



Vaccines and Global Health: The Week in Review
29 April 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

Summary report for the SAGE meeting of April 2017

28 April 2017 :: 5 pages

The Strategic Advisory Group of Experts (SAGE) on Immunization met on 25-27 April 2017 in Geneva, Switzerland.

Summary Report topics: Polio Eradication; Cholera; Ebola Vaccines; Diphtheria

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Ghana, Kenya and Malawi to take part in WHO malaria vaccine pilot programme

Brazzaville, 24 April 2017 - The World Health Organization Regional Office for Africa (WHO/AFRO) announced today that Ghana, Kenya, and Malawi will take part in a WHO-coordinated pilot implementation programme that will make the world's first malaria vaccine available in selected areas, beginning in 2018.

The injectable vaccine, RTS,S, was developed to protect young children from the most deadly form of malaria caused by *Plasmodium falciparum*. RTS,S will be assessed in the pilot programme as a complementary malaria control tool that could potentially be added to the core package of WHO-recommended measures for malaria prevention.

"The prospect of a malaria vaccine is great news. Information gathered in the pilot will help us make decisions on the wider use of this vaccine", said Dr Matshidiso Moeti, WHO Regional Director for Africa. "Combined with existing malaria interventions, such a vaccine would have the potential to save tens of thousands of lives in Africa," she added.

Africa bears the greatest burden of malaria worldwide. Global efforts in the last 15 years have led to a 62 percent reduction in malaria deaths between 2000 and 2015, yet approximately 429,000 people died of the disease in 2015, the majority of them young children in Africa.

The WHO pilot programme will assess whether the vaccine's protective effect in children aged 5 – 17 months old during Phase III testing can be replicated in real-life. Specifically, the pilot programme will assess the feasibility of delivering the required four doses of RTS,S, the vaccine's potential role in reducing childhood deaths, and its safety in the context of routine use.

WHO recommendations and RTS,S

RTS,S was developed by GSK and is the first malaria vaccine to have successfully completed a Phase III clinical trial. The trial was conducted between 2009 and 2014 through a partnership involving GSK, the PATH Malaria Vaccine Initiative (with support from the Bill & Melinda Gates Foundation), and a network of African research sites in seven African countries—including Ghana, Kenya, and Malawi.

RTS,S is also the first malaria vaccine to have obtained a positive scientific opinion from a stringent medicines regulatory authority, the European Medicines Agency (EMA), which approved RTS,S in July 2015.

In October 2015, two independent WHO advisory groups, comprised of the world's foremost experts on vaccines and malaria, recommended pilot implementation of RTS,S in three to five settings in sub-Saharan Africa. The recommendation came from the Strategic Advisory Group of Experts (SAGE) on Immunization and the Malaria Policy Advisory Committee (MPAC), following a joint review of all available evidence on the vaccine's safety and efficacy. The World Health Organization formally adopted the recommendation in January 2016.

Pilot implementation

The three countries were selected to participate in the pilot based on the following criteria: high coverage of long-lasting insecticidal-treated nets (LLINs); well-functioning malaria and immunisation programmes, a high malaria burden even after scale-up of LLINs, and participation in the Phase III RTS,S malaria vaccine trial. Each of the three countries will decide on the districts and regions to be included in the pilots. High malaria burden areas will be prioritized, as this is where the benefit of the vaccine is predicted to be highest. Information garnered from the pilot will help to inform later decisions about potential wider use of the vaccine.

The malaria vaccine will be administered via intramuscular injection and delivered through the routine national immunization programmes. WHO is working with the three countries to facilitate regulatory authorization of the vaccine for use in the pilots through the African Vaccine Regulatory Forum (AVAREF). Regulatory support will also include measures to enable the appropriate safety monitoring of the vaccine and rigorous evaluation for eventual large scale use.

Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and UNITAID, are partnering to provide US\$49.2 million for the first phase of the pilot programme (2017-2020) which will be complemented by in-kind contributions from WHO and GSK.

[See related announcements by Gavi, PATH, and others below]

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World Malaria Day, 25 April 2017

WHO Publication:

Malaria prevention works: let's close the gap

Number of pages: 28

Publication date: 2017 :: 28 pages

WHO reference number: WHO/HMT/GMP/2017.6

Overview

On World Malaria Day 2017, WHO is placing a special focus on prevention, a critical strategy for reducing the burden of a disease that continues to kill more than 400 000 people annually. This new report offers a brief summary of WHO-recommended tools in the malaria prevention arsenal. It is divided into 2 parts: the first chapter focuses on core vector control measures, and the second on preventive treatment strategies for the most vulnerable groups in Africa. It

addresses a key biological threat – mosquito resistance to insecticides – and highlights the need for new anti-malaria tools.

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Global Health Coalition Urges G20 Pledge on Pandemics and Neglected Diseases

BERLIN, April 28, 2017 /PRNewswire/ -- A coalition of global health organisations has called on the G20 to provide leadership in combating pandemics, drug resistance, and major poverty-related and neglected diseases.

The public 'Call to Action' launched in Berlin on April 28 urges G20 health ministers to commit new long-term investment in pandemic preparedness, and health technologies to combat antimicrobial resistance(AMR) and Poverty-Related and Neglected Diseases(PRNDs).

"Meeting health targets outlined in the UN Sustainable Development Goals will require sustained investment and political will," coalition representatives said.

"As representatives of the world's largest and wealthiest economies, the G20 must provide leadership. As we saw during the recent Ebola crisis in West Africa, the world is woefully unprepared to deal with pandemics. AMR, which includes drug resistant strains of HIV/AIDS, TB, malaria, diarrheal disease and pneumonia also poses an increasingly serious threat to public health."

We urge the G20 to agree to provide the following:

- :: Political leadership to address the inter-related issues of AMR, pandemic preparedness/ response and PRNDs.

- :: Increased financial support and its co-ordination across the G20 and partner countries for global health innovation, including research and development for drugs, diagnostics, vaccines and other health technologies.

- :: Encourage business, philanthropic organizations and other financing institutions from the G20 to increase investment.

- :: Make full use of G20 public health and scientific expertise.

"These are diseases of poverty: 95% of cases are among poor and marginalised populations in low and middle-income countries. They also fuel the cycle of poverty, exacting a heavy economic toll on affected families and communities, which imposes a significant 'growth penalty' on entire regions.

"Failure to invest now will lead to long-term costs. The World Bank has estimated that, without additional resources, these diseases will push an additional 28.3million people into poverty, increase global healthcare costs by \$1.2trillion and cost low income countries more than 5% of GDP by 2050.

"G20 leadership is vital if we are to successfully reduce the global disease burden, lift millions out of poverty and avert billions of dollars of economic and social costs."

Coalition includes:

TB Alliance

Medicines for Malaria Venture

PATH

Sabin Vaccine Institute

CARB-X

The Coalition for Epidemic Preparedness Innovations

Global Health Technologies Coalition

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Sabin Vaccine Institute [to 29 April 2017]

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

April 25, 2017

Dr. Jan Holmgren Receives 2017 Albert B. Sabin Gold Medal Award

WASHINGTON, D.C. — Tonight, the Sabin Vaccine Institute (Sabin) will honor Dr. Jan Holmgren with the 2017 Albert B. Sabin Gold Medal Award. Dr. Holmgren will be recognized for his pioneering contributions to oral vaccine research and mucosal immunology, as well as his leadership in the discovery of the world's first effective oral cholera vaccine.

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UNICEF [to 29 April 2017]

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

26 April 2017

UNICEF reaches almost half of the world's children with life-saving vaccines

NEW YORK, 26 April 2017 – UNICEF procured 2.5 billion doses of vaccines to children in nearly 100 countries in 2016, reaching almost half of the world's children under the age of five. The figures, released during World Immunization Week, make UNICEF the largest buyer of vaccines for children in the world.

Nigeria, Pakistan and Afghanistan, the three remaining polio-endemic countries, each received more doses of vaccines than any other country, with almost 450 million doses of vaccines procured to children in Nigeria, 395 million in Pakistan and over 150 million in Afghanistan. UNICEF is the lead procurement agency for the Global Polio Eradication Initiative.

Access to immunization has led to a dramatic decrease in deaths of children under five from vaccine-preventable diseases, and has brought the world closer to eradicating polio. Between 2000 and 2015, under five deaths due to measles declined by 85 per cent and those due to neonatal tetanus by 83 per cent. A proportion of the 47 per cent reduction in pneumonia deaths and 57 per cent reduction in diarrhea deaths in this time is also attributed to vaccines.

Yet an estimated 19.4 million children around the world still miss out on full vaccinations every year. Around two thirds of all unvaccinated children live in conflict-affected countries. Weak health systems, poverty and social inequities also mean that 1 in 5 children under five is still not reached with life-saving vaccines.

"All children, no matter where they live or what their circumstances are, have the right to survive and thrive, safe from deadly diseases," said Dr. Robin Nandy, Chief of Immunization at UNICEF. "Since 1990, immunization has been a major reason for the substantial drop in child mortality, but despite this progress, 1.5 million children still die from vaccine preventable diseases every year."...

25 April 2017

In drought-hit Somalia, children also face potentially deadly measles threat

BAIDOA, Somalia, – Almost 30,000 young children, many of them displaced by a searing drought, are being vaccinated against measles this week in an emergency campaign in Baidoa,

a town at the heart of one of Somalia's hardest-hit areas.

Many of the children have never been immunized before – they come from remote areas health workers often cannot reach because of a decades-old conflict that has ravaged the impoverished country in the Horn of Africa.

So far this year, almost 5,700 cases of suspected measles have been reported across the country, more than the total number of cases in 2016. Measles, a viral respiratory infection that spreads through air and contact with infected mucus and saliva, thrives in congested, unsanitary displacement camps, which have mushroomed across the town and surrounding areas. More than 100,000 people have come to Baidoa in search of assistance, including at least 70,000 in March alone.

"Among vaccine-preventable diseases, none is more deadly than measles," said Steven Lauwerier, UNICEF's Representative in Somalia. "And we know only too well from the 2011 famine that measles, combined with malnutrition and displacement, is an especially lethal combination for children."...

The Baidoa campaign is part of an effort to vaccinate about 110,000 displaced children below 5 years old in hotspots across south central Somalia, plus 250,000 children in Somaliland, against the deadly contagious disease, by the end of May. Conducted in partnership with the Ministry of Health, WHO, and several non-governmental organizations, it also includes a vitamin A supplement to boost immunity as well as de-worming tablets.

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Emergencies

Public Health Emergencies of International Concern (PHEIC) [to 29 April 2017]

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 25 April 2017

:: The Strategic Advisory Group of Experts on immunization (SAGE) is meeting this week in Geneva, Switzerland. The group is expected to review the global polio eradication status and advise on additional measures that should be undertaken to fully implement the Polio Endgame Strategic Plan and secure a lasting polio-free world.

"" The GPEI Secretariat Report to the upcoming World Health Assembly (WHA) has been finalized and is available here [see below]. The report summarises the current status against all four objectives of the Polio Endgame Plan, and will be the main tool to inform discussions by Member States at next month's WHA.

