



Vaccines and Global Health: The Week in Review

3 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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Milestones :: Perspectives



World Health Assembly

WHA70

22–31 May 2017, Geneva

World Health Assembly endorsed resolution to strengthen immunization

29 May 2017

:: Resolution full text:

Strengthening immunization to achieve the goals of the global vaccine action plan resolution

:: Report by the Secretariat on GVAP [WHA]

29 May 2017, GENEVA - Ministers of Health from 194 countries at the 70th World Health Assembly endorsed a resolution on strengthening immunization to achieve the goals of the Global Vaccine Action Plan (GVAP). In 2012, the Health Assembly endorsed GVAP, a commitment to ensure that no one misses out on vital immunization by 2020. To date, progress towards the GVAP targets is off track. In 2015, more than 19 million children missed out on the basic immunization and overall global immunization coverage has stagnated.

The resolution urges Member States to strengthen the governance and leadership of national immunization programmes, and improve monitoring and surveillance systems to ensure up-to-date data guides policy and programmatic decisions to optimize performance and impact. It also calls on countries to expand immunization services beyond infancy, mobilize domestic financing, and strengthen international cooperation to achieve GVAP goals.

It requests the WHO Secretariat to continue supporting countries to achieve regional and global vaccination goals. It recommends scaling up advocacy efforts to improve understanding of the value of vaccines and urgency of meeting the GVAP goals. The Secretariat will report back in 2020 and 2022 on the achievements against the 2020 GVAP goals and targets.

60 speakers including 51 delegates from Member States[i] and 9 non-state actors[ii] took the floor during the GVAP session. The delegates commended the WHO Strategic Advisory Group of Experts (SAGE) on immunization for their recommendations that contributed to the Secretariat's report on progress towards the GVAP goals.

Delegates also acknowledged WHO's fundamental role in facilitating the GVAP implementation, stressing that WHO should continue to play an important and leading role in:

:: Polio end game and effectively manage the critical transition period including the transfer of tangible polio assets to routine immunization programmes and sustaining the immunization gains achieved through the support from the Global Polio Eradication Initiative and the GAVI Alliance;

- : Supporting middle-income countries to access affordable vaccines of assured quality in adequate supply and mobilizing resources for countries facing transition from Gavi support to ensure sustainability of their immunization programmes;
- :: Addressing vaccine resistance and provision of tailored evidence-based strategies and tools to address the root causes of vaccine hesitancy to sustain immunization programmes around the world and prevent outbreaks of vaccine-preventable diseases;
- :: Supporting countries to make evidence-based decisions on new vaccines introductions which is critical to ensure the efficient use of resources, sustainability and affordability of immunization programmes with high impact vaccines;
- : Supporting developing countries' capacity to develop and produce vaccines to achieve affordable pricing;
- :: Inclusion of an immunization indicator aligned with GVAP targets in the Sustainable Development Goals (SDG's);
- :: Support countries in reporting sub-national coverage data to identify and address the pockets of unvaccinated and under vaccinated populations.

A technical briefing on immunization – [Reaching Everyone, Everywhere with Life-Saving Vaccines](#) – was held on 24 May. The briefing provided an opportunity for delegates to share experiences to better understand some of the challenges and bottlenecks to achieving the GVAP goals, learn lessons from the successes seen in some regions and countries and see how we can build on these successes to get back on track.

Note: List of WHO Member States and non-state actors that made interventions

i Afghanistan, Algeria, Angola, Australia, Bahrain, Bahamas, Bangladesh, Bolivia (Plurinational States of), Botswana, Brazil, Canada, Chile, Colombia, China, Ecuador, Ethiopia, Georgia, Ghana, India, Indonesia, Iraq, Jamaica, Japan, Malaysia, Republic of Korea, Lebanon, Mexico, Myanmar, Niger, Norway, Pakistan, Panama, Paraguay, Philippines, Qatar, Russian Federation, Senegal, Somalia, South Africa, Sri Lanka, Suriname, Turkey, United States of America, United Republic of Tanzania, Thailand, Tunisia, United Kingdom, Venezuela (Bolivarian Republic of), Viet Nam, Zambia, Zimbabwe.

ii The Bill and Melinda Gates Foundation, Gavi, the Vaccine Alliance, Global Health Council, Knowledge Ecology International, International Counsel of Nurses, The International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières, Save the Children, World Medical Association.

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Seventieth World Health Assembly update

29 May 2017 | GENEVA - Delegates at the World Health Assembly have reached new agreements on dementia; immunization; refugee and migrant health; substandard and falsified medical products, and the world drug problem.

Dementia

Delegates at the World Health Assembly today endorsed a global action plan on the public health response to dementia 2017-2025 and committed to developing ambitious national strategies and implementation plans. The global plan aims to improve the lives of people with

dementia, their families and the people who care for them, while decreasing the impact of dementia on communities and countries. Areas for action include: reducing the risk of dementia; diagnosis, treatment and care; research and innovative technologies; and development of supportive environments for carers.

They called on the WHO Secretariat to offer technical support, tools and guidance to Member States as they develop national and subnational plans and to draw up a global research agenda for dementia. Delegates recognized the importance of WHO's Global Dementia Observatory as a system for monitoring progress both within countries and at the global level.

Delegates emphasized the need to integrate health and social care approaches, and to align actions to tackle dementia with those for other aspects of mental health, as well as noncommunicable diseases and ageing. They also highlighted the importance of ensuring respect for the human rights of people living with dementia, both when developing plans and when implementing them.

Worldwide, around 47 million people have dementia, with nearly 9.9 million new cases each year. Nearly 60% of people with dementia live in low- and middle-income countries.

Immunization

Delegates agreed to strengthen immunization to achieve the goals of the Global Vaccine Action Plan (GVAP). In 2012, the Health Assembly endorsed GVAP, a commitment to ensure that no one misses out on vital immunization by 2020. However, progress towards the targets laid out in that plan is off track. Halfway through the decade covered by the plan, more than 19 million children were still missing out on basic immunizations.

Today's resolution urges Member States to strengthen the governance and leadership of national immunization programmes. It also calls on them to improve monitoring and surveillance systems to ensure that up-to-date data guides policy and programmatic decisions to optimize performance and impact. It calls on countries to expand immunization services beyond infancy; mobilize domestic financing, and strengthen international cooperation to achieve GVAP goals. It requests the WHO Secretariat to continue supporting countries to achieve regional and global vaccination goals. It recommends scaling up advocacy efforts to improve understanding of the value of vaccines and of the urgent need to meet the GVAP goals. The Secretariat will report back in 2020 and 2022 on achievements against the 2020 goals and targets.

Immunization averts an estimated 2 to 3 million deaths every year from diphtheria, tetanus, pertussis (whooping cough), and measles. An additional 1.5 million deaths could be avoided if global vaccination coverage were improved.

Refugee and migrant health

Delegates asked the Director-General to provide advice to countries in order to promote the health of refugees and migrants, and to gather evidence that will contribute to a draft global action to be considered at the 72nd World Health Assembly in 2019. They also encouraged Member States to use the framework of priorities and guiding principles to promote the health of refugees and migrants developed by WHO, in collaboration with IOM and UNHCR, to inform

discussions among Member States and partners engaged in the development of the UN global compact on refugees and the UN global compact for safe, orderly and regular migration.

There are an estimated 1 billion migrants in the world – one in seven of the world’s population. This rapid increase of population movement has important public health implications, and requires an adequate response from the health sector. International human rights standards and conventions exist to protect the rights of migrants and refugees, including their right to health. But many refugees and migrants often lack access to health services and financial protection for health.

Health problems faced by newly-arrived refugees and migrants can include accidental injuries, hypothermia, burns, cardiovascular events, pregnancy and delivery-related complications. Women and girls frequently face specific challenges, particularly in maternal, newborn and child health, sexual and reproductive health, and violence. Children are prone to acute infections such as respiratory infections and diarrhoea because of poor living conditions and deprivation during migration and forced displacement. Lack of hygiene can lead to skin infections.

Refugees and migrants are also at risk of psychosocial disorders, drug abuse, nutrition disorders, alcoholism and exposure to violence. Those with noncommunicable diseases (NCDs) can also suffer interruption of care, due either to lack of access or to the decimation of health care systems and providers.

Substandard and falsified medical products

“Substandard” medical products (also called “out of specification”) are authorized by national regulatory authorities, but fail to meet either national or international quality standards or specifications – or in some cases, both. “Falsified” medical products deliberately or fraudulently misrepresent their identity, composition or source.

The Assembly also agreed a definition of “unregistered or unlicensed medical products”. These have not been assessed or approved by the relevant national or regional regulatory authority for the market in which they are marketed, distributed or used.

The new terminology aims to establish a common understanding of what is meant by substandard and falsified medical products and to facilitate a more thorough and accurate comparison and analysis of data. It focuses solely on the public health implications of substandard and falsified products, and does not cover the protection of intellectual property rights.

Substandard and falsified medical products can harm patients and fail to treat the diseases for which they were intended. They lead to loss of confidence in medicines, healthcare providers and health systems, and affect every region of the world. Anti-malarials and antibiotics are amongst the most commonly reported substandard and falsified medical products, but all types of medicines can be substandard and falsified. They can be found in illegal street markets, via unregulated websites, and in pharmacies, clinics and hospitals.

Delegates agreed to adopt the new name of “substandard and falsified” (SF) medical products for what have until now been known as “substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC)” medical products.

The world drug problem and public health

Delegates agreed on the need for intensified efforts to help Member States address the world drug problem. They asked the WHO Secretariat to strengthen its collaboration with the United Nations Office on Drugs and Crime and the International Narcotics Control Board to implement the health-related recommendations of in the outcome document of the 2016 Special Session of the United Nations General Assembly on the world drug problem (UNGASS).

It has been 26 years since the Health Assembly made a decision on this topic. The Secretariat is asked to report back on progress in 2018, 2020 and 2022.

According to WHO's latest estimates, psychoactive drug use is responsible for more than 450 000 deaths each year. The drug-attributable disease burden accounts for about 1.5% of the global burden of disease. Furthermore, injecting drug use accounts for an estimated 30% of new HIV infections outside sub-Saharan Africa and contributes significantly to hepatitis B and C epidemics in all regions.

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Weekly Epidemiological Record, 2 June 2017, vol. 92, 22 (pp. 301–320)

Meeting of the Strategic Advisory Group of Experts on immunization, April 2017 – conclusions and recommendations

Report Sections

Report from the WHO Department of Immunization, Vaccines and Biologicals

Report from GAVI, the Vaccine Alliance

Report from the Global Advisory Committee on Vaccine Safety (GACVS)

Report from the Expert Committee on Biological Standardization (ECBS)

Report of the Immunization Practices Advisory Committee (IPAC)

Report from the Implementation Research Advisory Committee (IVIR-AC)

Polio eradication

Cholera vaccination

Ebola vaccines

National immunization programme management: functions and competencies

National Immunization Technical Advisory Groups (NITAGs)

Private sector engagement with national immunization programmes

Diphtheria

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 31 May 2017

:: Delegates to the World Health Assembly discussed how to finish the job and address the challenges of the post-polio world last week in Geneva.

:: After a polio outbreak, how do experts make sure that the virus is gone for good? [Find out more](#) about finding that needle in the haystack.

:: In May, the Emergency Committee of the International Health Regulations [removed Lao People's Democratic Republic from the list of polio-infected countries](#) after a comprehensive outbreak response.

:: Summary of newly-reported viruses this week: one new environmental sample positive for wild polio virus from Pakistan.

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Editor's Note:

We include below a joint statement from WHO and UNICEF, and additional New York Times coverage, as part of coverage of the health emergency in South Sudan.

Statement regarding findings of joint investigation of 15 deaths of children in Nachodokopele village, Kapoeta East County in South Sudan

1 June 2017

An investigation into the cause of the death of 15 children in rural and remote Nachodokopele village, Kauto County in South Sudan by the National Adverse Events Following Immunization (AEFI) Committee, supported by WHO and UNICEF Vaccine safety experts has concluded that severe sepsis / toxicity resulting from the administration of a contaminated vaccine caused the event.

Ministry of Health, WHO and UNICEF express our deep regret and sadness at the passing of the children. This tragic event could have been prevented by adhering to WHO immunization safety standards.

The report presented to the Minister of Health by the AEFI committee stated that the team that vaccinated the children in this tragic event were neither qualified nor trained for the immunization campaign.

