



Vaccines and Global Health: The Week in Review
27 May 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.*

Comments and suggestions should be directed to

David R. Curry, MS

Editor and

Executive Director

Center for Vaccine Ethics & Policy

david.r.curry@centerforvaccineethicsandpolicy.org

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.*

Support this knowledge-sharing service: *Your financial support helps us cover our costs and to address a current shortfall in our annual operating budget. Click [here](#) to donate and thank you in advance for your contribution.*

Contents *[click on link below to move to associated content]*

- A. Milestones :: Perspectives :: Featured Journal Content
- B. Emergencies: Polio; Zika; Ebola/EVD; MERS-Cov; Yellow Fever
- C. [WHO; CDC](#)
- D. [Announcements](#)
- E. [Reports/Research/Analysis](#)
- E. [Journal Watch](#)
- F. [Media Watch](#)

.....
.....

Milestones :: Perspectives

World Health Assembly

WHA70

22–31 May 2017, Geneva

Webcast

Watch WHA70 live

Documentation

All documents

Selected Documents:

A70/9 - Health emergencies: WHO response in severe, large-scale emergencies

A70/10 - Health emergencies: Research and development for potentially epidemic diseases

A70/14 - Poliomyelitis

A70/14 Add.1 - Polio transition planning

A70/17 - Review of the Pandemic Influenza Preparedness Framework

A70/20 - Addressing the global shortage of, and access to, medicines and vaccines

A70/25 - Global vaccine action plan

WHA70.4 - Expression of appreciation to Dr Margaret Chan

Speeches

Opening address by Dr Chan, WHO Director-General

22 May 2017

Address by Dr Tedros Adhanom Ghebreyesus as new WHO Director-General

23 May 2017

.....

World Health Assembly elects Dr Tedros Adhanom Ghebreyesus as new WHO Director-General

News release

23 May 2017 | GENEVA - Today the Member States of WHO elected Dr Tedros Adhanom Ghebreyesus as the new Director-General of WHO.

Dr Tedros Adhanom Ghebreyesus was nominated by the Government of Ethiopia, and will begin his five-year term on 1 July 2017.

Prior to his election as WHO's next Director-General, Dr Tedros Adhanom Ghebreyesus served as Minister of Foreign Affairs, Ethiopia from 2012–2016 and as Minister of Health, Ethiopia from 2005–2012. He has also served as chair of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria; as chair of the Roll Back Malaria (RBM) Partnership Board; and as co-chair of the Board of the Partnership for Maternal, Newborn and Child Health.

As Minister of Health, Ethiopia, Dr Tedros Adhanom Ghebreyesus led a comprehensive reform effort of the country's health system, including the expansion of the country's health infrastructure, creating 3500 health centres and 16 000 health posts; expanded the health workforce by 38 000 health extension workers; and initiated financing mechanisms to expand health insurance coverage. As Minister of Foreign Affairs, he led the effort to negotiate the Addis Ababa Action Agenda, in which 193 countries committed to the financing necessary to achieve the Sustainable Development Goals.

As Chair of the Global Fund and of RBM, Dr Tedros Adhanom Ghebreyesus secured record funding for the two organizations and created the Global Malaria Action Plan, which expanded RBM's reach beyond Africa to Asia and Latin America.

Dr Tedros Adhanom Ghebreyesus will succeed Dr Margaret Chan, who has been WHO's Director-General since 1 January 2007.

.....

2017 Public health prizes awarded

26 May 2017 – Every year, national health administrations and former prize recipients submit nominations for prizes awarded for accomplishments in the field of public health. This year's winners were presented with their awards during the plenary meeting of the Seventieth World Health Assembly.

:: Sasakawa Health Prize

The 2017 Sasakawa Health Prize of US\$30 000 for outstanding innovative work in health development, has been awarded to Dr Rinchin Arslan for his remarkable lifelong contribution to the advancement of primary health care in Mongolia and specifically his work in fighting viral hepatitis.

:: United Arab Emirates Health Foundation Prize

The United Arab Emirates Health Foundation Prize of US\$ 20 000 went to Professor Lô Boubou Baïdy, 61, of Mauritania, for his significant contribution to the establishment of the national blood transfusion centres and laboratory services , as well as his fight against viral hepatitis, HIV/AIDS and other sexually transmitted infections.

:: Dr LEE Jong-wook Memorial Prize for Public Health

The Dr LEE Jong-wook Memorial Prize for Public Health of US\$ 100 000 was awarded to the Henry Reeve International Medical Brigade (Cuba). Established in 2005 by more than 1500 Cuban health professionals, the Henry Reeve Brigade is integrated into the medical cooperation unit of the Ministry of Public Health of Cuba.

.....

Seventieth World Health Assembly update, 26 May 2017

News release

26 May 2017 | GENEVA - Today's decisions at the World Health Assembly focused on implementation of the International Health Regulations, and improving the prevention, diagnosis and treatment of sepsis.

International Health Regulations

Delegates emphasized the urgent need to achieve full implementation of the International Health Regulations (2005) – the international legal instrument designed to help the global community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

The Regulations, which entered into force on 15 June 2007, require countries to report certain disease outbreaks and public health events to WHO. They define the rights and obligations of countries to report public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security.

Delegates requested the Director-General to work with Member States to develop a five-year global strategic plan for public health preparedness and response and submit it to the World Health Assembly in 2018. The strategic plan is to be based on guiding principles including consultation, country ownership, WHO leadership, broad partnerships, community involvement, regional integration, and results and accountability. The strategic plan is to focus on using an intersectoral approach; integration with the health system; focus on fragile contexts; domestic financing for sustainability; balance between legally binding and voluntary elements; with a guiding focus on monitoring.

Delegates also requested the Director-General to pursue and strengthen efforts to support Member States in full implementation of the Regulations, including through building their core public health capacities.

Sepsis

Delegates also agreed on a resolution to improve the prevention, diagnosis and treatment of sepsis.

Sepsis occurs when a person has an infection and the body's reaction injures tissues and organs. Sepsis can be triggered by infections caused by bacteria, viruses, fungi, and parasites. Bacterial infections are the most common triggers. Early recognition of sepsis is crucial to treating patients before their condition worsens and becomes fatal. Antimicrobial resistance makes it much more difficult to treat infections and stop them evolving into sepsis.

Antimicrobial resistance occurs when bacteria and other microbes change to resist the effects of antibiotics and other antimicrobial medicine. Most infections can be avoided by improving hygiene, access to vaccinations and other infection prevention measures.

The resolution urges governments to strengthen policies and processes related to sepsis, especially to prevent infections and the further spread of antimicrobial resistance. It emphasizes the importance of reinforcing health worker training to recognize and deal effectively with the condition, improve tracking and reporting of cases, and promote research to develop more tools for sepsis diagnosis and treatment.

Further, the resolution requests that WHO develop a report on sepsis and guidance for its prevention and management. In addition, the resolution directs the Organization to help countries develop the necessary infrastructure, laboratory capacity, strategies and tools to reduce the burden of sepsis. It also asks WHO to work with partners to help developing

countries gain access to quality, safe, efficacious and affordable sepsis treatments and tools for infection prevention and control, including immunization.



Seventieth World Health Assembly update, 25 May

News release

25 May 2017 | GENEVA - The World Health Assembly today made decisions relating to polio, the Pandemic Influenza Preparedness Framework, and the health workforce.

Polio

Delegates paid tribute to ongoing efforts to end polio transmission in the last three endemic countries - Afghanistan, Nigeria and Pakistan. They expressed concern about the continued shortage of inactivated poliovirus vaccine, and noted the urgent need to contain polioviruses in safe facilities, destroy unneeded materials, and appropriately contain resources that can be used for research or other purposes. This has become particularly important since the eradication of type 2 of the wild poliovirus in 2015.

The Global Polio Eradication Initiative (GPEI) was launched in 1988, following the adoption for a resolution for the worldwide eradication of polio at the Forty-first World Health Assembly. Since then, the number of polio cases has fallen by over 99.9%. The initiative has also strengthened countries' capacities to tackle other health issues, for example through better disease surveillance; immunization and health systems strengthening; early warning, emergency and outbreak response.

Delegates also addressed the challenge of scaling down the global polio response as eradication becomes closer, acknowledging the importance of developing a strategy to define the critical functions needed to sustain a polio-free world, as well as the global structures and financial requirements to support them. The development of this Post-eradication Certification Strategy is ongoing, and will be presented to the Executive Board and World Health Assembly next year. Delegates welcomed efforts to plan for a post-polio world, including WHO's organization-wide work to identify the key programmatic, financial, human resources and organizational risks associated with the eventual closure of the global polio eradication effort. They requested the Director-General to consider polio transition planning an urgent organizational priority and highlighted the need to ensure that polio transition needs are fully incorporated into the development of the next WHO budget and planning cycle.

Pandemic Influenza Preparedness Framework

Delegates reaffirmed the critical role played by the Pandemic Influenza Preparedness Framework's (PIP) as a specialized international instrument that facilitates expeditious access to influenza viruses of human pandemic potential, risk analysis and the expeditious, fair and equitable sharing of vaccines and other benefits.

They emphasized the importance of prioritizing and supporting global pandemic influenza preparedness and response, including through the strengthening of domestic seasonal influenza virus surveillance, manufacturing and regulatory capacities and international coordination and collaboration through the Global Influenza Surveillance and Response System (GISRS) to identify and share influenza viruses with pandemic potential rapidly.

The Health Assembly agreed that the WHO secretariat should comprehensively analyse, in consultation with Member States and relevant stakeholders, including the GISRS, the implications of amending the definition of PIP biological materials to include genetic sequence data and expanding the PIP Framework to include seasonal influenza. The delegates further agreed that the PIP Framework model has potential to be used for other pathogens.

The PIP Framework was set up in 2011 to introduce greater equity and solidarity among nations when the next pandemic strikes. The PIP Framework provides WHO with real-time access to approximately 10% of global vaccine production, enabling the Organization to send life-saving doses to developing countries in need.

Health Workforce

The Health Assembly agreed to a five-year action plan under which WHO will collaborate with the International Labour Organization, and the Organization for Economic Cooperation and Development in working with governments and key stakeholders to address the global health and social workforce shortfall and contribute to international efforts to achieve the Sustainable Development Goals.

The plan calls on countries to view the health and social workforce as an investment, rather than a cost, and take advantage of the economic benefits of growth in the health and social sector. It outlines how ILO, OECD and WHO will take intersectoral action on five fronts: galvanizing political support; strengthening data and evidence; transforming and scaling up the education, skills and decent jobs of health and social workers; increasing resources to build the health and social workforces; and maximizing the multiple benefits that can be obtained from international health worker mobility.

It also focuses on maximizing women's economic empowerment and participation. It addresses occupational health and safety, protection and security of the health and social workforce in all settings. It also covers the reform of service models towards the efficient provision of care, particularly in underserved areas.

The action plan supports the WHO Global Strategy on Human Resources for Health: Workforce 2030. It will facilitate implementation of the recommendations of the United Nations Secretary General's High-Level Commission on Health Employment and Economic Growth, which found that, as populations grow and change, the global demand for health workers will double by 2030.

.....
.....

Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 24 May 2017

:: The World Health Assembly (WHA) is meeting this week in Geneva, Switzerland. Ministers of Health and public health professionals from around the world are discussing global public

health issues, including the global drive to eradicate polio. The Global Polio Eradication Initiative (GPEI) secretariat has prepared a [status report](#), which will inform the discussions by Member States.

:: The Global Polio Eradication Initiative (GPEI) welcomes Dr Tedros Adhanom Ghebreyesus, the new Director-General-elect of the World Health Organization, and looks forward to working with him to achieve a polio-free world. [More](#).

