



Vaccines and Global Health: The Week in Review
10 March 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

*David R. Curry, MS
Editor and
Executive Director
Center for Vaccine Ethics & Policy
david.r.curry@centerforvaccineethicsandpolicy.org*

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.

Support this knowledge-sharing service: Your financial support helps us cover our costs and to address a current shortfall in our annual operating budget. Click [here](#) to donate and thank you in advance for your contribution.

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

- A. Milestones :: Perspectives :: Featured Journal Content
- B. Emergencies
- C. WHO; CDC [U.S., Africa, China]
- D. Announcements
- E. Reports/Research/Analysis
- E. Journal Watch
- F. Media Watch

Milestones :: Perspectives

CEPI Partners with Themis Bioscience to Advance Vaccines Against Lassa Fever and MERS

First major investment by Coalition for Epidemic Preparedness Innovations (CEPI) to advance vaccine development and manufacturing on two of CEPI's highest priority infectious diseases --

Vienna, Austria and Oslo, Norway, March 7, 2018 – Today Themis Bioscience and CEPI – the Coalition for Epidemic Preparedness Innovations – announce a partnership under which Themis will provide advanced vaccine development and manufacturing for Lassa fever and MERS.

This is the first company agreement that CEPI has signed since it was established in 2017 as a coalition to finance and coordinate the development of new vaccines to prevent and contain infectious disease epidemics.

The investment of up to \$37,500,000 represents an innovative approach to funding vaccine development, unlocking research and development potential so that vaccines are ready for efficacy studies during an outbreak. The agreement will enable funding for Themis' development efforts over a five-year period. Additional financial details were not disclosed.

Lassa fever is a disease endemic in West Africa associated with annual outbreaks. An ongoing outbreak in Nigeria is believed to have infected nearly a thousand people and caused 90 deaths this year alone. MERS, first identified in 2012, causes a severe respiratory illness and has been associated with a number of outbreaks in Saudi Arabia and neighboring countries.

Individuals acquiring these diseases in the regions of origin occasionally travel to other locations, becoming ill in areas outside the endemic regions. In 2015, for example, an individual returning to South Korea from the Middle East caused a large outbreak there that resulted in 186 cases and 36 deaths. The outbreak affected 24 hospitals, led to the temporary closure of more than 2000 schools, and had a significant impact on the South Korean economy.

Dr Richard Hatchett CEO of CEPI said:

"Establishing our partnership with Themis represents not only an important step in our journey towards tackling these diseases, but also a breakthrough in how we can partner and work with vaccine developers when traditional market incentives for development have failed."

"As we can see with the current outbreak of Lassa fever in Nigeria, these diseases devastate lives and have far reaching economic consequences. Vaccines are a vital part of our fight against them but their development is costly, complex and challenging."

Themis has established a versatile technology platform for the discovery, development and production of vaccines as well as other immune system activation approaches. The company will apply its platform technology to discoveries made by Institut Pasteur and the Paul Ehrlich Institut on Lassa fever and MERS, respectively, and will advance those vaccine candidates up to human proof-of-concept and safety studies...

The investment with Themis is the first in CEPI's planned portfolio programme. CEPI's investments will support development up to the end of Phase II, providing clinical safety and

immunological data, and the establishment of investigational stockpiles that will be ready for clinical efficacy trial testing during outbreaks. CEPI's investments will also provide additional benefits to the wider vaccine community through the development of assays, reference standards and associated knowledge that may accelerate the development of other vaccines and medical counter measures against Lassa fever and MERS.

Themis' most advanced proprietary development program is a vaccine against chikungunya virus, a mosquito-transmitted disease that can have serious debilitating long-term effects. The disease causes fever, joint pain and muscle pain, among other symptoms, and has no current treatment or prevention options. Themis' chikungunya vaccine is in Phase 2 clinical studies in 600 patients across the US, EU and South and Central America. With its broadly applicable technology platform, Themis is also developing vaccines against Zika virus, Respiratory Syncytial Virus (RSV), norovirus and Cytomegalovirus (CMV), as well as other applications of harnessing the immune system to treat disease.

About Themis Bioscience

"Themis is developing urgently needed vaccines to prevent death and disability around the world. We lead in the development of a vaccine against chikungunya, a serious debilitating disease with global outbreak potential. Our innovation in vaccine and immune activation technology has created a powerful platform and a growing pipeline addressing a broad range of infectious diseases. Together with industrial and academic leaders we work to prevent illness across the globe. For more information, visit <http://www.themisbio.com>"

:::::

:::::

Global Health 50/50 Report (2018)

How gender-responsive are the world's most influential global health organisations?

First report 2018

The Global Health 50/50 initiative is housed by the University College London Centre for Gender and Global Health.

March 2018 :: 56 pages

PDF: https://globalhealth5050.org/wp-content/uploads/2018/03/GH5050-Report-2018_Final.pdf

This report was supported by a grant from Wellcome Trust, Grant reference number: 210398/Z/18/Z

The Global Health 50/50 Report, the first of its kind, provides a comprehensive review of the gender-related policies of more than 140 major organisations working in and/or influencing the field of global health. The initiative is focused at the intersection of several Sustainable Development Goals (SDGs), including on health (3), gender equality (5), inequalities (10) and inclusive societies and institutions (16).

Gender equality has seemingly been embraced as a priority in global health. The report is inspired, however, by a growing concern that too few global health organisations walk the talk by defining, programming, resourcing or monitoring gender, either as a determinant of health, or as a driver of career equality in their own workplaces.

The Global Health 50/50 Report provides a benchmark across the sector to catalyse shifts in organisational and management culture and practice, the adoption of gender-responsive policies, and ensuring adequate resources for programmes focusing on the gendered dynamics of global health. It seeks to provide evidence of where the gaps lie, while shining a light on ways forward.

Excerpt

GH50/50 High Scorers - 2018

Based on the findings across the seven domains explored above, GH5050 identified nine very high-scoring organisations and a further ten high-scoring organisations (some of which missed out on a top 'score' since they provide little or no information for one key variable, such as gender composition of Board).

Highest scorers: BRAC; Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); Gavi; Global Fund to Fight AIDS, TB and Malaria; Population Reference Bureau; Save the Children International; Sida; Joint United Nations Programme on HIV/AIDS (UNAIDS); UNICEF.

High scorers: CARE; European Commission; FHI360; Food and Agriculture Organization of the UN (FAO); Jhpiego; Partnership for Maternal, Newborn and Child Health (PMNCH); Stop TB; UNFPA; UN Women; WHO.

Organisations have been scored based on whether they have gender-responsive policies in place, and some indicators of practice—namely sex-disaggregation of data and parity among senior management and boards. Such a review provides a critical initial understanding of whether an organisation has an adequate policy foundation in place to guide gender-responsive programming and foster a gender-equitable workplace. Looking forward, however, a much better understanding of the extent to which effective policies and accountability mechanisms to promote gender equality are implemented is urgently needed.

:::::

:::::

Featured Journal Content

JAMA

March 6, 2018, Vol 319, No. 9, Pages 843-943

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

Viewpoint

Retreat From Human Rights and Adverse Consequences for Health

Diederik Lohman, MA

JAMA. 2018;319(9):861-862. doi:10.1001/jama.2018.0271

Abstract

The international environment for human rights has rapidly deteriorated in recent years. Populist leaders have come to power in an increasing number of countries, often on political platforms that are explicitly hostile to human rights. These leaders tend to portray respect for human rights as an inconvenient obstacle to their agendas rather than as an essential limit on their power. Meanwhile, many governments that have traditionally been proponents of human rights, although often with records that do not entirely reflect human rights, have encountered

internal challenges from authoritarian populists or far-right political parties that have turned their focus inward and weakened their willingness to stand up for human rights internationally.

This development has serious consequences. As the Human Rights Watch 2018 World Report, released on January 18, notes, this trend has left an “open field for murderous leaders and their enablers.”¹ The report details mass atrocities carried out with near impunity in Yemen, Syria, Burma, South Sudan, and elsewhere. It also provides ample examples of rapidly decreasing political space in many countries as governments seize the opportunity to eliminate free speech, the political opposition, and nongovernmental groups as a fragmented international community stands by paralyzed.

Populist and authoritarian leaders have had civil and political rights, first and foremost, as their focus, rather than economic and social rights, including the right to health. In some cases, populists have exploited public frustration about health care and other social policies to gain electoral support for their anti-rights agendas. However, the retreat from human rights is also a threat to health because it inevitably undermines key building blocks for good public health policy such as the ability to have robust public discussion on complex health issues and to critique government policies that affect public health.

Effects on Health During Conflict

Perhaps the most glaring example of the effect of this retreat from human rights on health globally is the failure of countries and multilateral organizations to effectively counteract the rapid increase in recent years in attacks on health care facilities during conflict. Although international humanitarian law explicitly grants health care facilities protected status, reports of attacks on these facilities and on health care workers during conflict have become so common that many incidents do not even attract media attention.

