



Vaccines and Global Health: The Week in Review
4 March 2017
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 <https://centerforvaccineethicsandpolicy.net>. 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 :: Featured Articles

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ETHICAL CONSIDERATIONS FOR ZIKA VIRUS HUMAN CHALLENGE TRIALS

REPORT & RECOMMENDATIONS

February 2017 :: 43 pages

The National Institute of Allergy and Infectious Diseases (NIAID) and the Walter Reed Army Institute of Research (WRAIR)

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Pdf:

<https://www.niaid.nih.gov/sites/default/files/EthicsZikaHumanChallengeStudiesReport2017.pdf>

[Excerpts; Editor's text-bolding]

Executive Summary

1. The National Institute of Allergy and Infectious Diseases (NIAID) and the Walter Reed Army Institute of Research (WRAIR) convened a planning committee with members from relevant federal agencies, researchers, and ethicists to determine how best to address the ethical issues raised by a possible Zika virus human challenge study. This group planned an expert consultation meeting in Rockville, Maryland, on December 12, 2016 and formed an independent writing committee with cross-disciplinary expertise to develop recommendations. The writing committee was charged with answering the following questions:

- :: Can a Zika virus human challenge trial be ethically justified?
- :: If so, under what conditions?

2. Given the potentially devastating effects of Zika infection during pregnancy, the insidious nature of the disease, and the promise of what can be learned from human challenge trials, the writing committee concluded that a Zika virus human challenge trial could be ethically justified if certain conditions were met. However, at this point in time, based on what was heard at the consultation meeting and on our review of the latest scientific and ethics research, the writing committee has determined that these conditions preclude the conduct of a Zika virus human challenge trial, as detailed in the body of this report.

3. At some point in the future, if circumstances change or if a protocol is designed to address the recommendations in this report, members of this writing committee (or a similar body) should apply these recommendations to determine if a specific proposal for a Zika virus human challenge study is ethically sound...

Part 4: Summary of Recommendations and Answers to the Charge of the Consultation

The Zika virus human challenge research writing committee has the following findings and recommendations regarding the charge of the consultation:

1A: There is substantial uncertainty about the risks to potential volunteers in a Zika virus human challenge study. Although the known risks of a Zika virus human challenge trial appear comparable to the risks of phase I research with healthy volunteers, without greater knowledge about outcomes from Zika exposure, these risks would require high social benefit to be justified. Strategies to minimize risks include careful selection of inclusion and exclusion criteria, close medical monitoring, relatively long periods of confinement, and prompt medical attention for volunteers who become ill.

1B: The committee was particularly concerned about possible risks to third parties, i.e., that Zika virus might be transmitted from study volunteers to others, such as fetuses and members of the community. Because these third parties generally cannot know about, protect themselves from, or consent to risks, risks to them are only reasonable if they can be reduced to near-zero. However, the mechanisms of transmission of Zika virus and how long individuals with Zika virus can infect others are not fully understood. Before proceeding with a Zika virus challenge study, researchers should therefore demonstrate that the risks to third parties are not likely to be realized. This could be done through developing risk management strategies and obtaining relevant data. Approaches to minimizing risk would rely upon either relatively long periods of isolation, the use of effective long-acting reversible contraception, careful inclusion and exclusion criteria (including potentially enrolling only women), and/or individual participants' self-report about their own sexual practices as well as the practices of their partners, though the committee was not certain to what extent these strategies would be compatible with appropriate scientific design. Additional information could be gathered through modeling based on rates of transmission and pregnancy in similar studies and research to characterize the modes of infection and transmissibility of Zika virus. More research using virus culture, which detects infectious virus rather than virus genetic material, could clarify the period of infectiousness and the relative risk of exposure to different body fluids, and is an important priority for the development of a Zika virus human challenge study.

2: Whether a Zika virus human challenge trial has sufficient social value to proceed depends on the reasons for doing it and whether there are alternative ways to obtain the information. The most compelling rationale for conducting a Zika virus human challenge trial, given the risks and uncertainty, would be if field trials were prohibitively difficult to conduct in light of a waning epidemic. This rationale is not currently met, but it could come to pass in the future. Another valuable reason to conduct a challenge trial would be to accelerate the development of a vaccine that could prevent congenital Zika infection. This rationale must be accompanied with strong evidence that results from a Zika virus human challenge trial would be used by stakeholders (e.g., indication from regulatory agencies that finding a correlate would speed up the licensing of a vaccine). The committee did not hear sufficient evidence that this rationale is currently met. Finally, using a challenge trial solely to learn about the pathogenesis and natural history of Zika infection is unlikely to justify the risk involved given the alternative ways to obtain similar information.

3: A Zika virus human challenge trial should only enroll individuals with capacity to provide their voluntary informed consent. Such a trial should also take steps to minimize the risks to fetuses to as close to zero as possible.

4: Researchers and sponsors of a Zika virus human challenge trial should use a robust informed consent process. For example, researchers and sponsors could require multiple voluntary steps for individuals to take to enroll, adequate time for discussion, and evaluation of and feedback given to enhance participant understanding about critical issues (e.g., the uncertainty involved, the risks to third parties and fetuses, precautions that should be taken, and restrictions on the right to withdraw).

5: Volunteers should be paid fairly for their time and inconvenience, but they should demonstrate understanding of the risks and uncertainties involved and be evaluated with objective evidence of their eligibility and compliance wherever possible.

6: The right to withdraw should be respected in challenge trials by halting the collection of data for volunteers who want to withdraw even if they will have to remain confined to protect themselves or others.

7: Contemporaneous external evaluation of risk by relevant experts is advisable before a Zika virus human challenge trial proceeds.

8: In the event a Zika virus CHIM trial proceeds, study sponsors should ensure that sites are adequately insured to cover the costs of care and compensation for research-related injury, to both study participants and third parties, and that insurance policies that are purchased have adequate processes in place to efficiently and fairly evaluate and resolve claims.

9: Community engagement with the geographical community surrounding the site(s) of a Zika virus human challenge trial should be conducted in advance of the research to show respect for the community and its values, obtain community buy-in to the goals of the research, and proceed with transparency.

WHO publishes list of bacteria for which new antibiotics are urgently needed

News release

27 February 2017 | GENEVA - WHO today published its first ever list of antibiotic-resistant "priority pathogens" – a catalogue of 12 families of bacteria that pose the greatest threat to human health.

The list was drawn up in a bid to guide and promote research and development (R&D) of new antibiotics, as part of WHO's efforts to address growing global resistance to antimicrobial medicines.

The list highlights in particular the threat of gram-negative bacteria that are resistant to multiple antibiotics. These bacteria have built-in abilities to find new ways to resist treatment and can pass along genetic material that allows other bacteria to become drug-resistant as well.

"This list is a new tool to ensure R&D responds to urgent public health needs," says Dr Marie-Paule Kieny, WHO's Assistant Director-General for Health Systems and Innovation. "Antibiotic resistance is growing, and we are fast running out of treatment options. If we leave it to market forces alone, the new antibiotics we most urgently need are not going to be developed in time." The WHO list is divided into three categories according to the urgency of need for new antibiotics: critical, high and medium priority.

The most critical group of all includes multidrug resistant bacteria that pose a particular threat in hospitals, nursing homes, and among patients whose care requires devices such as ventilators and blood catheters. They include *Acinetobacter*, *Pseudomonas* and various *Enterobacteriaceae* (including *Klebsiella*, *E. coli*, *Serratia*, and *Proteus*). They can cause severe and often deadly infections such as bloodstream infections and pneumonia.

These bacteria have become resistant to a large number of antibiotics, including carbapenems and third generation cephalosporins – the best available antibiotics for treating multi-drug resistant bacteria.

The second and third tiers in the list – the high and medium priority categories – contain other increasingly drug-resistant bacteria that cause more common diseases such as gonorrhoea and food poisoning caused by salmonella.

G20 health experts will meet this week in Berlin. Mr Hermann Gröhe, Federal Minister of Health, Germany says "We need effective antibiotics for our health systems. We have to take joint action today for a healthier tomorrow. Therefore, we will discuss and bring the attention of the G20 to the fight against antimicrobial resistance. WHO's first global priority pathogen list is an important new tool to secure and guide research and development related to new antibiotics."

The list is intended to spur governments to put in place policies that incentivize basic science and advanced R&D by both publicly funded agencies and the private sector investing in new

antibiotic discovery. It will provide guidance to new R&D initiatives such as the WHO/Drugs for Neglected Diseases initiative (DNDi) Global Antibiotic R&D Partnership that is engaging in not-for-profit development of new antibiotics.

Tuberculosis – whose resistance to traditional treatment has been growing in recent years – was not included in the list because it is targeted by other, dedicated programmes. Other bacteria that were not included, such as streptococcus A and B and chlamydia, have low levels of resistance to existing treatments and do not currently pose a significant public health threat.

The list was developed in collaboration with the Division of Infectious Diseases at the University of Tübingen, Germany, using a multi-criteria decision analysis technique vetted by a group of international experts. The criteria for selecting pathogens on the list were: how deadly the infections they cause are; whether their treatment requires long hospital stays; how frequently they are resistant to existing antibiotics when people in communities catch them; how easily they spread between animals, from animals to humans, and from person to person; whether they can be prevented (e.g. through good hygiene and vaccination); how many treatment options remain; and whether new antibiotics to treat them are already in the R&D pipeline.

"New antibiotics targeting this priority list of pathogens will help to reduce deaths due to resistant infections around the world," says Prof Evelina Tacconelli, Head of the Division of Infectious Diseases at the University of Tübingen and a major contributor to the development of the list. "Waiting any longer will cause further public health problems and dramatically impact on patient care."

While more R&D is vital, alone, it cannot solve the problem. To address resistance, there must also be better prevention of infections and appropriate use of existing antibiotics in humans and animals, as well as rational use of any new antibiotics that are developed in future.

WHO priority pathogens list for R&D of new antibiotics

Priority 1: CRITICAL

Acinetobacter baumannii, carbapenem-resistant
Pseudomonas aeruginosa, carbapenem-resistant
Enterobacteriaceae, carbapenem-resistant, ESBL-producing

Priority 2: HIGH

Enterococcus faecium, vancomycin-resistant
Staphylococcus aureus, methicillin-resistant, vancomycin-intermediate and resistant
Helicobacter pylori, clarithromycin-resistant
Campylobacter spp., fluoroquinolone-resistant
Salmonellae, fluoroquinolone-resistant
Neisseria gonorrhoeae, cephalosporin-resistant, fluoroquinolone-resistant

Priority 3: MEDIUM

Streptococcus pneumoniae, penicillin-non-susceptible
Haemophilus influenzae, ampicillin-resistant
Shigella spp., fluoroquinolone-resistant



[WHO stresses urgent need for R&D for drug-resistant TB alongside newly-prioritized antibiotic-resistant pathogens](#)

28 February 2017 | GENEVA - WHO reaffirms the critical need for research and development (R&D) of new antibiotics to tackle the threat of drug-resistant tuberculosis (TB).

"Addressing drug-resistant TB research is a top priority for WHO and for the world," said Dr Margaret Chan, WHO Director-General. "More than US\$ 800 million per year is currently necessary to fund badly needed research into new antibiotics to treat TB."

The MDR-TB public health crisis continues: there were an estimated 580 000 cases and 250 000 related deaths in 2015. Only 125 000 were started on treatment, and just half of those people were cured.

Only two new antibiotics to address MDR-TB have completed Phase IIB trials in the past 50 years. Both are still in Phase III trials, and more funding will be required to complete the process and to develop other effective treatment regimens.

On 27 February, WHO published a list of antibiotic-resistant pathogens that have recently been prioritized as posing great risk to human health.

"Mycobacterium tuberculosis, the bacterium responsible for human TB, was not included in the scope of the prioritization exercise as the intention was to identify previously unrecognised health threats due to increasing antibiotic resistance. There is already consensus that TB is a top priority for R&D for new antibiotics," said Dr Marie-Paule Kieny, Assistant Director-General at WHO.

A series of high-level global meetings on TB have been scheduled in 2017-2018. Drug-resistant TB and research will be major themes at the WHO Ministerial Conference on TB planned in Moscow in November 2017. It will also be a key agenda item at the UN General Assembly high-level meeting on TB in 2018. MDR-TB and research needs are also under discussion in wider fora such as those focusing on antimicrobial resistance and health security.



Featured Article

Bulletin of the World Health Organization

Article ID: BLT.16.175166

This online first version has been peer-reviewed, accepted and edited, but not formatted and finalized with corrections from authors and proofreaders.

[Lessons learnt from 12 oral cholera vaccine campaigns in resource-poor settings](#)

A Hsiao, SN Desai, V Mogasale, JL Excler, L Digilio

[Free full-text from title link above]

Abstract

Improving water and sanitation is the preferred choice for cholera control in the long-term. Nevertheless, vaccination is an available tool that has been shown to be a cost-effective option for cholera prevention in endemic countries or during outbreaks. In 2011 the first low-cost oral cholera vaccine for international use was given prequalification by the World Health Organization (WHO). To increase and prioritize use of the vaccine, WHO created a global stockpile in 2013 from which countries may request oral cholera vaccine for reactive campaigns. WHO has issued specific guidelines for applying for the vaccine, which was previously in short supply (despite prequalification for a second oral vaccine in 2015). The addition of a third WHO-prequalified oral cholera vaccine in 2016 is expected to increase the global stockpile considerably and alleviate supply issues. However, prioritization and best use of the vaccine (e.g. how, when and where to use) will remain challenges. We describe 12 past oral cholera vaccine campaigns, conducted in settings with varying burdens of cholera. These case studies illustrate three key challenges faced in the use of the oral cholera vaccines: regulatory hurdles, cold chain logistics and vaccine coverage and uptake. To pave the way for the introduction of current and future oral cholera vaccines, we discuss operational challenges and make recommendations for future research with respect to each of these challenges.