:: This week marks the World Immunization Week, aimed at raising global awareness of the need to ensure all children are vaccinated against polio and all vaccine-preventable diseases. The GPEI has launched two animations to help mark this special week, on the Polio Surveillance System and Reaching Every Last Child.

Country Updates [Selected Excerpts]

New cases or environmental samples reported across the monitored country/region settings: Afghanistan, Pakistan, Nigeria, Lake Chad Basin, Guinea and West Africa, and Lao People's Democratic Republic have been removed from the monitored geographies list.

Afghanistan

:: Two new wild poliovirus type 1 (WPV1) environmental positive samples were reported in the past week, from Nangahar and Kandahar, collected on 25 March and 9 March, respectively.

Pakistan

4 April 2017 Balochistan (two from Killa Abdullah and one from Quetta), and one from Sindh (Gadap, greater Karachi), collected on 1 April, 17 March, 14 March and 13 March, respectively.

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Poliomyelitis: Report by the Secretariat

Seventieth World Health Assembly

Provisional Agenda Item 12.3 A70/14

[Excerpts; Editor's text bolding]

...5. The declaration in 2014 of international spread of wild poliovirus as a Public Health Emergency of International Concern and the Temporary Recommendations promulgated under the International Health Regulations (2005) remain in effect. National polio emergency action plans continue to be implemented in all countries affected by circulation of either wild poliovirus or vaccine-derived polioviruses, and all countries currently affected by circulation of either type of virus have declared such events to be national public health emergencies.

6. Between 17 April and 1 May 2016, all 155 countries and territories that were still using trivalent oral polio vaccine successfully switched its use to the bivalent oral polio vaccine through a globally-synchronized replacement. It was the first step in the phased removal of oral polio vaccines, which will culminate with the cessation of use of all oral polio vaccines following global certification of eradication of all wild poliovirus types. Since the declaration of eradication of wild poliovirus type 2 in September 2015, Member States are completing efforts to identify facilities holding type 2 polioviruses (wild, vaccine-derived or Sabin), destroy unneeded materials or appropriately contain needed materials in poliovirus-essential facilities.

7. In 2016, acceleration of transition planning continued (see paragraphs 20–25) in order: to ensure effective advance human resource planning at all levels of the Secretariat to reduce the number of polio-funded staff and associated financial liabilities; to understand the consequences of the loss of polio-funded staff and infrastructure on other WHO programme areas, and WHO country offices; and to help to identify opportunities to mainstream or integrate polio functions into other programmes areas or national health system, where feasible.

8. The partners of the Global Polio Eradication Initiative continue to engage closely with all Member States and the broader international development community in efforts to secure rapidly the additional US\$ 1300 million required to achieve a lasting polio-free world...

FINANCE AND MANAGEMENT OF THE GLOBAL POLIO ERADICATION INITIATIVE

26. Thanks to the generous continuing support of the international development community, including Member States (especially the countries where poliomyelitis is endemic), multilateral and bilateral organizations, development banks, foundations and Rotary International, the budget for planned activities for 2016 was fully financed. Efforts are under way to mobilize, by mid-2017, the additional US\$ 1300 million required to fully fund the implementation of the Polio Eradication and Endgame Strategic Plan and to secure a lasting polio-free world and global certification in 2020. In addition to the significant humanitarian benefits associated with polio eradication, the drive is also associated with substantial economic benefits. **A polio-free world will reap savings of a total of more than US\$ 50 000 million (with US\$ 27 000 million already saved), funds that can be used to address other pressing public health and development needs.** Critical to achieving a lasting polio-free world is the rapid mobilization of the additional funds needed. The Global Polio Eradication Initiative published an investment case² for polio eradication, clearly summarizing the economic and humanitarian rationale for continued investment in the Initiative...

2. Available at <http://polioeradication.org/wp-content/uploads/2017/03/InvestmentCase.pdf> (accessed 10 April 2017)

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WHO Grade 3 Emergencies [to 29 April 2017]

Iraq -

:: Iraq: Special health situation report from Mosul

22 April 2017 -- WHO has supported the health directorates in Erbil, Duhok and Silymania by providing intravenous fluids sufficient for 100 000 people. The Federal Ministry of Health has opened a fully equipped third hospital in Hamam al'Alil (including a maternity unit by UNFPA) managed by ASPEN Medical. More than 16 800 consultations (25% of them children under 5 years) has been managed through the primary health care facilities and WHO supported mobile clinics.

Yemen -

:: Impending famine, ongoing fighting and a failing health system leave millions at risk in Yemen

24 April 2017 -- Two years of intense conflict have left 18.8 million people in need of humanitarian assistance and placed overwhelming strain on the country's health system at a time when it is needed most.

The World Health Organization (WHO) is leading a reprioritization of the response of more than 66 operational partner organizations, aiming to sustain the remnants of the nation's health system and ensure access to life-saving health services for the country's most vulnerable.

Nigeria - *No new announcements identified*

South Sudan - *No new announcements identified*

The Syrian Arab Republic - *No new announcements identified*

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WHO Grade 2 Emergencies [to 29 April 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.
[New primary webpage not responding at inquiry]

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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.

Zika virus [to 29 April 2017]

<http://www.who.int/emergencies/zika-virus/en/>
[No new digest content identified]

MERS-CoV [to 29 April 2017]

<http://www.who.int/emergencies/mers-cov/en/>
Disease Outbreak News [DONs]

:: Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia and Qatar
27 April 2017

:: Middle East respiratory syndrome coronavirus (MERS-CoV) – United Arab Emirates
24 April 2017

Yellow Fever [to 29 April 2017]

<http://www.who.int/emergencies/yellow-fever/en/>
[No new digest content identified]

EBOLA/EVD [to 29 April 2017]

<http://www.who.int/ebola/en/>
[No new digest content identified]

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WHO & Regional Offices [to 29 April 2017]

World Immunization Week, 24-30 April

Immunization saves millions of lives and is widely recognized as one of the world's most successful and cost-effective health interventions.

Improving tracking of vaccines in Zambia

26 April 2017 – In search for a solution to track vaccines in real-time, the Zambian Ministry of Health and WHO piloted a logistics management information system in 34 facilities in 2016. Through the web and mobile phones, the system allows supply chain managers in the country's national, district, and provincial vaccine warehouses and stores to monitor vaccine stocks, usage, and expirations by the minute

Thousands of lives at risk as Gaza public hospitals face fuel and electricity crisis

27 April 2017 – Increasing power cuts and shortages of fuel are creating an impending crisis for Gaza's 14 public hospitals, threatening the closure of essential health services which would leave thousands of people without access to life-saving health care.

Highlights

WHO Director-General's statement to high-level pledging event for the humanitarian crisis in Yemen

April 2017 – As the international community gathers in Geneva, the humanitarian catastrophe in Yemen continues to unfold. Health partners require US\$ 322 million for response activities in Yemen in 2017, of which WHO is requesting US\$ 126 million.

Health security: is the world better prepared?

April 2017 – There is no more acute need for a guardian of health than during a disease outbreak. Lessons learned from the West Africa Ebola outbreak in 2014 were the catalyst to creating our new Health Emergencies Programme, enabling a faster, more effective response to outbreaks and emergencies.

World Report on Health Policy and Systems Research

April 2017 – The first-ever World Report on Health Policy and Systems Research commemorates the 20th anniversary of the Alliance for Health Policy and Systems Research. The report describes the evolution of the field and provides figures on publications produced, funding trends, and institutional capacity.

Mexico eliminates trachoma, leading infectious cause of blindness

April 2017 – Trachoma has been eliminated as a public health problem in Mexico, WHO announced today. Mexico becomes the first country in the Americas and the third in the world after Oman and Morocco to receive validation from WHO for having eliminated this disease.

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Weekly Epidemiological Record, 28 April 2017, vol. 92, 17 (pp. 205–228)

Measles vaccines: WHO position paper – April 2017

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

- :: Improving tracking of vaccines in Zambia 26 April 2017
- :: Treated mosquito nets are safe and effective - 25 April 2017
- :: Ghana, Kenya and Malawi to take part in WHO malaria vaccine pilot programme - 24 April 2017

WHO Region of the Americas PAHO

- :: Ministros de Salud de Mesoamérica acuerdan trabajar juntos para atender las necesidades de salud de los migrantes (04/26/2017)
- :: "Malaria Champions of the Americas" contest seeks nominations for best surveillance, universal access to diagnosis and treatment (04/25/2017)
- :: Mexico eliminates trachoma, leading infectious cause of blindness (04/24/2017)

WHO South-East Asia Region SEARO

- :: WHO South-East Asia pledge intensified efforts against neglected tropical diseases 26 April 2017
- :: Malaria prevention works: let's close the gap 24 April 2017

WHO European Region EURO

- :: Hepatitis B vaccination has dramatically reduced infection rates among children in Europe, but more is needed to achieve elimination 28-04-2017
- :: The WHO European Region remains malaria free 25-04-2017
- :: Vaccination – we must not take the benefits for granted 24-04-2017

WHO Eastern Mediterranean Region EMRO

- :: As trauma needs escalate in west Mosul more ambulances are deployed 24 April 2017
- :: Trauma field hospital in Hammam Al-Alil goes 24/7 27 April 2017
- :: WHO support saves lives of people injured in the frontlines of Mosul 23 April 2017
- :: Expanding access to vaccines is crucial for saving thousands of children's lives across Afghanistan 23 April 2017

WHO Western Pacific Region

- :: Immunization can save a million and a half more lives in WHO's Western Pacific Region
MANILA, 24 April 2017 — Despite the proven effectiveness of vaccines and the tens of millions of lives they have saved, an estimated 400 000 people die needlessly every year in the World Health Organization's (WHO's) Western Pacific Region from diseases that vaccines could prevent. Vaccines save up to 3 million lives each year worldwide from infectious diseases, such as hepatitis, diphtheria, tetanus, measles and polio. Still, nearly 2.3 million children in the Region each year are not fully immunized against these threats.

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CDC/ACIP [to 29 April 2017]

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

No new digest content identified

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Announcements

BMGF - Gates Foundation [to 29 April 2017]

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

APRIL 25, 2017

Bill & Melinda Gates Foundation Statement on Intention to Create Non-Profit Medical Research Institute

SEATTLE (April 25, 2017) – The Bill & Melinda Gates Foundation intends to establish a non-profit medical research institute that will combat diseases that disproportionately impact the poor in low- and middle-income countries by accelerating progress in translational science – the process that translates promising scientific discoveries into potential medical products.

The foundation anticipates that the initial focus of the institute will be to enhance the product pipeline for malaria, tuberculosis, and enteric and diarrheal diseases. Since 1990, the global health product development pipeline has produced dozens of high-impact interventions that have helped save more than 100 million lives. The institute intends to build on this progress by capitalizing on new strategies that could increase the identification, selection, and optimization of novel candidates for drugs, vaccines, diagnostics, and medical devices.

