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

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

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

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

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

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World Health Assembly - WHA69

Geneva 23-28 May 2016.
:: Provisional agenda

:: WHA journal, issue 1 23 May 2016
:: **Live webcast – WHA 69**
This year for the first time many sessions of the World Health Assembly will be available by a live web cast, 18–26 May 2015.

:: Main Documents *[Editor's selection]*
A69/15 - Health in the 2030 Agenda for Sustainable Development

A69/16 - Operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health

A69/21 - Implementation of the International Health Regulations (2005)
Report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response

A69/22 - Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

A69/22 Add.1 - Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
Report of the Special Session of the Pandemic Influenza Preparedness Framework Advisory Group

A69/23 - Smallpox eradication: destruction of variola virus stocks

A69/24 A69/24 Add.1 - Global action plan on antimicrobial resistance

A69/25 – Poliomyelitis

A69/26 - WHO response in severe, large-scale emergencies

A69/27 - Promoting the health of migrants

A69/29 - Options for strengthening information-sharing on diagnostic, preventive and therapeutic products and for enhancing WHO's capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers

A69/30 - Reform of WHO's work in health emergency management
WHO Health Emergencies Programme

A69/31 - Draft global health sector strategies
HIV, 2016–2021

A69/32 - Draft global health sector strategies
Viral hepatitis, 2016–2021

A69/34 - Global vaccine action plan

A69/42 - Addressing the global shortages of medicines, and the safety and accessibility of children's medication

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Health and the World Humanitarian Summit

This 23-24 May, the global community will come together in Istanbul, Turkey for the first ever World Humanitarian Summit. Convened by the UN Secretary-General, the Summit aims to gather the best ideas on how to deliver humanitarian assistance more effectively and efficiently, to achieve real impact in the lives of people affected by crises.
:: Visit the World Humanitarian Summit website
:: Read the report of the UN Secretary-General for the World Humanitarian Summit

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Zika virus [to 21 May 2016]
Public Health Emergency of International Concern (PHEIC)
http://www.who.int/emergencies/zika-virus/en/

WHO confirms Zika virus strain imported from the Americas to Cabo Verde
News Release
20 MAY 2016 | BRAZZAVILLE - Sequencing of the virus in Cabo Verde by Institut Pasteur, Dakar confirms that the Zika virus currently circulating in Cabo Verde is the same as the one circulating in the Americas - the Asian type- and was most likely imported from Brazil. This is the first time that the Zika strain responsible for the outbreaks linked to neurological disorders and microcephaly has been detected in Africa.

"The findings are of concern because it is further proof that the outbreak is spreading beyond South America and is on the doorstep of Africa. This information will help African countries to re-evaluate their level of risk and adapt and increase their levels of preparedness," said Dr Matshidiso Moeti, WHO Regional Director for Africa.

As a first step, these countries should heighten risk communication to pregnant women to raise awareness of complications associated with the Asian type of Zika virus and promote protection steps to avoid mosquito bites as well as sexual transmission. In addition, countries should increase their surveillance for Zika transmission and congenital malformations, such as microcephaly, as well as Guillain-Barré syndrome.

Activated since February 2016, WHO Zika Virus Disease Incident Management System in Brazzaville and at Headquarters will continue to review existing risk assessments, increase surveillance, and assess laboratory testing capacity and support community engagement and risk communications in priority countries. In addition, WHO and its partners will support the countries in the African region to step up preparedness efforts for early detection, confirmation and management of potential complications related to Zika infection. The response will build on investments in strengthened systems made in West Africa during the Ebola emergency.

Zika in Cabo Verde

As of 8 May 2016, there have been 7557 suspected cases of Zika in Cabo Verde. Three cases of microcephaly have been reported from Cabo Verde with one case reported by the U.S. Centers for Disease Control and Prevention (CDC) after being delivered in the United States. So far, no case of Guillain-Barre Syndrome (GBS) has been reported from Cabo Verde.
WHO - Press Conference: Update on Zika Virus in Cabo Verde (Geneva, 20 May 2016)
[Video: 37:06]
20 May 2016 - WHO update on Zika virus in Cabo Verde. The speakers will present the latest development on Zika virus in Cabo Verde

WHO calls on countries to prepare as Zika virus expected to spread in Europe

18 May 2016

A new WHO report assesses the risk of a Zika virus disease outbreak occurring during late spring and summer in the European Region. While the overall risk is low to moderate, countries where Aedes mosquitoes are present are more likely to experience a Zika virus outbreak.

The report contains a series of actions that WHO recommends for countries, according to their likelihood of Zika transmission. WHO urges European countries, especially those with high and moderate likelihood of local Zika virus transmission, to follow these recommendations to prevent or rapidly contain a Zika virus disease outbreak.

WHO's support to European countries to prepare for and respond to health risks such as Zika virus disease is a key aspect of the reform of WHO's work in emergencies.

Zika situation report - 19 May 2016

Zika virus, Microcephaly and Guillain-Barré syndrome
Read the full situation report
Summary
:: As of 18 May 2016, 60 countries and territories report continuing mosquito-borne transmission of which:
…46 countries are experiencing a first outbreak of Zika virus since 2015, with no previous evidence of circulation, and with ongoing transmission by mosquitoes.
…14 countries reported evidence of Zika virus transmission between 2007 and 2014, with ongoing transmission.
…In addition, four countries or territories have reported evidence of Zika virus transmission between 2007 and 2014, without ongoing transmission: Cook Islands, French Polynesia, ISLA DE PASCUA – Chile and YAP (Federated States of Micronesia).

Person-to-person transmission:
:: Ten countries have reported evidence of person-to-person transmission of Zika virus, probably via a sexual route.
:: In the week to 18 May 2016, Argentina is the latest country to report mosquito-borne Zika virus transmission.
:: Microcephaly, and other fetal malformations potentially associated with Zika virus infection or suggestive of congenital infection, have been reported in eight countries or territories. Puerto Rico is the latest territory to report a case of microcephaly associated with Zika virus.
:: Two cases of microcephaly and other neurological abnormalities are currently under verification in Spain and Venezuela (Bolivarian Republic of)

:: In the context of Zika virus circulation, 13 countries and territories worldwide have reported an increased incidence of Guillain-Barré syndrome (GBS) and/or laboratory confirmation of a Zika virus infection among GBS cases. One GBS case associated with Zika virus infection in a returning traveller to the Netherlands has been reported.
:: Based on research to date, there is scientific consensus that Zika virus is a cause of
:: The global prevention and control strategy launched by the World Health Organization (WHO) as a Strategic Response Framework encompasses surveillance, response activities and research. Key interventions are being undertaken jointly by WHO and international, regional and national partners in response to this public health emergency. A draft of the Strategic Response Framework for the second half of 2016 will be shared with partners mid-May and finalized by mid-June.
:: WHO has developed new advice and information on diverse topics in the context of Zika virus. WHO's latest information materials, news and resources to support corporate and programmatic risk communication, and community engagement are available online.

Zika Open [to 21 May 2016]
[Bulletin of the World Health Organization]
:: All papers available here
No new papers posted

CDC/ACIP [to 21 May 2016]
http://www.cdc.gov/media/index.html
FRIDAY, MAY 20, 2016
Transcript for CDC Telebriefing: Zika Virus Update - 5-20-2016
DR. DENISE JAMIESON: Good morning. As of today, national reporting of the number of U.S. pregnant women affected by Zika virus will change. Previously CDC reported the number of pregnant women with Zika virus which included only pregnant women with symptoms or pregnancy complications consistent with Zika. CDC will now report pregnancy data from two enhanced surveillance systems (The U.S. Zika Pregnancy Registry and the Puerto Rico Active surveillance system. Both of these systems include pregnant women with any laboratory evidence of possible Zika virus infection with or without symptoms. The new reporting systems are the topic of a MMWR, which has just been released. And we also be shortly updating the pregnancy numbers on the CDC's website. I'll now turn it over to Dr. Margaret Honein for additional comments….

FRIDAY, MAY 20, 2016
CDC Changes Reporting of Numbers of Pregnant Women affected by Zika Virus

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EBOLA/EVD [to 21 May 2016]
"Threat to international peace and security" (UN Security Council)

[Editor's Note:

It appears that weekly Ebola Situation Reports have resumed. We will present the first page summary and risk assessment here.

EBOLA VIRUS DISEASE - SITUATION REPORT 19 MAY 2016

:: The Public Health Emergency of International Concern (PHEIC) related to Ebola in West Africa was lifted on 29 March 2016. A total of 28,616 confirmed, probable and suspected cases have been reported in Guinea, Liberia and Sierra Leone, with 11,310 deaths.

:: In the latest cluster, seven confirmed and three probable cases of Ebola virus disease (EVD) were reported between 17 March and 6 April from the prefectures of N'Zerekore (nine cases) and Macenta (one case) in south-eastern Guinea. In addition, having travelled to Monrovia, Liberia, the wife and two children of the Macenta case were confirmed as Ebola cases between 1 and 5 April.

:: The index case of this cluster (a 37-year-old female from Koropara sub-prefecture in N'Zerekore) had symptom onset on or around 15 February and died on 27 February without a confirmed diagnosis. The source of her infection is likely to have been due to exposure to infected body fluid from an Ebola survivor.

:: In Guinea, the last case tested negative for Ebola virus for the second time on 19 April. In Liberia, the last case tested negative for the second time on 28 April.

:: The 42-day (two incubation periods) countdown must elapse before the outbreak can be declared over in Guinea and Liberia. In Guinea, this is due to end on 31 May and in Liberia, this is due to end on 9 June.

:: Having contained the last Ebola virus outbreak in March 2016, Sierra Leone has maintained heightened surveillance with mandatory swabbing, testing of all reported deaths and prompt investigation and testing of all suspected cases. The swabbing policy will be reviewed on the 30 June.

Risk assessment:

For the outbreak to be declared over, a 42-day countdown must pass after the last case tested negative for Ebola virus for the second time. This countdown is due to elapse on 31 May in Guinea and on 9 June in Liberia. Until then, active surveillance in Guinea and Liberia will continue. The performance indicators suggest that Guinea, Liberia and Sierra Leone still have variable capacity to prevent, detect (epidemiological and laboratory surveillance) and respond to new outbreaks (Table 1). The risk of additional outbreaks originating from exposure to infected survivor body fluids remains and requires sustained mitigation through counselling on safe sex practices and testing of body fluids.

IOM Supports Guinea in Implementing Community Event-Based Surveillance System to Prevent Resurgence of Ebola

05/20/16

Guinea - IOM, in partnership with International Medical Corps (IMC), last week (14/05) officially launched the Community Event-Based Surveillance (CEBS) system in the Kindia Prefecture, in the south-western region of Guinea, along the border with Sierra Leone. This

brings to a total of four, the number of prefectures in which IOM is currently implementing the CEBS activities, after the Boke, Forecariah and Dubreka Prefectures.

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POLIO [to 21 May 2016]
Public Health Emergency of International Concern (PHEIC)

Polio this week as of 18 May 2016
:: From the 17 April to 1 May, 155 countries and territories participated in the historic trivalent to bivalent oral polio vaccine switch, withdrawing the type two component of the vaccine to protect future generations against circulating vaccine derived polioviruses. Track the switch live.

:: Preparing for the WHA: next week, health ministers from around the world will convene in Geneva for the annual World Health Assembly (WHA). Among other public health topics, delegates will review and discuss the latest global polio epidemiology. The GPEI has set up a WHA-specific polio website, with key documents to help guide discussions.

The Trivalent to Bivalent Oral Polio Vaccine Switch
:: Between 17 April and 1 May, the type 2 component of the oral polio vaccine (OPV) is being removed from use through a globally synchronized switch from the trivalent to bivalent oral polio vaccine. This is the first stage of objective 2 of the Polio Eradication and Endgame Strategic Plan 2013-2018 to withdraw OPV in a phased manner starting with the type 2 component following the eradication of wild poliovirus type 2 in September 2015.

:: Thanks to the efforts of a wide range of stakeholders from Ministries of Health, health workers, volunteers, switch monitors, WHO, UNCEF and partners of the World Health Organization, confirmation has been received that 152 countries have completed the switch.

:: Follow a live update of which countries have undergone the switch. Learn more about why the switch is such an important part of ensuring a polio-free world through this series of videos.

:: The following indicators are being carefully tracked to ensure the switch goes smoothly. As of 10 May:
…155 of 155 (100%) countries and territories have stopped using the trivalent oral polio vaccine.
…Independent monitoring to ensure the switch goes smoothly has begun in 151 countries (99%).
…The National Validation Committee has received switch monitoring data from 124 countries.
…The WHO Regional Office has received the National Validation Report from 124 countries.

Selected Country Levels Updates [excerpted]
Afghanistan
:: One new case of wild poliovirus type 1 (WPV1) was reported in the past week in Shahwalikot district of Kandahar, with onset of paralysis on 4 April. The total number of WPV1 cases for 2016 is now five, compared to one reported by this date in 2015.
Pakistan

:: One new case of wild poliovirus type 1 (WPV1) was reported in the past week, from Bannu district in Khyber Pakhtunkhwa (KP) province with onset of paralysis on 23 April. It is the most recent case in the country, and brings the total number of WPV1 cases for 2016 to ten.

National polio immunization campaign aims to vaccinate over 9 million children in Afghanistan

Kabul 16 May 2016 – The Ministry of Public Health, with the support of WHO and UNICEF, launched a national campaign today to vaccinate every child under the age of 5 against polio in Afghanistan. The immunization campaign will run throughout Afghanistan for 4 days with 65,000 trained health workers aiming to vaccinate over 9 million children.

During this polio immunization round all children aged 2–5 years will also receive de-worming tablets. These tablets prevent worm infections that cause anaemia, malnourishment and impaired mental and physical development in children, and improve children's overall health and development…

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Yellow Fever [to 21 May 2016]
http://www.who.int/emergencies/yellow-fever/en/

Meeting of the Emergency Committee under the International Health Regulations (2005) concerning Yellow Fever

WHO statement [Editor's text bolding]
19 May 2016
An Emergency Committee (EC) regarding yellow fever was convened by the Director-General under the International Health Regulations (2005) (IHR 2005) by teleconference on 19 May 2016, from 13:00 to 17:15 Central European Time1.

The following affected States Parties participated in the information session of the meeting: Angola and the Democratic Republic of Congo.

The WHO Secretariat briefed the Committee on the history and impact of the Yellow Fever Initiative, the urban outbreak of yellow fever in Luanda, Angola and its national and international spread to the Democratic Republic of Congo, China and Kenya. The Committee was provided with additional information on the evolving risk of urban yellow fever in Africa and the status of the global stockpile of yellow fever vaccine.

After discussion and deliberation on the information provided, it was the decision of the Committee that the urban yellow fever outbreaks in Angola and the Democratic Republic of the Congo is a serious public health event which warrants intensified national action and enhanced international support. **The Committee decided that based on the information provided the event does not at this time constitute a Public Health Emergency of International Concern (PHEIC).**

While not considering the event currently to constitute a PHEIC, Members of the Committee strongly emphasized the serious national and international risks posed

by urban yellow fever outbreaks and offered technical advice on immediate actions for the consideration of WHO and Member States in the following areas:
:: the acceleration of surveillance, mass vaccination, risk communications, community mobilization, vector control and case management measures in Angola and the Democratic Republic of Congo;

:: the assurance of yellow fever vaccination of all travellers, and especially migrant workers, to and from Angola and Democratic Republic of Congo;

:: the intensification of surveillance and preparedness activities, including verification of yellow fever vaccination in travellers and risk communications, in at-risk countries and countries having land borders with the affected countries.

