Vaccines and Global Health: The Week in Review
10 June 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]*

::::::
::::::

Milestones :: Perspectives

Editor's Note:
Two polio-related items lead our coverage this week.
The first is the impending financial and programmatic sustainability crisis stemming from the wind-down of the GPEI and its funding of much non-GPEI WHO staff and programming. This crisis is noted "with great concern" by the WHA action below.
The second is an outbreak of a circulating vaccine-derived poliovirus type 2 (cVDPV2) in Syria as reported in the weekly GPEI update below

Poliomyelitis: polio transition planning
SEVENTIETH WORLD HEALTH ASSEMBLY WHA70(9)
Agenda item 12.3
29 May 2017
[Full text; Editor's text bolding]
The Seventieth World Health Assembly, having considered the updated report on polio transition planning,1 decided:
[1] to acknowledge that the active role taken by the Office of the Director -General in directing and leading this process is of key importance;

(2) to emphasize the critical and urgent need to maintain and pursue eradication efforts in polio-endemic countries and to sustain surveillance in countries through polio eradication certification, and the importance of ensuring that the Global Polio Eradication Initiative is fit for purpose, with adequate levels of qualified staff;

(3) to acknowledge that the ramp -down of the Global Polio Eradication Initiative has started and highlight the need for WHO to strategically manage the resulting impact on WHO human resources and other assets;

(4) to note the ongoing process of developing a post-certification strategy that will define the essential polio functions needed to sustain eradication and maintain a polio-free world;

(5) to highlight the need for WHO to work with all relevant stakeholders on options for ensuring effective accountability and oversight after eradication in the post-certification strategy;

(6) **to note with great concern the reliance on the Global Polio Eradication Initiative's funding of WHO at global, regional and country levels, involving many WHO programme activities, and the financial, organizational and programmatic risks that this reliance entails for WHO, including risks for the sustainability of WHO's capacity to ensure effective delivery in key programmatic areas and to maintain essential continuing functions;**

(7) to note also the proposed list of actions to be implemented by the end of 2017, as referred to in document A70/14 Add.1, in particular in relation to the development of a comprehensive WHO strategic action plan on polio transition;

(8) to urge the Director-General:
(a) to make polio transition a key priority for the Organization at its three levels;
(b) to ensure that the development of the WHO strategic action plan on polio transition is guided by an overarching principle of responding to country needs and priorities, including by participating in and supporting Global Polio Eradication Initiative country transition planning;
(c) to mainstream best practices from polio eradication into all relevant health interventions and build capacity and responsibility for polio eradication ongoing functions and assets in national programmes, while maintaining WHO's capacity to provide norms and standards for post-eradication planning and oversight;
(d) **to explore innovative ways for mobilizing additional funding for the period 2017–2019 in order to mitigate the possible impact on the ramp-down of the Global Polio Eradication Initiative and on the longer-term sustainability of key assets that are currently financed by the Global Polio Eradication Initiative, and to update Member States on this work, through a dedicated session at the forthcoming financing dialogue;**

(9) to request the Director-General:
(a) to develop a strategic action plan on polio transition by the end of 2017, to be submitted for consideration by the Seventy-first World Health Assembly, through the Executive Board at its 142nd session, that:
(i) **clearly identifies the capacities and assets, especially at country and, where appropriate, community levels, that are required to:**
– sustain progress in other programmatic areas, such as: disease surveillance; immunization and health systems strengthening; early warning, emergency and outbreak response, including the strengthening and maintenance of core capacities under the International Health Regulations (2005);
– maintain a polio-free world after eradication;
(ii) provides a detailed costing of these capacities and assets;
(b) **to present to the Seventy-first World Health Assembly a report on the efforts to mobilize funding for transitioning capacities and assets that are currently financed by the Global Polio Eradication Initiative into the programme budget**, to enable the Seventy-first World Health Assembly to provide guidance for the development of the programme budget for the biennium 2020–2021 and the Thirteenth General Programme of Work on a realistic basis;
(c) to report regularly on the planning and implementation of the transition process to the Health Assembly, through the Regional Committees and the Executive Board.

(Ninth plenary meeting, 29 May 2017
[1] Document A70/14 Add.1

::::::
::::::

Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 7 June 2017

:: In Syria, a circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak has been confirmed. The virus strain was isolated from two cases of acute flaccid paralysis (AFP) and one healthy contact, from Deir-Ez-Zor governorate. See the 'Syrian Arab Republic' section below for more information.

:: The final decision made by the World Health Assembly on 29 May on polio transition planning is now available online. The decision follows extensive discussions by Member States on the need to address the challenge of scaling down the polio programme as eradication comes closer, including the potential impact on achieving and sustaining a polio-free world, on health system programmes and on systems currently supported by polio assets. Delegates welcomed existing efforts to plan for the post-polio world, and stressed the importance of careful, considered and strategic approaches to the transition of polio assets, requesting the Director-General to prepare a detailed transition action plan.

:: Summary of newly-reported viruses this week: Syria – two new circulating vaccine-derived poliovirus type 2 (cVDPV2) isolated from acute flaccid paralysis (AFP) cases and one cVDPV2 isolated from a healthy contact; and, Pakistan – four new environmental sample positive for wild poliovirus type 1 (WPV1).

Weekly country updates as of 7 June 2017

Syrian Arab Republic

:: In Syria, a circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak has been confirmed. The virus strain was isolated from two cases of acute flaccid paralysis (AFP) and one healthy contact (collection date: 25 April 2017), from Deir-Ez-Zor governorate. The cases had onset of paralysis on 5 March and 6 May.

:: No case of WPV1 has been reported in Syria since 21 January 2014.

:: Outbreak response plans are being finalized, in line with internationally-agreed outbreak response protocols. Although access to Deir-Ez-Zor is compromised due to insecurity, the Governorate has been partially reached by several vaccination campaigns against polio and other vaccine-preventable diseases since the beginning of 2016. Most recently, two campaigns have been conducted in March and April 2017 using the bivalent oral polio vaccine (OPV). However, only limited coverage was possible through these campaigns.

::::::

WHO Grade 3 Emergencies [to 10 June 2017]

Nigeria

Overview of WHO operations in north eastern Nigeria

June 2017 ---WHO has decided to adopt a sub-regional approach across the four Lake Chad basin affected countries, to increase its interventions, which will address the health needs of the displaced populations and host communities alike.

Iraq - *No new announcements identified.*
South Sudan - *No new announcements identified.*
The Syrian Arab Republic - *No new announcements identified*
Yemen - *No new announcements identified.*
[see UNICEF reports below]

WHO Grade 2 Emergencies [to 10 June 2017]

Cameroon

WHO opened a field office in Maroua to support the emergencies in the north.

2 June 2016 -- The WHO Country Office in Cameroon is strengthening the emergency response in the North Region. It has opened a field office in Maroua, capital of the Region, located 1153 km from Yaounde.

Central African Republic - *No new announcements identified. [see UNICEF reports below]*
Democratic Republic of the Congo - *No new announcements identified.*
Ethiopia - *No new announcements identified.*
Libya - *No new announcements identified.*
Myanmar - *No new announcements identified.*
Niger - *No new announcements identified.*
Ukraine - *No new announcements identified*

::::::

UN OCHA – L3 Emergencies

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

Iraq

:: Iraq: Mosul Humanitarian Response Situation Report No. 36 (29 May to 4 June 2017) [EN/KU]

Syrian Arab Republic

:: 9 Jun 2017 Palais briefing notes on cholera in Yemen and circulating vaccine-derived poliovirus in Syria
:: Syria Crisis: Ar-Raqqa Situation Report No. 7 (as of 3 June 2017)

Yemen

:: 9 Jun 2017 Palais briefing notes on cholera in Yemen and circulating vaccine-derived poliovirus in Syria
:: Yemen Humanitarian Bulletin Issue 24 | 07 June 2017
[see UNICEF reports below]

UN OCHA – Corporate Emergencies

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.

DRC (Kasai crisis)

:: Complex Emergency in the Kasai region DR Congo Situation Report No.7 (31 May 2017)

Somalia
:: Somalia: Drought Response - Situation Report No. 11 (as of 6 June 2017)
:: Humanitarian Bulletin Somalia May 2017 | Issued on 2 June 2017

Ethiopia
:: Ethiopia Weekly Humanitarian Bulletin, 05 June 2017

Nigeria - *No new announcements identified.*

::::::
::::::

UNICEF [to 10 June 2017]
https://www.unicef.org/media/media_94367.html
82 June, 2017
Number of suspected cholera cases reaches 100,000 in Yemen

SANA'A, Yemen, 8 June 2017 – The number of suspected cholera cases in Yemen continues to rise, reaching 101,820 with 791 deaths as of 7 June 2017. Worst affected are the country's most vulnerable: children under the age of 15 account for 46 per cent of cases, and those aged over 60 represent 33 per cent of fatalities.

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) are honing in on areas reporting the highest number of cases to stop the disease from spreading further.

"These cholera 'hot spots' are the source of much of the country's cholera transmission," said Dr Nevio Zagaria, the head of WHO's office in Yemen. "Stamp out cholera in these places and we can slow the spread of the disease and save lives. At the same time, we're continuing to support early and proper treatment for the sick and conducting prevention activities across the country."

The race to contain the cholera outbreak will not be won easily. The country's health system has been nearly destroyed by more than two years of intense conflict. Less than half of the country's health centres are fully functional. Medical supplies are flowing into the country at a third of the rate that they were entering Yemen before March 2015. Important infrastructure has been damaged by the violence, cutting 14.5 million people off from regular access to clean water and sanitation. Health and sanitation workers have not received their salaries in more than eight months.

"The cholera outbreak is making a bad situation for children drastically worse. Many of the children who have died from the disease were also acutely malnourished", said Dr Meritxell Relano, UNICEF's Representative in Yemen. "Today, life for children in Yemen is a desperate struggle for survival, with cholera, malnutrition and the relentless violence constantly sounding a death knell at their doorsteps," she said.

UNICEF, WHO, along with their partners, are working on a war footing to respond to this latest

outbreak. Nearly 3.5 million people across the country have been reached by disinfecting water tanker filling stations, chlorinating drinking water, restoration of water treatment plants, rehabilitation of water supply systems, providing household water treatments and distributing hygiene kits (soaps and washing powders). UNICEF and WHO are both providing support and medical supplies to Oral Rehydration Centres and Diarrheal treatment centres across the country where patients are being screened and provided immediate medical support. All this is done along with disseminating hygiene awareness to the affected populations.

The total funding needed for the joint response activities of health, water and sanitation partners comes to US$ 66.7 million for six months. While donors have been generous to date, more funding is still required, particularly for water and sanitation interventions. The biggest need, however, is for an increased number of partners in the field across the country, including in areas with poor access due to conflict.

::::::
::::::

EBOLA/EVD [to 10 June 2017]
http://www.who.int/ebola/en/

Ebola Situation report: 09 June 2017
09 June 2017
Situation update
WHO, UN Agencies, international organizations, non-governmental organizations (NGOs) and partners continue to support the Ministry of Health (MoH) in the Democratic Republic of the Congo to rapidly investigate and respond to the outbreak of Ebola virus disease (EVD) in Likati Health Zone, Bas Uele Province in the north-east of the country.

