Vaccines and Global Health: The Week in Review
6 January 2018
Center for Vaccine Ethics & Policy (CVEP)

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

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

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

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Editor's Note: We resume publication today – 6 January 2018 – following the end-of-year holiday period.

Milestones :: Perspectives

Henrietta Fore becomes new UNICEF Executive Director

NEW YORK, 1 January 2018 – Henrietta Fore takes office today as UNICEF's seventh Executive Director. Ms. Fore brings to the role more than four decades of private and public sector leadership experience.

"I am honored to be joining such a remarkable organization, which I have known and admired for many years, and look forward to continuing UNICEF's work to help save children's lives, fight for their rights and help them realize their potential," Ms. Fore said.

United Nations Secretary-General Antonio Guterres appointed Ms. Fore as UNICEF Executive Director after consultation with UNICEF's governing board.

Prior to taking up this appointment Ms. Fore served as Chair of the Board and Chief Executive Officer of Holsman International, a manufacturing and investment company. From 2007 to 2009, Ms. Fore, an American national, served as both the Administrator of the U.S. Agency for International Development (USAID) and as Director of United States Foreign Assistance in the U.S. State Department. From 2005 to 2007, Ms. Fore was Under Secretary of State for Management, the Chief Operating Officer for the U.S. Department of State. Prior to that, she was the 37th Director of the United States Mint, a position she held from 2001 to 2005. Earlier in her career, at USAID, she was appointed as Assistant Administrator for Asia and Assistant Administrator for Private Enterprise (1989-1993). She also served on the Boards of the Overseas Private Investment Corporation, and the Millennium Challenge Corporation.

In addition to her Government service, Ms. Fore has had leadership roles in a number of organizations in civil society, including being Global Co-Chair of the Asia Society, and associations with the Center for Strategic and International Studies, the Aspen Institute, the Committee Encouraging Corporate Philanthropy, and the Center for Global Development.

Ms. Fore has also had leadership roles in the corporate sector, serving on the boards of a number of U.S. and international public corporations, and being active in promoting best practices in the corporate sector – including as Co-Chair of Women Corporate Directors. Effective December 31, 2017 Ms. Fore will have stepped down from all outside board engagements.

Ms. Fore has a Bachelor of Arts in History from Wellesley College and a Master of Science in Public Administration from the University of Northern Colorado. She is married and has four children.

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The Director-General of the World Health Organization welcomes the appointment of Henrietta H Fore as Executive Director of UNICEF

23 December 2017 – UNICEF is a critical partner in our effort to improve the world's health, particularly in the drive to protect its most vulnerable women and children," said Dr Tedros Adhanom Ghebreyesus.

"I very much look forward to work with Ms Fore towards reaching the agenda 2030 goals. At the same time, I wish to extend my own deepest thanks to my friend and colleague Tony Lake for his exceptional commitment and leadership."

WHO and UNICEF work together at a variety of levels - from collaborations on global reports on maternal and child health issues to on-the-ground partnerships to improve children's health, such as immunization against deadly diseases like polio and measles. The two organizations have recently, for example, cooperated on massive campaigns to protect children from cholera, in Bangladesh and Yemen…

Gavi welcomes new UNICEF executive director

Former USAID Administrator Henrietta Fore replaces Tony Lake as UNICEF chief.

Geneva, 4 January 2018 – Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance, has warmly welcomed the appointment of Henrietta Fore as UNICEF Executive Director.

"Henrietta's wealth of private and public sector experience makes her an excellent choice to lead UNICEF, one of our most important Alliance partners and a lifeline to millions of children across the globe," said Dr Berkley. "We face a host of challenges, from the threat of disease outbreaks to increasing routine immunisation coverage. I look forward to working alongside Henrietta to meet these challenges and continue to build a better future for children in the world's poorest countries."

"I would also like to pay tribute to Tony Lake's leadership as Executive Director," Dr Berkley continued. "After I was appointed as Gavi CEO in 2011 Tony was my very first meeting. I'll never forget his unrelenting focus on reaching every child with lifesaving vaccines, a focus he maintained throughout his tenure alongside his commitment to tackling the injustices faced by children suffering conflict and war."…

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UNICEF airlifts nearly 6 million doses of vaccines for children in Yemen amid intensifying violence and import restrictions

SANA'A, 20 December 2017 – A UNICEF-chartered plane landed today in Sana'a and delivered nearly 6 million doses of essential vaccines to protect millions of children at risk of preventable diseases, including the current diphtheria outbreak that has reportedly infected over 300 people and killed 35. Most diphtheria cases and deaths are among children.

Nearly 1,000 days since the conflict escalated in Yemen, the country is in the grips of the world's worst humanitarian crisis, with restrictions on fuel and food imports further complicating emergency response. The restrictions add to the misery of children in Yemen who already face the triple threat of diseases, malnutrition and violence.

"Vaccinating children in Yemen now is critical to protect them from preventable diseases and death. It is vital that vaccines and other lifesaving supplies for children continue to flow into Yemen and across the country unimpeded. They are a lifeline for millions of children", said Meritxell Relaño, UNICEF Representative in Yemen.

UNICEF reiterates its call on all parties to allow unhindered humanitarian access to all of Yemen's land, sea and air ports and to facilitate the distribution of lifesaving assistance for children inside the country.

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WHO prequalifies breakthrough vaccine for typhoid

3 January 2018 - At the end of December 2017, WHO prequalified the first conjugate vaccine for typhoid, Bharat Biotech's Typbar-TCV®. Typhoid conjugate vaccines (TCVs) are innovative products that have longer-lasting immunity than older vaccines, require fewer doses, and can be given to young children through routine childhood immunization programs. The fact that the vaccine has been prequalified by WHO means that it meets acceptable standards of quality, safety and efficacy. This makes the vaccine eligible for procurement by UN agencies, such as UNICEF, and Gavi, the Vaccine Alliance.

In October 2017, the Strategic Advisory Group of Experts (SAGE) on immunization, which advises WHO, recommended TCV for routine use in children over 6 months of age in typhoid endemic countries. SAGE also called for the introduction of TCV to be prioritized for countries with the highest burden of typhoid disease or of antibiotic resistance to Salmonella Typhi, the bacterium that causes the disease. Use of the vaccine should also help to curb the frequent use of antibiotics for treatment of presumed typhoid fever, and thereby help to slow the alarming increase in antibiotic resistance in Salmonella Typhi.

Shortly after SAGE's recommendation, Gavi Board approved US$85 million in funding for TCVs starting in 2019. Prequalification is therefore a crucial next step needed to make TCVs available to low-income countries where they are needed most. And even in non-Gavi-supported countries, prequalification can help expedite licensure.

WHO prequalification helps to ensure that vaccines used in immunization programmes are safe, effective, and appropriate for countries' needs. WHO's prequalification procedure consists of a transparent, scientifically sound assessment that includes reviewing the evidence, testing the consistency of each lot of manufactured vaccine, and visiting the manufacturing site.

Typhoid is a serious and sometimes fatal disease spread through contaminated food and water. Symptoms include fever, fatigue, headache, abdominal pain, and diarrhea or constipation. For millions of people living in low- and middle-income countries, typhoid is an ever present reality. Global estimates of the typhoid burden range between 11 and 20 million cases and between about 128 000 and 161 000 typhoid deaths annually. Poor communities and vulnerable groups, such as children, are often the most susceptible.

Urbanization and climate change have the potential to increase the global burden of typhoid. In addition, increasing resistance to antibiotic treatment is making it easier for typhoid to spread through overcrowded populations in cities and inadequate and/or flooded water and sanitation systems.

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Statement by NAS, NAE, and NAM Presidents on Report of Banned Words at CDC

National Academies of Sciences, Engineering, and Medicine

Dec. 18, 2017
We are concerned deeply by a report that staff at the Centers for Disease Control and Prevention were instructed not to use certain words in budget documents. As leaders of the National Academies of Sciences, Engineering, and Medicine, we are especially stunned that "evidence-based" and "science-based" are reportedly among the barred terms. Evidence-based advice to inform policymakers and public discourse has been the foundation of National Academies' counsel since the creation of the NAS more than 150 years ago by Abraham Lincoln. Evidence-based advice drove American prosperity, health, and national security throughout the 20th century, and continues to do so today.

If it is true that the terms "evidence-based" and "science-based" are being censored, it will have a chilling effect on U.S. researchers – who may question whether their advice is still welcome – as well as on the quality of the counsel actually rendered to government. Other supposedly banned words – "diversity," "entitlement," "fetus," "transgender," and "vulnerable" – are equally important to the CDC research portfolio, and banning them is turning our backs to today's reality. Such a directive would be unprecedented and contrary to the spirit of scientific integrity that all federal departments embrace. Although the guidance to CDC staff to not use certain words reportedly pertained to budget documents, it also sends a dangerous message that CDC's broader research and public health mission could be unduly politicized as well.

Marcia McNutt, President, National Academy of Sciences
C. D. (Dan) Mote, Jr., President, National Academy of Engineering
Victor J. Dzau , President, National Academy of Medicine

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Dengue Vaccine – *Dengvaxia Update*

Editor's Note:
We will continue to monitor and present major announcements and milestones around Dengvaxia as below.

Philippines fines Sanofi, suspends clearance for Dengvaxia

Reuters | 4 January 2018
MANILA (Reuters) - The Philippines has fined Sanofi $2,000 and suspended clearance for the French drug maker's controversial dengue vaccine Dengvaxia, citing violations on product registration and marketing, its health secretary said on Thursday.
… The country ordered Sanofi to stop the sale, distribution and marketing of Dengvaxia after the company last month warned the vaccine could worsen the disease in some cases.
"They were fined and their certificate of product registration was suspended," Health Secretary Francisco Duque said told Reuters.
The Food and Drugs Administration of Philippines found Sanofi violating post-marketing surveillance requirements, he added…

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FDA Advisory No. 2017-327 || CREATION OF A TASK FORCE THAT WILL REVIEW, SUBMIT RECOMMENDATIONS AND TAKE APPROPRIATE ACTIONS RELATING TO THE DENGUE TETRAVALENT VACCINE (LIVE, ATTENUATED), REGISTERED AS DENGVAXIA...

Republic of the Philippines - Created on 03 January 2018

CREATION OF A TASK FORCE THAT WILL REVIEW, SUBMIT RECOMMENDATIONS AND TAKE APPROPRIATE ACTIONS RELATING TO THE DENGUE TETRAVALENT VACCINE (LIVE, ATTENUATED), REGISTERED AS DENGVAXIA, AND THE TRANSMITTAL OF APPLICATIONS, LETTERS, REQUESTS, CORRESPONDENCE AND OTHER RELEVANT DOCUMENTS ONLY TO THE TASK FORCE SO CREATED.

In view of the recent clinical findings released by Sanofi Pasteur Inc. (SPI) on the possible effects of the Dengue Tetravalent Vaccine (Live, Attenuated), registered as Dengvaxia, (to those inoculated without prior history of dengue), the FDA created a Task Force (TF) on 3 December 2017, through FDA Personnel Order No. 2017-1019, to: conduct a comprehensive review of all the records relating to the approval of the said vaccine; submit appropriate recommendations; and take appropriate actions, having in mind its fundamental mandate to protect and promote the right to health of the people.

The TF was given the authority retrieve and retain custody of ALL files involving the said vaccine, pending the said review, issuance of recommendations, and the taking of appropriate actions, among other authorities.

The public is thus advised that all applications, requests, letters, correspondence and other documents related to Dengvaxia should be directly forwarded to the FDA Action Center (FDAC), Attention: Atty. Kevin Jardine S. Lozano, TF Dengvaxia, Secretary. Any and all documents transmitted to or by offices, other than the TF on Dengvaxia, shall not be considered official.

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WHO: Updated Questions and Answers related to the dengue vaccine Dengvaxia® and its use

22 December 2017

[Excerpt]

...What was WHO's position on the use of Dengvaxia® as published in July 2016?

The decision of whether to introduce a new vaccine in a country is a decision of governments, not of WHO. However, WHO provides recommendations in the form of position papers to help country decision-making. These recommendations are based on the advice of SAGE (7), WHO's principal independent expert advisory committee on vaccination. Based on their advice and the data available as of April, 2016, a position paper on the dengue vaccine was published in July 2016 (8). This position paper presents a conditional recommendation on the use of the vaccine for areas in which dengue is highly endemic as defined by seroprevalence in the population targeted for vaccination. Seroprevalence refers to the proportion of people in a population who have already been infected with a dengue virus, i.e. the proportion of seropositive individuals. Based on the difference in performance of Dengvaxia® in seropositive and seronegative individuals, seroprevalence thresholds were considered the best approach to define target populations for vaccination. Trial results and mathematical modeling suggested optimal benefits of vaccination if seroprevalence in the age group targeted for vaccination was in the range of ≥70%. WHO developed guidelines on how to determine the seroprevalence in an area to help countries that were considering use of the vaccine (9).

Although at the time of the policy formulation no evidence of an increased risk of severe dengue in seronegative individuals aged 9 years and above was apparent from the limited available data, the possibility of low efficacy and an elevated risk of severe dengue in vaccinated seronegative individuals was mentioned in WHO's position paper because of the observations in the younger age group. This possibility was considered in the mathematical models used to inform the WHO position. SAGE considered further research into the efficacy and safety of the vaccine in seronegative persons a high priority (8) (10) (11). Hence, WHO requested that Sanofi Pasteur provides more data on efficacy and safety in seronegative vaccine recipients.

What additional analyses did Sanofi Pasteur do in 2017?

Sanofi Pasteur reanalyzed the trial data separately in participants classified as seronegative and seropositive to estimate the long-term safety and efficacy of the vaccine by serostatus prior to vaccination using new diagnostics tools. Since only a subset of participants in the large Phase 3 trials had blood samples collected before vaccination, the serostatus of most trial participants (i.e., whether they were seropositive or seronegative at the time of receiving the first vaccine dose), was not known. Therefore, it was hitherto not possible to analyze the efficacy and long-term safety data of Dengvaxia® according to serostatus. To overcome this obstacle, the company utilized a new assay developed by the University of Pittsburgh to perform additional testing to infer pre-vaccination serostatus based on samples that had been collected from all trial participants at month 13, one month after the 3rd dose was administered. Without the new test, participants who were vaccinated in the trial had antibodies against dengue at month 13, but it was not known if these antibodies were induced by the vaccine, or from having being infected by dengue viruses before vaccination, or both. Participant samples were re-tested using this yet unpublished assay that identifies antibodies against the dengue non-structural protein 1 (NS1). The Dengvaxia® non-structural proteins code for yellow fever vaccine proteins, rather than for dengue and thus the new test was able to distinguish immune responses due to past dengue infection from those due to vaccination. This test, combined with imputation methods, allowed trial participants to be categorized retrospectively into those who were likely to have been seropositive or seronegative at the time of receiving the first dose of the vaccine.

