



Vaccines and Global Health: The Week in Review

17 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*

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Milestones :: Perspectives

Editor's Note

We lead this week's edition with developments around polio, including major commitments of new financial resources for eradication, and updates on type 2 (cVDPV2) outbreaks in Syria and DRC.

Global Leaders Unite to Bring Polio One Step Closer to Eradication

Countries and partners pledge US\$ 1.2 billion to protect 450 million children from polio every year

ATLANTA (12 June 2017) – Today, global health leaders gathered at the Rotary Convention in Atlanta to reaffirm their commitment to eradicating polio and pledge US\$ 1.2 billion to finance efforts to end the disease.

Thirty years ago, polio paralyzed more than 350,000 children each year in more than 125 countries around the world. Thanks to the extraordinary efforts of governments, health workers, donors and the partners of the Global Polio Eradication Initiative (GPEI), a public-private partnership dedicated to ending the disease, the highly contagious virus has now been eliminated in all but three countries: Afghanistan, Nigeria and Pakistan. There have been only five cases to date in 2017.

However, children remain at risk everywhere until polio is completely stopped. To end the disease for good, government representatives and partners came together to renew their commitment to supporting crucial activities such as vaccination and disease monitoring, which will protect more than 450 million children from polio each year.

"Thanks to the incredible efforts of Rotarians, governments, health workers, partners and donors – including those who have gathered at the Rotary Convention in Atlanta – we are closer than ever to making history," said Chris Elias, Global Development President, Bill & Melinda Gates Foundation and Chair of the GPEI Polio Oversight Board. "These new commitments will help ensure that we will finish the job."

In a time of many global challenges and priorities, governments and partners have stepped forward to demonstrate their collective resolve to seeing the second human disease ever eradicated. Major pledges include: US\$ 75 million from Canada, US\$ 61.4 million from the European Commission, US\$ 55 million from Japan, US\$ 30 million from Sheikh Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi, United Arab Emirates, US\$ 30 million from the Dalio Foundation, US\$ 25 million from Bloomberg Philanthropies, US\$ 15 million from an anonymous donor, US\$ 13.4 million from Australia, US\$ 11.2 million from Germany, US\$ 5 million from easyJet, US\$ 5 million from Italy and US\$ 4 million from the Republic of Korea.

Bill Gates, co-chair of the Bill & Melinda Gates Foundation, and John Germ, president of Rotary International, also announced an extension of their partnership in front of more than 20,000 Rotarians. Up to US\$ 150 million in funds raised by Rotary members over the next three years will be matched 2:1 by the Gates Foundation, resulting in up to US\$ 450 million in the next

three years for the GPEI. The Gates Foundation pledged a total of US\$ 450 million, including this matching agreement.

"The global eradication of polio has been Rotary's top priority since 1985. Rotary members have been the driving force behind the fight to end polio since its inception," said John Germ, President of Rotary International. "Their continued commitment to raising funds for eradication – coupled with today's match by the Bill & Melinda Gates Foundation – makes that impact even greater."

Today's funding helps address a US\$1.5 billion funding need that will help ensure that the virus is eliminated from these remaining countries and prevented from regaining a foothold anywhere else in the world.

"Constant innovation has been key to improving vaccination coverage and reaching more children with the polio vaccine," said Dr. Anne Schuchat, Acting Director of the U.S. Centers for Disease Control and Prevention. "The unrelenting commitment and support of these global leaders will help us do just that—and ultimately end this disease for everyone and forever. CDC remains deeply committed to polio eradication and has contributed US\$ 2.28 billion since the beginning of the initiative."

Today's funding commitments will enable the program to continue to improve performance and overcome challenges to reach every child, including vaccinating children in conflict areas...

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Gavi to help protect millions more children against polio

Gavi Board agrees to extend support for inactivated polio vaccine (IPV) to 2020; new policy on fragile settings, emergencies and refugees also approved

Geneva, 15 June 2017 – Support for the introduction of inactivated polio vaccine (IPV) will be extended to 2020 in up to 70 low- and middle-income countries, Gavi, the Vaccine Alliance announced today. The Gavi Board decision will enable routine immunisation programmes to reach millions more children with this critical vaccine and support the final drive towards eradication.

"We now have a unique opportunity to consign polio to the history books, but we cannot afford to be complacent," said Dr Ngozi Okonjo-Iweala, Chair of the Gavi Board. "We cannot and will not rest as long as any child anywhere in the world is at risk of contracting this terrible disease. Gavi fully supports the Global Polio Eradication Initiative and partners, and this decision means we will continue to work together as we edge ever closer to a polio-free world."

As transmission of wild poliovirus has not yet been stopped, the target date for global certification of eradication has had to be pushed back by at least two years – from 2018 to 2020 at the earliest. Polio remains endemic in three countries – Afghanistan, Nigeria and Pakistan. Five wild poliovirus cases have been recorded since the beginning of the year: three in Afghanistan and two in Pakistan.

Moreover vaccine supply constraints have delayed introductions or interrupted IPV use in some Gavi-supported countries. To date 53 countries have introduced IPV to their immunisation programme with Gavi support. Until all poliovirus cases are fully eradicated and contained all countries are at risk, especially those with weak vaccine coverage levels.

The cost of extending support to 2020 is projected to be up to US\$ 250 million which will be financed by additional funding raised by the Global Polio Eradication Initiative (GPEI) and by existing funds from Norway, the Bill & Melinda Gates Foundation and the UK Department for International Development (DFID). The Gavi Board decision should provide reassurance to countries and manufacturers of Gavi's continued support for IPV and polio eradication.

"We will need to evaluate Gavi support to IPV beyond 2020 to make sure that the disease doesn't re-emerge after global certification," said Dr Seth Berkley, CEO of Gavi the Vaccine Alliance. "The vaccine will have to be assessed differently from other vaccines based on its value to the global public good. Polio eradication will rank as one of the greatest achievements in the history of global health, reflecting the combined efforts of funders and of hundreds of thousands of scientists, health workers and ordinary vaccinators over three decades."

Ensuring continued high immunisation coverage of children in the poorest countries is critical to protect children everywhere from the spread of infectious diseases.

New policy on Fragility, Emergencies and Refugees

Gavi operates in many of the most fragile settings where health needs are often the greatest. These circumstances require a different approach to ensure children get the vaccines they need. The Gavi Board approved a new policy on Fragility, Emergencies and Refugees to enable a rapid and tailored response in these settings.

"As climate change, conflict and economic crises continue to drive people from their homes and devastate health systems, we must make sure that the weakest and most vulnerable are not excluded from receiving life-saving vaccines," added Dr Berkley. "Good health is a fundamental human right. It is unacceptable that hundreds of thousands of child refugees or children trapped in war-torn countries are excluded from receiving basic health services, including vaccines."

Gavi-supported host countries will for instance be able to request additional support to immunise refugees. In the case of emergencies, countries can request flexibility in the vaccine application process or while implementing Health System Strengthening (HSS) support. Where needed, the new policy enables Gavi to work more directly with partners and non-state actors including civil society organisations (CSO) operating in affected areas.

Lastly, the Board decided that, due to the on-going conflict, Yemen will continue to receive Gavi support in spite of co-financing challenges that the country is facing.

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POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 14 June 2017 [GPEI]

:: Global health leaders are meeting this week at the Rotary International Convention in Atlanta, USA, and reaffirmed their commitment to eradicating polio by pledging US\$1.2 billion to end the disease. *[See above]*

:: Addressing Rotarians from around the world, Bill Gates, co-chair of the Bill & Melinda Gates Foundation, said: "People often ask me how I know the world is getting better. I usually point to numbers like this one: Because of efforts to eradicate polio by groups like Rotary International, more than 16 million people are walking today who would otherwise have been paralyzed. That's more than 16 million people who can walk to school. More than 16 million people who are better able to start a business or carry their child to bed. More than 16 million people who are living better lives, because a group of health care workers, volunteers, government leaders, and funders devoted themselves to fighting polio. Polio eradication is a testament to the compassion, generosity, and kindness of more than a million Rotarians around the world. You are the people who are making it possible to get to zero. And that will be something worth celebrating. Thank you." [More](#).