Last year, a report from the Safeguarding Health in Conflict Coalition documented attacks on health care facilities and workers in 23 countries across 3 continents.² The report indicated that hospitals and clinics had been bombed or shelled in 10 countries, health care workers had been killed or abducted in 15, and military or police forces had occupied health care facilities in 7. The report documented 108 attacks on health care facilities in Syria, identified the Syrian and Russian governments as the worst offenders, and noted that the level of violence inflicted on health care facilities and health care workers was “remarkably high” as well in Afghanistan, Iraq, South Sudan, and Yemen.²

Due to a lack of data, it is impossible to quantify the full effects of these attacks on the health of the population of these countries. However, those effects are sure to be substantial. Many attacks described in the coalition report led to the suspension of essential health programs, destruction of health care infrastructure, flight of health care workers, and disruptions in deliveries of essential medicines and supplies. In Pakistan, one of the last remaining countries where polio is endemic, attacks by militants on individuals who provide vaccinations for polio led to a temporary suspension of the vaccination program in 2016, although enhanced security measures allowed the program to resume in 2017 without further incident.²

A Human Rights Watch review of 25 attacks on hospitals and health care workers in 10 countries between 2013 and 2016 documented that the attacks resulted in the deaths of more than 230 people, injuries to 180 more, and the closure or destruction of 6 hospitals.³ Yet the

review found that no individuals faced criminal charges for their role in the attacks and most of the attacks were not investigated, even though at least 16 of the attacks may have constituted war crimes.³ The attacks involved military forces or armed groups from Afghanistan, Central African Republic, Iraq, Israel, Libya, Russia, Saudi Arabia, South Sudan, Sudan, Syria, Ukraine, and the United States.³ Even though the adverse effects of these attacks on a population can be enormous, most governments showed no greater willingness to investigate alleged attacks on health care facilities than they have with other potentially unlawful attacks in which their forces were involved, and instead apparently ignored, denied, or even justified them.³

The United Nations, which has been weakened by divisions and a retreat from rights norms (moral principles), has responded to these attacks with rhetoric but almost no action. In 2016, the UN Security Council adopted a strong resolution condemning attacks on health care facilities, and former UN Secretary-General Ban Ki-moon made 13 recommendations for preventing attacks on medical personnel, as requested by the Security Council.⁴ The World Health Organization will begin systematic data collection on these incidents (albeit without identification of those responsible). The UN Security Council held a follow-up meeting in May 2017 devoted to protecting civilians, with a special focus on attacks on health care facilities. However, attacks on health care facilities in conflict have continued.

Health Rights Under Authoritarian Regimes

The anti-rights zeal of populist and authoritarian leaders may not specifically target the right to health—and some such leaders have been credited with significant advances in the health of their countries—but good health policy withers without space for robust discussion on policy issues and government accountability. While populist and authoritarian leaders usually first seek to restrict the voice of political opponents or the media, it rarely stops there. Government restrictions intended to hamper the work of civil rights groups also tend to adversely affect groups working on health and other social and economic issues. While international resolve to protect rights has at times been a restraint on the behavior of authoritarian leaders, the global retreat from human rights has given them a freer hand.

A 2017 analysis by Human Rights Watch involving several countries has demonstrated how a lack of public domestic and international accountability can have major negative consequences for health. For example, in the early years of the rule of Hugo Chavez in Venezuela, primarily between 2003 and 2006, the country made significant progress in improving health. However, it also gradually restricted political freedoms, becoming increasingly intolerant of criticism. Since 2015, Venezuela's health care system has slid into crisis as a result of government mismanagement and dwindling oil revenues, and intolerance of criticism now extends to physicians who publicly discuss the state of the health care system.⁴ For instance, several Venezuelan physicians reported that government officials had threatened reprisals, including dismissal, after they raised concerns about the scarcity of medicines and medical supplies.⁴

According to official statistics from Venezuela, in 2016 infant mortality increased 30% (from 8812 to 11,446 infant deaths) and maternal mortality increased 65% (from 457 to 756 deaths).^{5,6} Human Rights Watch analyses suggest that these increases were related to the severe shortages of basic medicines and medical supplies.⁴ Yet the government insists that Venezuela is not facing a humanitarian crisis.⁷

In Equatorial Guinea, with the world's longest surviving president (since 1979), a lack of political freedoms and accountability has allowed the ruling elite to realize billions of dollars in oil revenues while largely ignoring the dire state of public health. Equatorial Guinea was one of the poorest countries in Africa when large oil reserves were discovered in the early 1990s, but its per capita income increased from US \$330 in 1991 to a peak of US \$24 304 in 2012.

Yet in 2017, an analysis by Human Rights Watch found that 20 years of oil wealth had done little to improve the country's health indicators.⁸ Life expectancy has increased and was 57.5 years in 2015, the latest year for which data are available, but merely kept pace with that of other, much poorer, sub-Saharan African countries. Access to safe drinking water remains the same as in 1995 while it has improved in many other countries in the region. Vaccination rates for children have actually declined since the late 1990s and are among the worst in the world, with only 35% estimated to have received the first dose of the diphtheria, tetanus, and pertussis vaccine in 2016, the second lowest vaccination rate in the world for that year.⁹ Meanwhile, research by Human Rights Watch shows that the president and his inner circle have accumulated incredible wealth while the government frequently harasses members of civil society and political opposition groups.⁸

Today's often hostile climate for human rights threatens to undermine health gains the world has achieved in recent decades. Governments and civil society groups concerned with global health should push back against the populist tide and advocate for a firm commitment to human rights and accountability as an integral part of their agendas.

Corresponding Author: Diederik Lohman, MA, Human Rights Watch, Health and Human Rights, 350 Fifth Ave, 34th Floor, New York, NY 10118 (lohmand@hrw.org).

Published Online: January 18, 2018. doi:[10.1001/jama.2018.0271](https://doi.org/10.1001/jama.2018.0271)

:::::

:::::

Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 06 March 2018 [GPEI]

:: New on <http://polioeradication.org/>: Japan has provided additional funding to support the Regional Reference Laboratory in Pakistan, whilst we looked at how one family in Afghanistan is helping to vaccinate every child in their community.

:: The Global Commission for Certification of Poliomyelitis Eradication met in Geneva, reviewing the criteria that will need to be met in order to achieve global certification of wild poliovirus (WPV) eradication.

:: On International Women's Day, we highlighted some of the incredible women working to reach every last child.

:: We are pleased to announce the launch of the Gender and Polio section on our website.

:: Minda Dentler, a champion triathlete, advocate for polio eradication, and polio survivor, spoke at TEDWomen about conquering the world's toughest triathlon, and what it inspired her to do next.

:: Also released this week are new translations of our animation on the two polio vaccines, now available in Dari and Pashto, and Urdu'

Summary of newly-reported viruses this week:

Afghanistan: One new wild poliovirus type 1 (WPV1) positive environmental sample has been reported in Nangarhar province.

Pakistan: Two new WPV1 positive environmental samples have been reported, one collected in Sindh province, and one in Punjab province.

Democratic Republic of the Congo: One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported, from Tanganyika province.

:::::

Global Commission for Certification of Poliomyelitis Eradication (GCC) reviewed criteria for certification [page link not loading content]

March 2018 – With fewer cases of WPV reported from fewer countries than ever before, the GCC is accelerating its work to prepare for the eventual certification that WPVs have been eradicated from the world.

:::::

:::::

WHO Grade 3 Emergencies [to 10 March 2018]

Nigeria

:: Lassa Fever – Nigeria Disease outbreak news 1 March 2018

From 1 January through 25 February 2018, 1081 suspected cases and 90 deaths have been reported from 18 states (Anambra, Bauchi, Benue, Delta, Ebonyi, Edo, Ekite, Federal Capital Territory, Gombe, Imo, Kogi, Lagos, Nasarawa, Ondo, Osun, Plateau, Rivers, and Taraba). During this period, 317 cases have been classified as confirmed and eight as probable, including 72 deaths (case fatality rate for confirmed and probable cases=22%). A total of 2845 contacts have been identified in 18 states.

Fourteen health care workers have been affected in six states (Benue, Ebonyi, Edo, Kogi, Nasarawa, and Ondo), with four deaths (case fatality rate= 29%). As of 18 February, four out of the 14 health care workers were confirmed positive for Lassa fever...

Iraq - No new announcements identified

South Sudan - No new announcements identified.

The Syrian Arab Republic - No new announcements identified

Yemen - No new announcements identified

:::::

WHO Grade 2 Emergencies [to 10 March 2018]

Central African Republic

:: Central African Republic: Rapid health assessment

March 2017 -- The purpose of this report is to analyze the capacity of the health systems and minimum health needs of the population on the way to early recovery.

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

Cameroon - 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.*

:::::::
:::::

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 Mar 2018 UNHCR's Grandi appalled at suffering of civilians in Syria

:: The UN and partners plan to deliver humanitarian assistance to eastern Ghouta [EN/AR]

Damascus, 4 March 2018

Yemen

:: 8 Mar 2018 Yemen Humanitarian Update Covering 26 February - 04 March 2018 | Issue: 05

DRC

:: Media Advisory: Humanitarian Chief to visit the Democratic Republic of the Congo 11-13 March 2018

Iraq - *No new announcements identified.*

::::::

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.

