



Vaccines and Global Health: The Week in Review
23 September 2017
Center for Vaccine Ethics & Policy (CVEP)

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

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

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

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Milestones :: Perspectives

Region of the Americas eliminates maternal and neonatal tetanus

Joint press release

WASHINGTON/NEW YORK, 21 September 2017 – The Region of the Americas has eliminated maternal and neonatal tetanus (MNT), a disease that used to be responsible for the deaths of more than 10,000 newborns every year in the Americas.

The elimination of the disease was declared this year in Haiti, which made it possible to reach the regional goal. MNT is the sixth vaccine-preventable disease to be eliminated from the Americas, following the regional eradication of smallpox in 1971, poliomyelitis in 1994, rubella and congenital rubella syndrome in 2015, and measles in 2016.

“The elimination of maternal and neonatal tetanus is proof again that vaccines work to save the lives of countless mothers and babies,” said Carissa F. Etienne, director of the Pan American Health Organization/World Health Organization (PAHO/WHO). “Let us continue to protect the people of our Region by investing in strong national immunization programs that are capable of vaccinating all individuals and quickly identifying vaccine-preventable diseases.”

Unlike other vaccine-preventable diseases, MNT is considered eliminated when there is an annual rate of less than one case of neonatal tetanus per 1,000 live births at the district level. Tetanus cannot be fully eradicated because the bacterium that causes the disease, *Clostridium tetani*, exists throughout the environment in soil and the feces of many different animals.

Before widespread modern vaccination against MNT began in the 1970s, neonatal tetanus was responsible for the deaths of more than 10,000 newborns every year in the Americas – a number considered low by experts due to severe underreporting of cases. According to data from WHO, neonatal tetanus killed about 34,000 newborn children in 2015, a 96% reduction from 1988, when an estimated 787,000 newborn babies died of tetanus within their first month of life...

Recent progress in global elimination has led to 43 countries, including Haiti, eliminating MNT between 2000 and June 2017. There are 16 countries worldwide that have yet to eliminate the disease...

Most countries of the Region were able to eliminate MNT by the early 2000s. Starting in 2003, special efforts were made in Haiti to achieve MNT elimination. The country vaccinated all women of reproductive age against tetanus, regardless of whether they were previously vaccinated. Pregnant women were also vaccinated against the disease as part of the routine schedule. Furthermore, neonatal tetanus surveillance was incorporated with surveillance for other vaccine-preventable diseases like measles, rubella, polio, diphtheria, and pertussis. Additionally, the country focused on increasing the number of clean births and deliveries and practicing proper umbilical care.

Following field visits in Haiti in June 2016, experts determined that MNT elimination could be possible in the country. To confirm, a survey was carried out in the South Department, which was considered to have the highest risk of MNT, to determine how many neonatal deaths were

due to tetanus in a one-year period. As no neonatal death due to tetanus was found during the survey, MNT was considered eliminated...

PAHO is encouraging all countries in the Region to strengthen their efforts to maintain coverage of maternal immunization against tetanus at the recommended 95%, as several have fallen short of this goal during recent years.

"Because tetanus can never be eradicated, a single case of newborn tetanus in the Americas could still happen," said Cuauhtemoc Ruiz, head of PAHO's Comprehensive Family Immunization Program. "In this case, countries should carry out a thorough evaluation to determine how the case could have been averted in order to prevent new cases."

Key partners involved in the effort to eliminate MNT at the Regional level include the ministries of health of PAHO/WHO's Member States, the CDC, and the Brazilian government. In Haiti, UNICEF collaborated with the Government of Canada, UNFPA, WHO, UNICEF National Committees, and the private sector for MNT elimination efforts.

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[The world is running out of antibiotics, WHO report confirms](#)

WHO News release

Report: Antibacterial agents in clinical development – an analysis of the antibacterial clinical development pipeline, including tuberculosis

Report: Prioritization of pathogens to guide discovery, research and development of new antibiotics for drug-resistant bacterial infections, including tuberculosis

20 September 2017 | Geneva - A new report launched today by WHO shows a serious lack of new antibiotics under development to combat the growing threat of antimicrobial resistance. Most of the drugs currently in the clinical pipeline are modifications of existing classes of antibiotics and are only short-term solutions. The report found very few potential treatment options for those antibiotic-resistant infections identified by WHO as posing the greatest threat to health, including drug-resistant tuberculosis which kills around 250 000 people each year.

"Antimicrobial resistance is a global health emergency that will seriously jeopardize progress in modern medicine," says Dr Tedros Adhanom Ghebreyesus, Director-General of WHO. "There is an urgent need for more investment in research and development for antibiotic-resistant infections including TB, otherwise we will be forced back to a time when people feared common infections and risked their lives from minor surgery."

In addition to multidrug-resistant tuberculosis, WHO has identified 12 classes of priority pathogens – some of them causing common infections such as pneumonia or urinary tract infections – that are increasingly resistant to existing antibiotics and urgently in need of new treatments.

The report identifies 51 new antibiotics and biologicals in clinical development to treat priority antibiotic-resistant pathogens, as well as tuberculosis and the sometimes deadly diarrhoeal infection *Clostridium difficile*.

Among all these candidate medicines, however, only 8 are classed by WHO as innovative treatments that will add value to the current antibiotic treatment arsenal.

There is a serious lack of treatment options for multidrug- and extensively drug-resistant *M. tuberculosis* and gram-negative pathogens, including *Acinetobacter* and *Enterobacteriaceae* (such as *Klebsiella* and *E.coli*) which can cause severe and often deadly infections that pose a particular threat in hospitals and nursing homes.

There are also very few oral antibiotics in the pipeline, yet these are essential formulations for treating infections outside hospitals or in resource-limited settings.

"Pharmaceutical companies and researchers must urgently focus on new antibiotics against certain types of extremely serious infections that can kill patients in a matter of days because we have no line of defence," says Dr Suzanne Hill, Director of the Department of Essential Medicines at WHO.

To counter this threat, WHO and the Drugs for Neglected Diseases Initiative (DNDi) set up the Global Antibiotic Research and Development Partnership (known as GARDP). On 4 September 2017, Germany, Luxembourg, the Netherlands, South Africa, Switzerland and the United Kingdom of Great Britain and Northern Ireland and the Wellcome Trust pledged more than €56 million for this work.

"Research for tuberculosis is seriously underfunded, with only two new antibiotics for treatment of drug-resistant tuberculosis having reached the market in over 70 years," says Dr Mario Raviglione, Director of the WHO Global Tuberculosis Programme. "If we are to end tuberculosis, more than US\$ 800 million per year is urgently needed to fund research for new antituberculosis medicines".

New treatments alone, however, will not be sufficient to combat the threat of antimicrobial resistance. WHO works with countries and partners to improve infection prevention and control and to foster appropriate use of existing and future antibiotics. WHO is also developing guidance for the responsible use of antibiotics in the human, animal and agricultural sectors.

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Cholera

Editor's Note:

We continue to monitor chorea outbreaks, with a special focus on the widely varying role OCV in playing in responses. Indeed, the Yemen outbreak response and the variable narratives on OCV from WHO have, in our view, become suspect [see second item below].

Equally puzzling are parallel announcements by Gavi and MSF [further below] regarding the outbreak response in Nigeria: Gavi speaks of almost nothing but the OCV campaign launch, while MSF's announcement does not mention OCV at all.

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Yemen Humanitarian Bulletin Issue 27 | 20 September 2017

HIGHLIGHTS

... Nearly 700,000 suspected cholera cases and over 2,000 associated deaths have been reported since 27 April...

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WHO urges Yemen to accept vaccines as cholera crisis deepens

18 September 2017 - 17H40

GENEVA (AFP) - The World Health Organization on Monday urged Yemen to approve cholera vaccinations it has offered to help contain an epidemic that could affect nearly a million people by year's end.

Yemen, where a multinational conflict has caused a humanitarian crisis, had asked the UN health agency earlier this year for doses of the vaccine, said Dominique Legros, the agency's cholera specialist.

The WHO sent a million doses in June only to see the Yemeni government change its mind, leading the United Nations to reassign the vaccines to Somalia and Sudan, Legros told reporters in Geneva.

Asked about Yemen's reversal, Legros said only that discussions with countries about vaccinations could be "complicated", noting the lack of familiarity with them in affected communities, especially in the case of newer vaccines like the one for cholera.

"We are still in negotiation with the government in Yemen to make sure we can also use (vaccines) to help control" the outbreak, he said.

Last week, the International Committee of the Red Cross (ICRC) said the rampant cholera crisis in Yemen had reached "colossal proportions", warning that it could affect 850,000 people by the end of the year.

More than 2,000 people have perished from the disease, according to the WHO.

The epidemic has put further strain on a ravaged health system in Yemen, where less than half of healthcare facilities are functioning as the conflict drags on.

Since March 2015, a Saudi-led coalition has been waging a war on behalf of the internationally recognised government against Iran-backed Huthi rebels.

