



## **Vaccines and Global Health: The Week in Review** **23 January 2015** **Center for Vaccine Ethics & Policy (CVEP)**

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

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

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

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### **WHO Executive Board session - 25-30 January 2016**

Several key life-course issues, strategies and action plans will be addressed during the EB, including:

:: [EB138/14](#): Health in the 2030 Agenda for Sustainable Development

:: [EB138/16](#): Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health  
:: [EB138/17](#): Health and the environment - Draft roadmap for an enhanced global response to the adverse health effects of air pollution  
:: [EB138/31](#): Draft global health sector strategies - Sexually transmitted infections, 2016–2021  
:: [EB138/32](#): Global vaccine action plan  
:: [EB138/41](#): Addressing the global shortages of medicines, and the safety and accessibility of children's medication

#### *Promoting health through the life course*

Monitoring of the achievement of the health-related Millennium Development Goals  
The Secretariat report will review efforts made to achieve the health-related Millennium Development Goals with a focus on global and regional progress, success factors and the unfinished agenda.

#### *Health in the 2030 Agenda for Sustainable Development*

The 2030 Agenda for Sustainable Development, adopted by the United Nations General Assembly in September 2015, builds on the Millennium Development Goals but has a much broader agenda for all countries. EB138/1 (annotated) 3 The Secretariat report will analyse the implications for health, including the role of the Health Assembly in implementing the 2030 Agenda.

#### *Operational plan to take forward the Global Strategy on Women's, Children's and Adolescents' Health*

During the Sixty-eighth World Health Assembly support was expressed for the development of an updated Global Strategy and accompanying operational framework, in the context of the health-related targets of the 2030 Agenda for Sustainable Development. The Global Strategy was launched by the United Nations Secretary General in September 2015. The Secretariat report will outline the main components of the operational framework, together with a process and timeline for its development.

#### *Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health*

Populations are ageing rapidly, with some of the most significant changes occurring in low- and middle-income countries. As requested in decision WHA67(13) (2014), the draft global strategy and plan of action on ageing and health will frame a comprehensive response designed to foster healthy ageing, and one that is relevant to all countries.

#### *Health and the environment: draft roadmap for an enhanced global response to the adverse health effects of air pollution*

Air pollution is a major preventable cause of disease, accounting for 7 million deaths a year. The report will provide information to the Executive Board in response to resolution WHA68.8 (2015) – the first resolution on air pollution and health – which requested the Director-General to propose to the Sixty-ninth World Health Assembly a roadmap for an enhanced global response to the adverse health effects of air pollution and to report on progress made and challenges faced in mitigating these effects.

#### *Role of the health sector in the sound management of chemicals*

At the request of Member States, the Secretariat will provide information on the importance of sound management of chemicals for the protection of human health, and on the role of the health sector in chemicals management. The results of a Secretariat consultation to identify priorities for action by the health sector will also be presented. The Board is invited to note the report.

*Draft global plan of action on violence*

In response to resolution WHA67.15 (2014), the Secretariat will submit to the Board, for its consideration, a draft global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children, building on WHO's existing relevant work.

Additional selected documentation

[EB138/21](#)

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

[EB138/21 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

[EB138/22](#)

Smallpox eradication: destruction of variola virus stocks

[EB138/25](#)

Poliomyelitis

[EB138/28](#)

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

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**EBOLA/EVD** [to 23 January 2016]

*Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)*

**[Ebola Situation Report - 20 January 2016](#)**

SUMMARY [*Excerpts*]

:: Human-to-human transmission directly linked to the 2014 Ebola virus disease (EVD) outbreak in West Africa was declared to have ended in Sierra Leone on 7 November 2015. The country then entered a 90-day period of enhanced surveillance to ensure the rapid detection of any further cases that might arise as a result a missed transmission chain, reintroduction from an animal reservoir, importation from an area of active transmission, or re-emergence of virus that had persisted in a survivor. On 14 January, 68 days into the 90-day surveillance period, a new

confirmed cases of EVD was reported in Sierra Leone after a post-mortem swab collected from a deceased 22-year-old woman tested positive for Ebola virus. The woman died on 12 January at her family home in the town of Magburaka, Tonkolili district, and received an unsafe burial. In the preceding 2 weeks the woman travelled from Port Loko, where she was a student, via the districts of Kambia and Bombali before arriving in Magburaka on 7 January. Reports indicate that her symptoms during travel included vomiting and diarrhoea. The Sierra Leone Ministry of Health and Sanitation (MoHS), with the support of WHO and other partners, responded rapidly to the new case, identifying approximately 150 contacts of whom approximately 50 are deemed to be at high risk. Vaccination of contacts and contacts of contacts is underway under the authority and coordination of the Sierra Leone MoHS. However, the woman's extensive travel history in the 2 weeks prior to her death, her presentation to and subsequent discharge from a health care facility at which health workers did not use personal protective equipment (PPE), her period of close contact with family whilst ill, and her unsafe burial indicate a significant risk of further transmission. One contact in Tonkolili remains to be traced. The origin of infection is under investigation.

:: Human-to-human transmission linked to the most recent cluster of cases in Liberia was declared to have ended on 14 January 2016. Guinea was declared free of Ebola transmission on 29 December 2015, and has now entered a 90-day period of enhanced surveillance that is due to end on 27 March 2016.

:: With guidance from WHO and other partners, ministries of health in Guinea, Liberia and Sierra Leone have plans to deliver a package of essential services to safeguard the health of the estimated more than 10,000 survivors of EVD, and enable those individuals to take any necessary precautions to prevent infection of their close contacts. Over 300 male survivors in Liberia had accessed semen screening and counselling services by 17 January 2016...

### **Ebola vaccine purchasing commitment from Gavi to prepare for future outbreaks**

20 January 2016

*Agreement will help push vaccine towards regulatory approval.*

Davos, 20 January 2016 – Gavi, the Vaccine Alliance and Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc. (known as MSD outside the U.S. and Canada) have signed an agreement to support the provision of a vaccine to protect against future deadly Ebola outbreaks. The agreement, announced today at the World Economic Forum in Davos, will help Merck take the vaccine through licensure and WHO prequalification.

Under the Advance Purchase Commitment, Gavi has provided US\$ 5 million towards the development of Merck's rVSVΔG-ZEBOV-GP live attenuated Ebola Zaire vaccine, on the understanding that it will be submitted for licensure by the end of 2017. If approved, it would become one of the world's first licensed Ebola vaccines and Gavi would be able to begin purchasing the vaccine to create a stockpile for future outbreaks.

Additionally, Merck will ensure that 300,000 doses of the vaccine are available from May 2016 for use in expanded use clinical trials and/or for emergency use as needed while vaccine development continues. Merck has already submitted an application through WHO's Emergency Use Assessment and Listing (EUAL) procedure. If the EUAL is approved, this will provide an

opportunity for the investigational vaccine to be used if another public health emergency with Ebola occurs before the vaccine is licensed.

"The suffering caused by the Ebola crisis was a wake-up call to many in the global health community," said Gavi CEO Dr Seth Berkley. "New threats require smart solutions and our innovative financing agreement with Merck will ensure that we are ahead of the curve for future Ebola outbreaks."

"We are very pleased to join with Gavi in announcing this Advance Purchase Commitment agreement to support the provision of MSD's investigational monovalent Ebola Zaire vaccine - in case of a resurgence of the Ebola outbreak or a new outbreak," said Dr Julie Gerberding, executive vice president, Strategic Communications, Global Public Policy and Population Health for Merck. "We applaud Gavi for this bold step to be a part of the solution to address a disease that has impacted so many lives."...

### **Guinea Revives Border Health Screening to Mitigate Risk of Spread of Ebola**

01/22/16 - IOM / International Organization for Migration

Guinea - Following the confirmation of a new Ebola case in Sierra Leone on January 12 – and confirmation of another case on January 20th – IOM and its partners are reactivating cross-border health screening at Guinea's borders with Sierra Leone and reinforcing their surveillance capacity in Forecariah Prefecture, the border area closest to the outbreak.

### **WHO: Clinical care for survivors of Ebola virus disease**

22 January 2016 -- Today, there are over 10 000 survivors of Ebola virus disease. A number of medical problems have been reported in survivors, including mental health issues. Ebola virus may persist in some body fluids, including semen. Ebola survivors need comprehensive support for the medical and psychosocial challenges they face and also to minimize the risk of continued Ebola virus transmission. WHO has developed this document to guide health services on how to provide quality care to survivors of Ebola virus disease.

[Read the guidance for survivors](#)

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### **POLIO** [to 23 January 2016]

*Public Health Emergency of International Concern (PHEIC)*

### **Polio this week as of 20 January 2016**

:: There are three months to go until the globally synchronized switch from the trivalent to bivalent oral polio vaccine, an important milestone in achieving a polio-free world. Read more [here](#).

:: A sample from environmental surveillance in Kabul, Afghanistan has tested positive for wild poliovirus type 1. A vaccination response is being planned for the immediate vicinity.

*Selected content from country-level reports*

### ***Afghanistan***

:: Two new WPV1 environmental positive samples were reported in the past week - one in Jalalabad in Nangarhar province, and the second Kabul city. Both samples were collected on 27 December 2015.

:: Subnational Immunization Days (SNIDs) were carried out in the south on 12 to 15 January using bOPV. Further SNIDs are planned from 16 to 19 February, also using bOPV and National Immunization Days (NIDs) are planned from 15 to 18 March using tOPV, prior to the switch.