What were the results of these additional analyses?

The results confirmed previous findings that, overall, vaccinated trial participants had a reduced risk of virologically-confirmed severe dengue and hospitalizations due to dengue.

Trial participants who were inferred to be seropositive at the time of first vaccination had a durable protection against severe dengue and hospitalization during the entire 5-year observation period.

However, the subset of trial participants who were inferred to be seronegative at time of first vaccination had a significantly higher risk of more severe dengue and hospitalizations from dengue compared to unvaccinated participants, regardless of age at time of vaccination. Beyond an initial protective period during the first two years, the risk was highest in year 3 following the first dose, declined in the following years but persisted over the trial follow up period of about 5 years after the first dose.

How can one explain the excess cases of severe dengue in the vaccinated seronegative population?

The reasons for the excess cases are not fully understood, but a plausible hypothesis is that the vaccine may initiate a first immune response to dengue in seronegative persons (e.g. persons without a prior dengue infection) that predisposes them to a higher risk of severe disease. That is, the vaccine acts as a "primary-like" infection and a subsequent infection with the first wild type dengue virus is then a "secondary-like" clinically more severe infection. This hypothesis is illustrated in the Figure below. However, other hypotheses are possible and, at this stage, there is no definitive explanation. Of note, it is not the vaccine itself that causes excess cases, but rather that the vaccine induces an immune status that increases the risk that subsequent infections are more pronounced.

Image from: Flasche S, Jit M, Rodriguez-Barraquer I, Coudeville L, Recker M, Koelle K, et al. The Long-Term Safety, Public Health Impact, and Cost-Effectiveness of Routine Vaccination with a Recombinant, Live-Attenuated Dengue Vaccine (Dengvaxia): A Model Comparison Study. PLoS Med. 2016;13:1–19. doi:10.1371/ journal.pmed.1002181.

What is the risk of developing severe dengue in a vaccinated seronegative person compared to an unvaccinated seropositive person when exposed to a wild-type dengue virus infection?

The new analysis by Sanofi Pasteur suggests a similar rate of severe and hospitalized dengue between unvaccinated seropositive persons and vaccinated seronegative persons. The clinical severity in the vaccinated seronegative group was similar to that of severe cases in the unvaccinated seropositive group. In the clinical trials for those aged 9 years and above, the cases of severe dengue that occurred in initially seronegative vaccine recipients were categorized by the company as Dengue Hemorrhagic Fever Grades I and II and did not lead to shock, severe bleeding or death (12). All of the patients with dengue illnesses in the trial recovered.

What do the findings from the new analysis mean in real life settings?

The expected number of cases prevented or induced in a vaccinated population will depend on the seroprevalence in a particular country and on the incidence of dengue infections. For example, in the areas in the Philippines where Dengvaxia® was introduced (mainly through school programmes), the seroprevalence was estimated to be at least 85% (4) (13). A seroprevalence of 85% means that 85% of the population is seropositive and will benefit from Dengvaxia®. In such a high transmission setting, every 1 excess case within a 5 year period of hospitalized dengue in vaccinated seronegatives is offset by 18 cases prevented in vaccinated seropositives, and 1 excess severe dengue in vaccinated seronegatives by 10 prevented severe cases in vaccinated seropositives.

In the dengue transmission settings of the clinical trials with varying degrees of seroprevalence in different countries, during the 5 year follow-up after vaccination, there was a reduction of about 15 cases of hospitalized dengue and 4 cases of severe dengue per 1,000 seropositive persons vaccinated. For 1,000 seronegative persons vaccinated, there was an increase of about 5 cases of hospitalized dengue and 2 cases of severe dengue.

Accounting for prevented and induced cases, if the vaccine is administered in a population with a high seroprevalence, there is still a significant benefit in terms of reduction of severe dengue and hospitalizations due to dengue.

What is the absolute risk of severe dengue in the vaccinated and unvaccinated trial populations by serostatus?

The risk depends on the yearly incidence of dengue. Based on the incidence in the epidemiological settings of the trials, for persons aged 9 years and above, the new analysis indicates that the 5-year risk of severe dengue in vaccinated seronegative persons (4 per 1,000 seronegative persons vaccinated) is similar to the risk of severe dengue in unvaccinated seropositive persons (4.8 per 1,000 seropositive persons unvaccinated). The risk of severe dengue is lower in unvaccinated seronegative persons (1.7 per 1,000 seronegative persons unvaccinated). The risk of severe dengue in vaccinated seropositive persons is the lowest (less than 1 per 1,000 seropositive persons vaccinated). There is no evidence that clinical manifestations of disease were more severe in vaccinated seronegative persons compared to unvaccinated seropositive persons. For the entire vaccinated population, overall, the risk of severe dengue is reduced compared to a non-vaccinated population.

Will this elevated risk of severe dengue in vaccinated seronegative persons compared to unvaccinated seronegative persons last throughout life?

No long-term data beyond the trial observation period of 5 years currently exist. In the trial, the highest risk was in the third year and subsequently declined. Theoretically, based on the model that the vaccine acts like a silent primary infection, it is expected that the elevated risk of severe disease in vaccinated seronegative persons should disappear after they have had a natural infection.

What can be done to reduce the risk of getting infected by a dengue virus and experiencing serious complications?

All individuals, regardless whether they have been vaccinated or not, should take personal protective measures to avoid mosquito bites (14). Furthermore, for any individual who presents with clinical symptoms compatible with dengue virus infection, regardless whether they have been vaccinated or not, prompt medical care should be sought to allow for proper evaluation, monitoring and clinical management. With proper medical care, severe dengue can be well managed.

What tests are available to determine whether a person had a previous dengue infection (i.e. to determine their serostatus)?

There are various tests available to determine serostatus, but these are complex to use and are not yet suitable for routine practice in the context of a public vaccination programme. Dengue IgG indirect ELISA is one option to enable medical practitioners to determine if a person has had previous dengue infection, and this test is available in many dengue endemic countries. The draw-back of dengue IgG ELISA is that the results are not immediately available. In addition, possible cross-reactivity with other flaviviruses such as Zika virus or Japanese encephalitis virus may occur, giving rise to false positive results. The preferred approach would be a rapid diagnostic test that can be used at the time of vaccination, is affordable and provides reliable immediate results. However, such a rapid diagnostic assay has not yet been evaluated for the purpose of detecting past infection. Further research is needed.

In addition to serology testing, a person's history of dengue illness could be ascertained based on medical history or medical documentation. However, dengue infections can be asymptomatic, mild, and other infections can mimic dengue.

How many individuals have been vaccinated with Dengvaxia® to date?

Based on information available to WHO, Dengvaxia® has not been implemented in any country-wide programme to date. Dengvaxia® has been introduced in two subnational programs in the Philippines and Brazil targeting in total about one million individuals. It is otherwise available on the private market in countries where there is a marketing authorization.

Should individuals who have been partially vaccinated with Dengvaxia® (e.g. received 1 or 2 doses) complete the 3-dose series, if serostatus was unknown?

Because nearly everyone in the clinical trials received all three doses of the vaccine, there are currently no data to inform on vaccine performance in individuals partially (1-2 doses) vaccinated, either for seronegatives or for seropositives. It is not known what the long term protective effect of the vaccine is in seropositive individuals if they received fewer than 3 doses, and it is also not known if the increased risk of severe disease in seronegative individuals is different according to the number of vaccine doses they have received. Thus, there is no evidence to determine the risk and benefit of completion or suspension of the series in those who have received only one or two doses.

However, in documented high seroprevalence settings, where vaccination has started but the schedule has not yet been completed, there is likely to be an overall benefit to the population if individuals complete the schedule, hereby assuring protection of seropositive individuals who make up the majority of the vaccinated population. Programmatic and communication issues should be taken into consideration in deciding on the continuation of a vaccination programme.

Will there be a change to the license conditions?

Sanofi Pasteur has proposed a label change to the national regulatory authorities in the countries where Dengvaxia® has been licensed. The final wording of the amended label will be decided by the national regulatory authorities of the respective countries.

Are other dengue vaccines available?

Dengvaxia® is the only vaccine currently licensed against dengue. Two other candidate vaccines are currently being evaluated in large Phase 3 trials (15). The data obtained from these trials are needed before the vaccines may be licensed by national regulatory authorities. No conclusions can be drawn from the data generated from Dengvaxia® onto these two candidate vaccines.

What is WHO interim position towards the use of Dengvaxia®?

WHO has initiated a process engaging independent external experts to review the new data generated by Sanofi Pasteur in order to provide advice on revisions to the WHO policy position paper from 2016. On 6-7 December 2017, the WHO Global Advisory Committee on Vaccine Safety (GACVS) reviewed the data and subsequently published a statement related to the safety of the product (16).

WHO acknowledges that in high seroprevalence settings, the vaccine can have significant population-level benefits. However, until a full review has been conducted, WHO recommends

vaccination only in individuals with a documented past dengue infection, either by a diagnostic test or by a documented medical history of past dengue illness.

Any further guidance, including a review by SAGE and update of the WHO position paper on Dengvaxia®, will likely be available no earlier than April 2018 after a rigorous review of the new data and additional activities, such as population based modelling, are undertaken. Meanwhile, WHO encourages the development of a rapid diagnostic assay to determine past dengue infection.
[References available at title link above]

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Emergencies

POLIO
Public Health Emergency of International Concern (PHEIC)
Polio this week as of 03 January 2018 [GPEI]
:: New on http://polioeradication.org/: Johns Hopkins Bloomberg School of Public Health is partnering with institutions in seven countries to capture lessons from polio eradication.

:: In the latest Coffee with Polio Experts video, we talk to Carolyn Sein, Technical Officer for the GPEI programme, about circulating vaccine-derived polioviruses and the differences between the oral polio vaccine, and inactivated polio vaccine.

:: We also caught up with Professor David Salisbury, chair of the Global Commission for the Certification of the Eradication of Poliomyelitis, to talk about the certifying process, and containing poliovirus after eradication.

:: Summary of newly-reported viruses this week: Afghanistan: Two new WPV1 positive environmental samples reported, one collected from Kandahar province, and one from Nangarhar province.

: An advance notification has been received of one new WPV1 case in Balochistan province, Pakistan. The case will be officially reflected in next week's global data reporting.

:: *Summary of newly-reported viruses this week:*
…***Afghanistan:*** Two new WPV1 positive environmental samples reported, both collected from Nangarhar province.

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Editor's Note:
It continues to be unclear why the weekly GPEI report on new cases at country level [above] does not capture cases in Syria [below].

Syria cVDPV2 outbreak situation report 27, 19 December 2017
Situation update 19 December 2017

:: No new cases of cVDPV2 were reported this week. The most recent case (by date of onset) is 21 September 2017 from Boukamal district.
:: The total number of confirmed cVDPV2 cases remains 74.
:: Planning continues for the second phase of the outbreak response. GPEI continues to assist the Syrian Ministry of Health in the planning process.
:: The second phase of the outbreak response will utilize mOPV2 and IPV in two additional immunization rounds through house-to-house and fixed-centre vaccination.

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WHO Grade 3 Emergencies [to 6 January 2018]
The Syrian Arab Republic
:: Prevent and prepare: WHO trains Syrian health professionals on cholera outbreaks
18-12-2017
Health professionals from north-western Syria learn how to prevent cholera and handle an outbreak. During a simulation exercise, they practise setting up and operating a cholera treatment centre. The WHO field office in Gaziantep, Turkey, organized the training.
From its field office in Gaziantep, Turkey, close to the border with Syria, WHO conducted a training to prepare more than 30 Syrian doctors for preventing and responding to a potential cholera outbreak.
Years of conflict have damaged water and sanitation systems in Syria, and violence has forced thousands of people to flee their homes. So far, there have been outbreaks of diarrhoeal disease but no cases of cholera. However, if cholera cases were to occur, the combination of damaged sewage systems and population movement could trigger an outbreak. Displaced people in Syria's camps are particularly at risk as contact with sewage is likely…
:: Syria cVDPV2 outbreak situation report 27, 19 December 2017
[See Polio above for detail]

Nigeria
:: WHO helps Nigeria control cholera in Borno state
Maiduguri, Nigeria, 22 December 2017 - Nigeria has successfully contained a five-month cholera outbreak in conflict-affected Borno state, with support from the World Health Organization and other health partners.
The Government announced the end of the outbreak on Thursday (December 21) after two weeks had passed with no new cases.
"With the support of WHO and other health actors, Borno State moved to quick action to control the outbreak. With that strong resolve to limit mortality and morbidity, this was achieved, and we can say that we have succeeded," said Dr Muhammad Aminu Ghuluze, Director of Emergency Response, Borno State Ministry of Health.
A major Oral Cholera Vaccine (OCV) campaign contributed to the effort – the first of its kind in Nigeria.
With support from Gavi, the Vaccine Alliance, the International Coordinating Group (ICG) provided 1.8 million OCV doses to immunize 900,000 people in two rounds between September and December this year.
Following an initial spike in cases, the number of new infections dropped significantly after the vaccination campaign concluded…

Yemen
:: WHO, WFP and UNICEF: Yemen's families cannot withstand another day of war, let alone another 1,000
Joint statement by:
WHO Director-General Tedros Adhanom Ghebreyesus
UNICEF Executive Director Anthony Lake
WFP Executive Director David Beasley
29 December 2017 | NEW YORK - "We have passed the grim milestone of 1,000 days of war in Yemen. As violence has escalated in recent days, children and families are yet again being killed in attacks and bombardments…

Iraq - *No new announcements identified*
South Sudan - *No new announcements identified.*

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WHO Grade 2 Emergencies [to 6 January 2018]
Myanmar
:: Diphtheria vaccination in Cox's Bazar schools
4 January 2018 – As schools reopened after the winter break, children in the Ukhia sub-district of Cox's Bazar, Bangladesh, lined up not only to receive new books, but also a dose of diphtheria tetanus (DT) vaccine.
School children living in areas close to the Rohingya camps are being administered a dose of DT vaccine as part of the diphtheria outbreak response….

