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

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

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

Comments and suggestions should be directed to
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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 9 April 2016]
Public Health Emergency of International Concern (PHEIC)
http://www.who.int/emergencies/zika-virus/en/

WHO Situation Report

Zika situation report

7 April 2016

Zika virus, Microcephaly and Guillain-Barré syndrome

Read the full situation report

Summary

:: From 1 January 2007 to 6 April 2016, Zika virus transmission was documented in a total of 62 countries and territories. Five of these (Cook Islands, French Polynesia, ISLA DE PASCUA – Chile, YAP (Federated States of Micronesia) and New Caledonia) reported a Zika virus outbreak that has terminated. Six countries have now reported locally acquired infection through sexual transmission (Argentina, Chile, France, Italy, New Zealand and the United States of America). Viet Nam is the country to most recently report mosquito-borne Zika virus transmission.

:: In the Region of the Americas, the geographical distribution of Zika virus has steadily widened since the presence of the virus was confirmed in 2015. Mosquito-borne Zika virus transmission has been reported in 33 countries and territories of this region.

:: From 2007, mosquito-borne Zika virus cases have been reported in 17 countries and areas of the Western Pacific Region.

:: Microcephaly and other fetal malformations potentially associated with Zika virus infection or suggestive of congenital infection have been reported in Brazil (1046 cases), Cabo Verde (two cases), Colombia (seven cases), French Polynesia (eight cases), Martinique (three cases) and Panama (one case). Two additional cases, each linked to a stay in Brazil, were detected in the United States of America and Slovenia.

:: In the context of Zika virus circulation, 13 countries or territories worldwide have reported an increased incidence of Guillain-Barré syndrome (GBS) and/or laboratory confirmation of a Zika virus infection among GBS cases.

:: Based on a growing body of preliminary research, there is scientific consensus that Zika virus is a cause of microcephaly and Guillain-Barré syndrome.

:: The global prevention and control strategy launched by the World Health Organization (WHO) as a Strategic Response Framework encompasses surveillance, response activities and research. This situation report is organized under those headings.

Guidance for Health Workers

Surveillance for Zika virus infection, microcephaly and Guillain-Barré syndrome –
Interim Guidance

6 April 2016

This document provides interim recommendations for the surveillance of Zika virus infection, microcephaly and Guillain-Barré syndrome, in four different contexts and describes reporting requirements to WHO. Transmission refers to vector-borne transmission, unless specified differently. Autochthonous infection is considered to be an infection acquired in-country, i.e. among patients with no history of travel during the incubation period or who have travelled exclusively to non-affected areas during the incubation period. This document does not provide guidance on laboratory investigation or vector surveillance.

Number of pages: 9
Publication date: Updated 7 April 2016
Languages: English
WHO reference number: WHO/ZIKV/SUR/16.2 Rev.1

Zika Open [to 9 April 2016]
[Bulletin of the World Health Organization]
:: All papers available here
No new papers identified in last week

White House to redirect unused Ebola money to prepare for Zika virus
By Debra Goldschmidt, CNN
Updated 11:44 PM ET, Thu April 7, 2016
(CNN)In an effort to take immediate action against the Zika virus, the White House said it will redirect $589 million of existing funds, including $510 million which had been designated to fight Ebola.
The funding is needed for detection, prevention and response efforts, Health and Human Services Secretary Sylvia Burwell said Wednesday.
There are about 40 million people traveling between the continental United States and areas where the virus is circulating, according to Burwell.
The primary goal, she said, is to protect pregnant women and those who may become pregnant, because the virus is linked to a neurological birth defect and other fetal abnormalities. Experts agree that there are many unknowns when it comes to the virus and more is being learned every day…

CDC/ACIP [to 9 April 2016]
http://www.cdc.gov/media/index.html
TUESDAY, APRIL 5, 2016
Transcript for CDC Telebriefing: Zika Summit Press Conference
Transcript for CDC telebriefing of the Zika Summit Press Conference

MONDAY, APRIL 4, 2016
CDC Adds Fiji to Interim Travel Guidance Related to Zika Virus
CDC is working with other public health officials to monitor for ongoing Zika virus? transmission. Today, CDC posted a Zika virus travel notice for Fiji. CDC has issued travel notices...

UN Women [to 9 April 2016]
http://www.unwomen.org/news/stories
Date: 07 April 2016
As World Health Day is commemorated globally, actions intensify in response to the Zika virus in Brazil
On World Health Day (7 April), UN Women and partners are beginning the second phase of targeted communication efforts around women's rights in response to the Zika virus

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EBOLA/EVD [to 9 April 2016]
"Threat to international peace and security" (UN Security Council)

Editor's Note:
Following last week's decision by WHO, we have removed the Public Health Emergency of International Concern (PHEIC) designation above. We have not identified any action by the UN Security Council to change the "Threat to international peace and security" designation.
The last "Ebola Situation Update" is dated 30 March 2016 and may be the final situation report. We include two updates identified from WHO below.
We also recommend and include the link below to an editorial by Peter Hotez in PLoS Neglected Tropical Diseases, and refer readers to the full-text of Dr. Hotez' editorial in the New York Times – "Zika is coming" – in Media Watch section near the end of this edition.

Liberia and Guinea step up coordination to stem new cases of Ebola
7 April 2016 -- WHO and Ministry of Health teams in Guinea and Liberia have established epidemiological links between new Ebola cases in Liberia and a current flare-up of Ebola in neighbouring Guinea following intensified case investigations and contact tracing.

Emergency response to Ebola flare underway in Liberia. Case investigation widens to Guinea
4 April 2016
WHO and Ministry of Health teams in Liberia and Guinea are investigating the origins of transmission in Liberia's latest flare-up after learning that a woman who died from Ebola in Liberia last week had recently travelled from Guinea with her three young children.

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 9 April 2016)
Editorial
Neglected Tropical Diseases in the Anthropocene: The Cases of Zika, Ebola, and Other Infections
Peter J. Hotez
Published 08 Apr 2016 | PLOS Neglected Tropical Diseases
http://dx.doi.org/10.1371/journal.pntd.0004648

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POLIO [to 9 April 2016]
Public Health Emergency of International Concern (PHEIC)

Polio this week as of 6 April 2016

:: The third Outbreak Response Assessment in Madagascar found that the surveillance system is not yet strong enough to conclude that polio transmission has been interrupted. Thirty-nine high-risk districts have been identified to receive focused attention.
:: There is one week to go until the globally synchronized switch from the trivalent to bivalent oral polio vaccine, the first stage of objective 2 of the Polio Eradication and Endgame Strategic Plan 2013-2018. Learn more about preparations for the switch here. Learn more about the rationale for the switch through this series of videos.
Selected Country Levels Updates [excerpted]

Pakistan

:: Five new WPV1 environmental positive samples were reported in the past week, with collection dates between 3 February and 12 March 2016. Two were collected from Sindh, one from Balochistan, one from Punjab and one from Khyber Pakhtunkhwa.
:: Sub-National Immunization Days (NIDs) are planned in April using bOPV.

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MERS-CoV [to 9 April 2016]
No new content identified.

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WHO & Regional Offices [to 9 April 2016]

World Health Day 2016: Action needed to halt rise in diabetes

6 April 2016 -- The number of people living with diabetes has nearly quadrupled since 1980 to 422 million adults, with most living in developing countries. WHO is marking World Health Day, 7 April, by calling for action on diabetes. In its first "Global report on diabetes", WHO highlights the need to step up prevention and treatment of the disease.
Read the news release

Highlights

WHO Director-General visits Angola; urgent action needed to contain yellow fever outbreak

April 2016 -- The Director-General of WHO, Dr Margaret Chan, arrived today in Angola's capital Luanda for a two-day visit to assess the situation of the current outbreak of yellow fever virus.

General Assembly proclaims the Decade of Action on Nutrition

April 2016 -- The United Nations General Assembly today agreed a resolution proclaiming the UN Decade of Action on Nutrition from 2016 to 2025. The resolution aims to trigger intensified action to end hunger and eradicate malnutrition worldwide, and ensure universal access to healthier and more sustainable diets.

The Weekly Epidemiological Record (WER) celebrates 90 years

April 2016 -- On 1 April 1926, epidemiologists in the Health Office of the League of Nations, Geneva created the first WER. The publication's mission was to provide the world with information about disease hazards that, at that time, mostly travelled by sea: plague, cholera, yellow fever, typhus and smallpox.

Austria: Measles in the spotlight
April 2016
In Austria, where elimination of measles is tantalizingly close, a creative and innovative campaign seeks to encourage vaccination among unimmunized adults.