On 08 June 2017, no new confirmed, probable or suspected EVD cases were reported. The last confirmed case was isolated on 17 May 2017 and tested negative for EVD by PCR for the second time on 21 May 2017.

There are currently a total of five confirmed and three probable cases. Of these, four survived and four died, resulting in a case fatality rate of 50%. The confirmed and probable cases were reported from Nambwa (four confirmed and two probable), Ngayi (one probable) and Mabongo (one confirmed) in Likati Health Zone. All contacts completed the follow up monitoring period. Active case search is ongoing and thirteen community alerts were reported and investigated, none of which fulfilled the criteria to be a suspect case.

Modelling suggests the risk of further cases is currently low but not negligible, and decreases with each day without new confirmed/probable cases. As of the reporting date, 83% of simulated scenarios predict no further cases in the next 30 days.

All seven response committees are maintaining functionality at the national level, namely monitoring, case management, water sanitation and hygiene (WASH) and biosafety, laboratory and research, pyscho-social management, logistics, and communication. A response team will remain in the affected areas until the declaration of the end of the outbreak.

Current risk assessment

The previous risk assessment was re-evaluated by WHO in light of the evolution of the outbreak and the available information.

:: The overall risk at the national level has been revised to moderate due to the fact that a rapid response team was deployed, field investigation identified cases and contacts and all contacts completed their 21 day monitoring period. A response team remains in the field and treatment units are established.

:: The risk at the regional and global level is low as no cases have been reported outside of Likati health zone and the area is remote with limited access and transport to/from the affected area.

…*Vaccination*

:: The protocol for a possible ring vaccination has been formally approved by the national regulatory authority and Ethics Review Board of the Democratic Republic of the Congo Vaccine…

:: International vaccine deployment and cold chain shipment to DRC is not advised at this point.

WHO responds to Ebola in Democratic Republic of the Congo

6 June 2017 – Multidisciplinary teams face numerous challenges as they respond to an outbreak of Ebola virus disease in the remote, forested regions of the Democratic Republic of the Congo. WHO and partners are supporting the country's Ministry of Health in all aspects of the response, including epidemiological investigation, surveillance, logistics and supplies, communications, and community engagement.

::::::
::::::

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 10 June 2017]
http://www.who.int/emergencies/zika-virus/en/
[No new digest content identified]

MERS-CoV [to 10 June 2017]
http://www.who.int/emergencies/mers-cov/en/
DONs- Disease Outbreak News
Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia, United Arab Emirates, and Qatar
6 June 2017

Between 21 April and 29 May 2017, the National IHR Focal Point of Saudi Arabia reported 25 additional cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection including six fatal cases. On 16 May 2017, the IHR NFP of the United Arab Emirates reported two (2) additional case of MERS-CoV. On 23 May 2017, the National IHR Focal Point of Qatar reported one additional case of MERS-CoV…

Yellow Fever [to 10 June 2017]
http://www.who.int/emergencies/yellow-fever/en/

[No new digest content identified]

::::::
::::::

WHO & Regional Offices [to 10 June 2017]

WHO updates Essential Medicines List with new advice on use of antibiotics, and adds medicines for hepatitis C, HIV, tuberculosis and cancer
News release
6 June 2017 | Geneva - New advice on which antibiotics to use for common infections and which to preserve for the most serious circumstances is among the additions to the WHO Model list of essential medicines for 2017. Other additions include medicines for HIV, hepatitis C, tuberculosis and leukaemia.

The updated list adds 30 medicines for adults and 25 for children, and specifies new uses for 9 already-listed products, bringing the total to 433 drugs deemed essential for addressing the most important public health needs. The WHO Essential Medicines List (EML) is used by many countries to increase access to medicines and guide decisions about which products they ensure are available for their populations.

"Safe and effective medicines are an essential part of any health system," said Dr Marie-Paule Kieny, WHO Assistant Director-General for Health Systems and Innovation. "Making sure all people can access the medicines they need, when and where they need them, is vital to countries' progress towards universal health coverage."…
:: Model List of Essential Medicines, 20th List (March 2017) pdf, 1.50Mb
19.3 Vaccines [p.43]
:: Model List of Essential Medicines for Children, 6th List (March 2017) pdf, 1.19Mb
19.3 Vaccines [p.32]

Highlights
Health facilities in 7 Caribbean countries to be transformed to be disaster resistant
June 2017 – WHO PAHO analyzed the safety situation of nearly 350 hospitals and health centers, and their likelihood of continuing to function in disasters. WHO then selected 16 hospitals and health centers in seven Caribbean countries to make them safer, greener and more resilient to natural disasters.

Mothers' groups play key role in lowering Sierra Leone's high rates of maternal and child deaths
June 2017 – Mothers' Support Groups have been trained in many communities in Sierra Leone, with the support of WHO. As well as promoting trust and use of health services, they raise awareness on nutrition, vaccines and disease prevention, to help save the lives of both women and their children.

Statement on Dr Babatunde Osotimehin
June 2017 – WHO is profoundly saddened by the news that Dr Babatunde Osotimehin passed

away on 4 June 2017. As Executive Director of the United Nations Population Fund (UNFPA), Dr Osotimehin was a champion of health for all, but especially for women and adolescent girls.

Huge bed net campaign kicks off in Sierra Leone
June 2017 – Sierra Leone kicked off bed net distribution campaign to help protect its population against malaria, which remains as one of the most deadly diseases in the country. In total, 4.3 million insecticide treated bed nets will be distributed through the landmark nationwide campaign. Sierra Leone is one of the most severely malaria-burdened nations in Africa, with its entire population of 7 million people at risk of the disease.

Weekly Epidemiological Record, 9 June 2017, vol. 92, 23 (pp. 321–332)
The International Health Regulations (IHR) – 10 years of global public health security
Japanese encephalitis: surveillance and immunization in Asia and the Western Pacific, 2016
Monthly report on dracunculiasis cases, January– April 2017

GIN May 2017 pdf, 1.67Mb 2 June 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
:: Dr Moeti's Interview with United Nations Radio: "Flexible funding" key under new UN health agency chief - *05 June 2017*
:: In equatorial Congo, WHO and its partners respond to an Ebola outbreak - *02 June 2017*

WHO Region of the Americas PAHO
:: Health facilities in seven Caribbean countries to be transformed to be disaster resistant (06/07/2017)

WHO South-East Asia Region SEARO
:: Make cities green for better health 5 June 2017

WHO European Region EURO
:: Minister of Health of Montenegro visits WHO/Europe 08-06-2017
:: Hepatitis A outbreaks in European Region mostly affecting men who have sex with men 08-06-2017
:: Can Europe exceed the global target and reduce premature mortality by 45%? 08-06-2017
:: Nordic and Baltic countries gather to discuss intersectoral action to prevent child maltreatment 07-06-2017

WHO Eastern Mediterranean Region EMRO
:: Treating trauma and the wounds of war in Helmand 8 June 2017

WHO Western Pacific Region
No new digest content identified.

::::::
::::::

CDC/ACIP [to 10 June 2017]
http://www.cdc.gov/media/index.html
Transcript
Friday, June 09, 2017
Transcript : CDC Telebriefing - Update on Zika pregnancy outcomes in U.S. Territories
Transcript for CDC Telebriefing: Update on Zika pregnancy outcomes in U.S. Territories
…ANNE SCHUCHAT: Thanks, everybody, for joining us this afternoon. Today's report marks the first analysis of data reported to the Zika pregnancy and infant registries from the U.S. territories including the commonwealth of Puerto Rico, the U.S. Virgin Islands, the Federated States of Micronesia, the republic of the Marshall Islands and American Samoa. CDC scientists analyzed 3,900 pregnancies reported between January 1, 2016, and April 25th of this year. Of these, 2,549 pregnant women in the U.S. territories with evidence of Zika virus infection completed their pregnancies within this time frame. And 122, or 5%, had Zika associated birth defects. This percentage is consistent with what was reported earlier for Zika associated birth defects for pregnancies in women from the 50 states and District of Columbia during 2016…

Press Release
Tuesday, June 06, 2017
Community Mitigation Guidelines to Prevent Pandemic Influenza - United States, 2017 - Digital Press Kit
…The updated guidelines:
:: Encourage state and local public health officials to plan and prepare for implementing NPIs early in a pandemic in community settings.
:: Summarize key lessons learned from the 2009 H1N1 pandemic response, describe new or updated pandemic planning and assessment tools, and provide the latest scientific findings on the use of NPIs.
:: Include supplemental guides for six different community audiences that provide straightforward guidance about the use of NPIs and pandemic flu resources.

MMWR News Synopsis for June 8, 2017
Measures Taken to Prevent Zika Virus Infection During Pregnancy — Puerto Rico, 2016
CDC Media Relations
404-639-3286
While health care providers are following recommendations to counsel pregnant women about Zika virus infection in Puerto Rico, there is still a need for efforts that reinforce the importance of using prevention strategies during pregnancy. Since less than 50 percent of women reported daily use of insect repellent and protective clothing during pregnancy and less than 40 percent reported consistent use of measures to prevent sexual transmission, an

understanding of how to bridge the gap between awareness and use of Zika prevention measures during pregnancy is needed. Scientists at CDC and the Puerto Rico Department of Health describe behaviors and experiences related to Zika virus prevention among women in Puerto Rico who were pregnant during the Zika virus outbreak in 2016. Ninety-eight percent of women reported using at least one measure to avoid mosquitoes in their homes during pregnancy. However, personal protective measures were used less frequently: 46 percent reported using insect repellent daily, and 12 percent reported wearing long-sleeved shirts and long pants daily. Slightly more than 33 percent of respondents reported either abstaining from sex or consistently using condoms to prevent sexual transmission of Zika during pregnancy. More than 90 percent of the women reported that their health care provider counseled them about Zika virus infection during pregnancy, and 77 percent of women reported being tested for Zika virus infection by their health care provider during the first or second trimester of pregnancy.

Japanese Encephalitis Surveillance and Immunization — Asia and Western Pacific Regions, 2016
CDC Media Relations
404-639-3286

There has been substantial progress in prevention and control of Japanese encephalitis (JE), the most important vaccine-preventable cause of encephalitis in Asia. Continued progress will require strengthening JE surveillance, sustaining national commitment to JE prevention and control, and ensuring adequate resources for JE vaccination. JE virus is the most important vaccine-preventable cause of encephalitis in Asia. The World Health Organization recommends integration of JE vaccination into national immunization schedules in all areas where the disease is a public health priority. A review of surveillance and immunization program data in the 24 countries with JE virus transmission risk showed that in 2016, 22 countries conducted at least some surveillance for JE, and 12 had implemented a JE immunization program. This represents substantial progress in JE prevention and control efforts, but challenges remain.

::::::
::::::

Announcements

CEPI – Coalition for Epidemic Preparedness Innovations [to 10 June 2017]
http://cepi.net/
Newsletter 9 June 2017
Address from CEO
It appears that the recent outbreak of Ebola in the Democratic Republic of Congo has been brought under control. Merck's investigational rVSV ZEBOV vaccine was approved for use under an Expanded Access Protocol by the national regulatory and ethical authorities in the DRC, but the outbreak had already subsided by the time these reviews were completed and no individuals have been vaccinated. It is possible, of course, that new cases could yet emerge, but so far so good.