The Committee also emphasized the need to manage rapidly any new yellow fever importations, thoroughly evaluate ongoing response activities, and quickly expand yellow fever diagnostic and confirmatory capacity. Recognizing the limited international supply of yellow fever vaccines, the Committee also advised the immediate application of the policy of 1 lifetime dose of yellow fever vaccine2 and the rapid evaluation of yellow fever vaccine dose-sparing strategies by the WHO Strategic Advisory Group of Experts on Immunization (SAGE).
Going forward, the Committee agreed with the planned review and revision of the global strategy for preventing urban yellow fever outbreaks in keeping with WHO's assessment that the risk of such events is increasing.

Based on these views and the currently available information, the Director-General accepted the Committee's assessment that the current yellow fever situation is serious and of great concern and requires intensified control measures, but does not constitute a PHEIC at this time.
The Director-General urges Member States to enforce the yellow fever vaccination requirement for travellers to and from Angola and the Democratic Republic of the Congo in accordance with the IHR (2005)3

The Director-General thanked the Committee for its thorough advice on priority actions for affected and at-risk countries, and on further yellow fever risk management work for WHO. The Director-General appreciated the concurrence of the Committee to be reconvened if needed.

Yellow Fever - Situation Report – 20 May 2016

Full Report:
http://apps.who.int/iris/bitstream/10665/206548/1/yellowfeversitrep_20May2016_eng.pdf?ua=1

Summary:

Three countries have reported confirmed yellow fever cases imported from Angola: Democratic Republic of The Congo (DRC) (39 cases), Kenya (two cases) and People's Republic of China (11 cases). This highlights the risk of international spread through non-immunised travellers.

Angola: 2420 suspected cases

As of 19 May 2016, Angola has reported 2420 suspected cases of yellow fever with 298 deaths. Among those cases, 736 have been laboratory confirmed. Despite vaccination

campaigns in Luanda, Huambo and Benguela provinces circulation of the virus in some districts persists.

Democratic Republic of The Congo: 44 laboratory confirmed cases
On 22 March 2016, the Ministry of Health of DRC confirmed cases of yellow fever in connection with Angola. The government officially declared the yellow fever outbreak on 23 April. As of 19 May, DRC has reported five probable cases and 44 laboratory confirmed cases: 42 imported from Angola, reported in Kongo central province and Kinshasa and two autochthonous cases in Ndjili, Kinshasa and in Matadi, Kongo Central province. The possibility of locally acquired infections is under investigation for at least eight nonclassified cases in both Kinshasa and Kongo central provinces.

Uganda: 60 suspect cases
In Uganda, the Ministry of Health notified yellow fever cases in Masaka district on 9 April 2016. As of 19 May, 60 suspect cases, of which seven are laboratory confirmed, have been reported from three districts: Masaka, Rukungiri and Kalangala. According to sequencing results, those clusters are not epidemiologically linked to Angola.

The risk of spread
The virus in Angola and DRC is largely concentrated in main cities. The risk of spread and local transmission to other provinces in the three countries remains a serious concern. The risk is high also for potential spread to bordering countries especially those classified as low risks for yellow fever disease (i.e. Namibia, Zambia) where the population, travellers and foreign workers are not vaccinated against yellow fever.

Risk assessment
The outbreak in Angola remains of high concern due to:
:: Persistent local transmission in Luanda despite the fact that more than seven million people have been vaccinated.
:: Local transmission reported in seven highly populated provinces including Luanda.
:: The continued extension of the outbreak to new provinces and new districts.
:: High risk of spread to neighbouring countries. Confirmed cases have already travelled from Angola to DRC, Kenya and People's Republic of China. As the borders are porous with substantial crossborder social and economic activities, further transmission cannot be excluded. Viraemic patients travelling pose a risk for the establishment of local transmission especially in countries where adequate vectors and susceptible human populations are present.
:: Inadequate surveillance system capable of identifying new foci or areas of cases emerging.
:: High index of suspicion of ongoing transmission in areas hard to reach like Cabinda.

IFRC [to 21 May 2016]
http://www.ifrc.org/en/news-and-media/press-releases/
19 May 2016 –
Yellow fever: urgent action needed to prevent international crisis
Geneva, 19 May 2016: Fears are growing that a deadly yellow fever outbreak in Angola – which has already spread to Democratic Republic of the Congo, Kenya and China - will continue to spread internationally without immediate action to prevent it, the International Federation of Red Cross and Red Crescent Societies (IFRC) warned today.

The disease is transmitted by the Aedes aegypti mosquito, which is also responsible for spreading the Zika virus, dengue and chikungunya.

Dr Julie Lyn Hall, the IFRC's Director of Health, said that limited vaccine supplies, inadequate disease surveillance systems, poor sanitation and everyday cross-border economic and social interaction could turn a national outbreak into a global crisis, if no immediate community-based action is taken.

"Unvaccinated travellers could transform this outbreak into a regional or international crisis if we don't move quickly to protect vulnerable populations and help communities to reduce their risk of infection," she said.

Yellow fever has killed 293 people in Angola since the beginning of the outbreak in December 2015, and a further 2,267 people are believed to have been infected. The IFRC released 50,672 Swiss francs from its Disaster Relief Emergency Fund (DREF) on 24 February to support Angolan Red Cross work to support the vaccination of 90,000 people, and conducting community mobilization activities with 60,000 others. A further DREF allocation in support of the Red Cross of the Democratic Republic of the Congo will be issued today…

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MERS-CoV [to 21 May 2016]

Disease Outbreak News (DONs)
:: 16 May 2016 - Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia
:: 16 May 2016 - Middle East respiratory syndrome coronavirus (MERS-CoV) – Qatar

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WHO & Regional Offices [to 21 May 2016]

South–East Asia region eliminates maternal and neonatal tetanus

May 2016 -- In a major public health feat, WHO South-East Asia Region has eliminated maternal and neonatal tetanus, with all districts across the 11 countries having reduced the cases to less 1 than per 1000 live births

Weekly Epidemiological Record (WER) 20 May 2016, vol. 91, 20 (pp. 257–264)
Contents:
257 Smallpox in the post eradication era

WHO-UNICEF joint statement on the comprehensive effective vaccine management (EVM) framework pdf, 960kb
19 May 2016 :: 5 pages
The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) are intensifying and coordinating efforts to catalyse immunization supply chain improvements and performance in countries through the comprehensive EVM framework – a four-step strategy for continuous immunization supply chain improvement, quality management, optimization and innovation.

The comprehensive EVM framework builds on the success of the EVM initiative launched in 2010 to help countries evaluate the performance of their immunization supply chains, and benchmark this performance against best-practice standards.
In five years, the EVM initiative has helped to uncover important shortcomings in the performance of many countries' immunization supply chains. Addressing these has required a comprehensive rethink of how WHO and UNICEF, together with the global immunization community, can more effectively catalyse immunization supply chain improvements in countries.

To that end, this joint statement:
1. Reiterates the vital role of immunization supply chains in achieving vaccination coverage and equity targets set by the GVAP;
2. Summarizes the evidence indicating that vaccines are not always available when needed; that weak cold chain systems are putting vaccines at risk and delaying new vaccine introduction; and that vaccines are wasted as a result of poor supply chain management;
3. Describes the comprehensive EVM framework and how WHO and UNICEF will work together to promote its use to achieve health and immunization outcomes in countries.

Call for 3 proposals: work related to human papillomavirus (HPV) immunization
Deadline for application: 5 June 2016
16 May 2016
The Initiative for Vaccine Research (IVR) requests the following three proposals for work related to human papillomavirus (HPV) immunization:
:: Systematic review and meta-analysis of the worldwide burden of anogenital warts
pdf, 318kb
:: Systematic review and meta-analysis of clinical trials of licensed HPV vaccines
pdf, 240kb
:: Systematic review and meta-analysis of the population-level impact and herd effects following HPV immunization programmes
pdf, 240kb
The specific objectives and deliverables of each request are accessible via the respective hyperlinks. If interested, please follow the submission instructions reported in each request. Proposals need to be submitted by email to vicarian@who.int by 5 June 2016.

Disease Outbreak News (DONs)
:: 19 May 2016 - Haemorrhagic fever syndrome – South Sudan
:: 18 May 2016 - Lassa Fever – Liberia
:: 17 May 2016 - Human infection with avian influenza A(H7N9) virus – China
:: 16 May 2016 - Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia
:: 16 May 2016 - Middle East respiratory syndrome coronavirus (MERS-CoV) – Qatar

:: WHO Regional Offices
Selected Press Releases, Announcements
WHO African Region AFRO
:: WHO confirms Zika virus strain imported from the Americas to Cabo Verde
BRAZZAVILLE / 20 May 2016

WHO Region of the Americas PAHO

:: Zika risk communication, community engagement focus of new prevention efforts by CDC, CDC Foundation, PAHO in U.S. Territories and the Americas (05/18/2016)
:: More government action needed to reverse the smoking epidemic in the Americas (05/18/2016)

WHO South-East Asia Region SEARO
:: WHO South–East Asia Region eliminates Maternal and Neonatal Tetanus
19 May 2016

WHO European Region EURO
:: Women Deliver Conference – European Region challenged as best place for women and girls 20-05-2016
:: European Region successfully withdraws trivalent oral poliomyelitis (polio) vaccine 18-05-2016
:: WHO strategy highlights challenges and way forward for women's health 18-05-2016
:: WHO calls on countries to prepare as Zika virus expected to spread in Europe in late spring and summer 18-05-2016

WHO Eastern Mediterranean Region EMRO
:: New WHO guidelines to improve care for millions living with female genital mutilation
17 May 2016
:: National polio immunization campaign aims to vaccinate over 9 million children in Afghanistan
16 May 2016

WHO Western Pacific Region
No new content identified.

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CDC/ACIP [to 21 May 2016]
http://www.cdc.gov/media/index.html
FRIDAY, MAY 20, 2016
Transcript for CDC Telebriefing: Zika Virus Update - 5-20-2016
DR. DENISE JAMIESON: Good morning. As of today, national reporting of the number of U.S. pregnant women affected by Zika virus will change. Previously CDC reported the number of pregnant women with Zika virus which included only pregnant women with symptoms or pregnancy complications consistent with Zika. CDC will now report pregnancy data from two enhanced surveillance systems (The U.S. Zika Pregnancy Registry and the Puerto Rico Active surveillance system. Both of these systems include pregnant women with any laboratory evidence of possible Zika virus infection with or without symptoms. The new reporting systems are the topic of a MMWR, which has just been released. And we also be shortly updating the pregnancy numbers on the CDC's website. I'll now turn it over to Dr. Margaret Honein for additional comments….

FRIDAY, MAY 20, 2016
CDC Changes Reporting of Numbers of Pregnant Women affected by Zika Virus

MMWR May 20, 2016 / Vol. 65 / No. 19
:: Binational Dengue Outbreak Along the United States–Mexico Border — Yuma County, Arizona, and Sonora, Mexico, 2014

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Announcements/Milestones/Perspectives

NIH [to 21 May 2016]
http://www.nih.gov/news-events/news-releases
May 18, 2016
Large-scale HIV vaccine trial to launch in South Africa
— NIH-funded study will test safety, efficacy of vaccine regimen.

An early-stage HIV vaccine clinical trial in South Africa has determined that an investigational vaccine regimen is safe and generates comparable immune responses to those reported in a landmark 2009 study showing that a vaccine can protect people from HIV infection. Consequently, the National Institute of Allergy and Infectious Diseases (NIAID) and its partners have decided to advance the experimental HIV vaccine regimen into a large clinical trial. This new study, called HVTN 702, is designed to determine whether the regimen is safe, tolerable and effective at preventing HIV infection among South African adults. The trial is slated to begin in November 2016, pending regulatory approval.

"For the first time in seven years, the scientific community is embarking on a large-scale clinical trial of an HIV vaccine, the product of years of study and experimentation," said Anthony S. Fauci, M.D., director of NIAID, part of the National Institutes of Health and a co-funder of the trial. "A safe and effective HIV vaccine could help bring about a durable end to the HIV/AIDS pandemic and is particularly needed in southern Africa, where HIV is more pervasive than anywhere else in the world."

The experimental vaccine regimen that will be studied in HVTN 702 is now being tested in the smaller initial trial, named HVTN 100, and is based on the regimen investigated in the U.S. Military HIV Research Program-led RV144 clinical trial in Thailand that delivered landmark results in 2009. The current regimen is designed to provide greater protection than the RV144 regimen and has been adapted to the HIV subtype that predominates in southern Africa…

:: **NIH statement on HIV Vaccine Awareness Day**
May 18, 2016 — Anthony S. Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases.
[Excerpt]

… In this regard, today NIAID is pleased to announce the decision to move forward with HVTN 702, a new Phase 2b/3 HIV vaccine efficacy clinical trial in South Africa. The study will test an investigational HIV vaccine regimen designed to improve upon the efficacy observed in the RV144 trial in Thailand and to evaluate the vaccine in a higher risk population. RV144 is the only clinical trial to demonstrate that a vaccine can protect people from HIV infection, albeit to a modest degree.

The decision to proceed with HVTN 702 was informed by early data from the HVTN 100 phase 1/2 clinical trial, which has shown that the new vaccine regimen is safe and produces a robust immune response. HVTN 100 was led by the Pox-Protein Public-Private Partnership (P5),

a diverse group of organizations including NIAID committed to building on the success of the RV144 HIV vaccine trial.

Vaccine research also continues in the laboratory, where scientists are investigating the use of potent antibodies that block a high percentage of global HIV strains from infecting human cells. These so-called broadly neutralizing antibodies (bNAbs) can occur naturally; however, they occur in high titers in a relatively small proportion of infected individuals and they usually develop only after two or more years of infection, too late to be of significant benefit to the patient. However, if a vaccine could stimulate uninfected people's immune systems to make bNAbs, the antibodies might protect those people from HIV infection.

Researchers are identifying and engineering numerous and more powerful types of bNAbs and testing them in clinical trials of passive infusion to see if they can protect uninfected people from acquiring HIV, and in HIV-infected people to see if they help keep the virus in check. Testing the ability of bNAbs in these settings will help demonstrate whether a vaccine that elicits similar antibodies or sets of antibodies can prevent HIV infection.

… HIV vaccine development has been challenging; however, the goal of developing a safe and effective vaccine that helps bring about a durable end to the HIV/AIDS pandemic is an overarching research priority. On this HIV Vaccine Awareness Day, we recognize and thank the thousands of HIV vaccine clinical trial volunteers, researchers, health professionals, advocates, and others who work in pursuit of that goal.

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UNAIDS [to 21 May 2016]
http://www.unaids.org/en/resources/presscentre/
18 May 2016
UNAIDS calls for sustained investment and increased collaboration to develop an HIV vaccine
GENEVA —On HIV Vaccine Awareness Day, UNAIDS calls for greater resources and increased collaboration among governments, the scientific community and the private sector to advance research towards finding an effective HIV vaccine.

