



## Vaccines and Global Health: The Week in Review

8 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.*

*Comments and suggestions should be directed to*

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## Milestones :: Perspectives

### **Secretary Price Appoints Brenda Fitzgerald, M.D., as CDC Director and ATSDR Administrator**

Today, Health and Human Services Secretary Tom Price, M.D., named Brenda Fitzgerald, M.D., as the 17th Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR).

"Today, I am extremely proud and excited to announce Dr. Brenda Fitzgerald as the new Director of the CDC," said Secretary Price. "Having known Dr. Fitzgerald for many years, I know that she has a deep appreciation and understanding of medicine, public health, policy and leadership—all qualities that will prove vital as she leads the CDC in its work to protect America's health 24/7. We look forward to working with Dr. Fitzgerald to achieve President Trump's goal of strengthening public health surveillance and ensuring global health security at home and abroad. Congratulations to Dr. Fitzgerald and her family."

Dr. Fitzgerald has been the commissioner of the Georgia Department of Public Health (DPH) and state health officer for the past six years. She replaces Dr. Anne Schuchat, who has been the acting CDC director and acting ATSDR administrator since January 20. Dr. Schuchat is returning to her role as CDC's principal deputy director.

"Additionally, I'd like to extend my deep appreciation and thanks to Dr. Anne Schuchat for her exemplary service as acting director of the CDC," said Secretary Price. "We thank Dr. Schuchat and her team for their dedication in our public health efforts to keep Americans safe and for their work to ensure a seamless transition. We look forward to continuing to work with Dr. Schuchat in her role as principal deputy director of CDC."

Dr. Fitzgerald, a board-certified obstetrician-gynecologist, has practiced medicine for three decades. As Georgia DPH Commissioner, Dr. Fitzgerald oversaw various state public health programs and directed the state's 18 public health districts and 159 county health departments. Prior to that, Dr. Fitzgerald held numerous leadership positions. She served on the board and as president of the Georgia OB-GYN Society and she worked as a health care policy advisor with House Speaker Newt Gingrich and Senator Paul Coverdell. She has served as a Senior Fellow and Chairman of the Board for the Georgia Public Policy Foundation.

Dr. Fitzgerald holds a Bachelor of Science degree in Microbiology from Georgia State University and a Doctor of Medicine degree from Emory University School of Medicine. She completed post-graduate training at the Emory-Grady Hospitals in Atlanta and held an assistant clinical professorship at Emory Medical Center. As a Major in the U.S. Air Force, Dr. Fitzgerald served at the Wurtsmith Air Force Strategic Air Command (SAC) Base in Michigan and at the Andrews Air Force Base in Washington, D.C.



## **Declaration of the end of Ebola virus disease outbreak in the Democratic Republic of the Congo**

Brazzaville/Kinshasa, 2 July 2017

On 2 July 2017, the World Health Organization (WHO) declared the end of the most recent outbreak of Ebola virus disease (EVD) in the Democratic Republic of Congo (DRC). The announcement comes 42 days (two 21-day incubation cycles of the virus) after the last confirmed Ebola patient in the affected Bas-Uélé province tested negative for the disease for the second time. Enhanced surveillance in the country will continue, as well as strengthening of preparedness and readiness for Ebola outbreaks.

"With the end of this epidemic, DRC has once again proved to the world that we can control the very deadly Ebola virus if we respond early in a coordinated and efficient way," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

Related to the outbreak, 4 people died, and 4 people survived the disease. Five of these cases were laboratory confirmed. A total of 583 contacts were registered and closely monitored, but no known contacts developed signs or symptoms of EVD....

Dr Matshidiso Moeti, the WHO Regional Director for Africa, who visited DRC in May to discuss steps to control the outbreak, said the country had shown exemplary commitment in leading the response and strengthening local capacities. "Together with partners, we are committed to continuing support to the Government of DRC to strengthen the health system and improve healthcare delivery and preparedness at all levels," she said.

Work with the government of DRC continues to ensure that survivors have access to medical care and screening for persistent virus, as well as psychosocial care, counselling and education to help them reintegrate into family and community life, reduce stigma and minimize the risk of EVD transmission...

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### ***Editor's Note:***

*The G20 meeting in Hamburg concluded today [8 July 2017] with the Leaders' Declaration including the following text referencing health issues.*

### **G20 Leaders' Declaration - Shaping an interconnected world**

Hamburg, 7/8 July 2017 :: 15 pages

*[Excerpt]*

#### ***...Safeguarding against Health Crises and Strengthening Health Systems:***

The G20 has a crucial role in advancing preparedness and responsiveness against global health challenges. With reference to the results of the G20 health emergency simulation exercise, we emphasise the value of our ongoing, trust-building, cross-sectoral cooperation. We recall universal health coverage is a goal adopted in the 2030 Agenda and recognize that strong health systems are important to effectively address health crises. We call on the UN to keep global health high on the political agenda and we strive for cooperative action to strengthen health systems worldwide, including through developing the health workforce. We recognise

that implementation of and compliance with the International Health Regulations (IHR 2005) is critical for efficient prevention, preparedness and response efforts. We strive to fully eradicate polio. We also acknowledge that mass movement of people can pose significant health challenges and encourage countries and International Organisations to strengthen cooperation on the topic. We support the WHO's central coordinating role, especially for capacity building and response to health emergencies, and we encourage full implementation of its emergency reform. We advocate for sufficient and sustainable funding to strengthen global health capacities, including for rapid financing mechanisms and the WHO's Health Emergencies Programme. Furthermore, we see a need to foster R&D preparedness through globally coordinated models as guided by the WHO R&D Blueprint, such as the Coalition for Epidemic Preparedness Innovations (CEPI).

### **Combatting Antimicrobial Resistance (AMR):**

AMR represents a growing threat to public health and economic growth. To tackle the spread of AMR in humans, animals and the environment, we aim to have implementation of our National Action Plans, based on a One-Health approach, well under way by the end of 2018. We will promote the prudent use of antibiotics<sup>1</sup> in all sectors and strive to restrict their use in veterinary medicine to therapeutic uses alone. Responsible and prudent use of antibiotics in food producing animals does not include the use for growth promotion in the absence of risk analysis. We underline that treatments should be available through prescription or the veterinary equivalent only. We will strengthen public awareness, infection prevention and control and improve the understanding of the issue of antimicrobials in the environment. We will promote access to affordable and quality antimicrobials, vaccines and diagnostics, including through efforts to preserve existing therapeutic options. We highlight the importance of fostering R&D, in particular for priority pathogens as identified by the WHO and tuberculosis. We call for a new international R&D Collaboration Hub to maximise the impact of existing and new anti-microbial basic and clinical research initiatives as well as product development. We invite all interested countries and partners to join this new initiative. Concurrently, in collaboration with relevant experts including from the OECD and the WHO, we will further examine practical market incentive options....

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### **Emergencies**

#### **POLIO**

*Public Health Emergency of International Concern (PHEIC)*

#### **Polio this week as of 4 July 2017** [GPEI]

:: On 1 July 2017, Dr Tedros Adhanom Ghebreyesus began his five-year term as the World Health Organization's (WHO) new Director-General. In his introductory speech to WHO staff, he emphasised his commitment to seeing the last case of polio during his tenure.

:: The GPEI offers sincere thanks to polio eradication pioneer and leader Dr Margaret Chan, who has retired from her role as Director-General of WHO. [Read more](#)

:: The Korea Foundation for International Healthcare is supporting efforts to improve surveillance in one of the last remaining strongholds of the poliovirus. [Read more](#)

:: Ambassador Carole Lanteri, of the Permanent Mission of Monaco, handed over to Ambassador/Deputy Permanent Representative Mitsuko Shino, of the Permanent Mission of Japan, as co-chair of the Polio Partners Group in June. [Read more](#)

:: Summary of newly-reported viruses this week: Pakistan – two new wild poliovirus type 1 (WPV1) positive environmental samples. Syria – 2 new circulating vaccine-derived type 2 polioviruses (cVDPV2) isolated from acute flaccid paralysis (AFP) cases and six new cVDPV2s isolated from contacts. See country-specific section below, for more details.

*Weekly country updates as of 4 July 2017*

### **Syrian Arab Republic**

:: In Syria, two new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in the past week, bringing the total of cVDPV2 cases to 24. All cases had onset of paralysis between 3 March and 28 May. Twenty-two of the cases are from Mayadeen district, Deir-Al-Zour governorate, and two cases are from Raqua and Talabyad districts, Raqua governorate. Additionally, six cVDPV2s were also isolated from contacts, all from Mayadeen district (collected in May and June).

:: 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. In response to the isolation of cVDPV2 from Raqua governorate, the Syrian Ministry of Health in collaboration with WHO and UNICEF is considering adding the area to the outbreak response. This is under discussion due to ongoing military operations.

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### **WHO Grade 3 Emergencies [to 8 July 2017]**

#### **The Syrian Arab Republic**

:: Syrian Arab Republic: Local health partners support referral of trauma patients from Deir-ez-Zor and Rural Ar-Raqa to Al-Hasakeh governorate

5 July 2017, Damascus, Syria – One-year-old Mohamed was lying on a mattress near a window at his home in his village, 10 km west of Deir-ez-Zor, when an airstrike hit his neighbourhood. When his father heard the screaming, he rushed to help and saw that his son's leg was badly injured. Mohamed needed urgent medical care, but what made things worse is that there was no functioning hospital nearby due to the ongoing conflict.