:: Newly-elected WHO Director-General Elect Dr Tedros Adhanom Ghebreyesus addressed the assembled Rotarians: "Today I speak to you as the Director-General Elect of the World Health Organization and as a Paul Harris Fellow with Rotary International. In both roles, the eradication of polio is close to my heart. Together we have achieved something phenomenal. Thanks to all of you, generations of children have grown up without ever experiencing polio. The end of polio is now in sight, but this is the most critical moment of covering the last mile. We must keep our eyes firmly on the final goal. Thank you for your commitment. Together, we will continue to make a difference".

:: Summary of newly-reported viruses this week: Afghanistan – one new wild poliovirus type 1 (WPV1) was isolated from a healthy household contact of an acute flaccid paralysis (AFP) case.

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WHO: Disease Outbreak News [DONs]

Circulating vaccine-derived poliovirus type 2 – Syrian Arab Republic

Disease outbreak news

13 June 2017

A circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak has been confirmed in the Deir Al Zour Governorate of the Syrian Arab Republic. There is evidence of genetic linkage among three isolates of type-2 vaccine-derived polioviruses (VDPV2) isolated in the stool specimens of two acute flaccid paralysis (AFP) cases with dates of onset of paralysis on 5 March and 6 May 2017, and the contact specimen of an AFP case collected on 17 April 2017. Al Mayadeen was also the epi-centre of the wild poliovirus type 1 (WPV1) outbreak in Syrian Arab Republic in 2013. Aggressive multi-country polio outbreak response effectively controlled the WPV1 outbreak and no WPV1 case has been reported in Syrian Arab Republic since 21 January 2014...

Circulating vaccine-derived poliovirus type 2 – Democratic Republic of the Congo

Disease outbreak news

13 June 2017

In the Democratic Republic of the Congo (DRC), two separate circulating vaccine-derived poliovirus type 2s (cVDPV2s) have been confirmed. The first cVDPV2 strain has been isolated from two acute flaccid paralysis (AFP) cases from two districts in Haut-Lomami province, with onset of paralysis on 20 February and 8 March 2017. The second cVDPV2 strain has been isolated from Maniema province, from two AFP cases (with onset of paralysis on 18 April and 8 May 2017) and a healthy contact in the community.

Public health response

The Ministry of Health, supported by WHO and partners of the Global Polio Eradication Initiative (GPEI), has completed a risk assessment, including evaluating population immunity and the risk of further spread.

Outbreak response plans are currently being finalized, consisting of strengthening surveillance, including active case searching for additional cases of AFP, and supplementary immunization activities (SIAs) with monovalent oral polio vaccine type 2 (mOPV2), in line with internationally-agreed outbreak response protocols.

Surveillance and immunization activities are being strengthened in neighbouring countries...

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Emergencies

[WHO Grade 3 Emergencies](#) [to 17 June 2017]

Iraq

:: Iraq: WHO and health authorities immediately investigate suspected cases of foodborne illness in Hassan Sham U2 camp

Baghdad, 13 June 2017 – The World Health Organization, in coordination with Erbil and Ninewa Directorates of Health, rapidly responded to a suspected foodborne illness outbreak in Hassan Sham U2 camp by conducting an investigation with the aim of identifying the source and cause of the outbreak, treating those who are ill as well as containing and preventing any spread.

The Syrian Arab Republic

:: WHO and health partners provide vital care to displaced people in northern Syria

13 June 2017-- Responding to evacuations and a growing number of displaced people in northern Syria, WHO and its health partners are providing life-saving medical care to thousands of families. In spring 2017, following discussions between the Government of the Syrian Arab Republic and other groups, families from formerly besieged areas of the country were evacuated to areas further north.

Yemen

:: Read the latest situation report on the cholera outbreak in Yemen, 27 April–12 June [pdf 1.27Mb]

:: Epidemiology bulletin 9, 27 April–14 June 2017

Nigeria - No new announcements identified.

South Sudan - No new announcements identified.

WHO Grade 2 Emergencies [to 17 June 2017]

Cameroon - No new announcements identified

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

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UN OCHA – L3 Emergencies

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

Iraq

:: Iraq: Mosul Humanitarian Response Situation Report No. 37 (5 to 11 June 2017)

...Humanitarian and protection needs remain severe, both among displaced families and vulnerable residents of newly accessible areas. While humanitarian partners continue to respond to the outflow of people providing emergency assistance – including shading, ready-to-eat meals, water, sanitation facilities, and medical and protection services – capacities are being stretched, and funding concerns are being reported in some areas, such as water, sanitation and hygiene (WASH) and health...

Syrian Arab Republic

:: 16 Jun 2017 Mobile clinics reach far-flung regions of Syria

Yemen

:: Key messages on cholera (12 June 2017)

Current situation

Yemen is in the grip of a fast spreading cholera outbreak of an unprecedented scale. As of 12 June, WHO reports a cumulative total of 124,002 suspected cases and 923 associated deaths. More than half of the suspected cholera cases have been reported from four governorates: Amanat Al Asimah, Hajjah, Amran and Al Hudeideh. *[These figures likely underrepresent the magnitude of the epidemic since only 45% of health facilities in Yemen are effectively functioning and surveillance systems, data collection and verification continues to be a challenge throughout the country. Although rapid test are available, only 2 labs (Sanaa and Aden) are 'authorised' to confirm suspected cases. On 14 May, the MoPHP declared a state of emergency in Sana'a governorate stating that the health system is unable to contain this unprecedented health and environmental disaster.]...*

...The risk of the epidemic spreading further and affecting thousands more is real as the health/wash systems are unable to cope. Congested urban centers where garbage remains uncollected and overcrowded IDP collective centers/ settlements with precarious sanitation are at high risk of contagion.

Malnourished children, malnourished pregnant women and people living with other chronic health conditions are now at greater risk of death as they face the “triple threat” of conflict, famine and cholera. Their vulnerability cannot be overstated...

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.

Somalia

:: Humanitarian Common Feedback Project for Accountability to Affected People & Communication with Communities in Somalia for Prevention of Famine, June 2017

Published on 16 Jun 2017

The humanitarian situation in Somalia continues to deteriorate and an elevated risk of famine persists in some parts of the country, only six years after the devastating 2011 famine led to the death of over a quarter million people, half of them children. Over 6.7 million people are now estimated to need humanitarian assistance. This is more than half of the population of Somalia.

Led by OCHA, the Common Feedback Project (CFP) was rolled out in March through the Drought Operations Coordination Centres as part of a collective approach to strengthening two-way consultations between relief workers and affected communities. Working with humanitarian partners, the CFP is collecting, collating and analysing feedback from multiple platforms to identify key themes and issues being raised by communities, particularly related to ongoing drought...

:: Somalia: Drought Response - Situation Report No. 12 (as of 13 June 2017)

Ethiopia

:: Ethiopia Weekly Humanitarian Bulletin, 12 June 2017

DRC (Kasai crisis) - No new announcements identified.

Nigeria - No new announcements identified.

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UNICEF [to 17 June 2017]

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

Children account for half of all suspected cholera cases in Yemen

SANA'A, 13 June 2017- "The cholera outbreak in Yemen continues to spread at an alarming speed. Over 124,000 cases have been recorded – almost half of them are children.

"Children continue to bear the brunt of the war in Yemen. Many who have become ill or have died from cholera were suffering from malnutrition. At least 923 people have died from the disease since late April. Children account for one quarter of the deaths.