"Developing an effective HIV vaccine would be a major scientific and medical breakthrough for humankind," said UNAIDS Executive Director Michel Sidibé. "Alongside expanding access to existing antiretroviral medicines and combination HIV prevention tools, sustained investment and intensified collaboration to develop an HIV vaccine is needed to bring the world a step closer to ending the AIDS epidemic."

In 2014, global investment in HIV vaccine research and development increased by 2.8%, to US$ 841 million, up from US$ 818 million in 2013. However, this rebound followed five years during which available resources either flatlined or declined, with a high of US$ 961 million in 2007. The United States of America remains the largest investor in HIV research and development.

Public–private and international partnerships have been formed to accelerate progress towards an effective HIV vaccine. UNAIDS is working together with partners, such as the International AIDS Vaccine Initiative, AVAC and other stakeholders, to advance research. UNAIDS is also an active participant in the annual vaccine funders' meetings coordinated by the Global HIV

Vaccine Enterprise to highlight the importance of continued research, sustained funding and coordinated responses towards HIV vaccine discovery.

Over the past 30 years, four concepts for an HIV vaccine have been tested in six efficacy trials. Of these, the RV144 vaccine trial in Thailand in 2009 was most promising, reducing HIV infection risk by 31%. It is hoped that ongoing research will lead to at least two further large-scale trials of vaccine candidates starting in the near future. At the same time, work continues to develop other potential vaccines, including a combined vaccine for HIV and hepatitis C. The effectiveness of neutralizing antibodies is also being studied.

An HIV vaccine will be necessary for the long-term control of HIV and is the best hope for sustaining the progress made towards ending the AIDS epidemic by 2030.

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IAVI [International Aids Vaccine Initiative] [to 21 May 2016]
http://www.iavi.org/press-releases/2016
May 19, 2016
New HIV-Mimicking Particles That Trigger Immune Response Could Advance AIDS Vaccine Design

May 17, 2016
Insights into the Development of Antibodies That Target a Large Portion of HIV Strains Could Advance Vaccine Design

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World Bank Group Launches Groundbreaking Financing Facility to Protect Poorest Countries against Pandemics
May 21, 2016 - PRESS RELEASE
First-ever insurance and pandemic bonds will save lives and protect economies
SENDAI, Japan, May 21, 2016—The World Bank Group today launched the Pandemic Emergency Financing Facility (PEF), an innovative, fast-disbursing global financing mechanism designed to protect the world against deadly pandemics, which will create the first-ever insurance market for pandemic risk. Japan, which holds the G7 Presidency, committed the first $50 million in funding toward the new initiative.

"Pandemics pose some of the biggest threats in the world to people's lives and to economies, and for the first time we will have a system that can move funding and teams of experts to the sites of outbreaks before they spin out of control," said Jim Yong Kim, President of the World Bank Group. "This facility addresses a long, collective failure in dealing with pandemics. The Ebola crisis in Guinea, Liberia and Sierra Leone taught all of us that we must be much more vigilant to outbreaks and respond immediately to save lives and also to protect economic growth."…

…The new facility will accelerate both global and national responses to future outbreaks with pandemic potential. It was built and designed in collaboration with the World Health

Organization and the private sector, introducing a new level of rigor into both the financing and the response.

"Recent years have seen a dramatic resurgence of the threat from emerging and re-emerging infectious diseases," said Margaret Chan, Director-General of the World Health Organization. "WHO fully supports the Pandemic Emergency Financing Facility as a critical contribution to global health security and a crucial line of defence against high-threat pathogens."

The PEF includes an insurance window, which combines funding from the reinsurance markets with the proceeds of World Bank-issued pandemic (catastrophe, or Cat) bonds, as well as a complementary cash window. This will be the first time World Bank Cat Bonds have been used to combat infectious diseases. In the event of an outbreak, the PEF will release funds quickly to countries and qualified international responding agencies.

The insurance window will provide coverage up to $500 million for an initial period of three years for outbreaks of infectious diseases most likely to cause major epidemics, including new Orthomyxoviruses (e.g. new influenza pandemic virus A, B and C), Coronaviridae (e.g. SARS, MERS), Filoviridae (e.g. Ebola, Marburg) and other zoonotic diseases (e.g. Crimean Congo, Rift Valley, Lassa fever). Parametric triggers designed with publicly available data will determine when the money would be released, based on the size, severity and spread of the outbreak.

The complementary cash window will provide more flexible funding to address a larger set of emerging pathogens, which may not yet meet the activation criteria for the insurance window. All 77 countries eligible for financing from the International Development Association, the World Bank Group's fund for the poorest countries, will be eligible to receive coverage from the PEF. The PEF is expected to be operational later this year…

…Four global expert panels that were convened over the past year in the wake of the Ebola crisis concluded that the world must urgently step up its capacity for a swift response to outbreaks before they become more deadly and costly pandemics.

The PEF will do a number of important things to prevent another Ebola crisis:
:: It will insure the world's poorest countries against the threat of a pandemic.
:: In the event of a severe infectious disease outbreak, it will release funds quickly to the countries and/or to international responders, to accelerate the response—saving lives and reducing human suffering.
:: By mobilizing an earlier, faster, better planned and coordinated response, it will reduce the costs to countries and their people for response and recovery.
:: It will promote greater global and national investments in preparing for future outbreaks and strengthening national health systems.
:: It will combine public and private resources to advance global health security, and create a new insurance market for managing pandemic risk.

The World Bank Group estimates that if the PEF had existed in mid-2014 as the Ebola outbreak was spreading rapidly in West Africa, it could have mobilized an initial $100 million as early as July to severely limit the spread and severity of the epidemic. Instead, money at that scale did not begin to flow until three months later. During that three month period, the number of Ebola cases increased tenfold. The Ebola epidemic has claimed more than 11,300 lives and cost at

least $10 billion to date. International assistance has totaled more than $7 billion for Ebola response and recovery.

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European Vaccine Initiative [to 21 May 2016]
http://www.euvaccine.eu/news-events
News
Second Global Vaccine and Immunization Research Forum (GVIRF) from WHO - Presentations now available
17 May 2016
The presentations given at the captioned forum 15 - 17 March 2016 in Johannesburg are now available.

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AERAS [to 21 May 2016]
http://www.aeras.org/pressreleases
May 20, 2016
Aeras Applauds the Final Report and Recommendations by the United Kingdom Review on Antimicrobial Resistance
Rockville, MD,– Aeras applauds the Final Report and Recommendations released this week by the U.K. Review on Antimicrobial Resistance (Review) that highlights the extreme global health threat of antimicrobial resistance (AMR). The Review led by economist Jim O'Neill, specifically notes the threat of multidrug-resistant TB (MDR-TB) and the imperative of increased global investment in research and development to save the millions of lives lost each year due to AMR related to tuberculosis (TB) and other infectious diseases.
The final report warns that if new therapies, diagnostics and a new vaccine are not introduced, MDR-TB will be responsible for 2.5 million deaths per year by 2050, or roughly one quarter of the forecasted 10 million deaths related to AMR – equating to one death due to MDR-TB every 12 seconds. An interim paper entitled Vaccines and Alternative Approaches: Reducing our Dependence on Antimicobials published by the Review in February 2016 also emphasized the overwhelming need for new TB vaccines as an essential component of the global strategy to overcome TB and to address MDR-TB…

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Fondation Merieux [to 21 May 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
17 May 2016, Ouagadougou (Burkina Faso)
2nd Regional WARDS Workshop on Laboratory Strengthening and Networks in the 15 ECOWAS Countries and RESAOLAB Workshops in Collaboration with WAHO
Some 70 participants, including the leading figures in clinical biology from the 15 ECOWAS countries, are gathering in Ouagadougou in Burkina Faso, May 17-19 for the West African Regional Disease Surveillance (WARDS) project's 2nd regional workshop on laboratory strengthening and networks and RESAOLAB** technical workshops.

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GHIT Fund [to 21 May 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.
2016.05.20 *Press Room*
Government of Japan Announces Decision to Contribute US$130 million to GHIT Fund/UNDP Replenishment

TOKYO, JAPAN (May 20, 2016)—Today, the Government of Japan (GOJ) announced its policy ahead of the G7 Ise-Shima Summit that it will make a US$130 million contribution to the Global Health Innovative Technology Fund (GHIT Fund) /United Nations Development Programme (UNDP) replenishment, signaling Japan's unwavering support for research and development (R&D) for malaria, tuberculosis, HIV/AIDS and neglected tropical diseases (NTDs) worldwide.

Launched in 2013 as a public and private partnership, the GHIT Fund has built a robust portfolio of drugs, vaccines and diagnostics. The Fund is expanding: it has invested upwards of US$60 million in more than 60 global product development partnerships that leverage Japanese innovation and capacities in pharmaceuticals. In just three years, the GHIT Fund portfolio is expanding with six of its 23 novel screening programs advancing into next stage of development; two candidates successfully achieving first-in-human trials and an innovative antimalarial drug recently achieving Proof of Concept (Phase II). GHIT is on the ground, having already initiated seven clinical trials for novel candidates in high-burden countries.

The GOJ announcement today will not only allow this innovative work to continue, but will enable GHIT to expand its global development partnerships and its reach around the world. On the health agenda of this year's G7 Summit in Japan are antimicrobial resistance (AMR) and R&D for infectious disease such as NTDs. Aligned with these goals, GHIT drives forward product development of new technologies to eliminate NTDs and, with over half of its investments targeting resistance in malaria and tuberculosis, is also committed to the fight against AMR.

"Since our initial commitment three years ago, GHIT has made incredible progress in leveraging Japan's vast cutting-edge science and technology know-how for game-changing tools that have the potential to one day save millions of lives across the globe," said Dr. Eiji Hinoshita, Director, Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs. "With today's announcement, we are incredibly proud to be able to support the continued advancement of these innovations, which, with their rapid advancement through the pipeline, are already poised to make real our vision of a healthier world."…

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Global Fund [to 21 May 2016]
http://www.theglobalfund.org/
20 May 2016
Japan Increases Commitment to the Global Fund

TOKYO - The Government of Japan announced today a pledge of US$800 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria for the Fifth Replenishment that starts in 2017, representing a 46 percent increase when measured in Japanese yen, due to fluctuating exchange rates…

19 May 2016
Global Fund Strongly Supports Inclusion and Full Participation at High-Level Meeting on Ending AIDS

GENEVA – The Global Fund strongly supports the UNAIDS call for inclusion and full participation of civil society organizations at the 2016 United Nations General Assembly High-Level Meeting on Ending AIDS.

From June 8-10, 2016, world leaders, government representatives, HIV program implementers and civil society organizations from around the world will gather at the United Nations Headquarters in New York to develop a way forward to reach the Sustainable Development Goal of ending AIDS as an epidemic by 2030.

The voices and perspectives of individuals and nongovernmental organizations working to ensure no one is left behind in the fight against HIV are a crucial part of this important forum, particularly people living with HIV and people most affected by the epidemic, including women and girls, sex workers, people who use drugs, men who have sex with men, and transgender people.

As a 21st-century partnership of governments, civil society, the private sector and people affected by AIDS, TB and malaria, the Global Fund recognizes that ending AIDS as an epidemic can only be achieved with the meaningful engagement and participation of people living with and affected by the disease. Reaching Millennium Development Goal 6 of halting and reversing the AIDS epidemic and the historic milestone of 15 million people on treatment by 2015 were due to a coordinated, committed effort of partners worldwide – including civil society groups. The High-Level Meeting on Ending AIDS should be guided by the principles on which the successes of the AIDS response are built – inclusion, participation and dignity.

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European Medicines Agency [to 21 May 2016]
http://www.ema.europa.eu/
20/05/2016
Accessing key EMA information on human medicines
New guide to information about medicines evaluated by the Agency

17/05/2016
Progress in science, medicine and health
EMA publishes 2015 annual report

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PATH [to 21 May 2016]
http://www.path.org/news/index.php
Press release | May 17, 2016
PATH and Laerdal Global Health to accelerate global access to an innovative feeding cup for preterm and high-risk newborns

The new feeding cup delivers lifesaving nutrients to newborns in low-resource settings who have difficulty breastfeeding

Press release | May 17, 2016
PATH in collaboration with Novartis Foundation announce innovative program to tackle hypertension in Vietnam
Communities for Healthy Hearts will improve hypertension screening and management with a focus on empowering patients and health care workers

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Industry Watch [to 21 May 2016]
:: **Pfizer Announces European Medicines Agency Acceptance for Review of Marketing Authorization Application for TRUMENBA® (Meningococcal Group B Vaccine)**
May 20, 2016
Pfizer Inc. (NYSE:PFE) today announced the European Medicines Agency (EMA) has accepted the Marketing Authorization Application (MAA) for TRUMENBA® (Meningococcal Group B Vaccine) for review.

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BMGF - Gates Foundation [to 21 May 2016]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified

EDCTP [to 21 May 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.

FDA [to 21 May 2016]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
No new digest content identified.

Gavi [to 21 May 2016]
http://www.gavialliance.org/library/news/press-releases/
No new digest content identified.

Human Vaccines Project [to 21 May 2016]
humanvaccinesproject.org
[Website in development]
No new digest content identified.

IVAC [International Vaccine Access Center] [to 21 May 2016]
http://www.jhsph.edu/research/centers-and-institutes/ivac/about-us/news.html
No new digest content identified.

IVI - International Vaccine Institute [to 21 May 2016]
http://www.ivi.org/web/www/home
No new digest content identified.

Sabin Vaccine Institute [to 21 May 2016]
http://www.sabin.org/updates/ressreleases
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

NVPO National Vaccine Program Office
http://www.hhs.gov/nvpo/nvac/meetings/2016/06-07/index.html
June 7-8, 2016 NVAC Meeting
The Great Hall, Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201
Call-in Numbers: (U.S.) 1-888-603-9739, (International) 1-212-547-0182
Participant Passcode:
4976996
Webcast Link
Registration
Federal Register Notice

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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

May 2016 Volume 44, Issue 5, p495-618, e59-e80
http://www.ajicjournal.org/current
[Reviewed earlier]

American Journal of Preventive Medicine
May 2016 Volume 50, Issue 5, p553-676, e123-e162
http://www.ajpmonline.org/current
[Reviewed earlier]

American Journal of Public Health
Volume 106, Issue 5 (May 2016)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
May 2016; 94 (5)
http://www.ajtmh.org/content/current
[Reviewed earlier]

Annals of Internal Medicine
17 May 2016, Vol. 164. No. 10
http://annals.org/issue.aspx
Ideas and Opinions
Emergence of Congenital Zika Syndrome: Viewpoint From the Front Lines FREE
Federico Costa, PhD; Manoel Sarno, MD, PhD; Ricardo Khouri, PhD; Bruno de Paula Freitas, MD; Isadora Siqueira, MD, PhD; Guilherme S. Ribeiro, MD, PhD; Hugo C. Ribeiro, MD; Gubio S. Campos, PhD; Luiz C. Alcântara, PhD; Mitermayer G. Reis, MD, PhD; Scott C. Weaver, PhD; Nikos Vasilakis, PhD; Albert I. Ko, MD; and Antonio Raimundo Almeida, MD, PhD
[No abstract; Final text]
…Although recent advances in flavivirus vaccines may guide relatively rapid development of a Zika vaccine, availability is still probably years away. Treatment with a monoclonal antibody could also be developed quickly on the basis of promising past results with flaviviruses. However, systematic investigations of pregnant women and newborns will still be needed to determine the risk for transplacental infection and development of severe congenital sequelae that can, in turn, guide effective diagnostic and prevention efforts.