I have received a number of calls since the outbreak began from people asking what, if any, role CEPI played in the response. Our role in the response to this outbreak was limited: we offered support, if needed, to WHO, and WHO kept us apprised of developments. But what role

should CEPI play, especially as its capabilities evolve and the organization grows?

For the vaccines in its portfolio, CEPI will play a critical role in ensuring the early engagement of regulatory authorities, public health officials, and clinical scientists in countries at risk for the diseases targeted. Early engagement will facilitate the review of clinical trial protocols before outbreaks occur by institutional review board and ethics panels and thereby facilitate more rapid responses.

CEPI will also need to build strong partnerships and coordinate its efforts with agencies that have strong logistical capabilities and the ability to project medical personnel and support wherever and whenever needed. Médecins Sans Frontières is such an organization and its representatives have contributed substantially to CEPI's understanding of the problem it is tackling and to the development of CEPI's goals and policies. CEPI needs to build more such relationships.

We are also in the process of developing an investment strategy and financing mechanisms that will allow CEPI to respond rapidly to new threats. Mobilizing resources – particularly financial resources – quickly in a crisis is a great challenge. The Obama Administration, for example, requested a supplemental appropriation to address the Zika epidemic in February 2016 but the U.S. Congress did not provide such funding until the end of September. It is critical that CEPI be in a position to move much more rapidly if the situation demands.

Finally, CEPI has an important advocacy role and will be vocal in supporting the importance of preparedness for infectious disease outbreaks. It is all too easy for governments to neglect preparedness to address more immediate concerns. CEPI has a right and duty to speak on behalf of its coalition members in support of preparedness as a critical priority.

As I mentioned in my last note, I have asked CEPI staff to accelerate the development of our emergency response plans, which will take account of all the steps required to deliver vaccine rapidly in an emergency. This is a critical initiative for CEPI and I will keep you updated as our plans evolve.
Richard Hatchett, CEPI CEO

::::::

IAVI – International AIDS Vaccine Initiative [to 10 June 2017]
https://www.iavi.org/
June 5, 2017
New Studies Improve Candidate Vaccine Design for HIV Subtypes Most Common in India and Africa
IAVI Scientists Demonstrate How to Produce a Variety of HIV Surface Protein Variants
Two papers published recently in the journal Immunity provide important information to inform HIV vaccine design. Using cutting-edge tools, scientists with the International AIDS Vaccine Initiative's Neutralizing Antibody Center (IAVI NAC) at The Scripps Research Institute describe the first successful attempt at obtaining a high-resolution snapshot of a subtype C outer envelope or protein "spike" that decorates the surface of the virus. Until now, researchers have only been able to do so for subtypes A, B, and G. In the second study, researchers isolate and

analyze neutralizing antibodies that are generated following vaccination of non-human primates (monkeys) with these vaccine candidates, which can penetrate these well-shielded spikes.

"Together the two studies show how structure-based immunogen design can advance vaccine development for HIV, and potentially other infectious diseases," said Richard Wyatt, Director of Viral Immunology at the IAVI NAC. "Through enhanced understanding of subtype C's structural complexities, we understand how antibodies can penetrate HIV's dense protective armor – a camouflaging sugar shield – to target and latch onto a surface region called V2 that possesses some conserved sites." Targeting of V2 also was seen in human volunteers in the RV144 – the Thai trial – the only HIV vaccine clinical trial to date to show any effectiveness.

Seeking a more effective vaccine, IAVI's scientists generated a stabilized version of the envelope protein from a subtype C virus isolated previously from an HIV-infected Indian individual and generated crystals that permitted the determination of its atomic structure. They arranged these envelope spikes on the outside of nanoparticles, and injected the spiked nanoparticles into monkeys. Subsequent analysis showed that the vaccinated monkeys mounted immune defenses, including B-cell responses and HIV antibodies capable of blocking this subtype C HIV strain virus. The monkeys' immune response is one indication that an HIV vaccine may be developed from this initial immunogen design approach, perhaps using many spikes derived from multiple strains to accommodate viral diversity.

Wyatt's findings are important for several reasons. Subtype C HIV strains are responsible for the majority of HIV-1 infections worldwide and the findings presented in these two studies define a roadmap to produce vaccines for subtype C HIV viral variants. Also, the identification of which regions are immunogenic on these envelope glycoprotein immunogens, that is which elements stimulate neutralizing antibodies, inform future vaccine re-design efforts.

These findings further inform future clinical trials toward a vaccine that can prevent infection with multiple strains of HIV – otherwise known as a "broadly effective" vaccine.

::::::

NIH [to 10 June 2017]
http://www.nih.gov/news-events/news-releases
June 5, 2017

NIAID-Sponsored Trial of Experimental Chikungunya Vaccine Begins

A clinical trial of an experimental vaccine to prevent infection with chikungunya virus is now enrolling healthy adult volunteers at three sites in the United States. The Phase 1/2 trial, which is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, is being conducted at several NIAID-funded Vaccine and Treatment Evaluation Units. The candidate vaccine, MV-CHIKV, was developed by Themis Bioscience of Vienna, Austria.

Although chikungunya is rarely fatal, the mosquito-transmitted virus causes an intense inflammatory reaction resulting in severe joint pain, fever, rash and muscle pain. While most symptoms usually resolve in days, the joint inflammation can linger.

"Chikungunya virus can cause debilitating joint pain that can last for months or even longer," said NIAID Director Anthony S. Fauci, M.D. "A vaccine to prevent infection with this virus would

be of considerable benefit to people living in the more than 60 countries where chikungunya transmission has occurred, as well as travelers to those countries."…

::::::

FDA [to 10 June 2017]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
What's New for Biologics
High-dose influenza vaccine appears better than standard-dose vaccines in preventing deaths from A(H3N2) influenza among older adults
Posted: 6/9/2017

High-dose influenza vaccine was more effective at preventing post-influenza deaths among elderly individuals during the 2012-2013 influenza season than standard-dose vaccines-- when the A(H3N2) influenza viruses were broadly circulating-- according to a study done by researchers at the U.S. Food and Drug Administration (FDA), the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services.

Specifically, people who received the high-dose influenza vaccine during the 2012-2013 influenza season were 36.4% less likely to die in the 30 days following hospitalization or an emergency department visit that included an influenza diagnosis compared to the standard-dose vaccine. During the following season (2013-2014), when H1N1 viruses dominated and the standard-dose vaccine had better effectiveness than the previous season, the high-dose vaccine was not significantly better at preventing deaths among the Medicare patients studied.

The findings suggest that the high-dose influenza vaccine offers greater benefit to older adults than do standard-dose vaccines when A(H3N2) influenza viruses are widely circulating…

::::::

IVI [to 10 June 2017]
http://www.ivi.int/
June 8,2017
University of Siena, Incheon National University and the International Vaccine Institute (IVI) Launch New Joint Executive Master's in Biotechnology & Pharmaceutical Clinical Development

Incheon, Korea: On June 8th, 2017, Incheon National University hosted a kickoff event to announce a new International partnership with the Institute for Global Health, from University of Siena, Italy. Both institutions, with support from IVI, the International Vaccine Institute based in Seoul, launched a new and unique Executive Master Program in Public Health, Biotechnology and Pharmaceutical Clinical Development. Successful graduates will receive a joint master degree from the Medical Faculty of University of Siena, one of the oldest and most prestigious universities in Europe, and the Incheon National University, Korea.

The program is an extension of the University of Siena's current Executive Master in Vaccinology and Pharmaceutical Clinical Development, a successful and much appraised course intended for public health and biotechnology industry professionals. Whilst the Master's Program in Siena focuses exclusively on vaccines, this new joint master broadens the scope including the pharmaceutical development of small molecules and biologicals beyond vaccines…

::::::

Fondation Merieux [to 10 June 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.
8 June 2017, Paris (France)
Serge Eholié and Xavier Anglaret Winners of the 2017 Christophe Mérieux Prize: Rewarding Infectious Disease Research in Côte d'Ivoire
The 2017 Christophe Mérieux prize has been awarded to Serge Eholié and Xavier Anglaret of the Centre de recherche sur les maladies infectieuses et pathologies associées in Abidjan (Côte d'Ivoire).*

Serge Eholié and Xavier Anglaret together manage a team that was founded in 1994 and is made up of highly respected Ivorian and French researchers. The team has two main roles: conducting infectious disease research to improve the health of the population and training young scientists in medical research. These multidisciplinary studies combine clinical medicine, biology and medical sciences with international research organizations.

Over its 23 years of activity, the team has expanded and today carries out studies in 15 countries, 11 of which are in Africa. Its research programs now include all types of infectious disease with epidemic potential, including Ebola virus disease. Thanks to its clinical research experience, this team was one of the rare teams in the world able to mobilize rapidly during the Ebola virus epidemic in 2014 to carry out therapeutic trials in Guinea…

::::::

PATH [to 10 June 2017]
http://www.path.org/news/index.php
Press release | June 07, 2017
New WHO Designation for Oxygen Could Save Thousands of Lives Globally
Additional listing for oxygen on the Model List of Essential Medicines part of broader effort by PATH and other organizations to improve global health by making oxygen more accessible

Announcement | June 06, 2017
PATH's contribution to global disease prevention recognized by US National Vaccine Program Office 2017 UpShot Award

::::::

Global Fund [to 10 June 2017]
http://www.theglobalfund.org/en/news/?topic=&type=NEWS;&country=
News
Coca-Cola's "Project Last Mile" Expands to Liberia and Swaziland Strengthening Health Systems across Africa
08 June 2017

Today at the European Development Days, The Coca-Cola Company and its Foundations, in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the U.S. Agency for International Development and the Bill & Melinda Gates Foundation, announced the latest expansion of "Project Last Mile" with innovative programs to strengthen local health systems in Liberia and Swaziland. Launched in 2010 to transform the delivery of medical supplies in Tanzania, Project Last Mile has since worked with Ministries of Health in Ghana, Mozambique,

Nigeria and South Africa to improve the availability of essential medicines.

News
Remembering Babatunde Osotimehin
06 June 2017
The Global Fund expressed its profound sadness at the news that Babatunde Osotimehin, Executive Director of UNFPA, the United Nations Population Fund, passed away. He was 68 years old.

::::::

UNAIDS [to 10 June 2017]
http://www.unaids.org/
Selected Press Releases & Updates
Press Release – 5 June 2017
UNAIDS gala returns to Basel in June to raise awareness and funds to support efforts to end AIDS by 2030
To be hosted by Princess Eugenie of York, Caroline Rupert and Ndaba Mandela.

::::::

Wellcome Trust [to 10 June 2017]
https://wellcome.ac.uk/news
Explainer / Published: 5 June 2017
EC report: testing on non-human primates falling but still needed
A European Commission report on the use of non-human primates in research says there has been sustained scientific progress and a reduction in primate use and suffering, but still more can be done.

::::::
::::::

AERAS [to 10 June 2017]
http://www.aeras.org/pressreleases
No new digest content identified.

BMGF - Gates Foundation [to 10 June 2017]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

EDCTP [to 10 June 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 Medicines Agency [to 10 June 2017]
http://www.ema.europa.eu/ema/
No new digest content identified.

European Vaccine Initiative [to 10 June 2017]
http://www.euvaccine.eu/news-events
No new digest content identified.

European Medicines Agency [to 10 June 2017]
http://www.ema.europa.eu/ema/
No new digest content identified.

