



Vaccines and Global Health: The Week in Review
26 November 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 :: Perspectives

The Vaccine Confidence Project [to 26 November 2106]

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

Confidence Commentary

Dangerous liaisons

Heidi Larson | 19 Nov, 2016

Donald Trump could be the biggest single threat to vaccine confidence ever faced.

Trump's links to the likes of Andrew Wakefield – with his network of celebrity supporters as well as multiple parent associations – is particularly worrying. Furthermore, although clearly not loved by all, both Trump and Wakefield have their champions well beyond the US and UK. An alliance between the world's most widely known – and self-promoting – vaccine critic and the elected figure to one of most powerful political positions in the world is, to say the least, a dangerous liaison.

Anti-vaccination lobbyists are already seeing Trump as an ally. Shortly after the election results were known, the 'The Age of Autism' posted: 'Now that Trump won, we can all feel safe in sharing that Mr Trump met with autism advocates in August. He gave us 45 minutes and was extremely educated on our issues.... Dr Gary ended the meeting by saying "Donald, you are the only one who can fix this". He said "I will". We left hopeful. Lots of work left to do.'

Rightly or wrongly Trump is seen as 'a man who can make things happen', a challenger of orthodox thinking, and a beacon of hope to those who believe that any alternative is worth trying to break the status quo.

Trump's widely followed tweets and public statements about children becoming autistic after vaccination, and calling for the end of combination vaccines because 'tiny children are not horses,' are a small indicator of Trump's views on vaccines which are being propagated, unchecked by political or policy processes.

Trump's views on science, climate change, abortion rights and the future of healthcare in general are all cause for concern, but a viral spread of negative sentiment around vaccines can tip confidence like swings in the stock market and, for the more infectious diseases, have immediate debilitating consequences...

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Emergencies

Haiti's Ministry of Health successfully vaccinates 729,000 persons against cholera

Port-au-Prince, Haiti, 23 Nov. 2016—Haiti's Ministry of Health (MSPP) is nearing completion of its vaccination campaign against cholera, having reached more than 729,000 people with vaccines in Sud and Grand Anse departments, areas ravaged by Hurricane Matthew.

With support from the Pan American Health Organization / World Health Organization (PAHO / WHO) and other partners, vaccination teams fanned out across the two departments starting

Nov. 8, aiming to reduce the burden of cholera cases by immunizing people in 16 different communes where cholera cases had been reported and where water and sanitation systems were damaged.

Ministry of Health early reports show that vaccination coverage reached 94 percent in Grande Anse and 90 percent in Sud Department, but the communes of Moron (Grande Anse), Port-a-Piment, and Chardonnières (Sud) had lower than average coverage. In some areas teams were hampered by difficult access as roads were cut by the hurricane, and populations were displaced, said PAHO-WHO Representative Dr. Jean-Luc Poncelet. Ministry of Health officials are now collecting data and consolidating results, while looking for pockets of unvaccinated people in the communes.

Epidemiologists and immunization experts were mobilized to support the campaign, which was carried out with 1 million doses of oral cholera vaccine provided by GAVI through the Global Task Force for Cholera Control. The International Medical Corps (IMC), CDC, UNICEF, WFP, PIH, Gheskio, and other vaccination partners supported the Ministry in the campaign, with social mobilization and logistics, including cold chain to keep vaccines potent, and transport and support for vaccination brigades...

Since Hurricane Matthew struck Haiti October 4, more than 5,800 suspected cholera cases have been reported by the Ministry of Health, while the population in need of humanitarian assistance remains at 1.4 million, and more than 175,000 people are still in shelters, according to PAHO's latest situation report. Increases in suspected malaria cases have been observed in Grand Anse and Sud both Departments, and Haiti's National program for Malaria Control began fumigation and destruction of mosquito breeding sites.

Haiti still needs humanitarian assistance for rural areas, rehabilitation of health facilities, household access to chlorinated water and community health workers especially for areas with non-functional facilities, Poncelet said.

WHO Grade 3 Emergencies [to 26 November 2106]

Iraq - *No new announcements identified.*

:: WHO scales up trauma care services for injured people from Mosul, Iraq

23 November 2016 – As military operations into Mosul continue, WHO is working with national health authorities to ensure that people with war-related trauma injuries have access to life-saving medical care. WHO anticipates that approximately 40 000 civilians will require care for trauma injuries as a result of Mosul military operations.

The Syrian Arab Republic

:: WHO supplies prosthetic devices for Syrians injured by conflict 25 November 2016

:: Statements - Eastern Aleppo without any hospitals for more than 250,000 residents

20 November 2016 – More than 250,000 men, women, and children living in Eastern Aleppo are now without access to hospital care following attacks on the remaining hospitals over the last week. According to reports to WHO from the Organization's partners in Syria, there are currently no hospitals functioning in the besieged area of the city.

Nigeria - *No new announcements identified.*

South Sudan - *No new announcements identified.*

Yemen - *No new announcements identified.*

WHO Grade 2 Emergencies [to 26 November 2106]

Cameroon - *No new announcements identified.*

Central African Republic - *No new announcements identified.*

Democratic Republic of the Congo - *No new announcements identified.*

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 – L3 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 –

:: Iraq: Mosul Humanitarian Response Situation Report #8 (14-20 November 2016)

:: Press Releases - Iraq Humanitarian Crisis, 25 November 2016

IN NUMBERS

10m - PEOPLE IN NEED OF SOME FORM OF HUMANITARIAN ASSISTANCE

4m - PEOPLE HAVE BEEN INTERNALLY DISPLACED SINCE JANUARY 2014

1.7m - PEOPLE ARE ESTIMATED TO LIVE IN AREAS OUTSIDE GOVERNMENT CONTROL IN NORTHERN AND WESTERN IRAQ; MANY ARE LIKELY TO BE VULNERABLE

8m - PEOPLE NEED PROTECTION ASSISTANCE

480,000 - PEOPLE HAVE BEEN NEWLY DISPLACED IN 2016

920,000 - DISPLACED PEOPLE ARE HOSTED IN THE KURDISTAN REGION OF IRAQ

\$861m - REQUESTED TO SUPPORT 7.3 MILLION VULNERABLE IRAQIS

70% - OF THE REQUESTED FUNDING HAS BEEN RECEIVED

\$284m - REQUESTED TO SCALE-UP PREPAREDNESS EFFORTS AHEAD OF THE EXPECTED MILITARY CAMPAIGN TO RETAKE MOSUL

73% - OF THE REQUIRED AMOUNT FOR THE MOSUL FLASH APPEAL HAS BEEN RECEIVED

Syria

:: Rajm Slebi evacuations completed - but further arrivals possible as Mosul offensive continues
26 Nov 2016

:: Statement on the resumption of life-saving assistance at the Jordan-Syria border 22 Nov 2016

Yemen

:: Yemen: Cholera Outbreak Weekly AWD/Cholera Situation Report 10 – 17 November 2016 21 Nov 2016

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Zika virus [to 26 November 2106]

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

Zika situation report – 24 November 2016

Full report: <http://apps.who.int/iris/bitstream/10665/251648/1/zikasitrep24Nov16-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

:: The fifth meeting of the Emergency Committee (EC) on Zika virus, microcephaly and other neurological disorders was held on 18 November 2016. The Director-General accepted the recommendations of the EC and declared the end of the Public Health Emergency of International Concern (PHEIC). However, Zika virus and associated consequences remains a significant enduring public health challenge. Research has demonstrated the link between Zika virus infection and microcephaly, furthering the need for a robust technical mechanism to manage the global response and research agenda. The coordination and response to Zika virus is being escalated into a sustained programme of work with dedicated resources to address the long-term nature of the disease and its consequences. Recommendations from previous EC meetings will remain in place for three months while WHO implements the transition plan to shift activities into a longer-term programme. Building on established mechanisms and guided by the Zika Strategic Response Plan, WHO continues to coordinate and support more than 60 partners in the areas of detection, prevention, care and support, and research to strengthen preparedness and response in countries and territories where the *Aedes* mosquitoes are established.

Analysis

:: Overall, the global risk assessment has not changed. Zika virus continues to spread geographically to areas where competent vectors are present. Although a decline in cases of Zika infection has been reported in some countries, or in some parts of countries, vigilance needs to remain high.

Zika Open [to 26 November 2106]

[Bulletin of the World Health Organization]

:: [*All papers available here*](#)

No new papers identified.