Somalia

:: Humanitarian Bulletin Somalia, February 2018 Published on 05 Mar 2018

HIGHLIGHTS

Localized drought conditions worsen as hotspot areas bear the brunt.

Over 1.2 million children will be malnourished in 2018.

London conference draws attention to Somalia crisis.

Somalia Humanitarian Fund supports early action, but more is urgently needed.

Ethiopia - *No new announcements identified.*

Nigeria - *No new announcements identified.*

Rohingya Refugee Crisis - *No new announcements identified.*

:::::::
:::::

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 March 2018]

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

- *No new announcements identified.*

MERS-CoV [to 10 March 2018]

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

- *No new announcements identified.*

Yellow Fever [to 10 March 2018]

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

- *No new announcements identified.*

Zika virus [to 10 March 2018]

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

- *No new announcements identified.*

:::::

:::::

WHO & Regional Offices [to 10 March 2018]

Latest News

WHO issues new guidance on tobacco product regulation

9 March 2018 – Many countries have developed advanced policies to reduce the demand for tobacco, which kills over 7 million people annually, but governments can do much more to implement regulations to control tobacco use, especially by exploiting tobacco product regulation. WHO has launched new guidance on the role tobacco product regulation can play to reduce tobacco demand, save lives and raise revenues for health services to treat tobacco-related disease, in the context of comprehensive tobacco control.

Gender equality must be at the core of 'Health for All'

8 March 2018 – Today, for International Women's Day, we imagine a world where every woman and girl has access to quality and affordable health care, a world in which women and girls can freely exercise their sexual and reproductive health rights, and one where all women and girls are treated and respected as equals. At WHO, we're speaking up for women and girls' right to health.

Statement by Director-General

Highlights

Global Commission for Certification of Poliomyelitis Eradication (GCC) reviewed criteria for certification [page link not loading content]

March 2018 – With fewer cases of WPV reported from fewer countries than ever before, the GCC is accelerating its work to prepare for the eventual certification that WPVs have been eradicated from the world.

:::::

Weekly Epidemiological Record, 9 March 2018, vol. 93, 10 (pp. 105–116)

:: Delivering at the country level: the International Coordinating Group on Vaccine Provision and its impact in 2016 and 2017

WHO Prequalification – News

No new digest content identified.

GIN February 2018 pdf, 1.75Mb

5 March 2018

:::::

WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

Selected Featured News

- :: [Kenya Eliminates Maternal and Neonatal Tetanus](#) 10 March 2018
- :: [Federal Government of Nigeria repositions Polio Committees towards meeting eradication certification standards](#) 09 March 2018
- :: [Filling the gaps in healthcare services in conflict-affected North-east Nigeria](#) 07 March 2018
- :: [Dr Moeti Matshidiso awarded the Honorary Fellowship of the London School of Hygiene and Tropical Medicine](#) 06 March 2018
- :: [WHO convenes a three-day meeting to review the National response to the recent Marburg Virus disease outbreak in Uganda](#) 05 March 2018
- :: [WHO convenes a three-day meeting to review the National response to the recent Marburg Virus disease outbreak in Uganda](#) 05 March 2018

WHO Region of the Americas PAHO

No new digest content identified.

WHO South-East Asia Region SEARO

No new digest content identified.

WHO European Region EURO

- :: [Call for more women in public health leadership roles](#) 07-03-2018
- :: [WHO calls on partners to respond to the health and humanitarian needs of Ukrainians](#) 05-03-2018

WHO Eastern Mediterranean Region EMRO

- :: [WHO responds to humanitarian needs of people living with HIV in Benghazi](#) 8 March 2018
- :: [Japan to provide substantial support to regional polio laboratory](#) 04 March 2018

WHO Western Pacific Region

No new digest content identified.

:::::

:::::

CDC/ACIP [to 10 March 2018]

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

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

Latest News

2018 Conference on Retroviruses and Opportunistic Infections

Tuesday, March 6, 2018

A new CDC analysis suggests HIV prevention pill is not reaching most Americans who could benefit – especially people of color.

ACIP

No new digest content identified.

MMWR News Synopsis for MARCH 8, 2018

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

:: Noncongenital Zika Virus Disease Cases — 50 States and the District of Columbia, 2016

Based on the data in this report, CDC continues to recommend that people living in or traveling to areas with risk of Zika infection take steps to prevent mosquito bites and sexual transmission of Zika. More information is available at <https://www.cdc.gov/zika/about/overview.html>. Most reported cases of Zika in 2016 in the continental United States were in travelers. CDC data show that in 2016, 5,168 symptomatic cases of Zika virus disease (Zika) were reported from the 50 U.S. states and Washington, DC. Of those cases, 4,897 (more than 9 out of 10) occurred in people after travel from areas with risk of Zika outside the continental United States; 224 people were reported to have been infected with Zika from local mosquitoes in small areas of Florida and Texas. Quickly identifying and investigating cases of Zika, especially in areas where mosquitoes are spreading the virus, may help direct mosquito control efforts and may reduce the further spread of Zika.

:::::

Africa CDC [to 10 March 2018]

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

No new digest content identified.

:::::

China CDC

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

No new digest content identified.

:::::

ECDC - European Centre for Disease Prevention and Control [to 10 March 2018]

<https://ecdc.europa.eu/en/home>

9 March 2018

Distribution of measles deaths by country, February 2017–January 2018, EU/EEA countries

9 Mar 2018

Vaccination coverage for the first dose of rubella-containing vaccine by country, 2015–2016, EU/EEA countries

:::::

:::::

Announcements

AERAS [to 10 March 2018]

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

No new digest content identified.

BMGF - Gates Foundation [to 10 March 2018]

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

No new digest content identified.

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

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

The Bill & Melinda Gates Medical Research Institute is a non-profit research organization dedicated to combating diseases that impact the world's poorest. We strive to combat inequities in health by accelerating progress in translational science to ensure life-saving products are available and accessible to everyone. We consider ourselves pioneers dedicated to uncovering radical solutions that will close the gap between cutting-edge scientific innovation and its application to challenges in global health.

No new digest content identified.

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

<http://cepi.net/>

March 7, 2018

CEPI Partners with Themis Bioscience to Advance Vaccines Against Lassa Fever and MERS

-- First major investment by Coalition for Epidemic Preparedness Innovations (CEPI) to advance vaccine development and manufacturing on two of CEPI's highest priority infectious diseases --

[See Milestones above for more detail]

EDCTP [to 10 March 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

7 March 2018

Ninth EDCTP Forum: call for abstracts, scholarships and symposia opens

The Ninth EDCTP Forum will be held in Lisbon, Portugal, from 17 to 21 September 2018. The EDCTP Forum programme...

The theme of the Forum is *Clinical research and sustainable development in sub-Saharan Africa: the impact of North-South partnerships.*

Go to the [Ninth EDCTP Forum website](#)

Emory Vaccine Center [to 10 March 2018]

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

No new digest content identified.

European Medicines Agency [to 10 March 2018]

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

09/03/2018

**Meeting highlights from the Pharmacovigilance Risk Assessment Committee (PRAC)
5-8 March 2018**

Immediate measures agreed for Zinbryta and Xofigo while reviews are ongoing; public hearing decided for quinolone and fluoroquinolone antibiotics

European Vaccine Initiative [to 10 March 2018]

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

No new digest content identified.

FDA [to 10 March 2018]

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

March 08, 2018 –

Remarks from FDA Commissioner Scott Gottlieb, M.D., as prepared for oral testimony before the U.S. House Committee on Energy and Commerce Subcommittee on Oversight and Investigations hearing “Examining U.S. Public Health Preparedness for and Response Efforts to Seasonal Influenza.”

March 06, 2018 –

FDA approves new HIV treatment for patients who have limited treatment options

Today, the U.S. Food and Drug Administration approved Trogarzo (ibalizumab-uiyk), a new type of antiretroviral medication for adult patients living with HIV who have tried multiple HIV medications in the past (heavily treatment-experienced) and whose HIV infections cannot be successfully treated with other currently available therapies (multidrug resistant HIV, or MDR HIV)...

Fondation Merieux [to 10 March 2018]

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

No new digest content identified.

Gavi [to 10 March 2018]

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

08 March 2018

[Gavi named amongst highest scorers in gender equality report](#)

Global Health 50/50 release review of gender-related policies at 140 global health organisations.

GHIT Fund [to 10 March 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 companies.

Global Fund [to 10 March 2018]

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

News

[Global Fund Welcomes New Report on Gender Equality](#)

08 March 2018

The Global Fund to Fight AIDS, TB and Malaria applauded today's release of the Global Health 50/50 Report, citing steep challenges in global health related to gender equality.

Hilleman Laboratories [to 10 March 2018]

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

No new digest content identified.

