



Vaccines and Global Health: The Week in Review

4 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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Contents [click on link below to move to associated content]

- A. Milestones :: Perspectives :: Featured Journal Content
- B. Emergencies: Polio; Zika; Ebola/EVD; MERS-Cov; Yellow Fever
- C. [WHO; CDC](#)
- D. Announcements
- E. [Reports/Research/Analysis](#)
- E. [Journal Watch](#)
- F. [Media Watch](#)



Milestones :: Perspectives

2017 Assessment Report of the Global Vaccine Action Plan

Strategic Advisory Group of Experts on Immunization

WHO, October 2017 :: 36 pages

PDF:

http://www.who.int/immunization/web_2017_sage_gvap_assessment_report_en.pdf?ua=1

EXECUTIVE SUMMARY [text bolding from original]

In 2016, some progress was made towards the goals set out in the Global Vaccine Action Plan (GVAP). The year saw the fewest number of cases of wild poliovirus ever reported, and three more countries were certified as having achieved maternal and neonatal tetanus elimination. Nine additional countries have introduced new vaccines. Overall DTP3 vaccination coverage increased, but by only 1% to 86%. **Progress therefore still remains too slow for most goals to be reached by the end of the Decade of Vaccines in 2020.**

Furthermore, **multiple global, regional and national issues threaten further progress**, and have the potential to reverse hard-won gains. Economic uncertainty, conflicts and natural disasters, displacement and migration, and infectious disease outbreaks all pose major challenges to immunization programmes. At the same time, there are concerning signs of complacency and inadequate political commitment to immunization – as well as a global lack of appreciation of its power to achieve wider health and development objectives.

Additional risks include growing levels of vaccine hesitancy and the worrying rise in stockouts disrupting access to vaccines – related primarily to shortcomings in vaccine procurement and distribution but also to some extent to vaccine production. The continued marked underperformance of certain countries relative to others within their region – ‘outlier’ countries – remains of grave concern.

The potential impact of the **phase-out of funding for polio eradication is also of concern**. It is vital that the polio transition remains sufficiently flexible that it does not jeopardize ongoing outbreak control efforts or critical surveillance activities and post-eradication certification processes. Furthermore, there is a significant risk that wider surveillance activities and routine immunization programmes, and hence global health security, could be compromised during the polio transition. The potentially simultaneous phasing out of polio and Gavi funding and technical support is of further concern.

These risks threaten to slow the extension of vaccines to neglected populations and heighten global inequalities in vaccine access. As the Decade of Vaccines draws to a close, there is a need to **intensify global efforts to promote immunization and to address the systemic weaknesses that are limiting equitable access** to life-saving and life-changing vaccines, particularly in outlier countries and middle-income countries.

The recommendations made in the Strategic Advisory Group of Experts on Immunization (SAGE) 2016 Assessment Report informed the development of World Health Assembly Resolution WHA70.14, approved in May 2017, and remain a high priority. In light of the risks highlighted, SAGE also calls for a broadening of the dialogue, to align immunization with emerging global health and development agendas, including the sustainable development goals,

global health security and International Health Regulations, health systems strengthening and universal health coverage, and the battle against antimicrobial resistance. A concerted effort is also required to address outlier countries, through a multidimensional, system-wide approach, recognizing that complex issues require multifaceted solutions and that civil society organizations have important contributions to make.

Through these and other measures, progress can continue to be made towards GVAP goals and the ground laid to exploit the full potential of immunization post-2020.

RECOMMENDATIONS IN BRIEF

See page 29 for more detailed versions of these recommendations.

[1] Broadening the dialogue: The immunization community should ensure that immunization is fully aligned and integrated with global health and development agendas, including global health security and International Health Regulations, health systems strengthening and universal health coverage, and the battle against antimicrobial resistance

[2] Funding transitions: Until polio eradication is achieved, financial and technical support should be maintained in at least the 16 polio priority countries to ensure the success of eradication efforts and to mitigate the risks to infectious disease surveillance, routine immunization and global health security more generally

[3] Polio and communicable disease surveillance: Countries in all regions should ensure they maintain effective poliovirus surveillance capacities through the polio endgame and beyond, and build on the polio surveillance platform to strengthen communicable disease surveillance systems, especially for measles and rubella, and other vaccine preventable diseases

[4] Outlier countries: WHO regional offices should work with countries experiencing the greatest difficulties in achieving GVAP goals to develop and implement multidimensional remediation plans, integrating existing national improvement plans

[5] Maternal and neonatal tetanus: The immunization community should make concerted efforts to achieve elimination by 2020, in particular by exploiting compact pre-filled auto-disable devices to extend the reach of immunization

[6] Displaced, mobile and neglected populations: WHO should synthesize existing knowledge on reaching displaced and mobile populations – including individuals escaping conflict zones or natural disasters, economic migrants, seasonal migrants, those moving to urban centres, and traditional nomadic communities – and other neglected populations to identify good practice and gaps in knowledge

[7] Acceptance and demand: Each country should develop a strategy to increase acceptance and demand for vaccination, which should include ongoing community engagement and trust-building, active hesitancy prevention, regular national assessment of vaccine concerns, and crisis response planning

[8] Civil Society Organizations: Countries should broaden and deepen their engagement with CSOs to enhance the performance and reach of their national immunization programmes

[9] **Technical capacity-building:** WHO regional offices should work with regional and global partners to support national technical capacity-building, adopting a multidimensional approach and leveraging regional and national institutional capacities and expertise as well as global tools and resources

[10] **Vaccine access:** WHO regional offices and UNICEF should work with countries to identify and systematically address procurement and other programmatic issues affecting vaccine access

[11] **Vaccine supply:** UNICEF, WHO and global partners should continue and expand efforts to map current and anticipated vaccine supply and demand for routinely used vaccines, with a particular focus on vaccines most at risk of supply shortages

[12] **Middle-income countries:** WHO regional offices should support middle-income countries in their regions by leveraging all opportunities to promote the exchange of information, the sharing of lessons learned and peer-to-peer support

Media Release

New assessment report on progress towards global immunization goals

In the newly published report by the Strategic Advisory Group of Experts (SAGE) on Immunization, it was noted that some progress has been made towards the Global Vaccine Action Plan (GVAP) goals: the year saw the fewest number of cases of wild poliovirus ever reported, and three more countries were certified as having achieved maternal and neonatal tetanus elimination. Nine additional countries have introduced new vaccines.

However, SAGE noted with concerning signs of the complacency and inadequate political commitment to immunization – as well as an insufficient appreciation of the power of vaccines to achieve wider health and development objectives. Overall DTP3 vaccination coverage increased, but by only 1% to 86%. Additional risks identified include: growing levels of vaccine hesitancy; the worrying rise in vaccine stock outs disrupting access to vaccination; and the continued underperformance of certain countries relative to others within their region.

The new report provides a series of key recommendations aimed at accelerating progress and provide solutions to key challenges. When countries follow SAGE recommendations to strengthen routine immunization programmes, the results can go far beyond protecting people from vaccine-preventable diseases – they will build the foundation of resilient health systems for all....

The SAGE October 2017 meeting report will be published in the WHO Weekly Epidemiological Record on 1 December 2017 and related meeting documents — including presentations and background readings — can be found on the SAGE meeting website.

Resources

[::2017 SAGE Assessment Report of the Global Vaccine Action Plan pdf, 1.45Mb](#)

[:: World Health Assembly Resolution WHA70.14: "Strengthening immunization to achieve the goals of the global vaccine action plan resolution"](#)

:: [Global Vaccine Action Plan Website](#)
:: [SAGE website](#)

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WHO Global Leadership Meeting concludes with new commitment to delivering results in countries

WHO statement

2 November 2017

This week more than 260 of WHO's leaders from headquarters, regional and country offices gathered in Geneva to discuss how to transform WHO into an organization that is better able to deliver meaningful improvements in health to the world's people.

It was first time that WHO's new Director-General, Dr Tedros Adhanom Ghebreyesus, had the opportunity to meet face-to-face with all senior leadership in the same room.

They gathered for the ninth bi-annual Global Meeting of heads of WHO country offices, which drove an agenda to return WHO's focus to strengthen its work at country level.

"This was an unprecedented opportunity to have leadership from all levels, including the most recent senior leaders to join the WHO team, together at one time to chart the future course of our work in countries throughout the world," said Shambhu Acharya, WHO's Director of Country Cooperation and Coordination with the United Nations System. "There was a real spirit of energy and appetite for change, you could feel it in the discussions and working groups throughout the three days."

The meeting also included contributions from key partners, including the United Nations Development Programme, the International Committee of the Red Cross, GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria, who all expressed their renewed commitment to working with WHO to tackle global health challenges.

Director-General Dr Tedros introduced the new senior leadership team, highlighted achievements from his first 120 days in office, and outlined the next steps to gather input from WHO's country representatives on the draft thirteenth General Programme of Work, and the draft Transformation Plan and Architecture that will guide organizational change over the next years.

Throughout the meeting leaders from headquarters, regional and country offices discussed the specific challenges and solutions to WHO's work at country level. They debated what it will take to deliver on the proposed priorities and direction of the Organization's work for the next five years.

"I know one thing that impacted and impressed Heads of Country was that Dr Tedros was there throughout the entire meeting. He didn't just drop in and out at the beginning and end," said Dr Piedad Huerta, WHO Representative in Honduras. "We had a variety of positions and opinions, regardless of what they were, he was listening."

On behalf of the leaders from headquarters, regional and country offices, Dr Maureen Birmingham, WHO Representative in Argentina and Dr Ibrahim El-Ziq, WHO Representative in Saudi Arabia, presented a summary of the key outcomes from the meeting.

"We welcome the vision and strategic priorities and believe that the draft 13th General Programme of Work is aspirational, ambitious, sharp, inspirational and exciting," said Dr EL-ZIQ. "It captures current issues in the wider health landscape and brings real strategic shifts with impacts and countries at the centre."

On the Transformation agenda Maureen Birmingham noted that the goal is an Organization that is "flexible, nimble, timely, responsive and proactive."

"As Heads of Country we embrace the agreed same goal, that of country-level impact as a priority," she said. "We need to capture what is already working. We have rich experience and knowledge from regional reform processes, good practice and efficiencies. It's imperative that we don't throw everything out."

The 9th Global Meeting culminated in a global all-staff meeting...

"I am proud of everything we have accomplished together in the past four months. And I am excited about everything we can achieve together in the months and years ahead," said Dr Tedros. "One thing that is clear to me is that you are all proud to work for WHO. So am I. We have a unique mission. I am more determined than ever to work with you all to harness the extraordinary potential of this organization to make meaningful change in our world. Please join me on that mission."

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Partnering to Fight Pneumonia, the "Forgotten Killer" of Children

Huffington Post - 31 October 2017

We have "eradication" targets for polio, "elimination" targets for malaria, and "generation-free" targets for HIV/AIDS, but for a disease that kills more children under five than all three combined, we have...well...very little.

Pneumonia, which has been attracting less than 2 percent of international development assistance for health, and low national health funding, kills nearly 1 million children every year.

But change is brewing, driven by new leaders, new alignments between governments, businesses, United Nations' agencies and non-governmental organizations (NGOs), and technological innovations with the potential to dramatically improve the cost-effectiveness of care in low and middle income countries.

