



Vaccines and Global Health: The Week in Review

1 July 2017

Center for Vaccine Ethics & Policy (CVEP)

This weekly digest targets news, events, announcements, articles and research in the vaccine and global health ethics and policy space and is aggregated from key governmental, NGO, international organization and industry sources, key peer-reviewed journals, and other media channels. This summary proceeds from the broad base of themes and issues monitored by the Center for Vaccine Ethics & Policy in its work: it is not intended to be exhaustive in its coverage.

*Vaccines and Global Health: The Week in Review is also **posted in pdf form** and as a set of blog posts at <https://centerforvaccineethicsandpolicy.net>. This blog allows full-text searching of over 8,000 entries.*

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

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Milestones :: Perspectives

Editor's Note:

Dr Tedros Adhanom Ghebreyesus assumes the Director General role today [1 July 2017]. WHO posted the vision statement below:

Vision statement by WHO Director-General

I envision a world in which everyone can live healthy, productive lives, regardless of who they are or where they live.

A world in which everyone can live healthy, productive lives

I envision a world in which everyone can live healthy, productive lives, regardless of who they are or where they live. I believe the global commitment to sustainable development – enshrined in the Sustainable Development Goals – offers a unique opportunity to address the social, economic and political determinants of health and improve the health and well-being of people everywhere.

Achieving this vision will require a strong, effective WHO that is able to meet emerging challenges and achieve the health objectives of the Sustainable Development Goals. We need a WHO – fit for the 21st century – that belongs to all, equally. We need a WHO that is efficiently managed, adequately resourced and results driven, with a strong focus on transparency, accountability and value for money.

Putting people first

The right of every individual to basic health services will be my top priority. I will champion mechanisms to meaningfully listen to, learn from and engage people and communities – including migrant, displaced and disabled individuals; people living in rural, urban slum and low-income areas; and other vulnerable populations.

This engagement – and what we learn from it – will be at the centre of our efforts to mobilize resources and hold authorities accountable for the health of all, regardless of age, gender, income, sexual orientation or religion.

Placing health at the centre of the global agenda

When people are healthy, entire communities and nations thrive – indeed, the whole world benefits. I will engage with Heads of State, Ministers across a wide range of portfolios, multilateral institutions, the UN system, civil society and the private sector to make access to health care and protection from infectious disease outbreaks a central component of the world's security, economic and development agendas.

This will include implementing the International Health Regulations and addressing emerging threats, such as antimicrobial resistance, climate and environmental change and non-communicable diseases. Such engagement will enable WHO and national health authorities to effectively perform their core functions, reaffirm WHO's leadership in securing a healthier and safer world, and ultimately drive progress towards the Sustainable Development Goals.

Engaging countries and strengthening partnerships

Improving global health requires effective engagement with all Member States and across multiple sectors. Under my leadership an enhanced and independent WHO will take a science-led and innovation-based approach that is results-oriented and responsive, maximises inclusive partnerships, and ensures collective priority setting with all stakeholders. In particular, I will champion country ownership, so that countries are at the table, as full and equal partners, to guide and make the decisions that will affect the health of their populations.

WHO's work touches hundreds of millions of lives around the world. Every programme, every initiative, every allocation of funding is so much more than a statistic or line in a budget. It is a life protected. It is a child who gets to see adulthood. It is a parent who watches their child survive and thrive. It is a community living disease free or an entire country or region that is better prepared for emergencies or disasters. This is the difference WHO can make, working hand-in-hand with Member States and global partners.

WHO Priorities

WHO posted brief overviews describing these priorities, each led by a quotation from Dr. Tedros as below.

- :: [Health for all](#)
The right of every individual to basic health services will be my top priority - Dr Tedros
- :: [Health emergencies](#)
I will engage with diverse stakeholders to make health care and protection from infectious disease outbreaks a central component of the world's security, economic and social development agendas. - Dr Tedros
- :: [Women, children and adolescents](#)
I believe healthy, empowered girls and women have the potential to build stronger communities, and nations and ultimately transform entire societies - Dr Tedros
- :: [The health impacts of climate and environmental change](#)
Developing and nurturing resilient and effective community based structures and multi-sectoral approaches is critical to prevent, mitigate and respond to the health impacts of environmental risk factors and climate change. - Dr Tedros
- :: [A transformed WHO](#)
Thanks to the actions of WHO, more people are living longer, healthier lives than ever before. However, we live in a changing world, and WHO must be able to change with it. - Dr Tedros

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World Bank Launches First-Ever Pandemic Bonds to Support \$500 Million Pandemic Emergency Financing Facility

[Editor's text bolding]

Washington, DC, June 28, 2017 – The World Bank (International Bank for Reconstruction and Development) today launched specialized bonds aimed at providing financial support to the Pandemic Emergency Financing Facility (PEF), a facility created by the World Bank to channel surge funding to developing countries facing the risk of a pandemic.

This marks the first time that World Bank bonds are being used to finance efforts against infectious diseases, and the first time that pandemic risk in low-income countries is being transferred to the financial markets.

The PEF will provide more than \$500 million to cover developing countries against the risk of pandemic outbreaks over the next five years, through a combination of bonds and derivatives priced today, a cash window, and future commitments from donor countries for additional coverage.

The transaction, that enables PEF to potentially save millions of lives, was oversubscribed by 200% reflecting an overwhelmingly positive reception from investors and a high level of confidence in the new World Bank sponsored instrument. With such strong demand, the World Bank was able to price the transaction well below the original guidance from the market. The total amount of risk transferred to the market through the bonds and derivatives is \$425 million.

"With this new facility, we have taken a momentous step that has the potential to save millions of lives and entire economies from one of the greatest systemic threats we face," World Bank Group President Jim Yong Kim said. "We are moving away from the cycle of panic and neglect that has characterized so much of our approach to pandemics. We are leveraging our capital market expertise, our deep understanding of the health sector, our experience overcoming development challenges, and our strong relationships with donors and the insurance industry to serve the world's poorest people. This creates an entirely new market for pandemic risk insurance. Drawing on lessons from the Ebola Outbreak in West Africa, the Facility will help improve health security for everyone. I especially want to thank the World Health Organization and the governments of Japan and Germany for their support in launching this new mechanism."

The World Bank announced the creation of the PEF in May 2016 at the G7 Finance Ministers and Central Governors meeting in Sendai, Japan. The PEF will quickly channel funding to countries facing a major disease outbreak with pandemic potential. Its unique financing structure combines funding from the bonds issued today with over-the-counter derivatives that transfer pandemic outbreak risk to derivative counterparties. The structure was designed to attract a wider, more diverse set of investors.

The PEF has two windows. The first is an 'insurance' window with premiums funded by Japan and Germany, consisting of bonds and swaps including those executed today. The second is a 'cash' window, for which Germany provided initial funding of Euro 50 million. The cash window will be available from 2018 for the containment of diseases that may not be eligible for funding under the insurance window...

The bonds will be issued under IBRD's "capital at risk" program because investors bear the risk of losing part or all of their investment in the bond if an epidemic event triggers pay-outs to eligible countries covered under the PEF.

The PEF covers six viruses that are most likely to cause a pandemic. These include new Orthomyxoviruses (new influenza pandemic virus A), Coronaviridae (SARS, MERS), Filoviridae (Ebola, Marburg) and other zoonotic diseases (Crimean Congo, Rift Valley, Lassa fever).

PEF financing to eligible countries will be triggered when an outbreak reaches predetermined levels of contagion, including number of deaths; the speed of the spread of the disease; and whether the disease crosses international borders. The determinations for the trigger are made based on publicly available data as reported by the World Health Organization (WHO). Countries eligible for financing under the PEF's insurance window are members of the International Development Association (IDA), the institution of the World Bank Group that provides concessional finance for the world's poorest countries. The PEF will be governed by a Steering Body, whose voting members include Japan and Germany. WHO and the World Bank serve as non-voting members...

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Featured Journal Content

Pediatrics

July 2017, VOLUME 140 / ISSUE 1

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

Articles

Childhood Illness and the Gender Gap in Adolescent Education in Low- and Middle-Income Countries

Marcella Alsan, Anlu Xing, Paul Wise, Gary L. Darmstadt, Eran Bendavid

Pediatrics Jul 2017, 140 (1) e20163175; DOI: 10.1542/peds.2016-3175

Abstract

BACKGROUND: Achieving gender equality in education is an important development goal. We tested the hypothesis that the gender gap in adolescent education is accentuated by illnesses among young children in the household.

METHODS: Using Demographic and Health Surveys on 41,821 households in 38 low- and middle-income countries, we used linear regression to estimate the difference in the probability adolescent girls and boys were in school, and how this gap responded to illness episodes among children <5 years old. To test the hypothesis that investments in child health are related to the gender gap in education, **we assessed the relationship between the gender gap and national immunization coverage.**

RESULTS: In our sample of 120,708 adolescent boys and girls residing in 38 countries, girls were 5.08% less likely to attend school than boys in the absence of a recent illness among young children within the same household (95% confidence interval [CI], 5.50%–4.65%). This gap increased to 7.77% (95% CI, 8.24%–7.30%) and 8.53% (95% CI, 9.32%–7.74%) if the household reported 1 and 2 or more illness episodes, respectively. The gender gap in schooling in response to illness was larger in households with a working mother. Increases in child vaccination rates were associated with a closing of the gender gap in schooling (correlation coefficient=0.34, P=.02).

CONCLUSIONS: Illnesses among children strongly predict a widening of the gender gap in education. Investments in early childhood health may have important effects on schooling attainment for adolescent girls.

Excerpt

...In our analysis of vaccination rates relative to the education gap, we found a statistically significant and strong negative correlation between the vaccination rates of children <5 years

old and the gender gap in education (eg, the higher the vaccination rate, the smaller the gender gap in education; correlation coefficient=0.34, P=.02; [Fig 4](#)). The adolescent gender gap in education approaches zero with coverage rates exceeding ~70% for all 8 vaccines. We performed several specification checks to ensure that our results are robust. These include varying the age of the included older children, using alternative educational outcomes, and splitting the sample by rural and urban location. We describe these supplementary changes in detail. In [Supplemental Fig 5](#), we varied the age thresholds for older children in the following different ways: 10 to 16, 10 to 17, 10 to 18, 11 to 16, 12 to 16, 12 to 17, and 12 to 18. Our results are not sensitive to varying the thresholds....