More than 8,000 people have been killed, including at least 1,500 children, and millions displaced in the conflict which has pushed the impoverished country to the brink of famine.

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MSF/Médecins Sans Frontières [to 23 September 2017]

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

Press release

Nigeria: MSF Scales Up Activities as Cholera Outbreak Continues to Spread Across Borno State

September 18, 2017

As new cases of cholera emerge in Monguno, Dikwa, and Maiduguri, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) continues to scale up its response in Borno state, including recently opening an additional cholera treatment unit (CTU) near Muna Garage camp.

...MSF is closely coordinating its efforts with the Borno Ministry of Health, the World Health Organisation (WHO) and other humanitarian organizations in the prevention and treatment of cholera, including providing training for their health workers....

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Gavi [to 23 September 2017]

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

18 September 2017

Cholera vaccination campaign begins in north-eastern Nigeria

Mass vaccination effort will target over 915,000 people to contain cholera outbreak in Borno state.

Maiduguri, 18 September 2017 – A major vaccination campaign to halt the spread of cholera starts in Nigeria's Borno state today.

Gavi, the Vaccine Alliance, WHO and partners delivered 915,005 doses of Oral Cholera Vaccine to the country last week.

The Government of Nigeria, supported by WHO and partners, plan to vaccinate everyone over the age of one - more than 915 000 people - over the next few days. The campaign will take place in Muna internally displaced persons (IDPs) camp in Maiduguri as well as Jere, Monguno and Dikwa local government areas (LGAs).

"The Federal Government of Nigeria through the Nigeria Centre for Disease Control (NCDC) and the National Primary Health Care Development Agency (NPHCDA) in collaboration with the WHO, UNICEF and other partners are all supporting the Borno State Ministry of Health in leaving no stone unturned to ensure that the current cholera outbreak in some parts of Borno state is contained shortly," said NCDC Chief Executive Officer Dr. Chikwe Ihekweazu. "The Government at all levels is working closely with partners to improve the sanitation situation, conducting hygiene promotion and disinfection of the affected areas including Muna, Custom house, Monguno and Farm centre IDPs camp, Dikwa, Konduga, Jere LGAs and Maiduguri Municipal Council."

Following heavy rainfall and lack of access to safe water, more than 2600 suspected cholera cases have been reported, as of 16 September, in Borno state with more than 40 deaths since the first case was confirmed in mid-August. The majority of cases have been detected in the Muna IDP camp on the outskirts of Borno state's capital Maiduguri, which houses 20,000 people who have fled the Boko Haram conflict. The number of suspected cholera cases has also increased dramatically in Dikwa and Monguno areas in the past few weeks.

The decision to send cholera vaccines from the global stockpile was taken on 7 September by the International Coordinating Group (ICG) for Vaccine Provision.

"Thousands of people in these camps have already left their homes to flee violence and terror. They now find themselves at risk of cholera," said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance. "These lifesaving vaccines will play a vital role in slowing the spread of the disease, buying valuable time to put the right water, sanitation and hygiene infrastructure in place to stop the root causes of this outbreak," he added.

"WHO and partners are already making a difference by alerting people of the risks of cholera, supporting the early detection of cases, treating cases and taking other steps to end the outbreak," said Dr Wondi Alemu, WHO Representative in Nigeria. "We are focusing on delivering a single dose to vaccinate as many people as quickly as possible. As we proceed with this vaccination campaign, we hope to contain this outbreak, and support the collective commitment by partners from the health sector and other sectors to help people in Borno state. Then we can move forward with addressing the myriad of other pressing health needs in Borno."

Gavi, WHO and partners are working with the NCDC and Borno State Ministry of Health to make the vaccine available free-of-cost to affected populations, while supporting ongoing cholera prevention and preparedness.

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

[Polio this week as of 20 September 2017](#) [GPEI]

:: Summary of newly-reported viruses this week: Pakistan: one new wild poliovirus type 1 (WPV1) positive environmental sample; Syria: one new circulating vaccine-derived poliovirus type 2 (cVDPV2) case; and, Democratic Republic of Congo: one new cVDPV2 case.

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[Situation reports on the polio outbreak in Syria](#) [WHO]

Situation update 19 September 2017

:: One new case of cVDPV2 confirmed this week, from Mayadeen district, Deir Ez-Zor governorate. The case, a 9-month-old boy with no polio vaccination history, had onset of paralysis 19 June 2017.

:: The total number of cVDPV2 cases is 40. All confirmed cases to date have had onset of paralysis before 14 July 2017.

:: Preparations for the second Raqqa round continue.

:: Micro-plans are being updated for each of Raqqa's districts. Pre-round C4D activities have started.

:: IPV vaccination for children missed in the second Deir Ez-Zor round continues through health facilities.

:: An IPV campaign targeting children aged between 2 and 23 months in Aleppo, Idlib and Hama is being planned to boost population immunity.

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WHO Grade 3 Emergencies [to 23 September 2017]

Nigeria

:: Cholera vaccination campaign begins in north-eastern Nigeria 18 September 2017
[See Cholera below for more detail]

The Syrian Arab Republic

:: Situation reports on the polio outbreak in Syria 19 September 2017

:: WHO responds to critical health needs of displaced populations in Al-Tabqa city, Ar-Raqqa Governorate 18 September 2017

Yemen

:: [Cholera] Daily epidemiology bulletin, 19 September 2017

South Sudan

:: WHO and partners respond to flood crises in the former Northern Bahr el Ghazal and Upper Nile States of South Sudan 18 September 201

Iraq - *No new announcements identified.*

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WHO Grade 2 Emergencies [to 23 September 2017]

Cameroon - *No new announcements identified*

Central African Republic - *No new announcements identified.*

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

Ethiopia - *No new announcements identified.*

Libya - *No new announcements identified.*

Myanmar - *No new announcements identified*

Niger - *No new announcements identified.*

Ukraine - *No new announcements identified.*

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UN OCHA – L3 Emergencies

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

Syrian Arab Republic

:: 22 Sep 2017 1.2 million children affected by Syrian crisis are benefiting from education through Education Above All Foundation and partners

:: Under-Secretary-General and Emergency Relief Coordinator Mr. Mark Lowcock: Remarks at High-level Meeting on Syria in Margins of the General Assembly Report UN Headquarters, New York, New York, September 21, 2017

Iraq

:: OCHA Iraq | Hawiga Flash Update #1: Hawiga Humanitarian Response, 21 September 2017

:: Iraq: Returnees face new, unimaginable hardships 22 Sep 2017 Report from UN Office for the Coordination of Humanitarian Affairs

Yemen

:: Yemen Humanitarian Bulletin Issue 27 | 20 September 2017

HIGHLIGHTS

... Nearly 700,000 suspected cholera cases and over 2,000 associated deaths have been reported since 27 April.

...1.7 million people in acute need live in districts with highest access constraints.

..78 per cent of households are economically worse off than they were two years ago.

..8,530 people have been killed since March 2015, and 48,848 injured. More than 1,500 schools are damaged or destroyed.

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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.

Nigeria

:: US\$ 9.9 million urgently needed to respond to cholera outbreak in North-East Nigeria
18 September, 2017

The United Nations and its partners are urgently appealing for \$9.9 million to respond to the current cholera outbreak in Borno State, north-east Nigeria, and prevent further outbreaks in high-risk areas. A Cholera Response and Prevention plan has been developed to address the immediate needs of 3.7 million people that could be affected by the outbreak...

Somalia - *No new announcements identified*

Ethiopia - *No new announcements identified*

DRC - *No new announcements identified*

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Bangladesh Restricts Rohingya Refugees, Starts Immunization

New York Times/AP | 17 September 2017

COX'S BAZAR, Bangladesh — Bangladeshi authorities are taking steps to restrict the movement of Muslim Rohingya refugees living in crowded border camps after fleeing violence in Myanmar, whose military chief maintains that the chaos was the work of extremists seeking a stronghold in the country.

Bangladesh has been overwhelmed with more than 400,000 Rohingya who fled their homes in the last three weeks amid a crisis the U.N. describes as ethnic cleansing..

...With the U.N. saying there are some 240,000 children among the refugees living in dire conditions, Bangladeshi authorities have kicked off a massive immunization drive. Abdus Salam, the top government administrator in the Cox's Bazar district hospital, said that some 150,000 children would be immunized over seven days for measles, rubella and polio.

"There are a lot of weak and malnourished children among the new arrivals," UNICEF's representative in Bangladesh, Edouard Beigbeder, said in an email. "If proper preventive measures are not taken, highly infectious diseases, especially measles, could even cause an outbreak..."

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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 23 September 2017]

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

- No new announcements identified.

MERS-CoV [to 23 September 2017]

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

DONS

Middle East respiratory syndrome coronavirus (MERS-CoV) – United Arab Emirates

21 September 2017 [One additional case]

Yellow Fever [to 23 September 2017]

<http://www.who.int/csr/disease/yellowfev/en/>

- No new announcements identified.

Zika virus [to 23 September 2017]

<http://www.who.int/csr/disease/zika/en/>

- No new announcements identified.

