



**Vaccines and Global Health: The Week in Review**  
**10 February 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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org).*

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## **Milestones :: Perspectives**

### **WHO Special Intervention Teams Vaccinate Nearly 400,000 children at transit points – Nigeria**

08 February 2018

...Presently, WHO has engaged 400 Special Intervention Teams in Borno state who operate quasi-fixed vaccination posts at transit points, motor parks, markets and along nomadic grazing routes, host communities and internally displaced people (IDP) camps. Their job is to intercept, assess, profile and vaccinate all children on transit with the appropriate vaccines including polio, measles and yellow fever.

In 2017, more than 2.4 million doses of oral polio vaccines were administered to eligible children and nearly 400 000 children profiled by the Special Interventions Teams, including 18 000 children from Marte and Abadam,” said Dr Mohammed Tahir Bolori, WHO focal person for internally displaced persons in Borno.

Out of the nearly 400,000 children, the teams tracked and profiled by the team , more than 375,000 were from populations trapped in inaccessible and partially accessible wards and settlements with no healthcare facilities, while another 21,664 children reached at transit points came from neighboring countries and other States in Nigeria.

Violence in the north-east Nigeria has caused widespread devastation, that affects the health of more than 6.9 million people in Adamawa, Borno and Yobe States with massive displacements of people. There are 1.7 million IDPs in the three states and more than 200,000 refugees from Niger, Chad and Cameroon.

In Borno state, two-thirds of health facilities in the conflict-affected areas have been completely or partially damaged leaving them incapable of providing urgently needed healthcare services. According to WHO’s latest Health Resources Availability Monitoring System report (known as HeRAMS), one- third of more than 700 health facilities in the state have been completely destroyed. Millions of people are unable to access even the most basic services such as vaccinations, treatment for minor ailments including malaria, diarrhea, and upper respiratory tract infections.

The “Special Intervention Teams” are helping to fill the gap in healthcare due to the humanitarian crisis by providing children who are often extremely vulnerable protection from some of childhood’s most virulent diseases...

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**Bill & Melinda Gates Medical Research Institute** [to 10 February 2018]

<https://www.linkedin.com/company/bill-melinda-gates-medical-research-institute/> [LinkedIn site]

February 6, 2018

#### **Gates MRI Leadership Update**

by Penny Heaton, Chief Executive Officer

The [Gates MRI](#) is taking an exciting step in its journey to solve some of the world’s toughest and most persistent global health challenges. I’m pleased to introduce the inaugural members of our leadership team.

Each of the individuals joining the leadership team brings a unique background and perspective to the Gates MRI, and each shares a commitment to helping accelerate progress in translational science for global health.

Here are the new members of the Gates MRI leadership team:

[David Kaufman](#) serves as Chief Medical Officer. Previously, he led Translational Oncology at Merck Research Laboratories, where he oversaw immuno-oncology translational research and biomarker development, as well as global translational research partnering. Prior to Merck, he was a faculty member at Beth Israel Deaconess Medical Center and Harvard Medical School, where his research focused on HIV vaccine immunology. David holds a Bachelor of Arts degree in biology, sociology, and anthropology from Swarthmore College, a PhD in Molecular Virology & Immunology from Rockefeller University, and an MD from Weill Medical College of Cornell University. He trained in internal medicine at the University of California, San Francisco, and in infectious diseases at Massachusetts General Hospital and Brigham and Women's Hospital. David is a member of the Board of Directors of the Society for the Immunotherapy of Cancer.

[Jared Silverman](#) serves as Head of Translational Discovery. He was previously Senior Vice President at Kaleido Biosciences, developing a drug discovery research platform for the microbiome. Prior to Kaleido, he spent 18 years at Cubist Pharmaceuticals, where he contributed to the discovery of three novel antibiotics. Jared trained as a microbiologist, focusing on a variety of problems in microbial pathogenesis. He holds a Bachelor of Arts degree in Molecular Biology from Princeton University and a PhD in Microbiology and Molecular Genetics from Harvard University. Jared is a member of the Board of Directors of Auspherix and on the editorial board of Antimicrobial Agents and Chemotherapy.

[Debra Weiss](#) serves as Head of Quality Assurance. Before joining the Gates MRI, Debra was Group Vice President and Head of R&D Quality Assurance at Shire Pharmaceuticals. Prior to Shire, she was a leader in R&D Quality Assurance at Merck & Co. Inc. She earned her Bachelor of Science degree in nursing from Hahnemann University and her Master of Science degree in the same field from the University of Pennsylvania. Debra is also an adjunct professor at Temple University, teaching a graduate course on good clinical practices.

[John Boama-Sefah](#) serves as the Chief Human Resources Officer. Previously, John was the Vice President of Human Resources at Baxalta, where he collaborated with business and HR leaders in multiple markets around the world. He also spent 14 years at Sanofi in New Jersey where he held HR leadership roles of increasing responsibility within the Research & Development function. John has expertise leading HR strategy and implementation across multiple geographies and during significant times of change and transformation. He received his Bachelor of Science degree in business administration from the University of Ghana and his Master of Business Administration degree in human resources and marketing management from Vanderbilt University.

[Dina Berdieva](#) serves as Head of Project Management & Clinical Operations. Prior to joining the Gates MRI, she was the Executive Director of Clinical Operations for Boston Pharmaceuticals, and spent nine years at Novartis Vaccines prior to that. Dina holds a Bachelor of Arts degree from Clark University and a Master of Public Health degree from Boston University with a focus on International Health & Epidemiology and Biostatistics.

[Mary Thistle](#) serves as the Gates MRI's Chief of Staff. Mary is a biopharmaceutical leader with more than 20 years of expertise in driving accelerated growth, and leading organizational strategy, operations, and business development. Before joining the Gates MRI, she was the COO for Dimension Therapeutics, a gene therapy company focused on rare diseases of the liver. Prior to Dimension, Mary was the Senior Vice President of Business Development at Cubist Pharmaceuticals. She holds a Bachelor of Science degree in Accounting and Business/Management from the University of Massachusetts. Mary serves on the Board of Directors for Enterome Biosciences.

In the coming months and years, the Gates MRI will continue to build a strong, talented team dedicated to our mission of eradicating malaria, accelerating the end of the tuberculosis epidemic, and ending diarrheal deaths in children.

This team will work to create a place where experts in translational science and medicine can come together, apply transformational science, and improve the lives of millions of people in the world's poorest countries. I'm excited to welcome each of these individuals, and I look forward to the work ahead!

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## Featured Journal Content

### Health Affairs

February 2018. Vol. 37, No. 2

<https://www.healthaffairs.org/toc/hlthaff/current>

#### ***Diffusion Of Innovation***

*Research Article Global Health Policy*

#### **The Equity Impact Vaccines May Have On Averting Deaths And Medical Impoverishment In Developing Countries**

[Angela Y. Chang](#)<sup>1</sup>, [Carlos Riumallo-Herl](#)<sup>2</sup>, [Nicole A. Perales](#)<sup>3</sup>, [Samantha Clark](#)<sup>4</sup>, [Andrew Clark](#)<sup>5</sup>, [Dagna Constenla](#)<sup>6</sup>, [Tini Garske](#)<sup>7</sup>, [Michael L. Jackson](#)<sup>8</sup>, [Kévin Jean](#)<sup>9</sup>, [Mark Jit](#)<sup>10</sup>, [Edward O. Jones](#)<sup>11</sup>, [Xi Li](#)<sup>12</sup>, [Chutima Suraratdecha](#)<sup>13</sup>, [Olivia Bullock](#)<sup>14</sup>, [Hope Johnson](#)<sup>15</sup>, [Logan Brenzel](#)<sup>16</sup>, and [Stéphane Verguet](#)<sup>17</sup>

*Open Access*

#### ***Abstract***

With social policies increasingly directed toward enhancing equity through health programs, it is important that methods for estimating the health and economic benefits of these programs by subpopulation be developed, to assess both equity concerns and the programs' total impact. We estimated the differential health impact (measured as the number of deaths averted) and household economic impact (measured as the number of cases of medical impoverishment averted) of ten antigens and their corresponding vaccines across income quintiles for forty-one low- and middle-income countries. Our analysis indicated that benefits across these vaccines would accrue predominantly in the lowest income quintiles. Policy makers should be informed about the large health and economic distributional impact that vaccines could have, and they should view vaccination policies as potentially important channels for improving health equity. Our results provide insight into the distribution of vaccine-preventable diseases and the health benefits associated with their prevention.

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## **Emergencies**

### **POLIO**

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

#### **Polio this week as of 07 February 2018** [GPEI]

:: New on <http://polioeradication.org/>: protecting children on the move in Pakistan; and, following the workday of female polio vaccinators in Afghanistan.

:: Watch long-time polio eradicators Hans Everts and Mohammed Mohammadi share their experiences from the frontline of outbreak response and describe the remaining challenges to reaching a polio-free world, in the latest 'Coffee with Polio Experts' videos.

*:: Weekly country updates as of 07 February 2018*

#### ***Afghanistan:***

:: Two new cases of wild poliovirus type 1 (WPV1) have been confirmed in Kandahar province, following advance notification last week. One new WPV1 positive environmental sample collected from Kandahar province

#### ***Pakistan:***

:: Two new WPV1 positive environmental samples collected, from Islamabad and Punjab provinces.

#### ***Democratic Republic of the Congo:***

:: One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been confirmed in Tanganyika province

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#### **Syria cVDPV2 outbreak situation report 33, 6 February 2018**

##### *Situation update 6 February 2018*

:: No new cases of cVDPV2 were reported this week. The total number of cVDPV2 cases remains 74. The most recent case (by date of onset of paralysis) is 21 September 2017 from Boukamal district, Deir Ez-Zor governorate.

:: An IPV vaccination round is currently in progress as part of the second phase of the outbreak response, in Damascus, Hasakah, Aleppo governorates and Jurmana district of rural Damascus. IPV is being delivered through fixed centres.

:: Teams delivering IPV are comprised of two vaccinators and one social mobiliser. In selected fixed sites with a higher proportion of displaced populations from Deir Ez-Zor, social mobilisers have been recruited from the local community to ensure high participation.

:: Children in Hasakah governorate who were missed by mOPV2 vaccination in first round will receive mOPV2 alongside IPV in the second round taking place this week.

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#### **WHO Grade 3 Emergencies** [to 10 February 2018]

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

:: WHO delivers life-saving health supplies to Deir-ez-Zor governorate

7 February 2018 - The World Health Organization (WHO) dispatched 14 tons of life-saving medicines, anesthetics, antibiotics, emergency medical kits and other treatments to Deir-ez-Zor governorate this week to urgently respond to the critical health needs of people in north-east Syria. The shipment contains more than 303 000 treatments for ill and wounded children, women and men.

:: Syria cVDPV2 outbreak situation report 33, 6 February 2018

*[See Polio above for detail]*

## **Yemen**

:: Cancer patients in Yemen face slow death as treatment options diminish 4 February 2018

:: Weekly epidemiology bulletin, 22–28 January 2018 [Cholera]

Iraq - *No new announcements identified*

Nigeria - *No new announcements identified.*

South Sudan - *No new announcements identified.*

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## **WHO Grade 2 Emergencies** [to 10 February 2018]

Bangladesh/Myanmar: Rakhine Conflict 2017 - *No new announcements identified*

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**

:: 9 Feb 2018 Syrian Arab Republic (Northern Governorates): Displacements to northwest Syria as of February 3, 2018

:: Statement by the UN Resident and Humanitarian Coordinator and UN Representatives in Syria on the impact of the compounded humanitarian crisis in Syria [EN/AR] Damascus, 6 February 2018

## **Yemen**

:: 6 Feb 2018 Yemen Humanitarian Update Issue No. 1 | 6 February 2018

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.*

### **Ethiopia**

:: 6 Feb 2018 Ethiopia Humanitarian Bulletin Issue 46 | 22 January – 4 February 2018

Nigeria - *No new announcements identified.*

ROHINGYA REFUGEE CRISIS - *No new announcements identified.*

Somalia - *No new announcements identified.*

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

*We will cluster these recent emergencies as below and continue to monitor the WHO webpages for updates and key developments.*

### **EBOLA/EVD** [to 10 February 2018]

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

- *No new announcements identified.*

### **MERS-CoV** [to 10 February 2018]

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

- *No new announcements identified.*

### **Yellow Fever** [to 10 February 2018]

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

- *No new announcements identified.*

### **Zika virus** [to 10 February 2018]

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

- *No new announcements identified.*

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## **WHO & Regional Offices** [to 10 February 2018]

*Latest news*

### **Displaced people in Ibb devastated by hunger and disease**

6 February 2018 – The number of people in need for humanitarian aid in Yemen has increased dramatically. Around 22.2 million people need some kind of humanitarian assistance. Currently, more than 2 million people are still displaced in Yemen, with women and children representing three quarters of internally displaced persons.