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EBOLA/EVD [to 26 November 2106]

<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 26 November 2106]

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 23 November 2016

:: Rotary Foundation named "world's outstanding foundation for 2016", by the Association of Fundraising Professionals. The judges cited Rotary's PolioPlus efforts as a major driver for its selection. [More](#).

:: The GPEI report to the January Executive Board (EB) meeting has now been finalized and is available [here](#). The report summarizes the status against the Polio Endgame Plan and Resolution WHA68.3, adopted by the WHA in May 2015, including the impact of national emergency action plans in the remaining infected countries and of the IHR Temporary Recommendations; the achievements of the globally coordinated switch from trivalent OPV to bivalent OPV and associated IPV global supply issues and risk mitigation strategies (including fractional-dose IPV); the status of global containment activities; transition planning; and, the global budget. This report will be the main tool to inform the discussions by Member States at the January EB.

:: Also published this week: [WHO's Human Resources Update to the EB](#). The report includes an update on WHO's component of the human resources infrastructure funded by the GPEI and the associated financial liabilities.

: The 11th meeting of the Emergency Committee under the International Health Regulations (IHR) met on 11 November and concluded that current epidemiology continues to constitute a Public Health Emergency of International Concern (PHEIC). Read about the IHR findings and recommendations [here](#).

Country Updates [Selected Excerpts]

Pakistan

:: One new wild poliovirus type 1 (WPV1) case was reported in the past week, from Sujawal district in central Sindh, with onset of paralysis on 3 November. It is the most recent case in the country and brings the total number of WPV1 cases for 2016 to 17.

:: One new WPV1 positive environmental sample was reported in the past week, from Lahore, Punjab (collected on 18 October).

Statement of the 11th IHR Emergency Committee regarding the international spread of poliovirus

WHO statement - 11 November 2016

[Selected excerpts; text bolding by Editor]

The eleventh meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) regarding the international spread of poliovirus was convened via teleconference by the Director General on 11 November 2016.

The Emergency Committee reviewed the data on wild poliovirus (WPV1) and circulating vaccine-derived polioviruses (cVDPV). The Secretariat presented a report of progress for affected IHR States Parties subject to Temporary Recommendations. The following IHR States Parties presented an update on the implementation of the WHO Temporary Recommendations since the Committee last met on 11 August 2016: Afghanistan, Pakistan, Nigeria, Cameroon, Chad and Niger...

...Conclusion

The Committee unanimously agreed that the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC), and recommended the extension of the Temporary Recommendations for a further three months. The Committee considered the following factors in reaching this conclusion:

:: The new outbreak of WPV1 in Nigeria highlighting that there are high-risk areas where surveillance is compromised by inaccessibility, resulting in ongoing circulation of WPV for several years without detection. The risk of transmission in the Lake Chad sub-region appears very high.

:: The continued international spread of wild poliovirus during 2016 from Pakistan to Afghanistan, resulting in intense transmission in vulnerable populations.

:: The persistent, wide geographical distribution of positive WPV1 in environmental samples in Pakistan.

:: The current special and extraordinary context of being closer to polio eradication than ever before in history.

:: The risk and consequent costs of failure to eradicate globally one of the world's most serious vaccine preventable diseases. Even though global transmission has fallen dramatically and with it the likelihood of international spread, the consequences and impact of international spread should it occur would be grave.

:: The possibility of global complacency developing as the numbers of polio cases continues to fall and eradication becomes a possibility.

:: The serious consequences of further international spread for the increasing number of countries in which immunization systems have been weakened or disrupted by conflict and complex emergencies. Populations in these fragile states are vulnerable to outbreaks of polio. Outbreaks in fragile states are exceedingly difficult to control and threaten the completion of global polio eradication during its end stage.

:: The continued necessity for a coordinated international response to improve immunization and surveillance for wild poliovirus, to stop international spread and reduce the risk of new spread.

:: The importance of a regional approach and strong crossborder cooperation, as much international spread of polio occurs over land borders, while also recognizing that the risk of distant international spread remains from zones with active poliovirus transmission.

Additionally with respect to cVDPV:

:: cVDPVs also pose a risk for international spread, which without an urgent response with appropriate measures threatens vulnerable populations as noted above;

:: The ongoing circulation of cVDPV2 in Nigeria and possibly in Guinea, and in Lao PDR, demonstrates significant gaps in population immunity at a critical time in the polio endgame;

:: The ongoing urgency to prevent type 2 cVDPVs following the globally synchronized withdrawal of the type 2 component of the oral poliovirus vaccine in April 2016;

:: The ongoing challenges of improving routine immunization in areas affected by insecurity and other emergencies, including Ebola;

:: The global shortage of IPV which poses an additional threat from cVDPVs...

...Additional considerations for all infected and high risk countries

The Committee strongly urged global partners in polio eradication to provide optimal support to all infected and vulnerable countries at this critical time in the polio eradication programme for implementation of the Temporary Recommendations under the IHR, as well as providing ongoing support to countries, such as Somalia that were recently subject to Temporary Recommendations. The Committee requested that future secretariat reports should include a cumulative table of countries which have been removed from the 'vulnerable country' list, with comments on the current situation in those countries.

Learning from recent events in Nigeria, the committee requested the secretariat provide a global report on all inaccessible areas where polio surveillance may be compromised. Recognizing that cVDPV illustrates serious gaps in routine immunization programmes in otherwise polio free countries, the Committee recommended that the international partners in routine immunization, for example Gavi, should assist affected countries to improve the national immunization programme.

The Committee noted the threat posed to eradication efforts caused by the global IPV shortage and requested that SAGE continue to monitor and make recommendations to address this situation.

The Committee noted the Secretariat's report on the identification of Sabin 2 virus detected in environmental samples in India probably due to the ongoing use of tOPV in the private sector. As Sabin 2 virus has also been detected in Russia, Nigeria and Afghanistan, the Committee requested a full report on this at the next meeting.

The Committee noted a more detailed analysis of the public health benefits and costs of implementing temporary recommendations was under way and requested a report be made available to the committee in February 2017.

The Committee urged all countries to avoid complacency which could easily lead to a polio resurgence. Surveillance particularly needs careful attention to quickly detect any resurgent transmission.

Based on the advice concerning wild poliovirus and cVDPV, and the reports made by Afghanistan, Pakistan, Nigeria, Cameroon, Chad and Niger, the Director General accepted the Committee's assessment and on 18 November 2016 determined that the events relating to poliovirus continue to constitute a PHEIC, with respect to wild poliovirus and cVDPV. The Director General endorsed the Committee's recommendations for countries falling into the definition of 'States currently exporting wild polioviruses or cVDPV', for 'States infected with wild poliovirus or cVDPV but not currently exporting' and for 'States no longer infected by wild poliovirus, but which remain vulnerable to international spread, and states that are vulnerable to the emergence and circulation of VDPV' and extended the Temporary Recommendations as revised by the Committee under the IHR to reduce the international spread of poliovirus, effective 18 November 2016.

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Yellow Fever [to 26 November 2106]
<http://www.who.int/emergencies/yellow-fever/en/>

Yellow fever situation report

28 October 2016

[Link to the latest report above. No updated report posted and no indication as to status of situation reports overall]

WHO: Winning the war against yellow fever

25 November 2016

Four months have passed without a single case of yellow fever related to the outbreak in Angola and the Democratic Republic of the Congo, thanks to the joint response activities of national health authorities, local health workers, WHO and partners

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MERS-CoV [to 26 November 2106]
<http://www.who.int/emergencies/mers-cov/en/>

No new announcements identified.

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WHO & Regional Offices [to 26 November 2106]

International day for the elimination of violence against women

25 November 2016 – Worldwide, 1 in 3 women will experience physical and/or sexual violence by an intimate partner, or sexual violence by a non-partner at some point in their life. Women who have experienced violence use health services more than non-abused women. Health professionals are in a unique position to address the health, psychosocial, and legal needs of women who have experienced violence.

Eliminating malaria in the Greater Mekong Subregion

25 November 2016 – Since 2012, countries across the Greater Mekong Subregion have reported a sharp decline in malaria cases and deaths. But the spread of antimalarial drug resistance threatens to undermine these gains. A new report from WHO offers a set of tried-and-tested approaches that can help countries end transmission of this deadly disease.