:: Two separate outbreaks of circulating vaccine derived poliovirus type 2 (cVDPV2) have been reported in the Democratic Republic of the Congo, one in Haut Lomami province and one in Maniema.

:: Health Ministers of the Group of Twenty have emphasized the importance of polio eradication and transition planning efforts at their inaugural meeting in Berlin, Germany. [More](#).

:: Polio staff in Nigeria have contributed emergency response expertise to a meningitis outbreak in Sokoto State. [More](#).

:: Summary of newly-reported viruses this week: Afghanistan, one new wild poliovirus type 1 (WPV1) environmental sample. Pakistan, seven new WPV1 environmental samples. Democratic Republic of the Congo, four new cases of circulating vaccine derived poliovirus type 2 (cVDPV2) and one isolate from a healthy individual in the community. For more, see relevant country sections.

.....

[WHO Grade 3 Emergencies](#) [to 27 May 2017]

Iraq

:: [Hundreds of volunteers vaccinate displaced children from Mosul and other underserved areas in Ninewa governorate](#)

Baghdad, 23 May 2017 – More than 1900 health workers and volunteers on Sunday 21 May 2017 began a mass polio vaccination campaign targeting approximately 332 000 children from conflict affected Mosul and other underserved areas in Ninewa governorate.

[South Sudan](#) - *No new announcements identified*

[Yemen](#) - *No new announcements identified*

[Nigeria](#) - *No new announcements identified*

[The Syrian Arab Republic](#) - *No new announcements identified*

[WHO Grade 2 Emergencies](#) [to 27 May 2017]

Democratic Republic of the Congo

:: [Contingency fund aids rapid response to outbreak of suspected Ebola virus](#)

25 May 2017 -- Responding quickly to an outbreak means moving people and supplies quickly, and that means moving funds quickly too. When WHO received an alert on 9 May of a cluster of unexplained deaths in a remote part of the Democratic Republic of the Congo, it was able to deploy a team to the affected area just a day later, thanks in part to the WHO Contingency Fund for Emergencies (CFE). The CFE was able to rapidly release the money needed for transport and other vital logistics to get the investigation team to where they were needed.

[Cameroon](#) - *No new announcements identified.*

[Central African Republic](#) - *No new announcements identified.*

Ethiopia - *No new announcements identified.*
Libya - *No new announcements identified.*
Myanmar - *No new announcements identified.*
Niger - *No new announcements identified.*
Ukraine - *No new announcements identified*

.....

UN OCHA – L3 Emergencies

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

Iraq

:: Iraq: Mosul Humanitarian Response Situation Report No. 34 (15 May to 21 May 2017)

[EN/KU]

:: Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Stephen O'Brien, Statement on protection of civilians in Mosul's Old City, Iraq [EN/AR/KU]

Published on 26 May 2017

I am deeply concerned for the safety of civilians behind ISIL lines in western Mosul. Although the UN is not present in the areas where fighting is occurring, we have received very disturbing reports of families being shut inside booby-trapped homes and of children being deliberately targeted by snipers. Families in the city still lack access to clean water and medicine and many have only limited access to food.

When humanitarian agencies developed their contingency plan for Mosul last summer, we estimated that as many as one million civilians might flee the city and that 750,000 people would need assistance in a worst case scenario. Seven months into the fighting and almost 760,000 people have already fled their homes.

Yesterday, the Government asked civilians in districts surrounding and inside the Old City to leave and seek safety across government lines. We don't know for sure how many civilians are still in ISIL-held districts, but as many as 200,000 additional people may try to leave in coming days.

I remind all parties to the conflict of their obligation under international law to protect civilians against all forms of violence and to ensure people in need have access to the assistance they require. Those who choose to flee their homes to access assistance must be free to do so without hindrance. In the context of Mosul, where ISIL fighters are known to be using human shields in densely-populated neighbourhoods, parties to the conflict must take all feasible precautions to protect civilian lives.

International law is unambiguous. The protection of civilian lives is a legal and moral duty that stands above all other objectives.

New York, 26 May 2017

Syrian Arab Republic

:: 25 May 2017 Syria: WoS Nutrition Reach by sub-district / Jan - Apr 2017

:: Syria Crisis: Ar-Raqqa Situation Report No. 5 (as of 15 May 2017) [EN/AR]

Yemen

:: 24 May 2017 Statement by the Humanitarian Coordinator in Yemen, Mr. Jamie McGoldrick, on the Urgent need for Funding to Halt the Spread of Cholera [EN/AR]

Sana'a, 24 May 2017

Cholera continues to spread at an unprecedented rate throughout Yemen affecting men, women, and children who have for more than two years withstood the consequences of a conflict that is collapsing institutions and social safety nets. With urgency I appeal to United Nations Member States for financial and political support to help avert what is sure to be an additional and devastating blow to Yemen.

In the last three weeks, health authorities have reported over 35,500 suspected cholera cases, a third of whom are children, and 361 associated deaths in 19 of 22 governorates.

Malnutrition and cholera are interconnected; weakened and hungry people are more likely to contract cholera and cholera is more likely to flourish in places where malnutrition exists. Seventeen million people in Yemen are food insecure, including 462,000 children in the grip of acute malnutrition. Seven million people in Yemen face the possibility of famine and now over one hundred thousand people are estimated to be at risk of contracting cholera.

The speed at which cholera is spreading among the population exceeds the capacity of the health system to respond given its weakened state after more than two years of conflict, import restrictions and the lack of regular salary payments to health workers. Hundreds of thousands of people are at a greater risk of dying as they face the 'triple threat' of conflict, starvation and cholera.

Building on their presence in all 22 governorates across the country, national and international humanitarians are valiantly doing everything they can to prevent and treat cholera. However, they are doing so while facing a worst-case scenario - the majority of health care centers are closed, those that are open have limited staff and supplies, water and sanitation services are unable to provide clean water to the population, and humanitarian funds available to cover the existing institutional gaps and thwart the spread of the disease are meager.

Humanitarians are seeking US\$55.4 million to prevent and treat cholera at the national, governorate and community level in the next six months. However, every day that funding is delayed the outbreak affects more people and more resources are needed to control it.

Cholera is preventable and treatable and no life should be lost to this disease. Humanitarians are acting and responding and we now need UN Member States to please help us by providing new funds and by ensuring that all funds pledged during the High Level Pledging Event in Geneva are made effective without delay.

:: Integrated Response Plan: Yemen Cholera Outbreak (23 May 2017)
[22 pages. OCV mention: Case Management Conduct cholera risk assessment to identify hotspot areas for possible oral cholera vaccine. May 2017, WHO]

When the USG/ERC declares a Corporate Emergency Response, all OCHA offices, branches and sections provide their full support to response activities both at HQ and in the field.

Somalia

:: Somalia: Drought Response - Situation Report No. 9 (as of 23 May 2017)

Ethiopia

:: Ethiopia Weekly Humanitarian Bulletin, 22 May 2017

Nigeria

:: New UN fund to tackle looming famine in Nigeria reaches \$24 million 23 May 2017

.....
.....

UNICEF [to 27 May 2017]

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

24 May 2017

From cholera in Yemen to attacks on hospitals in Syria, conflict threatens lives of over 24 million children in the Middle East and North Africa

[Editor's text bolding]

AMMAN, 24 May 2017 – Violence and conflict in the Middle East and North Africa have put in jeopardy the health of 24 million children in Yemen, Syria, the Gaza Strip, Iraq, Libya and Sudan. Damage to health infrastructure is depriving children of essential health care. Water and sanitation services have been compromised, causing waterborne diseases to spread while preventative health care and nutritious food are insufficient to meet children's needs.

"Violence is crippling health systems in conflict-affected countries and threatens children's very survival," said Geert Cappelaere, UNICEF Regional Director for the Middle East and North Africa. "Beyond the bombs, bullets and explosions, countless children are dying in silence from diseases that could easily be prevented and treated."

In Yemen (9.6 million children in need):

::The two-year conflict has pushed Yemen to the brink of famine and plunged the country into one of the world's worst humanitarian crises, with widespread severe acute malnutrition among children,
::Salaries for health care and sanitation workers haven't been paid for more than seven months,
::Contaminated water sources, untreated sewage and uncollected garbage, sparked a cholera outbreak with 323 associated deaths in the last month alone.
::Two thirds of the population use unsafe water,
::Health care facilities are struggling to cope with the volume of patients - many of them children - amid shortages of medical supplies and clean water.

In Syria (5.8 million children in need):

::More than 2 million children live under siege and in hard-to-reach areas with little to no humanitarian aid. Surgical and other lifesaving supplies are regularly removed from the few convoys that are allowed into these areas,
::**Many children do not have access to life-saving vaccinations** and those who fall ill or are injured struggle to get treatment,

::Attacks on hospitals and other health facilities have become commonplace – almost 20 per month between January and March this year. The few hospitals that are still operational function with limited staff and services.

::The threat of polio – such as the outbreak that hit Syria in 2013 – still looms.

In the Gaza Strip (1 million children in need):

::Since the main power plant shut down on 16 April, power cuts have reduced water supply to 40 litres per person per day, less than half of the minimum international standard,

::Wastewater treatment plants now deposit 100,000 cubic metres of raw sewage into the sea daily, increasing the risk of waterborne diseases,

::14 public hospitals are operating for critical services only.

In Iraq (5.1 million children in need):

::Water supplies in camps for the displaced around Mosul are stretched to the limit with new families arriving daily, many with malnourished children,

::The widespread use of unsafe well water, with the accumulation of solid waste in and around Mosul, are exposing children to the risk of waterborne diseases,

::UNICEF estimates that 85,000 children are trapped in western Mosul, cut off from humanitarian aid for the past seven months and with limited access to medical care.

In Libya (450,000 children in need):

::Last year, Libya recorded 20 attacks against health facilities, second only to Syria,

::Immunization programmes have been facing challenges since the conflict erupted in 2011, with suspected measles cases reported among young children,

::Without new funding, over 1.3 million children won't be vaccinated against measles or rubella, putting these children – and others in the country – at risk of highly contagious and potentially fatal diseases.

In Sudan (2.3 million children in need):

::Over 8,000 cases of acute watery diarrhoea have been recorded across 10 of the 18 states in just eight months, including those hosting large numbers of refugees from South Sudan.

::Cases of acute watery diarrhoea are set to rise rapidly once the rainy season begins in June.

::Over 200,000 children under the age of five in parts of the conflict affected Jabel Marra, Nuba Mountains and Blue Nile areas have not had access to basic health services such as vaccination, for more than four years.

Across these countries, UNICEF and its partners are working around the clock to provide vulnerable children with safe water, water treatment, medical and nutrition supplies to prevent the total collapse of essential health and water systems. But as conflicts continue, and amid a shrinking humanitarian space, challenges to reach all vulnerable children with lifesaving assistance are growing.

"When children can't access healthcare or improved nutrition, when they drink contaminated water, when they live surrounded by waste with no sanitation, they become ill and some die as a result," said Cappelaere. "There is very little standing between them and life-threatening illness, especially when humanitarian access is denied."

UNICEF is appealing for children's needs to be prioritized in all conflict-affected countries through:

:: Unconditional and sustained access to all children in need for UNICEF and other partners to deliver humanitarian assistance and supplies, including lifesaving medical items and vaccination, water purification material and waste treatment.

:: Parties to conflicts should put an immediate end to attacks on health facilities. Health facilities and civilian infrastructure should be protected at all times.

:: Urgent funding for the health, nutrition and WASH sectors. UNICEF received only one third of its 2017 funding requirements for health, nutrition and water and sanitation in these countries.

.....
.....