"The cholera outbreak is overwhelming what remains of Yemen's conflict-battered health system. Hospitals and treatment centres are struggling to cope with the large number of patients coming in from across the country. Medicines and intravenous fluids are quickly running out.

"But despite these massive challenges, health workers have spared no effort in responding to the emergency - even when their salaries have not been paid for nearly nine months.

"Without an urgent solution to pay health workers, more children will die – no matter how much humanitarian aid is delivered to the country.

"With no end in sight to the conflict, the cholera outbreak – and potentially other disease will continue to stalk the lives of children."

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Unicef Steps In to Pay Yemen's Doctors as War and Cholera Rage

New York Times - JUNE 15, 2017

By RICK GLADSTONE

Desperate to halt the cholera crisis afflicting Yemen, Unicef has taken the unusual step of paying the country's doctors and nurses, who have not received salaries in months.

The regional director for Unicef, Geert Cappelaere, said on Thursday that Yemen's health workers are crucial to the effort to combat cholera and that they should not be expected to work for free.

Their normal pay has been disrupted by the civil war that has raged since March 2015 between the Saudi-backed government and the country's Houthi rebels and their allies.

Mr. Cappelaere said Unicef, the United Nations children's agency, started paying the health workers about four weeks ago. The agency is borrowing the money from an emergency fund to provide medical workers with about 70 percent of what they ordinarily would be paid. The money, which he described as daily stipends, has already amounted to millions of dollars.

"It's not a common practice at all," Mr. Cappelaere said in an interview. "That's also a practice I would not want to see sustained."

Still, Mr. Cappelaere said it was necessary because, "We're not going to let kids die." He described the cholera crisis ravaging Yemen as "really a massive, massive outbreak" the magnitude of which the country, the poorest in the Middle East, has never experienced...

Half of the country's health facilities have been destroyed or closed because of the war, which has left roughly 10,000 people dead and millions displaced.

The cholera crisis, Mr. Cappelaere said, "just comes on top of what already was an incredibly daunting situation."

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EBOLA/EVD [to 17 June 2017]

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

WHO AFRO

External Situation Report 24: 16 June 2017

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 15 June 2017, no new confirmed or probable cases were reported. Since the last situation update on 13 June, 9 alerts have been reported and investigated of which two fulfilled the case definition as a suspected case. Both of these suspected cases were from Ngayi. Samples were collected and both tested negative by PCR for EVD. Therefore there are currently a total of five confirmed and three probable cases....

Data modelling suggests that 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, 95% of simulated scenarios predict no further cases in the next 30 days.

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Editor's Note:

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

MERS-CoV [to 17 June 2017]

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

DONs- Disease Outbreak News

Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia

13 June 2017

Between 1 and 10 June 2017, the national IHR focal point of Saudi Arabia reported 35 additional cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection including three fatal cases and one death among previously reported cases (case number 5 in the Disease Outbreak News published on 6 June 2017)....

Zika virus [to 17 June 2017]

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

[No new digest content identified]

Yellow Fever [to 17 June 2017]

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

[No new digest content identified]

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WHO & Regional Offices [to 17 June 2017]

Bhutan, Maldives eliminate measles

13 June 2017 – Bhutan and Maldives have eliminated measles, a highly infectious disease that is a major childhood killer globally. The 2 countries are the first in the WHO South-East Asia Region to be verified for having interrupted endemic measles virus transmission, ahead of the 2020 regional target.

Abuse of older people on the rise – 1 in 6 affected

14 June 2017 – Around 1 in 6 older people experience some form of abuse, a figure higher than previously estimated and predicted to rise as populations age worldwide. Awareness about elder abuse, still largely a taboo topic, has started to increase across the world. It is defined as actions or lack of appropriate action which can cause harm or distress to an older person, occurring within any relationship where there is an expectation of trust.

Highlights

WHO and health authorities investigate suspected cases of foodborne illness in Hassan Sham U2 camp

June 2017 – WHO, in coordination with Iraq's Erbil and Ninewa Directorates of Health, rapidly responded to a suspected foodborne illness outbreak in Hassan Sham U2 camp by conducting an investigation with the aim of identifying the source and cause of the outbreak, treating those who are ill as well as containing and preventing any spread.

Weekly Epidemiological Record, 16 June 2017, vol. 92, 24 (pp. 333–344)

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333 Validation of maternal and neonatal tetanus elimination in Equatorial Guinea, 2016

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

No new digest content identified.

WHO Region of the Americas PAHO

:: Caribbean Regulatory System recommends its first generic drugs for sale in the region (06/12/2017)

:: Voluntary blood donors are increasing, but the numbers are not enough to ensure sufficient blood supplies (06/12/2017)

WHO South-East Asia Region SEARO

:: • Bhutan, Maldives eliminate measles 13 June 2017

WHO European Region EURO

:: Day 3 of Environment and Health Conference: Commitments to advance the agenda in Europe 16-06-2017

:: Day 2 of Environment and Health Conference: Addressing inequalities, good governance, rights and resilience 15-06-2017

:: Day 1 of Environment and Health Conference: Taking stock of the past to transform the future 14-06-2017

:: United Nations agencies urge Europe's action on 1.4 million annual deaths from polluted environments 13-06-2017

:: WHO and health partners provide vital care to displaced people in northern Syria 13-06-2017

WHO Eastern Mediterranean Region EMRO

:: King Salman Centre for Humanitarian Aid and Relief supports cholera response in Yemen 15 June 2017

:: WHO and health authorities immediately investigate suspected cases of foodborne illness in Hassan Sham U2 camp in Iraq

13 June 2017

:: WHO conducts EWARN evaluation protocol training workshop in Cairo 13 June 2017

WHO Western Pacific Region

:: Commonwealth of the Northern Mariana Islands achieves hepatitis B milestone

SAIPAN, 15 June 2017 — The Commonwealth of the Northern Mariana Islands – a stretch of 14 islands in the northwest Pacific – may be small, but it is scoring big goals in health. This island chain in political union with the United States of America has just been confirmed by the World Health Organization (WHO) as having reduced hepatitis B infection among children to less than 1%.

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CDC/ACIP [to 17 June 2017]

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

Press Release

Tuesday, June 15, 2017

Youth tobacco product use, including e-cigarettes, drops during 2015-2016

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Announcements

PATH [to 17 June 2017]

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

Announcement | June 15, 2017

Administration's budget devastating for the world's most vulnerable

New analysis from leading humanitarian, development and global health organizations calculates the devastating human costs of cuts to foreign assistance

[See Reports section below for full text]

Press release | June 12, 2017

United States and Vietnam launch oral HIV pre-exposure option to reduce new infections

Oral HIV pre-exposure prophylaxis (PrEP) is a powerful tool for HIV prevention, especially for those most at risk

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UNAIDS [to 17 June 2017]

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

Selected Press Releases & Updates

Update – 8 June 2017

Partners come together for gender-responsive change management

Partners from across the United Nations system came together on 30 May in UNAIDS headquarters in Geneva, Switzerland, to discuss how behavioural, institutional and cultural change can accelerate progress for gender equality.

In her keynote speech, Jan Beagle, Deputy Executive Director of UNAIDS, emphasized that if change management is undertaken in a gender-responsive manner, barriers to gender equality

in the workplace can be addressed and overcome. She shared the progress that UNAIDS has made in gender equality, including near gender parity among staff, 40% of UNAIDS country directors being female and 100% compliance with the performance indicators of the United Nations System-Wide Action Plan on Gender Equality and the Empowerment of Women. She also underlined the need to shift organizational cultures to empower staff everywhere. UNAIDS is taking gender out of isolation and mainstreaming equality and inclusion throughout the Secretariat...