BMC Cost Effectiveness and Resource Allocation
http://resource-allocation.biomedcentral.com/
(Accessed 21 May 2016)
[No new content]

BMC Health Services Research

http://www.biomedcentral.com/bmchealthservres/content
(Accessed 21 May 2016)
[No new relevant content identified]

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 21 May 2016)
Research article
Improving the uptake of pre-travel health advice amongst migrant Australians: exploring the attitudes of primary care providers and migrant community groups
Migrant travellers who return to their country of origin to visit family and friends (VFR) are less likely to seek travel-related medical care and are less likely to adhere to recommended medications …
Holly Seale, Rajneesh Kaur, Abela Mahimbo, C. Raina MacIntyre, Nicholas Zwar, Mitchell Smith, Heather Worth and Anita E Heywood
BMC Infectious Diseases 2016 16:213
Published on: 18 May 2016

Research article
Initiation and completion rates for latent tuberculosis infection treatment: a systematic review
Control of latent tuberculosis infection (LTBI) is an important step towards tuberculosis elimination. Preventive treatment will prevent the development of disease in most cases diagnosed with LTBI.
Andreas Sandgren, Marije Vonk Noordegraaf-Schouten, Femke van Kessel, Anke Stuurman, Anouk Oordt-Speets and Marieke J. van der Werf
BMC Infectious Diseases 2016 16:204
Published on: 17 May 2016

BMC Medical Ethics
http://www.biomedcentral.com/bmcmedethics/content
(Accessed 21 May 2016)
[No new relevant content identified]

BMC Medicine
http://www.biomedcentral.com/bmcmed/content
(Accessed 21 May 2016)
Research article
Human newborn bacille Calmette–Guérin vaccination and risk of tuberculosis disease: a case-control study
Helen A. Fletcher, Ali Filali-Mouhim, Elisa Nemes, Anthony Hawkridge, Alana Keyser, Samuel Njikan, Mark Hatherill, Thomas J. Scriba, Brian Abel, Benjamin M. Kagina, Ashley Veldsman, Nancy Marín Agudelo, Gilla Kaplan, Gregory D. Hussey, Rafick-Pierre Sekaly and Willem A. Hanekom
Published on: 16 May 201

Abstract

Background
An incomplete understanding of the immunological mechanisms underlying protection against tuberculosis (TB) hampers the development of new vaccines against TB. We aimed to define host correlates of prospective risk of TB disease following bacille Calmette–Guérin (BCG) vaccination.
Methods
In this study, 5,726 infants vaccinated with BCG at birth were enrolled. Host responses in blood collected at 10 weeks of age were compared between infants who developed pulmonary TB disease during 2 years of follow-up (cases) and those who remained healthy (controls).
Results
Comprehensive gene expression and cellular and soluble marker analysis failed to identify a correlate of risk. We showed that distinct host responses after BCG vaccination may be the reason: two major clusters of gene expression, with different myeloid and lymphoid activation and inflammatory patterns, were evident when all infants were examined together. Cases from each cluster demonstrated distinct patterns of gene expression, which were confirmed by cellular assays.
Conclusions
Distinct patterns of host responses to Mycobacterium bovis BCG suggest that novel TB vaccines may also elicit distinct patterns of host responses. This diversity should be considered in future TB vaccine development.

BMC Pregnancy and Childbirth
http://www.biomedcentral.com/bmcpregnancychildbirth/content
(Accessed 21 May 2016)
[No new relevant content identified]

BMC Public Health
http://bmcpublichealth.biomedcentral.com/articles
(Accessed 21 May 2016)
Research article
How equitable are community health worker programmes and which programme features influence equity of community health worker services? A systematic review
Community health workers (CHWs) are uniquely placed to link communities with the health system, playing a role in improving the reach of health systems and bringing health services closer to hard-to-reach and ...
Rosalind McCollum, Woedem Gomez, Sally Theobald and Miriam Taegtmeyer
BMC Public Health 2016 16:419
Published on: 20 May 2016

Research article
Using short-message-service notification as a method to improve acute flaccid paralysis surveillance in Papua New Guinea
High quality acute flaccid paralysis (AFP) surveillance is required to maintain polio-free status of a country. Papua New Guinea (PNG) is considered as one of the highest risk countries for polio re-importation...

Siddhartha Sankar Datta, Berry Ropa, Gerard Pai Sui, Ramzi Khattar, Ravi Shankar Santhana Gopala Krishnan and Hiromasa Okayasu
BMC Public Health 2016 16:409
Published on: 17 May 2016

Debate
Critiquing the response to the Ebola epidemic through a Primary Health Care Approach
The 2014/2015 West Africa Ebola epidemic has caused the global public health community to engage in difficult self-reflection.
Vera Scott, Sarah Crawford-Browne and David Sanders
BMC Public Health 2016 16:410
Published on: 17 May 2016

Research article
Associations in the continuum of care for maternal, newborn and child health: a population-based study of 12 sub-Saharan Africa countries
Despite the progress in the Millennium Development Goals (MDGs) 4 and 5, inequity in the utilization of maternal, newborn and child health (MNCH) care services still remain high in sub-Saharan Africa (SSA).
Patrick Opiyo Owili, Miriam Adoyo Muga, Yiing-Jenq Chou, Yi-Hsin Elsa Hsu, Nicole Huang and Li-Yin Chien
BMC Public Health 2016 16:414
Published on: 17 May 2016

BMC Research Notes
http://www.biomedcentral.com/bmcresnotes/content
(Accessed 21 May 2016)
[No new relevant content identified]

BMJ Open
2016, Volume 6, Issue 5
http://bmjopen.bmj.com/content/current
[Reviewed earlier]

British Medical Journal
21 May 2016 (vol 352, issue 8058)
http://www.bmj.com/content/353/8058
Research Update
Deaths, late deaths, and role of infecting dose in Ebola virus disease in Sierra Leone: retrospective cohort study
BMJ 2016; 353 :i2403 (Published 17 May 2016)
Abstract

Objectives To assess the frequency of fatal recrudescence from Ebola virus disease after discharge from treatment centres, and explore the influence of infecting dose on case fatality rates.
Design Retrospective cohort study.
Setting Western Area, Sierra Leone.
Participants 151 survivors treated for Ebola virus disease at the Kerry Town treatment centre and discharged. Survivors were followed up for a vital status check at four to nine months after discharge, and again at six to 13 months after discharge. Verbal autopsies were conducted for four survivors who had died since discharge (that is, late deaths). Survivors still living in Western Area were interviewed together with their household members. Exposure level to Ebola virus disease was ascertained as a proxy of infecting dose, including for those who died.
Main outcome measures Risks and causes of late death; case fatality rates; odds ratios of death from Ebola virus disease by age, sex, exposure level, date, occupation, and household risk factors.
Results Follow-up information was obtained on all 151 survivors of Ebola virus disease, a mean of 10 months after discharge. Four deaths occurred after discharge, all within six weeks: two probably due to late complications, one to prior tuberculosis, and only one after apparent full recovery, giving a maximum estimate of recrudescence leading to death of 0.7%. In these households, 395 people were reported to have had Ebola virus disease, of whom 227 died. A further 53 people fulfilled the case definition for probable disease, of whom 11 died. Therefore, the case fatality rate was 57.5% (227/395) for reported Ebola virus disease, or 53.1% (238/448) including probable disease. Case fatality rates were higher in children aged under 2 years and adults older than 30 years, in larger households, and in infections occurring earlier in the epidemic in Sierra Leone. There was no consistent trend of case fatality rate with exposure level, although increasing exposure increased the risk of Ebola virus disease.
Conclusions In this study of survivors in Western Area, Sierra Leone, late recrudescence of severe Ebola virus disease appears to be rare. There was no evidence for an effect of infecting dose (as measured by exposure level) on the severity of disease.

Bulletin of the World Health Organization
Volume 94, Number 5, May 2016, 309-404
http://www.who.int/bulletin/volumes/94/5/en/
Special theme: the Global strategy for women's, children's and adolescents' health (2016-2030)
[Reviewed earlier]

Child Care, Health and Development
May 2016 Volume 42, Issue 3 Pages 297–454
http://onlinelibrary.wiley.com/doi/10.1111/cch.v42.3/issuetoc
[Reviewed earlier]

Clinical Therapeutics
May 2016 Volume 38, Issue 5, p991-1258
http://www.clinicaltherapeutics.com/current
Original Research

Progress Report on Neglected Tropical Disease Drug Donation Programs
Joshua P. Cohen, Lisseth Silva, Alisa Cohen, Josephine Awatin, Robert Sturgeon
p1193–1204
Published online: March 31 2016
Abstract
Purpose
Neglected tropical diseases (NTDs) impose a significant burden on public health, particularly in developing nations. Many can be treated cost-effectively with drugs donated or offered at or below marginal cost. In 2012, the World Health Organization published an NTD roadmap that outlined a strategy for the prevention, control, and eradication of 17 NTDs by 2020. Inspired by this roadmap, executives from 13 pharmaceutical companies, government agencies, and other interested parties signed the London Declaration on Neglected Tropical Diseases in January 2012. In this paper, we will assess progress in meeting commitments on drug donations laid out in the London Declaration.
Methods
We conducted Medline and LexisNexis searches of peer-reviewed publications and trade journals, as well as product development partnership and government reports. Subsequently, we designed a survey instrument and surveyed 10 company signatories (companies with drug donation programs) to the London Declaration to determine current donations and pledges.
Findings
Nine of 10 companies with donation programs responded to the survey. The respondents reported substantial progress in meeting the goals laid out in the London Declaration. Survey respondents maintained 17 drug donation programs across 10 disease categories. In 2014, companies donated >1 billion treatments, with a dollar value of nearly $1.5 billion. However, not all donated products were distributed to patients in need. In addition, 4 of the 17 programs were slated to end before 2020, three of the 17 programs did not report explicit program objectives, and 7 of 17 did not measure the impact of programs in terms of numbers of patients treated. None of our survey respondents reported on whether the programs were leading to a reduction in disease prevalence.
Implications
Donations are a necessary but insufficient condition for patient access to neglected disease drugs. Additional resources must be allocated to ensure delivery of donated products to patients. In addition, drug donation programs should provide explicit descriptions of program objectives, measurements of the impacts of their programs, and extension of all donation commitments through 2020. To achieve this, multiple stakeholders with a vested interest in reducing the burden of neglected diseases must collaborate in a multipronged approach toward NTD elimination.

Complexity
May/June 2016 Volume 21, Issue 5 Pages 1–360
http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.5/issuetoc
[New issue; No new relevant content identified]

Conflict and Health
http://www.conflictandhealth.com/
[Accessed 21 May 2016]

[No new relevant content identified]

Contemporary Clinical Trials
Volume 48, In Progress (May 2016)
http://www.sciencedirect.com/science/journal/15517144/48
[Reviewed earlier]

Current Opinion in Infectious Diseases
June 2016 - Volume 29 - Issue 3 pp: v-v,229-318
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 4, 2016
http://www.tandfonline.com/toc/cdip20/current
Articles
NGO–researcher partnerships in global health research: benefits, challenges, and approaches that promote success
DOI:10.1080/09614524.2016.1164122
Catherine Olivier, Matthew R. Hunt & Valéry Ridde
pages 444-455
Open access
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ABSTRACT
Partnerships involving NGOs and academic researchers (NGO–R partnerships) are increasing in global health research. Such collaborations present opportunities for knowledge translation in global health, yet are also associated with challenges for establishing and sustaining effective and respectful partnerships. We conducted a narrative review of the literature to identify benefits and challenges associated with NGO–R partnerships, as well as approaches that promote successful partnerships. We illustrate this analysis with examples from our own experiences. The results suggest that collaborations characterised by trust, transparency, respect, solidarity, and mutuality contribute to the development of successful and sustainable NGO–R partnerships.

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 5—May 2016
http://wwwnc.cdc.gov/eid/
[Reviewed earlier]

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

Epidemiology and Infection
Volume 144 - Issue 07 - May 2016
http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue
[Reviewed earlier]

The European Journal of Public Health
Volume 26, Issue 2, 1 April 2016
http://eurpub.oxfordjournals.org/content/26/2?current-issue=y
[Reviewed earlier]

Eurosurveillance
Volume 21, Issue 20, 19 May 2016
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
Rapid communications
Outbreak of a new measles B3 variant in the Roma/Sinti population with transmission in the nosocomial setting, Italy, November 2015 to April 2016
by A Filia, A Amendola, M Faccini, M Del Manso, S Senatore, S Bianchi, BM Borrini, A Ciampelli, E Tanzi, MT Filipponi, G Piccirilli, T Lazzarotto, MG Pascucci, M Baggieri, F Magurano

Global Health: Science and Practice (GHSP)
March 2016 | Volume 4 | Issue 1
http://www.ghspjournal.org/content/current
[Reviewed earlier]

Global Public Health
Volume 11, Issue 4, 2016
http://www.tandfonline.com/toc/rgph20/current
[Reviewed earlier]

Globalization and Health
http://www.globalizationandhealth.com/
[Accessed 21 May 2016]
Research
Global health partnerships: building multi-national collaborations to achieve lasting improvements in maternal and neonatal health
In response to health care challenges worldwide, extensive funding has been channeled to the world's most vulnerable health systems. Funding alone is not sufficient to address the complex issues and challenges...
Rohit Ramaswamy, Brianne Kallam, Dragica Kopic, Borislava Pujic and Medge D. Owen
Globalization and Health 2016 12:22
Published on: 20 May 2016

Research
Discourse, ideas and power in global health policy networks: political attention for maternal and child health in the millennium development goal era
Maternal and child health issues have gained global political attention and resources in the past 10 years, due in part to their prominence on the Millennium Development Goal agenda and the use of evidence-based...
Lori McDougall
Globalization and Health 2016 12:21
Published on: 18 May 2016

Research
From local to global: a qualitative review of the multi-leveled impact of a multi-country health research capacity development partnership on maternal health in Sudan
There is a substantial body of literature on the principles of good partnerships and the rationale for such partnerships in research capacity strengthening. This paper illustrates the long term effects…
Khalifa Elmusharaf, Hanan Tahir, Diarmuid O' Donovan, Ruairi Brugha, Mamoun Homeida, Amal M. O. Abbas and Elaine Byrne
Globalization and Health 2016 12:20
Published on: 16 May 2016

Health Affairs
May 2016; Volume 35, Issue 5
http://content.healthaffairs.org/content/current
Prescription Drugs, Global Health & More
[Reviewed earlier]

Health and Human Rights
Volume 17, Issue 2 December 2015
http://www.hhrjournal.org/
Special Issue: Evidence of the Impact of Human Rights-Based Approaches to Health
[Reviewed earlier]

Health Economics, Policy and Law
Volume 11 - Issue 02 - April 2016
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
[Reviewed earlier]

Health Policy and Planning
Volume 31 Issue 5 June 2016
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

Health Research Policy and Systems
http://www.health-policy-systems.com/content
[Accessed 21 May 2016]
Research
Which health research gets used and why? An empirical analysis of 30 cases
Maarten Olivier Kok, John Owusu Gyapong, Ivan Wolffers, David Ofori-Adjei and Joost Ruitenberg
Published on: 17 May 2016
Abstract
Background
While health research is considered essential for improving health worldwide, it remains unclear how it is best organized to contribute to health. This study examined research that was part of a Ghanaian-Dutch research program that aimed to increase the likelihood that results would be used by funding research that focused on national research priorities and was led by local researchers. The aim of this study was to map the contribution of this research to action and examine which features of research and translation processes were associated with the use of the results.
Methods
Using Contribution Mapping, we systematically examined how 30 studies evolved and how results were used to contribute to action. We combined interviews with 113 purposively selected key informants, document analysis and triangulation to map how research and translation processes evolved and contributions to action were realized. After each case was analysed separately, a cross-case analysis was conducted to identify patterns in the association between features of research processes and the use of research.
Results
The results of 20 of the 30 studies were used to contribute to action within 12 months. The priority setting and proposal selection process led to the funding of studies which were from the outset closely aligned with health sector priorities. Research was most likely to be used when it was initiated and conducted by people who were in a position to use their results in their own work. The results of 17 out of 18 of these user-initiated studies were translated into action. Other features of research that appeared to contribute to its use were involving potential key users in formulating proposals and developing recommendations.
Conclusions

Our study underlines the importance of supporting research that meets locally-expressed needs and that is led by people embedded in the contexts in which results can be used. Supporting the involvement of health sector professionals in the design, conduct and interpretation of research appears to be an especially worthwhile investment.