*Highlights*

### **Global summit highlights solutions to end violence against children, calls for accelerated action**

February 2018 – Globally, up to 1 billion children aged 2-17 years – or one in two children – have suffered physical, sexual or emotional violence or neglect in the past year. WHO will be joining global efforts next week aimed at promoting solutions, and reinforcing global commitments, to end all forms of violence against children.

### **South Sudan declares the end of its longest cholera outbreak**

February 2018 – South Sudan declared the end of its longest and largest cholera outbreak, with no new cases of cholera reported in over seven weeks. The fight against cholera in South Sudan has involved a range of partners working together to enhance surveillance, deploy rapid response teams to investigate and respond to cases, provide clean water, promote good hygiene practices and treat cholera patients.

### **Low uptake of seasonal influenza vaccination in Europe may jeopardise capacity to protect people**

February 2018 – Influenza vaccination coverage among high-risk groups has dropped in the European Region over the last seven years, and half the countries report a decrease in the number of vaccine doses available. Low uptake of seasonal influenza vaccination in Europe jeopardizes the capacity to protect people during annual epidemics and the next pandemic

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### **Weekly Epidemiological Record, 9 February 2018, vol. 93, 06 (pp. 45–60)**

- :: Creating new solutions to tackle old problems: the first ever evidence-based guidance on emergency risk communication policy and practice
- :: The role of extended and whole genome sequencing for tracking transmission of measles and rubella viruses: report from the Global Measles and Rubella Laboratory Network meeting, 2017
- :: Monthly report on dracunculiasis cases, January-December 2017

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### **WHO Regional Offices**

*Selected Press Releases, Announcements*

#### **WHO African Region AFRO**

*Selected Featured News*

- :: South Sudan declares the end of its longest cholera outbreak 09 February 2018
- :: Tanzania signs a joint health data collaborative communiqué 08 February 2018
- :: WHO Special Intervention Teams Vaccinate Nearly 400 000 children at transit points 08 February 2018
- :: South Sudan declares the end of its longest cholera outbreak 07 February 2018
- :: Federal Government of Nigeria to vaccinate 1.2 million Internally Displaced Persons (IDPs) against yellow fever in Borno State with support from WHO and UNICEF 07 February 2018

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

- :: PAHO launches new study on migration of health workers in the Caribbean (02/08/2018)  
*As health care workers continue to leave the Caribbean, the study's findings will help countries address future health systems needs in human resources for health.*



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

*No new digest content identified.*

## **WHO European Region EURO**

- :: WHO provides health advice for travellers to 2018 Winter Olympics 08-02-2018
- :: Sixty five cities commit to health and well-being as drivers of urban development: two out of three people in the WHO European Region live in urban environments 08-02-2018
- :: WHO Europe/ECDC joint statement: Low uptake of seasonal influenza vaccination in Europe may jeopardize capacity to protect people in next pandemic 07-02-2018

## **WHO Eastern Mediterranean Region EMRO**

- :: Sudan's surveillance system for polio put under the microscope 8 February 2018
- :: WHO calls for sustainable solution to health sector power shortages in Gaza 8 February, 2018
- :: WHO delivers life-saving health supplies to Deir-ez-Zor governorate, Syrian Arab Republic 7 February 2018
- UN releases US\$ 9.1 million to support urgent health needs in Yemen 6 February, 2018

## **WHO Western Pacific Region**

- :: Health Advice for Travellers to the 2018 Olympic and Paralympic Winter Games in the Republic of Korea 7 February 2018

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## **CDC/ACIP [to 10 February 2018]**

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

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

Friday, February 9, 2018

## **CDC update on widespread flu activity - Transcript**

*[Excerpt]*

ANNE SCHUCHAT: Good morning – and thank you for joining us. We were hoping to have better news to share today, but unfortunately, it looks like this flu season continues to be particularly challenging. Our latest tracking data indicate that influenza activity is still on the rise overall. In fact, we may be on track to beat some recent records. Before getting into the specifics, I just want to recognize that we know this issue is personal to so many Americans, and that there is a lot of fear and alarm about this flu season. There have been far too many heart-wrenching stories in recent weeks about families who have lost loved ones to influenza.

And unfortunately, this week's report reveals more somber news, with an additional 10 flu-related pediatric deaths for this season. That means we have now received reports for 63 children who have died of the flu so far this season. I also know many of you are asking how this season compares to previous ones and how much longer it will go on. But flu is incredibly difficult to predict, and we don't know if we've hit the peak yet. In the past five seasons, influenza-like illness has been elevated for between 11 and 20 weeks, and we're only at week 11 now, so we could potentially see several more weeks of activity.

Here's what we can tell you, based on the latest data. Levels of influenza-like-illness across the country are now as high as we observed at the peak of the 2009 H1N1 pandemic. This doesn't mean that we are having a pandemic, just that levels of influenza-like-illness are as high as what we saw during the peak of H1N1. That's a signal of how very intense this flu season has been. And let me remind you that the influenza like illness measure is based on outpatient visits and emergency department visits. In addition, overall hospitalizations are now significantly higher than what we've seen for this time of year since our current tracking system began almost a decade ago in 2010 and the rate is approaching the final rate of hospitalizations that we observed at the end of the active 2014-2015 flu season...

### **ACIP**

February 21-22, 2018 Draft Meeting Agenda[2 pages]

Register for upcoming February ACIP meeting

February 21-22, 2018

Deadline for registration:

Non-US Citizens: January 24, 2018

US Citizens: February 5, 2018

### **MMWR News Synopsis for February 8, 2018 / No. 4**

<https://www.cdc.gov/mmwr/index2018.html>

:: Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — United States, 2018

:: Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2018

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**Africa CDC** [to 10 February 2018]

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

*No new digest content identified.*

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**China CDC** [to 10 February 2018]

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

*No new digest content identified.*

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### **Announcements**

**AERAS** [to 10 February 2018]

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

*No new digest content identified.*

**BMGF - Gates Foundation** [to 10 February 2018]

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

*No new digest content identified.*

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 10 February 2018]

<http://cepi.net/>

*No new digest content identified.*

**EDCTP** [to 10 February 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*

9 February 2018

**Co-infections and co-morbidities: stakeholder meeting report published**

Co-infections and co-morbidities in low- and middle-income countries are an important public health problem. These conditions decrease chances of recovery or cure and ultimately result in increased morbidity and mortality. Co-infections present unique challenges in diagnosis, treatment and prevention. Non-communicable diseases (NCDs) have become a fast-growing burden of disease in sub-Saharan Africa. There is a clear need for long-term, more integrated management of poverty-related infectious diseases and NCDs. Therefore, co-infections and co-morbidities are among the priority topics for EDCTP to be addressed in 2018.

**Emory Vaccine Center** [to 10 February 2018]

<http://www.vaccines.emory.edu/>

*No new digest content identified.*

**European Medicines Agency** [to 10 February 2018]

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

*No new digest content identified.*

**European Vaccine Initiative** [to 10 February 2018]

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

*No new digest content identified.*

**FDA** [to 10 February 2018]

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

*No new digest content identified.*

**Fondation Merieux** [to 10 February 2018]

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

February 8, 2018

**Trainings for doctors and laboratory technicians as part of the LABOMEDCAMP project in Mali**

February 8, 2018

**Congo Republic's Prime Minister Clément Mouamba visits the Mérieux Foundation to discuss the challenges of infectious diseases in Africa**

**Gavi** [to 10 February 2018]

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

05 February 2018

**Study: vaccines prevent not just disease, but also poverty**

*New study shows that immunisation in world's poorest countries is set to save millions from one of the primary causes of extreme poverty: health expenses.*

Geneva, 5 February 2018 – In addition to saving millions of lives, vaccines will help prevent 24 million people in some of the world's poorest countries from slipping into poverty by 2030, according to a study published today in *Health Affairs*.

The Harvard study, co-authored by Gavi, the Vaccine Alliance and a wide range of partners, modelled the health and economic impact of vaccines for ten diseases in 41 developing countries. As well as the economic impact, the study also estimated that vaccines administered between 2016 and 2030 would prevent 36 million deaths.

"Vaccines don't just save lives, they also have a huge economic impact on families, communities and economies," said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance. "A healthy child is more likely to go to school and become a more productive member of society in later life, while their families can avoid the often crippling healthcare costs that diseases can bring. As this important study shows, this is enough to save millions of people from the misery of extreme poverty. To realise these figures we now need to redouble our efforts to ensure every child, no matter where they're born, has access to lifesaving vaccines."...

**GHIT Fund** [to 10 February 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 • No new digest content identified.*

**Global Fund** [to 10 February 2018]

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

**Mozambique and Global Fund Launch New Grants**

08 February 2018

The Global Fund and health partners in Mozambique today launched the implementation of six grants aimed at accelerating the end of HIV, tuberculosis and malaria as epidemics.

**Hilleman Laboratories** [to 10 February 2018]

<http://www.hillemanlabs.org/>  
*No new digest content identified.*

**Human Vaccines Project** [to 10 February 2018]  
<http://www.humanvaccinesproject.org/media/press-releases/>  
*No new digest content identified.*

**IAVI** [to 10 February 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 10 February 2018]  
<https://www.jhsph.edu/research/centers-and-institutes/ivac/index.html>  
*No new digest content identified.*

**IVI** [to 10 February 2018]  
<http://www.ivi.int/>  
*No new digest content identified.*

**JEE Alliance** [to 10 February 2018]  
<https://www.jeealliance.org/>  
*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 10 February 2018]  
<http://www.doctorswithoutborders.org/news-stories/press/press-releases>  
*Press release*

**[Yemen: Conflict Puts Renal Failure Patients' Lives at Risk](#)**

February 08, 2018

The lives of thousands of renal failure patients are in danger as kidney treatment centers in war-ravaged Yemen close or struggle to function, said the international medical humanitarian organization Doctors Without Borders/Medecins Sans Frontieres (MSF) Thursday.

*Press release*

**[Zambia: MSF Data Published in New England Journal of Medicine Stresses Effectiveness of Single-Dose Oral Cholera Vaccine](#)**

February 07, 2018

data from Zambia's 2016 cholera epidemic found that giving people just one of the currently-recommended two doses of the oral cholera vaccine was nearly 90 percent effective for adequate short-term protection during this outbreak.

*Press release*

**MSF Challenges Pfizer's Monopoly on Lifesaving Pneumonia Vaccine in South Korea**

February 06, 2018

The international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) has filed a legal petition to the Supreme Court of South Korea requesting that the court review Pfizer's patent to for its pneumococcal conjugate vaccine (PCV). On November 29, 2017, the Patent Court of Korea upheld the patent granted to Pfizer for its PCV13 product, marketed as Prevnar13. Unmerited patents like this are a barrier for people, governments, and treatment providers, such as MSF, trying to protect children against pneumonia—a disease that kills almost one million kids every year, or 2,500 per day.