Gavi [to 10 June 2017]
http://www.gavi.org/library/news/press-releases/
No new digest content identified.

GHIT Fund [to 10 June 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 •
No new digest content identified.

Hilleman Laboratories [to 10 June 2017]
http://www.hillemanlabs.org/
No new digest content identified.

Human Vaccines Project [to 10 June 2017]
http://www.humanvaccinesproject.org/media/press-releases/
No new digest content identified.

MSF/Médecins Sans Frontières [to 10 June 2017]
http://www.doctorswithoutborders.org/news-stories/press/press-releases
No new digest content identified.

Sabin Vaccine Institute [to 10 June 2017]
http://www.sabin.org/updates/pressreleases
No new digest content identified.

::::::

BIO [to 10 June 2017]
https://www.bio.org/insights
No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 10 June 2017]
http://www.dcvmn.org/
No new digest content identified

IFPMA [to 10 June 2017]
http://www.ifpma.org/resources/news-releases/
No new digest content identified.

PhRMA [to 10 June 2017]
http://www.phrma.org/press-room

* * * *

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

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

No digest content identified.

* * * *

Journal Watch

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

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

American Journal of Infection Control
June 01, 2017 Volume 45, Issue 6, p583-702, e53-e68
http://www.ajicjournal.org/current
[Reviewed earlier]

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 6, 2017
http://www.ajtmh.org/content/current
Perspective Pieces
The Cuba–United States Thaw: Building Bridges Through Science and Global Health
Authors: Daniel G. Bausch, Vivian Kouri, Sonia Resik, Belsy Acosta, Gerardo Guillen, Karen Goraleski, Marcos Espinal and Maria G. Guzman
https://doi.org/10.4269/ajtmh.17-0136

Review Articles
The Human Microbiome in the Fight Against Tuberculosis
Authors: Madeleine R. Wood, Elaine A. Yu and Saurabh Mehta
https://doi.org/10.4269/ajtmh.16-0581
Abstract
The human microbiome is an intriguing potentially modifiable risk factor in our arsenal against Mycobacterium tuberculosis, the leading infectious disease killer globally. Previous studies have shown associations between the human microbiome and pulmonary disease states; however, etiological links between the microbiome and tuberculosis (TB) infection or disease remain unclear. Immunomodulatory roles of the microbiome may prove to be a critical asset in the host response against TB, including in preventing TB infection, reducing progression from latency, mitigating disease severity, and lowering the incidence of drug resistance and coinfections. This review examined the associations between TB and the gut and lung microbiome. Eight studies were identified through a PubMed database search, including one animal study (N = 1), case report (N = 1), and case–control studies (N = 6). TB infection and disease were associated with reduced gastrointestinal microbial diversity in a murine model and human case report. Sputum microbial diversity differed by TB status in case–control studies, although some reported heterogeneous findings. Current evidence suggests that the gut and lung microbiome are associated with TB infection and disease. However, as studies are limited, etiological and longitudinal research is needed to determine clinical relevance.

Articles
High Hepatitis E Seroprevalence Among Displaced Persons in South Sudan
Authors: Andrew S. Azman, Malika Bouhenia, Anita S. Iyer, John Rumunu, Richard Lino Laku, Joseph F. Wamala, Isabel Rodriguez-Barraquer, Justin Lessler, Etienne Gignoux, Francisco J. Luquero, Daniel T. Leung, Emily S. Gurley and Iza Ciglenecki
https://doi.org/10.4269/ajtmh.16-0620

Evaluation of the Field Performance of ImmunoCard STAT!® Rapid Diagnostic Test for Rotavirus in Dadaab Refugee Camp and at the Kenya–Somalia Border
Authors: Maurice Ope, Raymond Nyoka, Ahmed Unshur, Fredrick O. Oyier, Shafe A. Mowlid, Brian Owino, Steve B. Ochieng, Charles I. Okello, Joel M. Montgomery, Burton Wagacha, Aleksandar Galev, Abdikadir Abdow, Mathew D. Esona, Jacqueline Tate, David Fitter, Susan T. Cookson, Balajee Arunmozhi and Nina Marano

https://doi.org/10.4269/ajtmh.16-0885

Phase 1 Randomized Study of a Tetravalent Dengue Purified Inactivated Vaccine in Healthy Adults in the United States
Authors: Alexander C. Schmidt, Leyi Lin, Luis J. Martinez, Richard C. Ruck, Kenneth H. Eckels, Alix Collard, Rafael De La Barrera, Kristopher M. Paolino, Jean-François Toussaint, Edith Lepine, Bruce L. Innis, Richard G. Jarman and Stephen J. Thomas
https://doi.org/10.4269/ajtmh.16-0634

Annals of Internal Medicine
6 June 2017 Vol: 166, Issue 11
http://annals.org/aim/issue
[New issue; No digest content identified]

BMC Cost Effectiveness and Resource Allocation
http://resource-allocation.biomedcentral.com/
(Accessed 10 June 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 10 June 2017)
[No new digest content identified]

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 10 June 2017)
[No new digest content identified]

BMC Medical Ethics
http://www.biomedcentral.com/bmcmedethics/content
(Accessed 10 June 2017)
Research article
Development of a consensus operational definition of child assent for research
Alan R. Tait and Michael E. Geisser
Published on: 9 June 2017
Abstract

Background
There is currently no consensus from the relevant stakeholders regarding the operational and construct definitions of child assent for research. As such, the requirements for assent are often construed in different ways, institutionally disparate, and often conflated with those of parental consent. Development of a standardized operational definition of assent would thus be important to ensure that investigators, institutional review boards, and policy makers consider the assent process in the same way. To this end, we describe a Delphi study that provided consensus from a panel of expert stakeholders regarding the definitions of child assent for research.
Methods
Based on current guidelines, a preliminary definition of assent was generated and sent out for review to a Delphi panel including pediatric bioethicists and researchers, Institutional Review Board members, parents, and individuals with regulatory/legal expertise. For each subsequent review, the process of summarizing and revising responses was repeated until consensus was achieved. Panelists were also required to rank order elements of assent that they believed were most important in defining the underlying constructs of the assent process (e.g., capacity for assent, disclosure). In providing these rankings, panelists were asked to frame their responses in the contexts of younger (≤ 11 yrs) and adolescents/older children (12-17 yrs) in non-therapeutic and therapeutic trials. Summary rankings of the most important identified elements were then used to generate written construct definitions which were sent out for iterative reviews by the expert panel.
Results
Consensus regarding the operational definition was reached by 14/18 (78%) of the panel members. Seventeen (94%) panelists agreed with the definitions of capacity for assent, elements of disclosure for younger children, and the requirements for meaningful assent, respectively. Fifteen (83%) members agreed with the elements of disclosure for adolescents/older children.
Conclusions
It is hoped that this study will positively inform and effect change in the way investigators, regulators, and IRBs operationalize the assent process, respect children's developing autonomy, and in concert with parental permission, ensure the protection of children who participate in research.

BMC Medicine
http://www.biomedcentral.com/bmcmed/content
(Accessed 10 June 2017)
Research article
Assessing the efficiency of catch-up campaigns for the introduction of pneumococcal conjugate vaccine: a modelling study based on data from PCV10 introduction in Kilifi, Kenya
The World Health Organisation recommends the use of catch-up campaigns as part of the introduction of pneumococcal conjugate vaccines (PCVs) to accelerate herd protection and hence PCV impact. The value of a catch-up campaign is a trade-off between the costs of vaccinating additional age groups and the benefit of additional direct and indirect protection. There is a paucity of observational data, particularly from low- and middle-income countries, to quantify the optimal breadth of such catch-up campaigns… We find that catch-up campaigns

are a highly dose-efficient way to accelerate population protection against pneumococcal disease.
Stefan Flasche, John Ojal, Olivier Le Polain de Waroux, Mark Otiende, Katherine L. O'Brien, Moses Kiti, D. James Nokes, W John Edmunds and J. Anthony G. Scott
Published on: 7 June 2017

BMC Pregnancy and Childbirth
http://www.biomedcentral.com/bmcpregnancychildbirth/content
(Accessed 10 June 2017)
[No new digest content identified]

BMC Public Health
http://bmcpublichealth.biomedcentral.com/articles
(Accessed 10 June 2017)
Research article
Immunization, urbanization and slums – a systematic review of factors and interventions
Tim Crocker-Buque, Godwin Mindra, Richard Duncan and Sandra Mounier-Jack
BMC Public Health 2017 17:556
Published on: 8 June 2017
Abstract
Background
In 2014, over half (54%) of the world's population lived in urban areas and this proportion will increase to 66% by 2050. This urbanizing trend has been accompanied by an increasing number of people living in urban poor communities and slums. Lower immunization coverage is found in poorer urban dwellers in many contexts. This study aims to identify factors associated with immunization coverage in poor urban areas and slums, and to identify interventions to improve coverage.
Methods
We conducted a systematic review, searching Medline, Embase, Global Health, CINAHL, Web of Science and The Cochrane Database with broad search terms for studies published between 2000 and 2016.
Results
Of 4872 unique articles, 327 abstracts were screened, leading to 63 included studies: 44 considering factors and 20 evaluating interventions (one in both categories) in 16 low or middle-income countries. A wide range of socio-economic characteristics were associated with coverage in different contexts. Recent rural-urban migration had a universally negative effect. Parents commonly reported lack of awareness of immunization importance and difficulty accessing services as reasons for under-immunization of their children. Physical distance to clinics and aspects of service quality also impacted uptake. We found evidence of effectiveness for interventions involving multiple components, especially if they have been designed with community involvement. Outreach programmes were effective where physical distance was identified as a barrier. Some evidence was found for the effective use of SMS (text) messaging services, community-based education programmes and financial incentives, which warrant further evaluation. No interventions were identified that provided services to migrants from rural areas.

Conclusion
Different factors affect immunization coverage in different urban poor and slum contexts. Immunization services should be designed in collaboration with slum-dwelling communities, considering the local context. Interventions should be designed and tested to increase immunization in migrants from rural areas.

BMC Research Notes
http://www.biomedcentral.com/bmcresnotes/content
(Accessed 10 June 2017)
[No new digest content identified]

BMJ Open
June 2017 - Volume 7 - 6
http://bmjopen.bmj.com/content/current
Health economics
Research
A systematic review of economic evaluations of seasonal influenza vaccination for the elderly population in the European Union
Gemma E Shields, Jamie Elvidge, Linda M Davies

Epidemiology
Research
Timing of two versus three doses of quadrivalent HPV vaccine and associated effectiveness against condyloma in Sweden: a nationwide cohort study
Lamb F, Herweijer E, Ploner A, Uhnoo I, Sundström K, Sparén P, Arnheim-Dahlström L

Bulletin of the World Health Organization
Volume 95, Number 6, June 2017, 389-480
http://www.who.int/bulletin/volumes/95/6/en/
Special theme: measuring quality of care
[Reviewed earlier]

Child Care, Health and Development
July 2017 Volume 43, Issue 4 Pages 463–625
http://onlinelibrary.wiley.com/doi/10.1111/cch.v43.4/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)X0005-2
[Reviewed earlier]

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

Conflict and Health
http://www.conflictandhealth.com/
[Accessed 10 June 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 June 2017; volume 18, issue 6
http://embor.embopress.org/content/18/6?current-issue=y
[New issue; No digest content identified]

Emerging Infectious Diseases
Volume 23, Number 6—June 2017
http://wwwnc.cdc.gov/eid/
Research
Stockpiling Ventilators for Influenza Pandemics PDF Version [PDF - 1018 KB - 8 pages]
H. Huang et al.
Abstract
In preparing for influenza pandemics, public health agencies stockpile critical medical resources. Determining appropriate quantities and locations for such resources can be challenging, given the considerable uncertainty in the timing and severity of future pandemics. We introduce a method for optimizing stockpiles of mechanical ventilators, which are critical for treating hospitalized influenza patients in respiratory failure. As a case study, we consider the US state of Texas during mild, moderate, and severe pandemics. Optimal allocations prioritize local over central storage, even though the latter can be deployed adaptively, on the basis of real-time needs. This prioritization stems from high geographic correlations and the slightly lower treatment success assumed for centrally stockpiled ventilators. We developed our model and analysis in collaboration with academic researchers and a state public health agency and incorporated it into a Web-based decision-support tool for pandemic preparedness and response.