Cameroon - *No new announcements identified*
Central African Republic - *No new announcements identified.*
Democratic Republic of the Congo - *No new announcements identified*
Ethiopia - *No new announcements identified.*
Libya - *No new announcements identified.*
Niger - *No new announcements identified.*
Ukraine - *No new announcements identified.*

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UN OCHA – L3 Emergencies
The UN and its humanitarian partners are currently responding to three 'L3' emergencies. This is the global humanitarian system's classification for the response to the most severe, large-scale humanitarian crises.
Syrian Arab Republic
:: 4 Jan 2018
Syria: Flash update on recent events - 4 January 2018

Yemen
:: 28 Dec 2017 Statement on Behalf of the Humanitarian Coordinator for Yemen, Jamie McGoldrick, on Mounting Civilian Casualties (28 December 2017)

DRC - *No new announcements identified.*
Iraq - *No new announcements identified.*

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UN OCHA – Corporate Emergencies
When the USG/ERC declares a Corporate Emergency Response, all OCHA offices, branches and sections provide their full support to response activities both at HQ and in the field.
ROHINGYA CRISIS
:: ISCG Situation Report: Rohingya Refugee Crisis, Cox's Bazar | 31 December 2017
:: WASH Sector Cox's Bazar Situation Report, 31 December 2017

Ethiopia
:: 26 Dec 2017 Ethiopia Humanitarian Bulletin Issue 43 | 11 - 24 Dec 2017

Nigeria
:: Fact Sheet NE Nigeria: Bama, Bama LGA (as of 05 January 2018)

Somalia
:: 1 Jan 2018 Humanitarian Coordinator for Somalia deeply concerned about large-scale destruction of IDP settlements on the outskirts of Mogadishu

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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 6 January 2018]
http://www.who.int/ebola/en/
- *No new announcements identified.*

MERS-CoV [to 6 January 2018]
http://www.who.int/emergencies/mers-cov/en/
- *No new announcements identified.*

Yellow Fever [to 6 January 2018]
http://www.who.int/csr/disease/yellowfev/en/
- *No new announcements identified.*

Zika virus [to 6 January 2018]
http://www.who.int/csr/disease/zika/en/
- *No new announcements identified.*
[See NIH announcement below]

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WHO & Regional Offices [to 6 January 2018]

Highlights

WHO prequalifies breakthrough vaccine for typhoid

January 2018 – WHO prequalified the first conjugate vaccine for typhoid. The new typhoid vaccine is an innovative product with longer-lasting immunity than older vaccines, requires fewer doses, and can be given to young children through routine childhood immunization programs.

WHO helps Nigeria control cholera in Borno state

Nigeria has successfully contained a 5-month cholera outbreak in conflict-affected Borno state, with support from WHO and other partners. The Government announced the end of the outbreak on 21 December after 2 weeks had passed with no new cases.

Situation update on meningitis C epidemic risk

December 2017 – As bacterial meningitis season begins in West Africa this year, a convergence of factors is threatening the region with large outbreaks.

South Sudan implements the second round of oral cholera vaccination

December 2017 – As part of the ongoing cholera response, the Ministry of Health of South Sudan with support from WHO and partners has deployed cholera vaccines to complement traditional cholera response.

From the 2,178 ,177 doses secured by WHO in 2017, a total of 1,133,579 doses have already been deployed.

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Weekly Epidemiological Record, 22 December 2017, vol. 92, 51/52 (pp. 781–788)

The International Health Regulations (IHR) – 10 years of global public health security
Index of countries/areas
Index, Volume 92, 2017, Nos. 1–52

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: Ministry of Health conducts a study to evaluate the efficacy and safety of antimalarial Medicines used in Liberia 03 January 2018

WHO Region of the Americas PAHO

No new digest content identified.

WHO South-East Asia Region SEARO

:: WHO releases US$1.5 million to fight diphtheria in Cox's Bazar as probable cases exceed 1,500 SEAR/PR/1675

19 December 2017, Cox's Bazar, Bangladesh – The World Health Organization has deployed additional staff and resources to respond to a rapidly spreading outbreak of diphtheria among Rohingya refugees in Cox's Bazar, Bangladesh.

WHO has released US$1.5 million from its Contingency Fund for Emergencies to help finance scaling up of health operations in Cox's Bazar over the next six months, in efforts to respond to an outbreak that has seen more than 1,500 probable cases, including 21 deaths…

WHO European Region EURO
No new digest content identified.

WHO Eastern Mediterranean Region EMRO
:: Kuwaiti donation brings hope to children with cancer in Syria 31 December 2017
:: Government of Japan donates mobile clinics and ambulances to Aleppo Governorate 31 December 2017

WHO Western Pacific Region
:: More action needed to achieve universal health coverage in Asia and the Pacific by global deadline 13 December 2017

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CDC/ACIP [to 6 January 2018]
http://www.cdc.gov/media/index.html
https://www.cdc.gov/vaccines/acip/index.html
No new digest content identified.

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Africa CDC [to 6 January 2018]
https://au.int/en/africacdc
No new digest content identified.

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China CDC [to 6 January 2018]
http://www.chinacdc.cn/en/ne/
No new digest content identified.

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Announcements

AERAS [to 6 January 2018]
http://www.aeras.org/pressreleases
No new digest content identified.

BMGF - Gates Foundation [to 6 January 2018]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

CEPI – Coalition for Epidemic Preparedness Innovations [to 6 January 2018]
http://cepi.net/
No new digest content identified.

EDCTP [to 6 January 2018]
http://www.edctp.org/
The European & Developing Countries Clinical Trials Partnership (EDCTP) aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria as well as other poverty-related and neglected infectious diseases in sub-Saharan Africa, with a focus on phase II and III clinical trials
No new digest content identified.

European Medicines Agency [to 6 January 2018]
http://www.ema.europa.eu/ema/
No new digest content identified.

European Vaccine Initiative [to 6 January 2018]
http://www.euvaccine.eu/news-events
No new digest content identified.

FDA [to 6 January 2018]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
January 03, 2018
Statement from FDA Commissioner Scott Gottlieb, M.D. on new steps to facilitate efficient generic drug review to enhance competition, promote access and lower drug prices

Fondation Merieux [to 6 January 2018]
http://www.fondation-merieux.org/
December 14, 2017
Exploring the Lesser-known Benefits of Vaccination at the Meeting: "Communication of Vaccine Benefit beyond the Infection Prevented"
Les Pensières Center for Global Health, Veyrier-du-Lac (France)
44 experts from 12 countries participated in the conference on "Communication of vaccine benefit beyond the infection prevented", which was organized by the Mérieux Foundation at Les Pensières Center for Global Health, December 4-6.

Gavi [to 6 January 2018]
http://www.gavi.org/library/news/press-releases/
04 January 2018
Gavi welcomes new UNICEF executive director
Former USAID Administrator Henrietta Fore replaces Tony Lake as UNICEF chief.

GHIT Fund [to 6 January 2018]
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 •
2017.12.22 *Events*
Event Report: GHIT R&D Forum
GHIT held its inaugural R&D Forum on December 8, 2017. 130 domestic and international researchers participated, joining discussions on GHIT invested projects ranging from target research to clinical trials. In addition, GHIT executives, along with representatives from the Japan Agency for Medical Development (AMED), EDCTP, and UNITAID, discussed co-funding partnerships.
Speakers from GHIT's product development partner organizations shared lessons learned and explored related R&D challenges and opportunities through interactive sessions with the broader participant group.
Productive questions and answer sessions following each panel covered such topics as how to find appropriate partners, the ingredients of successful cross-border R&D partnerships, issues pertaining to the conduct of clinical trials in low- and middle-income countries, and aligning strategies between funders.
Speaker information and presentations are available here.

Global Fund [to 6 January 2018]
http://www.theglobalfund.org/en/news/?topic=&type=NEWS;&country=
News
Stop TB and Global Fund Deepen Cooperation to Find Missing Cases of TB
18 December 2017
The Stop TB Partnership and the Global Fund today signed a new collaboration agreement to contribute towards the goal of finding and treating an additional 1.5 million people with tuberculosis who are currently missed by health systems.
Under the TB Strategic Initiative, the Stop TB Partnership will work with national TB programs and partners in 13 countries, providing technical support through a combination of innovative approaches and best practices to remove barriers to accessing TB services, with a particular focus on key populations and vulnerable groups…

Hilleman Laboratories [to 6 January 2018]
http://www.hillemanlabs.org/
No new digest content identified.

Human Vaccines Project [to 6 January 2018]
http://www.humanvaccinesproject.org/media/press-releases/
No new digest content identified.

IAVI [to 6 January 2018]
https://www.iavi.org/
No new digest content identified.

IFFIm
http://www.iffim.org/library/news/press-releases/
No new digest content identified.

IVAC [to 6 January 2018]
https://www.jhsph.edu/research/centers-and-institutes/ivac/index.html
[Undated]
New - Pneumonia And Diarrhea Progress Report Appendix Available

IVAC-PHU Vaccine Podcast Series: Kate O'Brien on Vaccines and Social Justice

IVI [to 6 January 2018]
http://www.ivi.int/
No new digest content identified.

JEE Alliance [to 6 January 2018]
https://www.jeealliance.org/
No new digest content identified.

MSF/Médecins Sans Frontières [to 6 January 2018]
http://www.doctorswithoutborders.org/news-stories/press/press-releases
Press release
Health Surveys Reveal Need for Increased Aid in Southern Syria
AMMAN, JORDAN, DECEMBER 20, 2017—Humanitarian assistance for people living in southern Syria needs to increase significantly, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) said today, as it released two reports on the health of people in the war-torn area of eastern Daraa.

Press release
MSF Challenges Gilead's Hepatitis C Patent Application in China
December 18, 2017
The international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) has filed a patent challenge in China to block Gilead's patent application for the combination of two key oral hepatitis C medicines, sofosbuvir and velpatasvir.

NIH [to 6 January 2018]
http://www.nih.gov/news-events/news-releases
December 22, 2017
Zika remains a research and public health challenge, say NIAID scientists
— The virus has become established in more than 80 countries, infected millions of people, and left many babies with birth defects.

PATH [to 6 January 2018]
http://www.path.org/news/index.php
Announcement | December 27, 2017
PATH welcomes WHO's prequalification of a new bivalent oral polio vaccine from China
Another affordable vaccine against polio will help close the supply gap and improve accessibility for low-income countries
PATH welcomes the World Health Organization's (WHO) prequalification of a new bivalent oral polio vaccine (bOPV) developed by Chinese vaccine manufacturer Beijing Bio-Institute Biological Products (BBIBP). The vaccine will help meet heightened demand for bOPV during this current critical phase of polio eradication in polio-endemic countries and other countries at high risk for resurgence.
PATH provided technical assistance to BBIBP in the key early stages of the WHO prequalification application process, including document preparation for the Product Summary File. PATH also designed and conducted a Phase 3 clinical trial in Kenya to demonstrate the vaccine's performance in a setting outside of China and where it is likely to be used most…

Sabin Vaccine Institute [to 6 January 2018]
http://www.sabin.org/updates/pressreleases
January 3, 2018
First typhoid conjugate vaccine achieves WHO prequalification, a key step in protecting children and reducing the burden of typhoid
Geneva, Switzerland — A typhoid conjugate vaccine has been prequalified by the World Health Organization (WHO), bringing the vaccine one step closer to reaching millions more people at risk of typhoid.

UNAIDS [to 6 January 2018]
http://www.unaids.org/en
19 December 2017
Imams and faith leaders embrace HIV awareness in Côte d'Ivoire

UNICEF [to 6 January 2018]
https://www.unicef.org/media/
1 January 2018

Henrietta Fore becomes new UNICEF Executive Director
NEW YORK, 1 January 2018 – Henrietta Fore takes office today as UNICEF's seventh Executive Director. Ms. Fore brings to the role more than four decades of private and public sector leadership experience.
[See Milestones above for more detail]

UNICEF airlifts nearly 6 million doses of vaccines for children in Yemen amid intensifying violence and import restrictions
SANA'A, 20 December 2017 – A UNICEF-chartered plane landed today in Sana'a and delivered nearly 6 million doses of essential vaccines to protect millions of children at risk of preventable diseases, including the current diphtheria outbreak that has reportedly infected over 300 people and killed 35. Most diphtheria cases and deaths are among children.
[See Milestones above for more detail]

Vaccine Confidence Project [to 6 January 2018]
http://www.vaccineconfidence.org/
Confidence Commentary:
Let Freedom Ring
Heidi Larson | 1 Jan, 2018
If there has been a theme over the past year, when it comes to public trust in vaccines, it has been the tension between individual freedoms and social cooperation, between choice and voice as an individual, or choice and voice in consideration of the broader community.

In an attempt to quell the spread of measles across Europe, reflecting gaps in vaccination and worn holes in the blanket of "herd immunity", France, Italy and Germany announced various new vaccine ma-ndates and fines would be introduced. Germany and Italy enacted their new laws last year, while France's new 11-vaccine mandate — up from 3 previously — went into effect from 1 January 2018. In India, Kerala State also issued a mandate for measles-rubella vaccination in the face of vaccine resistance and negative social media about the vaccination campaign. These moves, intended to arrest the spread of measles, triggered public protests, public anger and petitions against government decisions as imposing on freedoms.

In 2016, similar events occurred. In reaction to the Disneyland measles outbreak, California repealed its philosophical exemption option, while Australia instituted a "No Jab, No Pay" legislation which took day care benefits away from parents who did not vaccinate their children. Protests against these measures erupted in California and Australia, along with reactive protests standing up for the measures. Anger arose over claims that some of the laws – where school admittance was restricted to vaccinated children – impinged on their child's right to education.

The growing challenge in the vaccine landscape is that it is no longer isolated individuals who are thinking twice or refusing vaccination, but that there are growing groups of people who are not only expressing their individual right to question and to choose, but are increasingly connected with others and demanding the right to choose as part of a larger movement. These movements are about principles of freedom and rights, not about specific vaccines, or specific safety concerns.