Thirty organizations are joining forces in a public-private partnership with an ambitious, measurable goal: to end preventable child pneumonia deaths by 2030.

The *Every Breath Counts Coalition* will be announced at UNICEF headquarters in New York on November 3rd, at a special event co-hosted by the Bill and Melinda Gates Foundation and “la caixa” Foundation in honor of World Pneumonia Day.

We are all deeply concerned about pneumonia’s high death toll - each year 178,000 newborns and 773,000 children under five die according to UNICEF - and the slow rate of decline. Between 2000 and 2015, child pneumonia deaths fell by 47 percent, compared to 85 percent for measles, 61 percent for AIDS, 58 percent for malaria and 57 percent for diarrhea. We need faster progress.

The situation is particularly dire in sub-Saharan Africa. Due to a combination of low vaccine coverage, breastfeeding rates and female literacy, and high malnutrition and solid cooking fuel use, this region is home to the largest populations of children at greatest risk of death from pneumonia.

Most of the child pneumonia deaths happen in just 15 countries. Countries like Chad, Nigeria, Angola, Niger, Somalia, Mali, the Democratic Republic of Congo, Afghanistan, Pakistan and Ethiopia are especially vulnerable. Focused national and international efforts to identify and close gaps in pneumonia prevention, diagnosis and treatment in these countries could prevent more than 250,000 child deaths from pneumonia each year.

Expanding pneumococcal vaccine coverage across countries is an important priority. In addition, improving access to health services and health workers and ensuring that they have the proper diagnostic and treatment tools like pulse oximetry, child-friendly antibiotics and oxygen are key. Working more directly with mothers and families to improve breastfeeding rates, child nutrition and female literacy will also boost progress across all countries. Children who are malnourished are nine times more likely to die from pneumonia.

To stop children dying from pneumonia, the governments most affected will need to lead ambitious national efforts to mobilize attention and resources toward pneumonia prevention, diagnosis and treatment, especially at primary health care level. In addition to enhanced domestic resources, countries will also need to target a greater share of their foreign health aid to fighting pneumonia, especially if they are eligible for Global Financing Facility funding from the World Bank and/or receive support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Efforts to better integrate the management of the “febrile” child will not only improve treatment outcomes, but also the rational use of drugs and combat antimicrobial resistance.

In addition to investing more to help governments with the largest populations of at-risk children fight pneumonia, the Every Breath Counts Coalition will enlist the support of existing child pneumonia initiatives, including the United4Oxygen Alliance, HO2PE, the Pneumonia Innovations Network, Stop Pneumonia/World Pneumonia Day, the ARIDA Project, the Save the Children and GSK partnership, as well as work underway by Results for Development and the Clinton Health Access Initiative. Every Breath Counts will also build bridges between the focus countries and the various innovation pipelines, including Saving Lives at Birth and Grand Challenges Canada and relevant research underway, including the multi-country enhanced community management and clean cooking trials.

Focused efforts in a sub-set of countries where children are most vulnerable are critical, as these countries will not achieve the Sustainable Development Goals relating to child survival nor fulfill their obligations to the Global Strategy for Women's, Children's and Adolescents' Health without a special push to reduce child pneumonia deaths.

It's time to bring together our collective efforts and support country government efforts to ensure that no child dies of a disease we know how to prevent, diagnose and treat.

We hope you'll join us,

Carolyn Miles, CEO, Save the Children (US)

Lisa Bonadonna, Global Head, Access to Medicines, GSK

David Fleming, Vice President, PATH

Joe Kiani, CEO, Masimo

Stefan Peterson, Chief of Health, UNICEF

Kate Schroder, Vice President, Clinton Health Access Initiative

Kevin Watkins, CEO, Save the Children (UK)

For more information on Every Breath Counts, please visit www.stoppneumonia.org

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Cholera

[See Second phase of cholera, polio vaccination begins in Cox's Bazar for vulnerable population [SEAR/PR/1670, Bangladesh, 4 November 2017] in WHO Grade 2 Emergencies – Myanmar below]

Cholera in Yemen — An Old Foe Rearing Its Ugly Head

Firdausi Qadri, Ph.D., M.D., Taufiqul Islam, M.B.B.S., M.P.H., and John D. Clemens, M.D.
New England Journal of Medicine
November 1, 2017 DOI: 10.1056/NEJMp1712099

Yemen, a country with a population of approximately 25 million located at the southern tip of the Arabian Peninsula, is now experiencing one of the largest cholera outbreaks in recent history. The outbreak, which began in late October 2016 and is reportedly due to *Vibrio cholerae* O1, serotype Ogawa, followed on the heels of civil conflict between Houthi rebels and the internationally recognized Yemeni regime. Beginning in the capital, Sana'a, it spread rapidly, and by December 2016, cases had been reported in 15 of the country's 22 governorates and municipalities. The outbreak appeared to be in decline by March 2017, when a cold wave hit the country, but it resurged dramatically in April (see [map](#))

Cholera Attack Rate in the Governorates of Yemen, 2017.), coincident with heavy rains that may have contaminated drinking water sources, and was amplified by war-related destruction of municipal water and sewage systems. In September, the World Health Organization (WHO) announced that there have been about 700,000 cases and more than 2000 deaths from cholera (in addition to the 10,000 other deaths caused by the conflict), and the epidemic had spread to

all governorates and municipalities except one.¹ Although the epidemic seems to be slowing again somewhat, 5000 suspected cholera cases were still being reported every day as of late September.

Even before the conflict, Yemen was among the poorest of the Arab countries, beset by circumstances that made it ripe for cholera, a waterborne disease with fecal–oral transmission. Afflicted by droughts and a lack of water, it was considered among the most water-stressed countries in the world. According to WHO–UNICEF statistics, in 2014 only 53% of the population used improved sanitation facilities and only 55% had access to drinking water from improved water sources.² Since the onset of the conflict, the situation has worsened markedly. Millions of people have been displaced and now live under conditions with inadequate shelter, water, sanitation, and food. Delivery of health care has been limited by the destruction by air strikes of approximately half the health sector facilities, including hospitals and clinics. In addition, about 30,000 health care workers have not received their salaries during the past year, and many have fled the country.

A naval and air blockade of rebel-controlled areas has contributed to shortages of food, fuel, and medical supplies. Bombing has destroyed water and sanitation infrastructure in some areas, and many sanitation workers have been on strike for several months. A massive fuel shortage has led to the disruption of sewage management and wastewater treatment facilities and a lack of electricity to run water pumps. The WHO has estimated that approximately 15 million people lack access to basic health care and potable water and sanitation. At least 17 million face food insecurity, 7 million are at risk for famine, and 2 million children are malnourished.

Considering the extremely hazardous conditions and other major challenges in this war-ravaged country, the WHO, UNICEF, other international agencies, nongovernmental organizations, and Yemeni health care providers have mounted an extraordinary response and have limited the overall case fatality rate of reported cholera cases to a relatively low 0.5%.³ These organizations have also made efforts to supply chlorinated water, restore the operationalization of water-treatment plants, provide hygiene kits with soap and chlorination tablets, and provide training in water-sanitation–hygiene behaviors to help prevent cholera. Yet, as Tedros Adhanom Ghebreyesus, the WHO director-general, recently emphasized, “Yemen’s health workers are operating in impossible conditions. Thousands of people are sick, but there are not enough hospitals, not enough medicines, not enough clean water. These doctors and nurses are the backbone of the health response — without them we can do nothing in Yemen. They must be paid their wages so that they can continue to save lives.”⁴

Inactivated vibrio whole-cell oral cholera vaccines (OCVs), given as a two-dose regimen, are now internationally accepted as tools for the control of epidemic and endemic cholera. A global stockpile of these vaccines, managed by the International Societies of the Red Cross and Red Crescent, UNICEF, the WHO, and Doctors without Borders (Médecins sans Frontières), with the WHO as the secretariat, and funded by Gavi, the Vaccine Alliance, has been in operation since 2013. This stockpile has largely been allocated for the control of epidemics and for use in humanitarian crises, and to date it has been deployed in cholera outbreaks in Africa, Asia, Haiti, and the Middle East. In late June 2017, a request was made on behalf of Yemen for 3.4 million doses, and the decision was made to release 1 million doses — at the time the most doses ever to be deployed from the stockpile in its 4-year history. However, several weeks later, a meeting in Sana'a of local ministries as well as United Nations and other aid agencies resulted in

retraction of the request for vaccine. Various aid agencies have been quoted by the media explaining that resources would be better spent on existing preventive and therapeutic approaches to the epidemic, that mass immunization would be logistically difficult in this setting, and that the impact of vaccination would be minimal because the epidemic had spread so widely.

No one has a better sense of the challenges in logistics and safety of conducting a mass immunization campaign than workers on the ground. And it is undoubtedly true that the request for vaccination came late; had vaccination been implemented earlier, it might have been helpful in containing the epidemic. It's possible, however, that it was not too late in the epidemic for vaccination to help: experience has demonstrated that deployment of OCV, reactively, in epidemics can be effective.⁵ And if the current case count is reliable, we may estimate that roughly 7 million to 14 million people, in a population of 25 million, have been infected. Yet admittedly, a million doses would probably be far too few to have a major impact in controlling the entire countrywide epidemic. Plans are reportedly being discussed for a much more massive allocation of doses for a mass immunization program at a later date.

Though we have not been directly involved in the public health response to this outbreak, we can offer a few general observations. First, Yemen before the epidemic, like Haiti before its ongoing epidemic, had a profile in terms of water, sanitation, and hygiene that made it extremely vulnerable to a cholera epidemic on the heels of a humanitarian emergency. When we think of the geographic reach of cholera, we should recognize not only places that report cases of the disease but also places that are at high risk for it.

Second, although prior to this epidemic Yemen had not reported cholera since the 1980s, the magnitude of this epidemic and the evisceration of the country's infrastructure by the war place Yemen at high risk for continued endemic cholera in the future, much as appears to have happened in Haiti, where a massive cholera epidemic occurred in 2010 after approximately 100 years without cholera.

Finally, despite important efforts by the WHO and other international organizations to create and deploy the OCV global stockpile, that stockpile is currently inadequate. Moreover, we lack validated predictive tools to identify humanitarian emergencies posing so high a risk of cholera that the doses of OCV should be deployed preemptively, as well as tools to flag incipient outbreaks that are destined to become so large that doses should be deployed early. Greater funding for the stockpile and more work on the development of both improved predictive tools and improved water and sanitation are important priorities.

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Featured Journal Content

Bulletin of the World Health Organization

Published online: 19 October 2017)

Implementation research: reactive mass vaccination with single-dose oral cholera vaccine, Zambia

Marc Poncin,^a Gideon Zulu,^b Caroline Voute,^a Eva Ferreras,^c Clara

Mbwili Muleya,^b Kennedy Malama,^b Lorenzo Pezzoli,^d Jacob Mufunda,^e Hugues Robert,^a Florent Uzzeni,^a Francisco J Luquero,^c Elizabeth Chizemab & Iza Cigleneckia

This online first version has been peer-reviewed, accepted and edited, but not formatted and finalized with corrections from authors and proofreaders

Abstract

Objective

To describe the implementation and feasibility of an innovative mass vaccination strategy – based on single-dose oral cholera vaccine – to curb a cholera epidemic in a large urban setting.