Commentaries
Stockpiling Ventilators for Influenza Pandemics PDF Version [PDF - 1.25 MB - 2 pages]
M. I. Meltzer and A. Patel

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
[Reviewed earlier]

The European Journal of Public Health

Volume 27, Issue 3, June 2017
https://academic.oup.com/eurpub/issue/27/3
[Reviewed earlier]

Global Health Action
Volume 10, 2017 – Supplement 2
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 8
http://www.tandfonline.com/toc/rgph20/current
[New issue; No digest content identified]

Globalization and Health
http://www.globalizationandhealth.com/
[Accessed 10 June 2017]
[No new digest content identified]

Health Affairs
June 2017; Volume 36, Issue 6
http://content.healthaffairs.org/content/current
Issue Focus: Pursuing Health Equity
From The Editor-in-Chief
Pursuing Health Equity
Alan R. Weil
Extract
If equity is one dimension of what the Institute of Medicine (IOM) defined as health care quality, what are the obligations of the health care sector to achieve health equity? Early evidence of health disparities led to a focus on the health care system—the roles of bias and discrimination, as captured by the title of the 2003 IOM report Unequal Treatment. Yet as Steven Woolf points out in his lead paper, growing understanding of the role of social factors in determining health outcomes makes it clear that achieving equity requires widening the lens. This month's Health Affairs examines health equity from both perspectives: equity in care, and the relationship between social factors and health equity.

Health and Human Rights

Volume 19, Issue 1, June 2017
http://www.hhrjournal.org/
General Papers
PERSPECTIVE Human Rights in the World Health Organization: Views of the Director-General Candidates
Benjamin Mason Meier

PERSPECTIVE Unstoppable: How Advocates Persevered in the Fight for Justice for Haitian Cholera Victims
Adam Houston

Health Economics, Policy and Law
Volume 12 - Issue 3 - July 2017
https://www.cambridge.org/core/journals/health-economics-policy-and-law/latest-issue
[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 10 June 2017]
Research
Health systems research in fragile and conflict affected states: a qualitative study of associated challenges
Tim Martineau, Aniek Woodward, Kate Sheahan and Egbert Sondorp
Published on: 7 June 2017
Abstract
Background
High quality health systems research (HSR) in fragile and conflict-affected states (FCAS) is essential to guiding the policies and programmes that will improve access to health services and, ultimately, health outcomes. Yet, conducting HSR in FCAS is challenging. An understanding of these challenges is essential to tackling them and to supporting research conducted in these complex environments. Led by the Thematic Working Group on Health Systems in FCAS, the primary aim of this study was to develop a research agenda on HSR in FCAS. The secondary aim was to identify the challenges associated with conducting HSR in these contexts. This paper presents these challenges.
Methods
Guided by a purposely-selected steering group, this qualitative study collected respondents' perspectives through an online survey (n = 61) and a group discussion at the Third Global Symposium on HSR in September 2014 (n = 11). Respondents with knowledge and/or experience of HSR in FCAS were intentionally recruited.
Results

Of those ever involved in HSR in FCAS (45/61, 75%), almost all (98%) experienced challenges in conducting their research. Challenges fall under three broad thematic areas: (1) lack of appropriate support; (2) complex local research environment, including access constraints, weak local research capacity, collaboration challenges and lack of trust in the research process; and (3) limited research application, including rapidly outdated findings and lack of engagement with the research process and results.
Conclusions
This study shows that those familiar with HSR in FCAS face many challenges in gaining support for and in conducting and applying high-quality research. There is a need for more sustainable support, including commitment to and long-term funding of HSR in FCAS; investment in capacity building within FCAS to meet the challenges related to implementation of research in these complex environments; relationship and trust building among stakeholders involved in HSR, particularly between local and international researchers and between researchers and participants; and innovative and flexible approaches to research design and implementation in these insecure and rapidly changing contexts.

Humanitarian Exchange Magazine
http://odihpn.org/magazine/the-humanitarian-consequences-of-violence-in-central-america/
Number 69 June 2017
The humanitarian consequences of violence in Central America
[New issue; No digest content identified]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 13, Issue 5, 2017
http://www.tandfonline.com/toc/khvi20/current
[Reviewed earlier]

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 10 June 2017]
[No new digest content identified]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 10 June 2017]
[No new digest content identified]

International Health
Volume 9, Issue 3 May 2017
http://inthealth.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Community Medicine and Public Health
Vol 4, No 6 (2017) June 2017
http://www.ijcmph.com/index.php/ijcmph/issue/view/25
[Reviewed earlier]

International Journal of Epidemiology
Volume 46, Issue 2 April 2017
http://ije.oxfordjournals.org/content/current
Miscellaneous
Vaccinations against smallpox and tuberculosis are associated with better long-term survival: a Danish case-cohort study 1971–2010
Andreas Rieckmann; Marie Villumsen; Signe Sørup; Line Klingen Haugaard; Henrik Ravn ...

Distance to health services modifies the effect of an 11-valent pneumococcal vaccine on pneumonia risk among children less than 2 years of age in Bohol, Philippines
Elisabeth Dowling Root; Marilla Lucero; Hanna Nohynek; Rebecca Stubbs; Veronica Tallo ...

International Journal of Infectious Diseases
June 2017 Volume 59, p1-156
http://www.ijidonline.com/issue/S1201-9712(17)X0006-4
[New issue; No digest content identified]

JAMA
June 6, 2017, Vol 317, No. 21, Pages 2145-2248
http://jama.jamanetwork.com/issue.aspx
Editorial
Progress Toward Achieving UNAIDS 90-90-90 in Rural Communities in East Africa
Carlos del Rio, MD; Wendy S. Armstrong, MD
JAMA. 2017;317(21):2172-2174. doi:10.1001/jama.2017.5704
Preview
In recent years, the results of several studies, including Human Immunodeficiency Virus (HIV) Prevention Trials Network (HPTN) 052,1 Strategic Timing of Antiretroviral Treatment (START),2 and Trial of Early Antiretrovirals and Isoniazid Preventive Therapy in Africa (TEMPRANO),3 have rapidly changed the global approach to HIV treatment and have raised the possibility of ending AIDS by 2030. These 3 studies demonstrated that HIV-infected persons with viral suppression receiving antiretroviral therapy (ART) do not transmit HIV to their uninfected sex partners,1 and that initiating ART resulted in net health benefits to HIV-infected persons in high-income and low-income countries regardless of CD4 lymphocyte count.2,3 In sum, ART has been shown to be beneficial for individual and public health and that "treatment is prevention."

Original Investigation
Association of Implementation of a Universal Testing and Treatment Intervention With HIV Diagnosis, Receipt of Antiretroviral Therapy, and Viral Suppression in East Africa

Maya Petersen, MD, PhD; Laura Balzer, PhD; Dalsone Kwarsiima, MBChB, MPH; et al.
JAMA. 2017;317(21):2196-2206. doi:10.1001/jama.2017.5705

This analysis examines intervention communities in rural Uganda and Kenya in an ongoing cluster randomized trial to assess the change in the proportions of HIV-positive residents diagnosed with HIV, treated with ART, and achieving HIV viral suppression.

JAMA Pediatrics

June 2017, Vol 171, No. 6, Pages 501-608
http://archpedi.jamanetwork.com/issue.aspx

Original Investigation

Child and Adolescent Health From 1990 to 2015 - Findings From the Global Burden of Diseases, Injuries, and Risk Factors 2015 Study

The Global Burden of Disease Child and Adolescent Health Collaboration

JAMA Pediatr. 2017;171(6):573-592. doi:10.1001/jamapediatrics.2017.0250

Key Points

Question

What are the levels and trends of mortality and nonfatal health loss among children and adolescents from 1990 to 2015?

Findings

This study found significant global decreases in all-cause child and adolescent mortality from 1990 to 2015, but with increasing global inequality. In countries with a low Socio-demographic Index (SDI), mortality is the primary driver of health loss in children and adolescents, largely owing to infectious, nutritional, maternal, and neonatal causes, while nonfatal health loss prevails in locations with a higher SDI.

Meaning

Nations should evaluate drivers of disease burden among children and adolescents to aid implementation of appropriate strategies to maximize the health of populations.

Abstract

Importance

Comprehensive and timely monitoring of disease burden in all age groups, including children and adolescents, is essential for improving population health.

Objective

To quantify and describe levels and trends of mortality and nonfatal health outcomes among children and adolescents from 1990 to 2015 to provide a framework for policy discussion.

Evidence Review

Cause-specific mortality and nonfatal health outcomes were analyzed for 195 countries and territories by age group, sex, and year from 1990 to 2015 using standardized approaches for data processing and statistical modeling, with subsequent analysis of the findings to describe levels and trends across geography and time among children and adolescents 19 years or younger. A composite indicator of income, education, and fertility was developed (Socio-demographic Index [SDI]) for each geographic unit and year, which evaluates the historical association between SDI and health loss.

Findings

Global child and adolescent mortality decreased from 14.18 million (95% uncertainty interval [UI], 14.09 million to 14.28 million) deaths in 1990 to 7.26 million (95% UI, 7.14 million to 7.39 million) deaths in 2015, but progress has been unevenly distributed. Countries with a lower SDI had a larger proportion of mortality burden (75%) in 2015 than was the case in 1990 (61%).

Most deaths in 2015 occurred in South Asia and sub-Saharan Africa. Global trends were driven by reductions in mortality owing to infectious, nutritional, and neonatal disorders, which in the aggregate led to a relative increase in the importance of noncommunicable diseases and injuries in explaining global disease burden. The absolute burden of disability in children and adolescents increased 4.3% (95% UI, 3.1%-5.6%) from 1990 to 2015, with much of the increase owing to population growth and improved survival for children and adolescents to older ages. Other than infectious conditions, many top causes of disability are associated with long-term sequelae of conditions present at birth (eg, neonatal disorders, congenital birth defects, and hemoglobinopathies) and complications of a variety of infections and nutritional deficiencies. Anemia, developmental intellectual disability, hearing loss, epilepsy, and vision loss are important contributors to childhood disability that can arise from multiple causes. Maternal and reproductive health remains a key cause of disease burden in adolescent females, especially in lower-SDI countries. In low-SDI countries, mortality is the primary driver of health loss for children and adolescents, whereas disability predominates in higher-SDI locations; the specific pattern of epidemiological transition varies across diseases and injuries.
Conclusions and Relevance
Consistent international attention and investment have led to sustained improvements in causes of health loss among children and adolescents in many countries, although progress has been uneven. The persistence of infectious diseases in some countries, coupled with ongoing epidemiologic transition to injuries and noncommunicable diseases, require all countries to carefully evaluate and implement appropriate strategies to maximize the health of their children and adolescents and for the international community to carefully consider which elements of child and adolescent health should be monitored.