Report

Highlights

WHO scales up trauma care services for injured people from Mosul, Iraq

November 2016 – As military operations into Mosul continue, WHO is working with national health authorities to ensure that people with war-related trauma injuries have access to life-saving medical care. WHO anticipates that approximately 40 000 civilians will require care for trauma injuries as a result of Mosul military operations.

WHO and partners immunized over 155,000 migrant children in South Sudan

November 2016 – In response to the poliomyelitis outbreak associated with type 2 circulating vaccine-derived poliovirus and ambiguous vaccine derived polio virus identified in Unity state, WHO, in collaboration with Ministry of Health and partners immunized over 155 000 migrant children under the age of 15 through special vaccination posts.

Handbook: Strategizing national health in the 21st century

November 2016 – A new WHO handbook on national health planning and strategizing has been launched, providing up-to-date and practical guidance. The handbook establishes a set of best practices to support strategic plans for health and represents the wealth of experience accumulated by WHO on national health policies, strategies and plans (NHPSPs).

UN urges protection for breastfeeding, end of inappropriate marketing of substitutes

November 2016 – Today, UN human rights experts told countries that they need to do more to support and protect breastfeeding as a human right, including ending the inappropriate marketing of breast-milk substitutes and other foods intended for infants and young children.

Stories from countries

Winning the war against yellow fever

25 November 2016

Finding the gaps in meeting adolescent health needs in Nepal

22 November 2016

Weekly Epidemiological Record, 25 November 2016, vol. 91, 47 (pp. 549–560)

:: Progress towards poliomyelitis eradication: Pakistan, January 2015–September 2016

:: Performance of acute flaccid paralysis (AFP) surveillance and incidence of poliomyelitis, 2016

:: WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: Regional consultation in Chad to discuss accelerating progress towards the prevention and control of HIV infection in children and adolescents - 22 November 2016

:: Global leaders agree to promote health to achieve Sustainable Development Goals - 21 November 2016

WHO Region of the Americas PAHO

No new digest content identified.

WHO South-East Asia Region SEARO

:: Countries of the South-East Asia Region Launch Path-breaking Initiative to Guarantee High-Quality Medical Products

25 November 2016

WHO European Region EURO

:: Influenza A(H5N8) virus detected in birds in several countries in the WHO European Region 24-11-2016

:: WHO and European Committee of the Regions join forces to improve European dialogue on health policy 22-11-2016

WHO Eastern Mediterranean Region EMRO

:: WHO scales up trauma care services for injured people from Mosul, Iraq 24 November 2016

:: WHO denounces false reporting regarding Iraq 20 November 2016

WHO Western Pacific Region

:: Partnership, protection, response and empowerment: rolling out essential services to end gender-based violence against women and girls in Asia and the Pacific

BANGKOK, 24 November 2016 – Governments, civil society and the United Nations family in Asia and the Pacific are strengthening efforts to respond to the persistent scourge of gender-based violence against women and girls in the region, with the roll-out of an essential services package that incorporates prevention and response underpinned by strategic partnerships, impactful laws and policies, and justice and healing for survivors.

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CDC/ACIP [to 26 November 2106]

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

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

Media Statement

TUESDAY, NOVEMBER 22, 2016

CDC updates guidance for Miami Beach (FL) area with active Zika transmission

The Centers for Disease Control and Prevention (CDC) has updated guidance for people who travel to or live in the previously identified 4.5-square-mile area in Miami Beach, FL. The North...

Media Statement

TUESDAY, NOVEMBER 22, 2016

[CDC, US and Brazilian researchers find evidence of onset of Zika-associated microcephaly and other neurologic complications after birth](#)

CDC researchers in collaboration with researchers from the United States and Brazil investigated the first series of infants with laboratory evidence of congenital Zika virus infection documented to have onset...

Media Statement

MONDAY, NOVEMBER 21, 2016

[CDC adds Montserrat to interim travel guidance related to Zika virus](#)

CDC is working with other public health officials to monitor for ongoing spread of Zika virus?. Today, CDC posted a Zika virus travel notice for Montserrat. CDC has issued travel...

MMWR Weekly November 25, 2016 / No. 46

:: [World AIDS Day — December 1, 2016](#)

:: [Early Diagnosis of HIV Infection in Infants — One Caribbean and Six Sub-Saharan African Countries, 2011–2015](#)

:: [Progress Toward Poliomyelitis Eradication — Pakistan, January 2015–September 2016](#)

:: [Announcement: Guidance for U.S. Laboratory Testing for Zika Virus Infection: Implications for Health Care Providers](#)

:: [Notice to Readers: Final 2015 Reports of Nationally Notifiable Infectious Diseases and Conditions](#)

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Announcements

UNAIDS [to 26 November 2106]

<http://www.unaids.org/en/resources/presscentre/>

Press statement

[World AIDS Day message 2016](#)

1 December 2016

Michel Sidibé, Executive Director of UNAIDS, Under-Secretary-General of the United Nations

Today, we commemorate World AIDS Day—we stand in solidarity with the 78 million people who have become infected with HIV and remember the 35 million who have died from AIDS-related illnesses since the first cases of HIV were reported.

The world has committed to end the AIDS epidemic by 2030 as part of the Sustainable Development Goals. We are seeing that countries are getting on the Fast-Track—more than 18 million people are on life-saving HIV treatment and country after country is on track to virtually eliminate HIV transmission from mother to child.

We are winning against the AIDS epidemic, but we are not seeing progress everywhere. The number of new HIV infections is not declining among adults, with young women particularly at risk of becoming infected with HIV.

We know that for girls in sub-Saharan Africa, the transition to adulthood is a particularly dangerous time. Young women are facing a triple threat: a high risk of HIV infection, low rates of HIV testing and poor adherence to HIV treatment.

Coinfections of people living with HIV, such as tuberculosis (TB), cervical cancer and hepatitis C, are at risk of putting the 2020 target of fewer than 500,000 AIDS-related deaths out of reach. TB caused about a third of AIDS-related deaths in 2015, while women living with HIV are at four to five times greater risk of developing cervical cancer. Taking AIDS out of isolation remains an imperative if the world is to reach the 2020 target.

With access to treatment, people living with HIV are living longer. Investing in treatment is paying off, but people older than 50 who are living with HIV, including people who are on treatment, are at increased risk of developing age-associated noncommunicable diseases, affecting HIV disease progression.

AIDS is not over, but it can be if we tailor the response to individual needs at particular times in life. Whatever our individual situation may be, we all need access to the tools to protect us from HIV and to access antiretroviral medicines should we need them. A life-cycle approach to HIV that finds solutions for everyone at every stage of life can address the complexities of HIV. Risks and challenges change as people go through life, highlighting the need to adapt HIV prevention and treatment strategies from birth to old age.

The success we have achieved so far gives us hope for the future, but as we look ahead we must remember not to be complacent. We cannot stop now. This is the time to move forward together to ensure that all children start their lives free from HIV, that young people and adults grow up and stay free from HIV and that treatment becomes more accessible so that everyone stays AIDS-free.

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NIH [to 26 November 2106]

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

November 23, 2016

A new strategic direction for behavioral and social sciences research at NIH

Strategic plan focuses on scientific priorities which reflect key research challenges that OBSSR is uniquely positioned to address.

The Office of Behavioral and Social Sciences Research (OBSSR) at the National Institutes of Health has released a new strategic plan for 2017 through 2021. The plan focuses on scientific priorities, which reflect key research challenges that OBSSR is uniquely positioned to address. Developed with considerable input from internal and external NIH stakeholders, the plan ensures OBSSR continues to fulfill its mission.

While it is widely accepted that behavioral and social factors account for approximately half of the premature deaths in the United States, understanding how these behavioral and social factors interact with biology and can be modified to improve health requires a robust and rigorous behavioral and social sciences research agenda. Recent scientific and technological advances in the biomedical, behavioral, and social sciences are generating massive amounts of

information from the molecular and genetic levels to clinical and community outcomes. NIH Director Francis S. Collins, M.D., Ph.D., and OBSSR Director William T. Riley, Ph.D., wrote an editorial published today in [Science Translational Medicine \(link is external\)](#) that highlights some of the scientific and technological advances that are transforming the behavioral and social sciences.

OBSSR's strategic priorities are to: improve the synergy of basic and applied behavioral and social sciences research; enhance and promote the research infrastructure, methods, and measures needed to support a more cumulative and integrated approach to behavioral and social sciences research; and facilitate the adoption of behavioral and social sciences research findings in health research and in practice.