Read more about the switch [here](#).

### ***Pakistan***

:: One new wild poliovirus type 1 (WPV1) case was reported in the past week, with onset of paralysis on 22 December 2015 in Peshawar. The total number of WPV1 cases for 2015 is now 53, compared to 303 reported for 2014 by this time last year. A total of 306 cases occurred in Pakistan in 2014.

:: Two new WPV1 environmental positive samples were detected in Karachi's Gadap Town in Sindh province and Quetta, Balochistan with collection dates of 11 December 2015 and 14 December 2015 respectively

### ***Lao People's Democratic Republic***

:: One new case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported in the past week, in Longxan district of Xaysomboune province with onset of paralysis on 18 November 2015. The total number of cVDPV1 cases in 2015 is now seven.

:: Outbreaks of cVDPVs can arise in areas with low population immunity, emphasizing the importance of maintaining strong vaccination coverage. [Learn more about VDPVs](#).

:: An [emergency outbreak response is continuing in the country](#), with particular focus on three high-risk provinces.

**ECHO** [to 23 January 2016]

<http://ec.europa.eu/echo/en/news>

22/01/2016

### **EU supports vaccination campaign to combat polio in Ukraine**

The European Commission is providing €1.2 million to support a third round of polio vaccinations in Ukraine following the start of an outbreak in August last year.

The vaccination campaign is carried out with the cooperation of relevant Ukrainian government ministries, [UNICEF](#) and the [World Health Organisation](#) (WHO).

Speaking at a press conference in Kiev today launching the latest vaccination drive, Director of Operations of the European Commission's Humanitarian Aid and Civil Protection department (ECHO), Jean-Louis de Brouwer, stated: "I laud the combined efforts of the Ministries of Health and Education who, together with our partners UNICEF and WHO, have made tremendous strides in vaccinating thousands of children against this dreaded disease".

The first two rounds of polio vaccinations took place in November 2015, after an outbreak was confirmed by WHO. The third round of vaccinations will target 4.75 million children aged 0-10.

The funding is being made available through the European Commission's Humanitarian Aid and Civil Protection department (ECHO). The vaccines were flown in the first week of January in preparation for the latest vaccination drive...

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## **MERS-CoV** [to 23 January 2016]

*No new content identified.*

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## **WHO & Regionals** [to 23 January 2016]

### **El Niño threatens at least 60 million people**

22 January 2016 -- WHO and partners predict a major global increase in health-related emergencies this year due to El Niño. According to a new WHO report, severe drought, flooding, rains and temperature rises are all known effects of El Niño that can lead to food insecurity, malnutrition, disease outbreaks, acute water shortages and disruption of health services.

*[Read the story on El Niño and health](#)*

### **Weekly Epidemiological Record (WER) 22 January 2016**, vol. 91, 3 (pp. 21–32)

Contents

21 Global Advisory Committee on Vaccine Safety, 2–3 December 2015

31 Monthly report on dracunculiasis cases, January– November 2015

### **Disease Outbreak News (DONs)**

:: 21 January 2016 - Zika virus infection – France - Saint Martin and Guadeloupe

:: 21 January 2016 - Guillain-Barré syndrome – El Salvador

:: 21 January 2016 - Zika virus infection – Haiti

:: 20 January 2016 - Zika virus infection – Bolivia

:: 20 January 2016 - Zika virus infection – Guyana, Barbados and Ecuador

:: 19 January 2016 - Human infection with avian influenza A(H7N9) virus – China

## **Call for nomination of experts to serve on the Strategic Advisory Group of Experts on immunization (SAGE) Working Group on Typhoid Vaccines**

20 January 2016

*[Information and submissions of nominations](#)*

### **:: WHO Regional Offices**

#### **WHO African Region AFRO**

*No new digest content identified.*

#### **WHO Region of the Americas PAHO**

:: [As the Zika virus spreads, PAHO advises countries to monitor and report birth anomalies and other suspected complications of the virus](#) (01/18/2016)

:: [PAHO helps countries in the Americas prepare for spread of Zika](#) (01/16/2016)

#### **WHO South-East Asia Region SEARO**

*No new digest content identified.*



## **WHO European Region EURO**

:: [Collaboration on refugee and migrant health](#) 21-01-2016

Countries in the WHO European Region have agreed to prepare a common framework for coordinated collaboration and action on refugee and migrant health, based on solidarity and mutual assistance and in the spirit of the 2030 Sustainable Development agenda, whereby "no one should be left behind"

...The document states, among other issues:

:: Migrants and refugees do not pose an additional threat to health security in host communities.

:: Screening can be an effective public health instrument but should be non-discriminatory and non-stigmatizing and should benefit both the individual and the public.

:: Special attention should be paid to the most vulnerable groups, such as children, pregnant women, the elderly, people with disabilities and victims of torture.

:: Health records and health cards must be made portable as a priority...

## **WHO Eastern Mediterranean Region EMRO**

:: [New delivery rooms in camps for the internally displaced in Iraq save the lives of mothers and babies](#)

20 January 2016

## **WHO Western Pacific Region**

*No new digest content identified.*

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**CDC/ACIP** [to 23 January 2016]

<http://www.cdc.gov/media/index.html>

## **CDC adds countries to interim travel guidance related to Zika virus**

FRIDAY, JANUARY 22, 2016

CDC is working with other public health officials to monitor for ongoing Zika virus transmission. Today, CDC added the following destinations to the Zika virus travel alerts: Barbados, Bolivia, Ecuador, Guadeloupe, Saint Martin, Guyana, Cape Verde, and Samoa. On January 15, CDC issued a travel alert (Level 2-Practice Enhanced Precautions) for people traveling to regions and certain countries where Zika virus transmission is ongoing: the Commonwealth of Puerto Rico, a U.S. territory; Brazil; Colombia; El Salvador; French Guiana; Guatemala; Haiti; Honduras; Martinique; Mexico; Panama; Paraguay; Suriname; and Venezuela. Specific areas where Zika virus transmission is ongoing are often difficult to determine and are likely to continue to change over time...

## **MMWR Weekly – January 22, 2016 / Vol. 65 / No. 2**

<http://www.cdc.gov/mmwr/index2015.html>

:: Inadequate Diagnosis and Treatment of Malaria Among Travelers Returning from Africa During the Ebola Epidemic — United States, 2014–2015

:: Interim Guidelines for Pregnant Women During a Zika Virus Outbreak — United States, 2016

:: Notes from the Field: Outbreak of Locally Acquired Cases of Dengue Fever — Hawaii, 2015





## Announcements/Milestones/Perspectives

**Gavi** [to 23 January 2016]

<http://www.gavialliance.org/library/news/press-releases/>

22 January 2016

### **Gavi launches 'INFUSE' initiative to overcome barriers to immunisation**

Call to entrepreneurs, corporations and implementers to innovate and improve vaccine delivery. Davos, 22 January 2016 – Gavi, the Vaccine Alliance today called for proven-concept innovations from entrepreneurs and companies that could drive improvements in immunisation in developing countries. The Geneva-based public-private partnership will identify the most promising concepts and technologies and connect them with influential public and private sector leaders.

At the World Economic Forum's annual meeting, Gavi hosted global business leaders, government officials and high-tech innovators to introduce Innovation for Uptake, Scale and Equity in immunisation (INFUSE) – an initiative focused on overcoming the obstacles that lead to almost 19 million children per year not receiving a full course of the most basic vaccines. Gavi CEO Dr Seth Berkley highlighted the importance of harnessing new thinking, potentially from innovators outside the immunisation and global health fields, to reach more children with vaccines.

The INFUSE topic for 2016 is immunisation data availability, quality, and use - a fundamental step to building an efficient and sustainable immunisation systems in developing countries. Gavi will welcome data-related proposals of projects that are either already operating or have completed their pilot phase. Gavi will encourage new partnerships to enable a small number of successful projects to help bridge the gap between pilot phase, small-scale implementation and regional or global scale- up.

"I am excited that Gavi is ready to embrace new and diverse thinking to solve the challenges that are preventing us from reaching children with vaccines," said Dr Berkley. "Data is absolutely critical to health as it enables us to track both people and diseases. We are looking forward to exploring new possibilities for capturing and using data in the countries we work with."

INFUSE is open to local and global entrepreneurs, corporations, and implementers with a proven-to-work technology or implementation innovation enhancing data availability, quality, or use, that could be adapted to the broad developing country context. These could include solutions ranging from better tools and training resources for local health workers to track vaccinated children at the point of care, to the application of emerging "deep data" concepts to identify resource gaps and areas for improving health and immunisation systems.

