



**Vaccines and Global Health: The Week in Review**  
**25 November 2017**  
**Center for Vaccine Ethics & Policy (CVEP)**

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

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

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## **Milestones :: Perspectives**

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

We generally reserve this section of our digest for major strategic announcements and significant milestones in the vaccines/immunization space. We share below the text from a retirement laudation plaque that represents, in our view, such a milestone.

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### ***In Recognition of Exemplary Leadership in Advancing Immunization Globally, We Hereby Honor***

***Dr. Jean M-Marie Okwo-Bele  
Director of Immunization, Vaccines and Biologicals  
World Health Organization  
2004-2017***

***We thank you for your passion, unconditional commitment, and enduring dedicated service to public health.***

***Your legacy will live on in the many lives you have touched.***

***Your Friends, Colleagues and Partners Worldwide  
November 2017***

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We understand that Okwo received this laudation during a celebratory event at the close of the SAGE meeting in October. Okwo's retirement commences following his last day official working day at WHO on 29 November 2017.

We wish him a splendid next adventure...

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**IVI** [to 25 November 2017]

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

### **Commemorating our 20th anniversary, IVI thanks donors, partners for support**

IVI expresses our deepest gratitude to all the donors and supporters for your commitment and generosity to the Institute over the past 20 years. In particular, we wish to thank our donors and partners who joined us at our 20th Anniversary Forum held on November 15.

The Forum brought together 170 scientists, partners and friends of IVI from across Korea and around the world, including Dr. Park Neung-hoo, Minister of Health and Welfare of Korea. Present at the Celebration and Dinner were some 120 donors and supporters, including awardees of plaques who were honored for their outstanding commitment and contribution to IVI. As we move into IVI's third decade, we look forward to the continuing friendship and partnership with our donors and partners to make an even bigger impact in vaccine science and

global public health in the years ahead.

We are pleased to share with you images of the commemorative events and greetings on our 20th Anniversary from donors, partners and friends of IVI below.

Press release: [http://www.ivi.int/?mod=document&uid=954&page\\_id=12463](http://www.ivi.int/?mod=document&uid=954&page_id=12463)

Photo images of the 20th Anniversary Forum and Celebrations:

<https://www.flickr.com/photos/internationalvaccineinstitute/albums/72157666609937919>

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## **Emergencies**

### **POLIO**

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

#### **Polio this week as of 22 November 2017** [GPEI]

:: On the 14 November, the 15th IHR Emergency Committee convened to review the risk of international spread of poliovirus. The committee agreed that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC), and recommended the extension of revised Temporary Recommendations for a further three months.

:: To mark World Children's Day, we reported on how the polio eradication programme helps deliver a bright future to children in Nigeria.

:: *Summary of newly-reported viruses this week:*

...**Afghanistan:** Four new wild poliovirus type 1 (WPV1) positive environmental samples, three collected from Kandahar province, and one from Kabul province.

...**Pakistan:** One new WPV1 positive environmental sample, collected from Sindh province.

...**Syria:** Seven new circulating vaccine derived poliovirus type 2 (cVDPV2) cases reported, all from Deir Ez-Zor governorate.

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#### **Statement of the 15th IHR Emergency Committee regarding the international spread of poliovirus**

WHO statement

14 November 2017

*[Excerpts; Editor's text bolding]*

The fifteenth meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) regarding the international spread of poliovirus was convened by the Director-General on 14 November 2017 at WHO headquarters with members, advisers and invited member states attending via teleconference.

The Emergency Committee reviewed the data on wild poliovirus (WPV1) and circulating vaccine derived polioviruses (cVDPV). The Secretariat presented a report of progress for affected IHR States Parties subject to Temporary Recommendations. The following IHR States Parties presented an update on the current situation and the implementation of the WHO Temporary Recommendations since the Committee last met on 3 August 2017: Afghanistan, the Democratic Republic of Congo (DR Congo), Nigeria, Pakistan and the Syrian Arab Republic.

Wild polio

**Overall the Committee was encouraged by continued steady progress in all three WPV1 infected countries, Afghanistan, Nigeria and Pakistan and the fall in the number of cases globally,** and that international spread remained limited to between Afghanistan and Pakistan only. While falling transmission in these three countries decreased the risk of international spread, the consequences of any failure to prevent spread would increasingly be a set-back to eradication and a risk to public health, as funding winds down in the coming years.

**The Committee commended the high-level commitment seen in both Afghanistan and Pakistan,** and the high degree of cooperation and coordination, particularly targeting the high risk mobile populations that cross the international border, such as nomadic groups, local populations straddling the border, seasonal migrant workers and their families, repatriating refugees (official and informal), and guest children (children staying with relatives across the border). Stopping transmission in these populations remains a major challenge that cannot be under-estimated, underlining the critical continuing need for cross border activities in surveillance and vaccination.

The Committee commended the achievements in **Pakistan** that have resulted in the number of cases falling to just five so far in 2017; achievements included the improved accessibility, improved communication to reduce missed children and better quality supplementary immunization activities (SIA). However, WPV1 transmission continues to be widespread geographically as detected by environmental surveillance and this remains a source of major concern, notwithstanding that the intensity of environmental surveillance is now higher than previously, meaning the probability of environmental detection is now higher. The Committee was concerned by the ongoing risks to eradication posed by the number of inaccessible and missed children in Afghanistan, particularly in the southern region resulting in ten cases to date in 2017.

The Committee was impressed by the innovations that continue to be made in **Nigeria** to reach children in Borno, but was very concerned that although the number of inaccessible settlements has fallen, there remains a substantial population in Borno state that is totally inaccessible, including around 160,000 - 200,000 children aged under five. The Committee concluded that there is a substantial risk that polioviruses are still circulating in these inaccessible areas. Nigeria also reported on ongoing efforts to ensure vaccination at international borders (including at airports), other transit points, IDP camps and in other areas where nomadic populations existed, but the Committee felt that efforts to date were inadequate. The Committee also noted that routine immunization, particularly in high risk areas of northern Nigeria, is performing poorly and along with polio eradication has been made a national priority. Although it is over 13 months since the last detection of WPV1 in Nigeria, the recent outbreak response assessment by global polio experts concluded ongoing transmission could not be ruled out.

**There was ongoing concern about the Lake Chad basin region, and for all the countries that are affected by the insurgency, with the consequent lack of services and presence of IDPs and refugees. The risk of international spread from Nigeria to the Lake Chad basin countries or further afield in sub-Saharan Africa remains high.**

The Committee was encouraged that the Lake Chad basin countries including, Cameroon, Chad, the Central African Republic (CAR), Niger and Nigeria continued to be committed to sub-regional coordination of immunization and surveillance activities. However, there is concern about the Lake Chad islands which are currently inaccessible and also about significant gaps in population immunity exist in some areas of these countries in border areas with Borno, and the ongoing population movement in the sub-region was a major challenge.

#### Vaccine derived poliovirus

The Committee commended the efforts made in some very challenging circumstances in DR Congo and the Syrian Arab Republic. These outbreaks highlighted the presence of vulnerable under-immunized populations in areas with inaccessibility, either due to conflict or geographical remoteness. Furthermore, the delay in detection of these outbreaks illustrated that serious gaps in surveillance exist in many areas of the world, often related to weak health systems or to conflict resulting in disrupted health systems.

In DRC, there has been transmission after the initial SIA's with geographical spread outside the health zones covered, into Tanganyika, necessitating further rounds with mOPV2. Risks are compounded by poor surveillance in many areas, and widespread gaps in population immunity.

**The Committee was very concerned by the size of the outbreak in the Syrian Arab Republic, and the difficulty of reaching target populations because of the conflict. As type 2 population immunity rapidly wanes, the risk of spread within the Syrian Arab Republic and beyond its borders will increase substantially, meaning urgent action is needed to stop transmission.** The Committee commended countries surrounding the outbreak zone that are responding to prevent importation, particularly among Syrian refugees in Lebanon, Jordan, and Turkey. The Committee urged any country receiving Syrian refugees, particularly from Deir Ez-Zor and Raqqa, to ensure polio vaccination with IPV.

The Committee noted with concern the recent detection of a single highly diverged VDPV2 in sewage in Mogadishu in Somalia, with genetic evidence of more than three years of replication without detection.

#### Conclusion

**The Committee unanimously agreed that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC), and recommended the extension of revised Temporary Recommendations for a further three months.** The Committee considered the following factors in reaching this conclusion:

- The potential risk of further spread through population movement, whether for family, social or cultural reasons, or in the context of populations displaced by insecurity, returning refugees, or nomadic populations, and the need for international coordination to address these risks, particularly between Afghanistan and Pakistan, Nigeria and its Lake Chad neighbors, and countries bordering the Syrian Arab Republic.
- The current special and extraordinary context of being closer to polio eradication than ever before in history, with the incidence of WPV1 cases in 2017 the lowest ever recorded.
- The risk and consequent costs of failure to eradicate globally one of the world's most serious vaccine preventable diseases. Even though global transmission of WPV1 has fallen dramatically and with it the likelihood of international spread, the consequences and impact of international spread should it occur now would be grave and a major set-back to achieving eradication.

- The risk of global complacency developing as the numbers of polio cases continues to fall and eradication becomes a tangible reality soon.
- The outbreak of WPV1 (and cVDPV) in Nigeria highlighting that there are high-risk areas where surveillance is compromised by inaccessibility, resulting in ongoing circulation of WPV for several years without detection. The risk of transmission in the Lake Chad sub-region appears high.
- **The serious consequences of further international spread for the increasing number of countries in which immunization systems have been weakened or disrupted by conflict and complex emergencies. Populations in these fragile states are vulnerable to outbreaks of polio. Outbreaks in fragile states are exceedingly difficult to control and threaten the completion of global polio eradication during its end stage.**
- The importance of a regional approach and strong crossborder cooperation, as much international spread of polio occurs over land borders, while also recognizing that the risk of distant international spread remains from zones with active poliovirus transmission.
- Additionally with respect to cVDPV:
  - :: cVDPVs also pose a risk for international spread, which without an urgent response with appropriate measures threatens vulnerable populations as noted above;
  - :: The large number of cases in the Syrian outbreak within a short space of time and close to the international border with Iraq in the context of ongoing population movement because of conflict, considerably heightens the risk of international spread;
  - :: The ongoing circulation of cVDPV2 in DR Congo, Nigeria, Pakistan and the Syrian Arab Republic demonstrates significant gaps in population immunity at a critical time in the polio endgame;
  - :: The ongoing urgency to prevent type 2 cVDPVs following the globally synchronized withdrawal of the type 2 component of the oral poliovirus vaccine in April 2016, noting that population immunity to type 2 polioviruses is rapidly waning;
  - :: **The ongoing challenges of improving routine immunization in areas affected by insecurity and other emergencies;**
  - :: **The global shortage of IPV which poses an additional risk.**

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#### Additional considerations

**The Committee noted that in all the infected and vulnerable countries, routine immunization was generally quite poor, if not nationally, then in sub-national pockets.** The Committee strongly encourages all these countries to make further efforts to improve routine immunization, and requested international partners to support these countries in rapidly improving routine immunization coverage to underpin eradication.