The foundation intends to transition potentially viable interventions to product development partners, developing country manufacturers, and others to take forward into late-stage development.

It is anticipated that the institute will be co-located in the Seattle and Boston metropolitan regions and that Penny Heaton, who currently leads the foundation's Vaccine Development and Surveillance Program, will take a senior leadership role with the institute.

The foundation is in the early stages of planning and design for the institute, and further details will be provided toward the end of 2017.

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European Medicines Agency [to 29 April 2017]

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

25/04/2017

European Immunisation Week: Statement of Guido Rasi, the Executive Director of the European Medicines Agency (EMA)

Immunisation has helped us to bring some major human diseases under control - smallpox, diphtheria, tetanus, yellow fever, whooping cough, polio, and measles – to name a few. Worldwide, vaccines are saving the lives of approximately nine million people every year, more than the whole population of Austria. Today, no child in Europe has to die from formerly common childhood diseases.

But we observe an increasing lack of trust in public health institutions, scientists and scientific knowledge itself in Europe and beyond. The main reason is fear, caused by unreliable sources of information and influencers that ignore solid scientific evidence.

Fear is not the only factor. People seem to have forgotten the dreadful consequences of some of the vaccine-preventable diseases.

I call on all parents to protect their children. Vaccines will keep them safe from deadly measles or cervical cancer. If your child is not immunised, this could become a threat for those who are more vulnerable: siblings who are too young to be vaccinated, elderly grandparents, classmates that have special health conditions...

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Gavi [to 29 April 2017]

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

Statement

Partnership supports launch of malaria vaccine pilots in three African countries

Funders hail next step in the development of world's first malaria vaccine.

Geneva, 24 April 2017 - The world's first malaria vaccine, RTS,S, has moved a step closer to a global rollout following WHO's announcement that Ghana, Kenya and Malawi will begin administering the vaccine in 2018.

The three countries will host pilots to evaluate the feasibility of delivering the required four doses of RTS,S in real-life settings, the vaccine's potential role in reducing childhood deaths and its safety in the context of routine use.

Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Unitaid are partnering to provide \$49.2 million for the first phase of the pilot programme. Ministries of Health in Ghana, Kenya and Malawi will implement the pilots, in coordination with WHO.

"The world's first malaria vaccine is a real achievement that has been 30 years in the making," said Dr Seth Berkley, Gavi CEO. "Today's announcement marks an important step towards potentially making it available on a global scale. Malaria places a terrible burden on many of the world's poorest countries, claiming thousands of lives and holding back economies. These pilots are crucial to determining the impact this vaccine could have on reducing this toll."...

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Global Fund [to 29 April 2017]

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

News

Liberia and Global Fund Deepen Partnership in Building Systems for Health

26 April 2017

President Ellen Johnson Sirleaf today outlined strategic areas of partnership between Liberia and the Global Fund, stressing the need to accelerate the process of building resilient and sustainable systems for health to prevent disease outbreaks. Liberia was the epicenter of the 2014 Ebola outbreak that claimed more than 11,000 lives across West Africa.

News

New Global Fund Grant Aims for Malaria Elimination in the Mekong

25 April 2017

The Global Fund to Fight AIDS, Tuberculosis and Malaria will continue to support five Southeast Asian countries to expand efforts against malaria, and aim to eliminate the most deadly strain of malaria.

News

Partnership Supports Launch of Malaria Vaccine Pilots in Three African Countries

24 April 2017

The world's first malaria vaccine, RTS,S, has moved a step closer to a global rollout following WHO's announcement that Ghana, Kenya and Malawi will begin administering the vaccine in 2018.

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PATH [to 29 April 2017]

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

Announcement | April 25, 2017

PATH Statement in Support of New Bill & Melinda Gates Foundation Medical Research Institute

"We welcome the Bill & Melinda Gates Foundation's plans to establish a new nonprofit medical research institute to conduct integrated early-stage research and development (R&D) on key global health disease areas," said Steve Davis, president and CEO of PATH.

"Given the many unmet needs in global health, we commend the Gates Foundation's continued investment in early-stage R&D on vaccines, drugs, and diagnostics for urgent health priorities. We look forward to working together to accelerate the identification and development of new tools to address some of the world's toughest health issues," said Steve Davis.

"PATH has a rich history and robust portfolio of work on vaccines, drugs, and diagnostics. We appreciate the Gates Foundation's continued support for PATH. We look forward to continued discussions with foundation leadership and staff, so that PATH's efforts and expertise align with and complement the new institute's work," said Steve Davis.

Announcement | April 25, 2017

PATH welcomes Zambia's commitment to eliminate malaria by 2021

PATH welcomed today's announcement by Zambia's Minister of Health, Dr. Chitalu Chilufya, speaking on behalf of Edgar Chagwa Lungu, the President of Zambia, commemorating World Malaria Day with the launch of an ambitious national strategy to eliminate malaria by 2021. The strategy demonstrates Zambia's regional leadership in the malaria fight—if successful, it would be the first sub-Saharan country with significant, year-round transmission to eliminate the disease.

Announcement | April 24, 2017

PATH and GSK welcome progress toward RTS,S malaria vaccine pilot implementation with selection of countries

PATH and GSK welcome the World Health Organization's (WHO) announcement of the countries selected to participate in the first pilot implementation of the RTS,S/AS01 malaria vaccine (also known as Mosquirix™). The pilot implementation is due to begin in 2018. The selected countries—Ghana, Kenya, and Malawi—have achieved significant reductions in malaria mortality through the deployment of currently available prevention and control measures, but still face a substantial disease burden from malaria. Each of these countries have experience with RTS,S from the large Phase 3 efficacy and safety trial of the vaccine, which concluded in early 2014.

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EDCTP [to 29 April 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

25 April 2017

Funding research and innovation to help end malaria

The fight against malaria has seen a decade of remarkable success and progress. It remains, however, a threat to half of the world's population with more than 200 million new cases of malaria and claims the lives of almost half a million people every year, the majority of whom are children under five years of age. According to the WHO 2016 World Malaria Report, 92 per cent of malaria deaths occur in sub-Saharan Africa. To end this massive suffering, the current tools are not sufficient. More research and development is needed to improve the prevention and management of malaria in the context of elimination.

Under the first EDCTP programme, malaria research received a total funding of € 50.2 million for 42 projects. Since the start of the second EDCTP programme in 2014, 6 projects in malaria research have been funded so far, to a total amount of approximately € 9.5 million...

.....

NIH [to 29 April 2017]

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

April 28, 2017

Zika virus persists in the central nervous system and lymph nodes of Rhesus monkeys

Virus found in tissues weeks after clearance from blood.

April 25, 2017

NIH statement on World Malaria Day — April 25, 2017

Statement of B. Fenton Hall, M.D., Ph.D., and Anthony S. Fauci, M.D., National Institute of Allergy and Infectious Diseases.

.....

European Vaccine Initiative [to 29 April 2017]

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

25 April 2017

World Malaria Day 2017: End Malaria For Good

World Malaria Day is a chance to shine a spotlight on the global effort to control malaria.

.....

UNAIDS [to 29 April 2017]

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

Selected Press Releases & Updates

Update

China–Africa partnership to improve access to health-care

28 April 2017

China and Africa have come together to find new ways of improving access to health care. More than 30 Ministers of Health from across Africa joined the Vice-Premier of China Liu Yandong, and the Chinese Minister of National Health and Family Planning Commission Li Bin at the China-Africa Ministerial Conference on Health Cooperation. The event was held in Pretoria, South Africa on April 24 under the theme China-Africa Health Cooperation, From Commitments to Actions.

The Vice Premier of China talked about the long standing partnership between China and Africa in the field of health care and of China's commitment to help build the health sector in developing countries and boost efforts for a broader future for China-Africa cooperation in health.

In his address, the UNAIDS Executive Director, Michel Sidibé, outlined three critical initiatives that need to be put in place. He said that, together with the African Union, partners should create a workforce of 2 million community health workers for Africa, learning from the Barefoot Doctors of China organization, which trains people on basic medicine to work in rural areas of China. Trilateral cooperation between China, Africa and UNAIDS should focus on disease surveillance for accelerating action to achieve Sustainable Development Goals 3. He added that UNAIDS will continue to support the scale-up of the local production of medicines and health commodities...

Update

Campaign to raise HIV awareness among young people in ASEAN region launched

28 April 2017

A new campaign called #Live2LUV aims to promote information on sexual and reproductive health, including HIV, among young people in South-East Asian countries. UNAIDS, along with regional networks of young people, Youth Lead and Youth Voices Count, and the United Nations Children's Fund and the United Nations Population Fund, launched the campaign during the four-day Association of Southeast Asian Nations (ASEAN) Youth Summit in Manila, Philippines, which ends on 29 April...

.....

Fondation Merieux [to 29 April 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.

27 April 2017, Phnom Penh (Cambodia)

Inauguration of the Rodolphe Mérieux Laboratory in Cambodia: new capacities for this major training and scientific research platform

On April 27, was inaugurated the Rodolphe Mérieux Laboratory at the University of Health Sciences (UHS) in Cambodia.

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Wellcome Trust [to 29 April 2017]

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

News / Published: 26 April 2017

Innovation stops women dying from severe blood loss after childbirth

A Wellcome-funded global trial has found that tranexamic acid (TXA), a drug discovered more than 50 years ago that costs about £2 a dose, reduces maternal death from bleeding by 31% if given within three hours.

The WOMAN Trial study, coordinated by the London School of Hygiene & Tropical Medicine, recruited 20,000 mothers in 193 hospitals in 21 countries. It is published today in The Lancet (opens in a new tab)...

.....

IVI [to 29 April 2017]

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

27 April 2017

IVI editorial in The Korea Herald advocates for Korean leadership for global health

by IVI Director General Jerome Kim

.....

.....

AERAS [to 29 April 2017]

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

No new digest content identified.

BIO [to 29 April 2017]

<https://www.bio.org/insights>

No new digest content identified.

CEPI – Coalition for Epidemic Preparedness Innovations [to 29 April 2017]

<http://cepi.net/>

No new digest content identified.

DCVMN [to 29 April 2017]

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

No new digest content identified

FDA [to 29 April 2017]

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

What's New for Biologics

No new digest content identified.

GHIT Fund [to 29 April 2017]

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

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

No new digest content identified.

Hilleman Laboratories [to 29 April 2017]

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

Human Vaccines Project [to 29 April 2017]
<http://www.humanvaccinesproject.org/media/press-releases/>
No new digest content identified.

IAVI – International AIDS Vaccine Initiative [to 29 April 2017]
<https://www.iavi.org/>
No new digest content identified.

IFPMA [to 29 April 2017]
<http://www.ifpma.org/resources/news-releases/>
No new digest content identified.

PhRMA [to 29 April 2017]
<http://www.phrma.org/press-room>
No new digest content identified.

