



**Vaccines and Global Health: The Week in Review**  
**28 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. Comments and suggestions should be directed to*

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## Milestones :: Perspectives

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### **Substantial decline in global measles deaths, but disease still kills 90,000 per year**

*Joint Press Release: WHO, UNICEF, Gavi, CDC*

GENEVA/NEW YORK /ATLANTA, 26 October 2017 – In 2016, an estimated 90, 000 people died from measles – an 84 per cent drop from more than 550, 000 deaths in 2000 – according to a new report published today by leading health organizations. This marks the first time global measles deaths have fallen below 100, 000 per year.

“Saving an average of 1.3 million lives per year through measles vaccine is an incredible achievement and makes a world free of measles seem possible, even probable, in our lifetime,” says Dr Robert Linkins, of the Measles and Rubella Initiative (MR&I) and Branch Chief of Accelerated Disease Control and Vaccine Preventable Diseases at the Centers for Disease Control and Prevention. M&RI is a partnership formed in 2001 of the American Red Cross, the US Centers for Disease Control and Prevention, the United Nations Foundation, UNICEF, and WHO.

Since 2000, an estimated 5.5 billion doses of measles-containing vaccines have been provided to children through routine immunization services and mass vaccination campaigns, saving an estimated 20.4 million lives.

“We have seen a substantial drop in measles deaths for more than two decades, but now we must strive to reach zero measles cases,” says Dr Jean-Marie Okwo-Bele, Director of WHO’s Department of Immunization, Vaccines and Biologicals. “Measles elimination will only be reached if measles vaccines reach every child, everywhere.”

The world is still far from reaching regional measles elimination goals. Coverage with the first of two required doses of measles vaccine has stalled at approximately 85 per cent since 2009, far short of the 95 per cent coverage needed to stop measles infections, and coverage with the second dose, despite recent increases, was only 64 per cent in 2016.

Far too many children - 20.8 million - are still missing their first measles vaccine dose. More than half of these unvaccinated children live in six countries: Nigeria (3.3 million), India (2.9 million), Pakistan (2.0 million), Indonesia (1.2 million), Ethiopia (0.9 million), and Democratic Republic of the Congo (0.7 million). Since measles is a highly contagious viral disease, large outbreaks continue to occur in these and other countries in Europe and North America, putting children at risk of severe health complications such as pneumonia, diarrhoea, encephalitis, blindness, and death.

Agencies noted that progress in reaching measles elimination could be reversed when polio-funded resources supporting routine immunization services, measles and rubella vaccination campaigns, and surveillance, diminish and disappear following polio eradication. Countries with the greatest number of measles deaths rely most heavily on polio-funded resources and are at highest risk of reversing progress after polio eradication is achieved.

"This remarkable drop in measles deaths is the culmination of years of hard work by health workers, governments and development agencies to vaccinate millions of children in the world's poorest countries," said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance, one of the world's largest supporters of measles immunization programmes. "However we cannot afford to be complacent. Too many children are still missing out on lifesaving vaccines. To reach these children and set ourselves on a realistic road to measles elimination we need to dramatically improve routine immunization backed by strong health systems."

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**Weekly Epidemiological Record, 27 October 2017, vol. 92, 43 (pp. 649–660)**

:: Progress towards regional measles elimination – worldwide, 2000–2016

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**The Human Vaccines Project Launches New Initiative To Accelerate Development Of Universally Effective Influenza Vaccines**

NEW YORK, Oct. 26, 2017 /PRNewswire-USNewswire/ -- The Human Vaccines Project, a public-private partnership with a mission to decode the immune system to advance human health, announced today the launch of the Universal Influenza Vaccine Initiative (UIVI), a first-of-its-kind program that will address the underlying scientific barrier impeding the development of broadly protective, universal influenza vaccines: the human immune response.

According to the World Health Organization (WHO), influenza is estimated to kill between 250,000 and 500,000 people around the world every year. As the world becomes more interconnected, the risks for a new pandemic continue to increase, carrying the potential for widespread social, economic and political upheaval. A universal vaccine, once developed, would protect everyone regardless of age, gender and geography against all strains of influenza, making significant strides toward preventing a global catastrophe.

"While great progress has been made in understanding the influenza virus, seasonal vaccines are not consistently effective and people remain highly vulnerable," said Wayne C. Koff, PhD, President and CEO of the Human Vaccines Project. "The public health disaster of the 1918 pandemic that infected a third of the world's population and killed over 50 million looms heavy. We are long overdue to solve this very real global health threat."

Koff adds, "There are many public and private sector resources dedicated to developing new and improved influenza vaccines, but they are all primarily focused on one part of the problem – making the vaccine. What makes the UIVI distinct is that we are focusing on understanding the second part of the puzzle – the human immune response. We have to find out what generates an effective immune response against influenza in all populations in order for a vaccine to be maximally effective."

The Project's influenza vaccine initiative, led by Dr. James Crowe Jr., Director of the Vanderbilt Vaccine Center, and Dr. Clarence B. Creech, Director of the Vanderbilt Vaccine Research Program at the Vanderbilt University Medical Center in Nashville, Tenn., will launch a series of influenza vaccine clinical trials in globally diverse populations beginning early in 2018.

Researchers based at the Project's scientific hubs at the University of California San Diego, The Scripps Research Institute, the La Jolla Institute for Allergy and Immunology, and the J. Craig Venter Institute, and partners at the University of British Columbia and the Lawrence Livermore National Laboratory, will conduct a broad spectrum analysis of blood and tissue samples from vaccinated and infected individuals, coupled with artificial intelligence-driven computer simulation models, to decipher the elements of protection against influenza and determine why some people are protected while others are not...

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## **Cholera**

### **Mortality and Morbidity Weekly Bulletin (MMWB) - Cox's Bazar, Bangladesh Volume No 2: 22 October 2017**

*[Excerpt]*

#### **5.1 Cholera vaccination campaign in Cox's Bazar and Bandarban**

Since August 2017, an influx of approximately 600,000 from Myanmar arrived in Bangladesh. Overcrowding, bad sanitation and malnutrition were prevalent and outbreaks of cholera resulting in thousands of cases anticipated. Considering lack of safe drinking water, proper sanitation facilities and poor personal hygiene practices, the UMN camps of two sub-districts, Teknaf and Ukhia, were at high risk of spreading cholera as experience from similar situations in other countries has shown. Moreover, it has been reported that a huge number of people are suffering from acute watery diarrhoea.

Based on field assessments conducted by WHO in the newly established settlements and makeshift camps, the water and sanitation conditions are dire. Sanitation facilities range between 1 latrine per 1,000 to 5,000 people, open defecation is a widespread practice. Coupled with rainfall these pose serious public health threats...

On 10 October 2017, the Government of Bangladesh launched an oral cholera vaccination (OCV) campaign with the support of WHO for 10 days, targeting over 650,000 people in 11 camps/settlements in Cox's Bazar district, Chittagong division. It was the first OCV campaign to be conducted in the country, and comes at a critical time after UMN influx to the country since August 2017.

Because of the large numbers of UMN living in the camps and within the host community and the limited supply of OCV, the vaccination campaign in Cox's Bazar Bangladesh was limited to UMN camps at full capacity or overcrowded and to all host community areas. The large influx of UMN increased uncertainty about the size of the target population, data from the most recent measles vaccination campaign (2017) were used to estimate the population aged >1-year-old.

The vaccination campaign was preceded by extensive social mobilization efforts to inform the community of the benefits, availability and necessity of the vaccine. The main message included that vaccination is a preventive measure against cholera that supplements, but does not

replace, other traditional cholera control measures such as improving access to safe water and sanitation and hygiene measures/interventions.

The vaccination strategy included a combination of fixed sites and mobile teams for door-to-door vaccine delivery. The vaccine cold chain was maintained, and vaccines were transported using a sufficient number of vaccine carriers and ice packs for a door-to-door strategy. Experience from WHO's technical staff supported the implementation of this campaign during the public health emergency.

As of October 18, 2017, a total of 700,487 persons were reported to have been vaccinated of them; 691,574 representing 105% % (691,574/658,372) of the target population (Table 2). An additional 8,913 (not included in the original micro-plan) were vaccination in 2 sites; Anjumanpara, and Sabrang Entry Point...

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## **Emergencies**

### **POLIO**

#### ***Public Health Emergency of International Concern (PHEIC)***

#### **Polio this week as of 25 October 2017** [GPEI]

:: On 24 October, millions of people around the globe engaged in actions for World Polio Day. Highlights included the 5th annual World Polio Day event, bringing together experts and celebrities to share progress on the road to polio eradication, hosted by Rotary and the Bill & Melinda Gates Foundation in Seattle, Washington, USA; and a show of support from individuals, national governments, and media outlets around the world.

:: Read World Polio Day coverage about the unsung heroes of polio eradication and how we are ending polio. From the field, read Polio and Me: A Syrian Doctor's Story, how one man became a doctor to end polio and protect children from the disease that crippled him as a young boy. In a remarkable endorsement, German Chancellor Angela Merkel used her weekly podcast to draw attention to the World Polio Day (celebrated in Germany on 28 October) and the considerable progress in polio eradication.

:: Summary of newly-reported viruses this week:

...**Afghanistan**: Two new wild poliovirus 1 (WPV1) positive environmental samples reported, one from Nangarhar and one from Kandahar provinces.

...**Pakistan**: One new wild poliovirus 1 (WPV1) positive environmental sample reported, in Sindh province.

...Additionally, an advance notification was received this week of a new WPV1 case in Afghanistan from Shahwalikot district in Kandahar province. The case will be officially reflected in next week's global data reporting.

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#### **Situation reports on the polio outbreak in Syria**

*Situation update 24 October 2017*

### Key highlights

:: No new cases of cVDPV2 were reported this week. The total number of cVDPV2 cases remains 52. All confirmed cases to date have had onset of paralysis before 25 August 2017

:: Two immunization rounds have now been completed in both Deir Ez-Zor and Raqqqa governorates bringing the first phase of the outbreak response to a close. Post Campaign Monitoring results for the second Raqqqa round are still being compiled into a final report. However, initial data reports 84% of children were reported as vaccinated through market surveys

:: IPV campaign activities aiming to reach children aged between 2-23 months in 2 districts of Raqqqa governorate (Raqqqa and Thawra) have now concluded. Work is on ongoing to start this activity in Tell Abyad district as quickly as possible

:: A review of the ongoing risks of continued polio transmission in Syria has been conducted and critical contingency planning is in development for any potential breakthrough cases in known outbreak zones or spread of virus to new areas of the country

:: On World Polio Day (October 24) the polio programme thanks the dedicated vaccinators who work tirelessly to reach every child, the parents who demand the vaccine for their children and the donors who commit the funds necessary to finance eradication efforts

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### **Bill Gates: Polio will be eradicated this year, the endgame is near**

CNBC | 24 October 2017

:: In 1988 — when wild poliovirus was in more than 125 countries, paralyzing 350,000 people every year — the World Health Assembly launched the Global Polio Eradication Initiative to help eliminate the disease through a mass immunization campaign.