Standing up for rights to freedom of expression, to choice, and to respect and dignity are all healthy characteristics of democratic societies. But, contrarian views become problematic for a technology like a vaccine, whose success – at least for many vaccines – depends on "the herd". The success of vaccination depends on the public accepting the voice of experts and government – both of whom are facing waning trust in many countries around the world.

Somehow the assumption that populations would accept – and continue to accept – more and more vaccines, just because they are good for personal and public health, needs a reality check. The ever-changing political, cultural and emotional lives of people have different notions of what is good for them, and we need to listen. This does not mean agreeing with misinformation about vaccines that is circulating on the internet and social media, but listening to the deeper, underlying sentiments – the feelings of alienation, the loss of personal contact and people's sense of feeling "counted" rather than cared for.

When I was considering what to focus on for this New Year's message, I looked back at history. One option was to write about the 100th anniversary of the 1918 Spanish Flu epidemic. But, I then remembered that 2018 marks 50 years since Martin Luther King was shot on his motel room balcony, killed for speaking out about freedom and civil rights.

I read through Dr King's speech when he received the Nobel Peace prize in 1964, four years before his assassination. As my thought for 2018, I want to share a poignant quote from his speech:

Modern man has brought this whole world to an awe-inspiring threshold of the future. He has reached new and astonishing peaks of scientific success. He has produced machines that think and instruments that peer into the unfathomable ranges of interstellar space…This is a dazzling picture of modern man's scientific and technological progress.

Yet, in spite of these spectacular strides in science and technology, and still unlimited ones to come, something basic is missing. There is a sort of poverty of the spirit which stands in glaring contrast to our scientific and technological abundance. We have learned to fly the air like birds and swim the sea like fish, but we have not learned the simple art of living together.

Wellcome Trust [to 6 January 2018]
https://wellcome.ac.uk/news
No new digest content identified.

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BIO [to 6 January 2018]
https://www.bio.org/insights/press-release
No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 6 January 2018]
http://www.dcvmn.org/
No new digest content identified.

IFPMA [to 6 January 2018]
http://www.ifpma.org/resources/news-releases/
No new digest content identified.

PhRMA [to 6 January 2018]
http://www.phrma.org/press-room
No new digest content identified.

Industry Watch [to 6 January 2018]
:: **Sinovac Biotech Receives Positive Decision on its Hepatitis A Vaccine from World Health Organization**

BEIJING, Dec. 22, 2017 /PRNewswire/ -- Sinovac Biotech Ltd. announced today that it has received a positive decision from the World Health Organization ("WHO") on the acceptability, in principle, of its Healive, a hepatitis A vaccine product, for purchase by United Nations ("UN") agencies. The Company's Healive product was assessed according to the WHO Prequalification Procedure.

Mr. Weidong Yin, Chairman, President and CEO of the Company, commented that "I am very pleased that Healive has passed the assessment under WHO Prequalification procedures. This is an important milestone for Sinovac which we expect will provide opportunities to supply this vaccine to respective UN agencies as well as accelerate the regulatory approval process for this vaccine in international countries outside China."…

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

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

No digest content identified.

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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
January 2018 Volume 46, Issue 1, p1-122, e1-e12
http://www.ajicjournal.org/current
Major Article
Incidence rate of breakthrough varicella observed in healthy children after 1 or 2 doses of varicella vaccine: Results from a meta-analysis
Although extensive varicella vaccination coverage has been reported in many countries, breakthrough varicella (BV) still occurs in healthy children. We performed a meta-analysis to understand whether 2 varicella vaccine doses are needed in children and, if so, to determine the best time to vaccinate… Two doses of varicella vaccine are more effective than a single dose, and 3-4 years between the first and second vaccinations may achieve higher efficacy.
Sui Zhu, Fangfang Zeng, Lan Xia, Hong He, Juying Zhang
e1–e7
Published online: September 18, 2017

American Journal of Preventive Medicine
January 2018 Volume 54, Issue 1, p1-156, e1-e40
http://www.ajpmonline.org/current
Research Articles
HPV Vaccination Among Foreign-Born Women: Examining the National Health Interview Survey 2013–2015
Leslie E. Cofie, Jacqueline M. Hirth, Fangjian Guo, Abbey B. Berenson, Kyriakos Markides, Rebeca Wong
p20–27
Published online: October 23, 2017

Vaccination Timeliness at Age 24 Months in Michigan Children Born 2006–2010
Abram L. Wagner, Amanda M. Eccleston, Rachel C. Potter, Robert G. Swanson, Matthew L. Boulton
p96–102
Published in issue: January 2018

Brief Reports
Tdap Vaccination Among Healthcare Personnel—21 States, 2013
Alissa C. O'Halloran, Peng-jun Lu, Sarah A. Meyer, Walter W. Williams, Pamela K. Schumacher, Aaron L. Sussell, Jan E. Birdsey, Winifred L. Boal, Marie Haring Sweeney, Sara E. Luckhaupt, Carla L. Black, Tammy A. Santibanez
p119–123
Published online: November 21, 2017

American Journal of Public Health
January 2018 108(1)

http://ajph.aphapublications.org/toc/ajph/current
ANOGENITAL WARTS
HPV Vaccination: Increase Uptake Now to Reduce Cancer
Stephen E. Hawes
108(1), pp. 23–24

Declines in Anogenital Warts Among Age Groups Most Likely to Be Impacted by Human Papillomavirus Vaccination, United States, 2006–2014
Elaine W. Flagg and Elizabeth A. Torrone

American Journal of Tropical Medicine and Hygiene
Volume 97, Issue 6, 2017
http://www.ajtmh.org/content/journals/14761645/97/6
[Reviewed earlier]

Annals of Internal Medicine
http://annals.org/aim/issue
2 January 2018 Vol: 168, Issue 1
[New issues; No digest content identified]

19 December 2017 Vol: 167, Issue 12
[New issues; No digest content identified]

BMC Cost Effectiveness and Resource Allocation
http://resource-allocation.biomedcentral.com/
(Accessed 6 January 2018)
[No new digest content identified]

BMJ Global Health
December 2017; volume 2, issue 4
http://gh.bmj.com/content/2/4?current-issue=y
Analysis
From blockchain technology to global health equity: can cryptocurrencies finance universal health coverage?
Brian M Till, Alexander W Peters, Salim Afshar, John G Meara
November 10, 2017, 2 (4) e000570; DOI: 10.1136/bmjgh-2017-000570
Abstract
Blockchain technology and cryptocurrencies could remake global health financing and usher in an era global health equity and universal health coverage. We outline and provide examples for at least four important ways in which this potential disruption of traditional global health funding mechanisms could occur: universal access to financing through direct transactions without third parties; novel new multilateral financing mechanisms; increased security and reduced fraud and corruption; and the opportunity for open markets for healthcare data that drive discovery and innovation. We see these issues as a paramount to the delivery of

healthcare worldwide and relevant for payers and providers of healthcare at state, national and global levels; for government and non-governmental organisations; and for global aid organisations, including the WHO, International Monetary Fund and World Bank Group.

Research

Monitoring Sustainable Development Goal 3: how ready are the health information systems in low-income and middle-income countries?

Juliet Nabyonga-Orem

October 25, 2017, 2 (4) e000433; DOI: 10.1136/bmjgh-2017-000433

Abstract

Sustainable Development Goals (SDGs) present a broader scope and take a holistic multisectoral approach to development as opposed to the Millennium Development Goals (MDGs). While keeping the health MDG agenda, SDG3 embraces the growing challenge of non-communicable diseases and their risk factors. The broader scope of the SDG agenda, the need for a multisectoral approach and the emphasis on equity present monitoring challenges to health information systems of low-income and middle-income countries. The narrow scope and weaknesses in existing information systems, a multiplicity of data collection systems designed along disease programme and the lack of capacity for data analysis are among the limitations to be addressed. On the other hand, strong leadership and a comprehensive and longer-term approach to strengthening a unified health information system are beneficial. Strengthening country capacity to monitor SDGs will involve several actions: domestication of the SDG agenda through country-level planning and monitoring frameworks, prioritisation of interventions, indicators and setting country-specific targets. Equity stratifiers should be country specific in addressing policy concerns. The scope of existing information systems should be broadened in line with the SDG agenda monitoring requirements and strengthened to produce reliable data in a timely manner and capacity for data analysis and use of data built. Harnessing all available opportunities, emphasis should be on strengthening health sector as opposed to SDG3 monitoring. In this regard, information systems in related sectors and the private sector should be strengthened and data sharing institutionalised. Data are primarily needed to inform planning and decision-making beyond SGD3 reporting requirements.

BMC Health Services Research

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

(Accessed 6 January 2018)

Research article

A systematic review of the economic impact of rapid diagnostic tests for dengue

Dengue fever is rapidly expanding geographically, with about half of the world's population now at risk. Among the various diagnostic options, rapid diagnostic tests (RDTs) are convenient and prompt, but limit...

Authors: Jacqueline Kyungah Lim, Neal Alexander and Gian Luca Di Tanna

Citation: BMC Health Services Research 2017 17:850

Published on: 29 December 2017

Research article

Improving equity in health care financing in China during the progression towards Universal Health Coverage

China is reforming the way it finances health care as it moves towards Universal Health Coverage (UHC) after the failure of market-oriented mechanisms for health care. Improving financing equity is a major pol...
Authors: Mingsheng Chen, Andrew J. Palmer and Lei Si
Citation: BMC Health Services Research 2017 17:852
Published on: 29 December 2017

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 6 January 2018)
Research article
Characteristics of wild polio virus outbreak investigation and response in Ethiopia in 2013–2014: implications for prevention of outbreaks due to importations
Ethiopia joined the Global Polio Eradication Initiative (GPEI) in 1996, and by the end of December 2001 circulation of indigenous Wild Polio Virus (WPV) had been interrupted. Nonetheless, the country experienc...
Authors: Ayesheshem Ademe Tegegne, Fiona Braka, Meseret Eshetu Shebeshi, Aron Kassahun Aregay, Berhane Beyene, Amare Mengistu Mersha, Mohammed Ademe, Abdulahi Muhyadin, Dadi Jima and Abyot Bekele Wyessa
Citation: BMC Infectious Diseases 2018 18:9
Published on: 5 January 2018

Research article
The global effect of maternal education on complete childhood vaccination: a systematic review and meta-analysis
There is an established correlation between maternal education and reduction in childhood mortality. One proposed link is that an increase in maternal education will lead to an increase in health care access a...
Authors: Jennifer Forshaw, Sarah M. Gerver, Moneet Gill, Emily Cooper, Logan Manikam and Helen Ward
Citation: BMC Infectious Diseases 2017 17:801
Published on: 28 December 2017

Research article
Impact of HPV vaccination with Gardasil® in Switzerland
Gardasil®, a quadrivalent vaccine targeting low-risk (6, 11) and high-risk (16, 18) human papillomaviruses (HPV), has been offered to 11–14 year-old schoolgirls in Switzerland since 2008. To evaluate its succe...
Authors: Martine Jacot-Guillarmod, Jérôme Pasquier, Gilbert Greub, Massimo Bongiovanni, Chahin Achtari and Roland Sahli
Citation: BMC Infectious Diseases 2017 17:790
Published on: 22 December 2017

Research article
Hepatitis B vaccination coverage among healthcare workers at national hospital in Tanzania: how much, who and why?

Hepatitis B vaccination for healthcare workers (HCWs) is a key component of the WHO Hepatitis B Elimination Strategy 2016–2021. Data on current hepatitis B vaccine coverage among health care workers in Sub-Sah...
Authors: Dotto Aaron, Tumaini J. Nagu, John Rwegasha and Ewaldo Komba
Citation: BMC Infectious Diseases 2017 17:786
Published on: 20 December 2017

Research article
Delivery cost analysis of a reactive mass cholera vaccination campaign: a case study of Shanchol™ vaccine use in Lake Chilwa, Malawi
Cholera is a diarrheal disease that produces rapid dehydration. The infection is a significant cause of mortality and morbidity. Oral cholera vaccine (OCV) has been propagated for the prevention of cholera. Ev...
Authors: Patrick G. Ilboudo and Jean-Bernard Le Gargasson
Citation: BMC Infectious Diseases 2017 17:779
Published on: 19 December 2017
Abstract
Background
Cholera is a diarrheal disease that produces rapid dehydration. The infection is a significant cause of mortality and morbidity. Oral cholera vaccine (OCV) has been propagated for the prevention of cholera. Evidence on OCV delivery cost is insufficient in the African context. This study aims to analyze Shanchol vaccine delivery costs, focusing on the vaccination campaign in response of a cholera outbreak in Lake Chilwa, Malawi.
Methods
The vaccination campaign was implemented in two rounds in February and March 2016. Structured questionnaires were used to collect costs incurred for each vaccination related activity, including vaccine procurement and shipment, training, microplanning, sensitization, social mobilization and vaccination rounds. Costs collected, including financial and economic costs were analyzed using Choltool, a standardized cholera cost calculator.
Results
In total, 67,240 persons received two complete doses of the vaccine. Vaccine coverage was higher in the first round than in the second. The two-dose coverage measured with the immunization card was estimated at 58%. The total financial cost incurred in implementing the campaign was US$480275 while the economic cost was US$588637. The total financial and economic costs per fully vaccinated person were US$7.14 and US$8.75, respectively, with delivery costs amounting to US$1.94 and US$3.55, respectively. Vaccine procurement and shipment accounted respectively for 73% and 59% of total financial and economic costs of the total vaccination campaign costs while the incurred personnel cost accounted for 13% and 29% of total financial and economic costs. Cost for delivering a single dose of Shanchol was estimated at US$0.97.
Conclusion
This study provides new evidence on economic and financial costs of a reactive campaign implemented by international partners in collaboration with MoH. It shows that involvement of international partners' personnel may represent a substantial share of campaign's costs, affecting unit and vaccine delivery costs.