Evidence gathered by the investigators indicates that the vaccination team did not adhere to the WHO-approved immunization safety standards. A single reconstitution syringe was used for multiple vaccine vials for the entire four days of the campaign instead of being discarded after single use. The reuse of the reconstitution syringe causes it to become contaminated which in turn contaminates the measles vaccine vials and infects the vaccinated children.

The report also stated that the vaccination team did not follow the cold chain protocols as specified in the Measles Supplementary Immunization Activities guidelines. The vaccines were stored in a building with no cold chain facilities for four days. This means that the vaccines were not maintained at the recommended temperature ranges to preserve their quality.

About 300 people were vaccinated against Measles in Nachodokopele Village during the campaign. Thirty-two other children suffered similar symptoms of fever, vomiting and diarrhoea but recovered.

The Ministry of Health has commissioned a multiagency administrative committee to review the AEFI report and give appropriate recommendations for further actions to improve immunization service delivery.

Vaccination is one of the most basic and critical health needs in emergencies to protect populations from the risk of contracting deadly but preventable diseases.

The risk of measles and other Vaccine Preventable Diseases in South Sudan remains extremely high because of the challenges being faced by the health system. The country has experienced significant measles outbreaks among unprotected population caused by a backlog of unvaccinated children in areas of insecurity.

The measles vaccine has been used all over the world to protect more than 2 billion children against measles. When used according to WHO-approved immunization safety standards, the measles vaccine is safe and effective. In South Sudan, this is the fifth follow up vaccination campaign. The past campaigns were successfully implemented and the safety of the vaccine was assured.

Mishandled Measles Vaccine Kills 15 Children in South Sudan

New York Times June 02, 2017 - By JACEY FORTIN

Contaminated vaccines in a rural village in South Sudan killed 15 children last month and endangered dozens more, according to a statement [above] from the World Health Organization, Unicef and the health ministry of South Sudan...

...And children were recruited to help organize the efforts; one even administered injections, the W.H.O. representative to South Sudan, Dr. Abdalmumini Usman, said in a phone interview.

The vaccination campaign, which was officially run by South Sudan's government and supported by the W.H.O. and Unicef, lasted for four days, and about 300 people in the village were inoculated. The children who died were all injected on the same day and from the same vial, Dr. Usman said...

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WHO Grade 3 Emergencies [to 3 June 2017]

South Sudan

:: [Read the latest cholera situation report pdf, 315kb](#) 30 May 2017

[Excerpt]

...Oral cholera vaccination

As part of the ongoing cholera response, cholera vaccines have been deployed in Leer, Bor PoC, Malakal Town, Bentiu PoC, Mingkaman IDP settlement, and Aburoc IDPs. All these sites are not reporting cholera cases with the exception of Aburoc. In 2017, a total of 228,551 doses of the vaccine have been deployed targeting individuals aged one year and above. WHO has secured a total of 544,140 doses of oral cholera vaccines in 2017 and the current balance in the National Vaccine store stands at 78,684 doses....

Iraq

:: Iraq: WHO and UNFPA scale up trauma and emergency obstetric response capacity to safeguard lives of newly displaced families from west Mosul

Baghdad, 31 May 2017 – The World Health Organization (WHO) and the United Nations Population Fund (UNFPA) are extremely concerned about the health conditions of about 180

000 men, women and children who are reportedly still trapped inside west Mosul's old city where access to health care services has been limited.

:: Special health situation report from Mosul 27 May 2017

[Excerpt]

Under the leadership of the Ministry of Health Iraq and in collaboration with Ninawa, Erbil and Duhok Directorates of Health (DOHs), more than 60 700 children aged 0-59 months living in selected districts and internally displaced persons camps in the three governorates were vaccinated against polio...

Yemen

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

25 May 2017 – A World Health Organization-chartered aircraft carrying intravenous fluids and cholera kits has successfully landed at Sana'a airport in Yemen. At 67 tons, it constitutes the largest planeload of medical goods WHO has brought into the country since the escalation of the conflict in March 2015.

[see UNICEF reports below]

Nigeria - *No new announcements identified*

The Syrian Arab Republic - *No new announcements identified*

WHO Grade 2 Emergencies [to 3 June 2017]

Cameroon - *No new announcements identified.*

Central African Republic - *No new announcements identified. [see UNICEF reports below]*

Democratic Republic of the Congo - *No new announcements identified.*

Ethiopia - *No new announcements identified.*

Libya - *No new announcements identified.*

Myanmar - *No new announcements identified.*

Niger - *No new announcements identified.*

Ukraine - *No new announcements identified*

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UN OCHA – L3 Emergencies

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

Iraq

:: Mosul Humanitarian Crisis, 01 June 2017

...790,674 People cumulatively displaced since 16 October 2016 from Mosul city as of 1 June
...572,278 people remain displaced from western Mosul city as of 1 June – 42,246 people have returned to western Mosul city as of 30 May

...40,913 people remain displaced from eastern Mosul city as of 1 June – 135,237 people have returned to eastern Mosul city as of 30 May

...7,382 fully-serviced family plots available to shelter Mosul displaced people at 19 sites as of 1
... 6,400m³ of water trucked and distributed daily to Mosul city by humanitarian partners as of
... 13,039 people transferred from frontline areas to hospitals for trauma injuries treatment as of 28 May

:: [Iraq: Mosul Humanitarian Response Situation Report No. 35 \(22 May to 28 May 2017\)](#)
[EN/KU]

Syrian Arab Republic

:: [Syria: Flash update on recent events - 1 June 2017](#)

KEY DISPLACEMENT STATISTICS (AS OF 16 MAY 2017)

...898,374 displacements recorded by the CCCM Cluster in the last 12 months from affected areas of northern and southern Syria:

.....871,978 displacements from affected areas of northern Syria, including Aleppo (385,004), Ar-Raqqa (205,503), Hama (144,780), Idleb (101,634), Homs (21,005), Al-Hassakeh (5,294), Deir-Ez-Zor (7,717), Lattakia (1,041) governorates, northern Syria. This includes around 136,926 new displacements recorded in May 2017 alone, with the large majority from Ar-Raqqa Governorate (94,362).

....26,396 displacements from affected areas of Damascus, Rural Damascus, Sweida and Dar'a, southwestern Syria. This includes around 9,094 new displacements recorded in May 2017 alone.

Yemen

:: [Key messages on cholera \(29 May 2017\)](#) [No OCV mention]

[see UNICEF reports below]

UN OCHA – Corporate Emergencies

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

Somalia

:: [Humanitarian Bulletin Somalia May 2017 | Issued on 2 June 2017](#)

:: [Somalia: Drought Response - Situation Report No. 10 \(as of 31 May 2017\)](#)

Ethiopia

:: [31 May 2017 Ethiopia Weekly Humanitarian Bulletin, 29 May 2017](#)

Nigeria - No new announcements identified

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UNICEF [to 3 June 2017]

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

2 June, 2017

Unprecedented spread of cholera in Yemen as health workers race against time to save children

SANA/DJIBOUTI/AMMAN, – “I have just concluded a trip to Yemen to oversee UNICEF’s response to the unprecedented cholera outbreak that is gripping the country.

1.3 million children urgently need humanitarian assistance after storms batter Bay of Bengal

NEW YORK/BANGKOK/KATHMANDU, 1 June 2017 – At least 1.3 million children are in urgent need of humanitarian assistance across the Bay of Bengal region following severe weather over

the past six days, UNICEF has warned. Devastation wrought by Cyclone Mora in Myanmar and Bangladesh, and torrential monsoon rains across Sri Lanka have left children homeless and in need of protection, nutrition and health services.

UNICEF reaches children fleeing to Angola from violence in the Democratic Republic of the Congo

LUANDA, Angola 1 June 2017 – More than 9,000 children who have arrived at two temporary reception centres in Dundo, northern Angola, from the Democratic Republic of Congo (DRC) need urgent support, UNICEF said today. To date, more than 25,000 people have arrived in Angola, having fled violence in the Kasai province of the Democratic Republic of the Congo.

Central African Republic: Thousands of children and families in desperate need of humanitarian assistance as violence escalates

BANGUI/DAKAR/NEW YORK, 1 June 2017 – Two planes carrying vital supplies for thousands of families displaced by violence in the Central African Republic were finally able to land earlier today in Bangassou, UNICEF said, after weeks of intensified conflict had blocked the delivery of humanitarian assistance to the southeast.

Over 1,000 children seek treatment for watery diarrhoea daily as number of suspected cholera cases in Yemen soars – UNICEF

NEW YORK/SANA'A, 31 May 2017 – In the past 72 hours, the number of suspected cholera cases in Yemen has risen by 10,000 to a total of 65,300. Over 1,000 children suffering from acute watery diarrhoea have been reporting to health facilities every day. In just one month, cholera has claimed at least the lives of 532 people, including 109 children. These numbers represent only verified cases and actual figures are expected to be much higher.

Statement attributable to Geert Cappelaere UNICEF Regional Director on the spread of cholera in Yemen

AMMAN, 30 May 2017- "As the UN Security Council yet again holds consultations on the situation in Yemen, UNICEF is reporting an unprecedented increase in the number of suspected cholera cases across the country, many of those affected are children.

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MSF/Médecins Sans Frontières [to 3 June 2017]

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

Press release

South Sudan: Thousands at Risk of Cholera and Malnutrition After Fleeing Attacks in Yuai and Waat

JUBA, SOUTH SUDAN, JUNE 2, 2017—Malnutrition and suspected cases of cholera are escalating among people sheltering in the bush near Pieri, in northeastern South Sudan, putting the health of thousands of people at risk, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) said today.

Press release

Yemen: Cholera Outbreak Threatens to Spiral Out of Control

June 01, 2017

As cases of cholera and acute watery diarrhea rise across Yemen, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) warns that the outbreak is threatening to spiral out of control and calls for an urgent and appropriate response.

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EBOLA/EVD [to 3 June 2017]

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

Ebola Situation report: 02 June 2017

Situation update

[Excerpt]

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

On 01 June 2017, no new confirmed, probable or suspected EVD cases were reported. The last confirmed case was reported on 11 May 2017. There are currently a total of two confirmed, three probable and 8 suspected cases...

...Vaccination

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

:: International vaccine deployment and cold chain shipment to DRC is not advised at this point. Planning and arrangements should be in place for immediate deployment if necessary.

:: The government of the Democratic Republic of the Congo and MSF with support of WHO and other partners are working on detailed planning and readiness to offer access to the rVSV ZEBOV experimental/investigational vaccine, within the Expanded Access framework, with informed consent and in compliance with good clinical practice.

:: Planning and readiness should be completed urgently to be able to rapidly initiate ring vaccination should an EVD laboratory confirmed case be identified outside already defined chains of transmission. The vaccine would be offered to contacts and contacts of contacts of a confirmed EVD case, including health care workers and field laboratory workers.

:: MOH, with support from WHO and partners continue active surveillance and response activities, including completing the contact follow-up period for already identified contacts, and conducting rapid laboratory evaluation of suspected cases as per WHO guidelines.

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Editor's Note:

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

Zika virus [to 3 June 2017]

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

[No new digest content identified]

MERS-CoV [to 3 June 2017]
<http://www.who.int/emergencies/mers-cov/en/>
[No new digest content identified]

Yellow Fever [to 3 June 2017]
<http://www.who.int/emergencies/yellow-fever/en/>
[No new digest content identified]

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WHO & Regional Offices [to 3 June 2017]

New vector control response a game-changer

1 June 2017 – Today more than 80% of the world's population is at risk of vector-borne disease, with half at risk of two or more diseases. Mosquitoes, flies and bugs such as ticks can transmit diseases such as malaria, lymphatic filariasis, leishmaniasis, Chagas disease, Lyme disease and encephalitis. Over the past year, WHO has spearheaded a reprioritization of vector control, resulting in the Global Vector Control Response (GVCR) 2017–2030.
:: [Global Vector Control Response 2017–2030](#)

Highlights

Huge bed net campaign kicks off in Sierra Leone

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

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: Accelerating the AIDS response in western and central Africa

31 May 2017 - Only 1.8 million people of the 6.5 million people living with HIV in western and central Africa were on antiretroviral therapy at the end of 2015. This 28% treatment coverage of people living with HIV in the region contrasts with the 54% coverage in eastern and southern Africa in the same year.