Method

In April 2016, in the early stages of a cholera outbreak in Lusaka, Zambia, the health ministry collaborated with Médecins Sans Frontières and the World Health Organization in organizing a mass vaccination campaign, based on single-dose oral cholera vaccine. Over a period of 17 days, partners mobilized 1700 health ministry staff and community volunteers for community sensitization, social mobilization and vaccination activities in 10 townships. On each day, doses of vaccine were delivered to vaccination sites and administrative coverage was estimated.

Findings

Overall, vaccination teams administered 424_100 doses of vaccine to an estimated target population of 578_043, resulting in an estimated administrative coverage of 73.4%. After the campaign, few cholera cases were reported and there was no evidence of the disease spreading within the vaccinated areas. The total cost of the campaign – 2.31 United States dollars (US\$) per dose – included the relatively low cost of local delivery – US\$_0.41 per dose.

Conclusion

We found that an early and large-scale targeted reactive campaign using a single-dose oral vaccine, organized in response to a cholera epidemic within a large city, to be feasible and appeared effective. While cholera vaccines remain in short supply, the maximization of the number of vaccinees in response to a cholera epidemic, by the use of just one dose per member of an at-risk community, should be considered.

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 1 November 2017 [GPEI]

:: This month Harvard University and National Public Radio (NPR) hosted an online forum to discuss how social data shines a global spotlight on polio's last challenges.

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

...**Afghanistan**: One new wild poliovirus type 1 (WPV1) case, reported in Shahwalikot district in Kandahar province. Three new wild poliovirus 1 (WPV1) positive environmental samples reported, one from Kandahar and two from Hilmand provinces.

...**Pakistan**: Two new wild poliovirus 1 (WPV1) positive environmental samples reported, one from Sindh and one from Khyber Pakhtunkhwa provinces. Democratic Republic of the Congo (DRC): One new circulating vaccine derived poliovirus type 2 (cVDPV2) case reported, in Tanganika province.

...Syria: One new circulating vaccine derived poliovirus type 2 (cVDPV2) case reported, in Deir Ez-Zor governorate.

:: Additionally, an advance notification was received this week of a new WPV1 case in Afghanistan from Batikot district in Nangarhar province, onset 11 October. The case will be officially reflected in next week's global data reporting.

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Syria cVDPV2 outbreak situation report 20: 31 October 2017

:: One (1) new case of cVDPV2 was reported this week from Mayadeen, Deir Ez-Zor governorate. The date of onset of the case was 18 August 2017. The most recent case (by date of onset) remains 25 August.

:: The total number of cVDPV2 cases is 53.

:: Third party independent monitoring results for the second outbreak response round for Raqqa governorate have been received. Reported coverage of targeted children is 69% (measured by parental recall through a house to house survey). Market surveys reported much higher coverage of 84%.

:: Sixteen (16) new refrigerator trucks have been provided by UNICEF to transport vaccine and maintain cold chain for ongoing response activities and outreach.

:: WHO is supporting the upgrade of laboratory facilities to enable more sophisticated techniques to be conducted in country for the detection of poliovirus. WHO is also supporting the establishment of environmental surveillance in country by end of 2017.

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WHO Grade 3 Emergencies [to 4 November 2017]

The Syrian Arab Republic

:: Syria cVDPV2 outbreak situation report 20, 31 October 2017
[See Polio above]

Yemen

:: Daily epidemiology bulletin, 30 October 2017

Cholera:

887, 440 - Suspected cases

2,184 - Associated deaths

0.25% - Case Fatality Rate

96% - Governorates affected (22 / 23 governorates)

92% - Districts affected (305 / 333 districts)

Iraq - No new announcements identified.

Nigeria - No new announcements identified.

South Sudan - No new announcements identified.

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WHO Grade 2 Emergencies [to 4 November 2017]

Myanmar

:: Second phase of cholera, polio vaccination begins in Cox's Bazar for vulnerable population
SEAR/PR/1670

Cox's Bazar, Bangladesh, 4 November 2017 – The second phase of the oral cholera vaccination drive began today to provide an additional dose of the vaccine to children of newly arrived Rohingya population against the deadly diarrheal disease. The children are also being administered oral polio vaccine.

Nearly 180,000 children aged between one and five years are expected to receive the second dose of oral cholera vaccine (OCV), while around 210,000 children up to the age of five years will be vaccinated against polio in a six-day immunization campaign in Ukhia and Teknaf sub-districts of Cox's Bazar and Naikhanchari in Bandarban district.

The campaign is being conducted by The Ministry of Health and Family Welfare (MoHFW) with support from WHO, UNICEF, International Centre for Diarrhoeal Disease Research, Bangladesh, IOM, UNHCR and local and international NGO's.

"These large scale immunization drives against cholera and polio reflect the commitment of the health sector to take all possible measures to protect the health of these vulnerable population," Dr. N. Paranietharan, WHO Representative to Bangladesh, said. "Children being among the most vulnerable, the vaccination campaign is an important and commendable effort of the Ministry of Health and Family Welfare and health partners", he added.

The previous oral cholera vaccine campaign, launched on 10 October, covered 700 487 people aged one year and above, 176 482 of them children aged one to five years. 900 000 doses of oral cholera vaccine were mobilized following a risk assessment conducted by MoHFW, with the support from WHO, UNICEF, IOM and Médecins Sans Frontières (MSF), in late September. The International Coordinating Group (ICG) on vaccine provision released OCV within a day of the Bangladesh government's request, while GAVI, the Vaccine Alliance, provided financial support.

Earlier, in a rapidly organized vaccination campaign for measles, rubella and polio, 72 334 children up to five years of age were administered oral polio vaccine between 16 September to 4 October...

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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Outbreaks and Emergencies Bulletin, Week 43: 21 - 27 October 2017

The WHO Health Emergencies Programme is currently monitoring 44 events in the region. This week's edition covers key ongoing events, including:

:: Marburg virus disease in Uganda

- :: Plague in Madagascar
- :: Malaria in Cabo Verde
- :: Dengue fever in Côte d'Ivoire
- :: Cholera in Zambia
- :: Cholera in north-east Nigeria.

Week 43: 21 - 27 October 2017

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UN OCHA – L3 Emergencies

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

Iraq

:: Iraq: Humanitarian Bulletin, October 2017 | Issued on 2 November

HIGHLIGHTS

- ...Military operations to retake the last major territory held by ISIL begin in western Anbar.
- 184,000 people are currently displaced by recent unrest in northern governorates.
- ...Almost 62,000 people return to Hawiga a month after it is retaken, to a lack of services and explosive hazard contamination.
- ...Heaters, fuel and sanitation upgrades are urgently needed in camps across Iraq as winter approaches.
- ...IHF launches \$14 million reserve allocation for Hawiga.

Syrian Arab Republic

- :: 1 Nov 2017 Turkey | Syria: Border Crossings Status 1 November 2017 [EN/AR/TR]
- :: Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock: Statement to the Security Council on the humanitarian situation in Syria, 30 October 2017 [EN/AR]

DRC - *No new announcements identified.*

Yemen - *No new announcements identified.*

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UN OCHA – Corporate Emergencies

When the USG/ERC declares a Corporate Emergency Response, all OCHA offices, branches and sections provide their full support to response activities both at HQ and in the field.

Ethiopia

:: 30 Oct 2017 Ethiopia Humanitarian Bulletin Issue 39 | 16 – 29 October 2017

- ...Ethiopia begins civil registration of refugees for the first time in history as the number of refugees in country nears the one million mark....

ROHINGYA CRISIS

:: ISCG Situation Update: Rohingya Refugee Crisis, Cox's Bazar - 2 November 2017

607,000 new arrivals are reported as of 31 October, according to IOM Needs and Population Monitoring, UNHCR and other field reports. The dataset and full report is available online.

Partners reported today that an estimated 3,000 arrivals have crossed Naf river and are currently staying in no man's land near Anjumapara border (Palongkhali union). They are expected to continue into Bangladesh. NPM is keeping track of them and verifying the information.

...607,000 Cumulative arrivals since 25 Aug
...329,000 Arrivals in Kutupalong Expansion Site
...46,000 Arrivals in host communities

Somalia

:: Horn of Africa: Humanitarian Impacts of Drought – Issue 11 (3 November 2017)

...*DISEASE OUTBREAKS*

Measles cases rise in Somalia and Ethiopia, while number of AWD and/or Cholera cases declines. In Somalia, more than 18,000 cases of measles were recorded between January and September 2017; four times the number of cases reported during the same period in 2015 and 2016. Most recently, 12 suspected cases were reported at an IDP settlement in Waajid district, Bakool region. A nationwide campaign to vaccinate 4.2 million children is planned for November-December. Meanwhile, there has been a significant reduction in new AWD/cholera cases in Somalia over the past three months, with no deaths reported during this period. To date, 77,783 cholera cases and 1,159 deaths have been reported in 2017. In Ethiopia, 3,151 measles cases have been reported and four districts in the Oromia (Babile and Jimma Spe town, East Hararge zone) and Somali (Afder and Warder) regions reached the measles outbreak threshold in September...

:: Humanitarian Bulletin Somalia, 01 - 30 October 2017

...Measles cases remain at epidemic levels as new AWD/cholera cases reduce...

Nigeria - *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 4 November 2017]

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

- *No new announcements identified.*

MERS-CoV [to 4 November 2017]

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

- *No new announcements identified.*

Yellow Fever [to 4 November 2017]

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

[See Milestone above]

Zika virus [to 4 November 2017]

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

- *No new announcements identified.*

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WHO & Regional Offices [to 4 November 2017]

Latest news

WHO meeting concludes with commitment to delivering results in countries

2 November 2017 – This week more than 260 of the WHO's leaders from headquarters, regional and country offices gathered in Geneva to discuss how to transform WHO into an organization that is better able to deliver meaningful improvements in health to the world's people. It was first time that WHO's new Director-General, Dr Tedros Adhanom Ghebreyesus, has had the opportunity to meet face-to-face with all senior leadership in the same room.
[See Milestones above for full Statement]

Madagascar plague: preventing regional spread

2 November 2017 – More than 1800 suspected, probable, or confirmed plague cases were reported in Madagascar from August to late October 2017, resulting in 127 deaths. WHO has moved quickly in response to this unusually severe outbreak by supporting the Government of Madagascar, while at the same time working with nearby countries and territories to prevent regional spread.

DONs

Plague – Madagascar

2 November 2017

Close to 3 million people access hepatitis C cure

31 October 2017 – On the eve of the World Hepatitis Summit in Brazil, WHO reports increasing global momentum in the response to viral hepatitis. A record 3 million people were able to obtain treatment for hepatitis C over the past two years, and 2.8 million more people embarked on lifelong treatment for hepatitis B in 2016.

WHO report signals urgent need for greater political commitment to end tuberculosis

30 October 2017 – Global efforts to combat tuberculosis (TB) have saved an estimated 53 million lives since 2000 and reduced the TB mortality rate by 37%, according to the Global TB Report 2017, released by WHO today.