**NIH** [to 10 February 2018]

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

February 8, 2018

**Ebola virus infects reproductive organs in monkeys**

— Additional research is needed to determine if drugs and vaccines can cure or prevent such infections, and to understand the mechanisms of sexual transmission.

**PATH** [to 10 February 2018]

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

*Press release* | February 07, 2018

**First vaccine carrier approved by World Health Organization to prevent vaccine freezing during transport commercially available**

PATH's Freeze-Safe innovation sets a new benchmark, helping protect vaccine potency, reducing health worker burden, and providing cost savings to health systems

*Announcement* | February 06, 2018

**Cara Bradley named Chief Corporate Engagement Officer for PATH; Kathryn Kennedy joins as Head of Media**

*Press release* | February 05, 2018

**Tackling a silent killer: information and testing for hepatitis C becomes more available in Ho Chi Minh City thanks to integration into community-led services**

Ho Chi Minh City, February 5, 2018—People most at risk of contracting hepatitis C virus (HCV), an infectious disease that can result in serious liver damage and death, will soon be able to access more convenient testing options and information about the disease through a new initiative launched today by the Ho Chi Minh City Provincial AIDS Center (HCMC PAC); international non-profit organization, PATH; Gilead Sciences and private clinics in Ho Chi Minh City...

**Sabin Vaccine Institute** [to 10 February 2018]

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

*No new digest content identified.*

**UNAIDS** [to 10 February 2018]

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

*Update*

**Time to act in South Sudan**

09 February 2018

A United Nations interagency task team has called for partners, donors, national authorities and others to act in South Sudan.

South Sudan has been ripped apart by civil war for the past two years. Tens of thousands of people have been killed and many others have fled their homes. Widespread reports have detailed looting, rape, enslavement and the use of children in armed conflict.

Two million people are internally displaced in the country and more than 1.95 million people have migrated to neighbouring countries. Food has become scarce and famine has followed. The task team gives 16 recommendations in a new report, [\*Time to act! Conflict, displacement, famine and the HIV response\*](#). Among these are that when targeting food assistance, people living with chronic illnesses, including HIV, should be included, in order to help them to adhere to their treatment. The report also urges the continuing distribution of medicines to treat HIV, sexually transmitted infections and tuberculosis and for condoms to be available through the country and in neighbouring countries.

South Sudan is one of the 38 countries that account for 90% of all new infections, and only 10% of people living with HIV in the country are on life-saving antiretroviral therapy. The conflict has weakened HIV services and host countries often cannot provide for the influx of refugees...

06 February 2018

*Update*

**African first ladies and the African Union launch Free to Shine**

First ladies across Africa are spearheading a campaign to stop children acquiring HIV, prevent AIDS-related deaths and keep mothers healthy across Africa.

The *Free to Shine* campaign was launched by the Organisation of African First Ladies Against HIV/AIDS (OAFLA) and the African Union on the sidelines of the 30th Ordinary Session of the African Union in Addis Ababa, Ethiopia. It was launched during OAFLA's annual General Assembly, which this year included 20 first ladies from across Africa, joining under the theme of "Transforming Africa through prioritizing children, adolescents and mothers in the fight against HIV"...

**UNICEF** [to 10 February 2018]

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

7 February 2018

**Violence leaves 750,000 children in Mosul struggling to access basic health services**

MOSUL, Iraq, 7 February 2018 – As many as 750,000 children in Mosul and surrounding areas

are struggling to access basic health services, UNICEF warned today. While violence has subsided, less than 10 per cent of health facilities in Ninewa governorate are functioning at full capacity, with those that are operational stretched to breaking point.

Three years of intense violence have devastated health facilities in Iraq. Over 60 health facilities have repeatedly come under attack since the escalation of violence in 2014, severely disrupting access to basic health services for children and families.

"The state of Iraq's healthcare system is alarming. For pregnant women, newborn babies, and children, preventable and treatable conditions can quickly escalate into a matter of life and death," said Peter Hawkins, UNICEF Representative in Iraq, who has just completed a visit to Al Khansa hospital in Mosul, the largest in the city. "Medical facilities are strained beyond capacity and there are critical shortages of life-saving medicines."

UNICEF has stepped up its support to primary healthcare facilities to help the Government of Iraq provide critical health services so that children and families affected by violence and displacement can resume their lives.

**In Mosul, UNICEF has rehabilitated the pediatric and nutritional wards of two hospital centres, provided refrigerators to store vaccines for up to 250,000 children, and supported vaccination campaigns to immunize all children under five years old. Most health centres in the governorate have also restarted vaccination services for children.**

"As people start to return to their homes, it is essential that basic services like health, education, and specialized support for children impacted by violence are available," said Hawkins...

**Vaccine Confidence Project** [to 10 February 2018]

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

*No new digest content identified.*

**Vaccine Education Center – Children's Hospital of Philadelphia** [to 10 February 2018]

<http://www.chop.edu/centers-programs/vaccine-education-center>

*Published on Feb 07, 2018*

**[New Shingles Vaccine Changes Recommendations for Adults](#)**

In this video, Dr. Offit discusses the differences between the two shingles vaccines and updated recommendations for adults. These include getting the vaccine at 50 years of age instead of 60 and being revaccinated if you've previously received the older version (Zostavax).

**Wellcome Trust** [to 10 February 2018]

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

*News / Published: 6 February 2018*

**[£10 million to fund new urban health project in ten cities](#)**



*Wellcome is launching a £10 million research partnership across four continents to help improve understanding of how countries can create healthier cities and protect the planet.*

The partnership is a network of experts from science and other disciplines working closely with ten cities around the world. It will be led by Mike Davies, Professor of Building Physics and Environment at University College London, and Majid Ezzati, Professor of Global Environmental Health at Imperial College London.

The aim is to provide evidence to help policy makers and governments act to improve population health and protect the planet in a way that minimises health inequality.

The cities involved are: London (UK), Rennes (France), Beijing and Ningbo (China), Nairobi and Kisumu (Kenya), Dhaka (Bangladesh), Vancouver (Canada), and Accra and Tamale (Ghana)...

*News / Published: 22 January 2018*

#### **[New Wellcome office in Berlin will bolster global partnerships](#)**

*News / Published: 22 January 2018*

Wellcome is planning to open a small office in the German capital later this year so that we can work more closely with our international partners on shared priorities...

**The Wistar Institute** [to 10 February 2018]

<https://www.wistar.org/news/press-releases>

*No new digest content identified.*

.....

**BIO** [to 10 February 2018]

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

Feb 9 2018

#### **[BIO Applauds Introduction of the Vaccine Access Improvement Act](#)**

Washington, DC (February 9, 2018) – – The Biotechnology Innovation Organization (BIO) applauds Reps. Mike Kelly (R-PA) and Brian Higgins (D-NY) for introducing H.R. 4993, the Vaccine Access Improvement Act, which would promote timely access to new first-in-class childhood and maternal vaccines. The legislation would update the tax code to ensure new first-in-class vaccines are promptly covered under the National Vaccine Injury Compensation Program (VICP).

The VICP was created by the National Childhood Vaccine Injury Act (NCVIA) of 1986 and serves as a no-fault alternative to the traditional legal system for resolving vaccine injury petitions. The program is funded by an excise tax paid by manufacturers on each vaccine. Under current law, new first-in-class vaccines may only be added to the program by changing the underlying tax statute to include the disease that the vaccine protects against. The Vaccine Access Improvement Act would streamline this process by giving the Secretary of Health and Human Services regulatory authority to add new eligible vaccines to the program once they have been approved by the FDA and recommended by the CDC.

"Updating the Vaccine Injury Compensation Program to allow for the prompt inclusion of new childhood and maternal vaccines is crucial to ensuring timely access to these life-saving preventative medicines," said BIO President and CEO Jim Greenwood. "I commend Reps. Kelly and Higgins for their efforts to protect our nation's mothers and children."...

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 10 February 2018]

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

*No new digest content identified.*

**IFPMA** [to 10 February 2018]

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

*No new digest content identified.*

**PhRMA** [to 10 February 2018]

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

*No new digest content identified.*

**Industry Watch** [to 10 February 2018]

*No new digest content identified.*

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

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

**WHO-WIPO-WTO Technical Symposium on Sustainable Development Goals:  
Innovative technologies to promote healthy lives and well-being\***

Date of the event: 26 February 2018 (09:00 to 17:15)

Location: Geneva, Switzerland (WHO Headquarters, Executive Board Room)

*The event is open to Geneva-based delegations to WHO, WIPO and WTO, representatives of international and philanthropic organizations, experts on intellectual property and trade, civil society organizations and interested individuals and organizations.*

*The provisional programme of the event is available [here](#).*

*Further details about the Symposium can be accessed [here](#).*

**Background**

The post-2015 Agenda for Sustainable Development sets out an ambitious plan for action: to reach and empower the most vulnerable and take action in areas of critical importance for humanity and the planet. The Sustainable Development Goals usher in a new era of global development that seeks to leave no one behind. Achievement of the SDGs will require a delicate choreography of interplay between all stakeholders.

Access to, and innovation in, health technologies is a requisite element for ensuring progress toward universal health coverage and achievement of the SDGs, namely SDG 3 Ensure healthy lives and promote well-being for all at all ages. Scientific progress, advances in health technologies and improved trade have contributed to unprecedented improvements in health outcomes. However, gains in life expectancy and quality of life are unequally distributed

between low-, middle-, and high-income countries. Troubling inequalities in the burden of disease are, in part, attributed to the disparate access to health technologies. As a fundamental human right, the right of everyone to enjoy the highest attainable standard of physical and mental health obliges governments to ensure appropriate access to essential medicines.

The seventh technical symposium organized by WHO, WIPO, WTO will discuss challenges and opportunities for the international community to ensure that innovative technologies are developed and reach patients in order to realize the right to health and the health-related SDGs. The Symposium will offer a forum for an evidence-based exchange of views and experiences of the various stakeholders and representatives of the relevant sectors. Innovative, inclusive, and multi-stakeholder initiatives and partnerships that research, develop and facilitate access to novel, needs-based health technologies will be highlighted. The exchange will provide the basis for discussion and allow participants to achieve a better understanding of the benefits, drawbacks, and impact of the various available options.

The joint technical symposia convened by WHO, WIPO and WTO build on the collaborative work undertaken by the three agencies to enhance capacity, including the trilateral study "Promoting Access to Medical Technologies and Innovation."

\* \* \* \*

### ***Journal Watch***

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

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

### **American Journal of Infection Control**

February 2018 Volume 46, Issue 2, p123-244

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

[Reviewed earlier]

### **American Journal of Preventive Medicine**

February 2018 Volume 54, Issue 2, p157-324

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

[Reviewed earlier]

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

February 2018 108(2)

<http://ajph.aphapublications.org/toc/ajph/current>  
[Reviewed earlier]

### **American Journal of Tropical Medicine and Hygiene**

Volume 98, Issue 2, 2018

<http://www.ajtmh.org/content/journals/14761645/98/2>

*Perspective Piece*

#### **Rotavirus Vaccine will Improve Child Survival by More than Just Preventing Diarrhea: Evidence from Bangladesh**

Authors: Senjuti Saha, Mathuram Santosham, Manzoor Hussain, Robert E. Black and Samir K. Saha

<https://doi.org/10.4269/ajtmh.17-0586>

#### *Abstract*

Despite the high burden of rotavirus diarrhea, uptake of rotavirus vaccines in Asia remains low. This primarily stems from a perception of rotavirus as a non-life-threatening pathogen amidst a background of competing health priorities and limited resources. In the largest pediatric hospital of Bangladesh, where there is a fierce competition for beds, we found that between November 2015 and October 2016, 12% of 23,064 admissions were due to gastrointestinal infections, 54% of which were caused by rotavirus. One in four cases requiring hospitalization, or 5,879 cases, was refused because of unavailability of beds. Most refused cases were of pneumonia (22%), severe perinatal asphyxia (17%), preterm birth complications (7%), and meningitis (2%), all of which bear high risks of death or disability, if not treated timely. When determining vaccine policies and conducting vaccine impact studies, it would be shortsighted to not consider the impact on morbidity and mortality of cases that are refused admission because of the hospitalization of children with a preventable disease as rotavirus diarrhea. In our hospital, routine use of a rotavirus vaccine with 41% efficacy will release 629 beds per year to accommodate previously refused cases. Based on evidence, we make the case that introduction of this vaccine in Bangladesh and the surrounding region will prevent morbidity and mortality, both directly and indirectly, and help us ensure survival and well-being of all children.