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 12, Issue 4, 2016
http://www.tandfonline.com/toc/khvi20/current
[Reviewed earlier]

Humanitarian Exchange Magazine
Number 66 April 2016
http://odihpn.org/magazine/humanitarian-innovation/
Special Focus: Humanitarian Innovation
by Humanitarian Practice Network and Kim Scriven April 2016
[Reviewed earlier]

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 21 May 2016]
Review
Open Access
Price and affordability of direct-acting antiviral regimens for hepatitis C virus in the United States
Elana S. Rosenthal and Camilla S. Graham
Infectious Agents and Cancer201611:24
DOI: 10.1186/s13027-016-0071-z
Abstract
Hepatitis C virus is a serious infection causing cirrhosis, liver cancer, and death. The recent development of direct-acting antivirals has dramatically improved tolerability of treatment and rates of cure. However, the high price of these medications has often limited access to care and resulted in rationing of medications in the United States to those with advanced liver disease, access to specialist care, and without active substance use. This review assesses the way pharmaceutical prices are established and how pricing of directly acting antiviral regimens in the United States has impacted access to treatment for hepatitis C virus.

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 21 May 2016]
Research Article
Shrinking the malaria map in China: measuring the progress of the National Malaria Elimination Programme
Tao Hu, Yao-Bao Liu, Shao-Sen Zhang, Zhi-Gui Xia, Shui-Sen Zhou, Jun Yan, Jun Cao and Zhan-Chun Feng

Published on: 19 May 2016

International Health
Volume 8 Issue 3 May 2016
http://inthealth.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Epidemiology
Volume 45 Issue 2 April 2016
http://ije.oxfordjournals.org/content/current
Editorials
African partnerships through the H3Africa Consortium bring a genomic dimension to longitudinal population studies on the continent
Michèle Ramsay1,*, Osman Sankoh2,3,
as members of the AWI-Gen study and the H3Africa Consortium
Author Affiliations
1Sydney Brenner Institute for Molecular Bioscience and Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa,
2INDEPTH Network, Kanda, Accra, Ghana and
3Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
*Corresponding author. E-mail: michele.ramsay@wits.ac.za
[Extract]
A health and epidemiological transition is enveloping the African continent from the southern and northern regions where the prevalence of obesity has rapidly increased over the past three decades.1 In the wake of the transition to increased urbanization follow increased rates of hypertension, stroke and type 2 diabetes (T2D). Despite the widespread HIV, TB and malaria epidemics, age-standardized mortality for non-communicable diseases (the probability of dying from one of the four main NCDs—CVD, cancer, chronic respiratory disease and diabetes) between the ages of 30 and 70 years (comparable estimates for 2012) is over 25% in South Africa compared with less than 15% in North America and Europe.2

Good health-related epidemiological data from most African populations are sparse. When accessing global data on non-communicable diseases, it becomes clear that many African countries have no data; in some there is sporadic reporting on specific variables and then there are pockets of excellent data, albeit usually on smaller cohorts, or only in specific regions. For this reason, African health data are often modelled and predictions are based on models that are supported with little and sub-optimal information. This highlights an urgent need to support more systematic approaches to collecting epidemiological data in Africa…

Health Policies and Interventions
Loss of confidence in vaccines following media reports of infant deaths after hepatitis B vaccination in China
Int. J. Epidemiol. (2016) 45 (2): 441-449 doi:10.1093/ije/dyv349
Wenzhou Yu, Dawei Liu, Jingshan Zheng, Yanmin Liu, Zhijie An, Lance Rodewald, Guomin Zhang, Qiru Su, Keli Li, Disha Xu, Fuzhen Wang, Ping Yuan, Wei Xia, Guijun Ning, Hui Zheng, Yaozhu Chu, Jian Cui, Mengjuan Duan, Lixin Hao, Yuqing Zhou, Zhenhua Wu, Xuan Zhang, Fuqiang Cui, Li Li, and Huaqing Wang

Abstract
Background: China reduced hepatitis B virus (HBV) infection by 90% among children under 5 years old with safe and effective hepatitis B vaccines (HepB). In December 2013, this success was threatened by widespread media reports of infant deaths following HepB administration. Seventeen deaths and one case of anaphylactic shock following HBV vaccination had been reported.
Methods: We conducted a telephone survey to measure parental confidence in HepB in eleven provinces at four points in time; reviewed maternal HBV status and use of HepB for newborns in birth hospitals in eight provinces before and after the event; and monitored coverage with hepatitis B vaccine and other programme vaccines in ten provinces.
Results: HepB from the implicated company was suspended during the investigation, which showed that the deaths were not caused by HepB vaccination. Before the event, 85% respondents regarded domestic vaccines as safe, decreasing to 26.7% during the event. During the height of the crisis, 30% of parents reported being hesitant to vaccinate and 18.4% reported they would refuse HepB. Use of HepB in the monitored provinces decreased by 18.6%, from 53 653 doses the week before the event to 43 688 doses during the week that Biokangtai HepB was suspended. Use of HepB within the first day of life decreased by 10% among infants born to HBsAg-negative mothers, and by 6% among infants born to HBsAg-positive mothers. Vaccine refusal and HepB birth dose rates returned to baseline within 2 months; confidence increased, but remained below baseline.
Conclusions: The HBV vaccine event resulted in the suspension of a safe vaccine, which was associated with a decline of parental confidence, and refusal of vaccination. Suspension of a vaccine can lead to loss of confidence that is difficult to recover. Timely and credible investigation, accompanied by proactive outreach to stakeholders and the media, may help mitigate negative impact of future coincidental adverse events following immunization.

Effectiveness of a pay-for-performance intervention to improve maternal and child health services in Afghanistan: a cluster-randomized trial

Cyrus Y Engineer, Elina Dale, Anubhav Agarwal, Arunika Agarwal, Olakunle Alonge, Anbrasi Edward, Shivam Gupta, Holly B Schuh, Gilbert Burnham, and David H Peters
Int. J. Epidemiol. (2016) 45 (2): 451-459 doi:10.1093/ije/dyv362
Abstract
Background: A cluster randomized trial of a pay-for-performance (P4P) scheme was implemented in Afghanistan to test whether P4P could improve maternal and child (MCH) services.
Methods: All 442 primary care facilities in 11 provinces were matched by type of facility and outpatient volume, and randomly assigned to the P4P or comparison arm. P4P facilities were given bonus payments based on the MCH services provided. An endline household sample survey was conducted in 72 randomly selected matched pair catchment areas (3421 P4P households; 3427 comparison).The quality of services was assessed in 81 randomly sampled matched pairs of facilities. Data collectors and households were blinded to the intervention assignment. MCH outcomes were assessed at the cluster level.
Results: There were no substantial differences in any of the five MCH coverage indicators (P4P vs comparison): modern contraception(10.7% vs 11.2% (P = 0.90); antenatal care: 56.2% vs 55.6% (P = 0.94); skilled birth attendance (33.9% vs 28.5%, P = 0.17); postnatal care (31.2% vs 30.3%, P = 0.98); and childhood pentavalent3 vaccination (49.6 vs 52.3%, P = 0.41), or in the equity measures. There were substantial increases in the quality of history and physical

examinations index (P = 0.01); client counselling index (P = 0.01); and time spent with patients (P = 0.05). Health workers reported limited understanding about the bonuses.
Conclusions: The intervention had minimal effect, possibly due to difficulties communicating with health workers and inattention to demand-side factors. P4P interventions need to consider management and community demand issues.

International Journal of Infectious Diseases
May 2016 Volume 46, p1-126
http://www.ijidonline.com/current
[Reviewed earlier]

JAMA
May 17, 2016, Vol 315, No. 19
http://jama.jamanetwork.com/issue.aspx
Viewpoint
The New Era of Informed Consent: Getting to a Reasonable-Patient Standard Through Shared Decision Making FREE
Erica S. Spatz, MD, MHS; Harlan M. Krumholz, MD, SM; Benjamin W. Moulton, JD, MPH

JAMA Pediatrics
May 2016, Vol 170, No. 5
http://archpedi.jamanetwork.com/issue.aspx
[Reviewed earlier]

Journal of Community Health
Volume 41, Issue 3, June 2016
http://link.springer.com/journal/10900/41/3/page/1
Original Paper
Development of a Cost-Effective Educational Tool to Promote Acceptance of the HPV Vaccination by Hispanic Mothers
Doerthe Brueggmann, Neisha Opper, Juan Felix, David A. Groneberg, Daniel R. MishellJr., Jenny M. Jaque
Abstract
Although vaccination against the Human Papilloma Virus (HPV) reduces the risk of related morbidities, the vaccine uptake remains low in adolescents. This has been attributed to limited parental knowledge and misconceptions. In this cross sectional study, we assessed the (1) clarity of educational material informing Hispanic mothers about HPV, cervical cancer and the HPV vaccine, (2) determined vaccination acceptability and (3) identified predictors of vaccine acceptance in an underserved health setting. 418 Hispanic mothers received the educational material and completed an anonymous survey. 91 % of participants understood most or all of the information provided. 77 % of participants reported vaccine acceptance for their children; this increased to 84 % when only those with children eligible to receive vaccination were included. Significant positive predictors of maternal acceptance of the HPV vaccine for their children were understanding most or all of the provided information, older age and acceptance

of the HPV vaccine for themselves. Concerns about safety and general dislike of vaccines were negatively associated with HPV vaccine acceptance. Prior knowledge, level of education, previous relevant gynecologic history, general willingness to vaccinate and other general beliefs about vaccines were not significantly associated with HPV vaccine acceptance. The majority of participants reported understanding of the provided educational material. Vaccine acceptability was fairly high, but was even higher among those who understood the information. This study documents a cost-effective way to provide Hispanic mothers with easy-to-understand HPV-related information that could increase parental vaccine acceptability and future vaccine uptake among their children.

Original Paper

Help-Seeking Behavior and Health Care Navigation by Bhutanese Refugees

Katherine Yun , Papia Paul, Parangkush Subedi, Leela Kuikel, Giang T. Nguyen, Frances K. Barg

Abstract

The objective of this study was to document barriers to care, help-seeking behaviors, and the impact of a community-based patient navigation intervention on patient activation levels among Bhutanese refugees in the U.S. Data sources comprised 35 intake and 34 post-intervention interviews with program participants, 14 intake and 14 post-intervention interviews with patient navigators, and 164 case notes. Textual data were analyzed using the constant comparison method. Patient activation level was assessed at both time points. Participants had limited English proficiency (97 %), limited literacy (69 %), and the lowest level of patient activation (69 %). Participants routinely experienced complex insurance access, coverage, and payment problems and had limited healthcare-related life skills. Help-seeking began within social networks, with high reliance on bilingual, literate family members perceived to have experience with "the system." Help-seeking was not stigmatized and was instead consistent with societal norms valuing mutual assistance. Participants preferred helpers to act as proxies and required repeated social modeling by peers to gain confidence applying healthcare-related life skills. Following the intervention, only one-third reported the lowest level of patient activation (35 %) and one-third were highly activated (32 %). Bhutanese refugees overcome healthcare access barriers by seeking help from a network of support that begins within the community. Community health workers serving as patient navigators are readily sought out, and this approach is concordant with cultural expectations for mutual assistance. Community health workers serving immigrant groups should model healthcare-related life skills in addition to providing direct assistance.