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WHO & Regional Offices [to 23 September 2017]

Promoting migrant health – striving for peace and decent life for all

22 September 2017 – WHO Director-General Dr Tedros' remarks at the UN General Assembly on migrant health

Highlights

Leaders at United Nations General Assembly step up end malaria for good

September 2017 – Country leaders and senior officials from across Africa, Europe, Asia Pacific and the Americas announced new political and financial commitments to accelerate the global fight towards eliminating malaria – a disease that claims the life of a child every two minutes and puts half the world at risk.

WHO condemns attacks on hospitals and health workers in Syria

September 2017 – Multiple reported attacks on health facilities and personnel today in Syria have killed and injured health workers and disrupted health services for thousands of people.

Cambodia and the Lao People's Democratic Republic wipe out trachoma

September 2017 – Trachoma is the leading infectious cause of blindness worldwide. WHO congratulated the Kingdom of Cambodia and the Lao People's Democratic Republic on eliminating trachoma as a public health problem.

WHO provides critical support to step-up health services delivery in Cox's Bazar, Bangladesh

September 2017 – Since 25 August more than 400 000 people are estimated to have crossed from Myanmar to Bangladesh following violence in Rakhine state, Myanmar. WHO is providing governments of Bangladesh and Myanmar essential drugs and medical supplies, cholera kits, and emergency medical kits.

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Weekly Epidemiological Record, 22 September 2017, vol. 92, 38 (pp. 557–572)

:: Global leishmaniasis update, 2006–2015: a turning point in leishmaniasis surveillance
:: Control of visceral leishmaniasis in Somalia: achievements in a challenging scenario, 2013–2015

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: WHO with funding from the Government of Canada inaugurates newly constructed maternity complexes in Awiel and Kuajok 21 September 2017

:: Mitigating health risks in the wake of disaster 21 September 2017

Borno applauds WHO's response to cholera outbreak. 20 September 2017

:: Polio eradication: Experts say Nigeria not 'out of the woods yet'. 20 September 2017

:: One year after Nigeria emergency declaration. 19 September 2017

:: WHO and partners respond to flood crises in the former Northern Bahr el Ghazal and Upper Nile States of South Sudan 19 September 2017

:: Cholera vaccination campaign begins in north-eastern Nigeria 18 September 2017

WHO supports capacity building for enforcement of and compliance with tobacco control regulations in Zanzibar 18 September 2017

: WHO convenes experts to enhance capacity for schistosomiasis control across the sub-Saharan Region 18 September 2017

WHO Region of the Americas PAHO

:: Region of the Americas eliminates maternal and neonatal tetanus (09/21/2017)

:: WHO launches new NCDs Progress Monitor (09/18/2017)

WHO South-East Asia Region SEARO

No new announcements identified.

WHO European Region EURO

:: WHO receives British Medical Association (BMA) Medical Book Awards 21-09-2017

:: Prevention and control of NCDs: a business case in Kyrgyzstan 21-09-2017

:: RC67 concludes: "Our message is reaching further and higher" 18-09-2017

:: Chikungunya outbreak confirmed in Italy 18-09-2017

WHO Eastern Mediterranean Region EMRO

:: Regional launch of the third Patient Safety Challenge: Medication without harm

21 September 2017 – The regional launch of the third Patient Safety Challenge: "Medication without harm", was held in Muscat, Oman, from 17 to 18 September 2017. The focus of the challenge is on strengthening health systems to reduce medication errors with the goal of reducing the level of severe, avoidable harm related to medications by 50% over 5 years.

WHO Western Pacific Region

:: Cambodia and the Lao People's Democratic Republic wipe out trachoma—leading infectious cause of blindness

MANILA | 19 September 2017 – The World Health Organization (WHO) today congratulated the Kingdom of Cambodia and the Lao People's Democratic Republic on eliminating trachoma as a public health problem. Trachoma is an eye disease caused by infection with Chlamydia trachomatis bacteria. It is the leading infectious cause of blindness worldwide.

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CDC/ACIP [to 23 September 2017]

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

Press Release

Sustaining Global Health Security is Critical to Protecting America's National Security - Digital Press Kit Thursday, September 21, 2017

MMWR News Synopsis for September 21, 2017

:: HIV Care Outcomes Among Men Who Have Sex With Men With Diagnosed HIV Infection -- United States, 2015

:: Trends in Cervical Cancer Screening in Title X Funded Health Centers -- United States, 2005-2015

: Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2016: Revised Recommendations for the Use of Hormonal Contraception Among Women at High Risk for HIV Infection

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Announcements

AERAS [to 23 September 2017]
<http://www.aeras.org/pressreleases>
No new digest content identified.

BMGF - Gates Foundation [to 23 September 2017]
<http://www.gatesfoundation.org/Media-Center/Press-Releases>
SEPTEMBER 20, 2017
[Bill and Melinda Gates Host Inaugural 'Goalkeepers' Event to Engage a New Generation of Leaders in the Fight Against Poverty and Disease](#)
Prime Minister Trudeau and President Obama join other leaders from business, technology, media and entertainment to help speed progress toward the 'Global Goals'

CEPI – Coalition for Epidemic Preparedness Innovations [to 23 September 2017]
<http://cepi.net/>
No new digest content identified.

EDCTP [to 23 September 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
20 September 2017
[Nigeria becomes 29th member of EDCTP](#)
EDCTP is pleased to welcome Nigeria as its 29th member country. As a member of the EDCTP Association, it will...

European Medicines Agency [to 23 September 2017]
<http://www.ema.europa.eu/ema/>
No new digest content identified.

European Vaccine Initiative [to 23 September 2017]
<http://www.euvaccine.eu/news-events>
No new digest content identified.

FDA [to 23 September 2017]
<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm>
No new digest content identified.

Fondation Merieux [to 23 September 2017]

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

No new digest content identified.

Gavi [to 23 September 2017]

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

18 September 2017

[Cholera vaccination campaign begins in north-eastern Nigeria](#)

Mass vaccination effort will target over 915,000 people to contain cholera outbreak in Borno state.

[See Cholera above for more detail]

GHIT Fund [to 23 September 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 •

2017.09.19

[Event Report: World Leaders for Universal Health Coverage \(UHC\): A High-Level Discussion at the United Nations on Achieving the SDGs Through Health for All](#)

On September 18, leaders from the GHIT Fund attended, an event convened on the sidelines of the 72nd United Nations General Assembly in New York City. Dr. Kiyoshi Kurokawa, Chair of the GHIT Fund, served as a featured speaker.

Global Fund [to 23 September 2017]

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

No new digest content identified.

Hilleman Laboratories [to 23 September 2017]

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

No new digest content identified.

Human Vaccines Project [to 23 September 2017]

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

No new digest content identified.

IAVI [to 23 September 2017]

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

No new digest content identified.

IVAC [to 23 September 2017]

<http://www.jhsph.edu/research/centers-and-institutes/ivac/index.html>

No new digest content identified.

IVI [to 23 September 2017]

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

No new digest content identified.

MSF/Médecins Sans Frontières [to 23 September 2017]

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

Press release

[Nigeria: MSF Scales Up Activities as Cholera Outbreak Continues to Spread Across Borno State](#)

September 18, 2017

As new cases of cholera emerge in Monguno, Dikwa, and Maiduguri, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) continues to scale up its response in Borno state, including recently opening an additional cholera treatment unit (CTU) near Muna Garage camp.

NIH [to 23 September 2017]

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

September 20, 2017

[Immune cells may heal bleeding brain after strokes](#)

NIH-funded preclinical rodent study points to neutrophils for potential treatment options.

September 20, 2017

[Three-in-one antibody protects monkeys from HIV-like virus](#)

NIH and Sanofi scientists prepare to test antibody in people.

PATH [to 23 September 2017]

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

Press release | September 17, 2017

[New global coalition will boost access to medicines and products for chronic diseases](#)

The coalition, led by PATH, brings together multisectoral partners to reduce the toll of noncommunicable diseases, including diabetes, hypertension, and cardiovascular disease.

New York, September 18, 2017—A multisectoral partnership today launched a first-of-its-kind global coalition dedicated to increasing access to essential medicines and health products to prevent and treat noncommunicable diseases (NCDs) and conditions, including diabetes, hypertension, and cardiovascular disease.

The new Coalition for Access to NCD Medicines & Products brings together governments, the private sector, philanthropic and academic institutions, and nongovernmental organizations to tackle barriers countries face in procuring, supplying, and distributing essential medicines and technologies and ensuring they are used effectively. PATH will serve as the coalition secretariat.

The coalition will partner with countries to help them achieve the World Health Organization target of 80 percent availability of affordable technologies and essential medicines, including generics, required to treat NCDs in both public and private facilities.

The launch event, alongside the United Nations General Assembly in New York, features an interactive panel of global health leaders and influencers from across sectors sharing their perspectives on the opportunities ahead to reduce the toll of NCDs....

Sabin Vaccine Institute [to 23 September 2017]

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

No new digest content identified.

