



Vaccines and Global Health: The Week in Review
14 October 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

Meeting: SAGE Strategic Advisory Group of Experts on Immunization (SAGE)

17 - 19 October 2017

Executive Board Room, WHO Headquarters, Geneva, Switzerland

:: [Draft agenda pdf, 110kb](#) As of 27 September 2017

:: [Background documents](#)

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[Attack on vaccines sets back immunization efforts in eastern Syrian Arab Republic](#)

13 October 2017 | GENEVA - The World Health Organization has received reports of an attack on medical facilities in eastern Syrian Arab Republic that has destroyed the only vaccines cold room in al-Mayadeen district, Deir Ezzor Governorate.

More than 100,000 doses of measles vaccines and 35,000 doses of polio vaccines were stored in these facilities, alongside equipment, syringes, and stocks for all vaccine-preventable childhood diseases.

If confirmed, this would set back the efforts of WHO and health partners to protect the children of Deir Ezzor from preventable childhood diseases, including polio. WHO and local partners have intensified efforts to respond to an outbreak of polio that has affected 48 children in the Syrian Arab Republic since March this year.

"WHO has made strenuous efforts in cooperation with health authorities to deliver vaccines to protect the children living in these areas from disease," said Elizabeth Hoff, WHO Representative in the Syrian Arab Republic. "We unequivocally condemn these actions. Vaccines are not a legitimate target of war."

"Until a new cold room is built and the required cold chain equipment -- including solar fridges, cold boxes and vaccine carriers -- are delivered, this will delay the implementation of routine immunization for vulnerable children in the area," Hoff added.

WHO has supported 23 polio campaigns since the first outbreak in 2013 and helped to establish 1,148 sentinel sites across the country, of which more than 35% are in hard-to-reach and besieged areas, including al-Mayadeen in Deir Ezzor Governorate.

The last polio vaccination campaign in Deir Ezzor reached 252,768 children aged 0-59 months.

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[Experimental Ebola vaccines elicit year-long immune response](#)

October 11, 2017 —

NIH reports final data from large clinical trial in West Africa.

Results from a large randomized, placebo-controlled clinical trial in Liberia show that two candidate Ebola vaccines pose no major safety concerns and can elicit immune responses by

one month after initial vaccination that last for at least one year. The findings, published in the October 12 issue of the New England Journal of Medicine, are based on a study of 1,500 adults that began during the West Africa Ebola outbreak. The trial is being conducted by a U.S.-Liberia clinical research collaboration known as the Partnership for Research on Ebola Virus in Liberia (PREVAIL), established in 2014 in response to the request from the Liberian Minister of Health to the U.S. Secretary of Health and Human Services. The trial is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH) and involves scientists and clinicians from Liberia and the United States.

"This clinical trial has yielded valuable information that is essential for the continued development of these two Ebola vaccine candidates and also demonstrates that well-designed, ethically sound clinical research can be conducted during an epidemic," said NIAID Director Anthony S. Fauci, M.D. "A safe and effective vaccine would be a critically important addition to classical public health measures in controlling inevitable future Ebola outbreaks."

PREVAIL conducts collaborative biomedical research in accordance with best practices, to advance science, strengthen health policy and practice, and improve the health of people in Liberia and around the world. The partnership launched this first study, PREVAIL 1, in February 2015. Originally designed to enroll 28,000 volunteers, the trial was scaled back to a Phase 2 study when the decline in new Ebola cases made it impossible to conduct a large efficacy study. "In Liberia, we have demonstrated to the global community that rigorous scientific research can take place in a developing sub-Saharan African country when a mutually beneficial partnership is developed," noted Dr. Bernice T. Dahn, Liberia's Minister of Health. "The work of PREVAIL, ranging from the Ebola vaccine to the Ebola survivor studies, clearly manifest the prospects of such a sustainable partnership and clinical research platform."

The co-leaders of the trial are Stephen B. Kennedy, M.D., M.P.H., senior research scientist at the University of Liberia-Pacific Institute for Research and Evaluation (UL-PIRE) Africa Center, an infectious disease research center; Fatorma Bolay, Ph.D., director, Public Health and Medical Research at the National Public Health Institute of Liberia; and H. Clifford Lane, M.D., NIAID's clinical director...

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JAMA

New Online - Published October 9, 2017. doi:10.1001/jama.2017.13505

Viewpoint

[An HIV Vaccine is Essential for Ending the HIV/AIDS Pandemic](#)

Anthony S. Fauci, MD¹

Today, highly effective modalities of HIV treatment and prevention are available, and these essential tools, if properly implemented, could end the current HIV/AIDS pandemic. Yet, the pandemic continues.^{[1](#)}

Most of the major infectious diseases affecting humans, such as smallpox, polio, and yellow fever, have required effective vaccines for their control and in some cases elimination, and so the question arises whether the HIV/AIDS pandemic can be effectively addressed without an HIV vaccine. The answer to that question is not straightforward, but needs to be addressed

from both a theoretical and a practical standpoint. Theoretically, the HIV pandemic can be ended without an HIV vaccine. More than 30 highly effective anti-HIV drugs are currently available. When given in combinations of 3 or more, these medications can durably suppress the virus such that patients who are treated soon after infection and continue therapy throughout their lifetime can expect to have an almost-normal life expectancy.

Importantly, effective treatment can reduce the level of virus in a person with HIV so low that it is extremely unlikely that this person will transmit the virus to his or her uninfected sexual partner. This concept is referred to as “treatment as prevention.” Therefore, theoretically, if most or all of the people living with HIV in the world could be identified, accessed, and treated, it would be possible to stop all infections and end the epidemic. People who are uninfected, but whose behavior or life situation puts them at high risk of HIV infection, can take a single pill containing 2 anti-HIV drugs and decrease the likelihood of acquiring HIV infection. This approach—“preexposure prophylaxis” or PrEP—can lower the risk of acquiring HIV through sexual activity by more than 90%, or from injection drug use by more than 70% if the medications are taken consistently.² Accordingly, if both of these treatment and prevention modalities were effectively implemented throughout the world, the HIV/AIDS pandemic would end.

However, from a practical standpoint, ending the HIV/AIDS pandemic without a vaccine is possible, although it is unlikely. Although an estimated 19.5 million of the estimated 36.7 million HIV-infected people globally are receiving anti-HIV therapy (an extraordinary accomplishment), more than 17 million people are not receiving therapy.¹ This leaves a substantial treatment gap. These 17 million people can continue to infect others, allowing the pandemic to be sustained. In addition, although PrEP is highly effective in preventing acquisition of HIV among people at high risk of infection, only a very small percentage of these individuals are actually taking these medications. In the United States, it is estimated that only approximately 10% of people who could benefit from PrEP are actually receiving it,³ and this proportion is much smaller elsewhere in the world.¹

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has set an ambitious target to help end the HIV pandemic.¹ Called “90-90-90,” the goal for 2020 is to have 90% of HIV-infected people throughout the world know their HIV status, 90% of people diagnosed with HIV receiving anti-HIV treatment, and 90% of people who receive treatment having their virus suppressed to undetectable levels. If successful, the result would be that an estimated 73% of all people in the world with HIV would have undetectable viral levels. Since suppressed viral levels result in a marked reduction in the risk of HIV transmission to other individuals, mathematical models suggest that achieving the 90-90-90 goal would reverse the kinetics and trajectory of global HIV disease such that it would no longer be of pandemic proportions. A recent study in rural Kenya and Uganda demonstrated that implementation of community-based testing and treatment resulted in increased HIV diagnosis, initiation of antiretroviral therapy and viral suppression, and the study communities reached the UNAIDS target within 2 years.⁴ In addition, some entire countries have been successful in reaching the goal of 73%, largely through the efforts of the President’s Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. However, the global figure for achieving this goal in all countries is just 44%.¹ Also, modeling studies have suggested that in certain high-prevalence regions of the world, the geographic dispersion of the infected population, would make it extremely difficult to reach them effectively with HIV treatment.⁵

The question also arises whether it is economically feasible to end the HIV pandemic in the absence of a vaccine. In this regard, the resource requirements to achieve such a goal are continually increasing. The 19.5 million people currently receiving anti-HIV drugs must be maintained on these medications for the rest of their lives; at the same time, anti-HIV drugs need to be provided to the 17.2 million infected, but untreated people. Furthermore, the estimated 1.8 million people who are newly infected with HIV each year¹ also need to be treated. In addition, the cost of providing PrEP and other prevention services to the millions of people who are at risk for HIV infection is substantial. In 2016, UNAIDS estimated that the total investments needed for an adequate treatment and prevention response for HIV in low- and middle-income countries between 2016 and 2030 would amount to approximately \$350 billion.⁶ Against this backdrop, a recent Kaiser Family Foundation and UNAIDS study found that donor-government funding for HIV decreased by 7% in 2016, which represents the lowest funding level since 2010.⁷

Despite the remarkable gains in the treatment and prevention of HIV infection, development of an effective HIV vaccine will likely be necessary to achieve a durable end to the HIV pandemic. An important question is how effective that vaccine must be. One vaccine tested in a large vaccine trial⁸ in Thailand reduced the risk of infection by 31%, a figure inadequate to justify licensure of the vaccine. In contrast, other vaccines used in controlling or ending global outbreaks have been much more effective. For example, the measles, polio, and yellow fever vaccines are nearly 100% effective. Given the difficulty for the human immune system to mount a protective response against HIV, it is extremely unlikely that an HIV vaccine will be as effective as those other proven vaccines.