BMC Medical Ethics

http://www.biomedcentral.com/bmcmedethics/content
(Accessed 6 January 2018)
Research article
The use of empirical research in bioethics: a survey of researchers in twelve European countries
Authors: Tenzin Wangmo and Veerle Provoost
Citation: BMC Medical Ethics 2017 18:79
Published on: 22 December 2017
Abstract
Background
The use of empirical research methods in bioethics has been increasing in the last decades. It has resulted in discussions about the 'empirical turn of bioethics' and raised questions related to the value of empirical work for this field, methodological questions about its quality and rigor, and how this integration of the normative and the empirical can be achieved. The aim of this paper is to describe the attitudes of bioethics researchers in this field towards the use of empirical research, and examine their actual conduct: whether they use empirical research methods (and if so, what methods), and whether (and how) they have made attempts at integrating the empirical and the normative.
Methods
An anonymous online survey was conducted to reach scholars working in bioethics/biomedical ethics/ethics institutes or centers in 12 European countries. A total of 225 bioethics researchers participated in the study. Of those, 200 questionnaires were fully completed, representing a response rate of 42.6%. The results were analysed using descriptive statistics.
Results
Most respondents (n = 175; 87.5%) indicated that they use or have used empirical methods in their work. A similar proportion of respondents (61.0% and 59.0%) reported having had at least some training in qualitative or quantitative methods, respectively. Among the 'empirical researchers', more than a fifth (22.9%) had not received any methodological training. It appears that only 6% or less of the 'empirical researchers' considered themselves experts in the methods (qualitative or quantitative) that they have used. Only 35% of the scholars who have used empirical methods reported having integrated empirical data with normative analysis, whereas for their current projects, 59.8% plan to do so.
Conclusions
There is a need to evaluate the current educational programs in bioethics and to implement rigorous training in empirical research methods to ensure that 'empirical researchers' have the necessary skills to conduct their empirical research in bioethics. Also imperative is clear guidance on the integration of the normative and the empirical so that researchers who plan to do so have necessary tools and competences to fulfil their goals.

BMC Medicine
http://www.biomedcentral.com/bmcmed/content
(Accessed 6 January 2018)
Opinion
Simulations for designing and interpreting intervention trials in infectious diseases
Interventions in infectious diseases can have both direct effects on individuals who receive the intervention as well as indirect effects in the population. In addition, intervention combinations can have comp...

Authors: M. Elizabeth Halloran, Kari Auranen, Sarah Baird, Nicole E. Basta, Steven E. Bellan, Ron Brookmeyer, Ben S. Cooper, Victor DeGruttola, James P. Hughes, Justin Lessler, Eric T. Lofgren, Ira M. Longini, Jukka-Pekka Onnela, Berk Özler, George R. Seage, Thomas A. Smith…
Citation: BMC Medicine 2017 15:223
Published on: 29 December 2017

Commentary

Models and analyses to understand threats to polio eradication

To achieve complete polio eradication, the live oral poliovirus vaccine (OPV) currently used must be phased out after the end of wild poliovirus transmission. However, poorly understood threats may arise when ...
Authors: James S. Koopman
Citation: BMC Medicine 2017 15:221
Published on: 22 December 2017

Abstract

To achieve complete polio eradication, the live oral poliovirus vaccine (OPV) currently used must be phased out after the end of wild poliovirus transmission. However, poorly understood threats may arise when OPV use is stopped. To counter these threats, better models than those currently available are needed. Two articles recently published in BMC Medicine address these issues. Mercer et al. (BMC Med 15:180, 2017) developed a statistical model analysis of polio case data and characteristics of cases occurring in several districts in Pakistan to inform resource allocation decisions. Nevertheless, despite having the potential to accelerate the elimination of polio cases, their analyses are unlikely to advance our understanding OPV cessation threats. McCarthy et al. (BMC Med 15:175, 2017) explored one such threat, namely the emergence and transmission of serotype 2 circulating vaccine derived poliovirus (cVDPV2) after OPV2 cessation, and found that the risk of persistent spread of cVDPV2 to new areas increases rapidly 1–5 years after OPV2 cessation. Thus, recently developed models and analysis methods have the potential to guide the required steps to surpass these threats. 'Big data' scientists could help with this; however, datasets covering all eradication efforts should be made readily available.

BMC Pregnancy and Childbirth

http://www.biomedcentral.com/bmcpregnancychildbirth/content
(Accessed 6 January 2018)
[No new digest content identified]

BMC Public Health

http://bmcpublichealth.biomedcentral.com/articles
(Accessed 6 January 2018)
[No new digest content identified]

BMC Research Notes

http://www.biomedcentral.com/bmcresnotes/content
(Accessed 6 January 2018)
[No new digest content identified]

BMJ Open
January 2018 - Volume 8 - 1
http://bmjopen.bmj.com/content/current
[New issue; No digest content identified]

Bulletin of the World Health Organization
Volume 96, Number 1, January 2018, 1-76
http://www.who.int/bulletin/volumes/96/1/en/
EDITORIALS
Universal health coverage must include older people
— Ritu Sadana, Agnes Soucat & John Beard

POLICY & PRACTICE
A life-course approach to health: synergy with sustainable development goals
— Shyama Kuruvilla, Ritu Sadana, Eugenio Villar Montesinos, John Beard, Jennifer Franz Vasdeki, Islene Araujo de Carvalho, Rebekah Bosco Thomas, Marie-Noel Brunne Drisse, Bernadette Daelmans, Tracey Goodman, Theadora Koller, Alana Officer, Joanna Vogel, Nicole Valentine, Emily Wootton, Anshu Banerjee, Veronica Magar, Maria Neira, Jean Marie Okwo Bele, Anne Marie Worning & Flavia Bustreo
Abstract
A life-course approach to health encompasses strategies across individuals' lives that optimize their functional ability (taking into account the interdependence of individual, social, environmental, temporal and intergenerational factors), thereby enabling well-being and the realization of rights. The approach is a perfect fit with efforts to achieve universal health coverage and meet the sustainable development goals (SDGs). Properly applied, a life-course approach can increase the effectiveness of the former and help realize the vision of the latter, especially in ensuring health and well-being for all at all ages. Its implementation requires a shared understanding by individuals and societies of how health is shaped by multiple factors throughout life and across generations. Most studies have focused on noncommunicable disease and ageing populations in high-income countries and on epidemiological, theoretical and clinical issues. The aim of this article is to show how the life-course approach to health can be extended to all age groups, health topics and countries by building on a synthesis of existing scientific evidence, experience in different countries and advances in health strategies and programmes. A conceptual framework for the approach is presented along with implications for implementation in the areas of: (i) policy and investment; (ii) health services and systems; (iii) local, multisectoral and multistakeholder action; and (iv) measurement, monitoring and research. The SDGs provide a unique context for applying a holistic, multisectoral approach to achieving transformative outcomes for people, prosperity and the environment. A life-course approach can reinforce these efforts, particularly given its emphasis on rights and equity.

PERSPECTIVES
Policy implications of big data in the health sector
— Effy Vayena, Joan Dzenowagis, John S Brownstein & Aziz Sheikh
…Conclusion

In the field of health-related big data, the public needs to be reassured that security measures are mandated and enforced. Policies can, and should, address the adoption of appropriate technologies, the evaluation and monitoring of security systems and accountability and transparency mechanisms, e.g. legal remedies and compensation for those harmed by security breaches. Data security, as a societal and technological norm, will continue to evolve while the big-data approach demands more regulatory oversight, responsive policies and technical skills. Future policies must take into account the distinct challenges posed by big data as well as the potential benefits. They also need to be applicable to the full range of stakeholders, not least to the general public and must be accompanied by a level of accountability that, over time, is sufficient to maintain the public's trust and confidence in data usage.

Child Care, Health and Development
January 2018 Volume 44, Issue 1 Pages 1–171
http://onlinelibrary.wiley.com/doi/10.1111/cch.v44.1/issuetoc
[Reviewed earlier]

Clinical and Experimental Vaccine Research
Volume 6(2); July 2017
http://ecevr.org/
[Reviewed earlier]

Clinical Therapeutics
December 2017 Volume 39, Issue 12, p2331-2478, e9-e10
http://www.clinicaltherapeutics.com/current
[Reviewed earlier]

Conflict and Health
http://www.conflictandhealth.com/
[Accessed 6 January 2018]
Research
22 December 2017
The role of public health information in assistance to populations living in opposition and contested areas of Syria, 2012–2014
The Syrian armed conflict is the worst humanitarian tragedy this century. With approximately 470,000 deaths and more than 13 million people displaced, the conflict continues to have a devastating impact on the...
Authors: Emma Diggle, Wilhelmina Welsch, Richard Sullivan, Gerbrand Alkema, Abdihamid Warsame, Mais Wafai, Mohammed Jasem, Abdulkarim Ekzayez, Rachael Cummings and Preeti Patel

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
February 2018 - Volume 31 - Issue 1
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
HIV INFECTIONS AND AIDS
Scaling up HIV self-testing in sub-Saharan Africa: a review of technology, policy and evidence
Indravudh, Pitchaya P.; Choko, Augustine T.; Corbett, Elizabeth L.
Current Opinion in Infectious Diseases. 31(1):14-24, February 2018.

Developing World Bioethics
December 2017 Volume 17, Issue 3 Pages 141–216
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2017.17.issue-3/issuetoc
[Reviewed earlier]

Development in Practice
Volume 27, Issue 8, 2017
http://www.tandfonline.com/toc/cdip20/current
[Reviewed earlier]

Disaster Medicine and Public Health Preparedness
Volume 11 - Issue 6 - December 2017
https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/latest-issue

Disasters
January 2018 Volume 42, Issue 1 Pages 1–203
http://onlinelibrary.wiley.com/doi/10.1111/disa.2017.41.issue-4/issuetoc
[Reviewed earlier]

EMBO Reports
01 December 2017; volume 18, issue 12
http://embor.embopress.org/content/18/12?current-issue=y
[Reviewed earlier]

Emerging Infectious Diseases
Volume 23, Number 12—December 2017
http://wwwnc.cdc.gov/eid/
[Reviewed earlier]

Epidemics
Volume 21, Pages 1-88 (December 2017)
http://www.sciencedirect.com/science/journal/17554365
[Reviewed earlier]

Epidemiology and Infection
Volume 146 - Issue 1 - January 2018
https://www.cambridge.org/core/journals/epidemiology-and-infection/latest-issue
Vaccination
Rubella vaccination in India: identifying broad consequences of vaccine introduction and key knowledge gaps
A. K. WINTER, S. PRAMANIK, J. LESSLER, M. FERRARI, B. T. GRENFELL, C. J. E. METCALF
https://doi.org/10.1017/S0950268817002527
Published online: 04 December 2017, pp. 65-77

The European Journal of Public Health
Volume 27, Issue 6, 1 December 2017
https://academic.oup.com/eurpub/issue/27/6
Aging and Health
Influenza and pneumococcal vaccination in older adults living in nursing home: a survival analysis on the shelter study
Influenza and pneumococcal vaccines have been proved to be effective and safe in preventing and controlling infection among elderly, reducing morbidity and mortality. However, some evidences raised health concerns related to these vaccinations. This study aims to identify prevalence and outcomes related to influenza and pneumococcal vaccinations in a large European population of frail old people living in nursing homes (NHs).
Andrea Poscia; Agnese Collamati; Angelo Carfì; Eva Topinkova; Tomas Richter ...
European Journal of Public Health, Volume 27, Issue 6, 1 December 2017, Pages 1016–1020,
https://doi.org/10.1093/eurpub/ckx150

Global Health Action
Volume 10, 2017 – Issue 1 [In Progress]
http://www.tandfonline.com/toc/zgha20/10/1?nav=tocList
[Reviewed earlier]

Global Health: Science and Practice (GHSP)
December 2017 | Volume 5 | Number 4
http://www.ghspjournal.org/content/current
[New issue; No digest content identified]

Global Public Health
Volume 13, 2017 Issue 2

http://www.tandfonline.com/toc/rgph20/current
[Reviewed earlier]

Globalization and Health
http://www.globalizationandhealth.com/
[Accessed 6 January 2018]
[No new digest content identified]

Health Affairs
December 2017; Vol. 36, No. 12
https://www.healthaffairs.org/toc/hlthaff/current
Behavioral Health, Provider Payment & More
[Reviewed earlier]

Health and Human Rights
Volume 19, Issue 2, December 2017
http://www.hhrjournal.org/
Special Section on Romani People and the Right to Health
[Reviewed earlier]

Health Economics, Policy and Law
Volume 13 - Issue 1 - January 2018
https://www.cambridge.org/core/journals/health-economics-policy-and-law/latest-issue
[New issue; No digest content identified]

Health Policy and Planning
Volume 33, Issue 1, 1 January 2018
http://heapol.oxfordjournals.org/content/current
Original Articles
Health system strengthening: prospects and threats for its sustainability on the global health policy agenda
Joseph F Naimoli; Sweta Saxena; Laurel E Hatt; Kristina M Yarrow; Trenton M White ...
Health Policy and Planning, Volume 33, Issue 1, 1 January 2018, Pages 85–98,
https://doi.org/10.1093/heapol/czx147

Health Research Policy and Systems
http://www.health-policy-systems.com/content
[Accessed 6 January 2018]
Research
Strengthening scaling up through learning from implementation: comparing experiences from Afghanistan, Bangladesh and Uganda

Many effective innovations and interventions are never effectively scaled up. Implementation research (IR) has the promise of supporting scale-up through enabling rapid learning about the intervention and its ...
Authors: Sara Bennett, Shehrin Shaila Mahmood, Anbrasi Edward, Moses Tetui and Elizabeth Ekirapa-Kiracho
Citation: Health Research Policy and Systems 2017 15(Suppl 2):108
Published on: 28 December 2017

Research
Using Theories of Change to inform implementation of health systems research and innovation: experiences of Future Health Systems consortium partners in Bangladesh, India and Uganda
The Theory of Change (ToC) is a management and evaluation tool supporting critical thinking in the design, implementation and evaluation of development programmes. We document the experience of Future Health S...
Authors: Ligia Paina, Annie Wilkinson, Moses Tetui, Elizabeth Ekirapa-Kiracho, Debjani Barman, Tanvir Ahmed, Shehrin Shaila Mahmood, Gerry Bloom, Jeff Knezovich, Asha George and Sara Bennett
Citation: Health Research Policy and Systems 2017 15(Suppl 2):109
Published on: 28 December 2017