#### **Yemen –**

:: 400 tons of life-saving health supplies arrive in Yemen

2 July 2017 – Twenty ambulances, 100 cholera kits, hospital equipment and 128 000 bags of intravenous fluids – these are just some of the supplies which arrived in Hodeida, Yemen, Friday, as part of a 403-ton shipment sent by the World Health Organization (WHO). An

additional 10 ambulances were delivered through the Port of Aden 3 weeks ago with 10 more due to arrive in coming weeks.

Iraq - *No new announcements identified.*

Nigeria - *No new announcements identified.*

South Sudan - *No new announcements identified.*

## **WHO Grade 2 Emergencies** [to 8 July 2017]

### **Democratic Republic of the Congo**

:: End of Ebola Outbreak in DRC: 2 July 2017

[See Milestones above for more detail]

Cameroon - *No new announcements identified*

Central African Republic - *No new announcements identified.*

Ethiopia - *No new announcements identified.*

Libya - *No new announcements identified.*

Myanmar - *No new announcements identified.*

Niger - *No new announcements identified.*

Ukraine - *No new announcements identified*

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## **UN OCHA – L3 Emergencies**

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

### **Iraq**

:: The United Nations Condemns the attack at Kilo 60 in Anbar [EN/AR/KU]

(Baghdad, 3 July 2017) – The United Nations condemns unequivocally the attack yesterday by a suicide bomber at the Kilo 60 transit site, west of Ramadi, where 14 people were reportedly killed and 13 injured, most of whom were women and children...

### **Syrian Arab Republic**

:: 8 Jul 2017 Syria Crisis: North East Syria Situation Report No. 11 (1-30 June 2017)

:: Syria Crisis: North East Syria Situation Report No. 11 (1-30 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, 03 July 2017

### **DRC**

:: DR Congo: Six months into the year, humanitarian actors struggle to scale up response due to low funding

Kinshasa, 7 July 2017: With half of its 26 provinces affected by armed violence, ethnic conflict, diseases and natural disasters, all this within a volatile regional context and amid historically low levels of funding, the first six months of 2017 have proven that the Democratic Republic of the Congo remains an unrelenting humanitarian crisis that is having a suffocating impact on millions of people...

### **Somalia**

:: Humanitarian Bulletin Somalia June 2017 | Issued on 05 July 2017

Nigeria - *No new announcements identified.*

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### ***Editor's Note: Yemen's cholera epidemic and OCV***

*We continue to monitor for updates on the decision to approve, and presumably use, one million doses of OCV from the stockpile for Yemen in mid-June. We have not identified any formal announcement of the original allocation decision, or any specific updates on the status of implementation on WHO, UNICEF or other agency websites.*

*In the Geneva Press Briefing of 7 July 2017, reporters asked several questions on the status of the OCV allocation decision and the plan for use in Yemen. The WHO spokesperson, Tarik Jasarevic, despite reporting another sharp increase in cholera cases and spread to a new governate in Yemen, was evasive at best, confirming that the "decision was made to approve one million doses for Yemen" but that a decision about actual use was "still being considered." There was no timeline provided, discussion of issues, or other detail provided.*

*We provide a link to the video of Geneva Press Briefing below noting that the discussion on OCV occurs at about 41:00 during the WHO report. We were dismayed to find that transcript of the briefing does not include any mention of this exchange.*

*We are concerned that this represents a transparency issue at minimum...*

[Geneva Press Briefing: WMO, OHCHR, WHO, IOM, UNHCR, UNCTAD - 7 Jul 2017](#) –

Biweekly Geneva Press Briefing Chaired by Alessandra Vellucci, Director of the United Nations Information Service in Geneva [Video: 56:35]

[REGULAR PRESS BRIEFING BY THE INFORMATION SERVICE - 7 July 2017](#) [Transcript]

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**UNICEF** [to 8 July 2017]

[https://www.unicef.org/media/media\\_94367.html](https://www.unicef.org/media/media_94367.html)

7 July 2017

## **Funding shortfalls threaten education for children living in conflict and disaster zones**

HAMBURG, Germany/NEW YORK, 7 July 2017 – Funding shortfalls are threatening education for millions of children caught up in conflicts or disasters, UNICEF said today ahead of the G20 summit in Hamburg.

## **Over 7 million children are on the move in West and Central Africa each year**

DAKAR/NEW YORK, 5 July 2017 – Children account for over half of the 12 million West and Central African people on the move each year, with some 75 per cent of them remaining in sub-Saharan Africa, and less than one in five heading to Europe - UNICEF announced today as part of a new report.

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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 8 July 2017]

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

:: [End of Ebola Outbreak in DRC: 2 July 2017](#)

[See Milestones above for more detail]

#### **MERS-CoV** [to 8 July 2017]

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

:: [Managing contacts in the MERS-CoV outbreak in the Republic of Korea](#) 1 July 2015

*DONs- Disease Outbreak News*

:: [Middle East respiratory syndrome coronavirus \(MERS-CoV\) – Saudi Arabia](#) 6 July 2017

#### **Zika virus** [to 8 July 2017]

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

[No new digest content identified]

#### **Yellow Fever** [to 8 July 2017]

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

[No new digest content identified]

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#### **WHO & Regional Offices** [to 8 July 2017]

## **Dr Tedros to lead WHO delegation at the G20 Summit**

4 July 2017 – WHO Director-General Dr Tedros Adhanom Ghebreyesus will lead the WHO delegation at the G20 Summit on 7–8 July 2017, in Hamburg, Germany. Dr Tedros will participate in all G20 sessions during the Summit, including deliberations on priorities for health,

global growth, trade, sustainable development, climate, energy, partnership with Africa, migration, digitalization, women's empowerment, and employment.

### **Antibiotic-resistant gonorrhoea on the rise, new drugs needed**

#### *News release*

7 July 2017 | GENEVA - Data from 77 countries show that antibiotic resistance is making gonorrhoea – a common sexually-transmitted infection – much harder, and sometimes impossible, to treat.

"The bacteria that cause gonorrhoea are particularly smart. Every time we use a new class of antibiotics to treat the infection, the bacteria evolve to resist them," said Dr Teodora Wi, Medical Officer, Human Reproduction, at WHO.

WHO reports widespread resistance to older and cheaper antibiotics. Some countries – particularly high-income ones, where surveillance is best – are finding cases of the infection that are untreatable by all known antibiotics.

"These cases may just be the tip of the iceberg, since systems to diagnose and report untreatable infections are lacking in lower-income countries where gonorrhoea is actually more common," adds Dr Wi...

### ***Highlights***

#### **Protecting health from climate change**

July 2017 – Climate change undermines access to safe water, adequate food, and clean air, exacerbating the approximately 12.6 million deaths each year that are caused by avoidable environmental risk factors. Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress, and billions of dollars in direct damage costs to health.

#### **400 tons of life-saving health supplies arrive in Yemen**

June 2017 – Twenty ambulances, 100 cholera kits, hospital equipment and 128 000 bags of intravenous fluids – these are just some of the supplies which arrived in Hodeida, Yemen, Friday, as part of a 403-ton shipment sent by the WHO. An additional 10 ambulances were delivered through the Port of Aden 3 weeks ago with 10 more due to arrive in coming weeks.

#### **Inaugural Africa Health Forum in Kigali, Rwanda**

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

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

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

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#### **Weekly Epidemiological Record, 7 July 2017, vol. 92, 27 (pp. 369–392)**

:: Hepatitis B vaccines: WHO position paper – July 2017

[\*\*GIN June 2017\*\*](#) [pdf, 1.51Mb](#) 3 July 2017

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### **WHO Regional Offices**

*Selected Press Releases, Announcements*

#### **WHO African Region AFRO**

:: WHO declares an end to the Ebola outbreak in the Democratic Republic of the Congo - 02 July 2017

#### **WHO Region of the Americas PAHO**

*No new digest content identified.*

#### **WHO South-East Asia Region SEARO**

:: Saima Hossain is WHO Goodwill Ambassador for Autism in South-East Asia Region  
6 July 2017

#### **WHO European Region EURO**

:: Together for a healthier world: Dr Tedros Adhanom Ghebreyesus speaks at European Development Days 07-07-2017  
:: As refugee and migrant arrivals steadily increase, WHO invests in Europe's public health response 07-07-2017  
:: New path for health and human rights opens in Andorra 06-07-2017

#### **WHO Eastern Mediterranean Region EMRO**

:: 400 tons of life-saving health supplies arrive in Yemen 2 July 2017

#### **WHO Western Pacific Region**

*No new digest content identified.*

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### **CDC/ACIP [to 8 July 2017]**

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

*Press Release*

Sunday, July 02, 2017

#### **Statement From CDC Regarding the Democratic Republic of Congo (DRC)**

#### **Declaration To End Of Ebola Outbreak - Media Statement**

The U.S. Centers for Disease Control and Prevention (CDC) commends the dedicated efforts of those in the DRC whose hard work and commitment stopped the most recent Ebola Virus Disease (EVD) outbreak in Africa in less than 2 months. This highlights what is possible when countries are prepared to prevent, detect, and respond to disease outbreaks.

