reported adverse reaction and the year of first withdrawal was 6 years (IQR, 1–15) and the interval did not consistently shorten over time.
Conclusion
There are discrepancies in the patterns of withdrawal of medicinal products from the market when adverse reactions are suspected, and withdrawals are inconsistent across countries. Greater co-ordination among drug regulatory authorities and increased transparency in reporting suspected adverse drug reactions would help improve current decision-making processes.

Research article
A scoping review of competencies for scientific editors of biomedical journals

Biomedical journals are the main route for disseminating the results of health-related research. Despite this, their editors operate largely without formal training or certification. To our knowledge, no body of literature systematically identifying core competencies for scientific editors of biomedical journals exists. Therefore, we aimed to conduct a scoping review to determine what is known on the competency requirements for scientific editors of biomedical journals.
James Galipeau, Virginia Barbour, Patricia Baskin, Sally Bell-Syer, Kelly Cobey, Miranda Cumpston, Jon Deeks, Paul Garner, Harriet MacLehose, Larissa Shamseer, Sharon Straus, Peter Tugwell, Elizabeth Wager, Margaret Winker and David Moher
BMC Medicine 2016 14:16
Published on: 2 February 2016

BMC Pregnancy and Childbirth
http://www.biomedcentral.com/bmcpregnancychildbirth/content
(Accessed 6 February 2016)
[No new relevant content identified]

BMC Public Health
http://bmcpublichealth.biomedcentral.com/articles
(Accessed 6 February 2016)
Research article
Determinants of tetanus, pneumococcal and influenza vaccination in the elderly: a representative cross-sectional study on knowledge, attitude and practice (KAP)
Severity and incidence of vaccine-preventable infections with influenza viruses, s. pneumoniae and c. tetani increase with age. Furthermore, vaccine coverage in the elderly is often insufficient. The aim of this ...
Carolina J. Klett-Tammen, Gérard Krause, Linda Seefeld and Jördis J. Ott
BMC Public Health 2016 16:121
Published on: 4 February 2016
Abstract
Background
Severity and incidence of vaccine-preventable infections with influenza viruses, s. pneumoniae and c. tetani increase with age. Furthermore, vaccine coverage in the elderly is often insufficient. The aim of this study is to identify socio-economic and knowledge-, attitude- and practice- (KAP)-related determinants of vaccination against influenza, pneumococcal disease and tetanus in the older German population.
Methods
We analysed data from a German nationally representative questionnaire-based KAP-survey on infection prevention and hygiene behavior in the elderly (n = 1223). We used logistic regressions to assess impacts of socio-demographic- and KAP-related variables on vaccine uptake in general and on tetanus-, influenza- and pneumococcal vaccination. To generate KAP-scores, we applied factor analyses and analysed scores as predictors of specific vaccinations.
Results
A low rated personal health status was associated with a higher uptake of influenza vaccine whereas place of residence within Germany strongly impacted on pneumococcal vaccination. For tetanus and influenza vaccination, the strongest single vaccination predictor was attitude-

related, i.e., the perceived importance of the vaccine (OR = 18.1, 95 % CI = 4.5–71.8; OR = 23.0, 95 % CI = 14.9–35.3, respectively). Pneumococcal vaccination was mostly knowledge-associated, i.e., knowing the recommendation predicted uptake (OR = 17.1, 95 % CI = 9.5–30.7). Regarding the generated KAP-scores, the practice-score reflecting vaccine related behavior such as having a vaccination record, was predictive for all vaccines considered. The knowledge-score was associated with influenza (OR = 1.3, 95 % CI = 1.0–1.6) and pneumococcal vaccination (OR = 1.2, 95 % CI = 1.0–1.5). Uniquely for influenza vaccination, the attitude-score was linked to vaccine uptake (OR = 1.1, 95 % CI = 1.0–1.1).
Conclusions
Our results indicate that predictors of vaccination uptake in the elderly strongly depend on vaccine type and that scores of KAP are useful and valid to condense information from numerous individual KAP-variables. While awareness for vaccinations against influenza and tetanus is fairly high already it might have to be increased for vaccinations against pneumocoocal infection.

Research article

Trends in childhood pneumococcal vaccine coverage in Shanghai, China, 2005–2011: a retrospective cohort study

In China, the pneumococcal conjugate vaccine (PCV7) and the pneumococcal polysaccharide vaccine (PPSV23) are not offered under the government's Expanded Program on Immunization and are instead administered for...
Matthew L. Boulton, Nithin S. Ravi, Xiaodong Sun, Zhuoying Huang and Abram L. Wagner
BMC Public Health 2016 16:109
Published on: 2 February 2016

Abstract

Background
In China, the pneumococcal conjugate vaccine (PCV7) and the pneumococcal polysaccharide vaccine (PPSV23) are not offered under the government's Expanded Program on Immunization and are instead administered for a fee. PCV7 is more effective and covers more serotypes associated with invasive disease in children, but is also more expensive, than PPSV23. Because of their expense, there is concern that these vaccines, especially PCV7, have low uptake particularly among non-locals, migrants from outside of Shanghai. This paper characterizes the differential coverage of PCV7 and PPSV23 between locals and non-locals in Shanghai, and illustrates coverage trends over time.
Methods
In this retrospective cohort study, children born between 2005 and 2011 were sampled from the Shanghai Immunization Program Information System. Bivariate and multivariable analyses examined the relationships between demographic characteristics, residency status (non-locals vs locals), and vaccination coverage.
Results
PPSV23 coverage (29.8 %) among children over 2 years of age was higher than PCV7 coverage (10.1 %) for locals and non-locals. Uptake of PCV7 increased substantially after children were 2 years of age. Overall, non-local populations had higher PPSV23 coverage (OR: 1.34; 98 % CI: 1.22, 1.46) but lower PCV7 coverage (OR: 0.617, 98 % CI: 0.547, 0.695) than locals.
Conclusions
There is a need for increasing overall pneumococcal coverage in Shanghai children, particularly with the more effective PCV7 vaccine. Morbidity and mortality due to invasive pneumococcal

disease for children <1 year of age are unlikely to be mitigated if the current age-related vaccination patterns are not improved.

BMC Research Notes
http://www.biomedcentral.com/bmcresnotes/content
(Accessed 6 February 2016)
[No new relevant content identified]

BMJ Open
2016, Volume 6, Issue 2
http://bmjopen.bmj.com/content/current
Protocol
Development of a Health Empowerment Programme to improve the health of working poor families: protocol for a prospective cohort study in Hong Kong
Colman Siu Cheung Fung, Esther Yee Tak Yu, Vivian Yawei Guo, Carlos King Ho Wong, Kenny Kung, Sin Yi Ho, Lai Ying Lam, Patrick Ip, Daniel Yee Tak Fong, David Chi Leung Lam, William Chi Wai Wong, Sandra Kit Man Tsang, Agnes Fung Yee Tiwari, Cindy Lo Kuen Lam
BMJ Open 2016;6:e010015 doi:10.1136/bmjopen-2015-010015
Abstract
Introduction
People from working poor families are at high risk of poor health partly due to limited healthcare access. Health empowerment, a process by which people can gain greater control over the decisions affecting their lives and health through education and motivation, can be an effective way to enhance health, health-related quality of life (HRQOL), health awareness and health-seeking behaviours of these people. A new cohort study will be launched to explore the potential for a Health Empowerment Programme to enable these families by enhancing their health status and modifying their attitudes towards health-related issues. If proven effective, similar empowerment programme models could be tested and further disseminated in collaborations with healthcare providers and policymakers.
Method and analysis
A prospective cohort study with 200 intervention families will be launched and followed up for 5 years. The following inclusion criteria will be used at the time of recruitment: (1) Having at least one working family member; (2) Having at least one child studying in grades 1–3; and (3) Having a monthly household income that is less than 75% of the median monthly household income of Hong Kong families. The Health Empowerment Programme that will be offered to intervention families will comprise four components: health assessment, health literacy, self-care enablement and health ambassador. Their health status, HRQOL, lifestyle and health service utilisation will be assessed and compared with 200 control families with matching characteristics but will not receive the health empowerment intervention.
Ethics and dissemination
This project was approved by the University of Hong Kong—the Hospital Authority Hong Kong West Cluster IRB, Reference number: UW 12-517. The study findings will be disseminated through a series of peer-reviewed publications and conference presentations, as well as a yearly report to the philanthropic funding body–Kerry Group Kuok Foundation (Hong Kong) Limited.