* * * *

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

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

World Report on Health Policy and Systems Research

WHO; Alliance for Health Policy and Systems Research

April 2017 :: 56 pages

ISBN 978-92-4-151226-8

Foreward [Excerpt]

In the 1990s, two far-sighted reports recognized that health policy and systems research was a neglected area of research, particularly in middle- and low-income countries. These were the historic reports of the Commission on Health Research for Development and that of the Ad Hoc Committee on Health Research. Since then, as the current text well illustrates, the field has developed substantially –not least through the creation of the Alliance for Health Policy and Systems Research in 2000 and that of Health Systems Global in 2012.

This first World Report on Health Policy and Systems Research reflects the importance of monitoring and measuring developments in the field. It provides evidence that allows national policy-makers and funders to see how their investments contribute to the generation and use of policy-relevant knowledge. Its chapters describe the evolution of the field, the current state of play and results to date, the challenge of institutional capacity and emerging trends, illustrating

the importance of this area of research for the attainment of the Sustainable Development Goals.

New partners promoting this field of research have come on the scene in the past two decades and 'closed' disciplines no longer offer such attractive pathways. This is a broad-ranging report, relevant to stakeholders in public health from many disciplines and training, at all career levels, in all parts of the globe. It collects together for the first time figures on various significant aspects of health policy and systems research: growth in the number of publications, collaboration between researchers in different parts of the world, funding trends, institutional capacity in low- and middle-income countries, and much more. As the WHO Director-General has said, "In the absence of sound evidence, we will have no good way to compel efficient investments in health systems."

.....

Chris Elias: Extending the promise of health to all children, everywhere

Thomson Reuters Foundation | 27 April 2017

A challenge we face in our interconnected world is that infectious diseases show no respect for international borders

* * * *

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

April 01, 2017 Volume 45, Issue 4, p341-46

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

[Reviewed earlier]

American Journal of Preventive Medicine

April 2017 Volume 52, Issue 4, p417-556, e95-e122

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

[Reviewed earlier]

American Journal of Public Health

Volume 107, Issue 4 (April 2017)
<http://ajph.aphapublications.org/toc/ajph/current>
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

Volume 96, Issue 4, 2017
<http://www.ajtmh.org/content/current>
[Reviewed earlier]

Annals of Internal Medicine

18 April 2017 Vol: 166, Issue 8
<http://annals.org/issue.aspx>
[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation

<http://resource-allocation.biomedcentral.com/>
(Accessed 29 April 2017)
[No new digest content identified]

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 29 April 2017)

Research article

[Effective communication of public health guidance to emergency department clinicians in the setting of emerging incidents: a qualitative study and framework](#)

Evidence to inform communication between emergency department clinicians and public health agencies is limited. In the context of diverse, emerging public health incidents, communication is urgent, as emergency department clinicians must implement recommendations to protect themselves and the public. The objectives of this study were to: explore current practices, barriers and facilitators at the local level for communicating public health guidance to emergency department clinicians in emerging public health incidents; and develop a framework that promotes effective communication of public health guidance to clinicians during emerging incidents.

Yasmin Khan, Sarah Sanford, Doug Sider, Kieran Moore, Gary Garber, Eileen de Villa and Brian Schwartz

BMC Health Services Research 2017 17:312

Published on: 28 April 2017

BMC Infectious Diseases

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

(Accessed 29 April 2017)

Research article

Direct and indirect effects of influenza vaccination

Martin Eichner, Markus Schwehm, Linda Eichner and Laetitia Gerlier

BMC Infectious Diseases 2017 17:308

Published on: 26 April 2017

Abstract

Background

After vaccination, vaccinees acquire some protection against infection and/or disease. Vaccination, therefore, reduces the number of infections in the population. Due to this herd protection, not everybody needs to be vaccinated to prevent infections from spreading.

Methods

We quantify direct and indirect effects of influenza vaccination examining the standard Susceptible-Infected-Recovered (SIR) and Susceptible-Infected-Recovered-Susceptible (SIRS) model as well as simulation results of a sophisticated simulation tool which allows for seasonal transmission of four influenza strains in a population with realistic demography and age-dependent contact patterns.

Results

As shown analytically for the simple SIR and SIRS transmission models, indirect vaccination effects are bigger than direct ones if the effective reproduction number of disease transmission is close to the critical value of 1. Simulation results for 20–60% vaccination with live influenza vaccine of 2–17 year old children in Germany, averaged over 10 years (2017–26), confirm this result: four to seven times as many influenza cases are prevented among non-vaccinated individuals as among vaccinees. For complications like death due to influenza which occur much more frequently in the unvaccinated elderly than in the vaccination target group of children, indirect benefits can surpass direct ones by a factor of 20 or even more than 30.

Conclusions

The true effect of vaccination can be much bigger than what would be expected by only looking at vaccination coverage and vaccine efficacy.

BMC Medical Ethics

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

(Accessed 29 April 2017)

[No new digest content identified]

BMC Medicine

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

(Accessed 29 April 2017)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 29 April 2017)
[No new digest content identified]

BMC Public Health

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

(Accessed 29 April 2017)

Research article

Impact of the Ebola outbreak on routine immunization in western area, Sierra Leone - a field survey from an Ebola epidemic area

Since March 2014, the Ebola Virus Disease (EVD) outbreak in West Africa disrupted health care systems - especially in Guinea, Liberia and Sierra Leone – with a consequential stress on the area's routine immunization programs. To address perceived decreased vaccination coverage, Sierra Leone conducted a catch-up vaccination campaign during 24–27 April 2015. We conducted a vaccination coverage survey and report coverage estimates surrounding the time of the EVD outbreak and the catch-up campaign... Coverage levels of MV and Pentavalent3 were low before the EVD outbreak and decreased further during the outbreak. Although the MCHW catch-up campaign increased coverage levels, coverage remained below pre-outbreak levels. High-quality supplementary immunization activities should be conducted and routine immunization should be strengthened to address gaps in immunity among children in this EVD-affected area.

Xiaojin Sun, T. T. Samba, Jianyi Yao, Wenwu Yin, Lin Xiao, Fuqiang Liu, Xiaoqiang Liu, Jikun Zhou, Zengqiang Kou, Hongwei Fan, Hao Zhang, Aqnes Williams, Paul M. Lansana and Zundong Yin

BMC Public Health 2017 17:363

Published on: 26 April 2017

BMC Research Notes

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

(Accessed 29 April 2017)

[No new digest content identified]

BMJ Open

April 2017 - Volume 7 - 4

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

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 95, Number 4, April 2017, 241-312

<http://www.who.int/bulletin/volumes/95/4/en/>

[Reviewed earlier]

Child Care, Health and Development

May 2017 Volume 43, Issue 3 Pages 323–461

<http://onlinelibrary.wiley.com/doi/10.1111/cch.v43.3/issuetoc>
[Reviewed earlier]

Clinical and Experimental Vaccine Research

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

<http://ecevr.org/>

[Reviewed earlier]

Clinical Therapeutics

April 2017 Volume 39, Issue 4, p665-872

[http://www.clinicaltherapeutics.com/issue/S0149-2918\(17\)X0004-0](http://www.clinicaltherapeutics.com/issue/S0149-2918(17)X0004-0)

Review

Postmarketing Surveillance Studies—An Industry Perspective on Changing Global Requirements and Implications

Arshadul Haque, Sajjan Daniel, Tricia Maxwell, Mariette Boerstoele

p675–685

Published online: April 7, 2017

Abstract

Purpose

This article describes postmarketing surveillance (PMS) study regulations and expectations of the regulatory agencies in 5 countries. With a focus on postapproval drug safety, there is a continuous need for understanding the benefit–risk profile of an approved drug. In addition to spontaneous adverse-event reporting, regulatory agencies seem to be more reliant on PMS studies. The opportunity to systematically monitor use in special populations, such as elderly patients and those with comorbid conditions, also presents itself during postmarketing use. Regulatory agencies in Japan, the Republic of Korea, and Mexico are requiring such studies as standards or conditions of drug approvals and license renewals. These studies are meant to be observational and noninterventional, over specified time periods. Studies are required specifically for following up treated patients in clinical practice, with the main objective of collecting safety data to further characterize the benefit–risk profile that was established during clinical trials and particularly in the country-specific population.

Methods

We reviewed and compared the published PMS guidelines and requirements in Japan, the Republic of Korea, the People's Republic of China, India, and Mexico. Interpretations of the guidelines and requirements are included and are based on direct interactions with the different regulatory agencies.

Findings

We note that the different country PMS guidelines are at varying points in development. While some countries have more comprehensive guidelines, in others, the guidelines are still evolving. The similarities among guidelines include the requirements of the content and format of protocols, periodic reports, and interim reports of PMS studies. The differences in the requirements of PMS studies, such as sample size and study duration, are noticeable. These protocols are to be submitted, together with the respective risk-management plans, for approval by the regulatory authority prior to implementation of the study.

Implications

Conventional drug discovery and approval processes are well understood, and there are ample regulatory guidelines and International Conference of Harmonisation–based reference documents for understanding the path of the drug-approval process. Limited information is currently available with regard to the regulations and how PMS studies should be developed and evaluated. Some of the country-specific elements included can inform readers while they prepare to develop and implement PMS study protocols.

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 29 April 2017]
[No new digest content identified]

Contemporary Clinical Trials

Volume 55, Pages 1-62 (April 2017)
<http://www.sciencedirect.com/science/journal/15517144/55>
[Reviewed earlier]

Current Opinion in Infectious Diseases

April 2017 - Volume 30 - Issue 2
<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>
[Reviewed earlier]

Developing World Bioethics

April 2017 Volume 17, Issue 1 Pages 1–60
<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2017.17.issue-1/issuetoc>
[Reviewed earlier]

Development in Practice

Volume 27, Issue 3
<http://www.tandfonline.com/toc/cdip20/current>
[New issue; No relevant content identified]

Disasters

April 2017 Volume 41, Issue 2 Pages 209–426
<http://onlinelibrary.wiley.com/doi/10.1111/disa.2017.41.issue-2/issuetoc>
[Reviewed earlier]

EMBO Reports

Volume 18, Issue 3, 2017

<http://embor.embopress.org/front.current-issue>

[Reviewed earlier]

Emerging Infectious Diseases

Volume 23, Number 4—April 2017

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

[Reviewed earlier]

Epidemics

Volume 18, Pages 1-112 (March 2017)

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

Multi-model comparisons for neglected tropical diseases - validation and projection

Edited by Déirdre Hollingsworth and Graham Medley

[Reviewed earlier]

Epidemiology and Infection

Volume 145 - Issue 5 - April 2017

<https://www.cambridge.org/core/journals/epidemiology-and-infection/latest-issue>

[Reviewed earlier]

The European Journal of Public Health

Volume 27, Issue 2, 29 April 2017

<https://academic.oup.com/eurpub/issue/27/2>

[Reviewed earlier]

Global Health Action

Volume 10, 2017 - Issue 1

<http://www.tandfonline.com/toc/zgha20/10/1?nav=tocList>

[Reviewed earlier]

Global Health: Science and Practice (GHSP)

March 24, 2017, 5 (1)

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

[Reviewed earlier]

Global Public Health

Volume 12, 2017 Issue 6

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

Special Issue: Maternal and Child Health in Africa for Sustainable Development Goals (SDGs) Beyond 2015

introduction

[Maternal and child health in Africa for sustainable development goals beyond 2015](#)

Pages: 643-647

Published online: 25 Apr 2017

Ezekiel Kalipeni, Juliet Iwelunmor & Diana Grigsby-Toussaint

Globalization and Health

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

[Accessed 29 April 2017]

[No new digest content identified]

Health Affairs

April 2017; Volume 36, Issue 4

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

Issue Focus: Maternity Coverage, Children, Disability & More

[Reviewed earlier]

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 2 - April 2017

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

Special Issue: Towards a Global Framework for Health Financing

[Reviewed earlier]

Health Policy and Planning

Volume 32 Issue 3 April 2017

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 29 April 2017]

Opinion

Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy?