:: In 2007 the Bill and Melinda Gates Foundation joined other major health organizations already committed to the GPEI, contributing nearly \$3 billion toward eradicating polio by 2020.

:: Today 12 cases of poliovirus exist in two countries, and the Gates Foundation is optimistic the last case of polio could be seen this year.

Tuesday marks Rotary International's fifth annual World Polio Day, co-hosted by the Bill and Melinda Gates Foundation, and there is much cause for celebration: It is very possible that 2017 may see the end of the wild poliovirus — nearly two years earlier than Bill Gates predicted.

"What we're looking at now is sort of the endgame of polio eradication," says Dr. Jay Wenger, who leads the Gates Foundation's polio eradication efforts. "We are closer than ever, and we're optimistic that we can see the end of wild poliovirus disease by as early as this year," he said...

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### **World Polio Day: Gavi's role in polio eradication**

*24 October marks World Polio Day, when the global community celebrates the immense progress and considers the work ahead to ensure no child suffers from polio again.*

Gavi works with the Global Polio Eradication Initiative (GPEI) to support one of the fastest roll-outs of a new vaccine in the history of vaccination.

In partnership with GPEI, we support the introduction of at least one dose of inactivated polio vaccine (IPV) in all Gavi-supported countries...

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## WHO Grade 3 Emergencies [to 28 October 2017]

### The Syrian Arab Republic

:: WHO reinforces health care services for thousands of people in newly accessible areas of Ar-Raqqa governorate, Syria

24 October 2017, Damascus, Syria -- As areas in Ar-Raqqa governorate become accessible, WHO continues to strengthen health care services for thousands of people in the area through the delivery of 5 tons of medicines and medical supplies with support from the United Kingdom Department for International Development, the European Union and Norway 24 October 2017, Damascus, Syria -- As areas in Ar-Raqqa governorate become accessible, the World Health Organization (WHO) continues to strengthen health care services for thousands of people in the area through the delivery of medicines and medical supplies to Al-Tabqa National Hospital, northwest of Ar-Raqqa city...

:: Situation reports on the polio outbreak in Syria

*Situation update 24 October 2017*

*[See Polio above]*

### Yemen

:: Daily epidemiology bulletin, 25 October 2017

Cholera:

872,415 - Suspected cases

2,180 - Associated deaths

0.25% - Case Fatality Rate

96% - Governorates affected ( 22 / 23 governorates )

92% - Districts affected ( 305 / 333 districts )

Iraq - *No new announcements identified.*

Nigeria - *No new announcements identified.*

South Sudan - *No new announcements identified.*

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## WHO Grade 2 Emergencies [to 28 October 2017]

### Myanmar

:: Situation Report: 8 – Emergency type: Bangladesh/Myanmar: Rakhine Conflict 2017

Date: 20 October 2017

#### *KEY HIGHLIGHTS*

:: As of 17 October 2017, cumulative number of new arrivals in all sites of Ukiah, Teknaf, Cox's Bazar and Ramu: 589,000, including 46,000 in host communities, 313,000 in Kutupalong Balukhali and 161 000 in new spontaneous sites.

:: By end of 8th day of the Oral Cholera Vaccine campaign, 700,487 people were vaccinated, reaching 106% of the total estimated target population. No immediate adverse events from immunization were reported.

:: First Morbidity Mortality Weekly Bulletin built on the Early Warning and Response System (daily data received from MoHFW and various service providers operating in settlements in Myanmar and CXB) provides data on the prevailing epidemiological situation for the period 25 August to 10 October.



:: MSF has issued an urgent appeal for humanitarian assistance, even as it scales up its response by hiring additional 800 staff, increasing five-fold their strength staff on the ground in Cox's Bazar to 1,000.

:: WASH situation in temporary settlements in Shah Porir Dwip and Kerontuli/Chakmarkul show improvement though accessing safe water continues to be a challenge.

:: UN Humanitarian Advisor Mr Henry Glorieux and UN Humanitarian Specialist Mr Kazi from UNRC office visited the new and existing settlements in CXB for the OCV campaign and other public health efforts.

[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**

:: Humanitarians are reaching thousands of recently displaced people [EN/AR/KU] Report (Baghdad, 21 October 2017) – Humanitarian partners are reaching thousands of people with emergency assistance on a daily basis.

During the past week, well over 100,000 civilians fled from Kirkuk, Makhmur and Tuz Khurmatu districts. Smaller numbers fled Zummar. The situation remains very fluid, with people sometimes fleeing for less than 24 hours before returning home.

Partners are rushing to provide assistance to highly vulnerable families. More than 15,000 emergency food rations were distributed and mobile medical teams are visiting camps and villages to provide health care. Emergency support including water, blankets, hygiene items and household kits is being distributed in areas hosting displaced people...

#### **Syrian Arab Republic**

:: 26 Oct 2017 First rehabilitated health centre in eastern Aleppo city, Syria, opens with WHO support

...The centre re-opened in September 2017 with 5 specialized clinics for internal medicine, reproductive health and child care, and orthopedic and dermatological care. Services are provided by 34 health workers, including 10 physicians and 12 nurses," said Dr Hamdi Noufal, director of the Saad Ibn Abi Waqas health centre.

"Since its re-opening, the centre has treated more than 2400 patients," Dr Noufal added...

[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.*

DRC - No new announcements identified

Ethiopia - 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 28 October 2017]

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

- No new announcements identified.

**MERS-CoV** [to 28 October 2017]

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

- No new announcements identified.

**Yellow Fever** [to 28 October 2017]

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

*[See Milestone above]*

**Zika virus** [to 28 October 2017]

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

- No new announcements identified.

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**WHO & Regional Offices** [to 28 October 2017]

### ***Latest news***

#### **Delivering kits for diabetes and hypertension during humanitarian crises**

23 October 2017 – To treat people for noncommunicable diseases during humanitarian crises, WHO has developed and started delivering kits of medicines and equipment for people living with diabetes, hypertension, and related conditions. [Video]

#### **Director-General rescinds Goodwill Ambassador appointment**

22 October 2017 – WHO Director-General Dr Tedros has rescinded the appointment of H.E. President Robert Mugabe as WHO Goodwill Ambassador for Noncommunicable Diseases in Africa.

:: Read WHO Statement

## **Highlights**

### **Vaccinating pregnant women against influenza**

October 2017 – Immunizing future mothers against influenza is key for preventing complications during gestation, and for protecting future mothers and newborns. In the Region of the Americas, 32 countries and territories vaccinate pregnant women against influenza, a public health problem that for future mothers, newborns, and other high-risk populations can mean severe disease, complications, and hospitalization.

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### **Weekly Epidemiological Record, 27 October 2017, vol. 92, 43 (pp. 649–660)**

:: Progress towards regional measles elimination – worldwide, 2000–2016

:: Monthly report on dracunculiasis cases, January–September 2017

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## **WHO Regional Offices**

*Selected Press Releases, Announcements*

### **WHO African Region AFRO**

:: Nationwide house-house polio supplementary immunization campaign starts in Sierra Leone 27 October 2017

:: WHO and ITU to use digital technology to strengthen public health services in Africa 27 October 2017

:: Rumours, Misinformation and Negative Beliefs underpin the Current Marburg Outbreak in Uganda 27 October 2017

:: South Sudan boosts Polio immunization coverage on the World Polio Day to keep the disease at bay 26 October 2017

:: Rwanda conducted a national vaccination campaign on Measles and Rubella integrated in Mother and Child Health Week 25 October 2017

:: Gambia observes World Mental Health day: WHO and partners engage stakeholders to create healthy work places 25 October 2017

Rwanda celebrated the World Mental Health Day 2017 25 October 2017

On 10th October, Rwanda joined other countries all over the World to...

:: United Nations Day: WHO South Sudan offers essential promotive health services in commemoration of UN's 72nd Anniversary 25 October 2017

:: Kuwait Fund and WHO in \$4million multi-year agreement to tackle Neglected Tropical Diseases in Africa 24 October 2017

:: WHO, UNICEF and Rotary International urge to sustain the polio-free status of Ethiopia 24 October 2017

:: Ministry of Health, WHO experts highlight results of life-saving programme for children under five. 23 October 2017

:: Training clinicians to provide lifesaving emergency care for women and newborns 23 October 2017

:: WHO promptly responds to Marburg Outbreak in Eastern Uganda 23 October 2017

:: WHO calls for strengthening of laboratory systems in efforts to fulfill their important role in the fight against infectious and chronic diseases. 23 October 2017

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

:: The Region of the Americas leads in the vaccination of pregnant women against influenza (10/24/2017)

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

:: Mortality and Morbidity Weekly Bulletin (MMWB) - Cox's Bazar, Bangladesh Volume No 2: 22 October 2017

*[Excerpt]*

5.1 Cholera vaccination campaign in Cox's Bazar and Bandarban

*[See Cholera above for detail]*

### **WHO European Region EURO**

:: 15th anniversary of polio-free certification in the European Region – but the hard work to prevent future cases is not over 24-10-2017

:: WHO supports polio vaccination campaign for nearly 200 000 Syrian children from Turkey 24-10-2017

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

:: WHO Regional Adviser for Nutrition recognized as food fortification champion 25 October 2017

:: Danger in the rubble: fighting leishmaniasis in Syria 23 October 2017

### **WHO Western Pacific Region**

*No new digest content identified.*

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**CDC/ACIP** [to 28 October 2017]

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

<https://www.cdc.gov/vaccines/acip/index.html>

*Press Release*

Thursday, October 26, 2017

### **Getting Ahead of the Next Pandemic: Is the World Ready?**

...A new article released today in CDC's Emerging Infectious Diseases (EID) journal details early results of CDC's global health security work through collaboration with 17 partner countries. Implementing the Global Health Security Agenda in 17 Countries: Contributions by the Centers for Disease Control and Prevention shows how CDC is accelerating progress toward a world more prepared for public health threats. Part of EID's new Global Health Security Supplement, the article outlines CDC-supported progress during the first two years of GHSA implementation...