WHO SAGE Meeting
Geneva: 12 - 14 April 2016.
:: Draft agenda pdf, 121kb as of 18 March 2016

Weekly Epidemiological Record (WER) 08 April 2016, vol. 91, 14 (pp. 181–192)
Contents:

Disease Outbreak News (DONs)
:: 8 April 2016 Lassa Fever – Sweden
:: 6 April 2016 Yellow Fever – Kenya
:: 6 April 2016 Yellow Fever – China

:: WHO Regional Offices
WHO African Region AFRO
:: WHO Director General and WHO Regional Director for Africa Conclude Official Visit to Angola
7 April 2016, Luanda – The World Health Organization Regional Director for Africa, Dr Matshidiso Moeti and the Director-General of WHO, Dr Margaret Chan have concluded a three-day official visit to Angola. The visit aimed at assessing the ongoing efforts to prevent and control the yellow fever epidemic which has gripped the country since December 2015, and to identify ways of further strengthening support to Angola.

WHO Region of the Americas PAHO
:: PAHO offers to provide technical support for pilot studies of new mosquito control technologies (04/08/2016)
:: PAHO Director lauds Mexico's soda tax as a model measure to fight diabetes (04/07/2016)
:: The number of people with diabetes in the Americas has tripled since 1980 (04/06/2016)
:: 'Don Francisco' joins PAHO to promote diabetes prevention and control (04/05/2016)

WHO South-East Asia Region SEARO
:: Urgent, concerted efforts needed to stem diabetes epidemic: WHO
SEAR/PR/1620
New Delhi, 29 March 2016: Countries in the WHO South-East Asia Region must take vigorous and concerted action to 'prevent, treat and beat' diabetes, a potentially fatal disease that has reached epidemic proportions and is expected to further increase in coming years.

WHO European Region EURO
:: Poliomyelitis (polio) and the vaccines used to eradicate it – questions and answers 08-04-2016
:: European countries to participate in global polio vaccine switch 08-04-2016
:: WHO calls for global action on diabetes 07-04-2016
:: World Health Day 2016: Living with diabetes and educating others 07-04-2016
:: Consensus on causal link between Zika and neurological disorders 06-04-2016

WHO Eastern Mediterranean Region EMRO
:: WHO condemns attack on Ma'arib Hospital, Yemen 6 April 2016
:: Kuwait boosts treatments for chronic diseases in Syria 6 April 2016
:: New WHO policy aims to lower sugar intake to fight obesity and overweight in the Region 5 April 2016

WHO Western Pacific Region
:: World Health Day 2016: Together on the front lines against diabetes
MANILA, 7 April 2016 – On World Health Day, the World Health Organization (WHO) in the Western Pacific Region stands with all Member States and partners to renew its commitment to advance the understanding of diabetes and calls on all communities across the Region to work together to effectively manage and prevent the disease.

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CDC/ACIP [to 9 April 2016]
http://www.cdc.gov/media/index.html
[see Zika coverage above which includes CDC briefing content]

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Announcements/Milestones/Perspectives

Gavi [to 9 April 2016]
http://www.gavialliance.org/library/news/press-releases/
04 April 2016
Norway strengthens commitment to immunisation in developing countries
Increased funding will help immunise 300 million more children in the world's poorest countries by 2020
Oslo, 7 April 2016 – Børge Brende, Norwegian Minister of Foreign Affairs, and Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance, today signed an agreement that will see Norway commit NOK 6.25 billion (US$ 850 million) to support the immunisation of children living in the world's poorest countries between 2016 and 2020.
This renewed commitment – first announced by Prime Minister Erna Solberg in January 2015 at the Gavi replenishment conference in Berlin - represents a 50% increase in the country's direct support for Gavi in the 2011-2015 period, underlining Norway's strong commitment to childhood immunisation. The funds will help Gavi support developing countries to immunise more than 300 million children by 2020, helping save five to six million lives…

Global Fund [to 9 April 2016]
http://www.theglobalfund.org/
04 April 2016
Global Fund Names Rahul Singhal as Chief Risk Officer

GENEVA – The Global Fund to Fight AIDS, Tuberculosis and Malaria has named Rahul Singhal, a senior global risk management and treasury executive, as its new Chief Risk Officer.

Mr. Singhal has 28 years of experience in risk management in the financial services industry, building and leading risk management teams, and executing complex global initiatives including acquisitions and strategic investments. Mr. Singhal joined the Global Fund in October 2015 as Deputy Chief Risk Officer, and has been Acting Chief Risk Officer since January 2016…

PATH [to 9 April 2016]
http://www.path.org/news/index.php
Announcement | April 04, 2016
PATH announces leader for malaria and neglected tropical diseases
Dr. Laurence Slutsker to lead PATH's malaria and neglected tropical diseases portfolios

…As PATH's director of malaria and NTD programs, Dr. Slutsker will lead the design and implementation of PATH's public health programs and investments in malaria, oversee the organization's broad portfolio of malaria control and elimination work, and expand PATH's portfolio in NTDs.

In this role, he will work across the organization—from diagnostics and drugs to one of the world's largest pipelines of malaria vaccine projects—to advance PATH's comprehensive malaria strategy, and increase collaboration across a network of projects and geographies…

European Medicines Agency [to 9 April 2016]
http://www.ema.europa.eu/
04/04/2016
Extrapolation of data from adults to children can facilitate development of paediatric medicines
EMA releases draft reflection paper ahead of workshop in May
The European Medicines Agency (EMA) has published a preliminary version of its draft reflection paper which outlines a framework for the extrapolation of clinical trial data from adults to children to support the authorisation of new medicines for children.

Extrapolation of data aims to optimise the involvement of children in clinical studies, one of the objectives of the European Union Paediatric Regulation, by predicting how a medicine may work in children and adolescents on the basis of studies conducted in adults or other paediatric populations.

The draft reflection paper outlines a systematic approach to extrapolation of data from adults or other paediatric populations to children that is considered scientifically sound and reliable to support the authorisation of a medicine. The framework sets out when, to what extent, and how extrapolation can be applied and validated.

The principal steps of the extrapolation framework are:
:: Extrapolation concept: this consists of a systematic synthesis of all available data, including the use of modelling and simulation approaches, which aims to predict the differences with regard to pharmacokinetics/pharmacodynamics, disease progression, and clinical response to treatment between adults and children;
:: Extrapolation plan: this aims to propose optimal studies in the paediatric population in line with predictions identified by the extrapolation concept;
:: Confirmation and extrapolation: this phase aims to confirm the extrapolation concept on the basis of the data collected in children and adults. If the extrapolation concept cannot be fully confirmed, it should be updated and the extrapolation plan revised accordingly;
:: Mitigating uncertainty and risk: the limited data generated in the paediatric population may not be sufficient to resolve all uncertainties and assumptions of the extrapolation concept by the time of marketing authorisation. Additional follow-up data may be necessary to address uncertainties and to further evaluate assumptions. Measures to generate these data need to be proposed…

Industry Watch [to 9 April 2016]
:: **Pfizer Receives European Approval for New Multi-Dose Vial Presentation of Prevenar 13**
Four-Dose Vial Will Help Address Infrastructure Challenges in Developing Countries
April 06, 2016 NEW YORK--(BUSINESS WIRE)--Pfizer Inc. (NYSE:PFE) announced today that the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) approved a new four-dose, multi-dose vial (MDV) presentation of Prevenar 13®* (pneumococcal polysaccharide conjugate vaccine [13 – valent, adsorbed]). This new MDV presentation was developed to help maximize efficiency for health care workers by helping to significantly reduce storage requirements and shipping costs in communities with health systems that are still developing.

"With this new presentation, a box that once carried enough vaccine to help protect 50 infants and children will potentially vaccinate 200, helping to ensure Prevenar 13® is accessible in the most remote regions of the world where the greatest burden of invasive pneumococcal disease lies."

The MDV presentation of Prevenar 13® offers significant benefits to developing countries, including a 75 percent reduction in:
:: Temperature-controlled supply chain requirements,
:: United Nations International Children's Education Fund (UNICEF) shipping costs, and
:: Storage requirements at the national, regional, district, and community levels.

"Prevenar 13® is the first approved pneumococcal conjugate vaccine available in a preserved multi-dose vial presentation," said Luis Jodar, Ph.D., global vice president, Vaccines, Pfizer Global Medicines Development Group and Medical/Scientific Affairs. "With this new presentation, a box that once carried enough vaccine to help protect 50 infants and children will potentially vaccinate 200, helping to ensure Prevenar 13® is accessible in the most remote regions of the world where the greatest burden of invasive pneumococcal disease lies."…

FDA [to 9 April 2016]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
April 6, 2016 Approval Letter - (Menomune - A/C/Y/W -135 (PDF - 28KB)
Posted: 4/7/2016
April 6, 2016 Approval Letter - YF-VAX (PDF - 28KB)
Posted: 4/7/2016

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AERAS [to 9 April 2016]
http://www.aeras.org/pressreleases
No new digest content identified.