Paul Cairney and Kathryn Oliver

Published on: 26 April 2017

Abstract

There is extensive health and public health literature on the 'evidence-policy gap', exploring the frustrating experiences of scientists trying to secure a response to the problems and solutions they raise and identifying the need for better evidence to reduce policymaker uncertainty. We offer a new perspective by using policy theory to propose research with greater impact, identifying the need to use persuasion to reduce ambiguity, and to adapt to multi-level policymaking systems.

We identify insights from secondary data, namely systematic reviews, critical analysis and policy theories relevant to evidence-based policymaking. The studies are drawn primarily from countries such as the United States, United Kingdom, Canada, Australia and New Zealand. We combine empirical and normative elements to identify the ways in which scientists can, do and could influence policy.

We identify two important dilemmas, for scientists and researchers, that arise from our initial advice. First, effective actors combine evidence with manipulative emotional appeals to influence the policy agenda – should scientists do the same, or would the reputational costs outweigh the policy benefits? Second, when adapting to multi-level policymaking, should scientists prioritise 'evidence-based' policymaking above other factors? The latter includes governance principles such the 'co-production' of policy between local public bodies, interest groups and service users. This process may be based primarily on values and involve actors with no commitment to a hierarchy of evidence.

We conclude that successful engagement in 'evidence-based policymaking' requires pragmatism, combining scientific evidence with governance principles, and persuasion to translate complex evidence into simple stories. To maximise the use of scientific evidence in health and public health policy, researchers should recognise the tendency of policymakers to base judgements on their beliefs, and shortcuts based on their emotions and familiarity with information; learn 'where the action is', and be prepared to engage in long-term strategies to be able to influence policy; and, in both cases, decide how far you are willing to go to persuade policymakers to act and secure a hierarchy of evidence underpinning policy. These are value-driven and political, not just 'evidence-based', choices.

Humanitarian Exchange Magazine

Number 68 January 2017

<http://odihpn.org/magazine/the-crisis-in-south-sudan/>

The crisis in South Sudan

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 13, Issue 4, 2017

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 29 April 2017]

[No new digest content identified]

Infection

2017, vol. 45, no2, pp. 157-164

[Reviewed earlier]

Infectious Diseases of Poverty

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

[Accessed 29 April 2017]

Scoping Review

Malaria elimination in Lao PDR: the challenges associated with population mobility

Although the Lao People's Democratic Republic (Lao PDR) is comparatively small landlocked country with patterns of both in- and out-migration, its human migration situation has been poorly studied.

Sengchanh Kounnavong, Deyer Gopinath, Bouasy Hongvanthong, Chanthalone Khamkong and Odai Sichanthongthip

Published on: 25 April 2017

Research Article

Implementing the communication for development strategy to improve knowledge and coverage of measles vaccination in western Chinese immunization programs: a before-and-after evaluation

Communication for Development (C4D) is a strategy promoted by the United Nations Children's Fund to foster positive and measurable changes at the individual, family, community, social, and policy levels of society. In western China, C4D activities have previously been conducted as part of province-level immunization programs. In this study, we evaluated the association of C4D with changes in parental knowledge of immunization services, measles disease, and measles vaccine, and changes in their children's measles vaccine coverage...

C4D is associated with increased caregiver knowledge about measles, increased willingness to seek immunization services for their children, and increased measles vaccination coverage.

Tailored communication strategies based on insights gained from these analyses may be able to increase vaccination coverage in hard-to-reach areas. C4D should be considered for larger scale implementation in China.

Ming Lu, Yao-Zhu Chu, Wen-Zhou Yu, Robert Scherpbier, Yu-Qing Zhou, Xu Zhu, Qi-Ru Su, Meng-Juan Duan, Xuan Zhang, Fu-Qiang Cui, Hua-Qing Wang, Yi-Biao Zhou and Qing-Wu Jiang
Published on: 24 April 2017

International Health

Volume 9, Issue 2 March 2017

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

[Reviewed earlier]

International Journal of Community Medicine and Public Health

Vol 4, No 4 (2017) April 2017

<http://www.ijcmph.com/index.php/ijcmph/issue/view/22>

[Reviewed earlier]

International Journal of Epidemiology

Volume 46, Issue 1 February 2017

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

Editorials

Epidemiology in an age of anger and complaint

Stephen Leeder

Epidemiology in the age of sustainable development

Jeffrey Sachs

Why population-based data are crucial to achieving the Sustainable Development Goals

Osman Sankoh; on behalf of the INDEPTH Network and partners

Genetics for population and public health

John L Hopper

International Journal of Infectious Diseases

April 2017 Volume 57, p1-150

[http://www.ijidonline.com/issue/S1201-9712\(17\)X0002-7](http://www.ijidonline.com/issue/S1201-9712(17)X0002-7)

[Reviewed earlier]

JAMA

April 25, 2017, Vol 317, No. 16, Pages 1595-1700

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

Viewpoint

Presidential Immigration Policies - Endangering Health and Well-being?

Lawrence O. Gostin, JD; Katharina Eva Ó Cathaoir, PhD

Abstract

President Trump has issued executive orders transforming US immigration policy, potentially harming patient health and well-being. Are the president's orders lawful and ethical, and what are the effects on the health system?

The president has authorized construction of a barrier along the 2000-mile US-Mexico border, but Congress must first appropriate \$12.6 billion to \$21.6 billion. The executive order envisions Mexico paying for the barrier by reducing foreign assistance or imposing a 20% import tax. The latter is incompatible with international trade rules proscribing discrimination among trading partners. The federal government has constitutional power to appropriate private property with just compensation, but litigation from landowners and Native American tribes will incur major delays.

Enhancing Transparency at the US Food and Drug Administration - Moving Beyond the 21st Century Cures Act

Joshua M. Sharfstein, MD; Michael Stebbins, PhD

JAMA. 2017;317(16):1621-1622. doi:10.1001/jama.2017.2481

This Viewpoint summarizes recommendations made in a 2017 Blueprint for Transparency at the US Food and Drug Administration developed to encourage increased public access to FDA analyses and regulatory decisions

Research Letter

Immunogenicity of 2 vs 3 Doses of the Quadrivalent Human Papillomavirus Vaccine in Girls Aged 9 to 13 Years After 60 Months

Gina Ogilvie, MD, MSc, FCFP, DrPH; Chantal Sauvageau, MD, MSc, FRCPC; Marc Dionne, MD, MPH; et al.

JAMA. 2017;317(16):1687-1688. doi:10.1001/jama.2017.1840

This study uses long-term follow-up clinical trial data to compare antibody response 60 months after girls younger than 15 years were randomized to 2 vs 3 doses of quadrivalent human papillomavirus vaccine.

JAMA Pediatrics

April 1, 2017, Vol 171, No. 4, Pages 313-404

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

[Reviewed earlier]

JBIR Database of Systematic Review and Implementation Reports

April 2017 - Volume 15 - Issue 4

<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>

[Reviewed earlier]

Journal of Epidemiology & Community Health

April 2017 - Volume 71 - 4

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

[Reviewed earlier]

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 2 Supplement, May 2017

<https://muse.jhu.edu/issue/36192>

The Power of Prevention: Reaching At-Risk Emerging Adults to Reduce Substance Abuse and HIV

Guest Editors: Lorece Edwards, DrPH, MHS, Morgan State University and Ronald L. Braithwaite, PhD, Morehouse School of Medicine

Preface

[HIV/AIDS and Academic Research Institutions—Consider a New Era](#)

pp. vi-ix

Kim Dobson Sydnor

Journal of Immigrant and Minority Health

Volume 19, Issue 2, April 2017

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

[Reviewed earlier]

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 5 1 March 2017

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

[Reviewed earlier]

Journal of Medical Ethics

April 2017 - Volume 43 - 4

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

[Reviewed earlier]

Journal of Medical Internet Research

Vol 19, No 4 (2017): April

<http://www.jmir.org/2017/4>
[Reviewed earlier]

Journal of Medical Microbiology

Volume 66, Issue 3, March 2017

<http://jmm.microbiologyresearch.org/>
[Reviewed earlier]

Journal of Patient-Centered Research and Reviews

Volume 4, Issue 2 (2017)

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

Multiple Myeloma Vaccination Patterns in a Large Health System: A Pilot Study

Andinet Alemu, Maharaj Singh, Chris Blumberg, John O. Richards, Martin K. Oaks, and Michael A. Thompson

Abstract

Purpose

Common reasons for hospitalization and death in patients with multiple myeloma (MM) are infections. As patients with MM are living longer and are treated with immunomodulatory drugs, there is a need to immunize against vaccine-preventable diseases and ultimately determine the efficacy of these vaccines. We evaluated vaccination practice patterns in MM patients at our health system using electronic medical records and data analytics.

Conclusion

Despite recommendations of vaccination in multiple myeloma, our cohort had low rates of influenza and pneumonia vaccination. FV and PV status did not show any significant association with additional hospitalization or overall survival in this pilot study. Future prospective studies are needed to ascertain the immunological and clinical efficacy and effectiveness of these vaccines in immunosuppressed patients.