By connecting innovators with influential public and private sector figures, Gavi hopes to accelerate the use of proven-concept innovations to modernise immunisation delivery. Those interested in joining INFUSE can apply online at [infuse.gavi.org](http://infuse.gavi.org)

20 January 2016

**Ebola vaccine purchasing commitment from Gavi to prepare for future outbreaks**

*Agreement will help push vaccine towards regulatory approval.*

*[See Ebola/EVD coverage above for more details]*

**BMGF - Gates Foundation** [to 23 January 2016]

<http://www.gatesfoundation.org/Media-Center/Press-Releases>

JANUARY 19, 2016

**Nigerian Governors Partner with Dangote Foundation, Gates Foundation, and USAID to Bring Life-saving Vaccines to Children**

*Four northern Nigerian governors, Alhaji Aliko Dangote, Bill Gates, and U.S. Ambassador James Entwistle agree to Memorandum of Understanding to improve routine immunization and strengthen primary health care.*

KADUNA (January 20, 2016) – In a ceremony at the Kaduna State Government House, Alhaji Aliko Dangote, chair of the Dangote Foundation; Bill Gates, co-chair of the Bill & Melinda Gates Foundation; and U.S. Ambassador to Nigeria, James Entwistle, joined governors from Kaduna, Sokoto, Yobe, and Borno to launch an ambitious new partnership committing political and financial resources to strengthen and sustain routine immunization programs that will save more lives and keep Nigeria polio-free.

The witnessing of new Memorandums of Understanding (MOUs) served as an opportunity to review successes and lessons learned from existing programs in Kano and Bauchi states. To extend these efforts, the executive governor of Kano State signed a fourth-year extension to the state's existing MOU.

Professor I.F Adewole, Nigeria's health minister, congratulated the states and partners for making a significant investment in immunization. "These are tough financial times in Nigeria, but the health of children cannot wait. The country has an ambitious plan to introduce new life-saving vaccines over the next several years, and today's commitments will ensure we can get those vaccines to the children who need them most."

Through the MOUs, the governors commit to effective governance, leadership, and financial accountability to reduce child illness and death from diseases such as measles, pertussis, and hepatitis through increased routine immunization in their respective states. The other partners will bring the financial and technical support needed to operationalize the program. All signatories pledged to improve routine immunization coverage in northern Nigeria systematically and sustainably, where vaccine coverage rates are low.

"These agreements strengthen our partnerships with Nigerian states working to provide health services to all their citizens," said Dangote. "Building on their recent success in eliminating polio from the region, Nigerian governors have and will continue to play a vital role in establishing a legacy of sustained commitment to routine immunization."

The objective of the MOUs is to reach 80 percent of the target population in the signing states with the necessary life-saving vaccines by December 2018 to prevent common childhood diseases and ensure a polio-free environment. To achieve this, key components of the program include the operationalization of the 'Primary Health Care Under One Roof' policy that will see a

single management body oversee the program. The implementation of regular audits and reports will ensure transparent funding and financial discipline is paramount during implementation. Contributions towards the costs of the program by the Bill & Melinda Gates Foundation, Dangote Foundation, and state governments will be staggered across three years: 30 percent in year one, 50 percent in year two, and 70 percent in year three with the states taking progressive responsibility for financing immunization services.

"These commitments will improve immunization coverage and help provide reliable health services in Nigeria. The States will be able to reap the full return on their investment through the number of lives improved and saved, and communities will remain protected from vaccine-preventable diseases for years to come," said Gates. "Nigeria's governors have the opportunity to build health systems strong enough to stop future outbreaks." "These MOUs offer the model platform to capitalize on the prospects of evidence-based approaches. Results will include stronger systems for immunizations, equal access to routine immunization services, and building capacity for Nigerian states to lead in developing solutions for its people," said Ambassador Entwistle.

#### **Fondation Merieux** [to 23 January 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>

19 January 2016, Lyon (France)

#### **World's first dengue vaccine authorized for use in 3 endemic countries**

A long awaited tool for dengue prevention and control has finally become available in three endemic countries. During the month of December, health authorities in Mexico, the Philippines and Brazil granted marketing authorization for the first dengue vaccine.

The Partnership for Dengue Control (PDC), hosted by Fondation Mérieux, considers a dengue vaccine to be an essential part of the integrated approach needed to lower the burden of dengue fever globally, which the WHO estimates at nearly 400 million infections each year...

#### **IVI** [to 23 January 2016]

<http://www.ivi.org/web/www/home>

2016.01.21

#### **First Joint Symposium between IVI and Shanghai Public Health Clinical Center, Jan. 22-23, 2016**

IVI and Shanghai Public Health Clinical Center (SPCC), an affiliate of Fudan University, are hosting a vaccine symposium that will take place at IVI on Jan. 22-23. The symposium will be the first meeting of its kind between IVI and SPCC. The multidisciplinary symposium will provide a platform for Korean and Chinese scientists to share data and to discuss international research collaborations across cross-cutting themes such as: a) Emerging and re-emerging infectious diseases; b) Viral infection and immunity; and c) Development of vaccines and protective antibodies. The symposium is sponsored by the National Natural Science Foundation of China and the National Research Foundation of Korea.

#### **Global Fund** [to 23 January 2016]

<http://www.theglobalfund.org/en/news/>

22 January 2016

### **(RED) Marks 10 Years of Contributions to Fight AIDS**

DAVOS, Switzerland – The Global Fund congratulates (RED) on 10 years of spectacular private sector engagement in the fight against AIDS, as (RED) celebrates its anniversary today at the World Economic Forum in Davos and announces that it has generated contributions of more than US\$350 million

### **Deal on Mosquito Nets to Yield \$93 million in Savings**

18 January 2016

GENEVA – As part of a new framework for procuring health products in the most cost-effective and sustainable way, the Global Fund has reached an agreement to purchase insecticide-treated mosquito nets that prevent malaria with projected savings of US\$93 million over two years.

By achieving sharply lower prices for nets – a 38 percent reduction from 2013 – the agreement serves the Global Fund's goal of accelerating progress against malaria, a preventable disease that most seriously affects young children and pregnant women. Building on the Global Fund's large-scale purchasing power, the framework improves the supply of an important tool to fight the epidemic.

The Global Fund projects US\$350 million in mosquito net purchases over the next two years through its Pooled Procurement Mechanism. A tender process has selected 10 suppliers and includes volume commitments from the Global Fund and performance contracts from the suppliers.

The agreement creates a level of certainty for suppliers, allowing them greater visibility and planning time to manufacture and deliver nets. That facilitates lower prices, and yields significant savings for the Global Fund partnership. The US\$93 million in projected savings is equivalent to about 40 million additional nets...

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**UNICEF** [to 23 January 2016]

[http://www.unicef.org/media/media\\_78364.html](http://www.unicef.org/media/media_78364.html)

**AERAS** [to 23 January 2016]

<http://www.aeras.org/pressreleases>

*No new digest content identified.*

**IAVI** International AIDS Vaccine Initiative [to 23 January 2016]

<http://www.iavi.org/press-releases/2016>

*No new digest content identified.*

**PATH** [to 23 January 2016]

<http://www.path.org/news/index.php>

*No new digest content identified.*

**Sabin Vaccine Institute** [to 23 January 2016]

<http://www.sabin.org/updates/pressreleases>

*No new digest content identified.*

**European Vaccine Initiative** [to 23 January 2016]

<http://www.euvaccine.eu/news-events>

*No new digest content identified.*

**NIH** [to 23 January 2016]

<http://www.nih.gov/news/releases.htm>

*No new digest content identified.*

**FDA** [to 23 January 2016]

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm>

*No new digest content identified.*

**European Medicines Agency** [to 23 January 2016]

<http://www.ema.europa.eu/>

*No new digest content identified.*

**DCVMN** [Developing Country Vaccine Manufacturers Network] [to 23 January 2016]

<http://www.dcvmn.org/>

*No new digest content identified.*

**National Foundation for Infectious Diseases (NFID)** [to 23 January 2016]

<http://www.nfid.org/newsroom/press-releases>

*No new digest content identified.*

**GHIT Fund** [to 23 January 2016]

<https://www.ghitfund.org/>

*GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that devastate the world's poorest people. Other funders include six Japanese pharmaceutical companies, the Japanese Government and the Bill & Melinda Gates Foundation.*

*No new digest content identified.*

**EDCTP** [to 23 January 2016]

*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.*

<http://www.edctp.org/>

*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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)

### **Preparing for the Next Pandemic: Fear Cannot be our Motivation**

*46th Annual Meeting of the World Economic Forum to Focus on Fourth Industrial Revolution*

- *WHO's Chan: national and local capacity must be built to prevent economic, growth and stability issues that arise from health crises*
- *William H. Gates III: Surveillance and primary care are critical to building resiliency*
- *World Economic Forum is launching a two-year initiative to manage the risk and impact of future epidemics through optimized public-private cooperation under its newly formed Global Challenge Initiative on the Future of Health*

Davos-Klosters, Switzerland, 22 January 2016 – The recent Ebola epidemic challenged leaders of all nations and sectors and brought to light the need for resiliency and infrastructure to prevent and mitigate risks of future outbreaks.

"Dealing with epidemics presents growth, economic and stability issues," said Margaret Chan, Director-General, World Health Organization (WHO), Geneva. "The world is ill prepared. We need national and local capacity," she added.

Strengthening surveillance and primary care are critical to building resiliency, said William H. Gates III, Co-Chair, Bill & Melinda Gates Foundation, USA. He pointed to the insights that technology can provide: "If we are serious about dealing with future epidemics, we must do simulations. Primary healthcare will be digitized in the next 10 years. This will be a huge benefit."

There is shared recognition that slow action will not be an option moving forward. "The Ebola epidemic was difficult and complicated, but it was slow moving," said Jim Yong Kim, President of The World Bank, Washington DC. "It is much more difficult to deal with fast-moving epidemics."

"The motivation of fear that brought us together should not be our motivation in the future," said Ertharin Cousin, Executive Director, United Nations World Food Programme (WFP), Rome.