### **Annals of Internal Medicine**

6 February 2018 Vol: 168, Issue 3

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

[New issue; No digest content identified]

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

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

(Accessed 10 February 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>

[Reviewed earlier]

### **BMC Health Services Research**

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

(Accessed 10 February 2018)

[No new digest content identified]

### **BMC Infectious Diseases**

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

(Accessed 10 February 2018)

[No new digest content identified]

### **BMC Medical Ethics**

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

(Accessed 10 February 2018)

[No new digest content identified]

### **BMC Medicine**

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

(Accessed 10 February 2018)

*Research article*

8 February 2018

[\*\*Elucidating the impact of the pneumococcal conjugate vaccine programme on pneumonia, sepsis and otitis media hospital admissions in England using a composite control\*\*](#)

Authors: Dominic Thorrington, Nick Andrews, Julia Stowe, Elizabeth Miller and Albert Jan van Hoek

### **BMC Pregnancy and Childbirth**

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

(Accessed 10 February 2018)

[No new digest content identified]

### **BMC Public Health**

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

(Accessed 10 February 2018)

*Research article*

[\*\*Attitude and subjective wellbeing of non-compliant mothers to childhood oral polio vaccine supplemental immunization in Northern Nigeria\*\*](#)

*Attitude and subjective well-being are important factors in mothers accepting or rejecting Oral Polio Vaccine (OPV) supplemental immunization. The purpose of the study was to determine the role of mothers' att...*

Authors: Gregory C. Umeh, Terna Ignatius Nomhwange, Anthony F. Shamang, Furera Zakari, Audu I. Musa, Paul M. Dogo, Victor Gugong and Neyu Iliyasu  
Citation: BMC Public Health 2018 18:231  
Published on: 8 February 2018

### **BMC Research Notes**

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

(Accessed 10 February 2018)

[No new digest content identified]

### **BMJ Open**

February 2018 - Volume 8 - 2

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

[Reviewed earlier]

### **Bulletin of the World Health Organization**

Volume 96, Number 2, February 2018, 77-144

<http://www.who.int/bulletin/volumes/96/2/en/>

[Reviewed earlier]

### **Child Care, Health and Development**

March 2018 Volume 44, Issue 2 Pages 173–341

<http://onlinelibrary.wiley.com/doi/10.1111/cch.v44.2/issuetoc>

[New issue; No digest content identified]

### **Clinical and Experimental Vaccine Research**

Volume 7(1); January 2018

<http://ecevr.org/>

[Reviewed earlier]

### **Clinical Therapeutics**

February 2018 Volume 40, Issue 2, p181-352, e1-e2

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

[New issue; No digest content identified]

### **Conflict and Health**

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

[Accessed 10 February 2018]

[No new digest content identified]

## **Contemporary Clinical Trials**

Volume 65 Pages 1-166 (February 2018)

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/65/suppl/C>

*Clinical Trial Management and Optimization*

### **Agreement in reporting between trial publications and current clinical trial registry in high impact journals: A methodological review**

Original research article

Pages 144-150

Sarah Daisy Kosa, Lawrence Mbuagbaw, Victoria Borg Debono, Mohit Bhandari, ... Lehana Thabane

#### ***Abstract***

##### **Objectives**

The primary objective of this systematic survey was to examine the percentage of studies in which there was agreement in the reporting of the primary outcome between the currently updated version of the clinical trial registry and the published paper. We also investigated the factors associated with agreement in reporting of the primary outcome.

##### **Methods**

We searched PubMed for all randomized control trials (RCT)s published in 2012–2015 in the top five general medicine journals (based on the 2014 impact factor). Two hundred abstracts (50 from each year) were randomly selected for data extraction. Agreement in reporting of 11 key study conduct items (e.g., sample size) and study characteristics (e.g., funding, number of sites) were extracted by two independent reviewers.

##### **Analysis**

Descriptive analyses were conducted to determine the proportion of studies on which there was agreement in reporting of key study conduct items. Generalized estimating equations were used to explore factors associated with agreement in reporting of the primary outcome.

##### **Results**

Of the 200 included studies, 87% had agreement in reporting of the primary outcome. After adjusting for other covariates, having greater than 50 sites was associated with an increased likelihood of agreement in reporting of the primary outcome (odds ratio=7.1, 95% confidence interval=1.39, 36.27, p=0.018).

##### **Conclusions**

We identified substantive disagreement in reporting between publications and current clinical trial registry, which were associated with several study characteristics. Further measures are needed to improve reporting given the potential threats to the quality and integrity of scientific research.

## **Current Opinion in Infectious Diseases**

February 2018 - Volume 31 - Issue 1

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

[Reviewed earlier]

## **Developing World Bioethics**

December 2017 Volume 17, Issue 3 Pages 141–216

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

[Reviewed earlier]

**Development in Practice**

Volume 28, Issue 1, 2018

<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>

[Reviewed earlier]

**Disasters**

January 2018 Volume 42, Issue 1 Pages 1–203

<http://onlinelibrary.wiley.com/doi/10.1111/disa.2018.42.issue-1/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 24, Number 2—February 2018

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

[New issue; No digest content identified]

**Epidemics**

Volume 21, Pages 1-88 (December 2017)

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

[Reviewed earlier]

**Epidemiology and Infection**

Volume 146 - Issue 3 - February 2018

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

*Measles*

[\*\*Public health response to a measles outbreak on a university campus in Australia, 2015\*\*](#)

[J. Smith, S. Banu, M. Young, D. Francis, K. Langfeldt, K. Jarvinen](#)

<https://doi.org/10.1017/S0950268817003089>

Published online: 17 January 2018, pp. 314-318



Article

**Molecular characterisation of measles virus strains among refugees from Central African Republic in Cameroon in 2014**

P. K. Ndombo, V. N. Ndze, F. D. Mbarga, R. Anderson, A. Acho, J. Ebua Chia, A. K. Njamnshi, P. A. Rota, D. Waku-Kouomou

<https://doi.org/10.1017/S0950268817002990>

Published online: 09 January 2018, pp. 319-323

**The European Journal of Public Health**

Volume 27, Issue 6, 1 December 2017

<https://academic.oup.com/eurpub/issue/27/6>

[Reviewed earlier]

**Global Health Action**

Volume 10, 2017 – Issue 1 [In Progress]

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

[Reviewed earlier]

**Global Health: Science and Practice (GHSP)**

December 2017 | Volume 5 | Number 4

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

[Reviewed earlier]

**Global Public Health**

Volume 13, 2017 Issue 3

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

***Special Issue: Im/Mobilities and Dis/Connectivities in Medical Globalization: How Global is Global Health? Guest Editors: Dominik Mattes and Hansjörg Dilger***

[Reviewed earlier]

**Globalization and Health**

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

[Accessed 10 February 2018]

[No new digest content identified]

**Health Affairs**

February 2018. Vol. 37, No. 2

<https://www.healthaffairs.org/toc/hlthaff/current>

***Diffusion Of Innovation***

Research Article Global Health Policy

## **The Equity Impact Vaccines May Have On Averting Deaths And Medical Impoverishment In Developing Countries**

Angela Y. Chang<sup>1</sup>, Carlos Riumallo-Herl<sup>2</sup>, Nicole A. Perales<sup>3</sup>, Samantha Clark<sup>4</sup>, Andrew Clark<sup>5</sup>, Dagna Constenla<sup>6</sup>, Tini Garske<sup>7</sup>, Michael L. Jackson<sup>8</sup>, Kévin Jean<sup>9</sup>, Mark Jit<sup>10</sup>, Edward O. Jones<sup>11</sup>, Xi Li<sup>12</sup>, Chutima Suraratdecha<sup>13</sup>, Olivia Bullock<sup>14</sup>, Hope Johnson<sup>15</sup>, Logan Brenzel<sup>16</sup>, and Stéphane Verguet<sup>17</sup>

*Open Access*

*Abstract*

With social policies increasingly directed toward enhancing equity through health programs, it is important that methods for estimating the health and economic benefits of these programs by subpopulation be developed, to assess both equity concerns and the programs' total impact. We estimated the differential health impact (measured as the number of deaths averted) and household economic impact (measured as the number of cases of medical impoverishment averted) of ten antigens and their corresponding vaccines across income quintiles for forty-one low- and middle-income countries. Our analysis indicated that benefits across these vaccines would accrue predominantly in the lowest income quintiles. Policy makers should be informed about the large health and economic distributional impact that vaccines could have, and they should view vaccination policies as potentially important channels for improving health equity. Our results provide insight into the distribution of vaccine-preventable diseases and the health benefits associated with their prevention.

## **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>

[Reviewed earlier]

## **Health Policy and Planning**

Volume 33, Issue suppl\_1 February 2018

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

***Beyond Gross National Income: Innovative methods for global health aid allocation***

*Editorial*

**Global health aid allocation in the 21st century**

Jesse B Bump

Health Policy and Planning, Volume 33, Issue suppl\_1, 1 February 2018, Pages i1–i3,

<https://doi.org/10.1093/heapol/czx193>

*Extract*

The ways multilateral agencies allocate support are idiosyncratic, include opaque judgments made with undisclosed criteria, and lead to results that are not widely disclosed. This presents deep challenges for accountability and legitimacy, and raises serious questions about how well

the needs of recipient countries are assessed and addressed. The stakes are very high, and the underlying issues are very important. These include how agencies define need, determine eligibility, and decide what support to provide to whom. The governance of these processes is also crucial. However, allocation has attracted very little scrutiny.

#### *Original Articles*

#### **[Resource allocation processes at multilateral organizations working in global health](#)**

Y-Ling Chi; Jesse B Bump

Health Policy and Planning, Volume 33, Issue suppl\_1, 1 February 2018, Pages i4–i13,  
<https://doi.org/10.1093/heapol/czx140>

#### **[Allocation of development assistance for health: is the predominance of national income justified?](#)**

Olivier Sterck; Max Roser; Mthuli Ncube; Stefan Thewissen

Health Policy and Planning, Volume 33, Issue suppl\_1, 1 February 2018, Pages i14–i23,  
<https://doi.org/10.1093/heapol/czw173>

#### **[Allocating external financing for health: a discrete choice experiment of stakeholder preferences](#)**

Karen A Grépin; Crossley B Pinkstaff; Arne Risa Hole; Klara Henderson; Ole Frithjof Norheim ...

Health Policy and Planning, Volume 33, Issue suppl\_1, 1 February 2018, Pages i24–i30,  
<https://doi.org/10.1093/heapol/czx017>

#### **[New approaches to ranking countries for the allocation of development assistance for health: choices, indicators and implications](#)**

Trygve Ottersen; Karen A Grépin; Klara Henderson; Crossley Beth Pinkstaff; Ole Frithjof Norheim ...