EBOLA/EVD [to 27 May 2017]

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

Ebola Situation report: 25 May 2017

25 May 2017

Situation update

WHO, UN Agencies, International organizations, non-governmental organizations (NGOs) and partners continue to support the Ministry of Health in the Democratic Republic of Congo to rapidly investigate and respond to the outbreak of Ebola virus disease (EVD) in Likati Health Zone, Bas Uele Province located in the north-east of the country.

On 24 May 2017, no new confirmed or probable EVD cases were reported. Two suspected EVD cases were reported, one each from Muma and Nambwa Health Areas in Likati Health Zone. The last confirmed case was reported on 11 May 2017.

Currently there are a total of two confirmed cases, three probable and 37 suspected cases. The confirmed and probable cases were reported from Nambwa (one confirmed and two probable) and Muma (one confirmed and one probable). The suspected cases have been reported from six health areas (Nambwa, Muma, Ngayi, Azande, Mobenge and Mabongo). No healthcare workers have been affected to date. The outbreak currently remains confined to Likati Health Zone.

As of 24 May 294 contacts remain under follow up for signs and symptoms of Ebola. A total number of 520 contacts have been listed and 226 have completed 21 days of contact monitoring....

Current risk assessment

:: The risk is high at the national level due to the known impact of Ebola outbreaks, remoteness of the affected area, and limited access to health care including suboptimal surveillance.

:: The risk at the regional level is moderate due to the proximity of international borders and the recent influx of refugees from Central African Republic.

:: The risk is low at global level due to the remoteness and inaccessibility of the area to major international ports....

.....
.....

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 27 May 2017]

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

Disease outbreak news

Zika virus infection – India 26 May 2017

On 15 May 2017, the Ministry of Health and Family Welfare-Government of India (MoHFW) reported three laboratory-confirmed cases of Zika virus disease in Bapunagar area, Ahmedabad District, Gujarat, State, India....

MERS-CoV [to 27 May 2017]

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

[No new digest content identified]

Yellow Fever [to 27 May 2017]

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

[No new digest content identified]

.....

.....

WHO & Regional Offices [to 27 May 2017]**Report: Ten years of transformation**

26 May 2017 -- WHO has made extraordinary progress in its bold reform agenda over the past decade. Innovative leadership, managerial structures and systems have resulted in increased effectiveness, efficiency, responsiveness, transparency and accountability. This report tells the story of WHO's transformation from 2007 through to the current day.

Highlights**Stand up for human rights to – and through – health, experts urge Governments**

May 2017 – The world is at a watershed moment that could lead to greater dignity for everyone throughout their lives, but only if Governments invest in the relationship between human rights and health specifically for women, children and adolescents, a UN-backed group of politicians and health and human rights experts said.

Double-duty actions for ending malnutrition within a decade

May 2017 – Malnutrition has many forms. Undernutrition can see children dangerously thin for their height (wasting), or their growth permanently impeded (stunting). Inadequate intake of key nutrients may weaken immune systems, impair brain development, and worsen the risk of conditions such as anaemia and blindness.

WHO list of priority medical devices for cancer management

May 2017 – From kick buckets to MRI units, medical devices are an indispensable part of preventing, diagnosing and treating cancer, as well as for palliative care for cancer patients. WHO's new List of priority medical devices for cancer management describes hundreds of

devices that are needed for six types of cancer: breast, cervical, colorectal, leukemia, lung and prostate.

.....

Weekly Epidemiological Record, 26 May 2017, vol. 92, 21 (pp. 293–300)

:: Virologic monitoring of poliovirus type 2 after OPV2 withdrawal in April 2016: an important advance in eradicating poliomyelitis and eliminating live oral poliovirus vaccines worldwide, 2016–2017

.....

Request for proposals: evaluation of malaria vaccine RTS,S/AS01 pilot implementation 22 May 2017

.....

WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: Unprecedented New Organizational Reforms for WHO in the African Region announced
Three years after Ebola crisis, Dr Matsidiso Moeti's Transformation Agenda yields numerous achievements by WHO in the Africa region; sets stage for new focus on adolescent health and establishment of emergency response hubs

Geneva, 22 May 2017 – The World Health Organization's (WHO) Regional Director for Africa announced today four new flagship programs for the region over the next two years, including a major push on adolescent health and the creation of regional emergency hubs. She also announced that WHO country offices in the African region will be held accountable to a mandatory set of performance deliverables over the next two years as part of the next phase of an ambitious reform program begun in 2015 in the wake of the Ebola crisis in West Africa...

WHO Region of the Americas PAHO

:: Sudamérica adapta estrategia mundial para mejorar la salud de las mujeres, niños, niñas y adolescentes (05/25/2017)

WHO South-East Asia Region SEARO

[No new digest content identified]

WHO European Region EURO

:: Strengthening women's leadership in public health in Ukraine 23-05-2017

WHO Eastern Mediterranean Region EMRO

:: Jumbo jet lands in war-torn Yemen carrying 67 tons of cholera response supplies

25 May 2017 – A World Health Organization-chartered aircraft carrying intravenous fluids and cholera kits has successfully landed at Sana'a airport in Yemen. At 67 tons, it constitutes the largest payload of medical goods WHO has brought into the country since the escalation of the conflict in March 2015. The supplies, sufficient for the treatment of 10 000 patients, are a welcome boost to the country's response to a cholera outbreak which has caused more than

almost 70 000 suspected cases since it began in October 2016. The epidemic had shown signs of slowing but recently reignited, causing 42 207 suspected cases and 420 deaths between 27 April 2017 and 24 May 2017.

:: WHO mobilizes health response for Ar-Raqqa, Syria 23 May 2017

WHO Western Pacific Region

[No new digest content identified]

.....
.....

CDC/ACIP [to 27 May 2017]

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

[No new digest content identified]

.....
.....

Announcements

CEPI – Coalition for Epidemic Preparedness Innovations [to 27 May 2017]

<http://cepi.net/>

CEPI Newsletter 26 May 2017

Address from the CEO

As I mentioned at the end of my last note, the CEPI Scientific Advisory Committee held a special meeting on May 10 to review the white papers submitted in response to CEPI's first call for proposals. The very next day, while the Scientific Advisory Committee was meeting in regular session, an Ebola outbreak was confirmed in the Bas-Uele province in northern Democratic Republic of Congo, not far from Yambuku, the town where the virus first emerged in 1976. On May 12, a young man, Onwuegbuzie Stanley-Samuel, died of Lassa Fever at the University of Calabar Teaching Hospital in southeastern Nigeria, the latest victim of a Lassa fever outbreak that has been percolating in Nigeria for several months. If we need to be reminded that the threat of epidemic disease is real, these developments do just that (they have prompted me to ask the CEPI team to accelerate the development of our emergency response plans, which are in a very early state).

It is thus not surprising that CEPI continues to attract a great deal of attention and support from global public health partners. Last Friday, Australia announced a donation of \$2 million, becoming CEPI's seventh investor, joining Germany, Japan, Norway, Wellcome, the Bill & Melinda Gates Foundation and Belgium.

The same day, Chancellor Angela Merkel of Germany told the assembled Health Ministers of the G20 nations, who had gathered in Berlin for their first ever meeting, that help for the African nations affected by Ebola in 2014/2015 had been "too late, too slow, and too uncoordinated". She urged her G20 peers to support CEPI, the WHO Contingency Fund for Emergencies, and the World Bank Pandemic Emergency Financing Facility, noting emphatically that where preparedness is concerned there is "no free lunch".

On Monday, in her Address to the Seventieth World Health Assembly, Dr. Margaret Chan, the Director General of WHO, reflected on her ten years of service in that role and the role of WHO in responding to the 2009 pandemic, outbreaks of MERS and H7N9 influenza, and the Ebola and Zika epidemics. She pointed to the establishment of CEPI as a key initiative to enhance global preparedness for such threats.

Monday night, with Dr. Chan's address still fresh in everyone's mind, Ministers of Health Bent Høie of Norway and Hermann Gröhe of Germany hosted a side event on CEPI at the World Health Assembly. An audience of some 200 delegates filled the room. The interest in CEPI's progress, and desire for CEPI to succeed, was palpable.

Richard Hatchett, CEPI CEO

.....

Sabin Vaccine Institute [to 27 May 2017]

[http://www.sabin.org/updates/pressreleases/](http://www.sabin.org/updates/pressreleases)

Blog

From Evidence to Action: Typhoid Experts Exchange Data, Strategies During Biannual Conference

05.24.17

More than 300 researchers from 45 countries gathered in Kampala, Uganda in early April for the 10th International Conference on Typhoid and Other Invasive Salmonellosis.

Blog

World Health Assembly Discusses Global Vaccine Action Plan During Historic Meeting

05.22.17

When the 70th World Health Assembly (WHA) begins today in Geneva, Switzerland, it will be one of historic measure. Not only because the WHA be electing a new Director-General of the World Health Organization (WHO), but also because of its sheer scope.

.....

Editor's Note:

We cluster below announcements from selected organizations saluting and otherwise messaging the new WHO Director General.

Gavi [to 27 May 2017]

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

23 May 2017

Gavi welcomes election of new WHO Chief

Former Gavi Board member Dr Tedros Adhanom Ghebreyesus is elected Director General of the World Health Organisation (WHO).

Global Fund [to 27 May 2017]

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

News

Global Fund welcomes Dr. Tedros Adhanom Ghebreyesus as Director-General of WHO

23 May 2017

The Global Fund congratulates Dr. Tedros Adhanom Ghebreyesus on his election as the new Director-General of World Health Organization.

PATH [to 27 May 2017]

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

Announcement | May 23, 2017

PATH statement on election of Dr. Tedros Adhanom Ghebreyesus as Director-General of the World Health Organization

PATH congratulates Dr. Tedros and urges his action to address pressing global health challenges and needs for WHO reform

Announcement | May 23, 2017

PATH statement on the US Administration's proposed full Fiscal Year 2018 budget

Significant cuts to global health and research programs put the health and security of millions—including Americans—at risk

UNAIDS [to 27 May 2017]

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

Selected Press Releases & Updates

Update

Global health partners reflect on priorities for the new WHO Director-General

The panellists shared recommendations for a stronger WHO, from pandemic preparedness to United Nations reform.

Update

#STOPHIVAIDS in the Russian Federation

The campaign is part of the Russian Government's State Strategy and Implementation Plan on HIV until 2020 and beyond.

Wellcome Trust [to 27 May 2017]

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

Opinion / Published: 26 May 2017

Our letter to the new WHO Director-General

In an open letter, our Director Jeremy Farrar congratulates the new head of the World Health Organization Tedros Adhanom Ghebreyesus, and sets out what Wellcome thinks the WHO's priorities should be.

News / Published: 26 May 2017

Genomes chart Zika's spread in the Americas

New research from the 2015-16 Zika outbreak shows how far we have come in being able to study disease outbreaks in close to real time.

Three papers, two by Wellcome-funded researchers and all published in the journal Nature, show what can be achieved when researchers collect and analyse genome sequences rapidly on the ground.

The genomes, obtained from infected patients and *Aedes aegypti* mosquitoes, show that: the virus circulated undetected for many months before transmission was detected
Northeast Brazil had a crucial role in establishing the spread of the virus throughout the Americas.

The research also demonstrates the enormous potential of combining traditional epidemiology – looking at how a virus affects people at a population level – with rapid genome sequencing to look at the spread and evolution of a virus...

.....

Fondation Merieux [to 27 May 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.

22 May 2017, Bamako (Mali)

Mali: Phase 2 Launch of the LABOMEDCAMP Country Medical Laboratory Project

The official ceremony to launch phase 2 of the LABOMEDCAMP project took place at the Charles Mérieux Center for Infectious Disease on April 5, 2017.

.....