### **MMWR News Synopsis for October 26, 2017**

#### **:: Timeliness of Receipt of Early Childhood Vaccinations Among Children of Immigrants — Minnesota, 2016**

This study demonstrates vaccination disparities between children with U.S.-born parents and children with immigrant parents, as well as disparities by mother's country of birth. Additional studies are needed to identify barriers to vaccination faced by groups with lower vaccination

coverage and to inform the development of effective strategies to address these barriers. This study used data from the Minnesota Immunization Information Connection (MIIC) and the Office of Vital Records to measure childhood vaccination coverage and examine coverage differences across selected demographic characteristics at ages 2, 6, 18, and 36 months for children born in Minnesota in 2011 and 2012. Coverage levels were higher for children with two U.S.-born parents compared with children having at least one foreign-born parent at all four ages. When children were divided into groups by mother's country of birth, some groups were vaccinated at higher rates than were children of U.S.-born mothers (Mexico, Central and South America), and others at much lower rates (Somalia, Eastern Europe). Outreach to groups with lower vaccination rates may be needed to improve vaccination coverage in young children.

### **Increased Risk for Mother-to-Infant Transmission of Hepatitis C Virus Among Medicaid Recipients — Wisconsin, 2011–2015**

Health care providers can protect babies from hepatitis C virus (HCV) infections by testing for, treating, and curing HCV infection among women of childbearing age. Practices for HCV screening of pregnant women and babies born to HCV-infected mothers should be improved to prevent serious but preventable complications among mothers and babies. Increasing injection drug use, suspected to be linked with America's growing opioid epidemic, has led to rapid increases of new HCV infections among young adults. The rise in new HCV infections among young adults could affect the next generation when the virus is passed from mothers to babies. About 6 percent of babies born to HCV-infected mothers will get the virus. Trends in HCV infection during pregnancy and infant testing were estimated using Wisconsin Medicaid and Public Health Surveillance data. Between 2011 and 2015, among the Wisconsin Medicaid population, the proportion of women who had HCV infection during pregnancy increased 93 percent, from 2.7 to 5.2 per 1,000 births. Of the babies born to women with HCV infection, only 34 percent were tested for HCV per CDC recommendations.

### **Rapid Field Response to a Cluster of Illnesses and Deaths — Sinoe County, Liberia, April–May, 2017**

The rapid detection and control of the meningococcal disease outbreak in Liberia demonstrates how post-Ebola improvements in public health capacities are contributing to global health security. In April 2017, Liberia's Ministry of Health reported a cluster of illnesses and deaths from an unknown cause. Within 24 hours, a response was initiated to identify cases, monitor at-risk persons, and prevent additional illnesses. During the 2014 Ebola epidemic, it took the country more than 90 days to coordinate a response. This significant decrease in response time reflects capabilities established during and after Ebola with CDC and partner support. Enhanced in-country laboratory capacity contributed to rapid diagnosis, ruling out Ebola in less than 24 hours, while effective case management and supportive treatment increased survival among patients even before the confirmation of meningococcal disease as the cause. CDC-supported efforts toward strengthening global health security led to effective management and control of this outbreak.

### **Rapid Laboratory Identification of *Neisseria meningitidis* Serogroup C as the Cause of an Outbreak — Liberia, 2017**

Rapid laboratory detection and response allowed a cluster of unexplained illness, initially suspected to be Ebola virus disease, to be identified as serogroup C meningococcal disease. This was an unusual outbreak of serogroup C meningococcal disease in a country that typically does not report meningitis outbreaks and that is not in the African meningitis belt. Prompt and

accurate detection of outbreaks allows public health officials to respond quickly and implement appropriate control measures. In April 2017, an unexplained cluster of 31 cases and 13 deaths surrounding a funeral was reported in Liberia. Initially suspected as Ebola virus disease in this previously affected country, rapid laboratory detection and response from CDC identified *Neisseria meningitidis* serogroup C as the cause of the outbreak. This bacterium causes meningococcal disease, which includes meningitis and bloodstream infections. Laboratory confirmation helped Liberian health authorities administer antibiotic prophylaxis to more than 200 people in order to prevent secondary cases of this deadly disease. This was an unusual presentation of serogroup C meningococcal disease with a high case-fatality rate, high prevalence of gastrointestinal symptoms, and low prevalence of fever. This extremely unusual meningococcal disease outbreak in Liberia, a country not in the African meningitis belt, highlights the importance of rapid laboratory confirmation in an outbreak investigation.

### **Progress Toward Regional Measles Elimination — Worldwide, 2000–2016**

For the first time, there were fewer than 100,000 annual estimated measles deaths in 2016 due to stable measles-containing vaccine (MCV1) coverage, increasing second-dose (MCV2) coverage, and measles vaccination campaigns. Vaccination efforts need to be strengthened in order to reduce these preventable deaths to zero. During 2000–2016, measles vaccination prevented an estimated 20.4 million deaths worldwide. The number of countries providing the second dose of measles-containing vaccine through routine immunization services increased to 85 percent; in 2016, global MCV2 coverage was 64 percent. Also during 2000–2016, annual reported measles cases decreased 87 percent and annual measles deaths decreased 84 percent. Despite advances, the WHO 2015 milestones haven't been met. Only one WHO region, the Americas, has been declared free of measles. To eliminate measles, countries and their partners need to focus on increasing vaccination coverage through sustained investments in health systems, strengthening surveillance systems, using surveillance data to drive programmatic actions, securing political commitment, raising the visibility of measles elimination goals, and mitigating the threat of decreasing resources once polio eradication is achieved.

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### **Announcements**

**AERAS** [to 28 October 2017]

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

*No new digest content identified.*

**BMGF - Gates Foundation** [to 28 October 2017]

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

*No new digest content identified.*

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 28 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 28 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*  
*No new digest content identified.*

**European Medicines Agency** [to 28 October 2017]

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

27/10/2017

**Meeting highlights from the Pharmacovigilance Risk Assessment Committee (PRAC)  
23-26 October 2017**

26/10/2017

**EU scientific opinion: how to assess progress on reduction of antimicrobial resistance and antimicrobial consumption**

*ECDC, EFSA & EMA recommend set of indicators to measure progress in EU Member States*

A set of indicators will assist European Union (EU) Member States to assess their progress in reducing the use of antimicrobials and combatting antimicrobial resistance (AMR). These indicators have been established by the European Food Safety Authority (EFSA), the European Medicines Agency (EMA) and the European Centre for Disease Prevention and Control (ECDC), following a request from the European Commission...

**European Vaccine Initiative** [to 28 October 2017]

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

*No new digest content identified.*

**FDA** [to 28 October 2017]

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

*What's New in Biologics*

**October 20, 2017 Approval Letter - SHINGRIX (PDF - 74KB)**

Posted: 10/23/2017

**Fondation Merieux** [to 28 October 2017]

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

*No new digest content identified.*

**Gavi** [to 28 October 2017]

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

26 October 2017

**Substantial decline in global measles deaths, but disease still kills 90,000 per year**

*Joint news release CDC/Gavi/UNICEF/WHO.*

*[See Milestones above for more detail]*

24 October 2017

**Gavi and the Aspen Institute to strengthen health management capacity in developing countries**

*Malawi will be the first country to benefit from the new partnership*

Geneva, 24 October 2017 – Gavi, the Vaccine Alliance and the Aspen Institute have joined forces to strengthen national leadership, management and coordination of Malawi's immunisation programme through the Aspen Management Partnership for Health (AMP Health). The partnership will improve managerial capacity to support Gavi's mission to ensure that every child in Malawi is protected with life-saving vaccines...

Throughout 2016, Gavi began to roll out a series of interventions aimed at strengthening Expanded Programme for Immunization (EPI) teams and national coordination forums. This included embedding peer coaches within the EPI teams in Malawi and Papua New Guinea, for example. This initiative is run in partnership with the Aspen Management Partnership for Health and Dalberg Global Development Advisors. We also developed a set of tools and training courses to help strengthen the capacity of coordination forums.

A new training programme for EPI managers will combine a mentoring component with online learning and in-person group sessions. We will further boost the management capacity of EPI teams by funding critical positions for a time-limited period.

The partnership between Gavi and the Aspen Institute seeks to address these challenges by embedding a management partner into Malawi's immunisation team, who will coach staff and build capacity to improve the performance of the immunisation programme.

"At Gavi we know that effective management of immunisation programmes is key to building strong health systems and extending those systems to reach all children who desperately need them", said Dr Seth Berkley, CEO of Gavi. "Our partnership with the Aspen Institute is one of many innovative investments in effective management that Gavi is rolling out. Aspen's leadership and management expertise will be an important boost to our mission to ensure no child goes without lifesaving vaccines", he added....

**GHIT Fund** [to 28 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 28 October 2017]

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

*News*

**Global Fund Names Finalist Candidates for Executive Director**

23 October 2017

The Global Fund Board named four finalist candidates for Executive Director, and is scheduled to select one at a Board meeting on 14 November 2017.

:: Simon Bland is the Director of the New York Office of the Joint United Nations Programme on HIV/AIDS. He served as the Chair of the Global Fund Board from 2011 to 2013. Formerly, he worked for three decades at the Department for International Development of the United Kingdom, and led its operations in Kenya.

:: Frannie Leautier is the former Senior Vice President of the African Development Bank where she was a key member of President Adesina's transition team. Previously, she was Chief Executive Officer of the African Capacity Building Foundation, after a successful career at the World Bank, during which she spent time as Chief of Staff to President Wolfensohn, and ran the World Bank Institute, the institution's capacity building branch.

:: Peter Sands is the former Group Chief Executive of Standard Chartered Bank. He began his career at McKinsey & Company. After having spent a sustained period leading a major bank with global operations in relevant countries, he has held a fellowship at Harvard, and immersed himself in a range of global public health projects.

:: Anil Soni is a senior executive at Mylan, the global pharmaceutical company, co-leading development, sales, and partnerships for medicines to prevent and treat HIV/AIDS, tuberculosis, malaria and hepatitis C. He was closely involved in the early years of the Global Fund as an adviser to Richard Feachem, after which he led the advocacy work of Friends of the Global Fight in Washington, DC. He spent six years at the Clinton Health Access Initiative, latterly as its Chief Executive.

**Hilleman Laboratories** [to 28 October 2017]

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

*No new digest content identified.*

**Human Vaccines Project** [to 28 October 2017]

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

Oct 26, 2017

**The Human Vaccines Project Launches New Initiative To Accelerate Development Of Universally Effective Influenza Vaccines**

NEW YORK, Oct. 26, 2017 /PRNewswire-USNewswire/ -- The Human Vaccines Project, a public-private partnership with a mission to decode the immune system to advance human health, announced today the launch of the Universal Influenza Vaccine Initiative (UIVI), a first-of-its-kind program that will address the underlying scientific barrier impeding the development of broadly protective, universal influenza vaccines: the human immune response...

*[See Milestones above for more detail]*

**IAVI** [to 28 October 2017]

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

*No new digest content identified.*

**IVAC** [to 28 October 2017]

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

September 2017

**VIEW-hub Report: Global Vaccine Introduction and Implementation – A report on current global access to new childhood vaccines**

New vaccine introduction updates (since June 2017) include:

- *Seychelles has introduced rotavirus vaccine*
- *Liberia has introduced IPV*

**IVI** [to 28 October 2017]

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

Oct 25, 2017

**IVI secures \$2,850,057 supplemental grant for SETA Program**

The International Vaccine Institute (IVI) has just secured a \$2,850,057 supplemental grant for the Severe Typhoid in Africa (SETA) Program from the Bill & Melinda Gates Foundation. With the addition of the latest grant, total SETA grant revenue has reached \$9,528,322.