British Medical Journal
6 February 2016 (vol 352, issue 8043)
http://www.bmj.com/content/352/8043
[New issue; No 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/
EDITORIALS
Building research and development on poverty-related diseases
John C Reeder & Winnie Mpanju-Shumbusho
doi: 10.2471/BLT.15.167072
[No abstract]

RESEARCH
Community-based surveillance of maternal deaths in rural Ghana
Joseph Adomako, Gloria Q Asare, Anthony Ofosu, Bradley E Iott, Tiffany Anthony, Andrea S Momoh, Elisa V Warner, Judy P Idrovo, Rachel Ward & Frank WJ Anderson
doi: 10.2471/B
Objective
To examine the feasibility and effectiveness of community-based maternal mortality surveillance in rural Ghana, where most information on maternal deaths usually comes from retrospective surveys and hospital records.
Methods
In 2013, community-based surveillance volunteers used a modified reproductive age mortality survey (RAMOS 4+2) to interview family members of women of reproductive age (13–49 years) who died in Bosomtwe district in the previous five years. The survey comprised four yes–no questions and two supplementary questions. Verbal autopsies were done if there was a positive answer to at least one yes–no question. A mortality review committee established the cause of death.
Findings
Survey results were available for 357 women of reproductive age who died in the district. A positive response to at least one yes–no question was recorded for respondents reporting on the deaths of 132 women. These women had either a maternal death or died within one year of termination of pregnancy. Review of 108 available verbal autopsies found that 64 women had a maternal or late maternal death and 36 died of causes unrelated to childbearing. The most common causes of death were haemorrhage (15) and abortion (14). The resulting maternal mortality ratio was 357 per 100 000 live births, compared with 128 per 100 000 live births derived from hospital records.
Conclusion
The community-based mortality survey was effective for ascertaining maternal deaths and identified many deaths not included in hospital records. National surveys could provide the information needed to end preventable maternal mortality by 2030.

Research
Drinking water and sanitation: progress in 73 countries in relation to socioeconomic indicators

Jeanne Luh & Jamie Bartram
doi: 10.2471/BLT.15.162974
Objective
To assess progress in the provision of drinking water and sanitation in relation to national socioeconomic indicators.
Methods
We used household survey data for 73 countries – collected between 2000 and 2012 – to calculate linear rates of change in population access to improved drinking water (n = 67) and/or sanitation (n = 61). To enable comparison of progress between countries with different initial levels of access, the calculated rates of change were normalized to fall between –1 and 1. In regression analyses, we investigated associations between the normalized rates of change in population access and national socioeconomic indicators: gross national income per capita, government effectiveness, official development assistance, freshwater resources, education, poverty, Gini coefficient, child mortality and the human development index.
Findings
The normalized rates of change indicated that most of the investigated countries were making progress towards achieving universal access to improved drinking water and sanitation. However, only about a third showed a level of progress that was at least half the maximum achievable level. The normalized rates of change did not appear to be correlated with any of the national indicators that we investigated.
Conclusion
In many countries, the progress being made towards universal access to improved drinking water and sanitation is falling well short of the maximum achievable level. Progress does not appear to be correlated with a country's social and economic characteristics. The between-country variations observed in such progress may be linked to variations in government policies and in the institutional commitment and capacity needed to execute such policies effectively.

PERSPECTIVES

The use of mobile phones in polio eradication

Abdul Momin Kazi & Lubna Ashraf Jafri
doi: 10.2471/BLT.15.163683
[No abstract]

Clinical Infectious Diseases (CID)
Volume 62 Issue 3 February 1, 2016
http://cid.oxfordjournals.org/content/current
[Reviewed earlier]

Clinical Therapeutics
January 2016 Volume 38, Issue 1, p1-232
http://www.clinicaltherapeutics.com/current
[Reviewed earlier]

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January/February 2016 Volume 21, Issue 3 Pages 1–88

http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.3/issuetoc
[Reviewed earlier]

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http://www.conflictandhealth.com/
[Accessed 6 February 2016]
[No new content]

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Volume 46, Pages 1-122 (January 2016)
http://www.sciencedirect.com/science/journal/15517144/46
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http://www.resource-allocation.com/
(Accessed 6 February 2016)
[No new relevant content identified]

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February 2016 - Volume 29 - Issue 1 pp: v-vi,1-98
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
[Reviewed earlier]

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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 1, 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 1—January 2016

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[Reviewed earlier]

Epidemics
Volume 15, In Progress (June 2016)
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Volume 144 - Issue 02 - January 2016
http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue
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Volume 25, Issue 6, 1 December 2015
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Eurosurveillance
Volume 21, Issue 5, 04 February 2016
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Research Articles
Evaluation of a temporary vaccination recommendation in response to an outbreak of invasive meningococcal serogroup C disease in men who have sex with men in Berlin, 2013–2014
by J Koch, W Hellenbrand, S Schink, O Wichmann, A Carganico, J Drewes, M Kruspe, M Suckau, H Claus, U Marcus

News
Resources and latest news about Zika virus disease available from ECDC
by Eurosurveillance editorial team

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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 6 February 2016]
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Volume 11, Issue 3, 2016
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January 2016; Volume 35, Issue 1
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[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
Original Articles
Editor's Choice: The free health care initiative: how has it affected health workers in Sierra Leone?
Sophie Witter, Haja Wurie, and Maria Paola Bertone
Health Policy Plan. (2016) 31 (1): 1-9 doi:10.1093/heapol/czv006
Abstract
There is an acknowledged gap in the literature on the impact of fee exemption policies on health staff, and, conversely, the implications of staffing for fee exemption. This article draws from five research tools used to analyse changing health worker policies and incentives in post-war Sierra Leone to document the effects of the Free Health Care Initiative (FHCI) of 2010 on health workers.

Data were collected through document review (57 documents fully reviewed, published and grey); key informant interviews (23 with government, donors, NGO staff and consultants); analysis of human resource data held by the MoHS; in-depth interviews with health workers (23 doctors, nurses, mid-wives and community health officers); and a health worker survey (312 participants, including all main cadres). The article traces the HR reforms which were triggered by the FHCI and evidence of their effects, which include substantial increases in number and pay (particularly for higher cadres), as well as a reported reduction in absenteeism and attrition, and an increase (at least for some areas, where data is available) in outputs per health worker. The findings highlight how a flagship policy, combined with high profile support and financial and technical resources, can galvanize systemic changes. In this regard, the story of Sierra Leone differs from many countries introducing fee exemptions, where fee exemption has been a stand-alone programme, unconnected to wider health system reforms. The challenge will be sustaining the momentum and the attention to delivering results as the FHCI ceases to be an initiative and becomes just 'business as normal'. The health system in Sierra Leone was fragile and conflict-affected prior to the FHCI and still faces significant challenges, both in human resources for health and more widely, as vividly evidenced by the current Ebola crisis

Developing a holistic policy and intervention framework for global mental health

Akwatu Khenti, Stéfanie Fréel, Ruth Trainor, Sirad Mohamoud, Pablo Diaz, Erica Suh, Sireesha J Bobbili, and Jaime C Sapag

Health Policy Plan. (2016) 31 (1): 37-45 doi:10.1093/heapol/czv016

Abstract

Introduction: There are significant gaps in the accessibility and quality of mental health services around the globe. A wide range of institutions are addressing the challenges, but there is limited reflection and evaluation on the various approaches, how they compare with each other, and conclusions regarding the most effective approach for particular settings. This article presents a framework for global mental health capacity building that could potentially serve as a promising or best practice in the field. The framework is the outcome of a decade of collaborative global health work at the Centre for Addiction and Mental Health (CAMH) (Ontario, Canada). The framework is grounded in scientific evidence, relevant learning and behavioural theories and the underlying principles of health equity and human rights.

Methods: Grounded in CAMH's research, programme evaluation and practical experience in developing and implementing mental health capacity building interventions, this article presents the iterative learning process and impetus that formed the basis of the framework. A developmental evaluation (Patton M.2010. Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use. New York: Guilford Press.) approach was used to build the framework, as global mental health collaboration occurs in complex or uncertain environments and evolving learning systems.

Results: A multilevel framework consists of five central components: (1) holistic health, (2) cultural and socioeconomic relevance, (3) partnerships, (4) collaborative action-based education and learning and (5) sustainability. The framework's practical application is illustrated through the presentation of three international case studies and four policy implications. Lessons learned, limitations and future opportunities are also discussed.