Emergencies

[WHO Grade 3 Emergencies](#) [to 4 March 2017]

Iraq –

:: WHO responds to reported use of chemical weapons agents in East Mosul, Iraq

3 March 2017 – Following the reported use of chemical weapons agents in East Mosul, Iraq, WHO, partners and local health authorities have activated an emergency response plan to safely treat men, women and children who may be exposed to the highly toxic chemical. Since 1 March, 12 patients including women and children with respiratory symptoms and blistering have been received for treatment by a referral hospital in Erbil according to local health authorities. Of these, 4 patients are showing severe signs associated with exposure to a blister agent. WHO and partners are working with health authorities in Erbil to provide support in managing these patients.

Since the beginning of the Mosul crisis, WHO has been taking concrete steps to ensure preparedness for the potential use of chemical weapons, together with local health authorities. As part of a chemical weapons contingency plan, WHO experts have trained more than 120 clinicians and provided them with equipment to safely decontaminate and stabilise patients before they are referred to pre-identified hospitals for further care. Field decontamination and contaminated patients stabilization are built into all field hospitals, and referral systems to pre-identified hospitals are in place.

WHO is extremely alarmed by the use of chemical weapons in Mosul, where innocent civilians are already facing unimaginable suffering as a result of the ongoing conflict. The use of chemical weapons is a war crime and is prohibited in a series of international treaties. These include the Hague Declaration concerning Asphyxiating Gases, the 1925 Geneva Protocol, the Chemical Weapons Convention and the Statute of the International Criminal Court (ICC).

Nigeria - *No new announcements identified*
South Sudan - *No new announcements identified*
The Syrian Arab Republic - *No new announcements identified*
Yemen - *No new announcements identified*

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WHO Grade 2 Emergencies [to 4 March 2017]

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.*

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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

:: OCHA Iraq | Flash Update #5: Mosul Humanitarian Response, 1 March 2017 [EN/AR/KU]
:: Iraq: Mosul Humanitarian Response Situation Report No. 22 (20 February - 26 February 2017)

Syria

:: 4 Mar 2017 2016 Regional Refugee & Resilience Plan - 3RP (all agencies) - Funding snapshot as of End of 2016 (Final)

Yemen

:: Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Stephen O'Brien Remarks to the Media, Sana'a, Yemen, 2 March 2017
:: OCHA Note to correspondents, Tuesday 28 February

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WHO: Cholera and tuberculosis medical supplies airlifted to Yemen

March 2017 – A plane carrying 8 metric tonnes of cholera kits and tuberculosis medicines provided by WHO and the Global Fund has landed in the Yemeni capital, Sana'a. The cholera kits include anti-diarrhoeal treatment for 12 000 people, laboratory equipment, and rapid diagnostics tests.

UNICEF [to 4 March 2017]

https://www.unicef.org/media/media_94367.html

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2 March 2017

More than 1 million children affected by drought in Kenya - UNICEF

NAIROBI, Kenya, 2 March 2017 – The onset of a severe drought in 2016 has hit arid and semi-arid regions in Kenya, affecting over 2.7 million people. UNICEF is supporting the Government of Kenya in initiating and implementing emergency response efforts by delivering life-saving assistance to affected households, strengthening coordination activities, assisting in monitoring of vulnerable groups and in advocacy.

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POLIO [to 4 March 2017]

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 1 March 2017

Country Updates [*Selected Excerpts*]

Pakistan

:: Three new environmental WPV1 positive samples were reported in the past week, from Pishin and Killa Abdullah in Balochistan, and greater Karachi, Sindh, all collected during the first week of February.

[See CDC announcement below]

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Editor's Note:

We will cluster these recent emergencies as below and continue to monitor the WHO webpages for updates and key developments.

EBOLA/EVD [to 4 March 2017]

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

Report

WHO: Building the legacy of Ebola: Survivors, health systems, and a blueprint for research and development

This report describes the work done by WHO from January 2015 up to the end of December 2016 to address the long-term issues of survivor care, health-systems strengthening and research. This work would not otherwise have been possible without the foresight and commitment of donors who, having contributed generously to the WHO-led response to the outbreak, recognised the importance of dealing with its consequences.

PDF: [Ebola Response Report 2016 \(2.1 MB\)](#)

Zika virus [to 4 March 2017]

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

[See CDC announcement below]

Yellow Fever [to 4 March 2017]

<http://www.who.int/emergencies/yellow-fever/en/>

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No new digest content identified for this edition.

MERS-CoV [to 4 March 2017]

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

No new digest content identified for this edition.

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WHO & Regional Offices [to 4 March 2017]

[Check the source: WHO-validated websites provide trustworthy information on vaccine safety](#)

March 2017

When people need advice about topics like health, careers, or relationships, the first place they often look is the internet. The same is true when parents and caregivers are seeking credible information about whether vaccines are safe for their children.

... "Every day, misinformation about vaccines continues to proliferate on the internet," says Isabelle Sahinovic, Vaccine Safety Net coordinator at WHO. "This is dangerous. We need to make sure that all parents, caregivers, and health care professionals can easily access accurate and trustworthy information about vaccines."

WHO's Vaccine Safety Net, a global network of vaccine safety websites, aims to do just this. Today, the network has 47 member websites in 12 languages. It is estimated that more than 173 million users every month access VSN websites that contain, among other information, credible vaccine safety information...

Highlights

[Borno State Reports First Lassa Fever Outbreak in 48 Years](#)

March 2017 – Borno state in northeast Nigeria has recorded its first Lassa fever outbreak in almost five decades. The last confirmed outbreak of the deadly disease was in 1969. WHO is supporting the government to contain the outbreak in an area of the country which is already coping with a humanitarian crisis resulting from years of conflict.

[Cholera and tuberculosis medical supplies airlifted to Yemen](#)

March 2017 – A plane carrying 8 metric tonnes of cholera kits and tuberculosis medicines provided by WHO and the Global Fund has landed in the Yemeni capital, Sana'a. The cholera kits include anti-diarrhoeal treatment for 12 000 people, laboratory equipment, and rapid diagnostics tests.

[Tobacco control: saving lives and driving development](#)

March 2017 – A new study by WHO and partners, titled The Economics of Tobacco and Tobacco Control, shows highly cost-effective measures exist to control the health and economic impacts of tobacco which pose no economic harm and, in turn, save lives and generate financial gains for communities and governments.

[WHO scales up response in Somalia as drought-affected populations face difficult situation](#)

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February 2017 – WHO is scaling up its response in Somalia to provide critical health services for 1.5 million people currently affected by severe drought conditions and a worsening food crisis. However, the Organization urgently requires US\$ 10 million as part of the United Nations appeal for the first 6 months of 2017.

[Weekly Epidemiological Record, 3 March 2017, vol. 92, 9/10 \(pp. 97–116\)](#)

:: [Roadmap to elimination standard measles and rubella surveillance](#)

:: [Meeting of the International Task Force for Disease Eradication, November 2016](#)

[GIN February 2017](#) pdf, 2.13Mb 1 March 2017

:: WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: [About 17 million people are affected by crisis in the Lake Chad Basin - 24 February 2017](#)

WHO Region of the Americas PAHO

:: [WHO publishes list of bacteria for which new antibiotics are urgently needed \(02/27/2017\)](#)

WHO South-East Asia Region SEARO

:: [Prevent and control birth defects](#) 3 March 2017

:: [Maldives making commendable efforts for measles elimination and rubella control](#)

26 February 2017 The World Health Organization commends Maldives for its unprecedented efforts to eliminate measles. The launch of the Measles and Rubella campaign today is a demonstration of its strong commitment to rid the country of the disease, a major childhood killer globally as well as in WHO South-East Asia Region.

Though countries in WHO South-East Asia Region are rolling out MR campaigns, Maldives' intervention is unique as it covers adults up to the age of 25 years. The campaign will help close any immunity gaps and lay the groundwork for elimination of this life-threatening disease.

Maldives has not reported any measles case since 2010. This mass campaign will fast track progress towards WHO's regional goal of measles elimination by 2020, and achieving the Sustainable Development Goal of ending preventable deaths of newborns and children under five by 2030, and ensuring health and wellbeing for all at all ages...

WHO European Region EURO

:: [A journey interrupted: the changing health needs of refugees and migrants stranded in Greece](#) 02-03-2017

:: [What is a migrant? How definitions affect access to health care](#) 02-03-2017

:: [WHO mobile clinics bring health care to northern Syria](#) 01-03-2017

:: [Health and well-being depend on action at city level](#) 01-03-2017

WHO Eastern Mediterranean Region EMRO

:: [WHO responds to reported use of chemical weapons agents in East Mosul, Iraq](#) 3 March 2016

[WHO steps up medical preparations in response to West Mosul operations](#) 28 February 2017

:: [WHO scales up response for drought-affected populations in Somalia](#)

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Cairo, 27 February 2017 –WHO is scaling up its response in Somalia to provide critical health services for 1.5 million people currently affected by severe drought conditions and a worsening food crisis. However, the Organization urgently requires US\$ 10 million as part of the United Nations appeal for the first 6 months of 2017. The humanitarian situation in Somalia continues to deteriorate, and there is a high risk that the country will face its third famine in 25 years.

WHO Western Pacific Region

No new digest content identified for this edition.

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CDC/ACIP [to 4 March 2017]

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

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

THURSDAY, MARCH 2, 2017

CDC study estimates 20-fold increase in certain types of birth defects in pregnancies with possible Zika infection compared with pre-Zika years

The proportion of Zika-affected pregnancies with birth defects is approximately 20-fold higher compared with the proportion of pregnancies seen in 2013-2014, which is before Zika was introduced into the Americas,...

MMWR Weekly March 3, 2017 / No. 7

[Excerpts]

:: Baseline Prevalence of Birth Defects Associated with Congenital Zika Virus Infection — Massachusetts, North Carolina, and Atlanta, Georgia, 2013–2014

The proportion of Zika-affected pregnancies with birth defects is approximately 20-fold higher compared with the proportion of pregnancies seen in 2013-2014, which is before Zika was introduced into the Americas, according to an article published today in CDC's Morbidity and Mortality Weekly Report. The types of birth defects—including brain abnormalities and/or microcephaly, neural tube defects and other early brain malformations, eye defects, and other central nervous system (CNS) problems—were seen in about 3 of every 1,000 births in 2013-2014. In 2016, the proportion of infants with these same types of birth defects born to women with Zika virus infection during pregnancy was about 6% or nearly 60 of every 1,000 completed pregnancies with Zika infections.

The researchers analyzed 2013-2014 data from three birth defects surveillance programs in the United States (Massachusetts, North Carolina, and Georgia) to provide the baseline frequency for Zika-related birth defects. To assess the effect of Zika virus infection during pregnancy, the scientists compared that 2013-2014 baseline number with previously published numbers among pregnancies with Zika virus infection from the US Zika Pregnancy Registry (USZPR) from 2016...

:: Response to a Large Polio Outbreak in a Setting of Conflict — Middle East, 2013–2015

As the world advances toward the eradication of polio, outbreaks of wild poliovirus (WPV) in polio-free regions pose a substantial risk to the timeline for global eradication. Countries and regions experiencing active conflict, chronic insecurity, and large-scale displacement of persons are particularly vulnerable to outbreaks because of the disruption of health care and immunization services (1). A polio outbreak occurred in the Middle East, beginning in Syria in

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2013 with subsequent spread to Iraq (2). The outbreak occurred 2 years after the onset of the Syrian civil war, resulted in 38 cases, and was the first time WPV was detected in Syria in approximately a decade (3,4). The national governments of eight countries designated the outbreak a public health emergency and collaborated with partners in the Global Polio Eradication Initiative (GPEI) to develop a multiphase outbreak response plan focused on improving the quality of acute flaccid paralysis (AFP) surveillance* and administering polio vaccines to >27 million children during multiple rounds of supplementary immunization activities (SIAs).† Successful implementation of the response plan led to containment and interruption of the outbreak within 6 months of its identification. The concerted approach adopted in response to this outbreak could serve as a model for responding to polio outbreaks in settings of conflict and political instability...

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Announcements

CEPI – Coalition for Epidemic Preparedness Innovations [to 4 March 2017]

<http://cepi.net/>

28 February 2017

Dr Richard Hatchett offered position as permanent CEO of CEPI

Media release, Oslo, Coalition for Epidemic Preparedness Innovations

The interim CEPI board decided at its meeting 27 February to offer the position of permanent CEO of CEPI to Dr Richard Hatchett. He comes to the position from the Biomedical Advanced Research & Development Authority (BARDA) at the U.S. Department of Health and Human Services (HHS), where he was Deputy Director and Chief Medical Officer.

Over the course of his career Dr Hatchett has led medical countermeasure development programs at BARDA and the U.S. National Institutes of Health (NIH). He has played leading roles at HHS and the White House in designing these programs as well as in planning for and responding to H5N1 avian influenza ("bird flu"), the 2009 H1N1 influenza pandemic, and the Ebola, MERS, and Zika epidemics.