Humanitarian Exchange Magazine
http://odihpn.org/magazine/the-humanitarian-consequences-of-violence-in-central-america/
Number 70 October 2017
Special Feature: The Lake Chad Basin: an overlooked crisis?
by Humanitarian Practice Network October 2017
The 70th edition of Humanitarian Exchange, co-edited with Joe Read, focuses on the humanitarian crisis in Nigeria and the Lake Chad Basin. The violence perpetrated by Boko Haram and the counter-insurgency campaign in Nigeria, Cameroon, Chad and Niger has created a humanitarian crisis affecting some 17 million people. Some 2.4 million have been displaced, the vast majority of them in north-eastern Nigeria. Many are living in desperate conditions, without access to sufficient food or clean water. The Nigerian government's focus on defeating Boko Haram militarily, its reluctance to acknowledge the scale and gravity of the humanitarian crisis and the corresponding reticence of humanitarian leaders to challenge that position have combined to undermine the timeliness and effectiveness of the response…
[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 13, Issue 11 2017
http://www.tandfonline.com/toc/khvi20/current
[Reviewed earlier]

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 6 January 2018]

[No new digest content identified]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 6 January 2018]
Research Article
18 December 2017
The monetary value of human lives lost due to neglected tropical diseases in Africa
Authors: Joses Muthuri Kirigia and Gitonga N. Mburugu
Abstract
Background
Neglected tropical diseases (NTDs) are an important cause of death and disability in Africa. This study estimates the monetary value of human lives lost due to NTDs in the continent in 2015.
Methods
The lost output or human capital approach was used to evaluate the years of life lost due to premature deaths from NTDs among 10 high/upper-middle-income (Group 1), 17 middle-income (Group 2) and 27 low-income (Group 3) countries in Africa. The future losses were discounted to their present values at a 3% discount rate. The model was re-analysed using 5% and 10% discount rates to assess the impact on the estimated total value of human lives lost.
Results
The estimated value of 67,860 human lives lost in 2015 due to NTDs was Int$5,112,472,607. Out of that, 14.6% was borne by Group 1, 57.7% by Group 2 and 27.7% by Group 3 countries. The mean value of human life lost per NTD death was Int$231,278, Int$109,771 and Int$37,489 for Group 1, Group 2 and Group 3 countries, respectively. The estimated value of human lives lost in 2015 due to NTDs was equivalent to 0.1% of the cumulative gross domestic product of the 53 continental African countries.
Conclusions
Even though NTDs are not a major cause of death, they impact negatively on the productivity of those affected throughout their life-course. Thus, the case for investing in NTDs control should also be influenced by the value of NTD morbidity, availability of effective donated medicines, human rights arguments, and need to achieve the NTD-related target 3.3 of the United Nations Sustainable Development Goal 3 (on health) by 2030.

International Health
Volume 9, Issue 6, 1 November 2017
http://inthealth.oxfordjournals.org/content/current
[New issue; No digest content identified]

International Journal of Community Medicine and Public Health
Vol 4, No 12 (2017) December 2017
http://www.ijcmph.com/index.php/ijcmph/issue/view/33
[Reviewed earlier]

International Journal of Epidemiology

Volume 46, Issue 6, 1 December 2017
https://academic.oup.com/ije/issue/46/6
[Reviewed earlier]

International Journal of Human Rights in Healthcare
Vol. 10 Issue: 5 2017
http://www.emeraldinsight.com/toc/ijhrh/10/5
[Reviewed earlier]

International Journal of Infectious Diseases
December 2017 Volume 65, In Progress
http://www.ijidonline.com/issue/S1201-9712(17)X0012-X
[Reviewed earlier]

JAMA
http://jama.jamanetwork.com/issue.aspx
January 2, 2018, Vol 319, No. 1, Pages 1-91
[New issue; No digest content identified]
December 26, 2017, Vol 318, No. 24, Pages 2403-2503
Viewpoint
The Importance of Continued US Investment to Sustain Momentum Toward Global Health Security
Jennifer B. Nuzzo, DrPH, SM; Anita J. Cicero, JD; Thomas V. Inglesby, MD
JAMA. 2017;318(24):2423-2424. doi:10.1001/jama.2017.17188
This Viewpoint discusses the importance of the United States' commitment to support the Global Health Security Agenda to help protect the nation and the world from epidemic disease.

December 19, 2017, Vol 318, No. 23, Pages 2273-2393
[New issue; No digest content identified]

JAMA Pediatrics
January 2018, Vol 172, No. 1, Pages 1-104
http://archpedi.jamanetwork.com/issue.aspx
Viewpoint
Improving the Study of New Medicines for Children With Rare Diseases
Florence T. Bourgeois, MD, MPH; Thomas J. Hwang, AB
JAMA Pediatr. 2018;172(1):7-9. doi:10.1001/jamapediatrics.2017.4012
This Viewpoint describes challenges in establishing guidelines for drugs to treat pediatric orphan diseases, and identifies legislative and administrative approaches to improvement.

Original Investigation
Cost-effectiveness of Strategies for Offering Influenza Vaccine in the Pediatric Emergency Department
Rebecca J. Hart, MD; Michelle D. Stevenson, MD, MS; Michael J. Smith, MD, MSCE; et al.

JAMA Pediatr. 2018;172(1):e173879. doi:10.1001/jamapediatrics.2017.3879
This cost-effectiveness analysis compares 4 strategies for pediatric emergency department–based influenza vaccine: offering vaccine to all patients, only to patients younger than 5 years, only to high-risk patients (all ages), or to no patients.

JBI Database of Systematic Review and Implementation Reports
December 2017 - Volume 15 - Issue 12
http://journals.lww.com/jbisrir/Pages/currenttoc.aspx
[Reviewed earlier]

Journal of Community Health
Volume 42, Issue 6, December 2017
https://link.springer.com/journal/10900/42/6/page/1
[Reviewed earlier]

Journal of Empirical Research on Human Research Ethics
Volume 12, Issue 5, December 2017
http://journals.sagepub.com/toc/jre/current
[Reviewed earlier]

Journal of Epidemiology & Community Health
December 2017 - Volume 71 - 12
http://jech.bmj.com/content/current
[Reviewed earlier]

Journal of Evidence-Based Medicine
November 2017 Volume 10, Issue 4 Pages 241–333
http://onlinelibrary.wiley.com/doi/10.1111/jebm.2017.10.issue-4/issuetoc
[Reviewed earlier]

Journal of Global Ethics
Volume 13, Issue 2, 2016
http://www.tandfonline.com/toc/rjge20/current
[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)
Volume 28, Number 4, November 2017
https://muse.jhu.edu/issue/37451
[Reviewed earlier]

Journal of Immigrant and Minority Health
Volume 19, Issue 6, December 2017
https://link.springer.com/journal/10903/19/6/page/1
[Reviewed earlier]

Journal of Immigrant & Refugee Studies
Volume 15, Issue 4, 2017
http://www.tandfonline.com/toc/wimm20/current
[Reviewed earlier]

Journal of Infectious Diseases
Volume 216, Issue 11 1 December 2017
https://academic.oup.com/jid/issue
[Reviewed earlier]

Journal of Medical Ethics
January 2018 - Volume 44 - 1
http://jme.bmj.com/content/current
Feature article
The Ebola clinical trials: a precedent for research ethics in disasters
Philippe Calain
Abstract
The West African Ebola epidemic has set in motion a collective endeavour to conduct accelerated clinical trials, testing unproven but potentially lifesaving interventions in the course of a major public health crisis. This unprecedented effort was supported by the recommendations of an ad hoc ethics panel convened in August 2014 by the WHO. By considering why and on what conditions the exceptional circumstances of the Ebola epidemic justified the use of unproven interventions, the panel's recommendations have challenged conventional thinking about therapeutic development and clinical research ethics. At the same time, unanswered ethical questions have emerged, in particular: (i) the specification of exceptional circumstances, (ii) the specification of unproven interventions, (iii) the goals of interventional research in terms of individual versus collective interests, (iv) the place of adaptive trial designs and (v) the exact meaning of compassionate use with unapproved interventions. Examination of these questions, in parallel with empirical data from research sites, will help build pragmatic foundations for disaster research ethics. Furthermore, the Ebola clinical trials signal an evolution in the current paradigms of therapeutic research, beyond the case of epidemic emergencies.
Response
Aspects of disaster research ethics applicable to other contexts
Bridget Haire
Individual and public interests in clinical research during epidemics: a reply to Calain
Annette Rid

Public health ethics
PAPER: A libertarian case for mandatory vaccination

Jason Brennan

Abstract

This paper argues that mandatory, government-enforced vaccination can be justified even within a libertarian political framework. If so, this implies that the case for mandatory vaccination is very strong indeed as it can be justified even within a framework that, at first glance, loads the philosophical dice against that conclusion. I argue that people who refuse vaccinations violate the 'clean hands principle', a (in this case, enforceable) moral principle that prohibits people from participating in the collective imposition of unjust harm or risk of harm. In a libertarian framework, individuals may be forced to accept certain vaccines not because they have an enforceable duty to serve the common, and not because cost–benefit analysis recommends it, but because anti-vaxxers are wrongfully imposing undue harm upon others.

Journal of Medical Internet Research
Vol 20, No 1 (2018): January
http://www.jmir.org/2018/1
[New issue; No digest content identified]

Journal of Medical Microbiology
Volume 66, Issue 12, December 2017
http://jmm.microbiologyresearch.org/content/journal/jmm/66/12
[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
[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 6, Issue 4 December 2017
https://academic.oup.com/jpids/issue
[Reviewed earlier]

Journal of Pediatrics
December 2017 Volume 191, p1-282
http://www.jpeds.com/current
[New issue; No digest content identified]

Journal of Pharmaceutical Policy and Practice
https://joppp.biomedcentral.com/
[Accessed 6 January 2018]
[No new digest content identified]

Journal of Public Health Management & Practice
November/December 2017 - Volume 23 - Issue 6
http://journals.lww.com/jphmp/pages/default.aspx
[New issue; No digest content identified]

Journal of Public Health Policy
Volume 38, Issue 4, November 2017
https://link.springer.com/journal/41271/38/4/page/1
[Reviewed earlier]

Journal of the Royal Society – Interface
01 January 2018; volume 15, issue 138
http://rsif.royalsocietypublishing.org/content/current
Life Sciences–Physics interface
Research article:
Optimizing targeted vaccination across cyber–physical networks: an empirically based mathematical simulation study
Enys Mones, Arkadiusz Stopczynski, Alex 'Sandy' Pentland, Nathaniel Hupert, Sune Lehmann
J. R. Soc. Interface 2018 15 20170783; DOI: 10.1098/rsif.2017.0783. Published 3 January 2018
Abstract
Targeted vaccination, whether to minimize the forward transmission of infectious diseases or their clinical impact, is one of the 'holy grails' of modern infectious disease outbreak response, yet it is difficult to achieve in practice due to the challenge of identifying optimal targets in real time. If interruption of disease transmission is the goal, targeting requires knowledge of underlying person-to-person contact networks. Digital communication networks may reflect not only virtual but also physical interactions that could result in disease transmission, but the precise overlap between these cyber and physical networks has never been empirically explored in real-life settings. Here, we study the digital communication activity of more than 500 individuals along with their person-to-person contacts at a 5-min temporal resolution. We then simulate different disease transmission scenarios on the person-to-person physical contact network to determine whether cyber communication networks can be harnessed to advance the goal of targeted vaccination for a disease spreading on the network of physical proximity. We show that individuals selected on the basis of their closeness centrality within cyber networks (what we call 'cyber-directed vaccination') can enhance vaccination campaigns against diseases with short-range (but not full-range) modes of transmission.

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

December 2017, volume 91, issue 24
http://jvi.asm.org/content/current
[Reviewed earlier]

The Lancet
http://www.thelancet.com/journals/lancet/issue/current
Jan 06, 2018 Volume 391 Number 10115 p1-94 e1
Comment
The polio endgame: securing a world free of all polioviruses
Michel Zaffran, Michael McGovern, Reza Hossaini, Rebecca Martin, Jay Wenger

Dec 23, 2017 Volume 390 Number 10114 p2739-2870 e60-e62
Editorial
Our responsibility to protect the Rohingya
The Lancet

Articles
Worldwide incidence and prevalence of inflammatory bowel disease in the 21st century: a systematic review of population-based studies
Siew C Ng, Hai Yun Shi, Nima Hamidi, Fox E Underwood, Whitney Tang, Eric I Benchimol, Remo Panaccione, Subrata Ghosh, Justin C Y Wu, Francis K L Chan, Joseph J Y Sung, Gilaad G Kaplan

The Lancet Commissions
The path to longer and healthier lives for all Africans by 2030: the Lancet Commission on the future of health in sub-Saharan Africa
Irene Akua Agyepong, Nelson Sewankambo, Agnes Binagwaho, Awa Marie Coll-Seck, Tumani Corrah, Alex Ezeh, Abebaw Fekadu, Nduku Kilonzo, Peter Lamptey, Felix Masiye, Bongani Mayosi, Souleymane Mboup, Jean-Jacques Muyembe, Muhammad Pate, Myriam Sidibe, Bright Simons, Sheila Tlou, Adrian Gheorghe, Helena Legido-Quigley, Joanne McManus, Edmond Ng, Maureen O'Leary, Jamie Enoch, Nicholas Kassebaum, Peter Piot

Lancet Global Health
Jan 2018 Volume 6 Number 1 e1-e120
http://www.thelancet.com/journals/langlo/issue/current
[New issue; No digest content identified]

Lancet Infectious Diseases
Jan 2018 Volume 18 Number 1 p1-122 e1-e32
http://www.thelancet.com/journals/laninf/issue/current
Articles
A genetically inactivated two-component acellular pertussis vaccine, alone or combined with tetanus and reduced-dose diphtheria vaccines, in adolescents: a phase 2/3, randomised controlled non-inferiority trial
Increasing evidence shows that protection induced by acellular pertussis vaccines is short-lived, requiring repeated booster vaccination to control pertussis disease. We aimed to assess the

safety and immunogenicity of a recombinant acellular pertussis vaccine containing genetically inactivated pertussis toxin and filamentous haemagglutinin, as either a monovalent vaccine (aP[or in combination with tetanus and reduced-dose diphtheria vaccines (TdaP[versus a licensed tetanus and reduced-dose diphtheria and acellular pertussis combination vaccine (Tdap).
Sirintip Sricharoenchai, Chukiat Sirivichayakul, Kulkanya Chokephaibulkit, Punnee Pitisuttithum, Jittima Dhitavat, Arom Pitisuthitham, Wanatpreeya Phongsamart, Kobporn Boonnak, Keswadee Lapphra, Yupa Sabmee, Orasri Wittawatmongkol, Pailinrut Chinwangso, Indrajeet Kumar Poredi, Jean Petre, Pham Hong Thai, Simonetta Viviani

Personal View
Urgent challenges in implementing live attenuated influenza vaccine
Anika Singanayagam, Maria Zambon, Ajit Lalvani, Wendy Barclay
Summary
Conflicting reports have emerged about the effectiveness of the live attenuated influenza vaccine. The live attenuated influenza vaccine appears to protect particularly poorly against currently circulating H1N1 viruses that are derived from the 2009 pandemic H1N1 viruses. During the 2015–16 influenza season, when pandemic H1N1 was the predominant virus, studies from the USA reported a complete lack of effectiveness of the live vaccine in children. This finding led to a crucial decision in the USA to recommend that the live vaccine not be used in 2016–17 and to switch to the inactivated influenza vaccine. Other countries, including the UK, Canada, and Finland, however, have continued to recommend the use of the live vaccine. This policy divergence and uncertainty has far reaching implications for the entire global community, given the importance of the production capabilities of the live attenuated influenza vaccine for pandemic preparedness. In this Personal View, we discuss possible explanations for the observed reduced effectiveness of the live attenuated influenza vaccine and highlight the underpinning scientific questions. Further research to understand the reasons for these observations is essential to enable informed public health policy and commercial decisions about vaccine production and development in coming years.