Addressing these issues will stretch beyond these discussions at the Annual Meeting 2016. The **World Economic Forum is launching a two-year initiative to manage the risk and impact of future epidemics through optimized public-private cooperation under its newly formed Global Challenge Initiative on the Future of Health.**

The initiative's efforts will harness the capabilities of the healthcare, mining, telecommunications and mobility industries, among others, to work with national governments, international organizations and civil society to create solid, preventative action plans for emerging outbreaks.

"The Forum's new Global Challenge Initiative on the Future of Health seeks to drive forward a critical transformation, putting health at the centre before healthcare is needed, with two pillars focused on health promotion and disease prevention. It's imperative that across all sectors,

stakeholders and nations, we find ways to allow healthy lives and health security for all,” said Arnaud Bernaert, Head of Global Health and Healthcare Industries at the World Economic Forum.

**National Vaccine Program Office (NVPO)** [to 23 January 2016]

<http://www.hhs.gov/nvpo/>

**Meeting - National Vaccine Advisory Committee (NVAC)** [U.S.]

February 2-3, 2016 Washington, DC

:: [Federal Register Notice](#)

:: [Registration](#)

Join the [NVAC Webcast](#)

..Toll Free Number: 1-888-810-3949

..International Number: 1-203-827-7007

..Participate Passcode: 6951021

*[No agenda posted at this point]*

\* \* \* \*

***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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)*

**American Journal of Infection Control**

January 2016 Volume 44, Issue 1, p1-124, e1-e7

<http://www.ajicjournal.org/current>

[Reviewed earlier]

**American Journal of Preventive Medicine**

January 2016 Volume 50, Issue 1, p1-128, e1-e32

<http://www.ajpmonline.org/current>

[Reviewed earlier]

**American Journal of Public Health**

Volume 106, Issue 1 (January 2016)

<http://ajph.aphapublications.org/toc/ajph/current>

[Reviewed earlier]



## **American Journal of Tropical Medicine and Hygiene**

January 2016; 94 (1)

<http://www.ajtmh.org/content/current>

[Reviewed earlier]

## **Annals of Internal Medicine**

9 January 2016, Vol. 164. No. 2

<http://annals.org/issue.aspx>

[New issue; No relevant content identified]

## **BMC Health Services Research**

<http://www.biomedcentral.com/bmchealthservres/content>

(Accessed 23 January 2016)

[No new relevant content identified]

## **BMC Infectious Diseases**

<http://www.biomedcentral.com/bmcinfectdis/content>

(Accessed 23 January 2016)

[No new relevant content identified]

## **BMC Medical Ethics**

<http://www.biomedcentral.com/bmcmedethics/content>

(Accessed 23 January 2016)

[No new relevant content identified]

## **BMC Medicine**

<http://www.biomedcentral.com/bmcmed/content>

(Accessed 23 January 2016)

*Research article*

**[Wasted research when systematic reviews fail to provide a complete and up-to-date evidence synthesis: the example of lung cancer](#)**

Perrine Créquit, Ludovic Trinquart, Amélie Yavchitz and Philippe Ravaud

Published on: 20 January 2016

*Debate*

**[The need for pragmatic clinical trials in low and middle income settings – taking essential neonatal interventions delivered as part of inpatient care as an illustrative example](#)**

Mike English, Jamlick Karumbi, Michuki Maina, Jalemba Aluvaala, Archana Gupta, Merrick

Zwarenstein and Newton Opiyo

Published on: 18 January 2016

## **BMC Pregnancy and Childbirth**

<http://www.biomedcentral.com/bmcpregnancychildbirth/content>

(Accessed 23 January 2016)

*Research article*

### **[eRegistries: Electronic registries for maternal and child health](#)**

*The Global Roadmap for Health Measurement and Accountability sees integrated systems for health information as key to obtaining seamless, sustainable, and secure information exchanges at all levels of health...*

J. Frederik Frøen, Sonja L. Myhre, Michael J. Frost, Doris Chou, Garrett Mehl, Lale Say, Socheat Cheng, Ingvild Fjeldheim, Ingrid K. Friberg, Steve French, Jagrati V. Jani, Jane Kaye, John Lewis, Ane Lunde, Kjersti Mørkrid, Victoria Nankabirwa...

BMC Pregnancy and Childbirth 2016 16:11

Published on: 19 January 2016

## **BMC Public Health**

<http://bmcpublichealth.biomedcentral.com/articles>

(Accessed 23 January 2016)

*Research article*

### **[Cost- effectiveness of HPV vaccination regime: comparing twice versus thrice vaccinations dose regime among adolescent girls in Malaysia](#)**

*The HPV vaccine was introduced to Malaysian national immunization programme in 2010.*

Syed Aljunid, Namaitijiang Maimaiti, Amrizal M Nur, Mohd Rushdan Md Noor and Sharifa Ezat Wan Puteh

## **BMC Research Notes**

<http://www.biomedcentral.com/bmcresearchnotes/content>

(Accessed 23 January 2016)

[No new relevant content identified]

## **BMJ Open**

2016, Volume 6, Issue 1

<http://bmjopen.bmj.com/content/current>

[Reviewed earlier]

## **British Medical Journal**

21 January 2016 (vol 352, issue 8041)

<http://www.bmj.com/content/352/8041>

[New issue; No relevant content identified]

## **Bulletin of the World Health Organization**

Volume 94, Number 1, January 2016, 1-76

<http://www.who.int/bulletin/volumes/94/1/en/>  
[Reviewed earlier]

### **Clinical Infectious Diseases (CID)**

Volume 62 Issue 3 February 1, 2016  
<http://cid.oxfordjournals.org/content/current>  
[Reviewed earlier]

### **Clinical Therapeutics**

January 2016 Volume 38, Issue 1, p1-232  
<http://www.clinicaltherapeutics.com/current>  
[New issue; No relevant content identified]

### **Complexity**

November/December 2015 Volume 21, Issue 2 Pages C1–C1, 1–366  
<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.2/issuetoc>  
[Reviewed earlier]

### **Conflict and Health**

<http://www.conflictandhealth.com/>  
[Accessed 23 January 2016]  
[No new content]

### **Contemporary Clinical Trials**

Volume 46, Pages 1-122 (January 2016)  
<http://www.sciencedirect.com/science/journal/15517144/46>  
[Reviewed earlier]

### **Cost Effectiveness and Resource Allocation**

<http://www.resource-allocation.com/>  
(Accessed 23 January 2016)  
[No new relevant content]

### **Current Opinion in Infectious Diseases**

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

### **Developing World Bioethics**

December 2015 Volume 15, Issue 3 Pages iii–iii, 115–275

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2015.15.issue-3/issuetoc>  
[Reviewed earlier]

### **Development in Practice**

Volume 26, Issue 1, 2016

<http://www.tandfonline.com/toc/cdip20/current>

[Reviewed earlier]

### **Disasters**

January 2016 Volume 40, Issue 1 Pages 1–182

<http://onlinelibrary.wiley.com/doi/10.1111/disa.2016.40.issue-1/issuetoc>

[Reviewed earlier]

### **Emerging Infectious Diseases**

Volume 22, Number 1—January 2016

<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 02 - January 2016

<http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue>

[Reviewed earlier]

### **The European Journal of Public Health**

Volume 25, Issue 6, 1 December 2015

<http://eurpub.oxfordjournals.org/content/25/6>

[Reviewed earlier]

### **Eurosurveillance**

Volume 21, Issue 3, 21 January 2016

<http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678>

[New issue; No relevant content identified]

### **Global Health: Science and Practice (GHSP)**

December 2015 | Volume 3 | Issue 4

<http://www.ghspjournal.org/content/current>  
[Reviewed earlier]

### **Global Health Governance**

<http://blogs.shu.edu/ghg/category/complete-issues/spring-autumn-2014/>  
[Accessed 23 January 2016]  
[No new content]

### **Global Public Health**

Volume 11, Issue 1-2, 2016  
<http://www.tandfonline.com/toc/rgph20/current>  
***Special Issue: Conceptualising the agency of highly marginalised women: Intimate partner violence in extreme settings***  
[Reviewed earlier]

### **Globalization and Health**

<http://www.globalizationandhealth.com/>  
[Accessed 23 January 2016]  
[No new content]

### **Health Affairs**

January 2016; Volume 35, Issue 1  
<http://content.healthaffairs.org/content/current>  
***High-Cost Populations, Medicaid, Spending & More***  
[New issue; No relevant content identified]

### **Health and Human Rights**

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

### **Health Economics, Policy and Law**

Volume 11 - Issue 01 - January 2016  
<http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue>  
[Reviewed earlier]

### **Health Policy and Planning**

Volume 30 Issue 10 December 2015  
<http://heapol.oxfordjournals.org/content/current>  
[Reviewed earlier]

## **Health Research Policy and Systems**

<http://www.health-policy-systems.com/content>

[Accessed 23 January 2016]

[No new content]

## **Human Vaccines & Immunotherapeutics** (formerly Human Vaccines)

Volume 11, Issue 12, 2015

<http://www.tandfonline.com/toc/khvi20/current>

[Reviewed earlier]

## **Humanitarian Exchange Magazine**

Number 65 November 2015

[http://odihpn.org/wp-content/uploads/2015/10/HE\\_65\\_web.pdf](http://odihpn.org/wp-content/uploads/2015/10/HE_65_web.pdf)

***Special Feature: The Crisis in Iraq***

[Reviewed earlier]

## **Infectious Agents and Cancer**

<http://www.infectagentscancer.com/content>

[Accessed 23 January 2016]

[No new relevant content]

## **Infectious Diseases of Poverty**

<http://www.idpjournals.com/content>

[Accessed 23 January 2016]

[No new relevant content]

## **International Health**

Volume 8 Issue 1 January 2016

<http://inthealth.oxfordjournals.org/content/current>

*EDITORIAL*

### **Violence against children and education**

Karen Devries

Int. Health (2016) 8 (1): 1-2 doi:10.1093/inthealth/ihv076

*Extract*

In most countries around the world, children and adolescents spend more time in school than any other single location besides the family home. Whether or not children and adolescents are able to attend school, whether they are safe in school and whether they leave school with necessary learning and skills, are affected by their experiences of violence—at home, at school and in the community.