UNAIDS [to 23 September 2017]

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

Press release

New high-quality antiretroviral therapy to be launched in South Africa, Kenya and over 90 low- and middle-income countries at reduced price

[Undated] New York – A breakthrough pricing agreement has been announced which will accelerate the availability of the first affordable, generic, single-pill HIV treatment regimen containing dolutegravir (DTG) to public sector purchasers in low- and middle-income countries (LMICs) at around US\$75 per person, per year. The agreement is expected to accelerate treatment rollout as part of global efforts to reach all 36.7 million people living with HIV with high-quality antiretroviral therapy. UNAIDS estimates that in 2016, just over half (19.5 million) of all people living with HIV had access to the lifesaving medicines.

DTG, a best-in-class integrase inhibitor, is widely used in high-income countries and is recommended by the World Health Organization (WHO) as an alternative first-line HIV regimen, as well as a preferred treatment by the U.S. Department of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents, among many others. In addition to improving treatment quality and retention, widespread use of DTG is expected to lower the cost of first-line HIV treatment regimens while also reducing the need for more expensive second- and third-line regimens. In July 2017, WHO issued guidance to countries on how to safely and rapidly transition to DTG-based antiretroviral treatment.

This agreement, announced by the governments of South Africa and Kenya, together with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Clinton Health Access Initiative (CHAI), the Bill & Melinda Gates Foundation (BMGF), Unitaaid, the United Kingdom's Department for International Development (DFID), the United States President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. Agency for International Development (USAID), and the Global Fund to Fight AIDS, Tuberculosis and Malaria, with Mylan Laboratories Limited and Aurobindo Pharma, takes an important step toward ensuring the availability of worldwide high-quality treatment for HIV.

"This agreement will improve the quality of life for millions of people living with HIV," said UNAIDS Executive Director Michel Sidibé. "To achieve the 90-90-90 treatment targets, newer, affordable and effective treatment options must be made available—from Baltimore to Bamako—without any delay."...

Press release

UNAIDS calls to quicken the pace of action to end AIDS

World leaders come together to renew the urgency around ending AIDS as part of the Sustainable Development Goals

GENEVA/NEW YORK, 21 September 2017—The President of Uganda, Yoweri Museveni, in collaboration with UNAIDS, brought together six heads of state or government to accelerate action and get countries on the Fast-Track to end AIDS. World leaders joined around 500 partners from government, the private sector and civil society on the sidelines of the United Nations General Assembly to reinvigorate political leadership around HIV.

The Fast-Track approach is saving more and more lives. In 2016, 19.5 million people—more than half the 36.7 million people living with HIV—were accessing life-saving treatment. The number of people who died from AIDS-related illnesses has been reduced by nearly half since 2005, and the global number of new HIV infections has been reduced by 11% since 2010. However, the pace of action is still not enough to end the AIDS epidemic as a public health threat by 2030...

<https://www.unicef.org/media/>

23 September 2017

[Education at risk for thousands of children after successive earthquakes in Mexico – UNICEF](#)

MEXICO CITY/NEW YORK, 23 September 2017 – Nearly 5,100 schools have been damaged or destroyed in Mexico following two powerful earthquakes that struck less than two weeks apart, threatening access to education for thousands of children – UNICEF said today.

[Region of the Americas eliminates maternal and neonatal tetanus](#)

WASHINGTON/NEW YORK, 21 September 2017 – The Region of the Americas has eliminated maternal and neonatal tetanus (MNT), a disease that used to be responsible for the deaths of more than 10,000 newborns every year in the Americas.

[See Milestones above for more detail]

[Only 15 countries worldwide have three essential national policies that support families with young children – UNICEF](#)

NEW YORK, 21 September 2017 – Only 15 countries worldwide have three basic national policies that help guarantee the time and resources parents need to support their young children's healthy brain development, UNICEF said today in a new report. Worse, 32 countries – home to one in eight of the world's children under five – have none of these policies in place.

The Vaccine Confidence Project [to 23 September 2017]

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

Confidence Commentary:

[Harnessing innovation in public health](#)

17 Sep 2017

The second Raffles Dialogue, hosted last week by the National University of Singapore schools of medicine, public health and public policy along with the National University Health System (NUHS), focused on "The Critical Role of Innovation" in the context of the broader theme of "Human Well-being and Security in 2030".

It was attended by more than 100 global health experts and international participants.

In his opening address looking forward to 2030, Professor John Wong, chief executive of NUHS, urged the audience to consider Charles Darwin's theory of natural selection, published in the mid-1800s, which emphasised that neither intelligence nor physical strength was the critical factor for survival.

Instead, the key to survival is the ability to adapt to change. More than 200 years later, this need to adapt is more pressing than ever...

The dialogue explored innovations in health, information and big data, financing and global governance. In the face of fast-paced change, how will all this innovation weave together? How can societies ensure that the innovations are harnessed for positive disruptions, and not negative ones? How can these innovations help to advance equity, rather than drive inequities, with some benefiting more than others?

Wellcome Trust [to 23 September 2017]

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

News / Published: 21 September 2017

[Superbug's spread to Vietnam threatens malaria control](#)

A highly drug-resistant strain of malaria has spread from western Cambodia to southern Vietnam.

Wellcome researchers warn that the spread of artemisinin drug-resistant *Plasmodium falciparum* C580Y is leading to alarming failure rates for Vietnam's first-line malaria treatment – dihydroartemisinin (DHA)-piperaquine.

In a letter published in [The Lancet Infectious Diseases \(opens in a new tab\)](#), the scientists say the spread of the malaria superbug across the entire Mekong Sub-region, from western Cambodia to north-eastern Thailand, southern Laos and now into southern Vietnam, poses an urgent threat to malaria control...

News / Published: 20 September 2017

[Genome editing sheds light on human embryo development](#)

Researchers have used genome editing technology to reveal the role of a key gene in human embryos in the first few days of development.

It's the first time that editing of the genome – the complete set of genes in a cell or organism – has been used to study gene function in human embryos.

The research could help scientists to better understand the biology of our early development...

Opinion / Published: 20 September 2017

[Director's update: sustaining a historically high spending level for Wellcome](#)

In the next year, Wellcome will support more science, research and public engagement than ever before, spending over £1 billion on the people, places and projects that advance our mission of improving health by helping great ideas to thrive...

.....

BIO [to 23 September 2017]

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

No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 23 September 2017]

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

25 September 2017 to 28 September 2017

[DCVMN Annual General Meeting](#)

Seoul / Korea

[Download the Agenda](#)

IFPMA [to 23 September 2017]

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

No new digest content identified.

PhRMA [to 23 September 2017]

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

No new digest content identified.

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

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

No new digest content identified.

* * * *

Journal Watch

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

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

American Journal of Infection Control

September 01, 2017 Volume 45, Issue 9, p939-1056, e91-e102

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

[Reviewed earlier]

American Journal of Preventive Medicine

September 2017 Volume 53, Issue 3, p275-404, e79-e122

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

[Reviewed earlier]

American Journal of Public Health

September 2017 107(9)

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

Volume 97, Issue 3, 2017

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

[Reviewed earlier]

Annals of Internal Medicine

19 September 2017 Vol: 167, Issue 6

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

[New issue; No digest content identified]

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 23 September 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 23 September 2017)

Research article

Progress and outcomes of health systems reform in the United Arab Emirates: a systematic review

The United Arab Emirates (UAE) government aspires to build a world class health system to improve the quality of healthcare and the health outcomes for its population. To achieve this it has implemented extens...

Erik Koornneef, Paul Robben and Iain Blair

BMC Health Services Research 2017 17:672

Published on: 20 September 2017

BMC Infectious Diseases

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

(Accessed 23 September 2017)

Research Article

Variation in loss of immunity shapes influenza epidemics and the impact of vaccination

Protective antibody immunity against the influenza A virus wanes in 2–7 years due to antigenic drift of the virus' surface proteins. The duration of immune protection is highly variable because antigenic evolu... The models illustrate that variation in the duration of immunity impacts the long-term effectiveness of vaccination, and that vaccine effectiveness cannot be judged for each year in isolation. Our findings have implications for vaccination strategies that aim to maximize the vaccination coverage while extending the age range of persons eligible for vaccination.

Rutger G. Woolthuis, Jacco Wallinga and Michiel van Boven

BMC Infectious Diseases 2017 17:632

Published on: 19 September 2017

BMC Medical Ethics

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

(Accessed 23 September 2017)

[No new digest content identified]

BMC Medicine

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

(Accessed 23 September 2017)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 23 September 2017)

[No new digest content identified]

BMC Public Health

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

(Accessed 23 September 2017)

Research article

Heterogeneity in coverage for measles and varicella vaccination in toddlers – analysis of factors influencing parental acceptance

In 2004, routine varicella vaccination was introduced in Germany for children aged 11–14 months. Routine measles vaccination had already been introduced in 1973 for the same age group, but coverage is still to... Vaccination rates differed between regions, with rates constantly higher in Würzburg. Within each region, vaccination rates were lower for varicella than for measles. Measles vaccination status was mainly dependent upon socio-demographic factors (attendance at a childcare unit, parental school education), whereas for the more recently introduced varicella vaccination recommendation by the physician had the strongest impact. Hence, different strategies are needed to further improve vaccination rates for both diseases.