Lancet Public Health
Jan 2018 Volume 3 Number 1 e1-e51
http://thelancet.com/journals/lanpub/
Articles
Effect of HPV vaccination and cervical cancer screening in England by ethnicity: a modelling study
Health equality is increasingly being considered alongside overall health gain when assessing public health interventions. However, the trade-off between the direct effects of vaccination and herd immunity could lead to unintuitive consequences for the distribution of disease burden within a population. We used a transmission dynamic model of human papillomavirus (HPV) to investigate the effect of ethnic disparities in vaccine and cervical screening uptake on inequality in disease incidence in England.
Helen C Johnson, Erin I Lafferty, Rosalind M Eggo, Karly Louie, Kate Soldan, Jo Waller, W John Edmunds

Lancet Respiratory Medicine

Jan 2018 Volume 6 Number 1 p1-74 e1-e4
http://www.thelancet.com/journals/lanres/issue/current
[New issue; No digest content identified]

Maternal and Child Health Journal
Volume 21, Issue 12, December 2017
https://link.springer.com/journal/10995/21/12/page/1
[Reviewed earlier]

Medical Decision Making (MDM)
Volume 37, Issue 8, November 2017
http://mdm.sagepub.com/content/current
[Reviewed earlier]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
December 2017 Volume 95, Issue 4 Pages 683–896
http://onlinelibrary.wiley.com/doi/10.1111/milq.2017.95.issue-4/issuetoc
[New issue; No digest content identified]

Nature
http://www.nature.com/nature/current_issue.html
Volume 553 Number 7686 pp6-114 4 January 2018
[New issue; No digest content identified]

Volume 552 Number 7685 pp291-430 21 December 2017
[New issue; No digest content identified]

Nature Medicine
December 2017, Volume 23 No 12 pp1385-1499
http://www.nature.com/nm/journal/v23/n12/index.html
[New issue; No digest content identified]

Nature Reviews Immunology
December 2017 Vol 17 No 12
http://www.nature.com/nri/journal/v17/n12/index.html
[New issue; No digest content identified]

New England Journal of Medicine
http://www.nejm.org/toc/nejm/medical-journal
January 4, 2018 Vol. 378 No. 1

Perspective

Chasing Seasonal Influenza — The Need for a Universal Influenza Vaccine

Catharine I. Paules, M.D., Sheena G. Sullivan, M.P.H., Ph.D., Kanta Subbarao, M.B., B.S., M.P.H., and Anthony S. Fauci, M.D.

[Closing text]

… However imperfect, though, current influenza vaccines remain a valuable public health tool, and it is always better to get vaccinated than not to get vaccinated. In this regard, the CDC estimates that influenza vaccination averted 40,000 deaths in the United States between the 2005–2006 and 2013–2014 seasons.2 Yet we can do better. Although targeted research to improve current vaccine antigens, platforms, and manufacturing strategies may in the short term lead to enhanced effectiveness of seasonal influenza vaccines, to achieve the ultimate objective of a universal influenza vaccine, a broad range of expertise and substantial resources will be required to fill gaps in our knowledge and develop a transformative approach to influenza-vaccine design.5

December 28, 2017 Vol. 377 No. 26
[New issue; No digest content identified]

December 21, 2017 Vol. 377 No. 25

Perspective

Evidence-Based Health Policy

Katherine Baicker, Ph.D., and Amitabh Chandra, Ph.D.

N Engl J Med 2017; 377:2413-2415 December 21, 2017 DOI: 10.1056/NEJMp1709816

Pediatrics

January 2018, VOLUME 141 / ISSUE

http://pediatrics.aappublications.org/content/141/1?current-issue=y

Articles

Exemptions From Mandatory Immunization After Legally Mandated Parental Counseling

Saad B. Omer, Kristen Allen, D.H. Chang, L. Beryl Guterman, Robert A. Bednarczyk, Alex Jordan, Alison Buttenheim, Malia Jones, Claire Hannan, M. Patricia deHart, Daniel A. Salmon

Pediatrics Jan 2018, 141 (1) e20172364; DOI: 10.1542/peds.2017-2364

This article is the first in which the impact of parental counseling and signature requirements for obtaining vaccine exemptions at the state-level has been evaluated.

Risk of Rotavirus Nosocomial Spread After Inpatient Pentavalent Rotavirus Vaccination

Annika M. Hofstetter, Kirsten Lacombe, Eileen J. Klein, Charla Jones, Bonnie Strelitz, Elizabeth Jacobson, Daksha Ranade, M. Leanne Ward, Slavica Mijatovic-Rustempasic, Diana Evans, Mary Wikswo, Michael D. Bowen, Umesh D. Parashar, Daniel C. Payne, Janet A. Englund

Pediatrics Jan 2018, 141 (1) e20171110; DOI: 10.1542/peds.2017-1110

This study assesses RV5 coverage, shedding of wild-type and vaccine-type rotavirus strains, and nosocomial transmission among infants hospitalized in an intensive care setting.

Astrovirus Infection and Diarrhea in 8 Countries

Maribel Paredes Olortegui, Saba Rouhani, Pablo Peñataro Yori, Mery Siguas Salas, Dixner Rengifo Trigoso, Dinesh Mondal, Ladaporn Bodhidatta, James Platts-Mills, Amidou Samie, Furqan Kabir, Aldo Lima, Sudhir Babji, Sanjaya Kumar Shrestha, Carl J. Mason, Adil Kalam, Pascal Bessong, Tahmeed Ahmed, Estomih Mduma, Zulfiqar A. Bhutta, Ila Lima, Rakhi Ramdass, Lawrence H. Moulton, Dennis Lang, Ajila George, Anita K.M. Zaidi, Gagandeep Kang, Eric R. Houpt, Margaret N. Kosek, on behalf of the MAL-ED Network
Pediatrics Jan 2018, 141 (1) e20171326; DOI: 10.1542/peds.2017-1326
We present evidence of astrovirus burden in vulnerable communities and suggestive protective immunity to infection, incentivizing ongoing vaccine development for viral gastroenteritis in young children.

Pharmaceutics
Volume 9, Issue 4 (December 2017)
http://www.mdpi.com/1999-4923/9/4
[New issue; No digest content identified]

PharmacoEconomics
Volume 35, Issue 12, December 2017
https://link.springer.com/journal/40273/35/12/page/1
[Reviewed earlier]

PLOS Currents: Disasters
http://currents.plos.org/disasters/
[Accessed 6 January 2018]
[No new digest content identified]

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
[Accessed 6 January 2018]
[No new digest content identified]

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 6 January 2018)
Editorial
Sexually transmitted infections—Research priorities for new challenges
Nicola Low, Nathalie J. Broutet
| published 27 Dec 2017 PLOS Medicine
https://doi.org/10.1371/journal.pmed.1002481

PLoS Neglected Tropical Diseases
http://www.plosntds.org/

(Accessed 6 January 2018)
Viewpoints
Madagascar can build stronger health systems to fight plague and prevent the next epidemic
Matthew H. Bonds, Mohammed A. Ouenzar, Andres Garchitorena, Laura F. Cordier, Meg G. McCarty, Michael L. Rich, Benjamin Andriamihaja, Justin Haruna, Paul E. Farmer
| published 04 Jan 2018 PLOS Neglected Tropical Diseases
https://doi.org/10.1371/journal.pntd.0006131

… The outbreak was officially detected a week later, preceding the infection of more than 2,200 confirmed, probable, and suspected cases as of November 2017, making it one the world's worst plague epidemics in the past half century [2,3]. Though curable with antibiotics if detected early, more than 200 people have died.

The response of the international community and the national government brought the epidemic significantly under control after some initial delay. Rapid diagnostic tests (RDTs), antibiotics, and protective gear arrived in the capital en masse and were distributed with a host of international actors. Widespread sensitization campaigns were implemented, patients were identified and treated, and thousands of community health workers (CHWs) conducted contact tracing to prevent the spread. However, supply chains and infrastructure throughout Madagascar are weak, and there have been persistent shortages of needed equipment and materials in exposed regions that are traditionally at low risk of plague. The lack of RDTs at many health facilities meant that many cases went unrecognized or were treated empirically at advanced stages, resulting in unchecked transmissions, including to as many as 70 health workers [1]. The risk of a larger epidemic spreading throughout the country this year is now low, but with the seasonal dynamics typically peaking in December and January, vigilance remains critical…

Editorial
Ten failings in global neglected tropical diseases control
Peter J. Hotez
| published 21 Dec 2017 PLOS Neglected Tropical Diseases
https://doi.org/10.1371/journal.pntd.0005896

Over the course of the last decade, the global community has made tremendous progress towards neglected tropical disease (NTD) control or even elimination, especially for some of the 20 conditions now recognized by the World Health Organization (WHO) [1]. However, there remain important and substantive gaps in our achievements. Some of these gaps are glaring and obvious, and the fact that they continue to be ignored by global leaders and policymakers approaches a moral failing or outrage. Listed here are 10 of what I consider to be our greatest missed opportunities, including some that I previously highlighted as priorities for the new WHO Director-General, Dr. Tedros [2]…

PLoS One
http://www.plosone.org/
[Accessed 6 January 2018]
Research Article
Impact of influenza vaccine on childhood otitis media in Taiwan: A population-based study
Pei-Wen Wu, Chien-Chia Huang, Wei-Chieh Chao, Chi-Chin Sun, Cheng-Hsun Chiu, Ta-Jen Lee

| published 05 Jan 2018 PLOS ONE
https://doi.org/10.1371/journal.pone.0190507

Research Article
High human papillomavirus (HPV) prevalence in South African adolescents and young women encourages expanded HPV vaccination campaigns
Zizipho Z. A. Mbulawa, Cari van Schalkwyk, Nai-Chung Hu, Tracy L. Meiring, Shaun Barnabas, Smritee Dabee, Heather Jaspan, Jean-Mari Kriek, Shameem Z. Jaumdally, Etienne Muller, Linda-Gail Bekker, David A. Lewis, Janan Dietrich, Glenda Gray, Jo-Ann S. Passmore, Anna-Lise Williamson
| published 02 Jan 2018 PLOS ONE
https://doi.org/10.1371/journal.pone.0190166

Research Article
Maternal influenza vaccine strategies in Kenya: Which approach would have the greatest impact on disease burden in pregnant women and young infants?
Meredith L. McMorrow, Gideon O. Emukule, David Obor, Bryan Nyawanda, Nancy A. Otieno, Caroline Makokha, Joshua A. Mott, Joseph S. Bresee, Carrie Reed
| published 28 Dec 2017 PLOS ONE
https://doi.org/10.1371/journal.pone.0189623

PLoS Pathogens
http://journals.plos.org/plospathogens/
[Accessed 6 January 2018]
[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 6 January 2018]
[No new digest content identified]

Prehospital & Disaster Medicine
Volume 32 - Issue 6 - December 2017
https://www.cambridge.org/core/journals/prehospital-and-disaster-medicine/latest-issue
[Reviewed earlier]

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

Proceedings of the Royal Society B

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

Public Health
January 2018 Volume 154
http://www.publichealthjrnl.com/current
Original Research
Self-reported influenza vaccination rates and attitudes towards vaccination among health care workers: results of a survey in a German university hospital
M.H. Hagemeister, N.K. Stock, T. Ludwig, P. Heuschmann, U. Vogel
p102–109
Published online: December 5, 2017

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

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

Qualitative Health Research
Volume 28, Issue 1, January 2018
http://qhr.sagepub.com/content/current
[Reviewed earlier]

Research Ethics
Volume 13, Issue 3-4, July-October 2017
http://journals.sagepub.com/toc/reab/current
[Reviewed earlier]

Reproductive Health
http://www.reproductive-health-journal.com/content
[Accessed 6 January 2018]
[Reviewed earlier]

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
December 2017 Volume 37, Issue 12 Pages 2261–2508
http://onlinelibrary.wiley.com/doi/10.1111/risa.2017.37.issue-12/issuetoc
[New issue; No digest content identified]

Risk Management and Healthcare Policy
Volume 10, 2017
https://www.dovepress.com/risk-management-and-healthcare-policy-archive56
[Reviewed earlier]

Science
http://www.sciencemag.org/current.dtl
05 January 2018 Vol 359, Issue 6371

[New issue; No digest content identified]

22 December 2017 Vol 358, Issue 6370
[New issue; No digest content identified]

Science Translational Medicine
http://stm.sciencemag.org/
03 January 2018 Vol 10, Issue 422
[New issue; No digest content identified]

20 December 2017 Vol 9, Issue 421
Report
Vaccination of dogs in an African city interrupts rabies transmission and reduces human exposure
By Jakob Zinsstag, Monique Lechenne, Mirjam Laager, Rolande Mindekem, Service Naïssengar, Assandi Oussiguéré, Kebkiba Bidjeh, Germain Rives, Julie Tessier, Seraphin Madjaninan, Mahamat Ouagal, Daugla D. Moto, Idriss O. Alfaroukh, Yvonne Muthiani, Abdallah Traoré, Jan Hattendorf, Anthony Lepelletier, Lauriane Kergoat, Hervé Bourhy, Laurent Dacheux, Tanja Stadler, Nakul Chitnis
Science Translational Medicine20 Dec 2017 Restricted Access
A citywide dog vaccination effort in Chad reduced the local spread of rabies from dogs to humans.
Abstract
Despite the existence of effective rabies vaccines for dogs, dog-transmitted human rabies persists and has reemerged in Africa. Two consecutive dog vaccination campaigns took place in

Chad in 2012 and 2013 (coverage of 71% in both years) in the capital city of N'Djaména, as previously published. We developed a deterministic model of dog-human rabies transmission fitted to weekly incidence data of rabid dogs and exposed human cases in N'Djaména. Our analysis showed that the effective reproductive number, that is, the number of new dogs infected by a rabid dog, fell to below one through November 2014. The modeled incidence of human rabies exposure fell to less than one person per million people per year. A phylodynamic estimation of the effective reproductive number from 29 canine rabies virus genetic sequences of the viral N-protein confirmed the results of the deterministic transmission model, implying that rabies transmission between dogs was interrupted for 9 months. However, new dog rabies cases appeared earlier than the transmission and phylodynamic models predicted. This may have been due to the continuous movement of rabies-exposed dogs into N'Djaména from outside the city. Our results show that canine rabies transmission to humans can be interrupted in an African city with currently available dog rabies vaccines, provided that the vaccination area includes larger adjacent regions, and local communities are informed and engaged.