In fact, modeling studies have suggested that if current treatment and prevention efforts are continued and an HIV vaccine that is about 50% effective is developed and deployed, millions of additional new HIV infections could be averted, and the pandemic could slow substantially.⁹

Despite extraordinary advances in the treatment and prevention of HIV infection, it is theoretically possible to end the HIV epidemic by aggressively and effectively implementing these interventions, although from a practical standpoint this goal would be difficult to achieve. Therefore, development of a moderately effective vaccine together with optimal implementation of existing treatment and prevention modalities could end the current HIV pandemic. Recent advances in HIV vaccine research provide hope that at least a moderately effective vaccine can be developed. It is critical to continue to accelerate a robust research effort in that direction while aggressively scaling-up the implementation of current treatment and prevention tools. To do anything less would lead to failure, which for HIV is not an option.

Reference at title link above

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Cholera

World's second largest oral cholera vaccination campaign kicks off at Rohingya camps in Bangladesh

COX'S BAZAR, Bangladesh, 10 October 2017 – A massive cholera immunization campaign started today near Cox's Bazar, Bangladesh, to protect newly arrived Rohingya and host communities from the life-threatening diarrheal disease. 900 000 doses of the vaccine have been mobilized and are being delivered by more than 200 mobile vaccination teams, making it the second largest oral cholera vaccination campaign ever.

The campaign, which is led by the Ministry of Health and supported by the World Health Organization (WHO) and UNICEF, is being held in Ukhiya and Teknaf, where more than half a million people have arrived from across the border since August, joining vast numbers already residing in a series of settlements and camps.

The first round of the campaign will cover 650,000 people aged one year and older. The second round will commence on 31 October and will target 250,000 children between one and five years with an additional dose of the vaccine for added protection.

"This is the second largest oral vaccination campaign in the world after Haiti in 2016," says Edouard Beigbeder, UNICEF Representative in Bangladesh. "Cholera is a dangerous disease, especially among children living in cramped, unhygienic conditions. Prevention is essential."

In the last week, at least 10,292 cases of diarrhoea have been reported and treated from across the settlements and camps. WHO has warned of the potential for an outbreak of cholera.

UNICEF and WHO are supporting the Ministry of Health with planning, distribution, volunteer orientation, operational costs and monitoring.

"Emergency vaccination saves lives. The risk of cholera is clear and present, and the need for decisive action apparent," says Dr. N Paranietharan, WHO Representative to Bangladesh. "WHO is committed to mobilizing its full technical and operational capacity to support the Ministry and our partners to protect, promote and secure the health of this immensely vulnerable population."

In Ukhiya 150 teams have been deployed to vaccinate the target population, while 55 teams have been deployed in Teknaf. Each team is comprised of five members. Though vaccination can provide life-saving protection against cholera, it supplements but does not replace other traditional cholera control measures such as access to clean water, adequate sanitation and good hygiene.

To help meet present water, sanitation and hygiene needs, UNICEF is working to scale up its interventions and communication on safe practices, and is prepositioning critical supplies for case management. WHO is monitoring water quality and working with the Department of Public Health Engineering to increase local laboratory capacity, has raised an early warning, alert and response emergency surveillance system, and has prepositioned life-saving supplies to ensure a rapid response if and when an outbreak occurs. In addition, the WHO-led Health Sector has supported the Ministry set up diarrhea treatment centres among other response-oriented interventions.

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 4 October 2017 [GPEI]

:: Summary of newly-reported viruses this week:

...**Syria**: one new circulating vaccine derived poliovirus 2 (cVDPV2) case reported, from Mayadeen district, Deir Ez-Zor governorate. Two new cVDPV2 positives from healthy children, both from Mayadeen district. Afghanistan: two new wild poliovirus 1 (WPV1) positive environmental samples reported in Nangarhar province.

...**Pakistan**: three new wild poliovirus 1 (WPV1) positive environmental samples reported in

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WHO Grade 3 Emergencies [to 14 October 2017]

The Syrian Arab Republic

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

:: Syria cVDPV2 outbreak situation report 17, 10 October 2017

Iraq - *No new announcements identified.*

Nigeria - *No new announcements identified.*

South Sudan - *No new announcements identified.*

Yemen - *No new announcements identified.*

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WHO Grade 2 Emergencies [to 14 October 2017]

Myanmar

:: Situation Report 5 - 5 October 2017

KEY HIGHLIGHTS

:: As of 5 October 2017, cumulative new arrivals in all sites of Ukiah, Tekna, Cox's Bazar and Ramu was 515,000, of which 198 000 are in makeshift settlements, 225,000 in new spontaneous sites and 92,000 in host communities.

:: At the weekly health sector coordination meeting, the revised humanitarian response plan was shared, targeting 1.2 million people in need and the present requirement across sectors totalling USD 434 million. The health sector is targeting to reach these 1.2 million people in need with USD 48 million.

:: An oral cholera vaccine (OCV) campaign will be rolled out in two phases. 1st dose of OCV vaccination campaign is scheduled for 10-16 October, targeting 650 000 people (new arrival population and host communities) aged 1 year and above including pregnant women. 2 weeks after the first dose, the 2nd dose would be given to children under 5 years of age to be given.

:: Oral cholera vaccination campaign kicks off at Rohingya camps in Bangladesh

[See Cholera above for more detail]

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.
[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

:: One year on from the start of the battle for Mosul, hundreds of thousands of civilians need...
(Baghdad, 12 October 2017) One year after the start of the military campaign to retake Mosul from the Islamic State of Iraq and the Levant (ISIL), 673,000 Muslawis are still displaced from their homes; 274,000 are living in 18 camps and emergency sites surrounding the city; 400,000 are staying with family, friends or in rented accommodation.

Syrian Arab Republic

:: 13 Oct 2017 Growing concerns for Syrian civilians amid intense fighting in Al Raqqa and Deir ez-Zor

[Yemen](#) - No new announcements identified.

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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.

Ethiopia

:: 13 Oct 2017 Ethiopia: Humanitarian Response Situation Report No.14 (August - September 2017)

[DRC](#) - No new announcements identified
[Nigeria](#) - No new announcements identified
[Somalia](#) - No new announcements identified

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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 14 October 2017]

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

Experimental Ebola vaccines elicit year-long immune response

October 11, 2017 — NIH reports final data from large clinical trial in West Africa.
[See Milestones/Perspectives above for more detail]

MERS-CoV [to 14 October 2017]

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

DONs

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

9 October 2017

Between 31 August and 26 September 2017, the national IHR focal point of Saudi Arabia reported nine additional cases of Middle East Respiratory Syndrome (MERS), including four deaths. In addition, four deaths from previously reported cases were reported...

Yellow Fever [to 14 October 2017]

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

- *No new announcements identified.*

Zika virus [to 14 October 2017]

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

- *No new announcements identified.*

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WHO & Regional Offices [to 14 October 2017]

WHO to establish commission on noncommunicable diseases

10 October 2017 - Dr Tedros Adhanom Ghebreyesus, the WHO's Director-General, today announced the establishment of a new High-level global Commission on Noncommunicable Diseases (NCDs). The announcement came at the 64th Session of WHO's Regional Committee for the Eastern Mediterranean being held in Islamabad, 9-12 October. The commission's aim is to identify innovative ways to curb the world's biggest causes of death and extend life expectancy for millions of people.

[Read the statement](#)

Sixty-eighth session of the Regional Committee for the Western Pacific

10 October 2017 -- The WHO Regional Committee for the Western Pacific today opened its 68th session in Brisbane, Australia. The annual meeting brings together ministers of health and senior officials from 37 countries and areas to decide on issues that affect the health and well-being of the Region's peoples.

Highlights

Investing in disaster prevention for a healthier world

October 2017 – The International Day for Disaster Reduction (IDDR) reminds us of the importance of putting health at the centre of action to prevent, prepare for, respond to and

recover from emergencies and disasters. Millions of people are killed, injured or made sick each year by natural and manmade disasters.

Nepal tackles diabetic retinopathy

October 2017 - Diabetic retinopathy, which contributes to 2.6% of blindness in the world, can be a challenging disease for many countries to manage, because doing so involves two different parts of the health system, that which cares for patients with diabetes and that which cares for patients with vision loss. A lack of coordination can lead to people missing out on essential services, enduring long waits or traveling far from home to receive care.

Progressing the Sustainable Development Goals through Health in All Policies

October 2017 – WHO and the Government of South Australia have published the case study book on Health in All Policies (HiAP), which describes experiences from around the world in the context of the 2030 Sustainable Development Agenda.

WHO scales up response to plague in Madagascar

October 2017 - WHO is rapidly scaling up its response to an outbreak of plague that has spread to the capital and port towns, infecting more than 100 people in just a few weeks.