IAVI International AIDS Vaccine Initiative [to 9 April 2016]
http://www.iavi.org/press-releases/2016
No new digest content identified.

Sabin Vaccine Institute [to 9 April 2016]
http://www.sabin.org/updates/ressreleases
No new digest content identified.

European Vaccine Initiative [to 9 April 2016]
http://www.euvaccine.eu/news-events
No new digest content identified.

IVAC [International Vaccine Access Center] [to 9 April 2016]
http://www.jhsph.edu/research/centers-and-institutes/ivac/about-us/news.html
No new digest content identified.

NIH [to 9 April 2016]
http://www.nih.gov/news-events/news-releases
No new digest content identified.

BMGF - Gates Foundation [to 9 April 2016]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

IVI - International Vaccine Institute [to 9 April 2016]
http://www.ivi.org/web/www/home
No new digest content identified.

Fondation Merieux [to 9 April 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.

EDCTP [to 9 April 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.

GHIT Fund [to 9 April 2016]
https://www.ghitfund.org/
GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that devastate the world's poorest people. Other funders include six Japanese pharmaceutical companies, the Japanese Government and the Bill & Melinda Gates Foundation.
No new digest content identified.

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

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

No new content identified.

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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
April 2016 Volume 44, Issue 4, p373-494, e37-e58
http://www.ajicjournal.org/current
[Reviewed earlier]

American Journal of Preventive Medicine
April 2016 Volume 50, Issue 4, p427-552, e91-e122
http://www.ajpmonline.org/current
[Reviewed earlier]

American Journal of Public Health
Volume 106, Issue 4 (April 2016)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
April 2016; 94 (4)
http://www.ajtmh.org/content/current
Perspective Piece
An Improved Ward Architecture for Treatment of Patients with Ebola Virus Disease in Liberia
Jianping You and Qing Mao
Am J Trop Med Hyg 2016 94:701-703; Published online January 11, 2016, doi:10.4269/ajtmh.15-0209
Abstract
During the recent outbreak of Ebola virus disease (EVD) in west Africa, we established an Ebola treatment center (ETC) with improved ward architecture. The ETC was built with movable prefabricated boards according to infectious disease unit standard requirements. The clinical staff ensured their own security while providing patients with effective treatment. Of the 180 admissions to the ETC, 10 cases were confirmed with EVD of which six patients survived. None of the clinical staff was infected. We hope that our experience will enable others to avoid unnecessary risks while delivering EVD care.

Infectious Diseases in Sub-Saharan Immigrants to Spain
Núria Serre Delcor, Begoña Treviño Maruri, Antoni Soriano Arandes, Isabel Claveria Guiu, Hakima Ouaarab Essadik, Mateu Espasa Soley, Israel Molina Romero, and Carlos Ascaso
Am J Trop Med Hyg 2016 94:750-756; Published online February 15, 2016, doi:10.4269/ajtmh.15-0583
Abstract
Immigrants may be carriers of infectious diseases because of the prevalence of these diseases in their country of origin, exposure during migration, or conditions during resettlement, with this prevalence being particularly high in sub-Saharan Africans. We performed a retrospective review of 180 sub-Saharan immigrants screened for infectious diseases at an International Health Center from January 2009 to December 2012. At least one pathogenic infectious disease was diagnosed in 72.8% patients: 60.6% latent tuberculosis infection, 36.8% intestinal parasites (intestinal protozoa or helminths), 28.1% helminths, 14.8% hepatitis B surface antigen positive, 1.2% anti-hepatitis C virus positive, 1.2% human immunodeficiency virus–positive, and 1.2% malaria. Coinfections were present in 28.4%. There was significant association between eosinophilia (absolute count or percentage) or hyper-IgE and the presence of helminths ($P < 0.001$). Relative eosinophilia and hyper-IgE were better indicators of helminth infection than absolute eosinophilia, particularly for schistosomiasis and strongyloidiasis. We

found a high prevalence of infectious diseases in sub-Saharan immigrants, which could lead to severe health problems (in the absence of prompt treatment), representing a high cost to the public health system and possible transmission in the host country. Accurate screening and tailored protocols for infectious diseases are recommended in sub-Saharan immigrants.

Retrospective Analysis of the 2014–2015 Ebola Epidemic in Liberia
Katherine E. Atkins, Abhishek Pandey, Natasha S. Wenzel, Laura Skrip, Dan Yamin, Tolbert G. Nyenswah, Mosoka Fallah, Luke Bawo, Jan Medlock, Frederick L. Altice, Jeffrey Townsend, Martial L. Ndeffo-Mbah, and Alison P. Galvani
Am J Trop Med Hyg 2016 94:833-839; Published online February 29, 2016, doi:10.4269/ajtmh.15-0328
Abstract
The 2014–2015 Ebola epidemic has been the most protracted and devastating in the history of the disease. To prevent future outbreaks on this scale, it is imperative to understand the reasons that led to eventual disease control. Here, we evaluated the shifts of Ebola dynamics at national and local scales during the epidemic in Liberia. We used a transmission model calibrated to epidemiological data between June 9 and December 31, 2014, to estimate the extent of community and hospital transmission. We found that despite varied local epidemic patterns, community transmission was reduced by 40–80% in all the counties analyzed. Our model suggests that the tapering of the epidemic was achieved through reductions in community transmission, rather than accumulation of immune individuals through asymptomatic infection and unreported cases. Although the times at which this transmission reduction occurred in the majority of the Liberian counties started before any large expansion in hospital capacity and the distribution of home protection kits, it remains difficult to associate the presence of interventions with reductions in Ebola incidence.

Annals of Internal Medicine
5 April 2016, Vol. 164. No. 7
http://annals.org/issue.aspx
[New issue; No new relevant content identified]

BMC Cost Effectiveness and Resource Allocation
http://resource-allocation.biomedcentral.com/
(Accessed 9 April 2016)
[No new content]

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
(Accessed 9 April 2016)
Research article
Drivers of improved health sector performance in Rwanda: a qualitative view from within
Rwanda has achieved great improvements in several key health indicators, including maternal mortality and other health outcomes. This raises the question: what has made this possible, and what makes Rwanda so ...

Felix Sayinzoga and Leon Bijlmakers
BMC Health Services Research 2016 16:123
Published on: 8 April 2016

Abstracts
Researching Complex Interventions in Health: The State of the Art
KEYNOTE PRESENTATIONS
Peter Craig, Ingalill Rahm-Hallberg, Nicky Britten, Gunilla Borglin, Gabriele Meyer, Sascha Köpke, Jane Noyes, Jackie Chandler, Sara Levati, Anne Sales, Lehana Thabane, Lora Giangregorio, Nancy Feeley, Sylvie Cossette, Rod Taylor, Jacqueline Hill…
BMC Health Services Research 2016 16(Suppl 1):101
Published on: 4 April 2016

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 9 April 2016)
[No new content]

BMC Medical Ethics
http://www.biomedcentral.com/bmcmedethics/content
(Accessed 9 April 2016)
[No new content]

BMC Medicine
http://www.biomedcentral.com/bmcmed/content
(Accessed 9 April 2016)
[No new relevant content identified]

BMC Pregnancy and Childbirth
http://www.biomedcentral.com/bmcpregnancychildbirth/content
(Accessed 9 April 2016)
[No new relevant content identified]

BMC Public Health
http://bmcpublichealth.biomedcentral.com/articles
(Accessed 9 April 2016)
[No new relevant content identified]

BMC Research Notes
http://www.biomedcentral.com/bmcresnotes/content
(Accessed 9 April 2016)
[No new relevant content identified]

BMJ Open
2016, Volume 6, Issue 4
http://bmjopen.bmj.com/content/current
[New issue; No relevant content identified]

British Medical Journal
9 April 2016 (vol 352, issue 8052)
http://www.bmj.com/content/353/8052
[New issue; No relevant content identified]

Bulletin of the World Health Organization
Volume 94, Number 4, April 2016, 233-308
http://www.who.int/bulletin/volumes/94/4/en/
[Reviewed earlier]

Child Care, Health and Development
March 2016 Volume 42, Issue 2 Pages 149–295
http://onlinelibrary.wiley.com/doi/10.1111/cch.v42.2/issuetoc
[Reviewed earlier]

Clinical Therapeutics
March 2016 Volume 38, Issue 3, p429-682
http://www.clinicaltherapeutics.com/current
[New issue; No relevant content identified]

Complexity
March/April 2016 Volume 21, Issue 4 Pages 1–93
http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.3/issuetoc
[New issue; No relevant content identified]

Conflict and Health
http://www.conflictandhealth.com/
[Accessed 9 April 2016]
[No new relevant content identified]

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

Current Opinion in Infectious Diseases
April 2016 - Volume 29 - Issue 2 pp: v-v,99-228
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
[Reviewed earlier]

Developing World Bioethics
April 2016 Volume 16, Issue 1 Pages 1–60
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2016.16.issue-1/issuetoc
[Reviewed earlier]

Development in Practice
Volume 26, Issue 2, 2016
http://www.tandfonline.com/toc/cdip20/current
[Reviewed earlier]

Disasters
April 2016 Volume 40, Issue 2 Pages 183–383
http://onlinelibrary.wiley.com/doi/10.1111/disa.2016.40.issue-2/issuetoc
[Reviewed earlier]

Emerging Infectious Diseases
Volume 22, Number 4—April 2016
http://wwwnc.cdc.gov/eid/
Perspective
Determinants and Drivers of Infectious Disease Threat Events in Europe PDF Version [PDF - 522 KB - 9 pages]
J. C. Semenza et al.
Summary
Globalization and environment, the most frequent underlying drivers, should be targeted for interventions to prevent such events.