Human Vaccines Project [to 10 March 2018]

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

No new digest content identified.

IAVI [to 10 March 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 March 2018]

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

Latest Updates

Afghanistan takes important step to prevent a silent killer of children/Rotavirus vaccine for infants could prevent 12,000 deaths in the coming decade

By Lois Privor-Dumm and Dr. Ghulam Dastagir Nazary

IVI [to 10 March 2018]

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

No new digest content identified.

JEE Alliance [to 10 March 2018]

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

No new digest content identified.

MSF/Médecins Sans Frontières [to 10 March 2018]

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

Press release

MSF Response to New WHO Guidelines for HIV-Related Cryptococcal Disease

March 07, 2018

The international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) welcomes the launch of updated guidance by the World Health Organization (WHO) this week on the diagnosis, treatment, and management of cryptococcal disease, an opportunistic infection mainly affecting people living with advanced stages of HIV/AIDS.

NIH [to 10 March 2018]

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

March 9, 2018

NIH experts call for transformative research approach to end tuberculosis

— TB is one of the oldest known human diseases and the leading infectious cause of death worldwide.

A more intensive biomedical research approach is necessary to control and ultimately eliminate tuberculosis (TB), according to a perspective published in the March 2018 issue of *The American Journal of Tropical Medicine and Hygiene*. In the article, authors Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, and Robert W. Eisinger, Ph.D., special assistant for scientific projects at NIAID, discuss the need to modernize TB research by applying new diagnostic, therapeutic, and vaccine approaches...

Monoclonal antibodies crucial to fighting emerging infectious diseases, say NIH officials

March 8, 2018 — Special antibodies have shown promise in the fight against cancer and autoimmune diseases.

Antiviral drug not beneficial for reducing mother-to-child transmission of hepatitis B when added to existing preventatives

March 7, 2018 — NIH-funded study observes no significant reduction of infection rates at age 6 months.

High uptake and use of vaginal ring for HIV prevention observed in open-label study

March 6, 2018 — The HOPE study launched in 2016. Nearly 90 percent of participants in an open-label study of a vaginal ring infused with a drug to prevent HIV are using the monthly ring at least some of the time, according to an interim analysis of study data. In addition, the rate of HIV infection among participants in the open-label study, which has no placebo arm for comparison, is half of what might be expected in the absence of the ring, according to mathematical modeling that has significant limitations...

One-month tuberculosis prophylaxis as effective as nine-month regimen for people living with HIV

March 5, 2018 — Study results have the potential to dramatically change clinical practice.

PATH [to 10 March 2018]

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

No new digest content identified.

Sabin Vaccine Institute [to 10 March 2018]

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

No new digest content identified.

UNAIDS [to 10 March 2018]

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

8 March 2018

Measuring homophobia to improve the lives of all

A new index to measure levels of homophobia that can show the impact that homophobia has on countries has been developed.

The new index, published in the [European Journal of Public Health](#), combines both data on institutional homophobia, such as laws, and social homophobia—relations between people and groups of people.

8 March 2018

UNAIDS a top-nine gender-responsive organization

UNAIDS has emerged as a top performer in the first [Global Health 50/50 report](#).

7 March 2018

Communities at the heart of the AIDS response in Zambia

7 March 2018

New tool to Fast-Track the AIDS response in Zambia

5 March 2018

Commemorating Zero Discrimination Day at a panel on HIV and human rights

[Read](#)

UNICEF [to 10 March 2018]

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

Selected Press Releases

UNICEF report: Over half a billion 'uncounted' children live in countries unable to measure SDG progress

NEW YORK, 7 MARCH 2018 – Early assessment of progress toward achieving the Sustainable Development Goals confirms an alarming lack of data in 64 countries, as well as insufficient progress toward the SDGs for another 37 countries where the data can be tracked.

[See Research, Reports below for more detail]

25 million child marriages prevented in last decade due to accelerated progress, according to new UNICEF estimates

NEW YORK, 6 March 2018 – The prevalence of child marriage is decreasing globally with several countries seeing significant reductions in recent years, UNICEF said today. Overall, the proportion of women who were married as children decreased by 15 per cent in the last decade, from 1 in 4 to approximately 1 in 5.

Vaccine Confidence Project [to 10 March 2018]

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

No new digest content identified.

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

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

No new digest content identified.

Wellcome Trust [to 10 March 2018]

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

News / Published: 9 March 2018

The story of a superbug from genome to advocacy

A 'typhoid superbug' in Pakistan has been in headlines around the world. Researchers identified a typhoid strain that has become resistant to multiple antibiotics. Elizabeth Klemm, one of those researchers, tells the story behind the headlines.

The genetic structure of a strain of the bacteria that causes typhoid which is resistant to five classes of antibiotics has been uncovered by scientists at the [Wellcome Sanger Institute \(opens in a new tab\)](#) with collaborators at Public Health England and Aga Khan University, Pakistan.

There is currently a major outbreak of this highly resistant typhoid fever in Pakistan, and there has been a single case in the UK following travel, which was isolated and treated.

This new study shows that the typhoid strain behind the outbreak has acquired an additional piece of DNA and so has become resistant to multiple antibiotics, including a third-generation antibiotic.

The results, [published in mBio \(opens in a new tab\)](#), suggest that treatment options are running out for typhoid, and there is an urgent need for more stringent preventative strategies including vaccines...

News

Sir John Sulston (1942-2018)

9 March 2018

We were deeply saddened to hear about the death of Sir John Sulston this week. John was an outstanding figure in UK biological and medical science and in Wellcome's history.

For his remarkable work on the development of cells within the nematode worm *C. elegans*, he was rightfully recognised with the Nobel Prize in 2002.

But it was his leadership of the UK's contribution to the Human Genome Project that was fundamental not only to the success of the project but also to the sequence being made freely available for all to use.

John's close relationship with Wellcome began in the early 1990s when he was awarded the Trust's biggest grant up to that point – £46.5m – to establish a genome sequencing centre at Hinxton near Cambridge. Over the next decade, he developed the Wellcome Trust Sanger Institute into one of the world's leading centres for genome science.

John was adamant that the human DNA code should be released into the public domain so that other researchers could study and use it. This principle was adopted at the 1996 meeting of HUGO in Bermuda, and two years later John led the acceleration of the project – with funding from Wellcome to deliver one-third of the genome – to ensure that private interests did not threaten this accessibility.

The completion of the human genome in 2003 (a draft having been published in 2001) was a triumph for John, his team at the Wellcome Trust Sanger Institute, and the global community of researchers who worked on the project.

Eliza Manningham-Buller, Chair of Wellcome, said: "I am deeply saddened to hear of John's death. His contribution to genetics was unparalleled and in setting up the Wellcome Sanger Institute he changed the course of genomics research. It was an honour to know him and sympathies go to his family."

Jeremy Farrar, Director of Wellcome, said: "John was a brilliant scientist and a wonderful, kind and principled man. His leadership was critical to the establishment of the Wellcome Sanger Institute and the Human Genome Project, one of the most important scientific endeavours of the past century.

"His dedication to free access to scientific information was the basis of the open access movement, and helped ensure that the reference human genome sequence was published openly for the benefit of all humanity. It's just one of the ways that John's approach set the standard for researchers everywhere."

9 March 2018

Sir John Sulston and the Human Genome Project

News 8 March 2018

8 projects to increase vital knowledge about women's health

To mark International Women's Day 2018, Charli Colegate from our Humanities & Social Science team highlights eight projects Wellcome is funding to explore the health experiences of women from different backgrounds around the world.

News 7 March 2018

Jeremy Farrar reappointed as Wellcome's Director

Dr Jeremy Farrar, the Director of Wellcome, has been reappointed by Wellcome's Board of Governors for a second five-year term.

Jeremy's second term as Director will begin in October 2018 and run until 2023.

He joined Wellcome in 2013, succeeding Sir Mark Walport. Jeremy is a world-renowned clinical scientist and a leading figure in the field of infectious disease. Between 1996 and 2013, he was Director of the Oxford University Clinical Research Unit in Vietnam, which is supported by Wellcome...

The Wistar Institute [to 10 March 2018]

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

No new digest content identified.

::::::

BIO [to 10 March 2018]

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

No new digest content identified.

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

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

5 April 2018

Webinar: The new Future Vaccine Manufacturing Hub, collaborating with DCVMN

Prof Robin Shattock, Professor of Mucosal Infection and Immunity, Imperial College, London

Thursday, April 5, 2018 9:00 am

Europe Summer Time (Paris, GMT+02:00)

IFPMA [to 10 March 2018]

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

Global Health Matters

Vaccines: Reflecting on 2017 and what's on the 2018 horizon

5 March 2018

By Laetitia Bigger

2017 has shown how the power of collaboration and partnership is vital in extending the benefits of vaccines to an ever-growing number of people. Let me take you through some of the key moments for vaccines in 2017 and look ahead to 2018...

PhRMA [to 10 March 2018]

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

No new digest content identified.