The Committee also strongly encouraged countries newly infected with WPV or cVDPV to act with a great degree of urgency in responding to outbreaks as national public health emergencies, and to ensure emergency operations are used to facilitate this accelerated response...

**Based on the current situation regarding WPV1 and cVDPV, and the reports made by Afghanistan, DR Congo, Nigeria, Pakistan, and the Syrian Arab Republic, the Director-General accepted the Committee's assessment and on 20 November 2017**

**determined that the situation relating to poliovirus continues to constitute a PHEIC, with respect to WPV1 and cVDPV...**

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### **Syria cVDPV2 outbreak situation report 23: 21 November 2017**

*Situation update 21 November 2017*

...Seven (7) new cases of cVDPV2 were reported this week— 4 cases from Mayadeen and 3 from Boukamal district, Deir Ez-Zor governorate. The most recent case (by date of onset) is 9 September 2017 from Mayadeen district.

...The total number of confirmed cVDPV2 cases is 70.

...Outbreak response teams are planning a third mass immunization round to reach children under 5 with mOPV2 in areas where evidence of virus transmission continues.

...A request from the Syrian Ministry of Health for up to one (1) million doses of mOPV2 and 500 000 inactivated polio vaccine doses is being processed to ensure readiness for the second phase of the outbreak response

...Subnational immunization days aiming to reach children under 5 with bOPV started this week in areas of Rural Damascus, districts of Damascus, Homs, Aleppo and accessible areas of Deir Ez-Zor city. Children aged 2-23 months will also be reached with supplementary IPV during the subnational campaign, particularly in areas with large IDP populations.

...A joint supervisory team is monitoring the IPV campaign in all areas of Damascus, with a focus on areas where there are large IDP populations from Deir Ez-Zor to ensure campaign quality.

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### **WHO Grade 3 Emergencies** [to 25 November 2017]

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

:: WHO gravely concerned by deteriorating situation in eastern Ghouta, Syrian Arab Republic

22 November 2017, Damascus, Syrian Arab Republic – Seven people have been killed and 42 people injured in Damascus city and surrounding areas in recent days.

In eastern Ghouta, Rural Damascus, local health authorities report that during a 4-day period alone from 14 to 17 November, 84 people were killed, including 17 children and 6 women; and 659 people were injured, including 127 children and 87 women.

During the same period, more than 200 surgical operations were conducted in eastern Ghouta's overwhelmed and under-resourced hospitals.

Despite escalating violence and increasing humanitarian needs, life-saving medicines, medical equipment, and surgical supplies are prevented from entering the area...

:: Polio- Situation update 21 November 2017

*[See Polio above for detail]*

#### **South Sudan**

:: WHO in collaboration with the Ministry of Health established water quality control to prevent water-borne diseases in South Sudan

21 November 2017 Juba -- The cost of delivering safe water, sanitation and hygiene services is a public health concern in South Sudan. To ensure high quality, sustainable water quality

testing, monitoring and surveillance, WHO provided mobile water quality and safety testing kits to the National Public Health Laboratory. The mobile kits are to be used to test and monitor the quality and safety of water in the country.

## **Yemen**

:: Yemen – Cholera Response W46 2017 [Nov 13-Npv 19]

### **Highlights**

#### **Cumulative figures**

- The cumulative total from 27 April 2017 to 19 Nov 2017 is 945,362 suspected cholera cases and 2,211 associated deaths, (CFR 0.23%), 1049 have been confirmed by culture.
- The median age of suspected cases is (20) and the median age of death is (38)
- 59.3 % of death were severe cases at admission
- The total proportion of severe cases among the suspected cases is 18%
- The national attack rate is 343.26 per 10,000. The five governorates with the highest cumulative attack rates per 10,000 remain Amran (801), Al Mahwit (760), Al Dhale'e (641), Abyan (491) and Sana'a (459).
- Children under 5 years old represent 27.8% of total suspected cases.
- In total, 20,884 rapid diagnostic tests (RDT) have been performed which represents 22.1% coverage.
- 2,375 cultures have been performed which represents 22.6% coverage.
- The last positive culture was on 7 Nov 2017 in Al Garahi district
- Among the 305 affected districts, 43 districts in 12 governorates (Abyen, Al Baydha, Al Hudei deh, Al mahrah, Hajjah, Lahj ,Marib, Mokal l a, Sa'dah, Seyoun, Shabwah, Taizz) did not report any suspected case the last three consecutive 3 weeks.

#### **Governorate and District level**

- At governorate level, the trend from W43-W45 decrease or was stable in all governorates.
- No district is reporting a CFR higher than 1%.

### **Trends**

- The weekly number of cases is decreasing for the 10th consecutive week.
- The weekly proportion of severe cases has significantly decreased representing now 10% of the admitted cases.
- The use of RDTs has significantly increased since week 40.

### **Week 46**

- 14,955 suspected cases and 6 associated deaths were reported.
- 10 % are severe cases
- 924 RDTs were performed, 176 were positive
- 0 Positive culture

Iraq - *No new announcements identified.*

Nigeria - *No new announcements identified.*

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## **WHO Grade 2 Emergencies** [to 25 November 2017]

### **Myanmar**

:: Weekly Situation Report 4 - 22 November 2017

#### **Key Highlights**



...As of 21 November 2017, the cumulative number of new arrivals in all sites was 622,000.  
...This number includes over 341,000 arrivals in Kutupalong Balukhali expansion site, 235,000 in other camps and settlements, and 46,000 arrivals in host communities.  
...153,765 adolescents and children received measles vaccination  
...WHO Mental Health Gap Action Training commenced

#### *Situation Overview*

Approximately 170 health care facilities are known to be operating across all camps and settlements. However, many of these facilities provide a basic level of services and referrals for additional services within camps and outside of the camps remains a challenge. Government hospital facilities are overcrowded and do not have the resources to cope with the high volumes of referral patients. Moreover, the services provided are not standardized and the quality of health care services varies considerably.

The latest EWARS data show that fevers of unexplained origin are the most commonly reported disease (29%), followed acute respiratory infections (27%) and acute watery diarrhoea (21%). In view of the low immunization coverage among the Rohingya population, strengthening vaccination programmes is a priority.

Potential outbreaks of diarrhoeal diseases including

#### Rohingya refugees in Bangladesh: Health Sector Bulletin No. 1

Period: 01 October - 15 November 2017

##### [1] Health Situation

Around 1.2 million people are estimated to be in need of health assistance. This number includes both newly arrived Rohingyas from Myanmar since 25 August, and their host communities. Based on the public health situation analysis published on 10 October 2017, WHO has graded this crisis as a level 3 emergency. the highest possible rating.

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##### [5.4] Vaccines and Immunization

#### *Challenges*

The baseline coverage for routine immunization is low. This, combined with crowded living conditions, lack of adequate water and sanitation and reported levels of high malnutrition, represents a public health risk to both the new arrivals and the host population.

#### *Health Sector Response*

The health sector has conducted several vaccination campaigns. In the first campaign, which ended on 3 October 2017, 135 519 children under 15 years of age were vaccinated against measles and rubella, 72 334 children under 5 years of age were vaccinated against polio and 72 064 children received Vitamin A.

To mitigate the outbreak of cholera, the International Coordinating Group (ICG) on Vaccine Provision mobilized 900,000 doses of oral cholera vaccine (OCV) for a large-scale cholera vaccination campaign among recently arrived Rohingyas and their host communities. The health sector worked with the MOHFW to plan, train volunteers, fund, implement and monitor this campaign. The campaign to administer the first dose (targeting 650 000 individuals over one year of age) was successfully implemented from 10 to 18 October 2017. It reached a total of 712 797 people, 179 848 of whom were children aged from one to five years old. To help improve personal hygiene, vaccinators handed out soap to each person vaccinated.

From 4 to 9 November 2017, the health sector supported the MOHFW in implementing the second phase of a cholera and polio vaccination campaign for children. A total of 199 472 children aged between one and five years received a second dose of oral cholera vaccine for

added protection (estimated target population: 180 000), and 236 696 children under five years received oral polio vaccine (estimated target population: 210 000).

In addition, the health sector continues to support the MOHFW's efforts to strengthen routine vaccination. Approximately 100 vaccinators have been trained on the current routine Expanded Programme on Immunization (EPI) schedule, key EPI messages, the importance of maintaining the cold chain, monitoring vaccine vials, injection safety, registration, reporting and waste management. Polio, measles and tetanus immunization began on 11 November from static sites within the camps. Through these static sites, to date 719 children have been vaccinated against polio, 589 children against measles and 476 pregnant women against tetanus.

Additionally, since 1 November, 970 children (6 months - 15 years) passing through the two transit sites have been vaccinated against measles and rubella (MR) and 1038 children under five years received oral polio vaccine (bOPV).

Establishing the routine Expanded Programme on Immunization (EPI) in camps and settlements and setting up vaccination posts at entry points into Bangladesh are both key to controlling measles and other diseases. However, in response to the significant increase in measles cases, MoHFW and health sector have agreed to rapidly initiate a measles campaign targeting 360 000 children under 15 for MR vaccination. In view of the urgency of the situation, the campaign is planned to start on 18 November and microplanning has begun...

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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## **WHO AFRO - [Outbreaks and Emergencies Bulletin, Week 46: 11 - 17 November 2017](#)**

The WHO Health Emergencies Programme is currently monitoring 46 events in the region. This week's edition covers key ongoing events, including:

- :: Dengue fever in Burkina Faso,
- :: Plague in Madagascar,
- :: Lassa fever in Nigeria,
- :: Marburg virus disease in Uganda,
- :: Humanitarian Crisis in Central African Republic,
- :: Humanitarian Crisis in the Democratic Republic of the Congo.

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## **[UN OCHA – L3 Emergencies](#)**

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

### **Syrian Arab Republic**

- :: 25 Nov 2017 [Urgent Call to Address Gender-based Violence in Syria \[EN/AR\]](#)

## **Yemen**

:: 24 Nov 2017 - Yemen: Impact of the closure of seaports and airports on the humanitarian situation - Situation Update 3 | 23 November 2017

:: 24 Nov 2017 - Yemen Humanitarian Bulletin Issue 29 | 20 November 2017

DRC - *No new announcements identified.*

Iraq - *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.*

### **ROHINGYA CRISIS**

:: ISCG Situation Update: Rohingya Refugee Crisis, Cox's Bazar - 23 November 2017

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 25 November 2017]

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

- *No new announcements identified.*

### **MERS-CoV** [to 25 November 2017]

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

- *No new announcements identified.*

### **Yellow Fever** [to 25 November 2017]

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

*Disease outbreak news*

Yellow fever – Brazil - 24 November 2017

### **Zika virus** [to 25 November 2017]

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

- *No new announcements identified.*

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## **WHO & Regional Offices** [to 25 November 2017]

### **Uganda steps up to support women subjected to violence**

24 November 2017 – Violence against women is a global public health problem. In Uganda more than half of all women have experienced violence at least once in their life, most likely from an intimate partner.