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Volume 15, In Progress (June 2016)
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Volume 144 - Issue 07 - May 2016
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by HD Emborg, TG Krause, L Nielsen, MK Thomsen, CB Christiansen, MN Skov, XC Nielsen, LS Weinreich, TK Fischer, J Rønn, R Trebbien

Research Articles
Adverse events following school-based vaccination of girls with quadrivalent human papillomavirus vaccine in Slovenia, 2009 to 2013
by M Šubelj, V Učakar, A Kraigher, I Klavs

Direct, indirect and total effects of 13-valent pneumococcal conjugate vaccination on invasive pneumococcal disease in children in Navarra, Spain, 2001 to 2014: cohort and case–control study
by M Guevara, A Barricarte, L Torroba, M Herranz, A Gil-Setas, F Gil, E Bernaola, C Ezpeleta, J Castilla, Working Group for Surveillance of the Pneumococcal Invasive Disease in Navarra

Perspectives
Risk communication as a core public health competence in infectious disease management: Development of the ECDC training curriculum and programme
by P Dickmann, T Abraham, S Sarkar, P Wysocki, S Cecconi, F Apfel, Ü Nurm

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March 2016 | Volume 4 | Issue 1
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Volume 11, Issue 4, 2016
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March 2016; Volume 35, Issue 3
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Volume 12, Issue 2, 2016
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[Reviewed earlier]

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Number 65 November 2015
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Volume 45 Issue 1 February 2016
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[Reviewed earlier]

International Journal of Infectious Diseases
April 2016 Volume 45, In Progress
http://www.ijidonline.com/current
Editorial
Zika virus outbreak and the case for building effective and sustainable rapid diagnostics laboratory capacity globally
Alimuddin Zumla, Ian Goodfellow, Francis Kasolo, Francine Ntoumi, Philippe Buchy, Matthew Bates, Esam I Azhar, Matthew Cotten, Eskild Petersen
p92–94
Published online: March 4 2016
Preview
New and re-emerging pathogens with epidemic potential have threatened global health security for the past century.1 As with the recent Ebola Virus Disease (EVD) epidemic, the Zika Virus (ZIKV) outbreak has yet again surprised and overwhelmed the international health community with an unexpected event for which it might have been better prepared.

Editorial
Engaging high and low burden countries in the "TB end game"
B.J. Marais, A.C. Outhred, A. Zumla
p100–102
Published online: March 19 2016
Preview

Tuberculosis (TB) is now the single biggest infectious disease killer in the world, surpassing malaria and HIV/AIDS. In 2014, there were an estimated 9.6 million incident TB cases and 1.5 million deaths.1 It is not widely appreciated that TB is also a major cause of disease and death in young children.2,3 New estimates from the World Health Organization (WHO) are that 1 million children developed TB during 2014.1 This is disconcerting because children have poor access to TB services in most resource-limited settings and paediatric cases provide an accurate reflection of uncontrolled TB transmission within communities.

Original Reports

Safety and immunogenicity of a single dose of a quadrivalent meningococcal conjugate vaccine (MenACYW–D): a multicenter, blind-observer, randomized, phase III clinical trial in the Republic of Korea

Dong Soo Kim, Min Ja Kim, Sung-Ho Cha, Hwang Min Kim, Jong-Hyun Kim, Kwang Nam Kim, Jin-Soo Lee, Jun Yong Choi, Valérie Bosch Castells, Hee Soo Kim, Joon Bang, Philipp Oster

p59–64

Published online: February 24 2016

Preview

Meningococcal disease is caused by the Gram-negative aerobic diplococcus Neisseria meningitidis. Meningococci are classified by serogroup based on the immunochemistry of the polysaccharide capsule.1 Invasive meningococcal disease (IMD), such as meningitis and meningococcemia, is most frequently caused by serogroups A, B, C, Y, and W-135, and more recently in Africa by serogroup X.2 IMD is rapidly progressive and associated with high mortality rates of 7% to 19%.3 Approximately 10% to 20% of patients suffer from permanent disabilities such as limb loss, deafness, seizures, or psychomotor retardation.

Original Reports

The impact of supplementary immunization activities on the epidemiology of measles in Tianjin, China

Abram L. Wagner, Ying Zhang, Bhramar Mukherjee, Yaxing Ding, Eden V. Wells, Matthew L. Boulton

p103–108

Published online: March 10 2016

Preview

Measles was officially eliminated in the Americas in 2002,1 and the other five regions of the World Health Organization (WHO) are slated for measles elimination by 2020.2 This remarkable public health success in control of a highly infectious disease has been made possible through the universal recommendation of measles vaccination. Prior to the advent of the measles vaccine, 90% of people were infected by age 20 years, resulting in 100 million cases and six million deaths worldwide each year.3 As vaccination coverage has increased, the number of deaths from measles globally has decreased: there were 631 200 deaths in 1990 and 125 400 in 2010.

Original Reports

Epidemiological trends and characteristics of Japanese encephalitis changed based on the vaccination program between 1960 and 2013 in Guangxi Zhuang Autonomous Region, southern China

Yan Yang, Nengxiu Liang, Yi Tan, Zhichun Xie

p135–138

Published online: March 10 2016
Preview
Japanese encephalitis (JE) is a serious threat to human lives and is caused by the Japanese encephalitis virus (JEV), which belongs to the Flaviviridae family. The first major epidemic of JE occurred in 1924 in Japan.1 Since then, JE has been found increasingly in most countries of Asia, especially in the south-east areas.2 Over three billion individuals have been found in JE epidemic/endemic countries.3 According to a report by the World Health Organization, the number of cases worldwide in 2007 was 9487, including 4330 cases in China, 4017 cases in India, and 435 cases in Nepal.

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April 5, 2016, Vol 315, No. 13
http://jama.jamanetwork.com/issue.aspx
[New issue; No relevant content identified]

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April 2016, Vol 170, No. 4
http://archpedi.jamanetwork.com/issue.aspx
Viewpoint
What Pediatricians and Other Clinicians Should Know About Zika Virus FREE
Mark W. Kline, MD; Gordon E. Schutze, MD

Journal of Community Health
Volume 41, Issue 2, April 2016
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Volume 18, Issue 2, April 2016
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Volume 14, Issue 1, 2016
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Volume 213 Issue 7 April 1, 2016
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Winter 2015 Volume 43, Issue 4 Pages 673–913
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Volume 65, Issue 3, March 2016
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Volume 5 Issue 1 March 2016
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[Reviewed earlier]

Journal of Pediatrics
April 2016 Volume 171, p1-326
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Original Papers
Knowledge about Human Papillomavirus and Time to Complete Vaccination among Vulnerable Female Youth
Julie Nagpal, Lourdes Oriana Linares, Jocelyn Weiss, Nicolas F. Schlecht, Viswanathan Shankar, Debra Braun-Courville, Anne Nucci-Sack, Howard D. Strickler, Robert D. Burk, Angela Diaz
p122–127
Published online: February 2 2016
Abstract
Objective
To examine the association of knowledge about human papillomavirus (HPV) on the time to completion of the 3-dose quadrivalent vaccine series in an inner-city population of adolescent female subjects at high risk for infection.
Study design
We prospectively followed 139 female subjects aged 14-20 years enrolled in a vaccine surveillance study in New York City during a period of at least 24 months. Participants were given a 30-item true or false survey on HPV at enrollment and ranked according to the number of correct responses. Multivariate Cox regression was used to examine the association between level of knowledge about HPV and time to completion (in days) of vaccine dose 1-3, dose 1-2, and dose 2-3.
Results
Overall time to completion of the 3-dose vaccine ranged from 158 days to 1114 days. Participants in the high knowledge group (top quartile) were significantly more likely to complete the 3-dose series earlier (hazard ratio 1.69, 95% CI 1.03-2.77; P = .04), in particular doses 2-3 (hazard ratio 1.71, 95% CI 1.02-2.89; P = .04), than those with low-to-moderate knowledge (bottom 3 quartiles).
Conclusions
These findings suggest that knowledge of HPV is associated with shorter time to complete the 3-dose HPV vaccine series. Educational campaigns at time of vaccination may be important to improve vaccine adherence.

