



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

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

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

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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 (EST/U.S.). If you would like to receive the email version, please send your request to david.r.curry@centerforvaccineethicsandpolicy.org.*

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Milestones

[Update: Election process for the new WHO Director-General](#)

13 October 2016 – Curricula vitae and related information are now available for the 6 candidates proposed by Member States of WHO for the position of WHO Director-General.

The Lancet

Online First

Special Report

[WHO's Director-General candidates: visions and priorities](#)

Richard Horton, Udani Samarasekera

A new Director-General of WHO will be selected in May, 2017. Richard Horton and Udani Samarasekera asked the six candidates competing for the position about their candidacy. The forthcoming election of the next Director-General of WHO comes at a critical moment not only for the world's only multilateral health agency but also for the precarious trajectory of global health itself. WHO is often criticised for failing to live up to the expectations of the health community. Sometimes, as in the case of how the agency managed the early stages of the Ebola virus outbreak, that criticism is justified. But WHO plays a vital and successful, and frequently neglected, part in setting norms and standards for health in countries. It has a powerful convening role. And, should a Director-General choose to do so, the agency has unprecedented authority to offer leadership in health.

As the world enters a new era—that of the Sustainable Development Goals—the Director-General has an essential voice in shaping the meaning of health in an era of human dislocation, pervasive inequality, mass migration, ecological degradation, climate change, war, and humanitarian crisis. Six excellent candidates for Director-General are standing. All have wide experience in health, as one would expect, but each offers a very different platform. Some candidates have formidable international experience in global health. Others have forged their reputations nationally. Some have strong technical credentials. Others offer political skills. Some come from countries that should be WHO's greatest concern. Others are from nations that are traditionally seen as donors. Some have expertise in what might be considered the traditional agenda of global health (infectious diseases and women's and children's health). Others bring experience of newer concerns. This great diversity of candidates is a strength. It allows the Executive Board of WHO in January, 2017, and then the World Health Assembly in May, to select a candidate based on a clear diagnosis of the global predicament for health and the solutions needed.

To help clarify their experience, visions, and ideas, we invited each candidate to offer a brief manifesto and to answer a series of ten questions to illuminate their positions on what we see as some priorities for the organisation...*[candidate responses follow]*

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[Statement by Mr. António Guterres on his appointment by the General Assembly to the position of Secretary-General of the United Nations](#)

[excerpt]

13 October 2016

*Mr. President of the General Assembly,
Mr. Secretary-General,
Excellencies,
Ladies and gentlemen,*

When I heard the Security Council's decision to recommend me to the General Assembly, my feelings could be described by just two words: gratitude and humility.

It is with the same gratitude and humility that I stand before you today, now joined by a profound sense of responsibility.

I am grateful, first of all, to the General Assembly and the Security Council for entrusting me with the position of Secretary-General of the United Nations.

I am also grateful for the transparency and openness of the selection process and to the many competent, thoughtful and dedicated candidates who came forward. I believe this process means that the true winner today is the credibility of the UN. And it also made very clear to me that, as Secretary-General, having been chosen by all Member States, I must be at the service of them all equally and with no agenda but the one enshrined in the UN Charter.

I am fully aware of the challenges the UN faces and the limitations surrounding the Secretary-General. The dramatic problems of today's complex world can only inspire a humble approach – one in which the Secretary-General alone neither has all the answers, nor seeks to impose his views; one in which the Secretary-General makes his good offices available, working as a convener, a mediator, a bridge-builder and an honest broker to help find solutions that benefit everyone involved.

*Excellencies,
Ladies and gentlemen,*

Over the last 10 years, I have witnessed, first hand, the suffering of the most vulnerable people on earth. I have visited war zones and refugee camps where one might legitimately ask: what has happened to the "dignity and worth of the human person"?

What has made us immune to the plight of those most socially and economically underprivileged? All this makes me feel the acute responsibility to make human dignity the core of my work- and I trust, the core of our common work.

This also underscores the importance of gender equality. I have long been aware of the hurdles women face in society, in the family and in the workplace just because of their gender. I have witnessed the violence they are subject to during conflict, or while fleeing it, just because they are women. I have tried to address this through every public office I have ever held. The protection and the empowerment of women and girls will continue to be a priority commitment for me.

I have faith in the United Nations because I believe in the universal values it stands for: peace, justice, human dignity, tolerance and solidarity. Based on these values, I believe that diversity in all its forms is a tremendous asset, and not a threat; that in societies that are more and more

multi-ethnic, multi-cultural and multi-religious, diversity can bring us together, not drive us apart...

António Guterres (Secretary-General designate) on his appointment by the General Assembly to the position of Secretary-General of the United Nations - General Assembly, 27th plenary meeting, 71st session

[Video: 11:23]

13 Oct 2016 – Statement by Secretary-General designate H.E. António Guterres on his appointment by the General Assembly to the position of Secretary-General of the United Nations.

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Emergencies

WHO Grade 3 Emergencies [to 15 October 2016]

Iraq - *No new announcements identified.*

Nigeria - *No new announcements identified.*

South Sudan - *No new announcements identified.*

The Syrian Arab Republic - *No new announcements identified.*

Yemen

:: The silent impact of war in Yemen - 10 October 2016

WHO Grade 2 Emergencies [to 15 October 2016]

Cameroon - *No new announcements identified.*

Central African Republic - *No new announcements identified.*

Democratic Republic of the Congo

:: Health assessment on cholera in Mai-Ndombe health province in French 6 October 2016

Ethiopia - *No new announcements identified.*

Libya - *No new announcements identified.*

Myanmar - *No new announcements identified.*

Niger - *No new announcements identified.*

Ukraine - *No new announcements identified.*

UN OCHA - Emergencies

The UN and its humanitarian partners are currently responding to three 'L3' emergencies. This is the global humanitarian system's classification for the response to the most severe, large-scale humanitarian crises.

Iraq - *No new announcements identified.*

Syria

:: Turkey | Syria: Flash Update - Developments in Aleppo (as of 13 October 2016) [EN/AR]
14 Oct 2016

:: Statement attributable to Hanaa Singer, on children killed in Aleppo [EN/AR]

:: Syria Crisis: CERF-funded response 2011-2016 (as of 07 October 2016)

Yemen

:: Yemen: Cholera Outbreak Situation Report No. 1 (as of 13 October 2016)

:: Yemen Humanitarian Response Plan - Funding Status (As of 115 October 2016) [EN/AR]

:: Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Stephen O'Brien: Statement on Yemen, 8 October 2016 [EN/AR]

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Haiti

REGULAR PRESS BRIEFING BY THE UN INFORMATION SERVICE

14 October 2016, Geneva

[Excerpt; Editor's text bolding]

...As of 13 October, in the past four days, PAHO/WHO field teams had reported 477 suspected cases of cholera in the southern peninsula. In 2016, on average before the hurricane, the country was reporting around 700 cases per week. In response to a question, Ms. Chaib said that WHO was talking about suspected cases of cholera because for the time being, it was not getting confirmation by laboratory testing. PAHO/WHO and other partners, through the *Global Outbreak Alert and Response Network* (GOARN) had deployed several epidemiologists in the most affected areas of Haiti to be able to clinically confirm cholera and other water-borne and food-borne diseases, and map where cholera was the most present, and the trends. They would help decide which strategy was to be used. It was important to identify the first suspected cases, make sure that people were provided with efficient treatment and be able to put in place water stations in the most affected provinces. A second phase would be to decide whether and where to start cholera vaccination.

In response to another question, Ms. Chaib said that the provision of safe water and sanitation were critical to control the transmission of cholera and other water-borne diseases. Oral cholera vaccines were an additional way to control cholera and should not replace conventional control measures. Safe oral cholera vaccines should be used in conjunction with improvements in water and sanitation. WHO was working with several partners on the ground and the Ministry of Health to try to improve the damaged water and sanitation infrastructure. **Dr Dominique Legros (WHO Cholera Focal Point) had announced that WHO had secured through GAVI and other partners 1 million doses of the oral cholera vaccine from suppliers, which was a remarkable achievement as the cholera vaccine was in a very limited stockpile globally.** The vaccines would be sent to Port-au-Prince, where Dr Legros and his colleagues from various agencies and from the Government would first try to map exactly where the outbreak of cholera was happening, and who would be the people to be vaccinated first. Those issues were to be discussed starting this coming weekend between WHO and partners, and the Government of Haiti, in order to give the best recommendation possible.

There [is] a possibility to vaccinate, but it [is] very important to know in which area of the country cholera was most present and could be devastating, for which population, and whether to give a full dose or half a dose. She also said that cholera was endemic in the country and the rainy season was starting. It was not yet known when and if the vaccination campaign would start.

In response to a further question, Ms. Chaib said that since October 2010, Haiti had reported more than 800,000 cases of cholera, including 9,300 deaths. The worst year had been 2011, when cholera cases had been reaching an average of 6,700 cases per week. During 2016, the

average had been 771 new cases of cholera reported every week. Before the hurricane, there had been 28,000 total cases of cholera in 2016. Multiple localized outbreaks had been reported in Haiti in 12 municipalities in the four departments of Grand Anse, Ouest, Artibonite and Nord. Since 2013, 400,000 people in Haiti had been vaccinated against cholera through the efforts of the Government, UNICEF, PAHO/WHO and other partners...

New United Nations approach on the cholera in Haiti (Opening remarks)

14 October 2014

[Video: 17:22]

The opening comments by Deputy Secretary-General Jan Eliasson, and via VTC from Haiti, Sandra Honoré, the Special Representative of the Secretary-General and head of the United Nations Stabilization Mission in Haiti (MINUSTAH) and Mourad Wahba, Deputy Special Representative for the United Nations Stabilization Mission in Haiti (MINUSTAH), who also serves as UN Resident Coordinator, on the cholera in Haiti.

Briefing organized by the Executive Office of the Secretary-General (EOSG).

Gavi provides support for emergency cholera vaccine campaign in Haiti

One million doses of cholera vaccine will be drawn from the Gavi-supported global cholera vaccine stockpile

Geneva, 13 October 2016 - Gavi, the Vaccine Alliance today announced funding support for a vaccination campaign to protect Haitians against the growing threat of cholera outbreaks in the wake of Hurricane Matthew.

Public health authorities in Haiti are preparing to distribute one million doses of oral cholera vaccine (OCV) as soon as they reach Port-au-Prince. The shipment was approved on Monday by The Global Task Force on Cholera Control (GTFCC).