To address these priorities and broader NIH efforts in the behavioral and social sciences, OBSSR will rely on four foundational processes:

- :: Communicating behavioral and social sciences research findings
- :: Coordinating behavioral and social sciences research programs across the NIH and integrating behavioral and social sciences research within the larger NIH research enterprise
- :: Training the next generation of behavioral and social science researchers
- :: Evaluating the impact of behavioral and social sciences research and addressing scientific policies that support this research

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Coalition for Epidemic Preparedness Innovations (CEPI) [to 26 November 2106]

<http://cepi.net/>

CEPI Newsletter 21 November 2016

[Excerpt]

CEPI policies - invitation to feedback

Over the last two months, the CEPI Secretariat has been working with colleagues from the founding partners to draft CEPI's core policies to reflect CEPI's operating principles and provide guidance for potential awardees during the call for proposal process. The team has also consulted with individuals working with Product Development Partnerships and researchers in this field.

We now invite your comments and feedback on these draft policies on equitable access, shared risks/benefits and management of IP <http://cepi.net/resources#CEPI-Policies-Draft>. The open public consultation period is from today through to COB CET 2 December, 2016. Please send feedback to cepi@fhi.no.

Following receipt of feedback during the open public consultation period, the Secretariat will amend the policies as required and submit them to the CEPI Board for approval prior to their release with the call for proposals.

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EDCTP [to 26 November 2106]

<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.

23 November 2016

Stakeholder meeting reports published: diarrhoeal diseases and lower respiratory tract infections

EDCTP published two reports of the stakeholder meetings on diarrhoeal diseases and lower respiratory tract infections, respectively. The meetings for these fields added to our scope under the second programme took place in Amsterdam, The Netherlands on 5 and 6 July 2016. Their aim was to consult experts in these fields in order to inform EDCTP's funding strategy and future work plans related to these disease areas.. Representatives from academic and research institutions, funding agencies, product development partnerships among others were invited to participate.

On 5 July 2016, Prof. Philippe Sansonetti (Institut Pasteur and Collège de France, France) and Dr Jeffrey Mphahlele (South African Medical Research Council, South Africa) chaired the meeting on diarrhoeal diseases which featured three speakers and sessions with focus groups. [Download report](#) (PDF)

On 6 July 2016, Prof. Jeremy Brown (University College London, United Kingdom) steered the discussions on lower respiratory tract infections in response to six speakers. [Download report](#) (PDF)

The objectives of both meetings were to review the research landscape, available interventions and products in development, and to identify short and medium term priorities for EDCTP in terms of disease, research and intervention.

EDCTP regularly organises thematic stakeholder meetings as part of its ongoing consultation process. The purpose of thematic stakeholder meetings is to contribute to shaping the programme's strategic research agenda, funding approach and strategic alignment with work of other partners involved in clinical development of interventions against poverty-related diseases.

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Industry Watch [to 26 November 2106]

:: GSK receives FDA approval for expanded indication for FluLaval® Quadrivalent (Influenza Vaccine) for infants 6 months and older

PHILADELPHIA, Nov. 21, 2016 /PRNewswire/ -- GSK [LSE/NYSE: GSK] announced today it has received approval from the US Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research expanding the indication for FluLaval® Quadrivalent (Influenza Vaccine) to include use in children 6 months and older. Prior to this, the vaccine was only approved for active immunization against influenza A subtype viruses and type B viruses, in persons 3 years of age and older...

IFPMA [to 26 November 2106]

<http://www.ifpma.org/resources/news-releases/>

23 November 2016

International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) head announces departure

Geneva, 23 November 2016 – After seven years as Director General, Eduardo Pisani announced today his decision to leave the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)...

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European Vaccine Initiative [to 26 November 2106]

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

25 November 2016

Call for abstracts- 2017 SVS skin vaccination summit

The deadline for oral abstract submissions is Friday 2nd December 2016.

25 November 2016

New influenza reagents available from NIBSC

Two new influenza reagents are now available. Influenza anti-A/Michigan/45/2015-like HA serum and Influenza Antigen A/...

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AERAS [to 26 November 2106]

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

No new digest content identified.

BMGF - Gates Foundation [to 26 November 2106]

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

No new digest content identified.

European Medicines Agency [to 26 November 2106]

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

No new digest content identified.

FDA [to 26 November 2106]

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

No new digest content identified.

Fondation Merieux [to 26 November 2106]

<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 26 November 2106]

<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 26 November 2106]

<http://www.theglobalfund.org/en/news/?topic=&type=NEWS;&country=>

No new digest content identified

Hilleman Laboratories [to 26 November 2106]

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

No new digest content identified

Human Vaccines Project [to 26 November 2106]

<http://www.humanvaccinesproject.org/media/press-releases/>

No new digest content identified

IAVI – International AIDS Vaccine Initiative [to 26 November 2106]

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

No new digest content identified

IVI [to 26 November 2106]

<http://www.ivi.int/>

No new digest content identified

PATH [to 26 November 2106]

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

No new digest content identified

UNICEF [to 26 November 2106]

http://www.unicef.org/media/media_89711.html

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

No new digest content identified.

* * * *

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

November 2016 Volume 44, Issue 11, p1197-1430, e183-e282

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

[Reviewed earlier].

American Journal of Preventive Medicine

November 2016 Volume 51, Issue 5, p637-864, e119-e154

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

Theme: Digital Health: Leveraging New Technologies to Develop, Deploy, and Evaluate Behavior Change Interventions

[Reviewed earlier].

American Journal of Public Health

Volume 106, Issue 11 (November 2016)

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

AJPH SPECIAL SECTION: WORLD HEALTH ORGANIZATION

[Reviewed earlier]

e-View ahead of Print

Parental Refusal of Childhood Vaccines and Medical Neglect Laws

Efthimios Parasidis, JD, MBioethics, and Douglas J. Opel, MD, MPH

Abstract

Objectives. To examine the relation of vaccine refusal and medical neglect under child welfare laws.

Methods. We used the Westlaw legal database to search court opinions from 1905 to 2016 and identified cases in which vaccine refusal was the sole or a primary reason in a neglect proceeding. We also delineated if religious or philosophical exemptions from required school immunizations were available at the time of adjudication.

Results. Our search yielded 9 cases from 5 states. Most courts (7 of 9) considered vaccine refusal to constitute neglect. In the 4 cases decided in jurisdictions that permitted religious exemptions, courts either found that vaccine refusal did not constitute neglect or considered it neglect only in the absence of a sincere religious objection to vaccination.

Conclusions. Some states have a legal precedent for considering parental vaccine refusal as medical neglect, but this is based on a small number of cases. Each state should clarify whether, under its laws, vaccine refusal constitutes medical neglect. (Am J Public Health.

Published online ahead of print November 17, 2016: e1–e4. doi:10.2105/AJPH.2016.303500)

American Journal of Tropical Medicine and Hygiene

November 2016; 95 (5)

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

[Reviewed earlier]

Annals of Internal Medicine

15 November 2016 Vol: 165, Issue 10

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

[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 26 November 2106)

[No new content]

BMC Health Services Research

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

(Accessed 26 November 2106)

[No new relevant content]

BMC Infectious Diseases

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

(Accessed 26 November 2106)

Research article

[Effectiveness, immunogenicity and safety of 23-valent pneumococcal polysaccharide vaccine revaccinations in the elderly: a systematic review](#)

In many industrialized countries routine vaccination with the 23-valent pneumococcal polysaccharide vaccine (PPSV-23) is recommended to prevent pneumococcal disease in the elderly. However, vaccine-induced imm...

Cornelius Remschmidt, Thomas Harder, Ole Wichmann, Christian Bogdan and Gerhard Falkenhorst

BMC Infectious Diseases 2016 16:711

Published on: 25 November 2016

Study protocol

[A prospective cohort study to assess seroprevalence, incidence, knowledge, attitudes and practices, willingness to pay for vaccine and related risk factors in dengue in a high incidence setting](#)

Dengue is one of the most important vector-borne diseases in the world, causing significant morbidity and economic impact. In Colombia, dengue is a major public health problem.

Departments of La Guajira, Cesar...

