



————— NINTH ANNUAL —————

Global Health Symposium

March 21-24, 2022

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Sponsored by

Office of Faculty Affairs

Office of Global Health

NINTH ANNUAL
Global Health Symposium

March 21-24, 2022

Events at a Glance

All events will be held from noon to 1 p.m. each day.

Monday, March 21

Armour Academic Center
(AAC), Room 540

The Deadly Consequences of Vaccine Inequity in Chicago

William F. Parker, MD, PhD

Assistant Professor of Medicine and Public Health Sciences

Section of Pulmonary and Critical Care

Assistant Director, MacLean Center for Clinical Medical Ethics

University of Chicago

Tuesday, March 22

AAC, Room 539

Equity, Ethics and Epidemiology in Global Efforts to Eliminate Measles and Rubella*

Christopher J. Gregory, MD, MPH

Senior Advisor, Health

Accelerated Immunization Initiatives

UNICEF New York Headquarters

Wednesday, March 23

AAC, Room 994

Progress Toward Global Polio Eradication: A Lesson in Health Equity*

Roland W. Sutter, MD, MPH&TM

Consultant, Polio Eradication, Centers for Disease Control and Prevention

Prior Coordinator of Research and Product Development, Global Polio Eradication Initiative

World Health Organization

Thursday, March 24

AAC, Room 540

HIV and COVID-19: Pandemic Déjà Vu

Shivanjali Shankaran, MD

Assistant Professor

Department of Internal Medicine, Division of Infectious Diseases

Rush Medical College

**Event will be held in person, but the speaker will be joining remotely.*

NINTH ANNUAL
Global Health Symposium
March 21-24, 2022

Dear Students, Faculty and Staff:

I am excited to welcome you to the ninth annual Global Health Symposium. We are eager to hear from this year's group of accomplished speakers as they share their views and experiences.

One of the goals of the Office of Global Health is to demonstrate successes of the Rush community on the Global Health arena and to facilitate opportunities for scholarly work, collaboration, research and services in global health initiatives that benefit international communities. Many of our faculty, students, residents, fellows and staff devote their time and efforts to make an impact worldwide. The Global Health Symposium provides a forum for our colleagues at Rush and around the world to discuss their work.

I thank you for supporting the Offices of Faculty Affairs and Global Health and look forward to your continued involvement.

Sincerely,



Susan Chubinskaya, PhD
Vice Provost, Faculty Affairs, Rush University

NINTH ANNUAL
Global Health Symposium
March 21-24, 2022

Dear Students, Faculty and Staff:

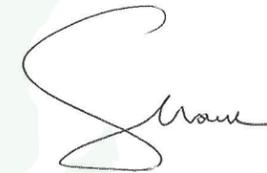
On behalf of the Office of Global Health at Rush, welcome to the ninth annual Global Health Symposium. Thanks to COVID-19, the subject of vaccination is now the stuff of social repartee. “Antibodies” and “flatten the curve” are now household terms. But how much do we really know about the history of vaccination, diseases eradicated by vaccination and the ongoing battle for equity in vaccine distribution?

This year's Global Health Symposium will strive to address these issues. What can we discern from the historic challenges and successes in the eradication of polio, measles, mumps and rubella? Was just allocation built into the framework for COVID-19 vaccine distribution, and how well did we do? Forty years after the first case of HIV, what are the barriers to vaccine development, and what have we learned about equitable distribution of lifesaving treatments in the fight against HIV/AIDS?

We are thrilled to host speakers with expertise and passion for equity and are grateful for their participation. Thank you for joining and discovering with us.

We are looking forward to learning from and inspiring one another.

Gratefully,



Stephanie Crane, MD
Director, Office of Global Health, Rush University

Global Health Symposium
Monday, March 21, 2022

Noon to 1 p.m., AAC 540



The Deadly Consequences of Vaccine Inequity in Chicago

William F. Parker, MD, PhD

Assistant Professor of Medicine and Public Health Sciences
Section of Pulmonary and Critical Care
Assistant Director, MacLean Center for Clinical Medical Ethics
University of Chicago

Synopsis

During the early part of 2021, COVID-19 vaccines were scarce in the U.S., as they still are in much of the world. Parker will discuss the ethical framework that was supposed to guide U.S. vaccine allocation and show how the reality of the vaccine rollout fell short of these ideals.