Industry Watch [to 10 March 2018]

No new digest content identified.

* * * *

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

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

Progress for Children in the SDG Era

UNICEF

March 2018 :: 104 pages

PDF: https://data.unicef.org/wp-content/uploads/2018/03/Progress_for_Every_Child_03.08.2018_V3.pdf

Foreward [excerpt]

The Sustainable Development Goals embody our highest aspirations for a better world – and reflect our greatest responsibility as a global community: To provide children and young people today with the services, skills and opportunities they need tomorrow to build better futures for themselves, their families, and their societies.

This understanding – that a sustainable future depends on how we meet the needs of children and young people today – is at the core of the SDGs, which include 44 child-related indicators integrated throughout the 17 goals. Progress for Every Child in the SDG Era, the first report of UNICEF’s new SDG tracking series, provides a preliminary assessment of how the world is doing thus far on achieving these critical targets.

Even for early days, the outlook the report reveals is foreboding.

Most urgently, UNICEF’s comprehensive report on SDG progress for children reveals that more than 650 million children – approaching one-third of the world’s children – live in 52 countries that are off track on at least two-thirds of the child-related SDG indicators for which they have data.

The concerns raised by this news are compounded by the fact that these are only the children we know about. Progress for Every Child in the SDG Era also reveals that over half a billion of the world’s children live in 64 countries that lack sufficient data for us even to assess if they are on or off track for at least two-thirds of all child-related SDG indicators.

This is a critical juncture in the SDG era: A time when the decisions we take and the investments we make can pay enormous dividends – or extract an impossible price. While it would be both counterproductive and premature to predict failure, it is never too soon to calculate its potential costs.

Given current trends, unless we accelerate progress to meet the child-related SDG targets, between 2017 and 2030, 10 million children will die from preventable causes before reaching their fifth birthdays.

As many as 31 million children will be stunted, robbed of the opportunity to fulfil their potential for lack of adequate nutrition.

At least 22 million children will miss out on pre-primary education, so critical to their later ability to succeed in school and beyond.

And without faster progress, 670 million people worldwide will still be without basic drinking water, in turn threatening children's survival and healthy development...

Immunization [p.35]

Immunization averts an estimated 2 million-3 million deaths every year. Vaccines against diphtheria, tetanus, pertussis, measles and other preventable diseases also prevent millions of additional health issues and disabilities. These benefits make immunization one of the most cost-effective public health interventions.

In 2016, global coverage rates for the third dose of the diphtheria-tetanus-pertussis vaccine (DTP3) and the first dose of measles-containing vaccine (MCV1) reached 86 per cent and 85 per cent, respectively, up from 72 per cent for each in 2000. Despite this increased coverage:

- :: About 20 million children did not receive three doses of DTP and about 21 million missed the first dose of MCV.
- :: Regional disparities persist: West and Central Africa lags behind, with 67 per cent coverage for each.

Trajectories

Achieving the SDG target of universal coverage by 2030 will take sustained efforts. Progress in expanding DTP3 and MCV1 coverage has been slow during recent years, and uneven across countries and regions. Based on the average rate of progress during 2010-2016:

- :: 74 countries are not on track to reach the SDG target for DTP3, and 87 are not on track to reach it for MCV1.
- :: The countries needing acceleration represent 34 per cent in the case of DTP3, and 41 per cent in the case of MCV1, of the global population of surviving infants.
- :: Sub-Saharan Africa accounts for nearly half of infants living in countries that need acceleration to reach the DTP3 target.

Disparities

Unequal access to immunization services within countries leaves millions of children from poor households at risk of vaccine-preventable diseases.

Data published in Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) make it possible to examine trajectories towards universal immunization coverage by household wealth for 32 countries. Survey data are generally not available for high-income countries, so disparities between wealthier and poorer households cannot be calculated in the same way. Comparing progress among children living in the poorest and

wealthiest fifth of households in the 32 countries shows larger disparities for DTP3 coverage than for MCV1 (see Figure 1.11):

:: For DTP3, acceleration is needed to achieve the target for 60 per cent of children in the poorest quintiles and just under 40 per cent of the wealthiest.

:: For MCV1, acceleration is needed for nearly 80 per cent of children in the poorest quintiles and over 60 per cent in the wealthiest.

Among the poorest in the 32 countries, the difference between the trajectories for DTP3 and MCV1 is due to three large middle-income countries – Kenya, the Philippines and Viet Nam – that are on track to meet the DTP3 target but need acceleration to meet the MCV1 target.

Wealth inequality appears to be an important factor in the rates of coverage. In Nigeria, for example, children from the wealthiest households are more than seven times as likely as children from the poorest households to have received the DTP3 vaccine. In Namibia, an upper-middle income country, children from the poorest households are 20 per cent more likely to have been vaccinated than those in the wealthiest households.

Call to action [p.100]

An agenda for action on data

There are no easy fixes to addressing the data deficiencies exposed in this report. Good data on children depend on strong national data institutions and capacity, which take time and investment to develop. But much can be done – and done now. Putting systems in place to generate the data required to track and enable progress will take sustained efforts and support across a number of areas.

The accountability to generate the data – and achieve the goals – is held by countries. But the international community has an obligation to work in partnership with national governments.

In Goal 17, the SDGs include a call for a revitalized global partnership for sustainable development – and working together to develop countries' statistical capacities is an essential part of that endeavour. Target 17.18 specifically calls for capacity-building support to developing countries "to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts."

We identify three principles that should underpin this effort and that will guide UNICEF's work over the next 12 years:

:: Data as the spine of system strengthening.

The effort to improve data collection and capacity is inseparable from the broader effort to build strong service delivery systems, whether in health or education, social services or border control. We will invest in long-term efforts to improve the quality, coverage and coordination of governments' administrative data systems that concern children.

:: Leave no country behind.

Global support to data monitoring and capacity resembles a messy patchwork. We will urge systematic and coordinated efforts to ensure all countries have minimum data coverage for children, irrespective of their resources and capabilities. This will require greater cooperation with industrialized economies to ensure reporting to custodian agencies, and investing in new

data solutions in conflict- and disaster-affected areas, where reliance on regular surveys and routine data systems may not be feasible.

:: Shared norms, beginning with open data.

The monitoring framework of the SDGs represents a formidable exercise in agreeing on universal approaches to measurement, while still recognizing the value of local adaption for country ownership. The need for stronger shared norms on data remains great, especially when it comes to children. We will advocate for common approaches to measuring emerging threats facing children, capturing missing child populations such as those in institutions or migrating, and to sharing data to enable vulnerable children to be more effectively identified, while protecting children's privacy.

To support countries in mainstreaming data on children and adolescents into national statistical systems and plans, UNICEF is already working to develop needed indicators and measurement tools, and support national capacities to monitor and use SDG indicators, especially the 17 indicators that UNICEF has a particular duty to support (see Box 6.1). This work is undertaken as part of the United Nations Development Group and the broader development community.

The agenda is expansive, and only by working together can it be fulfilled.

Press release

UNICEF report: Over half a billion 'uncounted' children live in countries unable to measure SDG progress

Latest data on development progress for children shows over half a billion more live in countries where the SDGs are quickly falling out of reach.

NEW YORK, 7 MARCH 2018 – Early assessment of progress toward achieving the Sustainable Development Goals confirms an alarming lack of data in 64 countries, as well as insufficient progress toward the SDGs for another 37 countries where the data can be tracked.

The UNICEF report, [Progress for Children in the SDG Era](#), is the first thematic report assessing performance toward achieving the SDG global targets that concern children and young people. The report warns that 520 million children live in countries which completely lack data on at least two-thirds of child-related SDG indicators, or lack sufficient data to assess their progress – rendering those children effectively “uncounted.”

Where sufficient data is available, the scale of the challenge posed by the SDG targets remains daunting. The report warns that 650 million children live in countries where at least two-thirds of the SDGs are out of reach without accelerated progress. In fact, in those countries, even more children could face bad outcomes in life by 2030 than now.

“More than half the world’s children live in countries where we either can’t track their SDG progress, or where we can and they are woefully off-track,” said Laurence Chandy, UNICEF Director for the Division of Data, Research and Policy. “The world must renew its commitment to attaining the SDGs, starting with renewing its commitment to measuring them.”

The report tracks progress on five dimensions of children’s rights: health, learning, protection from violence and exploitation, a safe environment and equal opportunity. The report quantifies

how far short of the global goals the world is currently expected to fall, measured in human costs.

Projections show that between now and 2030:

- :: 10 million additional children would die of preventable causes before their fifth birthday;
- :: 31 million children would be left stunted due to lack of adequate nutrition;
- :: 22 million children would miss out on pre-primary education;
- :: 150 million girls will marry before their 18th birthday;
- :: 670 million people, many of them children, will still be without basic drinking water.

"Two years ago, the world agreed on an ambitious agenda to give every child the best chance in life, with cutting-edge data analysis to guide the way," said Chandy. "And yet, what our comprehensive report on SDG progress for children reveals plainly is an abject lack of data. Most countries do not have the information even to assess whether they are on track or not. Children around the world are counting on us – and we can't even count all of them."