Conclusion: The holistic policy and intervention framework for global mental health reflects an iterative learning process that can be applied and scaled up across different settings through appropriate modifications.

Two decades of maternity care fee exemption policies in Ghana: have they benefited the poor?
Fiifi Amoako Johnson, Faustina Frempong-Ainguah, and Sabu S Padmadas
Health Policy Plan. (2016) 31 (1): 46-55 doi:10.1093/heapol/czv017

Health Research Policy and Systems
http://www.health-policy-systems.com/content
[Accessed 6 February 2016]
[No new content]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 12, Issue 1, 2016
http://www.tandfonline.com/toc/khvi20/current
Research Papers
How university students view human papillomavirus (HPV) vaccination: A cross-sectional study in Jinan, China
pages 39-46
DOI:10.1080/21645515.2015.1072667
Huachun Zou, Wei Wang, Yuanyuan Ma, Yongjie Wang, Fanghui Zhao, Shaoming Wang, Shaokai Zhang & Wei Ma
Abstract
The acceptability of HPV vaccination among university students in China is not well understood. Our study was of cross-sectional study design. We collected a questionnaire about socio-demographic characteristics, knowledge of, attitude toward and acceptability of HPV vaccination. A total of 351 students were included in data analyses, among whom 47.6% were males and 70.0% aged 19–21. Only 10.3% had previously heard of HPV and 5.4% HPV vaccine. Male and female students were equally likely to accept HPV vaccine (71.8 vs 69.4%, p = 0.634) and recommend it to sexual partners (73.1 vs 76.7%, p = 0.441). The great majority of students could only afford RMB 300 (USD 50) or less for HPV vaccination. HPV vaccination acceptance was associated with being in year-one (Adjusted odds ratio (AOR) = 3.78, 95% confidence interval (CI): 2.12–6.75), being from a key university (AOR = 1.88, 95%CI: 1.07–3.31), having heard of HPV-related morbidities (AOR = 1.88, 95% CI: 1.05–3.35), being concerned about HPV-related morbidities (AOR = 2.23, 95% CI: 1.16–4.27) and believing the vaccine should be given before first sexual contact (AOR = 2.44, 95% CI: 1.38–4.29). Female students were more likely to anticipate a late uptake of HPV vaccination (p = 0.002). The relatively lower levels of HPV knowledge but higher levels of vaccine acceptance among undergraduates highlighted the need for education on the roles of sexual behaviors in HPV transmission.

Short Report
Parent HPV vaccine perspectives and the likelihood of HPV vaccination of adolescent males
pages 47-51
DOI:10.1080/21645515.2015.1073426
Sarah J Clark, Anne E Cowan, Stephanie L Filipp, Allison M Fisher & Shannon Stokley

Abstract
In 2013, approximately one-third of US adolescent males age 13–17 y had received ≥1 doses of HPV vaccines and only 14% had received ≥3 doses. This study used a nationally representative, online survey to explore experiences and attitudes related to HPV vaccination among parents with adolescent sons. Analyses compared the perspective of parents who do not intend to initiate HPV vaccine for ≥1 adolescent son to that of parents who are likely to initiate or continue HPV vaccination. Of 809 parents of sons age 11–17 years, half were classified as Unlikely to Initiate HPV vaccination and 39% as Likely to Vaccinate. A higher proportion of the Likely to Vaccinate group felt their son's doctor was knowledgeable about HPV vaccine, did a good job explaining its purpose, and spent more time discussing HPV vaccine; in contrast, over half of the Unlikely to Initiate group had never discussed HPV vaccine with their child's doctor. The majority of parents in both groups showed favorable attitudes to adolescent vaccination in general, with lower levels of support for HPV vaccine-specific statements. Physician-parent communication around HPV vaccine for adolescent males should build on positive attitude toward vaccines in general, while addressing parents' HPV vaccine-specific concerns.

Perspectives on benefit-risk decision-making in vaccinology: Conference report
pages 176-181
DOI:10.1080/21645515.2015.1075679
M Greenberg, F Simondon & M Saadatian-Elahi on behalf of the Benefit/risk conference steering committee
Abstract
Benefit/risk (B/R) assessment methods are increasingly being used by regulators and companies as an important decision-making tool and their outputs as the basis of communication. B/R appraisal of vaccines, as compared with drugs, is different due to their attributes and their use. For example, vaccines are typically given to healthy people, and, for some vaccines, benefits exist both at the population and individual level. For vaccines in particular, factors such as the benefit afforded through herd effects as a function of vaccine coverage and consequently impact the B/R ratio, should also be taken into consideration and parameterized in B/R assessment models. Currently, there is no single agreed methodology for vaccine B/R assessment that can fully capture all these aspects. The conference "Perspectives on Benefit-Risk Decision-making in Vaccinology," held in Annecy (France), addressed these issues and provided recommendations on how to advance the science and practice of B/R assessment of vaccines and vaccination programs.

Commentary
HIV vaccine: Can it be developed in the 21st century?
pages 222-224
DOI:10.1080/21645515.2015.1064571
Ramesh Verma, Pardeep Khanna, Suraj Chawla & Mukesh Dhankar
Abstract
HIV infection is a major public health problem especially in the developing countries. Once a person infects with HIV, it remained infected for lifelong. The advanced stage developed after 10–15 y of HIV infection that stage is called acquired immunodeficiency syndrome (AIDS). From 1990 to 2000 the number of people living with HIV rose from 8 million to 27 million; since the beginning of the HIV/AIDS epidemic, AIDS has claimed almost 39million lives so far. Till now,

there is no cure for HIV infection; however, after the introduction of effective treatment with antiretroviral (ARV) drugs the HIV individual can enjoy healthy and productive lives. Vaccine is safe and cost-effective to prevent illness, impairment, disability and death. Like other vaccines, a preventive HIV vaccine could help save millions of lives. All vaccines work the same way i.e. the antigen stimulate the immune system and develop antibodies. The ultimate goal is to develop a safe and effective vaccine that protects people worldwide from getting infected with HIV. However, some school of thought that vaccine may protects only some HIV people, it could have a major impact on the rates of transmission of HIV and this will help in control of epidemic, especially in populations where high rate of HIV transmission. In the past, some scientist doubted on the development of an effective polio vaccine, but now we are near to eradicate the polio from the world this is possible because of successful vaccination programmes. HIV vaccine research is aided by the not-for-profit International AIDS/HIV vaccine Initiative (IAVI), which helps to support and coordinate vaccine research, development, policy and advocacy around the world. Although the challenges for scientist are intimidating but scientists remain hopeful that they can develop safe and effective HIV vaccines for patients in future.

Obtaining consent for the immunization of adults
pages 231-234
DOI:10.1080/21645515.2015.1091132
Richard Griffith
Abstract
Effective immunization in adults is a desired health outcome, however it is not mandatory. Immunization of adults must be undertaken in accordance with a patient's real and informed consent. This paper discusses requirements for the lawful administration of an immunization to both capable and incapable adults.

Commentary
Ensuring excellence in immunization services
pages 252-254
DOI:10.1080/21645515.2015.1093262
Pauline MacDonald
Abstract
In order to increase uptake of measles, mumps and rubella (MMR) vaccine, a domiciliary immunization service was established in Dudley primary care trust in England in 2010. Parents of unimmunized children were offered vaccines at home. Uptake of MMR vaccine among 2 year olds rose from 89% in 2007/08 to 96.9% in 2015. Children were also given any other outstanding immunizations. The domiciliary immunization service reached vulnerable unimmunized children who may otherwise have remained unprotected against life threatening childhood illnesses. Domiciliary immunization service was set up in 2010 to reduce inequalities in uptake of MMR vaccine among children aged between 2 and 5 years.