In response Uganda has developed the National Action Plan on the Elimination of Gender-based Violence. To date more than 400 health workers have been trained, helping to address violence against women....

### **The paradox of migrant women care workers**

21 November 2017 – Migrating in the same numbers as men, many migrant women take on personal care work in informal and home-based settings – often without social protection, labour rights, or health care.

A new WHO report shows an emerging paradox: that migrant women carers support health and social systems, while their own health care and other needs may be unfulfilled.

WHO Report

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### **Weekly Epidemiological Record, 24 November 2017, vol. 92, 47 (pp. 717–728)**

:: Progress towards poliomyelitis eradication: Pakistan, January 2016–September 2017

:: Performance of acute flaccid paralysis (AFP) surveillance and incidence of poliomyelitis, 2017

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## **WHO Regional Offices**

*Selected Press Releases, Announcements*

### **WHO African Region AFRO**

:: Experts ramp up efforts to leave no one behind 24 November 2017

Brazzaville, 24 November 2017 - With growing momentum to ensure that...

:: Call for behaviour change in antibiotic use and prescription 24 November 2017

:: Making health services a safe place for women: Uganda steps up to support women subjected to violence 24 November 2017

:: Monitoring the efficacy of antimalarial medicines in Tanzania 23 November 2017

:: Promoting Interagency Collaboration to Ensure Pharmaceutical Manufacturing Development in Ethiopia 23 November 2017

:: Political will and evidence-based action to end TB in the African Region a must – WHO Regional Director for Africa 23 November 2017

23 November 2017 - World Health Organization (WHO) Africa...

:: WHO in collaboration with the Ministry of Health established water quality control testing hub within the National Public Health Laboratory to guide water safety management and prevent water-borne diseases in South Sudan 22 November 2017

:: EU commended for renewed commitment to boost Africa's health development Africa on course to reach health some targets by 2030 21 November 2017

:: World Antibiotics Awareness Week in Tanzania 21 November 2017

:: Tackling antibiotic resistance in Sierra Leone 20 November 2017

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

*No new digest content identified.*

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

*No new digest content identified.*

## **WHO European Region EURO**

- :: Leaving no one behind in eliminating violence against women 24-11-2017
- :: WHO/Europe introduces sustainable health workforce toolkit at Dublin Forum 24-11-2017
- :: New HEN report reveals gaps in protection of refugees and migrants from vaccine-preventable diseases 21-11-2017
- :: University of Pécs designated as WHO Collaborating Centre for migration and health 21-11-2017
- :: Health in focus at the UN Climate Change Conference 21-11-2017

## **WHO Eastern Mediterranean Region EMRO**

- :: WHO gravely concerned by deteriorating situation in eastern Ghouta, Syria 22 November 2017
- :: Islamic Advisory Group launches training manual on polio eradication, mother and child health and immunization 22 November 2017

## **WHO Western Pacific Region**

*No new digest content identified.*

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**CDC/ACIP** [to 25 November 2017]

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

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

Wednesday, November 15, 2017

## **MMWR News Synopsis for November 24, 2017**

### **Public Health Economic Burden Associated with Two Single Measles Case Investigations — Colorado, 2016–2017**

CDC Media Relations

404-639-3286

Even a single measles case is expensive and burdensome to public health agencies. Measles can be prevented by a safe and effective vaccine. Measles outbreaks in the United States occur after introduction from international travelers and can be amplified in undervaccinated communities. Effective interruption of transmission requires timely case investigation. The Tri-County Health Department in the metropolitan Denver area assessed the total economic burden of two measles case investigations. Each case exposed hundreds of people, prompting a complex and coordinated response by multiple public health agencies. Public health costs of disease investigation in the first and second case were an estimated \$49,769 and \$15,573, respectively. Single measles cases prompted extensive public health action and were costly and resource intensive for local public health agencies.

## **Progress Toward Poliomyelitis Eradication – Pakistan, January 2016-September 2017**

Interruption of wild poliovirus (WPV) circulation, and therefore eradication, is within reach in Pakistan. Despite progress made during 2016, virus is still detected in the environment of high-risk areas in the country, and children continue to be missed by vaccination efforts. These factors pose a challenge to the goal of achieving zero cases. To reach this goal, Pakistan must continue heightened polio surveillance, respond aggressively to any new cases, and vaccinate all children. Pakistan is one of three countries – including Afghanistan and Nigeria –where WPV has never stopped circulating. During 2017, Pakistan made significant improvements to its polio eradication program. As a result, the number of reported polio cases decreased by 69 percent, with five WPV cases compared to 16 cases reported during the same period in 2016. Despite the decrease, the virus continues to circulate in certain areas and children continue to be missed by immunization campaigns.

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**Africa CDC** [to 25 November 2017]

<https://au.int/en/africacdc>

*No new digest content identified.*

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**China CDC** [to 25 November 2017]

<http://www.chinacdc.cn/en/ne/>

*No new digest content identified.*

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### **Announcements**

**AERAS** [to 25 November 2017]

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

*No new digest content identified.*

**BMGF - Gates Foundation** [to 25 November 2017]

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

*No new digest content identified.*

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 25 November 2017]

<http://cepi.net/>

*No new digest content identified.*

**EDCTP** [to 25 November 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 25 November 2017]

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

24/11/2017

**New guidelines on good manufacturing practices for advanced therapies**

Adaptations ensure a high level of quality for ATMPs and patient protection

**European Vaccine Initiative** [to 25 November 2017]

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

20 November 2017

**MVVC2 study published**

EDCTP funded MVVC2 study published today in Frontiers in Immunology: showing safety and immunogenicity of malaria vectored...

**FDA** [to 25 November 2017]

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

November 21, 2017 –

**FDA approves first two-drug regimen for certain patients with HIV**

The U.S. Food and Drug Administration today approved Juluca, the first complete treatment regimen containing only two drugs to treat certain adults with human immunodeficiency virus type 1 (HIV-1) instead of three or more drugs included in standard HIV treatment. Juluca is a fixed-dose tablet containing two previously approved drugs (dolutegravir and rilpivirine) to treat adults with HIV-1 infections whose virus is currently suppressed on a stable regimen for at least six months, with no history of treatment failure and no known substitutions associated with resistance to the individual components of Juluca...

**Fondation Merieux** [to 25 November 2017]

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

*No new digest content identified.*

**Gavi** [to 25 November 2017]

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

*No new digest content identified.*

**GHIT Fund** [to 25 November 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 25 November 2017]

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

*No new digest content identified.*

**Hilleman Laboratories** [to 25 November 2017]

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

*No new digest content identified.*

**Human Vaccines Project** [to 25 November 2017]

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

*No new digest content identified.*

**IAVI** [to 25 November 2017]

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

November 21, 2017

**New Findings to Help HIV Scientists Establish 'Template' for Potent Antibodies**

*Natural-infection studies in Africa and India continue to inform HIV vaccine design*

New data published today in Immunity further illuminate how some human beings generate powerful, HIV-blocking antibodies. Led by scientists at the International AIDS Vaccine Initiative (IAVI) and The Scripps Research Institute (TSRI), the results offer important insight into a potential AIDS vaccine design.

"Uncovering the process by which neutralizing antibodies develop is critical to HIV vaccine design," said Elise Landais, Senior Research Scientist with IAVI and lead author of the study. "A small fraction of people living with HIV can naturally produce exceptionally powerful and broad antibodies that could prevent HIV from infecting their immune cells, but not until several years post-infection – long after that protection can help them. But it is of enormous interest to vaccine researchers."...

**IFFIm**

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

*No new digest content identified.*

**IVAC** [to 25 November 2017]

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

*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 25 November 2017]



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

*Press release*

**MSF: India's Decision to Give Pfizer Unmerited Patent on Lifesaving Pneumonia Vaccine Limits Access for Children Globally**

November 20, 2017

At High Court of Delhi hearing tomorrow, Doctors Without Borders will urge India to remain the “pharmacy of the developing world” and rethink decision that solidifies Pfizer monopoly on critical pneumonia vaccine

**NIH** [to 25 November 2017]

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

*No new digest content identified.*

**PATH** [to 25 November 2017]

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

*No new digest content identified.*

**Sabin Vaccine Institute** [to 25 November 2017]

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

Monday, November 20, 2017

**Journalists Gather for Information Session on Vaccines**

BUENOS AIRES, ARGENTINA – Today, the Sabin Vaccine Institute (Sabin) convened journalists from across Latin America to contribute to their understanding of the science of vaccines...

During the three-day information session hosted by Sabin, in partnership with the Universidad I Salud and the Centro de Estudios para la Prevención y el Control de Enfermedades Transmisibles, journalists will learn from public health experts about clinical trials, vaccine safety, how to communicate the impact of immunization, and basic epidemiology and immunology of vaccines, among other topics. By bringing together public health experts and 25 journalists from 18 countries, the information session will provide Latin American journalists with a baseline understanding of vaccines, vaccine safety and related global health issues....

**UNAIDS** [to 25 November 2017]

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

*Update*

**Global ministerial conference ends with adoption of the Moscow Declaration to End TB**

23 November 2017

A global ministerial conference held in Moscow, Russian Federation, on 16 and 17 November that united more than 1000 participants, including 75 ministers and 114 country delegations, concluded with the adoption of the [Moscow Declaration to End TB](#).

The Moscow Declaration to End TB is a new commitment to increase multisectoral action and enhance accountability in the global TB response towards ending tuberculosis (TB) by 2030.

The declaration will also inform the first United Nations General Assembly High-Level Meeting on TB, in 2018, which will seek to advance commitments to end TB from heads of state and government.

The declaration outlines the importance of international action to address key areas to respond to TB: sustainable financing, pursuing science, research and development and the establishment of a multisectoral accountability framework.

The conference, the First World Health Organization Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: a Multisectoral Response, was opened by the President of the Russian Federation, Vladimir Putin. It was attended by high-level United Nations leaders, including Amina J. Mohammed, the United Nations Deputy Secretary-General, Tedros Adhanom Ghebreyesus, the World Health Organization Director-General, and Michel Sidibé, the UNAIDS Executive Director...

*[See last week's edition for more detail]*

**UNICEF** [to 25 November 2017]

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

**Geneva Palais Briefing Note: Urgent measures to improve hygiene practices underway inside Rohingya refugee camps**

GENEVA, 21 November 2017 - This is a summary of what was said by Christophe Boulierac, UNICEF Spokesperson in Geneva – to whom quoted text may be attributed – at today's press briefing at the Palais des Nations in Geneva.

**Despite progress, 180 million children face bleaker prospects than their parents – UNICEF**

NEW YORK, 20 November 2017 – Despite global progress, 1 in 12 children worldwide live in countries where their prospects today are worse than those of their parents, according to a UNICEF analysis conducted for World Children's Day.

