



Vaccines and Global Health: The Week in Review
24 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.*

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Request an email version: *Vaccines and Global Health: The Week in Review is published as a single email summary, scheduled for release each Saturday evening before midnight (EST/U.S.). If you would like to receive the email version, please send your request to david.r.curry@centerforvaccineethicsandpolicy.org.*

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Milestones :: Perspectives

Editor's Note

Some observers suggest we are already in a "post-truth era." We observe that the judgement by the Court of Justice of the European Union suggests it might better be termed the "post-evidence era." I was reminded of an undergraduate logic course [from many decades ago before the post-truth era] and one of the first fallacies we engaged: "post hoc, ergo propter hoc" [after this, therefore because of this]. We will monitor and report on any balanced legal/policy analysis of this judgement and its implications for vaccine injury litigation.

Court of Justice of the European Union

PRESS RELEASE No 66/2017

Luxembourg, 21 June 2017 Judgment in Case C-621/15

N. W and Others v Sanofi Pasteur MSD and Others

Where there is a lack of scientific consensus, the proof of the defect of the vaccine and of a causal link between the defect and the damage suffered may be made out by serious, specific and consistent evidence

[Full text, Editor's text bolding]

The temporal proximity between the administering of a vaccine and the occurrence of a disease, the lack of personal and familial history of the person vaccinated and the existence of a significant number of reported cases of the disease occurring following such vaccines being administered may, where applicable, constitute sufficient evidence to make out such proof

Between the end of 1998 and the middle of 1999 Mr J. W was vaccinated against hepatitis B using a vaccine produced by Sanofi Pasteur. In August 1999, Mr W began to present with various troubles, which led to a diagnosis of multiple sclerosis in November 2000. Mr W died in 2011. Earlier, in 2006, he and his family had brought legal proceedings against Sanofi Pasteur to obtain compensation for the damage they claim Mr W suffered due to the vaccine.

The case was sent before the cour d'appel de Paris (Court of Appeal, Paris, France), which observed, inter alia, that there was no scientific consensus supporting a causal relationship between the vaccination against hepatitis B and the occurrence of multiple sclerosis. It held that no such causal link had been demonstrated and dismissed the action.

The French Cour de cassation (Court of Cassation), before which an appeal against the judgment of the Cour d'appel de Paris was brought, asks the Court of Justice whether, despite there being no scientific consensus and given that, under the EU directive on liability for defective products, [1] the injured person is required to prove the damage, the defect and the causal relationship, the court may base itself on serious, specific and consistent evidence enabling it to conclude that there is a causal link between the defect in a vaccine and that there is a causal link between the vaccine and the disease. Reference has been made in particular to Mr W's previous excellent state of health, the lack of family antecedents and the close temporal connection between the vaccination and the appearance of the disease.

In today's judgment, the Court holds that evidentiary rules allowing the court, where there is not certain and irrefutable evidence, to conclude that there is a defect in a vaccine and a causal link between the defect and a disease on the basis of a set of evidence the seriousness, specificity and consistency of which allows it to consider, with a sufficiently high degree of probability, that such a conclusion corresponds to the reality of the situation, are compatible with the Directive.

Such evidentiary rules do not bring about a reversal of the burden of proof which it is for the victim to discharge, since that system places the burden on the victim to prove the various elements of his case which, taken together, will provide the court hearing the case with a basis for its conclusion as to the existence of a defect in the vaccine and a causal link between that defect and the damage suffered.

Moreover, excluding any method of proof other than certain proof based on medical research, could make it excessively difficult in many situations or, where it is common ground that medical research neither confirms nor rules out the existence of a causal link, impossible to establish producer liability, thereby undermining the effectiveness of the Directive and its objectives, which are to protect consumer health and safety and ensure a fair apportionment between the injured person and the producer of the risks inherent in modern technological production.

The Court nevertheless adds that national courts must ensure that the evidence adduced is sufficiently serious, specific and consistent to warrant the conclusion that, having regard also to the evidence produced and the arguments put forward by the producer, a defect in the product appears to be the most plausible explanation for the occurrence of the damage. National courts must also safeguard their own freedom of assessment in determining whether such proof has been made out to the requisite legal standard, until such time as they consider themselves in a position to draw a definitive conclusion on the matter.

In the present case, the Court considers that the temporal proximity between the administering of a vaccine and the occurrence of a disease, the lack of personal and familial history of that disease, together with the existence of a significant number of reported cases of the disease occurring following such vaccines being administered, appears on the face of it to constitute evidence which, taken together, may lead a national court to consider that a victim has discharged his burden of proof. That could be the case *inter alia* where that evidence leads the court to consider, first, that the administering of the vaccine is the most plausible explanation for the occurrence of the disease and, second, that the vaccine therefore does not offer the safety that one is entitled to expect.

The Court adds that it is not possible for the national legislature or the national courts to introduce a method of proof under which the existence of a causal link between the defect attributed to a vaccine and the damage suffered by the victim will automatically be established when certain predetermined causation-related factual evidence is presented, as that would have the consequence of the burden of proof provided for in the Directive being undermined.

1 Council Directive 85/374/EEC of 25 July 1985 on the approximation of the laws, regulations and administrative provisions of the Member States concerning liability for defective products (OJ 1985, L 210, p. 29).

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Vaccination in acute humanitarian emergencies: a framework for decision making

World Health Organization, Geneva

June, 2017 :: 96 pages

PDF: <http://apps.who.int/iris/bitstream/10665/255575/1/WHO-IVB-17.03-eng.pdf>

EXECUTIVE SUMMARY

Humanitarian emergencies, regardless of type and cause, have a number of common risk factors for communicable diseases inextricably linked to excess risk of morbidity and mortality which can come from vaccine-preventable diseases (VPDs). The reduction of VPDs is a significant aim of public-health interventions during crises.

The WHO Strategic Advisory Group of Experts (SAGE) on Immunization carried out a comprehensive review of evidence on vaccination decision-making processes and considerations in humanitarian emergencies. This review resulted with decision-making framework which provides a transparent, evidence-based, and rigorous methodology for deciding on vaccination options in acute humanitarian emergencies. It consists of three essential steps: 1) assessing the local epidemiological risks of VPDs among the affected population, 2) vaccine selection and characteristics to consider, and 3) local contextual constraints that further assist in effective and timely decisions. The diagram below provides a schematic representation of this three-step approach in decision-making process.

This framework is intended to guide decision making on vaccination interventions immediately after the onset or during planning in anticipation of a possible or likely acute emergency. It may be applied in emerging humanitarian emergencies, or crisis of short duration, and in long-standing crisis and conflicts resulting in protracted humanitarian emergencies. The concept of "acute" emergency does not imply that the emergency in itself is short-lived, as in a protracted crisis situations can emerge and be considered as "acute". An acute emergency signifies a situation meeting one or more of the following conditions: sudden unplanned displacement of a large proportion of the population, direct exposure of the civilian population to new or exacerbated and sustained episodes of armed conflict, impending or already occurred sudden deterioration of nutritional status, natural or industrial disasters, and/or sudden breakdown of critical administrative and management functions which result in large-scale disruption of public health and related services.

This decision-making framework is intended for senior-level government and partner organization officials who are expected to work together to reach a decision regarding the need of vaccine antigen(s) in a given humanitarian emergency. It makes part of a package which also includes "*Vaccination in Humanitarian Emergencies Implementation Guide*". Both documents are supported with electronic versions to ensure that the most up-to-date vaccine and disease-specific data, and references to additional information and guidance are provided.

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POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 21 June 2017 [GPEI]

:: In Syria, 15 new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in the past week, bringing the total number of cVDPV2 cases in the country to 17. Sixteen of the 17 cases are from Mayadeen district, Deir-Al-Zour governorate, and one case is from Raqua district, Raqua governorate. All cases had onset of paralysis between 3 March and 23 May.

