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Influenza vaccine for international mass gatherings

We agree with Mohammad Alfelali and colleagues¹ that influenza vaccination is highly recommended for Hajj pilgrims. However, the Hajj is not the only mass gathering at which influenza outbreaks have been reported.2 Similarly, outbreaks were recorded during the World Youth Day in July 2008 in Sydney, Australia, during the H1N1 pandemic in 2009 at the Itzapalapa Passion Play in Mexico, and at three major outdoor music festivals in Europe, including the Sziget festival in Hungary, the Rock Werchter festival in Belgium, and the Exit festival in Serbia.² In 2002 an influenza outbreak happened at the Winter Olympiad in Salt Lake City, USA.2

Another mass gathering of major interest for the medical community will be the Olympics in Rio de Janeiro and other locations in Brazil in August, 2016. According to the Pan American Health Organization, Brazil reported an early-2016 winter season, with intense transmission of influenza, predominately influenza A H1N1pdm09. Although this activity has been decreasing since week 18, it has been increasing in Argentina, Uruguay, Chile, and Paraguay since week 15.3

Among other measures, both the European Centre for Disease

Prevention and Control (ECDC) and the US Centers for Disease Control and Prevention (CDC) recommend that travellers to the Games should at least consider vaccination against influenza (preferably with the 2016 southern hemisphere seasonal vaccine) because the event takes place at the peak of the influenza season in South America.4 In France, Switzerland, and many other countries in the northern hemisphere, southern hemisphere influenza vaccine is not available. Meanwhile the shelf-life for the northern hemisphere vaccine, which would offer protection against influenza A H1N1pdm09, has expired, and consequently, the ECDC's and CDC's advice is impossible to follow.

As such, in a globally mobile world, solutions need to be found to offer influenza vaccine from the opposite hemisphere, at least in travel clinics. Additionally, the shelf-life of influenza vaccine in the northern hemisphere should be prolonged to August each year. That is not only essential for those attending mass gatherings, but also for other risk groups, for example, passengers on cruises to Alaska.⁵

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Global burden of cutaneous leishmaniasis

Chante Karimkhani and colleagues¹ highlighted the global burden of cutaneous leishmaniasis based on a cross-sectional analysis of data from the Global Burden of Disease Study 2013. Although the authors rightly point out that their study would be the first systematic attempt to quantify the disease, the methodological approach and the relevance of their findings to inform public health policy has to be questioned.

First, although the authors do acknowledge that their analyses were hampered by the scarcity of data sources, it seems that some data were inexplicably not included, given that their data stem from 14 published studies, 46 hospital datasets, and WHO profile data from 54 countries—a far cry from the 12563 data occurrence records and 340 articles used by Pigott and colleagues² and Alvar and colleagues³ in studies assessing the global leishmaniasis distribution and incidence, respectively. Second, with regard to prevalence and incidence estimates, access to cutaneous leishmaniasis diagnosis and treatment in endemic countries is often restricted and the disease can have a self-resolving pathology because many patients do not seek treatment. As a result, prevalence estimates, particularly in wartorn countries (eg, Afghanistan, Iraq, Syria), might represent an accumulation of untreated patients