The report calls for renewed efforts to address the global data-deficiency, while recognizing that strong national data institutions and capacity take time and investment to develop. The report identifies three principles to underpin this work:

- :: Building strong measurement into service delivery systems, whether in health or education, social services or border control;
- :: Systematic and coordinated efforts to ensure all countries have minimum data coverage for children, irrespective of their resources and capabilities;
- :: Establishing stronger shared norms on data concerning children, including common approaches to measuring emerging threats facing children, capturing missing child populations, and sharing data to enable vulnerable children to be more effectively identified, while protecting children's privacy.

While each government is ultimately accountable to generate the data that will guide and measure achievement of the goals, the international community has an obligation to partner with them to make sure the SDG targets are met.

* * * *

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

March 2018 Volume 46, Issue 3, p245-362, e13-e24

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

[Reviewed earlier]

American Journal of Preventive Medicine

March 2018 Volume 54, Issue 3, p325-478, e41-e58

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

[Reviewed earlier]

American Journal of Public Health

March 2018 108(3)

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

Volume 98, Issue 3, 2018

<http://www.ajtmh.org/content/journals/14761645/98/3>

Perspective Piece

Are Infants Less than 6 Months of Age a Neglected Group for Anemia Prevention in Low-Income Countries?

Authors: Cinta Moraleda, Regina N. Rabinovich and Clara Menéndez

<https://doi.org/10.4269/ajtmh.17-0487>

Anemia is a major public health problem that affects mainly children, predominantly in low-income countries and most often due to iron deficiency (ID). Administration of iron supplements to prevent and treat ID anemia in malaria endemic areas has been controversial for decades; however, recent World Health Organization guidelines recommend universal iron supplementation for children in highly prevalent anemia settings, including those where malaria is endemic. However, infants younger than 6 months of age have been exempted from this recommendation because ID is not considered prevalent at this age and because of assumptions—without evidence—that they are protected from ID through breast milk. To achieve full impact of anemia prevention targeting infants less than 6 months of age who are at highest risk of ID, operational studies that conclusively demonstrate the effectiveness and safety of delivering iron supplements to young infants in settings with a high burden of infectious diseases, including malaria, are needed.

Reimagining the Research Approach to Tuberculosis

Authors: Anthony S. Fauci and Robert W. Eisinger

<https://doi.org/10.4269/ajtmh.17-0999>

Controlling and ultimately ending tuberculosis (TB) as a public health scourge will require a multifaceted and comprehensive approach involving the intensification of public health efforts, including scaling-up the delivery of current diagnostic, preventive, and therapeutic tools. However, a critically important element in the effort to end TB is an accelerated biomedical research effort to address the many unanswered questions about the disease process itself and to develop improved and innovative countermeasures. An intensive effort toward these research goals will facilitate the achievement of the aspirational goal of ending TB.

Annals of Internal Medicine

6 March 2018 Vol: 168, Issue 5

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

[New issue; No digest content identified]

BMC Cost Effectiveness and Resource Allocation<http://resource-allocation.biomedcentral.com/>

(Accessed 10 March 2018)

Research

9 March 2018

[Global health worker salary estimates: an econometric analysis of global earnings data](#)

Authors: Juliana Serje, Melanie Y. Bertram, Callum Brindley and Jeremy A. Lauer

BMJ Global Health

December 2017; volume 2, issue 4

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

[Reviewed earlier]

BMC Health Services Research<http://www.biomedcentral.com/bmchealthservres/content>

(Accessed 10 March 2018)

[No new digest content identified]

BMC Infectious Diseases<http://www.biomedcentral.com/bmcinfectdis/content>

(Accessed 10 March 2018)

*Research article***[Public health impact and cost effectiveness of routine childhood vaccination for hepatitis a in Jordan: a dynamic model approach](#)**

As the socioeconomic conditions in Jordan have improved over recent decades the disease and economic burden of Hepatitis A has increased. The purpose of this study is to assess the potential health and economic...

Authors: Wail A. Hayajneh, Vincent J. Daniels, Cerise K. James, Muhammet Nabi Kanibir, Matthew Pilsbury, Morgan Marks, Michelle G. Goveia, Elamin H. Elbasha, Erik Dasbach and Camilo J. Acosta

Citation: BMC Infectious Diseases 2018 18:119

Published on: 7 March 2018

*Research article***[Impact of a vaccination programme in children vaccinated with ProQuad, and ProQuad-specific effectiveness against varicella in the Veneto region of Italy](#)**

Monovalent varicella vaccines have been available in the Veneto Region of Italy since 2004. In 2006, a single vaccine dose was added to the immunisation calendar for children aged 14 months. ProQuad®, a quadri...

Authors: Carlo Giaquinto, Giovanni Gabutti, Vincenzo Baldo, Marco Villa, Lara Tramontan, Nadia Raccanello, Francesca Russo, Chiara Poma, Antonio Scamarcia, Luigi Cantarutti, Rebecca Lundin, Emilia Perinetti, Xavier Cornen, Stéphane Thomas, Céline Ballandras, Audrey Souverain...

Citation: BMC Infectious Diseases 2018 18:103

Published on: 5 March 2018

BMC Medical Ethics

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

(Accessed 10 March 2018)

Research article

Patient data and patient rights: Swiss healthcare stakeholders' ethical awareness regarding large patient data sets – a qualitative study

Authors: Corine Mouton Dorey, Holger Baumann and Nikola Biller-Andorno

Citation: BMC Medical Ethics 2018 19:20

Published on: 7 March 2018

Abstract

Background

There is a growing interest in aggregating more biomedical and patient data into large health data sets for research and public benefits. However, collecting and processing patient data raises new ethical issues regarding patient's rights, social justice and trust in public institutions. The aim of this empirical study is to gain an in-depth understanding of the awareness of possible ethical risks and corresponding obligations among those who are involved in projects using patient data, i.e. healthcare professionals, regulators and policy makers.

Methods

We used a qualitative design to examine Swiss healthcare stakeholders' experiences and perceptions of ethical challenges with regard to patient data in real-life settings where clinical registries are sponsored, created and/or used. A semi-structured interview was carried out with 22 participants (11 physicians, 7 policy-makers, 4 ethical committee members) between July 2014 and January 2015. The interviews were audio-recorded, transcribed, coded and analysed using a thematic method derived from Grounded Theory.

Results

All interviewees were concerned as a matter of priority with the needs of legal and operating norms for the collection and use of data, whereas less interest was shown in issues regarding patient agency, the need for reciprocity, and shared governance in the management and use of clinical registries' patient data. This observed asymmetry highlights a possible tension between public and research interests on the one hand, and the recognition of patients' rights and citizens' involvement on the other.

Conclusions

The advocacy of further health-related data sharing on the grounds of research and public interest, without due regard for the perspective of patients and donors, could run the risk of fostering distrust towards healthcare data collections. Ultimately, this could diminish the expected social benefits. However, rather than setting patient rights against public interest, new ethical approaches could strengthen both concurrently. On a normative level, this study thus

provides material from which to develop further ethical reflection towards a more cooperative approach involving patients and citizens in the governance of their health-related big data.

BMC Medicine

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

(Accessed 10 March 2018)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 10 March 2018)

[No new digest content identified]

BMC Public Health

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

(Accessed 10 March 2018)

Research article

[Infection prevention behaviour and infectious disease modelling: a review of the literature and recommendations for the future](#)

Given the importance of person to person transmission in the spread of infectious diseases, it is critically important to ensure that human behaviour with respect to infection prevention is appropriately repre...

Authors: Dale Weston, Katharina Hauck and Richard Amlôt

Citation: BMC Public Health 2018 18:336

Published on: 9 March 2018

Research article

[Community perception regarding childhood vaccinations and its implications for effectiveness: a qualitative study in rural Burkina Faso](#)

Vaccination has contributed to major reductions in global morbidity and mortality, but there remain significant coverage gaps. Better knowledge on the interplay between population and health systems regarding ...

Authors: M. Kagoné, M. Yé, E. Nébié, A. Sié, O. Müller and C. Beiersmann

Citation: BMC Public Health 2018 18:324

Published on: 6 March 2018

BMC Research Notes

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

(Accessed 10 March 2018)

[No new digest content identified]

BMJ Open

March 2018 - Volume 8 - 3

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

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 96, Number 3, March 2018, 145-224

<http://www.who.int/bulletin/volumes/96/3/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>

[Reviewed earlier]

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>

[Reviewed earlier]

Conflict and Health

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

[Accessed 10 March 2018]

[No new digest content identified]

Contemporary Clinical Trials

Volume 66 Pages 1-92 (March 2018)

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/66/suppl/C>

Study Design, Statistical Design, Study Protocols

[Clinical trials recruitment planning: A proposed framework from the Clinical Trials Transformation Initiative](#)

Open access - Original research article

Pages 74-79

Grant D. Huang, Jonca Bull, Kelly Johnston McKee, Elizabeth Mahon, ... Jamie N. Roberts

Abstract

Patient recruitment is widely recognized as a key determinant of success for clinical trials. Yet a substantial number of trials fail to reach recruitment goals—a situation that has important scientific, financial, ethical, and policy implications. Further, there are important effects on stakeholders who directly contribute to the trial including investigators, sponsors, and study

participants. Despite efforts over multiple decades to identify and address barriers, recruitment challenges persist.