:: New technology allows for rapid diagnosis of Ebola in Democratic Republic of the Congo - 29 May 2017

WHO Region of the Americas PAHO

:: World No Tobacco Day 2017: Tobacco threatens development, strong control measures needed (05/30/2017)

:: Colombia, Ecuador and Peru to receive WHO World No Tobacco Day Award (05/30/2017)

WHO South-East Asia Region SEARO

:: India's Health Minister gets WHO's special recognition for tobacco control; Maldives, Bhutan Ministers conferred World No-Tobacco Day Award 30 May 2017

WHO European Region EURO

:: World No Tobacco Day: tobacco threatens us all 30-05-2017

WHO Eastern Mediterranean Region EMRO

:: WHO and UNFPA scale up trauma and emergency obstetric response capacity to safeguard lives of newly displaced families from west Mosul Baghdad, 31 May 2017 –

:: Japan's support to WHO boosts lifesaving health interventions for IDPs and refugees in Ninewa, Erbil and Duhok 29 May 2017

WHO Western Pacific Region

:: World No Tobacco Day 2017: Tobacco is a threat to development MANILA, 31 May 2017

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CDC/ACIP [to 3 June 2017]

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

Media Statement

Friday, June 02, 2017

CDC updates Zika guidance for Miami-Dade County, Florida

The Centers for Disease Control and Prevention (CDC) has updated guidance for people who travel to or live in Miami-Dade County to lift the Zika cautionary (yellow) area designation. There have been no new cases of local Zika virus transmission identified and no cases under investigation in Miami-Dade County for more than 45 days. Lifting the yellow area designation means that there are no longer any travel recommendations related to Zika virus for Miami-Dade County, Florida...

MMWR News Synopsis for June 1, 2017

Strategies for Preventing HIV Infection Among HIV-Uninfected Women Attempting Conception with HIV-Infected Men — United States

While insemination with HIV-uninfected donor sperm remains an option for achieving conception among couples in which the male partner is HIV-infected and the female partner is uninfected, couples who want to conceive a biologic child together can consider using HAART, PrEP, and “sperm washing” in combination with timed intercourse, insemination, or IVF. In a comprehensive scientific update, CDC outlines the best strategies for preventing transmission from an HIV-infected male partner to his uninfected female partner while attempting conception. This new resource can help providers improve counseling for assisting conception among HIV-discordant couples. Based on available science, for discordant couples in which the male partner is HIV-infected and the female partner is uninfected, insemination with HIV-uninfected donor sperm remains an option for achieving conception. However, for couples who want to conceive a biologic child together, several risk-reduction strategies are available. One strategy is viral suppression with HIV medications for the male partner (highly-active antiretroviral therapy, or HAART), with condomless sex around the time of ovulation, while the female partner takes daily oral HIV medication to prevent infection (pre-exposure prophylaxis, or PrEP). Alternatively, combining HAART and PrEP use among the male and female partner,

respectively, with “sperm washing” and subsequent intrauterine insemination or in vitro fertilization can further reduce risk. Because each method carries a unique risk profile and degree of effectiveness, which may be affected by underlying fertility factors, patients should discuss all options with a medical provider who can help them select a treatment plan.

Trends in Prevalence of Advanced HIV Disease at Antiretroviral Therapy Enrollment — 10 Countries, 2004–2015

While people with HIV in multiple low- and middle-income countries are increasingly starting treatment earlier, many still do not begin treatment until their disease has reached an advanced stage. This puts their health at risk and greatly increases their chances of transmitting HIV to others. A CDC study of 10 countries in Africa, Asia, and the Caribbean suggests that in most of them, more people with HIV are starting treatment before they reach advanced stages of infection. From 2004–2015, the percentage of people who started HIV treatment at later stages decreased significantly in Mozambique, Namibia, and Haiti. Five other countries also experienced declines. However, at least a third of people with HIV in these 10 countries still began treatment too late in 2015. The research sheds light on approaches countries can take to ensure more people with HIV begin treatment sooner, including earlier testing and connecting people to care. Research shows that early and effective HIV treatment improves the health of people living with HIV and reduces transmission of the disease.

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Announcements

GHIT Fund [to 3 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 •

2017.06.01 Press Room

GHIT Fund Secures Commitments of Over US\$200 Million to its Replenishment for the Acceleration of Japanese Innovation for Infectious Diseases of the Developing World

This announcement demonstrates the continued leadership and commitment of the Government of Japan, leading life sciences companies, international foundations and other partners to combat neglected diseases; with this replenishment, which marks a doubling of previous commitments, GHIT will accelerate and expand its development of new tools while ensuring they are accessible and delivered to the world’s most vulnerable

TOKYO, JAPAN (June 1, 2017)—The Global Health Innovative Technology Fund (GHIT Fund), which has been dedicated to leveraging Japanese expertise and capacity for health innovations to save lives in the world’s poorest countries, announced today that it has secured commitments of over US\$200 million* to its replenishment for its next phase of work, allowing it to move the most advanced tools out of the lab, and into the hands of those who need them most.

GHIT’s funding partners, including the Government of Japan (GOJ), private companies, the Bill & Melinda Gates Foundation, and the Wellcome Trust have committed over US\$200 million in a significant vote of confidence in the institution’s work. The new commitment for GHIT’s second phase is double the initial US\$100 million investment GHIT received when it was created

in 2013. The GOJ will contribute roughly half of the replenishment, with other partners splitting the remaining half...

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PATH [to 3 June 2017]

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

Announcement | May 30, 2017

Radboud University Medical Center, the Instituto de Medicina Molecular, and PATH's Malaria Vaccine Initiative will collaborate on first-in-human study of a novel malaria vaccine approach

This early-stage study will test a new vaccine concept using a genetically modified parasite to induce protection

... The concept being tested is similar to that used by Edward Jenner to develop a vaccine against smallpox, the only disease affecting humans that has ever been eradicated. Jenner used cowpox—a similar but much less dangerous bovine version of the disease—to inoculate people against smallpox. In this clinical trial, based on data from earlier animal studies conducted by iMM Lisboa, the researchers will use a rodent version of the malaria-causing parasite (known as *Plasmodium berghei*) to determine if it can induce protection against infection by *Plasmodium falciparum*, the deadliest version of the parasite that infects humans.

In the study, a specific gene from *P. falciparum* known as the circumsporozoite protein (CS), will be inserted into the rodent parasite, resulting in a genetically modified version known as Pb(PfCS@UIS4). By inserting the gene for CS, the researchers hope to improve the potential of the modified rodent parasite to induce a protective response in healthy human volunteers. "Bringing together the concept underlying the first vaccine ever developed, when Edward Jenner used the cowpox virus to immunize people against smallpox, with modern genetic manipulation tools, has resulted in a truly innovative approach to malaria vaccination," said Miguel Prudêncio, who is leading the research team at iMM Lisboa...

2017.06.01 Report

GHIT's 2016 Annual Report Published

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Global Fund [to 3 June 2017]

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

31 May 2017 News

UNHCR and Global Fund Strengthen Partnership to Expand Health Services to Refugees

GENEVA – UNHCR, the UN Refugee Agency, and the Global Fund to Fight AIDS, Tuberculosis and Malaria today signed an agreement intended to improve health services for refugees and other displaced communities. This new agreement will strengthen UNHCR's humanitarian response - focusing on public health and education as well as emergency care.

"Our focus remains on working together to provide specialized health care for refugees and communities hosting them," said Filippo Grandi, the UN High Commissioner for Refugees. "Our partnership ensures refugees have access to treatments for HIV, tuberculosis and malaria." Both agencies are already working together in Rwanda, where UNHCR is implementing a grant of US\$2.09 million from the Global Fund to address health needs for Burundian refugees.

Further discussions are also underway to expand joint activities in the Middle East and East Africa.

"We need to better connect pieces of the humanitarian response within the larger development continuum," said Mark Dybul, Executive Director of the Global Fund. "This framework promotes innovation and advancing efforts that make sense and that work."

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EDCTP [to 3 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

29 May 2017

Leprosy Research Initiative and EDCTP in partnership to boost leprosy research

The Leprosy Research Initiative (LRI) and EDCTP created a partnership to boost leprosy-related research. They aim to leverage resources and pool funds to support clinical and implementation research in sub-Saharan Africa, particularly in relation to leprosy and neglected infectious diseases (NIDs) that are co-endemic with leprosy.

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Wellcome Trust [to 3 June 2017]

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

1 June 2017

Renewed commitment to Japanese global health fund

... Wellcome first supported GHIT in 2015 with a £3m grant for two research projects that aimed to find new treatments for malaria and tuberculosis. The new joint commitment for GHIT's second phase is double the initial US\$100m investment it received when it was created in 2013....

New insights into how Zika causes microcephaly

1 June 2017

... In a study, published in [Science](#) (opens in a new tab), the team showed that the Zika virus hijacks a human protein called Musashi-1 (MSI1), which is present in large amounts in neural stem cells. MSI1 allows Zika virus to replicate inside these cells and kill them. Neural stem cells eventually develop into a baby's brain, so any loss of these cells can prevent a normal-sized brain from growing.

UK-EU research partnerships benefit patients across Europe

31 May 2017

A report commissioned by eight leading UK medical organisations highlights how partnerships between UK and EU medical researchers have increased the value of research, benefiting patients across Europe. This new research shows how the UK's contribution to research throughout the EU has fostered and strengthened scientific cooperation in the following areas.

New genetic cause of childhood cancer found

29 May 2017

Scientists have identified a genetic mutation that causes a childhood kidney cancer called Wilms' tumour. The research revealed how loss of control over the number of chromosomes in a cell can lead to cancer.

:::::

NIH [to 3 June 2017]

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

June 2, 2017

Details of Lassa virus structure could inform development of vaccines, therapies

— Lassa virus can cause a hemorrhagic disease called Lassa fever and is endemic to western Africa.

May 30, 2017

NIH Scientists Find Real-Time Imaging in Mice a Promising Influenza Study Tool

— A non-invasive method to track and monitor viruses, bacteria, and various types of cells and genes.

:::::

PhRMA [to 3 June 2017]

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

June 1, 2017

More than 240 immuno-oncology treatments in development to fight cancer

PhRMA, in partnership with the American Cancer Society Cancer Action Network (ACS CAN), announced today in a new report that there are more than 240 immuno-oncology medicines and vaccines in development to treat cancer.

:::::

UNAIDS [to 3 June 2017]

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

Selected Press Releases & Updates

Update

Report of the United Nations Secretary-General

The report of the United Nations Secretary-General on HIV is being presented in New York on 1 June 2017.

:::::

European Medicines Agency [to 3 June 2017]

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

31/05/2017

New action plan to support SMEs as drivers of pharmaceutical innovation

16 actions identified for implementation in 2017-2020

The European Medicines Agency (EMA) has published today an action plan for small and medium-sized enterprises (SMEs), which aims to foster innovation and support SMEs in the development of novel human and veterinary medicines.

SMEs are the backbone of Europe's economy. They represent 99% of all businesses in the European Union (EU) and provide two-thirds of total private sector employment. In the pharmaceutical sector SMEs are a motor of innovation and play a major role in the development of new medicines...

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IVI [to 3 June 2017]

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

[Undated]

IVI co-hosts first Global Health Youth Leadership Forum at the Korean National Assembly

IVI and Representative Jeon Hye-sook, a member of the parliamentary Health and Welfare Committee, co-hosted the First Global Health Youth Leadership Forum at the National Assembly in Seoul on May 13. The forum, designed to inspire Korean youth to consider global health career paths, gathered about 150 college and middle- and high-school students. IVI Director General Dr. Jerome Kim and Rep. Jeon gave welcome speeches, and four experts including Prof. Kim Sun-young of Seoul National University School of Public Health; Dr. Beck Nam Seon, Director of Delivery at IVI; Ms. Choi Soon-young from World Vision; and Prof. Lee Byung-joo of Global Jobs, a private consulting firm, delivered lectures on topics that included the 'Importance of health and development,' 'Cooperation and partnership in international health,' and 'Employment at international organizations.'...

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Industry Watch

European Commission Approves Pfizer's TRUMENBA® to Help Prevent Meningococcal Group B Disease in Adolescents and Adults

Meningococcal Group B (MenB) is Responsible for 60 Percent of Meningococcal Disease Cases in Adolescents and Young Adults in Europe1

TRUMENBA Approved in Europe with Option for a Two- or Three-Dose Schedule

May 30, 2017

NovaDigm Therapeutics Awarded \$6 Million by U.S. Department of Defense to Conduct a Phase 2a Staphylococcus aureus Vaccine Trial

Assessing the Impact of NDV-3A Vaccine on S. aureus Colonization in a High Risk Population of Military Trainees

June 02, 2017

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AERAS [to 3 June 2017]

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

No new digest content identified.

BIO [to 3 June 2017]
<https://www.bio.org/insights>
No new digest content identified.

BMGF - Gates Foundation [to 3 June 2017]
<http://www.gatesfoundation.org/Media-Center/Press-Releases>
No new digest content identified.