Christine Hagemann, Andrea Streng, Alexander Kraemer and Johannes G. Liese

BMC Public Health 2017 17:724

Published on: 19 September 2017

BMC Research Notes

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

(Accessed 23 September 2017)

[No new digest content identified]

BMJ Open

September 2017 - Volume 7 - 9
<http://bmjopen.bmj.com/content/current>
[Reviewed earlier]

Bulletin of the World Health Organization

Volume 95, Number 9, September 2017, 609-664
<http://www.who.int/bulletin/volumes/95/9/en/>
[Reviewed earlier]

Child Care, Health and Development

September 2017 Volume 43, Issue 5 Pages 627–782
<http://onlinelibrary.wiley.com/doi/10.1111/cch.v43.5/issuetoc>
[Reviewed earlier]

Clinical and Experimental Vaccine Research

Volume 6(2); July 2017
<http://ecevr.org/>
[Reviewed earlier]

Clinical Therapeutics

August 2017 Volume 39, Issue 8, Supplement, e1-e110
[http://www.clinicaltherapeutics.com/issue/S0149-2918\(17\)X0008-8](http://www.clinicaltherapeutics.com/issue/S0149-2918(17)X0008-8)
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 23 September 2017]
Review

Non-communicable diseases in humanitarian settings: ten essential questions

S. Aebischer Perone, E. Martinez, S. du Mortier, R. Rossi, M. Pahud, V. Urbaniak, F. Chappuis, O. Hagon, F. Jacquéroz Bausch and D. Beran
Published on: 17 September 2017

Contemporary Clinical Trials

Volume 60, Pages 1-126 (September 2017)
<http://www.sciencedirect.com/science/journal/15517144/60?sdc=1>
[Reviewed earlier]

Current Opinion in Infectious Diseases

October 2017 - Volume 30 - Issue 5
<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>
[Reviewed earlier]

Developing World Bioethics

August 2017 Volume 17, Issue 2 Pages 61–140
<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2017.17.issue-2/issuetoc>
[Reviewed earlier]

Development in Practice

Volume 27, Issue 6
<http://www.tandfonline.com/toc/cdip20/current>
[Reviewed earlier]

Disasters

October 2017 Volume 41, Issue 4 Pages 629–851
<http://onlinelibrary.wiley.com/doi/10.1111/disa.2017.41.issue-4/issuetoc>
[Reviewed earlier]

EMBO Reports

01 September 2017; volume 18, issue 9
<http://embor.embopress.org/content/18/9?current-issue=y>
[Reviewed earlier]

Emerging Infectious Diseases

Volume 23, Number 9—September 2017
<http://wwwnc.cdc.gov/eid/>
[Reviewed earlier]

Epidemics

Volume 20, Pages 1-102 (September 2017)
<http://www.sciencedirect.com/science/journal/17554365>
[Reviewed earlier]

Epidemiology and Infection

Volume 145 - Issue 12 - September 2017

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

[Reviewed earlier]

The European Journal of Public Health

Volume 27, Issue 4, 1 August 2017

<https://academic.oup.com/eurpub/issue/27/4>

[Reviewed earlier]

Global Health Action

Volume 10, 2017 – Issue 1 [In Progress]

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

Capacity Building Article

Power, potential, and pitfalls in global health academic partnerships: review and reflections on an approach in Nepal

David Citrin, Stephen Mehanni, Bibhav Acharya, Lena Wong, Isha Nirola, Rekha Sherchan, Bikash Gauchan, Khem Bahadur Karki, Dipendra Raman Singh, Sriram Shamasunder, Phuoc Le, Dan Schwarz, Ryan Schwarz, Binod Dangal, Santosh Kumar Dhungana, Sheela Maru, Ramesh Mahar, Poshan Thapa, Anant Raut, Mukesh Adhikari, Indira Basnett, Shankar Prasad Kaluane, Grace Deukmedjian, Scott Halliday & Duncan Maru

Article: 1367161

Published online: 15 Sep 2017

Article

Mobile instant messaging for rural community health workers: a case from Malawi

Christoph Pimmer, Susan Mhango, Alfred Mzumara & Francis Mbvundula

Article: 1368236

Published online: 15 Sep 2017

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 11

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

[Reviewed earlier]

Globalization and Health

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

[Accessed 23 September 2017]

Research

[No digest content identified]

Health Affairs

September 2017; Volume 36, Issue 9

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

Issue Focus: Market Concentration

[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 4 - October 2017

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

SPECIAL ISSUE: Healthcare and Health Innovation in Europe: Regulating for public benefit or for commercial profit?

[Reviewed earlier]

Health Policy and Planning

Volume 32, Issue 7 September 2017

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 23 September 2017]

Research

Requirements of health policy and services journals for authors to disclose financial and non-financial conflicts of interest: a cross-sectional study

A majority of health policy and services journal policies required the disclosure of authors' financial and non-financial COIs, but few required details on disclosed COIs. Health policy journals should provide specific definitions and instructions for disclosing non-financial COIs. A framework providing clear typology and operational definitions of the different types of COIs will facilitate both their disclosure by authors and reviewers and their assessment and management by the editorial team and the readers.

Assem M. Khamis, Maram B. Hakoum, Lama Bou-Karroum, Joseph R. Habib, Ahmed Ali, Gordon Guyatt, Fadi El-Jardali and Elie A. Akl

Published on: 19 September 2017

Humanitarian Exchange Magazine

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

Number 69 June 2017

The humanitarian consequences of violence in Central America

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 13, Issue 8, 2017

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 23 September 2017]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 23 September 2017]

Study Protocol

[Effects of improved sanitation on diarrheal reduction for children under five in Idiofa, DR Congo: a cluster randomized trial](#)

Seungman Cha, JaeEun Lee, DongSik Seo, Byoung Mann Park, Paul Mansiangi, Kabore Bernard, Guy Jerome Nkay Mulakub-Yazho and Honore Minka Famasulu

Published on: 19 September 2017

International Health

Volume 9, Issue 5, 1 September 2017

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

[Reviewed earlier]

International Journal of Community Medicine and Public Health

Vol 4, No 9 (2017) September 2017

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

[Reviewed earlier]

International Journal of Epidemiology

Volume 46, Issue 4, 1 August 2017

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

[New issue; No digest content identified]

International Journal of Human Rights in Healthcare

Vol. 10 Issue: 3 2017

<http://www.emeraldinsight.com/toc/ijhrh/10/3>

Special Issue: Physical and mental health in children and young people: two sides of the same coin

Editor(s): Lee Hudson and Deborah Christie

[Reviewed earlier]

International Journal of Infectious Diseases

September 2017 Volume 62, p1-126

[http://www.ijidonline.com/issue/S1201-9712\(17\)X0008-8](http://www.ijidonline.com/issue/S1201-9712(17)X0008-8)

[Reviewed earlier]

JAMA

September 19, 2017, Vol 318, No. 11, Pages 979-1080

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

Viewpoint

[Drug Development at the Portfolio Level Is Important for Policy, Care Decisions and Human Protections](#)

Jonathan Kimmelman, PhD; Benjamin Carlisle, MA; Mithat Gönen, PhD

JAMA. 2017;318(11):1003-1004. doi:10.1001/jama.2017.11502

This Viewpoint discusses the drug development portfolio—a family of trials assessing a drug for different indications or in different combinations with other drugs—and summarizes some of the challenges drug portfolios pose for policy, care, and human protections.

JAMA Pediatrics

September 2017, Vol 171, No. 9, Pages 823-924

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

[Reviewed earlier]

JBI Database of Systematic Review and Implementation Reports

September 2017 - Volume 15 - Issue 9

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

[Reviewed earlier]

Journal of Community Health

Volume 42, Issue 5, October 2017

<https://link.springer.com/journal/10900/42/5/page/1>

[Reviewed earlier]

Journal of Epidemiology & Community Health

September 2017 - Volume 71 - 9
<http://jech.bmj.com/content/current>
[Reviewed earlier]

Journal of Evidence-Based Medicine

August 2017 Volume 10, Issue 3 Pages 153–240
<http://onlinelibrary.wiley.com/doi/10.1111/jebm.2017.10.issue-3/issuetoc>
[Reviewed earlier]

Journal of Global Ethics

Volume 13, Issue 1, 2016
<http://www.tandfonline.com/toc/rjge20/current>
[Reviewed earlier]

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

Volume 28, Number 3, August 2017
<https://muse.jhu.edu/issue/36769>
[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 19, Issue 5, October 2017
<https://link.springer.com/journal/10903/19/5/page/1>
[New issue; No digest content identified]

Journal of Immigrant & Refugee Studies

Volume 15, Issue 3, 2017
<http://www.tandfonline.com/toc/wimm20/current>
Statelessness, Irregularity, and Protection in Southeast Asia
Introduction to the Special Issue
[Reviewed earlier]

Journal of Infectious Diseases

Volume 216, Issue 6 15 September 2017
<https://academic.oup.com/jid/issue>
VIRUSES

[The Impact of Hepatitis B Vaccine Failure on Long-term Natural Course of Chronic Hepatitis B Virus Infection in Hepatitis B e Antigen–Seropositive Children](#)

Chi-San Tai; Jia-Feng Wu; Huey-Ling Chen; Yen-Hsuan Ni; Hong-Yuan Hsu ...