Editorial
Importance of Innovations in Neonatal and Adolescent Health in Reaching the Sustainable Development Goals by 2030
Christopher R. Sudfeld, ScD; Wafaie W. Fawzi, DrPH

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
June 2017 - Volume 71 - 6
http://jech.bmj.com/content/current
[Reviewed earlier]

Journal of Global Ethics
Volume 13, Issue 1, 2016
http://www.tandfonline.com/toc/rjge20/current
[New issue; No digest content identified]

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 10 15 May 2017
https://academic.oup.com/jid/issue
Viruses
Continued Transmission of Zika Virus in Humans in West Africa, 1992–2016
Bobby Brooke Herrera; Charlotte A. Chang; Donald J. Hamel; Souleymane Mboup; Daouda Ndiaye ...
This study describes Zika virus seroprevalence of 6.2% in Senegal and Nigeria over a 20-year period, demonstrating previously unrecognized persistence in human populations and concurrent infection with HIV/malaria.

Journal of Medical Ethics
June 2017 - Volume 43 - 6
http://jme.bmj.com/content/current
[Reviewed earlier]

Journal of Medical Internet Research
Vol 19, No 6 (2017): June
http://www.jmir.org/2017/6
[Reviewed earlier]

Journal of Medical Microbiology
Volume 66, Issue 5, May 2017
http://jmm.microbiologyresearch.org/content/journal/jmm/66/5
[Reviewed earlier]

Journal of Patient-Centered Research and Reviews
Volume 4, Issue 2 (2017)
http://digitalrepository.aurorahealthcare.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
June 2017 Volume 185, p1-258
http://www.jpeds.com/current
Original Articles
Maternal Attitudes and Other Factors Associated with Infant Vaccination Status in the United States, 2011-2014
Cicely W. Fadel, Eve R. Colson, Michael J. Corwin, Denis Rybin, Timothy C. Heeren, Colin Wang, Rachel Y. Moon on behalf of the Study of Attitudes and Factors Effecting Infant Care (SAFE) study
p136–142.e1
Published online: March 4, 2017
Abstract
Objective
To assess the role of maternal attitudes and other factors associated with infant vaccination status.
Study design
Data on reported vaccination status were analyzed from a nationally representative prospective survey of mothers of 2- to 6-month-old infants. Weighted univariate and multiple logistic regression analyses were conducted. Latent profile analysis of mothers reporting nonimmunized infants identified distinct groups,
Results
Of 3268 mothers, 2820 (weighted 86.2%), 311 (9.1%), and 137 (4.7%), respectively, reported their infant had received all, some, or no recommended vaccinations for age. Younger infants and infants with younger mothers were more likely to have received no vaccinations. Mothers

with neutral and negative attitudes toward vaccination were >3 (aOR 3.66, 95% CI 1.80-7.46) and 43 times (aOR 43.23, 95% CI 20.28-92.16), respectively, more likely than mothers with positive attitudes to report their infants had received no vaccinations. Two subgroups of mothers reporting that their infants had received no vaccinations were identified: group A (52.5%) had less than positive attitudes and less than positive subjective norms about vaccination (ie, perceived social pressure from others); group B (47.5%) had positive attitudes and positive subjective norms. Group A mothers were more likely to be white (76.1% vs 48.3%, P = .002), more educated (43.5% vs 35.4% college or higher, P = .02), and to exclusively breastfeed (74.9% vs. 27.3%, P < .001).
Conclusions
Although access barriers can result in nonvaccination, less than positive maternal attitude toward vaccination was the strongest predictor. Strategies to improve vaccination rates must focus on both improved access and better understanding of factors underlying maternal attitudes.

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 June 2017; volume 14, issue 131
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
June 2017, volume 91, issue 12
http://jvi.asm.org/content/current
[Reviewed earlier]

The Lancet
Jun 10, 2017 Volume 389 Number 10086 p2263-2348 e12-e14
http://www.thelancet.com/journals/lancet/issue/current
Comment
Data sharing statements for clinical trials: a requirement of the International Committee of Medical Journal Editors

Darren B Taichman, Peush Sahni, Anja Pinborg, Larry Peiperl, Christine Laine, Astrid James, Sung-Tae Hong, Abraham Haileamlak, Laragh Gollogly, Fiona Godlee, Frank A Frizelle, Fernando Florenzano, Jeffrey M Drazen, Howard Bauchner, Christopher Baethge, Joyce Backus

Summary

The International Committee of Medical Journal Editors (ICMJE) believes there is an ethical obligation to responsibly share data generated by interventional clinical trials because trial participants have put themselves at risk. In January, 2016, we published a proposal aimed at helping to create an environment in which the sharing of de-identified individual participant data becomes the norm.1 In response to our request for feedback we received many comments from individuals and groups. Some applauded the proposals, while others expressed disappointment they did not more quickly create a commitment to data sharing.

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
[Reviewed earlier]

Lancet Public Health
Jun 2017 Volume 2 Number 6 e247-e296
http://thelancet.com/journals/lanpub/
[New issue: No digest content identified]

Lancet Respiratory Medicine
Jun 2017 Volume 5 Number 6 p457-534 e20-e22
http://www.thelancet.com/journals/lanres/issue/current
[Reviewed earlier]

Maternal and Child Health Journal
Volume 21, Issue 6, June 2017
https://link.springer.com/journal/10995/21/6/page/1
[New issue: No digest content identified]

Medical Decision Making (MDM)
Volume 37, Issue 5, July 2017
http://mdm.sagepub.com/content/current
[New issue: No digest content identified]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
June 2017 Volume 95, Issue 2 Pages 213–446
http://onlinelibrary.wiley.com/doi/10.1111/milq.2017.95.issue-2/issuetoc
Op-Eds
"America First": Prospects for Global Health (pages 224–228)
LAWRENCE O. GOSTIN
Version of Record online: 6 JUN 2017 | DOI: 10.1111/1468-0009.12254

Original Investigations
Timing and Characteristics of Cumulative Evidence Available on Novel Therapeutic Agents Receiving Food and Drug Administration Accelerated Approval (pages 261–290)
HUSEYIN NACI, OLIVIER J. WOUTERS, RADHIKA GUPTA and JOHN P.A. IOANNIDIS
Version of Record online: 6 JUN 2017 | DOI: 10.1111/1468-0009.12261
Abstract
Policy Points:
:: Randomized trials—the gold standard of evaluating effectiveness—constitute a small minority of existing evidence on agents given accelerated approval. One-third of randomized trials are in therapeutic areas outside of FDA approval and less than half evaluate the therapeutic benefits of these agents but use them instead as common backbone treatments.
:: Agents receiving accelerated approval are often tested concurrently in several therapeutic areas.
:: For most agents, no substantial time lag is apparent between the average start dates of randomized trials evaluating their effectiveness and those using them as part of background therapies.
L:: There appears to be a tendency for therapeutic agents receiving accelerated approval to quickly become an integral component of standard treatment, despite potential shortcomings in their evidence base.
Context
Therapeutic agents treating serious conditions are eligible for Food and Drug Administration (FDA) accelerated approval. The clinical evidence accrued on agents receiving accelerated approval has not been systematically evaluated. Our objective was to assess the timing and characteristics of available studies.
Methods
We first identified clinical studies of novel therapeutic agents receiving accelerated approval. We then (1) categorized those studies as randomized or nonrandomized, (2) explored whether they evaluated the FDA-approved indications, and (3) documented the available treatment comparisons. We also meta-analyzed the difference in start times between randomized studies that (1) did or did not evaluate approved indications and (2) were or were not designed to evaluate the agent's effectiveness.
Findings
In total, 37 novel therapeutic agents received accelerated approval between 2000 and 2013. Our search of ClinicalTrials.gov identified 7,757 studies, which included 1,258,315 participants. Only one-third of identified studies were randomized controlled trials. Of 1,631 randomized trials with advanced recruitment status, 906 were conducted in therapeutic areas for which agents received initial accelerated approval, 202 were in supplemental indications, and 523 were outside approved indications. Only 411 out of 906 (45.4%) trials were designed to test the

effectiveness of agents that received accelerated approval ("evaluation" trials); others used these agents as common background treatment in both arms ("background" trials). There was no detectable lag between average start times of trials conducted within and outside initially approved indications. Evaluation trials started on average 1.52 years (95% CI: 0.87 to 2.17) earlier than background trials.
Conclusions
Cumulative evidence on agents with accelerated approvals has major limitations. Most clinical studies including these agents are small and nonrandomized, and about a third are conducted in unapproved areas, typically concurrently with those conducted in approved areas. Most randomized trials including these therapeutic agents are not designed to directly evaluate their clinical benefits but to incorporate them as standard treatment.

Nature
Volume 546 Number 7657 pp185-322 8 June 2017
http://www.nature.com/nature/current_issue.html
[New issue: No digest content identified]

Nature Medicine
June 2017, Volume 23 No 6 pp645-788
http://www.nature.com/nm/journal/v23/n6/index.html
[New issue: No digest content identified]

Nature Reviews Immunology
June 2017 Vol 17 No 6
http://www.nature.com/nri/journal/v17/n6/index.html
[Reviewed earlier]

New England Journal of Medicine
June 8, 2017 Vol. 376 No. 23
http://www.nejm.org/toc/nejm/medical-journal
Editorials
Data Sharing Statements for Clinical Trials — A Requirement of the International Committee of Medical Journal Editors
D.B. Taichman and Others
The International Committee of Medical Journal Editors (ICMJE) believes there is an ethical obligation to responsibly share data generated by interventional clinical trials because trial participants have put themselves at risk. In January 2016 we published a proposal aimed at helping to create an environment in which the sharing of deidentified individual participant data becomes the norm. In response to our request for feedback we received many comments from individuals and groups.1 Some applauded the proposals while others expressed disappointment they did not more quickly create a commitment to data sharing. Many raised valid concerns regarding the feasibility of the proposed requirements, the necessary resources, the real or perceived risks to trial participants, and the need to protect the interests of patients and researchers.

It is encouraging that data sharing is already occurring in some settings. Over the past year, however, we have learned that the challenges are substantial and the requisite mechanisms are not in place to mandate universal data sharing at this time. Although many issues must be addressed for data sharing to become the norm, we remain committed to this goal.