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European Medicines Agency [to 17 June 2017]

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

16/06/2017

EMA Management Board: highlights of June 2017 meeting

*Focus on Brexit preparations and the development of the EU clinical trial portal and database ...
Entry into application of EU Clinical Trial Regulation postponed to 2019*

The Board discussed the progress made regarding the development of the EU clinical trial portal and database. Due to technical difficulties with the development of the IT systems, the portal's go-live date has to be postponed. EMA is working closely with its IT service provider to ensure that corrective measures are implemented and will closely monitor progress. The Board was informed about the mitigation measures taken and the revised plan from the developer. The Agency will provide an update at the next meeting of the Management Board in October 2017 where a new delivery time frame will be discussed once progress with development has been confirmed. Due to these delays, the EU Clinical Trial Regulation will now come into application in 2019 instead of October 2018, as previously scheduled.

EMA's priority is to ensure that a high quality and functional system is delivered to the EU regulatory network and its stakeholders.

The EU clinical trial portal and database supports the ambitious modernisation of the processes for authorisation and oversight of clinical trials in the EU laid down in the EU Clinical Trial Regulation. The system will provide a single portal for submission and maintenance of clinical trial applications and authorisations, and support coordinated assessment and supervision. The portal and database will also serve as the source of public information on the full lifecycle of all clinical trials conducted in the EU, from their initial review up to the publication of their results.

This is the most ambitious IT system required by the EU legislation in the last decade, involving a complete EU-wide system to be used for clinical trial applications, urgent safety measures and other notifications to regulators before, during and after the conduct of clinical trials.

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Wellcome Trust [to 17 June 2017]

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

News / Published: 17 June 2017

MBE for Beth Thompson in Queen's Birthday Honours

Beth Thompson, Wellcome's Head of Policy (UK and EU), has been awarded an MBE for her work on the EU Data Protection Regulation.

Jeremy Farrar, Wellcome's Director, says: "I am thrilled that Beth Thompson's outstanding leadership in policy has been recognised today in the Queen's Birthday Honours. Beth's determination to bring policy makers, researchers and patients together during negotiations about EU Data Protection Regulation resulted in a solution that allows vital cross-border research to take place while protecting individuals' privacy.

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Industry Watch

:: [Nearly One in Four New and Expectant Parents Have Never Heard of Invasive Pneumococcal Disease According to a New Survey](#)

Pfizer and Parents Magazine Team Up to Educate Parents About a Serious Disease That Can Put a Child's Life at Risk

June 13, 2017

NEW YORK--([BUSINESS WIRE](#))--Pfizer Inc. (NYSE:PFE), in partnership with Parents magazine (NYSE:MDP), announced today the results of a national survey of more than 2,000 new and expectant parents assessing their knowledge of childhood infectious diseases, such as measles, whooping cough and invasive pneumococcal disease (IPD), and the measures parents can take to help prevent them...

Conducted online by Harris Poll, the survey found that parents were least knowledgeable about IPD, when compared among 11 childhood illnesses. In fact, only three of every 10 (30%) parents of children under two years of age and expectant parents report they are knowledgeable about IPD.¹ Although IPD may be discussed in well-child visits, nearly one in four (23%) have never even heard of it, illustrating the need for more education.^{1,2} ...

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AERAS [to 17 June 2017]

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

No new digest content identified.

BMGF - Gates Foundation [to 17 June 2017]

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

No new digest content identified.

CEPI – Coalition for Epidemic Preparedness Innovations [to 17 June 2017]

<http://cepi.net/>

No new digest content identified.

EDCTP [to 17 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 Vaccine Initiative [to 17 June 2017]

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

No new digest content identified.

FDA [to 17 June 2017]

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

No new digest content identified.

Fondation Mérieux [to 17 June 2017]

<http://www.fondation-merieux.org/news>

No new digest content identified.

GHIT Fund [to 17 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.

Global Fund [to 17 June 2017]

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

No new digest content identified.

Hilleman Laboratories [to 17 June 2017]

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

Website not responding at inquiry

Human Vaccines Project [to 17 June 2017]

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

No new digest content identified.

IAVI – International AIDS Vaccine Initiative [to 17 June 2017]

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

No new digest content identified.

IVI [to 17 June 2017]

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

No new digest content identified.

MSF/Médecins Sans Frontières [to 17 June 2017]

<http://www.doctorswithoutborders.org/news-stories/press/press-releases>

No new digest content identified.

NIH [to 17 June 2017]

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

No new digest content identified.

Sabin Vaccine Institute [to 17 June 2017]

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

No new digest content identified.

BIO [to 17 June 2017]

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

No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 17 June 2017]

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

No new digest content identified

IFPMA [to 17 June 2017]

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

No new digest content identified.

PhRMA [to 17 June 2017]

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

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

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

[U.S] **Administration's budget devastating for the world's most vulnerable**

New analysis from leading humanitarian, development and global health organizations calculates the devastating human costs of cuts to foreign assistance

15 June 2017, Washington, DC—Leading American humanitarian, development and health organizations working around the globe have analyzed the Administration's proposed International Affairs budget for Fiscal Year 2018 (FY 2018) and have estimated that the impact of the proposed cuts would be devastating for the poorest and most vulnerable women, children, and families around the world, as well as for American interests. The organizations, including Bread for the World, Catholic Relief Services, CARE USA, the International Rescue Committee, InterAction, Mercy Corps, ONE Campaign, Oxfam, PATH, Save the Children, and World Vision strongly urge Congress to reject the President's foreign affairs budget request and maintain current funding of \$60 billion.

Congress is considering the FY 2018 budget and the nomination of Ambassador Mark Green to lead the U.S. Agency for International Development in the context of a daunting set of simultaneous and significant global challenges—including famine conditions that threaten the

lives of 30 million people, global displacement at an all-time high of 65 million, and more frequent infectious disease outbreaks.

Slashing foreign aid by nearly one-third would shirk America's longstanding bipartisan commitment to help the world's most vulnerable people, and would also put the health, security and prosperity of Americans at risk. The deep and disproportionate cuts proposed in the Administration's FY 2018 International Affairs budget request will have life and death consequences today, and will also undercut America's - and the world's - ability to address tomorrow's global threats.

Sterile statistics on paper are excruciating choices in practice for aid agencies and those we seek to serve in nearly every country around the world. If enacted, the Administration's FY 2018 budget proposal could result in:

 : A 50% cut to agricultural development and nutrition, which would in turn deprive 9 million children of life-saving nutrition interventions and treatments and abandon 5.25 million farmers working to feed their families;

 :: The complete elimination of (Title II) food aid and of food security programming- during a hunger crisis and famine constituting the most serious humanitarian crisis since World War II- removing access to life-saving food assistance and long-term food security programming from 30 million people;

 : A 45% cut to water and sanitation programs, resulting in over 2 million people losing access to drinkable water;

 :: A 53% cut to basic education programming - critical to the futures of millions caught in crisis around the world - including the total elimination of basic education funding in Djibouti, Liberia, Malawi, Mozambique, Rwanda, South Africa, Zambia, Burma, Cambodia, Laos, Ukraine, Tajikistan, Dominican Republic, Nicaragua, Peru, Barbados and Eastern Caribbean;

 :: A 44% cut to international disaster assistance, lessening the ability of USAID and partner agencies to reach tens of millions of vulnerable men, women and children with basic humanitarian aid, including over 3 million Yemenis and nearly 2 million Syrians;

 : An 18% cut to migration and refugee assistance, cutting off 3.5 million refugees and internally-displaced persons from basic assistance, leading to increased displacement and instability;

 :: A 17% cut to the Global Fund to Fight AIDS, TB and Malaria, resulting in the inability to prevent over 4 million new HIV, TB and malaria infections; an 11% cut to the President's Emergency Plan for AIDS relief (PEPFAR), resulting in over 77,000 AIDS-related deaths; and a 10% cut to the President's Malaria Initiative, putting an additional 40 million people at risk of contracting malaria;

 : A nearly 8% cut to maternal, newborn, and child health funding, which would result in more than 30,000 deaths of mothers and children each year;

Zero funding for the USAID Emergency Reserve Fund and a 14% cut to core global health security programs at the Centers for Disease Control that would increase the likelihood of a global pandemic which is capable of claiming twice as many American lives as the total number of US battlefield fatalities since 1776;

 : A 55% cut to gender programs, which would prevent nearly 2 million girls from receiving an education.