:: The 14th report of the Independent Monitoring Board (IMB) has been published, following the group's meeting in May. *[see below]*

:: Summary of newly-reported viruses this week: Syria – 15 new circulating vaccine-derived poliovirus type 2 (cVDPV2) were isolated from acute flaccid paralysis (AFP) cases, and four new cVDPV2 isolated from healthy community contacts. Pakistan – one new wild poliovirus type 1 (WPV1) isolated from an environmental sample

Weekly country updates as of 21 June 2017

:: Syrian Arab Republic

In Syria, 15 new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in the past week, bringing the total number of cVDPV2 cases to 17. Sixteen of the 17 cases are from Mayadeen district, Deir-Al-Zour governorate, and one case is from Raqua district, Raqua governorate. All cases had onset of paralysis between 3 March and 23 May. Additionally, four cVDPV2s were also isolated from healthy community contacts, all from Mayadeen (collected in April and May).

Of a total of 65 acute flaccid paralysis (AFP) cases detected in Deir-Al-Zour since the start of 2017, 16 have now tested positive for cVDPV2 (with the 17th case from Raqua), 22 have tested negative, 5 are pending for final laboratory results and 22 specimens are en route to a laboratory for processing.

Confirmation of these latest cases is not unexpected at this time and does not change the operational situation, as outbreak response plans are being finalized, in line with internationally-agreed outbreak response protocols. Although access to Deir-Al-Zour 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.

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EVERY LAST VIRUS

INDEPENDENT MONITORING BOARD OF THE GLOBAL POLIO ERADICATION INITIATIVE – FOURTEENTH REPORT: JUNE 2017 :: 34 pages

PDF: <http://polioeradication.org/wp-content/uploads/2017/06/14th-IMB-Report-FINAL.pdf>

The Independent Monitoring Board provides an independent assessment of the progress being made by the Global Polio Eradication Initiative in the detection and interruption of polio transmission globally. This report follows the IMB's meeting held in London on 2 and 3 May 2017.

[Excerpt]

CONCLUSIONS AND RECOMMENDATIONS [p.20]

The Polio Programme has reached a level of performance where there is room for optimism that 2017 will be the year when poliovirus transmission globally is permanently interrupted. Nigeria has a strong programme that pioneered the use of an Emergency Operations Centre to integrate a diverse range of partners to drive up the level of performance. Pakistan has benefitted from the exceptional leadership of the Health Minister and the Prime Minister's Focal Person on Polio Eradication. The transformation of the Polio Programme in that country from being judged "a disaster" in a previous IMB report is quite remarkable. The Afghanistan Programme has done well to achieve what it has despite serious problems of access due to conflict.

All this is commendable, but the Polio Programme in the three endemic countries and globally is not there yet. The optimism must be tempered with a realism about the risks and challenges that remain. Only if the appropriate balance is struck can the programme succeed soon.

If the narrative and statistical analysis in this IMB Report is read carefully, five major priorities for action jump out:

:: An innovative and transformational solution must be found to vaccinate the large numbers of so-called "Guest children" who are within the large high-risk mobile population in Pakistan; continuing with the current approach will not reduce the numbers of "still missed" children from hundreds of thousands to hundreds in less than six months.

:: A dramatic and immediate turnaround is needed in the low level of routine immunisation coverage in the polio reservoirs in Pakistan and Afghanistan; the current position is a stain on the Programme's record of improved performance.

:: The Nigeria Programme has not yet realised that it must become an exemplar in how to operate as a high resilience enterprise; all its efforts should be directed to strengthening the defenses against any poliovirus breaking through.

:: The whole region around northern Nigeria, Lake Chad and surrounding countries has become a red zone in which there is a high-risk of the re-emergence of circulating poliovirus; leaders at the highest political level should be on full alert and completely engaged.

:: The quality and integrity of surveillance data across the Polio Programme, particularly in northern Nigeria and other parts of Africa, which may harbour another unwelcome, long-unrecognised outbreak, is not what it should be. This is compromising the ability of the Polio Programme to be sure that transmission has ended.

These are major problems threatening the successful completion of polio eradication. They are problems awaiting solutions. The tried and trusted methods that are being used are still necessary but matching these problems with solutions that bring transformation is the missing

ingredient....

[10 action recommendations follow]

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Emergencies

WHO Grade 3 Emergencies [to 24 June 2017]

Iraq

:: Iraq: Special health situation report on Mosul crisis

17 June 2017 -- WHO in coordination with Erbil and Ninewa Directorates of Health (DOH) on 13 June 2017 rapidly responded to suspected food borne illness outbreak in Hassan Sham U2 camp by conducting an investigation with the aim to identify the source and cause of the outbreak, treat those ill as well as contain and prevent any spread. WHO delivered 500 rapid diagnostic test kits (RDT) to Ninewa DoH and primary health care facilities in Qayyarah, Hammam al'Alil and Salamiyah, to support the response to any future cholera outbreaks in the Governorate of Ninewa including camps and host communities. WHO donated to health partners emergency medical supplies enough to serve the needs of more than 20500 persons in Al Salamiyah camp.

The Syrian Arab Republic

:: More than 12 000 treatments delivered to Ein Issa and Karameh camps in Al-Raqqa governorate

22 June 2017 – The World Health Organization (WHO) has responded to an acute shortage of life saving medicines by dispatching a shipment of more than 12 000 treatments to the 2 main camps for internally displaced persons in rural Al-Raqqa. This shipment will support treatment of patients with chronic conditions, infectious diseases and diarrhoeal diseases who lack adequate access to medical care.

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.

South Sudan - *No new announcements identified.*

Yemen - *No new announcements identified.*

WHO Grade 2 Emergencies [to 24 June 2017]

Democratic Republic of the Congo

:: Ebola Situation report: 20 June 2017

...On 19 June 2017, no new confirmed, probable cases or suspected have been reported since the last situation update on 15 June. Seven alerts have been reported and investigated and none fulfilled the suspected case definition...

Cameroon - *No new announcements identified*

Central African Republic - *No new announcements identified.*

Ethiopia - *No new announcements identified.*

Libya - *No new announcements identified.*

Myanmar - *No new announcements identified.*

Niger - *No new announcements identified.*

Ukraine - *No new announcements identified*

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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

:: Hundreds of civilians are being killed and injured as fighting intensifies in Mosul's old city (Baghdad, 24 June 2017) – The United Nations strongly condemns recent incidents resulting in the terrible loss of civilian life including the 23 June attacks in eastern Mosul and in Mushahada in the old city of Mosul where as many as 12 civilians were killed and possibly hundreds injured.

“Killing and wounding civilians violates every humanitarian principle and is contrary in every way to international humanitarian law,” said Lise Grande, Humanitarian Coordinator for Iraq. “We are shocked and deeply saddened by the tragic loss of life that has occurred during the fighting in Mosul and we extend our heartfelt condolences to the families of all the victims,” said Ms. Grande, the Humanitarian Coordinator for Iraq...

Syrian Arab Republic

:: 23 Jun 2017 Syria - Regional: Emergency Dashboard, June 2017

Yemen - *No new announcements identified*

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

:: Somalia: Drought Response - Situation Report No. 13 (as of 20 June 2017)

Ethiopia

:: 20 Jun 2017 Ethiopia Weekly Humanitarian Bulletin, 19 June 2017

DRC (Kasai crisis) - *No new announcements identified.*

Nigeria - *No new announcements identified.*

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War-Torn Yemen to Get Cholera Vaccines as Death Toll Mounts

New York Times/ASSOCIATED PRESS

JUNE 21, 2017

GENEVA — The U.N. health agency and some major partners have agreed to send 1 million doses of cholera vaccine to Yemen to help stanch a spiraling and increasingly deadly caseload in the impoverished country, which is already facing war and the risk of famine.

A spokesman for the World Health Organization said Wednesday that it didn't initially want to publicize last week's decision because questions remain about when and how the doses could reach the neediest people in a country sliced up along front lines and grappling with a nearly-collapsed health system.