Highlights

WHO helps Kenya guard against Marburg Virus Disease

November 2017 – WHO is helping the Kenyan Ministry of Health guard against the spread of Marburg Virus Disease from neighbouring Uganda. Health authorities are strengthening preparedness measures in Trans Nzoia and West Pokot counties along the border with Uganda, where an outbreak was officially declared on 19 October.

Global Nutrition Summit 2017: Milan

November 2017 – Building upon the spirit and outcomes of the L'Aquila Food Security

Initiative, the Milan Expo 2015, the 2nd International Conference on Nutrition (ICN2) and the G7 Summit in Taormina, the Nutrition for Growth Stakeholder Group will organize a day-long, high-level summit on nutrition and food for a healthier future which is co-facilitated and co-hosted by the Italian G7 Presidency, the City of Milan and Ministry of Health: the Milan Global Nutrition Summit.

Video: The eHealth journey in Latvia

October 2017 – The Ministry of Health of Latvia has created a national programme of electronic health (eHealth). As part of an ambitious, long-term national health reform agenda, the eHealth programme has been a key element of ensuring that Latvian people receive the right care in the right place and at the right time.

Using digital technology to strengthen public health services in Africa

October 2017 – With Africa currently undergoing a digital revolution, WHO and the International Telecommunications Union (ITU) signed a Cooperation Agreement, on using digital services to save lives and improve people's health.

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Weekly Epidemiological Record, 3 November 2017, vol. 92, 44 (pp. 661–680)

:: Update on vaccine-derived polioviruses worldwide, January 2016–June 2017
:: Progress with the implementation of rotavirus surveillance and vaccines in countries of the WHO African Region, 2007–2016

:::::

WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: [Health Workers urged to Work with Communities to Stop Marburg](#) 04 November 2017
:: [WHO helps Kenya guard against Marburg Virus Disease](#) 03 November 2017
:: [Strengthening Medicines Quality Control in Tanzania](#) 03 November 2017
:: [Fostering partnerships for health: WHO and partners conduct a joint field visit](#) 02 November 2017
:: [Madagascar plague: mitigating the risk of regional spread](#) 02 November 2017
:: [Bringing the human and animal health sectors closer: The National Bridging Workshop](#) 02 November 2017
:: [Integrated campaign tackles malaria and polio in north-eastern Nigeria](#) 01 November 2017
:: [Experts begin second wave of polio outbreak response assessment in Nigeria.](#) 31 October 2017
:: [Routine immunization in Nigeria gets a bolster from the European Union](#) 29 October 2017

WHO Region of the Americas PAHO

:: [PAHO/WHO Malaria Champion awards go to Brazil, Haiti, and Dominican Republic](#)
(11/03/2017)

WHO South-East Asia Region SEARO

:: [Second phase of cholera, polio vaccination begins in Cox's Bazar](#) 4 November 2017

WHO European Region EURO

:: The eHealth journey in Latvia 02-11-2017

WHO Eastern Mediterranean Region EMRO

:: WHO-supported field hospitals in Iraq respond to injured patients as danger for war-related trauma remains 29 October 2017

WHO Western Pacific Region

No new digest content identified.

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CDC/ACIP [to 4 November 2017]

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

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

MMWR News Synopsis for November 2, 2017

Vaccination Coverage Among Children Aged 19–35 Months — United States, 2016

CDC encourages parents to protect their children from vaccine-preventable diseases by ensuring their children receive all recommended vaccines on schedule. Vaccination is the best way to reduce illness and death from vaccine-preventable diseases in young children. Data from the 2016 National Immunization Survey-Child (NIS-Child) were used to assess vaccination coverage with recommended vaccines among children aged 19–35 months in the United States. Based on the data, coverage with recommended vaccines for children aged 19–35 months continues to be high and stable, but remains below 90 percent for vaccines that require booster doses during the second year of life and for more recently recommended vaccines. Differences in coverage by race/ethnicity, poverty status, and insurance status indicate that improvements are needed in the immunization safety net (that is, access to and delivery of age-appropriate immunization to all children, regardless of insurance or financial status).

Progress in Childhood Vaccination Data in Immunization Information Systems — United States, 2013–2016

Incremental progress in four Immunization Information System (IIS) priority areas was noted since 2013, but continued effort is needed to implement these critical functionalities among all IISs. IISs are computerized, population-based systems that consolidate vaccination data from providers for clinical and public health use. Data from 2013–2016 were analyzed to assess progress made in four priority areas: 1) pediatric data completeness, 2) bidirectional data exchange with electronic health records, 3) pediatric clinical decision support for immunizations, and 4) ability to generate jurisdictional and provider-level vaccination coverage estimates. Progress was noted since 2013, but continued effort is needed to implement these functionalities among all IISs. Success in these priority areas bolsters public health practitioners' ability to attain high childhood vaccination coverage and prepares IISs to develop more advanced functionalities. Success also supports the achievement of federal immunization objectives, including using IISs as supplemental sampling frames for vaccination coverage surveys.

Update on Vaccine-Derived Polioviruses — Worldwide, January 2016–June 2017

Vaccine-derived polioviruses will continue to cause rare outbreaks and infect individuals with immune deficiencies until all use of oral poliovirus vaccine can cease after wild poliovirus transmission is eradicated. Vaccine-derived polioviruses (VDPVs) are strains genetically divergent from the oral poliovirus vaccine (OPV) that fall into three categories: 1) circulating VDPVs (cVDPVs) from outbreaks, 2) immunodeficiency-associated VDPVs (iVDPVs) from patients with primary immunodeficiencies, and 3) ambiguous VDPVs (aVDPVs) that cannot be more definitively identified. During January 2016–June 2017, new cVDPV outbreaks were identified in the Democratic Republic of the Congo and Syria, and residual cVDPV2 circulation was detected in Nigeria and Pakistan. Fourteen newly identified persons in 10 countries were found to excrete iVDPVs. Because >94 percent of cVDPVs since 2006 and 69 percent of iVDPVs since OPV introduction are type 2, WHO coordinated worldwide replacement of trivalent OPV with bivalent OPV (types 1 and 3) in April 2016.

Implementation of Rotavirus Surveillance and Vaccine Introduction — World Health Organization African Region Countries, 2007–2016

Rotavirus vaccines have been rapidly implemented in the majority of countries in the WHO African region and their use has resulted in substantial declines in the burden of severe rotavirus disease. Rotavirus is a leading cause of severe childhood diarrhea globally, estimated to have caused 120,000 deaths among children ages <5 years in sub-Saharan Africa in 2013. In 2009, the World Health Organization (WHO) recommended routine rotavirus vaccination of all children worldwide. As of December 2016, 31 of 47 (66 percent) countries in the WHO African Region had introduced rotavirus vaccination into their national schedules, with an overall coverage of 77 percent for a full vaccine series. In 12 countries with available data before and after rotavirus vaccine introduction, the proportion of childhood diarrhea hospitalizations that were rotavirus-positive declined 33 percent, from 39 percent to 26 percent. These results support introduction of rotavirus vaccine in the remaining countries in the region and continuation of rotavirus surveillance to monitor impact.

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Announcements

AERAS [to 4 November 2017]

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

No new digest content identified.

BMGF - Gates Foundation [to 4 November 2017]

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

No new digest content identified.

CEPI – Coalition for Epidemic Preparedness Innovations [to 4 November 2017]

<http://cepi.net/>

Latest News [Undated]

[**IT platform vendor**](#)

CEPI seeks a vendor for new IT platform

Chikungunya Workshop

The Department of Biotechnology, India (DBT) and Coalition for Epidemic Preparedness Innovations (CEPI) are organising a workshop "Chikungunya vaccines- challenges, opportunities and possibilities" on 5th and 6th February 2018 in Delhi, India. This workshop will bring together international delegates for two days of intense dialogue on ideas, data, challenges and opportunities related to Chikungunya vaccine development

To ensure we have good mix of participants and allow for vivid discussions, participation in the workshop is invitation only. All speakers and participants will be invited to the workshop in the next couple of weeks...

EDCTP [to 4 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

3 November 2017

GSK and EDCTP launch joint call for Senior Fellowship proposals

In response to the growing challenge of non-communicable diseases (NCDs) in Africa, GSK and EDCTP will launch a joint call...

1 November 2017

Vacancy: Project Officer for The Hague Office

We are looking for a Project Officer to be based at the EDCTP office in The Hague. The Project Officer...

European Medicines Agency [to 4 November 2017]

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

31/10/2017

EU-US mutual recognition of inspections of medicines manufacturers enters operational phase

Major milestone is a testimony to mutual trust ...

30/10/2017

How to develop vaccines and medicines that prevent and treat respiratory syncytial virus (RSV) infection

New guideline to facilitate development of vaccines and treatments out for consultation until April 2018...

European Vaccine Initiative [to 4 November 2017]

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

01 November 2017

New funding to support novel DNA vaccine for therapy of leishmaniasis

Fresh funding has been awarded by the GHIT Fund to EVI and its partners from Nagasaki University, German biopharmaceutical firm Mologen AG, Charité - Universitätsmedizin Berlin and the London School of Hygiene and Tropical Medicine (LSHTM) to support the completion of the preclinical development of a novel leishmaniasis vaccine candidate and for preparing the conduct of a future Phase I clinical trial.

31 October 2017

EVI Annual Report 2016 now available

The EVI 2016 Annual Report provides an overview of all the activities EVI was involved in during 2016.

FDA [to 4 November 2017]

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

October 31, 2017 –

FDA takes unprecedented step toward more efficient global pharmaceutical manufacturing inspections

The U.S. Food and Drug Administration has determined the agency will recognize eight European drug regulatory authorities as capable of conducting inspections of manufacturing facilities that meet FDA requirements. The eight regulatory authorities found to be capable are those located in: Austria, Croatia, France, Italy, Malta, Spain, Sweden and the United Kingdom.

This achievement marks an important milestone to successful implementation and operationalization of the amended Pharmaceutical Annex to the 1998 U.S.-European Union (EU) Mutual Recognition Agreement (MRA) that enables U.S. and EU regulators to utilize each other's good manufacturing practice inspections of pharmaceutical manufacturing facilities.

"At a time in which medical product manufacturing is truly a global enterprise, there is much to be gained by partnering with regulatory counterparts to reduce duplicative efforts and maximize global resources while realizing the greatest bang for our collective inspectional buck," said FDA Commissioner Scott Gottlieb, M.D. "By partnering with these countries we can create greater efficiencies and better fulfill our public health goals, relying on the expertise of our colleagues and refocusing our resources on inspections in higher risk countries."...

Fondation Merieux [to 4 November 2017]

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

No new digest content identified.

Gavi [to 4 November 2017]

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

No new digest content identified.

GHIT Fund [to 4 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 •

2017.10.31 *Press Room*

GHIT Fund Accelerates Promising Efforts to Find New Treatments, Vaccines and Diagnostics for Malaria, Tuberculosis, Leishmaniasis and Mycetoma

The Global Health Innovative Technology (GHIT) Fund, a unique Japanese public-private partnership formed to battle infectious diseases around the globe, today announced US\$16.7 million to support development of new compounds for fighting malaria and tuberculosis, a leishmaniasis vaccine and drug, and a treatment for a long-ignored flesh-eating infection. The new investments also will allow scientists to pursue a critically needed diagnostic tool for detecting a relapsing form of malaria when it is hiding in the liver during its dormant phase.