In addition to the moral defeat inherent in abandoning millions who rely on lifesaving US assistance around the world, this analysis shows that the impact of these cuts to global

humanitarian and development assistance as laid out in the Administration's budget request, if enacted, would be swift, devastating, and felt for years to come, imperiling millions of lives and the course of global development, stability, and partnership. The U.S. FY 2018 International Affairs budget should match the scale and nature of the global challenges facing America, and reflect the U.S. government's longstanding bipartisan commitment to shared responsibility and the safeguarding of its own vital interests.

Editor's Note: The NGOs were listed as involved in the analysis above:

BREAD FOR THE WORLD

CRS

CARE

IRC

INTERACTION

MERCY CORPS

ONE CAMPAIGN

OXFAM

PATH

SAVE THE CHILDREN

WORLD VISION

* * * *

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>
[Reviewed earlier]

Annals of Internal Medicine
6 June 2017 Vol: 166, Issue 11
<http://annals.org/aim/issue>
[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation
<http://resource-allocation.biomedcentral.com/>
(Accessed 17 June 2017)
Research
[**Cost-effectiveness analysis of the diarrhea alleviation through zinc and oral rehydration therapy \(DAZT\) program in rural Gujarat India: an application of the net-benefit regression framework**](#)
This study evaluates the cost-effectiveness of the DAZT program for scaling up treatment of acute child diarrhea in Gujarat India using a net-benefit regression framework.
Samuel D. Shillcutt, Amnesty E. LeFevre, Christa L. Fischer-Walker, Sunita Taneja, Robert E. Black and Sarmila Mazumder
Published on: 8 June 2017

BMJ Global Health
January 2017; volume 2, issue 1
<http://gh.bmjjournals.org/content/2/1?current-issue=y>
[Reviewed earlier]

BMC Health Services Research
<http://www.biomedcentral.com/bmchealthservres/content>
(Accessed 17 June 2017)
[No new digest content identified]

BMC Infectious Diseases
<http://www.biomedcentral.com/bmcinfectdis/content>
(Accessed 17 June 2017)
Research article

Assessing the knowledge of expectant mothers on mother-to-child transmission of viral hepatitis B in Upper West region of Ghana

Viral Hepatitis B is of a major public health concern globally, especially in developing countries. Expectant mothers' knowledge of Mother-To-Child Transmission (MTCT) of the disease is significant in preventi...

Frederick Dun-Dery, Martin Nyaaba Adokiya, Williams Walana, Ernestina Yirkyio and Juventus B. Ziem

BMC Infectious Diseases 2017 17:416

Published on: 12 June 2017

BMC Medical Ethics

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

(Accessed 17 June 2017)

[No new digest content identified]

BMC Medicine

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

(Accessed 17 June 2017)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 17 June 2017)

[No new digest content identified]

BMC Public Health

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

(Accessed 17 June 2017)

Research article

How to select a proper early warning threshold to detect infectious disease outbreaks based on the China infectious disease automated alert and response system (CIDARS)

China Centre for Diseases Control and Prevention (CDC) developed the China Infectious Disease Automated Alert and Response System (CIDARS) in 2005. The CIDARS was used to strengthen infectious disease surveill...

Ruiping Wang, Yonggen Jiang, Engelgau Michael and Genming Zhao

BMC Public Health 2017 17:570

Published on: 12 June 2017

BMC Research Notes

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

(Accessed 17 June 2017)

[No new digest content identified]

BMJ Open

June 2017 - Volume 7 - 6

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

[Reviewed earlier]

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

June 2017 Volume 39, Issue 6, p1077-1270

[http://www.clinicaltherapeutics.com/issue/S0149-2918\(17\)X0006-4](http://www.clinicaltherapeutics.com/issue/S0149-2918(17)X0006-4)

[New issue; No digest content identified]

Complexity

November/December 2016 Volume 21, Issue S2 Pages 1–642

<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.S2/issuetoc>

[Reviewed earlier]

Conflict and Health

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

[Accessed 17 June 2017]

[No new digest content identified]

Contemporary Clinical Trials

Volume 57, Pages 1-100 (June 2017)

<http://www.sciencedirect.com/science/journal/15517144/57>

Clinical Trial Results

Public access to clinical trials: Lessons from an organizational implementation of policy

Pages 87-89

Grant D. Huang, Jane K. Altemose, Timothy J. O'Leary

Abstract

Efforts to make clinical trials and their results more publicly available have been increasing in recent years. However, there is a need to better understand ways to achieve these goals aimed at benefiting a diverse set of stakeholders. Since 2005, the U.S. Department of Veterans Affairs Office of Research and Development (ORD), part of the nation's largest integrated health care system, has required the clinical trials its funds to be registered in ClinicalTrials.gov as a condition of the award. Furthermore, summary results of studies active since 2007 have been included in the registry. This paper highlights ORD activities, challenges and lessons at investigator, study, and organizational levels. Key factors in ORD's approach include: a mission-oriented approach; leadership support; a working group for organizational policies and practices; prioritizing communication; and recognizing the needs of investigators. Making clinical trials available to the public should represent a focal point for groups desiring to maximize the contributions from such research. The ability to do so must involve a commitment by sponsors and a critical evaluation of the reasons, requirements and resources at multiple levels.

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 4

<http://www.tandfonline.com/toc/cdip20/current>

[New issue; No digest content identified]

Disasters

July 2017 Volume 41, Issue 3 Pages 427–627

<http://onlinelibrary.wiley.com/doi/10.1111/dis.2017.41.issue-3/issuetoc>

[New issue; No digest content identified]

EMBO Reports

01 June 2017; volume 18, issue 6

<http://embor.embopress.org/content/18/6?current-issue=y>

[Reviewed earlier]

Emerging Infectious Diseases

Volume 23, Number 6—June 2017

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

[Reviewed earlier]

Epidemics

Volume 19, Pages 1-84 (June 2017)

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

Regular Articles

[Estimation of age-specific rates of reactivation and immune boosting of the varicella zoster virus](#)

Original Research Article

Pages 1-12

Isabella Marinelli, Alies van Lier, Hester de Melker, Andrea Pugliese, Michiel van Boven

Abstract

Studies into the impact of vaccination against the varicella zoster virus (VZV) have increasingly focused on herpes zoster (HZ), which is believed to be increasing in vaccinated populations with decreasing infection pressure. This idea can be traced back to Hope-Simpson's hypothesis, in which a person's immune status determines the likelihood that he/she will develop HZ.

Immunity decreases over time, and can be boosted by contact with a person experiencing varicella (exogenous boosting) or by a reactivation attempt of the virus (endogenous boosting). Here we use transmission models to estimate age-specific rates of reactivation and immune boosting, exogenous as well as endogenous, using zoster incidence data from the Netherlands (2002–2011, n = 7026). The boosting and reactivation rates are estimated with splines, enabling these quantities to be optimally informed by the data. The analyses show that models with high levels of exogenous boosting and estimated or zero endogenous boosting, constant rate of loss of immunity, and reactivation rate increasing with age (to more than 5% per year in the elderly) give the best fit to the data. Estimates of the rates of immune boosting and reactivation are strongly correlated. This has important implications as these parameters determine the fraction of the population with waned immunity. We conclude that independent evidence on rates of immune boosting and reactivation in persons with waned immunity are needed to robustly predict the impact of varicella vaccination on the incidence of HZ.