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 29 June 2017 [GPEI]

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

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

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

Weekly country updates as of 21 June 2017

[Syrian Arab Republic](#)

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

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

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

insecurity, the Governorate has been partially reached by several vaccination campaigns against polio and other vaccine-preventable diseases since the beginning of 2016. Most recently, two campaigns have been conducted in March and April 2017 using the bivalent oral polio vaccine (OPV). However, only limited coverage was possible through these campaigns.

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[**WHO Grade 3 Emergencies**](#) [to 1 July 2017]

The Syrian Arab Republic

:: Making the golden hours count: WHO trains Syrian health staff to treat chemical exposure and severe trauma 24 June 2017

Yemen –

:: Yemen: cholera outbreak suspected cases exceeds 200 000

NEW YORK/GENEVA, 24 June 2017 - Joint news release UNICEF/WHO: The rapidly spreading cholera outbreak in Yemen has exceeded 200 000 suspected cases, increasing at an average of 5000 a day. We are now facing the worst cholera outbreak in the world.

Iraq - *No new announcements identified.*

Nigeria - *No new announcements identified.*

South Sudan - *No new announcements identified.*

[**WHO Grade 2 Emergencies**](#) [to 1 July 2017]

Cameroon - *No new announcements identified*

Central African Republic - *No new announcements identified.*

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

Ethiopia - *No new announcements identified.*

Libya - *No new announcements identified.*

Myanmar - *No new announcements identified.*

Niger - *No new announcements identified.*

Ukraine - *No new announcements identified*

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[**UN OCHA – L3 Emergencies**](#)

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

Iraq

:: Iraq: Mosul Humanitarian Response Situation Report No. 38 (12 to 28 June 2017)

Syrian Arab Republic

:: Syria Crisis: Ar-Raqqqa Situation Report No. 10 (19-26 June 2017)

Yemen - *No new announcements identified*

UN OCHA – Corporate Emergencies

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

Ethiopia

:: Ethiopia Weekly Humanitarian Bulletin, 27 June 2017

DRC (Kasai crisis) - No new announcements identified.

Nigeria - No new announcements identified.

Somalia - No new announcements identified.

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UNICEF [to 1 July 2017]

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

29 June 2017

UNICEF calls for the protection of children trapped in west Mosul's violence

BAGHDAD, 29 June 2017 – “Thousands of children continue to be trapped in relentless violence in West Mosul’s Old City neighborhoods as the fighting heavily intensified over the past hours.

Children continue to bear the brunt of multiple emergencies in Sudan

KHARTOUM, Sudan, 28 June 2017 - Over the last few months, Sudan has faced multiple emergencies with the rapid spread of suspected cases of acute watery diarrhea across 12 of its 18 states, a significant influx of South Sudanese refugees, and high rates of malnutrition, especially in the Jebel Marra Area of Central Darfur.

UNICEF airlifts lifesaving supplies to Yemen to combat cholera as cases surpass 200,000

SANA'A, 28 June 2017 –Three UNICEF charter planes have delivered 36 tons of lifesaving medical and water purification supplies to Yemen to scale up efforts to combat the world’s worst cholera outbreak.

The supplies included, 750,000 sachets of Oral Rehydration Salt (ORS) enough to treat 10,000 people, 10.5 million water purification tablets and other sanitation items.

“We are in a race against time. Our teams are working with partners not only to provide treatment to the sick and raise awareness among communities, but also to rapidly replenish and distribute supplies and medicines ”, said Dr Sherin Varkey, UNICEF Deputy Representative in Yemen. “More airlifts of critical supplies will continue in the coming days”.

In just two months, cholera has spread to almost every governorate of Yemen. Already more than 1,300 people have died – one quarter of them children. Civil servants, including doctors, nurses, water engineers and rubbish collectors have not been paid for nearly 10 months.

Since the outbreak was reported on 27 April, UNICEF has distributed over 600,000 ORS sachets and 20,000 Intravenous (IV) fluids to oral rehydration points and at homes. With partners, UNICEF has supported the establishment of 488 oral rehydration therapy points and more than 20 Diarrhoea Treatment Centres across the country.

Statement from UNICEF Executive Director Anthony Lake and WHO Director-General Margaret Chan on the cholera outbreak in Yemen as suspected cases exceed

200,000

NEW YORK/GENEVA, 24 June 2017 – “The rapidly spreading cholera outbreak in Yemen has exceeded 200,000 suspected cases, increasing at an average of 5,000 a day. We are now facing the worst cholera outbreak in the world.

“In just two months, cholera has spread to almost every governorate of this war-torn country. Already more than 1,300 people have died – one quarter of them children – and the death toll is expected to rise.

“UNICEF, WHO and our partners are racing to stop the acceleration of this deadly outbreak. We are working around the clock to detect and track the spread of disease and to reach people with clean water, adequate sanitation and medical treatment. Rapid response teams are going house-to-house to reach families with information about how to protect themselves by cleaning and storing drinking water.

“UNICEF and WHO are taking all measures to scale up prevention and treatment interventions. We call on authorities in Yemen to strengthen their internal efforts to stop the outbreak from spreading further.

“This deadly cholera outbreak is the direct consequence of two years of heavy conflict. Collapsing health, water and sanitation systems have cut off 14.5 million people from regular access to clean water and sanitation, increasing the ability of the disease to spread. Rising rates of malnutrition have weakened children’s health and made them more vulnerable to disease. An estimated 30,000 dedicated local health workers who play the largest role in ending this outbreak have not been paid their salaries for nearly 10 months.

“We urge all authorities inside the country to pay these salaries and, above all, we call on all parties to end this devastating conflict.”

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Editor’s Note:

We repeat here the Associated Press report from last week on OCV for Yemen. We have not identified any formal announcement of this action on the WHO website or otherwise about this important intervention.

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

New York Times/ASSOCIATED PRESS

JUNE 21, 2017

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

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

WHO said the 1 million doses for Yemen were approved on June 15 by the International Coordinating Group...

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Editor’s Note:

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

EBOLA/EVD [to 1 July 2017]

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

WHO AFRO - External Situation Report 28: 30 June 2017

...Since our last update on 27 June, no new confirmed, probable or suspected cases have been reported. Two alerts were reported between 27 June and 28 June. One alert was from Mobenge and the other, a community death in Tobongisa, was considered a suspected case. All the alerts and the suspected cases were subsequently discarded following further investigation...

MERS-CoV [to 1 July 2017]

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

DONs- Disease Outbreak News

:: Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia 28 June 2017

Zika virus [to 1 July 2017]

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

[No new digest content identified]

Yellow Fever [to 1 July 2017]

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

23 June 2017

WHO issues updated positon paper on yellow fever vaccine

In a revised yellow fever (YF) vaccine position paper published in today's edition of the Weekly Epidemiological Record, WHO provided updated guidance on the use of fractional dose YF vaccination in the context of YF vaccine supply shortages.

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

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

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

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WHO & Regional Offices [to 1 July 2017]

Ending discrimination in health care settings

27 June 2017 - Discrimination in health care is widespread across the world and takes many forms. It violates the most fundamental human rights and affects both users of health care services and health care workers. The new joint United Nations statement on ending discrimination in health care settings calls for health workers to fulfil their responsibilities, but also to have their rights protected. Many health workers, especially women, are themselves vulnerable and victims of discrimination, abuse, and violence.

Read the joint UN statement

Public health surveillance ethics

26 June 2017 -- Public health officials regularly collect and analyse data to map disease, spot patterns, identify causes and respond to outbreaks. But surveillance can lead to harm if people's privacy is violated, or they are stigmatized on the basis of the information they provide about themselves. WHO's new Guidelines on ethical issues in public health surveillance offer 17 guidelines that can assist everyone involved in surveillance to make the right decisions.

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Disease outbreak news

- :: [Middle East respiratory syndrome coronavirus \(MERS-CoV\) – Saudi Arabia](#) 28 June 2017
- :: [Human infection with avian influenza A\(H7N9\) virus – China](#) 28 June 2017
- :: [Lassa Fever – Nigeria](#) 28 June 2017

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[Weekly Epidemiological Record, 30 June 2017, vol. 92, 26 \(pp. 357–368\)](#)

- Index of countries/areas; Index, Volume 92, 2017, Nos. 1–26
- :: WHO Alliance for the Global Elimination of Trachoma by 2020: progress report on elimination of trachoma, 2014–2016

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

- :: ["Call-to-Action" – Putting People First: The Road to Universal Health Coverage in Africa - 28 June 2017](#)

Brazzaville, 28 June 2017 – The World Health Organization's inaugural Africa Health Forum 'has concluded with a resounding call to action that all stakeholders in Africa must work together to achieve Universal Health Coverage (UHC), a key aim of the Sustainable Development Goals (SDGs). Experts from a wide range of backgrounds including academics, ministers of health, intergovernmental agencies, academics, civil society, philanthropic foundations, private sector, and youth organisations attended the two-day landmark event organized by WHO under the theme: 'Putting people first: The Road to Universal Health Coverage in Africa.'

- :: [Africa needs to act now to safeguard the health of its youth - 27 June 2017](#)

WHO Region of the Americas PAHO

No new digest content identified.

WHO South-East Asia Region SEARO

No new digest content identified.

WHO European Region EURO

- :: [Countries mark World No Tobacco Day with outreach to all levels of society and across sectors](#) 30-06-2017
- :: [Exploring synergies between health, climate change mitigation and nature conservation](#) 28-06-2017
- :: [Europe's small countries commit to ending childhood obesity](#) 27-06-2017

:: New WHO report provides blueprint for delivering people-centred care for tuberculosis 26-06-2017

WHO Eastern Mediterranean Region EMRO

:: Partnerships, empowerment and action: a multisectoral response to end gender-based violence against women and girls in Asia and the Pacific 28 June 2017
:: Joint United Nations statement on ending discrimination in health care settings 27 June 2017
:: Statement from UNICEF Executive Director Anthony Lake and WHO Director-General Margaret Chan on the cholera outbreak in Yemen as suspected cases exceed 200,000 24 June 2017

WHO Western Pacific Region

:: Let's talk about it: improving immunization coverage in Solomon Islands
29 June 2017 - Baby Joy looks around the room with bright, curious eyes, closely watching the nurse as she pulls on her white latex gloves. Joy is 17 weeks old, and that means she is overdue to receive four different vaccinations, as per Solomon Islands' routine immunization schedule. Unfortunately, many children are like Joy: they receive their vaccinations late. In fact, over 25% do not receive the full schedule at all.