"Our concern is that cholera could cut a deadly swath through Haiti, as it did following the devastating earthquake in 2010," said Dr. Seth Berkley, CEO of Gavi. "There is tremendous need to prevent another disaster adding to the nightmare of Hurricane Matthew by providing vulnerable Haitians with comprehensive disease-control interventions that includes vaccination and access to safe and clean water."

WHO, together with other technical partners, has deployed teams across Haiti to investigate the scale and nature of several cholera outbreaks that have occurred since Hurricane Matthew struck on 4 October. This assessment will help shape an effective strategy for the emergency vaccination programme.

Provisional data indicates 303 suspected cases of cholera in the worst-hit departments of Grande Anse and South. Public health officials agree that there is a high risk of increased cholera transmission in these regions, and possibly beyond.

The one million doses of cholera vaccine approved by the GTFCC for Haiti's campaign will be drawn from the Gavi-supported global cholera vaccine stockpile. Since 2013, Haiti has conducted small-scale OCV campaigns on an annual basis, vaccinating approximately 480,000 people through the stockpile.

"The global OCV stockpile is specifically designed for rapid responses to fast-moving crises like the one we're trying to prevent right now in Haiti," Dr. Berkley said. "Gavi will continue to work closely with the Government of Haiti and with our global health colleagues to stave off the potential threat of cholera outbreaks and enable the Haitian people to stay healthy and focused on repairing the damage caused by Hurricane Matthew."

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Zika virus [to 15 October 2016]

Public Health Emergency of International Concern (PHEIC)

<http://www.who.int/emergencies/zika-virus/en/>

Zika situation report – 13 October 2016

Full report: <http://apps.who.int/iris/bitstream/10665/250512/1/zikasitrep13Oct16-eng.pdf?ua=1>

Key Updates

:: Countries and territories reporting mosquito-borne Zika virus infections for the first time in the past week:

... None

:: Countries and territories reporting microcephaly and other central nervous system (CNS) malformations potentially associated with Zika virus infection for the first time in the past week:

... None

:: Countries and territories reporting Guillain-Barré syndrome (GBS) cases associated with Zika virus infection for the first time in the past week:

... None

Analysis

:: Overall, the global risk assessment has not changed.

:: The risk of Zika-associated complications in countries thought to be endemic for Zika virus remains largely unknown, due both to uncertainty about the risk associated with different Zika strains, and due to uncertainty about population immunity in these endemic settings. To address the latter question, seroprevalence studies are urgently needed.

CDC/ACIP [to 15 October 2016]

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

<https://www.cdc.gov/vaccines/acip/>

FRIDAY, OCTOBER 14, 2016

CDC working with Florida to respond to new active Zika transmission area in Miami-Dade County

The Centers for Disease Control and Prevention (CDC) continues to work with Florida health officials to investigate new cases of locally transmitted Zika virus infection in Miami-Dade County.

Zika Open [to 15 October 2016]

[Bulletin of the World Health Organization]

*:: All papers available here
No new papers identified.*

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EBOLA/EVD [to 15 October 2016]

<http://www.who.int/ebola/en/>

"Threat to international peace and security" (UN Security Council)

[Editor's Note:

We note that the Ebola tab - which had been listed along with Zika, Yellow Fever, MERS CoV and other emergencies - has been removed from the WHO "home page". We deduce that WHO has suspended issuance of new Situation Reports after resuming them for several weekly cycles. The most recent report posted is EBOLA VIRUS DISEASE – Situation Report - 10 JUNE 2016. We have not encountered any UN Security Council action changing its 2014 designation of Ebola as a "threat to international peace and security." We will continue to highlight key articles and other developments around Ebola in this space.

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POLIO [to 15 October 2016]

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 115 October 2016

[Website not responding at inquiry]

UNICEF - Massive immunization campaign to reach 41 million children in Nigeria and region to contain polio outbreak

Vaccination drive provides platform for malnutrition screening in response to mounting crisis in Borno state

DAKAR, Senegal – 115 October 2016 – A major health campaign is underway in the Lake Chad Basin area to vaccinate over 41 million children against polio to contain the recent outbreak of the disease in north-east Nigeria.

Populations fleeing conflict are on the move within the sub-region, raising concerns that the virus could spread across borders. Nearly 39,000 health workers are deployed across Nigeria and neighbouring Chad, Niger, Cameroon and the Central African Republic to deliver the oral polio vaccine in areas at high-risk for the virus during five rounds of coordinated vaccination campaigns across five countries. UNICEF is procuring the vaccines and engaging the public through mass media and grassroots mobilization.

"The re-emergence of polio after two years with no recorded cases is a huge concern in an area that's already in crisis," said Manuel Fontaine, UNICEF Regional Director for West and Central Africa. "The scale of our response reflects the urgency: we must not allow polio to spread."

The ongoing conflict has now displaced 2.6 million people, devastated provision of healthcare and left more than 4 million people in north-east Nigeria facing emergency food security levels. In the three worst-hit Nigerian states, 400,000 children are at risk of death from severe acute malnutrition.

Polio vaccination teams in parts of Borno state are conducting simultaneous malnutrition screening to identify cases of severe acute malnutrition in children under five and refer malnourished children to treatment programmes. Findings from the first rounds of outreach screening have confirmed high rates of severe acute malnutrition.

"Children are dying and more young lives will be lost unless we scale up our response," said Fontaine. "Through the polio vaccination drive, we can protect more children from the virus while also reaching children in need with treatment for malnutrition."

The third round of the current polio campaign runs from 15-18 October with additional rounds scheduled in November and December. The immunization campaign is being delivered by national Governments, with support from UNICEF, the World Health Organization, Rotary International, the US Centers for Disease Control and Prevention, and the Bill & Melinda Gates Foundation.

The coordinated efforts between the polio vaccination campaigns and childhood nutrition screenings are part of UNICEF's scaled-up response to the crisis. However, UNICEF's response remains hampered by continued insecurity, especially in areas of Borno state in Nigeria, and by a lack of funding. Of the US\$158m needed for the emergency response in the region, only US\$50.4m has so far been received.

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Yellow Fever [to 15 October 2016]
<http://www.who.int/emergencies/yellow-fever/en/>

Yellow fever situation report

14 October 2016

Read the full situation report

Key updates

Angola epidemiological update (as of 22 September):

- :: The last confirmed case had symptom onset on 23 June.
- :: 42 probable cases were reported in the last 4 weeks
- :: Phase II of the vaccination campaign launched on 10 October. The target population consists of more than 2 million people in 12 districts in 10 provinces.

Democratic Republic of the Congo epidemiological update (as of 18 September):

- :: The last confirmed non-sylvatic case had symptom onset on 12 July.
- :: A new confirmed, sylvatic case was reported from Lingomo Health Zone in Tshuapa province.
- :: 16 probable cases are under investigation (4 in Kinshasa, 8 in Kwango, and 1 case each in Bas Uele, Kwilu, Lualaba and Sud Ubangi provinces).

:: The reactive vaccination campaigns in Feshi Health Zone in Kwango province is ongoing and will begin shortly in Mushenge Health Zone in Kasai province.

Analysis

:: The continuing detection and investigation of suspected and laboratory-positive cases (including the 42 probable cases in Angola) demonstrate that active surveillance is ongoing. Nevertheless, it is important to note persistent difficulties in surveillance and laboratory confirmation capacities, which may delay case detection. A strong and sustained surveillance effort remains crucial.

:: The status of the probable cases in Angola will be reviewed by the Ministry of Health's Final Classification Committee once the investigations are completed as to their exposure history and yellow fever vaccination status.

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MERS-CoV [to 15 October 2016]

<http://www.who.int/emergencies/mers-cov/en/>

No new content identified.

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WHO & Regional Offices [to 15 October 2016]

Better working conditions needed for midwives

13 October 2016 – WHO and partners are calling for an end to the discrimination, harassment and lack of respect that hinder midwives' ability to provide quality care to women and newborns. Based on findings from 2400 midwives in 93 countries, the first global survey of midwifery personnel reveals that too often midwives are constrained by unequal power relations and face cultural isolation, unsafe accommodation, and low salaries.

:: [Read the news release](#)

:: [Read the report](#)

Disease outbreak news

:: [Monkeypox in Central African Republic](#) - 13 October 2016

Weekly Epidemiological Record, 14 October 2016, vol. 91, 41 (pp. 469–484)

Contents:

469 Recommended composition of influenza virus vaccines for use in the 2017 southern hemisphere influenza season

:: WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: [Response to rift valley fever outbreak in Niger gains momentum](#)

14 October 2016, Brazzaville/Niamey – The World Health Organization has deployed a team of experts to Niger in an effort to strengthen the coordination of response and stop the spread of the rift valley fever (RVF) that is affecting people and livestock in a district in the north-western part of the country.

WHO Region of the Americas PAHO

:: PAHO/WHO issues appeal for \$9 million for emergency health operations in Haiti (10/14/2016)

:: PAHO/WHO anticipates cholera outbreaks, sets up field operations in Haiti towns affected by Hurricane Matthew (10/12/2016)

WHO South-East Asia Region SEARO

:: Accelerate efforts to End TB 13 October 2016

WHO European Region EURO

:: Ministers endorse joint statement on climate change and health at high-level meeting of small countries 12-10-2016

:: World Mental Health Day – focus on depression 10-10-2016

WHO Eastern Mediterranean Region EMRO

:: Agreements aim to develop the health sector in Yemen 13 October 2016

:: Frontline polio volunteers save children from polio paralysis in Kandahar, Afghanistan 13 October 2016

:: 11th Revision of the International Classification of Diseases 12 October 2016

:: The silent impact of war in Yemen

WHO Western Pacific Region

:: Walking the talk: WHO takes a bold step to stop the sale and service of sugary drinks in its cafeteria 14 October 2016

:: WHO Regional Committee for the Western Pacific notes progress on healthy newborn infants, antimicrobial resistance and essential medicines

MANILA, 13 October 2016 – On the fourth day of its annual meeting, the WHO Regional Committee for the Western Pacific updated participants on progress made in the Region with regard to reducing child deaths, preparing Member States to respond to antimicrobial resistance (AMR), and improving access to quality medicines.

:: Achieving the Sustainable Development Goals: Member States commit to leave no one behind MANILA, 12 October 2016

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CDC/ACIP [to 15 October 2016]

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

<https://www.cdc.gov/vaccines/acip/>

FRIDAY, OCTOBER 14, 2016

CDC working with Florida to respond to new active Zika transmission area in Miami-Dade County

The Centers for Disease Control and Prevention (CDC) continues to work with Florida health

officials to investigate new cases of locally transmitted Zika virus infection in Miami-Dade County.