Nine disease detectives from the DRC's Field Epidemiology Training Program, modeled after CDC's successful Epidemic Intelligence Service, responded early on and contributed to swiftly bringing the Ebola outbreak under control. The DRC graduated its first disease detectives in 2010. CDC, the World Health Organization (WHO), and other partners supported the DRC Ministry of Public Health in all aspects of the response, including epidemiological investigation,

surveillance, logistics and supplies, communication, and community engagement. CDC has a long-standing relationship with DRC, establishing a CDC Office in the DRC in 2002. CDC works with the DRC Ministry of Public Health on a variety of health issues, including preparation and response in the event of disease outbreaks such as Ebola. For this Ebola outbreak, CDC staff in DRC were integral to the response. CDC deployed three disease detectives from CDC headquarters and sent rapid diagnostic tests to the DRC...

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## Announcements

**PATH** [to 8 July 2017]

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

*Announcement |*

**PATH congratulates Dr. Brenda Fitzgerald on her appointment as the director of the US Centers for Disease Control and Prevention**

July 06, 2017

*[See appointment announcement above in Milestones]*

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**MSF/Médecins Sans Frontières** [to 8 July 2017]

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

*Press release*

**G20 Leaders Must Take Action to Protect Medical Facilities, Tackle Drug-Resistant Infections Including TB, and Better Prepare for Medical Emergencies**

July 06, 2017

Ahead of the G20 summit in Hamburg, where global health is on the agenda for the first time, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) called on G20 leaders to follow through on the declaration made by their health ministers in late May.

*[See excerpt from G20 Leaders' Declaration above in Milestones]*

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**Wellcome Trust** [to 8 July 2017]

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

*Opinion / Published: 7 July 2017*

**G20 summit: act now in the fight against epidemics**

The G20 summit starts today in Hamburg. As world leaders sit down for talks, Jeremy Farrar, Wellcome's Director, and Paul Stoffels, Chief Scientific Officer of Johnson & Johnson, urge them to keep up the momentum in tackling infectious disease outbreaks.

*[See excerpt from G20 Leaders' Declaration above in Milestones]*

*News / Published: 6 July 2017*

**Longitudinal population studies: we're streamlining our funding**

*We're pleased to announce that we're implementing a new strategy for funding longitudinal population studies. This includes cohorts, panel surveys and biobanks.*

It means a new funding mechanism by the end of 2017, and an emphasis on how we can do more to promote and support data sharing between studies.

Until then, we're not accepting applications for core support of longitudinal population studies.

Mary De Silva, Head of Population Health at Wellcome, says: "Longitudinal population studies are a vital resource for researchers. They gather data over a long period of time and often develop in unanticipated ways, providing value that can't always be predicted.

"We've been funding ground-breaking longitudinal population studies for years. Our new strategy will help us fund in a more coherent way and support resources which integrate data from different sources to answer new research questions."...

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**GHIT Fund** [to 8 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* •

2017.07.05 News

**Open Letter to G20 – Global Health Innovation and Sustainable Development**

*[See excerpt from G20 Leaders' Declaration above in Milestones]*

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**FDA** [to 8 July 2017]

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

July 07, 2017 –

**FDA approves new treatment for sickle cell disease**

*First approval for this rare blood disorder in nearly 20 years*

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**European Medicines Agency** [to 8 July 2017]

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

04/07/2017

**EMA and EUnetHTA step up interaction to align data requirements**

A new joint platform for parallel consultation will provide advice to medicine developers and facilitate access to medicines for patients

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**UNAIDS** [to 8 July 2017]

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

*Selected Press Releases & Updates  
Update*

**Latin American and Caribbean countries endorse bold commitments**

06 July 2017

Latin American and Caribbean countries have adopted the Santiago Commitment to Action for the Implementation of the Global Strategy for Women's, Children's and Adolescent's Health. The Santiago Commitment to Action, which was adopted at the Every Woman, Every Child, Every Adolescent meeting held in Santiago de Chile from 2 to 4 July, saw the countries agree to work to end all preventable deaths, including AIDS-related deaths of women, children and adolescents by 2030, and to develop effective initiatives to ensuring their well-being.

*Update*

### **Armenia receives award for elimination of mother-to-child transmission of HIV**

Ensuring healthy lives and promoting well-being for all at all ages.

*Update*

### **BRICS health ministers agree to strengthen health systems to respond to HIV**

06 July 2017

Health ministers from the BRICS countries (Brazil, the Russian Federation, India, China and South Africa) have agreed to strengthen their surveillance capacity and health-care services to respond to infectious diseases, such HIV, tuberculosis and malaria. They adopted a joint communiqué during the opening ceremony of the BRICS high-level meeting on traditional medicine, which is being held in Tianjin, China, on 6 and 7 July.

*Press statement*

### **African Union endorses major new initiatives to end AIDS**

GENEVA, ADDIS ABABA, 3 July 2017—African heads of state have endorsed two major new initiatives to help end AIDS by 2030. The community health workers initiative aims to recruit, train and deploy 2 million community health workers across Africa by 2020. The western and central Africa catch-up plan aims to rapidly accelerate access to HIV treatment in the region and close the gap in access between African regions. The initiatives were endorsed at the AIDS Watch Africa Heads of State and Government Meeting, held on 3 July during the 29th African Union Summit in Addis Ababa, Ethiopia.

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### **Global Fund [to 8 July 2017]**

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

### **Dr. Jeremiah Chakaya Elected New Chair of Technical Review Panel**

06 July 2017

The Technical Review Panel, a pool of independent experts who analyze the technical merit of all funding applications to the Global Fund, has elected a new chair, Dr. Jeremiah Chakaya Muhwa, a world-renowned expert in tuberculosis from Kenya.

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### **The Medicines Patent Pool Governance Board Appoints Marie-Paule Kieny as New Chair**

*Former World Health Organization Assistant Director-General brings more than four decades of experience in public health systems and innovation to the MPP*

Jul 03, 2017, 05:00 ET

GENEVA, July 3, 2017 /PRNewswire/ -- The Medicines Patent Pool (MPP) Governance Board today announced the appointment of Dr. Marie-Paule Kieny as its new chair, effective 1 September 2017. Dr. Kieny, the World Health Organization (WHO)'s former Assistant Director-General for Health Systems and Innovation, succeeds Sigrun Møgedal, chair since March 2016 and Charles Clift, the MPP's founding chairman. She will lead a nine-member board in guiding the foundation's voluntary licensing and patent pooling work in HIV, hepatitis C and tuberculosis...

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**EDCTP** [to 8 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*

6 July 2017

**EDCTP is launching 11 calls for proposals in 2017 to support clinical research and capacity building in sub-Saharan Africa. These calls represent a total investment of more than € 156.5M to tackle poverty-related diseases (PRDs), including neglected ones.**

The calls for proposals are part of the EDCTP work plan for 2017 which was approved by the General Assembly (GA) of the EDCTP Association on 23 May 2017. The European Commission approved it on 3 July 2017, and EDCTP Association Board approved it on behalf of the GA on 5 July 2017.

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**AERAS** [to 8 July 2017]

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

*No new digest content identified.*

**BMGF - Gates Foundation** [to 8 July 2017]

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

*No new digest content identified.*

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 8 July 2017]

<http://cepi.net/>

*No new digest content identified.*

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 8 July 2017]

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

*No new digest content identified.*

**European Vaccine Initiative** [to 8 July 2017]

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

*No new digest content identified.*

**Fondation Merieux** [to 8 July 2017]  
<http://www.fondation-merieux.org/news>  
*No new digest content identified.*

**Gavi** [to 8 July 2017]  
<http://www.gavi.org/library/news/press-releases/>  
*No new digest content identified.*

**Hilleman Laboratories** [to 8 July 2017]  
<http://www.hillemanlabs.org/>  
*No new digest content identified.*

**Human Vaccines Project** [to 8 July 2017]  
<http://www.humanvaccinesproject.org/media/press-releases/>  
*No new digest content identified.*

**IAVI – International AIDS Vaccine Initiative** [to 8 July 2017]  
<https://www.iavi.org/>  
*No new digest content identified.*

**IVI** [to 8 July 2017]  
<http://www.ivi.int/>  
*No new digest content identified.*

**NIH** [to 8 July 2017]  
<http://www.nih.gov/news-events/news-releases>  
*No new digest content identified.*

**Sabin Vaccine Institute** [to 8 July 2017]  
<http://www.sabin.org/updates/pressreleases>  
*No new digest content identified.*

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**BIO** [to 8 July 2017]  
<https://www.bio.org/insights/press-release>  
*No new digest content identified.*

**IFPMA** [to 8 July 2017]  
<http://www.ifpma.org/resources/news-releases/>  
*No new digest content identified.*

**PhRMA** [to 8 July 2017]  
<http://www.phrma.org/press-room>  
*No new digest content identified.*

\* \* \* \*

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

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

### **Out of Step 2017 – TB policies in 29 countries**

*A survey of prevention, testing and treatment policies and practices*

MSF; Stop TB Partnership

July 2017 :: 101 pages

PDF:

[https://www.doctorswithoutborders.org/sites/usa/files/out\\_of\\_step\\_report\\_3rd\\_ed\\_july\\_2017.pdf](https://www.doctorswithoutborders.org/sites/usa/files/out_of_step_report_3rd_ed_july_2017.pdf)

*Executive Summary [Excerpt]*

Although it can be prevented and successfully treated, tuberculosis (TB) is the world's deadliest infectious disease: in 2015, 1.8 million people died from it.<sup>1</sup> While there have been substantial and important innovations in the fight against TB, including faster, more accurate diagnostic tests and the first new medicines in nearly 50 years, deadly gaps remain in implementing and providing access to these advances. Outdated policies, practices and tools for diagnosing, as well as conservatism and inaction in registering and using new TB medicines, are key barriers to turning around the TB epidemic.