To advance a more comprehensive approach to trial recruitment, the Clinical Trials Transformation Initiative (CTTI) convened a project team to examine the challenges and to issue actionable, evidence-based recommendations for improving recruitment planning that extend beyond common study-specific strategies. We describe our multi-stakeholder effort to develop a framework that delineates three areas essential to strategic recruitment planning efforts: (1) trial design and protocol development, (2) trial feasibility and site selection, and (3) communication. Our recommendations propose an upstream approach to recruitment planning that has the potential to produce greater impact and reduce downstream barriers. Additionally, we offer tools to help facilitate adoption of the recommendations. We hope that our framework and recommendations will serve as a guide for initial efforts in clinical trial recruitment planning irrespective of disease or intervention focus, provide a common basis for discussions in this area and generate targets for further analysis and continual improvement.

Current Opinion in Infectious Diseases

April 2018 - Volume 31 - Issue 2

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

[New issue; No digest content identified]

Developing World Bioethics

March 2018 Volume 18, Issue 1 Pages 1–64

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2018.18.issue-1/issuetoc>

Special Issue: Rebuilding Patient-Physician Trust in China, Developing a Trust-Oriented Bioethics

GUEST EDITORIAL

[Rebuilding patient–physician trust in China, developing a trust-oriented bioethics \(pages 4–6\)](#)

Jing-Bao Nie, Joseph D. Tucker, Wei Zhu, Yu Cheng, Bonnie Wong and Arthur Kleinman

Version of Record online: 18 SEP 2017 | DOI: 10.1111/dewb.12172

In a short period of nearly four decades, China, with one fifth of the world's population, has rapidly evolved from a predominantly agricultural, poor and developing country to an upper middle-income country. At the same time, China faces numerous daunting social challenges. One of them is the widespread, profound, and advancing crisis of patient–physician trust. Among the many manifestations of this crisis is an unprecedented process characterized by rapidly increasing levels of violence involved in disputes between patients and their relatives against medical professionals and institutions.

Like many other challenges that China faces, this crisis of trust in the health sector is by no means merely a Chinese problem. There is much convincing evidence that it is a global issue, emerging in developing and developed societies alike, although the scale and depth of such a crisis may vary considerably from one place to another. More generally, a serious crisis of trust can be observed across geographic areas and societal sectors. It affects all professions, businesses, the media, governments, and international affairs.

Though its significance often goes unrecognized, trust plays a vital role for interpersonal and social life as well as healthcare. In the field of bioethics, however, attention paid thus far to the question of trust in general, and to patient–physician trust in China in particular, is far from sufficient in spite of some pioneering studies.¹ Such deficits in bioethical scholarship is in marked contrast to the fields of social and political sciences, where trust has been a key subject for the past few decades, with a large and growing literature. Due to its essential role for good social life and good healthcare, trust deserves a place in the central agenda of bioethics in China and globally.

..The first two papers are anthropological and sociological studies of the broader socio-political, cultural and healthcare context of patient–physician mistrust and its major sources in contemporary China. Yunxiang Yan demonstrates how patient–physician mistrust, and patient–physician relations in general, has been a part of a grand moral and political transformation unfolding in China over the past few decades; this include the growth of individualization and the rising awareness of the values of human dignity, respect, and individual rights. Based on two years of ethnographic research, Cheris Chan examines the major sources of medical mistrust at societal, institutional, and interactional levels. She highlights the role of funding mechanisms behind China's healthcare system, whereby public hospitals and health professionals alike are largely forced to finance themselves, in generating mistrust.

...To conclude, it should be emphasized that the situation in China and the crisis of trust now unfolding on a global scale should not be framed in totally negative terms. As the two Chinese characters for crisis, *weiji*, aptly reflect, any crisis presents both dangers and opportunities simultaneously. In the Chinese context, distrust and mistrust of medical professionals and healthcare systems amongst individual patients and patient populations means that people are developing higher expectations of competence, caring, respect, dignity, recognition, rights, high-quality services, and active participation. In spite of its immediate and long-term negative consequences, the widespread and profound mistrust therefore presents opportunities to reform existing but ethically unsound medical practices and institutions, and ensure the moral accountability of institutions and individuals in power.

Development in Practice

Volume 28, Issue 2, 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

April 2018 Volume 42, Issue 2 Pages 205–404

<http://onlinelibrary.wiley.com/doi/10.1111/dis.2018.42.issue-2/issuetoc>

Papers

Compliance with recommended protective actions during an H7N9 emergency: a risk perception perspective (pages 207–232)

Fei Wang PhD, Jiuchang Wei PhD and Xing Shi

Version of Record online: 11 AUG 2017 | DOI: 10.1111/disa.12240

EMBO Reports

01 March 2018; volume 19, issue 3

<http://embor.embopress.org/content/19/3?current-issue=y>

[New issue; No digest content identified]

Emerging Infectious Diseases

Volume 24, Number 3—March 2018

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

Research

Use of Influenza Risk Assessment Tool for Prepandemic Preparedness PDF Version [PDF - 831 KB - 7 pages]

S. A. Burke and S. C. Trock

Epidemics

Volume 21, Pages 1-88 (December 2017)

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

[Reviewed earlier]

Epidemiology and Infection

Volume 146 - Issue 4 - March 2018

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

Measles vaccine

Original Papers

Correlation between measles vaccine doses: implications for the maintenance of elimination

A. McKee, M. J. Ferrari, K. Shea

<https://doi.org/10.1017/S0950268817003077>

Published online: 21 February 2018, pp. 468-475

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 4

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

[Reviewed earlier]

Globalization and Health

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

[Accessed 10 March 2018]

Short report

7 March 2018

[Planning and preparing for public health threats at airports](#)

Authors: Greg Martin and Mairin Boland

Abstract

The ever-increasing speed and scope of human mobility by international air travel has led to a global transport network for infectious diseases with the potential to introduce pathogens into non-endemic areas, and to facilitate rapid spread of novel or mutated zoonotic agents.

Robust national emergency preparedness is vital to mitigate the transmission of infectious diseases agents domestically and to prevent onward spread to other countries. Given the complex range of stakeholders who respond to an infectious disease threat being transmitted through air travel, it is important that protocols be tested and practised extensively in advance of a real emergency. Simulation exercises include the identification of possible scenarios based on the probability of hazards and the vulnerability of populations as a basis for planning, and provide a useful measure of preparedness efforts and capabilities.

In October 2016, a live simulation exercise was conducted at a major airport in Ireland incorporating a public health threat for the first time, with the notification of a possible case of MERS-CoV aboard an aircraft plus an undercarriage fire. Strengths of the response to the communicable disease threat included appropriate public health risk assessment, case management, passenger information gathering, notification to relevant parties, and communication to passengers and multiple agencies.

Health Affairs

March 2018. Vol. 37, No. 3

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

Advancing Health Equity

[New issue; No digest content identified]

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 2, 1 March 2018

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 10 March 2018]

[Reviewed earlier]

Humanitarian Exchange Magazine

<https://odihpn.org/magazine/lake-chad-basin-overlooked-crisis/>

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>

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 10 March 2018]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 10 March 2018]

[No new digest content identified]

International Health

Volume 10, Issue suppl_1, 1 March 2018

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

Special Issue: Onchocerciasis: The Beginning of the End

[Reviewed earlier]

International Journal of Community Medicine and Public Health

Vol 5, No 3 (2018) March 2018

<http://www.ijcmph.com/index.php/ijcmph/issue/view/36>

Review Articles

Understanding the principles of ethics in health care: a systematic analysis of qualitative information

Vanishree M. Kemparaj, Umashankar G. Kadalur

DOI: [10.18203/2394-6040.ijcmph20180738](https://doi.org/10.18203/2394-6040.ijcmph20180738)

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

Volume 11 Issue 1 2019

<https://www.emeraldinsight.com/toc/ijhrh/11/1>

[New issue; No digest content identified]

International Journal of Infectious Diseases

March 2018 Volume 68, In Progress

[http://www.ijidonline.com/issue/S1201-9712\(18\)X0002-2](http://www.ijidonline.com/issue/S1201-9712(18)X0002-2)

Perspective

Medical and health risks associated with communicable diseases of Rohingya refugees in Bangladesh 2017

Emily Y.Y. Chan, Cheuk Pong Chiu, Gloria K.W. Chan

p39–43

Published online: January 9, 2018

Highlights

- :: Urgent health emergency disaster risk management (H-EDRM) is needed in the camp setting.
- :: Limitations in access to water and poor water quality, food poisoning, hepatitis A and E, and nutritional deficiencies are pending health risks.
- :: Environmental health risks include fire, poor indoor air quality, vector-borne diseases, injury, and floods.
- :: There is a lack of non-food items to protect health, e.g., footwear, and to maintain dignity, e.g., female hygiene packs.
- :: Portable medical documentation should be provided, e.g., immunization card and basic medical history summary card.