WHO said the 1 million doses for Yemen were approved on June 15 by the International Coordinating Group, which manages vaccine stocks and includes the Red Cross, Doctors Without Borders, UNICEF, and Gavi, the Vaccine Alliance along with WHO. Such a shipment would be the largest since 1 million doses were sent to Haiti after Hurricane Matthew last fall — and would amount to about half of the usual world stockpile, which would then be replenished.

...Now, in just over two months, the cholera outbreak has taken over 1,100 lives and the caseload is rising, with peak levels unpredictable, WHO says...

..."The fact that over a thousand people have died during this rapidly spreading cholera outbreak is shocking," said Dr. Seth Berkley, CEO of Gavi, in an e-mail. "We cannot underestimate the huge logistical challenges of delivering vaccines in a warzone where the health system, as well as basic infrastructure, has been all but destroyed."

Berkley said the doses could help slow the spread of the disease as part of a broader strategy to contain it...

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UNICEF [to 24 June 2017]

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

23 June 2017

5.6 million children at risk of waterborne diseases as rainy season hits communities affected by Lake Chad crisis

DAKAR/ GENEVA/ABUJA, 23 June 2017 – More than 5.6 million children are at increased risk of contracting waterborne diseases, such as cholera and diarrheal infections, as the rainy season begins in conflict-affected areas of countries around Lake Chad, UNICEF warned today. The threat of disease outbreaks in Cameroon, Chad, Niger and Nigeria coincides with growing regional insecurity and increased population movements particularly in Nigeria's northeast.

Crisis 'far from over' as malnutrition, thirst and disease threaten lives of millions of children in north-east Nigeria, Somalia, South Sudan and Yemen

NEW YORK/DAKAR/NAIROBI/AMMAN, 23 June 2017 – The welcome announcement of an end to famine conditions in South Sudan this week should not distract from the fact that severe food insecurity continues to put the lives of millions of children at risk in north-east Nigeria, Somalia, South Sudan and Yemen, UNICEF warned today.

Nowhere To Go: Children in Iraq trapped in cycles of violence and poverty as conflict reaches unprecedented levels

BAGHDAD/NEW YORK, 22 June 2017 - Three years since the intensification of violence in Iraq, children are trapped in an endless cycle of violence and increasing poverty, according to a UNICEF assessment, *Nowhere to Go*.

South Sudan famine ebbs, but situation still desperate as hunger spreads

ROME/JUBA, South Sudan, 21 June 2017 - Famine has eased in South Sudan after a significant scale up in the humanitarian response, according to new analysis released today. However, the situation remains dire across the country as the number of people struggling to find enough food each day has grown to six million – up from 4.9 million in February – and is the highest level of food insecurity ever experienced in South Sudan.

South Sudan refugee crisis: Over 1,000 children fleeing violence and instability every day

KAMPALA/NAIROBI/NEW YORK, 20 June 2017 – As more than 1,000 children continue to flee South Sudan, on average every day in search of safety, the region's refugee crisis has become a children's crisis, UNICEF said today, on World Refugee Day.

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Editor's Note:

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

EBOLA/EVD [to 24 June 2017]

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

WHO AFRO

Ebola Situation report: 20 June 2017

...On 19 June 2017, no new confirmed, probable cases or suspected have been reported since the last situation update on 15 June. Seven alerts have been reported and investigated and none fulfilled the suspected case definition...

MERS-CoV [to 24 June 2017]

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

DONs- Disease Outbreak News

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

19 June 2017

Between 11 and 15 June 2017, the national IHR Focal Point of Saudi Arabia reported 14 additional cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection including one fatal case among previously reported cases...

Zika virus [to 24 June 2017]

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

[No new digest content identified]

Yellow Fever [to 24 June 2017]

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

[No new digest content identified]

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WHO & Regional Offices [to 24 June 2017]

New WHO advisory group launched in Almaty to shape the future of primary health care

20-06-2017

Experts convened in Almaty, Kazakhstan, on 20–21 June 2017 for the inaugural meeting of the Primary Health Care Advisory Group. The WHO Regional Director for Europe launched the Advisory Group to advance primary health care in the WHO European Region.

At its first meeting, the Advisory Group engaged in discussions on the readiness and responsiveness of primary health care to embrace future health and social needs...

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Highlights

Inaugural Africa Health Forum in Kigali, Rwanda

June 2017 – For the first time, WHO's Regional Office for Africa is convening global leaders and thinkers to explore Africa's healthcare priorities and challenges and find new ways to achieve better health for all.

More can be done to restrict sunbeds to prevent increasing rates of skin cancer

June 2017 – WHO underscores national actions to limit the use of artificial tanning devices (sunbeds) in a bid to reduce the associated health risks, such as melanoma and non-melanoma skin cancers. For more than three decades, the deliberate sunbed exposure to ultraviolet radiation (UVR) for cosmetic purposes has been driving up the incidence of skin cancers and driving down the age of their first appearance.

WHO toolkit for the care and support of people affected by complications associated with Zika virus

June 2017 – Zika virus is associated with severe neurological complications, particularly congenital Zika virus syndrome and Guillain Barré syndrome. The associated complications have a marked impact on the people affected and their communities, including both physical and mental health. The toolkit has been developed to serve as a model guide, with the goal of enhancing country preparedness for Zika virus outbreaks.

Paris is 500th member of WHO Global Network for Age-friendly Cities and Communities

June 2017 – Today, 19 June, WHO's Global Network for Age-friendly Cities and Communities (GNAFCC) welcomed Paris, France, as its 500th member. The Mayor of Paris, Anne Hidalgo and her deputy Dominique Versini - responsible for early childhood, the protection of children and the fight against exclusion and the elderly - formalised their commitment to become an age-friendly city during a presentation of the plan "2017-2021 Seniors in Paris".

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Weekly Epidemiological Record, 23 June 2017, vol. 92, 25 (pp. 345–356)

:: Yellow fever vaccine: WHO position on the use of fractional doses – June 2017

:: Global polio eradication: progress towards containment of poliovirus type 2, worldwide 2017

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: WHO AFRO to host the inaugural Africa Health Forum in Kigali, Rwanda Brazzaville, 21 June 2017

WHO Region of the Americas PAHO

No new digest content identified.

WHO South-East Asia Region SEARO

:: International Day of Yoga 20 June 2017

WHO European Region EURO

:: New WHO advisory group launched in Almaty to shape the future of primary health care 20-06-2017

:: World Refugee Day: WHO training enables Syrian doctors and nurses to provide health care in Turkey 19-06-2017

:: European countries promote #SlowDown campaign for UN Global Road Safety Week 19-06-2017

WHO Eastern Mediterranean Region EMRO

:: WHO expresses thanks and appreciation to His Royal Highness, Crown Prince of Saudi Arabia, for his generous initiative to fund cholera response activities in Yemen 23 June 2017

:: World Refugee Day: WHO training enables Syrian doctors and nurses to provide health care in Turkey 19 June 2017

WHO Western Pacific Region

No new digest content identified.

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CDC/ACIP [to 24 June 2017]

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

Media Advisory

Thursday, June 22, 2017

CDC Hosts Media Availability for New Ebola Exhibition

Media Statement

Tuesday, June 20, 2017

CDC surveys find increase in the number of U.S. counties with Aedes aegypti and Aedes albopictus mosquitoes that can spread Zika

The Southern United States shows a substantial increase in the number of counties that reported evidence of the mosquitoes that can spread chikungunya, dengue, and Zika viruses,

according to new research by the Centers for Disease Control and Prevention (CDC) published in the Journal of Medical Entomology June 19.