**Wellcome Trust** [to 25 November 2017]

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

November 21, 2017 STAT

*First Opinion*

**Focused projects can help Tedros restore confidence in the WHO**

By Jeremy Farrar

Like many people around the world, I was dismayed last month by the appointment of Robert Mugabe, the embattled president of Zimbabwe, as a World Health Organization goodwill ambassador. While I believe it is important for the WHO to work with political leaders of every variety, Mugabe's record in Zimbabwe, which has led to incredible pressure for him to step down, made him profoundly unsuitable for such a role. That wasn't the only reason this decision seemed so extraordinary to me: It stands as an outlier amid many very sound judgments made by Tedros Adhanom Ghebreyesus, WHO's newly elected director-general.

In his first 100 days in office, Tedros, as he is known, has assembled an able and extremely diverse senior leadership team. He has also engaged meaningfully and constructively with critics

— not least by quickly reversing the Mugabe appointment and without equivocation. He acknowledged a misstep and, I believe, deserves our support because his leadership is a critical opportunity to rebuild the WHO into the force it should be in global health.

Tedros's election has given him a mandate that no other head of a United Nations agency can claim. His election was the first of its kind in terms of transparency and openness, complete with manifestos, an election platform, and a vote among all WHO member states. His legitimacy, coupled with focused minds at WHO after the failures of Ebola, means he can do what the global health community has been asking the WHO director-general to do for decades: lead its member states with an ambitious program of effective and measurable work, rather than simply reacting passively to their diverse wishes...

.....

**BIO** [to 25 November 2017]  
<https://www.bio.org/insights/press-release>  
*No new digest content identified.*

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 25 November 2017]  
<http://www.dcvmn.org/>  
*No new digest content identified.*

**IFPMA** [to 25 November 2017]  
<http://www.ifpma.org/resources/news-releases/>  
*No new digest content identified.*

**PhRMA** [to 25 November 2017]  
<http://www.phrma.org/press-room>  
*No new digest content identified.*

\* \* \* \*

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

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

### **Women on the move: Migration, care work and health**

World Health Organization

2017 : 102 pages

ISBN: 978-92-4-151314-2

PDFs: Women on the move: Full report

Women on the move: Policy brief

*Executive Summary [Excerpt; text bolding from original]*

Ageing in late industrial and middle-income economies, combined with rising demographic dependency ratios and female labour force participation, has led to emerging care deficits in many developed and developing countries. Around the world, more women are entering the labour force, thus taking them away from traditional unpaid caring roles.

This report focuses largely on one population group: **women migrant care workers** who provide home-based personal care. However, many of the issues, and the next steps suggested here, also apply to other migrants and refugees – particularly women and girls – as well as to other socially excluded and marginalized groups engaged in paid and unpaid care work across the world.

Without a doubt, women migrant care workers play an increasingly prominent role in securing and protecting the health status of others and are contributing both to health in the broadest sense and to health systems. Yet relatively little is known about their own health status, the health implications to their families of their out-migration, and the extent of their important contributions to health systems. Around the world, care workers are overwhelmingly female, and many are migrants. This report documents how, despite making a large contribution to global public health, they are exposed to many health risks themselves, while enjoying few labour market and health protections. The report also underscores that paid and unpaid care work is central to the broad health and well-being of individuals, their families and communities, as well as society at large.

### **The care paradox: global public health and the role of migrant women care workers**

Increasingly, immigrant women are being imported into receiving country economies to care, often in informal settings, and are frequently engaged by private households, without full access to social protection and labour rights. Yet this group of migrants provides essential care services and, increasingly, health-care services, thus contributing to health systems and to health and well-being worldwide.

As the leading normative agency on health, the World Health Organization (WHO) calls attention to the paradox that migrant women care workers buttress health systems in countries with shortfalls in health-care provision, while their own rights to health may be eroded and their health-care needs are unfulfilled. Migrant women care workers act as a cushion for states that lack adequate public provision for long-term care, child care and care for the sick.

### **Unmet needs and growing demand for care**

Home-based personal care – whether for older persons, children, or those with chronic diseases or disabilities – constitutes an important component of modern health systems. This applies to both high-income countries, where formal health-care institutions and services are struggling to meet the growing demand for such care, as well as to middle- and lower-income countries and regions where home-based care relieves the demand for, and expense of, institutional care. In all societies there is a cultural preference for care “in the family” or for “ageing in place”.

One area in which the care deficit in receiving countries is particularly pronounced is long-term care for older persons. Critical shortages of long-term care workers make quality services unavailable for large parts of the global population aged 65 years and over. The extent of the unmet need varies worldwide, but in Europe alone the shortage is estimated at around 2.3 million formal long-term care workers.

## **The policy architecture related to care work, migration and women**

The unique status of migrant women care workers as both providers and consumers of health and social care requires that both sending and receiving countries reflect on this paradox and work urgently, and much more collaboratively, to overcome challenges, contradictions, gaps and inconsistencies in international, regional, national and subnational policies, laws and programmes across all relevant sectors. This report proposes the integration of policy actions – and of gender, equity and human rights approaches – to mediate concerns about care deficits and decent and safe work in the care sector as a crucial component of maintaining global and national public health.

## **Why this report?**

WHO initiated this report in response to growing global political interest in population health and development, particularly noting discussions at the 42nd G7 meeting in Japan in May 2016 which called for more attention to migrants and their role in paid and unpaid care work. It is hoped that this report, and its reflection on potential next steps, will foster further debate about approaches to ensure that the global community meets its obligations to leave no one behind in securing long-term equitable and sustainable development. The analysis is also shaped by commitments to the principles of human rights, the Tanahashi Framework on health service coverage and evaluation, the United Nations Migration Governance Framework,<sup>i</sup> the Framework of priorities and guiding principles for a World Health Assembly Resolution on the health of migrants and refugees, the concept of progressive universalism towards achieving universal health coverage (UHC), and the 2030 Agenda for Sustainable Development<sup>ii</sup> with its overarching goal of leaving no one behind...

*[See also full-text of Lancet editorial "Caring for migrant health-care workers" in Journal Watch below]*

\* \* \* \*

## **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**

November 01, 2017 Volume 45, Issue 11, p1175-1296, e119-e148

<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>

[Reviewed earlier]

**American Journal of Public Health**

November 2017 107(11)

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

[Reviewed earlier]

**American Journal of Tropical Medicine and Hygiene**

Volume 97, Issue 4, 2017

<http://www.ajtmh.org/content/journals/14761645/97/4>

[Reviewed earlier]

**Annals of Internal Medicine**

21 November 2017 Vol: 167, Issue 10

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

*Ideas and Opinions*

**[Proposed U.S. Funding Cuts Threaten Progress on Antimicrobial Resistance](#)**

Antimicrobial resistance (AMR) is an escalating public health crisis that kills patients, threatens national security, and reduces the safety of medical procedures essential to save and enhance lives. Many types of complex medical care can be complicated by serious infections and rely on the availability of safe, effective antimicrobial drugs. In the past 2 years, national and global leaders have united against this threat, making tangible progress. However, budget cuts of a historic magnitude proposed by the Trump administration now threaten to undo this progress, placing patients in grave danger.

The Centers for Disease Control and Prevention (CDC) estimates that at least 2 million persons in the United States acquire antibiotic-resistant infections each year, resulting in at least 23 000 deaths. Antibiotic resistance is estimated to cost our health system more than \$20 billion annually (1). Approximately 700 000 deaths are attributable to AMR each year globally. By 2050, a total of 350 million cumulative deaths will likely be attributable to AMR if current trends continue (2), and multidrug-resistant tuberculosis will account for most of these deaths (3).

*Editorials***[Unraveling the Epidemiology of Oral Human Papillomavirus Infection](#)**

The burden of oral cancer in the United States has been evolving for at least 2 decades. Gains in head and neck cancer control afforded by a period effect of reduced tobacco exposure have been displaced by competing cohort effects of increasing sexual exposure to human papillomavirus (HPV) infection and subsequent increases in HPV-associated head and neck cancer, particularly oropharyngeal cancer (1). The male predominance of oropharyngeal cancer in the United States is paralleled by a much higher prevalence of oral HPV infection and a stronger relationship between number of sexual partners and oral HPV prevalence in men than

women (2). The reason the risk for oral HPV infection differs between men and women remains unclear, particularly because the prevalence of genital HPV infection is similar in both sexes.

[Oral Human Papillomavirus Infection: Differences in Prevalence Between Sexes and Concordance With Genital Human Papillomavirus Infection, NHANES 2011 to 2014](#)

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

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

(Accessed 25 November 2017)

[No new digest content identified]

### **BMJ Global Health**

October 2017; volume 2, issue 4

<http://gh.bmj.com/content/2/4?current-issue=y>

[Reviewed earlier]

### **BMC Health Services Research**

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

(Accessed 25 November 2017)

*Research article*

#### **[Applying systems biology to biomedical research and health care: a précising definition of systems medicine](#)**

*Systems medicine has become a key word in biomedical research. Although it is often referred to as P4-(predictive, preventive, personalized and participatory)-medicine, it still lacks a clear definition and is...*

Authors: Sebastian Schleidgen, Sandra Fernau, Henrike Fleischer, Christoph Schickhardt, Ann-Kristin Oßa and Eva C. Winkler

Citation: BMC Health Services Research 2017 17:761

Published on: 21 November 2017

### **BMC Infectious Diseases**

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

(Accessed 25 November 2017)

[No new digest content identified]

### **BMC Medical Ethics**

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

(Accessed 25 November 2017)

[No new digest content identified]

### **BMC Medicine**

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

(Accessed 25 November 2017)

[No new digest content identified]

### **BMC Pregnancy and Childbirth**

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

(Accessed 25 November 2017)

*Research article*

#### **Efficacy and safety of pertussis vaccination for pregnant women – a systematic review of randomised controlled trials and observational studies**

Authors: Marie Furuta, Jacqueline Sin, Edmond S. W. Ng and Kay Wang

Citation: BMC Pregnancy and Childbirth 2017 17:390

Published on: 22 November 2017

#### *Abstract*

##### **Background**

Worldwide, pertussis remains a major health problem among children. During the recent outbreaks of pertussis, maternal antenatal immunisation was introduced in several industrial countries. This systematic review aimed to synthesize evidence for the efficacy and safety of the pertussis vaccination that was given to pregnant women to protect infants from pertussis infection.

##### **Methods**

We searched literature in the Cochrane Central Register of Controlled Trials, Medline, Embase, and OpenGrey between inception of the various databases and 16 May 2016. The search terms included 'pertussis', 'whooping cough', 'pertussis vaccine,' 'tetanus, diphtheria and pertussis vaccines' and 'pregnancy' and 'perinatal'.

##### **Results**

We included 15 articles in this review, which represented 12 study populations, involving a total of 203,835 mother-infant pairs from the US, the UK, Belgium, Israel, and Vietnam. Of the included studies, there were two randomised controlled trials (RCTs) and the rest were observational studies. Existing evidence suggests that vaccinations administered during 19–37 weeks of gestation are associated with significantly increased antibody levels in the blood of both mothers and their newborns at birth compared to placebo or no vaccination. However, there is a lack of robust evidence to suggest whether these increased antibodies can also reduce the incidence of pertussis (one RCT, n=48, no incidence in either group) and pertussis-related severe complications (one observational study) or mortality (no study) in infants.