Health Policy and Planning, Volume 33, Issue suppl\_1, 1 February 2018, Pages i31–i46,  
<https://doi.org/10.1093/heapol/czx027>

#### **[The financing gaps framework: using need, potential spending and expected spending to allocate development assistance for health](#)**

Annie Haakenstad; Tara Templin; Stephen Lim; Jesse B Bump; Joseph Dieleman

Health Policy and Planning, Volume 33, Issue suppl\_1, 1 February 2018, Pages i47–i55,  
<https://doi.org/10.1093/heapol/czx165>

### **Health Research Policy and Systems**

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

[Accessed 10 February 2018]

#### *Opinion*

#### **[A research utilisation framework for informing global health and development policies and programmes](#)**

*A shift in the culture and practice of health and development research is required to maximise the real-world use of evidence by non-academic or non-research-oriented audiences. Many frameworks have been devel...*

Authors: Christine Kim, Rose Wilcher, Tricia Petruney, Kirsten Krueger, Leigh Wynne and Trinity Zan

Citation: Health Research Policy and Systems 2018 16:9  
Published on: 9 February 2018

**ISRIA statement: ten-point guidelines for an effective process of research impact assessment**

*As governments, funding agencies and research organisations worldwide seek to maximise both the financial and non-financial returns on investment in research, the way the research process is organised and fund...*

Authors: Paula Adam, Pavel V. Ovseiko, Jonathan Grant, Kathryn E. A. Graham, Omar F. Boukhris, Anne-Maree Dowd, Gert V. Balling, Rikke N. Christensen, Alexandra Pollitt, Mark Taylor, Omar Sued, Saba Hinrichs-Krapels, Maite Solans-Domènech and Heidi Chorzempa

Citation: Health Research Policy and Systems 2018 16:8  
Published on: 8 February 2018

*Review*

**What adaptation to research is needed following crises: a comparative, qualitative study of the health workforce in Sierra Leone and Nepal**

*Health workers are critical to the performance of health systems; yet, evidence about their coping strategies and support needs during and post crisis is lacking. There is very limited discussion about how res...*

Authors: Joanna Raven, Sushil Baral, Haja Wurie, Sophie Witter, Mohamed Samai, Pravin Paudel, Hom Nath Subedi, Tim Martineau, Helen Elsey and Sally Theobald

Citation: Health Research Policy and Systems 2018 16:6  
Published on: 7 February 2018

**Patient engagement in Canada: a scoping review of the 'how' and 'what' of patient engagement in health research**

*Over the last 10 years, patient engagement in health research has emerged as the next evolution in healthcare research. However, limited evidence about the clear role and scope of patient engagement in health ...*

Authors: Elizabeth Manafo, Lisa Petermann, Ping Mason-Lai and Virginia Vandall-Walker

Citation: Health Research Policy and Systems 2018 16:5  
Published on: 7 February 2018

**Common issues raised during the quality assurance process of WHO guidelines: a cross-sectional study**

*In 2007, WHO established the Guidelines Review Committee (GRC) to ensure that WHO guidelines adhere to the highest international standards. The GRC reviews guideline proposals and final guidelines. The objecti...*

Authors: Teegwendé V. Porgo, Mauricio Ferri and Susan L. Norris

Citation: Health Research Policy and Systems 2018 16:7  
Published on: 7 February 2018

**Identifying priority technical and context-specific issues in improving the conduct, reporting and use of health economic evaluation in low- and middle-income countries**

*The use of economic evaluation in healthcare policies and decision-making, which is limited in low- and middle-income countries (LMICs), might be promoted through the improvement of the conduct and reporting o...*

Authors: Alia Luz, Benjarin Santatiwongchai, Juntana Pattanaphesaj and Yot Teerawattananon

Citation: Health Research Policy and Systems 2018 16:4

Published on: 5 February 2018

### **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 14, Issue 2 2018

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

#### **Profile [Asia-Pacific Alliance for the Control of Influenza \(APACI\)](#)**

Kim Sampson

Pages: 248-249

Published online: 06 Dec 2017

#### *Review*

#### **[Development of Middle East Respiratory Syndrome Coronavirus vaccines – advances and challenges](#)**

[Heeyoun Cho](#), [Jean-Louis Excler](#), [Jerome H. Kim](#) & [In-Kyu Yoon](#)

Pages: 304-313

Published online: 29 Nov 2017

#### *Article*

#### **[Awareness of and willingness to be vaccinated by human papillomavirus vaccine among junior middle school students in Jinan, China](#)**

[Li Xue](#), [Wenqi Hu](#), [Haiman Zhang](#), [Zhongling Xie](#), [Xi Zhang](#), [Fanghui Zhao](#), [Youlin Qiao](#), [Lijie Gao](#) & [Wei Ma](#)

Pages: 404-411

Published online: 01 Dec 2017

*Review*

**Global economic evaluation of oral cholera vaccine: A systematic review**

Siew Li Teoh, Surachai Kotirum, Raymond C. W. Hutubessy & Nathorn Chaiyakunapruk

Pages: 420-429

Published online: 15 Dec 2017

*Abstract*

World Health Organization recommends oral cholera vaccine (OCV) to prevent and control cholera, but requires cost-effectiveness evidence. This review aimed to provide a critical appraisal and summary of global economic evaluation (EE) studies involving OCV to guide future EE study. Full EE studies, published from inception to December 2015, evaluating OCV against cholera disease were included. The included studies were appraised using WHO guide for standardization of EE of immunization programs. Out of 14 included studies, almost all (13/14) were in low- and middle-income countries. Most studies (11/14) evaluated mass vaccination program. Most of the studies (9/14) incorporated herd protective effect. The most common influential parameters were cholera incidence, OCV coverage, herd protection and OCV price. OCV vaccination is likely to be cost-effective when targeted at the population with high-risk of cholera and poor access to health care facilities when herd protection effect is incorporated and OCV price is low.

*Article*

**Pharmacists as vaccinators: An analysis of their experiences and perceptions of their new role**

Sandra Gerges, Elizabeth Peter, Susan K. Bowles, Shelley Diamond, Lucie Marisa Bucci, Anne Resnick & Anna Taddio

Pages: 471-477

Published online: 19 Dec 2017

*Review*

**Health literacy and vaccination: A systematic review**

Chiara Lorini, Francesca Santomauro, Martina Donzellini, Leonardo Capecci, Angela Bechini, Sara Bocalini, Paolo Bonanni & Guglielmo Bonaccorsi

Pages: 478-488

Published online: 06 Dec 2017

**Infectious Agents and Cancer**

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

[Accessed 10 February 2018]

[No new digest content identified]

**Infectious Diseases of Poverty**

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

[Accessed 10 February 2018]

[No new digest content identified]

**International Health**

Volume 9, Issue 6, 1 November 2017  
<http://inthehealth.oxfordjournals.org/content/current>  
[Reviewed earlier]

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

Vol 5, No 2 (2018) February 2018  
<http://www.ijcmph.com/index.php/ijcmph/issue/view/35>  
*Review Articles*

#### **Emerging infectious diseases: MERS-CoV, the new Betacoronavirus pandemic**

Mohammed Alaenazi, Hmoud Algarni, Saeed Alqahtani, Raed Aldahmeshi, Sabah Almutairi, Alaa Alaskar

DOI: [10.18203/2394-6040.ijcmph20180042](https://doi.org/10.18203/2394-6040.ijcmph20180042)

#### *Abstract*

Both the recent MERS-CoV and the past SARS-CoV indicate that new pathogens would probably emerge. Because it is not possible to predict when or where a new epidemic would occur, this continues to be a challenging issue for physicians and healthcare organizations. Furthermore, there are prophylactic vaccines or effective treatment for these infections and little is known about the origin and the zoonotic transmission of MERS-CoV which hinders the progress of its spread to humans. MERS-CoV is highly pathogenic, exhibiting high fatality rate than the former human corona virus SARS and can obviously be transmitted through several routes, with higher incidence in compromised healthcare settings. Currently, efforts to manage MERS-CoV spared should be directed towards developing educational programs, targeting the public and more importantly health care providers. For one major concern, this infection has and still could pose potential to spread rapidly across the globe, especially during religious mass gathering originating from a MERS-CoV hot spot (i.e., Hajj). Continued epidemiologic surveillance and vigilance remains crucial to compact this virus, or any future mutation.

### **International Journal of Epidemiology**

Volume 46, Issue 6, 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**

February 2018 Volume 67, p1-138  
[http://www.ijidonline.com/issue/S1201-9712\(17\)X0014-3](http://www.ijidonline.com/issue/S1201-9712(17)X0014-3)  
[New issue; No digest content identified]

**JAMA**

February 6, 2018, Vol 319, No. 5, Pages 421-515  
<http://jama.jamanetwork.com/issue.aspx>  
[New issue; No digest content identified]

### **JAMA Pediatrics**

February 2018, Vol 172, No. 2, Pages 105-204  
<http://archpedi.jamanetwork.com/issue.aspx>  
*Viewpoint*

#### **[Reducing the Underimmunization of Transplant Recipients](#)**

Amy G. Feldman, MD, MSCS; Chris Feudtner, MD, PhD, MPH; Allison Kempe, MD, MPH  
JAMA Pediatr. 2018;172(2):111-112. doi:10.1001/jamapediatrics.2017.3990

This Viewpoint proposes a strategy to reduce the underimmunization of pediatric transplant recipient

Vaccine-preventable infections (VPIs) are a common and serious complication after pediatric liver transplantation; in the first 2 years after transplant, 1 of 6 transplant recipients requires hospitalization for VPI, which is associated with graft injury, morbidity, and sometimes mortality.<sup>1</sup> These hospitalizations can increase the cost of the transplant-associated hospitalization by \$70 000.<sup>1</sup>

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

February 2018 - Volume 16 - Issue 2  
<http://journals.lww.com/jbisrir/Pages/currenttoc.aspx>  
[New issue; No digest content identified]

### **Journal of Adolescent Health**

February 2018 Volume 62, Issue 2, Supplement, S1-S140  
[http://www.jahonline.org/issue/S1054-139X\(17\)X0029-3](http://www.jahonline.org/issue/S1054-139X(17)X0029-3)  
[Reviewed earlier]

### **Journal of Community Health**

Volume 43, Issue 1, February 2018  
<https://link.springer.com/journal/10900/43/1/page/1>  
[Reviewed earlier]

### **Journal of Empirical Research on Human Research Ethics**

Volume 13, Issue 1, February 2018  
<http://journals.sagepub.com/toc/jre/current>  
[Reviewed earlier]

### **Journal of Epidemiology & Community Health**

February 2018 - Volume 72 - 2  
<http://jech.bmj.com/content/current>



[New issue; No digest content identified]

**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>

[Website not responding at inquiry]

**Journal of Global Ethics**

Volume 13, Issue 2, 2017

<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 20, Issue 1, February 2018

<https://link.springer.com/journal/10903/20/1/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 217, Issue 3, 1 Feb 2018

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

[Reviewed earlier]

**Journal of Medical Ethics**

February 2018 - Volume 44 - 2

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

[Reviewed earlier]

**Journal of Medical Internet Research**

Vol 20, No 2 (2018): February

<http://www.jmir.org/2018/2>

[Reviewed earlier]

**Journal of Medical Microbiology**

Volume 66, Issue 12, December 2017

<http://jmm.microbiologyresearch.org/content/journal/jmm/66/12>

[Reviewed earlier]

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

Volume 5, Issue 1 (2018)

<https://digitalrepository.auorahealthcare.org/jpcrr/>

***Health Disparities and Inequities: Part II***

[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**

February 2018 Volume 193, p1-280

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

[Reviewed earlier]

**Journal of Pharmaceutical Policy and Practice**

<https://joppp.biomedcentral.com/>

[Accessed 10 February 2018]

[Reviewed earlier]

**Journal of Public Health Management & Practice**

January/February 2018 - Volume 24 - Issue 1

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

[Reviewed earlier]

**Journal of Public Health Policy**

Volume 39, Issue 1, February 2018

<https://link.springer.com/journal/41271/39/1/page/1>

[Reviewed earlier]