The SETA program led by IVI's Epidemiology Unit will continue to carry out severe typhoid surveillance activities in Burkina Faso, the Democratic Republic of the Congo, Ghana, Ethiopia, Nigeria and Madagascar in close collaboration with local and international partners, IVI laboratories in charge of assessing immune responses in typhoid patients; the Policy and Economic Research Department, which is responsible for typhoid cost analyses; and the Biostatistics and Data Management Department. Of note, SETA/TSAP (Typhoid Fever Surveillance in Africa Program) data has helped inform WHO-SAGE recommendations for future usage of typhoid conjugate vaccines. Final SETA data will be available by Q1/2020.

*[undated]*

**IVI acquires \$797,000 grant to support licensure of OCV in Bangladesh**

The International Vaccine Institute has acquired a grant of \$797,519 from the Bill & Melinda Gates Foundation to support Incepta for the development and production of Cholvax®, which was developed with technology transfer from IVI. Managed by IVI's Development and Delivery Unit, the grant will support Incepta applying for licensure of Cholvax, in Bangladesh. The D&D Unit will conduct this project in collaboration with the Bangladeshi company and IVI's Vaccine Process Development Unit, to ensure the successful completion of this project by September 2018

October 10, 2017

**Vaccine investment brings 16-fold return... partnering with Bill Gates**

- Jerome Kim, International Vaccine Institute Director General
- On the occasion of the 20th anniversary of IVI's development and delivery of cholera and other vaccines

By Kim Sung-mo, The Chosun Ilbo

"Investment in vaccines can bring a 16-fold return, and a \$1 investment can result in \$16 in savings through disease prevention," said Jerome Kim (58), IVI Director General, citing research by Johns Hopkins University in an interview marking the institute's 20th anniversary.

The Director General added, "IVI developed an oral cholera vaccine that has been introduced in Haiti and Malawi and elsewhere, saving the lives of children and the impoverished in developing countries."...

**MSF/Médecins Sans Frontières** [to 28 October 2017]

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

*No new digest content identified.*

**NIH** [to 28 October 2017]

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

October 26, 2017

**NIH study identifies new targets for anti-malaria drugs**

— *The deadliest malaria parasite needs two proteins to infect red blood cells.*

The deadliest malaria parasite needs two proteins to infect red blood cells and exit the cells after it multiplies, a finding that may provide researchers with potential new targets for drug development, according to researchers funded by the National Institutes of Health. Their study appears in the latest issue of Science...

In the current study, researchers sought to uncover the role of plasmepsins IX and X, two of the 10 types of plasmepsin proteins produced by *P. falciparum* for metabolic and other processes. They created malaria parasites that lacked plasmepsin IX or X under experimental conditions and compared them to those that had the two proteins.

**PATH** [to 28 October 2017]

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

Press release | October 24, 2017

**Global Alliance Releases New Tools to Guide Evidence-based Solutions Across Health, Development, and Environment**

London, United Kingdom, October 25, 2017 — The Bridge Collaborative, a global alliance of 90 organizations from 23 countries, today released two new tools to assist decision-makers solving big challenges facing health, development, and the environment.

The Bridge Collaborative Practitioner's Guide on Principles and Guidance for Cross-sector Action Planning and Evidence Evaluation and the policy-focused Call to Action for Health, Environment, and Development Leaders were developed to accelerate progress towards building a shared, cross-sector evidence base that informs strategies, shapes policies, and directs funding decisions to achieve concrete solutions. These resources are available at: [www.bridgecollaborativeglobal.org...](http://www.bridgecollaborativeglobal.org...)

Press release | October 23, 2017

**US leadership and sustained funding urgently needed to prevent pandemics**

*New PATH report warns that gains from investments to stop Ebola and Zika outbreaks are at risk*

Washington, DC, October 24, 2017 — Recent progress made in protecting Americans and people around the world from pandemics is at risk of being lost if US support is not sustained, PATH warns in a new report titled "Healthier World, Safer America: A US Government Roadmap for International Action to Prevent the Next Pandemic." Programs established or strengthened with supplemental funding to thwart outbreaks of Ebola and Zika face a drastic cut in funding if the US administration and Congress do not act to protect these investments.

"Unfortunately, global health security funding too often comes in reaction to a crisis rather than ahead of time, when we can make more cost-effective and sustainable investments in systems that help stop disease outbreaks at their source, before they spread to our shores," said Carolyn Reynolds, Vice President of Policy and Advocacy at PATH. "The US and the world are just beginning to reap the benefits of efforts made post-Ebola. Now is not the time to step back."...

**Sabin Vaccine Institute** [to 28 October 2017]

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

October 22, 2017

**Health Leaders Gather in Dubai for Regional Workshop on Adolescent Health and Immunization**

DUBAI, UNITED ARAB EMIRATES — Today, the Sabin Vaccine Institute (Sabin) convened public health leaders from across the Middle East and North Africa for a two-day interactive workshop to share experiences and strategies in strengthening adolescent health and immunization.

**UNAIDS** [to 28 October 2017]

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

*No new digest content identified.*

**UNICEF** [to 28 October 2017]

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

27 October, 2017

**Growing number of unaccompanied refugee and migrant children in Greece in urgent need of shelter, care and protection**

ATHENS/GENEVA, 27 October 2017 – Only a third of the nearly 3,000 unaccompanied refugee and migrant children currently in Greece are receiving proper shelter and care, UNICEF warned today. The children's agency is urging key policy and legal reforms to help keep vulnerable children safe.

**Substantial decline in global measles deaths, but disease still kills 90 000 per year**

GENEVA/NEW YORK /ATLANTA, 26 October 2017– In 2016, an estimated 90,000 people died from measles – an 84 per cent drop from more than 550 000 deaths in 2000 – according to a

new report published today by leading health organizations. This marks the first time global measles deaths have fallen below 100 000 per year.

*[See Milestones above for more detail]*

### **Two months since outbreak of violence in Myanmar, Rohingya refugee children still at acute risk**

NEW YORK/GENEVA/DHAKA, 23 October 2017 – Nearly two months since Rohingya families began fleeing en masse to Bangladesh, thousands of children and women are still without basic lifesaving services, UNICEF said today.

### **The Vaccine Confidence Project** [to 28 October 2017]

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

*No new digest content identified.*

### **Wellcome Trust** [to 28 October 2017]

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

*No new digest content identified.*

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### **BIO** [to 28 October 2017]

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

*No new digest content identified.*

### **DCVMN – Developing Country Vaccine Manufacturers Network** [to 28 October 2017]

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

26 October 2017

### **Inaugural address of the DCVMN 2017 Annual Meeting in Seoul**

by Deok Cheol Kwon, Deputy Minister of Health and Welfare 26th September 2017

### **IFPMA** [to 28 October 2017]

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

Published on: 26 October 2017

### **Global coalition in the fight against falsified medicines meets in Brussels as it welcomes its 35th partner**

Wednesday, 25 October 2017, Brussels – Fight the Fakes campaign partners representing healthcare professionals, academia, NGOs, the generic and research-based pharmaceutical industry, healthcare distributors, and consumer protection organizations met this week to work on their future plans to raise awareness of the widespread sale and use of falsified medicines across the world and the dangers associated with these fake products.

With virtually all countries around the world impacted by fake medicines, and potentially 15% of medicines worldwide and up to 30% in some regions being fake, this a real danger to public health. By passing themselves off as something they are not, fake medicines put patients at risk for continued illness, disability, or even death. Some estimates put the number of deaths by

falsified medicines at 700,000 per year. In addition, online sale of medicines is an increasing international threat, as there are more than 40,000 "active rogue online pharmacies" at active at any one time. Fake medicines represent a crime against patients and are a danger to public health, contributing to resistance of genuine treatments and undermining confidence in health systems.

As the campaign approaches its four-year anniversary, Fight the Fakes is gathering pace in its efforts to inform, inspire, empower, and mobilize communities against fake medicines; as well as building up further momentum to call for the creation and strict application of legislative and regulatory frameworks. Partners today reinforced their commitment to the campaign and the issue of falsified medicines, committing themselves to tangible actions to further raise the profile of this global health threat.

IFPMA proudly joined this meeting as one of the founding members of this coalition...Today, Fight the Fakes is proud to also announce that the National Association of Boards of Pharmacy (NABP) has joined the campaign, bringing the total number of partners to 35...

**PhRMA** [to 28 October 2017]  
<http://www.phrma.org/press-room>  
*No new digest content identified.*

**Industry Watch** [to 28 October 2017]

:: **[CDC's Advisory Committee on Immunization Practices recommends Shingrix as the preferred vaccine for the prevention of shingles for adults aged 50 and up](#)**  
*Committee recommends immunization for up to 62 million additional adults in the US*

LONDON, Oct. 25, 2017 /PRNewswire/ -- GlaxoSmithKline plc [LSE/NYSE: GSK] today announced that the US Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) voted in favor of three recommendations for the use of Shingrix (Zoster Vaccine Recombinant, Adjuvanted) for the prevention of shingles (herpes zoster):

:: Herpes Zoster subunit vaccine (Shingrix) is recommended for the prevention of herpes zoster and related complications for immunocompetent adults aged 50 years and older.

:: Herpes Zoster subunit vaccine (Shingrix) is recommended for the prevention of herpes zoster and related complications for immunocompetent adults who previously received Zoster Vaccine Live (Zostavax).

:: Herpes Zoster subunit vaccine (Shingrix) is preferred over Zoster Vaccine Live (Zostavax) for the prevention of herpes zoster and related complications.

The new recommendations mean up to 62 million more adults in the US should be immunized, approximately 42 million aged 50-59 years old and 20 million who have previously been vaccinated against shingles...

\* \* \* \*

**[Reports/Research/Analysis/Commentary/Conferences/Meetings/Book Watch/Tenders](#)**

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

*No digest content identified.*

\* \* \* \*

### ***Journal Watch***

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

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

November 2017 Volume 53, Issue 5, p567-744, e155-e200

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

*Research Articles*

#### **Vaccination Coverage of Adolescents With Chronic Medical Conditions**

Annika M. Hofstetter, Stewin Camargo, Karthik Natarajan, Susan L. Rosenthal, Melissa S.

Stockwell

p680–688

Published online: September 16, 2017

*Abstract*

Introduction

Adolescents with chronic medical conditions (CMCs) are at increased risk of vaccine-preventable infections. Little is known about their vaccine uptake.