Meanwhile, there is no evidence of increased risk of serious complications such as stillbirth (e.g. one RCT, n=103, RR=0, meaning no case in the vaccine group), or preterm birth (two RCTs, n=151, RR=0.86, 95%CI: 0.14–5.21) related to administration of the vaccine during pregnancy.

##### **Conclusion**

Given that pertussis infection is increasing in many countries and that newborn babies are at greatest risk of developing severe complications from pertussis, maternal vaccination in the later stages of pregnancy should continue to be supported while further research should fill knowledge gaps and strengthen evidence of its efficacy and safety.

### **BMC Public Health**

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

(Accessed 25 November 2017)

*Research article*



**Estimating disease burden of a potential A(H7N9) pandemic influenza outbreak in the United States**

*Since spring 2013, periodic emergence of avian influenza A(H7N9) virus in China has heightened the concern for a possible pandemic outbreak among humans, though it is believed that the virus is not yet human-t...*

Authors: Walter Silva, Tapas K. Das and Ricardo Izurieta

Citation: BMC Public Health 2017 17:898

Published on: 25 November 2017

*Research article*

**Assessing the impact of the Lebanese National Polio Immunization Campaign using a population-based computational model**

*After the re-introduction of poliovirus to Syria in 2013, Lebanon was considered at high transmission risk due to its proximity to Syria and the high number of Syrian refugees. However, after a large-scale nat...*

Authors: Ali Alawieh, Zahraa Sabra, E. Farris Langley, Abdul Rahman Bizri, Randa Hamadeh and Fadi A. Zaraket

Citation: BMC Public Health 2017 17:902

Published on: 25 November 2017

**BMC Research Notes**

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

(Accessed 25 November 2017)

[No new digest content identified]

**BMJ Open**

November 2017 - Volume 7 - 11

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

[Reviewed earlier]

**Bulletin of the World Health Organization**

Volume 95, Number 11, November 2017, 729-792

<http://www.who.int/bulletin/volumes/95/11/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**

November 2017 Volume 39, Issue 11, p2117-2330

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

*TECHNOLOGY IN RESEARCH UPDATE: Social Media and Drug Development*

*Oncology Update: Gastrointestinal Tract Malignancies*

**[#PatientVoiceMatters: How Social Media Is Bringing Patients and Biopharmaceutical Companies Together to Improve Drug Development](#)**

Stella Stergiopoulos

p2170–2172

Published online: October 31, 2017

*Original Research*

**[Mapping the Landscape of Patient-centric Activities Within Clinical Research](#)**

Mary Jo Lamberti, Josephine Awatin

p2196–2202

Published online: October 9, 2017

*Original Research*

**[Mapping the Landscape of Patient-centric Activities Within Clinical Research](#)**

Mary Jo Lamberti, Josephine Awatin

p2196–2202

Published online: October 9, 2017

### **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 25 November 2017]

[No new digest content identified]

### **Contemporary Clinical Trials**

Volume 60, Pages 1-126 (September 2017)

<http://www.sciencedirect.com/science/journal/15517144/60?sdsc=1>

[Reviewed earlier]

### **Current Opinion in Infectious Diseases**

December 2017 - Volume 30 - Issue 6

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

[Reviewed earlier]

**Developing World Bioethics**

December 2017 Volume 17, Issue 3 Pages 141–216

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2017.17.issue-3/issuetoc>

[Reviewed earlier]

**Development in Practice**

Volume 27, Issue 8, 2017

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

[Reviewed earlier]

**Disaster Medicine and Public Health Preparedness**

Volume 11 - Issue 5 - October 2017

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

[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 November 2017; volume 18, issue 11

<http://embor.embopress.org/content/18/11?current-issue=y>

[Reviewed earlier]

**Emerging Infectious Diseases**

Volume 23, Number 11—November 2017

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

[New issue; No digest content identified]

**Epidemics**

Volume 20, Pages 1-102 (September 2017)

<http://www.sciencedirect.com/science/journal/17554365>

[Reviewed earlier]

**Epidemiology and Infection**

Volume 145 - Issue 15 - November 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 13, 2017 Issue 1  
<http://www.tandfonline.com/toc/rgph20/current>  
*Article*

#### **Framing post-pandemic preparedness: Comparing eight European plans**

Martin Holmberg & Britta Lundgren

Pages: 99-114

Published online: 07 Mar 2016

#### ***ABSTRACT***

Framing has previously been studied in the field of pandemic preparedness and global health governance and influenza pandemics have usually been framed in terms of security and evidence-based medicine on a global scale. This paper is based on the pandemic preparedness plans, published after 2009, from eight European countries. We study how pandemic preparedness is framed and how pandemic influenza in general is narrated in the plans. All plans contain references to 'uncertainty', 'pandemic phases', 'risk management', 'vulnerability' and 'surveillance'. These themes were all framed differently in the studied plans. The preparedness plans in the member states diverge in ways that will challenge the ambition of the European Union to make the pandemic preparedness plans interoperable and to co-ordinate the member states during future pandemics.

### **Globalization and Health**

<http://www.globalizationandhealth.com/>  
[Accessed 25 November 2017]  
*Research*

## **Map of biomedical research in Cameroon; a documentary review of approved protocols from 1997 to 2012**

*Over the last decade, there has been a rapid increase in biomedical research in Cameroon. However, the question of whether these research projects target major health priorities, vulnerable populations and geographic locations at risk remains to be answered. The aim of this paper is to describe the state of biomedical research in Cameroon which is a key determinant that would guide future health care policies and promote equitable access to healthcare.*

Ebile Akoh Walter, Ateudjieu Jerome, Djuidje Ngounoue Marceline, Martin Ndinakie Yakum and Watcho Pierre

Published on: 21 November 2017

## **Health Affairs**

November 2017; Vol. 36, No. 11

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

***Issue Focus: Global Health Policy***

[Reviewed earlier]

## **Health and Human Rights**

Volume 19, Issue 1, June 2017

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

[Reviewed earlier]

## **Health Economics, Policy and Law**

Volume 12 - Issue 4 - October 2017

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

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

[Reviewed earlier]

## **Health Policy and Planning**

Volume 32, Issue 9 November 2017

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

[Reviewed earlier]

## **Health Research Policy and Systems**

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

[Accessed 25 November 2017]

*Research*

**Development of a framework to improve the utilisation of malaria research for policy development in Malawi**

*The existing gap between research evidence and public health practice has attributed to the unmet Millennium Development Goals in Africa and consequently, has stimulated the development of frameworks to enhance...*

Chikondi Mwendera, Christiaan de Jager, Herbert Longwe, Charles Hongoro, Kamija Phiri and Clifford M. Mutero  
Health Research Policy and Systems 2017 15:97  
Published on: 21 November 2017

### **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...

[Reviewed earlier]

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

Volume 13, Issue 10 2017

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

[Reviewed earlier]

### **Infectious Agents and Cancer**

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

[Accessed 25 November 2017]

[No new digest content identified]

### **Infectious Diseases of Poverty**

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

[Accessed 25 November 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 11 (2017) November 2017  
<http://www.ijcmph.com/index.php/ijcmph/issue/view/32>  
[Reviewed earlier]

**International Journal of Epidemiology**

Volume 46, Issue 5, 1 October 2017  
<https://academic.oup.com/ije/issue/46/5>  
[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**

November 2017 Volume 64, p1-106  
[http://www.ijidonline.com/issue/S1201-9712\(17\)X0011-8](http://www.ijidonline.com/issue/S1201-9712(17)X0011-8)  
[Reviewed earlier]

**JAMA**

November 21, 2017, Vol 318, No. 19, Pages 1843-1945  
<http://jama.jamanetwork.com/issue.aspx>  
[New issue; No digest content identified]

**JAMA Pediatrics**

November 2017, Vol 171, No. 11, Pages 1025-1132  
<http://archpedi.jamanetwork.com/issue.aspx>  
[Reviewed earlier]

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

November 2017 - Volume 15 - Issue 11  
<http://journals.lww.com/jbisrir/Pages/currenttoc.aspx>  
[Reviewed earlier]

**Journal of Community Health**

Volume 42, Issue 6, December 2017  
<https://link.springer.com/journal/10900/42/6/page/1>  
[Reviewed earlier]

**Journal of Epidemiology & Community Health**

November 2017 - Volume 71 - 11  
<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 4, November  
<https://muse.jhu.edu/issue/37451>  
[New issue; No digest content identified]

**Journal of Immigrant and Minority Health**

Volume 19, Issue 6, December 2017  
<https://link.springer.com/journal/10903/19/6/page/1>  
[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 15, Issue 4, 2017  
<http://www.tandfonline.com/toc/wimm20/current>  
[New issue; No digest content identified]

**Journal of Infectious Diseases**

Volume 216, Issue 8, 15 November 2017  
<https://academic.oup.com/jid/issue>  
[Reviewed earlier]

**Journal of Medical Ethics**

November 2017 - Volume 43 - 11  
<http://jme.bmj.com/content/current>  
[Reviewed earlier]

**Journal of Medical Internet Research**



Vol 19, No 11 (2017): November  
<http://www.jmir.org/2017/11>  
[Reviewed earlier]

### **Journal of Medical Microbiology**

Volume 66, Issue 11, November 2017  
<http://jmm.microbiologyresearch.org/content/journal/jmm/66/11>  
[Reviewed earlier]

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

Volume 4, Issue 4 (2017)  
<http://digitalrepository.aurorehealthcare.org/jpcrr/>  
***Health Disparities and Inequities: Part I***  
[Reviewed earlier]

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

Volume 6, Issue 4 December 2017  
<https://academic.oup.com/jpids/issue>  
*ORIGINAL ARTICLES*

#### **Sustained High Effectiveness of RotaTeg on Hospitalizations Attributable to Rotavirus-Associated Gastroenteritis During 4 Years in Finland**

Maria Hemming-Harlow; Timo Vesikari; Matti Uhari; Marjo Renko; Marjo Salminen ...  
Journal of the Pediatric Infectious Diseases Society, Volume 6, Issue 4, 24 November 2017,  
Pages 317–323, <https://doi.org/10.1093/jpids/piw061>

#### **Missed Opportunities for Human Papillomavirus Vaccine Initiation in an Insured Adolescent Female Population**

Claudia M Espinosa; Gary S Marshall; Charles R Woods; Qianli Ma; Derek Ems ...  
Journal of the Pediatric Infectious Diseases Society, Volume 6, Issue 4, 24 November 2017,  
Pages 360–365, <https://doi.org/10.1093/jpids/pix067>

In this cohort of nearly 15000 11-year-old girls with insurance (commercial or Medicaid), the human papillomavirus vaccine was administered at only 1 in 4 well-adolescent visits and approximately one-third of vaccine-related visits, which suggests a substantial number of missed opportunities.