Journal of Public Health Policy

Volume 37, Issue 1 (February 2016)
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[Reviewed earlier]

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01 March 2016; volume 13, issue 116
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[Reviewed earlier]

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March 2016, volume 90, issue 6
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The Lancet
Apr 09, 2016 Volume 387 Number 10027 p1483-1590
http://www.thelancet.com/journals/lancet/issue/current
Articles
Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4·4 million participants
NCD Risk Factor Collaboration (NCD-RisC)
Published Online: 06 April 2016
Open Access
DOI: http://dx.doi.org/10.1016/S0140-6736(16)00618-8
Open access funded by Wellcome Trust
Summary
Background
One of the global targets for non-communicable diseases is to halt, by 2025, the rise in the age-standardised adult prevalence of diabetes at its 2010 levels. We aimed to estimate worldwide trends in diabetes, how likely it is for countries to achieve the global target, and how changes in prevalence, together with population growth and ageing, are affecting the number of adults with diabetes.
Methods
We pooled data from population-based studies that had collected data on diabetes through measurement of its biomarkers. We used a Bayesian hierarchical model to estimate trends in diabetes prevalence—defined as fasting plasma glucose of 7·0 mmol/L or higher, or history of diagnosis with diabetes, or use of insulin or oral hypoglycaemic drugs—in 200 countries and territories in 21 regions, by sex and from 1980 to 2014. We also calculated the posterior probability of meeting the global diabetes target if post-2000 trends continue.
Findings
We used data from 751 studies including 4 372 000 adults from 146 of the 200 countries we make estimates for. Global age-standardised diabetes prevalence increased from 4·3% (95% credible interval 2·4–7·0) in 1980 to 9·0% (7·2–11·1) in 2014 in men, and from 5·0% (2·9–7·9) to 7·9% (6·4–9·7) in women. The number of adults with diabetes in the world increased from 108 million in 1980 to 422 million in 2014 (28·5% due to the rise in prevalence, 39·7% due to

population growth and ageing, and 31·8% due to interaction of these two factors). Age-standardised adult diabetes prevalence in 2014 was lowest in northwestern Europe, and highest in Polynesia and Micronesia, at nearly 25%, followed by Melanesia and the Middle East and north Africa. Between 1980 and 2014 there was little change in age-standardised diabetes prevalence in adult women in continental western Europe, although crude prevalence rose because of ageing of the population. By contrast, age-standardised adult prevalence rose by 15 percentage points in men and women in Polynesia and Micronesia. In 2014, American Samoa had the highest national prevalence of diabetes (>30% in both sexes), with age-standardised adult prevalence also higher than 25% in some other islands in Polynesia and Micronesia. If post-2000 trends continue, the probability of meeting the global target of halting the rise in the prevalence of diabetes by 2025 at the 2010 level worldwide is lower than 1% for men and is 1% for women. Only nine countries for men and 29 countries for women, mostly in western Europe, have a 50% or higher probability of meeting the global target.

Interpretation

Since 1980, age-standardised diabetes prevalence in adults has increased, or at best remained unchanged, in every country. Together with population growth and ageing, this rise has led to a near quadrupling of the number of adults with diabetes worldwide. The burden of diabetes, both in terms of prevalence and number of adults affected, has increased faster in low-income and middle-income countries than in high-income countries.

Funding

Wellcome Trust.

Articles

Guillain-Barré Syndrome outbreak associated with Zika virus infection in French Polynesia: a case-control study

Van-Mai Cao-Lormeau, Alexandre Blake, Sandrine Mons, Stéphane Lastère, Claudine Roche, Jessica Vanhomwegen, Timothée Dub, Laure Baudouin, Anita Teissier, Philippe Larre, Anne-Laure Vial, Christophe Decam, Valérie Choumet, Susan K Halstead, Hugh J Willison, Lucile Musset, Jean-Claude Manuguerra, Philippe Despres, Emmanuel Fournier, Henri-Pierre Mallet, Didier Musso, Arnaud Fontanet, Jean Neil, Frédéric GhawchéPublished Online: 29 February 2016

DOI: http://dx.doi.org/10.1016/S0140-6736(16)00562-6

Summary

Background

Between October, 2013, and April, 2014, French Polynesia experienced the largest Zika virus outbreak ever described at that time. During the same period, an increase in Guillain-Barré syndrome was reported, suggesting a possible association between Zika virus and Guillain-Barré syndrome. We aimed to assess the role of Zika virus and dengue virus infection in developing Guillain-Barré syndrome.

Methods

In this case-control study, cases were patients with Guillain-Barré syndrome diagnosed at the Centre Hospitalier de Polynésie Française (Papeete, Tahiti, French Polynesia) during the outbreak period. Controls were age-matched, sex-matched, and residence-matched patients who presented at the hospital with a non-febrile illness (control group 1; n=98) and age-matched patients with acute Zika virus disease and no neurological symptoms (control group 2; n=70). Virological investigations included RT-PCR for Zika virus, and both microsphere immunofluorescent and seroneutralisation assays for Zika virus and dengue virus. Anti-glycolipid reactivity was studied in patients with Guillain-Barré syndrome using both ELISA and combinatorial microarrays.

Findings
42 patients were diagnosed with Guillain-Barré syndrome during the study period. 41 (98%) patients with Guillain-Barré syndrome had anti-Zika virus IgM or IgG, and all (100%) had neutralising antibodies against Zika virus compared with 54 (56%) of 98 in control group 1 ($p<0·0001$). 39 (93%) patients with Guillain-Barré syndrome had Zika virus IgM and 37 (88%) had experienced a transient illness in a median of 6 days (IQR 4–10) before the onset of neurological symptoms, suggesting recent Zika virus infection. Patients with Guillain-Barré syndrome had electrophysiological findings compatible with acute motor axonal neuropathy (AMAN) type, and had rapid evolution of disease (median duration of the installation and plateau phases was 6 [IQR 4–9] and 4 days [3–10], respectively). 12 (29%) patients required respiratory assistance. No patients died. Anti-glycolipid antibody activity was found in 13 (31%) patients, and notably against GA1 in eight (19%) patients, by ELISA and 19 (46%) of 41 by glycoarray at admission. The typical AMAN-associated anti-ganglioside antibodies were rarely present. Past dengue virus history did not differ significantly between patients with Guillain-Barré syndrome and those in the two control groups (95%, 89%, and 83%, respectively).
Interpretation
This is the first study providing evidence for Zika virus infection causing Guillain-Barré syndrome. Because Zika virus is spreading rapidly across the Americas, at risk countries need to prepare for adequate intensive care beds capacity to manage patients with Guillain-Barré syndrome.
Funding
Labex Integrative Biology of Emerging Infectious Diseases, EU 7th framework program PREDEMICS. and Wellcome Trust.

Review
Increasing value and reducing waste in biomedical research: who's listening?
David Moher, Paul Glasziou, Iain Chalmers, Mona Nasser, Patrick M M Bossuyt, Daniël A Korevaar, Ian D Graham, Philippe Ravaud, Isabelle Boutron
Summary
The biomedical research complex has been estimated to consume almost a quarter of a trillion US dollars every year. Unfortunately, evidence suggests that a high proportion of this sum is avoidably wasted. In 2014, The Lancet published a series of five reviews showing how dividends from the investment in research might be increased from the relevance and priorities of the questions being asked, to how the research is designed, conducted, and reported. 17 recommendations were addressed to five main stakeholders—funders, regulators, journals, academic institutions, and researchers. This Review provides some initial observations on the possible effects of the Series, which seems to have provoked several important discussions and is on the agendas of several key players. Some examples of individual initiatives show ways to reduce waste and increase value in biomedical research. This momentum will probably move strongly across stakeholder groups, if collaborative relationships evolve between key players; further important work is needed to increase research value. A forthcoming meeting in Edinburgh, UK, will provide an initial forum within which to foster the collaboration needed.