Professor K Vijay Raghavan, chair of the interim CEPI board, said: "The board is delighted to offer Dr Hatchett the position as the CEO of CEPI. He has the right expertise and experience to take CEPI into the next and permanent phase of its work. His experience from public health preparedness, both from BARDA, NIH and previously from the White House, makes him very well equipped to deliver on the vision and mission of CEPI."...

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Global Fund [to 4 March 2017]

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

03 March 2017

Global Fund Names Marijke Wijnroks Interim Executive Director

GENEVA - The Board of the Global Fund has appointed Marijke Wijnroks as Interim Executive Director, to serve from 1 June 2017 until a new Executive Director selected by the Board is able to begin.

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Dr. Wijnroks has served as a leader at the Global Fund since 2013, effectively acting as second in command to Mark Dybul, the current Executive Director, who steps down on 31 May 2017 after completion of a four-year term.

The Board said that Dr. Wijnroks brings an incisive degree of knowledge about internal operations at the Global Fund, where she oversees day-to-day work. She chairs decision-making groups such as the Management Executive Committee and Policy Committee when Dr. Dybul is unavailable, and chairs the Grant Approvals Committee on a regular basis. She frequently represents the Global Fund at external events.

"Marijke is a highly effective leader and manager who can get things done," said Dr. Dybul. "She knows the Global Fund better than anyone and can steer our exceptional staff until a new Executive Director starts."...

Global Fund Board to Continue Search for Executive Director

27 February 2017

The Board of the Global Fund announced today that it will continue to search for a new Executive Director.

"The Board is committed to a process that adheres to the highest possible standards, and is fair, transparent, merit-based, and conducted with due diligence and professionalism," said Norbert Hauser, the Chair of the Board.

The Board convened in Geneva on 27 February to review finalists recommended by the Board's Nominations Committee.

Due to issues encountered in the recruitment process, the Board felt they were unable to bring the process to conclusion. While expressing its complete support for the work of the Nominations Committee, the Board decided to restart the process.

The Board's overarching priority is to continue looking for a new Executive Director to provide visionary leadership and implement an ambitious new strategy to end AIDS, tuberculosis and malaria as epidemics.

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Sabin Vaccine Institute [to 4 March 2017]

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

Wednesday, March 1, 2017

European Leaders Gather in Georgia for Regional Workshop on Immunization Legislation

TBILISI, GEORGIA — March 1, 2017 — Today, the Sabin Vaccine Institute and the Government of Georgia assembled senior officials from Armenia, Georgia and Moldova to develop legislative roadmaps that will support the sustainability of national immunization programs to protect more than 16.6 million people.

As low- or middle-income countries, many countries in Eastern Europe received significant support from Gavi, the Vaccine Alliance, to purchase vaccines for their citizens. National immunization programs in Eastern Europe have reduced vaccine-preventable disease and improved quality of life. For instance, recent introductions of rotavirus vaccines have led to rapid reductions in hospitalizations in Armenia and Moldova, and have contributed to a 68 percent average decrease in child mortality from diarrheal disease in Armenia, Georgia and Moldova between 2000 and 2015.

However, due to their rising national incomes, Armenia, Georgia and Moldova will soon be ineligible for Gavi support. These countries must transition to independent management and

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financing of immunization with domestic resources. Failure to continue these Gavi-supported immunization programs by shielding them from competing domestic priorities endangers citizens' health by risking the extraordinary public health benefits provided by current immunization programs...

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Fondation Merieux [to 4 March 2017]

<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.

28 February 2017, Antananarivo (Madagascar)

[A new center in Madagascar, in the memory of Dr. Bénédicte Contamin, the former head of Fondation Mérieux in Madagascar](#)

On January 4, 2017, the "Maison Bénédicte" (Bénédicte's Home) was inaugurated in Antananarivo. Its name commemorates the life of Dr. Bénédicte Contamin, who served as the head of Fondation Mérieux in Madagascar for almost a decade. The inauguration ceremony for the training and community center, which bears the name of the woman who initiated the first Fondation Mérieux mission to Madagascar in 2006, was attended by Alain Mérieux, Fondation Mérieux's President, and its Director General, Benoît Miribel.

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NIH [to 4 March 2017]

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

February 28, 2017

[Open Science Prize announces epidemic tracking tool as grand prize winner](#)

A prototype online platform that uses real-time visualization and viral genome data to track the spread of global pathogens such as Zika and Ebola is the grand prize winner of the Open Science Prize (link is external). The international team competition is an initiative by the National Institutes of Health, in collaboration with the Wellcome Trust and the Howard Hughes Medical Institute (HHMI). The winning team, Real-time Evolutionary Tracking for Pathogen Surveillance and Epidemiological Investigation (link is external), created its nextstrain.org (link is external) prototype to pool data from researchers across the globe, perform rapid phylogenetic analysis, and post the results on the platform's website. The winning team will receive \$230,000 to fully develop their prototype with NIH awarding \$115,000 to the U.S. members of the winning team, and the Wellcome Trust and HHMI also contributing \$115,000 to the winning team...

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Wellcome Trust [to 4 March 2017]

<https://wellcome.ac.uk/news>

News / Published: 28 February 2017

[Epidemic tracking tool wins Open Science Prize](#)

An online tool that helps researchers and public health workers track epidemics in real time has won the Open Science Prize.

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[Nextstrain.org \(opens in a new tab\)](#) is a prototype online platform that visualises viral genome data in real time to track the spread of global pathogens such as Zika and Ebola. Viral genomes provide a hugely valuable insight into the spread of an infectious disease. But for this information to be useful during an epidemic, samples have to be collected, analysed and the results disseminated in near real time.

NextStrain can conduct statistical analyses in minutes, revealing when diseases were introduced into a population and their patterns of geographic spread. It can also help public health officials to connect individual cases to aid contact tracing...

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FDA [to 4 March 2017]

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

FDA News Release

[Mutual Recognition promises new framework for pharmaceutical inspections for United States and European Union](#)

March 2, 2017

The United States and the European Union (EU) completed an exchange of letters to amend the Pharmaceutical Annex to the 1998 U.S.-EU Mutual Recognition Agreement. Under this agreement, U.S. and EU regulators will be able to utilize each other's good manufacturing practice inspections of pharmaceutical manufacturing facilities.

The amended agreement represents the culmination of nearly three years of U.S. Food and Drug Administration and EU cooperation as part of the Mutual Reliance Initiative and will allow the FDA and EU drug inspectors to rely upon information from drug inspections conducted within each other's borders. Ultimately, this will enable the FDA and EU to avoid the duplication of drug inspections, lower inspection costs and enable regulators to devote more resources to other parts of the world where there may be greater risk.

"The Mutual Recognition Agreement is an important step in working collaboratively and strategically with key partners to help ensure that American patients have access to safe, effective and high quality drugs," said Dara Corrigan, FDA's associate commissioner for global regulatory policy...

What's New for Biologics

:: [Post-Licensure Rapid Immunization Safety Monitoring \(PRISM\) Public Workshop](#)

[Transcript \(PDF - 622KB\)](#) Posted: 3/3/2017

:: [February 23, 2017 Approval Letter - RotaTeq \(PDF - 48KB\)](#) Posted: 3/3/2017

:: [February 16, 2017 Summary Basis for Regulatory Action - VARIVAX \(PDF - 152KB\)](#) Posted: 2/27/17

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UNAIDS [to 4 March 2017]

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

Update

[First Lady of Benin launches the Claudine Talon Foundation to improve the lives of women and children across the country](#)

03 March 2017

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The First Lady of Benin has launched a foundation to improve the lives of the most vulnerable women and children in the western African country, nestled between Nigeria and Togo. The foundation will work under the umbrella of six core values: solidarity, the family, respect for differences, integrity, humility and efficiency.

The Claudine Talon Foundation will take a holistic approach to improving health and social outcomes for women and children in Benin. It will focus on expanding maternal and paediatric health services, improving general hygiene and sanitation, increasing access to quality drinking water, improving standards of nutrition and raising literacy rates through a wider access to education. Activities will include increasing access to HIV testing in paediatric health centres and supporting organizations caring for orphans. It will also focus on ending discrimination for people living with and affected by HIV...

Update

Hospitals in South-East Asia ramp up efforts against HIV-related stigma

02 March 2017

The Bamrasnaradura Infectious Disease Institute in Nonthaburi is one of Thailand's premier hospitals in AIDS treatment and care. Its waiting rooms welcome many patients. This month, people waiting for appointments will see on hospital screens stories about people living with HIV who overcame stigma thanks to support from their communities. Bamrasnaradura is one of around 1000 hospitals in Thailand that have joined the zero discrimination in health-care settings campaign.

The Ministry of Public Health of Thailand, the Thai Network of People Living with HIV/AIDS (TNP+) and UNAIDS launched the campaign on 2 March at Bamrasnaradura.

"More than 30 years since HIV was detected in Thailand, stigma still remains a major challenge," said Jessada Chokdamrongsuk, Director-General, Department of Disease Control, Ministry of Public Health. "Thailand is committed to ensuring health-care settings are safe and supportive environments."...

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IVI [to 4 March 2017]

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

February 27, 2017

High incidences of typhoid and invasive Salmonella infection confirmed in sub-Saharan Africa

- Findings of IVI-led study in 10 African countries published in The Lancet Global Health - High disease burden findings support the introduction of typhoid conjugate vaccines in high-incidence settings

An IVI-led study found that typhoid fever and invasive non-typhoidal Salmonella (iNTS) disease are major causes of invasive bacterial febrile illness in some African countries, and they most commonly afflict children in low and high population density settings.

Large variations exist in the disease burden of Salmonella Typhi and non-typhoidal Salmonella in sub-Saharan Africa, with rates of disease reaching as high as 383 per 100,000 persons per years (PY) for S. Typhi and 237 per 100,000 PY for iNTS disease in Burkina Faso. A rate of more than 100 per 100,000 is considered "high" as defined by the World Health Organization (WHO). Typhoid was found in both infants and school-age children, with a higher incidence in children below 15 years old, according to the study recently published in The Lancet Global Health...

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EDCTP [to 4 March 2017]

<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.

28 February 2017

[UK All-Party Parliamentary Group on Global Health hosted meeting on value of EDCTP](#)

The meeting on EDCTP as 'African-European partnership for global health benefit' took place on 27 February 2017 at the Houses of Parliament in London, United Kingdom. It was hosted by Dr Daniel Poulter MP of the UK All-Party Parliamentary Group on Global Health.

The development of paediatric fixed-dose combination therapy for HIV-infected children in two EDCTP-funded trials, CHAPAS-1 and CHAPAS-3, was presented as a case study of the impact of the programme. CHAPAS-1 resulted in the first paediatric antiretroviral formula which was rolled out on a large scale. CHAPAS-3 developed paediatric formulas for a new generation of antiretrovirals. Dr Veronica Mulenga, paediatrician at the University Teaching Hospital in Lusaka, Zambia and Professor Diana Gibb, programme Leader of the Paediatric Programme of trials and cohorts at the MRC Clinical Trials Unit at University College London, United Kingdom presented these trials...

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AERAS [to 4 March 2017]

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

No new digest content identified.

BMGF - Gates Foundation [to 4 March 2017]

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

No new digest content identified.

DCVMN [to 4 March 2017]

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

No new digest content identified.

European Vaccine Initiative [to 4 March 2017]

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

No new digest content identified.

Gavi [to 4 March 2017]

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

No new digest content identified.

GHIT Fund [to 4 March 2017]

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

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*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.*

Hilleman Laboratories [to 4 March 2017]

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

No new digest content identified.

Human Vaccines Project [to 4 March 2017]

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

No new digest content identified.

PATH [to 4 March 2017]

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

No new digest content identified.

The Vaccine Confidence Project [to 4 March 2017]

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

No new digest content identified

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Reports/Research/Analysis/Commentary/Conferences/Meetings/Book Watch/Tenders

Vaccines and Global Health: The Week in Review has expanded its coverage of new reports, books, research and analysis published independent of the journal channel covered in Journal Watch below. Our interests span immunization and vaccines, as well as global public health, health governance, and associated themes. If you would like to suggest content to be included in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

IAVI – International AIDS Vaccine Initiative [to 4 March 2017]

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

Technical Report

Regulatory Capacity Strengthening in Africa-2017

African research partners consistently state the need to strengthen national regulatory and research facilities. This need is echoed in national frameworks and strategies related to HIV/AIDS and health research. While IAVI/partner commitment to health research capacity building has remained consistent, more recently it has focused on nationally- and regionally-defined research- and regulatory-strengthening initiatives to increase country ownership and commitment to health research.

Moving forward, IAVI and its partners remain committed to supporting locally defined and country-owned plans to strengthen regulatory and ethics bodies. This work will continue to improve their capacity to effectively review HIV vaccine research submissions, ensure adequate national and regional policy frameworks to effectively and efficiently review HIV vaccine research submissions, and support nationally and regionally defined regulatory/ethics

strengthening initiatives. Such investments advance HIV vaccine research and development while strengthening local health research overall.