#### *LITERATURE REVIEW*

#### **Treatment With Quadrivalent Human Papillomavirus Vaccine for Juvenile-Onset Recurrent Respiratory Papillomatosis: Case Report and Review of the Literature**

Tomohiro Katsuta; Yusuke Miyaji; Paul A Offit; Kristen A Feemster  
Journal of the Pediatric Infectious Diseases Society, Volume 6, Issue 4, 24 November 2017,  
Pages 380–385, <https://doi.org/10.1093/jpids/pix063>

Current evidence to support the efficacy of adjuvant therapies, including therapeutic use of the quadrivalent human papillomavirus vaccine, for juvenile-onset recurrent respiratory papillomatosis is inconsistent. Prophylactic use of the currently available human papillomavirus

vaccine in adolescents is the most effective strategy for preventing JoRRP among their children in the future.

**Journal of Pediatrics**

November 2017 Volume 190, p1-294

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

[New issue; No digest content identified]

**Journal of Public Health Management & Practice**

November/December 2017 - Volume 23 - Issue 6

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

[New issue; No digest content identified]

**Journal of Public Health Policy**

Volume 38, Issue 4, November 2017

<https://link.springer.com/journal/41271/38/4/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**

November 2017, volume 91, issue 22

<http://jvi.asm.org/content/current>

[New issue; No digest content identified]

**The Lancet**

Nov 25, 2017 Volume 390 Number 10110 p2325-2412 e41-e42

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

*Editorial*

**[Caring for migrant health-care workers](#)**

The Lancet

Published: 25 November 2017

On Nov 21, WHO published [a report](#) Women on the move: migration, care work and health, which throws a much needed spotlight on the plight of female migrant care workers who provide home-based personal care. The report was commissioned by WHO in response to increasing global political interest in labour migration and health after discussions at the G7 meeting in Japan in May, 2016, which called for more attention to be given to migrants and their roles in paid and unpaid care work.

Migrant health-care workers provide essential care for vulnerable, often older, people, propping up health-care and social-care systems in other countries, yet who might have little access to health care themselves and often leave behind their own children to find paid work elsewhere. The report details the increasing demand for home-based personal care in many countries as people live longer with complex chronic illnesses leading to frailty and difficulties with personal hygiene. Health-care and social-care systems in many high-income countries simply cannot meet the growing demand for personal care, leaving many individuals and families to find their own solutions. Often the solution is to hire migrant workers, most of whom are women or girls, to provide routine personal home-based care and assistance with activities of daily living.

These migrant workers might have restricted access to health-care services in the country where they now live, and have little social protection or access to labour rights. Lack of citizenship, undocumented immigration, or lack of clarity on legal status are all barriers to accessing health care. Exploitation of these women is commonplace, and they might also be subject to violence, sexual abuse, and coercion in the houses where they now live. Their right to health is often ignored, they face discrimination, and have difficulty accessing culturally appropriate services. Fear of being deported if they are found to have some diseases, such as HIV, lack of access to even basic reproductive health care, or restricted access to screening or vaccination are all commonplace. Additionally, migration-related restrictions to health-care access are becoming more common, even in nations whose economies are reliant on migrant labour.

Loneliness and sacrificing closeness from their own families is a trade off that many women make to earn money to send back to their families, but there is a striking lack of recognition and research into the mental and physical health consequences for these women and their children, who might be raised by their grandparents or other family members back home. Little evidence exists on the impact of the care chain created by migrant women and the physical or mental health consequences for their "left behind children".

To improve the health of migrant care workers and their families, the report highlights three key steps for all countries to consider. First, research is needed to document the nature of migrant care work, the contributions to global health care, and the terms and conditions of their employment. Second, access to universal health coverage should be improved by measures to address non-discrimination and to promote inclusion. Third, care should be promoted and recognised as a global public good that contributes to global health and wellbeing.

This report is a welcome addition to work on migration and health, but it serves to outline the limited evidence base and lack of transnational thinking to date. With increasing dependence on migrant care workers to sustain health systems, governments need to help, not hinder, these workers to gain access to health care and labour rights themselves.

The evidence base for key issues in migration and health is being examined by The Lancet and University College London (UCL) Institute for Global Health under the auspices of the UCL-Lancet Commission on Migration and Health. Established in 2016, the Commission aims to chart a new policy course in light of current political contexts that often denigrate the needs and vulnerability of migrants. The commission will deliver its recommendations to improve policies to enhance healthy migration in late 2018.

Translating evidence into policies that improve migrant workers' health and livelihoods is essential. Otherwise this largely hidden group, akin to modern-day slaves in some cases, will continue to live without rights, health care, or legal protection in societies that pride themselves on their exemplary human rights records or universal health coverage.

### **Lancet Global Health**

Nov 2017 Volume 5 Number 11 e1047-e1160

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

[Reviewed earlier]

### **Lancet Infectious Diseases**

Nov 2017 Volume 17 Number 11 p1099-1218 e334-e382

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

[Reviewed earlier]

### **Lancet Public Health**

Nov 2017 Volume 2 Number 11 e483-e528

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

[Reviewed earlier]

### **Lancet Respiratory Medicine**

Nov 2017 Volume 5 Number 11 p835-908 e31-e34

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

[Reviewed earlier]

### **Maternal and Child Health Journal**

Volume 21, Issue 11, November 2017

<https://link.springer.com/journal/10995/21/11/page/1>

[Reviewed earlier]

### **Medical Decision Making (MDM)**

Volume 37, Issue 8, November 2017

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

[Reviewed earlier]

## **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

September 2017 Volume 95, Issue 3 Pages 447–682

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2017.95.issue-3/issuetoc>

[Reviewed earlier]

## **Nature**

Volume 551 Number 7681 pp413-528 23 November 2017

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

*Editorials*

### **Research health needs a dedicated group**

*A US Research Integrity Advisory Board is long overdue. Such a leadership body would mitigate bad practices and strengthen good research.*

Research integrity is often taken to mean misconduct and its prevention. But the integrity of research enfolds much broader dimensions that represent the health — technical, ethical, social and psychological — of research activity. Each of these aspects can be too easily undermined, whether at the level of a university or company department, a research group leader, a research group or an institute. Efforts to preserve integrity need more support.

Many officials in universities and funding agencies increasingly acknowledge how the pressures of academic life undermine the capacity of their researchers to provide due diligence, such as checking the validity of results and mentoring younger scientists. This is compounded by the ever more acute pressures on those younger scientists to deliver high levels of achievement. This combination yields a potentially toxic environment for research, all too ripe for shoddiness or even fraud — and one that an increasing proportion of excellent researchers are voting against with their feet. The costs in wasted research funds are substantial. The United States can take a step forward to help redress the situation, a move that is urgently needed and that can also inspire research leaders and communities in other countries.

Committees at the US National Academies of Sciences, Engineering, and Medicine have twice looked at how to support research integrity (in its more conventional, fraud-busting definition). And both times — in 1992 and 2017 — their recommendations included a proposal for a Research Integrity Advisory Board (RIAB). This year's report, [Fostering Integrity in Research](#), recommends that the RIAB should be independent of government or other institutions, and funded by subscriptions from stakeholder bodies such as universities and funders.

Such a body would indeed be valuable, and even more so if it were to pursue a broader research-health agenda. It could establish best practices and improve research environments, develop new approaches to incentives and to documenting contributions to research, and develop consensus over standards and penalties for various types of misconduct. It could produce training resources on ethics, and other topics that would help new research-group leaders. It might also encourage funders to introduce conditions of compliance on grants. And it could push for more funds to support efforts by research groups to deliver good research and good mentoring. Funders will jib at the challenge of monitoring compliance, but this important work must start somewhere, and they have remarkable leverage. The RIAB would need a small

staff, who would work with others in the research system. It would not take on the role of adjudicating particular cases of misconduct.

One might argue that it is the job of heads of universities and their departments and institutes to develop standards. But the realities of economic and other pressures on institutional leaders divert attention that many would wish to devote to this challenge. Indeed, a functioning RIAB would help to provide university leaders with the clout needed to develop positive changes in culture and practice that are too often resisted by researchers.

The bad news is that, despite the consistent and strong recommendations and the evident need for such a body, there is no discernible gathering of momentum that would help the research community to create one. And the political environment hardly suggests that the federal government will take the lead.

But there are ways forward, nevertheless. By focusing on the broadest agendas, which include support for good research 'health' and leadership, alongside measures against bad conduct, the emphasis can be placed where it should be: on a significantly better return in robust research results per dollar of research investment, with researchers better trained to meet today's demands.

The US National Academies should take the lead. They should propose a working group to develop the agenda and practicalities of an RIAB. The necessary funds should be solicited from federal funders, including the National Institutes of Health and the National Science Foundation, and from private foundations. The group's deliverables would include a set of priorities, evidence of buy-in from stakeholders, and a timeline for achievements over five- and ten-year timescales. The RIAB is a necessary step towards a culture of research health that can counteract the adverse pressures that so many researchers currently face. We all need it to happen.

doi: 10.1038/d41586-017-07330-5

#### *Editorials*

#### **[Rewarding negative results keeps science on track](#)**

Creating a culture of replication takes prizes, grants and magnanimity — as well as publications.

#### **Nature Medicine**

November 2017, Volume 23 No 11 pp1243-1384

<http://www.nature.com/nm/journal/v23/n11/index.html>

[Reviewed earlier]

#### **Nature Reviews Immunology**

November 2017 Vol 17 No 11

<http://www.nature.com/nri/journal/v17/n11/index.html>

[Reviewed earlier]

#### **New England Journal of Medicine**

November 23, 2017 Vol. 377 No. 21  
<http://www.nejm.org/toc/nejm/medical-journal>

*Perspective*

**[Cholera in Yemen — An Old Foe Rearing Its Ugly Head](#)**

F. Qadri, T. Islam, and J.D. Clemens

*Free Full Text*

**Pediatrics**

November 2017, VOLUME 140 / ISSUE 5

<http://pediatrics.aappublications.org/content/140/5?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 11, November 2017

<https://link.springer.com/journal/40273/35/11/page/1>

[New issue; No digest content identified]

**PLOS Currents: Disasters**

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

[Accessed 25 November 2017]

[No new digest content identified]

**PLoS Currents: Outbreaks**

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

[Accessed 25 November 2017]

**[Detecting Local Zika Virus Transmission in the Continental United States: A Comparison of Surveillance Strategies](#)**

November 22, 2017 · *Research Article*

Introduction: The 2015-2017 Zika virus (ZIKV) epidemic in the Americas has driven efforts to strengthen surveillance systems and to develop interventions, testing, and travel recommendations. In the continental U.S. and Hawaii, where limited transmission has been observed, detecting local transmission is a key public health objective. We assessed the effectiveness of three general surveillance strategies for this situation: testing all pregnant women twice during pregnancy, testing blood donations, and testing symptomatic people who seek medical care in an emergency department (ED).

Methods: We developed a simulation model for each surveillance strategy and simulated different transmission scenarios with varying population sizes and infection rates. We then

calculated the probability of detecting transmission, the number of tests needed, and the number of false positive test results.

Results: The probability of detecting ZIKV transmission was highest for testing ED patients with Zika symptoms, followed by pregnant women and blood donors, in that order. The magnitude of the difference in probability of detection between strategies depended on the incidence of infection. Testing ED patients required fewer tests and resulted in fewer false positives than surveillance among pregnant women. The optimal strategy identified was to test ED patients with at least two Zika virus disease symptoms. This case definition resulted in a high probability of detection with relatively few tests and false positives.