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CDC/ACIP [to 1 July 2017]

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

Press Release

Wednesday, June 28, 2017

40th Annual Report on the Health of the Nation Features Long-Term Trends in Health and Health Care Delivery in the United States

CDC today released Health, United States, 2016,...

Press Release

Monday, June 26, 2017

Life at Ground Zero: The Story of the West African Ebola Outbreak

What was it like at ground zero of the worst outbreak of Ebola in history? This month, CDC's David J. Sencer...

MMWR – June 29, 2017

:: Influenza Update

The 2016-17 flu season was relatively long and moderate in severity. Flu vaccination can vary in how well it works, but remains the best way to prevent influenza illness and associated complications. However, treatment with influenza antiviral medications close to the onset of illness is recommended for patients with confirmed or suspected influenza who have severe, complicated, or progressive illness; who require hospitalization; or who are at high risk for influenza complications. Although summer influenza activity in the United States typically is low, influenza cases and outbreaks do happen in summer months and clinicians should be vigilant in considering influenza when patients have summer respiratory illnesses. Influenza activity in the United States during 2016-17 was low through November, increased during December and peaked in February although there were regional differences in timing. Influenza A(H3N2)

viruses were most common through mid-March and were predominate for the season overall, but influenza B viruses were most common from late March through May. Severity indicators (hospitalization and mortality rates) were within the range of what has been observed during previous seasons when influenza A(H3N2) viruses predominated. Final vaccine effectiveness estimates against flu-related outpatient medical visits was 42 percent (95% CI 35%–48%).

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Announcements

Wellcome Trust [to 1 July 2017]

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

News / Published: 29 June 2017

Zika vaccine research: guidance for including pregnant women

New guidance for including pregnant woman and their babies in Zika vaccine research has been *published today. It has been issued by a group of international experts in vaccinology, maternal and child health, public health and ethics.*

Zika infection in pregnancy can have devastating effects on normal fetal development. But pregnant women are often automatically excluded from vaccine trials over safety concerns.

The guidelines argue that those most at risk from the virus – pregnant women and their babies – should be at the centre of Zika vaccine development.

What the guidance recommends

The guidance, developed with Wellcome funding, sets out how the research community can ensure that any vaccines developed are made available to those most at risk.

It puts forward three principles, each with recommendations directed at policymakers, funders, researchers, oversight bodies, regulatory authorities and the global public health community.

[1] To pursue and prioritise development of Zika vaccines that can be used by pregnant women.

[2] To ensure data is collected in time to inform judgments about safety and efficacy of vaccine administration in pregnancy.

[3] To ensure pregnant women have fair access to participate in research studies...

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FDA [to 1 July 2017]

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

June 29, 2017 –

FDA unveils plan to eliminate orphan designation backlog

Today, the U.S. Food and Drug Administration unveiled a strategic plan to eliminate the agency's existing orphan designation request backlog and ensure continued timely response to all new requests for designation with firm deadlines. The agency's Orphan Drug Modernization Plan comes a week after FDA Commissioner Scott Gottlieb committed to eliminating the backlog within 90 days and responding to all new requests for designation within 90 days of receipt during his testimony before a Senate subcommittee.

As authorized under the Orphan Drug Act, the Orphan Drug Designation Program provides orphan status to drugs and biologics that are defined as those intended for the safe and

effective treatment, diagnosis or prevention of rare diseases, which are generally defined as diseases that affect fewer than 200,000 people in the United States. Orphan designation qualifies the sponsor of the drug for various development incentives, including tax credits for clinical trial costs, relief from prescription drug user fee if the indication is for a rare disease or condition, and eligibility for seven years of marketing exclusivity upon approval. A request for orphan designation is one step that can be taken in the drug development process and is different than the filing of a marketing application with the FDA.

Currently, the FDA has about 200 orphan drug designation requests that are pending review. The number of orphan drug designation requests has steadily increased over the past five years...

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IVI [to 1 July 2017]

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

June 30, 2017, Seoul, Korea

Changes in IVI's Board of Trustees

The International Vaccine Institute (IVI) today announced several changes in its Board of Trustees (BOT). Three new members will join the Board: Mr. Malcolm Sweeney, Dr. Chris Varma, and Dr. Ros-Mari Bålöw. Each will serve a three-year term, which will take effect on November 16, 2017.

"The new Board members bring diversity and a wealth of experience in areas ranging from global finance to entrepreneurship to international development and cooperation research," said Dr. Jerome Kim, IVI Director General. "They bring leadership experience from their respective fields, and I am pleased they are joining our board."

... Dr. Viveka Persson, who is from the Swedish National Agency for Higher Education was the Swedish representative on the Board since 2012 and also served as Vice Chair of the Board. George Bickerstaff was appointed as Board Vice Chair effectively immediately following Dr. Persson's departure....

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Gavi [to 1 July 2017]

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

29 June 2017

Gavi welcomes US\$ 1.5 million contribution from China Merchants Group

The pledge will support Gavi's mission to immunise 300 million of the world's poorest children by 2020.

Beijing, 29 June 2017 – China Merchants Charitable Foundation (CMCF), a charity affiliation of China Merchants Group (CMG) will contribute US\$ 1.5 million to Gavi, the Vaccine Alliance, to support childhood immunisation in developing countries in 2017-2019. This multi-year pledge from CMG is the first agreement of its kind signed between Gavi and a private sector company in the Asia Pacific region.

"China Merchants Group has a deserved reputation as a global leader in logistics, supply chain and financial services, and this multi-year pledge underlines the company's unwavering commitment to making a real difference to the lives of children in developing countries," said Dr Seth Berkley, CEO of Gavi...

:::::

GHIT Fund [to 1 July 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 •

2017.06.28

Event Report: GHIT Fund Replenishment Press Conference

The GHIT Fund held a press conference at the Kioi conference center in Tokyo on June 1, 2017, announcing its replenishment with a USD 200 million commitment for the next five years (FY2018-FY2022) from its funding partners. The following GHIT Council members participated: Government of Japan (Ministry of Foreign Affairs and Ministry of Health, Labour, and Welfare), Japanese pharmaceutical companies (Astellas Pharma Inc., Chugai Pharmaceutical Co., Ltd., Daiichi Sankyo Company, Ltd., Eisai Co., Ltd., Shionogi & Co., Ltd., and Takeda Pharmaceutical Company, Ltd.), and Foundations (Bill & Melinda Gates Foundation and Wellcome Trust)....

:::::

NIH [to 1 July 2017]

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

June 28, 2017

NIH study sheds light on immune responses driving obesity-induced liver disease

Findings in mouse models reveal inflammatory factors that promote liver scarring.

June 27, 2017

Researchers develop microneedle patch for flu vaccination

The patch could be an alternative to needle-and-syringe immunization.

:::::

UNAIDS [to 1 July 2017]

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

Selected Press Releases & Updates

Press Release

UNAIDS Board seizes opportunities of change to deliver results

Board members unanimously approve US\$ 484 million budget for 2018–2019.

GENEVA, 30 June 2017—UNAIDS' 40th Programme Coordinating Board meeting has concluded in Geneva, Switzerland. Important decisions were taken on redefining the ways in which the Joint Programme works to deliver results efficiently and effectively and continues to advance global efforts to end the AIDS epidemic as part of the Sustainable Development Goals. The Board affirmed the UNAIDS Joint Programme Action Plan as a way to progressively move towards a refined operating model. The Action Plan strengthens the coherence and effectiveness of UNAIDS' support to countries and presents clear results and deliverables on joint working, financing, accountability and governance. The Board members also welcomed the final report of the Global Review Panel on the Future of the UNAIDS Joint Programme Model...

Press Release

Germany to double contributions to UNAIDS

The Government of Germany has announced that it will double its funding to UNAIDS in 2017-2018, to €5 million per year. Germany made the announcement at PCB-40.

::::::

PhRMA [to 1 July 2017]
<http://www.phrma.org/press-room>
June 27, 2017

More Than 50 Medicines and Vaccines in Development for HIV Infection, Treatment and Prevention

America's biopharmaceutical companies are continuing the fight to conquer the human immunodeficiency virus (HIV), which can develop into acquired immune deficiency syndrome (AIDS), with 52 medicines and vaccines currently in development to help treat and prevent the infection, according to a report released today by PhRMA in partnership with The AIDS Institute.

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Sabin Vaccine Institute [to 1 July 2017]
<http://www.sabin.org/updates/pressreleases>
Thursday, June 29, 2017

Thank You for Supporting END7! Changes are coming...

It's been five years since the Sabin Vaccine Institute launched the END7 campaign to end neglected tropical diseases (NTDs). With your support, we mobilized funding to support programs that treated more than 50 million people, helped increase US and UK funding for NTDs and spread awareness of the global NTD burden.

As of June 1, 2017 we are no longer accepting donations for NTD treatment programs but we are working to ensure END7 advocacy efforts continue uninterrupted. We have concluded END7 fundraising activities and are working with a partner organization to continue advocacy for NTD treatment. END7 student advocacy efforts will continue this fall under the direction of another NTD organization, we will share more details about this exciting transition soon.

The Sabin Vaccine Institute, home of the END7 campaign, is dedicated to making vaccines more accessible, enabling innovation and expanding immunization across the globe. We intend to focus our energy going forward on expanding immunization...

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MSF/Médecins Sans Frontières [to 1 July 2017]
<http://www.doctorswithoutborders.org/news-stories/press/press-releases>
Press release
Proposed Executive Order Puts Pharma Interests Over People's Lives

June 27, 2017

A leaked draft of President Trump's executive order on drug pricing reveals that the White House will perpetuate policies that have led to a broken biomedical research and development (R&D) system and raise drug prices around the world, said the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF).

Press release

Doctors Without Borders Urges India's Modi to Remain Committed to Affordable Medicines During White House Meeting

June 26, 2017

As U.S. President Donald Trump and Indian Prime Minister Narendra Modi meet at the White House today, Doctors Without Borders/Médecins Sans Frontières (MSF) warned that U.S. pressure on India to change its drug regulatory and patent system could result in millions of people in the U.S. and around the world losing their lifeline of affordable medicines. As an international medical humanitarian organization that relies on affordable generic medicines produced in India to run its medical programs in more than 60 countries, MSF urged Modi to stand strong and protect India's role as the "pharmacy of the developing world."