MMWR – June 22, 2017

:: Evaluation of Placental and Fetal Tissue Specimens for Zika Virus Infection — 50 States and District of Columbia, January–December, 2016

:: Screening for Syphilis and Other Sexually Transmitted Infections in Pregnant Women — Guam, 2014

:: Global Polio Eradication: Progress Toward Containment of Poliovirus Type 2 — Worldwide 2017

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Announcements

NIH [to 24 June 2017]

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

June 19, 2017

Study to examine effects of Zika infection in Guatemalan infants and children

— *NIH-funded study will characterize outcomes of infection acquired after birth.*

A large natural history study examining the neurologic, neurodevelopmental and other clinical outcomes of Zika virus infection in infants and young children has begun in rural Guatemala. It will focus on those infected with Zika virus after birth rather than those infected congenitally. The study is being conducted by the National Institute of Allergy and Infectious Diseases (NIAID), part of the U.S. National Institutes of Health, in partnership with FUNSALUD (Fundacion para la Salud Integral de los Guatemaltecos) Center for Human Development in Coatepeque, Guatemala, a nonprofit foundation dedicated to improving the health and human development of families and communities in the southwest region of Guatemala. Researchers in Guatemala and the United States, including NIAID scientists, designed the study; NIAID is funding the research....

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European Medicines Agency [to 24 June 2017]

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

23/06/2017

Meeting highlights from the Committee for Medicinal Products for Human Use (CHMP) 19-22 June 2017

Eight medicines recommended for approval, including two medicines for chronic hepatitis C virus (HCV) infection

The European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP) recommended eight new medicines for approval at its June meeting.

The CHMP recommended granting marketing authorisations for Maviret (glecaprevir / pibrentasvir) and Vosevi (sofosbuvir / velpatasvir / voxilaprevir) for the treatment of chronic hepatitis C virus (HCV) infection. Both medicines were reviewed under the EU's accelerated assessment mechanism...

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EDCTP [to 24 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

19 June 2017

Professor Alimuddin Zumla honoured for services to public health

Professor Alimuddin Zumla, Professor of Infectious Diseases and International Health at University College London was honoured in the United Kingdom for services to public health and protection from infectious disease with a Knighthood (KBE) in Her Majesty The Queen's 2017 Birthday Honours List...

19 June 2017

Mundo Sano joins forces with EDCTP to fund research on neglected infectious diseases

On 16 June 2017, the Mundo Sano Foundation and the European & Developing Countries Clinical Trials Partnership (EDCTP) created a partnership to leverage research funding for neglected infectious diseases (NIDs). They agreed that Mundo Sano would contribute to clinical and product-focused implementation research in neglected diseases and soil-transmitted helminthiasis.

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UNAIDS [to 24 June 2017]

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

Selected Press Releases & Updates

Feature story – 22 June 2017

New survey finds high levels of HIV discrimination in Republic of Korea

...A new survey conducted by the Korean Network of People Living with HIV/AIDS (KNP+) finds that Mr Cho's experience is far too common for people living with HIV in the Republic of Korea. The Korean People Living with HIV Stigma Index, which is the first peer-led survey in the country to detect and measure how HIV-positive people experience stigma and discrimination, was released on 22 June. Its development was supported by the Global Network of People Living with HIV, the International Community of Women Living with HIV and UNAIDS.

The survey, which was conducted from March to June 2016, found that 62% of people questioned reported that they were tested for HIV without their knowledge. This is high compared to other countries in Asia that have conducted similar peer-led surveys. In Viet Nam, 13% of people living with HIV reported similar experiences and in Nepal the figure was 9%. In addition, 17% of people surveyed in the Republic of Korea said their status was disclosed by medical staff to others without their consent.

"For too long, the voices of people living with HIV have been absent in policy-making," said Son Mun Soo of KNP+. "This study documents their experiences and shows that the government, employers, health-care workers and communities must do much more to guarantee the rights of people living with HIV. A comprehensive anti-discrimination law must be enacted to protect their rights."

UNAIDS and the World Health Organization strongly recommend that HIV testing only be undertaken with a person's informed consent...

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MSF/Médecins Sans Frontières [to 24 June 2017]

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

Press release

Addition of Snakebite to WHO's Neglected Tropical Diseases List Could Spur New, More Effective Treatments

June 23, 2017

The international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) welcomed the addition of snakebite to the World Health Organization's (WHO) Neglected Tropical Diseases (NTD) list. Despite the fact that snakebite is estimated to kill over 100,000 people every year—more than any other disease on the list— there are hardly any resources to prevent and treat it and very few lifesaving anti-venoms available.

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Wellcome Trust [to 24 June 2017]

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

Opinion / Published: 20 June 2017

Director's update: our priorities for the Brexit negotiations

As the formal negotiations on the UK's exit from the European Union begin in Brussels, Wellcome's Director Jeremy Farrar outlines what science needs to thrive post-Brexit.

In an article in today's Times, he sets out three key things that the government should prioritise during the negotiations to sustain Britain's status as a world-leading centre for science:

- :: harmonised regulation between the UK and the EU on issues such as medicines and data protection, to create the right conditions for innovative industries to thrive
- :: continued access to EU research funding schemes for UK scientists
- : an immigration policy that is welcoming to foreign researchers, technicians, innovators and their families, at every stage of their career, and to students.

News / Published: 19 June 2017

Awards for the Wellcome community in the Queen's Birthday Honours

Several members of the Wellcome community have been named in the Queen's Birthday Honours list. The list, which was announced over the weekend, includes over 1,000 people who are recognised for their achievements and contributions to society...

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Industry Watch

:: Pfizer Begins Phase 1 Clinical Trial to Evaluate Investigational Group B Streptococcus Vaccine

An estimated 10 to 30 percent of pregnant women carry the GBS bacteria;1 the vaccine candidate is being studied to help protect newborns from infection via maternal immunization

June 19, 2017

NEW YORK--(BUSINESS WIRE)--Pfizer Inc. (NYSE:PFE) today announced that it has started a Phase 1 trial in healthy volunteers of PF-06760805, an investigational vaccine designed to help protect against Group B Streptococcus (GBS) infection. In newborns, GBS manifests as sepsis, pneumonia, and meningitis,² with potentially fatal outcomes for some, and long-lasting neurological damage in 46 to 50 percent of those infected.³

"Because their immune systems are still immature, GBS can have potentially devastating effects on newborns," said Carol J. Baker, M.D., Professor of Pediatrics-Infectious Disease at the Baylor College of Medicine in Houston, Texas. "The global health community would welcome a vaccine that could help reduce the impact of GBS everywhere, particularly in areas where the routine administration of antibiotics is not common practice."

Women who are carriers of the GBS bacteria may pass it on to their newborns during labor and birth. The U.S. and certain developed countries have established recommendations for women to be screened for GBS during their third trimester of pregnancy, and administered prophylactic antibiotics during labor to prevent transmission to their newborns at delivery.^{4,5} However, this requires a robust health delivery infrastructure that is not widely available globally.

"Pfizer is proud to take this important first step to support our efforts to ultimately develop a GBS vaccine with the potential to immunize a mother to help protect her infant against a devastating disease," said Kathrin Jansen, Ph.D., senior vice president and head of Vaccine Research and Development for Pfizer Inc. ...

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AERAS [to 24 June 2017]
<http://www.aeras.org/pressreleases>
No new digest content identified.

BMGF - Gates Foundation [to 24 June 2017]
<http://www.gatesfoundation.org/Media-Center/Press-Releases>
No new digest content identified.

CEPI – Coalition for Epidemic Preparedness Innovations [to 24 June 2017]
<http://cepi.net/>
No new digest content identified.

European Vaccine Initiative [to 24 June 2017]
<http://www.euvaccine.eu/news-events>
No new digest content identified.

FDA [to 24 June 2017]
<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm>
No new digest content identified.

Fondation Merieux [to 24 June 2017]
<http://www.fondation-merieux.org/news>
No new digest content identified.

Gavi [to 24 June 2017]

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

No new digest content identified.

GHIT Fund [to 24 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 24 June 2017]

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

No new digest content identified.

Hilleman Laboratories [to 24 June 2017]

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

No new digest content identified.

Human Vaccines Project [to 24 June 2017]

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

No new digest content identified.

IAVI – International AIDS Vaccine Initiative [to 24 June 2017]

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

No new digest content identified.

IVI [to 24 June 2017]

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

No new digest content identified.

PATH [to 24 June 2017]

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

No new digest content identified.