[Defining epidemics in computer simulation models: How do definitions influence conclusions?](#)

Original Research Article

Pages 24-32

Carolyn Orbann, Lisa Sattenspiel, Erin Miller, Jessica Dimka

Abstract

Computer models have proven to be useful tools in studying epidemic disease in human populations. Such models are being used by a broader base of researchers, and it has become more important to ensure that descriptions of model construction and data analyses are clear and communicate important features of model structure. Papers describing computer models of infectious disease often lack a clear description of how the data are aggregated and whether or

not non-epidemic runs are excluded from analyses. Given that there is no concrete quantitative definition of what constitutes an epidemic within the public health literature, each modeler must decide on a strategy for identifying epidemics during simulation runs. Here, an SEIR model was used to test the effects of how varying the cutoff for considering a run an epidemic changes potential interpretations of simulation outcomes. Varying the cutoff from 0% to 15% of the model population ever infected with the illness generated significant differences in numbers of dead and timing variables. These results are important for those who use models to form public health policy, in which questions of timing or implementation of interventions might be answered using findings from computer simulation models.

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>

[Reviewed earlier]

Globalization and Health

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

[Accessed 17 June 2017]

Research

[Sub-national assessment of aid effectiveness: A case study of post-conflict districts in Uganda](#)

In post-conflict settings, many state and non-state actors interact at the sub-national levels in rebuilding health systems by providing funds, delivering vital interventions and building capacity of local gov...

Freddie Ssengooba, Justine Namakula, Vincent Kawooya and Suzanne Fustukian

Globalization and Health 2017 13:32

Published on: 13 June 2017

Health Affairs

June 2017; Volume 36, Issue 6

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

Issue Focus: Pursuing Health Equity

[Reviewed earlier]

Health and Human Rights

Volume 19, Issue 1, June 2017

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

[Reviewed earlier]

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 17 June 2017]

[No new digest content identified]

Humanitarian Exchange Magazine

<http://odihpn.org/magazine/the-humanitarian-consequences-of-violence-in-central-america/>

Number 69 June 2017

[Reviewed earlier]

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 17 June 2017]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 17 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>

[Reviewed earlier]

International Journal of Infectious Diseases

June 2017 Volume 59, p1-156

[http://www.ijidonline.com/issue/S1201-9712\(17\)X0006-4](http://www.ijidonline.com/issue/S1201-9712(17)X0006-4)

[Reviewed earlier]

JAMA

June 13, 2017, Vol 317, No. 22, Pages 2251-2344

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

[New issue; No digest content identified]

JAMA Pediatrics

June 2017, Vol 171, No. 6, Pages 501-608

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

[Reviewed earlier]

JBI Database of Systematic Review and Implementation Reports

May 2017 - Volume 15 - Issue 5

<http://journals.lww.com/jbisir/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.bmjjournals.org/content/current>

[Reviewed earlier]

Journal of Global Ethics

Volume 13, Issue 1, 2016

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

[Reviewed earlier]

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

Volume 28, Number 2 Supplement, May 2017

<https://muse.jhu.edu/journal/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>

[Reviewed earlier]

Journal of Medical Ethics

June 2017 - Volume 43 - 6

<http://jme.bmjjournals.org/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://jopids.oxfordjournals.org/content/current>

[Reviewed earlier]

Journal of Pediatrics

June 2017 Volume 185, p1-258

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

[Reviewed earlier]

Journal of Public Health Policy

Volume 38, Issue 2, May 2017

<https://link.springer.com/journal/41271/38/2/page/1>

[Reviewed earlier]

Journal of the Royal Society – Interface

01 June 2017; volume 14, issue 131

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

[Reviewed earlier]

Journal of Travel Medicine

Volume 24, Issue 2, March/April 2017

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

[Reviewed earlier]

Journal of Virology

June 2017, volume 91, issue 12

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

[Reviewed earlier]

The Lancet

Jun 17, 2017 Volume 389 Number 10087 p2349-2442 e15

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

Comment

[A global research agenda on migration, mobility, and health](#)

Johanna Hanefeld, Johanna Hanefeld, Jo Vearey, Neil Lunton behalf of the
Researchers on Migration, Mobility and Health Group

Summary

With 1 billion people on the move globally—more than 244 million of whom have crossed international borders¹—and a recognised need to strengthen efforts towards universal health coverage,² developing a better understanding of how to respond to the complex interactions between migration, mobility, and health is vital. At the 2nd Global Consultation on Migrant Health in Sri Lanka earlier this year, a group of global experts in health and migration discussed the progress and shortfalls in attaining the actions set out in the 2008 World Health Assembly (WHA) Resolution on the Health of Migrants.

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/>

[Reviewed earlier]

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>

[Reviewed earlier]

Medical Decision Making (MDM)

Volume 37, Issue 5, July 2017

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

[Reviewed earlier]

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>

[Reviewed earlier]

Nature

Volume 546 Number 7658 pp327-446 15 June 2017

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

Letters

Genomic epidemiology reveals multiple introductions of Zika virus into the United States

Nathan D. Grubaugh, Jason T. Ladner, Moritz U. G. Kraemer, Gytis Dudas, Amanda L. Tan
+ et al.

Genome sequencing of Zika virus samples from infected patients and Aedes aegypti mosquitoes in Florida shows that the virus was probably introduced into the United States on multiple occasions, and that the Caribbean is the most likely source.

Establishment and cryptic transmission of Zika virus in Brazil and the Americas

N. R. Faria, J. Quick, I.M. Claro, J. Thézé, J. G. de Jesus
+ et al.

Virus genomes reveal the establishment of Zika virus in Brazil and the Americas, and provide an appropriate timeframe for baseline (pre-Zika) microcephaly in different regions.

Zika virus evolution and spread in the Americas

Hayden C. Metsky, Christian B. Matranga, Shirlee Wohl, Stephen F. Schaffner, Catherine A. Freije+ et al.

One hundred and ten Zika virus genomes from ten countries and territories involved in the Zika virus epidemic reveal rapid expansion of the epidemic within Brazil and multiple introductions to other regions.

Nature Medicine

June 2017, Volume 23 No 6 pp645-788

<http://www.nature.com/nm/journal/v23/n6/index.html>

[Reviewed earlier]

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 15, 2017 Vol. 376 No. 24

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

[New issue: No digest content identified]

Pediatrics

June 2017, VOLUME 139 / ISSUE 6

<http://pediatrics.aappublications.org/content/139/6?current-issue=y>

[Reviewed earlier]

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>

[Reviewed earlier]

PLOS Currents: Disasters

<http://currents.plos.org/disasters/>
[Accessed 17 June 2017]
[No new digest content identified]

PLoS Currents: Outbreaks
<http://currents.plos.org/outbreaks/>
[Accessed 17 June 2017]
[No new digest content identified]

PLoS Medicine
<http://www.plosmedicine.org/>
(Accessed 17 June 2017)
[No new digest content identified]

PLoS Neglected Tropical Diseases
<http://www.plosncts.org/>
(Accessed 17 June 2017)
[No new digest content identified]

PLoS One
<http://www.plosone.org/>
[Accessed 17 June 2017]
Research Article
[**Protecting an island nation from extreme pandemic threats: Proof-of-concept around border closure as an intervention**](#)
Matt Boyd, Michael G. Baker, Osman D. Mansoor, Giorgi Kvizhinadze, Nick Wilson
| published 16 Jun 2017 PLOS ONE
<https://doi.org/10.1371/journal.pone.0178732>

Research Article
[**Increasing prevalence of infectious diseases in asylum seekers at a tertiary care hospital in Switzerland**](#)
he increasing number of refugees seeking asylum in Europe in recent years poses new challenges for the healthcare systems in the destination countries. The goal of the study was to describe the evolution of medical problems of asylum seekers at a tertiary care centre in Switzerland.