Among new support for malaria drug development is US\$ 1.59M to Medicines for Malaria Venture (MMV) and Takeda Pharmaceuticals to develop an antimalarial drug candidate DSM265. DSM265 targets an essential enzyme, dihydroorotate dehydrogenase (DHODH), which is a critical part of the parasite making its own DNA. This completely new mode of action for an antimalarial drug will be critical in the face of resistance to both the artemisinin and partner-drug components of the current gold standard artemisinin combination treatments (ACTs) for malaria. In early-stage human testing, DSM265 has exhibited an exciting potential to both cure and prevent malaria caused by the deadly *Plasmodium falciparum* malaria parasite. It has already been tested in patients, where, in a study last year, 12 out of 13 patients with *P. falciparum* malaria were cured with a single dose of 400-milligrams. The final medicine would be a combination of DSM265 with another active compound, and so we expect even better results with a combination medicine...

Global Fund [to 4 November 2017]

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

No new digest content identified.

Hilleman Laboratories [to 4 November 2017]

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

No new digest content identified.

Human Vaccines Project [to 4 November 2017]

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

No new digest content identified.

IAVI [to 4 November 2017]

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

No new digest content identified.

IVAC [to 4 November 2017]

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

Latest IVAC News [Undated]

IVAC Progress Report finds stubborn gap in reaching intervention targets among countries heavily burdened by childhood pneumonia and diarrhea

Why are pneumonia and diarrhea still responsible for 1 of every 4 deaths in children under 5? Released today, IVAC's [2017 Pneumonia and Diarrhea Progress Report: Driving Progress through Equitable Investment and Action \(PDPR\)](#) explores factors slowing progress in the most impacted countries against the world's two biggest killers of young children...

IVAC's Progress Report, issued annually since the Johns Hopkins Center helped establish World Pneumonia Day in 2009, also delves for the first time into the economic cost of the illnesses and sheds light on the complex relationship between childhood illnesses and poverty. Children in low-resource settings are at higher risk for illness; at the same time, pneumonia and diarrhea can contribute to the cycle of poverty.

[Read the full report here.](#)

IVI [to 4 November 2017]

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

November 15, 2017

[**IVI 20th Anniversary Global Vaccine Forum**](#)

MSF/Médecins Sans Frontières [to 4 November 2017]

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

Press release

[**MSF Secures Generic Hepatitis C Treatment at \\$120 Compared to \\$147,000 Launch Price Tag**](#)

October 31, 2017

The international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) announced today it can now purchase generic hepatitis C medicines for as low as \$1.40 per day, or \$120 per 12-week treatment course, for two key medicines used to treat and cure this disease, sofosbuvir and daclatasvir. This dramatic price reduction—which will benefit patients in countries where MSF can supply generic versions—illustrates the importance of generic options, which could, if expanded, help countries provide treatment for millions of people and improve public health by preventing the spread of this disease.

NIH [to 4 November 2017]

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

October 31, 2017

[**NIH establishes new research in social epigenomics to address health disparities**](#)

— *Grant program to break new ground in genomics and health disparities research.*

The National Institutes of Health will award 10 grants to support social epigenomics research in health disparities. This investigator-initiated research is being funded as part of the Social Epigenomics Research Focused on Minority Health and Health Disparities [research program](#), which seeks to support research to better understand the drivers of health disparities. The National Institute on Minority Health and Health Disparities (NIMHD), part of the National Institutes of Health, will commit \$26.2 million over five years, subject to available funds, for nine awards. An additional award under this initiative will be funded by the National Cancer Institute (NCI) – also part of NIH...

PATH [to 4 November 2017]
<http://www.path.org/news/index.php>
No new digest content identified.

Sabin Vaccine Institute [to 4 November 2017]
<http://www.sabin.org/updates/pressreleases>
No new digest content identified.

UNAIDS [to 4 November 2017]
<http://www.unaids.org/en>
Feature story
[Living with HIV but dying from tuberculosis](#)

03 November 2017
Global progress to End TB not fast enough to reach global TB and HIV targets
Tuberculosis (TB) retains its undesirable status as the leading infectious cause of death globally. According to the latest [WHO Global Tuberculosis Report 2017](#) launched this week, global progress in reducing new tuberculosis (TB) cases and deaths is insufficient to meet the global targets for TB and HIV, despite most deaths being preventable with early diagnosis and appropriate treatment of tuberculosis and HIV.

As part of global efforts to advance the response to TB is now being pushed higher up the global development agenda with hundreds of global leaders attending the first [WHO Global Ministerial Conference on Ending TB](#) in Moscow from 14-17 November and a dedicated United Nations General Assembly High-Level Meeting on TB in 2018...

Update
[New app helps treatment adherence for people living with HIV](#)

30 October 2017
A new mobile app for people living with HIV, Life4me+, is now available for free in 156 countries and in six languages—Armenian, English, Estonian, German, Russian and Ukrainian. The app was created by a German–Russian activist living with HIV and his team and aims to simplify medical information and treatment for people living with HIV in eastern Europe and central Asia and beyond.

The app was developed based on the experiences of its developers and HIV activists. For people living with HIV, the app works like a personal electronic patient card. It allows users to stay in touch with doctors online, saving and displaying test results, a calendar of blood tests and a prescription history, and sets up reminders about when to take medication and schedule appointments. There are also functions for recording weight, chest volume, blood pressure, disease history, HIV drug resistance, etc...

UNICEF [to 4 November 2017]
<https://www.unicef.org/media/>
02 November 2017
[9,500 children dying from diarrhoea each year in Afghanistan – UNICEF](#)
KABUL, NILI, Afghanistan, 02 November 2017 – Although the number of children under five years dying from diarrhoea each year in Afghanistan has dropped below 10,000 for the first

time, the disease still claims the lives of 26 children each day across the country, UNICEF said today.

The Vaccine Confidence Project [to 4 November 2017]

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

No new digest content identified.

Wellcome Trust [to 4 November 2017]

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

News / Published: 1 November 2017

New group to advise Wellcome on diversity and inclusion

The first meeting of Wellcome's new steering group for Diversity & Inclusion (D&I) takes place this week.

It's the next step in our commitment to increase the diversity of the people we fund, engage with and employ, and create a research culture in which everyone feels able to contribute their ideas...

Who's who in the D&I steering group

The group has 12 external members – Catherine Brown, Andrea Callender, Prof Jane Clarke, Lenna Cumberbatch, Dr Robbie Dushinsky, Liz Ellis, Patrick Johnson, Elizabeth Lynch, Katherine Rake, Dr Nicola Rollok, David Ruebain and Adrian Shooter. Together, they have extensive experience of leading on D&I initiatives in a broad mix of settings, from corporate, healthcare and higher education to research environments and public engagement.

BIO [to 4 November 2017]

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

No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 4 November 2017]

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

No new digest content identified.

IFPMA [to 4 November 2017]

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

No new digest content identified.

PhRMA [to 4 November 2017]

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

No new digest content identified.

Industry Watch [to 4 November 2017]

No new digest content identified.

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

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

Global tuberculosis report 2017

WHO – November 2017 :: 262 pages

Abstract

WHO has published a global TB report every year since 1997. The main aim of the report is to provide a comprehensive and up-to-date assessment of the TB epidemic, and of progress in prevention, diagnosis and treatment of the disease at global, regional and country levels. This is done in the context of recommended global TB strategies and targets endorsed by WHO's Member States and broader development goals set by the United Nations.

PDF: [Full report](#)

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Journal Watch

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

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

American Journal of Infection Control

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

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

Major Articles

Workplace interventions associated with influenza vaccination coverage among health care personnel in ambulatory care settings during the 2013-2014 and 2014-2015 influenza seasons

Xin Yue, Carla Black, Sarah Ball, Sara Donahue, Marie A. De Perio, A. Scott Laney, Stacie Greby
p1243-1248

Published online: July 3, 2017

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.aphublications.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>

[New issue; No digest content identified]

Annals of Internal Medicine

17 October 2017 Vol: 167, Issue 8

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

[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 4 November 2017)

Methodology

[Disease control programme support costs: an update of WHO-CHOICE methodology, price databases and quantity assumptions](#)

Estimating health care costs, either in the context of understanding resource utilization in the implementation of a health plan, or in the context of economic evaluation, has become a common activity of health...

Melanie Y. Bertram, Karin Stenberg, Callum Brindley, Jina Li, Juliana Serje, Rory Watts and Tessa Tan-Torres Edejer

Cost Effectiveness and Resource Allocation 2017 15:21

Published on: 26 October 2017

BMJ Global Health

January 2017; volume 2, issue 1

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

[Reviewed earlier]

BMC Health Services Research

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

(Accessed 4 November 2017)

[No new digest content identified]

BMC Infectious Diseases

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

(Accessed 4 November 2017)

Research

Survey of programmatic experiences and challenges in delivery of hepatitis B and C testing in low- and middle-income countries

There have been few reports on programmatic experience of viral hepatitis testing and treatment in resource-limited settings. To inform the development of the 2017 World Health Organization (WHO) viral hepatitis...

Azumi Ishizaki, Julie Bouscaillou, Niklas Luhmann, Stephanie Liu, Raissa Chua, Nick Walsh, Sarah Hess, Elena Ivanova, Teri Roberts and Philippa Easterbrook

BMC Infectious Diseases 2017 17(Suppl 1):696

Published on: 1 November 2017

Research

Values, preferences and current hepatitis B and C testing practices in low- and middle-income countries: results of a survey of end users and implementers

Access to hepatitis B virus (HBV) and hepatitis C virus (HCV) diagnostics remains a key bottleneck in scale-up of access to HBV and HCV treatment, particularly in low- and middle-income countries (LMICs) that ...

Elena Ivanova Reipold, Alessandra Trianni, Douglas Krakower, Stefano Ongarello, Teri Roberts, Philippa Easterbrook and Claudia Denkinger

BMC Infectious Diseases 2017 17(Suppl 1):702

Published on: 1 November 2017

BMC Medical Ethics

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

(Accessed 4 November 2017)

[No new digest content identified]

BMC Medicine

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

(Accessed 4 November 2017)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 4 November 2017)

[No new digest content identified]

BMC Public Health

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

(Accessed 4 November 2017)

[No new digest content identified]

BMC Research Notes

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

(Accessed 4 November 2017)

Research article

Vaccine-related poliovirus shedding in trivalent polio vaccine and human immunodeficiency virus status: analysis from under five children

Poliomyelitis is an acute viral infection caused by poliovirus and transmitted via the fecal-oral route. The causative agent is one of the three serotypes of poliovirus (serotypes 1, 2, 3) that differ slightly...