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DCVMN – Developing Country Vaccine Manufacturers Network [to 1 July 2017]

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

[undated]

DCVMN Annual General Meeting

25 September 2017 to 28 September 2017

Seoul / Korea

:::::

European Vaccine Initiative [to 1 July 2017]

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

27 June 2017

EDUFLUVAC workshop

"Four years of European research on the development of universal influenza vaccines: what have we learnt, and how can we move forward?"

:::::

EDCTP [to 1 July 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

28 June 2017

Botswana launch of AMBITION-cm project on HIV-associated cryptococcal meningitis

Almost twenty per cent of HIV-related deaths are directly attributable to cryptococcal meningitis (CM). The AMBITION-cm project was developed to

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Industry Watch

:: Takeda and Biological E. Limited Announce Partnership to Develop Low-Cost Combination Vaccines for Low- and Middle-Income Countries around the Globe

Two recently-signed agreements will transfer Takeda's measles and acellular pertussis vaccine technologies to India-based multi-national company Biological E. Limited ("BE") to develop low-cost combination vaccines including diphtheria, tetanus and acellular pertussis (DTaP) and measles-rubella (MR) vaccines

OSAKA, Japan & HYDERABAD, India--(BUSINESS WIRE)--Takeda Pharmaceutical Company Limited [TSE: 4502], ("Takeda") and Biological E. Limited ("BE") today announced that they have entered into a collaboration whereby two licensing agreements to expedite the development and delivery of affordable combination vaccines have been executed. BE will commercialize the vaccine in India, China and low- and middle-income countries where large, unmet public health needs exist.

Takeda has sold both the measles and pertussis vaccines in the Japanese market for more than 20 years. In heavily populated countries like India, where 25.7 million births occurred in 2015, substantial opportunities remain to deliver critical vaccines to those who need them. In the absence of access to vaccines in many parts of the world, this partnership illustrates Takeda's desire to forge the kind of collaborations needed to overcome this public health challenge in low- and middle-income countries.

"Access to medicines is one of Takeda's core values, and these agreements align with Takeda's strategic goals to make high-impact contributions to global public health, either alone or through partners," said Rahul Singhvi, Chief Operating Officer, Takeda Vaccine Business Unit. "These two agreements along with our current vaccine pipeline underscore our global commitment to address important infectious diseases across the globe."

Under these agreements, Takeda will conduct a transfer from Japan to BE its existing measles and acellular pertussis vaccine bulk production technology, including the provision of technical services such as support in infrastructure review, training for production and quality control, technical assistance in process development, preclinical study design and production of clinical batch and the first commercial batches...

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AERAS [to 1 July 2017]
<http://www.aeras.org/pressreleases>
No new digest content identified.

BMGF - Gates Foundation [to 1 July 2017]
<http://www.gatesfoundation.org/Media-Center/Press-Releases>
No new digest content identified.

CEPI – Coalition for Epidemic Preparedness Innovations [to 1 July 2017]
<http://cepi.net/>
No new digest content identified.

European Medicines Agency [to 1 July 2017]
<http://www.ema.europa.eu/ema/>
No new digest content identified.

Fondation Merieux [to 1 July 2017]
<http://www.fondation-merieux.org/news>

No new digest content identified.

Global Fund [to 1 July 2017]

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

No new digest content identified.

Hilleman Laboratories [to 1 July 2017]

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

No new digest content identified.

Human Vaccines Project [to 1 July 2017]

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

No new digest content identified.

IAVI – International AIDS Vaccine Initiative [to 1 July 2017]

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

No new digest content identified.

PATH [to 1 July 2017]

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

No new digest content identified.

BIO [to 1 July 2017]

<https://www.bio.org/insights/press-release>

No new digest content identified.

IFPMA [to 1 July 2017]

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

No new digest content identified.

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

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

No new digest content identified.

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Journal Watch

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

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

American Journal of Infection Control

Volume 45, Issue 6, Supplement, S1-S110

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

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

Abstracts from across thematic areas

[Reviewed earlier]

American Journal of Preventive Medicine

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

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

[Reviewed earlier]

American Journal of Public Health

July 2017 107(7)

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

Volume 96, Issue 6, 2017

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

[Reviewed earlier]

Annals of Internal Medicine

20 June 2017 Vol: 166, Issue 12

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

[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 1 July 2017)

Review

Cost-effectiveness analysis of malaria interventions using disability adjusted life years: a systematic review

Malaria continues to be a public health problem despite past and on-going control efforts. For sustenance of control efforts to achieve the malaria elimination goal, it is important that the most cost-effectiv...

Resign Gunda and Moses John Chimbari

Cost Effectiveness and Resource Allocation 2017 15:10

Published on: 1 July 2017

BMJ Global Health

January 2017; volume 2, issue 1

<http://gh.bmjjournals.org/content/2/1?current-issue=y>

[Reviewed earlier]

BMC Health Services Research

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

(Accessed 1 July 2017)

[No new digest content identified]

BMC Infectious Diseases

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

(Accessed 1 July 2017)

[No new digest content identified]

BMC Medical Ethics

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

(Accessed 1 July 2017)

Debate

Ethics review of studies during public health emergencies - the experience of the WHO ethics review committee during the Ebola virus disease epidemic

Emilie Alirol, Annette C. Kuesel, Maria Magdalena Gurabi, Vânia dela Fuente-Núñez, Abha

Saxena and Melba F. Gomes

Published on: 26 June 2017

Abstract

Background

Between 2013 and 2016, West Africa experienced the largest ever outbreak of Ebola Virus Disease. In the absence of registered treatments or vaccines to control this lethal disease, the World Health Organization coordinated and supported research to expedite identification of interventions that could control the outbreak and improve future control efforts. Consequently, the World Health Organization Research Ethics Review Committee (WHO-ERC) was heavily involved in reviews and ethics discussions. It reviewed 24 new and 22 amended protocols for research studies including interventional (drug, vaccine) and observational studies.

WHO-ERC reviews

WHO-ERC provided the reviews within on average 6 working days. The WHO-ERC often could not provide immediate approval of protocols for reasons which were not Ebola Virus Disease specific but related to protocol inconsistencies, missing information and complex informed consents. WHO-ERC considerations on Ebola Virus Disease specific issues (benefit-risk assessment, study design, exclusion of pregnant women and children from interventional studies, data and sample sharing, collaborative partnerships including international and local researchers and communities, community engagement and participant information) are presented.

Conclusions

To accelerate study approval in future public health emergencies, we recommend: (1) internally consistent and complete submissions with information documents in language participants are likely to understand, (2) close collaboration between local and international researchers from research inception, (3) generation of template agreements for data and sample sharing and use during the ongoing global consultations on bio-banks, (4) formation of Joint Scientific Advisory and Data Safety Review Committees for all studies linked to a particular intervention or group of interventions, (5) formation of a Joint Ethics Review Committee with representatives of the Ethics Committees of all institutions and countries involved to strengthen reviews through the different perspectives provided without the 'opportunity costs' for time to final approval of multiple, independent reviews, (6) direct information exchange between the chairs of advisory, safety review and ethics committees, (7) more Ethics Committee support for investigators than is standard and (8) a global consultation on criteria for inclusion of pregnant women and children in interventional studies for conditions which put them at particularly high risk of mortality or other irreversible adverse outcomes under standard-of-care.

BMC Medicine

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

(Accessed 1 July 2017)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 1 July 2017)

[No new digest content identified]

BMC Public Health

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

(Accessed 1 July 2017)

Research article

[Prevalence of high, medium and low-risk medical conditions for pneumococcal vaccination in Catalonian middle-aged and older adults: a population-based study](#)

Updated population-based data on the frequency and distribution of risk factors for pneumococcal disease is scarce. This study investigated the prevalence of distinct comorbidities and underlying risk conditio...

O. Ochoa-Gondar, I. Hospital, A. Vila-Corcoles, M. Aragon, M. Jariod, C. de Diego and E. Satue
BMC Public Health 2017 17:610

Published on: 29 June 2017

Research article

Implementation of a human papillomavirus vaccination demonstration project in Malawi: successes and challenges

Cervical cancer is a major public health problem in Malawi. The age-standardized incidence and mortality rates are estimated to be 75.9 and 49.8 per 100,000 population, respectively. The availability of the hu...

Kelias Phiri Msyamboza, Beatrice Matanje Mwagomba, Moussa Valle, Hastings Chiumia and Twambilire Phiri

BMC Public Health 2017 17:599

Published on: 26 June 2017

BMC Research Notes

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

(Accessed 1 July 2017)

[No new digest content identified]

BMJ Open

June 2017 - Volume 7 - 6

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

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 95, Number 6, June 2017, 389-480

<http://www.who.int/bulletin/volumes/95/6/en/>

Special theme: measuring quality of care

[Reviewed earlier]

Child Care, Health and Development

July 2017 Volume 43, Issue 4 Pages 463–625

<http://onlinelibrary.wiley.com/doi/10.1111/cch.v43.4/issuetoc>

[Reviewed earlier]

Clinical and Experimental Vaccine Research

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

<http://ecevr.org/>

[Reviewed earlier]

Clinical Therapeutics

August 2017 Volume 39, Issue 8, Supplement, e1-e110

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

The Proceedings of the 13th Congress of the European Association for Clinical Pharmacology and Therapeutics

[No specific digest content identified]

Complexity

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

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

[Reviewed earlier]

Conflict and Health

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

[Accessed 1 July 2017]

[No new digest content identified]

Contemporary Clinical Trials

Volume 58, Pages 1-94 (July 2017)

<http://www.sciencedirect.com/science/journal/15517144/58>

Study Design, Statistical Design, Study Protocols

Example-based illustrations of design, conduct, analysis and result interpretation of multi-regional clinical trials

Original Research Article

Pages 13-22

Hui Quan, Xuezhou Mao, Yoko Tanaka, Bruce Binkowitz, Gang Li, Josh Chen, Ji Zhang, Peng-Liang Zhao, Soo Peter Ouyang, Mark Chang

Abstract

Extensive research has been conducted in the Multi-Regional Clinical Trial (MRCT) area. To effectively apply an appropriate approach to a MRCT, we need to synthesize and understand the features of different approaches. In this paper, examples are used to illustrate considerations regarding design, conduct, analysis and interpretation of result of MRCTs. We start with a brief discussion of region definitions and the scenarios where different regions have differing requirements for a MRCT. We then compare different designs and models as well as the corresponding interpretation of the results. We highlight the importance of paying special attention to trial monitoring and conduct to prevent potential issues associated with the final trial results. Besides evaluating the overall treatment effect for the entire MRCT, we also consider other key analyses including quantification of regional treatment effects within a MRCT, and assessment of consistency of these regional treatment effects.