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]

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[Accessed 6 February 2016]
[No new relevant content]

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http://www.idpjournal.com/content
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Volume 8 Issue 1 January 2016
http://inthealth.oxfordjournals.org/content/current
[Reviewed earlier]

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Volume 44 Issue 6 December 2015
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[Reviewed earlier]

International Journal of Infectious Diseases
January 2016 Volume 42, p1-74
http://www.ijidonline.com/issue/S1201-9712%2815%29X0012-9
[Reviewed earlier]

JAMA
February 2, 2016, Vol 315, No. 5
http://jama.jamanetwork.com/issue.aspx
Editorial
Sharing Clinical Trial Data: A Proposal From the International Committee of Medical Journal Editors
FREE
Darren B. Taichman, MD, PhD; Joyce Backus, MSLS; Christopher Baethge, MD; Howard Bauchner, MD; Peter W. de Leeuw, MD; Jeffrey M. Drazen, MD; John Fletcher, MB, BChir, MPH; Frank A. Frizelle, MBChB, FRACS; Trish Groves, MBBS, MRCPsych; Abraham Haileamlak, MD; Astrid James, MBBS; Christine Laine, MD, MPH; Larry Peiperl, MD; Anja Pinborg, MD; Peush Sahni, MBBS, MS, PhD; Sinan Wu, MD

JAMA Pediatrics
February 2016, Vol 170, No. 2
http://archpedi.jamanetwork.com/issue.aspx
Viewpoint
Sepsis and the Global Burden of Disease in Children
Niranjan Kissoon, MD, FRCPC; Timothy M. Uyeki, MD, MPH, MPP
Initial text
This Viewpoint discusses the impact of sepsis on childhood mortality worldwide. In 2010, an estimated 25% of disability-adjusted life-years—a metric that incorporates premature death by years of life lost and years lived with disability—and 13% of all deaths worldwide were in children younger than 5 years.1,2 While reductions in mortality in children younger than 5 years have occurred in many countries since 1990, mortality increased in young children in some parts of sub-Saharan Africa, with severe infections leading to sepsis being a major contributor.1 For instance, in the neonatal period, diarrhea, lower respiratory tract infections, and meningitis were important contributors to mortality in 2010, while in the postneonatal period, nearly 1 million estimated deaths (half of all deaths) were due to lower respiratory tract infections (respiratory syncytial virus, Haemophilus influenzae type B, Streptococcus pneumoniae), diarrheal diseases (rotavirus, Cryptosporidium), and malaria.2 Other infectious causes of death in children younger than 5 years were measles, pertussis, and human immunodeficiency virus/AIDS. We suggest that sepsis-related pediatric deaths are substantially underestimated and that efforts are needed to better assess the impact of sepsis on childhood mortality worldwide…

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
January 2016, Volume 70, Issue 1
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[Reviewed earlier]

Journal of Global Ethics
Volume 11, Issue 3, 2015
http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L0I#.VAJEj2N4WF8
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[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)
October-December 2015 Volume 7 | Issue 4 Page Nos. 125-174
http://www.jgid.org/currentissue.asp?sabs=n
[Reviewed earlier]

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

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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
Research ethics
Paper: Obtaining informed consent for genomics research in Africa: analysis of H3Africa consent documents
Nchangwi Syntia Munung, Patricia Marshall, Megan Campbell, Katherine Littler, Francis Masiye, Odile Ouwe-Missi-Oukem-Boyer, Janet Seeley, D J Stein, Paulina Tindana, Jantina de Vries
J Med Ethics 2016;42:132-137 Published Online First: 7 December 2015 doi:10.1136/medethics-2015-102796
Abstract
Background

The rise in genomic and biobanking research worldwide has led to the development of different informed consent models for use in such research. This study analyses consent documents used by investigators in the H3Africa (Human Heredity and Health in Africa) Consortium.
Methods
A qualitative method for text analysis was used to analyse consent documents used in the collection of samples and data in H3Africa projects. Thematic domains included type of consent model, explanations of genetics/genomics, data sharing and feedback of test results.
Results
Informed consent documents for 13 of the 19 H3Africa projects were analysed. Seven projects used broad consent, five projects used tiered consent and one used specific consent. Genetics was mostly explained in terms of inherited characteristics, heredity and health, genes and disease causation, or disease susceptibility. Only one project made provisions for the feedback of individual genetic results.
Conclusion
H3Africa research makes use of three consent models—specific, tiered and broad consent. We outlined different strategies used by H3Africa investigators to explain concepts in genomics to potential research participants. To further ensure that the decision to participate in genomic research is informed and meaningful, we recommend that innovative approaches to the informed consent process be developed, preferably in consultation with research participants, research ethics committees and researchers in Africa.

Journal of Medical Microbiology
Volume 65, Issue 1, January 2016
http://jmm.microbiologyresearch.org/content/journal/jmm/65/1;jsessionid=1o1f1v54ood8i.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 4 Issue 4 December 2015
http://jpids.oxfordjournals.org/content/current
[Reviewed earlier]

Journal of Pediatrics
January 2016 Volume 168, p1-258
http://www.jpeds.com/current
[Reviewed earlier]

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
[New issue; No relevant content]

The Lancet
Feb 06, 2016 Volume 387 Number 10018 p505-618 e13-e19
http://www.thelancet.com/journals/lancet/issue/current
Series
Ending preventable stillbirths
Stillbirths: progress and unfinished business
J Frederik Frøen, Ingrid K Friberg, Joy E Lawn, Zulfiqar A Bhutta, Robert C Pattinson, Emma R Allanson, Vicki Flenady, Elizabeth M McClure, Lynne Franco, Robert L Goldenberg, Mary V Kinney, Susannah Hopkins Leisher, Catherine Pitt, Monir Islam, Ajay Khera, Lakhbir Dhaliwal, Neelam Aggarwal, Neena Raina, Marleen Temmerman, The Lancet Ending Preventable Stillbirths Series study group
Summary
This first paper of the Lancet Series on ending preventable stillbirths reviews progress in essential areas, identified in the 2011 call to action for stillbirth prevention, to inform the integrated post-2015 agenda for maternal and newborn health. Worldwide attention to babies who die in stillbirth is rapidly increasing, from integration within the new Global Strategy for Women's, Children's and Adolescents' Health, to country policies inspired by the Every Newborn Action Plan. Supportive new guidance and metrics including stillbirth as a core health indicator and measure of quality of care are emerging. Prenatal health is a crucial biological foundation to life-long health. A key priority is to integrate action for prenatal health within the continuum of care for maternal and newborn health. Still, specific actions for stillbirths are needed for advocacy, policy formulation, monitoring, and research, including improvement in the dearth of data for effective coverage of proven interventions for prenatal survival. Strong leadership is needed worldwide and in countries. Institutions with a mandate to lead global efforts for mothers and their babies must assert their leadership to reduce stillbirths by promoting healthy and safe pregnancies.

Ending preventable stillbirths
Stillbirths: rates, risk factors, and acceleration towards 2030
Joy E Lawn, Hannah Blencowe, Peter Waiswa, Agbessi Amouzou, Colin Mathers, Dan Hogan, Vicki Flenady, J Frederik Frøen, Zeshan U Qureshi, Claire Calderwood, Suhail Shiekh, Fiorella

Bianchi Jassir, Danzhen You, Elizabeth M McClure, Matthews Mathai, Simon Cousens, Lancet Ending Preventable Stillbirths Series study group, The Lancet Stillbirth Epidemiology investigator group

Summary

An estimated 2·6 million third trimester stillbirths occurred in 2015 (uncertainty range 2·4–3·0 million). The number of stillbirths has reduced more slowly than has maternal mortality or mortality in children younger than 5 years, which were explicitly targeted in the Millennium Development Goals. The Every Newborn Action Plan has the target of 12 or fewer stillbirths per 1000 births in every country by 2030. 94 mainly high-income countries and upper middle-income countries have already met this target, although with noticeable disparities. At least 56 countries, particularly in Africa and in areas affected by conflict, will have to more than double present progress to reach this target. Most (98%) stillbirths are in low-income and middle-income countries. Improved care at birth is essential to prevent 1·3 million (uncertainty range 1·2–1·6 million) intrapartum stillbirths, end preventable maternal and neonatal deaths, and improve child development. Estimates for stillbirth causation are impeded by various classification systems, but for 18 countries with reliable data, congenital abnormalities account for a median of only 7·4% of stillbirths. Many disorders associated with stillbirths are potentially modifiable and often coexist, such as maternal infections (population attributable fraction: malaria 8·0% and syphilis 7·7%), non-communicable diseases, nutrition and lifestyle factors (each about 10%), and maternal age older than 35 years (6·7%). Prolonged pregnancies contribute to 14·0% of stillbirths. Causal pathways for stillbirth frequently involve impaired placental function, either with fetal growth restriction or preterm labour, or both. Two-thirds of newborns have their births registered. However, less than 5% of neonatal deaths and even fewer stillbirths have death registration. Records and registrations of all births, stillbirths, neonatal, and maternal deaths in a health facility would substantially increase data availability. Improved data alone will not save lives but provide a way to target interventions to reach more than 7000 women every day worldwide who experience the reality of stillbirth.