Adopting and implementing internationally recognised TB policies and guidelines from the World Health Organization (WHO) is fundamental to ending TB by 2030. But the Out of Step 2017 report reveals that many countries still lag behind in ensuring full implementation of the WHO guidelines and policies that are proven to reduce TB incidence and death.

*Out of Step* includes the results of a 29-country survey on national TB policies and practices. The report was created to identify gaps in implementation and monitor progress towards ending TB.

While countries have made progress since the 2015 Out of Step report, much more work needs to be done to make sure that these policies are fully implemented across all communities, so that they will make a real difference to people affected by TB.

Diagnosing TB quickly and accurately, so that people receive appropriate treatment, is an imperative first step. While many countries have adopted WHO guidelines and policies for diagnosis, the glacial pace of implementation is costing both lives and livelihoods. In 2015, more than 4 million people with TB went undiagnosed, and less than 25% of people estimated to have drug-resistant TB were diagnosed and treated.<sup>1</sup>

The first step to closing the deadly diagnostic gap is initial testing for all with Xpert MTB/RIF, a rapid molecular test that can diagnose TB and detect rifampicin resistance in 2 hours. For

people with rifampicin-resistant (RR) TB, additional drug-sensitivity testing (DST) should be available so that they can be treated with medicines most likely to be effective. In the 29 countries surveyed, 52% (15) have adopted a policy of 'Xpert for all' and 47% (7/15) of them have widely implemented the test. Of all countries that provide initial testing with Xpert MTB/RIF only to high-risk groups (people living with HIV and people at risk for drug-resistant forms of TB), only 54% (15/28) have widely implemented it. Universal DST must be scaled up: 62% (18) of countries recommend it and 50% (9/18) of those have widely implemented it.

With such a low proportion of countries having fully implemented recommended tests, the diagnostic gap remains massive; this deadly gap must be closed...

*Press release*

[New Report Reveals Governments are Failing to Prioritize Tuberculosis, the World's Deadliest Infectious Disease](#)

July 05, 2017

Two days ahead of the G20 summit in Germany, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) and the Stop TB Partnership released a report that shows countries are lagging behind in tackling tuberculosis (TB), introducing the best diagnostic devices, and implementing globally-recommended policies. The third edition of the "Out of Step" report reviews TB policies and practices in 29[1] countries—which account for 82 percent of the global TB burden—and shows that countries can do much more to prevent, diagnose, and treat people affected by TB.

\* \* \* \*

### ***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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)

### **American Journal of Infection Control**

July 01, 2017 Volume 45, Issue 7, p703-818

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

*Major Articles*

[Better knowledge and regular vaccination practices correlate well with higher seasonal influenza vaccine uptake in people at risk: Promising survey results from a university outpatient clinic](#)

İşıl Adadan Güvenç, Hülya Parıldar, Mustafa Kürşat Şahin, Selim Sermed Erbek  
p740–745

Published online: April 24, 2017

**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**

4 July 2017 Vol: 167, Issue 1

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

[New issue; No digest content identified]

**BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 8 July 2017)

[No new digest content identified]

**BMJ Global Health**

January 2017; volume 2, issue 1

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

[Reviewed earlier]

**BMC Health Services Research**

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

(Accessed 8 July 2017)

[No new digest content identified]

**BMC Infectious Diseases**

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

(Accessed 8 July 2017)

[No new digest content identified]

**BMC Medical Ethics**

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

(Accessed 8 July 2017)

[No new digest content identified]

**BMC Medicine**

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

(Accessed 8 July 2017)

[No new digest content identified]

**BMC Pregnancy and Childbirth**

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

(Accessed 8 July 2017)

[No new digest content identified]

**BMC Public Health**

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

(Accessed 8 July 2017)

*Research article*

**Seasonal influenza vaccination coverage and its determinants among nursing homes personnel in western France**

*Influenza-associated deaths is an important risk for the elderly in nursing homes (NHs) worldwide. Vaccination coverage among residents is high but poorly effective due to immunosenescence. Hence, vaccination ...*

Christelle Elias, Anna Fournier, Anca Vasiliu, Nicolas Beix, Rémi Demillac, Hélène Tillaut, Yvonnick Guillois, Serge Eyebe, Bastien Mollo and Pascal Crépey

BMC Public Health 2017 17:634

Published on: 7 July 2017

*Research article*

**Will the European Union reach the United Nations Millennium declaration target of a 50% reduction of tuberculosis mortality between 1990 and 2015?**

*The Millennium Development Goals (MDG) provide targets for 2015. MDG 6 includes a target to reduce the tuberculosis (TB) death rate by 50% compared with 1990. We aimed to assess whether this target was reached...*

Marieke J. van der Werf, Sandro Bonfigli and Frantiska Hruba

BMC Public Health 2017 17:629

Published on: 6 July 2017

*Research article*

**Determinants of complete immunization among senegalese children aged 12–23 months: evidence from the demographic and health survey**

*The expanded Programme on Immunization (EPI) is one of the most cost-effective interventions to reduce childhood mortality and morbidity. However, determinants of childhood immunization have not been well stud...*

Mouhamed Abdou Salam Mbengue, Moussa Sarr, Adama Faye, Ousseynou Badiane, Fatou Bintou Niang Camara, Souleymane Mboup and Tandakha Ndiaye Dieye

BMC Public Health 2017 17:630

Published on: 6 July 2017

*Research*

**Using surrogate vaccines to assess feasibility and acceptability of future HIV vaccine trials in men: a randomised trial in inner-city Johannesburg, South Africa**

*Developing an effective HIV vaccine is the overriding priority for HIV prevention research. Enrolling and maintaining cohorts of men into HIV vaccine efficacy trials is a necessary prerequisite for the develop...*

Lucy Chimoyi, Mphatso Kamndaya, Emilie Venables, Nina von Knorring, Jonathan Stadler, Catherine MacPhail, Matthew F. Chersich, Helen Rees and Sinead Delany-Moretlwe

BMC Public Health 2017 17(Suppl 3):4355

Published on: 4 July 2017

**BMC Research Notes**

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

(Accessed 8 July 2017)

*Research article*

**Hepatitis B virus vaccination status and associated factors among health care workers in Shashemene Zonal Town, Shashemene, Ethiopia: a cross sectional study**

*Hepatitis B virus (HBV) remains a major global health problem. More than three-quarters of HBV infection occur in Asia, the Middle East and Africa. Healthcare workers (HCWs) are at risk of acquiring HBV, hepat...*

Tsega-Ab Abebaw, Zewdie Aderaw and Bereket Gebremichael

BMC Research Notes 2017 10:260

Published on: 6 July 2017

**BMJ Open**

June 2017 - Volume 7 - 6

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

[Reviewed earlier]

**Bulletin of the World Health Organization**

Volume 95, Number 7, July 2017, 481-544

<http://www.who.int/bulletin/volumes/95/7/en/>

*EDITORIALS*

**Data sharing statements for clinical trials: a requirement of the International Committee of Medical Journal Editors**

Darren B Taichman, Peush Sahni, Anja Pinborg, Larry Peiperl, Christine Laine, Astrid James, Sung-Tae Hong, Abraham Haileamlak, Laragh Gollogly, Fiona Godlee, Frank A Frizelle, Fernando

Florenzano, Jeffrey M Drazen, Howard Bauchner, Christopher Baethge & Joyce Backus  
<http://dx.doi.org/10.2471/BLT.17.196733>

**Systems science for universal health coverage**

Timothy G Evans & Marie Paule Kieny  
<http://dx.doi.org/10.2471/BLT.17.192542>

*RESEARCH*

**Implementation research to improve quality of maternal and newborn health care, Malawi**

Stephan Brenner, Danielle Wilhelm, Julia Lohmann, Christabel Kambala, Jobiba Chinkhumba, Adamson S Muula & Manuela De Allegri  
<http://dx.doi.org/10.2471/BLT.16.178202>

We observed 33 health facilities, 23 intervention facilities and 10 control facilities and 401 pregnant women across four districts. The scheme improved the availability of both functional equipment and essential drug stocks in the intervention facilities. We observed positive effects in respect to drug procurement and clinical care activities at non-intervention facilities, likely in response to improved district management performance. Birth assistants' adherence to clinical protocols improved across all studied facilities as district health managers supervised and coached clinical staff more actively.