PDF:

<https://www.iavi.org/phocadownload/userupload/regulatory%20capacity%20strengthening%20in%20africa-2017.pdf>

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IFPMA [to 4 March 2017]

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

28 February 2017

[IFPMA launches new policy principles and report on Rare Disease Day 2017 to benefit patients, patients, healthcare and society](#)

:: *New set of policy principles outlines critical elements for a global framework on rare disease policy.*

:: *New report "Rare diseases: shaping a future with no one left behind" is a new resource to understand key challenges in areas such as R&D, clinical trials, diagnosis, and access to treatment.*

:: More than 560 medicines are currently being developed for patients with rare diseases thanks to new technologies and a growing scientific understanding of these diseases[1].

PhRMA

<http://www.phrma.org/press-room>

February 28, 2017

[Rare Disease Day: Accelerating innovation for patients in need](#)

The biopharmaceutical industry is committed to advancing novel therapies for the more than 30 million Americans suffering from a rare disease today.

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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

March 01, 2017 Volume 45, Issue 3, p215-340, e34-e44

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

Major Articles

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The behind-the-scenes activity of parental decision-making discourse regarding childhood vaccination

Anat Gesser-Edelsburg, Nathan Walter, Yaffa Shir-Raz, Oshrat Sassoni Bar-Lev, Shira Rosenblat
p267–271

Published online: November 14, 2016

Abstract

Background

Vaccine compliance has long been a cause for concern for health authorities throughout the world. However very little effort has been made to examine parental discourse during the decision-making process.

Methods

An online survey was conducted (N = 437) to examine predictors of parents' attitudes regarding childhood vaccination.

Results

Hesitant parents were 4 times more likely to conduct intrafamily discussion regarding vaccination compared with provaccination parents (Exp[B] = 4.26). There were no significant differences between hesitant and antivaccination parents with respect to intrafamily discussion. Hesitant parents were also 4 times more likely than provaccination parents to report intrafamily disagreements regarding vaccination (Exp[B] = 4.27). They were also twice as likely as antivaccination parents to express disagreements regarding vaccination within their families (Exp[B] = 2.33). Likewise, Jewish parents were significantly more likely to define themselves as vaccination-hesitant, whereas Muslim parents were significantly more likely to be provaccination.

Conclusions

To improve the way health organizations communicate information about vaccines and increase parental trust in immunization programs, we should not only look at the level of understanding, perceptions, and biases of different groups, but also thoroughly examine parents' decision-making processes and the discourse during this process. We must communicate risk to all groups, including the provaccination group, to improve parents' decision making and the process of informed consent.

Major Articles

Hospital influenza pandemic stockpiling needs: A computer simulation

Mark N. Abramovich, John C. Hershey, Byron Callies, Amesh A. Adalja, Pritish K. Toshi, Eric S. Toner

p272–277

Published online: December 2, 2016

American Journal of Preventive Medicine

March 2017 Volume 52, Issue 3, p263-416, e67-e94

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

From the U.S. CDC Director

A Safer, Healthier U.S.: The Centers for Disease Control and Prevention, 2009–2016

Thomas R. Frieden

p263–275

Published online: January 14, 2017

Research Articles

National and State-Specific Shingles Vaccination Among Adults Aged ≥60 Years

Peng-jun Lu, Alissa O'Halloran, Walter W. Williams, Rafael Harpaz

p362–372

Published online: October 5, 2016

Abstract

Introduction

Shingles (herpes zoster) causes substantial morbidity, especially among older adults. The shingles vaccine has been recommended for people aged ≥60 years since 2006. This study assessed recent shingles vaccination at national and state levels among adults aged ≥60 years.

Methods

The 2014 Behavioral Risk Factor Surveillance System data were analyzed in 2015 to assess shingles vaccination coverage among adults aged ≥60 years at national and state levels. Multivariable logistic regression and predictive marginal models identified factors independently associated with vaccination.

Results

Shingles vaccination coverage among adults aged ≥60 years was 31.8% (95% CI=1.4%, 32.2%). Among states, shingles vaccination coverage ranged from 17.8% (95% CI=5.8%, 20.0%) in Mississippi to 46.6% (95% CI=4.3%, 48.8%) in Vermont, with a median of 33.3%. Coverage was <25% in four states and >40% in nine states. For all states, coverage was significantly higher among non-Hispanic whites compared with non-white races except for Oregon, with coverage differences ranging from –33.2% in the District of Columbia to 0.9% in Oregon and a median of –16.0%. Characteristics independently associated with vaccination were age, race/ethnicity, sex, education, employment status, household income, region, perceived health status, health insurance status, personal healthcare provider, routine checkup status, and whether reporting that cost was a barrier to seeing a doctor.

Conclusions

Coverage varied dramatically by state. State-level comparisons may aid in designing tailored intervention programs through sharing of best practices. Strategies are needed to mitigate financial barriers for both provider and patients, improve awareness, and increase provider recommendation of the vaccine.

American Journal of Public Health

Volume 107, Issue 3 (March 2017)

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

[New issue; No digest content identified]

American Journal of Tropical Medicine and Hygiene

February 2017; 96 (2)

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

[Reviewed earlier]

Annals of Internal Medicine

21 February 2017 Vol: 166, Issue 4

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

[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 4 March 2017)

[No new content]

BMJ Global Health

January 2017; volume 2, issue 1

<http://gh.bmj.com/content/2/1?current-issue=y>

[Reviewed earlier]

BMC Health Services Research

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

(Accessed 4 March 2017)

Research article

[Clinical trials from the patient perspective: survey in an online patient community](#)

Developing new medicines relies on the successful conduct of clinical trials. As trial protocols become more arduous, it becomes harder to recruit and retain patient volunteers, although recent efforts such as OMERACT and I-SPY2 show that partnering with patients can be beneficial. We sought to describe drivers and barriers to trial participation, as well as condition-specific trial preferences.

Pronabesh DasMahapatra, Priya Raja, Jeremy Gilbert and Paul Wicks

BMC Health Services Research 2017 17:166

Published on: 27 February 2017

BMC Infectious Diseases

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

(Accessed 4 March 2017)

Research article

[Knowledge, attitudes, and behaviors of parents towards varicella and its vaccination](#)

The aims of this cross-sectional survey were to examine the knowledge, the attitudes, and the behavior regarding the varicella infection and its vaccination and to get insight into their determinants among par...

Luigi Vezzosi, Gabriella Santagati and Italo F. Angelillo

BMC Infectious Diseases 2017 17:172

Published on: 27 February 2017

Abstract

Background

The aims of this cross-sectional survey were to examine the knowledge, the attitudes, and the behavior regarding the varicella infection and its vaccination and to get insight into their determinants among parents of children in Italy.

Methods

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From May to June 2015 in the geographic area of Naples (Italy) a random sample of 675 parents of children aged 4-7 years received a self-administered anonymous questionnaire about socio-demographic characteristics, knowledge, attitudes, and behaviors towards varicella and its vaccination.

Results

A total of 414 parents responded to the questionnaire, for a response rate of 61.3%. A history of varicella was reported in 163 children (39.6%). Only 26.6% parents knew that the vaccine was available and the number of doses and this knowledge was significantly higher in those who had a university degree, in those who had received information on the vaccination from a health care provider, and in those who had vaccinated their child. The perceived utility towards vaccination had a mean value of 5.7. The positive attitude towards the utility of the vaccination was higher in parents with a level of education not higher than middle school, in those who had vaccinated their child, in those who considered the varicella a dangerous disease, and in those who had received information from a health care provider. More than one-third had vaccinated their child. Immunization was more frequent in parents who had knowledge about the vaccination, who believes that the immunization was useful, who believed that the disease was not dangerous, and who had not a history of varicella among their children.

Conclusions

Educational programs are needed among parents as support to improve knowledge about vaccination and immunization coverage.

BMC Medical Ethics

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

(Accessed 4 March 2017)

[No new digest content identified]

BMC Medicine

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

(Accessed 4 March 2017)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 4 March 2017)

[No new digest content identified]

BMC Public Health

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

(Accessed 4 March 2017)

Research article

[**Policy perspectives on post pandemic influenza vaccination in Ghana and Malawi**](#)

Evanson Z. Sambala and Lenore Manderson

BMC Public Health 2017 17:227

Published on: 28 February 2017

Abstract

Background

In the late 1990s, in the context of renewed concerns of an influenza pandemic, countries such as Ghana and Malawi established plans for the deployment of vaccines and vaccination strategies. A new pandemic was declared in mid-June 2009, and by April 2011, Ghana and Malawi vaccinated 10% of the population. We examine the public health policy perspectives on vaccination as a means to prevent the spread of infection under post pandemic conditions.

Methods

In-depth interviews were conducted with 46 policymakers (Ghana, n = 24; Malawi, n = 22), identified through snowballing sampling. Interviews were supplemented by field notes and the analysis of policy documents.

Results

The use of vaccination to interrupt the pandemic influenza was affected by delays in the procurement, delivery and administration of vaccines, suboptimal vaccination coverage, refusals to be vaccinated, and the politics behind vaccination strategies. More generally, rolling-out of vaccination after the transmission of the influenza virus had abated was influenced by policymakers' own financial incentives, and government and foreign policy conditionality on vaccination. This led to confusion about targeting and coverage, with many policymakers justifying that the vaccination of 10% of the population would establish herd immunity and so reduce future risk. Ghana succeeded in vaccinating 2.3 million of the select groups (100% coverage), while Malawi, despite recourse to force, succeeded only in vaccinating 1.15 million (74% coverage of select groups). For most policymakers, vaccination coverage was perceived as successful, despite that vaccination delays and coverage would not have prevented infection when influenza was at its peak.

Conclusions

While the vaccination strategy was problematic and implemented too late to reduce the effects of the 2009 epidemic, policy makers supported the overall goal of pandemic influenza vaccination to interrupt infection. In this context, there was strong support for governments engaging in contracts with pharmaceutical companies to ensure the timely supply of vaccines, and developing well-defined guidelines to address vaccination delays, refusals and coverage.

BMC Research Notes

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

(Accessed 4 March 2017)

Research article

Utilization of outreach immunization services among children in Hoima District, Uganda: a cluster survey

The global vaccine action plan 2011–2020 was endorsed by 194 states to equitably extend the benefits of immunization to all people. However, gaps in vaccination coverage remain in developing countries such as Uganda. One of the strategies used to tackle existing inequities is implementation of outreach immunization services to deliver services to those with poor geographical access. However, reports of inconsistent use of these services prevail; therefore understanding the factors associated with use of these services is critical for improving service delivery. This study examined the factors associated with utilization of outreach immunization services among children aged 10–23 months in Hoima District, Uganda.

Paul Oryema, Juliet N. Babirye, Charles Baguma, Peter Wasswa and David Guwatudde
BMC Research Notes 2017 10:111

Published on: 27 February 2017

BMJ Open

March 2017 - Volume 7 - 3

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

[New issue; No digest content identified]

Bulletin of the World Health Organization

Volume 95, Number 3, March 2017, 165-240

<http://www.who.int/bulletin/volumes/95/3/en/>

Research

[Risk of microcephaly after Zika virus infection in Brazil, 2015 to 2016](#)

Thomas Jaenisch, Kerstin Daniela Rosenberger, Carlos Brito, Oliver Brady, Patrícia Brasil & Ernesto TA Marques

<http://dx.doi.org/10.2471/BLT.16.178608>

Research

[Hepatitis B vaccination timing: results from demographic health surveys in 47 countries](#)

Aparna Schweitzer, Manas K Akmatov & Gérard Krause

<http://dx.doi.org/10.2471/BLT.16.178822>

Objective

To examine the impact of hepatitis B vaccination schedules and types of vaccines on hepatitis B vaccination timing.

Methods

We used data for 211 643 children from demographic and health surveys in 47 low- and middle-income countries (median study year 2012). Data were from vaccination cards and maternal interviews. We grouped countries according to the vaccination schedule and type of vaccine used (monovalent or combination). For each country, we calculated hepatitis B vaccination coverage and timely receipt of vaccine doses. We used multivariable logistic regression models to study the effect of vaccination schedules and types on vaccination delay.

Findings

Substantial delays in vaccination were observed even in countries with fairly high coverage of all doses. Median delay was 1.0 week (interquartile range, IQR: 0.3 to 3.6) for the first dose (n = 108 626 children) and 3.7 weeks (IQR: 1.4 to 9.3) for the third dose (n = 101 542). We observed a tendency of lower odds of delays in vaccination schedules starting at 6 and at 9 weeks of age. For the first vaccine dose, we recorded lower odds of delays for combination vaccines than for monovalent vaccines (adjusted odds ratio, aOR: 0.76, 95% confidence interval, CI: 0.71 to 0.81).

Conclusion

Wide variations in hepatitis B vaccination coverage and adherence to vaccination schedules across countries underscore the continued need to strengthen national immunization systems. Timely initiation of the vaccination process might lead to timely receipt of successive doses and improved overall coverage. We suggest incorporating vaccination timing as a performance indicator of vaccination programmes to complement coverage metrics.

SYSTEMATIC REVIEWS

[Pre-exposure rabies prophylaxis: a systematic review](#)

Jocelyn A Kessels, Sergio Recuenco, Ana Maria Navarro-Vela, Raffy Deray, Marco Vigilato, Hildegund Ertl, David Durrheim, Helen Rees, Louis H Nel, Bernadette Abela-Ridder & Deborah Briggs

<http://dx.doi.org/10.2471/BLT.16.173039>

Objective

To review the safety and immunogenicity of pre-exposure rabies prophylaxis (including accelerated schedules, co-administration with other vaccines and booster doses), its cost-effectiveness and recommendations for use, particularly in high-risk settings.