CEPI – Coalition for Epidemic Preparedness Innovations [to 3 June 2017]
<http://cepi.net/>
No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 3 June 2017]
<http://www.dcvmn.org/>
No new digest content identified

European Vaccine Initiative [to 3 June 2017]
<http://www.euvaccine.eu/news-events>
No new digest content identified.

FDA [to 3 June 2017]
<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm>
No new digest content identified.

Fondation Merieux [to 3 June 2017]
<http://www.fondation-merieux.org/news>
Mission: Contribute to global health by strengthening local capacities of developing countries to reduce the impact of infectious diseases on vulnerable populations.
No new digest content identified.

Gavi [to 3 June 2017]
<http://www.gavi.org/library/news/press-releases/>
No new digest content identified.

Hilleman Laboratories [to 3 June 2017]
<http://www.hillemanlabs.org/>
No new digest content identified.

Human Vaccines Project [to 3 June 2017]
<http://www.humanvaccinesproject.org/media/press-releases/>
No new digest content identified.

IAVI – International AIDS Vaccine Initiative [to 3 June 2017]
<https://www.iavi.org/>
No new digest content identified.

IFPMA [to 3 June 2017]
<http://www.ifpma.org/resources/news-releases/>

No new digest content identified.

Sabin Vaccine Institute [to 3 June 2017]

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

No new digest content identified.

* * * *

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

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

No digest content identified.

* * * *

Journal Watch

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

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

American Journal of Infection Control

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

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

[Reviewed earlier]

American Journal of Preventive Medicine

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

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

[Reviewed earlier]

American Journal of Public Health

107(6), June 2017

<http://ajph.aphublications.org/toc/ajph/current>
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
Volume 96, Issue 5, 2017
<http://www.ajtmh.org/content/current>
[Reviewed earlier]

Annals of Internal Medicine
16 May 2017 Vol: 166, Issue 10
<http://annals.org/aim/issue>
[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation
<http://resource-allocation.biomedcentral.com/>
(Accessed 3 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 3 June 2017)
[No new digest content identified]

BMC Infectious Diseases
<http://www.biomedcentral.com/bmcinfectdis/content>
(Accessed 3 June 2017)
[No new digest content identified]

BMC Medical Ethics
<http://www.biomedcentral.com/bmcmedethics/content>
(Accessed 3 June 2017)
[No new digest content identified]

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

(Accessed 3 June 2017)

Editorial

[Spotlight on landmark oncology trials: the latest evidence and novel trial designs](#)

Helena Earl, Stefano Molica and Piotr Rutkowski

BMC Medicine 2017 15:111

Published on: 2 June 2017

Abstract

The era of precision oncology is marked with prominent successes in the therapy of advanced soft tissue sarcomas, breast cancer, ovarian cancer and haematological neoplasms, among others. Moreover, recent trials of immune checkpoint inhibitors in melanoma, non-small cell lung carcinoma, and head and neck cancers have significantly influenced the therapeutic landscape by providing promising evidence for immunotherapy efficacy in the adjuvant setting in high-risk locoregional disease. To speed up the introduction of targeted therapy for cancer patients, novel phase II trials are being designed, and may likely form the basis for the 'landmark trials' of the future. A special article collection in BMC Medicine, "Spotlight on landmark oncology trials", features articles from invited experts on recent clinical practice-changing trials.

BMC Pregnancy and Childbirth

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

(Accessed 3 June 2017)

Research article

[Incidence of influenza virus infection among pregnant women: a systematic review](#)

The World Health Organization (WHO) considers pregnant women to be a risk group for severe influenza disease. We conducted a systematic review to evaluate influenza disease incidence in pregnant women in order...

Mark A. Katz, Bradford D. Gessner, Jeanene Johnson, Becky Skidmore, Marian Knight, Niranjan Bhat, Helen Marshall, David J. Horne, Justin R. Ortiz and Deshayne B. Fell

BMC Pregnancy and Childbirth 2017 17:155

Published on: 30 May 2017

BMC Public Health

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

(Accessed 3 June 2017)

[No new digest content identified]

BMC Research Notes

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

(Accessed 3 June 2017)

[No new digest content identified]

BMJ Open

May 2017 - Volume 7 - 5

<http://bmjopen.bmjjournals.org/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

EDITORIALS

Measuring quality of health-care services: what is known and where are the gaps?

Margaret E Kruk, Edward Kelley, Shamsuzzoha B Syed, Finn Tarp, Tony Addison & Yoko Akachi
<http://dx.doi.org/10.2471/BLT.17.195099>

RESEARCH

Improving the quality of hospital care for children by supportive supervision: a cluster randomized trial, Kyrgyzstan

Marzia Lazzerini, Venera Shukurova, Marina Davletbaeva, Kubanychbek Monolbaev, Tatiana Kulichenko, Yuri Akoev, Maya Bakradze, Tea Margieva, Ilya Mityushino, Leyla Namazova-Baranova, Elnura Boronbayeva, Aigul Kuttumuratova, Martin Willy Weber & Giorgio Tamburlini
<http://dx.doi.org/10.2471/BLT.16.176982>

Variation in quality of primary-care services in Kenya, Malawi, Namibia, Rwanda, Senegal, Uganda and the United Republic of Tanzania

Margaret E Kruk, Adanna Chukwuma, Godfrey Mbaruku & Hannah H Leslie
<http://dx.doi.org/10.2471/BLT.16.175869>

Quality of routine essential care during childbirth: clinical observations of uncomplicated births in Uttar Pradesh, India

Gaurav Sharma, Timothy Powell-Jackson, Kaveri Haldar, John Bradley & Véronique Filippi
<http://dx.doi.org/10.2471/BLT.16.179291>

Developing global indicators for quality of maternal and newborn care: a feasibility assessment

Barbara Madaj, Helen Smith, Matthews Mathai, Nathalie Roos & Nynke van den Broek
<http://dx.doi.org/10.2471/BLT.16.179531>

Community-based approaches for neonatal survival: meta-analyses of randomized trial data

Claudia Hanson, Sanni Kujala, Peter Waiswa, Tanya Marchant & Joanna Schellenberg
<http://dx.doi.org/10.2471/BLT.16.175844>

POLICY & PRACTICE

Quality of care: measuring a neglected driver of improved health

Yoko Akachi & Margaret E Kruk
<http://dx.doi.org/10.2471/BLT.16.180190>

LESSONS FROM THE FIELD

Maternal and neonatal services in Ethiopia: measuring and improving quality

Maureen E Canavan, Marie A Brault, Dawit Tatek, Daniel Burssa, Ayele Teshome, Erika

Linnander & Elizabeth H Bradley
<http://dx.doi.org/10.2471/BLT.16.178806>

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>

Review Articles

Immunization of looked-after children and young people: a review of the literature (pages 463–480)

S. Walton and H. Bedford

Version of Record online: 19 MAR 2017 | DOI: 10.1111/cch.12452

Original Articles

What do popular YouTubeTM videos say about vaccines? (pages 499–503)

C. H. Basch, P. Zybert, R. Reeves and C. E. Basch

Version of Record online: 19 JAN 2017 | DOI: 10.1111/cch.12442

Original Articles

Factors influencing uptake of measles, mumps and rubella (MMR) immunization in site-dwelling Gypsy, Roma and Traveller (G&T) communities: a qualitative study of G&T parents' beliefs and experiences (pages 504–510)

P. Newton and D. M. Smith

Version of Record online: 7 MAR 2017 | DOI: 10.1111/cch.12453

Abstract

Background

Increasing immunization in the Gypsy, Roma and Traveller (G&T) community is a key priority for improving health outcomes in this community. This study aimed to explore G&T parents: (1) beliefs about childhood immunization; (2) beliefs about the risks of immunization and non-immunization; (3) perceived obstacles to, and facilitators of, immunization and (4) views on increasing immunization levels.

Method

A cross-sectional, qualitative study was conducted comprising of five focus groups with 16 site-dwelling G&T women with pre-school aged children. Data were transcribed verbatim and analysed thematically.

Results

Five main themes were identified:

- ...Lay understandings of causation and risk;
- ...Timing of immunization;
- ...Children being perceived as vulnerable;
- ..The fit between lifestyle and healthcare provision;
- ...The impact of living with a high burden of disease.

Conclusion

Understanding of the risks and benefits of measles, mumps and rubella immunization did not differ significantly from the wider population or those promoted by the health service. The majority of barriers stemmed from living with the effects of long-standing health inequalities, which posed further barriers to accessing immunization, and shaped beliefs about

immunization. Factors facilitating uptake occurred where access to immunization services was made flexible, e.g. immunization on traveller sites.

Clinical and Experimental Vaccine Research

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

<http://ecevr.org/>

[Reviewed earlier]

Clinical Therapeutics

May 2017 Volume 39, Issue 5, p873-1076

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

[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 3 June 2017]

[No new digest content identified]

Contemporary Clinical Trials

Volume 56, Pages 1-52 (May 2017)

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

[Reviewed earlier]

Current Opinion in Infectious Diseases

June 2017 - Volume 30 - Issue 3

<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>

[Reviewed earlier]

Developing World Bioethics

April 2017 Volume 17, Issue 1 Pages 1–60

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2017.17.issue-1/issuetoc>

[Reviewed earlier]

Development in Practice

Volume 27, Issue 3

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

[Reviewed earlier]

Disasters

April 2017 Volume 41, Issue 2 Pages 209–426

<http://onlinelibrary.wiley.com/doi/10.1111/dis.2017.41.issue-2/issuetoc>

[Reviewed earlier]

EMBO Reports

01 May 2017; volume 18, issue 5

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

[Reviewed earlier]

Emerging Infectious Diseases

Volume 23, Number 6—June 2017

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

Research

[**Stockpiling Ventilators for Influenza Pandemics PDF Version \[PDF - 1018 KB - 8 pages\]**](#)

H. Huang et al.

Abstract

In preparing for influenza pandemics, public health agencies stockpile critical medical resources. Determining appropriate quantities and locations for such resources can be challenging, given the considerable uncertainty in the timing and severity of future pandemics. We introduce a method for optimizing stockpiles of mechanical ventilators, which are critical for treating hospitalized influenza patients in respiratory failure. As a case study, we consider the US state of Texas during mild, moderate, and severe pandemics. Optimal allocations prioritize local over central storage, even though the latter can be deployed adaptively, on the basis of real-time needs. This prioritization stems from high geographic correlations and the slightly lower treatment success assumed for centrally stockpiled ventilators. We developed our model and analysis in collaboration with academic researchers and a state public health agency and incorporated it into a Web-based decision-support tool for pandemic preparedness and response.

Commentaries

[**Stockpiling Ventilators for Influenza Pandemics PDF Version \[PDF - 1.25 MB - 2 pages\]**](#)

M. I. Meltzer and A. Patel

Epidemics

Volume 18, Pages 1-112 (March 2017)

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

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

Edited by Déirdre Hollingsworth and Graham Medley

[Reviewed earlier]

Epidemiology and Infection

Volume 145 - Issue 8 - June 2017

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

[Reviewed earlier]

The European Journal of Public Health

Volume 27, Issue 3, June 2017

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

[Reviewed earlier]

Global Health Action

Volume 10, 2017 - Issue 1

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

[Reviewed earlier]

Global Health: Science and Practice (GHSP)

March 24, 2017, 5 (1)

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

[Reviewed earlier]

Global Public Health

Volume 12, 2017 Issue 7

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

[Reviewed earlier]

Globalization and Health

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

[Accessed 3 June 2017]

Research

[Perceived reciprocal value of health professionals' participation in global child health-related work](#)

Sarah Carbone, Jannah Wigle, Nadia Akseer, Raluca Barac, Melanie Barwick and Stanley Zlotkin
Globalization and Health 2017 13:27

Published on: 22 May 2017

Abstract

Background

Leading children's hospitals in high-income settings have become heavily engaged in international child health research and educational activities. These programs aim to provide benefit to the institutions, children and families in the overseas locations where they are implemented. Few studies have measured the actual reciprocal value of this work for the home

institutions and for individual staff who participate in these overseas activities. Our objective was to estimate the perceived reciprocal value of health professionals' participation in global child health-related work. Benefits were measured in the form of skills, knowledge and attitude strengthening as estimated by an adapted Global Health Competency Model.

Methods

A survey questionnaire was developed following a comprehensive review of literature and key competency models. It was distributed to all health professionals at the Hospital for Sick Children with prior international work experience (n = 478).