*PERSPECTIVES*

**Strengthening health systems for universal health coverage and sustainable development**

Marie Paule Kieny, Henk Bekedam, Delanyo Dovlo, James Fitzgerald, Jarno Habicht, Graham Harrison, Hans Kluge, Vivian Lin, Natela Menabde, Zafar Mirza, Sameen Siddiqi & Phyllida Travis  
<http://dx.doi.org/10.2471/BLT.16.187476>

**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***  
[Reviewed earlier]

**Complexity**

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

**Conflict and Health**

<http://www.conflictandhealth.com/>  
[Accessed 8 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>  
[Reviewed earlier]

**Current Opinion in Infectious Diseases**

August 2017 - Volume 30 - Issue 4  
<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>  
[New issue; No digest content identified]

**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 July 2017; volume 18, issue 7  
<http://embor.embopress.org/content/18/7?current-issue=y>  
*Science & Society*

**Taking distrust of science seriouslyTo overcome public distrust in science, scientists need to stop pretending that there is a scientific consensus on controversial issues when there is not**

*Scientific disputes on controversial issues – from endocrine disrupting chemicals to climate change – risk increasing public distrust in science if scientists pretend that there is a consensus when in fact there is not.*

Geoffrey C Kabat

**Emerging Infectious Diseases**

Volume 23, Number 7—July 2017

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

*Perspective*

**Operational Research during the Ebola Emergency PDF Version [PDF - 772 KB - 6 pages]**

G. Fitzpatrick et al.

*Abstract*

Operational research aims to identify interventions, strategies, or tools that can enhance the quality, effectiveness, or coverage of programs where the research is taking place. Médecins Sans Frontières admitted ≈5,200 patients with confirmed Ebola virus disease during the Ebola outbreak in West Africa and from the beginning nested operational research within its emergency response. This research covered critical areas, such as understanding how the virus spreads, clinical trials, community perceptions, challenges within Ebola treatment centers, and negative effects on non-Ebola healthcare. Importantly, operational research questions were decided to a large extent by returning volunteers who had first-hand knowledge of the immediate issues facing teams in the field. Such a method is appropriate for an emergency medical organization. Many challenges were also identified while carrying out operational research across 3 different countries, including the basic need for collecting data in standardized format to enable comparison of findings among treatment centers.

**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>

[Reviewed earlier]

**Global Public Health**

Volume 12, 2017 Issue 8

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

[Reviewed earlier]

**Globalization and Health**

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

[Accessed 8 July 2017]

[No new digest content identified]

**Health Affairs**

June 2017; Volume 36, Issue 6

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

***Issue Focus: Pursuing Health Equity***

[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 8 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 8 July 2017]

[No new digest content identified]

**Infectious Diseases of Poverty**

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

[Accessed 8 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 7 (2017) July 2017

<http://www.ijcmph.com/index.php/ijcmph/issue/view/26>

*Review Articles*

**[MERS: an emerging disease of the 21st century](#)**

Mohamed Osman Bala, Mohamad Abdel Halim Chehab, Nagah Abdel Aziz Selim

DOI: [10.18203/2394-6040.ijcmph20172806](https://doi.org/10.18203/2394-6040.ijcmph20172806)

*Original Research Articles*

**Coverage and compliance of mass drug administration against lymphatic filariasis in Kalaburagi district**

Mallikarjun K. Biradar, Sharankumar Holyachi

DOI: [10.18203/2394-6040.ijcmph20172848](https://doi.org/10.18203/2394-6040.ijcmph20172848)

**Adverse events following immunization with pentavalent vaccine among infants attending the immunization clinic at a tertiary hospital in Eastern India**

Shamshad Ahmad, Jayita Pal, Amiya Das, Sonalinandini Samanta

**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**

July 4, 2017, Vol 318, No. 1, Pages 7-102

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

*Viewpoint*

**Financing and Distribution of Pharmaceuticals in the United States**

Matan C. Dabora, MD, MBA; Namrata Turaga, MD, MBA; Kevin A. Schulman, MD

*free access*

JAMA. 2017;318(1):21-22. doi:10.1001/jama.2017.5607

This Viewpoint identifies stakeholders in the financing and distribution of pharmaceuticals in the United States and describes their flow from manufacturers through distributors, managers, and retailers to patients.

**No Shortcuts on the Long Road to Evidence-Based Genomic Medicine**

Muin J. Khoury, MD, PhD

JAMA. 2017;318(1):27-28. doi:10.1001/jama.2017.6315

This Viewpoint discusses the 2017 National Academies of Sciences, Engineering, and Medicine (NASEM) report on improving the system of evaluation of genetic testing so that implementation of genomic medicine in clinical settings can be evidence-based.

Rapid advances in genomics have led to a new era of precision medicine, resulting in a substantial increase in the number of genetic tests available for research and clinical practice.

As of April 27, 2017, the Genetic Testing Registry,<sup>1</sup> maintained and updated by the National Institutes of Health, contained information on 49 521 tests conducted at 492 laboratories for 10 733 disease conditions involving 16 223 genes. These tests cover a wide variety of diseases, rare and common, for different types of applications such as diagnosis, treatment, and prevention.

## **JAMA Pediatrics**

July 2017, Vol 171, No. 7, Pages 611-716  
<http://archpedi.jamanetwork.com/issue.aspx>

*Original Investigation*

### **The Influence of Maternally Derived Antibody and Infant Age at Vaccination on Infant Vaccine Responses An Individual Participant Meta-analysis**

Merryn Voysey, MSc; Dominic F. Kelly, PhD; Thomas R. Fanshawe, PhD; et al.  
JAMA Pediatr. 2017;171(7):637-646. doi:10.1001/jamapediatrics.2017.0638

#### ***Key Points***

Question What is the potential for and extent of maternal antibody interference in infant vaccine responses?

Findings In this individual participant data meta-analysis of the serum of 7630 infants, maternal antibody concentrations and the infant's age at first vaccination both influenced infant vaccine responses. These effects are seen for almost all antigens contained in global immunization programs, are not removed by more widely spaced schedules, and influence immune response for some vaccines even at the age of 24 months.

Meaning Prenatal immunization programs containing multicomponent vaccines have the potential to interfere with current immunization programs; however, a delayed start to infant immunization may mitigate these inhibitory effects.

#### ***Abstract***

**Importance** The design of infant immunization schedules requires an understanding of the factors that determine the immune response to each vaccine antigen.

**Data Sources** Deidentified individual participant data from GlaxoSmithKline clinical trials were obtained through Clinical Study Data Request. The data were requested on January 2, 2015, and final data were received on April 11, 2016.

**Study Selection** Immunogenicity trials of licensed or unlicensed vaccines administered to infants were included if antibody concentrations in infants were measured prior to the first dose of vaccine.

**Data Extraction and Synthesis** The database was examined; studies that appeared to have appropriate data were reviewed.

**Main Outcomes and Measures** Antigen-specific antibody concentration measured 1 month after priming vaccine doses, before booster vaccination, and 1 month after booster vaccine doses.

**Results** A total of 7630 infants from 32 studies in 17 countries were included. Mean (SD) age at baseline was 9.0 (2.3) weeks; 3906 (51.2%) were boys. Preexisting maternal antibody inhibited infant antibody responses to priming doses for 20 of 21 antigens. The largest effects were observed for inactivated polio vaccine, where 2-fold higher maternal antibody concentrations resulted in 20% to 28% lower postvaccination antibody concentration (geometric mean ratios [GMRs], type 1: 0.80; 95% CI, 0.78-0.83; type 2: 0.72; 95% CI, 0.69-0.74; type 3: 0.78; 95% CI, 0.75-0.82). For acellular pertussis antigens, 2-fold higher maternal antibody was associated with 11% lower postvaccination antibody for pertussis toxoid (GMR,

0.89; 95% CI, 0.87-0.90) and filamentous hemagglutinin (GMR, 0.89; 95% CI, 0.88-0.90) and 22% lower pertactin antibody (GMR, 0.78; 95% CI, 0.77-0.80). For tetanus and diphtheria, these estimates were 13% (GMR, 0.87; 95% CI, 0.86-0.88) and 24% (GMR, 0.76; 95% CI, 0.74-0.77), respectively. The influence of maternal antibody was still evident in reduced responses to booster doses of acellular pertussis, inactivated polio, and diphtheria vaccines at 12 to 24 months of age. Children who were older when first immunized had higher antibody responses to priming doses for 18 of 21 antigens, after adjusting for the effect of maternal antibody concentrations. The largest effect was seen for polyribosyribitol phosphate antibody, where responses were 71% higher per month (GMR, 1.71; 95% CI, 1.52-1.92).

**Conclusions and Relevance** Maternal antibody concentrations and infant age at first vaccination both influence infant vaccine responses. These effects are seen for almost all vaccines contained in global immunization programs and influence immune response for some vaccines even at the age of 24 months. These data highlight the potential for maternal immunization strategies to influence established infant programs.

### **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>

[Reviewed earlier]

### **Journal of Epidemiology & Community Health**

July 2017 - Volume 71 - 7

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

[New issue; No digest content identified]

### **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 12 15 June 2017

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

*Editor's Choice*

### **Progress in Ebola Virus Vaccine Development**

Matthias J. Schnell

*Extract*

It has been a long journey of almost 20 years for the vesicular stomatitis virus (VSV)-based vaccine against Ebola virus (EBOV) to finally enter clinical trials for safety and efficacy. In 1996 the first VSV-based vector research was published by Rose's group at Yale University [1], and by 1998 Feldmann, Klenk and Volchkov had used a VSV-EBOV chimera as a model system for EBOV biology and pathogenicity. These initial studies of pathogenicity were expanded in 2003 in early vaccine development with the VSV deleted of its own glycoprotein (GP) but expressing instead the EBOV GP.