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 6 Issue 1, March 2017

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

Journal of Pediatrics

April 2017 Volume 183, p1-206

<http://www.jpeds.com/current>
[Reviewed earlier]

Journal of Public Health Policy

Volume 38, Issue 1, February 2017

<http://link.springer.com/journal/41271/38/1/page/1>
[Reviewed earlier]

Journal of the Royal Society – Interface

01 April 2017; volume 14, issue 129

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

Life Sciences–Mathematics interface

[Reviewed earlier]

Journal of Travel Medicine

Volume 24, Issue 2, March/April 2017

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

[Reviewed earlier]

Journal of Virology

May 2017, volume 91, issue 10

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

[New issue; No digest content identified]

The Lancet

Apr 29, 2017 Volume 389 Number 10080 p1669-1770

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

[New issue; No digest content identified]

Lancet Global Health

Apr 2017 Volume 5 Number 4 e370-e466

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

[Reviewed earlier]

Lancet Infectious Diseases

Apr 2017 Volume 17 Number 4 p349-460 e107-e127

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

[Reviewed earlier]

Lancet Public Health

Apr 2017 Volume 2 Number 4 e157-e201

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

[Reviewed earlier]

Lancet Respiratory Medicine

Apr 2017 Volume 5 Number 4 p235-360

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

[Reviewed earlier]

Maternal and Child Health Journal

Volume 21, Issue 4, April 2017

<http://link.springer.com/journal/10995/21/4/page/1>

[Reviewed earlier]

Medical Decision Making (MDM)

Volume 37, Issue 3, April 2017

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

March 2017 Volume 95, Issue 1 Pages 1–209

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2017.95.issue-1/issuetoc>

[Reviewed earlier]

Nature

Volume 544 Number 7651 pp393-514 27 April 2017

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

[New issue: No digest content identified]

Nature Medicine

April 2017, Volume 23 No 4 pp397-526

<http://www.nature.com/nm/journal/v23/n4/index.html>

[Reviewed earlier]

Nature Reviews Immunology

April 2017 Vol 17 No 4

<http://www.nature.com/nri/journal/v17/n4/index.html>

[Reviewed earlier]

New England Journal of Medicine

April 27, 2017 Vol. 376 No. 17

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

Perspective

Preventive Medicine for the Planet and Its Peoples

D.J. Hunter, H. Frumkin, and A. Jha

[Initial text]

"Health is the human face of climate change" was the motivating idea behind the Climate and Health conference held at the Carter Center in Atlanta on Thursday, February 16, 2017. Originally scheduled by the Centers for Disease Control and Prevention (CDC), which then postponed it indefinitely, the meeting was resurrected by a coalition of nongovernmental organizations and universities and convened by former Vice President Al Gore. More than 300 attendees and a worldwide audience watching the [live stream](#) listened to more than 25 speakers addressing the health effects of climate change, the role of health professionals in adapting to these effects and communicating with the public and policymakers, and the health benefits of climate-change mitigation...

Perspective

[Resisting the Suppression of Science](#)

Lisa Rosenbaum, M.D.

N Engl J Med 2017; 376:1607-1609 April 27, 2017 DOI: 10.1056/NEJMp1702362

Pediatrics

April 2017, VOLUME 139 / ISSUE 4

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

[Reviewed earlier]

Pharmaceutics

Volume 9, Issue 1 (March 2017)

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

[Reviewed earlier]

PharmacoEconomics

April 2017, Issue 4, Pages 397-491

<http://link.springer.com/journal/40273/35/3/page/1>

[Reviewed earlier]

PLOS Currents: Disasters

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

[Accessed 29 April 2017]

[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 29 April 2017]

[No new digest content identified]

PLoS Medicine

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

(Accessed 29 April 2017)

Editorial

Implementation science: Relevance in the real world without sacrificing rigor

Elvin H. Geng, David Peiris, Margaret E. Kruk

| published 25 Apr 2017 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002288>

[Initial text]

The need for implementation science in health is now broadly recognized, and a working understanding of the qualities that make an implementation study “good” is needed more than ever before. As defined by Mittman and Eccles, implementation research “is the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services. It includes the study of influences on healthcare professional and organizational behavior” [1]. The scope of implementation science is broad, ranging from observational studies seeking to characterize and understand evidence-practice gaps, to proof-of-concept studies of efficacy, to large-scale implementation and effectiveness trials of complex interventions. Certainly, if findings in this field are not internally valid (i.e., wrong within the source population), they won’t be of use to anyone. But even if findings are internally valid, to be of value, they must be applicable and useful for implementers (e.g., governments, organizations, health care workers, and communities) in diverse real-world contexts. What kinds of findings in implementation science are most useful? Must a trade-off exist between rigor and relevance? If so, what is the right balance between rigor and applicability in a variety of contexts?

The tension between rigor and relevance across contexts is at the center of two conversations in implementation research. One conversation is among investigators immersed in the traditional scientific principles of rigorous human subject research (e.g., sampling, measurement, and confounding) and who must sometimes be persuaded of the importance of usability, applicability, and, therefore, relevance across varied real-world practice contexts. The second conversation is among implementers and evaluators embedded in real-world programs, settings, and populations. Some from this group must be persuaded that rigorous evaluation is needed and that scientific fundamentals, with accompanying effort and planning, are requisite when implementation research is the goal....

Policy Forum

Governing multisectoral action for health in low- and middle-income countries

Kumanan Rasanathan, Sara Bennett, Vincent Atkins, Robert Beschel, Gabriel Carrasquilla, Jodi Charles, Rajib Dasgupta, Kirk Emerson, Douglas Glandon, Churnrurtai Kanchanachitra, Pete Kingsley, Don Matheson, Rees Murithi Mbabu, Charles Mwansambo, Michael Myers, Jeremias Paul Jr., Thulisile Radebe, James Smith, Orielle Solar, Agnès Soucat, Aloysius Ssenyonjo, Matthias Wismar, Shehla Zaidi

| published 25 Apr 2017 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002285>

Summary points

:: The focus of the health sector in most countries remains almost exclusively on health care services, and the potential of multisectoral collaboration remains untapped in many low- and middle-income countries.

: Different sectors have different contributions to make towards solving specific health problems. In each case, the profile, interests, incentives, and relationships of key individuals

and sectors must be mapped and analysed to inform the design of approaches and systems to tackle a shared problem.

:: Collaborative and distributed leadership is key for effective governance of multisectoral action, with a need to build leadership capacity across sectors and levels of government and cultivate champions in different sectors who can agree on common objectives.

:: Important ways forward to support countries to take a multisectoral approach for health include ensuring that the universal health coverage agenda addresses the capacity of the health sector to work with other sectors, learning from multisectoral efforts that do not involve the health sector, improving the capacity of global institutions to support countries in undertaking multisectoral action, and developing a clear implementation research agenda for multisectoral action for health.

PLoS Neglected Tropical Diseases

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

(Accessed 29 April 2017)

Research Article

The potential economic burden of Zika in the continental United States

Bruce Y. Lee, Jorge A. Alfaro-Murillo, Alyssa S. Parpia, Lindsey Asti, Patrick T. Wedlock, Peter J. Hotez, Alison P. Galvani

| published 27 Apr 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0005531>

Editorial

The first "London Declaration": The Commonwealth and its neglected tropical diseases

Peter J. Hotez, Ashish Damania, Aparna Barua, Jeffrey Stanaway

| published 27 Apr 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0005321>

PLoS One

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

[Accessed 29 April 2017]

Research Article

Insights into intercontinental spread of Zika virus

Dachao Liang, Ross Ka Kit Leung, Shui Shan Lee, Kai Man Kam

Research Article | published 27 Apr 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0176710>

Research Article

A population-based approach for implementing change from opt-out to opt-in research permissions

Elizabeth A. Marshall, Jim C. Oates, Azza Shoaibi, Jihad S. Obeid, Melissa L. Habrat, Robert W. Warren, Kathleen T. Brady, Leslie A. Lenert

Research Article | published 25 Apr 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0168223>

Abstract

Due to recently proposed changes in the Common Rule regarding the collection of research preferences, there is an increased need for efficient methods to document opt-in research preferences at a population level. Previously, our institution developed an opt-out paper-based workflow that could not be utilized for research in a scalable fashion. This project was designed to demonstrate the feasibility of implementing an electronic health record (EHR)-based active opt-in research preferences program. The first phase of implementation required creating and disseminating a patient questionnaire through the EHR portal to populate discrete fields within the EHR indicating patients' preferences for future research study contact (contact) and their willingness to allow anonymised use of excess tissue and fluid specimens (biobank). In the second phase, the questionnaire was presented within a clinic nurse intake workflow in an obstetrical clinic. These permissions were tabulated in registries for use by investigators for feasibility studies and recruitment. The registry was also used for research patient contact management using a new EHR encounter type to differentiate research from clinical encounters. The research permissions questionnaire was sent to 59,670 patients via the EHR portal. Within four months, 21,814 responses (75% willing to participate in biobanking, and 72% willing to be contacted for future research) were received. Each response was recorded within a patient portal encounter to enable longitudinal analysis of responses. We obtained a significantly lower positive response from the 264 females who completed the questionnaire in the obstetrical clinic (55% volunteers for biobank and 52% for contact). We demonstrate that it is possible to establish a research permissions registry using the EHR portal and clinic-based workflows. This patient-centric, population-based, opt-in approach documents preferences in the EHR, allowing linkage of these preferences to health record information.

PLoS Pathogens

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

[Accessed 29 April 2017]

[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 29 April 2017]

Physical Sciences - Biophysics and Computational Biology - Biological Sciences - Population Biology:

[Spread of Zika virus in the Americas](#)

Qian Zhang, Kaiyuan Sun, Matteo Chinazzi, Ana Pastore y Piontti, Natalie E. Dean, Diana Patricia Rojas, Stefano Merler, Dina Mistry, Piero Poletti, Luca Rossi, Margaret Bray, M. Elizabeth Halloran, Ira M. Longini Jr., and Alessandro Vespignani

PNAS 2017 ; published ahead of print April 25, 2017, doi:10.1073/pnas.1620161114

Prehospital & Disaster Medicine

Volume 32 - Issue 2 - April 2017

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

[Reviewed earlier]

Preventive Medicine

Volume 97, Pages 1-108 (April 2017)

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

[Reviewed earlier]

Proceedings of the Royal Society B

12 April 2017; volume 284, issue 1852

<http://rspb.royalsocietypublishing.org/content/284/1852?current-issue=y>

[Reviewed earlier]

Public Health Ethics

Volume 10, Issue 1 April 2017

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

[Reviewed earlier]

Public Health Reports

Volume 132, Issue 2, March/April 2017

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

[Reviewed earlier]

Qualitative Health Research

Volume 27, Issue 5, April 2017

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

Special Issue: End of Life

[Reviewed earlier]

Reproductive Health

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

[Accessed 29 April 2017]

[No new digest content identified]

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

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

Recently Published Articles -

[No new digest content identified]

Risk Analysis

March 2017 Volume 37, Issue 3 Pages 399–597

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2017.37.issue-3/issuetoc>

[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 10, 2017

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

[No new digest content identified]

Science

28 April 2017 Vol 356, Issue 6336

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

Editorial

Syria, slums, and health security

By Seth Berkley

Science 28 Apr 2017 : 353 Full Access

Summary

The Syrian conflict has been described as a new kind of world war: local conflicts with resounding global consequences. It has accelerated the rise of the terrorist group ISIS, destabilized Europe's open border agreement, and led to the single largest refugee crisis in decades. These factors contribute to an emerging fragility that compounds the humanitarian crisis in Syria but also threatens global health.

Feature

The vaccine wars

By Meredith Wadman, Jia You

Science 28 Apr 2017 : 364-365 Full Access

Debunking myths, owning real risks, and courting doubters.