MMWR Weekly October 14, 2016 / No. 40

:: HIV Testing and Outcomes Among Hispanics/Latinos — United States, Puerto Rico, and U.S. Virgin Islands, 2014

:: Unmet Needs for Ancillary Services Among Hispanics/Latinos Receiving HIV Medical Care — United States, 2013–2014

:: Progress Toward Global Eradication of Dracunculiasis — January 2015–June 2016

:: Announcement: Global Handwashing Day — October 15, 2016

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Announcements/Perspectives

Gavi [to 15 October 2016]

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

15 October 2016

Girl Effect and Gavi join forces with US\$ 10 million commitment to fight cervical cancer in developing world

Without intervention the rising number of deaths from cervical cancer will exceed maternal mortality rates in developing countries.

: On International Day of the Girl Child, Girl Effect and Gavi, the Vaccine Alliance, announce a US\$ 10 million partnership to increase awareness and uptake of the human papillomavirus (HPV) vaccine which protects girls against 70% of cervical cancer cases.

:: Negative social norms and cultural barriers can stop girls accessing the HPV vaccine, despite its effectiveness and availability.

:: The HPV vaccination is often the first time girls are in contact with health related activities since they were infants. This represents a unique opportunity to teach them about the benefits of other health interventions.

:: Gavi will support countries in purchasing the vaccines while Girl Effect's integrated culture brands will help address the negative social norms that hold girls back from getting vaccinated and accessing healthcare systems.

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AERAS [to 15 October 2016]

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

October 13, 2016

Aeras Statement on Increased Deaths Reported from TB

WHO Global TB Report 2016 Notes Significant Increase Based on New Data, Calls for Increased R&D Funding

Rockville, MD,— The number of deaths from tuberculosis (TB) is significantly higher than previously reported, according to the World Health Organization (WHO), which released updated figures in the annual update to its **Global Tuberculosis Report** today.

The report states that 1.8 million people died from TB in 2015, up from 1.5 million in 2014, with a 50 percent increase in reported deaths of children. New cases of TB are reported as 10.4 million in 2015, compared to 9.6 million in 2014. The WHO notes that half of all patients with multidrug-resistant TB are either not finishing their treatment or are not being helped by it. "This is particularly alarming as the spread of drug-resistant strains of Mtb, the bacteria that cause TB, is one of the top three drivers of antimicrobial resistance (AMR)," said Aeras CEO Jacqueline E. Shea, PhD. "The AMR threat, coupled with the new data recognizing that we have under reported how many people around the world are killed by TB, including 50 percent more children than previously thought, underscores the urgent need for investments in new tools, including drugs, diagnostics and vaccines."

The report also stresses the need for additional funding for TB research and development. "As the leading global infectious disease killer, research and development for TB remains significantly underfunded in relation to its impact on global health," said Dr. Shea. "In 2014, only an estimated \$112 million in funding was invested in TB vaccine R&D, compared to the annual global cost burden of TB, which the WHO estimates at \$20 billion."

Aeras is committed to working with partners around the world to develop new TB vaccines that could help end the epidemic. The United Nations' Sustainable Development Goals have targeted ending the TB epidemic by 2030. "This important goal simply cannot be achieved without increased investments in developing new vaccines, drugs and diagnostics," said Dr. Shea. *[see Global Tuberculosis Report below in "Reports, Research..."]*

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NIH [to 15 October 2016]

<http://www.nih.gov/news-events/news-releases>

Thursday, October 13, 2016

Scientists at NIH and Emory achieve sustained SIV remission in monkeys

NIH clinical trial of treatment regimen in HIV-infected people is underway.

Scientists at the National Institutes of Health (NIH) and Emory University have experimentally induced sustained remission of SIV, the simian form of HIV, in infected monkeys. The animals' immune systems have been suppressing the virus to undetectable levels for as long as 23 months since the monkeys completed an investigational treatment regimen. In addition, the regimen has led to the near-complete replenishment of key immune cells that SIV had destroyed, something unachievable with antiretroviral therapy (ART) alone. The findings will be published in the Oct. 14 issue of the journal Science.

"Our data suggest that the immune systems of these animals are controlling SIV replication in the absence of antiretroviral therapy," said Anthony S. Fauci, M.D., who co-led the study as chief of the Laboratory of Immunoregulation at the National Institute of Allergy and Infectious Diseases (NIAID), part of NIH. "The experimental treatment regimen appears to have given the immune systems of the monkeys the necessary boost to put the virus into sustained remission. The precise mechanisms of this effect are unclear and will be actively pursued since they could have important implications for the control of HIV infection in humans in the absence of ART. At this point it is also unclear whether the findings of the newly reported animal study will translate into a clinical benefit for HIV-infected people." Dr. Fauci also is director of NIAID, the primary funder of the research....

Thursday, October 13, 2016

Study finds Ebola treatment ZMapp holds promise, although results not definitive

Trial shows rigorous clinical research feasible during a public health emergency.

A clinical trial to evaluate the experimental Ebola treatment ZMapp found it to be safe and well-tolerated; however, because of the waning Ebola epidemic, the study enrolled too few people to determine definitively whether it is a better treatment for Ebola virus disease (EVD) than the best available standard of care alone. The findings from the randomized, controlled trial known as PREVAIL II appear in the Oct. 13, 2016 issue of The New England Journal of Medicine. Initial trial findings were reported in February 2016, at the Conference on Retroviruses and Opportunistic Infections in Boston.

"Although we do not have definitive evidence that ZMapp is superior to the optimized standard of care, the results of the PREVAIL II trial are promising and provide valuable scientific data," said Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. "Importantly, the study establishes that it is feasible to conduct a randomized, controlled trial during a major public health emergency in a scientifically and ethically sound manner."...

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FDA [to 15 October 2016]

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

What's New for Biologics

:: CBER Interim Strategic Plan FY 2017-2019 (PDF - 560KB) - Updated: 10/14/2016

:: Public Workshop: The Sentinel Post-Licensure Rapid Immunization Safety Monitoring (PRISM) System - Updated: 10/14/2016

:: September 26, 2016 Summary Basis for Regulatory Action - EVARREST (PDF - 76KB)

Posted: 10/13/2016

:: October 6, 2016 Summary Basis of Regulatory Action - GARDASIL 9 (PDF - 101KB)

Posted: 10/13/2016

:: October 6, 2016 Approval Letter - Menveo (PDF - 34KB) - Posted: 10/12/2016

:: Influenza Virus Vaccine for the 2016-2017 Season - Updated: 10/12/2016

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Industry Watch [to 15 October 2016]

:: **FDA Approves Flublok Quadrivalent Influenza Vaccine**

MERIDEN, Conn., Oct. 11, 2016 /PRNewswire/ -- Protein Sciences Corporation announced today that the FDA has approved its quadrivalent formulation of Flublok® influenza vaccine. Flublok Quadrivalent protects against 4 strains of influenza, 3 of the same strains found in trivalent Flublok plus an additional B strain. Significantly, Flublok Quadrivalent is the first and only high antigen content quadrivalent flu vaccine approved by FDA. It contains 3x more active ingredient than all other quadrivalent vaccines...

:: **DCVMN Annual General Meeting** - 24 October 2016 to 27 October 2016 Buenos Aires, Argentina

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PATH [to 15 October 2016]

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

Announcement | October 13, 2016

[PATH's cofounder, Gordon Duncan, leaves a legacy for global health](#)

PATH, our board of directors, and our employees mourn the passing of our visionary cofounder, Gordon W. Duncan, PhD.

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BMGF - Gates Foundation [to 15 October 2016]

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

No new digest content identified.

Coalition for Epidemic Preparedness Innovations (CEPI) [to 15 October 2016]

<http://cepi.net/>

No new digest content identified.

EDCTP [to 15 October 2016]

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

The European & Developing Countries Clinical Trials Partnership (EDCTP) aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria as well as other poverty-related and neglected infectious diseases in sub-Saharan Africa, with a focus on phase II and III clinical trials.

No new digest content identified.

European Medicines Agency [to 15 October 2016]

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

[see mapping report below in "Reports, Research..."]

European Vaccine Initiative [to 15 October 2016]

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

No new digest content identified.

Fondation Merieux [to 15 October 2016]

<http://www.fondation-merieux.org/news>

Mission: Contribute to global health by strengthening local capacities of developing countries to reduce the impact of infectious diseases on vulnerable populations.

No new digest content identified.

GHIT Fund [to 15 October 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.

Global Fund [to 15 October 2016]

<http://www.theglobalfund.org/en/news/?topic=&type=NEWS;&country=>
No new digest content identified.

Hilleman Laboratories [to 15 October 2016]

<http://www.hillemanlabs.org/>
No new digest content identified

Human Vaccines Project [to 15 October 2016]

<http://www.humanvaccinesproject.org/media/press-releases/>
No new digest content identified

IAVI – International AIDS Vaccine Initiative [to 15 October 2016]

<https://www.iavi.org/>
No new digest content identified

* * * *

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

Global tuberculosis report - 2016

WHO

October 2016 :: 21 pages

ISBN 978 92 4 156539 4

Pdf: <http://apps.who.int/iris/bitstream/10665/250441/1/9789241565394-eng.pdf?ua=1>

Executive Summary

Background

The Sustainable Development Goals (SDGs) for 2030 were adopted by the United Nations in 2015. One of the targets is to end the global TB epidemic. The WHO End TB Strategy, approved by the World Health Assembly in 2014, calls for a 90% reduction in TB deaths and an 80% reduction in the TB incidence rate by 2030, compared with 2015.

This global TB report is the first to be produced in the era of the SDGs and the End TB Strategy. It provides an assessment of the TB epidemic and progress in TB diagnosis, treatment and prevention efforts, as well as an overview of TB-specific financing and research. It also discusses the broader agenda of universal health coverage, social protection and other SDGs that have an impact on health. Data were available for 202 countries and territories that account for over 99% of the world's population and TB cases.

Main findings and messages

Status of the TB epidemic and MDR-TB crisis The TB epidemic is larger than previously estimated, reflecting new surveillance and survey data from India. However, the number of TB deaths and the TB incidence rate continue to fall globally and in India.

In 2015, there were an estimated 10.4 million new (incident) TB cases worldwide, of which 5.9 million (56%) were among men, 3.5 million (34%) among women and 1.0 million (10%) among children. People living with HIV accounted for 1.2 million (11%) of all new TB cases.

Six countries accounted for 60% of the new cases: India, Indonesia, China, Nigeria, Pakistan and South Africa.¹ Global progress depends on major advances in TB prevention and care in these countries. Worldwide, the rate of decline in TB incidence remained at only 1.5% from 2014 to 2015. This needs to accelerate to a 4–5% annual decline by 2020 to reach the first milestones of the End TB Strategy.