**Journal of the Royal Society – Interface**

01 January 2018; volume 15, issue 138

<http://rsif.royalsocietypublishing.org/content/current>  
[Reviewed earlier]

### **Journal of Travel Medicine**

Volume 25, Issue 1, 1 January 2018  
<https://academic.oup.com/jtm/issue/25/1>  
[Reviewed earlier]

### **Journal of Virology**

February 2018, volume 92, issue 4  
<http://jvi.asm.org/content/current>  
[New issue; No digest content identified]

### **The Lancet**

Feb 10, 2018 Volume 391 Number 10120 p513-630 e6  
<http://www.thelancet.com/journals/lancet/issue/current>  
*Articles*

#### **[Safety, tolerability, and immunogenicity of two Zika virus DNA vaccine candidates in healthy adults: randomised, open-label, phase 1 clinical trials](#)**

Martin R Gaudinski, Katherine V Houser, Kaitlyn M Morabito, Zonghui Hu, Galina Yamshchikov, Ro Shauna Rothwell, Nina Berkowitz, Floreliz Mendoza, Jamie G Saunders, Laura Novik, Cynthia S Hendel, LaSonji A Holman, Ingelise J Gordon, Josephine H Cox, Srilatha Edupuganti, Monica A McArthur, Nadine G Roupheal, Kirsten E Lyke, Ginny E Cummings, Sandra Sitar, Robert T Bailer, Bryant M Foreman, Katherine Burgomaster, Rebecca S Pelc, David N Gordon, Christina R DeMaso, Kimberly A Dowd, Carolyn Laurencot, Richard M Schwartz, John R Mascola, Barney S Graham, Theodore C Pierson, Julie E Ledgerwood, Grace L Chen and the VRC 319 and VRC 320 study teams

#### **[Preliminary aggregate safety and immunogenicity results from three trials of a purified inactivated Zika virus vaccine candidate: phase 1, randomised, double-blind, placebo-controlled clinical trials](#)**

Kayvon Modjarrad, Leyi Lin, Sarah L George, Kathryn E Stephenson, Kenneth H Eckels, Rafael A De La Barrera, Richard G Jarman, Erica Sondergaard, Janice Tennant, Jessica L Ansel, Kristin Mills, Michael Koren, Merlin L Robb, Jill Barrett, Jason Thompson, Alison E Kosel, Peter Dawson, Andrew Hale, C Sabrina Tan, Stephen R Walsh, Keith E Meyer, James Brien, Trevor A Crowell, Azra Blazevic, Karla Mosby, Rafael A Larocca, Peter Abbink, Michael Boyd, Christine A Bricault, Michael S Seaman, Anne Basil, Melissa Walsh, Veronica Tonwe, Daniel F Hoft, Stephen J Thomas, Dan H Barouch, Nelson L Michael

#### *Review*

#### **[The Lancet Countdown on health and climate change: from 25 years of inaction to a global transformation for public health](#)**

Nick Watts, Markus Amann, Sonja Ayeb-Karlsson, Kristine Belesova, Timothy Bouley, Maxwell Boykoff, Peter Byass, Wenjia Cai, Diarmid Campbell-Lendrum, Jonathan Chambers, Peter M Cox, Meaghan Daly, Niheer Dasandi, Michael Davies, Michael Depledge, Anneliese Depoux,

Paula Dominguez-Salas, Paul Drummond, Paul Ekins, Antoine Flahault, Howard Frumkin, Lucien Georgeson, Mostafa Ghanei, Delia Grace, Hilary Graham, Rébecca Grojsman, Andy Haines, Ian Hamilton, Stella Hartinger, Anne Johnson, Ilan Kelman, Gregor Kieseewetter, Dominic Kniveton, Lu Liang, Melissa Lott, Robert Lowe, Georgina Mace, Maquins Odhiambo Sewe, Mark Maslin, Slava Mikhaylov, James Milner, Ali Mohammad Latifi, Maziar Moradi-Lakeh, Karyn Morrissey, Kris Murray, Tara Neville, Maria Nilsson, Tadj Oreszczyn, Fereidoon Owfi, David Pencheon, Steve Pye, Mahnaz Rabbaniha, Elizabeth Robinson, Joacim Rocklöv, Stefanie Schütte, Joy Shumake-Guillemot, Rebecca Steinbach, Meisam Tabatabaei, Nicola Wheeler, Paul Wilkinson, Peng Gong, Hugh Montgomery, Anthony Costello

The *Lancet* Countdown tracks progress on health and climate change and provides an independent assessment of the health effects of climate change, the implementation of the Paris Agreement,<sup>1</sup> and the health implications of these actions. It follows on from the work of the 2015 *Lancet* Commission on Health and Climate Change,<sup>2</sup> which concluded that anthropogenic climate change threatens to undermine the past 50 years of gains in public health, and conversely, that a comprehensive response to climate change could be “the greatest global health opportunity of the 21st century”.

### **Lancet Global Health**

Feb 2018 Volume 6 Number 2 e121-e228

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

[Reviewed earlier]

### **Lancet Infectious Diseases**

Feb 2018 Volume 18 Number 2 p123-226 e33-e63

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

[Reviewed earlier]

### **Lancet Respiratory Medicine**

Feb 2018 Volume 6 Number 2 p75-160 e5-e7

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

[Reviewed earlier]

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

Volume 22, Issue 1, January 2018

<https://link.springer.com/journal/10995/22/1/page/1>

[Reviewed earlier]

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

Volume 38, Issue 2, February 2018

<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>

[Reviewed earlier]

## **Nature**

Volume 554 Number 7691 pp145-264 8 February 2018

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

*World View*

### **Let's move beyond the rhetoric: it's time to change how we judge research**

Five years ago, the Declaration on Research Assessment was a rallying point. It must now become a tool for fair evaluation, urges Stephen Curry.

## **Nature Medicine**

February 2018, Volume 24 No 2 pp113-246

<http://www.nature.com/nm/journal/v24/n2/index.html>

*Articles*

### **Prevention of tuberculosis in rhesus macaques by a cytomegalovirus-based vaccine** -

pp130 - 143

Scott G Hansen, Daniel E Zak, Guangwu Xu, Julia C Ford, Emily E Marshall, Daniel Malouli, Roxanne M Gilbride, Colette M Hughes, Abigail B Ventura, Emily Ainslie, Kurt T Randall, Andrea N Selseth, Parker Rundstrom, Lauren Herlache, Matthew S Lewis, Haesun Park, Shannon L Planer, John M Turner, Miranda Fischer, Christina Armstrong, Robert C Zweig, Joseph Valvo, Jackie M Braun, Smitha Shankar, Lenette Lu, Andrew W Sylwester, Alfred W Legasse, Martin Messerle, Michael A Jarvis, Lynn M Amon, Alan Aderem, Galit Alter, Dominick J Laddy, Michele Stone, Aurelio Bonavia, Thomas G Evans, Michael K Axthelm, Klaus Früh, Paul T Edlefsen & Louis J Picker

doi:10.1038/nm.4473

Complete vaccine-mediated immune control of highly pathogenic *Mycobacterium tuberculosis* is possible if immune effector responses can intercept the infection at its earliest stages.

## **Nature Reviews Immunology**

January 2018 Vol 18 No 1

<http://www.nature.com/nri/journal/v18/n1/index.html>

[Reviewed earlier]

## **New England Journal of Medicine**

February 8, 2018 Vol. 378 No. 6

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

[New issue; No digest content identified]

## **Pediatrics**

February 2018, VOLUME 141 / ISSUE 2  
<http://pediatrics.aappublications.org/content/141/2?current-issue=y>  
[Reviewed earlier]

### **Pharmaceutics**

Volume 9, Issue 4 (December 2017)  
<http://www.mdpi.com/1999-4923/9/4>  
[Reviewed earlier]

### **PharmacoEconomics**

Volume 36, Issue 2, February 2018  
<https://link.springer.com/journal/40273/36/2/page/1>  
*Editorial*

#### **Towards a New Framework for Addressing Structural Uncertainty in Health Technology Assessment Guidelines**

Salah Ghabri, Irina Cleemput, Jean-Michel Josselin  
*Introduction*

Providing scientific advice and recommendations for public decision making entails identifying, selecting and weighing evidence derived from multiple sources of information through a systematic approach, while taking into account ethical, cultural and societal factors. Integrated in the evaluation process are exchanges between regulatory agencies, private firms, scientific experts and government representatives.

In the case of drugs and medical devices, health technology assessment (HTA) agencies are increasingly commissioned to evaluate innovations in order to provide government with recommendations and advice on reimbursement and/or pricing. To undertake this task, HTA agencies [1, 2, 3, 4, 5, 6] in Europe and elsewhere have developed methodological guidelines on the economic evaluation of health technologies [7]. One component of these guidelines deals with ways for both manufacturers (pharmaceutical and medical device firms) and HTA agencies evaluators (modelers, economists and public health experts) to address uncertainty...

### **PLOS Currents: Disasters**

<http://currents.plos.org/disasters/>  
[Accessed 10 February 2018]  
[No new digest content identified]

### **PLoS Currents: Outbreaks**

<http://currents.plos.org/outbreaks/>  
[Accessed 10 February 2018]  
[No new digest content identified]

### **PLoS Medicine**

<http://www.plosmedicine.org/>  
(Accessed 10 February 2018)  
[No new digest content identified]

## **PLoS Neglected Tropical Diseases**

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

[Accessed 10 February 2018]

[No new digest content identified]

## **PLoS One**

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

[Accessed 10 February 2018]

*Research Article*

### **[Impact and cost-effectiveness of different vaccination strategies to reduce the burden of pneumococcal disease among elderly in the Netherlands](#)**

Dominic Thorrington, Leo van Rossum, Mirjam Knol, Hester de Melker, Hans Rümke, Eelko Hak, Albert Jan van Hoek

Research Article | published 09 Feb 2018 PLOS ONE

<https://doi.org/10.1371/journal.pone.0192640>

*Research Article*

### **[Randomized controlled trial on promoting influenza vaccination in general practice waiting rooms](#)**

Christophe Berkhout, Amy Willefert-Bouche, Emmanuel Chazard, Suzanna Zgorska-Maynard-Moussa, Jonathan Favre, Lieve Peremans, Grégoire Ficheur, Paul Van Royen

Research Article | published 09 Feb 2018 PLOS ONE

<https://doi.org/10.1371/journal.pone.0192155>

## **PLoS Pathogens**

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

[Accessed 10 February 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 10 February 2018]

[No new digest content identified]

## **Prehospital & Disaster Medicine**

Volume 33 - Issue 1 - February 2018

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

*Original Research*

### **[A Quantitative Systematic Review and Meta-Analysis of the Effectiveness of Oral Cholera Vaccine as a Reactive Measure in Cholera Outbreaks](#)**

Patricia Schwerdtle, Coretta-Kings Onekon, Katrina Recoche

<https://doi.org/10.1017/S1049023X17007166>

Published online: 10 January 2018, pp. 2-6

### *Abstract*

The efficacy of oral cholera vaccines (OCVs) in laboratory conditions has been established, and the World Health Organization (WHO; Geneva, Switzerland) has recommended their preventative use in high-risk settings. The WHO recommendation has not been fully operationalized, nor has it been extended to apply to the reactive use of OCVs in real field epidemic conditions due to concerns about potential resource diversion, feasibility, cost, and acceptability. The purpose of this study is to assess and synthesize existing evidence of OCV effectiveness when used reactively in real field conditions.

A systematic review and meta-analysis was conducted involving studies that investigated vaccine effectiveness when used as a reactive measure; that is, cases had reached epidemic threshold and a cholera epidemic was declared in real field epidemic conditions. OVID Medline (US National Library of Medicine, National Institutes of Health; Bethesda, Maryland USA), CINAHL (EBSCO Information Services; Ipswich, Massachusetts USA), and EMBASE (Elsevier; Amsterdam, Netherlands), along with grey literature, were systematically searched using pre-determined criteria. Two independent reviewers identified studies that met the selection criteria and data were extracted using validated tools. Pooled estimates were obtained using fixed effect models.