Constantine Bloch-Infanger, Veronika Bättig, Jürg Kremer, Andreas F. Widmer, Adrian Egli, Roland Bingisser, Manuel Battegay, Stefan Erb
| published 15 Jun 2017 PLOS ONE
<https://doi.org/10.1371/journal.pone.0179537>

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

[Accessed 17 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 17 June 2017]
[No new digest content identified]

Prehospital & Disaster Medicine

Volume 32 - Issue 3 - June 2017

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

[Experiences of Ebola Survivors: Causes of Distress and Sources of Resilience](#)

Patricia M. Schwerdtle, Veronique De Clerck, Virginia Plummer

DOI: <https://doi.org/10.1017/S1049023X17000073>

Published online: 20 February 2017, pp. 234-239

Abstract

An appreciation of the experience of Ebola survivors is critical for community engagement and an effective outbreak response. Few qualitative, descriptive studies have been conducted to date that concentrate on the voices of Ebola survivors.

This study aimed to explore the experiences of Ebola survivors following the West African epidemic of 2014.

An interpretive, qualitative design was selected using semi-structured interviews as the method of data collection. Data were collected in August 2015 by Médecins Sans Frontières (MSF) Belgium, for the purposes of internal evaluation. Data collection occurred at three sites in Liberia and Sierra Leone and involved 25 participants who had recovered from Ebola. Verbal consent was obtained, audio recordings were de-identified, and ethics approval was provided by Monash University (Melbourne, Australia).

Two major themes emerged from the study: "causes of distress" and "sources of resilience." Two further sub-themes were identified from each major theme: the "multiplicity of death," "abandonment," "self and community protection and care," and "coping resources and activities." The two major themes were dominant across all three sample groups, though each survivor experienced infection, treatment, and recovery differently.

By identifying and mobilizing the inherent capacity of communities and acknowledging the importance of incorporating the social model of health into culturally competent outbreak responses, there is an opportunity to transcend the victimization effect of Ebola and empower communities, ultimately strengthening the response.

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 17 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

May 2017 Volume 37, Issue 5 Pages 845–1038

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2017.37.issue-5/issuetoc>

[New issue; No digest content identified]

Risk Management and Healthcare Policy

Volume 10, 2017

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

[Reviewed earlier]

Science

16 June 2017 Vol 356, Issue 6343

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

[New issue; No digest content identified]

Science Translational Medicine

14 June 2017 Vol 9, Issue 394

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

[New issue; No digest content identified]

Social Science & Medicine

Volume 180, Pages 1-196 (May 2017)

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

[Reviewed earlier]

Travel Medicine and Infectious Diseases

March-April, 2017 - Volume 16

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

[Reviewed earlier]

Tropical Medicine & International Health

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 30, Pages 3691-3796 (27 June 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/30>

Regular papers

The effect of timing of influenza vaccination and sample collection on antibody titers and responses in the aged

Original Research Article

Pages 3700-3708

Raj K. Kurupati, Andrew Kossenkov, Senthil Kannan, Larissa H. Haut, Susan Doyle, Xiangfan Yin, Kenneth E. Schmader, Qin Liu, Louise Showe, Hildegund C.J. Ertl

Abstract

Antibody responses, B cell subset distribution in blood and the blood transcriptome were analyzed in younger and aged human subjects before and after vaccination with the inactivated influenza vaccine. In the aged, but not the younger, individuals we saw a clear difference in antibody titers including those at baseline depending on the time of vaccination and sample collection. Differences in baseline titers in aged individuals treated in the morning or afternoon

in turn affected responsiveness to the vaccine. In both younger and aged individuals, the time of sample collection also affected relative numbers of some of the B cell subsets in blood. A global gene expression analysis with whole blood samples from the aged showed small but statistically significant differences depending on the time of sample collection. Our data do not indicate that timing of vaccination affects immune responsiveness of the aged, but rather shows that in clinical influenza vaccine trials timing of collection of samples can have a major and potentially misleading influence on study outcome. In future vaccine trials, timing of vaccination and sample collection should be recorded carefully to allow for its use as a study covariant.

Factors associated with parental acceptance of seasonal influenza vaccination for their children – A telephone survey in the adult population in Germany

Original Research Article

Pages 3789-3796

Lena Boes, Birte Boedeker, Patrick Schmich, Matthias Wetzstein, Ole Wichmann, Cornelius Remschmidt

Abstract

Introduction

Influenza vaccination of children with underlying chronic diseases is currently recommended in Germany, but targeting all children constitutes an alternative approach to control seasonal influenza. To inform the modelling of vaccination impact and possible communication activities, we aimed to assess among parents the acceptance of universal childhood vaccination against seasonal influenza and possible modifiers.

Methods

We conducted a telephone survey in households in Germany using random digit dialing. We interviewed parents with children aged <18 years by constructing three hypothetical scenarios in subsequent order: (1) hearing about the influenza vaccination recommendation through the media, (2) the vaccine being recommended by a physician, and (3) being informed about the availability of the vaccine as a nasal spray. We calculated the proportion of parents who would immunize their child and used univariable and multivariable logistic regression to identify factors associated with influenza vaccination intention.

Results

Response was between 22 and 46%. Of 518 participants, 74% were female, mean age was 41.3 years. Participants had on average 1.6 children with a mean age of 8.9 years. In scenario 1, 52% of parents would immunize their child, compared to 64% in scenario 2 ($p<0.01$) and to 45% in scenario 3 ($p=0.20$). Factors independently associated with vaccination acceptance in scenario 1 were previous influenza vaccination of the child or parent (adjusted odds ratio [aOR] 4.5 and 8.6, respectively), perceived severity of influenza (aOR=5.1) and living in eastern Germany (aOR=2.4).

Conclusion

If seasonal influenza vaccination was recommended for all children, more than half of the parents would potentially agree to immunize their child. Involving physicians in future information campaigns is essential to achieve high uptake. As intranasal vaccine administration is non-invasive and easily done, it remains unclear why scenario 3 was associated with low acceptance among parents, and the underlying reasons should be further explored.

Vaccine: Development and Therapy

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

(Accessed 17 June 2017)

[No new content]

Vaccines — Open Access Journal

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

(Accessed 17 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]

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

BMJ Open

Volume 7, Issue 6 2017

Health economics

Research

[**A systematic review of economic evaluations of seasonal influenza vaccination for the elderly population in the European Union**](#)

GE Shields, J Elvidge, LM Davies

Abstract

Objectives The Council of the European Union (EU) has recommended that action should be taken to increase influenza vaccination in the elderly population. The aims were to systematically review and critically appraise economic evaluations for influenza vaccination in the elderly population in the EU.

Methods Electronic searches of the NHS Economic Evaluation, Health Technology Assessment, MEDLINE and Embase databases were run to identify full economic evaluations. Two levels of screening were used, with explicit inclusion criteria applied by two independent reviewers at each stage. Prespecified data extraction and critical appraisal were performed on identified studies. Results were summarised qualitatively.

Results Of the 326 search results, screening identified eight relevant studies. Results varied widely, with the incremental cost-effectiveness ratio ranging from being both more effective and cheaper than no intervention to costing €4 59 350 per life-year gained. Cost-effectiveness was most sensitive to variations in influenza strain, vaccination type and strategy, population and modelling characteristics.

Conclusions Most studies suggest that vaccination is cost-effective (seven of eight studies identified at least one cost-effective scenario). All but one study used economic models to synthesise data from different sources. The results are uncertain due to the methods used and the relevance and robustness of the data used. Sensitivity analysis to explore these aspects was limited. Integrated, controlled prospective clinical and economic evaluations and surveillance

data are needed to improve the evidence base. This would allow more advanced modelling techniques to characterise the epidemiology of influenza more accurately and improve the robustness of cost-effectiveness estimates.