Methods

This retrospective cohort study included 3,989 adolescents aged 11–17 years receiving care at academically affiliated pediatric clinics between August 2011 and June 2013. Data were abstracted from the medical center's electronic health record and immunization registry in 2014. Vaccination coverage, timeliness, and missed opportunities were evaluated and analyzed in 2015–2016.

Results



Adolescents with CMCs had lower human papillomavirus vaccination initiation than those without CMCs (81.3% vs 85.0%), although this difference was only observed in stratified analysis among males (adjusted relative risk=0.90, 95% CI=0.85, 0.96), aged 13–17 years (adjusted relative risk=0.94, 95% CI=0.91, 0.98), and those with more primary care visits (adjusted relative risk=0.94, 95% CI=0.91, 0.98). Adolescents with CMCs had greater influenza vaccination coverage and timeliness than those without CMCs (2011–2012 season: 66.9% vs 50.1%; adjusted hazards ratio=1.27, 95% CI=1.15, 1.40; 2012–2013 season: 73.8% vs 64.5%; adjusted hazards ratio=1.20, 95% CI=1.10, 1.31). Only 32.1% and 18.2% of eligible adolescents had received pneumococcal polysaccharide and 13-valent pneumococcal conjugate vaccines, respectively. Missed opportunities were higher among adolescents with versus without CMCs for human papillomavirus vaccination initiation (4.2 vs 2.7,  $p<0.001$ ), meningococcal vaccination (4.0 vs 2.9,  $p<0.001$ ), and influenza vaccination (2011–2012 season: 2.1 vs 1.7,  $p<0.001$ ; 2012–2013 season: 2.0 vs 1.6,  $p<0.001$ ). Missed opportunities for pneumococcal vaccination were common.

#### Conclusions

Pockets of undervaccination and missed opportunities exist among adolescents with CMCs. Greater, more timely influenza vaccination suggests that optimal vaccination of high-risk adolescents is possible.

#### *Current Issues*

#### **Translating Economic Evidence for Public Health: Knowledge Brokers and the Interactive Systems Framework**

Richard W. Puddy, Diane M. Hall  
e185–e189

#### *Abstract*

The May 2016 special issue of the American Journal of Preventive Medicine on using economics to inform U.S. public health policy highlighted several ways that economics has been used in public health and suggested additional opportunities to accelerate public health impact.<sup>1</sup> This special issue was a first of its kind, and was much needed, long overdue, and highlighted the contributions of economics in informing public health policy. Furthering this work requires sustained momentum and a broader application of economics to U.S.

#### **American Journal of Public Health**

November 2017 107(11)

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

#### *ROLE OF LAW*

#### **Advancing the Right to Health—The Vital Role of Law**

Lawrence O. Gostin, Roger S. Magnusson, Rüdiger Krech, David W. Patterson, Steven A. Solomon, Derek Walton, Gian Luca Burci, Katharina Ó Cathaoir, Sarah A. Roache and Marie-Paule Kieny

107(11), pp. 1755–1756

[No abstract]

#### **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**

17 October 2017 Vol: 167, Issue 8

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

[New issue; No digest content identified]

### **BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 28 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 28 October 2017)

[No new digest content identified]

### **BMC Infectious Diseases**

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

(Accessed 28 October 2017)

*Research article*

**[Spatio-temporal pattern analysis for evaluation of the spread of human infections with avian influenza A\(H7N9\) virus in China, 2013–2014](#)**

Wen Dong, Kun Yang, Quanli Xu, Lin Liu and Juan Chen

Published on: 24 October 2017

### **BMC Medical Ethics**

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

(Accessed 28 October 2017)

*Research article*

**[Collaborative partnership and the social value of clinical research: a qualitative secondary analysis](#)**

*Protecting human subjects from being exploited is one of the main ethical challenges for clinical research. However, there is also a responsibility to protect and respect the communities who are hosting the research. Recently, attention has focused on the most efficient way of carrying out clinical research, so that it benefits society by providing valuable research while simultaneously protecting and respecting the human subjects and the communities where the*

*research is conducted. Collaboration between partners plays an important role and that is why we carried out a study to describe how collaborative partnership and social value are emerging in clinical research.*

Sanna-Maria Nurmi, Arja Halkoaho, Mari Kangasniemi and Anna-Maija Pietilä

BMC Medical Ethics 2017 18:57

Published on: 25 October 2017

### **BMC Medicine**

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

(Accessed 28 October 2017)

[No new digest content identified]

### **BMC Pregnancy and Childbirth**

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

(Accessed 28 October 2017)

[No new digest content identified]

### **BMC Public Health**

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

(Accessed 28 October 2017)

[No new digest content identified]

### **BMC Research Notes**

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

(Accessed 28 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**

October 2017 Volume 39, Issue 10

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

[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 28 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?sd=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>

[Reviewed earlier]

**Disasters**

October 2017 Volume 41, Issue 4 Pages 629–851

<http://onlinelibrary.wiley.com/doi/10.1111/disa.2017.41.issue-4/issuetoc>

[Reviewed earlier]

**EMBO Reports**

01 October 2017; volume 18, issue 10

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

[Reviewed earlier]

**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>

[Reviewed earlier]

**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>

[Reviewed earlier]

### **Globalization and Health**

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

[Accessed 28 October 2017]

[No new digest content identified]

### **Health Affairs**

October 2017; Volume 36, Issue 10

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

***Issue Focus: Emergency Departments, Behavioral Health & More***

[New issue; No digest content identified]

### **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 28 October 2017]

[No new digest content identified]

### **Humanitarian Exchange Magazine**

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

Number 70 October 2017

***Special Feature: The Lake Chad Basin: an overlooked crisis?***

by Humanitarian Practice Network October 2017

The 70th edition of Humanitarian Exchange, co-edited with Joe Read, focuses on the humanitarian crisis in Nigeria and the Lake Chad Basin. The violence perpetrated by Boko Haram and the counter-insurgency campaign in Nigeria, Cameroon, Chad and Niger has created a humanitarian crisis affecting some 17 million people. Some 2.4 million have been displaced, the vast majority of them in north-eastern Nigeria. Many are living in desperate conditions, without access to sufficient food or clean water. The Nigerian government's focus on defeating Boko Haram militarily, its reluctance to acknowledge the scale and gravity of the humanitarian crisis and the corresponding reticence of humanitarian leaders to challenge that position have combined to undermine the timeliness and effectiveness of the response...

**Human Vaccines & Immunotherapeutics** (formerly Human Vaccines)

Volume 13, Issue 10 2017

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

*Article*

**Cost effectiveness of a practice-based intervention to improve vaccination rates in adults less than 65-years-old**

Kenneth J. Smith, Mary Patricia Nowalk, Chyongchiou J. Lin & Richard K. Zimmerman

Pages: 2207-2212

Published online: 22 Aug 2017

*Article*

**Assessment of the potential public health impact of Herpes Zoster vaccination in Germany**

Desmond Curran, Desirée Van Oorschot, Lijoy Varghese, Lidia Oostvogels, Tomas Mrkvan, Romulo Colindres, Alfred von Krempelhuber & Anastassia Anastassopoulou

Pages: 2213-2221

Published online: 14 Jul 2017

*Commentary*

**Safety of oral cholera vaccines during pregnancy in developing countries**

Ashraful Islam Khan, Md Taufiqul Islam & Firdausi Qadri

Pages: 2245-2246

Published online: 21 Aug 2017

*meeting report*

**The 2017 Keystone Symposium on HIV Vaccines**

Christopher A. Cottrell & Andrew B. Ward

Pages: 2348-2351

Published online: 08 Aug 2017

**Infectious Agents and Cancer**

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



[Accessed 28 October 2017]  
[No new digest content identified]

**Infectious Diseases of Poverty**

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

[Accessed 28 October 2017]  
[No new digest content identified]

**International Health**

Volume 9, Issue 5, 1 September 2017

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

[Reviewed earlier]

**International Journal of Community Medicine and Public Health**

Vol 4, No 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 24/31, 2017, Vol 318, No. 16, Pages 1517-1622

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

*Viewpoint*

[\*\*An HIV Vaccine Is Essential for Ending the HIV/AIDS Pandemic\*\*](#)

Anthony S. Fauci, MD

JAMA. 2017;318(16):1535-1536. doi:10.1001/jama.2017.13505

In this Viewpoint, Anthony Fauci discusses the limits of current treatment and prevention approaches to the HIV epidemic and proposes that the addition of an HIV vaccine is necessary to slow and end it.

*JAMA Guide to Statistics and Methods*

**[Bayesian Analysis: Using Prior Information to Interpret the Results of Clinical Trials](#)**

Melanie Quintana, PhD; Kert Viele, PhD; Roger J. Lewis, MD, PhD

JAMA. 2017;318(16):1605-1606. doi:10.1001/jama.2017.15574

This JAMA Guide to Statistics and Methods discusses the Bayesian approach to integrating or updating information from previous studies with newly obtained data to yield a final quantitative summary of the information.

**JAMA Pediatrics**

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

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

[Reviewed earlier]

**JBIR Database of Systematic Review and Implementation Reports**

October 2017 - Volume 15 - Issue 10

<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>

[Reviewed earlier]

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

Volume 28, Number 3, August 2017

<https://muse.jhu.edu/issue/36769>

[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 19, Issue 5, October 2017

<https://link.springer.com/journal/10903/19/5/page/1>

[Reviewed earlier]

**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 10, October 2017

<http://jmm.microbiologyresearch.org/content/journal/jmm/66/10>

[New issue; No digest content identified]

**Journal of Patient-Centered Research and Reviews**

Volume 4, Issue 3 (2017)

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

[Reviewed earlier]

**Journal of the Pediatric Infectious Diseases Society (JPIDS)**

Volume 6, Issue 3, 1 September 2017,

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

[Reviewed earlier]

**Journal of Pediatrics**

October 2017 Volume 189, p1-244

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

[Reviewed earlier]

**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 28, 2017 Volume 390 Number 10106 p1927-2014 e33-e38

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

[New issue; No digest content identified]

### **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 7677 pp429-554 26 October 2017

[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)

*Editorials*

**Data science can improve aid distribution**

Online platforms can help to steer emergency response and ensure money is well spent.

*Comment*

**The Human Cell Atlas: from vision to reality**

As an ambitious project to map all the cells in the human body gets officially under way, Aviv Regev, Sarah Teichmann and colleagues outline some key challenges.

*Letters*

**The prevalence of Plasmodium falciparum in sub-Saharan Africa since 1900**

Robert W. Snow, Benn Sartorius, David Kyalo, Joseph Maina, Punam Amratia [+ et al.](#)

Spatial and temporal modelling of a large dataset of Plasmodium falciparum prevalence rates reveals cycles and trends of malaria transmission in sub-Saharan Africa over a 115 year period.