The Journal of Infectious Diseases, Volume 216, Issue 6, 15 September 2017, Pages 662–669,
<https://doi.org/10.1093/infdis/jix339>

Vaccine failure with chronic hepatitis B virus (HBV) infection still develops in children after universal hepatitis B immunization. Vaccine failure HBV-carrier children were associated with delayed hepatitis B e antigen seroconversion, and more HBV genotype C infection.

Journal of Medical Ethics

September 2017 - Volume 43 - 9

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

[Reviewed earlier]

Journal of Medical Internet Research

Vol 19, No 9 (2017): September

<http://www.jmir.org/2017/9>

[Reviewed earlier]

Journal of Medical Microbiology

Volume 66, Issue 9, September 2017

<http://jmm.microbiologyresearch.org/content/journal/jmm/66/9>

[Reviewed earlier]

Journal of Patient-Centered Research and Reviews

Volume 4, Issue 3 (2017)

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

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 6, Issue 3, 1 September 2017,

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

[Reviewed earlier]

Journal of Pediatrics

September 2017 Volume 188, p1-318

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

[New issue; No digest content identified]

Journal of Public Health Management & Practice

September/October 2017 - Volume 23 - Issue 5

<http://journals.lww.com/jphmp/pages/default.aspx>

[New issue; No digest content identified]

Journal of Public Health Policy

Volume 38, Issue 3, August 2017
<https://link.springer.com/journal/41271/38/3/page/1>
[Reviewed earlier]

Journal of the Royal Society – Interface

01 September 2017; volume 14, issue 134
<http://rsif.royalsocietypublishing.org/content/current>
[Reviewed earlier]

Journal of Travel Medicine

Volume 24, Issue 5, 1 September 2017
<https://academic.oup.com/jtm/issue/24/5>
[Reviewed earlier]

Journal of Virology

September 2017, volume 91, issue 18
<http://jvi.asm.org/content/current>
[Reviewed earlier]

The Lancet

Sep 23, 2017 Volume 390 Number 10101 p1465-1562
<http://www.thelancet.com/journals/lancet/issue/current>
Comment

[Is there a future for mRNAs as viral vaccines?](#)

Mary Warrell

Articles

[Safety and immunogenicity of a mRNA rabies vaccine in healthy adults: an open-label, non-randomised, prospective, first-in-human phase 1 clinical trial](#)

Martin Alberer, Ulrike Gnad-Vogt, Henoch Sangjoon Hong, Keyvan Tadjalli Mehr, Linus Backert, Greg Finak, Raphael Gottardo, Mihai Alexandru Bica, Aurelio Garofano, Sven Dominik Koch, Mariola Fotin-Mleczek, Ingmar Hoerr, Ralf Clemens, Frank von Sonnenburg

Summary

Background

Vaccines based on mRNA coding for antigens have been shown to be safe and immunogenic in preclinical models. We aimed to report results of the first-in-human proof-of-concept clinical trial in healthy adults of a prophylactic mRNA-based vaccine encoding rabies virus glycoprotein (CV7201).

Methods

We did an open-label, uncontrolled, prospective, phase 1 clinical trial at one centre in Munich, Germany. Healthy male and female volunteers (aged 18–40 years) with no history of rabies vaccination were sequentially enrolled. They received three doses of CV7201 intradermally or intramuscularly by needle-syringe or one of three needle-free devices. Escalating doses were

given to subsequent cohorts, and one cohort received a booster dose after 1 year. The primary endpoint was safety and tolerability. The secondary endpoint was to determine the lowest dose of CV7201 to elicit rabies virus neutralising titres equal to or greater than the WHO-specified protective antibody titre of 0·5 IU/mL. The study is continuing for long-term safety and immunogenicity follow-up. This trial is registered with [ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT02241135), number [NCT02241135](https://clinicaltrials.gov/ct2/show/study/NCT02241135).

Findings
Between Oct 21, 2013, and Jan 11, 2016, we enrolled and vaccinated 101 participants with 306 doses of mRNA (80–640 µg) by needle-syringe (18 intradermally and 24 intramuscularly) or needle-free devices (46 intradermally and 13 intramuscularly). In the 7 days post vaccination, 60 (94%) of 64 intradermally vaccinated participants and 36 (97%) of 37 intramuscularly vaccinated participants reported solicited injection site reactions, and 50 (78%) of 64 intradermally vaccinated participants and 29 (78%) of 37 intramuscularly vaccinated participants reported solicited systemic adverse events, including ten grade 3 events. One unexpected, possibly related, serious adverse reaction that occurred 7 days after a 640 µg intramuscular dose resolved without sequelae. mRNA vaccination by needle-free intradermal or intramuscular device injection induced virus neutralising antibody titres of 0·5 IU/mL or more across dose levels and schedules in 32 (71%) of 45 participants given 80 µg or 160 µg CV7201 doses intradermally and six (46%) of 13 participants given 200 µg or 400 µg CV7201 doses intramuscularly. 1 year later, eight (57%) of 14 participants boosted with an 80 µg needle-free intradermal dose of CV7201 achieved titres of 0·5 IU/mL or more. Conversely, intradermal or intramuscular needle-syringe injection was ineffective, with only one participant (who received 320 µg intradermally) showing a detectable immune response.

Interpretation

This first-ever demonstration in human beings shows that a prophylactic mRNA-based candidate vaccine can induce boostable functional antibodies against a viral antigen when administered with a needle-free device, although not when injected by a needle-syringe. The vaccine was generally safe with a reasonable tolerability profile.

Seminar

Cholera

John D Clemens, G Balakrish Nair, Tahmeed Ahmed, Firdausi Qadri, Jan Holmgren
1539

Summary

Cholera is an acute, watery diarrhoeal disease caused by *Vibrio cholerae* of the O1 or O139 serogroups. In the past two centuries, cholera has emerged and spread from the Ganges Delta six times and from Indonesia once to cause global pandemics. Rational approaches to the case management of cholera with oral and intravenous rehydration therapy have reduced the case fatality of cholera from more than 50% to much less than 1%. Despite improvements in water quality, sanitation, and hygiene, as well as in the clinical treatment of cholera, the disease is still estimated to cause about 100 000 deaths every year. Most deaths occur in cholera-endemic settings, and virtually all deaths occur in developing countries. Contemporary understanding of immune protection against cholera, which results from local intestinal immunity, has yielded safe and protective orally administered cholera vaccines that are now globally stockpiled for use in the control of both epidemic and endemic cholera.

Lancet Global Health

Sep 2017 Volume 5 Number 9 e838-e947

<http://www.thelancet.com/journals/langlo/issue/current>
[Reviewed earlier]

Lancet Infectious Diseases

Sep 2017 Volume 17 Number 9 p883-1002 e280-e305
<http://www.thelancet.com/journals/laninf/issue/current>
[Reviewed earlier]

Lancet Public Health

Sep 2017 Volume 2 Number 9 e387-e437
<http://thelancet.com/journals/lanpub/>
[Reviewed earlier]

Lancet Respiratory Medicine

Sep 2017 Volume 5 Number 9 p667-760 e29
<http://www.thelancet.com/journals/lanres/issue/current>
[Reviewed earlier]

Maternal and Child Health Journal

Volume 21, Issue 9, September 2017
<https://link.springer.com/journal/10995/21/8/page/1>
Special Issue on Long Acting Reversible Contraception (LARC) in the Global Context
[Reviewed earlier]

Medical Decision Making (MDM)

Volume 37, Issue 7, October 2017
<http://mdm.sagepub.com/content/current>
[New issue; No digest content identified]

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 549 Number 7672 pp307-424 21 September 2017
http://www.nature.com/nature/current_issue.html
[New issue; No digest content identified]

Nature Medicine

September 2017, Volume 23 No 9 pp1005-1111
<http://www.nature.com/nm/journal/v23/n8/index.html>
[Reviewed earlier]

Nature Reviews Immunology

September 2017 Vol 17 No 9
<http://www.nature.com/nri/journal/v17/n9/index.html>
[Reviewed earlier]

New England Journal of Medicine

September 21, 2017 Vol. 377 No. 12
<http://www.nejm.org/toc/nejm/medical-journal>
Perspective

Tuberculosis Elimination in the United States — The Need for Renewed Action

R. Bayer and K.G. Castro
Free Full Text

The Fate of FDA Postapproval Studies

S. Woloshin, L.M. Schwartz, B. White, and T.J. Moore

The Food and Drug Administration often requires postapproval studies to address issues such as optimal dosing, potential long-term side effects, and use in children or to confirm a drug's clinical benefit. But many of these studies aren't completed on time, if at all.