The Lancet Infectious Diseases
Apr 2016 Volume 16 Number 4 p385-506 e34-e63
http://www.thelancet.com/journals/laninf/issue/current
[Reviewed earlier]

Lancet Global Health
Apr 2016 Volume 4 Number 4 e215-e286
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[Reviewed earlier]

Maternal and Child Health Journal
Volume 20, Issue 4, April 2016
http://link.springer.com/journal/10995/20/4/page/1
Commentary
Catalyzing a Reproductive Health and Social Justice Movement
Sarah Verbiest, Christina Kiko Malin, Mario Drummonds…
Abstract
Objectives The maternal and child health (MCH) community, partnering with women and their families, has the potential to play a critical role in advancing a new multi-sector social movement focused on creating a women's reproductive and economic justice agenda. Since the turn of the twenty-first century, the MCH field has been planting seeds for change. The time has come for this work to bear fruit as many states are facing stagnant or slow progress in reducing infant mortality, increasing maternal death rates, and growing health inequities. Methods This paper synthesizes three current, interrelated approaches to addressing MCH challenges—life course theory, preconception health, and social justice/reproductive equity. Conclusion Based on these core constructs, the authors offer four directions for advancing efforts to improve MCH outcomes. The first is to ensure access to quality health care for all. The second is to facilitate change through critical conversations about challenging issues such as poverty, racism, sexism, and immigration; the relevance of evidence-based practice in disenfranchised communities; and how we might be perpetuating inequities in our institutions. The third is to develop collaborative spaces in which leaders across diverse sectors can see their roles in creating equitable neighborhood conditions that ensure optimal reproductive choices and outcomes for women and their families. Last, the authors suggest that leaders engage the MCH workforce and its consumers in dialogue and action about local and national policies that address the social determinants of health and how these policies influence reproductive and early childhood outcomes.

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April 2016; 36 (3)
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December 2015 Volume 93, Issue 4 Pages 651–883
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Volume 532 Number 7597 pp5-142 7 April 2016
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Editorials
Viral complacency
The first outbreak of yellow fever in Angola in almost 30 years illustrates the danger of a short attention span when confronting epidemic threats.

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[Reviewed earlier]

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April 2016, VOLUME 137 / ISSUE 4
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Volume 34, Issue 4, April 2016
http://link.springer.com/journal/40273/34/4/page/1
Original Research Article
What Can We Expect from Value-Based Funding of Medicines? A Retrospective Study
Anthony Harris, Jing Jing Li, Karen Yong
Abstract

Objective
Deciding on public funding for pharmaceuticals on the basis of value for money is now widespread. We suggest that evidence-based assessment of value has restricted the availability of medicines in Australia in a way that reflects the relative bargaining power of government and the pharmaceutical industry. We propose a simple informal game-theoretic model of bargaining between the funding agency and industry and test its predictions using a logistic multiple regression model of past funding decisions made by the Pharmaceutical Benefits Advisory Committee in Australia.
Method
The model estimates the probability of a drug being recommended for subsidy as a function of incremental cost per quality-adjusted life-year (QALY), as well as other drug and market characteristics. Data are major submissions or resubmissions from 1993 to 2009 where there was a claim of superiority and evidence of a difference in quality of life. Independent variables measure the incremental cost per QALY, the cost to the public budget, the strength and quality of the clinical and economic evidence, need as measured by severity of illness and the availability of alternative treatments, whether or not a resubmission, and newspaper reports as a measure of public pressure. We report the odds ratio for each variable and calculate the ratio of the marginal effect of each variable to the marginal effect of the cost per QALY as a measure of the revealed willingness to pay for each of the variables that influence the decision.
Results
The results are consistent with a bargaining model where a 10,000 Australian dollar ($A) fall in value (increase in cost per QALY) reduces the average probability of public funding from 37 to 33 % (95 % CI 34–32). If the condition is life threatening or the drug has no active comparator, then the odds of a positive recommendation are 3.18 (95 % CI 1.00–10.11) and 2.14 (95 % CI 0.95–4.83) greater, equivalent to a $A33,000 and a $A21,000 increase in value (fall in cost per QALY). If both conditions are met, the odds are increased by 4.41 (95 % CI 1.28–15.24) times, equivalent to an increase in value of $A46,000. Funding is more likely as time elapses and price falls, but we did not find clear evidence that public or corporate pressure influences decisions.
Conclusion
Evidence from Australia suggests that the determinants of public funding and pricing decisions for medicines reflect the relative bargaining power of government and drug companies. Value for money depends on the quality of evidence, timing, patient need, perceived benefit and opportunity cost; these factors reflect the potential gains from striking a bargain and the risk of loss from not doing so

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[Accessed 9 April 2016]
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Editorial
Neglected Tropical Diseases in the Anthropocene: The Cases of Zika, Ebola, and Other Infections
Peter J. Hotez
| published 08 Apr 2016 | PLOS Neglected Tropical Diseases
http://dx.doi.org/10.1371/journal.pntd.0004648

Effects of Mother's Illness and Breastfeeding on Risk of Ebola Virus Disease in a Cohort of Very Young Children
Hilary Bower, Sembia Johnson, Mohamed S. Bangura, Alie Joshua Kamara, Osman Kamara, Saidu H. Mansaray, Daniel Sesay, Cecilia Turay, Francesco Checchi, Judith R. Glynn
Research Article | published 08 Apr 2016 | PLOS Neglected Tropical Diseases

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[Accessed 9 April 2016]
Research Article
Effectiveness of the 10-Valent Pneumococcal Conjugate Vaccine (PCV-10) in Children in Chile: A Nested Case-Control Study Using Nationwide Pneumonia Morbidity and Mortality Surveillance Data
Janepsy Diaz, Solana Terrazas, Ana L. Bierrenbach, Cristiana M. Toscano, Gizelton P. Alencar, Andrés Alvarez, Maria T. Valenzuela, Jon Andrus, Roberto del Aguila, Juan C. Hormazábal, Pamela Araya, Paola Pidal, Cuauhtemoc R. Matus, Lucia H. de Oliveira
Research Article | published 08 Apr 2016 | PLOS ONE
http://dx.doi.org/10.1371/journal.pone.0153141

Predicting and Evaluating the Epidemic Trend of Ebola Virus Disease in the 2014-2015 Outbreak and the Effects of Intervention Measures
Zuiyuan Guo, Dan Xiao, Dongli Li, Xiuhong Wang, Yayu Wang, Tiecheng Yan, Zhiqi Wang
Research Article | published 06 Apr 2016 | PLOS ONE
http://dx.doi.org/10.1371/journal.pone.0152438

Optimizing Real-Time Vaccine Allocation in a Stochastic SIR Model
Chantal Nguyen, Jean M. Carlson
Research Article | published 04 Apr 2016 | PLOS ONE
http://dx.doi.org/10.1371/journal.pone.0152950
Abstract

Real-time vaccination following an outbreak can effectively mitigate the damage caused by an infectious disease. However, in many cases, available resources are insufficient to vaccinate the entire at-risk population, logistics result in delayed vaccine deployment, and the interaction between members of different cities facilitates a wide spatial spread of infection. Limited vaccine, time delays, and interaction (or coupling) of cities lead to tradeoffs that impact the overall magnitude of the epidemic. These tradeoffs mandate investigation of optimal strategies that minimize the severity of the epidemic by prioritizing allocation of vaccine to specific subpopulations. We use an SIR model to describe the disease dynamics of an epidemic which breaks out in one city and spreads to another. We solve a master equation to determine the resulting probability distribution of the final epidemic size. We then identify tradeoffs between vaccine, time delay, and coupling, and we determine the optimal vaccination protocols resulting from these tradeoffs.

A Performance Analysis of Public Expenditure on Maternal Health in Mexico
Edson Servan-Mori, Leticia Avila-Burgos, Gustavo Nigenda, Rafael Lozano
Research Article | published 04 Apr 2016 | PLOS ONE
http://dx.doi.org/10.1371/journal.pone.0152635

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http://journals.plos.org/plospathogens/
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[No new relevant content identified]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
http://www.pnas.org/content/early/
(Accessed 9 April 2016)
[No new relevant content identified]

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

Prehospital & Disaster Medicine
Volume 31 - Issue 02 - April 2016
https://journals.cambridge.org/action/displayIssue?jid=PDM&tab=currentissue
[Reviewed earlier]

Preventive Medicine
Volume 85, Pages 1-118 (April 2016)
http://www.sciencedirect.com/science/journal/00917435/85
[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 9 Issue 1 April 2016
http://phe.oxfordjournals.org/content/current
[Reviewed earlier]

Public Health Reports
Volume 131 , Issue Number 2 March/April 2016
http://www.publichealthreports.org/issuecontents.cfm?Volume=131&Issue=2
[Reviewed earlier]

Qualitative Health Research
April 2016; 26 (5)
http://qhr.sagepub.com/content/current
Special Issue: Qualitative Contributions to Quantitative Inquiry
[Reviewed earlier]

Reproductive Health
http://www.reproductive-health-journal.com/content
[Accessed 9 April 2016]
No relevant content identified]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
February 2016 Vol. 39, No. 2
http://www.paho.org/journal/
[Reviewed earlier]

Risk Analysis
March 2016 Volume 36, Issue 3 Pages 431–638
http://onlinelibrary.wiley.com/doi/10.1111/risa.2016.36.issue-3/issuetoc
[Reviewed earlier]

Science

08 April 2016 Vol 352, Issue 6282
http://www.sciencemag.org/current.dtl
Special Issue: Metastasis

In Depth
Infectious Diseases
Yellow fever outbreak triggers vaccine alarm
Kai Kupferschmidt
Science 08 Apr 2016:
Vol. 352, Issue 6282, pp. 128-129
DOI: 10.1126/science.352.6282.128
Summary
A big yellow fever outbreak in Angola has depleted the world's emergency vaccine stockpile and raised worries that future outbreaks of the mosquito-borne virus could be impossible to control. The Angolan outbreak has caused 490 confirmed cases and 198 deaths so far, but experts say the real toll may be 10 times as high. A vaccination campaign has already reached 6 million people in Luanda, where the outbreak began, but the disease has spread to other provinces as well and the vaccine is running out. Only four facilities in the world produce yellow fever vaccine, and their production methods are antiquated and difficult to scale up. Additional outbreaks in other African cities, or in Asia, where yellow fever has never gained a foothold, could be catastrophic, experts say.