Methods

We searched the PubMed, Centre for Agriculture and Biosciences International, Cochrane Library and Web of Science databases for papers on pre-exposure rabies prophylaxis published between 2007 and 29 January 2016. We reviewed field data from pre-exposure prophylaxis campaigns in Peru and the Philippines.

Findings

Pre-exposure rabies prophylaxis was safe and immunogenic in children and adults, also when co-administered with routine childhood vaccinations and the Japanese encephalitis vaccine. The evidence available indicates that shorter regimens and regimens involving fewer doses are safe and immunogenic and that booster intervals could be extended up to 10 years. The few studies on cost suggest that, at current vaccine and delivery costs, pre-exposure prophylaxis campaigns would not be cost-effective in most situations. Although pre-exposure prophylaxis has been advocated for high-risk populations, only Peru and the Philippines have implemented appropriate national programmes. In the future, accelerated regimens and novel vaccines could simplify delivery and increase affordability.

Conclusion

Pre-exposure rabies prophylaxis is safe and immunogenic and should be considered: (i) where access to postexposure prophylaxis is limited or delayed; (ii) where the risk of exposure is high and may go unrecognized; and (iii) where controlling rabies in the animal reservoir is difficult. Pre-exposure prophylaxis should not distract from canine vaccination efforts, provision of postexposure prophylaxis or education to increase rabies awareness in local communities.

LESSONS FROM THE FIELD

[Adapting Nepal's polio eradication programme](#)

Krishna P Paudel, Lee M Hampton, Santosh Gurung, Rajendra Bohara, Indra K Rai, Sameer Anaokar, Rachel D Swift & Stephen Cochi

<http://dx.doi.org/10.2471/BLT.16.173674>

PERSPECTIVES

[Therapeutic antibodies for infectious diseases](#)

Erin Sparrow, Martin Friede, Mohamud Sheikh & Siranda Torvaldsen

<http://dx.doi.org/10.2471/BLT.16.178061>

Child Care, Health and Development

March 2017 Volume 43, Issue 2 Pages 161–321

<http://onlinelibrary.wiley.com/doi/10.1111/cch.v43.2/issuetoc>

[Reviewed earlier]

Clinical and Experimental Vaccine Research

2017 Jan;6(1):31-37. English.

<http://ecevr.org/>

[Reviewed earlier]

Clinical Therapeutics

February 2017 Volume 39, Issue 2, p231-450

[http://www.clinicaltherapeutics.com/issue/S0149-2918\(17\)X0002-7](http://www.clinicaltherapeutics.com/issue/S0149-2918(17)X0002-7)

[Reviewed earlier]

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 4 March 2017]

[No new content]

Contemporary Clinical Trials

Volume 53, Pages 1-188 (February 2017)

<http://www.sciencedirect.com/science/journal/15517144/53>

[Reviewed earlier]

Current Opinion in Infectious Diseases

April 2017 - Volume 30 - Issue 2

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

[New issue; No digest content identified]

Developing World Bioethics

December 2016 Volume 16, Issue 3 Pages 121–180

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2016.16.issue-3/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

January 2017 Volume 41, Issue 1 Pages 1–208
<http://onlinelibrary.wiley.com/doi/10.1111/disa.2017.41.issue-1/issuetoc>
[Reviewed earlier]

Emerging Infectious Diseases

Volume 23, Number 3—March 2017
<http://wwwnc.cdc.gov/eid/>
[New issue; No digest content identified]

Epidemics

Volume 17, In Progress (December 2016)
<http://www.sciencedirect.com/science/journal/17554365>
[Reviewed earlier]

Epidemiology and Infection

Volume 145 - Issue 4 - March 2017
<https://www.cambridge.org/core/journals/epidemiology-and-infection/latest-issue>
Original Papers

[Factors associated with influenza vaccine uptake in older adults living in the community in Singapore](#)

L. W. ANG, J. CUTTER, L. JAMES, K. T. GOH
DOI: <https://doi.org/10.1017/S0950268816002491>
Published online: 08 December 2016, pp. 775-786

Abstract

In Singapore, influenza vaccination is recommended for persons at higher risk of complications of seasonal influenza, including those with chronic medical conditions and the elderly (individuals aged ≥ 65 years). We investigated the factors associated with influenza vaccine uptake based on a nationally representative sample of community-dwelling adults aged >50 years. The data for this study were obtained from the National Health Surveillance Survey (NHSS) 2013. The association between influenza vaccine uptake and socio-demographic and health-related variables was analysed using univariable and multivariable logistic regression models. Of 3700 respondents aged ≥ 50 years in the NHSS, 15.2% had received seasonal influenza vaccination in the past year. Older age, single marital status and economic inactivity were the socio-demographic variables independently associated with vaccine uptake. Health-related factors which were predictive of influenza vaccine uptake were sufficient total physical activity, better self-rated health, having at least one medical condition at risk of influenza complications and a regular family doctor/general practitioner. Influenza vaccine uptake in community-dwelling older adults was low. Our findings are of relevance in the formulation of public health policies and targeted health promotion strategies to increase vaccine uptake in this population group.

The European Journal of Public Health

Volume 27, Issue 1, 1 February 2017

<https://academic.oup.com/eurpub/issue/27/1>

[Reviewed earlier]

Global Health: Science and Practice (GHSP)

December 2016 | Volume 4 | Issue 4

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

[Reviewed earlier]

Global Public Health

Volume 12, 2017 Issue 4

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

[Reviewed earlier]

Globalization and Health

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

[Accessed 4 March 2017]

[No new digest content identified]

Health Affairs

February 2017; Volume 36, Issue 2

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

Issue Focus: The Work/Health Relationship

[No digest content identified]

Health and Human Rights

Volume 18, Issue 2, December 2016

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

Special Section: Universal Health Coverage and Human Rights

[Reviewed earlier]

Health Economics, Policy and Law

Volume 12 - Issue 1 - January 2017

<https://www.cambridge.org/core/journals/health-economics-policy-and-law/latest-issue>

[Reviewed earlier]

Health Policy and Planning

Volume 31 Issue 4 March 2017

:

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

Health Research Policy and Systems

<http://www.health-policy-systems.com/content>
[Accessed 4 March 2017]

Research

[Pathways to research impact in primary healthcare: What do Australian primary healthcare researchers believe works best to facilitate the use of their research findings?](#)

Primary healthcare researchers are under increasing pressure to demonstrate measurable and lasting improvement in clinical practice and healthcare policy as a result of their work. It is therefore important to...

Richard L. Reed, Ellen McIntyre, Eleanor Jackson-Bowers and Libby Kalucy
Health Research Policy and Systems 2017 15:17
Published on: 2 March 2017

Humanitarian Exchange Magazine

Number 68 January 2017

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

Theme: The crisis in South Sudan

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 13, Issue 2, 2017

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 4 March 2017]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 4 March 2017]

[No new digest content identified]

International Health

Volume 9, Issue 1 1 January 2017

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

[Reviewed earlier]

:

International Journal of Community Medicine and Public Health

Vol 4, No 3 (2017) March 2017

<http://www.ijcmph.com/index.php/ijcmph/issue/view/21>

Original Research Articles

Is mothers' knowledge and practice regarding childhood immunization compliant with immunization completeness?

Nafeha Sameen Siddiqui, Arvind K. Gaikwad, Bina M. Kuril, Rajendra T. Ankushe, Mohan K. Doibale, Sandeep B. Pund, Purushottam Kumar

Abstract

Background: Immunization is one of the most effective, safest and efficient public health interventions. Despite the concrete efforts of government and other health agencies, a large proportion of vulnerable infants and children in India remain unimmunized. In order to improve immunization coverage, factors such as knowledge, attitude and practices of parents/caretakers are known to contribute to success or failure of immunization program. The aim of present study is to assess the knowledge and practice of mothers with respect to immunization completeness of their child.

Methods: This is a descriptive cross sectional study involving 364 mothers attending immunization OPD in Government Medical College, Aurangabad, Maharashtra, India during month of September till December 2015.

Results: 78.5% children were completely immunized as per date. 57.97% of the study population was found to have adequate knowledge-practice scores. A significant association of immunization completeness with KP scores of mothers ($p < 0.05$) was found.

Conclusions: Future efforts are required to improve immunization rate and parents' knowledge and practice.

Original Research Articles

Assessment of under-five immunization coverage among the population of slum areas in Mangalore taluk, India

Saurabh Kumar, Sudhir Prabhu, Arun P. Jose, Sowmya Bhat, Oliver D. Souza, Narayana V.

Abstract

Background: Immunization coverage is better in urban than rural areas. However, we anticipate and argue that within the urban areas disparities and inequities persist in immunization coverage and that the socioeconomically disadvantaged, particularly those who reside in slum areas are more vulnerable and may contribute to the lower uptake of immunization. The objectives of the study were to assess the under-five immunization coverage amongst the households in slums of Mangalore taluk and to identify determinants of full immunization uptake among under 5 in the slums population and to know the reasons for non-immunization or partial immunization of children.

Methods: Community Based Cross sectional study was conducted in the notified slum areas of Mangalore during August-November 2015. Information was collected from the parents regarding vaccination of their children and sociodemographic variables using a semi-structured interview schedule.

Results: 88 (57.7%) of under 5 children were fully immunized, 62 (41.3%) were partially immunized in the slum areas of Mangalore, Karnataka, India. Mean age of the children in our study was found to be 35.15 months. Immunization coverage was found to be associated with

the presence of immunization card, occupation of mother, knowledge about universal immunization programme (UIP), knowledge about protection offered by vaccines. Conclusions: Unfortunately, the immunization coverage was found to be very bad in the slum areas of Mangalore city, Karnataka, India. There is an urgent need to ensure that regular health education sessions are conducted. Secondly, slum areas should be the target of RCH programme with special focus on immunization related activities e.g. ensuring that all households with children should have immunization cards, as the slum areas remain the neglected section of the society due to various reasons.

International Journal of Epidemiology

Volume 45 Issue 5 October 2016

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

[Reviewed earlier]

International Journal of Infectious Diseases

Volume 53, Supplement, p1-176 - December 2016

[http://www.ijidonline.com/issue/S1201-9712\(16\)X0011-2](http://www.ijidonline.com/issue/S1201-9712(16)X0011-2)

International Meeting on Emerging Diseases and Surveillance (IMED) 2016

[Reviewed earlier]

JAMA

February 28, 2017, Vol 317, No. 8, Pages 783-880

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

Viewpoint

[Linking Immunization Status and Eligibility for Welfare and Benefits Payments The Australian "No Jab, No Pay" Legislation](#)

Y. Tony Yang, ScD, LLM, MPH; David M. Studdert, LLB, ScD, MPH

The recent outbreaks of vaccine-preventable diseases have refocused attention on the threat posed by unvaccinated and undervaccinated individuals.¹ Governments around the world have responded by strengthening laws and policies directed at increasing vaccination rates. The standard menu of options includes education and information initiatives, incentives, and mandates; these may be directed at the general public, health care organizations, or practitioners.

JAMA Pediatrics

February 1, 2017, Vol 171, No. 2, Pages 101-204

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

[Reviewed earlier]

JBI Database of Systematic Review and Implementation Reports

February 2017 - Volume 15 - Issue 2

<http://journals.lww.com/jbisrir/Pages/currenttoc.aspx>

[Reviewed earlier]

Journal of Community Health

Volume 42, Issue 2, April 2017

<http://link.springer.com/journal/10900/42/2/page/1>

[New issue; No digest content identified]

Journal of Epidemiology & Community Health

March 2017 - Volume 71 - 3

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

[New issue; No digest content identified]

Journal of Global Ethics

Volume 12, Issue 3, 2016

<http://www.tandfonline.com/toc/rjge20/current>

Theme Issue: Refugee Crisis: The Borders of Human Mobility

[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)

January – March 2017 Vol 9 Issue 1 Pages 1-37

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

[Reviewed earlier]

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

Volume 28, Number 1, February 2017

<https://muse.jhu.edu/issue/35850>

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 19, Issue 2, April 2017

<http://link.springer.com/journal/10903/19/2/page/1>

[New issue; No digest content identified]

Journal of Immigrant & Refugee Studies

Volume 15, Issue 1, 2017

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

[Reviewed earlier]

Journal of Infectious Diseases

Volume 215, Issue 2 15 January 2017

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

[Reviewed earlier]

Journal of Medical Ethics

March 2017 - Volume 43 - 3

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

Editorials

[Introduction: Special Issue on the Ethics of Incentives in Healthcare](#)

Anca Gheaus, Verina Wild

This special issue is the result of a conference organised by Verina Wild and Anca Gheaus, at the Ludwig-Maximilians University of Munich in December 2014. The conference addressed normative issues raised by the use of incentive mechanisms to promote better health, and included papers by most contributors to this special issue. So far, the normative discussion on health incentives focussed on questions of autonomy, paternalism, motivation and responsibility. This resulting special issue responds to a need to expand the normative analysis of such measures to other issues of justice, which have so far been largely ignored.