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Weekly Epidemiological Record, 13 October 2017, vol. 92, 41 (pp. 609–624)

- :: Executive summary of the 9th meeting of the WHO working group RT-PCR for the detection and subtyping of influenza viruses
- :: Executive summary of the 6th meeting of the WHO Expert Working Group of the GISRS for Surveillance of Antiviral Susceptibility
- :: Continuing risk of meningitis due to *Neisseria meningitidis* serogroup C in Africa: revised recommendations from a WHO expert consultation
- :: Progress towards eliminating onchocerciasis in the WHO Region of the Americas: elimination of transmission in the north-east focus of the Bolivarian Republic of Venezuela

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5 October 2017

GIN September 2017 pdf, 2.74Mb

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

- :: With USAID's support, WHO strengthens integrated diseases surveillance and response for timely and effective public health action in South Sudan 13 October 2017
- :: WHO Regional Director for Africa begins official visit to Nigeria 11 October 2017
- :: The World Mental Health Day commemorated in South Sudan 11 October 2017

WHO Region of the Americas PAHO

:: Eradicating hunger in Latin America and the Caribbean by 2030 is becoming increasingly unlikely (10/10/2017)

WHO South-East Asia Region SEARO

:: WHO, partners implement 900 000 dose oral cholera vaccination campaign in Cox's Bazaar 10 Oct 2017

WHO European Region EURO

:: World Obesity Day: Understanding the social consequences of obesity 10-10-2017

:: "We're doctors but we're also human": helping Syrian health workers handle severe stress 09-10-2017

WHO Eastern Mediterranean Region EMRO

:: 64th session of the Regional Committee for the Eastern Mediterranean concludes in Pakistan 12 October 2017, Islamabad, Pakistan – Members of WHO's Regional Committee for the Eastern Mediterranean today concluded their 64th Session, endorsing a number of resolutions that will have a positive impact on the health of populations in countries of the Eastern Mediterranean Region.

Among the topics discussed were cancer, climate change, the health of adolescents and antimicrobial resistance...

WHO Western Pacific Region

:: Countries pledge to fund priority public health services; make medicines, the health workforce and food safer

BRISBANE, Australia, 12 October 2017 – Governments from across the Region today pledged to take action to ensure the safety of medicines and competence of health workers. They also agreed on frameworks for the financing of priority health services and for making food safer. Ministers and senior officials at the 68th session of the World Health Organization (WHO) Regional Committee for the Western Pacific also noted progress in areas of public health including: noncommunicable diseases, tobacco control, mental health, tuberculosis (TB), hepatitis, traditional medicine, and gender and health...

:: World Health Organization Director-General Dr Tedros appoints Cook Islands' Elizabeth Iro as WHO's Chief Nursing Officer

BRISBANE, Australia, 12 October 2017 – Director-General Dr Tedros Adhanom Ghebreyesus today appointed Ms Elizabeth Iro as the Chief Nursing Officer at the World Health Organization (WHO). Ms Iro is a registered nurse, and the Cook Islands' current Secretary of Health. With this announcement, Dr Tedros fulfils a commitment he made during his transition to the Director-General role to appoint a nurse to his senior team. "I am thrilled to welcome Ms Iro to our team as WHO's Chief Nursing Officer," said Dr Tedros.

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CDC/ACIP [to 14 October 2017]

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

MMWR News Synopsis for October 12, 2017

:: Vaccination Coverage Among Children in Kindergarten — United States, 2016–2017 School Year

Getting vaccines at the recommended ages protects children from serious vaccine-preventable diseases before they start school. For the 2016-2017 school year, vaccination coverage among kindergartners remained high. Immunization programs conduct annual kindergarten vaccination assessments to monitor school entry vaccination coverage. For the 2016-17 school year, vaccination coverage among kindergartners remained high and exemptions remained low. Based on the data:

:: Median vaccination coverage was 94.0 percent for two doses of measles, mumps, and rubella vaccine; 94.5 percent for the state-required number of doses of diphtheria, tetanus, and acellular pertussis vaccine; and 93.8 percent for two doses of varicella vaccine.

:: Median exemption level was 2.0 percent.

:: Median proportion of kindergartners under a grace period or provisional enrollment was 2.0 percent, the same as in 2015–16.

School assessment allows immunization programs to focus on schools with lower vaccination coverage and higher exemption levels, and encourages follow up with undervaccinated students to ensure kindergartners are protected from vaccine-preventable diseases.

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Announcements

AERAS [to 14 October 2017]

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

No new digest content identified.

BMGF - Gates Foundation [to 14 October 2017]

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

No new digest content identified.

CEPI – Coalition for Epidemic Preparedness Innovations [to 14 October 2017]

<http://cepi.net/>

[Undated]

CEPI vaccine R&D pipeline and cost tracking survey

CEPI is inviting you to participate in a survey that is mapping vaccine research and development pipelines and associated costs for emerging infectious diseases.

The survey is open until 10 November 2017.

To achieve its strategic objectives, and to make efficient use of its financial resources, CEPI needs to draw on a variety of vaccine candidates and leverage diversity of product development partners. CEPI is currently building up a comprehensive knowledge base on available vaccine candidates and their current status, in order to serve vaccine preparedness needs against non-commercial epidemic disease threats...

EDCTP [to 14 October 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

9 October 2017

EDCTP joins forces with WHO AFRO and TDR to fund implementation research

A new partnership has been formed between EDCTP, TDR (the Special Programme for Research and Training in Tropical Diseases), and the World Health Organization's Regional Office for Africa (WHO AFRO) in recognition of a mutual interest in strengthening the capacity for health research in African countries. Collaboration between these three partners has been realised through a recently launched call "Joint WHO-AFRO/TDR/EDCTP Small Grants Scheme for implementation research on infectious diseases of poverty", which will close on 30 November 2017...

European Medicines Agency [to 14 October 2017]

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

13/10/2017

Meeting highlights from the Committee for Medicinal Products for Human Use (CHMP) 9-12 October 2017

One generic medicine recommended for approval ...

European Vaccine Initiative [to 14 October 2017]

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

No new digest content identified.

FDA [to 14 October 2017]

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

October 11, 2017 –

Statement by FDA Commissioner Scott Gottlieb, M.D. on new steps by FDA to advance patient engagement in the agency's regulatory work

The Food and Drug Administration is hosting a pioneering event today: the first meeting of the Patient Engagement Advisory Committee or PEAC. It's a significant step forward in the FDA's efforts to broaden its engagement with patients – and to deepen the involvement of patients in our regulatory activities.

This is the agency's first advisory committee that's comprised solely of patients, care-partners, and those who represent their needs. Founded by the FDA's Center for Devices and Radiological Health (CDRH), it reflects CDRH's commitment to keep patients at the center of their work.

The FDA's work requires us to establish objective, consistent criteria on which we base our decisions. But ultimately, the criteria we use to judge benefit and risk turn on the parameters that matter to patients.

Involving the end-user – the patient – in identifying health priorities and outcomes desired from health interventions is critically important...

Fondation Merieux [to 14 October 2017]

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

No new digest content identified.

Gavi [to 14 October 2017]

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

No new digest content identified.

GHIT Fund [to 14 October 2017]

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

GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that devastate the world's poorest people. Other funders include six Japanese pharmaceutical •

No new digest content identified.

Global Fund [to 14 October 2017]

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

News

[Global Fund and The Union Deepen Partnership to Fight TB](#)

11 October 2017

The Global Fund to Fight AIDS, Tuberculosis and Malaria and the International Union against Tuberculosis and Lung Disease, also known as The Union, announced a partnership agreement to deepen their shared commitment to end tuberculosis as an epidemic.

News

[Partners Launch Global Effort to Find Missing Cases of TB](#)

09 October 2017

Global health partners and implementers from 13 countries with a high burden of tuberculosis launched an ambitious program to find and treat an additional 1.5 million missing cases of TB by the end of 2019. The new initiative is critically important to stopping the spread of TB and to reaching the global goal of ending TB as an epidemic by 2030.

Hilleman Laboratories [to 14 October 2017]

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

12/10/2017

[Hilleman Labs achieves successful outcome of Phase I/II Clinical Trial of its Oral Cholera Vaccine Hillchol](#)

New Delhi: Delivering on its mission to develop affordable vaccines for global health, Hilleman Laboratories today announced that it has successfully completed the Phase I/II Clinical Trials of its novel Oral Cholera Vaccine Hillchol™ to address growing need to stop Cholera in the developing world.

The Phase I/II clinical study was conducted in partnership with the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b). Results of the clinical trials were announced at the Vaccines for Enteric Diseases Conference 2017 recently held in Albufeira, Portugal...

Hilleman Labs successfully completes Phase I/II Clinical Trial of its Heat Stable Rotavirus Vaccine (HSRV)

12th October 2017, New Delhi: Making headway towards providing the developing nations an affordable and easy-to-use Heat Stable Rotavirus Vaccine (HSRV), Hilleman Laboratories, a joint-venture between Merck Sharp & Dohme (MSD) and the Wellcome Trust, today announced the successful completion of Phase I/II clinical trial of its oral vaccine against the deadly Rotavirus disease.

The study was conducted in partnership with the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)...

Human Vaccines Project [to 14 October 2017]

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

No new digest content identified.

IAVI [to 14 October 2017]

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

October 2017

IAVI REPORT – VOL. 21, NO. 3, 2017

:: Decisive Moments in Wake of Paris

:: Stumbling on Greatness

:: PrEParing to Prevent HIV

:: In Brief

IVAC [to 14 October 2017]

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

No new digest content identified.

IVI [to 14 October 2017]

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

No new digest content identified.

MSF/Médecins Sans Frontières [to 14 October 2017]

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

Press release

Governments Must Step Up the Use of Newer Drugs to Fight Multidrug-Resistant TB

Guadalajara, Mexico, October 13, 2017—People with drug-resistant tuberculosis (DR-TB) are still not receiving two newer tuberculosis (TB) drugs, bedaquiline and delamanid, which have shown improved cure rates for the disease, said the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) at the 48th Union World Conference on Lung Health in Guadalajara, Mexico, where the global TB community is meeting.