Of the 347 articles that met the inclusion criteria, four studies were retrieved for meta-analysis (three were case-control studies and one was a case-cohort study) involving a total of 1,509 participants and comprising 175 cases and 1,334 case controls. The effectiveness of one or two doses of either Shanchol (Shantha Biotechnics; India) or ORC-Vax (Vabiotech; Vietnam) OCVs showed a combined vaccine effectiveness of 75% (95% CI, 61-84).

A positive association was demonstrated between the reactive use of OCVs and protection against cholera. This supported the WHO recommendation to utilize OCVs reactively as an additional measure to the standard cholera epidemic response package.

## **Preventive Medicine**

Volume 107 Pages 1-116 (February 2018)

<https://www.sciencedirect.com/journal/preventive-medicine/vol/107/suppl/C>

[New issue; No digest content identified]

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

10 January 2018; volume 285, issue 1870

<http://rspb.royalsocietypublishing.org/content/285/1870?current-issue=y>

[Reviewed earlier]

## **Public Health**

February 2018 Volume 155, In Progress

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

[Reviewed earlier]

## **Public Health Ethics**



Volume 10, Issue 3 November 2017  
<http://phe.oxfordjournals.org/content/current>  
[Reviewed earlier]

### **Public Health Reports**

Volume 133, Issue 1, January/February 2018  
<http://phr.sagepub.com/content/current>  
[Reviewed earlier]

### **Qualitative Health Research**

Volume 28, Issue 3, February 2018  
<http://qhr.sagepub.com/content/current>  
***Special Issue: Methods***  
[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 10 February 2018]  
[No new digest content identified]

### **Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)**

[http://www.paho.org/journal/index.php?option=com\\_content&view=featured&Itemid=101](http://www.paho.org/journal/index.php?option=com_content&view=featured&Itemid=101)  
[Reviewed earlier]

### **Risk Analysis**

February 2018 Volume 38, Issue 2 Pages 213–426  
<http://onlinelibrary.wiley.com/doi/10.1111/risa.2018.38.issue-2/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

09 February 2018 Vol 359, Issue 6376

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

*Review*

### **Programming gene and engineered-cell therapies with synthetic biology**

By Tasuku Kitada, Breanna DiAndreth, Brian Teague, Ron Weiss

Science 09 Feb 2018

#### *Toward programmed therapeutics*

Advances in synthetic biology are enabling the development of new gene and cell therapies. Kitada et al. review recent successes in areas such as cancer immunotherapy and stem cell therapy, point out the limitations of current approaches, and describe prospects for using synthetic biology to overcome these challenges. Broader adoption of these therapies requires precise, context-specific control over cellular behavior. Gene circuits can be built to give sophisticated control over cellular behaviors so that therapeutic functions can, for example, be programmed to activate in response to disease biomarkers.

#### *Structured Abstract*

##### BACKGROUND

Gene and engineered-cell therapies promise new treatment modalities for incurable or difficult-to-treat diseases. First-generation gene and engineered-cell therapies are already used in the clinic, including an ex vivo gene-replacement therapy for adenosine deaminase deficiency, chimeric antigen receptor (CAR) T cell therapies for certain types of leukemias and lymphomas, an adeno-associated virus gene therapy for inherited retinal diseases, and investigational therapies for  $\beta$ -thalassemia, sickle cell disease, hemophilia, and spinal muscular atrophy. Despite these early successes, safety concerns may hamper the broader adoption of some of these approaches: For example, overexpression of a therapeutic gene product with a narrow therapeutic window may be toxic, and excessive activation of T cells can be fatal. More-sophisticated control over cellular activity would allow us to reliably “program” cells with therapeutic behaviors, leading to safer and more effective gene and engineered-cell therapies as well as new treatments.

##### ADVANCES

Recent advances in synthetic biology are enabling new gene and engineered-cell therapies. These developments include engineered biological sensors that can detect disease biomarkers such as microRNAs and cell-surface proteins; genetic sensors that respond to exogenous small molecules; and new methods for interacting with various components of the cell—editing DNA, modulating RNA, and interfacing with endogenous signaling networks. These new biological modules have therapeutic potential on their own and can also serve as building blocks for sophisticated synthetic gene “circuits” that precisely control the strength, timing, and location of therapeutic function. This advanced control over cellular behavior will facilitate the development of treatments that address the underlying molecular causes of disease as well as provide viable therapeutic strategies in situations where the biomolecular targets have been previously considered “undruggable.”

Recent publications have demonstrated several strategies for designing complex therapeutic genetic programs by combining basic sensor, regulatory, and effector modules. These strategies include (i) external small-molecule regulation to control therapeutic activity postdelivery, (ii) sensors of cell-specific biomarkers that activate therapeutic activity only in diseased cells and tissues, and/or (iii) feedback control loops that maintain homeostasis of bodily systems. Example therapeutic systems include a genetic circuit that senses two specific cell-surface markers to activate CAR T cells only in the presence of target cancer cells, a circuit that

programmatically differentiates pancreatic progenitor cells into insulin-secreting  $\beta$ -like cells, and a gene network that senses the amount of psoriasis-associated cytokines to release immune-modulatory proteins only during flare-ups. These proof-of-concept systems may lead to new treatments that are dramatically safer and more effective than current therapies.

#### OUTLOOK

Rapid progress in synthetic biology and related fields is bringing therapeutic gene circuits ever closer to the clinic. Ongoing efforts in modeling and simulating mammalian genetic circuits will reduce the number of circuit variants that need to be tested to achieve the desired behavior. The platforms used to test genetic circuits are also evolving to more closely resemble the actual human environment in which the circuits will operate. Human organoid, tissue-on-a-chip, and whole-blood models will enable higher-throughput circuit characterization and optimization in a more physiologically relevant setting. Progress in nucleic acid delivery will improve the safety and efficiency with which therapeutic nucleic acids are introduced to target cells, and new methods for immunomodulation will suppress or mitigate unwanted immune responses. Together, these advances will accelerate the development and adoption of synthetic biology-based gene and engineered-cell therapies.

#### Science Translational Medicine

07 February 2018 Vol 10, Issue 427

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

[New issue; No digest content identified]

#### Social Science & Medicine

Volume 196 Pages 1-246 (January 2018)

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/196/suppl/C>

*Regular articles*

#### **"Do-it-yourself": Vaccine rejection and complementary and alternative medicine (CAM)**

Original research article

Pages 106-114

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

#### *Abstract*

In this article, we elucidate a symbiotic relationship between complementary and alternative medicine (CAM) and rejection of, or hesitancy towards, vaccination. In Fremantle, Western Australia, and Adelaide, South Australia, we conducted in-depth interviews from September 2013–December 2015 with 29 parents who had refused or delayed some or all of their children's vaccines. Our qualitative analysis found that for many, their do-it-yourself ethic and personal agency was enhanced by self-directed CAM use, alongside (sometimes informal) CAM practitioner instruction. Reifying 'the natural,' these parents eschewed vaccines as toxic and adulterating, and embraced CAM as a protective strategy for immune systems before, during and after illness. Users saw CAM as harm-free, and when it came to experiences that non-users might interpret as demonstrating CAM's ineffectiveness, they rationalised to the contrary. They also generally glossed over its profit motive. CAM emerged as part of an expert system countering Western medicine. CAM's faces were trusted and familiar, and its cottage capitalism appeared largely free from the taint of "Big Pharma." A few parents employed a scientific critique of CAM modalities – and a minority were dubious of its profit motive – but others

rejected the epistemology underpinning biomedicine, framing CAM as a knowledge not poisoned by avarice; a wisdom whose very evidence-base (anecdote and history) was demeaned by an arrogant scientific process only permitting belief in that which could be quantified. However, all parents engaged with Western medicine for broken bones and, sometimes, medical diagnoses. Our analysis suggests that pro-vaccination health professionals, policymakers and information-providers seeking to address the role of CAM in vaccine rejection face significant challenges due to the epistemic basis of some parents' decisions. However, we make some suggestions for professional practice and policy to enhance trust in vaccination.

### **The possible worlds of global health research: An ethics-focused discourse analysis**

Original research article

Pages 142-149

Ben Brisbois, Katrina Plamondon

#### *Abstract*

Representations of the world enable global health research (GHR), discursively constructing sites in which studies can legitimately take place. Depoliticized portrayals of the global South frequently obscure messy legacies of colonialism and motivate technical responses to health problems with political and economic root causes. Such problematic representations of the world have not yet been rigorously examined in relation to global health ethics, a major site of scholarly effort towards GHR that promotes justice and fairness. We carried out a discourse analysis of four guidance documents relevant to the ethical practice of GHR, purposively selecting texts covering different genres (UN documents and journal articles) and prominent GHR foci (HIV and clinical trials). In light of increasing acknowledgement of the lessons Indigenous health scholarship holds for global health ethics, the four analyzed texts also included a set of principles developed to support Indigenous nation-building. Three of four documents featured global disparities as reasons for ethical caution. These inequalities appeared without explanation or causes, with generation of new scientific knowledge following as a logical response to such disparities. The fourth – Indigenous health-focused – document clearly identified 'colonialism' as a reason for both inequities in society, and related harmful research practices. Solutions to disparities in this text did not necessarily involve cutting-edge research, but focused instead on empowerment and responsiveness to community priorities and needs. These contrasting representations of the world were accomplished in ways that depended on texts' 'participants', or the people they represented; specific vocabularies or language usages; intertextual relationships to prior texts; and overall objectives or intentions of the author(s). Our results illustrate how ethics and other guidance documents serve as an important terrain for constructing, naturalizing or contesting problematic representations of the world of GHR.

### **"One of the greatest medical success stories:" Physicians and nurses' small stories about vaccine knowledge and anxieties**

Original research article

Pages 182-189

Terra Manca

#### *Abstract*

In recent years, the Canadian province of Alberta experienced outbreaks of measles, mumps, pertussis, and influenza. Even so, the dominant cultural narrative maintains that vaccines are safe, effective, and necessary to maintain population health. Many vaccine supporters have expressed anxieties that stories contradicting this narrative have lowered herd immunity levels

because they frighten the public into avoiding vaccination. As such, vaccine policies often emphasize educating parents and the public about the importance and safety of vaccination. These policies rely on health professionals to encourage vaccine uptake and assume that all professionals support vaccination.

Health professionals, however, are socially positioned between vaccine experts (such as immunologists) and non-experts (the wider public). In this article, I discuss health professionals' anxieties about the potential risks associated with vaccination and with the limitations of Alberta's immunisation program. Specifically, I address the question: If medical knowledge overwhelmingly supports vaccination, then why do some professionals continue to question certain vaccines? To investigate this topic, I interviewed twenty-seven physicians and seven nurses. With stock images and small stories that interviewees shared about their vaccine anxieties, I challenge the common assumption that all health professionals support vaccines uncritically. All interviewees provided generic statements that supported vaccination and Alberta's immunisation program, but they expressed anxieties when I asked for details. I found that their anxieties reflected nuances that the culturally dominant vaccine narrative overlooks. Particularly, they critiqued the influence that pharmaceutical companies, the perceived newness of specific vaccines, and the limitations of medical knowledge and vaccine schedules.