Recent policies and programmes in health prevention tend to appeal to, and encourage, individual responsibility with respect to lifestyle choices. One way of advancing this goal is via schemes that provide individuals with incentives to live healthy lives. For example, individuals may be offered discounted health insurance rates if they adopt healthy lifestyles or be given vouchers to purchase healthy food or to use fitness centres. Such programmes often use so-called 'nudging' mechanisms, meant to motivate people without coercively interfering with their private choices and to improve health outcomes without overregulating the market for products that are detrimental to health. They also raise many normative questions...

Public health ethics

[Paper: Paying for antiretroviral adherence: is it unethical when the patient is an adolescent?](#)

Justin Healy, Rebecca Hope, Jacqueline Bhabha, Nir Eyal

[Which strings attached: ethical considerations for selecting appropriate conditionalities in conditional cash transfer programmes](#)

Carleigh B Krubiner, Maria W Merritt

[Paper: Solidarity, justice and unconditional access to healthcare](#)

Anca Gheaus

Journal of Medical Internet Research

Vol 19, No 2 (2017): February

<http://www.jmir.org/2017/2>

[Reviewed earlier]

Journal of Medical Microbiology

Volume 66, Issue 1, January 2017

<http://jmm.microbiologyresearch.org/content/journal/jmm/66/1>

[New issue; No digest content identified]

:

Journal of Patient-Centered Research and Reviews

Volume 4, Issue 1 (2017)

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

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 5 Issue 4 March 2017

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

[Reviewed earlier]

Journal of Pediatrics

February 2017 Volume 181, p1-334

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

[Reviewed earlier]

Journal of Public Health Policy

Volume 37, Issue 4, December 2016

<http://link.springer.com/journal/41271/37/4/page/1>

[Reviewed earlier]

Journal of the Royal Society – Interface

01 February 2017; volume 14, issue 127

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

[No new digest content identified]

Journal of Travel Medicine

Volume 24, Issue 2, March/April 2017

<https://academic.oup.com/jtm/issue/24/2>

[Reviewed earlier]

Journal of Virology

February 2017, volume 91, issue 4

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

[Reviewed earlier]

The Lancet

Mar 04, 2017 Volume 389 Number 10072 p881-982 e3

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

Editorial

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Syndemics: health in context

The Lancet

Syndemics, as a new Series published in today's Lancet details, is a conceptual framework for understanding diseases or health conditions that arise in populations and that are exacerbated by the social, economic, environmental, and political milieu in which a population is immersed. A syndemic, or synergistic epidemic, is more than a convenient portmanteau or a synonym for comorbidity. The hallmark of a syndemic is the presence of two or more disease states that adversely interact with each other, negatively affecting the mutual course of each disease trajectory, enhancing vulnerability, and which are made more deleterious by experienced inequities.

Perhaps the most unique feature of the syndemic approach to understanding various disease states and the way in which they cluster is the emphasis on the situation and circumstances in which individuals live. In other words, syndemics fundamentally rely on context. When introduced in the 1990s by medical anthropologist Merrill Singer, the notion of a syndemic was used to describe the interactions among substance abuse, violence, and AIDS (SAVA), that had become a full-blown health crisis in Hartford, CT, USA. While investigating HIV prevention in drug users, researchers took notice of the constellation of elements that impinged on risk, structural factors such as lack of housing and poverty, and social aspects such as stigma and lack of support systems—all reinforcing the disease burden.

The observation that these factors did not merely exist in parallel, but were intertwined and cumulative, offered a branch point for clinical medicine and public health interventions. These fields have made appreciable strides in recognising that interventions for combating and treating disease must take a more multifactorial tack, nevertheless there exists a great need and opportunity to more widely apply the principles of the syndemic approach. In the years since SAVA was identified, there have been other syndemics described that include HIV/AIDS as a component, such as the HIV–malnutrition–food insecurity syndemic in sub-Saharan Africa. Alternatively, other existing and emerging syndemics centre on non-communicable diseases (NCDs) such as VIDDA (violence, immigration, depression, type 2 diabetes, and abuse) in women who have emigrated to the USA from Mexico.

Whether communicable diseases or NCDs, or set in high-income countries or low-income and middle-income countries (LMICs), there are similar forces at work that can perpetuate or accelerate existing syndemics. Specifically, rapid changes can precipitate conditions conducive to developing syndemics. For example, globalisation patterns have quickly and fundamentally changed dietary patterns in LMICs by increasing access to high-calorie foods and processed carbohydrates, radically increasing the proportion of individuals with type 2 diabetes. Changes in political and economic conditions, and relatedly the breakdown of protective health measures or infrastructure, can induce differentially and additive detrimental effects on specific populations.

The political and public health changes underway in the USA are especially worrisome in their potential for spurring a new wave of unforeseen health crises. The VIDDA syndemic may serve as a harbinger of sorts for other potential immigrant health-related syndemics because of the current uncertainty around immigration policy. After the executive order issued on Jan 25, 2017, immigration enforcement has pushed many people who were previously at low risk for deportation into an uneasy and unwelcome spotlight. Several major news outlets have reported

recently that health-care centres have already noted a downturn in the number of immigrant patients keeping appointments for chronic conditions such as diabetes and hypertension. It is well documented that Hispanic patients are less likely to seek medical attention than are other ethnic groups, but in the wake of an already precarious climate for Mexican immigrants, the emerging accounts highlight an even greater vulnerability because of new political threats. From a clinical perspective, applying a syndemic approach is novel and valuable for expanding the focus from why a patient has a poor outcome (eg, dysregulated blood sugar) to what other factors are contributing.

Although there may be little that clinical practitioners and public health interventionists can do about the presence of social and political circumstances that might negatively affect health, the syndemic framework allows for the potential to mitigate those effects by appreciating the complex nature of certain diseases and conditions and for addressing the array of factors that give rise to them. In the pursuit of practising more socially conscious medicine, syndemics suggest that context is key.

Editorial

Research matters: challenges of replication

The Lancet

Summary

Scientific progress builds on an ever-accumulating body of evidence gathered over generations, and is deeply rooted in tenets of reliability and reproducibility. Last week, in *Nature*, Jeffery Mogil and Malcolm Macleod proposed a new framework that aims to instil greater confidence in research, calling for findings from basic research laboratories to be validated by a definitive preclinical trial before testing in human beings.

In their article, Mogil and Macleod highlight concerns of a so-called reproducibility crisis in scientific research. And they are by no means the first. In 2016, results of a brief online questionnaire of over 1500 basic science researchers published in *Nature* revealed that as many as 90% of those surveyed agreed that there was a reproducibility crisis in science. The Reproducibility Project: Cancer Biology aims to independently reproduce published results of high profile studies in cancer biology. In January this year, *eLife* published findings from the first five replication studies, some of which showed mixed results.

Such endeavours should be applauded for their intentions to ensure dissemination of robust findings in a culture often driven by fierce competition for publications and funding. But use of the term crisis over-generalises complex issues that are specific to highly intricate biological systems—such terminology could dangerously undermine public confidence in science and researchers. In an era when alternative facts are presented as truth, and lines between fact and fiction are increasingly blurred, trust in research integrity must be reaffirmed and defended. Replicating studies is important, but to conclude that a failure to reproduce specific findings is failed science oversimplifies the problem. Novel research is, by nature, exploratory and diverse, and variations exist between experimental sites and individuals. Prescriptive regulation of scientific thought and processes that stifle creativity under a guise of enforcing reliability could ultimately impede discovery and advancement. Stakeholders, including funders, publishers, industry, and academics must enter a dialogue to establish nuanced solutions to improve transparency, accountability, and reporting of research.

Series

Syndemics

Syndemics and the biosocial conception of health

Merrill Singer, Nicola Bulled, Bayla Ostrach, Emily Mendenhall

Summary

The syndemics model of health focuses on the biosocial complex, which consists of interacting, co-present, or sequential diseases and the social and environmental factors that promote and enhance the negative effects of disease interaction. This emergent approach to health conception and clinical practice reconfigures conventional historical understanding of diseases as distinct entities in nature, separate from other diseases and independent of the social contexts in which they are found. Rather, all of these factors tend to interact synergistically in various and consequential ways, having a substantial impact on the health of individuals and whole populations. Specifically, a syndemics approach examines why certain diseases cluster (ie, multiple diseases affecting individuals and groups); the pathways through which they interact biologically in individuals and within populations, and thereby multiply their overall disease burden, and the ways in which social environments, especially conditions of social inequality and injustice, contribute to disease clustering and interaction as well as to vulnerability. In this Series, the contributions of the syndemics approach for understanding both interacting chronic diseases in social context, and the implications of a syndemics orientation to the issue of health rights, are examined.

Syndemics

Non-communicable disease syndemics: poverty, depression, and diabetes among low-income populations

Emily Mendenhall, Brandon A Kohrt, Shane A Norris, David Ndetei, Dorairaj Prabhakaran

Summary

The co-occurrence of health burdens in transitioning populations, particularly in specific socioeconomic and cultural contexts, calls for conceptual frameworks to improve understanding of risk factors, so as to better design and implement prevention and intervention programmes to address comorbidities. The concept of a syndemic, developed by medical anthropologists, provides such a framework for preventing and treating comorbidities. The term syndemic refers to synergistic health problems that affect the health of a population within the context of persistent social and economic inequalities. Until now, syndemic theory has been applied to comorbid health problems in poor immigrant communities in high-income countries with limited translation, and in low-income or middle-income countries. In this Series paper, we examine the application of syndemic theory to comorbidities and multimorbidities in low-income and middle-income countries. We employ diabetes as an exemplar and discuss its comorbidity with HIV in Kenya, tuberculosis in India, and depression in South Africa. Using a model of syndemics that addresses transactional pathophysiology, socioeconomic conditions, health system structures, and cultural context, we illustrate the different syndemics across these countries and the potential benefit of syndemic care to patients. We conclude with recommendations for research and systems of care to address syndemics in low-income and middle-income country settings.

Syndemics

Syndemic vulnerability and the right to health

Sarah S Willen, Michael Knipper, César E Abadía-Barrero, Nadav Davidovitch

Summary

Investigators working both in syndemics, a field of applied health research with roots in medical anthropology, and in the field of health and human rights recognise that upstream social, political, and structural determinants contribute more to health inequities than do biological

factors or personal choices. Syndemics investigates synergistic, often deleterious interactions among comorbid health conditions, especially under circumstances of structural and political adversity. Health and human rights research draws on international law to argue that all people deserve access not only to health care, but also to the underlying determinants of good health. Taking the urgent matter of migrant health as an empirical focus, we juxtapose the fields of syndemics and health and human rights, identify their complementarities, and advocate for a combined approach. By melding insights from these fields, the combined syndemics/health and human rights approach advanced here can provide clinicians and other key stakeholders with concrete insights, tools, and strategies to tackle the health inequities that affect migrants and other vulnerable groups by: (1) mapping the effect of social, political, and structural determinants on health; (2) identifying opportunities for upstream intervention; and (3) working collaboratively to tackle the structures, institutions, and processes that cause and exacerbate health inequities. Undergirding this approach is an egalitarian interpretation of the right to health that differs from narrow legalistic and individual interpretations by insisting that all people are equal in worth and, as a result, equally deserving of protection from syndemic vulnerability.

Viewpoint

[Co-occurring epidemics, syndemics, and population health](#)

Alexander C Tsai, Emily Mendenhall, James A Trostle, Ichiro Kawachi

Summary

As originally theorised, three concepts underlie the notion of a syndemic: disease concentration, disease interaction, and the large-scale social forces that give rise to them.^{1,2} The concept of disease concentration holds that two or more epidemics co-occur in particular temporal or geographical contexts due to harmful social conditions. This aspect of the theory of syndemics is not necessarily what makes its contribution distinctive. For example, anthropologists have long called attention to the manner in which large-scale political, economic, and cultural forces have given rise to clustered epidemics of various infectious diseases, most prominently HIV and tuberculosis;^{3–5} and the theory of fundamental causes highlights the roles of these forces in driving concentrated health disadvantage.