Before children get to school, they are often exposed to violence at home. Analysis of the Multiple Indicator Cluster Surveys data from 28 countries shows that 43% of children aged 2–

14 years in African countries, and 9% in 'transitional' states, have experienced severe physical violence from caregivers.<sup>1</sup> There are a host of negative health and social consequences associated with exposure to physical violence in childhood, especially during this early period. These include increased risk of depressive disorders and suicide attempts,<sup>2</sup> poor educational attainment<sup>3</sup> and increased risk of perpetrating or experiencing intimate partner ...

### **Innovative financing for late-stage global health research and development: the Global Health Investment Fund**

Joseph Robert Fitchett<sup>a,\*</sup>, Julia Fan Li<sup>b</sup> and Rifat Atuna<sup>a</sup>

Author Affiliations

<sup>a</sup>Harvard School of Public Health, Boston, MA, UK

<sup>b</sup>Seven Bridges Genomics, London, UK

#### *Abstract*

Innovative financing strategies for global health are urgently needed to reinvigorate investment and new tools for impact. Bottleneck areas along the research and development (R&D) pipeline require particular attention, such as the transitions from preclinical discovery to clinical study, and product development to implementation and delivery. Successful organizations mobilizing and disbursing resources through innovating financing mechanisms include UNITAID, the Global Fund, and Gavi, the Vaccine Alliance. Although precise numbers are poorly documented, estimated investment in low-income settings falls seriously short of local need. This commentary discusses the newly established Global Health Investment Fund as a case study to support late-stage global health R&D.

### **International Journal of Epidemiology**

Volume 44 Issue 6 December 2015

<http://ije.oxfordjournals.org/content/current>

[Reviewed earlier]

### **International Journal of Infectious Diseases**

January 2016 Volume 42, p1-74

<http://www.ijidonline.com/issue/S1201-9712%2815%29X0012-9>

[Reviewed earlier]

### **JAMA**

January 19, 2016, Vol 315, No. 3

<http://jama.jamanetwork.com/issue.aspx>

[New issue; No relevant content identified]

### **JAMA Pediatrics**

January 2016, Vol 170, No. 1

<http://archpedi.jamanetwork.com/issue.aspx>

[Reviewed earlier]



**Journal of Community Health**

February 2016, Issue 1, Pages 1-205

<http://link.springer.com/journal/10900/41/1/page/1>

[New issue; No relevant content identified]

**Journal of Epidemiology & Community Health**

January 2016, Volume 70, Issue 1

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

[Reviewed earlier]

**Journal of Global Ethics**

Volume 11, Issue 3, 2015

<http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L0l#.VAJEj2N4WF8>

***Forum: The Sustainable Development Goals***

[Reviewed earlier]

**Journal of Global Infectious Diseases (JGID)**

October-December 2015 Volume 7 | Issue 4 Page Nos. 125-174

<http://www.jgid.org/currentissue.asp?sabs=n>

[Reviewed earlier]

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

Volume 26, Number 4, November 2015

[https://muse.jhu.edu/journals/journal\\_of\\_health\\_care\\_for\\_the\\_poor\\_and\\_underserved/toc/hpu.26.4.html](https://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.26.4.html)

[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 17, Issue 6, December 2015

<http://link.springer.com/journal/10903/17/6/page/1>

***Special issue : Mental Health and Substance Use***

[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 13, Issue 4, 2015

<http://www.tandfonline.com/toc/wimm20/current>

[Reviewed earlier]

**Journal of Infectious Diseases**

Volume 213 Issue 3 February 1, 2016

<http://jid.oxfordjournals.org/content/current>

[Reviewed earlier]

**The Journal of Law, Medicine & Ethics**

Winter 2015 Volume 43, Issue 4 Pages 673–913

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.2015.43.issue-4/issuetoc>

***Special Issue: SYMPOSIUM: Harmonizing Privacy Laws to Enable International Biobank Research: Part I***

[14 articles]

[Reviewed earlier]

**Journal of Medical Ethics**

January 2016, Volume 42, Issue 1

<http://jme.bmj.com/content/current>

[Reviewed earlier]

**Journal of Medical Microbiology**

Volume 64, Issue 12, December 2015

<http://jmm.microbiologyresearch.org/content/journal/jmm/64/12;jsessionid=jf12wjldqo1p.x-sgm-live-03>

[Reviewed earlier]

**Journal of Patient-Centered Research and Reviews**

Volume 2, Issue 4 (2015)

<http://digitalrepository.aurorahealthcare.org/jpcrr/>

[Reviewed earlier]

**Journal of the Pediatric Infectious Diseases Society (JPIDS)**

Volume 4 Issue 4 December 2015

<http://jpids.oxfordjournals.org/content/current>

[Reviewed earlier]

**Journal of Pediatrics**

January 2016 Volume 168, p1-258

<http://www.jpeds.com/current>

[Reviewed earlier]

**Journal of Public Health Policy**

Volume 37, Issue 1 (February 2016)

<http://www.palgrave-journals.com/jphp/journal/v37/n1/index.html>

*Original Article*

### **Mass immunization with inactivated polio vaccine in conflict zones – Experience from Borno and Yobe States, North-Eastern Nigeria**

A polio eradication team explains how they planned and accomplished success with a mass immunization campaign despite warlike conditions in the two Nigerian states. This example offers important lessons

Faisal M Shuaibu, Gerida Birukila, Samuel Usman, Ado Mohammed, Michael Galway, Melissa Corkum, Eunice Damisa, Pascal Mkanda, Frank Mahoney, Gatei Wa Nganda, John Vertefeuille, Anna Chavez, Sule Meleh, Richard Banda, Almai Some, Hyelni Mshelia, Al-Umra Umar, Ogu Enemaku, and Andrew Etsano

J Public Health Pol 37: 36-50; advance online publication, November 5, 2015;  
doi:10.1057/jphp.2015.34

#### ***Abstract***

The use of Inactivated Polio Vaccine (IPV) in routine immunization to replace Oral Polio Vaccine (OPV) is crucial in eradicating polio. In June 2014, Nigeria launched an IPV campaign in the conflict-affected states of Borno and Yobe, the largest ever implemented in Africa. We present the initiatives and lessons learned. The 8-day event involved two parallel campaigns. OPV target age was 0–59 months, while IPV targeted all children aged 14 weeks to 59 months. The Borno state primary health care agency set up temporary health camps for the exercise and treated minor ailments for all. The target population for the OPV campaign was 685 674 children in Borno and 113 774 in Yobe. The IPV target population for Borno was 608 964 and for Yobe 111 570. OPV coverage was 105.1 per cent for Borno and 103.3 per cent for Yobe. IPV coverage was 102.9 per cent for Borno and 99.1 per cent for Yobe. (Where we describe coverage as greater than 100 per cent, this reflects original underestimates of the target populations.) A successful campaign and IPV immunization is viable in conflict areas.

### **Journal of the Royal Society – Interface**

06 December 2015; volume 12, issue 113

<http://rsif.royalsocietypublishing.org/content/current>

[Reviewed earlier]

### **Journal of Virology**

February 2016, volume 90, issue 3

<http://jvi.asm.org/content/current>

[New issue; No relevant content]

### **The Lancet**

Jan 23, 2016 Volume 387 Number 10016 p311-402 e9-e12

<http://www.thelancet.com/journals/lancet/issue/current>

*Editorial*

#### **Healthy migration needs a long-term plan**

The Lancet

#### ***Summary***

“It occurred to me that no matter where I lived, geography could not save me”, wrote Isabel Wilkerson in *The Warmth of Other Suns*, recounting stories of black Americans migrating north in the twentieth century. Today, these same words could be used by international migrants who

have relocated either by choice or as refugees, many of whom have inadequate access to health care.

*Comment*

### **Implementation of the malaria candidate vaccine RTS,S/AS01**

Brian Greenwood, Ogobara K Doumbo

Published Online: 05 November 2015

*Summary*

As vaccine manufacturers tackle increasingly intractable pathogens, vaccines will be developed that show efficacy, but that are less efficacious than established vaccines. Consequently, regulatory and public health authorities will be faced with difficult decisions about whether such vaccines should be recommended for implementation and, if so, under what circumstances. The RTS,S/AS01 malaria candidate vaccine provides an important example of such a challenge.

*Comment*

### **The future leadership of WHO**

Sally C Davies, Somsak Akksilp, Keizo Takemi, Precious Matsoso, Jarbas Barbosa Da Silva Junior

*Summary*

In about 3 month's time, the Director-General of WHO will call for nominations from the Executive Board and Member States for her successor. The selection process will then be launched and a new Director-General elected in 2017.