**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 26, 2017 Vol. 377 No. 17

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

*Perspective*

**HIV Drug Resistance — An Emerging Threat to Epidemic Control**

C. Beyrer and A. Poznia

... A recent report from the WHO, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the Centers for Disease Control and Prevention (CDC) showed that the prevalence of HIV drug resistance has increased from 11% to 29% since the global rollout of ART in 2001.<sup>1</sup> The report was based on findings from 16 surveys in 14 countries that used the WHO's recommended approach to population-based sampling for HIV drug resistance among patients in public ART programs, supplemented by data from two population-based HIV impact assessments conducted through the President's Emergency Plan for AIDS Relief (PEPFAR) in Malawi and Zimbabwe.

It is worrisome that in 6 of 11 countries surveyed — Argentina, Guatemala, Namibia, Nicaragua, Uganda, and Zimbabwe — the rate of pretreatment drug resistance surpassed 10% among people receiving ART for the first time (see [graph](#)- Pretreatment HIV Drug Resistance to Nonnucleoside Reverse Transcriptase Inhibitors in 11 Countries.). Here HIV drug resistance was defined as resistance to nonnucleoside reverse transcriptase inhibitors (NNRTIs), core drugs in

most low- and middle-income countries' first-line regimens for HIV. Among people with past exposure to ART (those restarting treatment or women with past perinatal exposure) the rate of NNRTI resistance is even higher: 21.6% (95% confidence interval [CI], 13.8 to 32.2).<sup>1</sup> A recent report from South Africa revealed that among children 18 months old or younger identified through early infant diagnoses, NNRTI resistance was found in 63.7% (95% CI, 59.0 to 68.4).<sup>1</sup>

How significant is the increase in resistance to HIV treatment? And what can be done to mitigate it?

*Clinical Implications of Basic Research*

### **A CRISPR Way to Diagnose Infectious Diseases**

A.M. Caliendo and R.L. Hodinka

A new method for detecting infectious disease involves the use of a genetic probe and an enzyme that is activated once the probe specifically binds the DNA of the pathogen.

### **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 28 October 2017]

### **The United Nations Material Assistance to Survivors of Cholera in Haiti: Consulting Survivors and Rebuilding Trust**

October 23, 2017 · *Brief Report*

Introduction: In August 2016, the United Nations (U.N.) Secretary General acknowledged the U.N.'s role in the cholera epidemic that has beset Haiti since 2010. Two months later, the Secretary General issued a historic apology to the Haitian people before the U.N. General Assembly, for the organization's insufficient response to the cholera outbreak. These steps are part of the U.N.'s "new approach" to cholera in Haiti, which also includes launching a material assistance package for those most affected by cholera.

Methods: This paper draws on the authors' experience and findings from consultations with more than 60,000 victims and communities affected by disasters and violence in a dozen countries. We reviewed the literature on best practices for consultation with and outreach to

communities affected by development and transitional justice programming, and reviewed our own findings from previous studies with a view to identifying recommendations for ensuring that the assistance package reflects the views of people affected by cholera.

Results: The assistance package program is an opportunity to rebuild the relationship between the victims and the United Nations. This can only be achieved if victims are informed and engaged in the process. This consultation effort is also an opportunity to answer a set of key questions related to the nature, structure, and implementation of the victims' assistance program, but also how the program may be designed to contribute to rebuilding Haitians' confidence in the U.N. as an institution that promotes peace, human rights, and development.

Discussion: We recommend that the consultations must be accompanied by an outreach effort that provides clear, accurate information on the assistance program, so that it begins to establish a dialogue between the U.N. and cholera victims. Finally, we conclude by offering a number of concrete next steps that the U.N. can take to kick start the consultation process.

### **PLoS Currents: Outbreaks**

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

[Accessed 28 October 2017]

[No new digest content identified]

### **PLoS Medicine**

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

(Accessed 28 October 2017)

[No new digest content identified]

### **PLoS Neglected Tropical Diseases**

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

(Accessed 28 October 2017)

[No new digest content identified]

### **PLoS One**

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

[No new digest content identified]

### **PLoS Pathogens**

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

[Accessed 28 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 28 October 2017]



*Biological Sciences - Microbiology:*

**[Synergistic malaria vaccine combinations identified by systematic antigen screening](#)**

Leyla Y. Bustamante, Gareth T. Powell, Yen-Chun Lin, Michael D. Macklin, Nadia Cross, Alison Kemp, Paula Cawkill, Theo Sanderson, Cecile Crosnier, Nicole Muller-Sienerth, Ogobara K. Doumbo, Boubacar Traore, Peter D. Crompton, Pietro Cicuta, Tuan M. Tran, Gavin J. Wright, and Julian C. Rayner

PNAS 2017 ; published ahead of print October 23, 2017, doi:10.1073/pnas.1702944114

**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 103, Pages 1-102 (October 2017)

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

[New issue; No digest content identified]

**Proceedings of the Royal Society B**

25 October 2017; volume 284, issue 1865

<http://rsos.royalsocietypublishing.org/content/284/1865?current-issue=y>

[New issue; No digest content identified]

**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 28 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](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**

27 October 2017 Vol 358, Issue 6362

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

### ***Special Issue: Neuroscience: In search of new concepts***

*Introduction to special issue*

### **Neuroscience: In search of new concepts**

By Peter Stern

Every year, tens of thousands of researchers gather for the Society for Neuroscience meeting. The lecture theaters and poster halls are full of smart and hardworking individuals. Every year, we return home from the conference excited about all the facts learned and insights gained. However, despite the collective efforts of so many bright people, there is still much progress to be made in tackling the big questions in our field. Could it be that we are interpreting our data with outdated concepts? Most of the dominant concepts in present-day neuroscience, after all, were developed 50 to more than 100 years ago.

This special issue questions some of our approaches. Do the many diverse lines of inquiry in neuroscience need a broader set of animal models? How are resources best balanced between big data projects and smaller-scale focused projects?

On the conceptual side, how do we define a brain region—such as, for example, the prefrontal cortex? What is consciousness, and what makes it different from the many unconscious processes in our brain? Why do computers presently lack consciousness, and when might they acquire it?

The concepts of space and time are essential to how we see the world. Neuroscientists should take a fresh look at the emergence of these concepts in the brain and think about how to investigate them.

These are exciting times for neuroscience, but conceptual challenges still remain, as outlined in the Reviews in this issue. With many questions still open, it is time for our community to embrace and address these challenges.

#### *Policy Forum*

##### **Ethics of maternal vaccination**

By A. T. Chamberlain, J. V. Lavery, A. White, S. B. Omer

Science 27 Oct 2017 : 452-453 Restricted Access

Involvement of women is critical in establishing guidelines

#### *Summary*

Innovations in vaccine science have given us an incredible opportunity to leverage the maternal immune system to improve maternal, fetal, and infant health outcomes. Maternal vaccination reduces the risk of infant infection primarily through the transfer of protective maternal antibodies to the fetus (1). Although a growing number of countries are adopting maternal vaccine programs against diseases like influenza and pertussis, and there is an increased focus on including pregnant women in trials for new vaccines, there is little discussion of the ethical underpinnings of maternal vaccine programs (2). We see the proposals thus far as being overly paternalistic, founded on a too-limited conception of risk-benefit analyses that has potential to derail the development and use of lifesaving vaccines. By contrast, an ethical approach focused on mothers' primary interests in protecting themselves and their children could serve as the basis of the ethical framework that guides vaccine policies.

#### **Science Translational Medicine**

25 October 2017 Vol 9, Issue 413

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

#### *Research Articles*

##### **Evolution-informed forecasting of seasonal influenza A (H3N2)**

By Xiangjun Du, Aaron A. King, Robert J. Woods, Mercedes Pascual

Science Translational Medicine 25 Oct 2017 Full Access

A transmission model including virus evolution quantified from genetic sequences produces H3N2 influenza forecasts ahead of the season.

#### **Social Science & Medicine**

Volume 190, Pages 1-278 (October 2017)

<http://www.sciencedirect.com/science/journal/02779536/190?sd=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 47, Pages 6355-6468 (7 November 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/47?sdc=1>

### *Review*

#### **A brief review on the immunological scenario and recent developmental status of vaccines against enteric fever**

Review Article

Pages 6359-6366

Debaki Ranjan Howlader, Hemanta Koley, Suhrid Maiti, Ushasi Bhaumik, Priyadarshini Mukherjee, Shanta Dutta

### *Abstract*

Enteric fever has been one of the leading causes of severe illness and deaths worldwide. *S. Typhi* and *S. Paratyphi A*, *B* and *C* are important enteric fever-causing organisms globally. This infection causes about 21 million cases among which 222,000 typhoid related deaths occurred in 2015. These estimates do not reflect the ultimate and real status of the disease due to the lack of unified diagnostic and proper reporting system from typhoid endemic and other regions. Current control strategies have become increasingly ineffective due to the emergence of multi-drug resistance among the strains. This situation worsens the disease-burden in developing as well as in developed countries. Moreover the emergence of *S. Paratyphi A* as a major enteric fever-causing organism in several Asian countries, demands a prophylactic measure at this hour. Other than two licensed vaccines of *S. Typhi*, there are no existing vaccines for *S. Paratyphi A*. Moreover, travelers returning from endemic regions are becoming more susceptible to have these infections. In this situation, a need for bivalent approach is required where a single immunogen (consisting from each organism) will be effective against the disease. In this review, we have focused on the general information about typhoidal fever, its spread and epidemiology in brief and the present status of typhoidal vaccines and its future. This review highlights existing gaps in the typhoidal salmonellae research with a special emphasis on the status of present typhoidal salmonellae vaccine research.

### *Regular papers*

#### **A formative research-guided educational intervention to improve the knowledge and attitudes of seniors towards influenza and pneumococcal vaccinations**

Original Research Article

Pages 6367-6374

Hanley J. Ho, Yin Ying Chan, Muhamad Alif bin Ibrahim, Anurupa A. Wagle, Christina M. Wong, Angela Chow

### *Abstract*

#### **Background**

Adult influenza and pneumococcal vaccination rates in Singapore are low, and factors influencing knowledge and attitudes of seniors towards influenza, pneumonia and their respective vaccines are not well-known. Our study aims to understand the barriers and facilitators towards getting influenza and pneumococcal vaccinations among seniors in Singapore, and subsequently inform the conduct of a relevant community-based educational intervention, as well as evaluate the intervention outcomes.

## Methods

We performed a mixed methods study with two components: Firstly, formative research was conducted among community-dwelling seniors, using focus group discussions (FGDs), to understand their knowledge and attitudes towards influenza, pneumonia and their respective vaccines. Next, a quantitative study was conducted to evaluate knowledge of seniors and the effectiveness of an educational intervention.