Current Opinion in Infectious Diseases

June 2017 - Volume 30 - Issue 3

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

[Reviewed earlier]

Developing World Bioethics

April 2017 Volume 17, Issue 1 Pages 1–60
<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2017.17.issue-1/issuetoc>
[Reviewed earlier]

Development in Practice

Volume 27, Issue 4
<http://www.tandfonline.com/toc/cdip20/current>
[Reviewed earlier]

Disasters

July 2017 Volume 41, Issue 3 Pages 427–627
<http://onlinelibrary.wiley.com/doi/10.1111/disa.2017.41.issue-3/issuetoc>
[Reviewed earlier]

EMBO Reports

01 June 2017; volume 18, issue 6
<http://embor.embopress.org/content/18/6?current-issue=y>
[Reviewed earlier]

Emerging Infectious Diseases

Volume 23, Number 6—June 2017
<http://wwwnc.cdc.gov/eid/>
[Reviewed earlier]

Epidemics

Volume 19, Pages 1-84 (June 2017)
<http://www.sciencedirect.com/science/journal/17554365>
[Reviewed earlier]

Epidemiology and Infection

Volume 145 - Issue 8 - June 2017
<https://www.cambridge.org/core/journals/epidemiology-and-infection/latest-issue>
[Reviewed earlier]

The European Journal of Public Health

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

Global Health Action

Volume 10, 2017 – Supplement 2
<http://www.tandfonline.com/toc/zgha20/10/1?nav=tocList>
[Reviewed earlier]

Global Health: Science and Practice (GHSP)

June 27, 2017, 5 (2)
<http://www.ghspjournal.org/content/current>

EDITORIALS

Long-Acting HIV Treatment and Prevention: Closer to the Threshold

Substantial progress has been made toward viable, practical long-acting approaches to deliver HIV treatment and prevention through: (1) continued improvements in long-acting antiretrovirals (ARVs); (2) better innovative delivery systems; and (3) collaboration of willing partners to advance new ARVs. More progress on those 3 fronts is still needed to arrive at the goal of optimized HIV treatment and prevention for all who would benefit—and of finally controlling the HIV epidemic.

Matthew Barnhart

Glob Health Sci Pract 2017;5(2):182-187. <http://dx.doi.org/10.9745/GHSP-D-17-00206>

REVIEWS

Inequitable Access to Health Care by the Poor in Community-Based Health Insurance Programs: A Review of Studies From Low- and Middle-Income Countries

The poor lack equitable access to health care in community-based health insurance schemes. Flexible installment payment plans, subsidized premiums, and elimination of co-pays can increase enrollment and use of health services by the poor.

Chukwuemeka A Umeh, Frank G Feeley
Glob Health Sci Pract 2017;5(2):299-314.

Global Public Health

Volume 12, 2017 Issue 8
<http://www.tandfonline.com/toc/rgph20/current>
[Reviewed earlier]

Globalization and Health

<http://www.globalizationandhealth.com/>
[Accessed 1 July 2017]

Research

In which developing countries are patents on essential medicines being filed?

This article is based upon data gathered during a study conducted in partnership with the World Intellectual Property Organization on the patent status of products appearing on the World Health Organization's ...

Reed F Beall, Rosanne Blanchet and Amir Attaran
Globalization and Health 2017 13:38
Published on: 26 June 2017

Health Affairs

June 2017; Volume 36, Issue 6

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

Issue Focus: Pursuing Health Equity

[Reviewed earlier]

Health and Human Rights

Volume 19, Issue 1, June 2017

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

[Reviewed earlier]

Health Economics, Policy and Law

Volume 12 - Issue 3 - July 2017

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

[Reviewed earlier]

Health Policy and Planning

Volume 32, Issue 6 July 2017

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 1 July 2017]

[No new digest content identified]

Humanitarian Exchange Magazine

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

Number 69 June 2017

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 13, Issue 5, 2017

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 1 July 2017]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 1 July 2017]

[No new digest content identified]

International Health

Volume 9, Issue 3 May 2017

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

[Reviewed earlier]

International Journal of Community Medicine and Public Health

Vol 4, No 6 (2017) June 2017

<http://www.ijcmph.com/index.php/ijcmph/issue/view/25>

[Reviewed earlier]

International Journal of Epidemiology

Volume 46, Issue 2 April 2017

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

[Reviewed earlier]

International Journal of Human Rights in Healthcare

Vol. 10 Issue: 2, pp.-, doi: 10.1108/IJHRH-10-2016-0018

<http://www.emeraldinsight.com/toc/ijhrh/10/2>

[Reviewed earlier]

International Journal of Infectious Diseases

June 2017 Volume 59, p1-156

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

[Reviewed earlier]

JAMA

June 27, 2017, Vol 317, No. 24, Pages 2463-2560

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

Editorial

[Data Sharing Statements for Clinical TrialsA Requirement of the International Committee of Medical Journal Editors](#)

Darren B. Taichman, MD, PhD; Peush Sahni, MB, BS, MS, PhD; Anja Pinborg, MD; et al.

The International Committee of Medical Journal Editors (ICMJE) believes there is an ethical obligation to responsibly share data generated by interventional clinical trials because trial participants have put themselves at risk. In January 2016 we published a proposal aimed at helping to create an environment in which the sharing of deidentified individual participant data

becomes the norm. In response to our request for feedback we received many comments from individuals and groups.¹ Some applauded the proposal while others expressed disappointment it did not more quickly create a commitment to data sharing. Many raised valid concerns regarding the feasibility of the proposed requirements, the necessary resources, the real or perceived risks to trial participants, and the need to protect the interests of patients and researchers...

JAMA Pediatrics

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

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

[Reviewed earlier]

JBI Database of Systematic Review and Implementation Reports

June 2017 - Volume 15 - Issue 6

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

[Reviewed earlier]

Journal of Community Health

Volume 42, Issue 4, August 2017

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

[New issue; No digest content identified]

Journal of Epidemiology & Community Health

June 2017 - Volume 71 - 6

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

[Reviewed earlier]

Journal of Global Ethics

Volume 13, Issue 1, 2016

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

[Reviewed earlier]

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

Volume 28, Number 2 Supplement, May 2017

<https://muse.jhu.edu/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]

[Reviewed earlier]

Journal of Infectious Diseases

Volume 215, Issue 11 1 June 2017

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

[Reviewed earlier]

Journal of Medical Ethics

July 2017 - Volume 43 - 7

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

Disorders of consciousness

[New issue; No digest content identified]

Journal of Medical Internet Research

Vol 19, No 6 (2017): June

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

[Reviewed earlier]

Journal of Medical Microbiology

Volume 66, Issue 6, June 2017

<http://jmm.microbiologyresearch.org/content/journal/jmm/66/6>

[New issue; No digest content identified]

Journal of Patient-Centered Research and Reviews

Volume 4, Issue 2 (2017)

<http://digitalrepository.aurorahealthcare.org/jpcrr/>

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 6, Issue 2 1 June 2017

<http://jpids.oxfordjournals.org/content/current>
[Reviewed earlier]

Journal of Pediatrics
June 2017 Volume 185, p1-258
<http://www.jpeds.com/current>
[Reviewed earlier]

Journal of Public Health Policy
Volume 38, Issue 2, May 2017
<https://link.springer.com/journal/41271/38/2/page/1>
[Reviewed earlier]

Journal of the Royal Society – Interface
01 June 2017; volume 14, issue 131
<http://rsif.royalsocietypublishing.org/content/current>
[Reviewed earlier]

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

Journal of Virology
June 2017, volume 91, issue 12
<http://jvi.asm.org/content/current>
[Reviewed earlier]

The Lancet
Jul 01, 2017 Volume 390 Number 10089 p1-94 e18
<http://www.thelancet.com/journals/lancet/issue/current>
Editorial
[Sexual health and reproductive rights at a crossroad](#)
The Lancet
Published: 01 July 2017
DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)31750-6](http://dx.doi.org/10.1016/S0140-6736(17)31750-6)

Lancet Global Health
Jul 2017 Volume 5 Number 7 e633-e726
<http://www.thelancet.com/journals/langlo/issue/current>
Editorial

Gravitating towards universal health coverage in the new WHO era

The Lancet Global Health

Open Access

DOI: [http://dx.doi.org/10.1016/S2214-109X\(17\)30224-3](http://dx.doi.org/10.1016/S2214-109X(17)30224-3)

After a year of intense campaigning not devoid of controversies, WHO has a new leader. The election of Tedros Adhanom Ghebreyesus is the culmination of a series of firsts: he is the first Director-General elected via a more inclusive and transparent election process, the first African to be elected head of the agency, and the first non-physician to take the helm of the world's foremost health institution. The excitement around this level of novelty is palpable: as Africa rejoices and congratulations converge from all sides of the global health political and technical communities, the overall sentiment wants to be one of hope—hope for the future of the embattled organisation at the hands of an experienced and successful technocrat and diplomat, and hope for renewed impetus to address the most pressing issues threatening the health of populations around the world.

The new WHO DG has laid out his priorities and first on the list is a familiar challenge: advancing universal health coverage (UHC). He has made clear that UHC is to be the “centre of gravity” of WHO’s work under his leadership. As such, he is picking up a process that—as laid out in [Margaret Chan’s final report](#) as WHO DG—started with the 1978 Health for All declaration of Alma-Ata and the push for primary health care, and through the ups and downs of an initially misunderstood and several times renewed concept, found a most vibrant expression in the 2010 “World Health Report on Health systems financing: the path to universal coverage”, which concentrated on demonstrating the financial feasibility of UHC. The concept crystallised as a development issue with the 2012 UN General Assembly resolution on UHC, and finally the inclusion of UHC in the 2030 Agenda for Sustainable Development, in SDG3, target 8. A place has been carved for UHC on the global agenda, and Tedros has committed to making it happen. We look forward to seeing how he will tackle this challenge.