Therefore, ICMJE will require the following as conditions of consideration for publication of a clinical trial report in our member journals:

1. As of July 1, 2018, manuscripts submitted to ICMJE journals that report the results of clinical trials must contain a data sharing statement as described below.
2. Clinical trials that begin enrolling participants on or after January 1, 2019, must include a data sharing plan in the trial's registration. The ICMJE's policy regarding trial registration is explained at www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html. If the data sharing plan changes after registration this should be reflected in the statement submitted and published with the manuscript, and updated in the registry record…

Pediatrics
June 2017, VOLUME 139 / ISSUE 6
http://pediatrics.aappublications.org/content/139/6?current-issue=y
Articles

Pandemic Influenza Preparedness Among Child Care Center Directors in 2008 and 2016

Timothy R. Shope, Benjamin H. Walker, Laura D. Aird, Linda Southward, John S. McCown, Judith M. Martin
Pediatrics Jun 2017, 139 (6) e20163690; DOI: 10.1542/peds.2016-3690
Abstract

BACKGROUND: Children in child care centers represent an important population to consider in attempts to mitigate the spread of an influenza pandemic. This national survey, conducted in 2008 and 2016, assessed directors' reports of their child care centers' pandemic influenza preparation before and after the 2009 H1N1 novel influenza pandemic.
METHODS: This was a telephone-based survey of child care center directors randomly selected from a national database of licensed US child care centers who were queried about their preparedness for pandemic influenza. We grouped conceptually related items in 6 domains into indexes: general infection control, communication, seasonal influenza control, use of health consultants, quality of child care, and perceived barriers. These indexes, along with other center and director characteristics, were used to predict pandemic influenza preparedness.
RESULTS: Among 1500 and 518 child care center directors surveyed in 2008 and 2016, respectively, preparation for pandemic influenza was low and did not improve. Only 7% of directors had taken concrete actions to prepare their centers. Having served as a center director during the 2009 influenza pandemic did not influence preparedness. After adjusting for covariates, child care health consultation and years of director's experience were positively associated with pandemic influenza preparation, whereas experiencing perceived barriers such as lack of knowing what to do in the event of pandemic influenza, was negatively associated with pandemic influenza preparedness.

CONCLUSIONS: Pandemic influenza preparedness of child care center's directors needs to improve. Child care health consultants are likely to be important collaborators in addressing this problem.

State-of-the-Art Review Articles
Ethical Conduct of Research in Children: Pediatricians and Their IRB (Part 2 of 2)
Carlos D. Rose
Pediatrics Jun 2017, 139 (6) e20163650; DOI: 10.1542/peds.2016-3650
Abstract
In part 1 of this series, we discussed the historical, ethical, and legal background that provides justification for the current system of protection of subjects of human experimentation. We also discussed briefly the implementation of those principles in institutional review board (IRB) operations. In part 2, we focus on legislation dealing with pediatric research, the rules and ethics of assent, and then turn our attention to minimal-risk studies. To that end, we discuss the minimal-risk threshold and the process of balancing benefit and risk in IRB decisions for pediatric studies. We define the notion of consent waiver as well as the procedures for expedited review, management of adverse events, and amendments to approved protocol. Finally, we mention some miscellaneous issues, including central and commercial IRB, reliance agreements, biobanks, and sample shipping regulations.

Pharmaceutics
Volume 9, Issue 2 (June 2017)
http://www.mdpi.com/1999-4923/9/2
[Reviewed earlier]

PharmacoEconomics
Volume 35, Issue 6, June 2017
https://link.springer.com/journal/40273/35/6/page/1
[New issue: No digest content identified]

PLOS Currents: Disasters
http://currents.plos.org/disasters/
[Accessed 10 June 2017]
[No new digest content identified]

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
[Accessed 10 June 2017]
[No new digest content identified]

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 10 June 2017)

[No new digest content identified]

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 10 June 2017)
Research Article

Neighborhood-targeted and case-triggered use of a single dose of oral cholera vaccine in an urban setting: Feasibility and vaccine coverage

Lucy A. Parker, John Rumunu, Christine Jamet, Yona Kenyi, Richard Laku Lino, Joseph F. Wamala, Allan M. Mpairwe, Vincent Muller, Augusto E. Llosa, Florent Uzzeni, Francisco J. Luquero, Iza Ciglenecki, Andrew S. Azman
Research Article | published 08 Jun 2017 PLOS Neglected Tropical Diseases
https://doi.org/10.1371/journal.pntd.0005652
This is an uncorrected proof.
Abstract
Introduction
In June 2015, a cholera outbreak was declared in Juba, South Sudan. In addition to standard outbreak control measures, oral cholera vaccine (OCV) was proposed. As sufficient doses to cover the at-risk population were unavailable, a campaign using half the standard dosing regimen (one-dose) targeted high-risk neighborhoods and groups including neighbors of suspected cases. Here we report the operational details of this first public health use of a single-dose regimen of OCV and illustrate the feasibility of conducting highly targeted vaccination campaigns in an urban area.
Methodology/Principal findings
Neighborhoods of the city were prioritized for vaccination based on cumulative attack rates, active transmission and local knowledge of known cholera risk factors. OCV was offered to all persons older than 12 months at 20 fixed sites and to select groups, including neighbors of cholera cases after the main campaign ('case-triggered' interventions), through mobile teams. Vaccination coverage was estimated by multi-stage surveys using spatial sampling techniques. 162,377 individuals received a single-dose of OCV in the targeted neighborhoods. In these neighborhoods vaccine coverage was 68.8% (95% Confidence Interval (CI), 64.0–73.7) and was highest among children ages 5–14 years (90.0%, 95% CI 85.7–94.3), with adult men being less likely to be vaccinated than adult women (Relative Risk 0.81, 95% CI: 0.68–0.96). In the case-triggered interventions, each lasting 1–2 days, coverage varied (range: 30–87%) with an average of 51.0% (95% CI 41.7–60.3).
Conclusions/Significance
Vaccine supply constraints and the complex realities where cholera outbreaks occur may warrant the use of flexible alternative vaccination strategies, including highly-targeted vaccination campaigns and single-dose regimens. We showed that such campaigns are feasible. Additional work is needed to understand how and when to use different strategies to best protect populations against epidemic cholera.
Author summary
Oral cholera vaccine (OCV) is becoming part of the standard cholera-control toolkit, although experience in deploying OCV is limited. Adapting vaccination strategies to the global availability of vaccines and the local context (i.e., population movement, security constraints, etc.) is key to maximize the impact of OCV as a cholera-control tool. Here we describe the operational details of the first field use of a single-dose of OCV, which was deployed in a targeted manner, both at

high-risk neighborhoods and then to neighbors of suspected cases after the main OCV campaign when sporadic cholera case reports continued. We show that it is feasible to conduct micro- and macro-targeted vaccination campaigns in urban areas like Juba with moderate to high coverage and without social unrest due to vaccinating some groups and not others. Flexible and context-adapted OCV dosing regimens and strategies should be considered in future deployments of the vaccine.

PLoS One
http://www.plosone.org/
[Accessed 10 June 2017]
[No new digest content identified]

PLoS Pathogens
http://journals.plos.org/plospathogens/
[Accessed 10 June 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 10 June 2017]
Social Sciences - Economic Sciences:
Future of fundamental discovery in US biomedical research
Michael Levitt and Jonathan M. Levitt
PNAS 2017 ; published ahead of print June 5, 2017, doi:10.1073/pnas.1609996114
Significance
Innovative fundamental basic science research is traditionally done by young people. This makes the steady fall in the number of younger US basic scientists a serious concern. Our analysis suggests that this happened mainly due to a bias against younger applicants, with more money going to older principal investigators (PIs). We also find a large number of postdoctoral scholars and research associates, a rapid rise in number of PIs over 71, and a steady shift of NIH funds away from R01 grants. NIH is attempting to deal with some of these issues.
Abstract
Young researchers are crucially important for basic science as they make unexpected, fundamental discoveries. Since 1982, we find a steady drop in the number of grant-eligible basic-science faculty [principal investigators (PIs)] younger than 46. This fall occurred over a 32-y period when inflation-corrected congressional funds for NIH almost tripled. During this time, the PI success ratio (fraction of basic-science PIs who are R01 grantees) dropped for younger PIs (below 46) and increased for older PIs (above 55). This age-related bias seems to have caused the steady drop in the number of young basic-science PIs and could reduce future US discoveries in fundamental biomedical science. The NIH recognized this bias in its 2008 early-stage investigator (ESI) policy to fund young PIs at higher rates. We show this policy is working and recommend that it be enhanced by using better data. Together with the National Institute of General Medical Sciences (NIGMS) Maximizing Investigators' Research Award

(MIRA) program to reward senior PIs with research time in exchange for less funding, this may reverse a decades-long trend of more money going to older PIs. To prepare young scientists for increased demand, additional resources should be devoted to transitional postdoctoral fellowships already offered by NIH.

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 99, Pages 1-332 (June 2017)
http://www.sciencedirect.com/science/journal/00917435/99
[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 7, June 2017
http://qhr.sagepub.com/content/current
Special Issue: Theory
[Reviewed earlier]

Reproductive Health
http://www.reproductive-health-journal.com/content
[Accessed 10 June 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
09 June 2017 Vol 356, Issue 6342
http://www.sciencemag.org/current.dtl
Special Issue: Repair and Regeneration
Introduction to special issue
Repair and Regeneration
By Beverly A. Purnell, Pamela J. Hines
Science09 Jun 2017 : 1020-1021
Life brings minor ravages in the form of wrinkles and creaky knees, as well as the major sequelae of disease or injury such as blindness, wounds that will not heal, and hearts losing function. The body does its best to deal with each challenge. But unlike the facile reconstruction of missing axolotl and planarian parts, our innate regenerative powers have limits. We are left with scars, diminished mobility, and weakened function. This special issue highlights areas of active research to understand mechanisms of repair and regeneration, with an eye toward therapeutic applications…

Science Translational Medicine
07 June 2017 Vol 9, Issue 393
http://stm.sciencemag.org/
Research Articles
Vaccine priming is restricted to draining lymph nodes and controlled by adjuvant-mediated antigen uptake
By Frank Liang, Gustaf Lindgren, Kerrie J. Sandgren, Elizabeth A. Thompson, Joseph R. Francica, Anja Seubert, Ennio De Gregorio, Susan Barnett, Derek T. O'Hagan, Nancy J. Sullivan, Richard A. Koup, Robert A. Seder, Karin Loré
Science Translational Medicine07 Jun 2017 Restricted Access

Vaccine responses are initiated in vaccine-draining lymph nodes and depend on the efficiency by which adjuvants influence antigen uptake.
Moving beyond mice for vaccine studies
Vaccine enhancement by adjuvants has been known for decades, but the mechanistic differences in how specific adjuvants influence the immune response are just beginning to be elucidated. Liang et al. sought a model that closely mimics humans, so they intramuscularly immunized nonhuman primates with a prototypical HIV antigen in combination with various adjuvants. They then inspected the muscles and lymph nodes to characterize antigen-presenting cells and resulting adaptive immune responses. Their findings should provide valuable information on adjuvant selection for vaccine development in humans.