NIH [to 14 October 2017]

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

October 12, 2017

NIH partners with 11 leading biopharmaceutical companies to accelerate the development of new cancer immunotherapy strategies for more patients

October 12, 2017 — Supports Cancer Moonshot goal to bring immunotherapy success to more patients in half the time.

Experimental Ebola vaccines elicit year-long immune response

October 11, 2017 — NIH reports final data from large clinical trial in West Africa.
[See Milestones/Perspectives above for more detail]

NIH completes atlas of human DNA differences that influence gene expression

October 11, 2017 — This atlas will be a critical resource for the scientific community.

Durable end to the HIV/AIDS pandemic likely will require an HIV vaccine

October 10, 2017 — From a practical standpoint, ending the HIV/AIDS pandemic without a vaccine is unlikely.

AS Fauci. An HIV vaccine is essential for ending the HIV/AIDS pandemic. Journal of the American Medical Association DOI: 10.1001/jama.2017.13505 (2017) (link is external).
[See Milestones/Perspectives above for more detail]

PATH [to 14 October 2017]

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

No new digest content identified.

Sabin Vaccine Institute [to 14 October 2017]

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

No new digest content identified.

UNAIDS [to 14 October 2017]

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

Update

International Day of the Girl Child: empowering girls before, during and after crises

11 October 2017

The International Day of the Girl Child, marked every year on 11 October, highlights and addresses the needs and challenges that girls face, while promoting their empowerment and human rights.

In many parts of the world, one of the key challenges that adolescent girls face is HIV. Globally, every week 6900 adolescent girls and young women aged 15–24 years are newly infected with HIV, yet only one in three adolescent girls and young women have comprehensive and correct knowledge of how to prevent HIV. In sub-Saharan Africa, three in four new HIV infections among 15–19-year-olds are among girls.

The theme of the International Day of the Girl Child 2017 is “EmPOWER girls: before, during and after crises”. War and conflict exacerbate the vulnerability of girls to child marriage,

intensify inequality and make women and girls susceptible to both household and intimate partner violence, all of which increase the vulnerability of women and girls to HIV...

Press statement

UNAIDS and UNFPA launch road map to stop new HIV infections

Global HIV Prevention Coalition holds first meeting in Geneva, Switzerland, to find ways to strengthen and sustain political commitment for HIV prevention

GENEVA, 10 October 2017—As part of global efforts to end AIDS as a public health threat, UNAIDS, the United Nations Population Fund (UNFPA) and partners have launched a new road map to reduce new HIV infections. The HIV prevention 2020 road map was launched at the first meeting of the Global HIV Prevention Coalition. The coalition is chaired by the Executive Directors of UNAIDS and UNFPA and brings together United Nations Member States, civil society, international organizations and other partners as part of efforts to reduce new HIV infections by 75% by 2020...

Update

New fund for key populations in eastern Europe and central Asia

10 October 2017

The Elton John AIDS Foundation announced on 10 October a new funding initiative for key populations in eastern Europe and central Asia.

The Key Populations Fund for Eastern Europe and Central Asia will focus on prevention and treatment of both HIV and hepatitis C for the people in the region most vulnerable to HIV—people who inject drugs, gay men and other men who have sex with men and sex workers. Over the next three years, the fund will aim to reach 20 000 people in the region with prevention, testing and treatment services...

UNICEF [to 14 October 2017]

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

12 October, 2017

Violence in al-Mayadin district, Deir ez-Zor, reportedly destroys cold room and vaccines

AMMAN/DAMASCUS,—“UNICEF has received reports that ongoing violence in Deir ez-Zor in eastern Syria has destroyed a UNICEF-supported vaccine cold room in al-Mayadin district, with at least 140,000 doses of vaccines lost, including some planned for use in tackling vaccine-preventable childhood diseases in the area. UNICEF is currently verifying this alarming report.

UNICEF emergency supplies for Rohingya children en route to Cox's Bazar

COX'S BAZAR, 14 September 2017 - UNICEF trucks filled with emergency water, sanitation and hygiene supplies for thousands of Rohingya children are headed to Cox's Bazar, with a steady stream of supplies in the pipeline for the coming days and weeks.

World's second largest oral cholera vaccination campaign kicks off at Rohingya camps in Bangladesh

COX'S BAZAR, Bangladesh, 10 October 2017 – A massive cholera immunization campaign started today near Cox's Bazar, Bangladesh, to protect newly arrived Rohingya and host communities from the life-threatening diarrheal disease. 900,000 doses of the vaccine have

been mobilized and are being delivered by more than 200 mobile vaccination teams, making it the second largest oral cholera vaccination campaign ever.

The Vaccine Confidence Project [to 14 October 2017]

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

No new digest content identified.

Wellcome Trust [to 14 October 2017]

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

News / Published: 13 October 2017

[Global pledges to speed up action on superbugs](#)

Wellcome is investing £2.4 million in a new project to track the global impact of superbugs as part of our ongoing efforts to help address this urgent global health threat.

The Global Burden of Disease AMR project will be launched today at our international [Call to Action](#) conference.

News / Published: 10 October 2017

[Findings from new malaria database are 'wake-up call'](#)

Researchers have compiled and analysed 115 years of malaria data in Africa, providing the most detailed picture yet of where efforts to control malaria infection are being won and lost across the continent.

The largest data repository of any parasitic disease in the world, it includes 7.8 million blood samples from more than 30,000 locations in 43 countries.

The open access [dataset \(opens in a new tab\)](#) was collected and analysed by [KEMRI-Wellcome Trust \(opens in a new tab\)](#) researchers Professor Bob Snow, Abdisalan Noor and colleagues based in Kenya, and is the result of over 20 years of research funded by Wellcome.

.....

BIO [to 14 October 2017]

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

No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 14 October 2017]

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

No new digest content identified.

IFPMA [to 14 October 2017]

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

No new digest content identified.

PhRMA [to 14 October 2017]

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

October 12, 2017

PhRMA, member companies and NIH create public-private partnership for immuno-oncology

A new public-private partnership will help build upon a new era in cancer treatment.

October 11, 2017

Amgen Chairman and CEO Robert A. Bradway Elected PhRMA Board Chairman-Elect

The Pharmaceutical Research and Manufacturers of America elected new officers to its board of directors.

* * * *

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

October 01, 2017 Volume 45, Issue 10, p1057-1174, e103-e118

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

[Reviewed earlier]

American Journal of Preventive Medicine

October 2017 Volume 53, Issue 4, p405-566, e123-e154

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

[Reviewed earlier]

American Journal of Public Health

October 2017 107(10)

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

Volume 97, Issue 3, 2017 Suppl, 2017

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

[Reviewed earlier]

Annals of Internal Medicine

3 October 2017 Vol: 167, Issue 7

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

[New issue; No digest content identified]

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 14 October 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 14 October 2017)

[No new digest content identified]

BMC Infectious Diseases

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

(Accessed 14 October 2017)

[No new digest content identified]

BMC Medical Ethics

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

(Accessed 14 October 2017)

[No new digest content identified]

BMC Medicine

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

(Accessed 14 October 2017)

Research article

Spatial model for risk prediction and sub-national prioritization to aid poliovirus eradication in Pakistan

Laina D. Mercer, Rana M. Safdar, Jamal Ahmed, Abdirahman Mahamud, M. Muzaffar Khan, Sue Gerber, Aiden O'Leary, Mike Ryan, Frank Salet, Steve J. Kroiss, Hil Lyons, Alexander Upfill-Brown and Guillaume Chabot-Couture

Published on: 11 October 2017

Abstract

Background

Pakistan is one of only three countries where poliovirus circulation remains endemic. For the Pakistan Polio Eradication Program, identifying high risk districts is essential to target interventions and allocate limited resources.

Methods

Using a hierarchical Bayesian framework we developed a spatial Poisson hurdle model to jointly model the probability of one or more paralytic polio cases, and the number of cases that would be detected in the event of an outbreak. Rates of underimmunization, routine immunization, and population immunity, as well as seasonality and a history of cases were used to project future risk of cases.

Results

The expected number of cases in each district in a 6-month period was predicted using indicators from the previous 6-months and the estimated coefficients from the model. The model achieves an average of 90% predictive accuracy as measured by area under the receiver operating characteristic (ROC) curve, for the past 3 years of cases.

Conclusions

The risk of poliovirus has decreased dramatically in many of the key reservoir areas in Pakistan. The results of this model have been used to prioritize sub-national areas in Pakistan to receive additional immunization activities, additional monitoring, or other special interventions.

BMC Pregnancy and Childbirth

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

(Accessed 14 October 2017)

[No new digest content identified]

BMC Public Health

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

(Accessed 14 October 2017)

Research article

Epidemiological link of a major cholera outbreak in Greater Accra region of Ghana, 2014

Cholera remains an important public health challenge globally. Several pandemics have occurred in different parts of the world and have been epidemiologically linked by different researchers to illustrate how ...