And a challenge it will be. The economic case for UHC has been well discussed, the notions of equity and rights seem acquired, and studies are providing increased granularity to the monitoring of the health benefits of UHC. A [recent article in The Lancet](#) on an index of health care quality and access based on amenable mortality shows, among other things, how countries such as Tedros’ own Ethiopia, while still not performing well on this index, have been able to go beyond expectations between 1990 and 2015 in terms of access and quality. But clearly progress has been variable and there are gaps in coverage across and within countries. The new DG himself has acknowledged that while UHC has been the focus of the global health community for some time, progress has been slow. He has done so indirectly in our pages during his campaign, in his [careful response to an open letter](#) to the DG candidates on a patient-centred R&D agreement, where he recognised that one aspect of UHC—the delivery of quality health products for diseases affecting the most vulnerable population—remains poorly addressed, evoking market failures and lack of political will. Indeed, he has qualified the lack of political commitment, rather than lack of resources, as the biggest constraint for progress in UHC.

Obviously countries moving towards UHC face a number of choices, from policy negotiations and decisions to financing and implementation, that are inherently political. Conflicting priorities between ministries of finance and ministries of health can, and often do, clash. Ideological

struggles and political interests also slow down or hamper progress. A case in point is that of the USA, where Barack Obama's UHC-friendly Affordable Care Act is being hammered down by Donald Trump's policy proposals.

Venturing into politically-charged terrain is tricky for WHO. The level of comfort is high on technical issues like financing and governance, but work on the political determinants and the political economy of UHC, while key for successful reforms, is not as conspicuous. Yet advocating for the outcome rather than the means to get to UHC, as Tedros has said should be WHO's strategy, requires it. As Ethiopia's former Minister of Foreign Affairs, he has undoubtedly gained key experience in high-level political engagement. Those sharp political skills will be invaluable in forging the new road ahead.

Health Policy

Innovative financing instruments for global health 2002–15: a systematic analysis

Prof Rifat Atun, FRCP, Sachin Silva, MSc, Prof Felicia M Knaul, PhD

Open Access

DOI: [http://dx.doi.org/10.1016/S2214-109X\(17\)30198-5](http://dx.doi.org/10.1016/S2214-109X(17)30198-5)

Summary

Development assistance for health (DAH), the value of which peaked in 2013 and fell in 2015, is unlikely to rise substantially in the near future, increasing reliance on domestic and innovative financing sources to sustain health programmes in low-income and middle-income countries. We examined innovative financing instruments (IFIs)—financing schemes that generate and mobilise funds—to estimate the quantum of financing mobilised from 2002 to 2015. We identified ten IFIs, which mobilised US\$8·9 billion (2·3% of overall DAH) in 2002–15. The funds generated by IFIs were channelled mostly through GAVI and the Global Fund, and used for programmes for new and underused vaccines, HIV/AIDS, malaria, tuberculosis, and maternal and child health. Vaccination programmes received the largest amount of funding (\$2·6 billion), followed by HIV/AIDS (\$1080·7 million) and malaria (\$1028·9 million), with no discernible funding targeted to non-communicable diseases.

Lancet Infectious Diseases

Jul 2017 Volume 17 Number 7 p673-780 e197-e234

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

Editorial

Between the devil and the deep blue sea

The Lancet Infectious Diseases

Published: July 2017

DOI: [http://dx.doi.org/10.1016/S1473-3099\(17\)30355-9](http://dx.doi.org/10.1016/S1473-3099(17)30355-9)

An unprecedented number of people escaping conflict and poverty have migrated from Asia and Africa towards Europe in recent years. A report from the UN High Commissioner for Refugees estimated that in 2016 alone around 362 376 people crossed the Mediterranean Sea, risking their lives to reach Europe. These new arrivals were in addition to more than 1 million refugees and migrants who had crossed the Mediterranean Sea on makeshift boats in 2015. Because of their geographical location, Greece and Italy have been the countries facing a continuous influx of migrants, mainly people aiming to move to northern European nations. However, with the closure of the borders to migrants in several countries along the Balkan route, including the

Greece–Macedonia border, Greece has become the place where migrants are stranded in refugees camps.

At the end of 2016, the population residing in the 51 existing hosting facilities in Greece was estimated to be around 62 700 people. Most refugees reaching Greece have come from Syria, Afghanistan, and Iraq. The situation in the refugee camps varies but overcrowding and poor hygienic conditions prevail, creating a favourable milieu for the spread of infectious diseases. Thus, it is not surprising that, as described in a [Newsdesk](#) report in this issue, a high number of cases of hepatitis A were reported in Greek hosting facilities for refugees in 2016. In total, 177 laboratory-confirmed symptomatic cases were reported; of these, 149 (84%) occurred in hosting camps, mostly among Syrian children younger than 15 years. All cases reported symptom onset after their entry into the country. As a consequence, 599 vaccinations (of 309 contacts aged 1–14 years and 290 contacts aged 15 or older) were done during ring vaccination of the 177 reported cases.

Hepatitis A is primarily transmitted through the faecal-oral route, either by person-to-person contact or by consumption of contaminated food or water. Although the disease is mainly asymptomatic in children, its severity increases with age with some adults experiencing acute liver failure, especially in the presence of underlying conditions. A Review in this journal describes the epidemiology of hepatitis A virus infection across Europe during the past 40 years, which shows that susceptibility to the disease in adults is increasing in large parts of Europe because of low endemicity. The emergence of hepatitis A in refugee camps in Greece shows that it is likely that migrants have similar susceptibility to the indigenous population for hepatitis A and that the conditions in which they are detained are extremely poor. Although the outbreak of hepatitis A was contained with interventions that included improving hygienic conditions and ring vaccination of contacts, the effort was complicated by some of the common challenges when dealing with migrants' health such as tracking population mobility, identification of contacts, and lack of information on vaccination history.

The difficulty of collecting information on the health status of migrants results in a lack of consensus on the best approach for screening and vaccination in this vulnerable population. Although migrants are eligible for universal care in both Greece and Italy, the reality is that access to the local health services remains difficult in these populations, so data on their main health issues are limited. A recent [study](#) of migrants in Italy reported that health problems in this population vary depending on the phase of their journey. At arrival in the host country the main issues reported by migrants are physical and psychological traumas, unwanted pregnancies, and scabies. Yet, once migrants settle in a camp, tuberculosis, vaccine preventable diseases such as hepatitis A, and sexually-transmitted infections become the major problem.

Currently, a series of projects supported by the European Union's Health Programme are aiming at developing a shared system for collection and transmission of health data that should reduce the risk of overtreatment and repetition of diagnostic tests. Better information would also facilitate the implementation of vaccination campaigns to close the gaps caused by migration, which in turn would reduce the chances that outbreaks such as the one described for hepatitis A could occur again.

Efforts to improve screening of the health needs of migrants should reflect a more inclusive attitude of the European Union towards migrants in the future. Migrants have not escaped from tragedy in their countries to meet disease and neglect in refugee camps. They deserve better.

Articles

Estimating the future burden of multidrug-resistant and extensively drug-resistant tuberculosis in India, the Philippines, Russia, and South Africa: a mathematical modelling study

Aditya Sharma, Andrew Hill, Ekaterina Kurbatova, Martie van der Walt, Charlotte Kvasnovsky, Thelma E Tupasi, Janice C Caoili, Maria Tarcela Gler, Grigory V Volchenkov, Boris Y Kazennyy, Olga V Demikhova, Jaime Bayona, Carmen Contreras, Martin Yagui, Vaira Leimane, Sang Nae Cho, Hee Jin Kim, Kai Kliiman, Somsak Akksilp, Ruwen Jou, Julia Ershova, Tracy Dalton, Peter Cegielski for the Global Preserving Effective TB Treatment Study Investigators

Immunogenicity and safety of three aluminium hydroxide adjuvanted vaccines with reduced doses of inactivated polio vaccine (IPV-A1) compared with standard IPV in young infants in the Dominican Republic: a phase 2, non-inferiority, observer-blinded, randomised, and controlled dose investigation trial

Luis Rivera, Rasmus S Pedersen, Lourdes Peña, Klaus J Olsen, Lars V Andreasen, Ingrid Kromann, Pernille I Nielsen, Charlotte Sørensen, Jes Dietrich, Ananda S Bandyopadhyay, Birgit Thierry-Carstensen

Meningococcal serogroup B strain coverage of the multicomponent 4CMenB vaccine with corresponding regional distribution and clinical characteristics in England, Wales, and Northern Ireland, 2007–08 and 2014–15: a qualitative and quantitative assessment

Sydel R Parikh, Lynne Newbold, Stephanie Slater, Maria Stella, Monica Moschioni, Jay Lucidarme, Rosita De Paola, Maria Giuliani, Laura Serino, Stephen J Gray, Stephen A Clark, Jamie Findlow, Mariagrazia Pizza, Mary E Ramsay, Shamez N Ladhani, Ray Borrow

Lancet Public Health

Jun 2017 Volume 2 Number 6 e247-e296

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

[Reviewed earlier]

Lancet Respiratory Medicine

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

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

[Reviewed earlier]

Maternal and Child Health Journal

Volume 21, Issue 6, June 2017

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

[Reviewed earlier]

Medical Decision Making (MDM)

Volume 37, Issue 5, July 2017

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

June 2017 Volume 95, Issue 2 Pages 213–446

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2017.95.issue-2/issuetoc>

[Reviewed earlier]

Nature

Volume 546 Number 7660 pp575-696 29 June 2017

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

[New issue: No digest content identified]

Nature Medicine

June 2017, Volume 23 No 6 pp645-788

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

[Reviewed earlier]

Nature Reviews Immunology

July 2017 Vol 17 No 7

<http://www.nature.com/nri/journal/v17/n7/index.html>

[New issue: No digest content identified]

New England Journal of Medicine

June 29, 2017 Vol. 376 No. 26

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

[New issue: No digest content identified]

Pediatrics

July 2017, VOLUME 140 / ISSUE 1

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

Articles

[Childhood Illness and the Gender Gap in Adolescent Education in Low- and Middle-Income Countries](#)

Marcella Alsan, Anlu Xing, Paul Wise, Gary L. Darmstadt, Eran Bendavid

Pediatrics Jul 2017, 140 (1) e20163175; DOI: 10.1542/peds.2016-3175

Abstract

BACKGROUND: Achieving gender equality in education is an important development goal. We tested the hypothesis that the gender gap in adolescent education is accentuated by illnesses among young children in the household.

METHODS: Using Demographic and Health Surveys on 41,821 households in 38 low- and middle-income countries, we used linear regression to estimate the difference in the probability adolescent girls and boys were in school, and how this gap responded to illness episodes among children <5 years old. To test the hypothesis that investments in child health are related to the gender gap in education, we assessed the relationship between the gender gap and national immunization coverage.