Results

One hundred fifty six health professionals completed the survey (34%). A score of 0 represented negligible value gained and a score of 100 indicated significant capacity improvement. The mean respondent improvement score was 57 (95% CI 53–62) suggesting improved overall competency resulting from their international experiences. Mean scores were >50% in 8 of 10 domains. Overall scores suggest that international work brought value to the hospital and over half responded that their international experience would influence their decision to stay on at the hospital.

Conclusions

The findings offer tangible examples of how global child health work conducted outside of one's home institution impacts staff and health systems locally.

Health Affairs

May 2017; Volume 36, Issue 5

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

Issue Focus: ACA Coverage, Access, Medicaid & More

[Reviewed earlier]

Health and Human Rights

Volume 18, Issue 2, December 2016

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

Special Section: Universal Health Coverage and Human Rights

[Reviewed earlier]

Health Economics, Policy and Law

Volume 12 - Issue 3 - July 2017

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

Perspectives

Democratic transitions, health institutions, and financial protection in the emerging economies: insights from Asia

Eduardo J. Gómez

DOI: <https://doi.org/10.1017/S1744133116000293>

Published online: 14 November 2016, pp. 309-323

Abstract

In a health care system based on managed competition, health insurers negotiate on quality and price with care providers and are allowed to offer restrictive health plans. It is crucial that enrollees who need care choose restrictive health plans, as otherwise health insurers cannot

channel patients to contracted providers and they will lose their bargaining power in negotiations with providers. We aim to explain enrollees' choice of a restrictive health plan in exchange for a lower premium. In 2014 an online survey with an experimental design was conducted on members of an access panel (response 78%; n=3,417). Results showed 37.4% of respondents willing to choose a restrictive health plan in exchange for a lower premium. This fell to 22% when the restrictive health plan also included a longer travelling time. Enrollees who choose a restrictive health plan are younger and healthier, or on lower incomes, than those preferring a non-restrictive one. This means that enrollees who use care will be unlikely to choose a restrictive health plan and, therefore, health insurers will not be able to channel them to contracted care providers. This undermines the goals of the health care system based on managed competition.

Health Policy and Planning

Volume 32, Issue 5 June 2017

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 3 June 2017]

Research

[Towards understanding the drivers of policy change: a case study of infection control policies for multi-drug resistant tuberculosis in South Africa](#)

Explaining policy change is one of the central tasks of contemporary policy analysis. In this article, we examine the changes in infection control policies for multi-drug resistant tuberculosis (MDR-TB) in South Africa from the time the country made the transition to democracy in 1994, until 2015. We focus on MDR-TB infection control and refer to decentralised management as a form of infection control. Using Kingdon's theoretical framework of policy streams, we explore the temporal ordering of policy framework changes. We also consider the role of research in motivating policy changes.

Trust Saidi, Faatiema Salie and Tania S. Douglas

Published on: 30 May 2017

Humanitarian Exchange Magazine

Number 68 January 2017

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

The crisis in South Sudan

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 13, Issue 5, 2017

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 3 June 2017]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 3 June 2017]

Research Article

The impact of poverty on dog ownership and access to canine rabies vaccination: results from a knowledge, attitudes and practices survey, Uganda 2013

Rabies is a neglected disease despite being responsible for more human deaths than any other zoonosis... This study is the first to comprehensively evaluate the effect of poverty on dog ownership in Africa. These results indicate that describing a dog population may not be as simple as applying a human: dog ratio, and factors such as poverty are likely to heavily influence dog ownership and vaccination coverage. These modelled estimates should be confirmed through further field studies, however, if validated, canine rabies elimination through mass vaccination may not be as difficult as previously considered in Uganda. Data derived from this study should be considered to improve models for estimating the in-country and regional rabies burden.

Ryan MacLaren Wallace, Jason Mehal, Yoshinori Nakazawa, Sergio Recuenco, Barnabas Bakamutumaho, Modupe Osinubi, Victor Tugumizemu, Jesse D. Blanton, Amy Gilbert and Joseph Wamala

Infectious Diseases of Poverty 2017 6:97

Published on: 1 June 2017

International Health

Volume 9, Issue 3 May 2017

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

EDITORIALS

Global infectious disease surveillance: getting back to basics

D. N. Durrheim

EDITORIALS

Why transition matters as much as eradication: lessons from global polio surveillance

Joseph R. A. Fitchett

... There is, however, a threat to global investment in surveillance if polio eradication effort is not coupled with an excellent transition plan. This challenge is particularly evident when attempting to raise donor funding from a limited pool of contributors, and to raise domestic funding following successful polio control efforts when so few cases remain visible in comparison to significant other societal challenges. Furthermore, polio eradication alone represents 20% of the current WHO budget.⁷ Although, in practice, polio systems have major benefits across health issues and to health systems more broadly, the case to transition valuable polio assets in support of global health governance is critical.

Going forward, the need for polio surveillance will diminish but the need for infectious disease surveillance will increase. The value of surveillance to societies, countries and global partnership must be better communicated. Global health, development and surveillance needs good news that transcends scientific, political and geographic boundaries. In the current socio-political and economic climate that is challenging the rationale of official development assistance (ODA), and where contributions to development assistance for health (DAH) are plateauing,⁸ successful surveillance and polio eradication couldn't come at a better time.

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>

Original Research Articles

[Immunization coverage among anganwadi preschool children in Kannur, Kerala, India](#)

Anitha S. S., A. K. Jayasree, Devaki Antherjanam S.

DOI: [10.18203/2394-6040.ijcmph20172173](https://doi.org/10.18203/2394-6040.ijcmph20172173)

Original Research Articles

[Assessment of immunisation status of infants in an urban area of North Karnataka](#)

Neha Bhardwaj, Varun Goel

DOI: [10.18203/2394-6040.ijcmph20172201](https://doi.org/10.18203/2394-6040.ijcmph20172201)

International Journal of Epidemiology

Volume 46, Issue 1 February 2017

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

[Reviewed earlier]

International Journal of Infectious Diseases

May 2017 Volume 58, p1-118

[http://www.ijidonline.com/issue/S1201-9712\(17\)X0005-2](http://www.ijidonline.com/issue/S1201-9712(17)X0005-2)

[Reviewed earlier]

JAMA

May 23/30, 2017, Vol 317, No. 20, Pages 2033-2142

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

[Reviewed earlier]

JAMA Pediatrics

May 2017, Vol 171, No. 5, Pages 407-500

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

[Reviewed earlier]

JBI Database of Systematic Review and Implementation Reports

May 2017 - Volume 15 - Issue 5

<http://journals.lww.com/jbisrir/Pages/currrenttoc.aspx>

[Reviewed earlier]

Journal of Community Health

Volume 42, Issue 3, June 2017

<http://link.springer.com/journal/10900/42/3/page/1>

[Reviewed earlier]

Journal of Epidemiology & Community Health

June 2017 - Volume 71 - 6

<http://jech.bmjjournals.org/content/current>

Ethnicity & Health

[Ethnicity-specific factors influencing childhood immunisation decisions among Black and Asian Minority Ethnic groups in the UK: a systematic review of qualitative research](#)

Alice S Forster, Lauren Rockliffe, Amanda J Chorley, Laura A V Marlow, Helen Bedford, Samuel G Smith, Jo Waller

Journal of Global Ethics

Volume 12, Issue 3, 2016

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

Theme Issue: Refugee Crisis: The Borders of Human Mobility

[Reviewed earlier]

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

Volume 28, Number 2 Supplement, May 2017

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

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

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

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 19, Issue 3, June 2017

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

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 15, Issue 2, 2017

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

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

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

Journal of Infectious Diseases

Volume 215, Issue 8 15 April 2017

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

[Reviewed earlier]

Journal of Medical Ethics

June 2017 - Volume 43 - 6

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

Extended essays

[From protection to entitlement: selecting research subjects for early phase clinical trials involving breakthrough therapies](#)

Nancy S Jecker, Aaron G Wightman, Abby R Rosenberg, Douglas S Diekema

Dr Nancy S Jecker, Department of Bioethics & Humanities, University of Washington School of Medicine, 1959 Pacific Street, Box 357120, Seattle, WA 98195-7120, USA; nanjecker@uw.edu

Abstract

Our goals are to (1) set forth and defend a multiprinciple system for selecting individuals who meet trial eligibility criteria to participate in early phase clinical trials testing chimeric antigen receptor (CAR T-cell) for acute lymphoblastic leukaemia when demand for participation exceeds spaces available in a trial; (2) show the relevance of these selection criteria to other breakthrough experimental therapies; (3) argue that distinct distributive justice criteria apply to breakthrough experimental therapies, standard research and healthcare and (4) argue that as evidence of benefit increases, the emphasis of justice in research shifts from protecting subjects from harm to ensuring fair access to benefits.

Review

[Viewing benefit sharing in global health research through the lens of Aristotelian justice](#)

Bege Dauda, Kris Dierickx

Abstract

The ethics of benefit sharing has been a topical issue in global health research in resource-limited countries. It pertains to the distribution of goods, benefits and advantages to the research participants, communities and countries that are involved in research. One of the nuances in benefit sharing is the ethical justification on which the concept should be based. Extensive literature outlining the different principles underlying benefit sharing is available. The purpose of this paper is to examine the proposed principles using Aristotelian principles of justice. The paper assesses the central idea of Aristotelian justice and applies and evaluates this idea to benefit sharing in research, especially when commercial research sponsors conduct research in resource-limited countries. Two categories of Aristotelian justice—universal and particular—were examined and their contribution to the benefit-sharing discourse assessed. On the one hand, benefit sharing in accordance with universal justice requires that for-profit research sponsors obey the legal regulations and international standards set for benefit sharing.

On the other hand, benefit sharing in accordance with particular justice transcends obeying legal requirements and standards to a realm of acting in an ethically accepted manner. Accordingly, the paper further examines three perspectives of particular justice and develops ethical justification for benefit sharing in global health research. As Aristotelian justice is still relevant to the contemporary discourse on justice, this paper broadens the ethical justifications of benefit sharing in global health research.

Journal of Medical Internet Research

Vol 19, No 6 (2017): June

<http://www.jmir.org/2017/6>

[New issue; No digest content identified]

Journal of Medical Microbiology

Volume 66, Issue 5, May 2017

<http://jmm.microbiologyresearch.org/content/journal/jmm/66/5>

[New issue; No digest content idennntified]

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

May 2017 Volume 184, p1-246

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

[Reviewed earlier]

Journal of Public Health Policy

Volume 38, Issue 2, May 2017

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

[New issue; No digest content identified]

Journal of the Royal Society – Interface

01 May 2017; volume 14, issue 130

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

[New issue; No digest content identified]

Journal of Travel Medicine

Volume 24, Issue 2, March/April 2017

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

[Reviewed earlier]

Journal of Virology

June 2017, volume 91, issue 12

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

Vaccines and Antiviral Agents

[Development of an Alternative Modified Live Influenza B Virus Vaccine](#)

Jefferson J. S. Santos, Courtney Finch, Troy Sutton, Adebimpe Obadan, Isabel Aguirre, Zhimin Wan, Diego Lopez, Ginger Geiger, Ana Silvia Gonzalez-Reiche, Lucas Ferreri, and Daniel R. Perez

J. Virol. June 2017 91:e00056-17; Accepted manuscript posted online 5 April 2017 ,

doi:10.1128/JVI.00056-17

OPEN ACCESS

The Lancet

Jun 03, 2017 Volume 389 Number 10085 p2163-2262 e11

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

[New issue; No digest content identified]

Lancet Global Health

Jun 2017 Volume 5 Number 6 e556-e632

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

[Reviewed earlier]

Lancet Infectious Diseases

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

[Reviewed earlier]

Lancet Public Health

May 2017 Volume 2 Number 5 e202-e246

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

[Reviewed earlier]

Lancet Respiratory Medicine

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

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

[Reviewed earlier]

Maternal and Child Health Journal

Volume 21, Issue 6, June 2017

<https://link.springer.com/journal/10995/21/6/page/1>

[New issue: No digest content identified]

Medical Decision Making (MDM)

Volume 37, Issue 4, May 2017

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

March 2017 Volume 95, Issue 1 Pages 1–209

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

[Reviewed earlier]

Nature

Volume 546 Number 7656 pp7-180 1 June 2017

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

[New issue: No digest content identified]

Nature Medicine

May 2017, Volume 23 No 5 pp527-643

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

[Reviewed earlier]

Nature Reviews Immunology

June 2017 Vol 17 No 6

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

[Reviewed earlier]

New England Journal of Medicine

June 1, 2017 Vol. 376 No. 22

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

Review Article

The Changing Face of Clinical Trials

Health Policy Trials

Joseph P. Newhouse, Ph.D., and Sharon-Lise T. Normand, Ph.D.