Lancet Global Health

Mar 2017 Volume 5 Number 3 e229–e369

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

Articles

[Socioeconomic status and non-communicable disease behavioural risk factors in low-income and lower-middle-income countries: a systematic review](#)

Luke Allen, Julianne Williams, Nick Townsend, Bente Mikkelsen, Nia Roberts, Charlie Foster, Kremlin Wickramasinghe

[First estimates of the global and regional incidence of neonatal herpes infection](#)

Katharine J Looker, Amalia S Magaret, Margaret T May, Katherine M E Turner, Peter Vickerman, Lori M Newman, Sami L Gottlieb

[Immunity duration of a recombinant adenovirus type-5 vector-based Ebola vaccine and a homologous prime-boost immunisation in healthy adults in China: final report of a randomised, double-blind, placebo-controlled, phase 1 trial](#)

Jing-Xin Li, Li-Hua Hou, Fan-Yue Meng, Shi-Po Wu, Yue-Mei Hu, Qi Liang, Kai Chu, Zhe Zhang, Jun-Jie Xu, Rong Tang, Wen-Juan Wang, Pei Liu, Jia-Lei Hu, Li Luo, Rong Jiang, Feng-Cai Zhu, Wei Chen

[Community resource centres to improve the health of women and children in informal settlements in Mumbai: a cluster-randomised, controlled trial](#)

Neena Shah More, Sushmita Das, Ujwala Bapat, Glyn Alcock, Shreya Manjrekar, Vikas Kamble, Rijuta Sawant, Sushma Shende, Nayreen Daruwalla, Shanti Pantvaidya, David Osrin

[Levels and trends in contraceptive prevalence, unmet need, and demand for family planning for 29 states and union territories in India: a modelling study using the Family Planning Estimation Tool](#)

Jin Rou New, Niamh Cahill, John Stover, Yogender Pal Gupta, Leontine Alkema

[Effectiveness of the 13-valent pneumococcal conjugate vaccine against invasive pneumococcal disease in South African children: a case-control study](#)

Cheryl Cohen, Claire von Mollendorf, Linda de Gouveia, Sarona Lengana, Susan Meiring, Vanessa Quan, Arthermon Nguweneza, David P Moore, Gary Reubenson, Mamokgethi Moshe, Shabir A Madhi, Brian Eley, Ute Hallbauer, Heather Finlayson, Sheeba Varughese, Katherine L O'Brien, Elizabeth R Zell, Keith P Klugman, Cynthia G Whitney, Anne von Gottberg for the South African IPD Case-Control Study Group

Lancet Infectious Diseases

Mar 2017 Volume 17 Number 3 p237-348 e70-e106

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

Articles

[Mortality in children diagnosed with tuberculosis: a systematic review and meta-analysis](#)

Helen E Jenkins, Courtney M Yuen, Carly A Rodriguez, Ruvandhi R Nathavitharana, Megan M McLaughlin, Peter Donald, Ben J Marais, Mercedes C Becerra

[Serotype-specific effectiveness of 23-valent pneumococcal polysaccharide vaccine against pneumococcal pneumonia in adults aged 65 years or older: a multicentre, prospective, test-negative design study](#)

Motoi Suzuki, Bhim Gopal Dhoubhadel, Tomoko Ishifuji, Michio Yasunami, Makito Yaegashi, Norichika Asoh, Masayuki Ishida, Sugihiro Hamaguchi, Masahiro Aoshima, Koya Ariyoshi, Konosuke Morimoto on behalf of the Adult Pneumonia Study Group-Japan (APSG-J)

[Spread of yellow fever virus outbreak in Angola and the Democratic Republic of the Congo 2015–16: a modelling study](#)

Moritz U G Kraemer, Nuno R Faria, Robert C Reiner Jr, Nick Golding, Birgit Nikolay, Stephanie Stasse, Michael A Johansson, Henrik Salje, Ousmane Faye, G R William Wint, Matthias Niedrig, Freya M Shearer, Sarah C Hill, Robin N Thompson, Donal Bisanzio, Nuno Taveira, Heinrich H Nax, Bary S R Pradeliski, Elaine O Nsoesie, Nicholas R Murphy, Isaac I Bogoch, Kamran Khan, John S Brownstein, Andrew J Tatem, Tulio de Oliveira, David L Smith, Amadou A Sall, Oliver G Pybus, Simon I Hay, Simon Cauchemez

Open Access

Series

Dengue

[Disease and economic burdens of dengue](#)

Marcia C Castro, Mary E Wilson, David E Bloom

Dengue

[Prevention and control of dengue—the light at the end of the tunnel](#)

Tikki Pang, Tippi K Mak, Duane J Gubler

Dengue

[Dengue: knowledge gaps, unmet needs, and research priorities](#)

Leah C Katzelnick, Josefina Coloma, Eva Harris
e88

Personal View

[Epidemic arboviral diseases: priorities for research and public health](#)

Annelies Wilder-Smith, Duane J Gubler, Scott C Weaver, Thomas P Monath, David L Heymann, Thomas W Scott

Lancet Public Health

Feb 2017 Volume 2 Number 2 e56-e120

<http://thelancet.com/journals/lanpub/issue/current>

[Reviewed earlier]

Maternal and Child Health Journal

Volume 21, Issue 2, February 2017

<http://link.springer.com/journal/10995/21/2/page/1>

[Reviewed earlier]

Medical Decision Making (MDM)

Volume 37, Issue 2, February 2017

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

December 2016 Volume 94, Issue 4 Pages 695–928

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2016.94.issue-4/issuetoc>

[Reviewed earlier]

Nature

Volume 543 Number 7643 pp8-144 2 March 2017

:

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

Editorial

[Data on movements of refugees and migrants are flawed](#)

Accurate and timely information on the flow of people is crucial for policymaking and apolitical interpretations.

Nature Medicine

February 2017, Volume 23 No 2 pp137-264

<http://www.nature.com/nm/journal/v23/n2/index.html>

[Reviewed earlier]

Nature Reviews Immunology

February 2017 Vol 17 No 2

<http://www.nature.com/nri/journal/v17/n2/index.html>

[Reviewed earlier]

New England Journal of Medicine

March 2, 2017 Vol. 376 No. 9

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

Review Article

[The Changing Face of Clinical Trials: Informed Consent](#)

C. Grady and Others

This multipart review provides an overview of innovative approaches to improving and expanding the informed consent process for researchers and participants, along with short essays covering specific areas of innovation.

Special Report

[Conflicts of Interest for Patient-Advocacy Organizations](#)

M.S. McCoy and Others

Share:

In this examination of 104 large patient-advocacy organizations, 83% receive financial support from drug, device, and biotechnology companies, and industry executives often serve on governing boards. The authors recommend more transparency about industry involvement.

Pediatrics

March 2017, VOLUME 139 / ISSUE 3

<http://pediatrics.aappublications.org/content/139/3?current-issue=y>

Articles

[Poverty and Trends in Three Common Chronic Disorders](#)

For asthma, attention-deficit/hyperactivity disorder (ADHD), and autism spectrum disorder (ASD), the objectives were to (1) describe the percent increases in prevalence and comorbidity and how these vary by poverty status, and (2) examine the extent to which poverty status is a predictor of higher than average comorbid conditions.

Christian D. Pulcini, Bonnie T. Zima, Kelly J. Kelleher, Amy J. Houtrow

:

Pediatrics Mar 2017, 139 (3) e20162539; DOI: 10.1542/peds.2016-2539

Articles

[Safety of Second-Dose Single-Antigen Varicella Vaccine](#)

We identified no new or unexpected safety concerns for second-dose varicella vaccination. Robust safety monitoring remains an important component of the national varicella vaccination program.

John R. Su, Zanie Leroy, Paige W. Lewis, Penina Haber, Mona Marin, Jessica Leung, Emily Jane Woo, Tom T. Shimabukuro

Pediatrics Mar 2017, 139 (3) e20162536; DOI: 10.1542/peds.2016-2536

Pharmaceutics

Volume 9, Issue 1 (March 2017)

<http://www.mdpi.com/1999-4923/9/1>

[Reviewed earlier]

PharmacoEconomics

Volume 35, Issue 2, February 2017

<http://link.springer.com/journal/40273/35/2/page/1>

[Reviewed earlier]

PLOS Currents: Disasters

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

[Accessed 4 March 2017]

[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 4 March 2017]

Research Article

[Vaccine Hesitancy: In Search of the Risk Communication Comfort Zone](#)

March 3, 2017 ·

Introduction: This paper reports the findings of a national online survey to parents of children aged 5 and younger. The objectives of the study were to assess parental understanding of childhood immunizations, identify sources of information that they trust for vaccine-related content, assess where parents with young children stand on the key issues in the public debate about vaccination, and identify which risk communication messages are most effective for influencing the behaviours of vaccine hesitant parents.

Methods: A total of 1,000 surveys (closed and open-ended questions) were administered in November 2015 using the Angus Reid Forum Panel, a key consumer panel consisting of approximately 150,000 Canadian adults aged 18 and older, spread across all geographic regions of Canada.

Results: Approximately 92% of the Canadian parents surveyed consider vaccines safe and effective, and trust doctors and public health officials to provide timely and credible vaccine-

related information. However, a concerning number of them either believe or are uncertain whether there is a link between vaccines and autism (28%), worry that vaccines might seriously harm their children (27%), or believe the pharmaceutical industry is behind the push for mandatory immunization (33%). Moreover, despite the common assumption that social media are becoming the go-to source of health news and information, most parents still rely on traditional media and official government websites for timely and credible information about vaccines and vaccine preventable diseases, particularly during community-based disease outbreaks. Finally, parents reported high levels of support for pro-vaccine messaging that has been demonstrated in previous research to have little to no positive impact on behaviour change, and may even be counterproductive.

Discussion: The study's results are highly relevant in a context where public health officials are expending significant resources to increase rates of childhood immunization and combat vaccine hesitancy. The data offer insight into where parents stand on the political and public debate about mandatory vaccination, what aspects of vaccine science remain uncertain to them, which media and institutional sources they use and trust to navigate the health information environment, how they look for information and whom they trust during periods of health emergency or crisis, and which communication strategies are considered most effective in persuading vaccine hesitant parents to immunize their children.

PLoS Medicine

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

(Accessed 4 March 2017)

Perspective

[The potential benefit of scaling up malaria prevention to reduce low birth weight in Africa](#)

James G. Beeson, Julie A. Simpson

Perspective | published 28 Feb 2017 P

<http://dx.doi.org/10.1371/journal.pmed.1002244>

Perspective

[Hope for HIV control in southern Africa: The continued quest for a vaccine](#)

Linda-Gail Bekker, Glenda E. Gray

Perspective | published 28 Feb 2017 P

<http://dx.doi.org/10.1371/journal.pmed.1002241>

... The findings of the HVTN 702 trial have the potential to be a great leap in HIV prevention research, with vaccine efficacy results anticipated in early 2021. But, even if efficacious, a paramount challenge will be getting the vaccine out of the laboratory and to those people who need it most—particularly, difficult-to-reach populations in low- and middle-income countries. Notably, the cost of vaccine manufacturing will play a large role, as developing countries are already having to make tough decisions regarding optimal funding of HIV prevention and treatment programs. If a vaccine is at best only partially efficacious, the correct combination of preventative measures will need to be explored, likely on a population-specific basis, and choices made. From current predictions, however, a safe vaccine of even modest efficacy could be the game changer necessary to close the HIV prevention gap.

PLoS Neglected Tropical Diseases

<http://www.plosntds.org/>
(Accessed 4 March 2017)
[No new digest content identified]

PLoS One

<http://www.plosone.org/>
[Accessed 4 March 2017]
Research Article

[Determinants of geographic inequalities in HPV vaccination in the most populated region of France](#)

Delphine Héquet, Roman Rouzier
Research Article | published 03 Mar 2017 P
<http://dx.doi.org/10.1371/journal.pone.0172906>

[Impact of ten-valent pneumococcal conjugate vaccine on pneumonia in Finnish children in a nation-wide population-based study](#)

Arto A. Palmu, Hanna Rinta-Kokko, Hanna Nohynek, J. Pekka Nuorti, Terhi M. Kilpi, Jukka Jokinen
Research Article | published 01 Mar 2017 P
<http://dx.doi.org/10.1371/journal.pone.0172690>

[Impact of vaccine herd-protection effects in cost-effectiveness analyses of childhood vaccinations. A quantitative comparative analysis](#)

Marisa Holubar, Maria Christina Stavroulakis, Yvonne Maldonado, John P. A. Ioannidis, Despina Contopoulos-Ioannidis
Research Article | published 01 Mar 2017
<http://dx.doi.org/10.1371/journal.pone.0172414>

[Assessments of global drivers of vaccine hesitancy in 2014—Looking beyond safety concerns](#)

Melanie Marti, Monica de Cola, Noni E. MacDonald, Laure Dumolard, Philippe Duclos
Research Article | published 01 Mar 2017 P
<http://dx.doi.org/10.1371/journal.pone.0172310>

[HPV vaccine knowledge and acceptability among Peruvian men who have sex with men and transgender women: A pilot, qualitative study](#)

Jerome T. Galea, Emmi Monsour, César R. Nureña, Magaly M. Blas, Brandon Brown
Research Article | published 28 Feb 2017 P
<http://dx.doi.org/10.1371/journal.pone.0172964>

PLoS Pathogens

<http://journals.plos.org/plospathogens/>
[No new digest content identified]

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

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

[Accessed 4 March 2017]

[No new digest content identified]

Prehospital & Disaster Medicine

Volume 32 - Issue 1 - February 2017

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

[Reviewed earlier]

Preventive Medicine

Volume 96, Pages 1-164 (March 2017)

<http://www.sciencedirect.com/science/journal/00917435/96>

[No new digest content identified]

Proceedings of the Royal Society B

10 February 2016; volume 283, issue 1824

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

[No new digest content identified]

Public Health Ethics

Volume 9, Issue 3 November 2016

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

[Reviewed earlier]

Public Health Reports

Volume 132, Issue 2, March/April 2017

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

[New issue; No digest content identified]

Qualitative Health Research

Volume 27, Issue 4, March 2017

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

Special Issue: Chronicity

[New issue; No digest content identified]

Reproductive Health

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

[Accessed 4 March 2017]

[No new digest content identified]

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

Recently Published Articles -

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

[Reviewed earlier]

Risk Analysis

January 2017 Volume 37, Issue 1 Pages 1–192

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2017.37.issue-1/issuetoc>

[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 10, 2017

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

[Reviewed earlier]

Science

03 March 2017 Vol 355, Issue 6328

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

Editorial

[Evolving policy with science](#)

By R. Alta Charo, Richard O. Hynes

Science03 Mar 2017 : 889

Summary

Albert Schweitzer, physician and Nobel laureate, wrote: "The first step in the evolution of ethics is a sense of solidarity with other human beings." The evolution of U.S. policy governing heritable human germline modification reflects this observation, and a "Human Genome Editing" consensus study committee of the U.S. National Academy of Sciences and National Academy of Medicine (NAM) concluded last month that clinical trials for heritable editing, under strict regulations, may eventually be permissible for parents hoping to prevent serious diseases in their children.