## Results

Four FGDs were organised with 32 participants, who were predominantly female, of lower educational background, and residing in government rental flats. Participants had varying levels of knowledge and many misconceptions about influenza, pneumonia and their respective vaccinations, with concerns about side effects and vaccine effectiveness. The formative research results were used to inform a community-based educational intervention for seniors. Our subsequent evaluation included 604 elderly participants, mainly from lower educational and socio-economic strata, who initially demonstrated poor knowledge scores (median score 5 out of 9, IQR 4-5). Following our intervention, median knowledge score improved to 7 (IQR 6-8) ( $p < .0001$ ). Significant improvements in knowledge scores were observed across genders, age strata, education levels, and housing types.

## Discussion

Our formative research identified knowledge gaps among community-dwelling seniors which affected their attitudes towards vaccination uptake. Key findings were taken into consideration when implementing the educational intervention. Our community-based intervention was effective in improving knowledge and attitudes, and could be used as a cue to action for short-term behaviour changes.

## **Timeliness of childhood vaccination in the Federated States of Micronesia**

Original Research Article

Pages 6404-6411

Ashley Tippins, Andrew J. Leidner, Mehreen Meghani, Aja Griffin, Louisa Helgenberger, Mawuli Nyaku, J. Michael Underwood

### *Abstract*

#### Background

Vaccination coverage is typically measured as the proportion of individuals who have received recommended vaccine doses by the date of assessment. This approach does not provide information about receipt of vaccines by the recommended age, which is critical for ensuring optimal protection from vaccine-preventable diseases (VPDs).

#### Objective

To assess vaccination timeliness in the Federated States of Micronesia (FSM), and the projected impact of suboptimal vaccination in the event of an outbreak.

#### Methods

Timeliness of the 4th dose of diphtheria, tetanus, and acellular pertussis vaccine (DTaP) and 1st dose of measles, mumps, and rubella vaccine (MMR) among children 24–35 months was assessed in FSM. Both doses are defined as on time if administered from 361 through 395 days in age. Timeliness was calculated by one-way frequency analysis, and dose delays, measured in months after recommended age, were described using inverse Kaplan-Meier analysis. A time-series susceptible-exposed-infected-recovery (TSEIR) model simulated measles outbreaks in populations with on time and late vaccination.

#### Results

Total coverage for the 4th dose of DTaP ranged from 36.6% to 98.8%, and for the 1st dose of MMR ranged from 80.9% to 100.0% across FSM states. On time coverage for the 4th dose of DTaP ranged from 3.2% to 52.3%, and for the 1st dose of MMR ranged from 21.1% to 66.9%. Maximum and median dose delays beyond the recommended age varied by state. TSEIR models predicted 10.8–13.7% increases in measles cases during an outbreak based on these delays.

#### Conclusions

In each of the FSM states, a substantial proportion of children received DTaP and MMR doses outside the recommended timeframe. Children who receive vaccinations later than recommended remain susceptible to VPDs during the period they remain unvaccinated, which may have a substantial impact on health systems during an outbreak. Immunization programs should consider vaccination timeliness in addition to coverage as a measure of susceptibility to VPDs in young children.

### **Using best-worst scaling to rank factors affecting vaccination demand in northern Nigeria**

Original Research Article

Pages 6429-6437

Sachiko Ozawa, Chizoba Wonodi, Olufemi Babalola, Tukur Ismail, John Bridges

#### *Abstract*

##### Background

Understanding and ranking the reasons for low vaccination uptake among parents in northern Nigeria is critical to implement effective policies to save lives and prevent illnesses. This study applies best-worst scaling (BWS) to rank various factors affecting parents' demand for routine childhood immunization.

##### Methods

We conducted a household survey in Nahuiche, Zamfara State in northern Nigeria. Nearly two hundred parents with children under age five were asked about their views on 16 factors using a BWS technique. These factors focused on known attributes that influence the demand for childhood immunization, which were identified from a literature review and reviewed by a local advisory board. The survey systematically presented parents with subsets of six factors and asked them to choose which they think are the most and least important in decisions to vaccinate children. We used a sequential best-worst analysis with conditional logistic regression to rank factors.

##### Results

The perception that vaccinating a child makes one a good parent was the most important motivation for parents in northern Nigeria to vaccinate children. Statements related to trust and social norms were ranked higher in importance compared to those that highlighted perceived benefits and risks, healthcare service, vaccine information, or opportunity costs. Fathers ranked trust in the media and views of their leaders to be of greatest importance, whereas mothers placed greater importance on social perceptions and norms. Parents of children without routine immunization ranked their trust in local leaders about vaccines higher in considerations, and the media's views lower, compared to parents with children who received routine immunization.

##### Conclusions

Framing immunization messages in the context of good parenting and hearing these messages from trusted information sources may motivate parental uptake of childhood vaccines. These results are useful to policymakers to prioritize resources in order to increase awareness and demand for childhood immunization.

## **Understanding vaccine hesitancy in polio eradication in northern Nigeria**

Original Research Article

Pages 6438-6443

Sebastian Taylor, Mahmud Khan, Ado Muhammad, Okey Akpala, Marit van Strien, Chris Morry, Warren Feek, Ellyn Ogden

### *Abstract*

#### Background

Vaccine hesitancy constitutes a major threat to the Global Polio Eradication Initiative (GPEI), and to further expansion of routine immunisation. Understanding hesitancy, leading in some cases to refusal, is vital to the success of GPEI. Re-emergence of circulating wild poliovirus in northern Nigeria in mid-2016, after 24 months polio-free, gives urgency to this. But it is equally important to protect and sustain the global gains available through routine immunisation in a time of rising scepticism and potential rejection of specific vaccines or immunisation more generally.

#### Methods and findings

This study is based on a purposive sampling survey of 1653 households in high- and low-performing rural, semiurban and urban areas of three high-risk states of northern Nigeria in 2013–14 (Sokoto, Kano and Bauchi). The survey sought to understand factors at household and community level associated with propensity to refuse polio vaccine.

Wealth, female education and knowledge of vaccines were associated with lower propensity to refuse oral polio vaccine (OPV) among rural households. But higher risk of refusal among wealthier, more literate urban household rendered these findings ambiguous. Ethnic and religious identity did not appear to be associated with risk of OPV refusal.

Risk of vaccine refusal was highly clustered among households within a small sub-group of sampled settlements. Contrary to expectations, households in these settlements reported higher levels of expectation of government as service provider, but at the same time lesser confidence in the efficacy of their relations with government.

#### Conclusions

Results suggest that strategies to address the micro-political dimension of vaccination – expanding community-level engagement, strengthening the role of local government in public health, and enhancing public participation of women – should be effective in reducing non-compliance, as an important set of strategies complementary to conventional didactic/educational approaches and working through religious and traditional ‘influencers’.

## **County-level assessment of United States kindergarten vaccination rates for measles mumps rubella (MMR) for the 2014–2015 school year**

Original Research Article

Pages 6444-6450

Sheryl A. Kluberg, Denise P. McGinnis, Yulin Hswen, Maimuna S. Majumder, Mauricio Santillana, John S. Brownstein

### *Abstract*

United States kindergarten measles-mumps-rubella (MMR) vaccination rates are typically reported at the state level by the Centers for Disease Control and Prevention (CDC). The lack of local MMR data prevents identification of areas with low vaccination rates that would be vulnerable to the spread of disease. We collected county-level vaccination rates for the 2014–2015 school year with the objective of identifying these regions.



We requested county-level kindergarten vaccination data from state health departments, and mapped these data to visualize geographic patterns in achievement of the 95% MMR vaccination target. We aggregated the county-level data to the state level for comparison against CDC state estimates. We also analyzed the relationship of MMR vaccination level with county-level and state-level poverty (using U.S. census data), using both a national mixed model with state as a random effect, and individual linear regression models by state. We received county vaccination data from 43 states. The median kindergarten MMR vaccination rate was 96.0% (IQR 89–98) across all counties, however, we estimated that 48.4% of the represented counties had vaccination rates below 95%. Our state estimates closely reflected CDC values. Nationally, every 10% increase in under-18 county poverty was associated with a 0.24% increase in MMR vaccination rates (95% CI: –0.07%; 0.54%), but the direction of this relationship varied by state. We found that county data can reveal vaccination trends that are unobservable from state-level data, but we also discovered that the current availability of county-level data is inadequate. Our findings can be used by state health departments to identify target areas for vaccination programs.

## **Vaccine**

Volume 35, Issue 46, Pages 6255-6354 (1 November 2017)

<http://www.sciencedirect.com/science/journal/0264410X/35/46?sdc=1>

*Conference report*

### **Estimating the full public health value of vaccination**

Pages 6255-6263

Bradford D. Gessner, David Kaslow, Jacques Louis, Kathleen Neuzil, Katherine L. O'Brien, Valentina Picot, Tikki Pang, Umesh D. Parashar, Mitra Saadatian-Elahi, Christopher B. Nelson

#### ***Abstract***

There is an enhanced focus on considering the full public health value (FPHV) of vaccination when setting priorities, making regulatory decisions and establishing implementation policy for public health activities. Historically, a therapeutic paradigm has been applied to the evaluation of prophylactic vaccines and focuses on an individual benefit-risk assessment in prospective and individually-randomized phase III trials to assess safety and efficacy against etiologically-confirmed clinical outcomes. By contrast, a public health paradigm considers the population impact and encompasses measures of community benefits against a range of outcomes. For example, measurement of the FPHV of vaccination may incorporate health inequity, social and political disruption, disruption of household integrity, school absenteeism and work loss, health care utilization, long-term/on-going disability, the development of antibiotic resistance, and a range of non-etiotologically and etiotologically defined clinical outcomes.

Following an initial conference at the Fondation Mérieux in mid-2015, a second conference (December 2016) was held to further describe the efficacy of using the FPHV of vaccination on a variety of prophylactic vaccines. The wider scope of vaccine benefits, improvement in risk assessment, and the need for partnership and coalition building across interventions has also been discussed during the 2014 and 2016 Global Vaccine and Immunization Research Forums and the 2016 Geneva Health Forum, as well as in numerous publications including a special issue of Health Affairs in February 2016.

The December 2016 expert panel concluded that while progress has been made, additional efforts will be necessary to have a more fully formulated assessment of the FPHV of vaccines included into the evidence-base for the value proposition and analysis of unmet medical need to prioritize vaccine development, vaccine licensure, implementation policies and financing



decisions. The desired outcomes of these efforts to establish an alternative framework for vaccine evaluation are a more robust vaccine pipeline, improved appreciation of vaccine value and hence of its relative affordability, and greater public access and acceptance of vaccines.