In 2015, there were an estimated 480,000 new cases of multidrug-resistant TB (MDR-TB) and an additional 100,000 people with rifampicin-resistant TB (RR-TB) who were also newly eligible for MDR-TB treatment.² India, China and the Russian Federation accounted for 45% of the combined total of 580 000 cases.

There were an estimated 1.4 million TB deaths in 2015, and an additional 0.4 million deaths resulting from TB disease among people living with HIV.³ Although the number of TB deaths fell by 22% between 2000 and 2015, TB remained one of the top 10 causes of death worldwide in 2015.

TB care and prevention results

TB treatment averted 49 million deaths globally between 2000 and 2015, but important diagnostic and treatment gaps persist.

In 2015, 6.1 million new TB cases were notified to national authorities and reported to WHO. Notified TB cases increased from 2013–2015, mostly due to a 34% increase in notifications in India. However, globally there was a 4.3 million gap⁴ between incident and notified cases, with India, Indonesia and Nigeria accounting for almost half of this gap.⁵

The crisis of MDR-TB detection and treatment continues. In 2015, of the estimated 580,000 people newly eligible for MDR-TB treatment, only 125 000 (20%) were enrolled. Five countries accounted for more than 60% of the gap: India, China, the Russian Federation, Indonesia and Nigeria.⁵ Globally, the MDR-TB treatment success rate was 52% in 2013.⁶

In 2015, 55% of notified TB patients had a documented HIV test result. The proportion of HIV-positive TB patients on antiretroviral therapy (ART) was 78%.

Access to TB preventive treatment needs to be expanded. A total of 910,000 people living with HIV were started on such treatment in 2015, as well as 87,000 children under five (7% of those eligible).

TB financing, universal health coverage, social protection and social determinants

US\$ 6.6 billion was available for TB care and prevention in low and middle-income countries in 2016, of which 84% was from domestic sources. Nonetheless, national TB programmes (NTPs)

in low-income countries continue to rely on international donors for almost 90% of their financing. Investments in low and middle-income countries fall almost US\$ 2 billion short of the US\$ 8.3 billion needed in 2016. This annual gap will widen to US\$ 6 billion in 2020 if current funding levels do not increase.

Improvements are also needed in overall health financing. Government expenditures on health in 2014 were less than the WHO benchmark of at least 6% of gross domestic product (GDP) in 150 countries. Out-of-pocket expenditures exceeded 45% of total health expenditures in 46 countries, including 11 of the 30 high TB burden countries.

TB research and development

Despite some progress in the pipeline for new diagnostics, drugs and regimens, and vaccines, TB research and development remains severely underfunded...

Media Release

[WHO report warns global actions and investments to end tuberculosis epidemic are falling far short](#)

News release

13 October 2016 | GENEVA / WASHINGTON - New data published by WHO in its 2016 "Global Tuberculosis Report" show that countries need to move much faster to prevent, detect, and treat the disease if they are to meet global targets.

Governments have agreed on targets to end the tuberculosis (TB) epidemic both at the World Health Assembly and at the United Nations General Assembly within the context of the Sustainable Development Goals. They include a 90% reduction in TB deaths and an 80% reduction in TB cases by 2030 compared with 2015.

"We face an uphill battle to reach the global targets for tuberculosis," said Dr Margaret Chan, WHO Director General. "There must be a massive scale-up of efforts, or countries will continue to run behind this deadly epidemic and these ambitious goals will be missed."...

.....

[Over 300,000 children under five died from diarrhoeal diseases linked to limited access to safe water, sanitation and hygiene in 2015 - UNICEF](#)

NEW YORK, 14 October 2016

With cholera spreading fast in the aftermath of Hurricane Matthew in Haiti, and with a new outbreak in war-ravaged Yemen, UNICEF urges children, families and communities to make washing hands with soap a habit to help prevent the spread of diseases.

On the eve of Global Handwashing Day, UNICEF says that, in 2015, more than 300,000 children under the age of five died globally from diarrhoeal infections linked to poor access to safe drinking water and sanitation – a rate of more than 800 per day. Yet many of these deaths could have been prevented through the simple act of handwashing with soap...

Facts on Handwashing:

- 1 gram of faeces contains 100 billion bacteria.
- Approximately 1 in 5 people globally wash their hands after using the toilet.

- Each year, 1.7 million children do not live to celebrate their fifth birthday because of diarrhoea and pneumonia.
- When children wash their hands with soap after going to the toilet or before eating, they reduce their risk of getting diarrhoea by more than 40 per cent.
- Acute respiratory infections like pneumonia are the leading cause of death in children under the age of five.
- Evidence suggests that handwashing with soap after using the toilet and before eating could reduce the pneumonia infection rate among children by around a quarter.

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Connecting the dots – Towards global knowledge of the international medicine regulatory landscape: mapping of international initiatives

European Medicines Agency

October 2016 :: 25 pages

Introduction

Ever more sophisticated techniques such as biotechnology, gene editing or cell therapies are the basis for increasingly complex medicines that enter the market. Manufacturing phases of a medicine may now be carried out in different countries or even different continents, and a medicine may often be distributed in multiple regions.

In this globalised context, international cooperation among medicine regulators has become key to supervising complex supply chains and avoiding duplication of work to make best use of precious human and financial resources. The fundamental question is not if medicine regulators worldwide need to cooperate, but how they can best cooperate in order to achieve the desired results.

The need for international cooperation has been widely recognised by medicine regulators and many international initiatives have emerged to boost cooperation and convergence at all levels (national, regional and global), covering areas of interest such as inspections, pharmacovigilance and generic medicines. In addition to the work coordinated by the World Health Organization (WHO), the International Council for Harmonisation (ICH), the Pharmaceutical Inspection Co-operation Scheme (PIC/S), the International Pharmaceutical Regulators Forum (IPRF) and the International Coalition of Medicines Regulatory Authorities (ICMRA) are examples of this growing number of international regulatory initiatives.

However, there is a lack of integration and strategic direction for these initiatives, often leading to overlap or duplication of activities, but equally allowing gaps into which important topics can fall. Additionally, the focus of and participation in existing initiatives is variable (figure 1). International cooperation of medicine regulators would greatly benefit from increased coordination among the existing initiatives and from agreed global strategic directions in areas of mutual interest. The ICMRA mapping project was developed to give heads of agencies involved in ICMRA a comprehensive overview of the number and scope of global collaborative initiatives and thus allow them to make informed decisions on the need for involvement or coordination.

Media Release: 13/10/2016

[First comprehensive overview of global initiatives on medicine regulation published](#)

Mapping aims to improve international collaboration

The European Medicines Agency (EMA) has published today an overview of existing international regulatory initiatives for human medicines. The mapping was carried out by EMA on behalf of the International Coalition of Medicines Regulatory Authorities (ICMRA).

The report lists all international projects and provides international regulatory agencies with comprehensive details on the number and scope of global initiatives that can support decision-making regarding future engagement, prioritisation and coordination...

* * * *

Journal Watch

Vaccines and Global Health: The Week in Review continues its weekly scanning of key peer-reviewed journals to identify and cite articles, commentary and editorials, books reviews and other content supporting our focus on vaccine ethics and policy. Journal Watch is not intended to be exhaustive, but indicative of themes and issues the Center is actively tracking. We selectively provide full text of some editorial and comment articles that are specifically relevant to our work. Successful access to some of the links provided may require subscription or other access arrangement unique to the publisher.

If you would like to suggest other journal titles to include in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

American Journal of Infection Control

October 2016 Volume 44, Issue 10, p1083-1196, e167-e182

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

[Reviewed earlier]

American Journal of Preventive Medicine

October 2016 Volume 51, Issue 4, p411-636, e91-e118

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

[Reviewed earlier]

American Journal of Public Health

Volume 106, Issue 10 (October 2016)

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

October 2016; 95 (4)

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

[Reviewed earlier]

Annals of Internal Medicine

4 October 2016, Vol. 165. No. 7

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

[New issue; No relevant content identified]

BMC Cost Effectiveness and Resource Allocation

<http://resource-allocation.biomedcentral.com/>

(Accessed 15 October 2016)

[No new relevant content]

BMC Health Services Research

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

(Accessed 15 October 2016)

Research article

Experiences and lessons learned from 29 HPV vaccination programs implemented in 19 low and middle-income countries, 2009-2014

Joël Ladner, Marie-Hélène Besson, Etienne Audureau, Mariana Rodrigues and Joseph Saba

BMC Health Services Research 2016 16:575

Published on: 13 October 2016

Abstract

Background

Cervical cancer is the greatest cause of age-weighted years of life lost in the developing world. Human papillomavirus (HPV) infection is associated with a high proportion of cervical cancers, and HPV vaccination may help to reduce the incidence of cancer. The aim of the study was to identify barriers, obstacles, and strategies and to analyze key concerns and lessons learned with respect to the implementation of HPV vaccination program in low- and middle-income countries.

Methods

The Gardasil Access Program (GAP) is a donation program established to enable organizations and institutions in eligible low-resource countries to gain operational experience designing and implementing HPV vaccination programs. This study used an online survey to capture the experiences and insights of program managers participating in the GAP. Different factors related to HPV vaccination program management were collected. A mixed-method approach enabled the presentation of both quantitative measurements and qualitative insights.

Results

Twenty-nine programs implemented by 23 institutions in 19 low- and middle-income countries were included. Twenty programs managers (97.7 %) reported that their institution implemented sensitization strategies about vaccination prior to the launch of vaccination campaign. The most frequently reported obstacles to HPV vaccination by the program managers were erroneous perceptions of population related to the vaccine's safety and efficacy. Reaching and maintaining follow-up with target populations were identified as challenges. Insufficient infrastructure and human resources financing and the vaccine delivery method were identified as significant health system barriers. Coupling HPV vaccination with other health interventions for mothers of targeted girls helped to increase vaccination and cervical cancer screening. The majority of program managers reported that their programs had a positive impact on national HPV vaccination policy. The majority of institutions had national and

international partners that provided support for human resources, technical assistance, and training and financial support for health professionals.

Conclusion

Local organizations and institutions can implement successful HPV vaccination campaigns. Adequate and adapted planning and resources that support information sharing, sensitization, and mobilization are essential for such success. These results can inform the development of programs and policies related to HPV vaccination in low- and middle-income countries.