Science Translational Medicine
06 April 2016 Vol 8, Issue 333
http://stm.sciencemag.org/
Perspective
A "datathon" model to support cross-disciplinary collaboration
By Jerôme Aboab, Leo Anthony Celi, Peter Charlton, Mengling Feng, Mohammad Ghassemi, Dominic C. Marshall, Louis Mayaud, Tristan Naumann, Ned McCague, Kenneth E. Paik, Tom J. Pollard, Matthieu Resche-Rigon, Justin D. Salciccioli, David J. Stone
Science Translational Medicine06 Apr 2016 : 333ps8
A "datathon" model combines complementary knowledge and skills to formulate inquiries and drive research that addresses information gaps faced by clinicians.

Social Science & Medicine
Volume 153, Pages 1-266 (March 2016)
http://www.sciencedirect.com/science/journal/02779536/153
[Reviewed earlier]

Tropical Medicine & International Health
April 2016 Volume 21, Issue 4 Pages 455–567
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2016.21.issue-3/issuetoc
Series: who cares for women? Towards a greater understanding of reproductive and maternal healthcare markets

Family planning, antenatal and delivery care: cross-sectional survey evidence on levels of coverage and inequalities by public and private sector in 57 low- and middle-income countries (pages 486–503)
Oona M. R. Campbell, Lenka Benova, David MacLeod, Rebecca F. Baggaley, Laura C. Rodrigues, Kara Hanson, Timothy Powell-Jackson, Loveday Penn-Kekana, Reen Polonsky, Katharine Footman, Alice Vahanian, Shreya K. Pereira, Andreia Costa Santos, Veronique G. A. Filippi, Caroline A. Lynch and Catherine Goodman
Article first published online: 7 MAR 2016 | DOI: 10.1111/tmi.12681

Why women bypass front-line health facility services in pursuit of obstetric care provided elsewhere: a case study in three rural districts of Tanzania (pages 504–514)
A. M. Kanté, A. Exavery, J. F. Phillips and E. F. Jackson
Article first published online: 17 FEB 2016 | DOI: 10.1111/tmi.12672

Measuring the impact of non-monetary incentives on facility delivery in rural Zambia: a clustered randomised controlled trial (pages 515–524)
P. Wang, A. L. Connor, E. Guo, M. Nambao, P. Chanda-Kapata, N. Lambo and C. Phiri
Article first published online: 3 APR 2016 | DOI: 10.1111/tmi.12678

Criteria-based audit of caesarean section in a referral hospital in rural Tanzania (pages 525–534)
S. Heemelaar, E. Nelissen, P. Mdoe, H. Kidanto, J. van Roosmalen and J. Stekelenburg
Article first published online: 4 MAR 2016 | DOI: 10.1111/tmi.12683

Characteristics of neonatal near miss in hospitals in Benin, Burkina Faso and Morocco in 2012–2013 (pages 535–545)
Carine Ronsmans, Jenny A. Cresswell, Sourou Goufodji, Schadrac Agbla, Rasmané Ganaba, Bouchra Assarag, Oscar Tonouhéoua, Cheick Diallo, Fatima-Zahra Meski and Véronique Filippi
Article first published online: 4 MAR 2016 | DOI: 10.1111/tmi.12682

Decreasing child mortality, spatial clustering and decreasing disparity in North-Western Burkina Faso (pages 546–555)
Heiko Becher, Olaf Müller, Peter Dambach, Sabine Gabrysch, Louis Niamba, Osman Sankoh, Seraphin Simboro, Anja Schoeps, Gabriele Stieglbauer, Yazoume Yé and Ali Sié
Article first published online: 19 FEB 2016 | DOI: 10.1111/tmi.12673

Vaccine
Volume 34, Issue 18, Pages 2051-2156 (19 April 2016)
http://www.sciencedirect.com/science/journal/0264410X/34/18
[Reviewed earlier]

Vaccine: Development and Therapy
https://www.dovepress.com/vaccine-development-and-therapy-archive111
(Accessed 9 April 2016)
[No new content]

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 9 April 2016)
[No new content]

Value in Health
March – April 2016 Volume 19, Issue 2, p123-296
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

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

Clinical trials
2016 Feb 11. pii: 1740774515625976. [Epub ahead of print]
A cluster randomized controlled trial comparing relative effectiveness of two licensed influenza vaccines in US nursing homes: Design and rationale.
S Gravenstein, R Dahal, PL Gozalo, HE Davidson…
Abstract
BACKGROUND:
Influenza, the most important viral infection affecting older adults, produces a substantial burden in health care costs, morbidity, and mortality. Influenza vaccination remains the mainstay in prevention and is associated with reduced rates of hospitalization, stroke, heart attack, and death in non-institutional older adult populations. Influenza vaccination produces considerably lower antibody response in the elderly compared to young adults. Four-fold higher vaccine antigen (high-dose) than in the standard adult vaccine (standard-dose) elicits higher serum antibody levels and antibody response in ambulatory elderly.
PURPOSE:
To describe the design considerations of a large clinical trial of high-dose compared to standard-dose influenza vaccine in nursing homes and baseline characteristics of participating nursing homes and long-stay (more than 90 days) residents over 65 years of age.
METHODS:
The high-dose influenza vaccine intervention trial is multifacility, cluster randomized controlled trial with a 2×2 factorial design that compares hospitalization rates, mortality, and functional decline among long-stay nursing home residents in facilities randomized to receive high-dose versus standard-dose influenza vaccine and also randomized with or without free staff vaccines provided by study organizers. Enrollment focused on nursing homes with a large long-stay resident population over 65 years of age. The primary outcome is the resident-level incidence of hospitalization with a primary diagnosis of pulmonary and influenza-like illness, based upon Medicare inpatient hospitalization claims. Secondary outcomes are all-cause mortality based upon the vital status indicator in the Medicare Vital Status file, all-cause hospitalization directly

from the nursing home Minimum Data Set discharge records, and the probability of declining at least 4 points on the 28-point Activities of Daily Living Scale.
RESULTS:
Between February and September 2013, the high-dose influenza vaccine trial recruited and randomized 823 nursing homes. The analysis sample includes 53,035 long-stay nursing home residents over 65 years of age, representing 57.7% of the participating facilities' population. Residents are mainly women (72.2%), white (75.5%), with a mean age of 83 years. Common conditions include hypertension (79.2%), depression (55.1%), and diabetes mellitus (34.4%). The prevalence of circulatory and pulmonary disorders includes heart failure (20.5%), stroke (20.1%), and asthma/chronic obstructive pulmonary disease (20.2%).
CONCLUSIONS:
This high-dose influenza vaccine trial uniquely offers a paradigm for future studies of clinical and programmatic interventions within the framework of efforts designed to test the impact of changes in usual treatment practices adopted by health care systems.
TRIAL REGISTRATION:
NCT01815268

Social Science & Medicine
Available online 4 April 2016
Of Natural Bodies and Antibodies: Parents' Vaccine Refusal and the Dichotomies of Natural and Artificial
JA Reich
Abstract
Despite eliminating incidences of many diseases in the United States, parents are increasingly rejecting vaccines for their children. This article examines the reasons parents offer for doing so. It argues that parents construct a dichotomy between the natural and the artificial, in which vaccines come to be seen as unnecessary, ineffective, and potentially dangerous. Using qualitative data from interviews and observations, this article shows first, how parents view their children's bodies, particularly from experiences of birth and with infants, as naturally perfect and in need of protection. Second, parents see vaccines as an artificial intervention that enters the body unnaturally, through injection. Third, parents perceive immunity occurring from illness to be natural and superior and immunity derived from vaccines as inferior and potentially dangerous. Finally, parents highlight the ways their own natural living serves to enhance their children's immunity rendering vaccines unnecessary. Taken together, this dichotomy allows parents to justify rejection of vaccines as a form of protecting children's health. These findings expose perceptions of science, technology, health, and the meanings of the body in ways that can inform public health efforts.