IAVI – International AIDS Vaccine Initiative [to 27 May 2017]

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

May 25, 2017

IAVI Statement on the US Administration's Proposed Full Fiscal Year 2018 Budget

The International AIDS Vaccine Initiative (IAVI) expresses deep concern over drastic cuts to HIV/AIDS biomedical research and development proposed in the U.S. President's FY 18 budget. This budget is built on the unfortunate fallacy that the AIDS epidemic can be sustainably controlled using current tools. The proposed 18 percent cut to PEPFAR limits capacity to maintain treatment programs at present levels only, and fails to accommodate treatment for millions of people who will require it. Steadily increased investment in PEPFAR is what has saved millions of lives and given 11.5 million people access to treatment.

To truly end AIDS, we must look to the horizon of new prevention technologies, including an AIDS vaccine. This budget eliminates USAID funding for IAVI, preventing our researchers from moving 10 promising vaccine candidates into the clinic and from understanding the biological basis of HIV infection that has already helped devise approaches to fighting other infectious diseases.

We call on Congress to fully fund the PEPFAR program, including critical support provided by USAID for HIV prevention R&D. This support promotes economic growth at home and abroad, illuminates the value of American innovation, and helps maintain political stability and global security.

The end of AIDS is within our grasp. This budget will keep us from ever realizing a world without AIDS.

.....

NIH [to 27 May 2017]

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

May 24, 2017

Zika virus spread undetected for many months, NIH-supported study finds

May 24, 2017 — Virus quickly spread in the Americas, then diverged into distinct genetic groups.

Modified experimental vaccine protects monkeys from deadly malaria

Scientists modified an existing vaccine to more closely mimics the protein complex used by the parasite.

May 22, 2017 — Researchers from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, modified an experimental malaria vaccine and showed that it completely protected four of eight monkeys who received it against challenge with the virulent *Plasmodium falciparum* malaria parasite. In three of the remaining four monkeys, the vaccine delayed when parasites first appeared in the blood by more than 25 days...

.....

FDA [to 27 May 2017]

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

FDA News Release

FDA approves first cancer treatment for any solid tumor with a specific genetic feature

May 23, 2017

The U.S. Food and Drug Administration today granted accelerated approval to a treatment for patients whose cancers have a specific genetic feature (biomarker). This is the first time the agency has approved a cancer treatment based on a common biomarker rather than the location in the body where the tumor originated.

Keytruda (pembrolizumab) is indicated for the treatment of adult and pediatric patients with unresectable or metastatic solid tumors that have been identified as having a biomarker referred to as microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR). This indication covers patients with solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options and patients with colorectal cancer that has progressed following treatment with certain chemotherapy drugs.

"This is an important first for the cancer community," said Richard Pazdur, M.D., acting director of the Office of Hematology and Oncology Products in the FDA's Center for Drug Evaluation and Research and director of the FDA's Oncology Center of Excellence. "Until now, the FDA has approved cancer treatments based on where in the body the cancer started—for example, lung or breast cancers. We have now approved a drug based on a tumor's biomarker without regard to the tumor's original location."...

.....

European Medicines Agency [to 27 May 2017]

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

23/05/2017

East African Community looks to EMA as model for future regional agency

EMA and East African regulators met on 18-19 May 2017

As part of the European Medicines Agency's (EMA) ongoing collaboration with African regulators, a delegation from the [East African Community](#) (EAC) visited the Agency on 18-19 May 2017. The goal of the two-day meeting was to gather information and experience to support the potential creation of a networking medicines agency for the EAC.

The delegation included the heads of national agencies from the EAC Partner States, together with representatives from the [World Health Organization](#) (WHO) and the [World Bank Group](#). The EAC has six Partner States: Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda...

.....

.....

AERAS [to 27 May 2017]

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

No new digest content identified.

BIO [to 27 May 2017]

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

No new digest content identified.

BMGF - Gates Foundation [to 27 May 2017]

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

No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 27 May 2017]

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

No new digest content identified

EDCTP [to 27 May 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

No new digest content identified.

European Vaccine Initiative [to 27 May 2017]

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

No new digest content identified.

GHIT Fund [to 27 May 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 27 May 2017]

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

No new digest content identified.

Human Vaccines Project [to 27 May 2017]

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

No new digest content identified.

IFPMA [to 27 May 2017]

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

No new digest content identified.

IVI [to 27 May 2017]

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

No new digest content identified.

PhRMA [to 27 May 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

Plotkin's Vaccines. Edition No. 7

Authors: Stanley Plotkin, Walter Orenstein, Paul Offit

June 2017 :: 1504 Pages

Elsevier Health Science

eBook ISBN: 9780323393027

eBook ISBN: 9780323393010

Hardcover ISBN: 9780323357616

Description

From the development of each vaccine to its use in reducing disease, Plotkin's Vaccines, 7th Edition, provides the expert information you need to provide optimal care to your patients. This

award-winning text offers a complete understanding of each disease, as well as the latest knowledge of both existing vaccines and those currently in research and development. Described by Bill Gates as "an indispensable guide to the enhancement of the well-being of our world," Plotkin's Vaccines is a must-have reference for current, authoritative information in this fast-moving field.

Key Features

:: Includes complete information for each disease, including clinical characteristics, microbiology, pathogenesis, diagnosis, and treatment, epidemiology, and public health and regulatory issues – plus complete information for each vaccine, including its stability, immunogenicity, efficacy, duration of immunity, adverse events, indications, contraindications, precautions, administration with other vaccines, and disease-control strategies.

:: Analyzes the cost-benefit and cost-effectiveness of different vaccine options.

* * * *

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

June 01, 2017 Volume 45, Issue 6, p583-702, e53-e68

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

Major Articles

[Evaluation of low immunization coverage among the Amish population in rural Ohio](#)

Christine Kettunen, John Nemecek, Olivia Wenger

p630–634

Published online: March 13, 2017

[Stepwise intervention including 1-on-1 counseling is highly effective in increasing influenza vaccination among health care workers](#)

Younghee Jung, Mihye Kwon, Jeongmi Song

p635–641

Published online: January 4, 2017

Global Perspective Article

[Infection prevention and control and the refugee population: Experiences from the University of Louisville Global Health Center](#)

Ruth M. Carrico, Linda Goss, Timothy L. Wiemken, Rahel S. Bosson, Paula Peyrani, William A. Mattingly, Allison Pauly, Rebecca A. Ford, Stanley Kotey, Julio A. Ramirez

p673–676

Published online: April 18, 2017

Abstract

Background

During 2016, approximately 140,000 individuals entered the United States as part of the federal government refugee resettlement program and established themselves in communities in virtually every state. No national database regarding refugee health currently exists; therefore, little is known about existing infectious diseases, conditions, and cultural practices that impact successful acculturation. The objective of this report is to identify what is currently known about refugees and circumstances important to infection prevention and control with respect to their roles as new community members, employees, and consumers of health care.

Methods

Using data from the University of Louisville Global Health Center's Newly Arriving Refugee Surveillance System, health issues affecting refugees from the perspective of a community member, an employee, and a patient were explored.

Results

Lack of immunity to vaccine-preventable diseases is the most widespread issue impacting almost every adult, adolescent, and child refugee resettled in Kentucky. Health issues of concern from an infection prevention and control perspective include latent tuberculosis infection, HIV, hepatitis B, hepatitis C, syphilis, and parasites. Other health conditions that may also be important include anemia, obesity, oral health, diabetes, and cardiovascular disease.

Conclusions

Refugee resettlement provides motivation for collaborative work among those responsible for infection prevention and control in all settings, their public health partners, and those responsible for and interested in community workforce concerns.

American Journal of Preventive Medicine

June 2017 Volume 52, Issue 6, p691-894, e157-e182

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

[Reviewed earlier]

American Journal of Public Health

107(6), June 2017

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

Volume 96, Issue 5, 2017

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

[Reviewed earlier]

Annals of Internal Medicine

16 May 2017 Vol: 166, Issue 10

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

[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 27 May 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 27 May 2017)

Research article

[Comprehensive taxonomy and worldwide trends in pharmaceutical policies in relation to country income status](#)

N. Maniadakis, G. Kourlaba, J. Shen and A. Holtorf

BMC Health Services Research 2017 17:371

Published on: 25 May 2017

Abstract

Background

Rapidly evolving socioeconomic and technological trends make it challenging to improve access, effectiveness and efficiency in the use of pharmaceuticals. This paper identifies and systematically classifies the prevailing pharmaceutical policies worldwide in relation to a country's income status.

Methods

A literature search was undertaken to identify and taxonomize prevailing policies worldwide. Countries that apply those policies and those that do not were then grouped by income status.

Results

Pharmaceutical policies are linked to a country's socioeconomics. Developed countries have universal coverage and control pharmaceuticals with external and internal price referencing systems, and indirect price–cost controls; they carry out health technology assessments and demand utilization controls. Price-volume and risk-sharing agreements are also evolving. Developing countries are underperforming in terms of coverage and they rely mostly on restrictive state controls to regulate prices and expenditure.

Conclusions

There are significant disparities worldwide in the access to pharmaceuticals, their use, and the reimbursement of costs. The challenge in high-income countries is to maintain access to care whilst dealing with trends in technology and aging. Essential drugs should be available to all; however, many low- and middle-income countries still provide most of their population with only poor access to medicines. As economies grow, there should be greater investment in pharmaceutical care, looking to the policies of high-income countries to increase efficiency.

Pharmaceutical companies could also develop special access schemes with low prices to facilitate coverage in low-income countries.

BMC Infectious Diseases

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

(Accessed 27 May 2017)

Research article

An assessment of the geographical risks of wild and vaccine-derived poliomyelitis outbreaks in Africa and Asia

Kathleen M. O'Reilly, Christine Lamoureux, Natalie A. Molodecky, Hil Lyons, Nicholas C. Grassly and Graham Tallis

BMC Infectious Diseases 2017 17:367

Published on: 26 May 2017

Abstract

Background

The international spread of wild poliomyelitis outbreaks continues to threaten eradication of poliomyelitis and in 2014 a public health emergency of international concern was declared. Here we describe a risk scoring system that has been used to assess country-level risks of wild poliomyelitis outbreaks, to inform prioritisation of mass vaccination planning, and describe the change in risk from 2014 to 2016. The methods were also used to assess the risk of emergence of vaccine-derived poliomyelitis outbreaks.

Methods

Potential explanatory variables were tested against the reported outbreaks of wild poliomyelitis since 2003 using multivariable regression analysis. The regression analysis was translated to a risk score and used to classify countries as Low, Medium, Medium High and High risk, based on the predictive ability of the score.

Results

Indicators of population immunity, population displacement and diarrhoeal disease were associated with an increased risk of both wild and vaccine-derived outbreaks. High migration from countries with wild cases was associated with wild outbreaks. High birth numbers were associated with an increased risk of vaccine-derived outbreaks.

Conclusions

Use of the scoring system is a transparent and rapid approach to assess country risk of wild and vaccine-derived poliomyelitis outbreaks. Since 2008 there has been a steep reduction in the number of wild poliomyelitis outbreaks and the reduction in countries classified as High and Medium High risk has reflected this. The risk of vaccine-derived poliomyelitis outbreaks has varied geographically. These findings highlight that many countries remain susceptible to poliomyelitis outbreaks and maintenance or improvement in routine immunisation is vital.

BMC Medical Ethics

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

(Accessed 27 May 2017)

Research article

Staff's normative attitudes towards coercion: the role of moral doubt and professional context—a cross-sectional survey study

The use of coercion is morally problematic and requires an ongoing critical reflection. We wondered if not knowing or being uncertain whether coercion is morally right or justified (i.e. experiencing moral dou...