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
November-December, 2017 Volume 20
http://www.travelmedicinejournal.com/
[New issue; No digest content identified]

Tropical Medicine & International Health
December 2017 Volume 22, Issue 12 Pages 1463–1608
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-11/issuetoc
[Reviewed earlier]

Vaccine
Volume 36, Supplement 1 Pages A1–A42 (11 January 2018)
http://www.sciencedirect.com/journal/vaccine/vol/36/suppl/S1
Midterm Review of the Global Measles and Rubella Strategic Plan, 2012-2020
Review article
Measles and Rubella Global Strategic Plan 2012–2020 midterm review
Open access - Pages A1-A34
W.A. Orenstein, A. Hinman, B. Nkowane, J.M. Olive, A. Reingold
Abstract
Measles, a vaccine-preventable illness, is one of the most infectious diseases known to man. In 2015, an estimated 134,200 measles deaths occurred globally. Rubella, also vaccine-preventable, is a concern because infection during pregnancy can result in congenital defects in the baby. More than 100,000 babies with congenital rubella syndrome were estimated to have been born globally in 2010. Eradication of both measles and rubella is considered to be feasible,

beneficial, and more cost-effective than high-level control. All six World Health Organization (WHO) regions have measles elimination goals by 2020 and two have rubella elimination goals by that year. However, the World Health Assembly has not endorsed a global eradication goal for either disease. In 2012, the Measles and Rubella Initiative published a Global Measles and Rubella Strategic Plan, 2012–2020, referred to hereafter as the Plan, which aimed to achieve measles and rubella elimination in at least five WHO regions by end-2020 through the implementation of five core strategies, with progress evaluated against 2015 milestones. When, by end-2015, none of these milestones had been met, WHO's Strategic Advisory Group of Experts on Immunization (SAGE) recommended a mid-term review of the Plan to evaluate progress toward goals, assess the quality of strategy implementation, and formulate lessons learned. A five-member team reviewed documents and conducted interviews with stakeholders as the basis for the review's conclusions and recommendations. This team concluded that, although significant progress in measles elimination had been made, progress had slowed. It recommended that countries continue to work toward elimination goals with a focus on strengthening ongoing immunization systems. In addition, it concluded that the strategies articulated in the Plan were sound, however full implementation had been impeded by inadequate country ownership and global political will, reflected in inadequate resources. Detailed recommendations for each of the Plan's five strategies as well as the areas of polio transition, governance and resource mobilization are outlined.

Measles and Rubella Global Strategic Plan 2012–2020 midterm review report: Background and summary
Open access - Pages A35-A42
Walter A. Orenstein, Lisa Cairns, Alan Hinman, Benjamin Nkowane, ... Arthur L. Reingold

Vaccine
Volume 36, Issue 1 Pages 1-190 (2 January 2018)
http://www.sciencedirect.com/journal/vaccine/vol/36/issue/1
Commentary
Measles and rubella eradication
Pages 1-3 Alan R. Hinman

Review
Status and progress of hepatitis B control through vaccination in the South-East Asia Region, 1992–2015
Review article
Pages 6-14
Lana Childs, Sigrun Roesel, Rania A. Tohme

Parental perceptions, attitudes and acceptance of childhood immunization in Saudi Arabia: A cross sectional study
Original research article
Pages 23-28
Thamir M. Alshammari, Gehad M. Subaiea, Talib Hussain, Afrasim Moin, Kazeem B. Yusuff

Knowledge, attitudes, and practices of private sector immunization service providers in Gujarat, India
Original research article

Pages 36-42
José E. Hagan, Narayan Gaonkar, Vikas Doshi, Anas Patni, ... Margaret Watkins

Immunization effects of a communication intervention to promote preteen HPV vaccination in primary care practices
Original research article
Pages 122-127
Joan R. Cates, Jamie L. Crandell, Sandra J. Diehl, Tamera Coyne-Beasley

Impact of measles supplementary immunization activities on reaching children missed by routine programs
Open access - Original research article
Pages 170-178
Allison Portnoy, Mark Jit, Stéphane Helleringer, Stéphane Verguet

Vaccine: Development and Therapy
https://www.dovepress.com/vaccine-development-and-therapy-archive111
(Accessed 6 January 2018)
No new digest content identified]

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 6 January 2018)
Open Access Article
Influenza Vaccination Rates Among Parents and Health Care Personnel in a German Neonatology Department
by Horst Buxmann, Anne Daun, Sabine Wicker and Rolf Lambert Schlößer
Vaccines 2018, 6(1), 3; doi:10.3390/vaccines6010003 (registering DOI) - 5 January 2018
Abstract
The influenza vaccination is recommended for all German pregnant women and health care personnel (HCP). We are the first to publish vaccination rates of mothers of hospitalized newborns and HCP in neonatal units. Between September 2016 and March 2017, data were collected in our level-III neonatology department in this descriptive multidisciplinary study, using an anonymous questionnaire. As a result, 513 persons were asked to participate, including 330 parents and 183 HCP. We received an 80.3% (412/513) response rate, 87.3% (288/330), and 67.8% (124/183) from parents and HCP, respectively. Ten percent (16/160) of mothers and 4.7% (6/127) of fathers had been vaccinated in 2016–2017 and 54.4% (87/160) mothers and 52.2% (66/127) fathers ever in their lifetime. In 2016–2017, 51.2% (21/41) of physicians had been vaccinated, 25.5% (14/55) of nurses, and 50.0% (14/28) of other staff members. When comparing those who had more than five influenza vaccinations in their life time, physicians were at 43.9% (18/41) versus nurses at 10.9% (6/55) ($p < 0.01$), and other HCP at 7.4% (2/27) ($p < 0.01$). The influenza vaccine uptake rate of 10% in mothers of hospitalized neonates is disappointingly low, resulting in 90% of hospitalized neonates being potentially vulnerable to influenza infection at a time where the risk for influenza-related complication can be severe

Value in Health
December 2017 Volume 20, Issue 10, p1227-1440
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

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

American Journal of Obstetrics and Gynecology
January 2018 Volume 218, Issue 1, Supplement, Pages S516–S5
http://www.ajog.org/issue/S0002-9378(17)X0012-4
867: Cost-Effectiveness of the Tdap Vaccine During Pregnancy
BM Ameel, RH Beigi, AB Caughey -
Abstract
Objective
Despite recommendations from the CDC's Advisory Committee on Immunization Practice and ACOG, tetanus, diphtheria, and acellular pertussis (Tdap) vaccination rates during pregnancy remain very low at about 10%. Vaccinating pregnant women confers passive immunity to infants against pertussis, who experience significantly higher mortality from whooping cough. We sought to highlight the importance of this recommendation by assessing the cost-effectiveness of the Tdap vaccine in pregnant women for preventing pertussis infection in infants.
Study Design
We developed a decision-analytic model in TreeAge to assess the cost-effectiveness of vaccinating healthy pregnant women with the Tdap vaccine. Neonatal outcomes assessed included neonatal death and encephalopathy. All probabilities and costs were derived from the literature. Utilities were applied to discounted life expectancy at a discount rate of 3% to generate quality adjusted life years (QALYs). Sensitivity analyses were performed to assess the robustness of our model to changes in baseline.
Results
We found that vaccinating pregnant women according to current guidelines is the cost-effective strategy. For every 100,000 women vaccinated, 3 neonatal deaths, and 0.6 encephalopathy cases were avoided, and 99 QALYs were gained. With a baseline assumption of the cost of vaccine of $37.55, vaccination was cost effective at $19,659.20 per QALY. The results of the model remain cost-effective in sensitivity analyses that vary baseline prevalence of pertussis in infants to 1%, vaccine effectiveness down to 20%, and cost of the vaccine up to $100.00.
Conclusion
OB providers should ensure that pregnant women receive the Tdap vaccine during pregnancy, especially given recent data that show postpartum maternal vaccination and cocooning strategies are not effective. Public health strategies to encourage greater uptake of the Tdap vaccination should be employed.

Health Economics
[01 Dec 2017, 26 Suppl 3:66-75]
Behavioural consequences of vaccination recommendations: An experimental analysis.
R Böhm, NW Meier, L Korn, C Betsch
Abstract
Annual vaccination is the most effective way to prevent seasonal influenza. However, globally, the recommendations vary from country to country, ranging from universal recommendations, risk-group-specific recommendations, to no recommendation at all. Due to high diversity both in recommendation practice and country-specific preconditions, it is difficult to determine the effect of different recommendations on vaccine uptake. This incentivised laboratory experiment (N = 288) tests the behavioural consequences of different recommendations in a repeated interactive vaccination game. The participants are part of heterogeneous groups, comprised of low- and high-risk type of players. They receive either a universal, risk-group-specific or no recommendation prior to their vaccination decisions. Results show that individuals are sensitive to the recommendations. In detail, a risk-group-specific recommendation increases vaccine uptake of high-risk types. However, at the same time, it decreases vaccine uptake of low-risk types. The results imply that when the proportion of low-risk types in a population is considerably larger than the high-risk group, a risk-group-specific (vs. universal) recommendation comes at the cost of decreased social benefit of vaccination due to the overall lower vaccine uptake. Policy decision-making should therefore complement epidemiological considerations with potential positive and negative behavioural consequences of vaccination recommendations.

Pediatrics International
Accepted manuscript online: 30 December 2017
A questionnaire survey for parents in Nara prefecture, Japan about mumps vaccination
T Kitano, H Nishikawa, M Onaka, M Ishihara…
Although the mumps vaccine has not been included in the national immunization program (NIP) in Japan, it has been shown that a two-dose routine vaccine program would be highly cost-effective. In this study, we performed a questionnaire-based study to investigate how many Japanese parents want the mumps vaccine to be included in the NIP with proper information.

* * * *

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 6 January 2018
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 6 January 2018
[No new, unique, relevant content]

CNN
http://edition.cnn.com/
Accessed 6 January 2018
How countries around the world try to encourage vaccination
2 January 2018
A new policy in France requires all children born January 1 or later to receive 11 mandatory vaccines. Vaccines against diphtheria, tetanus and poliomyelitis have always been mandatory in France, while eight -- including whooping cough, hepatitis B, measles, mumps and rubella -- had been recommended. As of New Year's Day, the additional eight are mandatory…

The Economist
http://www.economist.com/
Accessed 6 January 2018
[No new, unique, relevant content]

Financial Times
http://www.ft.com/home/uk
Accessed 6 January 2018
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 6 January 2018 [No new, unique, relevant content]
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 6 January 2018
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 6 January 2018

[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 6 January 2018
Ebola survivors sue government of Sierra Leone over missing Ebola millions
Stewardship of $15m in foreign support for deadly outbreak under scrutiny as officials are accused of failing to honour promises
5 January 2018
Two Ebola survivors are to sue the government of Sierra Leone in the first international court case intended to throw light on what happened to some of the millions of dollars siphoned off from funding to help fight the disease.
The case, filed with the regional west African court in Nigeria, alleges that a lack of government accountability allowed the disappearance of almost a third of the money that came into the country during the early months of the Ebola outbreak in 2014. It claims that this led to violations of survivors' rights to health and life…

New Yorker
http://www.newyorker.com/
Accessed 6 January 2018
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 6 January 2018
Suspected Diphtheria Cases in Yemen Near 500-WHO
At least 471 people in Yemen are believed to have been infected with diphtheria, killing one in 10 of them since the outbreak began in mid-August, the World Health Organization (WHO) said on Thursday.
January 04, 2018 - By REUTERS -

In World's Worst Cholera Outbreak, Vaccine Talks Hang in the Balance
A cholera epidemic in Yemen, one of the worst ever recorded, is likely to surge again around March, giving global health experts a few months to get vaccines in to the war-torn country to try to limit the next wave of cases.
December 29, 2017 - By REUTERS

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 6 January 2018
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 6 January 2018
[No new, unique, relevant content]

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Think Tanks et al

Brookings
http://www.brookings.edu/
Accessed 6 January 2018
Global Health
Promoting private sector involvement in neglected tropical disease research and development
Jeremy Barofsky and Jake Schneider
Tuesday, December 19, 2017

Center for Global Development
http://www.cgdev.org/page/press-center
Accessed 6 January 2018
[No new relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 6 January 2018
[No new relevant content]

CSIS
https://www.csis.org/
Accessed 6 January 2018
[No new relevant content]

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