Kennedy Ohene-Adjei, Ernest Kenu, Delia Akosua Bandoh, Prince Nii Ossah Addo, Charles Lwanga Noora, Priscillia Nortey and Edwin Andrew Afari
BMC Public Health 2017 17:801
Published on: 11 October 2017

BMC Research Notes

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

(Accessed 14 October 2017)

[No new digest content identified]

BMJ Open

October 2017 - Volume 7 - 10

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

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 95, Number 10, October 2017, 665-728

<http://www.who.int/bulletin/volumes/95/10/en/>

[Reviewed earlier]

Child Care, Health and Development

November 2017 Volume 43, Issue 6 Pages 783–946

<http://onlinelibrary.wiley.com/doi/10.1111/cch.v43.6/issuetoc>

[Reviewed earlier]

Clinical and Experimental Vaccine Research

Volume 6(2); July 2017

<http://ecevr.org/>

[Reviewed earlier]

Clinical Therapeutics

September 2017 Volume 39, Issue 9, p1751-1906

[http://www.clinicaltherapeutics.com/issue/S0149-2918\(17\)X0012-X](http://www.clinicaltherapeutics.com/issue/S0149-2918(17)X0012-X)

[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 14 October 2017]

[No new digest content identified]

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 8, 2017

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

[New issue; No digest content identified]

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 October 2017; volume 18, issue 10

<http://embor.embopress.org/content/18/10?current-issue=y>

Science & Society

[Viral taxonomy](#)**[The effect of metagenomics on understanding the diversity and evolution of viruses](#)**

The advent of next-generation sequencing and metagenomics is challenging viral taxonomy to define and characterize viruses along with providing novel insights into the vast diversity of viruses and their evolution.

Philip Hunter

Emerging Infectious Diseases

Volume 23, Number 10—October 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 13 - October 2017

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

[Reviewed earlier]

The European Journal of Public Health

Volume 27, Issue 5, October 2017

<https://academic.oup.com/eurpub/issue/27/5>

Editorials

[Resilience and 21st century public health](#)

Erio Ziglio; Natasha Azzopardi-Muscat; Lino Briguglio

European Journal of Public Health, Volume 27, Issue 5, 1 October 2017, Pages 789–790,

<https://doi.org/10.1093/eurpub/ckx116>

Extract

The concept of ‘resilience’ is recently being increasingly used in academia, professional bodies, business, human rights and civil society organizations and in a wide-range of policy sectors. Its use in the field of public health has long been part and parcel of preventive policies designed to promote a long-term, holistic and socio-economic developmental approach to individual, community health and wellbeing. With today’s protracted economic crisis, it is more vital than ever to be clear about its particular significance if we are to foster lasting and meaningful action to strengthen resilience to improve health and well-being.

Resilience can be strengthened at individual, community and system levels. There are at least four types of resilience capacity that can be applied to these levels, usually referred to as absorptive, adaptive, anticipatory and transformative...

Global Health Action

Volume 10, 2017 – Issue 1 [In Progress]

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

[Reviewed earlier]

Global Health: Science and Practice (GHSP)

September 2017 | Volume 5 | Number 3

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

[Reviewed earlier]

Global Public Health

Volume 12, 2017 Issue 12

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

[New issue; No digest content identified]

Globalization and Health

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

[Accessed 14 October 2017]

[No new 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 9 November 2017

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 14 October 2017]

[Reviewed earlier]

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 9 2017

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 14 October 2017]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 14 October 2017]

Scoping Review

The perspective of gender on the Ebola virus using a risk management and population health framework: a scoping review

In the three decades since the first reported case of Ebola virus, most known index cases have been consistently traced to the hunting of "bush meat", and women have consistently recorded relatively high fatal...

Miriam N. Nkangu, Oluwasayo A. Olatunde and Sanni Yaya

Infectious Diseases of Poverty 2017 6:135

Published on: 11 October 2017

International Health

Volume 9, Issue 5, 1 September 2017

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

[Reviewed earlier]

International Journal of Community Medicine and Public Health

Vol 4, No 10 (2017) October 2017

<http://www.ijcmph.com/index.php/ijcmph/issue/view/31>

[Reviewed earlier]

International Journal of Epidemiology

Volume 46, Issue 4, 1 August 2017

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

[Reviewed earlier]

International Journal of Human Rights in Healthcare

Vol. 10 Issue: 4 2017

<http://www.emeraldinsight.com/toc/ijhrh/10/4>

[Reviewed earlier]

International Journal of Infectious Diseases

October 2017 Volume 63, p1-100

[http://www.ijidonline.com/issue/S1201-9712\(17\)X0010-6](http://www.ijidonline.com/issue/S1201-9712(17)X0010-6)

[Reviewed earlier]

JAMA

October 10, 2017, Vol 318, No. 14, Pages 1297-1406

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

[New issue; No digest content identified]

JAMA Pediatrics

October 2017, Vol 171, No. 10, Pages 927-1024

<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

October 2017 - Volume 71 - 10

<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 2, 2016

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

[New issue; No digest content identified]

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>

[Reviewed earlier]

Journal of Medical Ethics

October 2017 - Volume 43 - 10

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

[Reviewed earlier]

Journal of Medical Internet Research

Vol 19, No 10 (2017): October

<http://www.jmir.org/2017/10>

[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.auorahealthcare.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

October 2017 Volume 189, p1-244
<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>
[Reviewed earlier]

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 – October 2017
<https://academic.oup.com/jtm/issue/24/5>
[Reviewed earlier]

Journal of Virology

October 2017, volume 91, issue 20
<http://jvi.asm.org/content/current>
[Reviewed earlier]

The Lancet

Oct 14, 2017 Volume 390 Number 10104 p1715-1810 e25-e26

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

Editorial

WHO launches new leadership, new priorities

The Lancet

Published: 14 October 2017

WHO's Director-General, Dr Tedros, last week launched his new cabinet to widespread acclaim. His mix of deputy and assistant director-generals is made up of nine women (two-thirds of his leadership team) with a geographical spread across 14 countries. India, Brazil, Saudi Arabia, South Africa, and Barbados are all newly represented. The announcement also translated Tedros's verbal promises into structural commitments. New priorities include Universal Health Coverage, climate change, and access to medicines. His cabinet is diverse, talented, and experienced. Now it's all about WHO's actions. A special session of the Executive Board will be convened in November to agree a future global programme of work for the agency.

There are important questions to resolve. How will the new team in Geneva work with regional directors and regional offices? Will the expanded number of priorities and larger executive team create more silos within an organisation that is already partly paralysed by inefficiency? Will the optimism engendered by Dr Tedros's election be backed by donor investment to a chronically impoverished WHO? Internally, the director-general has signalled to staff that he wants urgent and profound organisational change. Reports suggest that he is likely to appoint a transformation czar and hire McKinsey consultants to manage the change.

Dr Tedros is said to be obsessed by impact, which is welcome. WHO is at its best when it amplifies its voice and reach by establishing radical and innovative initiatives led by internationally recognised technical or political leaders. This was the lesson of Gro Harlem Brundtland's term as director-general. The goal of transformational change is good. But it might be more practical for WHO to deliver on a limited number of tangible and feasible objectives rather than speaking in terms of broad generalities and aspirations. Dr Tedros and his team will be judged on specific and measurable successes—such as pandemic protection and stronger health systems.

The announcement last week has brought additional and valuable momentum to the renewal of WHO. The agency must now raise its political game.

Health Policy

Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents

Peter Sheehan, Kim Sweeny, Bruce Rasmussen, Annababette Wils, Howard S Friedman, Jacqueline Mahon, George C Patton, Susan M Sawyer, Eric Howard, John Symons, Karin Stenberg, Satvika Chalasani, Neelam Maharaj, Nicola Reavley, Hui Shi, Masha Fridman, Alison Welsh, Emeka Nsofor, Laura Laski

Summary

Investment in the capabilities of the world's 1.2 billion adolescents is vital to the UN's Sustainable Development Agenda. We examined investments in countries of low income, lower-middle income, and upper-middle income covering the majority of these adolescents globally to derive estimates of investment returns given existing knowledge. The costs and effects of the interventions were estimated by adapting existing models and by extending methods to create new modelling tools. Benefits were valued in terms of increased gross domestic product and averted social costs. The initial analysis showed high returns for the modelled interventions, with substantial variation between countries and with returns generally higher in low-income countries than in countries of lower-middle and upper-middle income. For interventions targeting physical, mental, and sexual health (including a human papilloma virus programme), an investment of US\$4.6 per capita each year from 2015 to 2030 had an unweighted mean benefit to cost ratio (BCR) of more than 10.0, whereas, for interventions targeting road traffic injuries, a BCR of 5.9 (95% CI 5.8–6.0) was achieved on investment of \$0.6 per capita each year. Interventions to reduce child marriage (\$3.8 per capita each year) had a mean BCR of 5.7 (95% CI 5.3–6.1), with the effect high in low-income countries. Investment to increase the extent and quality of secondary schooling is vital but will be more expensive than other interventions—investment of \$22.6 per capita each year from 2015 to 2030 generated a mean BCR of 11.8 (95% CI 11.6–12.0). Investments in health and education will not only transform the lives of adolescents in resource-poor settings, but will also generate high economic and social returns. These returns were robust to substantial variation in assumptions. Although the knowledge base on the impacts of interventions is limited in many areas, and a major research effort is needed to build a more complete investment framework, these analyses suggest that comprehensive investments in adolescent health and wellbeing should be given high priority in national and international policy.