Policy Forum

[The need for a translational science of democracy](#)

By Michael A. Neblo, William Minozzi, Kevin M. Esterling, Jon Green, Jonathon Kingzette, David M. J. Lazer

Science03 Mar 2017 : 914-915 Restricted Access

The political science community should focus on how to foster the health of democracy

Summary

The bitterly factious 2016 U.S. presidential election campaign was the culmination of several trends that, taken together, constitute a syndrome of chronic ailments in the body politic. Ironically, these destructive trends have accelerated just as science has rapidly improved our understanding of them and their underlying causes. But mere understanding is not sufficient to

repair our politics. The challenge is to build a translational science of democracy that maintains scientific rigor while actively promoting the health of the body politic.

Science Translational Medicine

01 March 2017 Vol 9, Issue 379

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

Editorial

[Rx for Innovation: A path forward for us all](#)

By Margaret Anderson

Science Translational Medicine 01 Mar 2017 Full Access

The health citizenship movement can provide a platform for citizens—healthy and ill—to engage with researchers, industry, and regulators.

Social Science & Medicine

Volume 174, Pages 1-228 (February 2017)

<http://www.sciencedirect.com/science/journal/02779536/173>

Original Research Article

[Governance of global health research consortia: Sharing sovereignty and resources within Future Health Systems](#)

Pages 113-121

Bridget Pratt, Adnan A. Hyder

Abstract

Global health research partnerships are increasingly taking the form of consortia that conduct programs of research in low and middle-income countries (LMICs). An ethical framework has been developed that describes how the governance of consortia comprised of institutions from high-income countries and LMICs should be structured to promote health equity. It encompasses initial guidance for sharing sovereignty in consortia decision-making and sharing consortia resources. This paper describes a first effort to examine whether and how consortia can uphold that guidance. Case study research was undertaken with the Future Health Systems consortium, performs research to improve health service delivery for the poor in Bangladesh, China, India, and Uganda. Data were thematically analysed and revealed that proposed ethical requirements for sharing sovereignty and sharing resources are largely upheld by Future Health Systems. Facilitating factors included having a decentralised governance model, LMIC partners with good research capacity, and firm budgets. Higher labour costs in the US and UK and the funder's policy of allocating funds to consortia on a reimbursement basis prevented full alignment with guidance on sharing resources. The lessons described in this paper can assist other consortia to more systematically link their governance policy and practice to the promotion of health equity.

Original Research Article

[Dynamic axes of informed consent in Japan](#)

Pages 159-168

Laura Specker Sullivan

Abstract

Scholarship in cross-cultural bioethics routinely frames Japanese informed consent in contrast to informed consent in North America. This contrastive analysis foregrounds cancer diagnosis

disclosure and physician paternalism as unique aspects of Japanese informed consent that deviate from American practices. Drawing on in-depth interviews with 15 Japanese medical professionals obtained during fieldwork in Japan from 2013 to 15, this article complicates the informed consent discourse beyond East-West comparisons premised on Anglo-American ethical frameworks. It expands professional perspectives to include nurses, medical social workers, clinical psychologists, and ethicists and it addresses informed consent for a broad range of conditions in addition to cancer. The results suggest that division of affective labor is an under-theorized dimension of informed consent that is perceived as at odds with principled demands for universal informed consent. These practical tensions are conceptualized as cultural differences, with Japan identified in terms of *omakase* as practical and supportive and the United States identified in terms of *jiko kettei* as principled and self-determining. These results have implications for the methodology of cross-cultural bioethics as well as for theories and practices of informed consent in both Japan and the United States. I conclude that responsible cross-cultural work in bioethics must begin from the ground up, incorporating all relevant stakeholder perspectives, attitudes, and experiences.

Travel Medicine and Infectious Diseases

November-December, 2016 Volume 14, Issue 6

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

[Reviewed earlier]

Tropical Medicine & International Health

March 2017 Volume 22, Issue 3 Pages 253–369

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-3/issuetoc>

Original Articles

[Profile and reintegration experience of Ebola survivors in Guinea: a cross-sectional study \(pages 254–260\)](#)

Alexandre Delamou, Bienvenu Salim Camara, Jean Pe Kolie, Achille Diona Guemou, Nyankoye Yves Haba, Shannon Marquez, Abdoul Habib Beavogui, Therese Delvaux and Johan van Griensven

Version of Record online: 13 JAN 2017 | DOI: 10.1111/tmi.12825

Vaccine

Available online 23 February 2017

In Press, Corrected Proof

Conference report

[Vaccines: Shaping global health](#)

[Sonia Pagliusia](#), [Ching-Chia Tinga](#), [Fernando Lobosb](#), [the DCVMN Executive Committee Group](#)

Abstract

The Developing Countries Vaccine Manufacturers' Network (DCVMN) gathered leaders in immunization programs, vaccine manufacturing, representatives of the Argentinean Health Authorities and Pan American Health Organization, among other global health stakeholders, for its 17th Annual General Meeting in Buenos Aires, to reflect on how vaccines are shaping global health. Polio eradication and elimination of measles and rubella from the Americas is a result of successful collaboration, made possible by timely supply of affordable vaccines. After decades

of intense competition for high-value markets, collaboration with developing countries has become critical, and involvement of multiple manufacturers as well as public- and private-sector investments are essential, for developing new vaccines against emerging infectious diseases. The recent Zika virus outbreak and the accelerated Ebola vaccine development exemplify the need for international partnerships to combat infectious diseases. A new player, Coalition for Epidemic Preparedness Innovations (CEPI) has made its entrance in the global health community, aiming to stimulate research preparedness against emerging infections. Face-to-face panel discussions facilitated the dialogue around challenges, such as risks of viability to vaccine development and regulatory convergence, to improve access to sustainable vaccine supply. It was discussed that joint efforts to optimizing regulatory pathways in developing countries, reducing registration time by up to 50%, are required. Outbreaks of emerging infections and the global Polio eradication and containment challenges are reminders of the importance of vaccines' access, and of the importance of new public-private partnerships.

Vaccine

Volume 35, Issue 10, Pages 1369-1474 (7 March 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/10>

Reviews

[Use of m-Health in polio eradication and other immunization activities in developing countries](#)

Review Article

Pages 1373-1379

Sara S. Kim, Manish Patel, Alan Hinman

Abstract

Introduction

Reaching the children that are chronically missed by routine immunization services has been a key pillar of success in achieving progress toward polio eradication. The rapid advancement and accessibility of mobile technology ("mHealth") in low and lower middle income countries provides an important opportunity to apply novel, innovative approaches to provide vaccine services. We sought to document the use and effectiveness of mHealth in immunization programs in low and lower middle income countries. We particularly focused on mHealth approaches used in polio eradication efforts by the Global Polio Eradication Initiative (GPEI) to leverage the knowledge and lessons learned that may be relevant for enhancing ongoing immunization services.

Methods

In June 2016, the electronic database PubMed was searched for peer reviewed studies that focused on efforts to improve immunization programs (both ongoing immunization services and supplemental immunization activities or campaigns) through mobile technology in low and lower middle income countries.

Results

The search yielded 317 papers of which 25 met the inclusion criteria. One additional article was included from the hand searching process. mHealth was used for reminder and recall, monitoring and surveillance, vaccine acceptance, and campaign strategic planning. Mobile phones were the most common mobile device used. Of the 26 studies, 21 of 26 studies (80.8%) reported that mHealth improved immunization efforts.

Conclusion

mHealth interventions can effectively enhance immunization services in low and lower middle income countries. With the growing capacity and access to mobile technology, mHealth can be a powerful and sustainable tool for enhancing the reach and impact of vaccine programs.

Review Article

[Policy making for vaccine use as a driver of vaccine innovation and development in the developed world](#)

Pages 1380-1389

Katherine Seib, Andrew J. Pollard, Philippe de Wals, Ross M. Andrews, Fangjun Zhou, Richard J. Hatchett, Larry K. Pickering, Walter A. Orenstein

Abstract

In the past 200 years, vaccines have had unmistakable impacts on public health including declines in morbidity and mortality, most markedly in economically-developed countries. Highly engineered vaccines including vaccines for conditions other than infectious diseases are expected to dominate future vaccine development. We examine immunization vaccine policy as a driver of vaccine innovation and development. The pathways to recommendation for use of licensed vaccines in the US, UK, Canada and Australia have been similar, including: expert review of disease epidemiology, disease burden and severity; vaccine immunogenicity, efficacy and safety; programmatic feasibility; public demand; and increasingly cost-effectiveness. Other attributes particularly important in development of future vaccines are likely to include: duration of immunity for improved vaccines such as pertussis; a greater emphasis on optimizing community protection rather than direct protection only; programmatic implementation, feasibility, improvements (as in the case of development of a universal influenza vaccine); public concerns/confidence/fears related to outbreak pathogens like Ebola and Zika virus; and major societal burden for combating hard to treat diseases like HIV and antimicrobial resistant pathogens. Driving innovation and production of future vaccines faces enormous economic hurdles as available approaches, technologies and regulatory pathways become more complex. As such, cost-mitigating strategies and focused, aligned efforts (by governments, private organizations, and private-public partnerships) will likely be needed to continue to spur major advances in vaccine technologies and development.

Vaccine: Development and Therapy

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

(Accessed 4 March 2017)

[No new content]

Vaccines — Open Access Journal

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

(Accessed 4 March 2017)

[No new digestcontent]

Value in Health

February 2017 Volume 20, Issue 2, p181-308

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

[Reviewed earlier]

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

Current Opinion in HIV and AIDS

Post Author Corrections: February 21, 2017

[Lessons learned from human HIV vaccine trials](#)

Pollara, Justin; Easterhoff, David; Fouda, Genevieve G.

doi: 10.1097/COH.0000000000000362

Abstract

Purpose of review: The ability to induce broadly neutralizing antibody (bNAb) responses is likely essential for development of a globally effective HIV vaccine. Unfortunately, human vaccine trials conducted to date have failed to elicit broad plasma neutralization of primary virus isolates. Despite this limitation, in-depth analysis of the vaccine-induced memory B-cell repertoire can provide valuable insights into the presence and function of subdominant B-cell responses, and identify initiation of antibody lineages that may be on a path towards development of neutralization breadth.

Recent findings: Characterization of the functional capabilities of monoclonal antibodies isolated from a HIV-1 vaccine trial with modest efficacy has revealed mechanisms by which non-neutralizing antibodies are presumed to have mediated protection. In addition, B-cell repertoire analysis has demonstrated that vaccine boosts shifted the HIV-specific B-cell repertoire, expanding pools of cells with long third heavy chain complementarity determining regions - a characteristic of some bNAb lineages.

Summary: Detailed analysis of memory B-cell repertoires and evaluating the effector functions of isolated monoclonal antibodies expands what we can learn from human vaccine trials, and may provide knowledge that can enable rational design of novel approaches to drive maturation of subdominant disfavored bNAb lineages.

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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

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content is published without restriction, but most publications require registration and some subscription level.

The Atlantic

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

Accessed 4 March 2017

[No new, unique, relevant content]

BBC

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

Accessed 4 March 2017

[No new, unique, relevant content]

The Economist

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

Accessed 4 March 2017

[No new, unique, relevant content]

Financial Times

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

Accessed 4 March 2017

[GSK 'real world' study offers new model for drug trials](#)

26 February 2017

GlaxoSmithKline has conducted the world's first drug trial under "real world" conditions — closely watched by an industry under greater pressure than ever to prove the value of its medicines to cost-constrained health systems. In a global first for drugmakers, GSK obtained permission to test Relvar, a drug to treat asthma and chronic obstructive pulmonary disease (COPD), before it had received full regulatory approval. It did this by setting in place an electronic patient data-monitoring system that ensured any adverse reactions were immediately communicated to physicians.

Forbes

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

Accessed 4 March 2017

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 4 March 2017

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 4 March 2017

[No new, unique, relevant content]

The Guardian

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

:

Accessed 4 March 2017

[No new, unique, relevant content]

New Yorker

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

Accessed 4 March 2017

[No new, unique, relevant content]

New York Times

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

Accessed 4 March 2017

[No new, unique, relevant content]

Scientific American

<https://www.scientificamerican.com/>

Accessed 4 March 2017

Guest Blog

[Will an American-Led Anti-Vaccine Movement Subvert Global Health?](#)

We've made great gains in fighting infectious diseases in the last 50 years—but those gains are fragile

By Peter J. Hotez on March 3, 2017

Wall Street Journal

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

Accessed 4 March 2017

[No new, unique, relevant content]

Washington Post

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

Accessed 4 March 2017

[No new, unique, relevant content]

[Think Tanks et al](#)

Brookings

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

Accessed 4 March 2017

[No new relevant content]

Center for Global Development

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

Accessed 4 March 2017

[No new relevant content]

Council on Foreign Relations

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

Accessed 4 March 2017

:

[No new relevant content]

CSIS

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

Accessed 4 March 2017

Transcript

[A Conversation with U.S. Surgeon General Dr. Vivek H. Murthy](#)

March 1, 2017

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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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