BMC Infectious Diseases

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

(Accessed 15 October 2016)

[No new relevant content]

BMC Medical Ethics

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

(Accessed 15 October 2016)

[No new relevant content]

BMC Medicine

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

(Accessed 15 October 2016)

[No new relevant content]

BMC Pregnancy and Childbirth

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

(Accessed 15 October 2016)

[No new relevant content]

BMC Public Health

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

(Accessed 15 October 2016)

[No new relevant content]

BMC Research Notes

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

(Accessed 15 October 2016)

[No new relevant content]

BMJ Open

2016, Volume 6, Issue 10

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

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 94, Number 10, October 2016, 709-784

<http://www.who.int/bulletin/volumes/94/10/en/>

[Reviewed earlier]

Child Care, Health and Development

September 2016 Volume 42, Issue 5 Pages 603–773

<http://onlinelibrary.wiley.com/doi/10.1111/cch.v42.5/issuetoc>

[Reviewed earlier]

Clinical Therapeutics

October 2016 Volume 38, Issue 10, Supplement, e1-e32

[http://www.clinicaltherapeutics.com/issue/S0149-2918\(16\)X0014-8](http://www.clinicaltherapeutics.com/issue/S0149-2918(16)X0014-8)

[Reviewed earlier]

Complexity

September/October 2016 Volume 21, Issue S1 Pages 1–632

<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.6/issuetoc>

[Reviewed earlier]

Conflict and Health

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

[Accessed 15 October 2016]

[No new content]

Contemporary Clinical Trials

Volume 50, In Progress (September 2016)

<http://www.sciencedirect.com/science/journal/15517144/50>

[Reviewed earlier]

Current Opinion in Infectious Diseases

October 2016 - Volume 29 - Issue 5 pp: v-vi,433-537

<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>

[Reviewed earlier]

Developing World Bioethics

August 2016 Volume 16, Issue 2 Pages 61–120

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2016.16.issue-2/issuetoc>

[Reviewed earlier]

Development in Practice

Volume 24, Number 8

<http://www.developmentinpractice.org/journals/volume-24-number-8>

[Reviewed earlier]

Disasters

October 2016 Volume 40, Issue 4 Pages 589–815

<http://onlinelibrary.wiley.com/doi/10.1111/disa.2016.40.issue-4/issuetoc>

[Reviewed earlier]

Emerging Infectious Diseases

Volume 22, Number 10—October 2016

<http://wwwnc.cdc.gov/eid/>

[Reviewed earlier]

Epidemics

Volume 17, In Progress (December 2016)

<http://www.sciencedirect.com/science/journal/17554365>

[Reviewed earlier]

Epidemiology and Infection

Volume 144 - Issue 15 - November 2016

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

Short Report

Measles, mumps, rubella

[Catching measles in an appropriately vaccinated group: a well-circumscribed outbreak in the South East of Ireland, September–November 2013](#)

Published online: 19 July 2016, pp. 3131–3138

B. O'CONNOR, S. COTTER, J. HESLIN, B. LYNAM, E. McGOVERN, H. MURRAY, G. PARKER, S. DOYLE

DOI: <http://dx.doi.org/10.1017/S095026881600145X>

Abstract

A measles outbreak occurred in a school in a small town in the South East of Ireland in September–November 2013. Most (and all early) cases had one dose of the measles-mumps-rubella (MMR) vaccination. All suspected cases were followed up, in order to advise on sampling and provide public health advice to them and their contacts. MMR vaccination control measures were instituted in the town. These included early second MMR in primary schools and childcare facilities, bringing forward the planned school MMR catch-up programme, early first MMR dose for children aged 6–12 months and targeted advice to unvaccinated children. There were 20 cases (17 confirmed) of measles associated with the outbreak. Fifteen cases occurred in the index school, with four in pre-school-age children (<4 years) who had clear epidemiological

links with children at the school. This was a well-circumscribed outbreak occurring, unusually, in a well-vaccinated population. The outbreak came late to the attention of Department of Public Health staff but prompt action, once notified, and institution of control measures resulted in quick termination of the outbreak and prevention of cases in a neighbouring city.

Original Papers

Persistence of rubella and mumps antibodies, following changes in the recommended age for the second dose of MMR vaccine in Portugal

Published online: 04 August 2016, pp. 3139-3147

G. GONÇALVES, J. FRADE, M. S. J. NASCIMENTO, J. R. MESQUITA, C. NUNES

DOI: <http://dx.doi.org/10.1017/S0950268816001655>

STIs

Epidemiological impact of a syphilis vaccine: a simulation study

Published online: 01 August 2016, pp. 3244-3252

D. CHAMPREDON, C. E. CAMERON, M. SMIEJA, J. DUSHOFF

DOI: <http://dx.doi.org/10.1017/S0950268816001643>

The European Journal of Public Health

Volume 26, Issue 5, 1 October 2016

<http://eurpub.oxfordjournals.org/content/26/5>

Infectious diseases

Pneumococcal pneumonia vaccine breakthroughs and failures after 13-valent pneumococcal conjugated vaccine

Ana Filipe Almeida, Joana Sobrinho-Simões, Catarina Ferraz, Teresa Nunes, Luisa Vaz Eur J Public Health (2016) 26 (5): 887-889 DOI: <http://dx.doi.org/10.1093/eurpub/ckw089> First published online: 21 June 2016 (3 pages)

Abstract

The rate of invasive pneumococcal disease has markedly declined after the introduction of pneumococcal conjugated vaccines. In spite of the high effectiveness of this vaccine, there are some reports of vaccine failure and vaccine breakthroughs. Data on children with pneumococcal pneumonia in a European tertiary Hospital, from 2012 to 2014, were retrospectively collected before the implementation of pneumococcal conjugated vaccines in our country. We found four cases of pneumococcal serotype 3 vaccine failure and three cases of vaccine breakthroughs (two with serotype 3 and one with serotype 19A). All of these children were previously healthy.

Eurosurveillance

Volume 21, Issue 41, 13 October 2016

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

[New issue; No relevant content identified]

Global Health: Science and Practice (GHSP)

September 2016 | Volume 4 | Issue 3

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

[Reviewed earlier]

Global Public Health

Volume 11, Issue 9, 2016

<http://www.tandfonline.com/toc/rgph20/current>

[Reviewed earlier]

Globalization and Health

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

[Accessed 15 October 2016]

Research

[Empirically evaluating the WHO global code of practice on the international recruitment of health personnel's impact on four high-income countries four years after adoption](#)

Vivian Tam, Jennifer S. Edge and Steven J. Hoffman

Published on: 12 October 2016

Review

[Eradicating polio in Pakistan: an analysis of the challenges and solutions to this security and health issue](#)

Shoaib Fahad Hussain, Peter Boyle, Preeti Patel and Richard Sullivan

Published on: 12 October 2016

Abstract

Since the launch of the Global Polio Eradication Initiative (GPEI) in 1988 the global incidence of poliomyelitis has fallen by nearly 99 %. From a situation where wild type poliovirus was endemic in 125 countries across five continents, transmission is now limited to regions of just three countries – Pakistan, Afghanistan and Nigeria. A sharp increase in Pakistan's poliomyelitis cases in 2014 prompted the International Health Regulations Emergency Committee to declare the situation a 'public health emergency of international concern'. Global polio eradication hinges on Pakistan's ability to address the religious, political and socioeconomic barriers to immunisation; including discrepancies in vaccine coverage, a poor health infrastructure, and conflict in polio-endemic regions of the country. This analysis provides an overview of the GPEI, focusing on the historical and contemporary challenges facing Pakistan's polio eradication programme and the impact of conflict and insecurity, and sheds light on strategies to combat vaccine hesitancy, engage local communities and build on recent progress towards polio eradication in Pakistan.

Health Affairs

October 2016; Volume 35, Issue 10

<http://content.healthaffairs.org/content/current>

Issue Focus: Insurance, The ACA, Care In India & More

Quality Of Care In India

[ANALYSIS & COMMENTARY: Quality Of Health Care In India: Challenges, Priorities, And The Road Ahead](#)

Manoj Mohanan, Katherine Hay, and Nachiket Mor

Health Aff October 2016 35:1753-1758; doi:10.1377/hlthaff.2016.0676

DATAWATCH: Trends In State-Level Child Mortality, Maternal Mortality, And Fertility Rates In India

Vidit Munshi, Gavin Yamey, and Stéphane Verguet
Health Aff October 2016 35:1759-1763; doi:10.1377/hlthaff.2016.0552

Socioeconomic Status And Quality Of Care In Rural India: New Evidence From Provider And Household Surveys

Jishnu Das and Aakash Mohpal
Health Aff October 2016 35:1764-1773; doi:10.1377/hlthaff.2016.0558

Ambulance Service Associated With Reduced Probabilities Of Neonatal And Infant Mortality In Two Indian States

Kimberly S. Babiarz, Swaminatha V. Mahadevan, Nomita Divi, and Grant Miller
Health Aff October 2016 35:1774-1782; doi:10.1377/hlthaff.2016.0564

A Sustainable Model For Delivering High-Quality, Efficient Cataract Surgery In Southern India

Hong-Gam Le,
Joshua R. Ehrlich, Rengaraj Venkatesh, Aravind Srinivasan, Ajay Kolli, Aravind Haripriya, R. D. Ravindran, R. D. Thulasiraj, Alan L. Robin, David W. Hutton, and Joshua D. Stein
Health Aff October 2016 35:1783-1790; doi:10.1377/hlthaff.2016.0562

India's Largest Hospital Insurance Program Faces Challenges In Using Claims Data To Measure Quality

Matthew Morton, Somil Nagpal, Rajeev Sadanandan, and Sebastian Bauhoff
Health Aff October 2016 35:1792-1799; doi:10.1377/hlthaff.2016.0588

Effect Of A Large-Scale Social Franchising And Telemedicine Program On Childhood Diarrhea And Pneumonia Outcomes In India

Manoj Mohanan, Kimberly S. Babiarz, Jeremy D. Goldhaber-Fiebert, Grant Miller, and Marcos Vera-Hernández
Health Aff October 2016 35:1800-1809; doi:10.1377/hlthaff.2016.0481

Health and Human Rights

Volume 18, Issue 1, June 2016
<http://www.hhrjournal.org/>

Special Section: Tuberculosis and the Right to Health

in collaboration with the International Human Rights Clinic, University of Chicago Law School
[Reviewed earlier]

Health Economics, Policy and Law

Volume 11 - Issue 4 - October 2016
<https://www.cambridge.org/core/journals/health-economics-policy-and-law/latest-issue>
[Reviewed earlier]

Health Policy and Planning

Volume 31 Issue 9 November 2016

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 15 October 2016]