N Engl J Med 2017; 376:2160-2167 June 1, 2017 DOI: 10.1056/NEJMra1602774

Clinical trials are most commonly associated with drugs and devices, but there are notable examples of trials that involve health policy. Many such trials test innovations in the delivery of services, whereas others focus on financial incentives for patients or providers. This review of health policy trials is not meant to be comprehensive; rather, we mainly consider trials of financial incentives because of their relevance to public policy. Trials of different insurance plans may, for example, vary the degree of cost sharing borne by the patient or the scope of covered services, or they may vary the terms of provider reimbursement.

May 25, 2017 Vol. 376 No. 21

Perspective

[Accelerated Approval and Expensive Drugs — A Challenging Combination](#)

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

N Engl J Med 2017; 376:2001-2004 May 25, 2017 DOI: 10.1056/NEJMmp1700446

Perspective

[Sharing Clinical and Genomic Data on Cancer — The Need for Global Solutions](#)

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

N Engl J Med 2017; 376:2006-2009 May 25, 2017 DOI: 10.1056/NEJMmp1612254

Pediatrics

May 2017, VOLUME 139 / ISSUE 5

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

[Reviewed earlier]

Pharmaceutics

Volume 9, Issue 2 (June 2017)

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

[Reviewed earlier]

PharmacoEconomics

Volume 35, Issue 6, June 2017

<https://link.springer.com/journal/40273/35/6/page/1>

[New issue: No digest content identified]

PLOS Currents: Disasters

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

[Accessed 3 June 2017]

[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 3 June 2017]

[No new digest content identified]

PLoS Medicine

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

(Accessed 3 June 2017)

[No new digest content identified]

PLoS Neglected Tropical Diseases

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

(Accessed 3 June 2017)

Research Article

[Ebola virus disease contact tracing activities, lessons learned and best practices during the Duport Road outbreak in Monrovia, Liberia, November 2015](#)

Caitlin M. Wolfe, Esther L. Hamblion, Jacqueline Schulte, Parker Williams, Augustine Koryon, Jonathan Enders, Varlee Sanor, Yatta Wapoe, Dash Kwayon, David Blackey, Anthony S. Laney, Emily J. Weston, Emily K. Dokubo, Gloria Davies-Wayne, Annika Wendland, Valerie T. S. Daw, Mehboob Badini, Peter Clement, Nuha Mahmoud, Desmond Williams, Alex Gasasira, Tolbert G. Nyenswah, Mosoka Fallah

I published 02 Jun 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0005597>

Abstract

Background

Contact tracing is one of the key response activities necessary for halting Ebola Virus Disease (EVD) transmission. Key elements of contact tracing include identification of persons who have been in contact with confirmed EVD cases and careful monitoring for EVD symptoms, but the details of implementation likely influence their effectiveness. In November 2015, several months after a major Ebola outbreak was controlled in Liberia, three members of a family were confirmed positive for EVD in the Duport Road area of Monrovia. The cluster provided an opportunity to implement and evaluate modified approaches to contact tracing.

Methods

The approaches employed for improved contact tracing included classification and risk-based management of identified contacts (including facility based isolation of some high risk contacts, provision of support to persons being monitored, and school-based surveillance for some persons with potential exposure but not listed as contacts), use of phone records to help locate missing contacts, and modifications to data management tools. We recorded details about the implementation of these approaches, report the overall outcomes of the contact tracing efforts and the challenges encountered, and provide recommendations for management of future outbreaks.

Results

165 contacts were identified (with over 150 identified within 48 hours of confirmation of the EVD cases) and all initially missing contacts were located. Contacts were closely monitored and promptly tested if symptomatic; no contacts developed disease. Encountered challenges related to knowledge gaps among contact tracing staff, data management, and coordination of contact tracing activities with efforts to offer Ebola vaccine.

Conclusions

The Duport Road EVD cluster was promptly controlled. Missing contacts were effectively identified, and identified contacts were effectively monitored and rapidly tested. There is a

persistent risk of EVD reemergence in Liberia; the experience controlling each cluster can help inform future Ebola control efforts in Liberia and elsewhere.

Author summary

Contact tracing is one of the key response actions necessary for controlling spread of Ebola Virus Disease (EVD). Contact tracing is comprised of several different activities: identification of persons who have been in contact with confirmed EVD cases, close monitoring contacts for EVD symptoms, and management of symptomatic persons. Closely monitoring contacts of confirmed EVD cases allows for the rapid identification of symptomatic individuals, which in turn facilitates early testing, medical intervention, and isolation of new cases. This reduces the possibility of the continued spread of the virus within communities. Delayed and ineffective contact tracing contributed to the extensive transmission of EVD during the 2014–2015 outbreak in West Africa. Clusters of EVD reemergence are likely to occur, therefore understanding and addressing the challenges of implementing and managing contact tracing remains essential to halting transmission and minimizing morbidity and mortality associated with EVD. This paper assessed the contact tracing activities in response to EVD reemergence to identify best practices for responses to future Ebola clusters. The work is also applicable to contact tracing for other infectious diseases.

PLoS One

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

[Accessed 3 June 2017]

Research Article

[Lessons learnt from human papillomavirus \(HPV\) vaccination in 45 low- and middle-income countries](#)

Katherine E. Gallagher, Natasha Howard, Severin Kabakama, Sandra Mounier-Jack, Ulla K. Griffiths, Marta Feletto, Helen E. D. Burchett, D. Scott LaMontagne, Deborah Watson-Jones
Research Article | published 02 Jun 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0177773>

Abstract

Objective

To synthesise lessons learnt and determinants of success from human papillomavirus (HPV) vaccine demonstration projects and national programmes in low- and middle-income countries (LAMICs).

Methods

Interviews were conducted with 56 key informants. A systematic literature review identified 2936 abstracts from five databases; after screening 61 full texts were included. Unpublished literature, including evaluation reports, was solicited from country representatives; 188 documents were received. A data extraction tool and interview topic guide outlining key areas of inquiry were informed by World Health Organization guidelines for new vaccine introduction. Results were synthesised thematically.

Results

Data were analysed from 12 national programmes and 66 demonstration projects in 46 countries. Among demonstration projects, 30 were supported by the GARDASIL® Access Program, 20 by Gavi, four by PATH and 12 by other means. School-based vaccine delivery supplemented with health facility-based delivery for out-of-school girls attained high coverage. There were limited data on facility-only strategies and little evaluation of strategies to reach out-of-school girls. Early engagement of teachers as partners in social mobilisation, consent,

vaccination day coordination, follow-up of non-completers and adverse events was considered invaluable. Micro-planning using school/ facility registers most effectively enumerated target populations; other estimates proved inaccurate, leading to vaccine under- or over-estimation. Refresher training on adverse events and safe injection procedures was usually necessary.

Conclusion

Considerable experience in HPV vaccine delivery in LAMICs is available. Lessons are generally consistent across countries and dissemination of these could improve HPV vaccine introduction.

Construction of an enantiopure bivalent nicotine vaccine using synthetic peptides

David F. Zeigler, Richard Roque, Christopher H. Clegg

Research Article | published 01 Jun 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0178835>

Trends of vaccine-preventable diseases in Afghanistan from the Disease Early Warning System, 2009–2015

Abram L. Wagner, Mohammad Y. Mubarak, Laura E. Johnson, Julia M. Porth, Jenna E. Yousif, Matthew L. Boulton

Research Article | published 01 Jun 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0178677>

The emergence and evolution of the research fronts in HIV/AIDS research

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

Research Article | published 25 May 2017 PLOS ONE

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

Abstract

In this paper, we have identified and analyzed the emergence, structure and dynamics of the paradigmatic research fronts that established the fundamentals of the biomedical knowledge on HIV/AIDS. A search of papers with the identifiers "HIV/AIDS", "Human Immunodeficiency Virus", "HIV-1" and "Acquired Immunodeficiency Syndrome" in the Web of Science (Thomson Reuters), was carried out. A citation network of those papers was constructed. Then, a sub-network of the papers with the highest number of inter-citations (with a minimal in-degree of 28) was selected to perform a combination of network clustering and text mining to identify the paradigmatic research fronts and analyze their dynamics. Thirteen research fronts were identified in this sub-network. The biggest and oldest front is related to the clinical knowledge on the disease in the patient. Nine of the fronts are related to the study of specific molecular structures and mechanisms and two of these fronts are related to the development of drugs. The rest of the fronts are related to the study of the disease at the cellular level. Interestingly, the emergence of these fronts occurred in successive "waves" over the time which suggest a transition in the paradigmatic focus. The emergence and evolution of the biomedical fronts in HIV/AIDS research is explained not just by the partition of the problem in elements and interactions leading to increasingly specialized communities, but also by changes in the technological context of this health problem and the dramatic changes in the epidemiological reality of HIV/AIDS that occurred between 1993 and 1995.

PLoS Pathogens

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

[Accessed 3 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 3 June 2017]
[No new digest content identified]

Prehospital & Disaster Medicine

Volume 32 - Issue 3 - June 2017

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

Experiences of Ebola Survivors: Causes of Distress and Sources of Resilience

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

Patricia M. Schwerdtle, Veronique De Clerck, Virginia Plummer

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

Special Reports

Improving Data Quality in Mass-Gatherings Health Research

Published online: 09 March 2017, pp. 329-332

Andrew Guy, Ross Prager, Sheila Turris, Adam Lund

DOI: <https://doi.org/10.1017/S1049023X17000139>

Brief Reports

Tetanus: A Potential Public Health Threat in Times of Disaster

Published online: 20 February 2017, pp. 339-342

Paige Finkelstein, Laura Teisch, Casey J. Allen, Gabriel Ruiz

DOI: <https://doi.org/10.1017/S1049023X17000012>

Preventive Medicine

Volume 99, Pages 1-332 (June 2017)

<http://www.sciencedirect.com/science/journal/00917435/99>

Review Article

Preventive healthcare for young children: A systematic review of interventions in primary care

Pages 236-250

Karyn E Alexander, Bianca Bijnath, Ruby Biezen, Kerry Hampton, Danielle Mazza

Abstract

High rates of preventable health problems amongst children in economically developed countries have prompted governments to seek pathways for early intervention. We systematically reviewed the literature to discover what primary care-targeted interventions increased preventive healthcare (e.g. review child development, growth, vision screening, social-emotional health) for preschool children, excluding vaccinations. MEDLINE, EMBASE, CINAHL, and Cochrane databases were searched for published intervention studies, between

years 2000 and 2014, which reflected preventive health activities for preschool children, delivered by health practitioners. Analysis included an assessment of study quality and the primary outcome measures employed. Of the 743 titles retrieved, 29 individual studies were selected, all originating from the United States. Twenty-four studies employed complex, multifaceted interventions and only two were rated high quality. Twelve studies addressed childhood overweight and 11 targeted general health and development. Most interventions reported outcomes that increased rates of screening, recording and recognition of health risks. Only six studies followed up children post-intervention, noting low referral rates by health practitioners and poor follow-through by parents and no study demonstrated clear health benefits for children. Preliminary evidence suggests that multi-component interventions, that combine training of health practitioners and office staff with modification of the physical environment and/or practice support, may be more effective than single component interventions. Quality Improvement interventions have been extensively replicated but their success may have relied on factors beyond the confines of individual or practice-led behaviour. This research reinforces the need for high quality studies of pediatric health assessments with the inclusion of clinical end-points.

[**A population-based analysis of predictors of influenza vaccination uptake in pregnant women: The effect of gestational and calendar time**](#)

Original Research Article

Pages 111-117

Luz Maria Vilca, Aman Verma, David Buckeridge, Magda Campins

Abstract

Pregnant women are vaccinated against influenza less frequently than other high-risk groups. To design effective vaccination strategies, we must understand how decisions regarding vaccination may vary by trimester and over vaccination campaigns. We used a Cox model indexed by calendar time to estimate the effect of gestational trimester and other factors on vaccination uptake in a large cohort of pregnant women in Catalonia (Spain) during 2008–09 to 2012–13 influenza vaccination campaigns. We analyzed 247,316 pregnancies. Vaccination coverage was 3.7%, 5.2%, 4.8%, 5.6% and 4.6% from 2008–09 to 2012–13 seasonal vaccination campaigns and 8.3% for the 2009 pandemic vaccination campaign. Pregnant women previously vaccinated had higher uptake than women not previously vaccinated and the hazard ratios (HRs) comparing these 2 groups decreased from 10, the first day of seasonal campaigns, to 1.3 the last day. During the pandemic campaign, HRs decreased over the course of the campaign from 8.6 to 1.9. Women in second and third trimester had higher uptake than women in first trimester, with HR = 2.8 and 2.3, respectively, at the start of seasonal campaigns. Influenza vaccination coverage among this cohort of pregnant women was alarmingly low. Our analysis reveals that gestational and calendar time have distinct and interacting effects on vaccination uptake; women in their second trimester and third trimester and previously vaccinated were more prone to be vaccinated, but this effect wanes as the influenza season progresses.