Journal of Epidemiology & Community Health

June 2016, Volume 70, Issue 6

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

[Reviewed earlier]

Journal of Global Ethics

Volume 12, Issue 1, 2016

http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L0I#.VAJEj2N4WF8

[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)
April-June 2016 Volume 8 | Issue 2 Page Nos. 59-94
http://www.jgid.org/currentissue.asp?sabs=n
[New issue; No new relevant content identified]

Journal of Health Care for the Poor and Underserved (JHCPU)
Volume 27, Number 2, May 2016 Supplement
https://muse.jhu.edu/issue/33442
[Reviewed earlier]

Journal of Immigrant and Minority Health
Volume 18, Issue 3, June 2016
http://link.springer.com/journal/10903/18/2/page/1
[Issue focus on a range of health parameters and challenges among Latino migrants]

Journal of Immigrant & Refugee Studies
Volume 14, Issue 2, 2016
http://www.tandfonline.com/toc/wimm20/current
[New issue; No new relevant content identified]

Journal of Infectious Diseases
Volume 213 Issue 11 June 1, 2016
http://jid.oxfordjournals.org/content/current
EDITORIAL COMMENTARY
Editor's choice: Can Changes to Scheduling Enhance the Performance of Rotavirus Vaccines in Low-Income Countries?
J Infect Dis. (2016) 213 (11): 1673-1675 doi:10.1093/infdis/jiw026
Nigel A. Cunliffe and Gagandeep Kang

VIRUSES
Editor's choice: A Randomized, Controlled Trial of the Impact of Alternative Dosing Schedules on the Immune Response to Human Rotavirus Vaccine in Rural Ghanaian Infants
J Infect Dis. (2016) 213 (11): 1678-1685 doi:10.1093/infdis/jiw023
George Armah, Kristen D. C. Lewis, Margaret M. Cortese, Umesh D. Parashar, Akosua Ansah, Lauren Gazley, John C. Victor, Monica M. McNeal, Fred Binka, and A. Duncan Steele

Editor's choice: Noninterference of Rotavirus Vaccine With Measles-Rubella Vaccine at 9 Months of Age and Improvements in Antirotavirus Immunity: A Randomized Trial
J Infect Dis. (2016) 213 (11): 1686-1693 doi:10.1093/infdis/jiw024
K. Zaman, Jessica A. Fleming, John C. Victor, Mohammad Yunus, Tajul Islam A. Bari, Tasnim Azim, Mustafizur Rahman, Syed Mohammad Niaz Mowla, William J. Bellini, Monica McNeal, Joseph P. Icenogle, Ben Lopman, Umesh Parashar, Margaret M. Cortese, A. Duncan Steele,

and Kathleen M. Neuzil

Impact and Cost-effectiveness of 3 Doses of 9-Valent Human Papillomavirus (HPV) Vaccine Among US Females Previously Vaccinated With 4-Valent HPV Vaccine
J Infect Dis. (2016) 213 (11): 1694-1700 doi:10.1093/infdis/jiw046
Harrell W. Chesson, Jean-François Laprise, Marc Brisson, and Lauri E. Markowitz

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
May 2016, Volume 42, Issue 5
http://jme.bmj.com/content/current
[Reviewed earlier]

Journal of Medical Microbiology
Volume 65, Issue 5, May 2016
http://jmm.microbiologyresearch.org/content/journal/jmm/65/5;jsessionid=12mb0ac0j4tth.x-sgm-live-02
[New issue; No new relevant content identified]

Journal of Patient-Centered Research and Reviews
Volume 3, Issue 2 (2016)
http://digitalrepository.aurorahealthcare.org/jpcrr/
[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 5 Issue 2 June 2016
http://jpids.oxfordjournals.org/content/current
ORIGINAL ARTICLES AND COMMENTARIES
Meningococcal Serogroup B Bivalent rLP2086 Vaccine Elicits Broad and Robust Serum Bactericidal Responses in Healthy Adolescents
J Ped Infect Dis (2016) 5 (2): 152-160 doi:10.1093/jpids/piv039
Timo Vesikari, Lars Østergaard, Javier Diez-Domingo, Jacek Wysocki, Carl-Erik Flodmark, Johannes Beeslaar, Joseph Eiden, Qin Jiang, Kathrin U. Jansen, Thomas R. Jones, Shannon L. Harris, Robert E. O'Neill, Laura J. York, Graham Crowther, and John L. Perez

Immunogenicity, Safety, and Tolerability of Bivalent rLP2086 Meningococcal Group B Vaccine Administered Concomitantly With Diphtheria, Tetanus, and Acellular Pertussis and Inactivated Poliomyelitis Vaccines to Healthy Adolescents
J Ped Infect Dis (2016) 5 (2): 180-187 doi:10.1093/jpids/piv064
Timo Vesikari, Jacek Wysocki, Johannes Beeslaar, Joseph Eiden, Qin Jiang, Kathrin U. Jansen, Thomas R. Jones, Shannon L. Harris, Robert E. O'Neill, Laura J. York, and John L. Perez

Journal of Pediatrics
May 2016 Volume 172, p1-236
http://www.jpeds.com/current
[Reviewed earlier]

Journal of Public Health Policy
Volume 37, Issue 2 (May 2016)
http://www.palgrave-journals.com/jphp/journal/v37/n2/index.html
[Reviewed earlier]

Journal of the Royal Society – Interface
01 April 2016; volume 13, issue 117
http://rsif.royalsocietypublishing.org/content/current
[Reviewed earlier]

Journal of Virology
May 2016, volume 90, issue 9
http://jvi.asm.org/content/current
[Reviewed earlier]

The Lancet
May 21, 2016 Volume 387 Number 10033 p2063-2162 e26-e27
http://www.thelancet.com/journals/lancet/issue/current
Editorial
No health workforce, no global health security
The Lancet
Summary
Since the recent epidemics of Ebola, MERS, and Zika viruses, the ever-present threat of pandemic influenza, and now the menace of a yellow fever crisis, the notion of global health security has risen to the top of concerns facing the 194 member states attending next week's 69th World Health Assembly (WHA) in Geneva, Switzerland. Without global health security, the common goal of a more sustainable and resilient society for human health and wellbeing will be unattainable.

Articles

Association between Zika virus and microcephaly in French Polynesia, 2013–15: a retrospective study

Simon Cauchemez, Marianne Besnard, Priscillia Bompard, Timothée Dub, Prisca Guillemette-Artur, Dominique Eyrolle-Guignot, Henrik Salje, Maria D Van Kerkhove, Véronique Abadie, Catherine Garel, Arnaud Fontanet, Henri-Pierre Mallet

Summary

Background

The emergence of Zika virus in the Americas has coincided with increased reports of babies born with microcephaly. On Feb 1, 2016, WHO declared the suspected link between Zika virus and microcephaly to be a Public Health Emergency of International Concern. This association, however, has not been precisely quantified.

Methods

We retrospectively analysed data from a Zika virus outbreak in French Polynesia, which was the largest documented outbreak before that in the Americas. We used serological and surveillance data to estimate the probability of infection with Zika virus for each week of the epidemic and searched medical records to identify all cases of microcephaly from September, 2013, to July, 2015. Simple models were used to assess periods of risk in pregnancy when Zika virus might increase the risk of microcephaly and estimate the associated risk.

Findings

The Zika virus outbreak began in October, 2013, and ended in April, 2014, and 66% (95% CI 62–70) of the general population were infected. Of the eight microcephaly cases identified during the 23-month study period, seven (88%) occurred in the 4-month period March 1 to July 10, 2014. The timing of these cases was best explained by a period of risk in the first trimester of pregnancy. In this model, the baseline prevalence of microcephaly was two cases (95% CI 0–8) per 10,000 neonates, and the risk of microcephaly associated with Zika virus infection was 95 cases (34–191) per 10,000 women infected in the first trimester. We could not rule out an increased risk of microcephaly from infection in other trimesters, but models that excluded the first trimester were not supported by the data.

Interpretation

Our findings provide a quantitative estimate of the risk of microcephaly in fetuses and neonates whose mothers are infected with Zika virus.

Funding

Labex-IBEID, NIH-MIDAS, AXA Research fund, EU-PREDEMICS.

Review

Costs, affordability, and feasibility of an essential package of cancer control interventions in low-income and middle-income countries: key messages from Disease Control Priorities, 3rd edition

Hellen Gelband, Rengaswamy Sankaranarayanan, Cindy L Gauvreau, Susan Horton, Benjamin O Anderson, Freddie Bray, James Cleary, Anna J Dare, Lynette Denny, Mary K Gospodarowicz, Sumit Gupta, Scott C Howard, David A Jaffray, Felicia Knaul, Carol Levin, Linda Rabeneck, Preetha Rajaraman, Terrence Sullivan, Edward L Trimble, Prabhat Jha, Disease Control Priorities-3 Cancer Author Group

Summary

Investments in cancer control—prevention, detection, diagnosis, surgery, other treatment, and palliative care—are increasingly needed in low-income and particularly in middle-income countries, where most of the world's cancer deaths occur without treatment or palliation. To help countries expand locally appropriate services, Cancer (the third volume of nine in Disease

Control Priorities, 3rd edition) developed an essential package of potentially cost-effective measures for countries to consider and adapt. Interventions included in the package are: prevention of tobacco-related cancer and virus-related liver and cervical cancers; diagnosis and treatment of early breast cancer, cervical cancer, and selected childhood cancers; and widespread availability of palliative care, including opioids. These interventions would cost an additional US$20 billion per year worldwide, constituting 3% of total public spending on health in low-income and middle-income countries. With implementation of an appropriately tailored package, most countries could substantially reduce suffering and premature death from cancer before 2030, with even greater improvements in later decades.

Health Policy

The World report on ageing and health: a policy framework for healthy ageing

John R Beard, Alana Officer, Islene Araujo de Carvalho, Ritu Sadana, Anne Margriet Pot, Jean-Pierre Michel, Peter Lloyd-Sherlock, JoAnne E Epping-Jordan, G M E E (Geeske) Peeters, Wahyu Retno Mahanani, Jotheeswaran Amuthavalli Thiyagarajan, Somnath Chatterji

Summary

Although populations around the world are rapidly ageing, evidence that increasing longevity is being accompanied by an extended period of good health is scarce. A coherent and focused public health response that spans multiple sectors and stakeholders is urgently needed. To guide this global response, WHO has released the first World report on ageing and health, reviewing current knowledge and gaps and providing a public health framework for action. The report is built around a redefinition of healthy ageing that centres on the notion of functional ability: the combination of the intrinsic capacity of the individual, relevant environmental characteristics, and the interactions between the individual and these characteristics. This Health Policy highlights key findings and recommendations from the report.

Health Policy

Protecting human security: proposals for the G7 Ise-Shima Summit in Japan

Japan Global Health Working Group

2155

Summary

In today's highly globalised world, protecting human security is a core challenge for political leaders who are simultaneously dealing with terrorism, refugee and migration crises, disease epidemics, and climate change. Promoting universal health coverage (UHC) will help prevent another disease outbreak similar to the recent Ebola outbreak in west Africa, and create robust health systems, capable of withstanding future shocks. Robust health systems, in turn, are the prerequisites for achieving UHC. We propose three areas for global health action by the G7 countries at their meeting in Japan in May, 2016, to protect human security around the world: restructuring of the global health architecture so that it enables preparedness and responses to health emergencies; development of platforms to share best practices and harness shared learning about the resilience and sustainability of health systems; and strengthening of coordination and financing for research and development and system innovations for global health security. Rather than creating new funding or organisations, global leaders should reorganise current financing structures and institutions so that they work more effectively and efficiently. By making smart investments, countries will improve their capacity to monitor, track, review, and assess health system performance and accountability, and thereby be better prepared for future global health shocks.

The Lancet Infectious Diseases
May 2016 Volume 16 Number 5 p507-618 e64-e81
http://www.thelancet.com/journals/laninf/issue/current
[Reviewed earlier]

Lancet Global Health
May 2016 Volume 4 Number 5 e287-e343
http://www.thelancet.com/journals/langlo/issue/current
[Reviewed earlier]

Maternal and Child Health Journal
Volume 20, Issue 6, June 2016
http://link.springer.com/journal/10995/20/6/page/1
Original Paper
Using Positive Deviance to Understand the Uptake of Optimal Infant and Young Child Feeding Practices by Mothers in an Urban Slum of Mumbai
M. R. D'Alimonte, D. Deshmukh, A. Jayaraman

Original Paper
Women's Autonomy and Skilled Attendance During Pregnancy and Delivery in Nepal
Situ KC, Subas Neupane

Medical Decision Making (MDM)
May 2016; 36 (4)
http://mdm.sagepub.com/content/current
Reviews
The Impact of Patient Participation in Health Decisions Within Medical Encounters: A Systematic Review
Med Decis Making May 2016 36: 427-452, first published on November 19, 2015
doi:10.1177/0272989X15613530
Marla L. Clayman, Carma L. Bylund, Betty Chewning, and Gregory Makoul
Abstract
Background: Although there are compelling moral arguments for patient participation in medical decisions, the link to health outcomes has not been systematically explored. Objective: Assess the extent to which patient participation in decision making within medical encounters is associated with measured patient outcomes. Methods: We conducted a primary search in PubMed—excluding non-English and animal studies—for articles on decision making in the context of the physician–patient relationship published through the end of February 2015, using the MeSH headings (Physician-Patient Relations [MeSH] OR Patient Participation [MeSH]) and the terms (decision OR decisions OR option OR options OR choice OR choices OR alternative OR alternatives) in the title or abstract. We also conducted a secondary search of references in all articles that met the inclusion criteria. Results: A thorough search process yielded 116 articles for final analysis. There was wide variation in study design, as well as measurement of patient participation and outcomes, among the studies. Eleven of the 116 studies were randomized

controlled trials (RCTs). Interventions increased patient involvement in 10 (91%) of the 11 RCTs. At least one positive outcome was detected in 5 (50%) of the 10 RCTs reporting increased participation; the ratio of positive results among all outcome variables measured in these studies was much smaller. Although proportions differed, similar patterns were found across the 105 nonrandomized studies. Conclusions: Very few RCTs in the field have measures of participation in decision making and at least one health outcome. Moreover, extant studies exhibit little consistency in measurement of these variables, and results are mixed. There is a great need for well-designed, reproducible research on clinically relevant outcomes of patient participation in medical decisions.

Unknown Risks: Parental Hesitation about Vaccination
Med Decis Making May 2016 36: 479-489, first published on October 27, 2015
doi:10.1177/0272989X15607855
Laura L. Blaisdell, Caitlin Gutheil, Norbert A. M. Hootsmans, and Paul K. J. Han
Abstract
Objective. This qualitative study of a select sample of vaccine-hesitant parents (VHPs) explores perceived and constructed personal judgments about the risks and uncertainties associated with vaccines and vaccine-preventable diseases (VPDs) and how these subjective risk judgments influence parents' decisions about childhood vaccination. Methods. The study employed semistructured focus group interviews with 42 VHPs to elicit parents' perceptions and thought processes regarding the risks associated with vaccination and nonvaccination, the sources of these perceptions, and their approach to decision making about vaccination for their children. Results. VHPs engage in various reasoning processes and tend to perceive risks of vaccination as greater than the risks of VPDs. At the same time, VHPs engage in other reasoning processes that lead them to perceive ambiguity in information about the harms of vaccination—citing concerns about the missing, conflicting, changing, or otherwise unreliable nature of information. Conclusions. VHPs' refusal of vaccination may reflect their aversion to both the risk and ambiguity they perceive to be associated with vaccination. Mitigating this vaccine hesitancy likely requires reconstructing the risks and ambiguities associated with vaccination—a challenging task that requires providing parents with meaningful evidence-based information on the known risks of vaccination versus VPDs and explicitly acknowledging the risks that remain truly unknown.

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
March 2016 Volume 94, Issue 1 Pages 1–223
http://onlinelibrary.wiley.com/doi/10.1111/1468-0009.2016.94.issue-1/issuetoc
[Reviewed earlier]

Nature
Volume 533 Number 7603 pp291-432 19 May 2016
http://www.nature.com/nature/current_issue.html
Editorials
Zika must remain a high priority

Although the evidence suggests that the Olympic Games are safe to proceed, the global health community must not let the Zika virus fade from the research agenda until the threat is wiped out.