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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 9 April 2016
What Zika Researchers Can Learn From the Rubella Outbreak of 1964
The viruses have key similarities that may help scientists respond to a possible epidemic.
Adrienne LaFrance
Apr 6, 2016
…"What we learned about rubella and pregnancy, and how we learned it—we are definitely looking to those lessons as we learn more every day about Zika virus," said Peggy Honein, who is a leading researcher into birth defects on the Centers for Disease Control's Zika Response Team…

BBC
http://www.bbc.co.uk/
Accessed 9 April 2016
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 9 April 2016
[No new, unique, relevant content]

Financial Times
http://www.ft.com/home/uk
Accessed 9 April 2016
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 9 April 2016
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 9 April 2016
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 9 April 2016
White House Shifts Ebola Funds to Try to Stop Spread of Zika

HHS chief says Zika's arrival in the U.S. is a matter of when, not if.
David Francis | April 6, 2016

The Guardian
http://www.guardiannews.com/
Accessed 9 April 2016
Pakistan and Afghanistan join forces to wipe out polio
Islamic scholars have been countering the Taliban's anti-vaccine campaign, accompanying health workers to urge parents to inoculate their children
Ashfaq Yusufzai for IPS, part of the Guardian's development network
Tuesday 5 April 2016 07.27 EDT

Pakistan and Afghanistan, the two remaining countries where polio is endemic, have joined forces to eradicate polio by vaccinating their children in synchronised campaigns.

The countries – which share a 2,400km porous border – have been bracketed as the major stumbling block in the drive for the global eradication of polio. These countries have been tackling the Taliban's opposition to the administration of oral polio vaccine (OPV) to children.

Peshawar, the capital of Khyber Pakhtunkhwa (KP), along with the adjacent Federally Administered Tribal Areas (Fata), as well as the adjoining Nangarhar province of Afghanistan, have been declared a polio-endemic geographical block by the World Health Organisation.

"We have started synchronised immunisation campaigns in KP, Fata and Afghanistan with a view to ensure vaccination of all children on both sides of the border," said KP's health minister, Shahram Tarakai.

"There are about 100,000 children [whose parents] refuse vaccination on both sides of the border. They pose a threat to the polio eradication campaign. Each child should get vaccinated," he said.

The government has enlisted the support of Islamic scholars to combat refusals against OPV, said KP's top polio officer, Dr Ayub Roz.

Taliban groups have been campaigning against OPV because they consider it a ploy by the US to render recipients impotent or infertile, and reduce the population of Muslims.

Ayub Roz said scholars have been involved in the vaccination campaigns to dispel the myth that OPV was against Islam and that it affected fertility.

Maulana Samiul Haq, chief of Pakistan's Islamic seminary Darul Uloom Haqqani in Akora Khattak, has been given the task of countering the Taliban's anti-vaccine campaign. He said the scholars have been engaged to accompany health workers and urge parents that OPV is important for their kids to safeguard them against disabilities.

"It is the responsibility of the parents to protect their children against diseases and provide them with safe and healthy environments. We have convinced 10,000 parents since January on vaccination of their children," he said…

Mail & Guardian
http://mg.co.za/
Accessed 9 April 2016
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 9 April 2016
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 9 April 2016
The Opinion Pages | Op-Ed Contributor
Zika Is Coming
By PETER J. HOTEZAPRIL 8, 2016
Houston — IF I were a pregnant woman living on the Gulf Coast or in Florida, in an impoverished neighborhood in a city like Houston, New Orleans, Miami, Biloxi, Miss., or Mobile, Ala., I would be nervous right now. If mosquitoes carrying the Zika virus reach the United States later this spring or summer, these are the major urban areas where the sickness will spread. If we don't intervene now, we could begin seeing newborns with microcephaly and stunted brain development on the obstetrics wards in one or more of these places.

There are many theories for Zika's rapid rise, but the most plausible is that the virus mutated from an African to a pandemic strain a decade or more ago and then spread east across the Pacific from Micronesia and French Polynesia, until it struck Brazil. There, it infected more than a million people over the last one to two years. Today, the extremely poor cities of Brazil's northeastern states make up the epicenter of the epidemic.

There are three reasons that Zika has slammed this particular part of Brazil: the presence of the main mosquito species that carries the virus and transmits it to humans, Aedes aegypti; overcrowding; and extreme poverty.

In crowded places, mosquitoes have lots of access to lots of people. Poor people often live in proximity to garbage, including old tires, plastic containers and drainage ditches filled with stagnant water, where this species of mosquito lives and breeds. And they often have homes with torn screens on their windows. The combination creates ideal conditions for the Zika virus to spread.

The same factors are present in the poorest urban areas of coastal Texas, Louisiana, Mississippi and Alabama, in addition to South Florida, and an area around Tucson. In the Fifth Ward of Houston (a historically African-American neighborhood that was populated by freed slaves after the Civil War), just a few miles from the medical center where I work, there is an astonishing level of extreme poverty. A brief tour reveals water-filled drainage ditches in place of gutters, as well as evidence of dumping — a common practice in which people toss old tires and other garbage into residential areas rather than designated landfill sites — right next to shabby and crumbling housing.

These are also the major areas in the continental United States where Aedes aegypti is found. This mosquito has transmitted viruses such as yellow fever and dengue throughout the Gulf Coast for centuries. Most recently, in 2003, it transmitted an outbreak of dengue here in Houston that was associated with at least two deaths.
It's only April, but temperatures are hitting the 80s in the afternoons, and Aedes mosquitoes are already here. By May or June we will start seeing those mosquitoes in much larger numbers.

I develop vaccines for neglected tropical diseases. Several Zika vaccines are being created, but none will be ready in time for this year's epidemic. In place of a vaccine we need a robust program of mosquito control and environmental cleanup in the poorest neighborhoods of our Gulf Coast cities and in Florida. This should include removing garbage and debris, and installing gutters to replace drainage ditches. We need to improve access to contraception, and provide pregnant women with proper window screens for their homes and information about the risk of Zika. Finally, we will need to train teams to visit homes in poor neighborhoods and instruct occupants on how to empty water containers and spray for mosquitoes, just as we are doing now in Puerto Rico.

At the federal level this effort would need to bring in the Environmental Protection Agency, the Centers for Disease Control and Prevention and the Department of Housing and Urban Development. But we'll also need parallel approaches at the state, county and city levels. This coordination is labor intensive and will not be easy, but if we don't start working now, by the end of the year, I am afraid we will see microcephaly cases in Houston and elsewhere on the Gulf Coast. This could be a catastrophe to rival Hurricane Katrina or other recent miseries that disproportionately affect the poor. Zika is a potentially devastating health crisis headed for our region, and we might have only a few weeks to stop it before pregnant women become infected.

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 9 April 2016
Business
J&J Makes Renewed Push Into Africa
By Betsy McKay, Jonathan D. Rockoff
April 5, 2016 7:03 pm ET

Washington Post
http://www.washingtonpost.com/
Accessed 9 April 2016
'It's everyone's worst fear': How a small college survived an outbreak
After students were diagnosed with meningitis, Santa Clara University launched the fastest-ever mobilization of a mass vaccination clinic in the country, according to the county health department
Susan Svrluga | Local | Apr 7, 2016

Here's why the WHO responded so differently to Zika and Ebola
By Amy S. Patterson April 4

Think Tanks et al

Brookings
http://www.brookings.edu/
Accessed 9 April 2016
[No new relevant content]

Center for Global Development

http://www.cgdev.org/
Accessed 9 April 2016
[No new relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 9 April 2016
[No new relevant content]

CSIS Center for Strategic and International Studies
http://csis.org/press/browse/all/all/press_release
Accessed 9 April 2016
Global Health Programs and Partnerships
Evidence of Mutual Benefit and Equity
By J. Stephen Morrison, Jonathan A. Muir, Jessica Farley, Allison Osterman, Stephen E. Hawes, Keith Martin, J. Stephen Morrison, King K. Holmes
Apr 1, 2016 Publisher CSIS/Rowman & Littlefield
ISBN 978-1-4422-5908-9 (pb); 978-1-4422-5909-6 (eBook)
Pdf: http://csis.org/files/publication/160315_Muir_GlobalHealthPrograms_Web.pdf
Overview
Academic global health programs are proliferating, and global health partnerships between North American academic institutions and institutions in low- and middle-income countries are steadily increasing. This study employs surveys and key informant interviews to examine global health partnerships, and it presents a framework for success to guide the development of sustainable global health programs and partnerships with measurable, defined impact. Eighty-two North American academic institutions and 46 international partnering institutions participated in the survey. Key informant interviews were conducted with global health leaders at 15 North American academic institutions and 11 partnering international institutions. Quantitative data were analyzed using linear regression, and qualitative data were used in thematic analyses. The surveys and interviews provide evidence of mutual benefits resulting from these global health partnerships, as well as areas for further development and improvement.

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

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