[**Parents' willingness to get human papillomavirus vaccination for their adolescent children at a pharmacy**](#)

Original Research Article

Pages 251-256

William A. Calo, Melissa B. Gilkey, Parth Shah, Macary W. Marciak, Noel T. Brewer

Abstract

Pharmacies are promising alternative settings for human papillomavirus (HPV) vaccination because of their accessibility and existing infrastructure for vaccine delivery. We sought to examine parents' willingness to get HPV vaccination for their children at pharmacies. In 2014, we conducted a national, online survey of 1255 parents of 11- to 17-year-old adolescents in the United States. We used multivariable logistic regression to model parents' willingness for getting HPV vaccinations in pharmacies. Overall, 29% of parents would be willing to get HPV vaccine for their children at a pharmacy. Parental willingness was associated with believing that pharmacists are skilled at administering vaccines ($OR=2.05$, 95% CI:1.68–2.51), HPV vaccine was at least as important as other adolescent vaccines ($OR=1.48$, 95% CI:1.10–1.98), and getting vaccines in pharmacies would give children more opportunities to get health care ($OR=2.17$, 95% CI:1.63–2.89). Parental willingness was also more common among parents of adolescents ages 13–17 or who had already initiated the HPV vaccine series. Parents most often indicated that they would like to learn about HPV vaccination in pharmacies from their children's doctor (37%). Offering HPV vaccine in pharmacies may increase uptake as a meaningful number of parents would get the vaccine for their children in these settings. Physician referrals for completing the HPV vaccine series may serve as an important source for increasing awareness of and demand for adolescent vaccination services in pharmacies.

The cost of implementing two small media interventions to promote HPV vaccination

Original Research Article

Pages 277-281

Siddharth S. Karanth, David R. Lairson, Danmeng Huang, Lara S. Savas, Sally W. Vernon, María E. Fernández

Abstract

Objective

To estimate the cost of implementing lay health worker delivered print-based photonovella intervention and iPad-based tailored interactive multimedia intervention (TIMI) to promote Human Papillomavirus (HPV) vaccine uptake and completion among Hispanic parents of daughters 9–17 years old.

Methods

We recruited 301 participants in control, 422 in photonovella, and 239 in TIMI clinics. Intervention costs were estimated using micro-costing from the societal perspective. Cost included time spent planning, training the promotoras, recruiting study participants, and delivering the interventions. Overhead for utilities and project administration was estimated at 30% of direct costs.

Results

The total cost per person for the photonovella and TIMI interventions were \$88 and \$108, respectively. Less than 10% of costs were fixed and therefore the average cost estimates were insensitive to the size of the target groups.

Conclusion

The electronic medium for HPV vaccine education was 23% more costly than the standard low-tech print based approach. The cost difference should be considered relative to the effectiveness of these methods in achieving increases in immunization rates. The cost estimates provide information for cost-effectiveness and budget impact assessments of new HPV immunization intervention programs.

Not just a woman's business! Understanding men and women's knowledge of HPV, the HPV vaccine, and HPV-associated cancers

Original Research Article

Pages 299-304

Nosayaba Osazuwa-Peters, Eric Adjei Boakye, Kahee A. Mohammed, Betelihem B. Tobo, Christian J. Geneus, Mario Schootman

Abstract

Few studies have included men when assessing differences in knowledge about HPV, and HPV-associated cancers. We examined gender differences in knowledge about HPV, HPV vaccine, and HPV-associated cancers. Multivariable logistic regression models were used to analyze data of 3,677 survey respondents aged 18 years and older from the 2014 Health Information National Trends Survey. Covariates included age, race/ethnicity, marital status, education, income level, regular provider, general health, internet use, and family structure aged 9 to 27 years. Analyses were conducted in 2015. Sixty-four percent of respondents had heard of HPV and the HPV vaccine. Seventy-eight percent of respondents knew HPV causes cervical cancer, but only 29% knew it causes penile cancer, 26% knew it causes anal cancer, and 30% knew it causes oral cancer. In multivariable analyses, males were less likely to have heard of HPV (aOR: 0.33; 95% CI: 0.25–0.45), and less likely to have heard of the HPV vaccine (aOR: 0.24; 95% CI: 0.18–0.32) compared to females. No differences existed between males and females regarding knowledge about HPV-associated cancers. In conclusion, knowledge of HPV, the vaccine, and HPV-associated cancers in both males and females in the United States remains very low, especially among men.

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

[New issue: No digest content identified]

Reproductive Health

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

[Accessed 3 June 2017]

[No new digest content identified]

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

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

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

[No new digest content identified]

Risk Analysis

April 2017 Volume 37, Issue 4 Pages 599–844

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

[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 10, 2017

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

[Reviewed earlier]

Science

02 June 2017 Vol 356, Issue 6341

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

[New issue: No digest content identified]

Science Translational Medicine

24 May 2017 Vol 9, Issue 391

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

Focus

A trust approach for sharing research reagents

By Aled Edwards, Max Morgan, Arij Al Chawaf, Kerry Andrusiak, Rachel Charney, Zarya Cynader, Ahmed ElDessouki, Yunjeong Lee, Andrew Moeser, Simon Stern, William J. Zuercher
Science Translational Medicine 31 May 2017 Full Access

The core feature of trusts—holding property for the benefit of others—is well suited to constructing a research community that treats reagents as public goods.

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>

Review

Joint effects of climate variability and socioecological factors on dengue transmission: epidemiological evidence (pages 656–669)

Rokeya Akter, Wenbiao Hu, Suchithra Naish, Shahera Banu and Shilu Tong

Version of Record online: 2 MAY 2017 | DOI: 10.1111/tmi.12868

Uptake and performance of prevention of mother-to-child transmission and early infant diagnosis in pregnant HIV-infected women and their exposed infants at seven health centres in Addis Ababa, Ethiopia (pages 765–775)

Marshet Girma, Rahel Wendaferash, Hailu Shibru, Yemane Berhane, Michael Hoelscher and Arne Kroidl

Version of Record online: 1 JUN 2017 | DOI: 10.1111/tmi.12881

Vaccine

Volume 35, Issue 28, Pages 3515-3614 (16 June 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/28>

Commentary

Efforts to monitor Global progress on individual and community demand for immunization: Development of definitions and indicators for the Global Vaccine Action Plan Strategic Objective 2

Pages 3515-3519

Benjamin Hickler, Noni E. MacDonald, Kamel Senouci, Holly B. Schuh, the informal Working Group on Vaccine Demand (iWGVD), for the Strategic Advisory Group of Experts on immunization (SAGE) Working Group on Decade of Vaccines

Abstract

The Second Strategic Objective of the Global Vaccine Action Plan, "individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility", differs from the other five in that it does not focus on supply-side aspects of immunization programs but rather on public demand for vaccines and immunization services. This commentary summarizes the work (literature review, consultations with experts, and with potential users) and findings of the UNICEF/World Health Organization Strategic Objective 2 informal Working Group on Vaccine Demand, which developed a definition for demand and indicators related to Strategic Objective 2. Demand for vaccines and vaccination is a complex concept that is not external to supply systems but rather encompasses the interaction between human behaviors and system structure and dynamics.

Exploring evidence for behavioral risk compensation among participants in an HIV vaccine clinical trial

Original Research Article

Pages 3558-3563

Julia E. Painter, Ralph J. DiClemente, Lauren Jimenez, Theron Stuart, Jessica M. Sales, Mark J. Mulligan

Abstract

Background

HIV vaccine trial participants may engage in behavioral risk compensation due to a false sense of protection. We conducted an ancillary study of an HIV Vaccine Trials Network (HVTN) vaccine efficacy trial to explore risk compensation among trial participants compared to persons who were willing to participate but ineligible based on previous exposure to the Ad5 virus (Ad5+) across three timepoints.

Methods

Participants were drawn from the Atlanta, GA site of the HVTN 505 vaccine trial. From 2011–2013, all persons who met prescreening criteria for the clinical trial and presented for Ad5 antibody testing were invited to participate in the ancillary study. Data were collected from vaccine trial participants (n = 51) and Ad5+ participants (n = 60) via online surveys across three timepoints: baseline, T2 (after trial participants received 2/4 injections) and T3 (after trial participants received 4/4 injections). Data analyses assessed demographic, psychosocial, and behavioral differences at baseline and changes at each timepoint.

Results

At baseline, Ad5+ participants were less likely to have some college education (p = 0.024) or health insurance (p = 0.008), and were more likely to want to participate in the vaccine trial “to feel safer having unprotected sex” (p = 0.005). Among vaccine trial participants, unprotected anal sex with a casual partner (p = 0.05), HIV transmission worry (p = 0.033), and perceived chance of getting HIV (p = 0.027), decreased across timepoints.

Conclusions

Study findings suggest that persons with previous exposure to Ad5 may be systematically different from their Ad5-negative peers. Unprotected anal sex with a casual partner significantly decreased among HIV vaccine trial participants, as did HIV worry and perceived chance of getting HIV. Findings did not support evidence of risk compensation among HIV vaccine trial participants compared to Ad5+ participants.

Inactivated polio vaccines from three different manufacturers have equivalent safety and immunogenicity when given as 1 or 2 additional doses after bivalent OPV: Results from a randomized controlled trial in Latin America

Original Research Article

Pages 3591-3597

Eduardo Lopez-Medina, Mario Melgar, James T. Gaensbauer, Ananda S. Bandyopadhyay, Bhavesh R. Borate, William C. Weldon, Ricardo Rüttimann, Joel Ward, Ralf Clemens, Edwin J. Asturias

Abstract

Background

Since April 2016 inactivated poliovirus vaccine (IPV) has been the only routine source of polio type 2 protection worldwide. With IPV supply constraints, data on comparability of immunogenicity and safety will be important to optimally utilize available supplies from different manufacturers.

Methods

In this multicenter phase IV study, 900 Latin American infants randomly assigned to six study groups received three doses of bOPV at 6, 10 and 14 weeks and either one IPV dose at 14 weeks (groups SP-1, GSK-1 and BBio-1) or two IPV doses at 14 and 36 weeks (groups SP-2, GSK-2 and BBio-2) from three different manufacturers. Children were challenged with mOPV2 at either 18 (one IPV dose) or 40 weeks (two IPV doses) and stools were collected weekly for 4 weeks to assess viral shedding. Serum neutralizing antibodies were measured at various time points pre and post vaccination. Serious adverse events and important medical events (SAE and IME) were monitored for 6 months after last study vaccine.

Results

At week 18, 4 weeks after one dose of IPV, overall type 2 seroconversion rates were 80.4%, 80.4% and 73.3% for SP-1, GSK-1 and BBio-1 groups, respectively; and 92.6%, 96.8% and 88.0% in those who were seronegative before IPV administration. At 40 weeks, 4 weeks after a second IPV dose, type 2 seroconversion rates were $\geq 99\%$ for any of the three manufacturers. There were no significant differences in fecal shedding index endpoint (SIE) after one or two IPV doses (SP: 2.3 [95% CI: 2.1–2.6]); GSK: 2.2 [1.7–2.5]; BBio 1.8 [1.5–2.3]. All vaccines appeared safe, with no vaccine-related SAE or IME.

Conclusion

Current WHO prequalified IPV vaccines are safe and induce similar humoral and intestinal immunity after one or two doses.

The parent study was registered with ClinicalTrials.gov, number NCT01831050.