Discussion: In the continental U.S. and Hawaii, where local ZIKV transmission is rare, optimizing the probability of detecting infections while minimizing resource usage is particularly important. Local surveillance strategies will be influenced by existing public health system infrastructure, but should also consider the effectiveness of different approaches. This analysis demonstrated differences across strategies and indicated that testing symptomatic ED patients is generally a more efficient strategy for detecting transmission than routine testing of pregnant women or blood donors.

## **PLoS Medicine**

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

(Accessed 25 November 2017)

*Research Article*

### **The US President's Malaria Initiative, Plasmodium falciparum transmission and mortality: A modelling study**

Peter Winskill, Hannah C. Slater, Jamie T. Griffin, Azra C. Ghani, Patrick G. T. Walker

| published 21 Nov 2017 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002448>

*Abstract*

#### **Background**

Although significant progress has been made in reducing malaria transmission globally in recent years, a large number of people remain at risk and hence the gains made are fragile. Funding lags well behind amounts needed to protect all those at risk and ongoing contributions from major donors, such as the President's Malaria Initiative (PMI), are vital to maintain progress and pursue further reductions in burden. We use a mathematical modelling approach to estimate the impact of PMI investments to date in reducing malaria burden and to explore the potential negative impact on malaria burden should a proposed 44% reduction in PMI funding occur.

#### **Methods and findings**

We combined an established mathematical model of Plasmodium falciparum transmission dynamics with epidemiological, intervention, and PMI-financing data to estimate the contribution PMI has made to malaria control via funding for long-lasting insecticide treated nets (LLINs), indoor residual spraying (IRS), and artemisinin combination therapies (ACTs). We estimate that PMI has prevented 185 million (95% CrI: 138 million, 230 million) malaria cases and saved 940,049 (95% CrI: 545,228, 1.4 million) lives since 2005. If funding is maintained, PMI-funded interventions are estimated to avert a further 162 million (95% CrI: 116 million, 194 million) cases, saving a further 692,589 (95% CrI: 392,694, 955,653) lives between 2017 and 2020. With an estimate of US\$94 (95% CrI: US\$51, US\$166) per Disability Adjusted Life Year (DALY) averted, PMI-funded interventions are highly cost-effective. We also demonstrate the further impact of this investment by reducing caseloads on health systems. If a 44%



reduction in PMI funding were to occur, we predict that this loss of direct aid could result in an additional 67 million (95% CrI: 49 million, 82 million) cases and 290,649 (95% CrI: 167,208, 395,263) deaths between 2017 and 2020. We have not modelled indirect impacts of PMI funding (such as health systems strengthening) in this analysis.

#### Conclusions

Our model estimates that PMI has played a significant role in reducing malaria cases and deaths since its inception. Reductions in funding to PMI could lead to large increases in the number of malaria cases and deaths, damaging global goals of malaria control and eliminatio

#### *Perspective*

#### **Closing the gaps in the HIV care continuum**

Ruanne V. Barnabas, Connie Celum

| published 21 Nov 2017 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002443>

[No abstract]

#### **PLoS Neglected Tropical Diseases**

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

(Accessed 25 November 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 25 November 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 25 November 2017]

[No new digest content identified]

#### **Prehospital & Disaster Medicine**

Volume 32 - Issue 5 - October 2017

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

[Reviewed earlier]

#### **Preventive Medicine**

Volume 105, Pages 1-412 (December 2017)  
<http://www.sciencedirect.com/science/journal/00917435/105?sdc=2>  
[Reviewed earlier]

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

25 October 2017; volume 284, issue 1865  
<http://rspb.royalsocietypublishing.org/content/284/1865?current-issue=y>  
[Reviewed earlier]

### **Public Health Ethics**

Volume 10, Issue 3 November 2017  
<http://phe.oxfordjournals.org/content/current>  
***Vaccine Exemption Policies – A Discussion***  
[Reviewed earlier]

### **Public Health Reports**

Volume 132, Issue 6, November/December 2017  
<http://phr.sagepub.com/content/current>  
[Reviewed earlier]

### **Qualitative Health Research**

Volume 27, Issue 13, November 2017  
<http://qhr.sagepub.com/content/current>  
***Special Issue: Medicines & Medications*** [Reviewed earlier]  
[Reviewed earlier]

### **Reproductive Health**

<http://www.reproductive-health-journal.com/content>  
[Accessed 25 November 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**

November 2017 Volume 37, Issue 11 Pages 2023–2259  
<http://onlinelibrary.wiley.com/doi/10.1111/risa.2017.37.issue-11/issuetoc>  
[Reviewed earlier]

## **Risk Management and Healthcare Policy**

Volume 10, 2017

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

[Reviewed earlier]

## **Science**

24 November 2017 Vol 358, Issue 6366

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

*Editorial*

### **Blurring disciplinary boundaries**

By Gordon McBean, Alberto Martinelli

Science 24 Nov 2017 : 975

*Summary*

The ambitious and integrated framework of the United Nations (UN) Sustainable Development Goals (SDGs) demonstrates that complex global problems span the natural and social sciences and that solutions to such problems demand a joint approach of the two. Despite decades of efforts toward better integration, much of society still presumes a stark divide between the disciplines, and most scientists continue to be trained, evaluated, and rewarded in disciplinary silos. The recent merger of the International Council for Science (ICSU) and the International Social Science Council (ISSC)—leading international councils of the natural and social sciences, respectively—sends a powerful message that the future of science depends on collapsing the walls between academic disciplines.

## **Science Translational Medicine**

22 November 2017 Vol 9, Issue 417

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

*Perspective*

### **What evidence do we need for biomarker qualification?**

By Chris Leptak, Joseph P. Menetski, John A. Wagner, Jiri Aubrecht, Linda Brady, Martha Brumfield, William W. Chin, Steve Hoffmann, Gary Kelloff, Gabriela Lavezzari, Rajesh Ranganathan, John-Michael Sauer, Frank D. Sistare, Tanja Zabka, David Wholley

Science Translational Medicine 22 Nov 2017 Restricted Access

*Predictable steps are needed to determine the evidence required for confident use of a biomarker in drug development.*

*Abstract*

Biomarkers can facilitate all aspects of the drug development process. However, biomarker qualification—the use of a biomarker that is accepted by the U.S. Food and Drug Administration—needs a clear, predictable process. We describe a multistakeholder effort including government, industry, and academia that proposes a framework for defining the amount of evidence needed for biomarker qualification. This framework is intended for broad applications across multiple biomarker categories and uses.

## **Social Science & Medicine**

Volume 190, Pages 1-278 (October 2017)

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

## **Travel Medicine and Infectious Diseases**

September 2017 Volume 19

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

Editorial

### **The Hajj and Umrah: Health protection matters**

Dipti Patel

Vol. 19, p1

Published online: October 23, 2017

#### *Review*

### **Expected immunizations and health protection for Hajj and Umrah 2018 —An overview**

Jaffar A. Al-Tawfiq, Philippe Gautret, Ziad A. Memish

Vol. 19, p2–7

Published online: October 13, 2017

#### *Abstract*

##### **Background**

The annual Hajj and Umrah are one of the largest recurring religious mass gatherings across the globe drawing pilgrims from more than 185 countries. The living circumstances and activities of the pilgrims may create an environment for the occurrence and spread of communicable diseases. Each year, the Health authority of the Kingdom of Saudi Arabia, in coordination with international health authorities, updates health requirements for pilgrims. The Hajj for 2017 took place from August 24 to September 5, 2017. Here, we review the expected obligations for immunizations for the 2018 Hajj and Umrah.

##### **Results**

The Hajj and Umrah vaccine requirements include mandatory vaccinations against yellow fever, quadrivalent meningococcal polysaccharide (every 3 years) or conjugated (every 5 years) vaccines and poliomyelitis vaccine. Influenza vaccine utilizing the 2016 (Southern Hemisphere vaccine to all pilgrims) was recommended but was not obligatory for pilgrims. Ciprofloxacin is required for individuals >12 years excluding pregnant women as chemoprophylaxis to be given at the port of entry for Pilgrims coming from the meningitis belt. With the ongoing outbreaks of measles in Europe, it is recommended that all pilgrims have an updated immunization against vaccine-preventable diseases (diphtheria, tetanus, pertussis, polio, measles and mumps).

##### **Conclusion**

The mandatory vaccines remain the same with continued vigilance for the development of any new or emerging infectious diseases. Continuing surveillance for Zika virus, cholera and MERS-CoV are ongoing.

## **Tropical Medicine & International Health**

November 2017 Volume 22, Issue 11 Pages 1361–1462

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-11/issuetoc>

[Reviewed earlier]

## **Vaccine**

Volume 35, Issue 48, Part B Pages 6583–6774 (4 December 2017)

<http://www.sciencedirect.com/journal/vaccine/vol/35/issue/48/part/PB>

*Commentary*

### **European Court of Justice ruling on vaccine liability and its implications for the United States**

Pages 6583–6584

Y. Tony Yang

[No abstract]

*Short communications*

### **Enhancing the role of vaccines in combatting antimicrobial resistance**

Open access

Pages 6591–6593

Charles Clift, David M. Salisbury

*Abstract*

Interest in addressing antimicrobial resistance (AMR) has grown recently but little effort has been made to consider how existing and new vaccines could impact on AMR. A 2017 Chatham House meeting considered the role of vaccines and how to demonstrate their value through their impact on AMR. Ways existing vaccines have reduced antibiotic prescribing and the prevalence of some resistant organisms were reviewed. Other new vaccines could have a similar impact. In gonorrhoea, where complete resistance has developed, vaccine may be the best option. Valuing the impact of vaccines on AMR was challenging: there were difficult methodological issues and a lack of data for modelling. A participant poll suggested priorities for accelerated vaccine development were tuberculosis, typhoid, influenza, RSV and gonorrhoea. More evidence is needed to convince policymakers but that vaccine development projects should be considered by funders on the same basis as those for new antibiotics or diagnostics.

*Review*

### **Recruitment barriers for prophylactic vaccine trials: A study in Belgium**

Review article

Pages 6598–6603

Lauriane Harrington, Pierre Van Damme, Corinne Vandermeulen, Stéphanie Mali

*Abstract*

Recruitment of volunteers is one of the main challenges in clinical trial management, and there is little information about recruitment barriers for preventative vaccine trials. We investigated both the recruitment barriers and recruitment strategies for preventive vaccine trials in Belgium. A 10 min survey was used as well as interviews of staff at all clinical trial sites in Belgium that regularly perform vaccine trials. We observed that there are successful recruitment strategies and few recruitment issues for trials involving healthy adults and those over 65 years old. However, challenges face the recruitment of paediatric populations, pregnant women, patients and the very elderly (over 85 years old). From these results, we identified three priority areas to increase recruitment for prophylactic vaccine trials in Belgium. These are: the lack of public knowledge about infectious diseases; the lack of resources of healthcare professionals to take part in clinical trials; and the burden to potential volunteers to take part in a trial. These were discussed with stakeholders and solutions were proposed.