Ruth Aralí Martínez-Vega, Alfonso J. Rodríguez-Morales, Yalil Tomás Bracho-Churio, Mirley Enith Castro-Salas, Fredy Galvis-Ovallos, Ronald Giovanni Díaz-Quijano, María Lucrecia Luna-González, Jaime E. Castellanos, José Ramos-Castañeda and Fredi Alexander Diaz-Quijano
BMC Infectious Diseases 2016 16:705
Published on: 25 November 2016

Debate

[The Ebola Outbreak: Catalyzing a "Shift" in Global Health Governance?](#)

As the 2014 Ebola virus disease outbreak (EVD) transitions to its post-endemic phase, its impact on the future of global public health, particularly the World Health Organization (WHO), is the subject of conti...

Tim K. Mackey

BMC Infectious Diseases 2016 16:699

Published on: 24 November 2016

BMC Medical Ethics

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

(Accessed 26 November 2106)

[No new relevant content]

BMC Medicine

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

(Accessed 26 November 2106)

Commentary

[A framework: make it useful to guide and improve practice of clinical trial design in smaller populations](#)

The increased attention to design and analysis of randomised clinical trials in small populations has triggered thinking regarding the most appropriate design methods for a particular clinical research question...

Kit C. B. Roes

BMC Medicine 2016 14:195

Published on: 25 November 2016

CORRESPONDENCE

[How do you design randomised trials for smaller populations? A framework](#)

How should we approach trial design when we can get some, but not all, of the way to the numbers required for a randomised phase III trial?

Mahesh K. B. Parmar, Matthew R. Sydes and Tim P. Morris

BMC Medicine 2016 14:183

Published on: 25 November 2016

BMC Pregnancy and Childbirth

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

(Accessed 26 November 2106)

[No new relevant content]

BMC Public Health

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

(Accessed 26 November 2106)

Research article

Research article

Epidemiology of pertussis in two Ibero-American countries with different vaccination policies: lessons derived from different surveillance systems

Pertussis is a re-emerging disease worldwide despite its high vaccination coverage. European and Latin-American countries have used different surveillance and vaccination policies against pertussis. We compare...

Rubén Solano, Josefa Masa-Calles, Zacarías Garib, Patricia Grullón, Sandy L. Santiago, Altagracia Brache, Ángela Domínguez and Joan A. Caylà

BMC Public Health 2016 16:1178

Published on: 22 November 2016

Research article

Determinants of seasonal influenza vaccination in pregnant women in Valencia, Spain

In most countries the coverage of seasonal influenza vaccination in pregnant women is low. We investigated the acceptance, reasons for rejection and professional involvement related to vaccine information in p...

R. Vila-Candel, P. Navarro-Illana, E. Navarro-Illana, E. Castro-Sánchez, Kiri Duke, F. J. Soriano-Vidal, J. Tuells and J. Díez-Domingo

BMC Public Health 2016 16:1173

Published on: 21 November 2016

BMC Research Notes

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

(Accessed 26 November 2106)

[No new relevant content]

BMJ Open

2016, Volume 6, Issue 11

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

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 94, Number 11, November 2016, 785-860

<http://www.who.int/bulletin/volumes/94/11/en/>

[Reviewed earlier]

Child Care, Health and Development

November 2016 Volume 42, Issue 6 Pages 775–955
<http://onlinelibrary.wiley.com/doi/10.1111/cch.v42.6/issuetoc>
[Reviewed earlier]

Clinical Therapeutics

November 2016 Volume 38, Issue 11, p2325-2508
[http://www.clinicaltherapeutics.com/issue/S0149-2918\(16\)X0011-2](http://www.clinicaltherapeutics.com/issue/S0149-2918(16)X0011-2)
[New issue; No relevant content identified]

Complexity

November/December 2016 Volume 21, Issue S2 Pages 1–642
<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.S2/issuetoc>
[Reviewed earlier]

Conflict and Health

<http://www.conflictandhealth.com/>
[Accessed 26 November 2106]
[No new content]

Contemporary Clinical Trials

Volume 51, Pages 1-98 (November 2016)
<http://www.sciencedirect.com/science/journal/15517144/51>
[Reviewed earlier]

Current Opinion in Infectious Diseases

December 2016 - Volume 29 - Issue 6 pp: v-v,539-662
<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>
[Reviewed earlier]

Developing World Bioethics

December 2016 Volume 16, Issue 3 Pages 121–180
<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2016.16.issue-2/issuetoc>
Special Issue: Ethics of Health Systems Research in Low and Middle Income Countries
[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 11—November 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>

[Reviewed earlier]

The European Journal of Public Health

Volume 26, Issue 5, 1 October 2016

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

[Reviewed earlier]

Global Health: Science and Practice (GHSP)

September 2016 | Volume 4 | Issue 3

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

[Reviewed earlier]

Global Public Health

Volume 12 2017 Issue 1 2017 pages 1–134

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

[Reviewed earlier]

Globalization and Health

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

[Accessed 26 November 2106]

[No new relevant content identified]

Health Affairs

November 2016; Volume 35, Issue 11

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

Issue Focus: Culture Of Health

[Reviewed earlier]

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 26 November 2106]

Review

What are the best methodologies for rapid reviews of the research evidence for evidence-informed decision making in health policy and practice: a rapid review

Michelle M. Haby, Evelina Chapman, Rachel Clark, Jorge Barreto, Ludovic Reveiz and John N. Lavis

Published on: 25 November 2016

Abstract

Background

Rapid reviews have the potential to overcome a key barrier to the use of research evidence in decision making, namely that of the lack of timely and relevant research. This rapid review of systematic reviews and primary studies sought to answer the question: What are the best methodologies to enable a rapid review of research evidence for evidence-informed decision making in health policy and practice?

Methods

This rapid review utilised systematic review methods and was conducted according to a pre-defined protocol including clear inclusion criteria (PROSPERO registration: CRD42015015998). A comprehensive search strategy was used, including published and grey literature, written in English, French, Portuguese or Spanish, from 2004 onwards. Eleven databases and two

websites were searched. Two review authors independently applied the eligibility criteria. Data extraction was done by one reviewer and checked by a second. The methodological quality of included studies was assessed independently by two reviewers. A narrative summary of the results is presented.

Results

Five systematic reviews and one randomised controlled trial (RCT) that investigated methodologies for rapid reviews met the inclusion criteria. None of the systematic reviews were of sufficient quality to allow firm conclusions to be made. Thus, the findings need to be treated with caution. There is no agreed definition of rapid reviews in the literature and no agreed methodology for conducting rapid reviews. While a wide range of 'shortcuts' are used to make rapid reviews faster than a full systematic review, the included studies found little empirical evidence of their impact on the conclusions of either rapid or systematic reviews. There is some evidence from the included RCT (that had a low risk of bias) that rapid reviews may improve clarity and accessibility of research evidence for decision makers.

Conclusions

Greater care needs to be taken in improving the transparency of the methods used in rapid review products. There is no evidence available to suggest that rapid reviews should not be done or that they are misleading in any way. We offer an improved definition of rapid reviews to guide future research as well as clearer guidance for policy and practice.

Humanitarian Exchange Magazine

Number 67 September 2016

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

[***Refugees and vulnerable migrants in Europe***](#)

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 12, Issue 10, 2016

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 26 November 2106]

[No new relevant content]

Infectious Diseases of Poverty

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

[Accessed 26 November 2106]

[No new content]

International Health

Volume 8 Issue 6 November 2016

<http://inthehealth.oxfordjournals.org/content/current>
[Reviewed earlier]

International Journal of Community Medicine and Public Health

2016, Volume: 3, Issue: 12

<http://www.scopemed.org/?iid=2016-3-12.000&&jid=109&lng=>

Original Research

[Closing the immunity gap through the strategy of intensification of routine immunization using the offline tool immunogram and supportive supervision - experiences from the rural health training centre of KVG medical college, Karnataka, India](#)

Narayana V. Holla, Satya Kishore Chivukula, Sharanya Kaniambady
Int J Community Med Public Health. 2016; 3(12): 3450-3455

International Journal of Epidemiology

Volume 45 Issue 5 October 2016

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

[Reviewed earlier]

International Journal of Infectious Diseases

November 2016 Volume 52, In Progress

[http://www.ijidonline.com/issue/S1201-9712\(16\)X0010-0](http://www.ijidonline.com/issue/S1201-9712(16)X0010-0)

[Reviewed earlier]

JAMA

November 22, 2016, Vol 316, No. 20, Pages 2059-2162

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

Viewpoint

[Pharmaceuticals and Public Health](#)

Rena M. Conti, PhD; Rebekah E. Gee, MD; Joshua M. Sharfstein, MD

JAMA. 2016;316(20):2083-2084. doi:10.1001/jama.2016.15397

This Viewpoint argues for a shift in pharmaceutical pricing from an individual- to a population-based perspective and proposes policy options to incentivize pricing that would make treating populations with disease sustainable.