Specifically, he will discuss errors in bioethical reasoning, such as 1) failing to recommend place-based vaccine allocation, 2) making no recommendation for allocation phases (implicitly endorsing first-come, first-served), 3) using age as the primary criterion to identify individuals at high risk of death from COVID-19 during phase 1B and 4) recommending overly broad health care worker priority in phase 1A.

Finally, Parker will present original research on the association of vaccine coverage and subsequent COVID-19 mortality in Chicago. His lab estimates Chicago could have prevented 72% of deaths in the least-vaccinated quartile in the city with more equitable vaccine coverage during the early rollout.

Biography

William F. Parker, MD, PhD, is a medical ethicist, critical care physician and an NIH-funded health services researcher who studies the allocation of scarce medical resources. Parker is specifically interested in absolute scarcity problems, where demand greatly exceeds supply and health care systems cannot avoid triaging life-saving therapies.

He applies advanced empirical methods to evaluate and design allocation systems according to the underlying ethical principles. His current projects focus on deceased donor organ allocation, critical care/ventilator triage under crisis standards of care and COVID-19 vaccine allocation. Parker's writing on the COVID-19 vaccine allocation has been featured in *Health Affairs*, *JAMA Health Forum*, *USA Today* and *The Washington Post*.

Global Health Symposium
Tuesday, March 22, 2022

Noon to 1 p.m., AAC 539



Equity, Ethics and Epidemiology in Global Efforts to Eliminate Measles and Rubella

Christopher J. Gregory, MD, MPH

Senior Advisor, Health
Accelerated Immunization Initiatives
UNICEF New York Headquarters

Synopsis

Since 2000, great progress has been made toward measles and rubella control, with more than 30 million childhood deaths estimated to have been averted through measles vaccination and now more than 90 countries having eliminated rubella. Yet during this time, inequities in the opportunity for people to benefit from measles and rubella vaccinations have persisted and have even increased, with the world's most disadvantaged children bearing the brunt of this inequity.

Given that safe and effective vaccines have existed for both diseases for more than 50 years, what underlying epidemiological, ethical and equity issues underlie these stark disparities in one of the world's most contagious yet easily preventable diseases? Christopher J. Gregory, MD, MPH, will discuss the current global status of measles and rubella elimination in the COVID-19 era, including the persistent challenges of reaching those children most likely to benefit from vaccination.

Biography

Christopher J. Gregory, MD, MPH has been a senior adviser and team lead of Accelerated Immunization Initiatives in the Immunization Unit at UNICEF Programme Division headquarters in New York since November 2020. In this role, he manages UNICEF's global disease control initiatives for measles, rubella, meningitis, yellow fever, cholera and tetanus, and immunization needs in humanitarian response. Prior to joining UNICEF, Gregory was with U.S. Centers for Disease Control and Prevention starting in 2008 — most recently as chief of the Arboviral Diseases branch in the Division of Vector-Borne Diseases.

Gregory's previous positions include chief of the International Emerging Infections Program in the Southeast Asia regional office in Bangkok, Thailand, and team lead with measles/rubella as a focal point for the Western Pacific Region in the CDC's Global Immunization Division. He served in leadership roles during emergency responses to Zika, COVID-19, and the 2014-2016 West Africa and 2018-2019 Democratic Republic of the Congo Ebola outbreaks.

Gregory received his medical degree from the University of Utah and his master's in public health in epidemiology from the University of California, Berkeley. He completed the CDC's Epidemic Intelligence Service program and has been author or co-author on more than 60 peer-reviewed publications.