Ending preventable stillbirths

Stillbirths: economic and psychosocial consequences

Alexander E P Heazell, Dimitrios Siassakos, Hannah Blencowe, Christy Burden, Zulfiqar A Bhutta, Joanne Cacciatore, Nghia Dang, Jai Das, Vicki Flenady, Katherine J Gold, Olivia K Mensah, Joseph Millum, Daniel Nuzum, Keelin O'Donoghue, Maggie Redshaw, Arjumand Rizvi, Tracy Roberts, H E Toyin Saraki, Claire Storey, Aleena M Wojcieszek, Soo Downe, The Lancet Ending Preventable Stillbirths Series study group, The Lancet Ending Preventable Stillbirths investigator group

Summary

Despite the frequency of stillbirths, the subsequent implications are overlooked and underappreciated. We present findings from comprehensive, systematic literature reviews, and new analyses of published and unpublished data, to establish the effect of stillbirth on parents, families, health-care providers, and societies worldwide. Data for direct costs of this event are sparse but suggest that a stillbirth needs more resources than a livebirth, both in the perinatal period and in additional surveillance during subsequent pregnancies. Indirect and intangible costs of stillbirth are extensive and are usually met by families alone. This issue is particularly onerous for those with few resources. Negative effects, particularly on parental mental health, might be moderated by empathic attitudes of care providers and tailored interventions. The value of the baby, as well as the associated costs for parents, families, care providers,

communities, and society, should be considered to prevent stillbirths and reduce associated morbidity.

The Lancet Infectious Diseases
Feb 2016 Volume 16 Number 2 p131-264 e10-e21
http://www.thelancet.com/journals/laninf/issue/current
Editorial
Guinea worm disease nears eradication
The Lancet Infectious Diseases
DOI: http://dx.doi.org/10.1016/S1473-3099(16)00020-7
Summary
Only two infectious diseases have ever been eradicated: smallpox, of which the last naturally transmitted case occurred in 1977, and rinderpest, a disease of cattle and related ungulates, officially declared eradicated in 2011. This year might see a remarkable doubling in the list of eradicated diseases, with both polio (about which we wrote in the August, 2015, issue) and guinea worm no longer being naturally transmitted.

Comment
Long-term protectiveness of BCG
Giovanni Sotgiu, Giovanni Battista Migliori
Published Online: 18 November 2015
DOI: http://dx.doi.org/10.1016/S1473-3099(15)00414-4
Summary
WHO has launched the End TB Strategy, which contains several elements supporting tuberculosis elimination.1–3 Pillar 1 consists of two tuberculosis prevention interventions: first, diagnosis and treatment of latent tuberculosis infection and, second, vaccination. A new, more effective vaccine is expected by 2025,2 but in the meantime, we still rely on BCG, which is more than a century old.4 Epidemiological studies of the BCG vaccine carried out in the past were not designed to provide high-quality evidence in the way that we define it today (ie, multicentre, randomised, double-blind, placebo-controlled clinical trials).

Articles
Duration of BCG protection against tuberculosis and change in effectiveness with time since vaccination in Norway: a retrospective population-based cohort study
Patrick Nguipdop-Djomo, Einar Heldal, Laura Cunha Rodrigues, Ibrahim Abubakar, Punam Mangtani
Summary
Background
Little is known about how long the BCG vaccine protects against tuberculosis. We assessed the long-term vaccine effectiveness (VE) in Norwegian-born individuals.
Methods
In this retrospective population-based cohort study, we studied Norwegian-born individuals aged 12–50 years who were tuberculin skin test (TST) negative and eligible for BCG vaccination as part of the last round of Norway's mandatory mass tuberculosis screening and BCG vaccination programme between 1962 and 1975. We excluded individuals who had tuberculosis before or in the year of screening and those with unknown TST and BCG status. We obtained TST and BCG information and linked it to the National Tuberculosis Register, population and

housing censuses, and the population register for emigrations and deaths. We followed individuals up to their first tuberculosis episode, emigration, death, or Dec 31, 2011. We used Cox regressions to estimate VE against all tuberculosis and just pulmonary tuberculosis by time since vaccination, adjusted for age, time, county-level tuberculosis rates, and demographic and socioeconomic indicators.
Findings
Median follow-up was 41 years (IQR 32–49) for 83 421 BCG-unvaccinated and 44 years (41–46) for 297 905 vaccinated individuals, with 260 tuberculosis episodes. Tuberculosis rates were 3·3 per 100 000 person-years in unvaccinated and 1·3 per 100 000 person-years in vaccinated individuals. The adjusted average VE during 40 year follow-up was 49% (95% CI 26–65), although after 20 years, the VE was not significant (up to 9 years VE [excluding tuberculosis episodes in the first 2 years] 61% [95% CI 24–80]; 10–19 years 58% [27–76]; 20–29 years 38% [–32 to 71]; 30–40 years 42% [–24 to 73]). VE against pulmonary tuberculosis up to 9 years (excluding tuberculosis episodes in the first 2 years) was 67% (95% CI 27–85), 10–19 years was 63% (32–80), 20–29 years was 50% (−19 to 79), and 30–40 years was 40% (−46 to 76).
Interpretation
Findings are consistent with long-lasting BCG protection, but waning of VE with time. The vaccine could be more cost effective than has been previously estimated
Funding
Norwegian Institute of Public Health and London School of Hygiene & Tropical Medicine.

Personal View
Interventions to reduce zoonotic and pandemic risks from avian influenza in Asia
J S Malik Peiris, Benjamin J Cowling, Joseph T Wu, Luzhao Feng, Yi Guan, Hongjie Yu, Gabriel M Leung

Ebola: lessons learned and future challenges for Europe
GianLuca Quaglio, Charles Goerens, Giovanni Putoto, Paul Rübig, Pierre Lafaye, Theodoros Karapiperis, Claudio Dario, Paul Delaunois, Rony Zachariah
259

Maternal and Child Health Journal
Volume 20, Issue 2, February 2016
http://link.springer.com/journal/10995/20/2/page/1
Original Paper
Assessing the Continuum of Care Pathway for Maternal Health in South Asia and Sub-Saharan Africa
Kavita Singh, William T. Story, Allisyn C. Moran
Abstract
Objective
We assess how countries in regions of the world where maternal mortality is highest—South Asia and Sub-Saharan Africa—are performing with regards to providing women with vital elements of the continuum of care.
Methods
Using recent Demographic and Health Survey data from nine countries including 18,036 women, descriptive and multilevel regression analyses were conducted on four key elements of

the continuum of care—at least one antenatal care visit, four or more antenatal care visits, delivery with a skilled birth attendant and postnatal checks for the mother within the first 24 h since birth. Family planning counseling within a year of birth was also included in the descriptive analyses.
Results
Results indicated that a major drop-out (>50 %) occurs early on in the continuum of care between the first antenatal care visit and four or more antenatal care visits. Few women (<5 %) who do not receive any antenatal care go on to have a skilled delivery or receive postnatal care. Women who receive some or all the elements of the continuum of care have greater autonomy and are richer and more educated than women who receive none of the elements.
Conclusion
Understanding where drop-out occurs and who drops out can enable countries to better target interventions. Four or more ANC visits plays a pivotal role within the continuum of care and warrants more programmatic attention. Strategies to ensure that vital services are available to all women are essential in efforts to improve maternal health.

Original Paper
Differences in Human Papillomavirus Vaccination Among Adolescent Girls in Metropolitan Versus Non-metropolitan Areas: Considering the Moderating Roles of Maternal Socioeconomic Status and Health Care Access
Shannon M. Monnat, Danielle C. Rhubart…
Abstract
Objectives This study is among the first to examine metropolitan status differences in human papillomavirus (HPV) vaccine initiation and completion among United States adolescent girls and is unique in its focus on how maternal socioeconomic status and health care access moderate metropolitan status differences in HPV vaccination. Methods Using cross-sectional data from 3573 girls aged 12–17 in the U.S. from the 2008–2010 Behavioral Risk Factor Surveillance System, we estimate main and interaction effects from binary logistic regression models to identify subgroups of girls for which there are metropolitan versus non-metropolitan differences in HPV vaccination. Results Overall 34 % of girls initiated vaccination, and 19 % completed all three shots. On average, there were no metropolitan status differences in vaccination odds. However, there were important subgroup differences. Among low-income girls and girls whose mothers did not complete high school, those in non-metropolitan areas had significantly higher probability of vaccine initiation than those in metropolitan areas. Among high-income girls and girls whose mothers completed college, those in metropolitan areas had significantly higher odds of vaccine initiation than those in non-metropolitan areas. Moreover, among girls whose mothers experienced a medical cost barrier, non-metropolitan girls were less likely to initiate vaccination compared to metropolitan girls. Conclusions Mothers remain essential targets for public health efforts to increase HPV vaccination and combat cervical cancer. Public health experts who study barriers to HPV vaccination and physicians who come into contact with mothers should be aware of group-specific barriers to vaccination and employ more tailored efforts to increase vaccination.