### **MAJOR ARTICLES AND BRIEF REPORTS**

#### **VIRUSES**

*Editor's Choice*

### **Six-Month Safety Data of Recombinant Vesicular Stomatitis Virus–Zaire Ebola Virus Envelope Glycoprotein Vaccine in a Phase 3 Double-Blind, Placebo-Controlled Randomized Study in Healthy Adults**

Scott A. Halperin; Jose R. Arribas; Richard Rupp; Charles P. Andrews; Laurence Chu ...

findings support the use of this vaccine in persons at risk for Ebola virus disease.

*Abstract*

Background.

This study (NCT02503202) evaluated the safety of recombinant vesicular stomatitis virus–Zaire Ebola virus envelope glycoprotein vaccine (rVSVΔG-ZEBOV-GP).

Methods.

Overall, 1197 subjects were randomized 2:2:2:2:1; 1194 were vaccinated with 1 dose of 1 of 3 lots of rVSVΔG-ZEBOV-GP (2 × 10<sup>7</sup> plaque-forming units [pfu], n = 797; combined-lots group), a single high-dose lot of rVSVΔG-ZEBOV-GP (1 × 10<sup>8</sup> pfu, n = 264; high-dose group), or

placebo (n = 133). Daily temperatures and adverse events (AEs) were recorded days 1 to 42 postvaccination. Solicited AEs included injection-site AEs from days 1 to 5, and joint pain, joint swelling, vesicular lesions (blisters), and rashes from days 1 to 42. Serious AEs (SAEs) were recorded through 6 months postvaccination.

#### Results.

Fever ( $\geq 38.0^{\circ}\text{C}$ ) was observed in 20.2% of combined lots (3.2% with  $\geq 39.0^{\circ}\text{C}$ ), 32.2% of high-dose (4.3% with  $\geq 39.0^{\circ}\text{C}$ ), and 0.8% of placebo (0.8% with  $\geq 39.0^{\circ}\text{C}$ ). Incidences of AEs of interest (days 1–42) were arthralgia (17.1% combined lots, 20.4% high-dose, 3.0% placebo), arthritis (5.1% combined lots, 4.2% high-dose, 0.0% placebo), and rash (3.8% combined lots, 3.8% high-dose, 1.5% placebo). Twenty-one SAEs and 2 deaths were reported, all assessed by investigators as unrelated to vaccine.

#### Conclusions.

rVSV $\Delta$ G-ZEBOV-GP was generally well-tolerated, with increased rates of injection-site and systemic AEs compared to placebo, and no vaccine-related SAEs or deaths. These findings support the use of rVSV $\Delta$ G-ZEBOV-GP vaccine in persons at risk for Ebola virus disease.

#### Clinical Trials Registration.

NCT02503202.

### **Journal of Medical Ethics**

July 2017 - Volume 43 - 7

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

#### *Disorders of consciousness*

[Reviewed earlier]

### **Journal of Medical Internet Research**

Vol 19, No 7 (2017): July

<http://www.jmir.org/2017/7>

[New issue; No digest content identified]

### **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://jopids.oxfordjournals.org/content/current>

[Reviewed earlier]

**Journal of Pediatrics**

July 2017 Volume 186, p1-218

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

[New issue; No digest content identified]

**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 July 2017; volume 14, issue 132

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

*Life Sciences–Physics interface*

*Open Access*

*Research article:*

**Anticipating the emergence of infectious diseases**

Tobias S. Brett, John M. Drake, Pejman Rohani

J. R. Soc. Interface 2017 14 20170115; DOI: 10.1098/rsif.2017.0115. Published 5 July 2017

***Abstract***

In spite of medical breakthroughs, the emergence of pathogens continues to pose threats to both human and animal populations. We present candidate approaches for anticipating disease emergence prior to large-scale outbreaks. Through use of ideas from the theories of dynamical systems and stochastic processes we develop approaches which are not specific to a particular disease system or model, but instead have general applicability. The indicators of disease emergence detailed in this paper can be classified into two parallel approaches: a set of early-warning signals based around the theory of critical slowing down and a likelihood-based approach. To test the reliability of these two approaches we contrast theoretical predictions with simulated data. We find good support for our methods across a range of different model structures and parameter values.

**Journal of Travel Medicine**

Volume 24, Issue 4, July-August 2017

<https://academic.oup.com/jtm/issue/24/4>

*Original Article*

**Tetanus–diphtheria–pertussis vaccine may suppress the immune response to subsequent immunization with pneumococcal CRM197-conjugate vaccine (coadministered with quadrivalent meningococcal TT-conjugate vaccine): a randomized, controlled trial**

Mohamed Tashani; Leon Heron; Melanie Wong; Harunor Rashid; Robert Booy

**Journal of Virology**

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

## **The Lancet**

Jul 08, 2017 Volume 390 Number 10090 p95-202 e19-e33  
<http://www.thelancet.com/journals/lancet/issue/current>

### **Series**

*Right Care*

#### **[Evidence for overuse of medical services around the world](#)**

Shannon Brownlee, Kalipso Chalkidou, Jenny Doust, Adam G Elshaug, Paul Glasziou, Iona Heath, Somil Nagpal, Vikas Saini, Divya Srivastava, Kelsey Chalmers, Deborah Korenstein

*Right Care*

#### **[Evidence for underuse of effective medical services around the world](#)**

Paul Glasziou, Sharon Straus, Shannon Brownlee, Lyndal Trevena, Leonila Dans, Gordon Guyatt, Adam G Elshaug, Robert Janett, Vikas Saini

*Right Care*

#### **[Drivers of poor medical care](#)**

Vikas Saini, Sandra Garcia-Armesto, David Klemperer, Valerie Paris, Adam G Elshaug, Shannon Brownlee, John P A Ioannidis, Elliott S Fisher

*Right Care*

#### **[Levers for addressing medical underuse and overuse: achieving high-value health care](#)**

Adam G Elshaug, Meredith B Rosenthal, John N Lavis, Shannon Brownlee, Harald Schmidt, Somil Nagpal, Peter Littlejohns, Divya Srivastava, Sean Tunis, Vikas Saini

## **Lancet Global Health**

Jul 2017 Volume 5 Number 7 e633-e726  
<http://www.thelancet.com/journals/langlo/issue/current>  
[Reviewed earlier]

## **Lancet Infectious Diseases**

Jul 2017 Volume 17 Number 7 p673-780 e197-e234  
<http://www.thelancet.com/journals/laninf/issue/current>  
[Reviewed earlier]

## **Lancet Public Health**

Jul 2017 Volume 2 Number 7 e297-e340  
<http://thelancet.com/journals/lanpub/>  
[New issue; No digest content identified]

**Lancet Respiratory Medicine**

Jul 2017 Volume 5 Number 7 p535-598 e23-e26  
<http://www.thelancet.com/journals/lanres/issue/current>  
[New issue; No digest content identified]

**Maternal and Child Health Journal**

Volume 21, Issue 7, July 2017  
<https://link.springer.com/journal/10995/21/7/page/1>  
*Original Paper*

**Sub-Regional Assessment of HPV Vaccination Among Female Adolescents in the Intermountain West and Implications for Intervention Opportunities**

Julia Bodson, Qian Ding, Echo L. Warner

***Abstract*****Objectives**

We investigated the similarities and differences in the factors related to human papillomavirus (HPV) vaccination of female adolescents in three sub-regions of the Intermountain West (IW).

**Methods**

We analyzed 2011–2012 National Immunization Survey-Teen data. Respondents (parents) who were living in the IW and who had daughters aged 13–17 years old with provider-verified immunization records were included in our analyses. East, Central, and West sub-regions were defined based on geographic contiguity and similarity in HPV vaccination rates and sociodemographic characteristics. Survey-weighted Chi square tests and multivariable Poisson regressions were performed.

**Results**

In all three sub-regions, older teen age and receipt of other recommended adolescent vaccinations were significantly associated with HPV vaccination. In the East sub-region, providers' facility type and source of vaccines were significantly related to HPV vaccination. In the Central sub-region, teens with married parents were significantly less likely to be vaccinated than were those with unmarried parents. In the West sub-region, non-Hispanic teens were significantly less likely to be vaccinated than were Hispanic teens.

**Conclusions for Practice**

In order to improve HPV vaccine coverage in the IW, region-wide efforts to target younger teens and to promote the HPV vaccine with other recommended adolescent vaccinations should be supplemented with sub-regional attention to the health care system (East sub-region), to married parents (Central sub-region), and to non-Hispanic teens (West sub-region).