Lancet Global Health

Oct 2017 Volume 5 Number 10 e948-e1046

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

[Reviewed earlier]

Lancet Infectious Diseases

Oct 2017 Volume 17 Number 10 p1003-1098 e306-e333

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

[Reviewed earlier]

Lancet Public Health

Oct 2017 Volume 2 Number 10 e438-e482

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

[New issue; No digest content identified]

Lancet Respiratory Medicine

Oct 2017 Volume 5 Number 10 p761-834 e30

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

[New issue; No digest content identified]

Maternal and Child Health Journal

Volume 21, Issue 10, October 2017

<https://link.springer.com/journal/10995/21/10/page/1>

[Reviewed earlier]

Medical Decision Making (MDM)

Volume 37, Issue 7, October 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 550 Number 7675 pp158-294 12 October 2017

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

[New issue; No digest content identified]

Nature Medicine

October 2017, Volume 23 No 10 pp1113-1241

<http://www.nature.com/nm/journal/v23/n10/index.html>

[Reviewed earlier]

Nature Reviews Immunology

October 2017 Vol 17 No 10

<http://www.nature.com/nri/journal/v17/n10/index.html>

[Reviewed earlier]

New England Journal of Medicine

October 12, 2017 Vol. 377 No. 15

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

Perspective

Misdirections in Informed Consent — Impediments to Health Care Innovation

David A. Asch, M.D., M.B.A., Tracy A. Ziolek, M.S., and Shivan J. Mehta, M.D., M.B.A., M.S.H.P.
N Engl J Med 2017; 377:1412-1414 October 12, 2017 DOI: 10.1056/NEJMp1707991

Voluntary Site Accreditation — Improving the Execution of Multicenter Clinical Trials

S.C. Johnston, C.P. Austin, and F. Lewis-Hall

Original Articles

Ebola RNA Persistence in Semen of Ebola Virus Disease Survivors — Final Report

G.F. Deen and Others

Original Article

Phase 2 Placebo-Controlled Trial of Two Vaccines to Prevent Ebola in Liberia

Stephen B. Kennedy, M.D., Fatorma Bolay, Ph.D., Mark Kieh, M.D., Greg Grandits, M.S., Moses Badio, M.Sc., Ripley Ballou, M.D., Risa Eckes, B.S.N., Mark Feinberg, M.D., Ph.D., Dean Follmann, Ph.D., Birgit Grund, Ph.D., Swati Gupta, Dr.P.H., Lisa Hensley, Ph.D., Elizabeth Higgs, M.D., Krisztina Janosko, B.S., Melvin Johnson, B.Sc., Francis Kateh, M.D., James Logue, M.S., Jonathan Marchand, M.S., Thomas Monath, M.D., Martha Nason, Ph.D., Tolbert Nyenswah, M.P.H., François Roman, Ph.D., Eric Stavale, M.S., Julian Wolfson, Ph.D., James D. Neaton, Ph.D., and H. Clifford Lane, M.D., for the PREVAIL I Study Group*

N Engl J Med 2017; 377:1438-1447 October 12, 2017 DOI: 10.1056/NEJMoa1614067

Abstract

Background

The safety and efficacy of vaccines to prevent Ebola virus disease (EVD) were unknown when the incidence of EVD was peaking in Liberia.

Full Text of Background...

Methods

We initiated a randomized, placebo-controlled, phase 3 trial of the chimpanzee adenovirus 3 vaccine (ChAd3-EBO-Z) and the recombinant vesicular stomatitis virus vaccine (rVSVΔG-ZEBOV-GP) in Liberia. A phase 2 subtrial was embedded to evaluate safety and immunogenicity. Because the incidence of EVD declined in Liberia, the phase 2 component was expanded and the phase 3 component was eliminated.

Full Text of Methods...

Results

A total of 1500 adults underwent randomization and were followed for 12 months. The median age of the participants was 30 years; 36.6% of the participants were women. During the week after the administration of vaccine or placebo, adverse events occurred significantly more often with the active vaccines than with placebo; these events included injection-site reactions (in 28.5% of the patients in the ChAd3-EBO-Z group and 30.9% of those in the rVSVΔG-ZEBOV-GP group, as compared with 6.8% of those in the placebo group), headache (in 25.1% and 31.9%, vs. 16.9%), muscle pain (in 22.3% and 26.9%, vs. 13.3%), feverishness (in 23.9% and 30.5%, vs. 9.0%), and fatigue (in 14.0% and 15.4%, vs. 8.8%) ($P < 0.001$ for all comparisons); these differences were not seen at 1 month. Serious adverse events within 12 months after injection were seen in 40 participants (8.0%) in the ChAd3-EBO-Z group, in 47 (9.4%) in the rVSVΔG-ZEBOV-GP group, and in 59 (11.8%) in the placebo group. By 1 month, an antibody response developed in 70.8% of the participants in the ChAd3-EBO-Z group and in 83.7% of those in the rVSVΔG-ZEBOV-GP group, as compared with 2.8% of those in the placebo group ($P < 0.001$ for both comparisons). At 12 months, antibody responses in participants in the ChAd3-EBO-Z group (63.5%) and in those in the rVSVΔG-ZEBOV-GP group (79.5%) remained significantly greater than in those in the placebo group (6.8%, $P < 0.001$ for both comparisons).

Full Text of Results...

Conclusions

A randomized, placebo-controlled phase 2 trial of two vaccines that was rapidly initiated and completed in Liberia showed the capability of conducting rigorous research during an outbreak. By 1 month after vaccination, the vaccines had elicited immune responses that were largely maintained through 12 months. (Funded by the National Institutes of Allergy and Infectious Diseases and the Liberian Ministry of Health; PREVAIL I ClinicalTrials.gov number, [NCT02344407](#).)

Pediatrics

October 2017, VOLUME 140 / ISSUE 4

<http://pediatrics.aappublications.org/content/140/4?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 10, October 2017

<https://link.springer.com/journal/40273/35/10/page/1>

[Reviewed earlier]

PLOS Currents: Disasters

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

[Accessed 14 October 2017]

[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 14 October 2017]

[First Wave of the 2016-17 Cholera Outbreak in Hodeidah City, Yemen – Acf Experience and Lessons Learned](#)

October 13, 2017 · Research Article

Introduction: Although cases were reported only in 2010 and 2011, cholera is probably endemic in Yemen. In the context of a civil war, a cholera outbreak was declared in different parts of the country October 6th, 2016. This paper describes the ACF outbreak response in Hodeidah city from October 28th, 2016 to February 28th, 2017 in order to add knowledge to this large outbreak.

Methods: The ACF outbreak response in Hodeidah city included a case management component and prevention measures in the community. In partnership with the Ministry of Public Health and Population of Yemen (MoPHP), the case management component included a Cholera Treatment Center (CTC) implemented in the Al Thoraw hospital, 11 Oral Rehydration Therapy Corners (ORTCs) and an active case finding system. In partnership with other stakeholders,

prevention measures in the community, including access to safe water and hygiene promotion, were implemented in the most affected communities of the city.

Results: From October 28th, 2016 until February 28th, 2017, ACF provided care to 8,270 Acute Watery Diarrhea (AWD) cases, of which 5,210 (63%) were suspected cholera cases, in the CTC and the 11 ORTCs implemented in Hodeidah city. The attack rate was higher among people living in Al Hali district, with a peak in November 2016. At the CTC, 8% of children under 5 years-old also presented with Severe Acute Malnutrition (SAM). The Case-Fatality Rate (CFR) was low (0.07%) but 15% of admitted cases defaulted for cultural and security reasons. Environmental management lacked the information to appropriately target affected areas. Financial resources did not allow complete coverage of the city.

Conclusion: Response to the first wave of a large cholera outbreak in Hodeidah city was successful in maintaining a CFR <1% in the CTC. However, considering the actual context of Yemen and its water infrastructure, much more efforts are needed to control the current outbreak resurgence.

PLoS Medicine

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

(Accessed 14 October 2017)

[No new digest content identified]

PLoS Neglected Tropical Diseases

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

(Accessed 14 October 2017)

Research Article

Modeling the environmental suitability of anthrax in Ghana and estimating populations at risk: Implications for vaccination and control

Ian T. Kracalik, Ernest Kenu, Evans Nsoh Ayamdooh, Emmanuel Allegye-Cudjoe, Paul Nokuma Polkuu, Joseph Asamoah Frimpong, Kofi Mensah Nyarko, William A. Bower, Rita Traxler, Jason K. Blackburn

| published 13 Oct 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0005885>

Is mass drug administration against lymphatic filariasis required in urban settings? The experience in Kano, Nigeria

Dung D. Pam, Dziedzom K. de Souza, Susan Walker, Millicent Opoku, Safiya Sanda, Ibrahim Nazaradeen, Ifeoma N. Anagbogu, Chukwu Okoronkwo, Emmanuel Davies, Elisabeth Elhassan, David Molyneux, Moses J. Bockarie, Benjamin G. Koudou

Research Article | published 11 Oct 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0006004>

Insights and efforts to control rabies in Zambia: Evaluation of determinants and barriers to dog vaccination in Nyimba district

Carolyn Patricia Mulipukwa, Boyd Mudenda, Allan Rabson Mbewe

Research Article | published 09 Oct 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0005946>

PLoS One

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

Research Article

Understanding the perceived logic of care by vaccine-hesitant and vaccine-refusing parents: A qualitative study in Australia

Paul R. Ward, Katie Attwell, Samantha B. Meyer, Philippa Rokkas, Julie Leask

Research Article | published 12 Oct 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0185955>

Assessing the individual risk of fecal poliovirus shedding among vaccinated and non-vaccinated subjects following national health weeks in Mexico

Leticia Ferreyra-Reyes, Luis Pablo Cruz-Hervert, Stephanie B. Troy, ChunHong Huang, Clea Sarnquist, Guadalupe Delgado-Sánchez, Sergio Canizales-Quintero, Marisa Holubar, Elizabeth Ferreira-Guerrero, Rogelio Montero-Campos, Mauricio Rodríguez-Álvarez, Norma Mongua-Rodriguez, Yvonne Maldonado, Lourdes García-García

Research Article | published 12 Oct 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0185594>

Violence, insecurity, and the risk of polio: A systematic analysis

Kia Guarino, Arend Voorman, Maxime Gasteen, Donte Stewart, Jay Wenger

Research Article | published 11 Oct 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0185577>

Conclusion

National virologic and immunologic indicators understate the risk of poliovirus spread in areas with violence and insecurity, and the inclusion of such factors improves precision. In addition, the link between violence and incidence of disease highlights the broader challenge of implementing health interventions in conflict areas. We discuss practical implications of this work in understanding and measuring the risks to polio eradication and other global health initiatives, and the policy implications of the need to reach vulnerable populations in conflict zones.