Pediatrics

September 2017, VOLUME 140 / ISSUE 3
<http://pediatrics.aappublications.org/content/140/3?current-issue=y>
[Reviewed earlier]

Pharmaceutics

Volume 9, Issue 3 (September 2017)
<http://www.mdpi.com/1999-4923/9/3>
[Reviewed earlier]

PharmacoEconomics

Volume 35, Issue 9, September 2017
<https://link.springer.com/journal/40273/35/9/page/1>
[Reviewed earlier]

PLOS Currents: Disasters

<http://currents.plos.org/disasters/>
[Accessed 23 September 2017]
[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 23 September 2017]

[No new digest content identified]

PLoS Medicine

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

(Accessed 23 September 2017)

[No new digest content identified]

PLoS Neglected Tropical Diseases

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

(Accessed 23 September 2017)

Research Article

[Updated estimation of the impact of a Japanese encephalitis immunization program with live, attenuated SA 14-14-2 vaccine in Nepal](#)

Shyam Raj Upreti, Nicole P. Lindsey, Rajendra Bohara, Ganga Ram Choudhary, Sushil Shakya, Mukunda Gautam, Jagat Narain Giri, Marc Fischer, Susan L. Hills

Research Article | published 21 Sep 2017 PLO

Author summary

In 2006, the Ministry of Health and Population in Nepal commenced a Japanese encephalitis (JE) immunization program using SA 14-14-2 JE vaccine, with mass campaigns conducted in selected districts, followed by introduction of JE vaccine into the routine childhood immunization program. JE and acute encephalitis syndrome data gathered through Nepal's routine surveillance system from 2004 through 2014 were analyzed to assess the impact of this immunization program. Expected and observed JE and acute encephalitis syndrome cases and incidence rates were compared. Considerable impact on JE incidence was demonstrated and the results also suggested that a large proportion of acute encephalitis syndrome cases without laboratory confirmation are due to JE. The results support the belief that a JE immunization program will result in sizable reductions in the incidence of both laboratory-confirmed JE and clinical acute encephalitis syndrome cases. JE is a severe disease, and the program's impact likely extended to reduction of rates of JE-related mortality and long-term disability.

PLoS One

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

[Accessed 23 September 2017]

[No new digest content identified]

PLoS Pathogens

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

[Accessed 23 September 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 23 September 2017]

[No new digest content identified]

Prehospital & Disaster Medicine

Volume 32 - Issue 4 - August 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?sd=1>

[Reviewed earlier]

Proceedings of the Royal Society B

17 May 2017; volume 284, issue 1854

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

[Reviewed earlier]

Public Health Ethics

Volume 10, Issue 2 July 2017

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

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

[Reviewed earlier]

Public Health Reports

Volume 132, Issue 5, September/October 2017

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

[Reviewed earlier]

Qualitative Health Research

Volume 27, Issue 11, September 2017

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

[Reviewed earlier]

Reproductive Health

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

[Accessed 23 September 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

[No new digest content identified]

Risk Analysis

September 2017 Volume 37, Issue 9 Pages 1629–1798

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2017.37.issue-9/issuetoc>

[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 10, 2017

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

[Reviewed earlier]

Science

22 September 2017 Vol 357, Issue 6357

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

In Depth

[Why is the flu vaccine so mediocre?](#)

By Jon Cohen

Science 22 Sep 2017 : 1222-1223 Restricted Access

The complex factors behind failure are coming into sharper focus.

Books et al.

[The legacy of the Spanish flu](#)

By Suzanne Shablovsky

Science 22 Sep 2017 : 1245 Restricted Access

Nearly a century after it killed millions, a journalist reflects on how a pandemic changed the world

Science Translational Medicine

20 September 2017 Vol 9, Issue 408

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

[New issue; No digest content identified]

Social Science & Medicine

Volume 189, Pages 1-170 (September 2017)

<http://www.sciencedirect.com/science/journal/02779536/189?sdc=1>
[Reviewed earlier]

Travel Medicine and Infectious Diseases

July-August, 2017 Volume 18

<http://www.travelmedicinejournal.com/>
[Reviewed earlier]

Tropical Medicine & International Health

September 2017 Volume 22, Issue 9 Pages 1053–1203

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-9/issuetoc>
[Reviewed earlier]

Vaccine

Volume 35, Issue 40, Pages 5309-5434 (25 September 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/40?sdc=1>

Original Research Article

[Vaccine exemptions and the kindergarten vaccination coverage gap](#)

Original Research Article

Pages 5346-5351

Philip J. Smith, Jana Shaw, Ranee Seither, Adriana Lopez, Holly A. Hill, Mike Underwood, Cynthia Knighton, Zhen Zhao, Megha Shah Ravanam, Stacie Greby, Walter A. Orenstein

Abstract

Background

Vaccination requirements for kindergarten entry vary by state, but all states require 2 doses of measles containing vaccine (MCV) at kindergarten entry.

Objective

To assess (i) national MCV vaccination coverage for children who had attended kindergarten; (ii) the extent to which undervaccination after kindergarten entry is attributable to parents' requests for an exemption; (iii) the extent to which undervaccinated children had missed opportunities to be administered missing vaccine doses among children whose parent did not request an exemption; and (iv) the vaccination coverage gap between the "highest achievable" MCV coverage and actual MCV coverage among children who had attended kindergarten.

Methods

A national survey of 1465 parents of 5–7 year-old children was conducted during October 2013 through March 2014. Vaccination coverage estimates are based provider-reported vaccination histories. Children have a "missed opportunity" for MCV if they were not up-to-date and if there were dates on which other vaccines were administered but not MCV. The "highest achievable" MCV vaccination coverage rate is 100% minus the sum of the percentages of (i) undervaccinated children with parents who requested an exemption; and (ii) undervaccinated children with parents who did not request an exemption and whose vaccination statuses were assessed during a kindergarten grace period or period when they were provisionally enrolled in kindergarten.

Results

Among all children undervaccinated for MCV, 2.7% were attributable to having a parent who requested an exemption. Among children who were undervaccinated for MCV and whose parent did not request an exemption, 41.6% had a missed opportunity for MCV. The highest achievable MCV coverage was 98.6%, actual MCV coverage was 90.9%, and the kindergarten vaccination gap was 7.7%.

Conclusion

Vaccination coverage may be increased by schools fully implementing state kindergarten vaccination laws, and by providers assessing children's vaccination status at every clinic visit, and administering missed vaccine doses.

Intention to accept pertussis vaccine among pregnant women in Karachi, Pakistan

Original Research Article

Pages 5352-5359

Mariam Siddiqui, Afshin Alaf Khan, Aiden Kennedy Varan, Alejandra Esteves-Jaramillo, Shazia Sultana, Asad S. Ali, Anita K.M. Zaidi, Saad B. Omer

Abstract

Background

Maternal immunization against pertussis is a potential strategy to protect young infants from severe disease. We assessed factors associated with intention to accept pertussis vaccination among pregnant women in Karachi, Pakistan.

Methods

We conducted a cross-sectional survey between May and August 2013 in pregnant women who visited healthcare centers in urban slums of Karachi city. Women completed a survey examining socio-demographic factors, vaccination history, knowledge on pertussis disease, perception of vaccine recommendation sources, and potential influences on vaccine decision-making.

Results

Of the 283 participants, 259 (92%) provided their intention to either accept or decline pertussis vaccination. Eighty-three percent women were willing to accept the pertussis vaccine if offered during pregnancy. About half (53%) of the participants had ever heard of pertussis disease. Perceptions of pertussis vaccine efficacy, safety, and disease susceptibility were strongly associated with intention to accept pertussis vaccine ($p < 0.01$). Healthcare providers, Ministry of Health, and mass media were considered as highly reliable sources of vaccine recommendation and associated with intention to accept antenatal pertussis vaccination ($p < 0.001$). Healthcare provider recommendation was a common reason cited by respondents for pregnant women to accept antenatal pertussis vaccination ($p = 0.0005$). However, opinion of primary decision-makers in the family (husbands and in-laws) was a crucial reason cited by respondents for pregnant women to reject pertussis vaccination in pregnancy ($p = 0.003$).

Conclusion

Antenatal pertussis vaccination initiatives in South Asia should strongly consider inclusion of family members, healthcare providers, national health ministries, and mass media to help implement new vaccination programs.

Special Section on "World Vaccine Congress Series Papers"; Edited by T. Kaser

Advancing new vaccines against pandemic influenza in low-resource countries

Original Research Article

Pages 5397-5402

Francesco Berlanda Scorza

Developing and financing neglected disease vaccines in our new era of “blue marble health” and the anthropocene epoch

Pages 5403-5405

Peter J. Hotez

Abstract

New findings of widespread neglected diseases among the poor living in wealthy group of 20 (G20) economies and the concept of “blue marble health” offer innovative mechanisms for financing urgently new vaccines, especially for vector-borne neglected tropical diseases (NTDs). This approach could complement or parallel a recently suggested global vaccine development fund for pandemic threats.