Bert Molewijk, Almar Kok, Tonje Husum, Reidar Pedersen and Olaf Aasland

BMC Medical Ethics 2017 18:37

Published on: 25 May 2017

Abstract

Background

The use of coercion is morally problematic and requires an ongoing critical reflection. We wondered if not knowing or being uncertain whether coercion is morally right or justified (i.e. experiencing moral doubt) is related to professionals' normative attitudes regarding the use of coercion.

Methods

This paper describes an explorative statistical analysis based on a cross-sectional survey across seven wards in three Norwegian mental health care institutions.

Results

Descriptive analyses showed that in general the 379 respondents a) were not so sure whether coercion should be seen as offending, b) agreed with the viewpoint that coercion is needed for care and security, and c) slightly disagreed that coercion could be seen as treatment. Staff did not report high rates of moral doubt related to the use of coercion, although most of them agreed there will never be a single answer to the question 'What is the right thing to do?'. Bivariate analyses showed that the more they experienced general moral doubt and relative doubt, the more one thought that coercion is offending. Especially psychologists were critical towards coercion. We found significant differences among ward types. Respondents with decisional responsibility for coercion and leadership responsibility saw coercion less as treatment. Frequent experience with coercion was related to seeing coercion more as care and security.

Conclusions

Conclusions

This study showed that experiencing moral doubt is related to some one's normative attitude towards coercion. Future research could investigate whether moral case deliberation increases professionals' experience of moral doubt and whether this will evoke more critical thinking and increase staff's curiosity for alternatives to coercion.

Research Article

Written versus verbal consent: a qualitative study of stakeholder views of consent procedures used at the time of recruitment into a peripartum trial conducted in an emergency setting

J. Lawton, N. Hallowell, C. Snowdon, J. E. Norman, K. Carruthers and F. C. Denison

BMC Medical Ethics 2017 18:36

Published on: 24 May 2017

Abstract

Background

Obtaining prospective written consent from women to participate in trials when they are experiencing an obstetric emergency is challenging. Alternative consent pathways, such as gaining verbal consent at enrolment followed, later, by obtaining written consent, have been advocated by some clinicians and bioethicists but have received little empirical attention. We explored women's and staff views about the consent procedures used during the internal pilot of a trial (GOT-IT), where the protocol permitted staff to gain verbal consent at recruitment.

Methods

Interviews with staff (n = 27) and participating women (n = 22). Data were analysed thematically and interviews were cross-compared to identify differences and similarities in participants' views about the consent procedures used.

Results

Women and some staff highlighted benefits to obtaining verbal consent at trial enrolment, including expediting recruitment and reducing the burden on those left exhausted by their births. However, most staff with direct responsibility for taking consent expressed extreme reluctance to proceed with enrolment until they had obtained written consent, despite being comfortable using verbal procedures in their clinical practice. To account for this resistance, staff drew a strong distinction between research and clinical care and suggested that a higher level of consent was needed when recruiting into trials. In doing so, staff emphasised the need to engage women in reflexive decision-making and highlighted the role that completing the consent form could play in enabling and evidencing this process. While most staff cited their ethical responsibilities to women, they also voiced concerns that the absence of a signed consent form at recruitment could expose them to greater risk of litigation were an individual to experience a complication during the trial. Inexperience of recruiting into peripartum trials and limited availability of staff trained to take consent also reinforced preferences for obtaining written consent at recruitment.

Conclusions

While alternative consent pathways have an important role to play in advancing emergency medicine research, and may be appreciated by potential recruits, they may give rise to unintended ethical and logistical challenges for staff. Staff would benefit from training and support to increase their confidence and willingness to recruit into trials using alternative consent pathways.

BMC Medicine

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

(Accessed 27 May 2017)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 27 May 2017)

[No new digest content identified]

BMC Public Health

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

(Accessed 27 May 2017)

Research article

[Strengthening capacity to research the social determinants of health in low- and middle-income countries: lessons from the INTREC programme](#)

The INDEPTH Training & Research Centres of Excellence (INTREC) collaboration developed a training programme to strengthen social determinants of health (SDH) research in low- and middle-income countries (LMICs...

Nicholas Henschke, Anna Mirny, Joke A Haafkens, Heribert Ramroth, Siwi Padmawati, Martin Bangha, Lisa Berkman, Laksono Trisnantoro, Yulia Blomstedt, Heiko Becher, Osman Sankoh, Peter Byass and John Kinsman
BMC Public Health 2017 17:514
Published on: 25 May 2017

BMC Research Notes

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

(Accessed 27 May 2017)

[No new digest content identified]

BMJ Open

May 2017 - Volume 7 - 5

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

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 95, Number 5, May 2017, 313-388

<http://www.who.int/bulletin/volumes/95/5/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

May 2017 Volume 39, Issue 5, p873-1076

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

Commentary

[Vitamin D Status and the Host Resistance to Infections: What It Is Currently \(Not\) Understood](#)

Pierre Olivier Lang, Richard Aspinall

p930–945

Published online: April 27, 2017

Reviews

The New Drug Conditional Approval Process in China: Challenges and Opportunities

Xuefang Yao, Jinxi Ding, Yingfang Liu, Penghui Li

p1040–1051

Published online: April 18, 2017

Abstract

Purpose

Our aim was to characterize the newly established new drug conditional approval process in China and discuss the challenges and opportunities with respect to new drug research and development and registration.

Methods

We examined the new approval program through literature review, law analysis, and data analysis. Data were derived from published materials, such as journal articles, government publications, press releases, and news articles, along with statistical data from INSIGHT-China Pharma Databases, the China Food and Drug Administration website, the Center for Drug Evaluation website, the US Food and Drug Administration website, and search results published by Google.

Findings

Currently, there is a large backlog of New Drug Applications in China, mainly because of the prolonged review time at the China Food and Drug Administration, resulting in a lag in drug approvals. In 2015, the Chinese government implemented the drug review and registration system reform and tackled this issue through various approaches, such as setting up a drug review fee system, adjusting the drug registration classification, and establishing innovative review pathways, including the conditional approval process.

Implications

In Europe and the United States, programs comparable to the conditional approval program in China have been well developed. The conditional approval program recently established in China is an expedited new drug approval process that is expected to affect new drug development at home and abroad and profoundly influence the public health and the pharmaceutical industry in China. Like any program in its initial stage, the conditional approval program is facing several challenges, including setting up a robust system, formatting new drug clinical research requirements, and improving the regulatory agency's function for drug review and approval. The program is expected to evolve and improve as part of the government mandate of the drug registration system reform.

Commentary

Incorporating Site-less Clinical Trials Into Drug Development: A Framework for Action

Irl B. Hirsch, Joe Martinez, E. Ray Dorsey, Gerald Finken, Alexander Fleming, Chris Gropp, Philip Home, Daniel I. Kaufer, Spyros Papapetropoulos

p1064–1076

Published online: April 14, 2017

Open Access

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 27 May 2017]

[No new digest content identified]

Contemporary Clinical Trials

Volume 56, Pages 1-52 (May 2017)

<http://www.sciencedirect.com/science/journal/15517144/56>

[Reviewed earlier]

Current Opinion in Infectious Diseases

June 2017 - Volume 30 - Issue 3

<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>

[Reviewed earlier]

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

01 May 2017; volume 18, issue 5

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

[Reviewed earlier]

Emerging Infectious Diseases

Volume 23, Number 5—May 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 8 - June 2017

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

[New issue; No digest content identified]

The European Journal of Public Health

Volume 27, Issue 3, June 2017

<https://academic.oup.com/eurpub/issue/27/3>

Infectious diseases

Increase in vaccination coverage between subsequent generations of orthodox Protestants in The Netherlands

D. Henri Spaan; Wilhelmina L.M. Ruijs; Jeannine L.A. Hautvast; Alma Tostmann

Migration

Interventions to improve immigrant health. A scoping review

Esperanza Diaz; Gaby Ortiz-Barreda; Yoav Ben-Shlomo; Michelle Holdsworth; Bukola Salami ...

Abstract

Background: Disparities in health between immigrants and their host populations have been described across countries and continents. Hence, interventions for improving health targeting general populations are not necessarily effective for immigrants.

Aims: To conduct a systematic search of the literature evaluating health interventions for immigrants; to map the characteristics of identified studies including range of interventions, immigrant populations and their host countries, clinical areas targeted and reported evaluations, challenges and limitations of the interventions identified. Following the results, to develop recommendations for research in the field.

Methods: A scoping review approach was chosen to provide an overview of the type, extent and quantity of research available. Studies were included if they empirically evaluated health interventions targeting immigrants and/or their descendants, included a control group, and were published in English (PubMed and Embase from 1990 to 2015).

Results: Most of the 83 studies included were conducted in the USA, encompassed few immigrant groups and used a randomized controlled trial (RCT) or cluster RCT design. Most interventions addressed chronic and non-communicable diseases and attendance at cancer screening services, used individual targeted approaches, targeted adult women and recruited participants from health centres. Outcome measures were often subjective, with the exception of interventions for cardiovascular risk and diabetes. Generally, authors claimed that interventions were beneficial, despite a number of reported limitations.

Conclusions: Recommendations for enhancing interventions to improve immigrant health are provided to help researchers, funders and health care commissioners when deciding upon the scope, nature and design of future research in this area.

Assessing trauma and mental health in refugee children and youth: a systematic review of validated screening and measurement tools

A.K. Gadeberg; E. Montgomery; H.W. Frederiksen; M. Norredam

Global region of birth is an independent risk factor for type 2 diabetes in Stockholm, Sweden

Liselotte Schäfer Elinder; Shawn Hakimi; Anton Lager; Emma Patterson

Adolescent immigrants, the impact of gender on health status

Cheryl Zlotnick; Daphna Birenbaum-Carmeli; Hadass Goldblatt; Yael Dishon; Omer Taychaw ...

Access to healthcare for undocumented migrants: analysis of avoidable hospital admissions in Sicily from 2003 to 2013

Daniele Mipatrini; Sebastiano Pollina Addario; Roberto Bertolini; Mario Palermo; Alice Mannocci

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 7

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

[Reviewed earlier]

Globalization and Health

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

[Accessed 27 May 2017]

[No new digest content identified]

Health Affairs

May 2017; Volume 36, Issue 5

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

Issue Focus: ACA Coverage, Access, Medicaid & 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 5 June 2017

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 27 May 2017]

[No new digest content identified]

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 5, 2017

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

Article

[Persistence of antibodies 20 y after vaccination with a combined hepatitis A and B vaccine](#)

Pierre Van Damme, Geert Leroux-Roels, P. Suryakiran, Nicolas Folschweiller & Olivier Van Der Meeren

Pages: 972-980

Published online: 10 Mar 2017

Article

Persistence of immunity 18–19 years after vaccination against hepatitis B in 2 cohorts of vaccinees primed as infants or as adolescents in Italy

Luisa Romanò, Cristina Galli, Catia Tagliacarne, Maria Elena Tosti, Claudio Velati, Laura Fomiatti, Maria Chironna, Rosa Cristina Coppola, Mario Cuccia, Rossana Mangione, Fosca Marrone, Francesco Saverio Negrone, Antonino Parlato, Carla Maria Zotti, Alfonso Mele, Alessandro Remo Zanetti & the Study Group

Pages: 981-985

Published online: 08 Mar 2017

Review

Research progress of therapeutic vaccines for treating chronic hepatitis B

Jianqiang Li, Mengru Bao, Jun Ge, Sulin Ren, Tong Zhou, Fengchun Qi, Xiuying Pu & Jia Dou

Pages: 986-997

Published online: 24 Jan 2017

Review

Progress in HIV vaccine development

Denise C. Hsu & Robert J. O'Connell MD

Pages: 1018-1030

Published online: 10 Mar 2017

Review

Vaccines licensed and in clinical trials for the prevention of dengue

J. Torresi, G. Ebert & M. Pellegrini

Pages: 1059-1072

Published online: 14 Feb 2017

ABSTRACT

Dengue has become a major global public health threat with almost half of the world's population living in at-risk areas. Vaccination would likely represent an effective strategy for the management of dengue disease in endemic regions, however to date there is only one licensed preventative vaccine for dengue infection. The development of a vaccine against dengue virus (DENV) has been hampered by an incomplete understanding of protective immune responses against DENV. The most clinically advanced dengue vaccine is the chimeric yellow fever-dengue vaccine (CYD) that employs the yellow fever virus 17D strain as the replication backbone (Chimerivax-DEN; CYD-TDV). This vaccine had an overall pooled protective efficacy of 65.6% but was substantially more effective against severe dengue and dengue hemorrhagic fever. Several other vaccine approaches have been developed including live attenuated chimeric dengue vaccines (DENVax and LAV Delta 30), DEN protein subunit V180 vaccine (DEN1–80E) and DENV DNA vaccines. These vaccines have been shown to be immunogenic in animals and also safe and immunogenic in humans. However, these vaccines are yet to progress to phase III trials to determine their protective efficacy against dengue. This review will summarize the details of vaccines that have progressed to clinical trials in humans.