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

[New issue; No relevant content identified]

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
[New issue; No relevant content identified]

Nature
Volume 530 Number 7588 pp6-124 4 February 2016
http://www.nature.com/nature/current_issue.html
Editorials
The next steps on Zika
With birth defects blamed on the virus now deemed a matter of international concern, researchers must work fast to assess the extent of the threat.

Nature Medicine
January 2016, Volume 22 No 1 pp1-113
http://www.nature.com/nm/journal/v22/n1/index.html
[Reviewed earlier]

Nature Reviews Immunology
February 2016, Volume 22 No 2 pp115-217
http://www.nature.com/nm/journal/v22/n2/index.html
[New issue; No relevant content identified]

New England Journal of Medicine
February 4, 2016 Vol. 374 No. 5
http://www.nejm.org/toc/nejm/medical-journal
[New issue; No relevant content identified]

Pediatrics
January 2016, VOLUME 137 / ISSUE 1
http://pediatrics.aappublications.org/content/137/1?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 1, January 2016
http://link.springer.com/journal/40273/33/12/page/1
Editorial
Health Technology Assessment as a Priority-Setting Tool for Universal Health Coverage: The Call for Global Action at the Prince Mahidol Award Conference 2016
Yot Teerawattananon, Alia Luz
[No abstract]

PLOS Currents: Disasters
http://currents.plos.org/disasters/
[Accessed 6 February 2016]
[No new relevant content]

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
(Accessed 6 February 2016)
Residency Training at the Front of the West African Ebola Outbreak: Adapting for a Rare Opportunity
February 2, 2016 · Discussion
Medical trainees face multiple barriers to participation in major outbreak responses such as that required for Ebola Virus Disease through 2014-2015 in West Africa. Hurdles include fear of contracting and importing the disease, residency requirements, scheduling conflicts, family obligations and lack of experience and maturity. We describe the successful four-week deployment to Liberia of a first year infectious diseases trainee through the mechanism of the Global Outbreak Alert and Response Network of the World Health Organization. The posting received prospective approval from the residency supervisory committees and employing hospital management and was designed with components fulfilling the Accreditation Council for Graduate Medical Education (ACGME) core competencies. It mirrored conventional training with regards to learning objectives, supervisory framework and assessment methods. Together with Centers for Disease Control and Prevention and many other partners, the team joined the infection prevention and control efforts in Monrovia. Contributions were made to a 'ring fencing' infection control approach that was being introduced, including enhancement of triage, training and providing supplies in high priority health-care facilities in the capital and border zones. In addition the fellow produced an electronic database that enabled monitoring infection control standards in health facilities. This successful elective posting illustrates that quality training can be achieved, even in the most challenging environments, with support from the pedagogic and sponsoring institutions. Such experiential learning opportunities benefit both the outbreak response and the trainee, and if scaled up would contribute towards building a global health emergency workforce. More should be done from residency accreditation bodies in facilitating postings in outbreak settings.

Epidemiology of Chikungunya Virus in Bahia, Brazil, 2014-2015
February 1, 2016 · Discussion

Chikungunya is an emerging arbovirus that is characterized into four lineages. One of these, the Asian genotype, has spread rapidly in the Americas after its introduction in the Saint Martin island in October 2013. Unexpectedly, a new lineage, the East-Central-South African genotype, was introduced from Angola in the end of May 2014 in Feira de Santana (FSA), the second largest city in Bahia state, Brazil, where over 5,500 cases have now been reported. Number weekly cases of clinically confirmed CHIKV in FSA were analysed alongside with urban district of residence of CHIKV cases reported between June 2014 and October collected from the municipality's surveillance network. The number of cases per week from June 2014 until September 2015 reveals two distinct transmission waves. The first wave ignited in June and transmission ceased by December 2014. However, a second transmission wave started in January and peaked in May 2015, 8 months after the first wave peak, and this time in phase with Dengue virus and Zika virus transmission, which ceased when minimum temperature dropped to approximately 15°C. We find that shorter travelling times from the district where the outbreak first emerged to other urban districts of FSA were strongly associated with incidence in each district in 2014 (R2).

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 6 February 2016)
[No new relevant content]

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 6 February 2016)
[No new relevant content]

PLoS One
http://www.plosone.org/
[Accessed 6 February 2016]
[No new relevant content]

PLoS Pathogens
http://journals.plos.org/plospathogens/
(Accessed 6 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 6 February 2016)
Commentary
Systems vaccinology informs influenza vaccine immunogenicity
Adolfo García-Sastre,1

Author Affiliations

Extract

Vaccines are the most efficient way to control and eradicate infectious diseases. The smallpox vaccine has led to the eradication of variola virus, which has been the cause of a high number of human casualties for many years in the not so distant past. Other viral vaccines that have not yet led to eradication, but have remarkably reduced the burden of viral infections, are the poliovirus, measles virus, mump virus, rubella virus, and yellow fever virus vaccines. More recently, the development of hepatitis B virus, chicken pox, zoster, rotavirus, and human papilloma virus vaccines have highlighted the impact of modern vaccines in controlling viral infections, including those involved in cancer development. Nevertheless, there is room for the improvement of several existing viral vaccines, such as the influenza and dengue virus vaccines, and challenges in the generation of effective vaccines against some specific viruses, including respiratory syncytial virus, several herpesviruses, and HIV. It also might be possible to generate effective vaccines against emergent viral infections, including chikungunya, Hendra, Nipah, Zika, and ebolaviruses, but difficulties include the need for large and costly studies to assess vaccine efficacy and the unpredictability of where the next human infections with such emerging pathogens will occur. Another major scientific challenge in the development of novel and improved virus vaccines is that, despite the previous successes in vaccine development, based on studies assessing whether a vaccine is safe and efficacious, no definitive studies have exposed the immunological mechanisms associated with vaccine efficacy. Thus, we still do not know for the most part how vaccines work. Challenges include limitations associated with animal models and difficulties to access informative human samples from multiple tissues. In this respect, the application of systems biology tools to the study of human vaccines (so-called "systems vaccinology") gives new hope for the elucidation of the mechanistic details associated with vaccine safety and efficacy. In PNAS, Nakaya et al. (1) use systems vaccinology to find new clues on the immunogenic and transcriptional networks that are associated with robust influenza vaccine responses correlated with protection.

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

Original Research

Developing a Performance Assessment Framework and Indicators for Communicable Disease Management in Natural Disasters

Javad Babaie, Ali Ardalan, Hasan Vatandoost, Mohammad Mehdi Goya and Ali Akbarisari

Prehospital and Disaster Medicine / Volume 31 / Issue 01 / February 2016, pp 27 - 35

Abstract

Introduction

Communicable disease management (CDM) is an important component of disaster public health response operations. However, there is a lack of any performance assessment (PA) framework

and related indicators for the PA. This study aimed to develop a PA framework and indicators in CDM in disasters.
Methods
In this study, a series of methods were used. First, a systematic literature review (SLR) was performed in order to extract the existing PA frameworks and indicators. Then, using a qualitative approach, some interviews with purposively selected experts were conducted and used in developing the PA framework and indicators. Finally, the analytical hierarchy process (AHP) was used for weighting of the developed indicators.
Results
The input, process, products, and outcomes (IPPO) framework was found to be an appropriate framework for CDM PA. Seven main functions were revealed to CDM during disasters. Forty PA indicators were developed for the four categories.
Conclusion
There is a lack of any existing PA framework in CDM in disasters. Thus, in this study, a PA framework (IPPO framework) was developed for the PA of CDM in disasters through a series of methods. It can be an appropriate framework and its indicators could measure the performance of CDM in disasters.