Commentary

[Integrating and evaluating sex and gender in health research](#)

Suzanne Day, Robin Mason, Stephanie Lagosky and Paula A. Rochon

Published on: 10 October 2016

Humanitarian Exchange Magazine

Number 67 September 2016

<http://odihpn.org/magazine/humanitarian-innovation/>

[Refugees and vulnerable migrants in Europe](#)

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 15 October 2016]

[No new relevant content]

Infectious Diseases of Poverty

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

[Accessed 15 October 2016]

[No new content]

International Health

Volume 8 Issue 5 September 2016

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

[Reviewed earlier]

International Journal of Epidemiology

Volume 45 Issue 4 August 2016

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

Review and Commentaries

[The last two decades of life course epidemiology, and its relevance for research on ageing](#)

Yoav Ben-Shlomo, Rachel Cooper, and Diana Kuh

Int. J. Epidemiol. (2016) 45 (4): 973-988 doi:10.1093/ije/dyw096

Commentary: The value of life course epidemiology in low- and middle-income countries: an ageing perspective

Stephen M Tollman, Shane A Norris, and Lisa F Berkman

Int. J. Epidemiol. (2016) 45 (4): 997-999 doi:10.1093/ije/dyw109

International Journal of Infectious Diseases

September 2016 Volume 50, p1-90 Open Access

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

[Reviewed earlier]

JAMA

October 11, 2016, Vol 316, No. 14, Pages 1425-1508

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

Viewpoint

Zika Virus 6 Months Later

Thomas R. Frieden, MD, MPH; Anne Schuchat, MD; Lyle R. Petersen, MD, MPH

Abstract

free access

JAMA. 2016;316(14):1443-1444. doi:10.1001/jama.2016.11941

In this Viewpoint, CDC Director Thomas Frieden and colleagues provide a mid-2016 update on Zika virus infection, including advances in understanding the epidemiology, clinical manifestations, diagnosis, prevention, and public health control of the infection.

JAMA Pediatrics

October 1, 2016, Vol 170, No. 10, Pages 919-1032

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

[Reviewed earlier]

Journal of Community Health

Volume 41, Issue 5, October 2016

<http://link.springer.com/journal/10900/41/5/page/1>

[Reviewed earlier]

Journal of Epidemiology & Community Health

October 2016, Volume 70, Issue 10

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

[Reviewed earlier]

Journal of Global Ethics

Volume 12, Issue 2, 2016

<http://www.tandfonline.com/toc/rjge20/current>
[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)

July-September 2016 Volume 8 | Issue 3 Page Nos. 95-126
<http://www.jgid.org/currentissue.asp?sabs=n>
[Reviewed earlier]

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

Volume 27, Number 3, August 2016
<https://muse.jhu.edu/issue/33980>
[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 18, Issue 5, October 2016
<http://link.springer.com/journal/10903/18/5/page/1>
[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 14, Issue 3, 2016
<http://www.tandfonline.com/toc/wimm20/current>
Special Issue: Social Mobilization and Political Participation in the Diaspora During the "Arab Spring"
[Reviewed earlier]

Journal of Infectious Diseases

Volume 214 Issue 8 October 15, 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

October 2016, Volume 42, Issue 10
<http://jme.bmj.com/content/current>

[Reviewed earlier]

Journal of Medical Internet Research

Vol 18, No 10 (2016): October

<http://www.jmir.org/2016/10>

[New issue; No relevant content identified]

Journal of Medical Microbiology

Volume 65, Issue 9, September 2016

<http://jmm.microbiologyresearch.org/content/journal/jmm/65/8;jsessionid=8n8h02en4abqh.x-sgm-live-02>

[New issue; No relevant content identified]

Journal of Patient-Centered Research and Reviews

Volume 3, Issue 3 (2016)

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

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 5 Issue 15 October 2016

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

[Reviewed earlier]

Journal of Pediatrics

September 2016 Volume 176, p1-228

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

[Reviewed earlier]

Journal of Public Health Policy

Volume 37, Issue 1 Supplement, September 2016

<http://link.springer.com/journal/41271/37/1/suppl/page/1>

[Reviewed earlier]

Journal of the Royal Society – Interface

01 June 2016; volume 13, issue 119

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

[Reviewed earlier]

Journal of Virology

September 2016, volume 90, issue 18

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

[New issue; No relevant digest content identified]

The Lancet

Oct 15, 2016 Volume 388 Number 10054 p1851-1954

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

Editorial

Protecting health in Yemen

The Lancet

The health and humanitarian situation in Yemen is desperate. As Abdulrahman A Al-Khateeb highlights in a letter in today's Lancet, 2·8 million Yemenis have been forced to leave their homes because of the ongoing conflict. More than 80% of the population is in need of humanitarian assistance, 50% are unable to meet their food needs, and 70% have limited access to clean water and sanitation. The war is taking a considerable toll on children, including increases in child trafficking, recruitment of child soldiers, child marriage, and severe acute malnutrition.

The conflict has devastated health services; more than 1900 of 3507 health facilities in 16 governorates are currently either not functioning or partly functioning, according to WHO. The situation has left many Yemenis without access to essential medical services. Al-Khateeb notes that more than 0·5 million pregnant women in the country do not have access to reproductive health services and patients with cancer are unable to get treatment. He calls for urgent medical missions to Yemen and the establishment of an independent and neutral medical humanitarian organisation, specialised for Yemen, to be responsible for the facilitation of all international medical missions, in collaboration with medical organisations already present in the country.

Despite some media attention, including a BBC News report in September about children dying of starvation in Yemen, the crisis is largely still neglected. An independent medical organisation for Yemen could help to change this situation and, as the letter states, should work to ensure commitments from all parties involved in the war to the Geneva Conventions.

High-level attention for Yemen is also necessary. On Oct 6, the UN Security Council nominated António Guterres as the next UN Secretary-General to replace Ban Ki-moon, whose term finishes at the end of the year. Guterres is a former Prime Minister of Portugal who led the UN Refugee Agency for 10 years from 2005 to 2015. We urge Mr Guterres to continue to advocate for refugees as the next UN Secretary-General and for the protection of health in conflict situations, including Yemen.

Lancet Global Health

Oct 2016 Volume 4 Number 10 e663-e760

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

[Reviewed earlier]

The Lancet Infectious Diseases

Oct 2016 Volume 16 Number 10 p1085-1202 e202-e240
<http://www.thelancet.com/journals/laninf/issue/current>
[Reviewed earlier]

Maternal and Child Health Journal

Volume 20, Issue 10, October 2016
<http://link.springer.com/journal/10995/20/10/page/1>
[Reviewed earlier]

Medical Decision Making (MDM)

October 2016; 36 (7)
<http://mdm.sagepub.com/content/current>
[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy
September 2016 Volume 94, Issue 3 Pages 437–694
<http://onlinelibrary.wiley.com/doi/10.1111/milq.2016.94.issue-3/issuetoc>
[Reviewed earlier]

Nature

Volume 538 Number 7624 pp140-284 13 October 2016
http://www.nature.com/nature/current_issue.html
[New issue; No relevant digest content identified]

Nature Medicine

October 2016, Volume 22 No 10 pp1063-1192
<http://www.nature.com/nm/journal/v22/n10/index.html>
[Reviewed earlier]

Nature Reviews Immunology

October 2016 Vol 16 No 10
<http://www.nature.com/nri/journal/v16/n10/index.html>
[Reviewed earlier]

New England Journal of Medicine

October 13, 2016 Vol. 375 No. 15
<http://www.nejm.org/toc/nejm/medical-journal>
Original Articles
[**A Randomized, Controlled Trial of ZMapp for Ebola Virus Infection**](#)
The PREVAIL II Writing Group

Abstract

Background

Data from studies in nonhuman primates suggest that the triple monoclonal antibody cocktail ZMapp is a promising immune-based treatment for Ebola virus disease (EVD).

[Full Text of Background...](#)

Methods

Beginning in March 2015, we conducted a randomized, controlled trial of ZMapp plus the current standard of care as compared with the current standard of care alone in patients with EVD that was diagnosed in West Africa by polymerase-chain-reaction (PCR) assay. Eligible patients of any age were randomly assigned in a 1:1 ratio to receive either the current standard of care or the current standard of care plus three intravenous infusions of ZMapp (50 mg per kilogram of body weight, administered every third day). Patients were stratified according to baseline PCR cycle-threshold value for the virus (≤ 22 vs. > 22) and country of enrollment. Oral favipiravir was part of the current standard of care in Guinea. The primary end point was mortality at 28 days.

[Full Text of Methods...](#)

Results

A total of 72 patients were enrolled at sites in Liberia, Sierra Leone, Guinea, and the United States. Of the 71 patients who could be evaluated, 21 died, representing an overall case fatality rate of 30%. Death occurred in 13 of 35 patients (37%) who received the current standard of care alone and in 8 of 36 patients (22%) who received the current standard of care plus ZMapp. The observed posterior probability that ZMapp plus the current standard of care was superior to the current standard of care alone was 91.2%, falling short of the prespecified threshold of 97.5%. Frequentist analyses yielded similar results (absolute difference in mortality with ZMapp, -15 percentage points; 95% confidence interval, -36 to 7). Baseline viral load was strongly predictive of both mortality and duration of hospitalization in all age groups.

[Full Text of Results...](#)

Conclusions

In this randomized, controlled trial of a putative therapeutic agent for EVD, although the estimated effect of ZMapp appeared to be beneficial, the result did not meet the prespecified statistical threshold for efficacy. (Funded by the National Institute of Allergy and Infectious Diseases and others; PREVAIL II ClinicalTrials.gov number, [NCT02363322](#).)