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
June 2017 Volume 22, Issue 6 Pages 655–782
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-6/issuetoc
[Reviewed earlier]

Vaccine
Volume 35, Issue 29, Pages 3615-3690 (22 June 2017)
http://www.sciencedirect.com/science/journal/0264410X/35/29
Regular papers
Semantic network analysis of vaccine sentiment in online social media
Original Research Article
Pages 3621-3638
Gloria J. Kang, Sinclair R. Ewing-Nelson, Lauren Mackey, James T. Schlitt, Achla Marathe, Kaja M. Abbas, Samarth Swarup
Abstract
Objective
To examine current vaccine sentiment on social media by constructing and analyzing semantic networks of vaccine information from highly shared websites of Twitter users in the United States; and to assist public health communication of vaccines.
Background
Vaccine hesitancy continues to contribute to suboptimal vaccination coverage in the United States, posing significant risk of disease outbreaks, yet remains poorly understood.
Methods

We constructed semantic networks of vaccine information from internet articles shared by Twitter users in the United States. We analyzed resulting network topology, compared semantic differences, and identified the most salient concepts within networks expressing positive, negative, and neutral vaccine sentiment.
Results
The semantic network of positive vaccine sentiment demonstrated greater cohesiveness in discourse compared to the larger, less-connected network of negative vaccine sentiment. The positive sentiment network centered around parents and focused on communicating health risks and benefits, highlighting medical concepts such as measles, autism, HPV vaccine, vaccine-autism link, meningococcal disease, and MMR vaccine. In contrast, the negative network centered around children and focused on organizational bodies such as CDC, vaccine industry, doctors, mainstream media, pharmaceutical companies, and United States. The prevalence of negative vaccine sentiment was demonstrated through diverse messaging, framed around skepticism and distrust of government organizations that communicate scientific evidence supporting positive vaccine benefits.
Conclusion
Semantic network analysis of vaccine sentiment in online social media can enhance understanding of the scope and variability of current attitudes and beliefs toward vaccines. Our study synthesizes quantitative and qualitative evidence from an interdisciplinary approach to better understand complex drivers of vaccine hesitancy for public health communication, to improve vaccine confidence and vaccination coverage in the United States.

Immunization requirements of the top 200 universities: Implications for vaccine-hesitant families

Original Research Article
Pages 3661-3665
Allison Noesekabel, Ada M. Fenick
Abstract
Background
The majority of pediatricians encounter vaccine hesitancy in their practices. As part of a broad discussion about vaccination, school requirements arise as a topic yet providers may lack information about the effects of immunization on university matriculation.
Methods
We surveyed the top-ranked 200 universities regarding required immunizations, medical, religious, and philosophical exemptions, and noncompliance policies. We examined the legal requirements for involved jurisdictions.
Results
Of 129 responding universities (64%), 94% had ≥1 pre-matriculation immunization requirement (PIR), with a mean of 3.53 (95%CI 3.17–3.89) requirements. In unadjusted analyses, funding, region, jurisdictional requirements, undergraduate size, and tuition were significant predictors of the number of PIRs. In multivariate modeling, jurisdictional requirements outperformed all other university demographics, but excluding these, Northeast and South region and smaller undergraduate size persisted. The most common PIR was measles (93%). 67% of involved jurisdictions have laws mandating ≥1 university PIR, and 45% of universities surpassed their jurisdiction's law. With respect to medical, religious, and philosophical exemptions, 24%, 40%, and 60% of universities with PIRs had the highest hardship category, and 2%, 2%, and 46% disallowed these outright. Frequent responses to student noncompliance were: hold on classes (89%), additional registration fees (13%), and hold on housing (11%).

Conclusions
Requirements for pre-matriculation immunizations in top universities are common and exemptions are difficult to obtain. Conversations between providers and vaccine-hesitant families may be enriched by discussion of these future effects of their decision on immunization.

Vaccine: Development and Therapy
https://www.dovepress.com/vaccine-development-and-therapy-archive111
(Accessed 10 June 2017)
[No new content]

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 10 June 2017)
[No new digest content identified]

Value in Health
June 2017 Volume 20, Issue 6, p727-836
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

* * * *

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

Academic Pediatrics
Article in Press
Financing of Vaccine Delivery in Primary Care Practices
MA Allison, ST O'Leary, MC Lindley, LA Crane…
Abstract
Objectives
Vaccines represent a significant portion of primary care practices' expenses. Our objectives were to determine among Pediatric (Ped) and Family Medicine (FM): 1) relative payment for vaccine purchase and administration and estimated profit margin by payer type, 2) strategies used to reduce vaccine purchase costs and increase payment, and 3) whether practices have stopped providing vaccines due to finances.
Methods
A national survey conducted April—September 2011 among Ped and FM in private, single-specialty practices.
Results
The response rate was 51% (221/430). Depending on payer type, 61%--79% of practices reported that payment for vaccine purchase was at least 100% of purchase price and 34%--74% reported that payment for vaccine administration was at least $11. Reported strategies to

reduce vaccine purchase cost were online purchasing (81% Ped, 36% FM), prompt pay (78% Ped, 49% FM) and bulk order (65% Ped, 49% FM) discounts. Fewer than half of practices used strategies to increase payment; in a multivariable analysis, practices with > 5 providers were more likely to use strategies compared to practices with fewer providers (adjusted odds ratio 2.65, 95% confidence interval 1.51-4.62). When asked if they had stopped purchasing vaccines due to financial concerns, 12% of Ped and 23% of FM responded 'yes', and 24% of Ped and 26% of FM responded 'no, but have seriously considered'.
Conclusions
Practices report variable payment for vaccination services from different payer types. Practices may benefit from increased use of strategies to reduce vaccine purchase costs and increase payment for vaccine delivery.

Public Health Reports
First Published June 6, 2017
Brief Report
Longitudinal Trends in Vaccine Hesitancy in a Cohort of Mothers Surveyed in Washington State, 2013-2015
NB Henrikson, ML Anderson, DJ Opel, J Dunn… -
Abstract
Parents who refuse or delay vaccines because of vaccine hesitancy place children at increased risk for vaccine-preventable disease. How parental vaccine hesitancy changes as their children age is not known. In 2015, we conducted a follow-up survey of 237 mothers enrolled in a 2-arm clinic-level cluster randomized trial (n = 488) in Washington State that was completed in 2013. We surveyed mothers at their baby's birth, age 6 months, and age 24 months using a validated measure of vaccine hesitancy. Both mean hesitancy scores (mean 4.1-point reduction; 95% CI, 2.5-5.6; P = .01) and the proportion of mothers who were vaccine hesitant (9.7% at baseline vs 5.9% at 24 months; P = .01) decreased significantly from child's birth to age 24 months. Changes from baseline were similar for first-time mothers and experienced mothers. Individual item analysis suggested that the decrease may have been driven by increases in maternal confidence about the safety and efficacy of vaccines. Our results suggest that hesitancy is a dynamic measure that may peak around childbirth and may remit as experience with vaccines accumulates.

* * * *

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 10 June 2017
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 10 June 2017
Parents eye Austrian asylum in Italy vaccination dispute
9 June 2017
A group of German-speaking parents in northern Italy are so angry about a new requirement to get their children vaccinated that they plan to seek asylum in nearby Austria…
The leader of the South Tyrol protest, Reinhold Holzer, said the group had sent protest messages to Italian President Sergio Mattarella, Austrian President Alexander Van der Bellen, and the UN Human Rights Council in Geneva.
"We won't allow our children to be poisoned. Asylum is claimed not just by people fleeing war, but also by people whose rights are being violated," said Mr Holzer, quoted by Austria's Der Standard daily…

The Economist
http://www.economist.com/
Accessed 10 June 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 10 June 2017[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 10 June 2017
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 10 June 2017
[No new, unique, relevant content]

The Guardian

http://www.guardiannews.com/
Accessed 10 June 2017
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 10 June 2017
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 10 June 2017

Polio Outbreak in Syria Poses Vaccination Dilemma for WHO
June 09, 2017 - By REUTERS

GENEVA — Vaccinating too few children in Syria against polio because the six-year-old war there makes it difficult to reach them risks causing more cases in the future, the World Health Organization (WHO) said on Friday, posing a dilemma after a recent outbreak.

Two children have been paralyzed in the last few months in Islamic State-held Deir al-Zor in the first polio cases in Syria since 2014 and in the same eastern province bordering Iraq where a different strain caused 36 cases in 2013-2014.

Vaccinating even 50 percent of the estimated 90,000 children aged under 5 in the Mayadin area of Deir al-Zor would probably not be enough to stop the outbreak and might actually sow the seeds for the next outbreak, WHO's Oliver Rosenbauer said.

Immunisation rates need to be closer to 80 percent to have maximum effect and protect a population, he told a briefing.

"Are we concerned that we're in fact going to be seeding further future polio vaccine-derived outbreaks? ... Absolutely, that is a concern. And that is why this vaccine must be used judiciously and to try to ensure the highest level of coverage," Rosenbauer said…

Puerto Rico Declares Zika Outbreak Over, CDC Maintains Travel Warning

June 06, 2017 - (Reuters) - Puerto Rico on Monday declared that the 2016 Zika epidemic is over, saying transmission of the virus that can cause birth defects when pregnant women are exposed has fallen significantly.

About 10 cases of the mosquito-borne disease have been reported in each four-week period since April 2017, down from more than 8,000 cases reported in a four-week period at the peak of the epidemic in August 2016, the Puerto Rico Health Department said in a statement.
The U.S. Centers for Disease Control and Prevention, however, has not changed its travel advice, noting that pregnant women should not travel to Puerto Rico.

The CDC said its travel notice for Puerto Rico remains in place and that it expects the virus will continue to "circulate indefinitely" in most regions where it has been introduced.

Dr. Babatunde Osotimehin, Global Advocate for Women's Health, Dies at 68
6 June 2017

Dr. Babatunde Osotimehin, who as head of the United Nations Population Fund promoted public health, especially sexual and reproductive health for women and girls, died on Sunday night at his home in West Harrison, N.Y. He was 68.
T he population agency confirmed his death, saying it was sudden, but did not give a cause.

Dr. Osotimehin, a Nigerian, had been the executive director of the agency, the world's leading provider of family planning services, including contraception, since 2011. He led efforts to advance a 1994 action plan adopted by 179 countries that recognized for the first time that women have the right to control their reproductive and sexual health and to choose whether to become pregnant.

He also advocated family planning services, championed methods to prevent maternal deaths in childbirth and sought to eliminate genital cutting of women and girls.

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 10 June 2017
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 10 June 2017
[No new, unique, relevant content]

Think Tanks et al

Brookings
http://www.brookings.edu/
Accessed 10 June 2017
[No new relevant content]

Center for Global Development
http://www.cgdev.org/page/press-center
Accessed 10 June 2017
[No new relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 10 June 2017
[No new relevant content]

CSIS
https://www.csis.org/
Accessed 10 June 2017
GPEI's Funding Decline Among Tedros' Top Challenges as WHO Director-General
June 9, 2017
Nellie Bristol, Senior Fellow, Global Health Policy Center

Among the pressing issues facing incoming World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus when he begins his term July 1 is the winding down of the Global Polio Eradication Initiative (GPEI). The polio program comprises 27 percent of total WHO expenditures and provides support for disease surveillance, immunization delivery, and laboratory capacity along with data collection and analysis not only for polio, but other diseases as well. WHO still is analyzing what the reductions will mean specifically for the organization's

activities, but it notes, "the current downscaling of the polio infrastructure, together with that planned for the future, will cause WHO to lose its field presence, coordinating role, and technical leadership in some countries in greatest need."

Among those is Tedros' home country, Ethiopia, which receives the fifth highest amount of external polio-related funding of any country at $40 million in 2016. That amount currently is slated to decline to $4.6 million by 2019, an 88.5 percent decrease. Polio-funded NGOs provide immunization and other health services to Ethiopia's hard to reach border areas where government services are scarce…

* * * *
* * * *

* * * *
* * * *