Summary

In 2015, the most recent year for which data are available, just 72% of U.S. toddlers had received seven key vaccines recommended by the Centers for Disease Control and Prevention. Together, these vaccines protect against 11 potentially deadly diseases. Perhaps the subpar number is not surprising: As once-common diseases of childhood fade from public view, it is understandable that parents' attention would shift from the fear of disease to concerns about risks of the vaccines themselves. The articles in this issue debunk myths old and new about these risks; acknowledge the real, rare vaccine injuries that do occur; and explore what's known about what works to persuade vaccine-hesitant parents. And the graphic data on this page serve as a powerful reminder of the power of vaccines to vanquish disease.

The science of persuasion

By Kai Kupferschmidt

Science 28 Apr 2017 : 366-369 Full Access

Vaccines save lives. But what is the most effective way to convince worried parents?

Summary

Vaccines save many lives, but not all parents are convinced that their children should be vaccinated. As a result, vaccine-preventable diseases still cause big outbreaks even in the developed world; meanwhile, a small but vocal community is spreading misinformation about vaccines and demonizing proponents of immunization. Scientists don't agree on the best way to

persuade parents to have their children vaccinated. Studies on that question are often limited in scope, have different approaches, and contradict each other. Still, past work offers some clues on what works, scientists say. And persuasion isn't the only strategy; just making it easier to get vaccinated—or more difficult to refuse—can also have an important impact.

Vaccine myths

By Lindzi Wessel

Science 28 Apr 2017 : 368-372 Full Access

Health officials say vaccines are safe, so where do common vaccine concerns come from?

Summary

The Centers for Disease Control and Prevention's vaccination schedule protects children from 14 dangerous diseases before 2 years of age including polio, mumps, and whooping cough. But even though vaccination has driven down these life-threatening illnesses, fears surrounding the vaccines themselves sometimes keep parents from following through with shots. Calling themselves "safety advocates," vaccine skeptics have railed against vaccination requirements, alleged government cover-ups of vaccine harms, and—more recently—called for the formation of a new "vaccine safety" commission with vocal vaccine skeptic Robert F. Kennedy Jr. at its head. Science examined the history behind four of the common false claims against vaccines.

Vaccines on trial

By Meredith Wadman

Science 28 Apr 2017 : 370-373 Full Access

The U.S. vaccine court weighs real versus bogus risks.

Summary

Leah Durant may be unique among vaccine injury lawyers: She was moved to begin representing people hurt by vaccines after sustaining her own painful shoulder injury, the result of a tetanus injection administered too high on her arm. Durant's Washington, D.C., practice at what is popularly known as the vaccine court provides a window into rare but real—as opposed to bogus—vaccine risks. Among these, shoulder injuries like Durant's are easily the most common brought to the court by petitioners. Others include nerve-damaging autoimmune reactions like Guillain-Barré syndrome and brachial neuritis; and a multisystem allergic reaction known as anaphylaxis. The 30-year-old vaccine court, part of the U.S. Court of Federal Claims, provides a no-fault route to compensation for those hurt by real vaccine injuries—with the costs of their lawyers picked up by the government.

Science Translational Medicine

26 April 2017 Vol 9, Issue 387

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

Editors' Choice Infectious Disease

Defeating Zika

By Jonathan J. Miner

Science Translational Medicine 26 Apr 2017 Full Access

A live attenuated Zika virus vaccine produces sterilizing immunity in mice.

Social Science & Medicine

Volume 178, Pages 1-220 (April 2017)

<http://www.sciencedirect.com/science/journal/02779536/178>
[Reviewed earlier]

Travel Medicine and Infectious Diseases

March-April, 2017 - Volume 16

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

Editorials

Yellow fever vaccination – Once in a lifetime?

Martin P. Grobusch, Mariëlle van Aalst, Abraham Goorhuis

Vol. 15, p1–2

Published online: December 22, 2016

Reviews

Refugees and antimicrobial resistance: A systematic review

Allard Willem de Smalen, Hatem Ghorab, Moataz Abd El Ghany, Grant A. Hill-Cawthorne

Vol. 15, p23–28

Published online: December 2, 2016

Abstract

Background

There is a large increase in the numbers of refugees and asylum seekers worldwide and a lack of data on the carriage of antimicrobial resistance in refugee/asylum seeking groups.

Methods

This article aims to identify the impact of refugees and asylum seekers on the acquisition and transmission of antimicrobial resistance (AMR) through a literature search. The databases Embase, Medline, Pubmed, and Web of Science Core Collection were utilised and covered all articles before the 1st of October 2016. In total, 577 articles were identified, and studies were eligible if they met the selection criteria, including observational study design, English language, and AMR strains reported in absolute numbers. In total, 17 articles met the criteria, the majority were from the European region.

Results

Articles fitting the selection criteria exclusively reported AMR in bacterial species including *Mycobacterium tuberculosis*, *Escherichia coli*, *Klebsiella pneumoniae*, *K. oxytoca*, *Shigella* spp., *Staphylococcus aureus*, *Enterococcus faecium*, and *Acinetobacter baumannii*. The analyses indicated that a high percentage of AMR strains, have been circulating among refugees and asylum seekers.

Conclusion

The displacement of refugees and asylum seekers seem to play a key role in the transmission of AMR. Therefore, improved AMR control measures are essential. A knowledge gap was identified; further research is strongly recommended.

Tropical Medicine & International Health

April 2017 Volume 22, Issue 4 Pages 371–512

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-4/issuetoc>

[Reviewed earlier]

Vaccine

Volume 35, Issue 21, Pages 2767-2870 (15 May 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/21>

Commentary

Role of controlled human malaria infection (CHMI) in malaria vaccine development: A U.S. food & drug administration (FDA) perspective

Pages 2767-2769

Rana Chattopadhyay, Douglas Pratt

Short communication

Evaluation of storing hepatitis B vaccine outside the cold chain in the Solomon Islands: Identifying opportunities and barriers to implementation

Pages 2770-2774

Lucy Breakwell, Jenniffer Anga, Ibrahim Dadari, Nahad Sadr-Azodi, Divinal Ogaoga, Minal Patel

Abstract

Monovalent Hepatitis B vaccine (HepB) is heat stable, making it suitable for storage outside cold chain (OCC) at 37 °C for 1 month. We conducted an OCC project in the Solomon Islands to determine the feasibility of and barriers to national implementation and to evaluate impact on coverage. Healthcare workers at 13 facilities maintained monovalent HepB birth dose (HepB-BD) OCC for up to 28 days over 7 months. Vaccination data were recorded for children born during the project and those born during 7 months before the project. Timely HepB-BD coverage among facility and home births increased from 30% to 68% and from 4% to 24%, respectively. Temperature excursions above 37 °C were rare, but vaccine wastage was high and shortages common. Storing HepB OCC can increase HepB-BD coverage in countries with insufficient cold chain capacity or numerous home births. High vaccine wastage and unreliable vaccine supply must be addressed for successful implementation.

Reviews

Efficacy and safety of high-dose influenza vaccine in elderly adults: A systematic review and meta-analysis

Review Article

Pages 2775-2780

Krista Wilkinson, Yichun Wei, Andrea Szwajcer, Rasheda Rabbani, Ryan Zarychanski, Ahmed M. Abou-Setta, Salaheddin M. Mahmud

Abstract

Introduction

Older adults are prioritized for influenza vaccination but also have lowered antibody responses to the vaccine. Higher-doses of influenza antigen may increase immune response and thus be more effective. Our objectives were to compare the efficacy and safety of the high-dose influenza vaccine to the standard-dose influenza vaccine in the elderly (age > 65).

Methods

Data sources: Randomized trials (RCTs) from Medline (Ovid), EMBASE (Ovid), Cochrane Library (Wiley), ClinicalTrials.gov, reference lists of relevant articles, and gray literature.

Study selection: Two reviewers independently identified RCTs comparing high-dose influenza vaccine (60 µg of hemagglutinin per strain) to standard-dose influenza vaccine (15 µg of hemagglutinin per strain) in adults over the age of 65 years.

Data extraction: Two reviewers independently extracted trial-level data including population characteristics, interventions, outcomes, and funding sources. Risk of bias was assessed using the Cochrane Risk of Bias tool.

Results

We included seven eligible trials; all were categorized as having a low (n=3) or unclear (n=4) risk of bias. Patients receiving the high-dose vaccine had significantly less risk of developing laboratory-confirmed influenza infections (Relative Risk 0.76, 95%CI 0.65 to 0.90; I² 0%, 2 trials, 41,141 patients). Post-vaccination geometric mean titres and seroprotection rates were also higher in high-dose vaccine recipients. There were no protocol-defined serious adverse events in the included trials in either group.

Conclusions

In elderly adults, the high-dose influenza vaccine was well-tolerated, more immunogenic, and more efficacious in preventing influenza infections than the standard-dose vaccine. Further pragmatic trials are needed to determine if the higher efficacy translates into higher vaccine effectiveness in adults over the age of 65.

Vaccines are different: A systematic review of budget impact analyses of vaccines

Review Article

Pages 2781-2793

Priscilla Magalhaes Loze, Luciana Bertholim Nasciben, Ana Marli Christovam Sartori, Alexander Itria, Hillegonda Maria Dutilh Novaes, Patrícia Coelho de Soárez

Abstract

Introduction

Several countries require manufacturers to present a budget impact analysis (BIA), together with a cost-effectiveness analysis, to support national funding requests. However, guidelines for conducting BIA of vaccines are scarce.

Objectives

To analyze the methodological approaches used in published budget impact analysis (BIA) of vaccines, discussing specific methodological issues related to vaccines.

Material and methods

This systematic review of the literature on BIA of vaccines was carried out in accordance with the Centre for Reviews and Dissemination – CRD guidelines. We searched multiple databases: MedLine, Embase, Biblioteca Virtual de Saúde (BVS), Cochrane Library, DARE Database, NHS Economic Evaluation Database (NHS EED), HTA Database (via Centre for Reviews and Dissemination - CRD), and grey literature. Two researchers, working independently, selected the studies and extracted the data. The methodology quality of individual studies was assessed using the ISPOR 2012 Budget Impact Analysis Good Practice II Task Force. A qualitative narrative synthesis was conducted.

Results

Twenty-two studies were reviewed. The most frequently evaluated vaccines were pneumococcal (41%), influenza (23%) and rotavirus (18%). The target population was stated in 21 studies (95%) and the perspective was clear in 20 (91%). Only 36% reported the calculations used to complete the BIA, 27% informed the total and disaggregated costs for each time period, and 9% showed the change in resource use for each time period. More than half of the studies (55%, n = 12) reported less than 50% of the items recommended in the checklist.

Conclusions

The production of BIA of vaccines has increased from 2009. The report of the methodological steps was unsatisfactory, making it difficult to assess the validity of the results presented.

Vaccines specific issues should be discussed in international guidelines for BIA of vaccines, to improve the quality of the studies.

Vaccine preferences and acceptance of older adults

Original Research Article

Pages 2823-2830

R. Eilers, H.E. de Melker, J. Veldwijk, P.F.M. Krabbe

Abstract

Background

Expanding vaccination programs for the older population might be important as older adults are becoming a larger proportion of the general population. The aim of this study is to determine the relative importance of vaccine and disease specific characteristics and acceptance for Dutch older adults, including pneumococcal disease, herpes zoster, pertussis vaccination, and influenza vaccination.