**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 547 Number 7661 pp5-132 6 July 2017  
[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)

*Comment*

### **Immunology, one cell at a time**

Amir Giladi & Ido Amit  
03 July 2017

*Analysing the DNA, RNA and protein of single cells is transforming our understanding of the immune system*

## **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**

July 6, 2017 Vol. 377 No. 1  
<http://www.nejm.org/toc/nejm/medical-journal>

*Perspective*

### **Preserving the Fogarty International Center — Benefits for Americans and the World**

P.K. Drain, R. Subbaraman, and D.C. Heimburger

*Excerpt*

... The FIC has been instrumental in extending the frontiers of health research around the globe and ensuring that advances in science are implemented to reduce the burden of disease, promote health, and extend longevity for all people. By facilitating rare training experiences for U.S. scientists in LMICs, the center has created a cadre of productive researchers with the capacity to find solutions with regard to global diseases such as Zika and Ebola that will continue to threaten human health everywhere. FIC funding of training experiences for LMIC researchers has undergirded the NIH's capacity to conduct multinational studies, yielding insights that have transformed the care of patients in the United States and many other countries. For these reasons, we believe the U.S. Congress, the President, and the NIH should ensure that the FIC's funding is sustained. Preservation of the FIC and its globally oriented mission represents a critical investment in the health of the American people as well as the global community.

*Review Article*

## **The Changing Face of Clinical Trials: Master Protocols to Study Multiple Therapies, Multiple Diseases, or Both**

J. Woodcock and L.M. LaVange

### *Summary*

Master protocols come in different sizes and shapes but share many commonalities. All require increased planning efforts and coordination to satisfy the objectives of different stakeholders. Innovative design elements help ensure that maximum information is obtained from the research effort, and the infrastructure required for implementation increases data quality and trial efficiencies, as compared with those in stand-alone trials. If designed correctly, master protocols can last many years, even decades, with innovations from the laboratory translating quickly to clinical evaluation. As the targets for new drugs become more and more precise, there is no alternative but to move forward with these coordinated research efforts.

### **Pediatrics**

July 2017, VOLUME 140 / ISSUE 1

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

[Reviewed earlier]

### **Pharmaceutics**

Volume 9, Issue 2 (June 2017)

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

[Reviewed earlier]

### **PharmacoEconomics**

Volume 35, Issue 7, July 2017

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

[Reviewed earlier]

### **PLOS Currents: Disasters**

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

[Accessed 8 July 2017]

[No new digest content identified]

### **PLoS Currents: Outbreaks**

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

[Accessed 8 July 2017]

*Research Article*

## **Genomic Characterization Helps Dissecting an Outbreak of Listeriosis in Northern Italy**

July 6, 2017 ·

Introduction

Listeria monocytogenes (Lm) is a bacterium widely distributed in nature and able to contaminate food processing environments, including those of dairy products. Lm is a primary

public health issue, due to the very low infectious dose and the ability to produce severe outcomes, in particular in elderly, newborns, pregnant women and immunocompromised patients.

#### Methods

In the period between April and July 2015, an increased number of cases of listeriosis was observed in the area of Pavia, Northern Italy. An epidemiological investigation identified a cheesemaking small organic farm as the possible origin of the outbreak. In this work we present the results of the retrospective epidemiological study that we performed using molecular biology and genomic epidemiology methods. The strains sampled from patients and those from the target farm's cheese were analyzed using PFGE and whole genome sequencing (WGS) based methods. The performed WGS based analyses included: a) *in-silico* MLST typing; b) SNPs calling and genetic distance evaluation; c) determination of the resistance and virulence genes profiles; d) SNPs based phylogenetic reconstruction.

#### Results

Three of the patient strains and all the cheese strains resulted to belong to the same phylogenetic cluster, in Sequence Type 29. A further accurate SNPs analysis revealed that two of the three patient strains and all the cheese strains were highly similar (0.8 SNPs of average distance) and exhibited a higher distance from the third patient isolate (9.4 SNPs of average distance).

#### Discussion

Despite the global agreement among the results of the PFGE and WGS epidemiological studies, the latter approach agree with epidemiological data in indicating that one the patient strains could have originated from a different source. This result highlights that WGS methods can allow to better

### **PLoS Medicine**

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

(Accessed 8 July 2017)

*Policy Forum*

### **[Antimicrobial resistance in \*Neisseria gonorrhoeae\*: Global surveillance and a call for international collaborative action](#)**

Teodora Wi, Monica M. Lahra, Francis Ndowa, Manju Bala, Jo-Anne R. Dillon, Pilar Ramon-Pardo, Sergey R. Eremin, Gail Bolan, Magnus Unemo

| published 07 Jul 2017 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002344>

### **PLoS Neglected Tropical Diseases**

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

(Accessed 8 July 2017)

*Research Article*

### **[Mosquitoes on a plane: Disinsection will not stop the spread of vector-borne pathogens, a simulation study](#)**

Luis Mier-y-Teran-Romero, Andrew J. Tatem, Michael A. Johansson

| published 03 Jul 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0005683>

*Abstract*

Mosquito-borne diseases are increasingly being recognized as global threats, with increased air travel accelerating their occurrence in travelers and their spread to new locations. Since the early days of aviation, concern over the possible transportation of infected mosquitoes has led to recommendations to disinsect aircraft. Despite rare reports of mosquitoes, most likely transported on aircraft, infecting people far from endemics areas, it is unclear how important the role of incidentally transported mosquitoes is compared to the role of traveling humans. We used data for *Plasmodium falciparum* and dengue viruses to estimate the probability of introduction of these pathogens by mosquitoes and by humans via aircraft under ideal conditions. The probability of introduction of either pathogen by mosquitoes is low due to few mosquitoes being found on aircraft, low infection prevalence among mosquitoes, and high mortality. Even without disinsection, introduction via infected human travelers was far more likely than introduction by infected mosquitoes; more than 1000 times more likely for *P. falciparum* and more than 200 times more likely for dengue viruses. Even in the absence of disinsection and under the most favorable conditions, introduction of mosquito-borne pathogens via air travel is far more likely to occur as a result of an infected human travelling rather than the incidental transportation of infected mosquitoes. Thus, while disinsection may serve a role in preventing the spread of vector species and other invasive insects, it is unlikely to impact the spread of mosquito-borne pathogens.

## **PLoS One**

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

[Accessed 8 July 2017]

*Research Article*

### [\*\*Estimated severe pneumococcal disease cases and deaths before and after pneumococcal conjugate vaccine introduction in children younger than 5 years of age in South Africa\*\*](#)

Claire von Mollendorf, Stefano Tempia, Anne von Gottberg, Susan Meiring, Vanessa Quan, Charles Feldman, Jeane Cloete, Shabir A. Madhi, Katherine L. O'Brien, Keith P. Klugman, Cynthia G. Whitney, Cheryl Cohen

I published 03 Jul 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0179905>

## **PLoS Pathogens**

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

[Accessed 8 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 8 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 100, Pages 1-298 (July 2017)

<http://www.sciencedirect.com/science/journal/00917435/100?sdc=1>

*Review Articles*

### **A Multiple Streams analysis of the decisions to fund gender-neutral HPV vaccination in Canada**

Review Article

Pages 123-131

Gilla K. Shapiro, Juliet Guichon, Gillian Prue, Samara Perez, Zeev Rosberger

*Abstract*

In Canada, the human papillomavirus (HPV) vaccine is licensed and recommended for females and males. Although all Canadian jurisdictions fund school-based HPV vaccine programs for girls, only six jurisdictions fund school-based HPV vaccination for boys. The research aimed to analyze the factors that underpin government decisions to fund HPV vaccine for boys using a theoretical policy model, Kingdon's Multiple Streams framework. This approach assesses policy development by examining three concurrent, but independent, streams that guide analysis: Problem Stream, Policy Stream, and Politics Stream. Analysis from the Problem Stream highlights that males are affected by HPV-related diseases and are involved in transmitting HPV infection to their sexual partners. Policy Stream analysis makes clear that while the inclusion of males in HPV vaccine programs is suitable, equitable, and acceptable; there is debate regarding cost-effectiveness. Politics Stream analysis identifies the perspectives of six different stakeholder groups and highlights the contribution of government officials at the provincial and territorial level. Kingdon's Multiple Streams framework helps clarify the opportunities and barriers for HPV vaccine policy change. This analysis identified that the interpretation of cost-effectiveness models and advocacy of stakeholders such as citizen-advocates and HPV-affected politicians have been particularly important in galvanizing policy change.

*Original Research Article*

### **Motivational and contextual determinants of HPV-vaccination uptake: A longitudinal study among mothers of girls invited for the HPV-vaccination**

Pages 41-49

Mirjam Pot, Hilde M. van Keulen, Robert A.C. Ruiter, Iris Eekhout, Liesbeth Mollema, Theo W.G.M. Paulussen

*Abstract*

*Background*

In the Netherlands, HPV-vaccination uptake among 12-year-old girls remains to be lower (61% in 2016) than expected. The present study is about 1) replicating the extent to which social-psychological determinants found in earlier cross-sectional studies explain HPV-vaccination intention, and 2) testing whether HPV-vaccination intention, as well as other social-psychological determinants, are good predictors of future HPV-vaccination uptake in a longitudinal design.

*Methods*

A random sample of mothers of girls invited for the vaccination in 2015 was drawn from the Dutch vaccination register (Praeventis) (N = 36,000) and from three online panels (N = 2483). Two months prior to the vaccination of girls, their mothers were requested to complete a web-based questionnaire by letter (Praeventis sample) or by e-mail (panel samples). HPV-vaccination uptake was derived from Praeventis. Backward linear and logistic regression analyses were conducted to examine most dominant predictors of HPV-vaccination intention and uptake, respectively. The total sample used for data analyses consisted of 8062 mothers. Response rates were 18% for the Praeventis sample and 47% for the panel samples.