Expert Review of Pharmacoeconomics & Outcomes Research

Latest Articles

Review

A systematic review of the health economic consequences of quadrivalent influenza vaccination

P.T. de Boer, B.M. van Maanen, Oliver Damm, Bernhard Ultsch, Franklin C.K. Dolk, Pascal Crépey, Richard Pitman, J.C. Wilschut & M.J. Postma <http://orcid.org/0000-0002-6306-3653>

This is the author accepted version which has not been proofed or edited

Abstract

Background: Quadrivalent influenza vaccines (QIVs) contain antigens derived from an additional influenza type B virus as compared with currently used trivalent influenza vaccines (TIVs). This should overcome a potential reduced vaccine protection due to mismatches between TIV and circulating B viruses. In this study, we systematically reviewed the available literature on health economic evaluations of switching from TIV to QIV.

Areas Covered: The databases of Medline and Embase were searched systematically to identify health economic evaluations of QIV versus TIV published before September 2016. A total of sixteen studies were included, thirteen cost-effectiveness analyses and three cost-comparisons.

Expert commentary: Published evidence on the cost-effectiveness of QIV suggests that switching from TIV to QIV would be a valuable intervention from both the public health and economic viewpoint. However, more research seems mandatory. Our main recommendations for future research include: 1) more extensive use of dynamic models in order to estimate the full impact of QIV on influenza transmission including indirect effects, 2) improved availability of data on disease outcomes and costs related to influenza type B viruses, and 3) more research on immunogenicity of natural influenza infection and vaccination, with emphasis on cross-reactivity between different influenza B viruses and duration of protection.

ASCO Annual Meeting 2017 - Paper

Prevention of HPV-Related Cancers: A Case for Global Equity and Local Action

June 2, 2017

By Cosette M. Wheeler, PhD; Isabel C. Scarinci, PhD, MPH; Silvia de Sanjosé, MD, PhD; and Silvina Arrossi, PhD

Article Highlights

HPV causes virtually all cervical cancer, with 87% of deaths occurring in low- and middle-income countries. HPV vaccines can dramatically reduce HPV-related cancer incidence, and international efforts are underway to promote HPV vaccination.

The structure and strength of local health care systems and infrastructure for vaccine delivery are key to HPV vaccine implementation, and approaches may require adaptations to existing delivery settings to provide effective vaccination programs.

Given that health care provider recommendation is the strongest predictor of HPV vaccination,³⁶⁻³⁹ providers in the United States have a prime opportunity to promote HPV vaccination by pairing HPV vaccination with required vaccinations, such as tetanus-diphtheria-acellular pertussis (Tdap) and meningococcal vaccinations.³⁶⁻³⁹

Although HPV vaccination is the primary tool in our fight to eliminate cervical and other HPV-related cancers, it does not replace cervical cancer screening, including screening of women who have received HPV vaccination or who are already infected with high-risk HPV.

JAIDS Journal of Acquired Immune Deficiency Syndromes

1 July 2017 - Volume 75 - Issue - p S370–S374

Increasing Human Papillomavirus Vaccine Coverage Among Men Who Have Sex With Men—National HIV Behavioral Surveillance, United States, 2014

SE Oliver, BE Hoots, G Paz-Bailey, LE Markowitz... -

Abstract

Background: Human papillomavirus (HPV) can cause oropharyngeal and anogenital cancers among men who have sex with men (MSM). In 2011, the Advisory Committee on Immunization Practices (ACIP) extended HPV vaccine recommendations to males through age 21 and MSM through age 26. Because of this distinction, vaccination for some MSM might rely on sexual behavior disclosure to health care providers. Receipt of ≥ 1 HPV vaccination among MSM aged 18–26 in National HIV Behavioral Surveillance (NHBS) was 4.9% in 2011. We evaluated HPV vaccine coverage and associated factors among MSM in 2014.

Setting: Twenty US metropolitan statistical areas in 2014.

Methods: Coverage was calculated as percentage of MSM self-reporting ≥ 1 HPV vaccination.

Adjusted prevalence ratios were calculated from Poisson regression models to estimate associations of demographic and behavioral characteristics with HPV vaccination.

Results: Among 2892 MSM aged 18–26 years, HPV vaccine coverage was 17.2%. Overall, 2326 (80.4%) reported a health care visit within 12 months, and 2095 (72.4%) disclosed MSM attraction or behavior to a health care provider. Factors associated with vaccination included self-reported HIV infection; having a health care visit within 12 months, health insurance, or a usual place of care; and disclosing MSM attraction or behavior to a health care provider.

Conclusions: Since the 2011 recommendation for vaccination of males, HPV vaccine coverage among MSM increased, but remains low. Most MSM reported a recent health care visit and disclosed sexual behavior, indicating opportunities for vaccination. Potential strategies for increasing MSM coverage include improving access to recommended care, and offering education for providers and patients

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Media/Policy Watch

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

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where

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

The Atlantic

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

Accessed 17 June 2017

[No new, unique, relevant content]

BBC

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

Accessed 17 June 2017

14 Jun 2017

[**DR Congo polio outbreak 'from poor vaccine coverage'**](#)

14 Jun 2017

[**Drone vaccine delivery trial for island nation Vanuatu**](#)

Lifesaving vaccines in the island nation of Vanuatu will soon be delivered to remote areas by drone.

A partnership between the government and the United Nations children's fund (Unicef) will see a trial on drone medical delivery next year...

Vanuatu's director general at the ministry of health said the test was a milestone for the small island nation.

"If the trial shows that vaccine delivery using drones can work, and that it can be integrated into our existing national and provincial systems, then it will change the way we operate forever," George Taleo said.

Unicef said: "Ensuring vaccines are consistently available in isolated and remote communities is one of the keys to sustaining high rates of immunisation."...

The Economist

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

Accessed 17 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 17 June 2017

[**Gates Foundation And Rotary Pledge Additional \\$450 Million To End Polio**](#)

Michela Tindera, Forbes Staff

As the world inches closer toward eradicating polio, the Bill & Melinda Gates Foundation and service organization Rotary will spend nearly half a billion dollars in an effort to eliminate the disease over the next three years.

Foreign Affairs

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

Accessed 17 June 2017

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 17 June 2017

[No new, unique, relevant content]

The Guardian

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

Accessed 17 June 2017

[No new, unique, relevant content]

New Yorker

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

Accessed 17 June 2017

[No new, unique, relevant content]

New York Times

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

Accessed 17 June 2017

UN: Trucks Readied to Send Polio Vaccine for IS-Held Syria

June 15, 2017 - By THE ASSOCIATED PRESS

GENEVA — A U.N. humanitarian aid adviser for Syria says trucks are being prepared to ship polio vaccine into Islamic State group-held areas of Deir el-Zour governorate following confirmation of a "very dangerous" outbreak ...

Wall Street Journal

http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us

Accessed 17 June 2017

[No new, unique, relevant content]

Washington Post

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

Accessed 17 June 2017

The World Health Organization just picked a new leader. These are the challenges he faces.

15 June 2017

... Tedros may be in the impossible position of trying to satisfy too many demands with not nearly enough money. He and WHO will once again be tested. In his first news conference after his victory, Tedros suggested that he wanted to diversify the financial base of support of WHO by tapping other organizations such as the vaccine alliance GAVI, and by emulating UNICEF, which raises funds via high-profile Halloween collection boxes and sponsorship from the international soccer club Barcelona...

Think Tanks et al

Brookings

<http://www.brookings.edu/>
Accessed 17 June 2017
[No new relevant content]

Center for Global Development
<http://www.cgdev.org/page/press-center>
Accessed 17 June 2017
[No new relevant content]

Council on Foreign Relations
<http://www.cfr.org/>
Accessed 17 June 2017
[No new relevant content]

CSIS
<https://www.csis.org/>
Blog Post
[**GPEI's Funding Decline Among Tedros' Top Challenges as WHO Director-General**](#)
June 9, 2017 | By Nellie Bristol

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

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

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

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