### **Public health impact and cost-effectiveness of the RTS,S/AS01 malaria vaccine: a systematic comparison of predictions from four mathematical models**

Melissa A Penny, Robert Verity, Caitlin A Bever, Christophe Sauboin, Katya Galactionova, Stefan Flasche, Michael T White, Edward A Wenger, Nicolas Van de Velde, Peter Pemberton-Ross, Jamie T Griffin, Thomas A Smith, Philip A Eckhoff, Farzana Muhib, Mark Jit, Azra C Ghani  
367

Open Access

*Summary*

Background

The phase 3 trial of the RTS,S/AS01 malaria vaccine candidate showed modest efficacy of the vaccine against *Plasmodium falciparum* malaria, but was not powered to assess mortality endpoints. Impact projections and cost-effectiveness estimates for longer timeframes than the trial follow-up and across a range of settings are needed to inform policy recommendations. We aimed to assess the public health impact and cost-effectiveness of routine use of the RTS,S/AS01 vaccine in African settings.

Methods

We compared four malaria transmission models and their predictions to assess vaccine cost-effectiveness and impact. We used trial data for follow-up of 32 months or longer to parameterise vaccine protection in the group aged 5–17 months. Estimates of cases, deaths, and disability-adjusted life-years (DALYs) averted were calculated over a 15 year time horizon for a range of levels of *Plasmodium falciparum* parasite prevalence in 2–10 year olds (PfPR<sub>2–10</sub>; range 3–65%). We considered two vaccine schedules: three doses at ages 6, 7·5, and 9 months (three-dose schedule, 90% coverage) and including a fourth dose at age 27 months (four-dose schedule, 72% coverage). We estimated cost-effectiveness in the presence of existing malaria interventions for vaccine prices of US\$2–10 per dose.

Findings

In regions with a PfPR2–10 of 10–65%, RTS,S/AS01 is predicted to avert a median of 93 940 (range 20 490–126 540) clinical cases and 394 (127–708) deaths for the three-dose schedule, or 116 480 (31 450–160 410) clinical cases and 484 (189–859) deaths for the four-dose schedule, per 100 000 fully vaccinated children. A positive impact is also predicted at a PfPR2–10 of 5–10%, but there is little impact at a prevalence of lower than 3%. At \$5 per dose and a PfPR2–10 of 10–65%, we estimated a median incremental cost-effectiveness ratio compared with current interventions of \$30 (range 18–211) per clinical case averted and \$80 (44–279) per DALY averted for the three-dose schedule, and of \$25 (16–222) and \$87 (48–244), respectively, for the four-dose schedule. Higher ICERs were estimated at low PfPR2–10 levels.

#### Interpretation

We predict a significant public health impact and high cost-effectiveness of the RTS,S/AS01 vaccine across a wide range of settings. Decisions about implementation will need to consider levels of malaria burden, the cost-effectiveness and coverage of other malaria interventions, health priorities, financing, and the capacity of the health system to deliver the vaccine.

#### Funding

PATH Malaria Vaccine Initiative; Bill & Melinda Gates Foundation; Global Good Fund; Medical Research Council; UK Department for International Development; GAVI, the Vaccine Alliance; WHO.

### **The Lancet Infectious Diseases**

Jan 2016 Volume 16 Number 1 p1-130 e1-e9

<http://www.thelancet.com/journals/laninf/issue/current>

[Reviewed earlier]

### **Maternal and Child Health Journal**

Volume 20, Issue 1, January 2016

<http://link.springer.com/journal/10995/20/1/page/1>

*Original Paper*

#### **[The Influence of Women's Empowerment on Child Immunization Coverage in Low, Lower-Middle, and Upper-Middle Income Countries: A Systematic Review of the Literature](#)**

Sara Thorpe, Kristin VanderEnde, Courtney Peters...

#### *Abstract*

#### Objectives

An estimated 1.5 million children under five die annually from vaccine preventable diseases, and 17% of these deaths can be averted with vaccination. Predictors of immunization coverage, such as maternal schooling, are well documented; yet, preventable under-five mortality persists. To understand these patterns, researchers are exploring the mother–child relationship through an empowerment framework. This systematic review assesses evidence of the relationship between women's agency as a component of empowerment and vaccine completion among children <5 years in lower-income countries.

#### Methods

We searched in Socindex, Pubmed, Web of Science and Women's Studies International for peer-reviewed articles focused on two measures of women's agency—decision-making and freedom of movement—and child vaccination. Our initial search identified 406 articles and abstracts for screening; 12 studies met the inclusion and exclusion criteria.

## Results

A majority (83 %) of studies revealed at least one positive association of measures for women's agency with immunization coverage. These relationships varied by geographic location, and most studies focused on women's decision making rather than freedom of movement. No included study came from Latin America or the Middle East.

## Conclusions

Overall, women's agency, typically measured by decision-making, was positively associated with the odds of complete childhood immunizations. Yet, the concept of agency was inconsistently defined and operationalized. Future research should address these inconsistencies and focus on under-represented geographic regions including Latin America and the Middle East.

## **Medical Decision Making (MDM)**

January 2016; 36 (1)

<http://mdm.sagepub.com/content/current>

[Reviewed earlier]

## **The Milbank Quarterly**

A Multidisciplinary Journal of Population Health and Health Policy

September 2015 Volume 93, Issue 3 Pages 447–649

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2015.93.issue-3/issuetoc>

[Reviewed earlier]

## **Nature**

Volume 529 Number 7586 pp255-432 21 January 2016

[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)

[New issue; No relevant content identified]

## **Nature Medicine**

January 2016, Volume 22 No 1 pp1-113

<http://www.nature.com/nm/journal/v22/n1/index.html>

[Reviewed earlier]

## **Nature Reviews Immunology**

January 2016 Vol 16 No 1

<http://www.nature.com/nri/journal/v16/n1/index.html>

[New issue; No relevant content identified]

## **New England Journal of Medicine**

January 21, 2016 Vol. 374 No. 3

<http://www.nejm.org/toc/nejm/medical-journal>

[New issue; No relevant content identified]

## **Pediatrics**

January 2016, VOLUME 137 / ISSUE 1

<http://pediatrics.aappublications.org/content/137/1?current-issue=y>

[Reviewed earlier]

## **Pharmaceutics**

Volume 7, Issue 4 (December 2015), Pages 363-564

<http://www.mdpi.com/1999-4923/7/4>

[Reviewed earlier]

## **Pharmacoeconomics**

Volume 33, Issue 12, December 2015

<http://link.springer.com/journal/40273/33/12/page/1>

[Reviewed earlier]

## **PLOS Currents: Disasters**

<http://currents.plos.org/disasters/>

[Accessed 23 January 2016]

[No new content]

## **PLoS Currents: Outbreaks**

<http://currents.plos.org/outbreaks/>

(Accessed 23 January 2016)

[No new content]

## **PLoS Medicine**

<http://www.plosmedicine.org/>

(Accessed 23 January 2016)

*Editorial*

### **[Sharing Clinical Trial Data: A Proposal from the International Committee of Medical Journal Editors](#)**

Darren B. Taichman, Joyce Backus, Christopher Baethge, Howard Bauchner, Peter W. de Leeuw, Jeffrey M. Drazen, John Fletcher, Frank A. Frizelle, Trish Groves, Abraham Haileamlak, Astrid James, Christine Laine, Larry Peiperl, Anja Pinborg, Peush Sahni, Sinan Wu

| published 20 Jan 2016 | PLOS Medicine

10.1371/journal.pmed.1001950

*Essay*

### **[Sharing Individual Participant Data \(IPD\) within the Context of the Trial Reporting System \(TRS\)](#)**

Deborah A. Zarin, Tony Tse

| published 19 Jan 2016 | PLOS Medicine



## **PLoS Neglected Tropical Diseases**

<http://www.plosntds.org/>

(Accessed 23 January 2016)

[No new relevant content]

## **PLoS One**

<http://www.plosone.org/>

[Accessed 23 January 2016]

*Research Article*

### **Factors Contributing to Maternal and Child Mortality Reductions in 146 Low- and Middle-Income Countries between 1990 and 2010**

David M. Bishai, Robert Cohen, Y. Natalia Alfonso, Taghreed Adam, Shyama Kuruvilla, Julian Schweitzer

| published 19 Jan 2016 | PLOS ONE

*Abstract*

**Introduction**

From 1990–2010, worldwide child mortality declined by 43%, and maternal mortality declined by 40%. This paper compares two sources of progress: improvements in societal coverage of health determinants versus improvements in the impact of health determinants as a result of technical change.

**Methods**

This paper decomposes the progress made by 146 low- and middle-income countries (LMICs) in lowering childhood and maternal mortality into one component due to better health determinants like literacy, income, and health coverage and a second component due to changes in the impact of these health determinants. Health determinants were selected from eight distinct health-impacting sectors. Regression models are used to estimate impact size in 1990 and again in 2010. Changes in the levels of health determinants were measured using secondary data.

**Findings**

The model shows that respectively 100% and 89% of the reductions in maternal and child mortality since 1990 were due to improvements in nationwide coverage of health determinants. The relative share of overall improvement attributable to any single determinant varies by country and by model specification. However, in aggregate, approximately 50% of the mortality reductions were due to improvements in the health sector, and the other 50% of the mortality reductions were due to gains outside the health sector.