#### Results

HPV-vaccination intention was best explained by attitude, beliefs, subjective norms, habit, and perceived relative effectiveness of the vaccination; they explained 83% of the variance in HPV-vaccination intention. Intention appeared to be the only stable predictor of HPV-vaccination uptake and explained 43% of the variance in HPV-vaccination uptake.

#### Conclusions

These results confirm what was found by earlier cross-sectional studies, and provide strong leads for selecting relevant targets in the planning of future communication strategies aiming to improve HPV-vaccination uptake.

### **Proceedings of the Royal Society B**

17 May 2017; volume 284, issue 1854

<http://rsb.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***

[Reviewed earlier]

### **Public Health Reports**

Volume 132, Issue 4, July/August 2017

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

*Executive Perspective*

### **[Advances in Public Health Surveillance and Information Dissemination at the Centers for Disease Control and Prevention](#)**

First Published June 13, 2017; pp. 403–410

Chesley L. Richards, Michael F. Iademarco, Delton Atkinson, Robert W. Pinner, Paula Yoon, William R. Mac Kenzie, Brian Lee, Judith R. Qualters, Thomas R. Frieden

### *Reports and Recommendations*

### **[Evaluation of the 2010 National Vaccine Plan Mid-course Review: Recommendations From the National Vaccine Advisory Committee](#)**

Approved by the National Vaccine Advisory Committee on February 7, 2017

First Published June 23, 2017; pp. 411–430

*Commentary*

**[An Antipoverty Agenda for Public Health: Background and Recommendations](#)**

First Published May 24, 2017; pp. 431–435

Jeff Levin

**[Engaging Community and Faith-Based Organizations in the Zika Response, United States, 2016](#)**

First Published June 6, 2017; pp. 436–442

Scott Santibañez, Jonathan Lynch, Y. Peter Paye, Haley McCalla, Joanna Gaines, Kimberly Konkel, Luis J. Ocasio Torres, Wayne A. North, Anna Likos, Katherine Lyon Daniel

**[Longitudinal Trends in Vaccine Hesitancy in a Cohort of Mothers Surveyed in Washington State, 2013-2015](#)**

First Published June 6, 2017; pp. 451–454

Nora B. Henrikson, Melissa L. Anderson, Douglas J. Opel, John Dunn, Edgar K. Marcuse, David C. Grossman

*Abstract*

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

**Qualitative Health Research**

Volume 27, Issue 9, July 2017

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

***Special Issue: Indigenous Health***

*[Eight articles themed to indigenous health]*

General

**[Timing Is Everything: Exploring Parental Decisions to Delay HPV Vaccination](#)**

First Published August 23, 2016; pp. 1380–1390

Katharine A. Rendle, Emily A. Leskinen

**Reproductive Health**

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

[Accessed 8 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](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**

07 July 2017 Vol 357, Issue 6346

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

***Special Issue – The cyberscientist***

*Introduction to special issue*

**The scientists' apprentice**

Tim Appenzeller

*Summary*

Big data has met its match. In field after field, the ability to collect data has exploded, overwhelming human insight and analysis. But the computing advances that helped deliver the data have also conjured powerful new tools for making sense of it all. In a revolution that extends across much of science, researchers are unleashing artificial intelligence (AI), often in the form of artificial neural networks, on these mountains of data. Unlike earlier attempts at AI, such “deep learning” systems don’t need to be programmed with a human expert’s knowledge. Instead, they learn on their own, often from large training data sets, until they can see patterns and spot anomalies in data sets far larger and messier than human beings can cope with.

**Science Translational Medicine**

05 July 2017 Vol 9, Issue 397

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

*Perspective*

**Marketing of unproven stem cell–based interventions: A call to action**

By Douglas Sipp, Timothy Caulfield, Jane Kaye, Jan Barfoot, Clare Blackburn, Sarah Chan, Michele De Luca, Alastair Kent, Christopher McCabe, Megan Munsie, Margaret Sleeboom-Faulkner, Jeremy Sugarman, Esther van Zimmeren, Amy Zarzeczny, John E. J. Rasko

Science Translational Medicine 05 Jul 2017 Restricted Access

*Commercial promotion of unsupported therapeutic uses of stem cells is a global problem that should be addressed by coordinated approaches at the national and international levels.*

**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**

July 2017 Volume 22, Issue 7 Pages 783–916

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-7/issuetoc>

[New issue; No digest content identified]

**Vaccine**

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

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

July 2017 Volume 22, Issue 7 Pages 783–916

**Vaccine: Development and Therapy**

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

(Accessed 8 July 2017)

[No new content]

**Vaccines — Open Access Journal**

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

(Accessed 8 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]

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

**The Journal of Infection in Developing Countries**

Vol 11 No 06: June 2017

**Immune response to hepatitis B vaccine among north Iranian healthcare workers and its related factors**

F Joukar, F Mansour-Ghanaei, MR Naghipour...

*Abstract*

**Introduction:** Hepatitis B virus (HBV) is an important occupational risk among healthcare workers (HCWs). Vaccination is the most cost-effective method of preventing and controlling HBV infection. Several factors have been suggested to effect response to the vaccine. The present study aimed to evaluate vaccine response among north Iranian HCWs and to determine the factors influencing vaccine response.

**Methodology:** Response to the standard three-dose vaccination regimen was evaluated in term of anti-hepatitis B surface antigen level among 1,010 HCWs using an enzyme-linked immunosorbent assay (ELISA) method. Logistic regression was applied to predict antibody response, with related factors including sex, age, years of working experience, marital status, history of transfusion, smoking, history of needle stick injury, rheumatic disease, steroid use, and elapsed time from vaccination measurement.

**Results:** Of the 1,010 HCWs, 898 (88.9%) acquired protective levels of antibody ( $> 10$  IU/mL). Compared with those  $< 30$  years of age, HCWs older than 50 years and between 40 and 50 years of age were more likely to have non-protective anti-HBs levels (odds ratio=4.48;  $p=0.001$  and odds ratio=1.85;  $p=0.03$ , respectively).

**Conclusions:** HBV vaccine efficacy and immune response were satisfactory among north Iranian HCWs. Since it is predicted that anti-HBs levels decrease with aging, testing for anti-HBs titer is desirable for HCWs older than 50 years of age.

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**Media/Policy Watch**

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

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where content is published without restriction, but most publications require registration and some subscription level.

**The Atlantic**

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

Accessed 8 July 2017

[No new, unique, relevant content]

**BBC**

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

Accessed 8 July 2017

[No new, unique, relevant content]

**The Economist**

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

Accessed 8 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 8 July 2017

**Vaccine Liability And Causation: Has Europe Gone Overboard?**

Jul 6, 2017

Michael I. Krauss, Contributor

A very recent decision by the European Court of Justice gives pause to all who believe that causation must be proven in order to recover in tort. I here discuss the decision and its implications.

**Foreign Affairs**

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

Accessed 8 July 2017

[No new, unique, relevant content]

**Foreign Policy**

<http://foreignpolicy.com/>

Accessed 8 July 2017

[No new, unique, relevant content]

**The Guardian**

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

Accessed 8 July 2017

[No new, unique, relevant content]

**New Yorker**

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

Accessed 8 July 2017

[No new, unique, relevant content]

**New York Times**

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

Accessed 8 July 2017

**UN Health Agency's New Chief Says He Will Check Travel Costs**

The new head of the World Health Organization said he is reviewing the agency's travel expenses, after an Associated Press story revealed the U.N. agency spends more on travel than on fighting AIDS, malaria and tuberculosis combined.

July 07, 2017 - By THE ASSOCIATED PRESS

**Cholera Spreads as War and Poverty Batter Yemen**

By SHUAIB ALMOSAWA and NOUR YOUSSEF

JULY 7, 2017

Since a severe outbreak began in late April, according to Unicef, cholera has spread to 21 of the country's 22 provinces, infecting at least 269,608 people and killing at least 1,614. That is more than the total number of cholera deaths reported to the World Health Organization worldwide in 2015.

**Wall Street Journal**

[http://online.wsj.com/home-page?\\_wsjregion=na,us&\\_homepage=/home/us](http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us)

Accessed 8 July 2017

[No new, unique, relevant content]

**Washington Post**

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

**Sudanese doctors urge measures against cholera outbreak**

Sudan's affected areas and helping the government vaccinate against cholera, says the response to cholera

Brian Rohan | AP · Foreign · Jul 2, 2017

***Think Tanks et al*****Brookings**

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

Accessed 8 July 2017

[No new relevant content]

**Center for Global Development**

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

Accessed 8 July 2017

**Publications****What's In, What's Out: Designing Benefits for Universal Health Coverage**

7/3/17

*What's In, What's Out: Designing Benefits for Universal Health Coverage* argues that the creation of an explicit health benefits plan—a defined list of services that are and are not available—is an essential element in creating a sustainable system of universal health coverage. With contributions from leading health economists and policy experts, the book considers the many dimensions of governance, institutions, methods, political economy, and ethics that are

needed to decide what's in and what's out in a way that is fair, evidence-based, and sustainable over time.

**Council on Foreign Relations**

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

Accessed 8 July 2017

[No new relevant content]

**CSIS**

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

Accessed 8 July 2017

[No new relevant content]

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