Pediatrics

October 2016, VOLUME 138 / ISSUE 4

<http://pediatrics.aappublications.org/content/138/4?current-issue=y>

[Reviewed earlier]

Pharmaceutics

Volume 8, Issue 3 (September 2016)

<http://www.mdpi.com/1999-4923/8/3>

[Reviewed earlier]

PharmacoEconomics

Volume 34, Issue 10, October 2016

<http://link.springer.com/journal/40273/34/10/page/1>
[New issue; No relevant digest content identified]

PLOS Currents: Disasters

<http://currents.plos.org/disasters/>
[Accessed 15 October 2016]
[No new content]

PLoS Currents: Outbreaks

<http://currents.plos.org/outbreaks/>
[Accessed 15 October 2016]
[No new content]

PLoS Medicine

<http://www.plosmedicine.org/>
(Accessed 15 October 2016)
Perspective

[Improving the Science of Measles Prevention—Will It Make for a Better Immunization Program?](#)

Julie Garon, Walter Orenstein
| published 11 Oct 2016 PLOS Medicine
<http://dx.doi.org/10.1371/journal.pmed.1002145>

[Impact on Epidemic Measles of Vaccination Campaigns Triggered by Disease Outbreaks or Serosurveys: A Modeling Study](#)

Justin Lessler, C. Jessica E. Metcalf, Felicity T. Cutts, Bryan T. Grenfell
Research Article | published 11 Oct 2016 PLOS Medicine
<http://dx.doi.org/10.1371/journal.pmed.1002144>

PLoS Neglected Tropical Diseases

<http://www.plosntds.org/>
[Accessed 15 October 2016]
[No new relevant content identified]

PLoS One

<http://www.plosone.org/>
[Accessed 15 October 2016]
Research Article

[Good and Bad Research Collaborations: Researchers' Views on Science and Ethics in Global Health Research](#)

Michael Parker, Patricia Kingori
| published 13 Oct 2016 PLOS ONE
<http://dx.doi.org/10.1371/journal.pone.0163579>

Abstract

There has been a dramatic rise in the scale and scope of collaborative global health research. A number of structural and scientific factors explain this growth and there has been much discussion of these in the literature. Little, if any, attention has been paid, however, to the factors identified by scientists and other research actors as important to successful research collaboration. This is surprising given that their decisions are likely to play a key role in the sustainability and effectiveness of global health research initiatives. In this paper, we report on qualitative research with leading scientists involved in major international research collaborations about their views on good and bad collaborations and the factors that inform their decision-making about joining and participating actively in research networks. We identify and discuss eight factors that researchers see as essential in judging the merits of active participation in global health research collaborations: opportunities for active involvement in cutting-edge, interesting science; effective leadership; competence of potential partners in and commitment to good scientific practice; capacity building; respect for the needs, interests and agendas of partners; opportunities for discussion and disagreement; trust and confidence; and, justice and fairness in collaboration. Our findings suggest that the sustainability and effectiveness of global health research collaborations has an important ethical or moral dimension for the research actors involved.

PLoS Pathogens

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

(Accessed 15 October 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/>

[No new relevant content]

Prehospital & Disaster Medicine

Volume 31 - Issue 5 - October 2016

<https://www.cambridge.org/core/journals/prehospital-and-disaster-medicine/latest-issue>

[Reviewed earlier]

Preventive Medicine

Volume 90, Pages 1-222 (September 2016)

<http://www.sciencedirect.com/science/journal/00917435/90>

[Reviewed earlier]

Proceedings of the Royal Society B

12 October 2016; volume 283, issue 1840

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

[New issue; No relevant content]

Public Health Ethics

Volume 9 Issue 15 October 2016

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

[Reviewed earlier]

Public Health Reports

September/October 2016; 131 (5)

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

[Reviewed earlier]

Qualitative Health Research

October 2016; 26 (12)

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

Special Issue: Responses to Care

[New issue; No relevant content identified]

Reproductive Health

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

[Accessed 15 October 2016]

[No new relevant content identified]

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

Recently Published Articles - September

http://www.paho.org/journal/index.php?option=com_content&view=featured&Itemid=101

Thematic Issue on Climate-smart and Sustainable societies in the Americas

Addressing public health vulnerabilities and promoting sustainable adaptation

[Reviewed earlier]

Risk Analysis

September 2016 Volume 36, Issue 9 Pages 1683–1812

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2016.36.issue-9/issuetoc>

Special Issue: Air Pollution Health Risks

[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 9, 2016

<https://www.dovepress.com/risk-management-and-healthcare-policy-archive56>

[Reviewed earlier]

Science

14 October 2016 Vol 354, Issue 6309

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

Report *VACCINES*

Rapid development of a DNA vaccine for Zika virus

By Kimberly A. Dowd, Sung-Youl Ko, Kaitlyn M. Morabito, Eun Sung Yang, Rebecca S. Pelc, Christina R. DeMaso, Leda R. Castilho, Peter Abbink, Michael Boyd, Ramya Nityanandam, David N. Gordon, John Robert Gallagher, Xuejun Chen, John-Paul Todd, Yaroslav Tsybovsky, Audray Harris, Yan-Jang S. Huang, Stephen Higgs, Dana L. Vanlandingham, Hanne Andersen, Mark G. Lewis, Rafael De La Barrera, Kenneth H. Eckels, Richard G. Jarman, Martha C. Nason, Dan H. Barouch, Mario Roederer, Wing-Pui Kong, John R. Mascola, Theodore C. Pierson, Barney S. Graham

Science 14 Oct 2016 : 237-240 Restricted Access

DNA-vaccine–induced neutralizing antibodies largely protect monkeys after experimental challenge by virus infection.

Editor's Summary

The ongoing Zika epidemic in the Americas and the Caribbean urgently needs a protective vaccine. Two DNA vaccines composed of the genes that encode the structural premembrane and envelope proteins of Zika virus have been tested in monkeys. Dowd et al. show that two doses of vaccine given intramuscularly completely protected 17 of 18 animals against Zika virus challenge. A single low dose of vaccine was not protective but did reduce viral loads. Protection correlated with serum antibody neutralizing activity. Phase I clinical trials testing these vaccines are already ongoing.

Abstract

Zika virus (ZIKV) was identified as a cause of congenital disease during the explosive outbreak in the Americas and Caribbean that began in 2015. Because of the ongoing fetal risk from endemic disease and travel-related exposures, a vaccine to prevent viremia in women of childbearing age and their partners is imperative. We found that vaccination with DNA expressing the premembrane and envelope proteins of ZIKV was immunogenic in mice and nonhuman primates, and protection against viremia after ZIKV challenge correlated with serum neutralizing activity. These data not only indicate that DNA vaccination could be a successful approach to protect against ZIKV infection, but also suggest a protective threshold of vaccine-induced neutralizing activity that prevents viremia after acute infection.

Science Translational Medicine

12 October 2016 Vol 8, Issue 360

<http://stm.sciencemag.org/>

[New issue: No relevant content identified]

Social Science & Medicine

Volume 160, Pages 1-130 (July 2016)

<http://www.sciencedirect.com/science/journal/02779536/160>

[Reviewed earlier]

Tropical Medicine & International Health

October 2016 Volume 21, Issue 10 Pages 1197–1345

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2016.21.issue-10/issuetoc>

[Reviewed earlier]

Vaccine

Volume 34, Issue 45, Pages 5391-5462 (26 October 2016)

<http://www.sciencedirect.com/science/journal/0264410X/34/45>

Ten Years of the Global Action Plan for Influenza Vaccines (GAP) - 2006 to 2016

Edited by Bruce G. Gellin and Firdausi Qadri

Stakeholders' perceptions of 10 years of the Global Action Plan for Influenza Vaccines (GAP) – Results from a survey

Original Research Article

Pages 5393-5399

Claudia Nannei, Shoshanna Goldin, Guido Torelli, Hiba Fatima, Kaveri Kumar, Oliver Bubb-Humfries, Bo Stenson, Erin Sparrow

Abstract

Ten years after the launch of the Global Action Plan for Influenza Vaccines (GAP), the World Health Organization (WHO) surveyed stakeholders to understand their perceptions of what the programme had achieved. This article provides a summary of the findings; the full report will be available on-line on the GAP website in November 2016

(http://www.who.int/influenza_vaccines_plan/en/). Seventy-seven responses were received from stakeholders including medical doctors, national influenza center officials, country immunization programme teams, surveillance and disease centers, policy-makers, researchers, vaccine manufacturers, and non-governmental organizations from 28 countries, representing all six WHO regions.

Respondents cited GAP's biggest successes as capacity building in developing countries; raising international awareness of global needs in the event of a pandemic; and collaborative alignment of influenza stakeholders. The most commonly reported challenges were the limited progress in development of a broadly protective or universal vaccine and the perceived absence of a major increase in seasonal demand. These findings aligned with the perception that less global progress had been made under the third GAP objective, focused on research and development of better vaccines, than on increasing seasonal vaccine use (objective 1) and pandemic vaccine production capacity (objective 2). Respondents explained what they saw as the major challenges to development of better vaccines, including to development of a universal influenza vaccine. The majority of respondents agreed that the goal chosen at the GAP II consultation is still relevant. Results highlighted the importance of promoting research and development of better vaccines, both for facilitating uptake of seasonal vaccines and for ensuring timely vaccine availability in the event of a pandemic. As the GAP concludes its mandate this year, these findings will contribute to discussions on the impact of programme closure and how to address the key issues facing influenza stakeholders thereafter.

A global review of national influenza immunization policies: Analysis of the 2014 WHO/UNICEF Joint Reporting Form on immunization

Review Article

Pages 5400-5405

Justin R. Ortiz, Marc Perut, Laure Dumolard, Pushpa Ranjan Wijesinghe, Pernille Jorgensen, Alba Maria Roperio, M. Carolina Danovaro-Holliday, James D. Heffelfinger, Carol Tevi-Benissan, Nadia A. Teleb, Philipp Lambach, Joachim Hombach

Abstract

Introduction

The WHO recommends annual influenza vaccination to prevent influenza illness in high-risk groups. Little is known about national influenza immunization policies globally.

Material and Methods

The 2014 WHO/UNICEF Joint Reporting Form (JRF) on Immunization was adapted to capture data on influenza immunization policies. We combined this dataset with additional JRF information on new vaccine introductions and strength of immunization programmes, as well as publicly available data on country economic status. Data from countries that did not complete the JRF were sought through additional sources. We described data on country influenza immunization policies and used bivariate analyses to identify factors associated with having such policies.

Results

Of 194 WHO Member States, 115 (59%) reported having a national influenza immunization policy in 2014. Among countries with a national policy, programmes target specific WHO-defined risk groups, including pregnant women (42%), young children (28%), adults with chronic illnesses (46%), the elderly (45%), and health care workers (47%). The Americas, Europe, and Western Pacific were the WHO regions that had the highest percentages of countries reporting that they had national influenza immunization policies. Compared to countries without policies, countries with policies were significantly more likely to have the following characteristics: to be high or upper middle income ($p < 0.0001$); to have introduced birth dose hepatitis B virus vaccine ($p < 0.0001$), pneumococcal conjugate vaccine ($p = 0.032$), or human papilloma virus vaccine ($p = 0.002$); to have achieved global goals for diphtheria-tetanus-pertussis vaccine coverage ($p < 0.0001$); and to have a functioning National Immunization Technical Advisory Group ($p < 0.0001$).