RESULTS: In our sample of 120,708 adolescent boys and girls residing in 38 countries, girls were 5.08% less likely to attend school than boys in the absence of a recent illness among young children within the same household (95% confidence interval [CI], 5.50%–4.65%). This gap increased to 7.77% (95% CI, 8.24%–7.30%) and 8.53% (95% CI, 9.32%–7.74%) if the household reported 1 and 2 or more illness episodes, respectively. The gender gap in schooling in response to illness was larger in households with a working mother. Increases in child vaccination rates were associated with a closing of the gender gap in schooling (correlation coefficient=0.34, $P=.02$).

CONCLUSIONS: Illnesses among children strongly predict a widening of the gender gap in education. Investments in early childhood health may have important effects on schooling attainment for adolescent girls.

Excerpt

...In our analysis of vaccination rates relative to the education gap, we found a statistically significant and strong negative correlation between the vaccination rates of children <5 years old and the gender gap in education (eg, the higher the vaccination rate, the smaller the gender gap in education; correlation coefficient=0.34, $P=.02$; [Fig 4](#)). The adolescent gender gap in education approaches zero with coverage rates exceeding ~70% for all 8 vaccines. We performed several specification checks to ensure that our results are robust. These include varying the age of the included older children, using alternative educational outcomes, and splitting the sample by rural and urban location. We describe these supplementary changes in detail. In [Supplemental Fig 5](#), we varied the age thresholds for older children in the following different ways: 10 to 16, 10 to 17, 10 to 18, 11 to 16, 12 to 16, 12 to 17, and 12 to 18. Our results are not sensitive to varying the thresholds...

Pharmaceutics

Volume 9, Issue 2 (June 2017)

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

[Reviewed earlier]

PharmacoEconomics

Volume 35, Issue 7, July 2017

<https://link.springer.com/journal/40273/35/7/page/1>

[New issue: No digest content identified]

<http://currents.plos.org/disasters/>
[Accessed 1 July 2017]
[No new digest content identified]

PLoS Currents: Outbreaks

<http://currents.plos.org/outbreaks/>
[Accessed 1 July 2017]
[No new digest content identified]

PLoS Medicine

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

(Accessed 1 July 2017)

Essay

[Vaccination to prevent human papillomavirus infections: From promise to practice](#)

Paul Bloem, Ikechukwu Ogbuanu

| published 27 Jun 2017 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002325>

Summary points

- :: A large proportion of the disease burden related to infection with human papillomavirus (HPV), the most common sexually transmitted infection, can be prevented through vaccination.
- :: There is inequity in access to HPV vaccines, and populations with the largest burden of HPV-related diseases have the least access to the vaccines.
- :: Affordability and sustainable financing of HPV vaccination are barriers to introduction in low- and middle-income countries because of the relatively high cost of the vaccine and its delivery to a nontraditional target population.

PLoS Neglected Tropical Diseases

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

(Accessed 1 July 2017)

Editorial

[Venezuela and its rising vector-borne neglected diseases](#)

Peter J. Hotez, María-Gloria Basáñez, Alvaro Acosta-Serrano, Maria Eugenia Grillet

Published: June 29, 2017

<https://doi.org/10.1371/journal.pntd.0005423>

[Initial text]

Poverty remains the overriding social determinant for the neglected tropical diseases (NTDs), but over the last several decades, we have also seen how political destabilization or even outright conflict can hasten economic declines and promote a substantial uptick in NTD incidence and prevalence [1]. Recent examples include the emergence of Ebola virus infection in West Africa [2], visceral leishmaniasis and other NTDs in East Africa [3, 4], and cutaneous leishmaniasis in the Middle East and North Africa [5], as well as guerilla activities linked to the drug trade in Latin America [6]. Vector-borne (taken here to encompass diseases transmitted by arthropods or snails) and zoonotic NTDs have been disproportionately represented among these emerging or reemerging infections.

A recent example of vector-borne NTDs reemerging due to political destabilization and economic collapse has been happening in Venezuela ...

PLoS One

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

[Accessed 1 July 2017]

[No new digest content identified]

PLoS Pathogens

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

[Accessed 1 July 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 1 July 2017]

[No new digest content identified]

Prehospital & Disaster Medicine

Volume 32 - Issue 3 - June 2017

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

[Reviewed earlier]

Preventive Medicine

Volume 99, Pages 1-332 (June 2017)

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

[Reviewed earlier]

Proceedings of the Royal Society B

17 May 2017; volume 284, issue 1854

<http://rspb.royalsocietypublishing.org/content/284/1854?current-issue=y>

[Reviewed earlier]

Public Health Ethics

Volume 10, Issue 2 July 2017

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

Symposium on Daniel Hausman's Valuing Health: Well-Being, Freedom and Suffering

Original Articles

[Value Choices in Summary Measures of Population Health](#)

S. Andrew Schroeder

Abstract

Summary measures of health, such as the quality-adjusted life year and disability-adjusted life year, have long been known to incorporate a number of value choices. In this paper, though, I show that the value choices in the construction of such measures extend far beyond what is generally recognized. In showing this, I hope both to improve the understanding of those measures by epidemiologists, health economists and policy-makers, and also to contribute to the general debate about the extent to which such measures should be adjusted to reflect ethical values.

Public Health Reports

Volume 132, Issue 3, May/June 2017

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

[Reviewed earlier]

Qualitative Health Research

Volume 27, Issue 7, June 2017

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

Special Issue: Theory

[Reviewed earlier]

Reproductive Health

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

[Accessed 1 July 2017]

[No new digest content identified]

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

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

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

[No new digest content identified]

Risk Analysis

May 2017 Volume 37, Issue 5 Pages 845–1038

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

[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 10, 2017

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

[Reviewed earlier]

Science

30 June 2017 Vol 356, Issue 6345

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

In Depth Global Health

Cholera vaccine faces major test in Yemen

Kai Kupferschmidt

Summary

On 15 June, a group managing the modest global reserve of cholera vaccine decided to dispatch 1 million doses to war-torn Yemen, which is suffering from a massive cholera outbreak. Cases began rising sharply in April and have already reached an estimated 200,000, causing 1300 deaths, most of them in the west of the country. There are now 5000 new cases every day, on both sides of the front lines. The vaccination campaign will be one of the biggest tests yet for the vaccine; the global stockpile was created only 4 years ago and has been used mostly for smaller campaigns. But where to deploy it within Yemen is still under debate.

Science Translational Medicine

28 June 2017 Vol 9, Issue 396

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

[New issue; No digest content identified]

Social Science & Medicine

Volume 180, Pages 1-196 (May 2017)

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

[Reviewed earlier]

Travel Medicine and Infectious Diseases

March-April, 2017 - Volume 16

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

[Reviewed earlier]

Tropical Medicine & International Health

June 2017 Volume 22, Issue 6 Pages 655–782

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-6/issuetoc>

[Reviewed earlier]

Vaccine

Volume 35, Issue 32, Pages 3905-4056 (13 July 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/32>

Commentaries

The \$100,000 vaccine challenge: Another method of promoting anti-vaccination pseudoscience

Pages 3905-3906

Craig A. Foster

Vaccination resilience: Building and sustaining confidence in and demand for vaccination

Pages 3907-3909

Eve Dubé, Noni E. MacDonald

ADE and dengue vaccination

Pages 3910-3912

Ruth Aralí Martínez-Vega, Gabriel Carrasquila, Expedito Luna, José Ramos-Castañeda

Abstract

The vaccine against Dengue virus (DENV), Dengvaxia® (CYD), produced by Sanofi-Pasteur, has been registered by several national regulatory agencies; nevertheless, the performance and security of this vaccine have been challenged in a series of recent papers. In this work, we intend to contribute to the debate by analyzing the concept of an enhancing vaccine, presenting objections to the epidemiological model base of the concept and, likewise, presenting data that contradict that concept.

Short communication

Universal measles-mumps-rubella vaccination to new recruits and the incidence of mumps in the military

Pages 3913-3916

Jong Youn Moon, Jaehun Jung, Kyungmin Huh

Abstract

In response to the resurgence of mumps, the Korean Armed Forces started the measles-mumps-rubella (MMR) vaccination to all new recruits regardless of prior vaccination history. We evaluated the effectiveness of the vaccination by comparing the incidence between the military and civilian populations before and after implementation of the new policy. The standardized incidence ratio of mumps in the military was 7.06 in the prevaccine period, which declined to 0.96 in the postvaccine period. Vaccine effectiveness was estimated at 86.4%. Incidence rate ratio was lower in the 1996–1998 birth cohort (BC) compared with 1989–1995 BC (0.10 vs. 0.55), suggesting higher effectiveness of vaccination in the 1996–1998 BC. Our data provide evidence for the use of the MMR vaccination in the prevention of mumps in high-risk adults.

Regular Papers

Guide to active vaccine safety surveillance: Report of CIOMS working group on vaccine safety – executive summary

Original Research Article

Pages 3917-3921

U. Heininger, K. Holm, I. Caplanusi, S.R. Bailey, on behalf of the CIOMS Working Group on Vaccine Safety

Abstract

In 2013, the Council for International Organizations of Medical Sciences (CIOMS) created a Working Group on Vaccine Safety (WG) to address unmet needs in the area of vaccine pharmacovigilance. Generating reliable data about specific vaccine safety concerns is becoming a priority due to recent progress in the development and deployment of new vaccines of global importance, as well as novel vaccines targeting diseases specifically endemic to many resource-limited countries (RLCs), e.g. malaria, dengue.

The WG created a Guide to Active Vaccine Safety Surveillance (AVSS) to assist national regulatory authorities and national immunization program officers in RLCs in determining the best course of action with regards to non-routine pharmacovigilance activities, when confronted with a launch of a new vaccine or a vaccine that is new to their country.

Here we summarize the results of the WG, further detailed in the Guide, which for the first time provides a structured approach to identifying and analyzing specific vaccines safety knowledge gaps, while considering all available sources of information, in order to determine whether AVSS is an appropriate solution. If AVSS is confirmed as being the appropriate tool, the Guide provides additional essential information on AVSS, a detailed overview of common types of AVSS and practical implementation considerations. It also provides a framework for a well-constructed and informative AVSS when needed, thus aiming to ensure the best possible safety of immunization in this new landscape.