Nature Medicine
May 2016, Volume 22 No 5 pp447-567
http://www.nature.com/nm/journal/v22/n5/index.html
[Reviewed earlier]

Nature Reviews Immunology
April 2016 Vol 16 No 4
http://www.nature.com/nri/journal/v16/n4/index.html
[Reviewed earlier]

New England Journal of Medicine
May 19, 2016 Vol. 374 No. 20
http://www.nejm.org/toc/nejm/medical-journal
Perspective
Essential Medicines in the United States — Why Access Is Diminishing
Jonathan D. Alpern, M.D., John Song, M.D., M.P.H., and William M. Stauffer, M.D., M.S.P.H.
N Engl J Med 2016; 374:1904-1907 May 19, 2016 DOI: 10.1056/NEJMp1601559
Prices have been dramatically increasing for many older, off-patent drugs, some of which are considered "essential" by the World Health Organization. Some price hikes have made potentially life-saving therapies unavailable to disadvantaged patients in the United States

Special Report
Zika Virus and Birth Defects — Reviewing the Evidence for Causality
S.A. Rasmussen, D.J. Jamieson, M.A. Honein, and L.R. Petersen
Free Full Text
Summary
The Zika virus has spread rapidly in the Americas since its first identification in Brazil in early 2015. Prenatal Zika virus infection has been linked to adverse pregnancy and birth outcomes, most notably microcephaly and other serious brain anomalies. To determine whether Zika virus infection during pregnancy causes these adverse outcomes, we evaluated available data using criteria that have been proposed for the assessment of potential teratogens. On the basis of this review, we conclude that a causal relationship exists between prenatal Zika virus infection and microcephaly and other serious brain anomalies. Evidence that was used to support this causal relationship included Zika virus infection at times during prenatal development that were consistent with the defects observed; a specific, rare phenotype involving microcephaly and associated brain anomalies in fetuses or infants with presumed or confirmed congenital Zika virus infection; and data that strongly support biologic plausibility, including the identification of Zika virus in the brain tissue of affected fetuses and infants. Given the recognition of this causal relationship, we need to intensify our efforts toward the prevention of adverse outcomes caused by congenital Zika virus infection. However, many questions that are critical to our prevention efforts remain, including the spectrum of defects caused by prenatal Zika virus

infection, the degree of relative and absolute risks of adverse outcomes among fetuses whose mothers were infected at different times during pregnancy, and factors that might affect a woman's risk of adverse pregnancy or birth outcomes. Addressing these questions will improve our ability to reduce the burden of the effects of Zika virus infection during pregnancy.

Pediatrics
May 2016, VOLUME 137 / ISSUE 5
http://pediatrics.aappublications.org/content/137/5?current-issue=y
[Reviewed earlier]

Pharmaceutics
Volume 8, Issue 1 (March 2016)
http://www.mdpi.com/1999-4923/8/1
[Reviewed earlier]

PharmacoEconomics
Volume 34, Issue 6, June 2016
http://link.springer.com/journal/40273/34/6/page/1
[Reviewed earlier]

PLOS Currents: Disasters
http://currents.plos.org/disasters/
[Accessed 21 May 2016]
[No new content]

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
(Accessed 21 May 2016)
Research Article
Beyond Contact Tracing: Community-Based Early Detection for Ebola Response
May 19, 2016 ·
Introduction: The 2014 Ebola outbreak in West Africa raised many questions about the control of infectious disease in an increasingly connected global society. Limited availability of contact information made contact tracing diffcult or impractical in combating the outbreak.
Methods: We consider the development of multi-scale public health strategies that act on individual and community levels. We simulate policies for community-level response aimed at early screening all members of a community, as well as travel restrictions to prevent inter-community transmission.
Results: Our analysis shows the policies to be effective even at a relatively low level of compliance and for a variety of local and long range contact transmission networks. In our simulations, 40% of individuals conforming to these policies is enough to stop the outbreak. Simulations with a 50% compliance rate are consistent with the case counts in Liberia during the period of rapid decline after mid September, 2014. We also find the travel restriction to be

effective at reducing the risks associated with compliance substantially below the 40% level, shortening the outbreak and enabling efforts to be focused on affected areas.
Discussion: Our results suggest that the multi-scale approach can be used to further evolve public health strategy for defeating emerging epidemics.

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 21 May 2016)
Policy Forum
Toward a Common Secure Future: Four Global Commissions in the Wake of Ebola
Lawrence O. Gostin, Oyewale Tomori, Suwit Wibulpolprasert, Ashish K. Jha, Julio Frenk, Suerie Moon, Joy Phumaphi, Peter Piot, Barbara Stocking, Victor J. Dzau, Gabriel M. Leung
| published 19 May 2016 | PLOS Medicine
http://dx.doi.org/10.1371/journal.pmed.1002042
Summary Points
:: Four global commissions reviewing the recent Ebola virus disease epidemic response consistently recommended strengthening national health systems, consolidating and strengthening World Health Organization (WHO) emergency and outbreak response activities, and enhancing research and development.
:: System-wide accountability is vital to effectively prevent, detect, and respond to future global health emergencies.
:: Global leaders (e.g., United Nations, World Health Assembly, G7, and G20) should maintain continuous oversight of global health preparedness, and ensure effective implementation of the Ebola commissions' key recommendations, including sustainable and scalable financing.

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 21 May 2016)
Research Article
A Cost-Effectiveness Tool for Informing Policies on Zika Virus Control
Jorge A. Alfaro-Murillo, Alyssa S. Parpia, Meagan C. Fitzpatrick, Jules A. Tamagnan, Jan Medlock, Martial L. Ndeffo-Mbah, Durland Fish, María L. Ávila-Agüero, Rodrigo Marín, Albert I. Ko, Alison P. Galvani
| published 20 May 2016 | PLOS Neglected Tropical Diseases
http://dx.doi.org/10.1371/journal.pntd.0004743

Research Article
Extent of Integration of Priority Interventions into General Health Systems: A Case Study of Neglected Tropical Diseases Programme in the Western Region of Ghana
Ernest O. Mensah, Moses K. Aikins, Margaret Gyapong, Francis Anto, Moses J. Bockarie, John O. Gyapong
| published 20 May 2016 | PLOS Neglected Tropical Diseases
http://dx.doi.org/10.1371/journal.pntd.0004725

Research Article

Cholera Incidence and Mortality in Sub-Saharan African Sites during Multi-country Surveillance

Delphine Sauvageot, Berthe-Marie Njanpop-Lafourcade, Laurent Akilimali, Jean-Claude Anne, Pawou Bidjada, Didier Bompangue, Godfrey Bwire, Daouda Coulibaly, Liliana Dengo-Baloi, Mireille Dosso, Christopher Garimoi Orach, Dorteia Inguane, Atek Kagirita, Adele Kacou-N'Douba, Sakoba Keita, Abiba Kere Banla, Yao Jean-Pierre Kouame, Dadja Essoya Landoh, Jose Paulo Langa, Issa Makumbi, Berthe Miwanda, Muggaga Malimbo, Guy Mutombo, Annie Mutombo, Emilienne Niamke NGuetta, Mamadou Saliou, Veronique Sarr, Raphael Kakongo Senga, Fode Sory, Cynthia Sema, Ouyi Valentin Tante, Bradford D. Gessner, Martin A. Mengel | published 17 May 2016 | PLOS Neglected Tropical Diseases
http://dx.doi.org/10.1371/journal.pntd.0004679

PLoS One

http://www.plosone.org/
[Accessed 21 May 2016]
Research Article

Behavioral Perceptions of Oakland University Female College Students towards Human Papillomavirus Vaccination

Aishwarya Navalpakam, Mohammed Dany, Inaya Hajj Hussein
Research Article | published 20 May 2016 | PLOS ONE
http://dx.doi.org/10.1371/journal.pone.0155955
Abstract

Human Papillomavirus (HPV) vaccination decreases the risk for cervical cancer. However, the uptake of HPV vaccine remains low when compared with other recommended vaccines. This study evaluates the knowledge and attitudes towards HPV infection and vaccination, and the readiness for the uptake of HPV vaccine amongst female students attending Oakland University (OU) in Michigan, United States. This is a cross-sectional study targeting a randomized sample of a 1000 female OU students using an online questionnaire. The data were statistically analyzed using SPSS software. A total of 192 female students, with the mean age of 24 years completed the survey. The majority of participants had previous sexual experience with occasional use of contraceptives (78.1%), were non-smokers (92.7%), and non-alcohol drinkers (54.2%). The participants had a mean knowledge score of 53.0% with a standard error of 2.3% translating to a moderately informed population. The majority agreed that HPV is life threatening (79%), the vaccine prevents cervical cancer (62%), and that side effects would not deter them from vaccination (63%). Although two thirds (67%) believed that, based on sexual practices in the United States, female college students in Michigan have a higher chance of contracting HPV, about 50% did not believe they themselves were at risk. Higher knowledge correlated with increased recommendation for the vaccine (correlation-factor 0.20, $p = 0.005$). Results suggested that the best predictor for improvement of vaccination was the awareness level and health education. This indicates a need for an educational intervention to raise awareness, increase HPV vaccine uptake, and decrease the incidence of cervical cancer.

PLoS Pathogens

http://journals.plos.org/plospathogens/
(Accessed 21 May 2016)
Pearls

Immunizing against Anogenital Cancer: HPV Vaccines
Cloe S. Pogoda, Richard B. S. Roden, Robert L. Garcea
| published 19 May 2016 | PLOS Pathogens
http://dx.doi.org/10.1371/journal.ppat.1005587
... Future Outlook
Vaccines have remarkable potential to prevent cancers that are related to infectious agents (e.g., HPV and Hepatitis B). While the latest HPV vaccine offers protection against up to 90% of cervical cancer, next generation vaccines will potentially offer broader protection and be more practical for universal implementation. Hopefully, they will address the issues of cost by using alternative production systems, fewer but more cross-protective antigens (L1 or L2), and suitability for manufacture in the regions where the vaccines will be delivered. By utilizing techniques such as lyophilization, these new vaccines may be shipped and stored without refrigeration. New delivery methods, such as nanoparticle platforms, have the potential to eliminate the need for multiple doses through timed-release technology [20]. More stable formulations also create the potential for aerosol or patch deliverable vaccines to eliminate the need for needles. Second generation vaccines may even have therapeutic properties that treat existing HPV infections. These factors may alter the current guidelines regarding when and to which populations vaccines should be administered. As current vaccines are administered, it will be important to monitor if an increase of non-targeted hrHPV genotypes occur. This potential viral replacement may dictate that second generation vaccines must immunize against different strains or be more broadly effective. As the current and second generation vaccines continue to evolve and are used by a greater fraction of the global population, we look forward to seeing the decreasing rates of anogenital (and likely oropharyngeal) cancers and deaths due to HPV infection.

PNAS - Proceedings of the National Academy of Sciences of the United States of America
http://www.pnas.org/content/early/
(Accessed 21 May 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 86, Pages 1-166 (May 2016)
http://www.sciencedirect.com/science/journal/00917435/86

Original Research Article

Trends and predictors of HPV vaccination among U.S. College women and men

Pages 92-98

Erika L. Thompson, Cheryl A. Vamos, Coralia Vázquez-Otero, Rachel Logan, Stacey Griner, Ellen M. Daley

Abstract

Background

HPV vaccination was recommended by the Advisory Committee on Immunization Practices for young adult females in 2006 and males in 2011 to prevent HPV-related cancers and genital warts. As this prevention mechanism continues to disseminate, it is necessary to monitor the uptake of this vaccine. College students represent an important population for HPV vaccination efforts and surveillance due to increased risk for HPV infection and representing a priority population for catch-up HPV vaccination. The purpose of this study was to assess the trends in HPV vaccination among U.S. college females and males from 2009 to 2013, and to examine whether predictors for HPV vaccination differ between males and females.

Methods

The National College Health Assessment-II (Fall 2009–2013) was used to assess trends in HPV vaccination using hierarchical logistic regression across genders and demographics. Data from 2013 were used to assess demographic variables associated with HPV vaccination for males and females, respectively. The analysis was conducted in 2015.

Results

Females had nearly double the rates of HPV vaccination compared to males over time. All demographic sub-groups had significant increases in vaccine rates over time, with select male sub-groups having more accelerated increases (e.g., gay). Young age (18–21 vs. 22–26 years) was a significant predictor for HPV vaccination among males and females, while race/ethnicity was a predictor of vaccination among females only.

Conclusions

These findings identified specific demographic sub-groups that need continued support for HPV vaccination. Campus health centers may be rational settings to facilitate clinical opportunities for HPV vaccination among unvaccinated college students.

Proceedings of the Royal Society B

10 February 2016; volume 283, issue 1824

http://rspb.royalsocietypublishing.org/content/283/1824?current-issue=y

[Reviewed earlier]

Public Health Ethics

Volume 9 Issue 1 April 2016

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

[Reviewed earlier]

Public Health Reports

Volume 131 , Issue Number 3 May/June 2016

http://www.publichealthreports.org/issuecontents.cfm?Volume=131&Issue=3

Brief Report

Understanding Non-Completion of the Human Papillomavirus Vaccine Series: Parent-Reported Reasons for Why Adolescents Might Not Receive Additional Doses, United States, 2012
Sarah J. Clark, MPH / Anne E. Cowan, MPH / Stephanie L. Fillipp, MPH / Allison M. Fisher, MPH / Shannon Stokley, MPH

Case Studies and Practice
Assessing Clinical Research Capacity in Vietnam: A Framework for Strengthening Capability for Clinical Trials in Developing Countries
Jonathan Kagan, PhD / Dao Duc Giang, MPH / Michael F. Iademarco, MD, MPH / Van TT Phung, MS / Chuen-Yen Lau, MD, MPH / Nguyen Ngo Quang, PhD

Research
Human Papillomavirus Vaccination in Washington State: Estimated Coverage and Missed Opportunities, 2006–2013
Hanna N. Oltean, MPH / Kathryn H. Lofy, MD / Marcia Goldoft / Charla A. DeBolt, RN, MPH

Law and the Public's Health: Quarantine and Liability in the Context of Ebola
Polly J. Price, JD

Qualitative Health Research
June 2016; 26 (7)
http://qhr.sagepub.com/content/current
Special Issue: Ethnography
[Reviewed earlier]

Reproductive Health
http://www.reproductive-health-journal.com/content
[Accessed 21 May 2016]
[Reviewed earlier]

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
May 2016 Volume 36, Issue 5 Pages 863–1068
http://onlinelibrary.wiley.com/doi/10.1111/risa.2016.36.issue-5/issuetoc
[New issue; No new relevant content identified]

Risk Management and Healthcare Policy

Volume 9, 2016
https://www.dovepress.com/risk-management-and-healthcare-policy-archive56
[No new relevant content identified]

Science
20 May 2016 Vol 352, Issue 6288
http://www.sciencemag.org/current.dtl
Introduction to special issue
Cities are the Future
By Nicholas S. Wigginton, Julia Fahrenkamp-Uppenbrink, Brad Wible, David Malakoff
Science20 May 2016 : 904-905
Rapid urbanization is overtaxing the planet, but it may not have to

Editorial
Leave no city behind
By Michele Acuto, Susan Parnell
Science20 May 2016 : 873
Summary
Close to 4 billion people live in cities. As the driver of environmental challenges, accounting for nearly 70% of the world's carbon emissions, and as sites of critical social disparities, with 863 million dwellers now living in slums, urban settlements are at the heart of global change. This momentum is unlikely to disappear, as approximately 70 million more people will move to cities by the end of this year alone. The good news is that recent multilateral processes are now appreciating this key role of cities and are increasingly prioritizing urban concerns in policy-making. Yet, how can we ensure that these steps toward a global urban governance leave no city, town, or urban dweller behind?

Science Translational Medicine
11 May 2016 Vol 8, Issue 338
http://stm.sciencemag.org/
Editorial
The need for global regulatory harmonization: A public health imperative
By Elias Zerhouni, Margaret Hamburg
Science Translational Medicine11 May 2016 : 338ed6
Because public health and innovation are no longer national issues, regulatory authorities must apply a global view to oversight.