Conclusions

The 2014 revision of the JRF permitted a global assessment of national influenza immunization policies. The 59% of countries reporting that they had policies are wealthier, use more new or under-utilized vaccines, and have stronger immunization systems. Addressing disparities in public health resources and strengthening immunization systems may facilitate influenza vaccine introduction and use.

[Review of prescribing information for influenza vaccines for pregnant and lactating women](#)

Review Article

Pages 5406-5409

Tina Proveaux, Philipp Lambach, Justin R. Ortiz, Joachim Hombach, Neal A. Halsey

Abstract

Information provided by most influenza vaccine manufacturers do not reflect the recommendations of WHO and/or national public health advisory groups with regard to the use of influenza vaccines in pregnant or lactating women. The majority of vaccines contain precautionary language which could discourage use in pregnant women and some include stronger language discouraging or contradicting use in pregnant or lactating women. Regulators and manufacturers should regularly assess the language of pregnancy and lactation sections in

product information for vaccines and include information from national public health advisory groups regarding use by pregnant or lactating women and data from relevant studies.

Considerations for sustainable influenza vaccine production in developing countries

Original Research Article

Pages 5425-5429

Claudia Nannei, Christopher Chadwick, Hiba Fatima, Shoshanna Goldin, Myriam Grubo, Alexandra Ganim

Abstract

Through its Global Action Plan for Influenza Vaccines (GAP), the World Health Organization (WHO) in collaboration with the United States Department of Health and Human Services has produced a checklist to support policy-makers and influenza vaccine manufacturers in identifying key technological, political, financial, and logistical issues affecting the sustainability of influenza vaccine production. This checklist highlights actions in five key areas that are beneficial for establishing successful local vaccine manufacturing. These five areas comprise: (1) the policy environment and health-care systems; (2) surveillance systems and influenza evidence; (3) product development and manufacturing; (4) product approval and regulation; and (5) communication to support influenza vaccination. Incorporating the checklist into national vaccine production programmes has identified the policy gaps and next steps for countries involved in GAP's Technology Transfer Initiative. Lessons learnt from country experiences provide context and insight that complement the checklist's goal of simplifying the complexities of influenza prevention, preparedness, and vaccine manufacturing.

Vaccine: Development and Therapy

<https://www.dovepress.com/vaccine-development-and-therapy-archive111>

(Accessed 15 October 2016)

[No new content]

Vaccines — Open Access Journal

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

(Accessed 15 October 2016)

[No new relevant content]

Value in Health

September 2016–October 2016 Volume 19, Issue 6, p699-908

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

Themed Section: Incorporating Patient Preferences into Regulatory Decision Making

[Reviewed earlier]

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

IUPUI ScholarWorks Repository

[A qualitative study of healthcare provider awareness and informational needs regarding the nine-valent HPV vaccine](#)

DOI: <http://dx.doi.org/10.1016/j.vaccine.2016.01.050>

Version: Author's manuscript

Kasting, Monica L. ; Wilson, Shannon ; Dixon, Brian E. ; Downs, Stephen M. ; Kulkarni, Amit ; Zimet, Gregory D.

Abstract:

The 9-valent Human Papillomavirus (HPV) vaccine, 9vHPV, was licensed in the U.S. in December, 2014. We assessed healthcare provider (HCP) awareness of the newly approved vaccine and identified questions HCPs have about the vaccine. As part of a larger study, we used semi-structured interviews to ask 22 pediatric HCPs about their awareness of 9vHPV, questions they have about the vaccine, and questions they anticipate from patients and parents. Interviews were audio-recorded and transcribed then analyzed using inductive content analysis. Over half were aware of the vaccine but few HCPs claimed to be familiar with it. HCPs indicated several questions with common themes pertaining to efficacy, side effects, and cost. Only half of HCPs believed patients or parents would have questions. The results suggest strategies and areas for health systems and public health organizations to target in order to resolve unmet educational needs among HCPs regarding 9vHPV.

Conference in Emergency Medicine and Public Health - Qatar, 115.

[Pre-and post-assessment of conjugated vaccine \(MenAfriVac\) and case-based surveillance system implementation 2010–2015, Sudan](#)

Safaa Ibrahim Musa Hussein Hind Mohammed Bashab Deena Mohamed Abdegader Hassan Hayat Salaheldein Khogali

DOI: [10.5339/jemtac.2016.icepq.115](https://doi.org/10.5339/jemtac.2016.icepq.115)

Published online: 09 Oct 2016

Abstract

Objective: Since 1998 seasonal epidemic meningitis has been a recurrent problem in Sudan with a variation in the severity between seasons. Mass vaccination campaign with conjugated vaccine (MenAfriVac) for Neisseria meningitidis A was implemented in Sudan since October 2012, since then case base surveillance of meningitis was implemented. The target age group was 1–30 years. Measuring of meningitis trends in three years pre and post the campaign against NmA is mandatory to assess the impact of introducing (MenAfriVac) vaccine.

Objective: To describe the epidemiological profile of NmA in Sudan, 2010–2015.

Methods: Descriptive study using data of notable suspected meningitis cases by national surveillance system.

Results: EpiInfo 7 software used to analyze the data. 2010–2012 a total of 4273 suspected cases were reported (13.08/100,000 Attack Rate (AR)) with 185 deaths (4.35% Case Fatality Rate (CFR)). The most effected Age-Group was (< 5) representing 62% of cases, 61% of cases were observed among males and 39% among female. The positivity rate of NmA was 4.2%. 2013–2015 After MenAfriVac® and case-based surveillance implementation; a total of 794 suspected cases were reported (4.5/100,000 AR) with 59 deaths (7.0% CFR), the most effected Age-Groups were (1–4) representing 40.3% of cases following by Age-Groups (< 1) representing 39.7% of cases, 64% of cases among male and 36% among female. The positivity rate of NmA was 0%, no confirmed case of NmA was reported.

Conclusion: Introducing of MenAfriVac® proved to be an effective strategy contributed to decrease the overall number of meningitis suspected cases in Sudan.

Journal of the American Geriatrics Society

First published: September 2016

Cost-Effectiveness and Public Health Effect of Influenza Vaccine Strategies for US Elderly Adults

JM Raviotta, KJ Smith, J DePasse, ST Brown, E Shim...

Abstract

Objectives

To compare the cost-effectiveness of four influenza vaccines available in the United States for persons aged 65 and older: trivalent inactivated influenza vaccine (IIV3), quadrivalent inactivated influenza vaccine (IIV4), a more-expensive high-dose IIV3, and a newly approved adjuvanted IIV3.

Design

Cost-effectiveness analysis using a Markov model and sensitivity analyses.

Setting

A hypothetical influenza vaccination season modeled according to possible U.S. influenza vaccination policies.

Participants

Hypothetical cohort of individuals aged 65 and older in the United States.

Measurements

Cost-effectiveness and public health benefits of available influenza vaccination strategies in U.S. elderly adults.

Results

IIV3 cost \$3,690 per quality-adjusted life year (QALY) gained, IIV4 cost \$20,939 more than IIV3 per QALY gained, and high-dose IIV3 cost \$31,214 more per QALY than IIV4. The model projected 83,775 fewer influenza cases and 980 fewer deaths with high-dose IIV3 than with the next most-effective vaccine: IIV4. In a probabilistic sensitivity analysis, high-dose IIV3 was the favored strategy if willingness to pay is \$25,000 or more per QALY gained. Adjuvanted IIV3 cost-effectiveness depends on its price and effectiveness (neither yet determined in the United States) but could be favored if its relative effectiveness is 15% greater than that of IIV3.

Conclusion

From economic and public health standpoints, high-dose IIV3 for adults aged 65 years and older is likely to be favored over the other vaccines, based on currently available data. The cost-effectiveness of adjuvanted IIV3 should be reviewed after its effectiveness has been compared with that of other vaccines and its U.S. price is established.

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Media/Policy Watch

This section is intended to alert readers to substantive news, analysis and opinion from the general media on vaccines, immunization, global; public health and related themes. *Media Watch* is not intended to be exhaustive, but indicative of themes and issues CVEP is actively tracking. This section will grow from an initial base of newspapers, magazines and blog sources, and is segregated from *Journal Watch* above which scans the peer-reviewed journal ecology.

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where content is published without restriction, but most publications require registration and some subscription level.

The Atlantic

<http://www.theatlantic.com/magazine/>

Accessed 15 October 2016

To Make Vaccines Anywhere, Just Add Water

12 October 2016

By freeze-drying the innards of cells, scientists have created portable drug-manufacturing plants—and sensors for detecting viruses like Zika and Ebola.

BBC

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

Accessed 15 October 2016

[No new, unique, relevant content]

The Economist

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

Accessed 15 October 2016

[No new, unique, relevant content]

Financial Times

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

Accessed 15 October 2016

[No new, unique, relevant content]

Forbes

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

Accessed 15 October 2016

Adults Not Getting Vaccinated Cost The U.S. \$7.1B In 2015

Bruce Y. Lee, Contributor

Oct 12, 2016

Here's a situation where you may want to behave more like a child. Adult immunization rates are far lower than kids' immunization rates, and a study estimates that in 2015 common vaccine preventable diseases in adults cost the U.S. \$9 billion with 80% of these costs (or \$7.1 billion) from those who did not get vaccinated.

Foreign Affairs

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

Accessed 15 October 2016

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>
Accessed 15 October 2016
[No new, unique, relevant content]

The Guardian

<http://www.guardiannews.com/>
Accessed 15 October 2016

[\\$10m campaign targets cervical cancer among girls in sub-Saharan Africa](#)

11 October 2016

Vaccine drive launched on International Day of the Girl aims to protect girls against the region's biggest-killing cancer, in Rwanda, Ethiopia and Malawi.

New Yorker

<http://www.newyorker.com/>
Accessed 15 October 2016

[No new, unique, relevant content]

New York Times

<http://www.nytimes.com/>
Accessed 15 October 2016

[Cholera Rises in Southern Haiti in Wake of Hurricane Matthew](#)

October 12, 2016 - By THE ASSOCIATED PRESS

Wall Street Journal

<http://online.wsj.com/home-page?wsjregion=na,us&homepage=/home/us>
Accessed 15 October 2016

[No new, unique, relevant content]

Washington Post

<http://www.washingtonpost.com/>
Accessed 15 October 2016

[No new, unique, relevant content]

[Think Tanks et al](#)

Brookings

<http://www.brookings.edu/>
Accessed 15 October 2016

[No new relevant content]

Center for Global Development [to 15 October 2016]

<http://www.cgdev.org/page/press-center>
Accessed 15 October 2016

[No new relevant content]

Council on Foreign Relations

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