Impact and cost-effectiveness of rotavirus vaccination in Bangladesh

Original Research Article

Pages 3982-3987

Clint Pecenka, Umesh Parashar, Jacqueline E. Tate, Jahangir A.M. Khan, Devin Groman, Stephen Chacko, Md Shamsuzzaman, Andrew Clark, Deborah Atherly

Abstract

Introduction

Diarrheal disease is a leading cause of child mortality globally, and rotavirus is responsible for more than a third of those deaths. Despite substantial decreases, the number of rotavirus deaths in children under five was 215,000 per year in 2013. Of these deaths, approximately 41% occurred in Asia and 3% of those in Bangladesh. While Bangladesh has yet to introduce rotavirus vaccination, the country applied for Gavi support and plans to introduce it in 2018. This analysis evaluates the impact and cost-effectiveness of rotavirus vaccination in Bangladesh and provides estimates of the costs of the vaccination program to help inform decision-makers and international partners.

Methods

This analysis used Pan American Health Organization's TRIVAC model (version 2.0) to examine nationwide introduction of two-dose rotavirus vaccination in 2017, compared to no vaccination. Three mortality scenarios (low, high, and midpoint) were assessed. Benefits and costs were examined from the societal perspective over ten successive birth cohorts with a 3% discount rate. Model inputs were locally acquired and complemented by internationally validated estimates.

Results

Over ten years, rotavirus vaccination would prevent 4000 deaths, nearly 500,000 hospitalizations and 3 million outpatient visits in the base scenario. With a Gavi subsidy, cost/disability adjusted life year (DALY) ratios ranged from \$58/DALY to \$142/DALY averted. Without a Gavi subsidy and a vaccine price of \$2.19 per dose, cost/DALY ratios ranged from \$615/DALY to \$1514/DALY averted.

Conclusion

The discounted cost per DALY averted was less than the GDP per capita for nearly all scenarios considered, indicating that a routine rotavirus vaccination program is highly likely to be cost-effective. Even in a low mortality setting with no Gavi subsidy, rotavirus vaccination would be cost-effective. These estimates exclude the herd immunity benefits of vaccination, so represent a conservative estimate of the cost-effectiveness of rotavirus vaccination in Bangladesh.

Vaccine: Development and Therapy

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

(Accessed 1 July 2017)

[No new content]

Vaccines — Open Access Journal

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

(Accessed 1 July 2017)

[No new digest content identified]

Value in Health

June 2017 Volume 20, Issue 6, p727-836

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

[Reviewed earlier]

* * * *

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

Contemporary Clinical Trials Communications

Volume 7, In Progress (September 2017)

Factors associated with willingness to participate in a vaccine clinical trial among elderly Hispanic patients

S Rikin, S Shea, P LaRussa, M Stockwell

Abstract

A population specific understanding of barriers and facilitators to participation in clinical trials could improve recruitment of elderly and minority populations. We investigated how prior exposure to clinical trials and incentives were associated with likelihood of participation in a vaccine clinical trial through a questionnaire administered to 200 elderly patients in an academic general internal medicine clinic. Wilcoxon signed rank sum test compared likelihood of participation with and without monetary incentives. Logistic regression evaluated characteristics associated with intent to participate in an influenza vaccine trial, adjusted for age, gender, language, and education history. When asked about likelihood of participation if there was monetary compensation, there was a 12.2% absolute increase in those reporting that they would not participate, with a significant difference in the distribution of likelihood before and after mentioning a monetary incentive (Wilcoxon signed rank test, $p=0.001$). Those with previous knowledge of clinical trials (54.4%) were more likely to report they would participate vs. those without prior knowledge (OR 2.5, 95% CI [1.2, 5.2]). The study highlights the importance of pre-testing recruitment materials and incentives in key group populations prior to implementing clinical trials.

* * * *

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 1 July 2017

[No new, unique, relevant content]

[A Clever New Way to Predict Next Year's Flu](#)

A study suggests an unusual strategy to make vaccines more effective.

Sarah Zhang

Jun 27, 2017

...In search of new ways to understand flu evolution, a group of scientists in Seattle decided to try something unusual. They didn't bother to look at ordinary people sick with the flu. They instead decided to track how H3N2 viruses change in people with weakened immune systems, who come down with the flu for months at a time. Surprisingly, the mutations that arose in these patients ended up being some of the same ones that dominated global trends years later. Just four patients were microcosms for the greater world when it came to flu evolution...

[How the World Can Prepare for the Next Pandemic](#)

Global outbreaks like the 2014 episode of Ebola are a certainty in a connected world, which means public-health authorities have to think across borders too.

David A. Graham

Jun 30, 2017

BBC

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

Accessed 1 July 2017

[No new, unique, relevant content]

The Economist

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

Accessed 1 July 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 1 July 2017

[John Oliver Brought Emotions To A Data Fight, And I Think He Won](#)

30 June 2017

Kavin Senapathy, Contributor

The vaccine segment of Last Week Tonight is a lesson in persuasion.

Foreign Affairs

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

Accessed 1 July 2017

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 1 July 2017

[Laurie Garrett: Science Won't Save Vaccines From Lawsuits Anymore](#)

Europe's highest court has just cleared the way for vaccine-truthers to sue manufacturers, even without any evidence.

26 June 2017

The Guardian

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

Accessed 1 July 2017

[John Oliver on vaccines: One of humanity's most incredible accomplishments](#)

26 June 2017

On Last Week Tonight, the host used his monologue to focus on the growing anti-vaccine feeling, 'amplified by the human megaphone that is the president'.

John Oliver talked about vaccines on Sunday night, exploring their history, politicization and the growing number of skeptics.

"Vaccines are one of humanity's most incredible accomplishments and they've saved millions of lives," Oliver began. "There was a time when a new one was cause for huge celebration. It's true – people lined up for the polio shot like it was an iPhone."

"But despite their success, small groups are both skeptical and vocal about vaccines, which is nothing new," he continued. "But these days their voice has been amplified by the human megaphone that is the president of the United States."...

New Yorker

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

Accessed 1 July 2017

[No new, unique, relevant content]

New York Times

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

Accessed 1 July 2017

Stopping Pandemics Before They Start

Ebola was finally stopped by rushing a vaccine to Africa. Now a project is planning to be more ready for the next pandemic threat [CEPI].

June 27, 2017 - By TINA ROSENBERG - Opinion

U.N. Brought Cholera to Haiti. Now It Is Fumbling Effort to Atone.

By RICK GLADSTONE

JUNE 26, 2017

Even as the United Nations expresses growing alarm over a cholera outbreak in war-ravaged Yemen, the organization is increasingly worried about the fallout from a stubborn cholera scourge in Haiti that was caused by its own peacekeepers more than six years ago.

A \$400 million voluntary trust fund for Haiti to battle cholera was created last year by Ban Ki-moon, then the secretary general, when he apologized for the United Nations' role after having repeatedly denied any responsibility. But the fund, meant in part to compensate cholera victims, garnered only a few million dollars and is now nearly empty.

Entreaties by Mr. Ban's successor, António Guterres, for charitable contributions have gone unanswered. Moreover, a proposal announced on June 14 by Mr. Guterres's office to repurpose \$40.5 million in leftover money from the soon-to-be disbanded peacekeeping mission in Haiti for use in the cholera fight has faced strong resistance from other countries...

Wall Street Journal

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

Accessed 1 July 2017

[No new, unique, relevant content]

Washington Post

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

We're closer than ever to eradicating Polio — and yet there's Syria

25 June 2017

By Editorial Board June 25

WONDERFUL AS it is to recall the glories of the manned space program — the exhilaration and sense of infinite possibilities for humanity — there were also setbacks, disasters and disappointments. Something similar is happening now with polio and the world's longest and most ambitious quest to eradicate the poliovirus, which is highly contagious, largely strikes children under 5 years old and can cause permanent paralysis. Thanks to vaccination, the eradication effort is closer to success today than at any time in 30 years. Yet all of a sudden, a new outbreak has appeared in Syria. Is the goal about to be lost?

Not exactly, but the mixture of optimism and worry is warranted. As recently as the mid-1980s, polio paralyzed more than 350,000 children a year in 125 countries where it was endemic. As Microsoft founder and philanthropist Bill Gates pointed out recently, that's 40 cases an hour. By contrast, so far this year, the last three endemic countries have reported a total of only six cases of wild poliovirus, fewer than at any moment ever: four in Afghanistan and two in Pakistan, and none so far this year in Nigeria. This is an extraordinary accomplishment by people, biomedicine and philanthropy. Just a few years ago, Pakistan, for example, appeared to be spinning out of control, with vaccination workers murdered while on the job, and whole

sectors beyond reach of immunization. Globally, some 16 million people are walking today who might otherwise have been afflicted with paralysis from polio, Mr. Gates noted.

The numbers are so low today that eradication may indeed be within reach, if there is not another setback in the remaining endemic countries. For this, immunization and surveillance must be sustained. On June 12, philanthropists and governments once again backed the Global Polio Eradication Initiative, a public-private partnership aimed at the second-ever eradication of a disease, after smallpox. At the Rotary International convention in Atlanta, \$1.2 billion was pledged. Up to \$150 million raised in the next three years by Rotary International, which has been at the forefront of the battle since 1985, will be matched two-to-one by the Gates Foundation, which pledged a total of \$450 million, including the match. The remaining will come from other donors, all to make sure there is no relapse and a final fight to the finish.

The one dark spot is Syria, where a fresh outbreak has paralyzed 17 children, most from Mayadin, south of Deir al-Zour, and one child from Raqqa, where the Islamic State is headquartered. This is the second polio outbreak of the war. It was caused by a weakened form of the virus from the polio vaccine itself, which in rare cases mutates and becomes virulent against the unvaccinated, spreading through contaminated sewage or water. The real culprit is the upheaval of war. Fortunately, there is an effective vaccine and a fair amount of experience in extinguishing such an outbreak, and with enough effort and immunization, it can be contained.

The moonshot may yet succeed.

Think Tanks et al

Brookings

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

Accessed 1 July 2017

[No new relevant content]

Center for Global Development

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

Accessed 1 July 2017

[No new relevant content]

Council on Foreign Relations

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

Accessed 1 July 2017

[No new relevant content]

CSIS

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

Accessed 1 July 2017

Blog Post

Yellow Fever in Brazil: The Latest Global Health Security Threat

June 23, 2017 | By Chris Millard

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