Joanne Hassan, Laura Wangai, Peter Borus, Christopher Khayeka-Wandabwa, Lucy Wanja Karani, Mercy Kithinji and Michael Kiptoo

BMC Research Notes 2017 10:555

Published on: 3 November 2017

BMJ Open

November 2017 - Volume 7 - 11

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

[New issue; No digest content identified]

Bulletin of the World Health Organization

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

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

LESSONS FROM THE FIELD

Tetanus in adult males, Bugando Medical Centre, United Republic of Tanzania

Riaz Aziz, Robert N Peck, Samuel Kalluvya, Bernard Kenemo, Alphonse Chandika & Jennifer A Downs

<http://dx.doi.org/10.2471/BLT.16.185546>

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]

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Volume 6(2); July 2017

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[Reviewed earlier]

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October 2017 Volume 39, Issue 10

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

Complexity
November/December 2016 Volume 21, Issue S2 Pages 1–642
<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.S2/issuetoc>
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Contemporary Clinical Trials
Volume 60, Pages 1-126 (September 2017)
<http://www.sciencedirect.com/science/journal/15517144/60?sdc=1>
[Reviewed earlier]

Current Opinion in Infectious Diseases
December 2017 - Volume 30 - Issue 6
<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>
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August 2017 Volume 17, Issue 2 Pages 61–140
<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2017.17.issue-2/issuetoc>
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<http://www.tandfonline.com/toc/cdip20/current>
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October 2017 Volume 41, Issue 4 Pages 629–851
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01 November 2017; volume 18, issue 11

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

Opinion

The Council of Europe should not reaffirm the ban on germline genome editing in humans

The Council of Europe plans to urge member states to sign and ratify the Oviedo Convention that would ban all inheritable modifications of the human germline. Such a policy would prevent research to develop new therapeutic options for inheritable diseases in Europe and is in sharp contrast to international developments.

Peter Sykora, Arthur Caplan

Emerging Infectious Diseases

Volume 23, Number 11—November 2017

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

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Volume 20, Pages 1-102 (September 2017)

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[Reviewed earlier]

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Volume 145 - Issue 13 - October 2017

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

[Reviewed earlier]

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Volume 27, Issue 5, October 2017

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Volume 10, 2017 – Issue 1 [In Progress]

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Global Health: Science and Practice (GHSP)

September 2017 | Volume 5 | Number 3

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Volume 12, 2017 Issue 12
<http://www.tandfonline.com/toc/rgph20/current>
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<http://www.globalizationandhealth.com/>
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[New issue; No digest content identified]

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Volume 19, Issue 1, June 2017
<http://www.hhrjournal.org/>
[Reviewed earlier]

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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>
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Humanitarian Exchange Magazine
<http://odihpn.org/magazine/the-humanitarian-consequences-of-violence-in-central-america/>
Number 70 October 2017
Special Feature: The Lake Chad Basin: an overlooked crisis?

by Humanitarian Practice Network October 2017

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

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 13, Issue 10 2017

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[Reviewed earlier]

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Volume 9, Issue 5, 1 September 2017

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[Reviewed earlier]

International Journal of Community Medicine and Public Health

Vol 4, No 11 (2017)

<http://www.ijcmph.com/index.php/ijcmph/issue/view/32>

Original Research Articles

Immunization coverage in an urban resettlement colony of district Gautam-Budh Nagar, Uttar Pradesh, India using WHO 30×7 cluster sampling technique

Harsh Mahajan, Shalini Srivastava, S. Nagesh

DOI: [10.18203/2394-6040.ijcmph20174660](https://doi.org/10.18203/2394-6040.ijcmph20174660)

A study on immunization coverage of 12-23 months children in urban areas of Kanchipuram district, Tamil Nadu

Duraimurugan Murugesan, Ramasubramanian R.
DOI: [10.18203/2394-6040.ijcmph20174486](https://doi.org/10.18203/2394-6040.ijcmph20174486)

Assessment of knowledge and attitude of medical and nursing students towards screening for cervical carcinoma and HPV vaccination in a tertiary care teaching hospital

Sunite A. Ganju, Neha Gautam, Vijay Barwal, Sohini Walia, Shriya Ganju
DOI: [10.18203/2394-6040.ijcmph20174826](https://doi.org/10.18203/2394-6040.ijcmph20174826)

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Volume 46, Issue 4, 1 August 2017
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Vol. 10 Issue: 4 2017
<http://www.emeraldinsight.com/toc/ijhrh/10/4>
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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)
Perspective

A situational analysis of current antimicrobial governance, regulation, and utilization in South Africa

Natalie Schellack, Deon Benjamin, Adrian Brink, Adriano Duse, Kim Faure, Debra Goff, Marc Mendelson, Johanna Meyer, Jacqui Miot, Olga Perovic, Troy Pople, Fatima Suleman, Moritz van Vuuren, Sabiha Essack
p100–106
Published online: September 8, 2017

Knowledge and practices related to plague in an endemic area of Uganda

Kiersten J. Kugeler, Titus Apangu, Joseph D. Forrester, Kevin S. Griffith, Gordian Candini, Janet Abaru, Jimmy F. Okoth, Harriet Apio, Geoffrey Ezama, Robert Okello, Meghan Brett, Paul Mead
p80–84
Published online: September 18, 2017

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October 24/31, 2017, Vol 318, No. 16, Pages 1517-1622
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JAMA Pediatrics

October 2017, Vol 171, No. 10, Pages 927-1024
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October 2017 - Volume 15 - Issue 10
<http://journals.lww.com/jbisir/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>
Original Paper
Factors Associated with HPV Vaccination in Young Males

Kelli M. Fuller, Leslie Hinyard

Abstract

Human papilloma virus (HPV) affects both men and women; however, recommendations for HPV vaccination among men were not issued in the United States until 2011. The purpose of this study was to describe and compare characteristics of men who did and did not report receiving at least one dose of the HPV vaccine. Data from the ten states that completed the HPV vaccination module in the 2013 Behavioral Risk Factor Surveillance System (BRFSS) were included in the study. Young men ages 18–26 were included (N = 1624). Categorical variables were compared between those who did and did not receive the HPV vaccine using Chi square. Logistic regression was used to examine the odds of HPV vaccination by the above factors. Only 16.5% of men reported at least one dose of HPV vaccine. Having health insurance, having a primary doctor, and receiving an HIV test were predictive of HPV vaccination. Men in Texas were more likely to report HPV vaccination than all other states. Overall, HPV vaccination is low in men. Targeted interventions for improving HPV vaccination rates in men are warranted, especially for those without health insurance or a routine source of care

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November 2017 - Volume 71 - 11
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[New issue; No digest content identified]

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>
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Volume 13, Issue 2, 2016
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Journal of Health Care for the Poor and Underserved (JHCPU)

Volume 28, Number 3, August 2017

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[Reviewed earlier]

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Volume 19, Issue 5, October 2017

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

[Reviewed earlier]

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Volume 15, Issue 3, 2017

<http://www.tandfonline.com/toc/wimm20/current>

Statelessness, Irregularity, and Protection in Southeast Asia

Introduction to the Special Issue

[Reviewed earlier]

Journal of Infectious Diseases

Volume 216, Issue suppl_6 1 October 2017

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

Towards Zero New TB Infections: Research Needs for Halting TB Transmission

SUPPLEMENT ARTICLES

Getting to Zero New Tuberculosis Infections: Insights From the National Institutes of Health/US Centers for Disease Control and Prevention/Bill & Melinda Gates

Foundation Workshop on Research Needs for Halting Tuberculosis Transmission

N Sarita Shah; Peter Kim; Bavesh Davandra Kana; Roxana Rustomjee

The Journal of Infectious Diseases, Volume 216, Issue suppl_6, 3 November 2017, Pages S627–S628, <https://doi.org/10.1093/infdis/jix311>

Extract

Tuberculosis caused an estimated 1.4 million deaths in 2015 and now ranks as the leading infectious disease cause of mortality in the world [1]. An additional 1.7 billion people are currently infected with *Mycobacterium tuberculosis* and are at risk of developing active tuberculosis disease. The challenge to eliminate tuberculosis has never been more relevant and urgent. Unfortunately, efforts to bring this global epidemic under control have been hampered by inadequate understanding of the epidemiology, biology, and effective interventions that directly address tuberculosis transmission. Identifying the key drivers of transmission and...

Designing and Evaluating Interventions to Halt the Transmission of Tuberculosis

David W Dowdy; Alison D Grant; Keertan Dheda; Edward Nardell; Katherine Fielding ...

The Journal of Infectious Diseases, Volume 216, Issue suppl_6, 3 November 2017, Pages S654–S661, <https://doi.org/10.1093/infdis/jix320>

Research Roadmap for Tuberculosis Transmission Science: Where Do We Go From Here and How Will We Know When We're There?

Sara C Auld; Anne G Kasmar; David W Dowdy; Barun Mathema; Neel R Gandhi ...

The Journal of Infectious Diseases, Volume 216, Issue suppl_6, 3 November 2017, Pages S662–S668, <https://doi.org/10.1093/infdis/jix353>

Journal of Medical Ethics

November 2017 - Volume 43 - 11

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

Political philosophy & medical ethics

Paper: The case against libertarian arguments for compulsory vaccination

Justin Bernstein

Abstract

In a recent paper in this journal, Jason Brennan correctly notes that libertarians struggle to justify a policy of compulsory vaccination. The most straightforward argument that justifies compulsory vaccination is that such a policy promotes welfare. But libertarians cannot make this argument because they claim that the state is justified only in protecting negative rights, not in promoting welfare. I consider two representative libertarian attempts to justify compulsory vaccination, and I argue that such arguments are unsuccessful. They either fail to show that the state is justified in implementing the policy or overgeneralise. I suggest that Brennan's solution is especially well motivated insofar as it addresses the shortcomings of these arguments.

Brennan argues that we violate the rights of others by participating in an activity that imposes an unacceptable collective risk of harm. Going unvaccinated is an activity that imposes an unacceptable collective risk of harm, and thus amounts to a rights violation. So, the state can implement a policy of compulsory vaccination I object, however, that Brennan's delineation of acceptable and unacceptable risk implicitly rests on classical liberal rather than libertarian principles; he justifies compulsory vaccination on the grounds that it promotes welfare. I also object that Brennan's argument would entail significant departures from libertarian institutional arrangements. This leaves libertarians with a choice: they can develop new arguments to demonstrate that their position is compatible with compulsory vaccination, or they can accept that their view entails the impermissibility of compulsory vaccination, and argue that this is not an unpalatable implication of their view.

Journal of Medical Internet Research

Vol 19, No 11 (2017): November

<http://www.jmir.org/2017/11>

[New issue; No digest content identified]

Journal of Medical Microbiology

Volume 66, Issue 10, October 2017

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

[New issue; No digest content identified]

Journal of Patient-Centered Research and Reviews

Volume 4, Issue 4 (2017)

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

Health Disparities and Inequities: Part I

Supplements

Six-Year Experience of Influenza Vaccination as a Condition of Employment for a Large Regional Health Care System

John R. Brill, Mark Hermanoff, Angela Tonozzi, Mary Jo Capodice, Jennifer Farrar, and Zarina Dawoodbhai

Conclusion: An influenza program as a condition of employment leads to high levels of immunization of HCW, with minimal impact on HCW retention and satisfactory satisfaction among HCW.