Experiences of operational costs of HPV vaccine delivery strategies in Gavi-supported demonstration projects

Siobhan Botwright, Taylor Holroyd, Shreya Nanda, Paul Bloem, Ulla K. Griffiths, Anissa Sidibe, Raymond C. W. Hutubessy

Research Article | published 10 Oct 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0182663>

Abstract

From 2012 to 2016, Gavi, the Vaccine Alliance, provided support for countries to conduct small-scale demonstration projects for the introduction of the human papillomavirus vaccine, with the aim of determining which human papillomavirus vaccine delivery strategies might be effective and sustainable upon national scale-up. This study reports on the operational costs and cost determinants of different vaccination delivery strategies within these projects across twelve countries using a standardized micro-costing tool. The World Health Organization Cervical Cancer Prevention and Control Costing Tool was used to collect costing data, which were then aggregated and analyzed to assess the costs and cost determinants of vaccination. Across the one-year demonstration projects, the average economic and financial costs per dose amounted

to US\$19.98 (standard deviation ± 12.5) and US\$8.74 (standard deviation ± 5.8), respectively. The greatest activities representing the greatest share of financial costs were social mobilization at approximately 30% (range, 6–67%) and service delivery at about 25% (range, 3–46%). Districts implemented varying combinations of school-based, facility-based, or outreach delivery strategies and experienced wide variation in vaccine coverage, drop-out rates, and service delivery costs, including transportation costs and per diems. Size of target population, number of students per school, and average length of time to reach an outreach post influenced cost per dose. Although the operational costs from demonstration projects are much higher than those of other routine vaccine immunization programs, findings from our analysis suggest that HPV vaccination operational costs will decrease substantially for national introduction. Vaccination costs may be decreased further by annual vaccination, high initial investment in social mobilization, or introducing/strengthening school health programs. Our analysis shows that drivers of cost are dependent on country and district characteristics. We therefore recommend that countries carry out detailed planning at the national and district levels to define a sustainable strategy for national HPV vaccine roll-out, in order to achieve the optimal balance between coverage and cost.

PLoS Pathogens

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

[Accessed 14 October 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 14 October 2017]

[No new digest content identified]

Prehospital & Disaster Medicine

Volume 32 - Issue 5 - October 2017

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

[Reviewed earlier]

Preventive Medicine

Volume 102, Pages 1-126 (September 2017)

<http://www.sciencedirect.com/science/journal/00917435/102?sdc=1>

Original Research Article

[Determinants of human papillomavirus vaccination uptake among adolescent girls: A theory-based longitudinal study among Hong Kong Chinese parents](#)

Pages 24-30

Linda Dong-Ling Wang, Wendy Wing Tak Lam, Richard Fielding

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 12, October 2017

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

[Reviewed earlier]

Reproductive Health

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

[Accessed 14 October 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

October 2017 Volume 37, Issue 10 Pages 1799–2022

<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

13 October 2017 Vol 358, Issue 6360

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

Special Issue: Remote sensing

In Depth

[Drug-resistant malaria advances in Mekong](#)

By Leslie Roberts

Science 13 Oct 2017 : 155-156 Restricted Access

Dangerous strain has spread to Vietnam, but experts sharply dispute its risk to the world.

Science Translational Medicine

11 October 2017 Vol 9, Issue 411

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

[New issue; No digest content identified]

Social Science & Medicine

Volume 190, Pages 1-278 (October 2017)

<http://www.sciencedirect.com/science/journal/02779536/190?sdc=1>

[Reviewed earlier]

Travel Medicine and Infectious Diseases

July-August, 2017 Volume 18

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

[Reviewed earlier]

Tropical Medicine & International Health

October 2017 Volume 22, Issue 10 Pages 1205–1360

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-10/issuetoc>

[Reviewed earlier]

Vaccine

Volume 35, Issue 43, Pages 5731-5946 (13 October 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/43?sdc=1>

WHO articles

[The value of multi-country joint regulatory reviews: The experience of a WHO joint technical consultation on the CYD-TDV \(Dengvaxia®\) dossier](#)

Pages 5731-5733

Kirsten Vannice, Liliana Chocarro, Michael Pfleiderer, Ahmed Bellah, Michael Ward, In-Kyu Yoon, Joachim Hombach

Data and product needs for influenza immunization programs in low- and middle-income countries: Rationale and main conclusions of the WHO preferred product characteristics for next-generation influenza vaccines

Pages 5734-5737

Kathleen M. Neuzil, Joseph S. Bresee, Fernando de la Hoz, Kari Johansen, Ruth A. Karron, Anand Krishnan, Shabir A. Madhi, Punam Mangtani, David J. Spiro, Justin R. Ortiz, On behalf of the WHO Preferred Product Characteristics for Next-Generation Influenza Vaccines Advisory Group

WHO position on the use of fractional doses – June 2017, addendum to vaccines and vaccination against yellow fever WHO: Position paper – June 2013

Pages 5751-5752

World Health Organization

Human papillomavirus vaccines: WHO position paper, May 2017–Recommendations

Pages 5753-5755

World Health Organization

Reviews

The impact of 10-valent and 13-valent pneumococcal conjugate vaccines on hospitalization for pneumonia in children: A systematic review and meta-analysis

Review Article

Pages 5776-5785

Cristiano Alicino, Chiara Paganino, Andrea Orsi, Matteo Astengo, Cecilia Trucchi, Giancarlo Icardi, Filippo Ansaldi

Abstract

Background

This systematic review and meta-analysis aimed at summarizing available data on the impact of PCV10 and PCV13 in reducing the incidence of CAP hospitalizations in children aged <5 years.

Methods

A systematic search of the literature was conducted. We included time-series analyses and before-after studies, reporting the incidence of hospitalization for pneumonia in the periods before and after the introduction of PCV10 or PCV13 into the immunization program. Pooled estimates of Incidence Rate Ratio (IRR) were calculated by using a random-effects meta-analytic model. Results were stratified according to age-groups (<24 months and 24–59 months) and case definitions of pneumonia (clinically and radiologically confirmed pneumonia).

Results

A total of 1533 potentially relevant articles were identified. Of these, 12 articles were included in the analysis. In children aged <24 months, the meta-analysis showed a reduction of 17% (95%CI: 11–22%, p-value < 0.001) and of 31% (95%CI: 26–35%, p-value < 0.001) in the hospitalization rates respectively for clinically and radiologically confirmed pneumonia, respectively, after the introduction of the novel PCVs.

In children aged 24–59 months, the meta-analysis showed a reduction of 9% (95%CI: 5–14%, p-value < 0.001) and of 24% (95%CI: 12–33%, p-value < 0.001) in the hospitalization rates for clinically and radiologically confirmed pneumonia, respectively, after the introduction of the novel PCVs.

High heterogeneity was detected among studies evaluating the hospitalization rate for clinically and radiologically confirmed pneumonia.

Conclusions

The results of this study revealed a significant impact of PCV10 and PCV13 in reducing the hospitalizations for pneumonia, particularly in children aged <24 months and for radiologically confirmed disease. Further appropriately designed studies, comparing the impact of PCV10 and PCV13, are needed in order to obtain solid data on which to establish future immunization strategies.

Regular Papers

Comparison of two control groups for estimation of oral cholera vaccine effectiveness using a case-control study design

Original Research Article

Pages 5819-5827

Molly F. Franke, J. Gregory Jerome, Wilfredo R. Matias, Ralph Ternier, Isabelle J. Hilaire, Jason B. Harris, Louise C. Ivers

Abstract

Background

Case-control studies to quantify oral cholera vaccine effectiveness (VE) often rely on neighbors without diarrhea as community controls. Test-negative controls can be easily recruited and may minimize bias due to differential health-seeking behavior and recall. We compared VE estimates derived from community and test-negative controls and conducted bias-indicator analyses to assess potential bias with community controls.

Methods

From October 2012 through November 2016, patients with acute watery diarrhea were recruited from cholera treatment centers in rural Haiti. Cholera cases had a positive stool culture. Non-cholera diarrhea cases (test-negative controls and non-cholera diarrhea cases for bias-indicator analyses) had a negative culture and rapid test. Up to four community controls were matched to diarrhea cases by age group, time, and neighborhood.

Results

Primary analyses included 181 cholera cases, 157 non-cholera diarrhea cases, 716 VE community controls and 625 bias-indicator community controls. VE for self-reported vaccination with two doses was consistent across the two control groups, with statistically significant VE estimates ranging from 72 to 74%. Sensitivity analyses revealed similar, though somewhat attenuated estimates for self-reported two dose VE. Bias-indicator estimates were consistently less than one, with VE estimates ranging from 19 to 43%, some of which were statistically significant.