Vaccine: Development and Therapy

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

(Accessed 23 September 2017)

[No new content]

Vaccines — Open Access Journal

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

(Accessed 23 September 2017)

Review

Current Status of Rift Valley Fever Vaccine Development

by Bonto Faburay, Angelle Desiree LaBeaud, D. Scott McVey, William C. Wilson and Juergen A. Richt

Vaccines 2017, 5(3), 29; doi:[10.3390/vaccines5030029](https://doi.org/10.3390/vaccines5030029) - 19 September 2017

Abstract

Rift Valley Fever (RVF) is a mosquito-borne zoonotic disease that presents a substantial threat to human and public health. It is caused by Rift Valley fever phlebovirus (RVFV), which belongs to the genus Phlebovirus and the family Phenuiviridae within the order Bunyavirales. The wide distribution of competent vectors in non-endemic areas coupled with global climate change poses a significant threat of the transboundary spread of RVFV. In the last decade, an improved understanding of the molecular biology of RVFV has facilitated significant progress in the development of novel vaccines, including DIVA (differentiating infected from vaccinated animals) vaccines. Despite these advances, there is no fully licensed vaccine for veterinary or human use available in non-endemic countries, whereas in endemic countries, there is no clear policy or practice of routine/strategic livestock vaccinations as a preventive or mitigating strategy against potential RVF disease outbreaks. The purpose of this review was to provide an update on the status of RVF vaccine development and provide perspectives on the best strategies for disease control. Herein, we argue that the routine or strategic vaccination of livestock could be the best control approach for preventing the outbreak and spread of future disease

Value in Health

July–August 2017 Volume 20, Issue 7, p837-1002

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

[Reviewed earlier]

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

Current Topics in Microbiology and Immunology

Springer, Berlin, Heidelberg 2017

Accelerating Vaccine Development During the 2013–2016 West African Ebola Virus Disease Outbreak

Elizabeth S. Higgs, Sheri A. Dubey, Beth A. G. Coller, Jakub K. Simon, Laura Bollinger, Robert A. Sorenson, Bartholomew Wilson, Martha C. Nason, Lisa E. Hensley

First Online: 17 September 2017

Abstract

The Ebola virus disease outbreak that began in Western Africa in December 2013 was unprecedented in both scope and spread, and the global response was slower and less coherent than was optimal given the scale and pace of the epidemic. Past experience with limited localized outbreaks, lack of licensed medical countermeasures, reluctance by first responders to direct scarce resources to clinical research, community resistance to outside interventions, and lack of local infrastructure were among the factors delaying clinical research during the outbreak. Despite these hurdles, the global health community succeeded in accelerating Ebola virus vaccine development, in a 5-month interval initiating phase I trials in humans in September 2014 and initiating phase II/III trials in February 2015. Each of the three Ebola virus disease-affected countries, Sierra Leone, Guinea, and Liberia, conducted a phase II/III Ebola virus vaccine trial. Only one of these trials evaluating recombinant vesicular stomatitis virus expressing Ebola virus glycoprotein demonstrated vaccine efficacy using an innovative mobile ring vaccination trial design based on a ring vaccination strategy responsible for eradicating smallpox that reached areas of new outbreaks. Thoughtful and intensive community engagement in each country enabled the critical community partnership and acceptance of the phase II/III in each country. Due to the delayed clinical trial initiation, relative to the epidemiologic peak of the outbreak in the three countries, vaccine interventions may or may not have played a major role in bringing the epidemic under control. Having demonstrated that clinical trials can be performed during a large outbreak, the global research community can now build on the experience to implement trials more rapidly and efficiently in future outbreaks. Incorporating clinical research needs into planning for future health emergencies and understanding what kind of trial designs is needed for reliable results in an epidemic of limited duration should improve global response to future infectious disease outbreaks.

Gynecologic Oncology

Volume 147, Issue 1, October 2017, Pages 209-210

Racial Differences in Reasons for Lack of HPV Vaccine Initiation in Adolescent Girls in the US, 2015

A Beavis, M Krakow, K Levinson, A Rositch - Gynecologic Oncology, 2017

Objectives: While cervical cancer rates are higher in black compared to white women, HPV vaccine initiation is lower in white teens compared to black teens. We sought to characterize differences in reasons for non-initiation of the HPV vaccine between parents of black and white adolescent females in 2015.

Awareness of HPV Vaccinations and Barriers to Vaccination Administration Among Underserved Women

R Guerra, A Bhalwal, C Ibarra, N Jooya, SC Robazetti... - Gynecologic Oncology, 2017

Objectives: To delineate awareness and knowledge of HPV vaccinations among medically underserved women who attend health fairs and identify barriers to vaccine administration.

Brain, Behavior, and Immunity

Available online 17 September 2017

Positive Mood on the Day of Influenza Vaccination Predicts Vaccine Effectiveness: A Prospective Observational Cohort Study

K Ayling, L Fairclough, P Tighe, I Todd, V Halliday...

Abstract

Influenza vaccination is estimated to only be effective in 17–53% of older adults. Multiple patient behaviors and psychological factors have been shown to act as ‘immune modulators’ sufficient to influence vaccination outcomes. However, the relative importance of such factors is unknown as they have typically been examined in isolation. The objective of the present study was to explore the effects of multiple behavioral (physical activity, nutrition, sleep) and psychological influences (stress, positive mood, negative mood) on the effectiveness of the immune response to influenza vaccination in the elderly. A prospective, diary-based longitudinal observational cohort study was conducted. One hundred and thirty-eight community-dwelling older adults (65–85 years) who received the 2014/15 influenza vaccination completed repeated psycho-behavioral measures over the two weeks prior, and four weeks following influenza vaccination. IgG responses to vaccination were measured via antigen microarray and seroprotection via hemagglutination inhibition assays at 4 and 16 weeks post-vaccination. High pre-vaccination seroprotection levels were observed for H3N2 and B viral strains. Positive mood on the day of vaccination was a significant predictor of H1N1 seroprotection at 16 weeks post-vaccination and IgG responses to vaccination at 4 and 16 weeks post-vaccination, controlling for age and gender. Positive mood across the 6-week observation period was also significantly associated with post-vaccination H1N1 seroprotection and IgG responses to vaccination at 16 weeks post-vaccination, but in regression models the proportion of variance explained was lower than for positive mood on the day of vaccination alone. No other factors were found to significantly predict antibody responses to vaccination. Greater positive mood in older adults, particularly on the day of vaccination, is associated with enhanced responses to vaccination.

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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 23 September 2017

[No new, unique, relevant content]

BBC

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

Accessed 23 September 2017

[No new, unique, relevant content]

The Economist

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

Accessed 23 September 2017

[No new, unique, relevant content]

Financial Times

<http://www.ft.com/home/uk>

Accessed 23 September 2017

[No new, unique, relevant content]

Forbes

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

Accessed 23 September 2017

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 23 September 2017

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 23 September 2017

[No new, unique, relevant content]

The Guardian

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

Accessed 23 September 2017

[No new, unique, relevant content]

New Yorker

<http://www.newyorker.com/>
Accessed 23 September 2017
[No new, unique, relevant content]

New York Times

<http://www.nytimes.com/>
Accessed 23 September 2017

The HPV Vaccine Gains Ground Among U.S. Teenagers

Sixty percent of adolescents received the vaccine in 2016. A decade ago, less than 30 percent did.

September 22, 2017 - By ANERI PATTANI

Superbug's Spread to Vietnam Threatens Malaria Control

Vietnam's main malaria treatment is failing at an alarming rate because of a highly drug-resistant superbug that has spread into the southern part of the country from western Cambodia, scientists said Thursday.

September 21, 2017 - By THE ASSOCIATED PRESS

Wall Street Journal

<http://online.wsj.com/home-page?wsjregion=na,us&homepage=/home/us>
Accessed 23 September 2017
[No new, unique, relevant content]

Washington Post

<http://www.washingtonpost.com/>
Accessed 23 September 2017
Europe

Greece makes measles vaccination appeal amid European spike

By Associated Press September 22

ATHENS, Greece — Health authorities in Greece have issued a public appeal to participate in vaccination and booster shot programs following a spike in measles cases in the country amid an outbreak in Europe.

The Greek Center for Disease Control and Prevention said Friday that 166 cases had been reported in the country in 2016-17, with an increase in recent days.

More than 17,000 measles cases have been reported in that period in 30 European countries monitored by the European Center for Disease Prevention and Control, resulting in 40 deaths. The European agency said the highest concentration of cases was reported in Romania.

Think Tanks et al

Brookings

<http://www.brookings.edu/>
Accessed 23 September 2017
[No new relevant content]

Center for Global Development

<http://www.cgdev.org/page/press-center>
Accessed 23 September 2017

[No new relevant content]

Council on Foreign Relations

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

Accessed 23 September 2017

[No new relevant content]

CSIS

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

Accessed 23 September 2017

[No new relevant content]

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

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

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