Sabin Vaccine Institute [to 24 June 2017]

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

No new digest content identified.

::::::

BIO [to 24 June 2017]

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

No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 24 June 2017]

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

No new digest content identified

IFPMA [to 24 June 2017]

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

No new digest content identified.

PhRMA [to 24 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

Integrating Clinical Research into Epidemic Response: The Ebola Experience (2017) Consensus Study Report

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Global Health; Board on Health Sciences Policy; Committee on Clinical Trials During the 2014-2015 Ebola Outbreak; Gerald Keusch, Keith McAdam, Patricia Cuff, Michelle Mancher, and Emily R. Busta, Editors

June 2017 :: 310 pages

PDF:

https://www.nap.edu/login.php?record_id=24739&page=https%3A%2F%2Fwww.nap.edu%2Fdownload%2F24739

Description

The 2014–2015 Ebola epidemic in western Africa was the longest and most deadly Ebola epidemic in history, resulting in 28,616 cases and 11,310 deaths in Guinea, Liberia, and Sierra Leone. The Ebola virus has been known since 1976, when two separate outbreaks were identified in the Democratic Republic of Congo (then Zaire) and South Sudan (then Sudan). However, because all Ebola outbreaks prior to that in West Africa in 2014–2015 were relatively isolated and of short duration, little was known about how to best manage patients to improve survival, and there were no approved therapeutics or vaccines. When the World Health Organization declared the 2014-2015 epidemic a public health emergency of international concern in August 2014, several teams began conducting formal clinical trials in the Ebola affected countries during the outbreak.

Integrating Clinical Research into Epidemic Response: The Ebola Experience assesses the value of the clinical trials held during the 2014–2015 epidemic and makes recommendations about how the conduct of trials could be improved in the context of a future international emerging or re-emerging infectious disease events.

The Lancet

Jun 24, 2017 Volume 389 Number 10088 p2443-2586 e16

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

Comment

Clinical trials during epidemics

Gerald T Keusch, Keith P W J McAdam

The consensus report of the US National Academies of Sciences, Engineering and Medicine for the first time evaluates the clinical trials on Ebola therapeutics and vaccines in Guinea, Sierra Leone, and Liberia during 2014–15.¹ The report presents seven recommendations for both interepidemic and epidemic periods to improve the likelihood that important new information on therapeutics and vaccines can be obtained during future epidemics. This information is especially critical for infections such as Ebola virus disease because the only time efficacy and safety of drugs or vaccines can be studied in infected or at-risk human beings is during an outbreak. The recommendations are based on analysis of what happened in west Africa, and fall into three main categories: capacity strengthening, engaging communities, and international coordination and collaboration.

Strengthening capacity in countries at risk of emerging epidemics to respond more effectively to outbreaks and evaluate unproven new drugs and vaccines seems obvious. Planning of trials should begin when effective outbreak surveillance and reporting identify an outbreak in progress, as mandated by the International Health Regulations of 2005.² Although WHO is responsible for assuring the latter core competencies are achieved, without international experts and sufficient available donor funding WHO cannot meet its obligations. To be both effective and efficient, clinical trials research expertise must involve not only training researchers, but also integrating research within a health-care system, improving infrastructure for competent scientific and ethical review of human subject research, and establishing the capability to negotiate legal documents with trial sponsors.

The local health-care system in Guinea recognised and reported an unusual cluster of rapidly fatal illness in the Forestière region by mid-January, 2014, but the Ministry of Health was unable to identify the actual cause. Another 8 weeks elapsed before Ebola was confirmed, during which time the outbreak grew and spread to two additional countries and multiple urban centres.³ In the scramble to respond to meet basic care needs and halt transmission, the possibility to assess experimental drugs and vaccines received little attention until 5 months later when WHO declared a public health emergency of international concern.⁴ Despite herculean efforts to build necessary infrastructure and launch trials in record time, limited local experience with clinical research and poor capacity for timely scientific and ethical review or negotiation of research contracts, together with differing views of trial design and probable community reaction among local and international stakeholders, slowed the process.⁵

Unfortunately, record time was not fast enough: the nine formal clinical trials the committee evaluated all began as the outbreak was waning. The report describes the consequence as a “thin scientific harvest”,¹ and 2 years later no licenced product is available. Strengthening the many areas of expertise required for clinical trials takes sustained effort, time, and funding before an outbreak strikes. The report concludes that the choice is to “pay now and prepare in advance, or to pay later when an outbreak occurs, with the likelihood that the cost will be multiple times greater”.¹

Engaging local communities emerged as a complementary concern. Clinical trials require volunteers to participate, but in the context of an uncontrolled outbreak patients may not only

be ill and inadequately informed, but also fearful, vulnerable, stigmatised, and confused about goals, benefits, and risks of trials. The relationship between researcher and participant, which depends on mutual trust, was difficult to achieve in west Africa, a region haunted by the memory of civil wars and ongoing distrust of authority, compounded by limited understanding among international researchers of local culture and social traditions.⁶ In the absence of trust, misunderstanding was the norm and resistance was the early response in affected communities. Building trusting relationships requires time and expertise in social science and communication.⁷ Despite early controversies about the ethics of doing trials during an emergency and assumptions that randomised controlled trials were unacceptable, and therefore nobody would volunteer,⁸ once community leaders and the community itself were effectively engaged, randomised controlled trials were successfully implemented.^{6, 9} The research community must learn how to accomplish this engagement more efficiently in the future.

International coordination and cooperation are essential to avoid the conflict and competition that will inevitably arise again when the next outbreak occurs. This coordination requires pre-emptive joint efforts among international and national stakeholders, including the humanitarian response, research and development, and clinical trials communities, to integrate research into response, have therapeutic and vaccine candidates ready to go, and agree on principles and processes to speed priority setting, and design, approval, and implementation of clinical trials. The report recommends such efforts be led by a Coalition of International Stakeholders, which is purpose-built, independent, free of conflicts of interest, possesses expertise in many disciplines, and includes representation from governments, WHO, academia, the private sector, humanitarian response organisations, and the countries and communities at risk. The coalition would need secure financial resources to lead the effort to establish necessary global mechanisms and commitments. It should have the responsibility and resources to convene an expert, independent Rapid Research Response Workgroup at the outset of a new outbreak, including national and community participants from affected countries, to prioritise which candidates to study, determine appropriate trial design, and facilitate implementation. The report concludes: "If national and international researchers can work together on a collaborative and coordinated research agenda, and include input from the population at risk, the global community has the best chance at being prepared for the next outbreak."¹ The time to act on these recommendations is now.

The next step is to engage the many stakeholders across continents, including WHO, the World Bank, UN system, governments, research-funding agencies and foundations, academic institutions, humanitarian and civil society organisations, and others, in thoughtful discussion to determine the best way forward.

The US National Academies of Sciences, Engineering and Medicine and former members of the Committee on Clinical Trials During the 2014–2015 Ebola Outbreak are reaching out to key stakeholders to stimulate these efforts through presentations, publications, and personal contacts. Major questions remain to be resolved. How can we systematically integrate clinical and social science research expertise with emergency response? Can we create a tool box with model study designs for different outbreak scenarios, pathways for community engagement, tutorials on ethical guidelines, and more, and provide training for future leaders in countries at particular risk for emerging infections in their use, and so speed action when an epidemic begins? What is the best governance model and the particular role of WHO? Who will take leadership and where will the funds and political will come from? The answers to these

questions will guide these efforts to refresh the necessary collaborative global leadership, help it to thrive, and ensure it is held to account.

We were Co-Chairs of the US National Academies of Sciences, Engineering, and Medicine's Committee on Clinical Trials During the 2014–2015 Ebola Outbreak. We declare no other competing interests.