### **Travel Medicine and Infectious Diseases**

November-December, 2017 Volume 20

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

[Reviewed earlier]

### **Tropical Medicine & International Health**

February 2018 Volume 23, Issue 2 Pages i–iv, 121–250

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2018.23.issue-2/issuetoc>

[Reviewed earlier]

### **Vaccine**

Volume 36, Issue 7 Pages 915-1026 (8 February 2018)

<https://www.sciencedirect.com/journal/vaccine/vol/36/issue/7>

*Meeting Report*

**[Meeting report: Global vaccine and immunization research forum](#)**

Open access

Pages 915-920

Andrew Q. Ford, Nancy Touchette, B. Fenton Hall, Angela Hwang, Joachim Hombach

*Abstract*

Building on the success of the first Global Vaccine and Immunization Research Forum (GVIRF), the World Health Organization, the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health in the United States of America, and the Bill & Melinda Gates Foundation convened the second GVIRF in March 2016. Leading scientists, vaccine developers, and public health officials from around the world discussed scientific advances and innovative technologies to design and deliver vaccines as well as novel tools and approaches to increase the uptake of vaccines throughout the world. This report summarizes the discussions and conclusions from the forum participants.

*WHO articles*

**[Report on WHO meeting on immunization in older adults: Geneva, Switzerland, 22–23 March 2017](#)**

Open access

Pages 921-931

M. Teresa Aguado, Jane Barratt, John R. Beard, Bonnie B. Blomberg, ... Justin R. Ortiz

*Abstract*

Many industrialized countries have implemented routine immunization policies for older adults, but similar strategies have not been widely implemented in low- and middle-income countries (LMICs). In March 2017, the World Health Organization (WHO) convened a meeting to identify policies and activities to promote access to vaccination of older adults, specifically in LMICs. Participants included academic and industry researchers, funders, civil society organizations, implementers of global health interventions, and stakeholders from developing countries with adult immunization needs. These experts reviewed vaccine performance in older adults, the anticipated impact of adult vaccination programs, and the challenges and opportunities of building or strengthening an adult and older adult immunization platforms. Key conclusions of the meeting were that there is a need for discussion of new opportunities for vaccination of all adults as well as for vaccination of older adults, as reflected in the recent shift by WHO to a life-course approach to immunization; that immunization in adults should be viewed in the context of a much broader model based on an individual's abilities rather than chronological age; and that immunization beyond infancy is a global priority that can be successfully integrated with other interventions to promote healthy ageing. As WHO is looking ahead to a global Decade of Healthy Ageing starting in 2020, it will seek to define a roadmap for interdisciplinary collaborations to integrate immunization with improving access to preventive and other healthcare interventions for adults worldwide.

**[Estimation of expected dengue seroprevalence from passive epidemiological surveillance systems in selected areas of Argentina: A proxy to evaluate the applicability of dengue vaccination](#)**

Original research article

Pages 979-985

Pablo Orellano, Darío Vezzani, Nancy Quaranta, Julieta Reynoso, Oscar Daniel Salomón

*Abstract*

**Background**

Current recommendations about dengue vaccination by the World Health Organization depend on seroprevalence levels and serological status in populations and individuals. However, seroprevalence estimation may be difficult due to a diversity of factors. Thus, estimation through models using data from epidemiological surveillance systems could be an alternative procedure to achieve this goal.

**Objective**

To estimate the expected dengue seroprevalence in children of selected areas in Argentina, using a simple model based on data from passive epidemiological surveillance systems.

**Methods**

A Markov model using a simulated cohort of individuals from age 0 to 9 years was developed. Parameters regarding the reported annual incidence of dengue, proportion of inapparent cases, and expansion factors for outpatient and hospitalized cases were considered as transition probabilities. The proportion of immune population at 9 years of age was taken as a proxy of

the expected seroprevalence, considering this age as targeted for vaccination. The model was used to evaluate the expected seroprevalence in Misiones and Salta provinces and in Buenos Aires city, three settings showing different climatic favorability for dengue.

#### Results

The estimates of the seroprevalence for the group of 9-year-old children for Misiones was 79% (95%CI:46–100%), and for Salta 22% (95%CI:14–30%), both located in northeastern and northwestern Argentina, respectively. Buenos Aires city, from central Argentina, showed a likely seroprevalence of 7% (95%CI: 3–11%). According to the deterministic sensitivity analyses, the parameter showing the highest influence on these results was the probability of inapparent cases.

#### Conclusions

This model allowed the estimation of dengue seroprevalence in settings where this information is not available. Particularly for Misiones, the expected seroprevalence was higher than 70% in a wide range of scenarios, thus in this province a vaccination strategy directed to seropositive children of >9 years should be analyzed, including further considerations as safety, cost-effectiveness, and budget impact.

### **The cost-effectiveness of trivalent and quadrivalent influenza vaccination in communities in South Africa, Vietnam and Australia**

Open access - Original research article

Pages 997-1007

Pieter T. de Boer, Joel K. Kelso, Nilimesh Halder, Thi-Phuong-Lan Nguyen, ... George J. Milne

#### *Abstract*

#### Background

To inform national healthcare authorities whether quadrivalent influenza vaccines (QIVs) provide better value for money than trivalent influenza vaccines (TIVs), we assessed the cost-effectiveness of TIV and QIV in low-and-middle income communities based in South Africa and Vietnam and contrasted these findings with those from a high-income community in Australia.

#### Methods

Individual based dynamic simulation models were interfaced with a health economic analysis model to estimate the cost-effectiveness of vaccinating 15% of the population with QIV or TIV in each community over the period 2003–2013. Vaccination was prioritized for HIV-infected individuals, before elderly aged 65+ years and young children. Country or region-specific data on influenza-strain circulation, clinical outcomes and costs were obtained from published sources. The societal perspective was used and outcomes were expressed in International\$ (I\$) per quality-adjusted life-year (QALY) gained.

#### Results

When compared with TIV, we found that QIV would provide a greater reduction in influenza-related morbidity in communities in South Africa and Vietnam as compared with Australia. The incremental cost-effectiveness ratio of QIV versus TIV was estimated at I\$4183/QALY in South Africa, I\$1505/QALY in Vietnam and I\$80,966/QALY in Australia.

#### Conclusions

The cost-effectiveness of QIV varied between communities due to differences in influenza epidemiology, comorbidities, and unit costs. Whether TIV or QIV is the most cost-effective alternative heavily depends on influenza B burden among subpopulations targeted for vaccination in addition to country-specific willingness-to-pay thresholds and budgetary impact.



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

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

(Accessed 10 February 2018)

[No new digest content identified]

### **Vaccines — Open Access Journal**

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

(Accessed 10 February 2018)

[No new digest content identified]

### **Value in Health**

January 2018 Volume 21, Issue 1, p1-116

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

[Reviewed earlier]

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

#### **Medicine**

February 2018 - Volume 97 - Issue 5 - p e9773

*Research Article: Observational Study*

#### **Vaccination coverage and associated factors for receipt of the 23-valent pneumococcal polysaccharide vaccine in Taiwan: A nation-wide community-based study**

Chen, Chang-Hua MD, MSc, PhD<sup>a,b</sup>; Wu, Ming-Shiang MHA<sup>c</sup>; Wu, I-Chien MD, MSc, PhD<sup>c,\*</sup>

#### ***Abstract***

Older adults, particularly those with chronic obstructive pulmonary disease, are advised to receive 23-valent pneumococcal polysaccharide vaccine (PPV23). However, the PPV23 vaccination rate in Taiwan and the determinants of receipt remain unclear.

We analyzed the data of 1475 community-dwelling older adults aged  $\geq 75$  years who participated in the Healthy Aging Longitudinal Study in Taiwan. Each participant received assessments of PPV23 status, sociodemographic factors (age, sex, education level, marital status, living alone, and occupation), and health-related factors (chronic diseases, smoking status, alcohol intake, physical activities, cognitive status, and physical performance). PPV23 rate was defined as the number of participants who reported receiving free PPV23 divided by the total number of candidates for free PPV23. Multinomial logistic regression analysis was applied to investigate the sociodemographic and health-related determinants of PPV23 status. A PPV23 vaccination rate of 20.7% (305/1475) was observed. Participants who were female, current smokers, and had a low peak expiratory flow were associated with PPV23 nonreceipt (all  $P < .05$ ). Of the participants who had a low peak expiratory flow, low education status, and physical inactivity were associated with PPV23 nonreceipt (all  $P < .05$ ).



The PPV23 vaccination rate among adults aged  $\geq 75$  years was low. Older adults who were women, current smokers, or who had a low PEF were less likely to receive the PPV23. These findings support continual efforts to improve the PPV23 coverage rate in vulnerable populations.

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### **Media/Policy Watch**

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

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

#### **The Atlantic**

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

*Accessed 10 February 2018*

[No new, unique, relevant content]

#### **BBC**

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

*Accessed 10 February 2018*

[No new, unique, relevant content]

#### **The Economist**

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

*Accessed 10 February 2018*

##### **[Prescriptions for fighting epidemics](#)**

8 February 2018

EPIDEMICS have plagued humanity since the dawn of settled life. Yet success in conquering them remains patchy. That is because the standard response, in the words of the World Bank's president Jim Yong Kim, is a cycle of "panic, neglect, panic, neglect". It need not be that way, argues Jonathan Quick in "The End of Epidemics". A doctor and a public-health veteran who has worked in more than 70 countries and at the World Health Organisation (WHO), Mr Quick rounds up examples of failures and triumphs to show what stops epidemics from flaring up.

##### **[Why the current flu crisis is so severe - The Economist explains](#)**

7 February 2018

... As a result, the current flu vaccine, developed early last year, has been less effective than usual. Reports from Australia, where the flu season arrives half a year earlier than in the north,

plus early analysis from Canada, indicate efficacy against H3N2 as low as 10%, instead of the more typical 30%-60%.

### **Financial Times**

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

*Accessed 10 February 2018*

#### **Pneumonia is the single biggest killer of children in world's poorest countries**

5 February 2018

*Letter by Kevin Watkins, Harry Campbell, Kim Mulholland, Devi Sridhar*

...Aid donors and pharmaceutical companies have a role to play. Development agencies should be attaching as much weight to pneumonia as they are to other killers, like malaria. That means supporting the development of national action plans to combat the disease, while building more effective public-private partnerships. Far more could be done through Gavi, the Global Vaccines Alliance, to lower the price and extend the reach of vaccines. We also believe aid donors and companies could be doing more to ensure that advances in diagnostic technologies and treatments reach the most disadvantaged children.

### **Forbes**

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

*Accessed 10 February 2018*

[No new, unique, relevant content]

### **Foreign Affairs**

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

*Accessed 10 February 2018*

[No new, unique, relevant content]

### **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 10 February 2018*

[No new, unique, relevant content]

### **The Guardian**

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

*Accessed 10 February 2018*

[No new, unique, relevant content]

### **New Yorker**

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

*Accessed 10 February 2018*

[No new, unique, relevant content]

### **New York Times**

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

*Accessed 10 February 2018*

#### **Sanofi Rejects Philippine Plea for Refund on Used Vaccines**

5 February 2018

A Sanofi Pasteur official said Monday that the French drugmaker couldn't comply with the Philippines' request for a refund of dengue vaccines injected on hundreds of thousands of children because it would imply that the drug is ineffective. Thomas Triomphe, Sanofi Pasteur's Asia-Pacific chief, told a House of Representatives hearing that it's clear in "absolute terms" that the Philippines would reduce dengue infections more by using the company's Dengvaxia vaccine than by halting its use.

### **Sanofi: No Proof That Vaccine Linked to Philippines Deaths**

Drugmaker Sanofi insists there's no evidence of a link between the world's first dengue vaccine and children's deaths in the Philippines.

Feb 7, 2018

#### **Wall Street Journal**

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

*Accessed 10 February 2018*

[No new, unique, relevant content]

#### **Washington Post**

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

*Accessed 10 February 2018*

[No new, unique, relevant content]

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### **Think Tanks et al**

#### **Brookings**

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

*Accessed 10 February 2018*

[No new relevant content]

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

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

*Accessed 10 February 2018*

[No new relevant content]

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

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

*Accessed 10 February 2018*

[No new relevant content]

#### **CSIS**

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

*Accessed 10 February 2018*

[No new relevant content]

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

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