Abstract

The national debate over increasing costs and spending for pharmaceuticals has reached a fever pitch. Special concern has focused on new “specialty” drugs, for which per-patient treatment costs often exceed \$1000 per month or more than \$10000 for a course of a therapy. The most commonly discussed solutions include approaches to pricing these drugs based on their value to individual patients.¹ However, for pharmaceuticals vital to public health, such as immunizations and drugs to treat communicable diseases, policy makers should broaden their perspective to consider the population as a whole.

Research Letter

Infectious Disease Mortality Trends in the United States, 1980-2014

Victoria Hansen, MS; Eyal Oren, PhD; Leslie K. Dennis, PhD; et al.

JAMA. 2016;316(20):2149-2151. doi:10.1001/jama.2016.12423

This study uses data from the US National Office of Vital Statistics and the Centers for Disease Control and Prevention WONDER database to characterize trends in infectious disease mortality from 1980 through 2014.

Abstract

From 1900 through 1996, mortality from infectious diseases declined in the United States, except for a 1918 spike due to the Spanish flu pandemic.¹ Since 1996, major changes in infectious diseases have occurred, such as the introduction of human immunodeficiency virus (HIV)/AIDS and West Nile virus into the United States, advances in HIV/AIDS treatment, changes in vaccine perceptions, and increased concern over drug-resistant pathogens. We investigated trends in infectious disease mortality from 1980 through 2014 to capture these changes.

JAMA Pediatrics

November 1, 2016, Vol 170, No. 11, Pages 1033-1124

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

[Reviewed earlier]

Journal of Community Health

Volume 41, Issue 6, December 2016

<http://link.springer.com/journal/10900/41/6/page/1>

[Reviewed earlier]

Journal of Epidemiology & Community Health

November 2016, Volume 70, Issue 11

<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)

October-December 2016 Volume 8 | Issue 4 Page Nos. 127-162

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

[Reviewed earlier]

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

Volume 27, Number 4, November 2016

<https://muse.jhu.edu/issue/35214>

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 18, Issue 6, December 2016

<http://link.springer.com/journal/10903/18/5/page/1>

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 14, Issue 4, 2016

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

[New issue; No relevant content identified]

Journal of Infectious Diseases

Volume 214 Issue 10 November 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

December 2016, Volume 42, Issue 12

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

Extended essay

[Victims, vectors and villains: are those who opt out of vaccination morally responsible for the deaths of others?](#)

Euzebiusz Jamrozik, Toby Handfield, Michael J Selgelid

J Med Ethics 2016;42:762-768 Published Online First: 3 October 2016 doi:10.1136/medethics-2015-103327

Abstract

Mass vaccination has been a successful public health strategy for many contagious diseases. The immunity of the vaccinated also protects others who cannot be safely or effectively vaccinated—including infants and the immunosuppressed. When vaccination rates fall, diseases like measles can rapidly resurge in a population. Those who cannot be vaccinated for medical reasons are at the highest risk of severe disease and death. They thus may bear the burden of others' freedom to opt out of vaccination. It is often asked whether it is legitimate for states to adopt and enforce mandatory universal vaccination. Yet this neglects a related question: are

those who opt out, where it is permitted, morally responsible when others are harmed or die as a result of their decision? In this article, we argue that individuals who opt out of vaccination are morally responsible for resultant harms to others. Using measles as our main example, we demonstrate the ways in which opting out of vaccination can result in a significant risk of harm and death to others, especially infants and the immunosuppressed. We argue that imposing these risks without good justification is blameworthy and examine ways of reaching a coherent understanding of individual moral responsibility for harms in the context of the collective action required for disease transmission. Finally, we consider several objections to this view, provide counterarguments and suggest morally permissible alternatives to mandatory universal vaccination including controlled infection, self-imposed social isolation and financial penalties for refusal to vaccinate.

Research ethics

Paper: Deciphering assumptions about stepped wedge designs: the case of Ebola vaccine research

Adélaïde Doussau, Christine Grady

J Med Ethics 2016;42:797-804 Published Online First: 17 October 2016 doi:10.1136/medethics-2015-103292

Abstract

Ethical concerns about randomising persons to a no-treatment arm in the context of Ebola epidemic led to consideration of alternative designs. The stepped wedge (SW) design, in which participants or clusters are randomised to receive an intervention at different time points, gained popularity. Common arguments in favour of using this design are (1) when an intervention is likely to do more good than harm, (2) all participants should receive the experimental intervention at some time point during the study and (3) the design might be preferable for practical reasons. We examine these assumptions when considering Ebola vaccine research. First, based on the claim that a stepped wedge design is indicated when it is likely that the intervention will do more good than harm, we reviewed published and ongoing SW trials to explore previous use of this design to test experimental drugs or vaccines, and found that SW design has never been used for trials of experimental drugs or vaccines. Given that Ebola vaccines were all experimental with no prior efficacy data, the use of a stepped wedge design would have been unprecedented. Second, we show that it is rarely true that all participants receive the intervention in SW studies, but rather, depending on certain design features, all clusters receive the intervention. Third, we explore whether the SW design is appealing for feasibility reasons and point out that there is significant complexity. In the setting of the Ebola epidemic, spatiotemporal variation may have posed problematic challenge

Journal of Medical Internet Research

Vol 18, No 11 (2016): November

<http://www.jmir.org/2016/11>

[Reviewed earlier]

Journal of Medical Microbiology

Volume 65, Issue 11, November 2016

<http://jmm.microbiologyresearch.org/content/journal/jmm/65/11>

[New issue; No relevant content identified]

Journal of Patient-Centered Research and Reviews

Volume 3, Issue 4 (2016)

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

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 5 Issue 26 November 2106

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

[Reviewed earlier]

Journal of Pediatrics

November 2016 Volume 178, p1-312

<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 November 2016; volume 13, issue 124

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

[Reviewed earlier]

Journal of Travel Medicine

Volume 24, Issue 1, July 2016

<http://jtm.oxfordjournals.org/content/24/1>

[Reviewed earlier]

Journal of Virology

November 2016, volume 90, issue 22

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

[Reviewed earlier]

The Lancet

Nov 26, 2016 Volume 388 Number 10060 p2565-2712 e15

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

[New issue; No relevant content identified]

Lancet Global Health

Nov 2016 Volume 4 Number 11 e761-e871

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

[Reviewed earlier]

The Lancet Infectious Diseases

Nov 2016 Volume 16 Number 11 p1203-1304 e241-e275

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

[Reviewed earlier]

Maternal and Child Health Journal

Volume 20, Issue 11, November 2016

<http://link.springer.com/journal/10995/20/11/page/1>

[Reviewed earlier]

Medical Decision Making (MDM)

November 2016; 36 (8)

<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 539 Number 7630 pp467-602 24 November 2016

http://www.nature.com/nature/current_issue.html

Editorials

The power of big data must be harnessed for medical progress

But grave challenges remain before the promise of individually tailored medicine becomes reality.

There is art in 'big data' — in the poetic claims that it competes in volume with all the stars in the firmament. And in the seductive potential of its exponential, uncontrolled, ungraspable growth to improve our lives: by allowing medical treatments to be developed and approved more quickly — and, ultimately, truly personal medicine.

But at a workshop held in London by the European Medicines Agency earlier this month, just how much science has to happen to make this beautiful future a reality was apparent to all. Patient groups and research scientists attended, alongside computational heavyweights from

IBM Watson Health and Google Cloud Platform. Together, they tackled chewy questions to which there are few answers.

How many data are 'enough' to reliably predict clinical effect? Which data sets can be useful? How can they be managed? What's the best way to win the confidence of public and regulators? And, crucially, is academia training enough mathematicians and medical-data scientists, who will have to develop and harness all this new potential? The last of these questions at least has a clear answer: no...

Nature Medicine

November 2016, Volume 22 No 11 pp1193-1367

<http://www.nature.com/nm/journal/v22/n11/index.html>

[Reviewed earlier]

Nature Reviews Immunology

November 2016 Vol 16 No 11

<http://www.nature.com/nri/journal/v16/n10/index.html>

[New issue; No relevant content identified]

New England Journal of Medicine

November 24, 2016 Vol. 375 No. 21

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

Perspective

History of Medicine

[Fifty Years of Expert Advice — Pharmaceutical Regulation and the Legacy of the Drug Efficacy Study](#)

Jason L. Schwartz, Ph.D., M.B.E.