Social Science & Medicine
Volume 155, Pages 1-102 (April 2016)
http://www.sciencedirect.com/science/journal/02779536/155
[Reviewed earlier]

Tropical Medicine & International Health
May 2016 Volume 21, Issue 5 Pages 569–690

http://onlinelibrary.wiley.com/doi/10.1111/tmi.2016.21.issue-3/issuetoc
[Reviewed earlier]

Vaccine
Volume 34, Issue 25, Pages 2759-2862 (27 May 2016)
http://www.sciencedirect.com/science/journal/0264410X/34/25
Commentary
Introducing dengue vaccine: Implications for diagnosis in dengue vaccinated subjects
Pages 2759-2761
Kalichamy Alagarasu
Abstract
Diagnosis of dengue virus infections is complicated by preference for different diagnostic tests in different post onset days of illness and the presence of multiple serotypes leading to secondary and tertiary infections. The sensitivity of the most commonly employed diagnostic assays such as anti dengue IgM capture (MAC) ELISA and non structural protein (NS) 1 capture ELISA are lower in secondary and subsequent infections. Introduction of dengue vaccine in endemic regions will affect the way how dengue is diagnosed in vaccinated subjects. This viewpoint article discusses implications of introduction of dengue vaccine on the diagnosis of dengue infections in vaccinated subjects and the strategies that are needed to tackle the issue.

Review
Impact of the introduction of the pneumococcal conjugate vaccine in the Brazilian routine childhood national immunization program
Review Article
Pages 2766-2778
Marta Moreira, Otavio Cintra, Julie Harriague, William P. Hausdorff, Bernard Hoet
Abstract
Brazil introduced the 10-valent pneumococcal non-typeable Haemophilus influenzae protein D conjugate vaccine (PHiD-CV, Synflorix™, GSK Vaccines) in the routine childhood immunization program in 2010 with a 3 + 1 schedule (with catch-up for children <2 years-old). This review represents the first analysis of the overall impact of a second-generation pneumococcal conjugate vaccine on nasopharyngeal carriage and all the major pneumococcal disease manifestations in a single, pneumococcal conjugate vaccine-naïve, developing country. A total of 15 published articles and 13 congress abstracts were included in the analysis. In children <5 years-old, studies showed a positive impact of PHiD-CV on the incidence of vaccine-type and any-type invasive pneumococcal disease (including decreases in pneumococcal meningitis morbidity and mortality), on pneumonia incidence and mortality, and on otitis media. Nasopharyngeal carriage of vaccine-type and any-type pneumococci decreased after the primary doses, with no early signs of replacement with other pathogens. Finally, herd protection against vaccine-type invasive pneumococcal disease and pneumonia in unvaccinated subjects was shown in some studies for some age groups. In conclusion, pneumococcal disease decreased after the introduction of PHiD-CV into the Brazilian national immunization program. Further follow-up is needed to evaluate the long-term overall impact of PHiD-CV in the Brazilian population.

Post-licensure safety surveillance of 23-valent pneumococcal polysaccharide vaccine in the Vaccine Adverse Event Reporting System (VAERS), 1990–2013

Original Research Article
Pages 2841-2846
Elaine R. Miller, Pedro L. Moro, Maria Cano, Paige Lewis, Marthe Bryant-Genevier, Tom T. Shimabukuro

Abstract
Background
23-Valent pneumococcal polysaccharide vaccine, trade name Pneumovax®23 (PPSV23), has been used for decades in the Unites States and has an extensive clinical record. However, limited post-licensure safety assessment has been conducted.
Objective
To analyze reports submitted to the Vaccine Adverse Event Reporting System (VAERS) following PPSV23 from 1990 to 2013 in order to characterize its safety profile.
Methods
We searched the VAERS database for US reports following PPSV23 for persons vaccinated from 1990 to 2013. We assessed safety through: automated analysis of VAERS data, crude adverse event (AE) reporting rates based on PPSV23 doses distributed in the US market, clinical review of death reports and reports involving vaccine administered to pregnant women, and empirical Bayesian data mining to assess for disproportional reporting.
Results
During the study period, VAERS received 25,168 PPSV23 reports; 92% were non-serious, 67% were in females and 86% were in adults aged ≥19 years. When PPSV23 was administered alone, fever (43%), injection site erythema (28%) and injection site pain (25%) were the most commonly reported non-serious AEs in children. Injection site erythema (32%), injection site pain (27%) and injection site swelling (23%) were the most commonly reported non-serious AEs in adults. Of serious reports (2129, 8% of total), fever was most commonly reported in both children (69%) and adults (39%). There were 66 reports of death, four in children and 62 in adults. Clinical review of death reports did not reveal any concerning patterns that would suggest a causal association with PPSV23. No disproportional reporting of unexpected AEs was observed in empirical Bayesian data mining.
Conclusions
We did not identify any new or unexpected safety concerns for PPSV23. The VAERS data are consistent with safety data from pre-licensure clinical trials and other post-licensure studies.

Progress towards hepatitis B prevention through vaccination in the Western Pacific, 1990–2014

Original Research Article
Pages 2855-2862
Eric Wiesen, Sergey Diorditsa, Xi Li

Abstract
Hepatitis B infections are responsible for more than 300 thousand deaths per year in the Western Pacific Region. Because of this high burden, the countries and areas of the Region established a goal of reducing hepatitis B chronic infection prevalence among children to less than 1% by 2017. This study was conducted to measure the progress in hepatitis B prevention and assess the status of achievement of the 2017 Regional hepatitis B control goal. A literature review was conducted to identify studies of hepatitis B prevalence in the countries and areas of the region, both before and after vaccine introduction. A mathematical model was applied to

assess infections and deaths prevented by hepatitis B vaccination and hepatitis B prevalence in countries without recent empirical data. The majority of countries and areas (22 out of 36) were estimated to have over 8% prevalence of chronic hepatitis B infection among persons born before vaccine introduction. After introduction of hepatitis B vaccine, most countries and areas (24 out of 36) had chronic infection prevalence of less than 1% among children born after vaccine introduction. It was estimated that in the past 25 years immunization programmes in the Western Pacific Region have averted 7,167,128 deaths that would have occurred in the lifetime of children born between 1990 and 2014 if hepatitis B vaccination programmes had not been established. Regional prevalence among children born in 2012 was estimated to be 0.93%, meaning that the Regional hepatitis B control goal was achieved. While additional efforts are needed to further reduce hepatitis B transmission in the region, this study demonstrates the great success of the hepatitis B vaccination efforts in the Western Pacific Region.

Vaccine: Development and Therapy
https://www.dovepress.com/vaccine-development-and-therapy-archive111
(Accessed 21 May 2016)
[No new content]

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 21 May 2016)
[No new relevant content identified]

Value in Health
May 2016 Volume 19, Issue 3
http://www.valueinhealthjournal.com/current
[No new relevant content identified]

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

Papillomavirus Research
Available online 17 May 2016
Monitoring the impact of HPV vaccine in males—considerations and challenges
JML Brotherton, AR Giuliano, LE Markowitz, EF Dunne… -
Abstract
In this article, we examine the issues involved if national or sub-national programs are considering extending post HPV vaccine introduction monitoring to include males. Vaccination programs are now being extended to include males in some countries, in order to improve population level HPV infection control and to directly prevent HPV-related disease in males such as anogenital warts and anal cancers. Coverage and adverse events surveillance are essential

components of post-vaccination monitoring. Monitoring the impact of vaccination on HPV infection and disease in men raises some similar challenges to monitoring in females, such as the long time frame until cancer outcomes, and also different ones given that genital specimens suitable for monitoring HPV prevalence are not routinely collected for other diagnostic or screening purposes in males. Thus, dedicated surveillance strategies must be designed; the framework of these may be country-specific, dependent upon the male population that is offered vaccination, the health care infrastructure and existing models of disease surveillance such as STI networks. The primary objective of any male HPV surveillance program will be to document changes in the prevalence of HPV infection and disease due to vaccine targeted HPV types occurring post vaccination. The full spectrum of outcomes to be considered for inclusion in any surveillance plan includes HPV prevalence monitoring, anogenital warts, potentially pre-cancerous lesions such as anal squamous intraepithelial lesions (SIL), and cancers. Ideally, a combination of short term and long term outcome measures would be included. Surveillance over time in specific targeted populations of men who have sex with men and HIV-infected men (populations at high risk for HPV infection and associated disease) could be an efficient use of resources to demonstrate impact.

Obstetrics & Gynecology
May 2016
doi: 10.1097/01.AOG.0000483332.97659.57

Do Educational Seminars for the HPV Vaccine Improve Attitudes Toward and Likelihood of Vaccination?[12B].

Foster, Leah N. MD; Roussos-Ross, Kay MD; DeCesare, Julie Z. MD; McAlpin, Lindsey M. MD

Abstract
INTRODUCTION: In the United States, there are approximately 12,360 cases of invasive cervical cancer diagnosed annually resulting in 4,020 deaths each year. Human papillomavirus is the known cause for the majority of all cervical cancers. The FDA and CDC have approved vaccination for the prevention of HPV. Since the approval of HPV vaccines only 33 percent of eligible females and 10 percent of eligible males have been vaccinated. The goal of this study is to investigate the barriers to HPV vaccination for eligible recipients and to determine whether an educational intervention regarding HPV vaccination results in improved attitudes and likelihood of vaccination. The study is being performed in conjunction with the ACOG District XII Health Care for Underserved Women Committee.
METHODS: We conducted a community outreach educational seminar to evaluate participants' baseline knowledge regarding HPV, the HPV vaccine, and opinions about vaccination. Each participant was asked to complete a survey on HPV upon arrival. We then executed a brief educational seminar about HPV. Following completion of the educational session, the study participants again completed the survey.
RESULTS: Data analyzed with Fisher Exact Test noted a statistically significant improvement in knowledge of HPV related facts and willingness to accept the HPV vaccine following the educational seminar, P<.01.
CONCLUSION: Educational seminars show a clear benefit increasing education and awareness regarding the purpose and benefits of the HPV vaccine. Providing addition educational opportunities of eligible recipients and their guardians may provide higher vaccination rates, and thereby lower cervical cancer rates in the future.

Obstetrics & Gynecology
May 2016
doi: 10.1097/01.AOG.0000483628.84944.92
HPV Vaccination Does Not Provide Herd Immunity for Unvaccinated Women or Cross-Protection for Nonvaccine HPV Types [12].
Tarney, Christopher MD; Pagan, Megan MD; Klaric, John PhD; Beltran, Thomas; Han, Jasmine MD
Abstract
INTRODUCTION: To determine if the human papillomavirus (HPV) vaccination offers cross-protection against nonvaccine HPV types and whether introduction of the vaccination has offered herd immunity to unvaccinated women.
METHODS: We collected and analyzed HPV prevalence data for females aged 18-29 from the prevaccine era (2007-2008) and postvaccine era (2009-2012) using the National Health and Nutrition Examination Surveys (NHANES); 1628 female respondents aged 18-29, representing 21,135,134 females in the United States non-institutionalized civilian population, provided vaginal swabs across three consecutive NHANES survey cycles.
RESULTS: Among females aged 18-29, the prevalence of high risk HPV among women who received at least one dose of the HPV vaccine decreased from 67% (95% confidence interval [CI] 50.7-81.4) in 2007-2008 to 41.5% (95% CI, 30.5-53.1) in 2011-2012; among the women vaccinated for HPV in the postvaccine era, the prevalence of HPV-16 and -18 was 6.4% versus 93.6% for all other high risk HPV types. There was no difference in prevalence in high risk HPV for women who did not receive the vaccine; 49.5% (95% CI, 42.5-56.6) in 2007-2008 versus 50.8% (95% CI, 43.0-58.7) in 2011-2012.
CONCLUSION/IMPLICATIONS: The prevalence of high risk HPV significantly decreased among females aged 18-29 years who received the HPV vaccine, but there appeared to be no cross-protection against nonvaccine HPV types. These findings may offer support for usage of the investigational 9-valent HPV vaccine. There also was no evidence to suggest protection against HPV infection for unvaccinated women.

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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 21 May 2016

The Plan to Avert Our Post-Antibiotic Apocalypse
19 May 2016
A new report estimates that by 2050, drug-resistant infections will kill one person every three seconds, unless the world's governments take drastic steps now….Meanwhile, a "diagnostic market stimulus" would provide top-up payments to poorer countries that buy diagnostic tests, in the same way that organizations like Gavi fund vaccine use in the developing world.

BBC
http://www.bbc.co.uk/
Accessed 21 May 2016
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 21 May 2016
[No new, unique, relevant content]

Financial Times
http://www.ft.com/home/uk
Accessed 21 May 2016

Forbes
http://www.forbes.com/
Accessed 21 May 2016
In Pursuit Of An HIV Vaccine And The AIDS-Free Generation
In the US, many people speak of "the AIDS crisis" as though it were something that happened and is now over. We do have effective treatments, and increasingly effective means of prevention. They include new, once-a-day pills that are very effective at preventing HIV infection as long as they are [...]
Science Business, Contributor May 17, 2016

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 21 May 2016
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 21 May 2016
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 21 May 2016
[No new, unique, relevant content]

New Yorker

http://www.newyorker.com/
Accessed 21 May 2016
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 21 May 2016
Stealing From Ebola to Fight Zika
19 May 2016
Nobody should be surprised when the present House of Representatives, dominated by penurious reactionaries, produces a stingy response to a danger that calls for compassionate largess. But for sheer fecklessness it's hard to top the House's response this week to the Zika virus. The salient feature is that in providing money to fight one health menace, it steals from other funds meant to fight an even more dangerous threat — the Ebola virus.

China Arrests 135 for Illegally Buying, Selling Vaccines
BEIJING — China has arrested 135 people in 22 provinces for illegally buying and selling vaccines, in the latest scandal shaking the Chinese public's confidence in vaccine safety.
In an online statement Friday, the national prosecuting office said arrest warrants were issued for 125 people for running vaccine businesses without license.
It said 15 of them have been formally indicted, and two were found guilty. Ten health officials were arrested for on-duty negligence.
The accused health officials had worked at local public health centers and knowingly bought the illegal vaccines and used them on people, the prosecuting office said…
May 21, 2016 - By THE ASSOCIATED PRESS

C.D.C. Is Monitoring 279 Pregnant Women With Possible Zika Virus Infections
Doctors are monitoring 279 pregnant women with confirmed or suspected Zika virus infections in the United States and its territories, federal health officials said Friday.
Of those women, 157 are in the 50 states and the District of Columbia, and 122 are in territories, including Puerto Rico. Public health officials are gathering data on the health consequences of the infection, including the rate at which fetuses develop abnormally shrunken heads and brain damage, a birth defect called microcephaly.
May 21, 2016 - By DONALD G. McNEIL Jr –

The Opinion Pages | Op-Ed Contributor
Eliminate the TB Scourge
19 May 2016
By UVISTRA NAIDOOMAY 19, 2016

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 21 May 2016
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 21 May 2016

Trying to get jump on Zika preparations with money in limbo

Beg, borrow and steal: Zika preparation involves a bit of all three as federal, state and local health officials try to get a jump on the mosquito-borne virus while Congress haggles over how much money they really need.
Lauran Neergaard | AP | Washington | May 21, 2016

Think Tanks et al

Brookings
http://www.brookings.edu/
Accessed 21 May 2016
[No new relevant content]

Center for Global Development
http://www.cgdev.org/
Accessed 21 May 2016
[No new relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 21 May 2016
[No new relevant content]

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