**Conclusions**

Overall, countries improved maternal and child health (MCH) from 1990 to 2010 mainly through improvements in the societal coverage of a broad array of health system, social, economic and environmental determinants of child health. These findings vindicate efforts by the global community to obtain such improvements, and align with the post-2015 development agenda that builds on the lessons from the MDGs and highlights the importance of promoting health and sustainable development in a more integrated manner across sectors.

### **PLoS Pathogens**

<http://journals.plos.org/plospathogens/>

(Accessed 23 January 2016)

[No new relevant content]

### **PNAS - Proceedings of the National Academy of Sciences of the United States of America**

<http://www.pnas.org/content/early/>

(Accessed 23 January 2016)

[No new relevant content]

### **Pneumonia**

Vol 6 (2015)

<https://pneumonia.org.au/index.php/pneumonia/issue/current>

[Reviewed earlier]

### **Prehospital & Disaster Medicine**

Volume 30 - Issue 06 - December 2015

<https://journals.cambridge.org/action/displayIssue?jid=PDM&tab=currentissue>

[Reviewed earlier]

### **Preventive Medicine**

Volume 82, Pages 1-118 (January 2016)

<http://www.sciencedirect.com/science/journal/00917435/82>

[Reviewed earlier]

### **Proceedings of the Royal Society B**

22 November 2015; volume 282, issue 1819

<http://rspb.royalsocietypublishing.org/content/282/1806?current-issue=y>

[New issue; No relevant content identified]

### **Public Health Ethics**

Volume 8 Issue 3 November 2015

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

***Special Symposium: Antimicrobial Resistance***

[Reviewed earlier]

### **Qualitative Health Research**

January 2016; 26 (2)

<http://qhr.sagepub.com/content/current>

[Reviewed earlier]

**Reproductive Health**

<http://www.reproductive-health-journal.com/content>

[Accessed 23 January 2016]

[No relevant content identified]

**Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)**

September 2015 Vol. 38, No. 3

<http://www.paho.org/journal/>

[Reviewed earlier]

**Risk Analysis**

December 2015 Volume 35, Issue 12 Pages 2121–2228

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-12/issuetoc>

[Reviewed earlier]

**Science**

22 January 2016 Vol 351, Issue 6271

<http://www.sciencemag.org/current.dtl>

[New issue; No relevant content identified]

**Social Science & Medicine**

Volume 148, Pages 1-172 (January 2016)

<http://www.sciencedirect.com/science/journal/02779536/148>

[Reviewed earlier]

**Tropical Medicine and Health**

Vol. 43(2015) No. 4

[https://www.jstage.jst.go.jp/browse/tmh/43/0/\\_contents](https://www.jstage.jst.go.jp/browse/tmh/43/0/_contents)

[Reviewed earlier]

**Tropical Medicine & International Health**

January 2016 Volume 21, Issue 1 Pages 1–156

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2016.21.issue-1/issuetoc>

[Reviewed earlier]

**Vaccine**

Volume 34, Issue 6, Pages 703-874 (3 February 2016)

<http://www.sciencedirect.com/science/journal/0264410X/34/6>

## Review Article

### **A systematic review and meta-analysis on the safety of newly adjuvanted vaccines among children**

Pages 714-722

Jorgen Stassijns, Kaatje Bollaerts, Marc Baay, Thomas Verstraeten

#### *Abstract*

##### Introduction

New adjuvants such as the AS- or the MF59-adjuvants improve vaccine efficacy and facilitate dose-sparing. Their use in influenza and malaria vaccines has resulted in a large body of evidence on their clinical safety in children.

##### Methods

We carried out a systematic search for safety data from published clinical trials on newly adjuvanted vaccines in children  $\leq 10$  years of age. Serious adverse events (SAEs), solicited AEs, unsolicited AEs and AEs of special interest were evaluated for four new adjuvants: the immuno-stimulants containing adjuvant systems AS01 and AS02, and the squalene containing oil-in-water emulsions AS03 and MF59. Relative risks (RR) were calculated, comparing children receiving newly adjuvanted vaccines to children receiving other vaccines with a variety of antigens, both adjuvanted and unadjuvanted.

##### Results

Twenty-nine trials were included in the meta-analysis, encompassing 25,056 children who received at least one dose of the newly adjuvanted vaccines. SAEs did not occur more frequently in adjuvanted groups (RR 0.85, 95%CI 0.75–0.96). Our meta-analyses showed higher reactogenicity following administration of newly adjuvanted vaccines, however, no consistent pattern of solicited AEs was observed across adjuvant systems. Pain was the most prevalent AE, but often mild and of short duration. No increased risks were found for unsolicited AEs, febrile convulsions, potential immune mediated diseases and new onset of chronic diseases.

##### Conclusions

Our meta-analysis did not show any safety concerns in clinical trials of the newly adjuvanted vaccines in children  $\leq 10$  years of age. An unexplained increase of meningitis in one Phase III AS01-adjuvanted malaria trial and the link between narcolepsy and the AS03-adjuvanted pandemic vaccine illustrate that continued safety monitoring is warranted.

### **General practitioners' attitudes and behaviors toward HPV vaccination: A French national survey**

Original Research Article

Pages 762-768

Fanny Collange, Lisa Fressard, Céline Pulcini, Rémy Sebbah, Patrick Peretti-Watel, Pierre Verger

#### *Abstract*

##### Objective

General practitioners (GPs) play a crucial role in human papillomavirus (HPV) vaccine acceptance in France. We sought to study: (1) GPs' perceptions of its risks and efficacy and their recommendation behavior; (2) the relative importance of factors associated with the frequency of their recommendations.

##### Methods

Cross-sectional observational study in 2014 nested in a national panel of 1712 randomly selected GPs in private practice in France (response rate: 92.4%). We used model averaging to analyze the associations of self-reported frequency of GPs' HPV vaccine recommendations with

their perception of its risk-benefit balance and their opinions about the utility of vaccines in general.

#### Results

Overall, 72% of participants reported frequently recommending HPV vaccination; 60% considered that not enough is known about its risks. The model averaging showed that the factors most associated with infrequent recommendation of this vaccine by GPs were: unfavorable perceptions of its risk-benefit balance (OR = 0.13; 95%CI = 0.09–0.21; partial R<sup>2</sup> = 0.10), a decision not to vaccinate one's own daughter(s) with this vaccine (OR = 0.13; 95%CI = 0.07–0.24; partial R<sup>2</sup> = 0.05), and doubts about vaccine utility in general (OR = 0.78; 95%CI = 0.71–0.86; partial R<sup>2</sup> = 0.03).

#### Conclusion

Although nearly three-quarters of French GPs frequently recommended the HPV vaccine, our findings indicate that a substantial percentage of them are hesitant about it. Doubts about its risks and efficacy strongly influence their recommendation behavior. More research is warranted to help design and evaluate tailored tools and multicomponent intervention strategies to address physician's hesitancy about this vaccine.

### **Future pandemics and vaccination: Public opinion and attitudes across three European countries**

Original Research Article

Pages 803-808

Domino Determann, Esther W. de Bekker-Grob, Jeff French, Helene A. Voeten, Jan Hendrik Richardus, Enny Das, Ida J. Korfage

#### *Abstract*

##### Background

Understanding public opinion and attitudes regarding vaccination is crucial for successful outbreak management and effective communication at the European level.

##### Methods

We explored national differences by conducting focus group discussions in The Netherlands, Poland and Sweden. Discussions were structured using concepts from behavioural models.

##### Results

Thematic analysis revealed that participants would base their vaccination decision on trade-offs between perceived benefits and barriers of the vaccine also taking into account the seriousness of the new outbreak. Except for those having chronic diseases, participants expected a low infection risk, resulting in a low willingness to get vaccinated. Information about the health status of cases was considered important since this might change perceived susceptibility. Participants displayed concerns about vaccine safety due to the limited available time to produce and test vaccines in the acute situation of a new pandemic. Swedish participants mentioned their tendency of doing the right thing and following the rules, as well as to get vaccinated because of solidarity with other citizens and social influences. This appeared much less prominent for the Dutch and Polish participants. However, Swedish participants indicated that their negative experiences during the Influenza A/H1N1 2009 pandemic decreases their acceptance of future vaccinations. Polish participants lacked trust in their national (public) health system and government, and were therefore sceptical about the availability and quality of vaccines in Poland.

##### Conclusions

Although participants overall expressed similar considerations, important differences between countries stand out, such as previous vaccination experiences, the degree of adherence to social norms, and the degree of trust in health authorities.

## **Vaccines — Open Access Journal**

<http://www.mdpi.com/journal/vaccines>

(Accessed 23 January 2016)

Review: [\*\*Current Advances in Virus-Like Particles as a Vaccination Approach against HIV Infection\*\*](#)

by Chongbo Zhao, Zhujun Ao and Xiaojian Yao

Vaccines 2016, 4(1), 2; doi:10.3390/vaccines4010002 (registering DOI) - published 22 January 2016

### *Abstract:*

HIV-1 virus-like particles (VLPs) are promising vaccine candidates against HIV-1 infection. They are capable of preserving the native conformation of HIV-1 antigens and priming CD4+ and CD8+ T cell responses efficiently via cross presentation by both major histocompatibility complex (MHC) class I and II molecules. Progress has been achieved in the preclinical research of HIV-1 VLPs as prophylactic vaccines that induce broadly neutralizing antibodies and potent T cell responses. Moreover, the progress in HIV-1 dendritic cells (DC)-based immunotherapy provides us with a new vision for HIV-1 vaccine development. In this review, we describe updates from the past 5 years on the development of HIV-1 VLPs as a vaccine candidate and on the combined use of HIV particles with HIV-1 DC-based immunotherapy as efficient prophylactic and therapeutic vaccination strategies.