N Engl J Med 2016; 375:2015-2017 November 24, 2016 DOI: 10.1056/NEJMp1609763

The role of panels of experts from outside government in the FDA's day-to-day work derives from the Drug Efficacy Study of the 1960s, which addressed many concerns that continue to shape discussions of pharmaceutical regulation.

Pediatrics

November 2016, VOLUME 138 / ISSUE

<http://pediatrics.aappublications.org/content/138/5?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 11, November 2016
<http://link.springer.com/journal/40273/34/11/page/1>
[Reviewed earlier]

PLOS Currents: Disasters

<http://currents.plos.org/disasters/>
[Accessed 26 November 2106]
[No new content]

PLoS Currents: Outbreaks

<http://currents.plos.org/outbreaks/>
[Accessed 26 November 2106]
[No new relevant content]

PLoS Medicine

<http://www.plosmedicine.org/>
(Accessed 26 November 2106)
Research Article

[Effectiveness of Seasonal Malaria Chemoprevention in Children under Ten Years of Age in Senegal: A Stepped-Wedge Cluster-Randomised Trial](#)

Badara Cissé, El Hadj Ba, Cheikh Sokhna, Jean Louis NDiaye, Jules F. Gomis, Yankhoba Dial, Catherine Pitt, Mouhamed NDiaye, Matthew Cairns, Ernest Faye, Magatte NDiaye, Aminata Lo, Roger Tine, Sylvain Faye, Babacar Faye, Ousmane Sy, Lansana Konate, Ekoue Kouevijdin, Clare Flach, Ousmane Faye, Jean-Francois Trape, Colin Sutherland, Fatou Ba Fall, Pape M. Thior, Oumar K. Faye, Brian Greenwood, Oumar Gaye, Paul Milligan
Research Article | published 22 Nov 2016 PLOS Medicine
<http://dx.doi.org/10.1371/journal.pmed.1002175>

PLoS Neglected Tropical Diseases

<http://www.plosntds.org/>
(Accessed 26 November 2106)
[No new relevant content]

PLoS One

<http://www.plosone.org/>
[Accessed 26 November 2106]
Research Article

[National Survey Indicates that Individual Vaccination Decisions Respond Positively to Community Vaccination Rates](#)

John Romley, Prodyumna Goutam, Neeraj Sood
Research Article | published 21 Nov 2016 PLOS ONE
<http://dx.doi.org/10.1371/journal.pone.0166858>
Abstract

Some models of vaccination behavior imply that an individual's willingness to vaccinate could be negatively correlated with the vaccination rate in her community. The rationale is that a higher community vaccination rate reduces the risk of contracting the vaccine-preventable disease and thus reduces the individual's incentive to vaccinate. At the same time, as for many health-related behaviors, individuals may want to conform to the vaccination behavior of peers, counteracting a reduced incentive to vaccinate due to herd immunity. Currently there is limited empirical evidence on how individual vaccination decisions respond to the vaccination decisions of peers. In the fall of 2014, we used a rapid survey technology to ask a large sample of U.S. adults about their willingness to use a vaccine for Ebola. Respondents expressed a greater inclination to use the vaccine in a hypothetical scenario with a high community vaccination rate. In particular, an increase in the community vaccination rate from 10% to 90% had the same impact on reported utilization as a nearly 50% reduction in out-of-pocket cost. These findings are consistent with a tendency to conform with vaccination among peers, and suggest that policies promoting vaccination could be more effective than has been recognized.

PLoS Pathogens

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

(Accessed 26 November 2106)

[No new relevant content]

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

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

Biological Sciences - Microbiology:

Armed conflict and population displacement as drivers of the evolution and dispersal of *Mycobacterium tuberculosis*

Vegard Eldholm, John H.-O. Pettersson, Ola B. Brynildsrud, Andrew Kitchen, Erik Michael Rasmussen, Troels Lillebaek, Janne O. Rønning, Valeriu Crudu, Anne Torunn Mengshoel, Nadia Debech, Kristian Alfsnes, Jon Bohlin, Caitlin S. Pepperell, and Francois Balloux

PNAS 2016 ; published ahead of print November 21, 2016, doi:10.1073/pnas.1611283113

Significance

We used population genomic analyses to reconstruct the recent history and dispersal of a major clade of *Mycobacterium tuberculosis* in central Asia and beyond. Our results indicate that the fall of the Soviet Union and the ensuing collapse of public health systems led to a rise in *M. tuberculosis* drug resistance. We also show that armed conflict and population displacement is likely to have aided the export of this clade from central Asia to war-torn Afghanistan and beyond.

Abstract

The "Beijing" *Mycobacterium tuberculosis* (Mtb) lineage 2 (L2) is spreading globally and has been associated with accelerated disease progression and increased antibiotic resistance. Here we performed a phylodynamic reconstruction of one of the L2 sublineages, the central Asian clade (CAC), which has recently spread to western Europe. We find that recent historical events have contributed to the evolution and dispersal of the CAC. Our timing estimates indicate that the clade was likely introduced to Afghanistan during the 1979–1989 Soviet–Afghan war and spread further after population displacement in the wake of the American invasion in 2001. We also find that drug resistance mutations accumulated on a massive scale in Mtb isolates from

former Soviet republics after the fall of the Soviet Union, a pattern that was not observed in CAC isolates from Afghanistan. Our results underscore the detrimental effects of political instability and population displacement on tuberculosis control and demonstrate the power of phylodynamic methods in exploring bacterial evolution in space and time.

Prehospital & Disaster Medicine

Volume 31 - Issue 6 - December 2016

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

[Access to Essential Medications During Disaster Events](#)

Samuel J. Stratton

DOI: <https://doi.org/10.1017/S1049023X16001035>

Published online: 26 September 2016, pp. 579-580

Preventive Medicine

Volume 92, Pages 1-182 (November 2016)

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

Special Issue: behavior change, health, and health disparities 2016

[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>

[Reviewed earlier]

Public Health Ethics

Volume 9 Issue 26 November 2106

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

[Reviewed earlier]

Public Health Reports

November/December 2016; 131 (6)

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

[Reviewed earlier]

Qualitative Health Research

December 2016; 26 (14)

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

Special Issue: General

[Reviewed earlier]

Reproductive Health

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

[Accessed 26 November 2106]

[No relevant content identified]

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

Recently Published Articles - November

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

Special report | Published 22 November |

[**Determinantes sociales de la salud y convergencias en agendas de salud de organismos regionales de América del Sur**](#) [Social determinants of health and convergence in health agendas of regional agencies in South America]

Ximena Pamela Díaz-Bermúdez, Flavia Bueno, Luis Francisco Sánchez Otero, y Annela Jean Auer

Special Report | Published 22 November |

[**Prioridades da pesquisa clínica com medicamentos no Brasil e as doenças da pobreza \[Priorities of clinical drug trials in Brazil and neglected diseases of poverty\]**](#)

Rafael Santos Santana e Silvana Nair Leite

Risk Analysis

October 2016 Volume 36, Issue 10 Pages 1827–2027

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2016.36.issue-10/issuetoc>

[New issue: No relevant content identified]

Risk Management and Healthcare Policy

Volume 9, 2016

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

[Reviewed earlier]

Science

25 November 2016 Vol 354, Issue 6315

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

Research Articles

[**Social status alters immune regulation and response to infection in macaques**](#)

By Noah Snyder-Mackler, Joaquín Sanz, Jordan N. Kohn, Jessica F. Brinkworth, Shauna Morrow, Amanda O. Shaver, Jean-Christophe Grenier, Roger Pique-Regi, Zachary P. Johnson, Mark E. Wilson, Luis B. Barreiro, Jenny Tung

Science 25 Nov 2016 : 1041-1045 Restricted Access

Manipulation of social status in macaques affects cell-specific immune gene regulation.

Editor's Summary

Rhesus macaques experience variable levels of stress on the basis of their position in the social hierarchy. To examine how stress affects immune function, Snyder-Mackler et al. manipulated the social status of individual macaques (see the Perspective by Sapolsky). Social status influenced the immune system at multiple levels, from immune cell numbers to gene expression, and altered signaling pathways in a model of response to infection. Macaques possess a plastic and adaptive immune response wherein social subordination promotes antibacterial responses, whereas high social status promotes antiviral responses.