Brief Report

Cost analysis of measles in refugees arriving at Los Angeles International Airport from Malaysia

Margaret S. Coleman, Heather M. Burke, Bethany L. Welstead, Tarissa Mitchell, Eboni M. Taylor, Dmitry Shapovalov, Brian A. Maskery, Heesoo Joo & Michelle Weinberg

Pages: 1084-1090
Published online: 09 Jan 2017

Article

[Economic evaluation of routine infant rotavirus immunisation program in Japan](#)

Shu-ling Hoshi, Masahide Kondo & Ichiro Okubo

Pages: 1115-1125

Published online: 20 Oct 2016

Article Commentary

[Teaching children about immunization in a digital age](#)

Kumanan Wilson, Katherine Atkinson & Natasha Crowcroft

Pages: 1155-1157

Published online: 06 Feb 2017

Review

[Vaccinating healthcare workers: Level of implementation, barriers and proposal for evidence-based policies in Turkey](#)

Lale Ozisik, Mine Durusu Tanriover, Serdar Altinel & Serhat Unal

Pages: 1198-1206

Published online: 06 Jan 2017

Infectious Agents and Cancer

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

[Accessed 27 May 2017]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 27 May 2017]

[No new digest content identified]

International Health

Volume 9, Issue 2 March 2017

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

[Reviewed earlier]

International Journal of Community Medicine and Public Health

Vol 4, No 5 (2017) May 2017

<http://www.ijcmph.com/index.php/ijcmph/issue/view/24>

[Reviewed earlier]

International Journal of Epidemiology

Volume 46, Issue 1 February 2017
<http://ije.oxfordjournals.org/content/current>
[Reviewed earlier]

International Journal of Infectious Diseases

May 2017 Volume 58, p1-118
[http://www.ijidonline.com/issue/S1201-9712\(17\)X0005-2](http://www.ijidonline.com/issue/S1201-9712(17)X0005-2)
[Reviewed earlier]

JAMA

May 23/30, 2017, Vol 317, No. 20, Pages 2033-2142
<http://jama.jamanetwork.com/issue.aspx>
Viewpoint

Single IRBs in Multisite Trials Questions Posed by the New NIH Policy

Robert Klitzman, MD; Ekaterina Pivovarova, PhD; Charles W. Lidz, PhD
JAMA. 2017;317(20):2061-2062. doi:10.1001/jama.2017.4624

This Viewpoint describes measures needed for an effective NIH policy in which a single IRB would work with multiple local IRBs to ensure protection of participants in multisite trials.

JAMA Pediatrics

May 2017, Vol 171, No. 5, Pages 407-500
<http://archpedi.jamanetwork.com/issue.aspx>
[Reviewed earlier]

JBI Database of Systematic Review and Implementation Reports

May 2017 - Volume 15 - Issue 5
<http://journals.lww.com/jbisrir/Pages/currenttoc.aspx>
[Reviewed earlier]

Journal of Community Health

Volume 42, Issue 3, June 2017
<http://link.springer.com/journal/10900/42/3/page/1>
[Reviewed earlier]

Journal of Epidemiology & Community Health

May 2017 - Volume 71 - 5
<http://jech.bmj.com/content/current>
[New issue; No digest content identified]

Journal of Global Ethics

Volume 12, Issue 3, 2016

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

Theme Issue: Refugee Crisis: The Borders of Human Mobility

[Reviewed earlier]

Journal of 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

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 19, Issue 3, June 2017

<http://link.springer.com/journal/10903/19/3/page/1>

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 15, Issue 2, 2017

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

Special Issue: Human Trafficking in Domestic Work: A Special Case or a Learning Ground for the Anti-Trafficking Field?

[Articles focused on Netherlands, Britain, Italy, Greece, France]

Journal of Infectious Diseases

Volume 215, Issue 8 15 April 2017

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

Editor's Choice

[Measles Vaccination Is Effective at Under Nine Months of Age, and Provides Nonspecific Immunological Benefits](#)

[Katie L. Flanagan](#)

HIV/AIDS

[Randomized, Double-Blind Evaluation of Late Boost Strategies for HIV-Uninfected Vaccine Recipients in the RV144 HIV Vaccine Efficacy Trial](#)

[Supachai Rerks-Ngarm](#); [Punnee Pitisuttithum](#); [Jean-Louis Excler](#); [Sorachai Nitayaphan](#); [Jaranit Kaewkungwal](#) ...

Journal of Medical Ethics

May 2017 - Volume 43 - 5

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

[Reviewed earlier]

Journal of Medical Internet Research

Vol 19, No 5 (2017): May
<http://www.jmir.org/2017/5>
[Reviewed earlier]

Journal of Medical Microbiology

Volume 66, Issue 5, May 2017
<http://jmm.microbiologyresearch.org/content/journal/jmm/66/5>
[New issue; No digest content identified]

Journal of Patient-Centered Research and Reviews

Volume 4, Issue 2 (2017)
<http://digitalrepository.auorahealthcare.org/jpcrr/>
[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 6, Issue 2 1 June 2017
<http://jpids.oxfordjournals.org/content/current>
[Reviewed earlier]

Journal of Pediatrics

May 2017 Volume 184, p1-246
<http://www.jpeds.com/current>
[Reviewed earlier]

Journal of Public Health Policy

Volume 38, Issue 2, May 2017
<https://link.springer.com/journal/41271/38/2/page/1>
[New issue; No digest content identified]

Journal of the Royal Society – Interface

01 May 2017; volume 14, issue 130
<http://rsif.royalsocietypublishing.org/content/current>
[New issue; No digest content identified]

Journal of Travel Medicine

Volume 24, Issue 2, March/April 2017
<https://academic.oup.com/jtm/issue/24/2>
[Reviewed earlier]

Journal of Virology

May 2017, volume 91, issue 10

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

[New issue; No digest content identified]

The Lancet

May 27, 2017 Volume 389 Number 10084 p2081-2162 e6-e10

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

[New issue; No digest content identified]

Lancet Global Health

Jun 2017 Volume 5 Number 6 e556-e632

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

[Reviewed earlier]

Lancet Infectious Diseases

Jun 2017 Volume 17 Number 6 p563-672 e166-e196

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

Articles

[Effectiveness and cost-effectiveness of a nurse-delivered intervention to improve adherence to treatment for HIV: a pragmatic, multicentre, open-label, randomised clinical trial](#)

Marijn de Bruin, Edwin J M Oberjé, Wolfgang Viechtbauer, Hans-Erik Nobel, Mickaël Hiligsmann, Cees van Nieuwkoop, Jan Veenstra, Frank J Pijnappel, Frank P Kroon, Laura van Zonneveld, Paul H P Groeneveld, Marjolein van Broekhuizen, Silvia M A A Evers, Jan M Prins

[Safety and immunogenicity of one versus two doses of Takeda's tetravalent dengue vaccine in children in Asia and Latin America: interim results from a phase 2, randomised, placebo-controlled study](#)

Xavier Sáez-Llorens, Vianney Tricou, Delia Yu, Luis Rivera, Suely Tuboi, Pedro Garbes, Astrid Borkowski, Derek Wallace

[Asymptomatic infection and unrecognised Ebola virus disease in Ebola-affected households in Sierra Leone: a cross-sectional study using a new non-invasive assay for antibodies to Ebola virus](#)

Judith R Glynn, Hilary Bower, Sembia Johnson, Catherine F Houlihan, Carla Montesano, Janet T Scott, Malcolm G Semple, Mohammed S Bangura, Alie Joshua Kamara, Osman Kamara, Saidu H Mansaray, Daniel Sesay, Cecilia Turay, Steven Dicks, Raoul E Guetiya Wadoum, Vittorio Colizzi, Francesco Checchi, Dhan Samuel, Richard S Tedder

[Characteristics and survival of patients with Ebola virus infection, malaria, or both in Sierra Leone: a retrospective cohort study](#)

Matthew Waxman, Adam R Aluisio, Soham Rege, Adam C Levine

Lancet Public Health

May 2017 Volume 2 Number 5 e202-e246

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

[Reviewed earlier]

Lancet Respiratory Medicine

Jun 2017 Volume 5 Number 6 p457-534 e20-e22

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

Articles

[Immune plasma for the treatment of severe influenza: an open-label, multicentre, phase 2 randomised study](#)

John H Beigel, Pablo Tebas, Marie-Carmelle Elie-Turenne, Ednan Bajwa, Todd E Bell, Charles B Cairns, Shmuel Shoham, Jaime G Deville, Eric Feucht, Judith Feinberg, Thomas Luke, Kanakatte Raviprakash, Janine Danko, Dorothy O'Neil, Julia A Metcalf, Karen King, Timothy H Burgess, Evgenia Aga, H Clifford Lane, Michael D Hughes, Richard T Davey on behalf of the IRC002 Study Team

Summary

Background

Influenza causes substantial morbidity and mortality despite available treatments. Anecdotal reports suggest that plasma with high antibody titres to influenza might be of benefit in the treatment of severe influenza.

Methods

In this randomised, open-label, multicentre, phase 2 trial, 29 academic medical centres in the USA assessed the safety and efficacy of anti-influenza plasma with haemagglutination inhibition antibody titres of 1:80 or more to the infecting strain. Hospitalised children and adults (including pregnant women) with severe influenza A or B (defined as the presence of hypoxia or tachypnoea) were randomly assigned to receive either two units (or paediatric equivalent) of anti-influenza plasma plus standard care, versus standard care alone, and were followed up for 28 days. The primary endpoint was time to normalisation of patients' respiratory status (respiratory rate of ≤ 20 breaths per min for adults or age-defined thresholds of 20–38 breaths per min for children) and a room air oxygen saturation of 93% or more. This study is registered with ClinicalTrials.gov, number [NCT01052480](https://clinicaltrials.gov/ct2/show/study?term=NCT01052480).

Findings

Between Jan 13, 2011, and March 2, 2015, 113 participants were screened for eligibility and 98 were randomly assigned from 20 out of 29 participating sites. Of the participants with confirmed influenza (by PCR), 28 (67%) of 42 in the plasma plus standard care group normalised their respiratory status by day 28 compared with 24 (53%) of 45 participants on standard care alone ($p=0\cdot069$). The hazard ratio (HR) comparing plasma plus standard care with standard care alone was 1·71 (95% CI 0·96–3·06). Six participants died, one (2%) from the plasma plus standard care group and five (10%) from the standard care group (HR 0·19 [95% CI 0·02–1·65], $p=0\cdot093$). Participants in the plasma plus standard care group had non-significant reductions in days in hospital (median 6 days [IQR 4–16] vs 11 days [5–25], $p=0\cdot13$) and days on mechanical ventilation (median 0 days [IQR 0–6] vs 3 days [0–14], $p=0\cdot14$). Fewer plasma plus standard care participants had serious adverse events compared with standard care alone recipients (nine [20%] of 46 vs 20 [38%] of 52, $p=0\cdot041$), the most frequent of which were

acute respiratory distress syndrome (one [2%] vs two [4%] patients) and stroke (one [2%] vs two [4%] patients).