Conclusions

OCV estimates from case-control analyses using community and test-negative controls were similar. While bias-indicator analyses suggested possible over-estimation of VE estimates using community controls, test-negative analyses suggested this bias, if present, was minimal. Test-negative controls can be a valid low-cost and time-efficient alternative to community controls for OCV effectiveness estimation and may be especially relevant in emergency situations.

An ensemble approach to predicting the impact of vaccination on rotavirus disease in Niger

Original Research Article

Pages 5835-5841

Jaewoo Park, Joshua Goldstein, Murali Haran, Matthew Ferrari

Abstract

Recently developed vaccines provide a new way of controlling rotavirus in sub-Saharan Africa. Models for the transmission dynamics of rotavirus are critical both for estimating current burden from imperfect surveillance and for assessing potential effects of vaccine intervention strategies. We examine rotavirus infection in the Maradi area in southern Niger using hospital surveillance data provided by Epicentre collected over two years. Additionally, a cluster survey of households in the region allows us to estimate the proportion of children with diarrhea who consulted at a health structure. Model fit and future projections are necessarily particular to a given model; thus, where there are competing models for the underlying epidemiology an ensemble approach can account for that uncertainty. We compare our results across several variants of Susceptible-Infectious-Recovered (SIR) compartmental models to quantify the impact of modeling assumptions on our estimates. Model-specific parameters are estimated by Bayesian inference using Markov chain Monte Carlo. We then use Bayesian model averaging to generate ensemble estimates of the current dynamics, including estimates of R_0 , the burden of infection in the region, as well as the impact of vaccination on both the short-term dynamics and the long-term reduction of rotavirus incidence under varying levels of coverage. The ensemble of models predicts that the current burden of severe rotavirus disease is 2.6–3.7% of the population each year and that a 2-dose vaccine schedule achieving 70% coverage could reduce burden by 39–42%.

Vaccine: Development and Therapy

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

(Accessed 14 October 2017)

Review

The new first-line defense: the potential of nasopharyngeal colonization in vaccine strategies

Chan WY, Cohen JM, Brown JS

Vaccine: Development and Therapy 2016, 6:47-57

Published Date: 17 October 2016

Vaccines — Open Access Journal

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

(Accessed 14 October 2017)

Open Access

Article

Improving Influenza Vaccination Rate among Primary Healthcare Workers in Qatar

by Khalid H. Elawad, Elmoubasher A. Farag, Dina A. Abuelgasim, Maria K. Smatti, Hamad E. Al-Romaihi, Mohammed Al Thani, Hanan Al Mujalli, Zienab Shehata, Merin Alex, Asmaa A. Al Thani and Hadi M. Yassine

Vaccines **2017**, *5*(4), 36; doi:[10.3390/vaccines5040036](https://doi.org/10.3390/vaccines5040036) - 10 October 2017

Abstract

The purpose of this study was to improve influenza vaccination, and determine factors influencing vaccine declination among health care workers (HCW) in Qatar. We launched an influenza vaccination campaign to vaccinate around 4700 HCW in 22 Primary Health Care Corporation (PHCC) centers in Qatar between 1st and 15th of November, 2015. Our target was

to vaccinate 60% of all HCW. Vaccine was offered free of charge at all centers, and information about the campaign and the importance of influenza vaccination was provided to employees through direct communication, emails, and social media networks. Staff were reported as vaccinated or non-vaccinated using a declination form that included their occupation, place of work and reasons for declining the vaccine. Survey responses were summarized as proportional outcomes. We exceeded our goal, and vaccinated 77% of the target population. Only 9% declined to take the vaccine, and the remaining 14% were either on leave or had already been vaccinated. Vaccine uptake was highest among aides (98.1%), followed by technicians (95.2%), and was lowest amongst pharmacists (73.2%), preceded by physicians (84%). Of those that declined the vaccine, 34% provided no reason, 18% declined it due to behavioral issues, and 21% declined it due to medical reasons. Uptake of influenza vaccine significantly increased during the 2015 immunization campaign. This is attributed to good planning, preparation, a high level of communication, and providing awareness and training to HCW with proper supervision and monitoring

Value in Health

September 2017 Volume 20, Issue 8, p1003-1226

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

[Reviewed earlier]

* * * *

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

Papillomavirus Research

Volume 4, December 2017, Pages 72-78

[Human papillomavirus \(HPV\) vaccine coverage achievements in low and middle-income countries 2007–2016](#)

Introduction

Since 2007, HPV vaccine has been available to low and middle income countries (LAMIC) for small-scale 'demonstration projects', or national programmes. We analysed coverage achieved in HPV vaccine demonstration projects and national programmes that had completed at least 6 months of implementation between January 2007–2016.

Open Forum Infectious Diseases

Volume 4, Issue suppl_1, 1 October 2017, Pages S325

[Human Papillomavirus \(HPV\) Knowledge, Vaccine Acceptability and Acceptability of Text Message Reminders for Vaccine Doses in Adolescents Presenting to an Urban Emergency Department \(ED\)](#)

Waridibo E Allison, MBBS PhD Ada Rubin, BA Deborah Levine, MD

Conclusion

Adolescents find it acceptable to receive HPV vaccination in these EDs and text message reminders for subsequent vaccine doses. Exploration of initial HPV vaccination of unvaccinated adolescents in the ED, with follow up doses in more traditional clinic settings aided by text

message reminders warrants further investigation. Though a challenging care environment, the ED should not be ignored as a potential site for public health interventions such as HPV vaccination in adolescents.

* * * *

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 14 October 2017

[No new, unique, relevant content]

BBC

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

Accessed 14 October 2017

[No new, unique, relevant content]

The Economist

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

Accessed 14 October 2017

[No new, unique, relevant content]

Financial Times

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

Accessed 14 October 2017

[No new, unique, relevant content]

Forbes

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

Accessed 14 October 2017

What's In The Smallpox Vaccine?

K.N. Smith, Contributor

We still don't know where the virus in smallpox vaccine actually came from, but a new genetic study offers a tantalizing clue.

Foreign Affairs

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

Accessed 14 October 2017

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 14 October 2017

Yemen's Man-Made Cholera Outbreak Is About to Break a Record

In Haiti, it took seven years for the number of cholera cases to surpass 800,000. In Yemen, it's taken several months.

Dan De Luce | October 9, 2017

The Guardian

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

Accessed 14 October 2017

[No new, unique, relevant content]

New Yorker

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

Accessed 14 October 2017

[No new, unique, relevant content]

New York Times

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

Accessed 14 October 2017

WHO Says Attack on Syria Vaccine Store Leaves Children at Risk

The World Health Organization said on Friday it had received reports of an attack on medical facilities in eastern Syria that had destroyed a store containing more than 130,000 vaccine doses against measles and polio.

October 13, 2017 - By REUTERS - World –

California Declares Emergency to Fight Hepatitis A Outbreak

California Gov. Jerry Brown on Friday declared a state of emergency to combat a hepatitis A outbreak that has claimed 18 lives in San Diego.

October 13, 2017 - By THE ASSOCIATED PRESS – U

GlaxoSmithKline's Shingles Vaccine Gets Approval in Canada

Canadian health regulators have approved GlaxoSmithKline's key shingles vaccine, the company said on Friday.

October 13, 2017 - By REUTERS –

Wall Street Journal

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

Accessed 14 October 2017

[No new, unique, relevant content]

Washington Post

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

Accessed 14 October 2017

The mother jailed for refusing to vaccinate her son says she would 'do it all over again'

Lindsey Bever and Kristine Phillips · National/health-science · Oct 13, 2017

Think Tanks et al

Brookings

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

Accessed 14 October 2017

[No new relevant content]

Center for Global Development

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

Accessed 14 October 2017

Health in a Time of Austerity – Can Fiscal Measures Help?

Event

10/26/17

In many countries, it is difficult to raise taxes and therefore difficult to increase spending on health care. Nevertheless, many of the factors that determine population health—and how it is distributed among citizens—do not involve spending more on healthcare services, per se. Rather, the burden of many non-communicable diseases and external injuries can be influenced by creative reform of taxes and subsidies. Taxing tobacco, alcohol, and sugar-sweetened beverages can reduce consumption of products which contribute to cardiovascular disease, traffic accidents, and diabetes. Subsidies for condoms, vaccines, and TB diagnostics can reduce the prevalence of many important infectious diseases. Ramanan Laxminarayan, Director of the Center for Disease Dynamics, Economics & Policy, will present findings from his research with Ian Parry at the International Monetary Fund on the potential for health gains from taxes and subsidies. This lunchtime talk will be moderated by William Savedoff, Senior Fellow at the Center for Global Development.

Defining Benefits for Universal Health Care—How Governments Can Get the Most Bang for Their Health Care Buck

Blog Post

10/10/17

Amanda Glassman and Rebecca Forman

Vaccinate children against measles and mumps or pay for the costs of dialysis treatment for kidney disease patients? Pay for cardiac patients to undergo lifesaving surgery, or channel money toward efforts to prevent cardiovascular disease in the first place? For universal health care (UHC) to become a reality, policymakers looking to make their money go as far as possible must make tough life-or-death choices like these.

Council on Foreign Relations

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

Accessed 14 October 2017
[No new relevant content]

CSIS

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

Accessed 14 October 2017
[No new relevant content]

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