Science Translational Medicine

23 November 2016 Vol 8, Issue 366

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

[New issue; No relevant content]

Social Science & Medicine

Volume 169, Pages 1-202 (November 2016)

<http://www.sciencedirect.com/science/journal/02779536/169>

[Reviewed earlier]

Travel Medicine and Infectious Diseases

September-October, 2016 Volume 14, Issue 5

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

[Reviewed earlier]

Tropical Medicine & International Health

November 2016 Volume 21, Issue 11 Pages 1347–1488, E1–E1

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2016.21.issue-11/issuetoc>

[Reviewed earlier]

Vaccine

Volume 34, Issue 48, Pages 5819-5990 (21 November 2016)

<http://www.sciencedirect.com/science/journal/0264410X/34/48>

[Reviewed earlier]

Vaccine: Development and Therapy

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

(Accessed 26 November 2106)

[No new content]

Vaccines — Open Access Journal

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

(Accessed 26 November 2106)

[No new content]

Value in Health

November 2016 Volume 19, Issue 7

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

[Reviewed earlier]

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

Patient Education and Counseling

Available online 20 November 2016 [In Press, Accepted Manuscript](#) — [Note to users](#)

Translating self-persuasion into an adolescent HPV vaccine promotion intervention for parents attending safety-net clinics

[Austin S. Baldwin](#), [Deanna C. Denmana](#), [Margarita Salaa](#), [Emily G. Marks](#), [L. Aubree Shay](#), [Sobha Fullerd](#), [Donna Persaud](#), [Simon Craddock Leeb](#), [Celette Sugg Skinner](#), [Deborah J. Wiebee](#), [Jasmin A. Tirob](#)

Abstract

Objective

Self-persuasion is an effective behavior change strategy, but has not been translated for low-income, less educated, uninsured populations attending safety-net clinics or to promote human papillomavirus (HPV) vaccination. We developed a tablet-based application (in English and Spanish) to elicit parental self-persuasion for adolescent HPV vaccination and evaluated its feasibility in a safety-net population.

Methods

Parents (N = 45) of age-eligible adolescents used the self-persuasion application. Then, during cognitive interviews, staff gathered quantitative and qualitative feedback on the self-persuasion tasks including parental decision stage.

Results

The self-persuasion tasks were rated as easy to complete and helpful. We identified six question prompts rated as uniformly helpful, not difficult to answer, and generated non-redundant responses from participants. Among the 33 parents with unvaccinated adolescents, 27 (81.8%) reported deciding to get their adolescent vaccinated after completing the self-persuasion tasks.

Conclusions

The self-persuasion application was feasible and resulted in a change in parents' decision stage. Future studies can now test the efficacy of the tablet-based application on HPV vaccination.

Practice implications

The self-persuasion application facilitates verbalization of reasons for HPV vaccination in low literacy, safety-net settings. This self-administered application has the potential to be more easily incorporated into clinical practice than other patient education approaches

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Media/Policy Watch

This watch section is intended to alert readers to substantive news, analysis and opinion from the general media and selected think tanks and similar organizations 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 26 November 2106

[No new, unique, relevant content]

BBC

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

Accessed 26 November 2106

[No new, unique, relevant content]

The Economist

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

Accessed 26 November 2106

[No new, unique, relevant content]

Financial Times

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

Accessed 26 November 2106

[No new, unique, relevant content]

Forbes

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

Accessed 26 November 2106

[Fidel Castro-Supported Lung Cancer Vaccine To Be Tested In U.S. Clinical Trials](#)

Nov 26, 2016

David Kroll, Contributor

Foreign Affairs

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

Accessed 26 November 2106

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>
Accessed 26 November 2106
[No new, unique, relevant content]

Fortune

<http://fortune.com/>
Accessed 26 November 2106
[No new, unique, relevant content]

The Guardian

<http://www.guardiannews.com/>
Accessed 26 November 2106

[AMA head criticises 'demonisation' of big pharma by anti-vaxxers](#)

23 November 2016

The president of the Australian Medical Association, Dr Michael Gannon, says it has been disappointing to see a growing “demonisation of pharmaceutical companies” by the anti-vaccination movement in an attempt to promote distrust of proven medicines. Gannon made the comments in response to the NSW health department recommending reforms that, if implemented, would see parents of high-school students compelled to provide details of their child’s vaccination status, and give public health officers the power to exclude unvaccinated children from high schools during disease outbreaks...

“I’m reluctant to make the comparison between anti-vaxxers and climate change deniers, but it almost seems if you can shout louder than the careful, temperate advice from medical professionals and scientists you might get support for your non-scientific views,” he said....

New Yorker

<http://www.newyorker.com/>
Accessed 26 November 2106
[No new, unique, relevant content]

New York Times

<http://www.nytimes.com/>
Accessed 26 November 2106
[No new, unique, relevant content]

Wall Street Journal

<http://online.wsj.com/home-page? wsjregion=na,us& homepage=/home/us>
Accessed 26 November 2106

[Stopping the Spread of Japan’s Antivaccine Panic](#)

24 November 2016

Tokyo’s indecisiveness in the face of controversy has fueled unfounded doubts about the safety of the HPV vaccine.

[What Global Disease Threat Worries Public-Health Officials Most?](#)

22 November 2016

The CDC’s Thomas Frieden and Susan Desmond-Hellman of the Gates Foundation on preparing for a pandemic

Washington Post

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

Accessed 26 November 2106

Major HIV vaccine trial in South Africa stokes hope

Ryan Lenora Brown and Lenny Bernstein

November 25, 2016

...Now all eyes are on South Africa, where researchers will begin inoculating thousands of volunteers Monday in the latest — and, some say, most promising — effort to develop a vaccine that prevents the disease. It is only the seventh full-scale human trial for a virus that infects more than 2 million people and kills more than 1 million every year.

“If this study shows efficacy . . . this would be a tectonic, historic event for HIV,” said Nelson L. Michael, director of the U.S. Military HIV Research Program, which led the Thailand study.

Should the vaccine prove to be 50 percent to 60 percent effective, experts say, that would be sufficient for drugmakers Sanofi Pasteur and GSK to begin licensing negotiations with the South African government. While such a rate is well below the acceptable margin for other vaccines, it would still make this one worth producing here — given that nearly 1 in 5 people are infected...

Think Tanks et al

Brookings

<http://www.brookings.edu/>

Accessed 26 November 2106

[No new relevant content]

Center for Global Development

<http://www.cgdev.org/page/press-center>

Accessed 26 November 2106

[No new relevant content]

Council on Foreign Relations

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

Accessed 26 November 2106

Interactive Map: Vaccine-Preventable Outbreaks

24 November 2016

This interactive map visually plots global outbreaks of measles, mumps, whooping cough, polio, rubella, and other diseases that are easily preventable by inexpensive and effective vaccines. Red triangles indicate attacks on vaccinators and healthcare workers, as well as announcements from both governments and non-state actors that have had an impact—either positive or negative—on the successful implementation of vaccination programs. The Global Health Program at the Council on Foreign Relations has been tracking reports by news media, governments, and the global health community on these outbreaks since the fall of 2008

CSIS

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

Accessed 26 November 2106

[No new relevant content]

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Vaccines and Global Health: The Week in Review is a service of the Center for Vaccines Ethics and Policy (CVEP) which is solely responsible for its content, and is an open access publication, subject to the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/3.0/>). Copyright is retained by CVEP.

CVEP is a program of the GE2P2 Global Foundation – whose purpose and mission is to advance ethical and scientific rigor in research and evidence generation for governance, policy and practice in health, human rights action, humanitarian response, heritage stewardship, education and sustainable development – serving governments, international agencies, INGOs, civil society organizations (CSOs), commercial entities, consortia and alliances. CVEP maintains an academic affiliation with the Division of Medical Ethics, NYU School of Medicine, and an operating affiliation with the Vaccine Education Center of Children’s Hospital of Philadelphia [CHOP].

Support for this service is provided by the Bill & Melinda Gates Foundation; Aeras; PATH; the International Vaccine Institute (IVI); and industry resource members Crucell/Janssen/J&J, Pfizer, PRA Health Sciences, Sanofi Pasteur U.S., Takeda, Valera (list in formation), and the Developing Countries Vaccine Manufacturers Network (DCVMN).

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

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