Progress Toward Global Polio Eradication: A Lesson in Health Equity

Roland W. Sutter, MD, MPH&TM

*Consultant, Polio Eradication, Centers for Disease Control and Prevention
Prior Coordinator of Research and Product Development, Global Polio Eradication Initiative
World Health Organization*

Synopsis

Following the World Health Assembly (the governing body of the World Health Organization) resolution in 1988 to eradicate poliomyelitis by the year 2000, the global health community — including the partnership of Rotary International, the Bill & Melinda Gates Foundation, Gavi, UNICEF, the Centers for Disease Control and Prevention and World Health Organization — has made great strides toward a polio-free world. From 1988 to 2021, the number of polio-endemic countries decreased from more than 125 to two, and the number of cases declined from more than 350,000 to five.

During this same period, wild poliovirus type 2 and 3 were declared eradicated by independent international commissions. Wild poliovirus type 1, detected since 2016 only in Afghanistan and Pakistan, is on the verge of eradication. However, after the withdrawal of Sabin type 2 poliovirus from oral poliovirus vaccine (OPV) in 2016 as part of the polio eradication endgame plan, circulating vaccine-derived poliovirus type 2 (cVDPV2) emerged in several African countries, leading to epidemic and endemic transmission. The program is now fighting on two fronts: wild poliovirus type 1 and cVDPV2.

This presentation will provide a progress report, address current and future challenges, and will highlight eradication as the ultimate in health equity.

Biography

Roland W. Sutter, MD, MPH&TM, received his medical and public health education and training in Switzerland (University of Zurich) and the United States (Tulane University). From 1980 to 1987, he worked for refugees in Asia (primarily “boat people”). This experience directed him toward a public health career. From 1987 to 2002, Sutter worked for the Centers for Disease Control and Prevention (CDC) in Atlanta, focusing on the epidemiology of vaccine-preventable diseases, particularly polio eradication. His last position at the CDC was chief of the Polio Eradication Branch.

In 2002, Sutter assumed the position of coordinator of research and product development for the Global Polio Eradication Initiative with the World Health Organization (WHO) in Geneva, focusing on research and product development effecting the pre- and post-polio eradication era.

Sutter led the development of several new polio vaccines — including mOPV1, mOPV2, mOPV3, bOPV — and promoted Sabin-IPV. Currently, Sutter is consulting on polio eradication with the CDC. He has published extensively on polio, diphtheria and tetanus, including more than 200 publications in peer-reviewed journals, more than 40 book chapters, and numerous reports in the CDC’s Mortality Morbidity Weekly Report and the WHO’s Weekly Epidemiologic Record.



HIV and COVID-19: Pandemic Déjà Vu

Shivanjali Shankaran, MD

*Assistant Professor
Department of Internal Medicine
Division of Infectious Diseases
Rush Medical College*

Synopsis

While there is no vaccine for HIV, the history of the virus is rife with disparities in the communities that are disproportionately affected and access to prevention and treatment. The session will review the history of HIV and reflect on its similarities with the COVID-19 pandemic.

One example is the lack of inclusion of women in studies looking into the use of DESCovy as pre-exposure prophylaxis. Similar trends can be seen in the current prescription of PrEP. Men of color have disproportionately higher rates of new HIV diagnoses; however, that community receives a very small percentage of the PrEP. Similarly, only about 2% of women who would benefit from being on PrEP are currently prescribed receiving it.

This underrepresentation of certain communities in research can also affect their representation in vaccine trials. Results from trials that overwhelmingly represent one group may not be applicable across the general population. Prior studies have shown that metabolism and side effects of drugs, as well as long-term risks and efficacy, can vary based on race, age and sex.

There are reasons behind this lower representation in research, and there are steps being taken by various organizations to improve and increase participation of minority groups so that results are more applicable to the people most impacted by them.

Biography

Shivanjali Shankaran, MD, is a general infectious diseases practitioner and has worked at Rush University Medical Center for five years. Her particular interest is in the care of people living with HIV (PLWH). In addition to her clinical work, she has conducted research into novel means of increasing uptake of pre-exposure prophylaxis among underserved populations and new treatments for PLWH. For the last two years, she has been the lead of the COVID-19 treatment guidelines work group at Rush and has been extensively involved in developing COVID-19 treatment strategies.

Our Mission

Rush University promotes involvement in voluntary global health initiatives that allow our students, residents, fellows, faculty and staff to bring their skills to populations in need and grow as health care professionals.



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All photos were taken with consent of the patients/individuals.