Interpretation

Although there was no significant effect of plasma treatment on the primary endpoint, the treatment seemed safe and well tolerated. A phase 3 randomised trial is now underway to further assess this intervention.

Funding

National Institute of Allergy and Infectious Diseases, US National Institutes of Health.

Maternal and Child Health Journal

Volume 21, Issue 5, May 2017

<http://link.springer.com/journal/10995/21/5/page/1>

[Reviewed earlier]

Medical Decision Making (MDM)

Volume 37, Issue 4, May 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 545 Number 7655 pp385-520 25 May 2017

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

[New issue: No digest content identified]

Nature Medicine

May 2017, Volume 23 No 5 pp527-643

<http://www.nature.com/nm/journal/v23/n5/index.html>

[Reviewed earlier]

Nature Reviews Immunology

June 2017 Vol 17 No 6

<http://www.nature.com/nri/journal/v17/n6/index.html>

Comment:

[Emil von Behring: translational medicine at the dawn of immunology](#)

Stefan H. E. Kaufmann

p341 | doi:10.1038/nri.2017.37

Remembering Emil von Behring, one of the founders of immunology, 100 years after his death.

New England Journal of Medicine

May 25, 2017 Vol. 376 No. 21

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

Perspective

Accelerated Approval and Expensive Drugs — A Challenging Combination

Walid F. Gellad, M.D., M.P.H., and Aaron S. Kesselheim, M.D., J.D., M.P.H.

N Engl J Med 2017; 376:2001-2004 May 25, 2017 DOI: 10.1056/NEJMp1700446

Perspective

Sharing Clinical and Genomic Data on Cancer — The Need for Global Solutions

The Clinical Cancer Genome Task Team of the Global Alliance for Genomics and Health

N Engl J Med 2017; 376:2006-2009 May 25, 2017 DOI: 10.1056/NEJMp1612254

Pediatrics

May 2017, VOLUME 139 / ISSUE 5

<http://pediatrics.aappublications.org/content/139/5?current-issue=y>

[Reviewed earlier]

Pharmaceutics

Volume 9, Issue 2 (June 2017)

<http://www.mdpi.com/1999-4923/9/2>

[New issue: No digest content identified]

PharmacoEconomics

Volume 35, Issue 5, May 2017

<http://link.springer.com/journal/40273/35/5/page/1>

[Reviewed earlier]

PLOS Currents: Disasters

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

[Accessed 27 May 2017]

[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 27 May 2017]

Integrating Environmental Monitoring and Mosquito Surveillance to Predict Vector-borne Disease: Prospective Forecasts of a West Nile Virus Outbreak

May 23, 2017 · Research Article

Introduction: Predicting the timing and locations of future mosquito-borne disease outbreaks has the potential to improve the targeting of mosquito control and disease prevention efforts. Here, we present and evaluate prospective forecasts made prior to and during the 2016 West Nile virus (WNV) season in South Dakota, a hotspot for human WNV transmission in the United States.

Methods: We used a county-level logistic regression model to predict the weekly probability of human WNV case occurrence as a function of temperature, precipitation, and an index of mosquito infection status. The model was specified and fitted using historical data from 2004-2015 and was applied in 2016 to make short-term forecasts of human WNV cases in the upcoming week as well as whole-year forecasts of WNV cases throughout the entire transmission season. These predictions were evaluated at the end of the 2016 WNV season by comparing them with spatial and temporal patterns of the human cases that occurred.

Results: There was an outbreak of WNV in 2016, with a total of 167 human cases compared to only 40 in 2015. Model results were generally accurate, with an AUC of 0.856 for short-term predictions. Early-season temperature data were sufficient to predict an earlier-than-normal start to the WNV season and an above-average number of cases, but underestimated the overall case burden. Model predictions improved throughout the season as more mosquito infection data were obtained, and by the end of July the model provided a close estimate of the overall magnitude of the outbreak.

Conclusions: An integrated model that included meteorological variables as well as a mosquito infection index as predictor variables accurately predicted the resurgence of WNV in South Dakota in 2016. Key areas for future research include refining the model to improve predictive skill and developing strategies to link forecasts with specific mosquito control and disease prevention activities.

PLOS Medicine

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

(Accessed 27 May 2017)

Research Article

Data sharing in clinical trials: An experience with two large cancer screening trials

Claire S. Zhu, Paul F. Pinsky, James E. Moler, Andrew Kukwa, Jerome Mabie, Joshua M.

Rathmell, Tom Riley, Philip C. Prorok, Christine D. Berg

Health in Action | published 23 May 2017 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002304>

Summary points

:: Broad sharing of clinical trial data is important for ensuring reproducibility, transparency, and maximal use of the data by the research community. However, in practice, such data sharing typically requires planning, effort, and resources.

:: Here, we describe a web-based data sharing system, the Cancer Data Access System (CDAS), developed for two large cancer screening trials: the Prostate, Lung, Colorectal and Ovarian (PLCO) cancer screening trial and the National Lung Screening Trial (NLST).

:: Deidentified individual participant data were organized into standard datasets readily downloadable from CDAS via a simple web-based application process that involves minimal scientific review. CDAS provides a “one-stop shop” for access requests, review, and data downloads.

:: Since the launch of CDAS in November 2012 and through October 2016, 215 requests were received for PLCO data, of which 199 (93%) were approved, and 240 requests were received for NLST, of which 216 (90%) were approved.

:: The estimated cost of CDAS was around US\$300,000 for the initial development, plus additional maintenance and user-support costs of about US\$26,000 per month. Because of its modular nature, additional studies can be added to CDAS with relatively little additional cost.

PLOS Neglected Tropical Diseases

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

(Accessed 27 May 2017)

Editorial

[Russian–United States vaccine science diplomacy: Preserving the legacy](#)

Peter J. Hotez

| published 25 May 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0005320>

[Initial text]

United States–Russia tensions over the hostilities in Ukraine, collapsed cease-fires and chemical weapons use in Syria, and accusations of alleged cyberattacks may require a diplomatic reset. To help ease growing strains and restore dialogue and cooperation, it is worth looking to a productive and extraordinary historical record of international scientific collaborations.

Throughout the last half of the 20th century, the United States and Soviet Union managed a complex Cold War foreign policy relationship by opening and maintaining channels in sports, the arts, literature, and other humanitarian endeavors. One of the most productive engagements was through a mostly clandestine joint initiative to develop, test, and deliver life-saving vaccines that targeted the ancient scourges of humankind. Ultimately, through Cold War vaccine diplomacy, smallpox was eradicated, and polio was mostly eliminated [1]...

PLOS One

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

[Accessed 27 May 2017]

Research Article

[The emergence and evolution of the research fronts in HIV/AIDS research](#)

David Fajardo-Ortiz, Malaquias Lopez-Cervantes, Luis Duran, Michel Dumontier, Miguel Lara, Hector Ochoa, Victor M. Castano

Research Article | published 25 May 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0178293>

[Projected savings through public health voluntary licences of HIV drugs negotiated by the Medicines Patent Pool \(MPP\)](#)

Sandeep Juneja, Aastha Gupta, Suerie Moon, Stephen Resch

Research Article | published 25 May 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0177770>

[Effectiveness of pneumococcal vaccines in preventing pneumonia in adults, a systematic review and meta-analyses of observational studies](#)

Myint Tin Tin Htar, Anke L. Stuurman, Germano Ferreira, Cristiano Alicino, Kaatje Bollaerts, Chiara Paganino, Ralf René Reinert, Heinz-Josef Schmitt, Cecilia Trucchi, Thomas Vestraeten, Filippo Ansaldi

Research Article | published 23 May 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0177985>

PLoS Pathogens

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

[Accessed 27 May 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 27 May 2017]

[No new digest content identified]

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 98, Pages 1-44 (May 2017)

<http://www.sciencedirect.com/science/journal/00917435/98>

Special Issue: Emerging Paradigms in Cervical Cancer Screening

Edited by Mark Schiffman

[Reviewed earlier]

Proceedings of the Royal Society B

17 May 2017; volume 284, issue 1854

<http://rspb.royalsocietypublishing.org/content/284/1854?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 3, May/June 2017

<http://phr.sagepub.com/content/current>
[Reviewed earlier]

Qualitative Health Research

Volume 27, Issue 6, May 2017

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

Special Issue: Phenomenology/Qualitative Evaluation

[Reviewed earlier]

Reproductive Health

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

[Accessed 27 May 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

This issue is focused on health reform In Ecuador and its implications.

[No new digest content identified]

Risk Analysis

April 2017 Volume 37, Issue 4 Pages 599–844

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2017.37.issue-4/issuetoc>

[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 10, 2017

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

[Reviewed earlier]

Science

26 May 2017 Vol 356, Issue 6340

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

[New issue: No digest content identified]

Science Translational Medicine

24 May 2017 Vol 9, Issue 391

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

[New issue; No new digest content identified]

Social Science & Medicine

Volume 180, Pages 1-196 (May 2017)

<http://www.sciencedirect.com/science/journal/02779536/180>

[Reviewed earlier]

Travel Medicine and Infectious Diseases

March-April, 2017 - Volume 16

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

[Reviewed earlier]

Tropical Medicine & International Health

May 2017 Volume 22, Issue 5 Pages 513–654

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-5/issuetoc>

[Reviewed earlier]

Vaccine

Volume 35, Issue 27, Pages 3431-3514 (14 June 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/27>

Short Communications

[Dengue vaccine safety signal: Immune enhancement, waning immunity, or chance occurrence?](#)

Pages 3452-3456

Bradford D. Gessner, Neal Halsey

Abstract

A new dengue vaccine was associated with increased risk of hospitalized virologically-confirmed disease during year 3 of follow-up among children age 2–5 years. Among hypotheses to explain this finding, we could not distinguish definitively between antibody dependent enhancement, waning immunity, or chance occurrence. However, any theory must account for the following: (a) the signal occurred mainly because of decreased dengue among controls rather than increased dengue among vaccinees; (b) among 48 data points, a statistically significant increase in hospitalization among vaccinated children occurred for only one age group, during one year, and in one region; (c) cumulative risk was similar for vaccinated vs. control children age 2–5 years at the end of year 5 and lower for vaccinated vs. control children among older age groups; (d) the protective effect of vaccine against hospitalization decreased from years 1–2 to years 3–5 of follow-up for all age groups and regions.

[Cost-effectiveness analysis of typhoid conjugate vaccines in five endemic low- and middle-income settings](#)

Original Research Article

Pages 3506-3514

Marina Antillón, Joke Bilcke, A. David Paltiel, Virginia E. Pitzer

Abstract

Background

Typhoid fever remains endemic in low- and middle-income countries. Programmatic use of existing vaccines is limited, but upcoming typhoid conjugate vaccines (TCVs) could warrant

wider use. We evaluated the cost-effectiveness of five TCV delivery strategies in three urban areas (Delhi and Kolkata, India and Nairobi, Kenya) and two rural settings (Lwak, Kenya and Dong Thap, Vietnam) with varying incidence.