### **Cost-effectiveness of HPV vaccination in the context of high cervical cancer incidence and low screening coverage**

Original Research Article

Pages 6329-6335

Triin Võrno, Katrin Lutsar, Anneli Uusküla, Lee Padrik, Terje Raud, Rainer Reile, Oliver Nahkur, Raul-Allan Kiivet

#### ***Abstract***

##### **Background**

Estonia has high cervical cancer incidence and low screening coverage. We modelled the impact of population-based bivalent, quadrivalent or nonavalent HPV vaccination alongside cervical cancer screening.

##### **Methods**

A Markov cohort model of the natural history of HPV infection was used to assess the cost-effectiveness of vaccinating a cohort of 12-year-old girls with bivalent, quadrivalent or nonavalent vaccine in two doses in a national, school-based vaccination programme. The model followed the natural progression of HPV infection into subsequent genital warts (GW); premalignant lesions (CIN 1–3); cervical, oropharyngeal, vulvar, vaginal and anal cancer. Vaccine coverage was assumed to be 70%. A time horizon of 88 years (up to 100 years of age) was used to capture all lifetime vaccination costs and benefits. Costs and utilities were discounted using an annual discount rate of 5%.

##### **Results**

Vaccination of 12-year-old girls alongside screening compared to screening alone had an incremental cost-effectiveness ratio (ICER) of €14,007 (bivalent), €14,067 (quadrivalent) and €11,633 (nonavalent) per quality-adjusted life-year (QALY) in the base-case scenario and ranged between €5367–21,711, €5142–21,800 and €4563–18,142, respectively, in sensitivity analysis. The results were most sensitive to changes in discount rate, vaccination regimen, vaccine prices and cervical cancer screening coverage.

##### **Conclusion**

Vaccination of 12-year-old girls alongside current cervical cancer screening can be considered a cost-effective intervention in Estonia. Adding HPV vaccination to the national immunisation schedule is expected to prevent a considerable number of HPV infections, genital warts, premalignant lesions, HPV related cancers and deaths. Although in our model ICERs varied slightly depending on the vaccine used, they generally fell within the same range. Cost-effectiveness of HPV vaccination was found to be most dependent on vaccine cost and duration of vaccine immunity, but not on the type of vaccine used.

### **Vaccine: Development and Therapy**

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

(Accessed 28 October 2017)

No new digest content identified]

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

(Accessed 28 October 2017)

[No new digest content identified]

## **Value in Health**

October–November 2017 Volume 20, Issue 9

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

### ***ISPOR 20th Annual European Congress Research Abstracts***

Break out Sessions

#### **Would a Two-Dose Rotavirus Vaccine Improve Health Outcomes While Reducing Costs in the Sultanate of Oman?**

X Li, Y Shehata, A Marijam, K Meszaros, S Noibi

Rotavirus is the most common cause of diarrhoea in young children. A recent study in Oman showed no significant disease reductions despite improved healthcare facilities and infection control measures. This study evaluated whether a paediatric vaccination programme with a two-dose Human Rotavirus Vaccine (HRV) would be cost-effective in Oman.

#### **Differences In Vaccine Pricing Between High-Income And Low-Income Markets**

I Fadeyi, T McLean, F Tavella, L Heron

Published in issue: October–November, 2017

The aim of this study is to evaluate vaccine pricing and the differences in the costs of vaccines between high income (HICs) and low income (LICs) countries.

#### **Cost-Effectiveness of Additional Vaccination of Boys Against HPV In Germany**

O Damm, J Horn, B Ultsch, S Scholz, R Mikolajczyk, M Wiese-Posselt, T Harder, O Wichmann, W Greiner

Published in issue: October–November, 2017

Routine vaccination of girls against human papillomavirus (HPV) was introduced in Germany in 2007. In an independently funded model-based study, HPV vaccination of girls was found to be a cost-effective intervention in Germany. However, the cost-effectiveness of vaccinating boys remained unclear, particularly because the previous study did not consider all relevant aspects (i.e. two-dose schedule, broader spectrum of HPV-associated cancers, ninevalent vaccine). The objective of this study was to estimate the cost-effectiveness of adding boys to the existing immunisation strategy in Germany.

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

## **Hepatology International**

First Online: 24 October 2017

*Point of View*

#### **Mother-to-infant transmission of hepatitis B virus: challenges and perspectives**

YF Shih, CJ Liu

*Abstract*

Chronic hepatitis B virus (HBV) infection due to perinatal mother-to-infant transmission (MTIT) remains a serious global health problem. Despite passive-active immunoprophylaxis using hepatitis B vaccination with or without hepatitis B immunoglobulin (HBIG), up to 8–10% of newborns still acquire HBV infection. Understanding the mechanisms of MTIT is essential for the interruption of HBV transmission. There are three possible routes of transmission: intrauterine transmission, transmission during delivery (intrapartum) and postnatal transmission through close contact or breast milk (postpartum). Overall, positivity for hepatitis B e antigen (HBeAg) and the high viral load of the mothers are the two most important risk factors related to MTIT of HBV. This article briefly reviews the viral factors related to MTIT of HBV and discusses the issues that warrant further investigation.

### **Journal of AIDS and Clinical Research**

2017 Vol.8 No.3 pp.676 ref.21

#### **Regulatory and ethical approval timelines for HIV vaccine studies: an analysis of International AIDS Vaccine Initiative (IAVI) sponsored studies in East and Southern Africa**

P Bahati, Z Omungo, B Bender, J Rono - Journal of AIDS and Clinical Research, 2017

##### *Abstract*

**Background:** There has not been a systematic analysis of factors affecting ethics and regulatory timelines of HIV Vaccine trials and epidemiologic studies in Eastern and Southern Africa. We analyzed regulatory and ethics approval timelines and associated factors for HIV vaccine clinical trials and epidemiologic studies in Kenya, Uganda, Rwanda, South Africa and Zambia using data collected from seven Clinical Research Centers (CRCs) from 2001 to 2015.

**Methodology:** Staff responsible for regulatory issues at CRCs provided archived data on ethical and regulatory review time-frames which were then validated with the sponsor central database. A semi structured questionnaires was administered to establish qualitative information on perceived factors affecting efficiency of approval processes and potential solutions. Quantitative data analysis was conducted using Excel. Qualitative data were analyzed using an open coding to analyze and elicit general themes.

**Findings:** Data on submission for 23 clinical trials and 51 epidemiological study protocols were analyzed. Across all seven CRCs it took on average of 178 and 108 days to obtain full authorization to commence clinical trials and epidemiological studies, respectively. These timelines are shorter than the average found in other disease fields in Africa but seem longer than approval timelines in the USA and the EU that are estimated at 15-45 days and 43-75 days, respectively. We found that countries with sequential, rather than parallel, submission procedures had longer review timelines. Clinical trial approval timelines that were longer than 200 days were associated with amendment submissions prior to initial approval and with investigational products that required institutional biosafety committee reviews. Lengthier approval timelines were also associated with epidemiological studies with more invasive procedures.

**Conclusion:** Strategies to further shorten timelines will need to focus on adoption of parallel approval processes; increase frequency of ethical review meetings and capacity strengthening of ethical review institutions.

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### **Media/Policy Watch**

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

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

### **The Atlantic**

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

*Accessed 28 October 2017*

#### **Why Do We Need Separate Chicken-Pox and Shingles Vaccines?**

*The two diseases are caused by the same virus but strike different groups of people.*

Sarah Zhang Oct 25, 2017

"It's a real paradigm shift because there are no vaccines that perform so extraordinarily well for people in their 70s and their 80s."

### **BBC**

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

*Accessed 28 October 2017*

[No new, unique, relevant content]

### **The Economist**

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

*Accessed 28 October 2017*

[No new, unique, relevant content]

### **Financial Times**

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

*Accessed 28 October 2017*

### **Forbes**

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

*Accessed 28 October 2017*

[No new, unique, relevant content]

### **Foreign Affairs**

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

*Accessed 28 October 2017*

[No new, unique, relevant content]

## **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 28 October 2017*

[No new, unique, relevant content]

## **The Guardian**

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

*Accessed 28 October 2017*

[No new, unique, relevant content]

## **National Geographic**

<https://www.nationalgeographic.com/magazine/>

*Accessed 28 October 2017*

### **[Here's Why Vaccines Are So Crucial](#)**

*If children in poor countries got the shots that rich countries take for granted, hundreds of thousands of young lives could be saved.*

By Cynthia Gorney

## **New Yorker**

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

*Accessed 28 October 2017*

[No new, unique, relevant content]

## **New York Times**

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

*Accessed 28 October 2017*

*Health*

### **[The Long War on Polio, as Recalled by Its Generals](#)**

By DONALD G. McNEIL Jr. OCT. 20, 2017

'Coffee With Polio Experts' will not be picked up by Hulu anytime soon, but there is something compelling in these short videos put out by the Global Polio Eradication Initiative.

The formula is simple: Doctors who have spent years fighting polio in the world's most remote regions sit down over coffee with a World Health Organization representative to tell war stories.

The production values are amateurish — cups rattle, the bustle of the coffee shop intrudes. But the tales can be gripping, and they are recalled by soldiers who save lives rather than taking them...

## **Wall Street Journal**

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

*Accessed 28 October 2017*

[No new, unique, relevant content]

## **Washington Post**

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

*Accessed 28 October 2017*

### **[Mom jailed for not vaccinating son doesn't want future shots](#)**

Associated Press · National · Oct 28, 2017

PONTIAC, Mich. — A suburban Detroit mother who served jail time for violating a court order to have her son vaccinated is asking a judge to prevent any future vaccinations.

The Detroit Free Press reports that 40-year-old Rebecca Bredow's lawyer Clarence Dass says she will have to convince an Oakland County judge that avoiding future vaccinations is "in the best interests of the child." Bredow opposes vaccines, but her ex-husband, the boy's father, wants the boy vaccinated.

An Oakland County judge earlier this month sent the Ferndale woman to jail for five days for ignoring a Sept. 27 order to vaccinate the child.

Dass has said in court filings that Bredow "believes that the risks to vaccinations outweigh the benefits." A judge hasn't yet scheduled a hearing on Bredow's latest request.

### **Think Tanks et al**

#### **Brookings**

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

Accessed 28 October 2017

[No new relevant content]

#### **Center for Global Development**

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

Accessed 28 October 2017

[No new relevant content]

#### **Council on Foreign Relations**

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

Accessed 28 October 2017

#### **Ending Polio in Nigeria Once and for All**

Blog Post by Toyin Saraki

October 26, 2017

#### **CSIS**

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

Accessed 28 October 2017

[No new relevant content]

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*practice in health, human rights action, humanitarian response, heritage stewardship, education and sustainable development – serving governments, international agencies, INGOs, civil society organizations (CSOs), commercial entities, consortia and alliances. CVEP maintains an academic affiliation with the Division of Medical Ethics, NYU School of Medicine, and an operating affiliation with the Vaccine Education Center of Children’s Hospital of Philadelphia [CHOP].*

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

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