Special Reports

Protecting the Health and Well-being of Populations from Disasters: Health and Health Care in The Sendai Framework for Disaster Risk Reduction 2015-2030

Amina Aitsi-Selmi and Virginia Murray
Prehospital and Disaster Medicine / Volume 31 / Issue 01 / February 2016, pp 74 - 78
DOI: http://dx.doi.org/10.1017/S1049023X15005531 Published online: 17 December 2015
Abstract
The Sendai Framework for Disaster Risk Reduction (DRR) 2015-2030 is the first of three United Nations (UN) landmark agreements this year (the other two being the Sustainable Development Goals due in September 2015 and the climate change agreements due in December 2015). It represents a step in the direction of global policy coherence with explicit reference to health, economic development, and climate change. The multiple efforts of the health community in the policy development process, including campaigning for safe schools and hospitals, helped to put people's mental and physical health, resilience, and well-being higher up the DRR agenda compared with its predecessor, the 2005 Hyogo Framework for Action. This report reflects on these policy developments and their implications and reviews the range of health impacts from disasters; summarizes the widened remit of DRR in the post-2015 world; and finally, presents the science and health calls of the Sendai Framework to be implemented over the next 15 years to reduce disaster losses in lives and livelihoods.

Preventive Medicine
Volume 83, Pages 1-76 (February 2016)
http://www.sciencedirect.com/science/journal/00917435/83
[New issue; No relevant content identified]

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
[Feature Article]
A Call for Greater Consideration for the Role of Vaccines in National Strategies to Combat Antibiotic-Resistant Bacteria: Recommendations from the National Vaccine Advisory Committee
National Vaccine Advisory Committee

Overcoming Barriers to Low HPV Vaccine Uptake in the United States: Recommendations from the National Vaccine Advisory Committee
National Vaccine Advisory Committee

Qualitative Health Research
February 2016; 26 (3)
http://qhr.sagepub.com/content/current
Special Issue: Qualitative Meta-Analysis
[New issue; No relevant content identified]

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http://www.reproductive-health-journal.com/content
[Accessed 6 February 2016]
[No new content]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
September 2015 Vol. 38, No. 3
http://www.paho.org/journal/
[Reviewed earlier]

Risk Analysis
January 2016 Volume 36, Issue 1 Pages 1–181
http://onlinelibrary.wiley.com/doi/10.1111/risa.2016.36.issue-1/issuetoc
[New issue; No relevant content identified]

Science
05 February 2016 Vol 351, Issue 6273
http://www.sciencemag.org/current.dtl
In Depth
Infectious Disease
The race for a Zika vaccine is on
Jon Cohen
Science 05 Feb 2016:
Vol. 351, Issue 6273, pp. 543-544
DOI: 10.1126/science.351.6273.543
Summary
Scientists first isolated Zika virus in 1947, but the disease it caused in humans was considered mild: It did nothing to 80% of the people it infected, and the ones who had symptoms only had temporary fevers and rashes. But last year, a high number of cases of brain-damaging microcephaly in newborns began to surface in Brazil in lockstep with the arrival of the Zika virus, which is spread by mosquitoes. The World Health Organization on 1 February declared these clusters of disease a "public health emergency of international concern," and a rush of vaccinemakers has jumped into the race to develop a preventive. Vaccines exist against several other flaviviruses, the family Zika belongs to, and experts predict that this won't be a major scientific challenge. They also say it may be possible to piggyback on the other flavivirus vaccines, like ones made for dengue and yellow fever. Then again, vaccine R&D takes time, and because this effort is starting from scratch, researchers say it will take at least a few years before a vaccine can prove itself safe and effective in large human efficacy studies.

Social Science & Medicine
Volume 150, Pages 1-290 (February 2016)
http://www.sciencedirect.com/science/journal/02779536/150
Review article
Understanding the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: A realist review
Pages 128-143
Janet Smylie, Maritt Kirst, Kelly McShane, Michelle Firestone, Sara Wolfe, Patricia O'Campo
Abstract
Purpose
Striking disparities in Indigenous maternal-child health outcomes persist in relatively affluent nations such as Canada, despite significant health promotion investments. The aims of this review were two-fold: 1. To identify Indigenous prenatal and infant-toddler health promotion programs in Canada that demonstrate positive impacts on prenatal or child health outcomes. 2. To understand how, why, for which outcomes, and in what contexts Indigenous prenatal and infant-toddler health promotion programs in Canada positively impact Indigenous health and wellbeing.
Methods
We systematically searched computerized databases and identified non-indexed reports using key informants. Included literature evaluated a prenatal or child health promoting program intervention in an Indigenous population in Canada. We used realist methods to investigate

how, for whom, and in what circumstances programs worked. We developed and appraised the evidence for a middle range theory of Indigenous community investment-ownership-activation as an explanation for program success.
Findings
Seventeen articles and six reports describing twenty programs met final inclusion criteria. Program evidence of local Indigenous community investment, community perception of the program as intrinsic (mechanism of community ownership) and high levels of sustained community participation and leadership (community activation) was linked to positive program change across a diverse range of outcomes including: birth outcomes; access to pre- and postnatal care; prenatal street drug use; breast-feeding; dental health; infant nutrition; child development; and child exposure to Indigenous languages and culture.
Conclusions
These findings demonstrate Indigenous community investment-ownership-activation as an important pathway for success in Indigenous prenatal and infant-toddler health programs.

Tropical Medicine and Health
Vol. 43(2015) No. 4
https://www.jstage.jst.go.jp/browse/tmh/43/0/_contents
[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
Original Article
Comparison of immune responses to a killed bivalent whole cell oral cholera vaccine between endemic and less endemic settings
Sachin N. Desai1,*, Zenebe Akalu2, Mekonnen Teferi2, Byomkesh Manna3, Samuel Teshome1, Ju Yeon Park1, Jae Seung Yang1, Deok Ryun Kim1, Suman Kanungo3 and Laura Digilio1
Article first published online: 18 DEC 2015
DOI: 10.1111/tmi.12641
Summary
Studies on safety, immunogenicity and efficacy of the killed, bivalent whole cell oral cholera vaccine (Shanchol) have been conducted in historically endemic settings of Asia. Recent cholera vaccination campaigns in Haiti and Guinea have also demonstrated favourable immunogenicity and effectiveness in nonendemic outbreak settings. We performed a secondary analysis, comparing immune responses of Shanchol from two randomised controlled trials performed in an endemic and a less endemic area (Addis Ababa) during a nonoutbreak setting. While Shanchol may offer some degree of immediate protection in primed populations living in cholera endemic areas, as well as being highly immunogenic in less endemic settings, understanding the characteristics of immune responses in each of these areas is vital in determining ideal dosing strategies that offer the greatest public health impact to populations from areas with varying degrees of cholera endemicity.

Vaccine
Volume 34, Issue 7, Pages 875-994 (10 February 2016)

http://www.sciencedirect.com/science/journal/0264410X/34/7
Original Research Article

Can thermostable vaccines help address cold-chain challenges? Results from stakeholder interviews in six low- and middle-income countries

Pages 899-904

Debra D. Kristensen, Tina Lorenson, Kate Bartholomew, Shirley Villadiego

Abstract

Introduction

This study captures the perspectives of stakeholders at multiple levels of the vaccine supply chain regarding their assessment of challenges with storing vaccines within recommended temperature ranges and their perceptions on the benefits of having vaccines with improved stability, including the potential short-term storage and transport of vaccines in a controlled-temperature chain.

Methods

Semi-structured interviews were undertaken with 158 immunization stakeholders in six countries. Interviewees included national decision-makers and advisors involved in vaccine purchasing decisions, national Expanded Programme on Immunization managers, and health and logistics personnel at national, subnational, and health facility levels.

Results

Challenges with both heat and freeze-exposure of vaccines were recognized in all countries, with heat-exposure being a greater concern. Conditions leading to freeze-exposure including ice build-up due to poor refrigerator performance and improper icepack conditioning were reported by 53% and 28% of participants, respectively. Respondents were interested in vaccine products with improved heat/freeze-stability characteristics. The majority of those involved in vaccine purchasing indicated they would be willing to pay a US$0.05 premium per dose for a freeze-stable pentavalent vaccine (68%) or a heat-stable rotavirus vaccine (59%), although most (53%) preferred not to pay the premium for a heat-stable pentavalent vaccine if the increased stability required changing from a liquid to a lyophilized product. Most respondents (73%) were also interested in vaccines labeled for short-term use in a controlled-temperature chain. The majority (115/158) recognized the flexibility this would provide during outreach or should cold-chain breaks occur. Respondents were also aware that possible confusion might arise and additional training would be required if handling conditions were changed for some, but not all vaccines.