The other members of the Committee on Clinical Trials During the 2014–2015 Ebola Outbreak were: Abdel Babiker, Mohamed Bailor Barrie, Janice Cooper, Sheila Davis, Kathryn Edwards, Susan Ellenberg, Roger Lewis, Alex John London, Jens Lundgren, Michelle Mello, Olayemi Omotade, David Peters, Fred Wabwire-Mangen, and Charles Wells. National Academies of Sciences, Engineering, and Medicine study staff were: Patricia Cuff, Michelle Mancher, Emily Busta, Michael Berrios, Anne Claiborne, Julie Pavlin, and Andrew Pope.

References

US National Academies of Sciences, Engineering and Medicine. ((accessed June 12, 2017).)Committee on Clinical Trials During the 2014–2015 Ebola Outbreak. Integrating clinical research into epidemic response: the Ebola experience. The National Academies Press, Washington, DC; 2017
<https://www.nap.edu/catalog/24739/integrating-clinical-research-into-epidemic-response-the-ebola-experience>

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Journal Watch

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

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

American Journal of Infection Control

Volume 45, Issue 6, Supplement, S1-S110

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

44th Annual Conference Abstracts, APIC 2017, Portland, OR June 2017

Abstracts from across thematic areas

American Journal of Preventive Medicine

July 2017 Volume 53, Issue 1, p1-138, e1-e34

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

[New issue; No digest content identified]

American Journal of Public Health

July 2017 107(7)

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

[New issue; No digest content identified]

American Journal of Tropical Medicine and Hygiene

Volume 96, Issue 6, 2017

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

[Reviewed earlier]

Annals of Internal Medicine

20 June 2017 Vol: 166, Issue 12

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

[New issue; No digest content identified]

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 24 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 24 June 2017)

Research article

[Assessing the impact of health research on health policies: a study of the Dodowa Health Research Centre, Ghana](#)

The importance of assessing research impact is increasingly recognised. Ghana has a long tradition of research dating from the 1970s. In the Ghana Health Service there are three health research centres under t...

Blanca Escribano-Ferrer, Jayne Webster and Margaret Gyapong

BMC Health Services Research 2017 17:435

Published on: 24 June 2017

BMC Infectious Diseases

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

(Accessed 24 June 2017)
[No new digest content identified]

BMC Medical Ethics

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

(Accessed 24 June 2017)

Debate

[Comparative effectiveness research: what to do when experts disagree about risks](#)

Ethical issues related to comparative effectiveness research, or research that compares existing standards of care, have recently received considerable attention. In this paper we focus on how Ethics Review Committees (ERCs) should evaluate the risks of comparative effectiveness research.

Reidar K. Lie, Francis K.L. Chan, Christine Grady, Vincent H. Ng and David Wendler

BMC Medical Ethics 2017 18:42

Published on: 19 June 2017

BMC Medicine

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

(Accessed 24 June 2017)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 24 June 2017)

[No new digest content identified]

BMC Public Health

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

(Accessed 24 June 2017)

Research article

[Bangladesh policy on prevention and control of non-communicable diseases: a policy analysis](#)

This paper is aimed at critically assessing the extent to which Non-Communicable Disease NCD-related policies introduced in Bangladesh align with the World Health Organization's (WHO) 2013–2020 Action Plan for...

Tuhin Biswas, Sonia Pervin, Md. Imtiaz Alam Tanim, Louis Niessen and Anwar Islam

BMC Public Health 2017 17:582

Published on: 19 June 2017

BMC Research Notes

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

(Accessed 24 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)

[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 24 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>

[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 4

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

[Reviewed earlier]

Disasters

July 2017 Volume 41, Issue 3 Pages 427–627

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

[Reviewed earlier]

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>

[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>

[Reviewed earlier]

Globalization and Health

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

[Accessed 24 June 2017]

Methodology

[Achieving sustainability in health information systems: a field tested measure of country ownership](#)

A country will trust, value, and use, its health information system (HIS) to the extent it has had a role in its creation and maintenance. A sense of ownership contributes in turn to the long-term sustainabili...

Stephanie Watson-Grant, Khou Xiong and James C Thomas

Globalization and Health 2017 13:36

Published on: 24 June 2017

Health Affairs

June 2017; Volume 36, Issue 6

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

Issue Focus: Pursuing Health Equity

[Reviewed earlier]

Blog

New Leader, New Era: Five Building Blocks For A Reinvigorated World Health Organization

19 June 2017

By Lawrence O. Gostin

The World Health Assembly's election of Tedros Adhanom Ghebreyesus to serve as its 9th Director-General may be the most momentous in the Organization's 70 years for reasons far beyond electing the first African. The World Health Organization (WHO) faces a crisis in confidence following its anemic response to Ebola. It remains caught in an unvirtuous cycle: Member State loss of trust results in a paucity of funding and the continual inability to perform. This is a moment to take stock of the new Director-General's record and vision, as well as the reforms needed to transform WHO into the 21st century institution the world sorely needs...

...Guided by an unyielding insistence upon and institutionalization of human rights, demanding and developing mechanisms for WHO Secretariat and Member State accountability, and unwavering commitment to the public's health over politics, Dr. Tedros could return WHO to global health leadership. Too much is at stake for him to do otherwise, while states and stakeholders must do everything possible to make his tenure a historic success.

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 6 July 2017

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

Original Articles

Evaluating the effects of organizational and educational interventions on adherence to clinical practice guidelines in a low-resource primary-care setting in Kenya

Joseph R Egger; Kayla Stankevitz; Robert Korom; Philip Angwenyi; Brittney Sullivan ...

Editor's Choice

Original Articles

Impact of high-intensity polio eradication activities on children's routine immunization status in Northern India

Marco J Haenssger

Abstract

The objective of this article is to analyse and quantify the side effects of the Polio Eradication Initiative on routine immunization performance in India. Past studies have faced methodological challenges in assessing these side effects. This article offers a methodological alternative for health policy analysts. The research uses secondary household survey data from the Indian

District-Level Household and Facility Survey (DLHS), focusing on children aged 10–30 months in the Northern Indian states of Uttar Pradesh (n = 34 327) and Bihar (n = 20 525). Covering the years 2002–08, this is the latest large-scale data from India that enables the matching technique used in this article. District-level programme intensity data of the Polio Eradication Initiative in India were reconstructed using publicly available resources. The methodological innovation compared with previous studies consists of matching each child in the DLHS data set with a child-specific value of programme exposure depending on its district of residence, its birth date, and the date of the survey interview. Average and age-specific associations between polio programme exposure and children's full immunization status were assessed using logistic regression, controlling for other determinants of immunization. The regression results show that the link is negative in Uttar Pradesh and positive in Bihar. Age-specific analysis shows that the positive association diminishes for older children in Bihar and that a negative association emerges and becomes increasingly pronounced for older children in Uttar Pradesh. This indicates that heterogeneous results emerge across two neighbouring states with similar programme intensity and suggests that the catch-up of unvaccinated older children may be a channel through which negative effects accrue. The method described in this article, based on an analytical focus on individual-level programme exposure, can therefore help health policy implementers and evaluators to illuminate positive or negative interactions between a health intervention and a health system.

Original Articles

[Understanding public perception of the need for major change in Latin American healthcare systems](#)

Ricardo Pérez-Cuevas; Frederico C. Guanais; Svetlana V. Doubova; Leonardo Pinzón; Luis Tejerina ...

Original Articles

[Distrusting community health workers with confidential health information: a convergent mixed-methods study in Swaziland](#)

Pascal Geldsetzer; Maria Vaikath; Jan-Walter De Neve; Thomas J Bossert; Sibusiso Sibandze ...