Methods and findings

We evaluated routine infant vaccination with and without catch-up campaigns among older individuals. We used a dynamic model of typhoid transmission to simulate cases, hospitalizations, deaths, disability-adjusted life-years (DALY) lost, treatment and intervention costs. We estimated cost-effectiveness (in terms of cost in international dollars (I\$) per DALY averted) from the healthcare payer perspective, and assessed how it was influenced by uncertain model parameters. Compared to no vaccination, routine infant vaccination at I\$1/dose was cost-saving in Delhi and Dong Thap, "very cost-effective" in Kolkata and Nairobi, and "cost-effective" in Lwak according to World Health Organization thresholds. However, routine vaccination was not the optimal strategy compared to strategies that included a catch-up campaign, which yielded the highest probability of being cost-saving in Delhi and Dong Thap and were most likely to provide a return on investment above a willingness-to-pay threshold of I\$1440 in Kolkata, I\$2300 in Nairobi, and I\$5360 in Lwak. Vaccine price impacted the optimal strategy, and the number of doses required and rate of hospitalization were the primary sources of uncertainty.

Conclusion

Routine vaccination with TCV would be cost-effective in most settings, and additional one-time catch-up campaigns would also be economically justified.

Vaccine

Volume 35, Issue 25, Pages 3281-3354 (5 June 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/25>

Regular papers

Assessing age-dependent susceptibility to measles in Japan

Original Research Article

Pages 3309-3317

Ryo Kinoshita, Hiroshi Nishiura

Abstract

Background

Routine vaccination against measles in Japan started in 1978. Whereas measles elimination was verified in 2015, multiple chains of measles transmission were observed in 2016. We aimed to reconstruct the age-dependent susceptibility to measles in Japan so that future vaccination strategies can be elucidated.

Methods

An epidemiological model was used to quantify the age-dependent immune fraction using datasets of vaccination coverage and seroepidemiological survey. The second dose was interpreted in two different scenarios, i.e., booster and random shots. The effective reproduction number, the average number of secondary cases generated by a single infected individual, and the age at infection were explored using the age-dependent transmission model and the next generation matrix.

Results

While the herd immunity threshold of measles likely ranges from 90% to 95%, assuming that the basic reproductive number ranges from 10 to 20, the estimated immune fraction in Japan was below those thresholds in 2016, despite the fact that the estimates were above 80% for all ages. If the second dose completely acted as the booster shot, a proportion immune above

90% was achieved only among those aged 5 years or below in 2016. Alternatively, if the second dose was randomly distributed regardless of primary vaccination status, a proportion immune over 90% was achieved among those aged below 25 years. The effective reproduction number was estimated to range from 1.50 to 3.01 and from 1.50 to 3.00, respectively, for scenarios 1 and 2 in 2016; if the current vaccination schedule were continued, the reproduction number is projected to range from 1.50 to 3.01 and 1.39 to 2.78, respectively, in 2025.

Conclusion

Japan continues to be prone to imported cases of measles. Supplementary vaccination among adults aged 20–49 years would be effective if the chains of transmission continue to be observed in that age group.

Vaccine

Volume 35, Issue 26, Pages 3355-3430 (8 June 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/26>

Review

Global economic evaluations of rotavirus vaccines: A systematic review

Review Article

Pages 3364-3386

Surachai Kotirum, Naaon Vutipongsatorn, Khachen Kongpakwattana, Raymond Hutubessy, Nathorn Chaiyakunapruk

Abstract

Introduction: World Health Organization (WHO) recommends Rotavirus vaccines to prevent and control rotavirus infections. Economic evaluations (EE) have been considered to support decision making of national policy. Summarizing global experience of the economic value of rotavirus vaccines is crucial in order to encourage global WHO recommendations for vaccine uptake. Therefore, a systematic review of economic evaluations of rotavirus vaccine was conducted.

Methods: We searched Medline, Embase, NHS EED, EconLit, CEA Registry, SciELO, LILACS, CABI-Global Health Database, Popline, World Bank - e-Library, and WHOLIS. Full economic evaluations studies, published from inception to November 2015, evaluating Rotavirus vaccines preventing Rotavirus infections were included. The methods, assumptions, results and conclusions of the included studies were extracted and appraised using WHO guide for standardization of EE of immunization programs.

Results: 104 relevant studies were included. The majority of studies were conducted in high-income countries. Cost-utility analysis was mostly reported in many studies using incremental cost-effectiveness ratio per DALY averted or QALY gained. Incremental cost per QALY gained was used in many studies from high-income countries. Mass routine vaccination against rotavirus provided the ICERs ranging from cost-saving to highly cost-effective in comparison to no vaccination among low-income countries. Among middle-income countries, vaccination offered the ICERs ranging from cost-saving to cost-effective. Due to low- or no subsidized price of rotavirus vaccines from external funders, being not cost-effective was reported in some high-income settings.

Conclusion: Mass vaccination against rotavirus was generally found to be cost-effective, particularly in low- and middle-income settings according to the external subsidization of vaccine price. On the other hand, it may not be a cost-effective intervention at market price in some high-income settings. This systematic review provides supporting information to health policy-makers and health professionals when considering rotavirus vaccination as a national program.

Vaccine: Development and Therapy

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

(Accessed 27 May 2017)

[No new content]

Vaccines — Open Access Journal

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

(Accessed 27 May 2017)

Article

The Potential Cost-Effectiveness of Pre-Exposure Prophylaxis Combined with HIV Vaccines in the United States

by Blythe J. S. Adamson, Josh J. Carlson, James G. Kublin and Louis P. Garrison

Vaccines 2017, 5(2), 13; doi:[10.3390/vaccines5020013](https://doi.org/10.3390/vaccines5020013) - 24 May 2017

Abstract

This economic evaluation aims to support policy-making on the combined use of pre-exposure prophylaxis (PrEP) with HIV vaccines in development by evaluating the potential cost-effectiveness of implementation that would support the design of clinical trials for the assessment of combined product safety and efficacy. The target study population is a cohort of men who have sex with men (MSM) in the United States. Policy strategies considered include standard HIV prevention, daily oral PrEP, HIV vaccine, and their combination. We constructed a Markov model based on clinical trial data and the published literature. We used a payer perspective, monthly cycle length, a lifetime horizon, and a 3% discount rate. We assumed a price of \$500 per HIV vaccine series in the base case. HIV vaccines dominated standard care and PrEP. At current prices, PrEP was not cost-effective alone or in combination. A combination strategy had the greatest health benefit but was not cost-effective (ICER = \$463,448/QALY) as compared to vaccination alone. Sensitivity analyses suggest a combination may be valuable for higher-risk men with good adherence. Vaccine durability and PrEP drug prices were key drivers of cost-effectiveness. The results suggest that boosting potential may be key to HIV vaccine value.

Value in Health

May 2017 Volume 20, Issue 5

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

[No new digest content identified]

*

*

*

*

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

INDIAN JOURNAL OF COMMUNITY HEALTH

VOL 29 / ISSUE NO 01 / JAN – MAR 2017

Primary immunization coverage among Migrant children in the age group of 12 to 23 months in Sriperumbudur Taluk, Kanchipuram District

R Dutta, P Dekal, T Jain, DR Jeyapal, K Sivakumar...

Abstract

Background: Migrants carry with them a burden of health risks and public health implications due to their poverty, unequal access to social benefits including health care services like immunization.

Aims & Objectives: To describe the socio-demographic profile and the primary immunization status of migrant children in the age group 12 to 23 months and also identify the various factors related to immunization failure if any in Sriperumbudur Taluk, Kanchipuram District of Tamil Nadu.

Material & Methods: A community based cross sectional descriptive study was done among 173 migrant children in the age group of 12 to 23 months from 12 construction sites in the study area between July 2016 – September 2016. The data was collected using a pre-designed, structured questionnaire.

Results: The age group of mothers varied from 18-39yrs. About 46 (26.6%) mothers were illiterate. Majority of the children 159 (91.9%) had a birth certificate. Almost all 171 (98.8%) children were having immunization card. Only one child was found to be partially immunized. Lack of time was found to be the reason for not taking the child for immunization. All others 172 (99.4%) were fully immunized.

Conclusion: Awareness should be created among migrant workers regarding importance of immunization through regular health education activities.

*

*

*

*

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 27 May 2017

[No new, unique, relevant content]

BBC

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

Accessed 27 May 2017

Germany vaccination: Fines plan as measles cases rise

26 May 2017

Parents in Germany who fail to seek medical advice on vaccinating their children could face fines of up to €2,500 (£2,175; \$2,800).

Health Minister Hermann Gröhe said it was necessary to tighten the law because of a measles epidemic...

The Economist

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

Accessed 27 May 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 27 May 2017

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 27 May 2017

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 27 May 2017

[No new, unique, relevant content]

The Guardian

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

Accessed 27 May 2017

[No new, unique, relevant content]

New Yorker

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

Accessed 27 May 2017

[No new, unique, relevant content]

New York Times

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

Accessed 27 May 2017

German Kindergartens Must Report Parents for Refusing Vaccine Advice Under New Law

Germany will pass a law next week obliging kindergartens to inform the authorities if parents fail to provide evidence that they have received advice from their doctor on vaccinating their children, the health ministry said on Friday....

May 26, 2017 - By REUTERS

AP Exclusive: Outgoing WHO Head Practiced Art of Appeasement

LONDON — As the World Health Organization struggled to coordinate vaccine production during the 2009 swine flu pandemic, its director-general met with Vladimir Putin, then Russia's prime minister, during an official visit to

May 23, 2017 - By THE ASSOCIATED PRESS

AP Exclusive: UN Health Agency Slammed for High Travel Costs

May 22, 2017 - By THE ASSOCIATED PRESS

Wall Street Journal

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

Accessed 27 May 2017

Are We Now Ready for Ebola?

By Betsy McKay, Nicholas Bariyo

May 26, 2017 11:27 am ET

The deadly Ebola virus is back, and the world is responding more aggressively this time. But it's still not as prepared as it needs to be to thwart deadly infectious disease threats, despite the hard lessons of the last epidemic.

New York City Issues Zika Travel Warning

By Melanie Grayce West

May 25, 2017 6:13 pm ET

In advance of the summer travel season, New York City health officials on Thursday stepped up warnings to would-be parents about the threat of contracting Zika, a mosquito-borne virus that has been linked to serious birth defects in babies and, in some cases, in utero deaths.

Washington Post

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

Accessed 27 May 2017

Imams in U.S. take on the anti-vaccine movement during Ramadan

Lena H. Sun · Health-Environment-Science · May 26, 2017

Minnesota's measles outbreak is about to exceed the total number of cases reported in the entire United States last year, with no sign of slowing. Health officials worry that the start of the holy month of Ramadan, which began Friday night and brings Muslims together in prayer and festivities, will accelerate the spread of the highly infectious and potentially deadly disease, which is plaguing the close-knit Somali American community.

Minnesota health officials are working closely with faith leaders in an unprecedented effort to spread the message that parents should get their children vaccinated and keep them home if they show symptoms of the disease. It's the first time that imams in the United States have taken such an active role in a public health crisis, health officials and Somali Americans said.

The imams are up against the anti-vaccine movement, which in recent years has targeted the Somali American community with misinformation linking the measles-mumps-rubella vaccine to autism, a claim that extensive research has disproved. Somali American children in Minnesota

had a vaccination rate of 92 percent in 2004, higher than the state average, but that rate has dropped to 42 percent, leaving children vulnerable to disease...

Think Tanks et al

Brookings

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

Accessed 27 May 2017

[No new relevant content]

Center for Global Development

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

Accessed 27 May 2017

[No new relevant content]

Council on Foreign Relations

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

Accessed 27 May 2017

[No new relevant content]

CSIS

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

Accessed 27 May 2017

[No new relevant content]

*	*	*	*
*	*	*	*

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

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

Support for this service is provided by the Bill & Melinda Gates Foundation; Aeras; 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.

*	*	*	*
*	*	*	*