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 6, Issue suppl_1, 1 September 2017,

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

State of the Art Diagnosis of Pediatric Invasive Fungal Disease: Recommendations From the Joint European Organization for the Treatment of Cancer/Mycoses Study Group (EORTC/MSG) Pediatric Committee

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

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[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>

[New issue; No digest content identified]

Journal of the Royal Society – Interface

01 September 2017; volume 14, issue 134

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

[Reviewed earlier]

Journal of Travel Medicine

Volume 24, Issue 5, 1 September – October 2017

<https://academic.oup.com/jtm/issue/24/5>

[Reviewed earlier]

Journal of Virology

October 2017, volume 91, issue 20

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

[Reviewed earlier]

The Lancet

Nov 04, 2017 Volume 390 Number 10107 p2015-2120

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

[New issue; No digest content identified]

Lancet Global Health

Nov 2017 Volume 5 Number 11 e1047-e1160

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

[New issue; No digest content identified]

Lancet Infectious Diseases

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

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

Editorial

The imperative of vaccination

The Lancet Infectious Diseases

Vaccination is one of the most effective public health interventions and it has been instrumental in saving lives and greatly changing the burden of many infectious diseases over the past 100 years. However, the very effectiveness of vaccines has made some diseases rare, and most of us are less likely to witness first hand the devastating consequences of vaccine-preventable diseases. This fact, combined with misinformation, suspicion about vaccines, and mistrust of governments and health authorities, have prompted many parents to override concerns about the diseases themselves and oppose the vaccination of their children.

Although vaccination is usually recommended by local health authorities, in many countries immunisation rates for diseases such as measles have dropped well below the 95% threshold set by WHO. This threshold is deemed necessary to maintain the herd immunity that guarantees protection for babies too young to be vaccinated, elderly people, immunosuppressed individuals, and those who cannot be vaccinated for other medical reasons. In the past year, low immunisation rates have caused a surge in the number of cases of measles and related deaths in several countries, such as Romania, Italy, and France. Similarly, the drop in vaccination is the cause of two cases of tetanus reported in Italy in recent months, after the disease had not been seen in the country for more than 30 years. The rise in cases of vaccine-preventable diseases secondary to lower immunisation rates is becoming a serious public health problem and as François Chast, head of pharmacology at Paris hospitals (Paris, France), said, "It is urgent to fight the speeches of anti-science and anti-vaccination lobbies that

play on fear, they show nothing and rely on a few, very rare side effects to discredit vaccines that save millions of lives."

To tackle this worrying and unjustified drop in vaccination rates, some countries are considering, or have already implemented, the introduction of mandatory vaccination for children. Following the example of the state of California, USA, and Australia, the Italian Government passed in June, without prior public consultation, a law that made vaccination for ten diseases (polio, diphtheria, tetanus, hepatitis B, pertussis, *Haemophilus influenzae* type B, measles, varicella, mumps, and rubella) mandatory for children aged between 1 and 16 years. In 2020, after collection of new data on vaccination rates, the government will re-evaluate whether or not vaccination for measles, rubella, varicella, and mumps should still be mandatory. Unvaccinated children are not allowed to attend kindergardens and must be vaccinated before starting primary school, or their parents will incur heavy financial penalties. France will adopt a similar policy by making vaccination mandatory for 11 diseases (including also meningitis C) from 2018 onwards. Australia has gone even further with its so-called no jab-no play (banning the enrolment of unvaccinated children in preschool and childcare centres) and so-called no jab-no pay (under which parents of unvaccinated children lose government benefits and welfare rebates) policies.

The introduction of mandatory vaccination has sparked controversy among parents who feel deprived of their freedom to make decisions about the health of their children. A concern raised by such vaccine-hesitant parents is the chance of adverse events, such as neurodevelopmental problems, potentially linked to vaccination. In reality, although vaccines, like any medical intervention, can have adverse events, these outcomes are so rare that they are, by far, outweighed by the benefits of vaccination. As Michael Gannon, the president of the Australian Medical Association (Barton, Australia), said, "You are 10 000 times more likely to be brain damaged by measles than you are by its vaccination." Unfortunately, the anti-vaccine movement seems to prefer to ignore the bulk of scientific evidence in support of the safety of vaccines.

Public health problems such as the surge in cases of vaccine-preventable diseases need to be addressed with strong interventions that maximise societal benefits; making vaccination mandatory, albeit temporarily, should not be seen as an infringement of personal rights. Nobody would rationally advocate for vaccination if there were alternatives or if scientific evidence showed that the risk of adverse events outweighed the protection against infectious diseases. But the reality is that vaccines are still one of the safest options to prevent infectious diseases and judgement should be based on facts, not unfounded fears.

Comment

Understanding commitment to polio vaccination

Kathleen M O'Reilly

Yellow fever vaccination: estimating coverage

Annelies Wilder-Smith

Articles

Understanding threats to polio vaccine commitment among caregivers in high-priority areas of Afghanistan: a polling study

Gillian K SteelFisher, Robert J Blendon, Sherine Guirguis, William Lodge II, Hannah Caporello, Vincent Petit, Michael Coleman, Matthew R Williams, Sardar Mohammad Parwiz, Melissa Corkum, Scott Gardner, Eran N Ben-Porath

Global yellow fever vaccination coverage from 1970 to 2016: an adjusted retrospective analysis

Freya M Shearer, Catherine L Moyes, David M Pigott, Oliver J Brady, Fatima Marinho, Aniruddha Deshpande, Joshua Longbottom, Annie J Browne, Moritz U G Kraemer, Kathleen M O'Reilly, Joachim Hombach, Sergio Yactayo, Valdelaine E M de Araújo, Aglaêr A da Nóbrega, Jonathan F Mosser, Jeffrey D Stanaway, Stephen S Lim, Simon I Hay, Nick Golding, Robert C Reiner Jr

Lancet Public Health

Nov 2017 Volume 2 Number 11 e483-e528

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

[New issue; No digest content identified]

Lancet Respiratory Medicine

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

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

Editorial

Where are the innovations in tuberculosis drug discovery?

The Lancet Respiratory Medicine

WHO has released a report that highlights a serious lack of antibiotics in clinical development; a worrying finding in an era of antimicrobial resistance. The report identifies a particular shortage of antibiotics under development for multidrug-resistant tuberculosis, which is a disease that kills a quarter of a million people every year.

The WHO analysis aimed to identify products that were in clinical development up to May, 2017, for the treatment of tuberculosis, Clostridium difficile, and diseases caused by pathogens on the WHO priority pathogen list. WHO also assessed whether these products were innovative. Their definition of innovative was based on whether they were a new chemical class, had a new target or binding site, had a new mode of action, or had no cross resistance to other antibiotic classes. For tuberculosis, they found that only seven products are currently in clinical development. Five of these products are categorised as innovative, but only one—pretomanid—is in phase 3 clinical development. These figures are an improvement on 2000, when no tuberculosis drugs were in clinical development and the TB Alliance was formed to address the issue. However, the figures are still well short of the targets set out by the Stop TB Partnership Global Plan 2011–2105. Additionally, only two new antibiotics for tuberculosis have reached the market in over 70 years—delamanid and bedaquiline—but limited access to these newly licensed drugs has been highlighted, with fewer than 5% of people in need being treated with them according to Medecins Sans Frontières. Reasons for the restricted access include their high price, and the drugs not being registered in many high-burden countries.

The limited drug pipeline for tuberculosis can be attributed to a substantial lack of funding. According to the US-based Treatment Action Group, global funding for all tuberculosis research and development almost doubled between 2005 and 2011; however, funding has plateaued

since 2009. In 2015, total global funding was US\$620 million, which is far from the 2011–2015 Global Plan's target of \$2·2 billion. Treatment Action Group notes that the reduced funding in 2015 was due to the payment cycles of major funders, and declining investment from the largest pharmaceutical funder, Otsuka, whose new drug delamanid is in the final stages of phase 3 clinical trials.

In this context, it is welcome news that the Global Antibiotic Research and Development Partnership (GARDP) announced more than €56 million has been raised to fund an initiative to fight antibiotic resistance. The partnership was launched in May, 2016, by WHO and the Drugs for Neglected Diseases initiative, with the aim of developing and delivering new treatments for bacterial infections for which drug resistance is present or emerging, or for which current treatments are inadequate. GARDP will target products that the pharmaceutical industry will likely not develop due to lack of profitability or other reasons, and will pilot the use of alternative incentive models, removing the link between the cost of research and development and the sales of antibiotics. GARDP has four main focus areas: sexually transmitted infections, a programme to revive abandoned antibiotic development projects, neonatal sepsis, and paediatric antibiotics. However, it has no specific programme to tackle multidrug-resistant tuberculosis.

Despite poor funding for tuberculosis research and development, the latest analyses of the Global Burden of Disease study show that deaths caused by tuberculosis in 2016 were down by nearly 21% since 2006, and the incidence of tuberculosis was down by 1·7%. However, this rate of decline is not sufficient to meet the UN Sustainable Development Goal to end the epidemic of tuberculosis by 2030, with not a single country projected to achieve this goal. The identification of new drugs is not the only strategy for tackling tuberculosis; efforts are also being made to improve diagnosis, infection prevention and control, and to ensure appropriate use of existing and future antibiotics in the human, animal, and agricultural sectors. But without innovations in the market to help develop new treatments for multidrug-resistant tuberculosis, the UN Sustainable Development Goal will remain out of reach.

Maternal and Child Health Journal

Volume 21, Issue 11, November 2017

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

[New issue; No digest content identified]

Medical Decision Making (MDM)

Volume 37, Issue 8, November 2017

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

Original Articles

[From Data to Improved Decisions: Operations Research in Healthcare Delivery](#)

Muge Capan, PhD, Anahita Khojandi, PhD, Brian T. Denton, PhD, Kimberly D. Williams, MPH, Turgay Ayer, PhD, Jagpreet Chhatwal, PhD, Murat Kurt, PhD, Jennifer Mason Lobo, PhD, Mark S. Roberts, MD, Greg Zelic, PhD, Shengfan Zhang, PhD, J. Sanford Schwartz, MD

First Published April 19, 2017; pp. 849–859

Effects of Anti- Versus Pro-Vaccine Narratives on Responses by Recipients Varying in Numeracy: A Cross-sectional Survey-Based Experiment

Wändi Bruine de Bruin, PhD, Annika Wallin, PhD, Andrew M. Parker, PhD, JoNell Strough, PhD, Janel Hanmer, MD PhD

First Published May 5, 2017; pp. 860–870

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>

Op-Eds

The World Health Organization's Ninth Director-General: The Leadership of Tedros Adhanom (pages 457–461)

LAWRENCE O. GOSTIN

Version of Record online: 21 JUN 2017 | DOI: 10.1111/1468-0009.12269

Nature

Volume 551 Number 7678 pp5-128 2 November 2017

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

[New issue; No digest content identified]

Nature Medicine

October 2017, Volume 23 No 10 pp1113-1241

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

[Reviewed earlier]

Nature Reviews Immunology

November 2017 Vol 17 No 11

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

[New issue; No digest content identified]

New England Journal of Medicine

November 2, 2017 Vol. 377 No. 18

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

Perspective

A Renewed Focus on Maternal Health in the United States

R.L. Molina and L.E. Pace

[Excerpt]

...Maternal mortality is usually defined as the death of a woman during pregnancy or within 42 days after delivery when the cause is directly or indirectly related to pregnancy. The maternal mortality ratio in the United States (28 deaths per 100,000 live births in 2013) is low compared with the average ratio in low-income regions (230 deaths per 100,000 live births).² However, it has more than doubled since 1990 (see [graph](#)). Maternal Mortality in the United States, 1990–

2013.) and is higher than the maternal mortality ratio in most high-income countries; Canada, for example, had 11 maternal deaths per 100,000 live births in 2013.² Furthermore, most high-income countries have seen maternal mortality decrease in recent years. High maternal mortality in the United States as compared with other high-income countries and the continuing upward trend highlight gaps in our care for reproductive-age women that are particularly worrisome in light of some lawmakers' recent efforts to reduce access to health insurance and reproductive health care....