Reviews

[Ethics of health policy and systems research: a scoping review of the literature](#)

Bridget Pratt; Amy Paul; Adnan A Hyder; Joseph Ali

Abstract

Health policy and systems research (HPSR) is increasingly funded and undertaken as part of health system strengthening efforts worldwide. HPSR ethics is also a relatively new and emerging field, with numerous normative and descriptive questions that have largely not been considered. Normative questions include what ethical principles and values should guide HPSR. Descriptive questions include what ethical concerns arise when conducting HPSR. A small but growing body of scholarly work characterizes the various ethics issues inherent in HPSR. Towards informing the future development of ethics guidance for HPSR, a scoping review was undertaken to: (1) identify the range of ethics issues relevant to the conduct of HPSR—with a deliberate (though not exclusive) focus on low- and middle-income country settings and (2) describe existing guidance on key ethics issues relevant to HPSR. Using the Cochrane methods as a basis, the review identified formal and informal literature on HPSR ethics by searching the following databases: PubMed's Medline, Embase, Global Health, Scopus, WHO Global Health Regional Libraries, LILACs, OpenDOAR and Bielefeld Academic Search Engine. In total, 11 062

documents were identified from the formal (10 519) and informal (543) literature. One hundred and seven of these documents (formal 99 and informal 8) met at least one inclusion criterion and underwent thematic analysis. Ethical issues in four main categories were identified: upholding autonomy, identifying and balancing risks and benefits, justice and determination of ethical review requirements. The review indicated that the ethical values behind HPSR place an emphasis on its contributing to the reduction of health disparities. Unsurprisingly then, numerous ethical concerns relating to justice arise in HPSR. However, the majority of existing guidance focuses on obtaining or waiving informed consent and, thus, appears to be insufficient for HPSR. A list of priority ethics issues in HPSR in need of guidance development is provided.

Reviews

Health system functionality in a low-income country in the midst of conflict: the case of Yemen

Naseeb Qirbi; Sharif A Ismail

Abstract

Background Although the literature on effects of armed conflict on population health is extensive, detailed assessments of effects on public health 'systems' are few. This article aims to help address this deficit through the medium of a case study on Yemen, describing health system and health outcome performance prior to the internationalisation of the conflict there in March 2015, before assessing the impact of war on health system functionality since that time. **Method** Review of peer- and non-peer reviewed literature from 2005 to 2016 from academic sources, multilateral organizations, donors and governmental and non-governmental organizations, augmented by secondary data analysis.

Results Despite significant health system weaknesses and structural vulnerabilities pre-conflict, there were important improvements in selected health outcome measures in Yemen up to early 2015 (life expectancy, and infant and maternal mortality, e.g.), partly driven by a fragile health sector that was heavily reliant on out-of-pocket expenditure, and hampered by weak service penetration especially in rural areas. High intensity conflict has resulted in rising mortality and injury rates since March 2015, the first decline in life expectancy and increase in child and maternal mortality in Yemen for some years, and worsening levels of malnutrition. Service delivery has become increasingly challenging in the context of a funding crisis, destruction of health facilities, widespread shortages of essential medicines and equipment across the country, and governance fragmentation.

Conclusion Conflict in Yemen has resulted in humanitarian disaster on a wide scale in a short period of time, and crippled an already weak health system. Important areas of uncertainty remain, however, including the scale of health worker flight, and the extent to which alternative providers have stepped in to fill widening service gaps as the conflict has unfolded. Planning for longer-term health system reconstruction should begin as soon as possible.

Health Research Policy and Systems

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

[Accessed 24 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 24 June 2017]
[No new digest content identified]

Infectious Diseases of Poverty
<http://www.idpjournals.com/content>
[Accessed 24 June 2017]
[No new digest content identified]

International Health
Volume 9, Issue 3 May 2017
<http://inthehealth.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 Human Rights in Healthcare
Vol. 10 Issue: 2, pp.-, doi: 10.1108/IJHRH-10-2016-0018
<http://www.emeraldinsight.com/toc/ijhrh/10/2>
[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 20, 2017, Vol 317, No. 23, Pages 2347-2460
<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]

JBIR Database of Systematic Review and Implementation Reports

June 2017 - Volume 15 - Issue 6
<http://journals.lww.com/jbisrir/Pages/currenttoc.aspx>
Editorial

[Why we need to research with children, not on children](#)

Pope, Nicole; Tallon, Mary; Leslie, Gavin; Wilson, Sally
JBIR Database of Systematic Reviews and Implementation Reports: June 2017 - Volume 15 - Issue 6 - p 1497-1498
doi: 10.11124/JBISRIR-2017-003458

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>
[Reviewed earlier]

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

Volume 28, Number 2 Supplement, May 2017
<https://muse.jhu.edu/issue/36192>

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

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

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 19, Issue 3, June 2017

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

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 15, Issue 2, 2017

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

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

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

Journal of Infectious Diseases

Volume 215, Issue 11 1 June 2017

<https://academic.oup.com/jid/issue>

Editor's Choice

[Vaccine Impact Data Should Support Country Decision Making](#)

E. Anthony S. Nelson, A. Duncan Steele

J Infect Dis (2017) 215 (11): 1634-1636.

VIRUSES

Editor's Choice

[Global Impact of Rotavirus Vaccination on Childhood Hospitalizations and Mortality From Diarrhea](#)

Eleanor Burnett; Christine L. Jonesteller; Jacqueline E. Tate; Catherine Yen; Umesh D. Parashar

Data from 57 studies in 27 countries showed median reductions of 80% in rotavirus hospitalizations, 38% in all-cause gastroenteritis hospitalizations, and 42% reduction in diarrhea mortality among children <5 years of age since licensure of rotavirus vaccines a decade ago

[Sustained Immunogenicity of 2-dose Human Papillomavirus 16/18 AS04-adjuvanted Vaccine Schedules in Girls Aged 9–14 Years: A Randomized Trial](#)

Li-Min Huang; Thanyawee Puthanakit; Chiu Cheng-Hsun; Tang Ren-Bin; Tino Schwarz ...

Human papillomavirus vaccination began using a 3-dose schedule. Compared with the 3-dose schedule in women, the 2-dose schedules are effective options in young girls as of 36 months after first dose. Two-dose schedules could improve compliance and vaccination coverage.

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>
[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 24, 2017 Volume 389 Number 10088 p2443-2586 e16
<http://www.thelancet.com/journals/lancet/issue/current>
Comment

[Clinical trials during epidemics](#)

Gerald T Keusch, Keith P W J McAdam
[See Reports section above for full text]

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 7659 pp451-570 22 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>

[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 22, 2017 Vol. 376 No. 25

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

Original Article

Efficacy of Recombinant Influenza Vaccine in Adults 50 Years of Age or Older

Lisa M. Dunkle, M.D., Ruvim Izikson, M.D., M.P.H., Peter Patriarca, M.D., Karen L. Goldenthal, M.D., Derek Muse, M.D., Janice Callahan, Ph.D., and Manon M.J. Cox, Ph.D., for the PSC12 Study Team*

N Engl J Med 2017; 376:2427-2436

June 22, 2017

DOI: 10.1056/NEJMoa1608862

Improved influenza vaccines are needed to control seasonal epidemics. This trial compared the protective efficacy in older adults of a quadrivalent, recombinant influenza vaccine (RIV4) with a standard-dose, egg-grown, quadrivalent, inactivated influenza vaccine (IIV4) during the A/H3N2-predominant 2014–2015 influenza season, when antigenic mismatch between circulating and vaccine influenza strains resulted in the reduced effectiveness of many licensed vaccines.

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 24 June 2017]

[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 24 June 2017]

[No new digest content identified]

PLoS Medicine

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

(Accessed 24 June 2017)

[No new digest content identified]

PLoS Neglected Tropical Diseases

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

(Accessed 24 June 2017)

Viewpoints

[Challenges in preparing and implementing a clinical trial at field level in an Ebola emergency: A case study in Guinea, West Africa](#)

Sara Carazo Perez, Elin Folkesson, Xavier Anglaret, Abdoul-Habib Beavogui, Emmanuel Berbain, Alseny-Modet Camara, Evelyn Depoortere, Annabelle Lefevre, Piet Maes, Kristian Nødtvedt Malme, Jean-Marie Denis Malvy, Sien Ombelet, Geertrui Poelaert, Daouda Sissoko, Alexis Tounkara, Pierre Trbovic, Pascal Piguet, Annick Antierens

| published 22 Jun 2017 PLOS Neglected Tropical Diseases
<https://doi.org/10.1371/journal.pntd.0005545>

Author summary

During the large Ebola outbreak that affected West Africa in 2014 and 2015, studies were launched to evaluate potential treatments for the disease. A clinical trial to evaluate the effectiveness of the antiviral drug favipiravir was conducted in Guinea. This paper describes the main challenges of the implementation of the trial in the Ebola treatment center of Guéckédou. Following the principles of the Good Clinical Research Practices, we explored the aspects of the community's communication and engagement, ethical conduct, trial protocol compliance, informed consent of participants, ongoing benefit/risk assessment, record keeping, confidentiality of patients and study data, and roles and responsibilities of the actors involved. We concluded that several challenges have to be addressed to successfully implement a clinical trial during an international medical emergency but that the potential for collaboration between research teams and humanitarian organizations needs to be highlighted.