*Original research article*

**Vaccine wastage in Nigeria: An assessment of wastage rates and related vaccinator knowledge, attitudes and practices**

Pages 6751–6758

Aaron S. Wallace, Fred Willis, Eric Nwaze, Boubacar Dieng, ... Tove K. Ryman

***Abstract***

**Introduction**

The introduction of new vaccines highlights concerns about high vaccine wastage, knowledge of wastage policies and quality of stock management. However, an emphasis on minimizing wastage rates may cause confusion when recommendations are also being made to reduce missed opportunities to routinely vaccinate children. This concern is most relevant for lyophilized vaccines without preservatives [e.g. measles-containing vaccine (MCV)], which can be used for a limited time once reconstituted.

**Methods**

We sampled 54 health facilities within 11 local government areas (LGAs) in Nigeria and surveyed health sector personnel regarding routine vaccine usage and wastage-related knowledge and practices, conducted facility exit interviews with caregivers of children about missed opportunities for routine vaccination, and abstracted vaccine stock records and vaccination session data over a 6-month period to calculate wastage rates and vaccine vial usage patterns.

**Results**

Nearly half of facilities had incomplete vaccine stock data for calculating wastage rates. Among facilities with sufficient data, mean monthly facility-level wastage rates were between 18 and 35% across all reviewed vaccines, with little difference between lyophilized and liquid vaccines. Most (98%) vaccinators believed high wastage led to recent vaccine stockouts, yet only 55% were familiar with the multi-dose vial policy for minimizing wastage. On average, vaccinators reported that a minimum of six children must be present prior to opening a 10-dose MCV vial. Third dose of diphtheria-tetanus-pertussis vaccine (DTP3) was administered in 84% of sessions and MCV in 63%; however, the number of MCV and DTP3 doses administered were similar indicating the number of children vaccinated with DTP3 and MCV were similar despite less frequent MCV vaccination opportunities. Among caregivers, 30% reported being turned away for vaccination at least once; 53% of these children had not yet received the missed dose.

**Discussion**

Our findings show inadequate implementation of vaccine management guidelines, missed opportunities to vaccinate, and lyophilized vaccine wastage rates below expected rates. Missed opportunities for vaccination may occur due to how the health system's contradicting policies may force health workers to prioritize reduced wastage rates over vaccine administration, particularly for multi-dose vials.

**Vaccine: Development and Therapy**

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

(Accessed 25 November 2017)

No new digest content identified]

**Vaccines — Open Access Journal**

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

(Accessed 25 November 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***

[Reviewed earlier]

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

## **Clinical Infectious Diseases**

21 November 2017 *Accepted Manuscript*

### **[Immunogenicity and protection from a single dose of internationally available killed oral cholera vaccine: a systematic review and meta-analysis](#)**

[Anna Lena Lopez](#) [Jacqueline Deen](#) [Andrew S Azman](#) [Francisco J Luquero](#) [Suman Kanungo](#)  
[Shanta Dutta](#) [Lorenz von Seidlein](#) [David A Sack](#)

#### *Abstract*

In addition to improved water supply and sanitation, the two-dose killed oral cholera vaccine (OCV) is an important tool for the prevention and control of cholera. We aimed to document the immunogenicity and protection (efficacy and effectiveness) conferred by a single OCV dose against cholera. The meta-analysis showed an estimated 73% and 77% of individuals seroconverted to the Ogawa and Inaba serotypes, respectively, after an OCV first dose. The estimates of single-dose vaccine protection from available studies are 87% at 2 months decreasing to 33% at 2 years. Current immunologic and clinical data suggest that protection conferred by a single dose of killed OCV may be sufficient to reduce short-term risk in outbreaks or other high-risk settings, which may be especially useful when vaccine supply is limited. However, until more data suggests otherwise, a second dose should be given as soon as circumstances allow to ensure robust protection.

## **Nature Scientific Reports**

Published online: 22 November 2017

#### *Article*

### **[Early vaccination protects against childhood leukemia: A systematic review and meta-analysis](#)**

[Mostafa Ebraheem Morra](#), [Nguyen Dang Kien](#) [...] [Nguyen Tien Huy](#)

#### *Abstract*

Leukemia is the most commonly diagnosed childhood cancer, although its etiology is still largely unknown. Growing evidence supports a role for infection in the etiology of acute lymphocytic leukemia (ALL), and the involvement of the immune system suggests that vaccination may also play a role. However, the findings presented in the published literature are inconsistent.

Therefore, we conducted a PRISMA systematic review and meta-analysis. 14 studies were identified and meta-analyzed. Vaccinations studied comprised Bacillus Calmette-Guérin (BCG) vaccine, Triple vaccine, Hepatitis B vaccine (HBV), Polio, Measles, Rubella, Mumps, trivalent MMR vaccine and Haemophilus influenza type B (HiB) vaccine. We observed a protective association between any vaccination in the first year of life and risk of childhood leukemia (summary odds ratio (OR) 0.58 [95% confidence interval (CI) 0.36–0.91]). When individual vaccines were analysed, some evidence of an association was seen only for BCG (summary OR 0.73 [95% CI 0.50–1.08]). In conclusion, early vaccination appears to be associated with a reduced risk of childhood leukemia. This finding may be underpinned by the association observed for BCG. Given the relatively imprecise nature of the results of this meta-analysis, our findings should be interpreted cautiously and replicated in future studies.

### **The International Journal of Tuberculosis and Lung Disease**

Volume 21, Number 12, 1 December 2017, pp. 1288-1293(6)

#### **Knowledge of tuberculosis and vaccine trial preparedness in Lima, Peru**

E Shu, ME Sobieszczyk, VG Sal y Rosas, P Segura...

##### *Abstract*

**SETTING:** A safe, effective vaccine would improve tuberculosis (TB) control worldwide. Extensive community engagement will be essential to ensure the interest and participation of populations at highest risk.

**OBJECTIVE/METHOD:** To inform the potential implementation of efficacy studies, we assessed TB knowledge, attitudes towards licensed vaccines and willingness to participate in future TB vaccine efficacy trials among 262 household contacts of 79 recently diagnosed pulmonary TB cases in Lima, Peru.

**RESULTS:** Overall knowledge of TB was low. Only 41.6% of household contacts perceived themselves as being at high risk of acquiring TB. Slightly above half (54.2%) indicated willingness to participate in a TB vaccine trial. After clustered analysis adjusting for homogeneity among families, willingness to enroll was associated with belief that receiving all recommended vaccinations is important (adjusted OR [aOR] 3.28,  $P = 0.016$ ), desire to know more about TB risk factors and clinical trials (aOR 2.60,  $P = 0.004$ ), older age (aOR 1.02,  $P = 0.027$ ) and TB knowledge (aOR 0.05,  $P = 0.039$ ).

**CONCLUSION:** Barriers to participation in TB vaccine trials exist among individuals at high risk for TB. Targeted education about TB risk factors, TB transmission and education about the clinical trial process will be critical for laying the groundwork for future vaccine trials.

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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 25 November 2017*

[No new, unique, relevant content]

### **BBC**

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

*Accessed 25 November 2017*

#### **Yemen war: First aid flights arrive since blockade**

Nov 25, 2017

The first aid flights since the Saudi-led coalition imposed a blockade on rebel-held areas three weeks ago have landed in Yemen's capital, Sanaa.

They include a UN flight carrying 1.9m doses of vaccines, Meritxell Relano, Unicef representative in Yemen tweeted...

### **The Economist**

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

*Accessed 25 November 2017*

[No new, unique, relevant content]

### **Financial Times**

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

*Accessed 25 November 2017*

### **Forbes**

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

*Accessed 25 November 2017*

#### **Just Two Measles Cases Cost Taxpayers \$68,192 In Colorado**

Tara Haelle, Contributor

25 November 2017

The cost of the public health response to a single measles case can exceed \$100,000 depending on circumstances.

#### **HPV Vaccination Immunity Remains Strong 10 Years Later, Especially For Preteens**

Tara Haelle, Contributor

22 November 2017

The vaccine against human papilloma virus (HPV) is safe and effective at preventing infection, according to new findings from one of the longest follow-up industry-funded studies of the four-strain HPV vaccine to date.

The study, published in Pediatrics, also revealed data supporting the rationale behind recommending the vaccine to boys and girls at 9-12 years old. Not only are these ages long before most kids become sexually active, but those who received the vaccine at these younger

ages had stronger immunity against HPV than those who received the vaccine more than two years later...

### **Foreign Affairs**

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

*Accessed 25 November 2017*

*Health Snapshot*

#### **[Ready for a Global Pandemic?](#)**

*[The Trump Administration May Be Woefully Underprepared](#)*

Nov 21, 2017

Tom Inglesby and Benjamin Haas

### **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 25 November 2017*

[No new, unique, relevant content]

### **The Guardian**

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

*Accessed 25 November 2017*

[No new, unique, relevant content]

### **Huffington Post**

<https://www.huffingtonpost.com/>

*Accessed 25 November 2017*

#### **[Measles: eliminated, but not out of the game](#)**

| 16 November 2017

*By Orin Levine*

### **New Yorker**

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

*Accessed 25 November 2017*

[No new, unique, relevant content]

### **New York Times**

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

[No new, unique, relevant content]

### **Wall Street Journal**

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

*Accessed 25 November 2017*

[No new, unique, relevant content]

### **Washington Post**

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

*Accessed 25 November 2017*

#### **[States prepare to shut down children's health programs if Congress doesn't act](#)**

Officials in nearly a dozen states are preparing to notify families that a crucial health insurance program for low-income children is running out of money for the first time since its creation two decades ago, putting coverage for many at risk by the end of the year...

Longtime physician William Rees remembers the years before CHIP's safety net, when families without coverage would put off bringing a sick child to the doctor until symptoms were so severe they would end up in a hospital emergency room.

"Pediatrics is mostly preventive medicine, it's so important what we do," said Rees, who has practiced in Northern Virginia since 1975. "It's about trying to keep up with routine visits. If [children] don't have insurance, that often doesn't happen, so CHIP keeps them in the system and they get their vaccines when they're due."...

Colby Itkowitz and Sandhya Somashekhar · Health-Environment-Science · Nov 23, 2017

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### **Think Tanks et al**

#### **Brookings**

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

*Accessed 25 November 2017*

*Future Development*

#### **State fragility is key to reaching the last mile in ending poverty**

George Ingram and Jonathan Papoulidis

Tuesday, November 21, 2017

Fragile states are at the center of today's global development crisis. By 2030, an estimated 80 percent of the world's extreme poor will live in these perilous places. While international actors have broadened their focus to cover fragility, conflict, and violence, this has not come with high-level political calls to recognize "fragility as the new development frontier." Fragility merits top billing and should encompass security reform, peace building, poverty reduction, environment, humanitarian assistance, and equity...

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

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

*Accessed 25 November 2017*

[No new relevant content]

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

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

*Accessed 25 November 2017*

[No new relevant content]

#### **CSIS**

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

*Accessed 25 November 2017*

[No new relevant content]

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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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