Pediatrics

October 2017, VOLUME 140 / ISSUE 4

<http://pediatrics.aappublications.org/content/140/4?current-issue=y>

[Reviewed earlier]

Pharmaceutics

Volume 9, Issue 3 (September 2017)

<http://www.mdpi.com/1999-4923/9/3>

[Reviewed earlier]

PharmacoEconomics

Volume 35, Issue 10, October 2017

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

[Reviewed earlier]

PLOS Currents: Disasters

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

[Accessed 4 November 2017]

[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 4 November 2017]

[No new digest content identified]

PLoS Medicine

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

(Accessed 4 November 2017)

[No new digest content identified]

PLoS Neglected Tropical Diseases

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

(Accessed 4 November 2017)

Research Article

[After the epidemic: Zika virus projections for Latin America and the Caribbean](#)

Felipe J. Colón-González, Carlos A. Peres, Christine Steiner São Bernardo, Paul R. Hunter, Iain R. Lake

| published 01 Nov 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0006007>

Research Article

[A multi-country study of the economic burden of dengue fever: Vietnam, Thailand, and Colombia](#)

Jung-Seok Lee, Vittal Mogasale, Jacqueline K. Lim, Mabel Carabali, Kang-Sung Lee, Chukiat Sirivichayakul, Duc Anh Dang, Diana Cristina Palencia-Florez, Thi Hien Anh Nguyen, Arthorn Riewpaiboon, Pornthep Chanthavanich, Luis Villar, Brian A. Maskery, Andrew Farlow

| published 30 Oct 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0006037>

PLoS One

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

Research Article

[Health impact and cost-effectiveness of a domestically-produced rotavirus vaccine in India: A model based analysis](#)

Johnie Rose, Laura Homa, Sharon B. Meropol, Sara M. Debanne, Roger Bielefeld, Claudia Hoyen, Mendel E. Singer

| published 03 Nov 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0187446>

[Catch-up HPV vaccination status of adolescents in relation to socioeconomic factors, individual beliefs and sexual behaviour](#)

Maria Grandahl, Margareta Larsson, Tina Dalianis, Christina Stenhammar, Tanja Tydén, Ragnar Westerling, Tryggve Nevéus

Research Article | published 03 Nov 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0187193>

[The impact of antenatal care, iron–folic acid supplementation and tetanus toxoid vaccination during pregnancy on child mortality in Bangladesh](#)

Tanvir Abir, Felix Akpojene Ogbo, Garry John Stevens, Andrew Nicolas Page, Abul Hasnat Milton, Kingsley Emwinyore Agho

Research Article | published 01 Nov 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0187090>

[Human-centred design in global health: A scoping review of applications and contexts](#)

Alessandra N. Bazzano, Jane Martin, Elaine Hicks, Maille Faughnan, Laura Murphy

Research Article | published 01 Nov 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0186744>

Abstract

Health and wellbeing are determined by a number of complex, interrelated factors. The application of design thinking to questions around health may prove valuable and complement existing approaches. A number of public health projects utilizing human centered design (HCD), or design thinking, have recently emerged, but no synthesis of the literature around these exists. The results of a scoping review of current research on human centered design for health outcomes are presented. The review aimed to understand why and how HCD can be valuable in the contexts of health-related research. Results identified pertinent literature as well as gaps in information on the use of HCD for public health research, design, implementation and evaluation. A variety of contexts were identified in which design has been used for health. Global health and design thinking have different underlying conceptual models and terminology, creating some inherent tensions, which could be overcome through clear communication and documentation in collaborative projects. The review concludes with lessons learned from the review on how future projects can better integrate design thinking with global health research.

The full benefits of adult pneumococcal vaccination: A systematic review

Elizabeth T. Cafiero-Fonseca, Andrew Stawasz, Sydney T. Johnson, Reiko Sato, David E. Bloom
Research Article | published 31 Oct 2017 PLOS ONE
<https://doi.org/10.1371/journal.pone.0186903>

PLoS Pathogens

<http://journals.plos.org/plospathogens/>
[Accessed 4 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 4 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 103, Pages 1-102 (October 2017)
<http://www.sciencedirect.com/science/journal/00917435/103?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

Improving Nonmedical Vaccine Exemption Policies: Three Case Studies

Mark Christopher Navin; Mark Aaron Largent

Public Health Ethics, Volume 10, Issue 3, 1 November 2017, Pages 225–234,

<https://doi.org/10.1093/phe/phw047>

Liberty, Fairness and the 'Contribution Model' for Non-medical Vaccine Exemption Policies: A Reply to Navin and Largent

Alberto Giubilini; Thomas Douglas; Julian Savulescu

Public Health Ethics, Volume 10, Issue 3, 1 November 2017, Pages 235–240,

<https://doi.org/10.1093/phe/phx014>

Prioritizing Parental Liberty in Non-medical Vaccine Exemption Policies: A Response to Giubilini, Douglas and Savulescu

Mark C Navin; Mark A Largent

Public Health Ethics, Volume 10, Issue 3, 1 November 2017, Pages 241–243,

<https://doi.org/10.1093/phe/phx015>

Public Health Reports

Volume 132, Issue 5, September/October 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

Socialization, Indifference, and Convenience: Exploring the Uptake of Influenza Vaccine Among Medical Students and Early Career Doctors

Rhiannon Edge, Dawn Goodwin, Rachel Isba, Thomas Keegan

First Published July 24, 2017; pp. 1982–1993

Reproductive Health

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

[Accessed 4 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
[No new digest content identified]

Risk Analysis

October 2017 Volume 37, Issue 10 Pages 1799–2022
<http://onlinelibrary.wiley.com/doi/10.1111/risa.2017.37.issue-10/issuetoc>
[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 10, 2017
<https://www.dovepress.com/risk-management-and-healthcare-policy-archive56>
[Reviewed earlier]

Science

03 November 2017 Vol 358, Issue 6363
<http://www.sciencemag.org/current.dtl>
[New issue; No digest content identified]

Science Translational Medicine

01 November 2017 Vol 9, Issue 414
<http://stm.sciencemag.org/>
[New issue; No digest content identified]

Social Science & Medicine

Volume 190, Pages 1-278 (October 2017)
<http://www.sciencedirect.com/science/journal/02779536/190?sdc=1>
[Reviewed earlier]

Travel Medicine and Infectious Diseases

July-August, 2017 Volume 18
<http://www.travelmedicinejournal.com/>
[Reviewed earlier]

Tropical Medicine & International Health

November 2017 Volume 22, Issue 11 Pages 1361–1462
<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-11/issuetoc>
Original Research Papers
[**Authorship in paediatric research conducted in low- and middle-income countries: parity or parasitism? \(pages 1362–1370\)**](#)

Chris A. Rees, Heather Lukolyo, Elizabeth M. Keating, Kirk A. Dearden, Samuel A. Luboga, Gordon E. Schutze and Peter N. Kazembe

Version of Record online: 20 SEP 2017 | DOI: 10.1111/tmi.12966

Abstract

Objectives

Interest in global health has increased greatly in the past two decades. Concomitantly, the number and complexity of research partnerships between high-income (HIC) and low- and middle-income countries (LMICs) has grown. We aimed to determine whether there is authorship parity (equitable representation and author order) or parasitism (no authors from study countries) in paediatric research conducted in LMICs.

Methods

We reviewed all articles published from 2006 to 2015 in the four paediatric journals with the highest Eigenfactor scores. We limited our review to articles from LMICs and abstracted information on author affiliation and order, funding source and study design. We calculated Student's t-tests and chi-square using Fisher's exact test with Monte Carlo estimates.

Results

There were 24 169 articles published during the study period, and 1243 met inclusion criteria. Of those, 95.9% (n = 1,192) included at least one author affiliated with a LMIC. Among multicountry studies (n = 165), 40.4% did not include authors from every LMIC involved. Of the 9876 authors, most were affiliated with institutions from upper-middle-income countries (41.7%) and HICs (32.7%), with far fewer affiliated with lower middle-income (15.5%) and low-income countries (5.4%) ($P < 0.001$). In articles from low-income countries, first and last authors from HICs were more common than authors with low-income country affiliations ($P < 0.001$).

Conclusions

Authorship parasitism was rare overall but common in multicountry studies. In studies conducted in low-income countries, HIC authors more commonly occupied first and last author positions than authors from the study countries. Where LMIC authors make substantial contributions, researchers should strive for authorship parity.

Vaccine

Volume 35, Issue 47, Pages 6355-6468 (7 November 2017)

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

[Reviewed earlier]

Vaccine: Development and Therapy

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

(Accessed 4 November 2017)

No new digest content identified]

Vaccines — Open Access Journal

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

(Accessed 4 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

No new digest content identified.

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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 4 November 2017

[No new, unique, relevant content]

BBC

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

Accessed 4 November 2017

[No new, unique, relevant content]

The Economist

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

Accessed 4 November 2017

[No new, unique, relevant content]

Financial Times

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

Accessed 4 November 2017

Forbes

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

Accessed 4 November 2017

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 4 November 2017

Foreign Aid

Blockchain and Global Health

How the Technology Could Cut Waste and Reduce Fraud

Brian M. Till, Salim Afshar, Alex W. Peters, and John G. Meara

Foreign Policy

<http://foreignpolicy.com/>

Accessed 4 November 2017

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

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

The Cable |

Dan De Luce

The Guardian

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

Accessed 4 November 2017

[No new, unique, relevant content]

New Yorker

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

Accessed 4 November 2017

[No new, unique, relevant content]

New York Times

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

Accessed 4 November 2017

[No new, unique, relevant content]

Wall Street Journal

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

Accessed 4 November 2017

[No new, unique, relevant content]

Washington Post

<http://www.washingtonpost.com/>
Accessed 4 November 2017
[No new, unique, relevant content]

Think Tanks et al

Brookings
<http://www.brookings.edu/>
Accessed 4 November 2017
[No new relevant content]

Center for Global Development
<http://www.cgdev.org/page/press-center>
Accessed 4 November 2017
[No new relevant content]

Council on Foreign Relations
<http://www.cfr.org/>
Accessed 4 November 2017
[No new relevant content]

CSIS
<https://www.csis.org/>
Accessed 4 November 2017
[No new relevant content]

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CVEP is a program of the GE2P2 Global Foundation – whose purpose and mission is to advance ethical and scientific rigor in research and evidence generation for governance, policy and practice in health, human rights action, humanitarian response, heritage stewardship, education and sustainable development – serving governments, international agencies, INGOs, civil society organizations (CSOs), commercial entities, consortia and alliances. CVEP maintains an academic affiliation with the Division of Medical Ethics, NYU School of Medicine, and an operating affiliation with the Vaccine Education Center of Children's Hospital of Philadelphia [CHOP].

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

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