Vaccine: Development and Therapy

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

(Accessed 3 June 2017)

[No new content]

Vaccines — Open Access Journal

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

(Accessed 3 June 2017)

Article

[**Reemergence of Measles in the Americas: The Genotype B3 2011–2012 Outbreak in Ecuador**](#)

by [Nicole K. Le](#), [Rahul Mhaskar](#), [Ismael Hoare](#), [Mauricio Espinel](#), [María Fernanda Rivadeneira](#), [Sharad Malavade](#) and [Ricardo Izurieta](#)

Vaccines 2017, 5(2), 15; doi:10.3390/vaccines5020015 (registering DOI) - 2 June 2017

Abstract

This study characterizes a measles outbreak which occurred in Ecuador in 2011–2012, analyzing data from 3700 suspected cases of measles reported to Ecuador's Ministry of Public Health. The study population had a large age range and included 333 confirmed cases of measles. The greatest number of cases were found in the <1 year (32.43%, n = 108) and 1–4 year (30.03%, n = 100) age-groups. Compared to Mestizos, indigenous people had the highest number of cases (68.2%, n = 227), as well as a higher risk of infection (OR 7.278 (CI 5.251–10.087)). The greatest protection from measles was observed in individuals who received two doses of the measles vaccine. Residents of Pastaza (OR 6.645 CI (3.183–13.873)) and Tungurahua (OR 8.346 CI (5.570–12.507)) had a higher risk of infection than the other provinces. Of the 17

laboratory confirmed cases, all were identified as genotype B3. Age-group, ethnicity, measles vaccinations, and residence in Tungurahua and Pastaza were correlated with rates of measles infection in the outbreak. Tungurahua and Pastaza, where the outbreak originated, have large indigenous populations. Indigenous children <1 year of age showed the highest incidence. It is likely that indigenous women do not have immunity to the virus, and so are unable to confer measles resistance to their newborns.

Open Access

Review

Disease Prevention: An Opportunity to Expand Edible Plant-Based Vaccines?

by Christopher Concha, Raúl Cañas, Johan Macuer, María José Torres, Andrés A. Herrada, Fabiola Jamett and Cristian Ibáñez

Vaccines 2017, 5(2), 14; doi:10.3390/vaccines5020014 - 30 May 2017

Abstract

The lethality of infectious diseases has decreased due to the implementation of crucial sanitary procedures such as vaccination. However, the resurgence of pathogenic diseases in different parts of the world has revealed the importance of identifying novel, rapid, and concrete solutions for control and prevention. Edible vaccines pose an interesting alternative that could overcome some of the constraints of traditional vaccines. The term "edible vaccine" refers to the use of edible parts of a plant that has been genetically modified to produce specific components of a particular pathogen to generate protection against a disease. The aim of this review is to present and critically examine "edible vaccines" as an option for global immunization against pathogenic diseases and their outbreaks and to discuss the necessary steps for their production and control and the list of plants that may already be used as edible vaccines. Additionally, this review discusses the required standards and ethical regulations as well as the advantages and disadvantages associated with this powerful biotechnology tool.

Value in Health

June 2017 Volume 20, Issue 6, p727-836

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

Systematic Literature Review

Value for Money in H1N1 Influenza: A Systematic Review of the Cost-Effectiveness of Pandemic Interventions

Hélène Pasquini-Descomps, Nathalie Brender, David Maradan

p819–827

Published online: June 29, 2016

Abstract

Background

The 2009 A/H1N1 influenza pandemic generated additional data and triggered new studies that opened debate over the optimal strategy for handling a pandemic. The lessons-learned documents from the World Health Organization show the need for a cost estimation of the pandemic response during the risk-assessment phase. Several years after the crisis, what conclusions can we draw from this field of research?

Objective

The main objective of this article was to provide an analysis of the studies that present cost-effectiveness or cost-benefit analyses for A/H1N1 pandemic interventions since 2009 and to identify which measures seem most cost-effective.

Methods

We reviewed 18 academic articles that provide cost-effectiveness or cost-benefit analyses for A/H1N1 pandemic interventions since 2009. Our review converts the studies' results into a cost-utility measure (cost per disability-adjusted life-year or quality-adjusted life-year) and presents the contexts of severity and fatality.

Results

The existing studies suggest that hospital quarantine, vaccination, and usage of the antiviral stockpile are highly cost-effective, even for mild pandemics. However, school closures, antiviral treatments, and social distancing may not qualify as efficient measures, for a virus like 2009's H1N1 and a willingness-to-pay threshold of \$45,000 per disability-adjusted life-year. Such interventions may become cost-effective for severe crises.

Conclusions

This study helps to shed light on the cost-utility of various interventions, and may support decision making, among other criteria, for future pandemics. Nonetheless, one should consider these results carefully, considering these may not apply to a specific crisis or country, and a dedicated cost-effectiveness assessment should be conducted at the time.

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

No new digest content identified.

* * * *

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 3 June 2017

[No new, unique, relevant content]

BBC

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

Accessed 3 June 2017

[No new, unique, relevant content]

The Economist

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

Accessed 3 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 3 June 2017

[More Harm From Anti-Vaxxers: Germany Takes Action To Stem Measles Outbreak](#)

29 May 2017

Steven Salzberg, Contributor

Measles outbreaks in Germany, Italy, Romania and other countries are spurring governments to take new action to try to get the disease under control. Meanwhile, the anti-vax movement continues to frighten parents with misinformation that often causes great harm.

Foreign Affairs

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

Accessed 3 June 2017

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 3 June 2017

[Trump Won't Pay a Penny For U.N. Cholera Relief Fund in Haiti](#)

By Colum Lynch

June 1, 2017

Washington set to reject the U.N. chief's latest appeal for money to tend to Haiti's cholera victims.

The Trump administration will rebuff a recent U.N. appeal to contribute millions of dollars to a cash-short trust fund established last year to provide relief to victims of a cholera epidemic that has killed more than 9,000 Haitians and sickened more than 800,000 more, according to U.S. and U.N. officials.

The move will be the latest blow to U.N. efforts to raise \$400 million dollars from member states to provide assistance to the Haitian victims of cholera. The disease is widely believed to have been introduced into Haiti more than six years ago by infected U.N. Nepalese peacekeepers. Since the fund was set up in October, the U.N. has collected only a pittance, about \$2.7 million, from Britain, Chile, France, India, Liechtenstein, South Korea and Sri Lanka...

The Guardian

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

Accessed 3 June 2017

[No new, unique, relevant content]

New Yorker

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

Accessed 3 June 2017

[No new, unique, relevant content]

New York Times

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

Accessed 3 June 2017

[Mishandled Measles Vaccine Kills 15 Children in South Sudan](#)

June 02, 2017 - By JACEY FORTIN

[See Emergencies above for more detail]

Opinion - Editorial

[W.H.O.'s Identity Crisis](#)

By THE EDITORIAL BOARD

May 29, 2017

On Tuesday, the World Health Organization, under more democratic rules than in the past, elected its first African director general, Tedros Adhanom Ghebreyesus. Dr. Tedros, who goes by his first name, is a malaria expert who built his reputation by cutting through bureaucracy to bring transformative change to health services in his native Ethiopia. The W.H.O. will need him to do just that in his new job.

W.H.O., the world's most important global health organization, is in peril and is suffering from an identity crisis. Some important tasks have shifted to other organizations, like the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Institute for Health Metrics and Evaluation, which is financed by the Gates Foundation. The W.H.O. has also been charged with missteps in doing what it should do best: coping with epidemics, including the 2014 Ebola epidemic and last year's yellow fever epidemic in Africa. The organization, which gets about a third of its \$2.2 billion annual budget from member countries, is also facing a severe funding shortfall.

For most of its budget, the W.H.O. depends on the generosity of a handful of big donors, the biggest being the United States. Given that President Trump has suggested that the United States will push for funding caps on a host of United Nations agencies, potentially including the W.H.O., a scathing report published on May 21 by The Associated Press could not come at a worse time. Based on internal documents, the report charged that W.H.O. staff members routinely flout travel rules to fly business class and stay in five-star hotels.

Dr. Tedros will need to move swiftly to bring transparency and accountability to the W.H.O., and to demonstrate that every dollar is well spent. His background should help. In a speech delivered before Tuesday's vote, Dr. Tedros recalled his childhood in Africa, when he lost a brother to preventable disease, saying, "Knowing survival to adulthood cannot be taken for granted, and refusing to accept that people should die because they are poor, I have dedicated

my life to improving health, to reducing inequalities, to helping people everywhere live more productive lives."

The W.H.O. is the only agency that can declare a global health emergency. It oversees cooperation between national laboratories when a fast-moving disease, like avian flu, strikes. It sets global medical standards, like declaring generic drugs safe and recommending the best treatment for emerging diseases, which are important for developing countries. The world desperately needs a fully functioning W.H.O., and must hope that in Dr. Tedros the organization has found the leadership it needs to overcome its current woes.

Reuters

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

Accessed 3 June 2017

Nigerian government to set up vaccines joint venture with May & Baker

31 May 2017

Nigeria's cabinet approved on Wednesday a plan to set up a joint venture with pharmaceutical firm May & Baker Nigeria Plc to produce vaccines, the health minister said.

The company will have an initial capital of 100 million naira (\$328,515)....

Health minister Isaac Adewole told reporters the joint venture would be based in the commercial capital Lagos with the government holding a 49 percent stake and the pharmaceutical firm the rest.

"It will take off in 2017," he said, adding that a final agreement would be signed within two weeks.

"The company between 2017 and 2021 will produce basic vaccines that we need," he said.

Wall Street Journal

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

Accessed 3 June 2017

Authorities Holding Off Deployment of Experimental Ebola Vaccine in Congo

1 June 2017

Washington Post

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

Accessed 3 June 2017

These 3 things help make sense of the dangerous Minnesota measles outbreak

1 June 2017

Measles outbreak in Minnesota surpasses last year's total for the entire country

By Lena H. Sun June 1

Think Tanks et al

Brookings

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

Accessed 3 June 2017

[No new relevant content]

Center for Global Development
<http://www.cgdev.org/page/press-center>
Accessed 3 June 2017
[No new relevant content]

Council on Foreign Relations
<http://www.cfr.org/>
Accessed 3 June 2017

A Change of Guard at the WHO
Expert Brief by Laurie Garrett
| 25 May 2017

With the United States likely to pull back on global health funding, the World Health Organization, under its new director-general, will need to undertake serious structural and administrative changes.

GENEVA—For the first time in its seventy-year history, the World Health Organization (WHO) will, effective July 1, be led by a non-physician, an African, and a person from the global South. Tedros Adhanom Ghebreyesus of Ethiopia campaigned in an unprecedented election that gave 186 nations equal voice and saw three globetrotting candidates plead their cases. In the past, the director-general of the WHO was selected in a secretive and elite process by the thirty-four members of its executive committee. This year, the entire World Health Assembly voted in three rounds of written, secret ballots; Tedros, as he prefers to be called, emerged victorious on May 23 carrying two-thirds of the votes.

Tedros has a PhD in community health and has served as his nation's minister of health and of foreign affairs, as well as a central committee member of the ruling Ethiopian People's Revolutionary Democratic Front party...

The Polio Paradox
According to documents released by the WHO [PDF], the agency has long been using polio money for everything from salaries throughout its own infrastructure to literally funding the entire health budgets of some desperate countries, such as the Democratic Republic of Congo (DRC). Salaries for about one out of every seven of the WHO's seven-thousand-strong workforce come from polio funds. A whopping 74 percent of all salaried WHO employees in its Africa region are salaried thru polio funds, regardless of what they actually work on. According to a WHO document released to Assembly states, the WHO has used polio funds to pay for half of all government health staff in Angola, Chad, the DRC, Nigeria, Pakistan, and even countries that have been certified free of polio for more than a decade. Moreover, polio eradication infrastructure has been used this year to stop outbreaks of yellow fever, cholera, and meningitis, to supply lifesaving Vitamin A to kids all over the world, and even to combat cancer and heart disease in poor countries. The polio infrastructure has, since 1988, become the bedrock of the WHO. If it disappears, the future of the organization is quite uncertain.

Tedros will proudly take over the reins of the WHO in July 2017, but within two years, unless he proves to be a maestro of fundraising, he will witness a house of cards fall. Polio eradication funds and, consequently, the salaries of one-seventh of its employees will dry up; everything from maternal mortality and cervical cancer screening programs will collapse. The effort most closely allied with polio eradication, the Expanded Program of Immunization (EPI), is already

appearing to weaken as countries, confident that polio will soon disappear, are becoming lax in their support for vaccine programs more generally. In Africa, more than 90 percent of EPI funding comes from the polio program; take polio away and, in theory, children across the region could stop getting every type of immunization. The main vaccination organization, the Global Alliance of Vaccinators and Immunizers (GAVI), warned the Assembly that a ripple effect is already being felt across the full range of child immunization and health programs as rates of vaccination decline...

If the U.S. government retreats from funding global health, as the president's proposed budget indicates, and the Gates Foundation cannot step in to plug the breach, pressure will mount on the G20, the private sector, and many of the world's top charities. Without their support, the WHO, under its first African leader, could face an existential threat.

CSIS

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

Accessed 3 June 2017

[No new relevant content]

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

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

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