## **Value in Health**

January 2016 Volume 19, Issue 1, p1-122

<http://www.valueinhealthjournal.com/current>

### *Systematic Reviews*

[\*\*Assessing Patient-Reported Outcomes in Pediatric Populations With Vaccine-Preventable Infectious Diseases: A Systematic Review of the Literature \(the PROCHID Study\)\*\*](#)

Michael Herdman, Christopher K. Hoyle, Victoria Coles, Stuart Carroll, Nancy Devlin  
p109–119

### *Abstract*

#### **Objective**

To investigate the use of patient-reported outcomes (PROs) in pediatric populations with vaccine-preventable infectious diseases in high-income Western countries.

#### **Methods**

Systematic review of PRO use in populations younger than 18 years with any of 17 infectious diseases for which vaccines are available or in development. The search was limited to studies performed in Europe, North America, Australia, and New Zealand and published between January 1, 1990, and July 31, 2013. Searches were conducted in Scopus and PsycINFO, and reference lists were manually searched. Results are reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines.

#### **Results**

Of 6410 titles and abstracts and 174 full-text articles reviewed, 17 full-text articles were included for data extraction. The largest number of PRO studies was carried out in patients with anogenital warts and rotavirus gastroenteritis. No PRO studies were identified for nine conditions. A total of 24 PRO measures (12 generic and 12 disease-specific) were used in the studies reviewed. Most of the instruments used were of high quality. Proxy responses were occasionally obtained when self-report would have been feasible. No validated disease-specific instruments for children with any of the conditions studied were found.

#### Conclusions

The paucity of studies and PRO instruments to assess pediatric health status in vaccine-preventable infectious diseases, and the lack of a standardized approach to measurement, makes it difficult to capture the impact of disease and the benefit of vaccination and could potentially hinder decision making. Guidelines from relevant bodies to steer research in this area would be useful.

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

*No new content identified.*

\* \* \* \*

### **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 23 January 2016*

[No new, unique, relevant content]

#### **BBC**

<http://www.bbc.co.uk/>

*Accessed 23 January 2016*

[No new, unique, relevant content]

#### **The Economist**

<http://www.economist.com/>



*Accessed 23 January 2016*

[No new, unique, relevant content]

### **Financial Times**

<http://www.ft.com/home/uk>

*Accessed 23 January 2016*

[No new, unique, relevant content]

### **Forbes**

<http://www.forbes.com/>

*Accessed 23 January 2016*

[No new, unique, relevant content]

### **Foreign Affairs**

<http://www.foreignaffairs.com/>

*Accessed 23 January 2016*

[No new, unique, relevant content]

### **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 23 January 2016*

[No new, unique, relevant content]

### **The Guardian**

<http://www.guardiannews.com/>

*Accessed 23 January 2016*

[No new, unique, relevant content]

### **Mail & Guardian**

<http://mg.co.za/>

*Accessed 23 January 2016*

[No new, unique, relevant content]

### **New Yorker**

<http://www.newyorker.com/>

*Accessed 23 January 2016*

[No new, unique, relevant content]

### **New York Times**

<http://www.nytimes.com/>

*Accessed 23 January 2016*

#### **[Mosquito-Borne Zika Virus Found in 3 New York State Patients](#)**

January 23, 2016 - By RICK ROJAS - State health officials said on Friday that three people in New York State, including one from Queens, tested positive for [Zika](#), a mosquito-borne virus that has prompted concern as it has spread rapidly, mostly in Latin America and the Caribbean. All three had traveled to places outside the United States where the virus had been spreading. Besides the person from New York City, the patients were from Nassau and Orange Counties.

One person has fully recovered, and the two others are recovering without complications, according to [a statement](#) the State Health Department issued on Friday...

### **In Pakistan, a Final Push to Wipe Out Polio**

January 21, 2016 - By BINA SHAH -

...One effort to resolve that problem was the introduction in Punjab last year of a smartphone app on which the region's 3,700 vaccinators could keep track of their work. Now, instead of going household to household, they go to a center where children have been assembled for vaccination. The vaccinators then send the data via phone to a central office. Using this approach, vaccinators' attendance rates, which at times had been as low as 21 percent, have risen to 95 percent to 100 percent.

Officials also have analyzed satellite images to target population clusters, and have produced a color-coded map showing where vaccinations have and haven't reached children in need. By now, the rates of vaccination with the two types of antigens have risen beyond 70 percent, a critical threshold toward the goal of eradication.

Encouraged by those results, the Punjab government and the World Bank plan to invest in 10,000 more vaccinator smartphones, which will also capture a child's photo and the mother's cellphone number, enabling automatic reminders to a mother that a child is due for a vaccine scheduled near home.

The Punjab government is eager to share its technological know-how with the rest of the nation. One target area this year is remote Khyber Pakhtunkhwa.

And if Sindh and Baluchistan follow suit, there's every chance that Pakistan can catch up quickly to the rest of the world. A polio-free Pakistan — and globe — may be coming sooner than you think.

### **Wall Street Journal**

<http://online.wsj.com/home-page?wsjregion=na,us&homepage=/home/us>

Accessed 23 January 2016

### **Gates Foundation Sees Possible End to Polio Soon**

By Khadeeja Safdar, Rebecca Blumenstein

Jan. 22, 2016 1:35 pm ET

*World*

### **Health Threats Spur Vaccine Hunt**

Ebola and Zika virus have catapulted the threat of infectious-disease epidemics to a top spot at Davos

By Betsy McKay

Updated Jan. 21, 2016 3:35 a.m. ET

### **Washington Post**

<http://www.washingtonpost.com/>

Accessed 23 January 2016

### **As Zika virus spreads, El Salvador asks women not to get pregnant until 2018**

Several Latin American countries are urging a pause in having babies.

Joshua Partlow | Foreign | Jan 22, 2016

### **More pandemics are inevitable, and the U.S. is grossly underprepared**

*Just as nations invest in military preparedness, a panel says, so should they confront disease.*

Editorial Board | Editorial-Opinion | Jan 21, 2016

WHILE IT has not gained much attention in the United States, Brazil has been struck in recent months with an outbreak of Zika virus that has infected hundreds of thousands of people. Most of the time the symptoms are mild and flu-like, but in some cases health officials say the virus has led to birth defects in babies born to women who were infected in pregnancy. The virus is spread by small insects such as mosquitoes or fleas, and there is no known vaccine to prevent infection.

The Zika story might seem easy to dismiss if one is not living in Brazil. Is this just another unpleasant headline about misery far away?

Not quite. In the aftermath of the mishandled and tardy reaction to the Ebola epidemic in West Africa in which more than 11,000 people died, an independent and authoritative commission was set up in the United States to look ahead and draw lessons from this and other recent waves of infectious disease. The 17-member Commission on a Global Health Risk Framework for the Future issued its final report on Jan. 13, and the panel's conclusions are a wake-up call about the threat of pandemic disease that could originate almost anywhere and spread everywhere. Despite all the advances of science, "the global community has massively underestimated the risks that pandemics present to human life and livelihoods," the group declared. "There are very few risks facing humankind that threaten loss of life on the scale of pandemics."

The 1918 influenza pandemic killed anywhere from 50 million to 100 million people; in catastrophic mortality events since 1900, only World War II caused more deaths. Since it first appeared, HIV/AIDS has killed more than 35 million. Although the tolls have been far lower, five outbreaks in the past 15 years have been worrying: severe acute respiratory syndrome, or SARS; two influenza waves, H5N1 and H1N1; Ebola; and Middle East respiratory syndrome, or MERS.

As the world becomes more globalized with the movement of goods and people, as climate change disrupts the environment, and as pathogens move between humans and animals, cocktails of infectious disease will form, spread and sicken. Already a dozen cases of Zika virus have been reported in the United States, so far only among people who had traveled outside the country. "The threat from infectious diseases is growing," the panel warns, adding that "the conditions for infectious disease emergence and contagion are more dangerous than ever." Moreover, "further outbreaks of new, dormant, or even well-known diseases are a certainty."

The commission insists that pandemic risks must be treated not as distant, unavoidable possibilities but as real national security threats. Just as nations invest in military preparedness, the panel says, so should they confront disease. In fact, this has been long neglected in many places. The panel calls for measures to bolster public health systems in individual countries; creating a rapid-response capability; strengthening the World Health Organization; and funding research and development of new therapies, all for about \$4.5 billion a year. That's the equivalent of three Powerball drawings like the one on the day of the panel's report.

**Think Tanks et al**  
**Brookings**

<http://www.brookings.edu/>  
Accessed 23 January 2016  
[No new relevant content]

### Center for Global Development

<http://www.cgdev.org/>  
Accessed 23 January 2016  
[No new relevant content]

### Council on Foreign Relations

<http://www.cfr.org/>  
Accessed 23 January 2016  
[No new relevant content]

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

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