Conclusion

Participating immunization stakeholders recognized the benefits of vaccine products with improved stability characteristics and of labeling vaccines for controlled-temperature chain use as a means to help address cold-chain issues in their immunization programs.

Infant vaccination timing: Beyond traditional coverage metrics for maximizing impact of vaccine programs, an example from southern Nepal

Original Research Article

Pages 933-941

Michelle M. Hughes, Joanne Katz, Janet A. Englund, Subarna K. Khatry, Laxman Shrestha, Steven C. LeClerq, Mark Steinhoff, James M. Tielsch

Abstract

Background

Immunization programs currently measure coverage by assessing the proportion of children 12–24 months who have been immunized but this does not address the important question of

when the scheduled vaccines were administered. Data capturing the timing of vaccination in first 6 months, when severe disease is most likely to occur, are limited.
Objective
To estimate the time to Bacillus Calmette–Guérin (BCG) (recommended at birth), diphtheria-tetanus-pertussis-H, influenza b-hepatitis B (DTP-Hib-HepB), and oral polio vaccine (OPV) (recommended at 6, 10, and 14 weeks) vaccinations and risk factors for vaccination delay in infants <6 months of age in a district in southern Nepal where traditional coverage metrics are high.
Design/methods
Infants enrolled in a randomized controlled trial of maternal influenza vaccination were visited weekly at home from birth through age 6 months to ascertain if any vaccinations had been given in the prior week. Infant, maternal, and household characteristics were recorded. BCG, DTP-Hib-HepB, and OPV vaccination coverage at 4 and 6 months was estimated. Time to vaccination was estimated through Kaplan–Meier curves; Cox-proportional hazards models were used to examine risk factors for delay for the first vaccine.
Results
The median age of BCG, first OPV and DTP-Hib-HepB receipt was 22, 21, and 18 weeks, respectively. Almost half of infants received no BCG by age 6 months. Only 8% and 7% of infants had received three doses of OPV and DTP-Hib-HepB, respectively, by age 6 months.
Conclusion
A significant delay in receipt of infant vaccines was found in a prospective, population-based, cohort in southern Nepal despite traditional coverage metrics being high. Immunization programs should consider measuring time to receipt relative to the official schedule in order to maximize benefits for disease control and child health.

Burden of four vaccine preventable diseases in older adults

Original Research Article
Pages 942-949
Maartje Kristensen, Alies van Lier, Renske Eilers, Scott A. McDonald, Wim Opstelten, Nicoline van der Maas, Wim van der Hoek, Mirjam E. Kretzschmar, Mark M. Nielen, Hester E. de Melker
Abstract
Background
Implementation of additional targeted vaccinations to prevent infectious diseases in the older adults is under discussion in different countries. When considering the added value of such preventive measures, insight into the current disease burden will assist in prioritization. The aim of this study was derive the first estimates of the disease burden in adults aged 50 years or over in the Netherlands for influenza, pertussis, pneumococcal disease and herpes zoster.
Methods
The average annual disease burden for these four diseases in the Netherlands was calculated for the period 2010–2013 using the disability-adjusted life years (DALY) measure. Disease models and parameters were obtained from previous research. Where possible we adapted these models specifically for older adults and applied age-specific parameters derived from literature. The disease burden based on these adapted models and parameters was compared with the disease burden based on the general population models.
Results
The estimated average annual disease burden was from high to low: pneumococcal disease (37,223 DALYs/year), influenza (7941 DALYs/year), herpes zoster (942 DALYs/year), and

pertussis (812 DALYs/year). The adaptation of models and parameters specifically for the elderly resulted in a higher disease burden compared to the use of general population models.
Conclusions
Among older adults, the disease burden in the period 2010–2013 was highest for pneumococcal disease, mostly because of high mortality, followed by influenza. Disease burden of herpes zoster and pertussis was relatively low and consisted mostly of years lived with disability. Better information on the course of infectious diseases and long-term consequences would enable more accurate estimation of disease burden in older adults.

Maternal Tdap vaccination: Coverage and acute safety outcomes in the vaccine safety datalink, 2007–2013
Original Research Article
Pages 968-973
Elyse Olshen Kharbanda, Gabriela Vazquez-Benitez, Heather S. Lipkind, Nicola P. Klein, T. Craig Cheetham, Allison L. Naleway, Grace M. Lee, Simon Hambidge, Michael L. Jackson, Saad B. Omer, Natalie McCarthy, James D. Nordin
Abstract
Introduction
Since October 2012, the combined tetanus toxoid, reduced diphtheria toxoid, acellular pertussis vaccine (Tdap) has been recommended in the United States during every pregnancy.
Methods
In this observational study from the Vaccine Safety Datalink, we describe receipt of Tdap during pregnancy among insured women with live births across seven health systems. Using a retrospective matched cohort, we evaluated risks for selected medically attended adverse events in pregnant women, occurring within 42 days of vaccination. Using a generalized estimating equation, we calculated adjusted incident rate ratios (AIRR).
Results
Our vaccine coverage cohort included 438,487 live births between January 1, 2007 and November 15, 2013. Across the coverage cohort, 14% received Tdap during pregnancy. By 2013, Tdap was administered during pregnancy in 41.7% of live births, primarily in the 3rd trimester. Our vaccine safety cohort included 53,885 vaccinated and 109,253 matched unvaccinated pregnant women. There was no increased risk for a composite outcome of medically attended acute adverse events within 3 days of vaccination. Similarly, across the safety cohort, over a 42 day window, incident neurologic events, thrombotic events, and new onset proteinuria did not differ by maternal receipt of Tdap. Among women receiving Tdap at 20 weeks gestation or later, as compared to their matched controls, there was no increased risk for gestational diabetes or cardiac events while venous thromboembolic events and thrombocytopenia were diagnosed within 42 days of vaccination at slightly decreased rates.
Conclusion
Tdap coverage during pregnancy increased from 2007 through 2013, but was still below 50%. No acute maternal safety signals were detected in this large cohort.

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 6 February 2016)
[No new content]

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

[No new relevant content identified]

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Media/Policy Watch

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

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where content is published without restriction, but most publications require registration and some subscription level.

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 6 February 2016
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 6 February 2016
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 6 February 2016
[No new, unique, relevant content]

Financial Times
http://www.ft.com/home/uk
Accessed 6 February 2016
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 6 February 2016
Is It Time To Ditch Tdap As A Routinely Recommended Teen Vaccination?
The Tdap vaccine wanes so quickly against pertussis that researchers question whether it makes sense for preteens and teens to receive the booster routinely. Strategic vaccination during outbreaks may make more sense, they suggest.
Tara Haelle, Contributor Feb 05, 2016

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 6 February 2016
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 6 February 2016
The Ebola Rape Epidemic No One's Talking About
When the outbreak hit West Africa, fevers spiked – and so did rates of teenage pregnancy…
2 February 2016
Outbreaks of infectious diseases often leave girls and women vulnerable to violence and rape — a result of the civil unrest and instability that epidemics leave in their wake. "This wouldn't come as a surprise if we thought of epidemics like any other disaster," said Monica Onyango, a clinical assistant professor of global health at Boston University. "Epidemics are just like a conflict situation. You have a loss of governance; you have chaos and instability; and all of that leaves women vulnerable to gender-based violence."

The Guardian
http://www.guardiannews.com/
Accessed 6 February 2016
[No new, unique, relevant content]

Mail & Guardian
http://mg.co.za/
Accessed 6 February 2016
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 6 February 2016
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 6 February 2016
Growing Support Among Experts for Zika Advice to Delay Pregnancy
February 09, 2016 - By DONALD G. McNEIL Jr "

More Than 3,100 Pregnant Women in Colombia Have Zika Virus: Government
February 06, 2016 - By REUTERS -

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 6 February 2016
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 6 February 2016
Brazil considers reforming biosecurity law amid criticism
Brazilian officials will soon decide whether to amend the South American nation's rigid procedures for sharing Zika samples, the Cabinet chief's spokeswoman said Friday, as officials announced that they were sending a set of samples to U.S. researchers amid complaints of hoarding.
Jenny Barchfield and Mauricio Savarese | AP | Foreign | Feb 5, 2016

Think Tanks et al

Brookings
http://www.brookings.edu/
Accessed 6 February 2016
[No new relevant content]

Center for Global Development
http://www.cgdev.org/
Accessed 6 February 2016
[No new relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 6 February 2016
[No new relevant content]

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Sanofi Pasteur U.S.,Takeda (list in formation), and the Developing Countries Vaccine Manufacturers Network (DCVMN).

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

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