Methods

A discrete choice experiment was conducted to generate choice data that was analyzed using a mixed multinomial logit statistical model.

Results

Important factors that were associated with vaccination acceptance in older adults are high mortality risk of the infectious disease, high susceptibility of getting the infectious disease, and high vaccine effectiveness. Age, influenza vaccination in 2013 and self-perceived health score were identified as personal factors that affect vaccine preference. Potential vaccination rates of older adults were estimated at 68.1% for pneumococcal vaccination, 58.1% for herpes zoster vaccination, 53.9% for pertussis vaccination and 54.3% for influenza vaccination. For persons aged 50–65, potential vaccination rates were estimated at 58.1% for pneumococcal vaccination, 49.5% for herpes zoster vaccination, 43.9% for pertussis vaccination and 42.2% for influenza vaccination. For persons aged 65 and older, these were respectively 76.2%, 67.5%, 57.5% and 65.5%.

Discussion

Our results suggest that older adults are most likely to accept pneumococcal vaccination of the four vaccines. Information provision accompanied with the implementation of a new vaccine has to be tailored for the individual and the vaccine it concerns. Special attention is needed to ensure high uptake among persons aged 50–65 years.

The effects of convenience and quality on the demand for vaccination: Results from a discrete choice experiment

Original Research Article

Pages 2848-2854

Na Guo, Guojie Zhang, Dawei Zhu, Jian Wang, Luwen Shi

Abstract

Background

Vaccination is an effective way to prevent infectious diseases. Most studies analysed people's vaccine decisions, but few studies have analysed the effects of convenience such as immunisation schedule and distance and the quality of vaccination service on vaccination uptake.

Objective

The aim of this paper was to investigate adults' preferences for convenience and quality of vaccination service, calculate the private economic benefit from convenience (vaccination schedule and distance) and quality, and predict the uptake rate for different vaccine scenarios.

Methods

In our study, we interviewed 266 adults in 2 counties of Shandong province in China. The discrete choice experiment (DCE) was employed to analyse the preference for hepatitis B virus (HBV) vaccination, and a mixed logit model was used to estimate respondent preferences for vaccination attributes included in the DCE.

Results

The protection rate against hepatitis B (HB), duration of protection, risk of side effects, vaccination cost, schedule, and vaccination sites were proved to influence adults' preferences for HBV vaccination. The estimated willingness to pay (WTP) for 1 dose schedule instead of 3 doses and for a third-level vaccination site instead of a first-level site was almost equal (19 RMB). However, if the protection duration of the vaccination programme changed from 5 years to 20 years, the adults were willing to pay 35.05 RMB, and WTP for a 99% protection rate instead of a 79% rate was 67.71 RMB. The predicted uptake rate is almost 43% for the base case of HBV vaccination.

Conclusions

Adults made trade-offs between vaccination schedules, vaccination sites, and other characteristics of HBV vaccine. The impact of attributes of the vaccine itself, especially protection rate against HB, duration of protection, and risk of side-effects, is more dramatic than convenience and quality of vaccination service.

Vaccine: Development and Therapy

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

(Accessed 29 April 2017)

[No new content]

Vaccines — Open Access Journal

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

(Accessed 29 April 2017)

[No new digest content identified]

Value in Health

April 2017 Volume 20, Issue 4, p519-726

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

[Reviewed earlier]

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

Journal of Community Health

First Online: 21 April 2017 DOI: 10.1007/s10900-017-0361-4

[Factors Associated with HPV Vaccination in Young Males](#)

KM Fuller, L Hinyard -

Abstract

Human papilloma virus (HPV) affects both men and women; however, recommendations for HPV vaccination among men were not issued in the United States until 2011. The purpose of this study was to describe and compare characteristics of men who did and did not report receiving at least one dose of the HPV vaccine. Data from the ten states that completed the HPV vaccination module in the 2013 Behavioral Risk Factor Surveillance System (BRFSS) were included in the study. Young men ages 18–26 were included (N = 1624). Categorical variables were compared between those who did and did not receive the HPV vaccine using Chi square. Logistic regression was used to examine the odds of HPV vaccination by the above factors. Only 16.5% of men reported at least one dose of HPV vaccine. Having health insurance, having a primary doctor, and receiving an HIV test were predictive of HPV vaccination. Men in Texas were more likely to report HPV vaccination than all other states. Overall, HPV vaccination is low in men. Targeted interventions for improving HPV vaccination rates in men are warranted, especially for those without health insurance or a routine source of care.

Rev Epidemiol Sante Publique

2017 Apr 12. pii: S0398-7620(17)30299-7. doi: 10.1016/j.respe.2017.01.119. [Epub ahead of print]

[\[Human papillomaviruses vaccination: Parental awareness and acceptance of the vaccine for children in Lower Normandy schools and informative campaign during the 2015-2016 school year\]](#)

[Article in French]

Eve S1, Pham AD2, Blaizot X3, Turck M4, Raginel T5.

Abstract

BACKGROUND:

The vaccine against human papillomavirus (HPV) can be administered starting at the age of 9 years. Parents thus play a major role in the choice of vaccination. The objective of this study was to investigate parental awareness about anti-HPV vaccination in Lower Normandy and to measure their vaccinal intentions before an informative campaign.

METHODS:

The study population included parents of children aged 10-11 years enrolled in school (2015-2016) in Lower Normandy, France. The initial study was observational and descriptive. With the agreement of the academic directors, 16 middle schools were selected. A questionnaire was delivered to the school children and collected in September 2015 by the school nurses.

RESULTS:

Within the selected middle schools, 1427 questionnaires were delivered. School nurses collected 1168 questionnaires (81.9%) among which 1155 could be analyzed because they contained answers (80.9%). Out of 575 girls aged 10-11 years, 523 (91.0%) were not vaccinated against HPV. Among parents of non-vaccinated schoolgirls who answered, 48.4% did not know if they intended to have their children vaccinated (251 of 519 questionnaires). There was a significant association between the socio-professional status of the parents who answered and their intention to vaccinate their daughters against HPV ($P=0.03$). Parents were significantly more likely to immunize their children when they previously knew about the vaccine ($P<0.001$) and

when they had good knowledge about the vaccine ($P < 0.05$). Parents who previously had their daughters vaccinated were also significantly more likely to have their sons vaccinated against HPV ($P < 0.001$).

CONCLUSION:

The significant association between knowledge about the vaccine and intentions to have their children vaccinated allows us to predict the effectiveness of information campaigns on vaccination rates.

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Media/Policy Watch

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

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

The Atlantic

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

Accessed 29 April 2017

[No new, unique, relevant content]

BBC

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

Accessed 29 April 2017

[No new, unique, relevant content]

The Economist

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

Accessed 29 April 2017

[No new, unique, relevant content]

Financial Times

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

[No new, unique, relevant content]

Forbes

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

Accessed 29 April 2017

[She Didn't Get A Flu Shot, So NYU Fired Her From A Position She'd Held For 36 Years](#)

Rita Rubin, Contributor

Apr 26, 2017

Psychologist Leonore Tiefer lost her unpaid position at NYU because she did not comply with a new policy mandating that all employees get immunized to prevent the spread of flu to patients. Tiefer didn't see patients, and her case raises questions about the ethics of such policies.

Foreign Affairs

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

Accessed 29 April 2017

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 29 April 2017

[First-Ever Malaria Vaccine To Begin Tests Next Year](#)

24 April 2017

The Guardian

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

Accessed 29 April 2017

[No new, unique, relevant content]

Huffington Post

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

Accessed 29 April 2017

[Flavia Bustreo: Embrace The Facts About Vaccines, Not The Myths](#)

1.5 million children still die annually from vaccine-preventable diseases.

26 April 2017

New Yorker

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

Accessed 29 April 2017

[No new, unique, relevant content]

New York Times

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

Accessed 29 April 2017

[US Facing Shortage of Yellow Fever Vaccine for Travelers](#)

NEW YORK — Americans who need a [yellow fever](#) shot for travel may soon have a harder time getting it.

A manufacturing problem has created a shortage of the only version of the vaccine licensed in the U.S. The Centers for Disease Control and Prevention said Friday that doses could run out as early as next month. Officials are bringing in another vaccine that's used in other countries, but it will be available at only about 250 of the 4,000 U.S. clinics that give the shot...

April 28, 2017 - By THE ASSOCIATED PRESS

[Mystery Deaths in Liberia Linked to Funeral-WHO](#)

April 28, 2017 - By REUTERS

GENEVA — Eleven people have died and five are in hospital, Liberian officials said on Friday, after contracting a mystery illness the World Health Organisation (WHO) said was linked to attendance at the funeral of a religious leader.

"We are still investigating. The only thing we have ruled out is ... [Ebola](#)," said Liberia's Chief Medical Officer Francis Kateh, adding samples from the victims had been sent abroad for further testing.

On Wednesday, the WHO said Liberian health authorities were taking rapid precautionary steps after eight people died of a mystery illness, 10 months after the end of a two-year Ebola virus outbreak.

"It seems all of these people were attending the funeral of a religious leader," WHO spokeswoman Fadela Chaib told a briefing in Geneva...

Vaccination Gaps Lead to Dangerous Measles Outbreaks in Europe-ECDC

LONDON — Gaps in vaccination coverage against measles have led to several outbreaks of the highly-contagious disease in Europe in the past year, with both children and young adults affected, health officials said on Monday.

During the first two months of 2017, more than 1,500 measles cases were reported from 14 European countries due to "an accumulation of unvaccinated individuals", said officials from the European Centre for Disease Prevention and Control (ECDC).

In 10 countries -- Austria, Belgium, Croatia, France, Germany, Italy, Poland, Romania, Spain and Sweden -- the number of cases reported in January-February 2017 was more than double that of the first two months of 2016.

"It is unacceptable to hear that children and adults are dying from disease where safe and cost-effective vaccines are available," Vytenis Andriukaitis, the EU's health commissioner, said in response to the ECDC's data.

April 24, 2017 - By REUTERS

Wall Street Journal

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

Accessed 29 April 2017

Business

Startup Moderna Shows Promise in Vaccine Trial

By Jonathan D. Rockoff

April 27, 2017 12:00 pm ET

Moderna Therapeutics, the most highly valued startup in health care, said early results from a small trial to treat the avian flu virus with its experimental vaccine showed promise

Washington Post

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

Accessed 29 April 2017

[No new, unique, relevant content]

Think Tanks et al

Brookings

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

[No new relevant content]

Center for Global Development

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

Accessed 29 April 2017

[No new relevant content]

Council on Foreign Relations

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

Accessed 29 April 2017

[No new relevant content]

CSIS

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

Accessed 29 April 2017

[No new relevant content]

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Support for this service is provided by the [Bill & Melinda Gates Foundation](#); [Aeras](#); [IAVI](#); [PATH](#); the [International Vaccine Institute](#) (IVI); and industry resource members 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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