PLoS One

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

[Accessed 24 June 2017]

Research Article

[The measles epidemic trend over the past 30 years in a central district in Shanghai, China](#)

Jie Gao, Bing Shen, JianJing Xiong, Yihan Lu, Qingwu Jiang

Research Article | published 22 Jun 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0179470>

PLoS Pathogens

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

[Accessed 24 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 24 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>

[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 24 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>

[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 10, 2017

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

[Reviewed earlier]

Science

23 June 2017 Vol 356, Issue 6344

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

[New issue; No digest content identified]

Science Translational Medicine

21 June 2017 Vol 9, Issue 395

<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 31, Pages 3797-3904 (5 July 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/31>

Commentaries

[What is the heterogeneity in the impact seen with pneumococcal conjugate vaccines telling us?](#)

Pages 3797-3800

William P. Hausdorff, Steve Black

Abstract

Pneumococcal conjugate vaccines have proven highly effective in decreasing invasive disease and pneumonia in young children. However, there is considerable geographic variability in the impact of these vaccines on other disease endpoints and in other age groups. Investigation of

the possible causes of this variability would greatly improve our understanding of pneumococcal pathophysiology and stimulate the effort to design more broadly effective vaccines.

Regular Papers

Modeling the costs and benefits of temporary recommendations for poliovirus exporting countries to vaccinate international travelers

Original Research Article

Pages 3823-3833

Radboud J. Duintjer Tebbens, Kimberly M. Thompson

Abstract

Recognizing that infectious agents readily cross international borders, the International Health Regulations Emergency Committee issues Temporary Recommendations (TRs) that include vaccination of travelers from countries affected by public health emergencies, including serotype 1 wild polioviruses (WPV1s). This analysis estimates the costs and benefits of TRs implemented by countries with reported WPV1 during 2014–2016 while accounting for numerous uncertainties. We estimate the TR costs based on programmatic data and prior economic analyses and TR benefits by simulating potential WPV1 outbreaks in the absence of the TRs using the rate and extent of WPV1 importation outbreaks per reported WPV1 case during 2004–2013 and the number of reported WPV1 cases that occurred in countries with active TRs. The benefits of TRs outweigh the costs in 77% of model iterations, resulting in expected incremental net economic benefits of \$210 million. Inclusion of indirect costs increases the costs by 13%, the expected savings from prevented outbreaks by 4%, and the expected incremental net benefits by 3%. Despite the considerable costs of implementing TRs, this study provides health and economic justification for these investments in the context of managing a disease in advanced stages of its global eradication.

Predictors of self and parental vaccination decisions in England during the 2009 H1N1 pandemic: Analysis of the Flu Watch pandemic cohort data

Original Research Article

Pages 3875-3882

Dale Weston, Ruth Blackburn, Henry W.W. Potts, Andrew C. Hayward

Abstract

During the 2009 H1N1 pandemic, UK uptake of the pandemic influenza vaccine was very low. Furthermore, attitudes governing UK vaccination uptake during a pandemic are poorly characterised. To the best of our knowledge, there is no published research explicitly considering predictors of both adult self-vaccination and decisions regarding whether or not to vaccinate one's children among the UK population during the H1N1 pandemic. We therefore aimed to identify predictors of both self-vaccination decisions and parental vaccination decisions using data collected during the H1N1 pandemic as part of the Flu Watch cohort study. Data were analysed separately for 798 adults and 85 children: exploratory factor analysis facilitated reduction of 16 items on attitudes to pandemic vaccine into a smaller number of factors. Single variable analyses with vaccine uptake as the outcome were used to identify variables that were predictive of vaccination in children and adults. Potential predictors were: attitudinal factors created by data reduction, age group, sex, region, deprivation, ethnicity, chronic condition, vocation, healthcare-related occupation and previous influenza vaccination. Consistent with previous literature concerning adult self-vaccination decisions, we found that vaccine efficacy/safety and perceived risk of pandemic influenza were significant predictors of both self-vaccination decisions and parental vaccination decisions. This study provides the first

systematic attempt to understand both the predictors of self and parental vaccination uptake among the UK general population during the H1N1 pandemic. Our findings indicate that concerns about vaccine safety, and vaccine effectiveness may be a barrier to increased uptake for both self and parental vaccination.

An updated methodology to review developing-country vaccine manufacturer viability

Original Research Article

Pages 3897-3903

Nicholas Luter, Ritu Kumar, Dai Hozumi, Tina Lorenson, Shannon Larsen, Bhavya Gowda, Amie Batson

Abstract

In 1997, Milstien, Batson, and Meaney published "A Systematic Method for Evaluating the Potential Viability of Local Vaccine Producers." The paper identified characteristics of successful vaccine manufacturers and developed a viability framework to evaluate their performance. This paper revisits the original study after two decades to determine the ability of the framework to predict manufacturer success. By reconstructing much of the original dataset and conducting in-depth interviews, the authors developed informed views on the continued viability of manufacturers in low- and middle-income country markets. Considering the marked changes in the market and technology landscape since 1997, the authors find the viability framework to be predictive and a useful lens through which to evaluate manufacturer success or failure. Of particular interest is how incumbent and potentially new developing-country vaccine manufacturers enter and sustain production in competitive international markets and how they integrate (or fail to integrate) new technology into the production process. Ultimately, most manufacturers will need to meet global quality standards to be viable. As governments and donors consider investments in vaccine producers, the updated viability factors will be a useful tool in evaluating the prospects of manufacturers over the mid to long term. The paper emphasizes that while up-front investments are important, other critical factors—including investments in a national regulatory authority, manufacturer independence, and ability to adapt and adopt new technology—are necessary to ensure viability.

Vaccine: Development and Therapy

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

(Accessed 24 June 2017)

[No new content]

Vaccines — Open Access Journal

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

(Accessed 24 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

No new digest content identified.

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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 24 June 2017

[No new, unique, relevant content]

BBC

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

Accessed 24 June 2017

[Syria war: Polio paralyses 17 children in Mayadin and Raqqa](#)

20 Jun 2017

The Economist

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

Accessed 24 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 24 June 2017

Foreign Affairs

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

Accessed 24 June 2017

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 24 June 2017

[No new, unique, relevant content]

The Guardian

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

Accessed 24 June 2017

[No new, unique, relevant content]

New Yorker

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

Accessed 24 June 2017

[No new, unique, relevant content]

New York Times

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

Accessed 24 June 2017

[No new, unique, relevant content]

Wall Street Journal

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

Accessed 24 June 2017

[No new, unique, relevant content]

Washington Post

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

Accessed 24 June 2017

[No new, unique, relevant content]

Think Tanks et al**Brookings**

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

Accessed 24 June 2017

Future Development

Pandemics and the poor

Ben Oppenheim and Gavin Yamey

Monday, June 19, 2017

Center for Global Development
<http://www.cgdev.org/page/press-center>
Accessed 24 June 2017
[No new relevant content]

Council on Foreign Relations
<http://www.cfr.org/>
Accessed 24 June 2017
[No new relevant content]

CSIS
<https://www.csis.org/>
Blog Post
[Yellow Fever in Brazil: The Latest Global Health Security Threat](#)
June 23, 2017 | By Chris Millard

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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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