Abstract

Complex emergencies remain major threats to human well-being in the 21st century. More than 300 000 Rohingya people from Myanmar, one of the most forgotten minorities globally, have fled to neighboring countries over the past decades. In the recent crisis, the sudden influx of Rohingya people over a 3-month period almost tripled the accumulated displaced population in Bangladesh. Using the Rohingya people in Bangladesh as a case context, this perspective article synthesizes evidence in the published literature regarding the possible key health risks associated with the five main health and survival supporting domains, namely water and sanitation, food and nutrition, shelter and non-food items, access to health services, and information, for the displaced living in camp settlements in Asia.

JAMA

March 6, 2018, Vol 319, No. 9, Pages 843-943

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

Viewpoint

Retreat From Human Rights and Adverse Consequences for Health

Diederik Lohman, MA

JAMA. 2018;319(9):861-862. doi:10.1001/jama.2018.0271

[See Featured Journal Content above for full text]

Original Investigation

Association Between Estimated Cumulative Vaccine Antigen Exposure Through the First 23 Months of Life and Non–Vaccine-Targeted Infections From 24 Through 47 Months of Age

Jason M. Glanz, PhD; Sophia R. Newcomer, MPH; Matthew F. Daley, MD; et al.

JAMA. 2018;319(9):906-913. doi:10.1001/jama.2018.0708

Key Points

Question

Is exposure to multiple vaccines through the first 23 months of life associated with an increased risk for infections not targeted by vaccines?

Findings

In this nested case-control study that included 193 cases with non-vaccine-targeted infections and 751 controls without non-vaccine-targeted infections, the estimated mean cumulative antigen exposure from birth through age 23 months was 240.6 for cases and 242.9 for controls, a difference that was not statistically significant.

Meaning

Among children from 24 through 47 months of age with non-vaccine-targeted infections, compared with children without such infections, there was no significant difference in estimated cumulative vaccine antigen exposure through the first 23 months of life.

Abstract

Importance

Some parents are concerned that multiple vaccines in early childhood could weaken their child's immune system. Biological data suggest that increased vaccine antigen exposure could increase the risk for infections not targeted by vaccines.

Objective To examine estimated cumulative vaccine antigen exposure through the first 23 months of life in children with and without non-vaccine-targeted infections from 24 through 47 months of age.

Design, Setting, and Participants

A nested case-control study was conducted in 6 US health care organizations participating in the Vaccine Safety Datalink. Cases were identified by International Classification of Diseases codes for infectious diseases in the emergency department and inpatient medical settings and then validated by medical record review. Cases of non-vaccine-targeted infection were matched to controls by age, sex, health care organization site, and chronic disease status. Participants were children ages 24 through 47 months, born between January 1, 2003, and September 31, 2013, followed up until December 31, 2015.

Exposures

Cumulative vaccine antigen exposure, estimated by summing the number of antigens in each vaccine dose received from birth through age 23 months.

Main Outcomes and Measures Non-vaccine-targeted infections, including upper and lower respiratory infections and gastrointestinal infections, from 24 through 47 months of age, and the association between these infections and estimated cumulative vaccine exposure from birth through 23 months. Conditional logistic regression was used to estimate matched odds ratios representing the odds of non-vaccine-targeted infections for every 30-unit increase in estimated cumulative number of antigens received.

Results

Among the 944 patients (193 cases and 751 controls), the mean (SD) age was 32.5 (6.3) months, 422 (45%) were female, and 61 (7%) had a complex chronic condition. Through the first 23 months, the estimated mean (SD) cumulative vaccine antigen exposure was 240.6 (48.3) for cases and 242.9 (51.1) for controls. The between-group difference for estimated cumulative antigen exposure was -2.3 (95% CI, -10.1 to 5.4 ; $P = .55$). Among children with vs without non-vaccine-targeted infections from 24 through 47 months of age, the matched odds ratio for estimated cumulative antigen exposure through age 23 months was not significant (matched odds ratio, 0.94 ; 95% CI, 0.84 to 1.07).

Conclusions and Relevance

Among children from 24 through 47 months of age with emergency department and inpatient visits for infectious diseases not targeted by vaccines, compared with children without such visits, there was no significant difference in estimated cumulative vaccine antigen exposure through the first 23 months of life.

Editorial

Safety of Multiple Antigen Exposure in the Childhood Immunization Schedule

Sean T. O'Leary, MD, MPH; Yvonne A. Maldonado, MD

JAMA Pediatrics

March 2018, Vol 172, No. 3, Pages 205-303

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

Viewpoint

Informed Consent Training in Pediatrics—Are We Doing Enough?

Alan R. Tait, PhD; Raymond J. Hutchinson, MD, MS

JAMA Pediatr. 2018;172(3):211-212. doi:10.1001/jamapediatrics.2017.4088

Abstract

As ethics educators, we are continually struck by the wide variability in residents' reported formative training in informed consent. Many trainees have expressed a lack of preparation and anxiety when asked to obtain consent, particularly for procedures and interventions for which they have no planned involvement. One intern remarked that he sometimes Googles the risks before meeting a patient. A lack of training in obtaining informed consent is not only legally tenuous but may also devalue its significance and lead to the perception that consent is simply a way to achieve the parent's or patient's acquiescence.

JBI Database of Systematic Review and Implementation Reports

March 2018 - Volume 16 - Issue 3

<http://journals.lww.com/jbisrir/Pages/currenttoc.aspx>

[New issue; No digest content identified]

Journal of Adolescent Health

March 2018 Volume 62, Issue 3, p249-358

[http://www.jahonline.org/issue/S1054-139X\(17\)X0018-9](http://www.jahonline.org/issue/S1054-139X(17)X0018-9)

[Reviewed earlier]

Journal of Community Health

Volume 43, Issue 2, April 2018

<https://link.springer.com/journal/10900/43/2/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

March 2018 - Volume 72 - 3

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

[Reviewed earlier]

Journal of Evidence-Based Medicine

February 2018 Volume 11, Issue 1 Pages 1–67

<http://onlinelibrary.wiley.com/doi/10.1111/jebm.2018.11.issue-1/issuetoc>

[Reviewed earlier]

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 29, Number 1, February 2018

<https://muse.jhu.edu/issue/38046>

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 20, Issue 2, April 2018

<https://link.springer.com/journal/10903/20/2/page/1>

[New issue; No digest content identified]

Journal of Immigrant & Refugee Studies

Volume 16, 2018_ Issue 1-2

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

Special Issue: Mediatization and Politicization of Refugee Crisis in Europe

[New issue; No digest content identified]

Journal of Infectious Diseases

Volume 217, Issue 6, 5 March 2018

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

EDITORIAL COMMENTARIES

Waxing Understanding of Waning Immunity

Benjamin A Lopman; Virginia E Pitzer

The Journal of Infectious Diseases, Volume 217, Issue 6, 5 March 2018, Pages 851–853,

<https://doi.org/10.1093/infdis/jix670>

Extract

(See the major article by Rogawski et al, on pages 861–8.)

...Of the approximately 150000 deaths due to rotavirus infection that occur globally every year, >90% are among children in settings of low and low/middle incomes [1, 2]. To counter this burden, the World Health Organization recommends that rotavirus vaccination be included

in the immunization program of all countries. Despite the clear signs of progress in reducing the rotavirus disease burden globally [3], there are 2 related challenges specific to lower-income settings that hamper rotavirus vaccines from preventing more deaths and severe diarrheal disease [4]. First, rotavirus vaccines are less effective in low-income as compared to high-income...

MAJOR ARTICLES AND BRIEF REPORTS

VIRUSES

Editor's Choice

Quantifying the Impact of Natural Immunity on Rotavirus Vaccine Efficacy Estimates: A Clinical Trial in Dhaka, Bangladesh (PROVIDE) and a Simulation Study

Elizabeth T Rogawski; James A Platts-Mills; E Ross Colgate; Rashidul Haque; K Zaman ...

The Journal of Infectious Diseases, Volume 217, Issue 6, 5 March 2018, Pages 861–868,

<https://doi.org/10.1093/infdis/jix668>

In clinical trials of rotavirus vaccines, high rotavirus incidence leads to predictably lower vaccine efficacy estimates due to the acquisition of natural immunity in unvaccinated children. This phenomenon contributes to the low vaccine efficacy observed in trials in low-resource settings.

Protective Effect of Maternal Influenza Vaccination on Influenza in Their Infants: A Prospective Cohort Study

Satoko Ohfuki; Masaaki Deguchi; Daisuke Tachibana; Masayasu Koyama; Tetsu Takagi ...

The Journal of Infectious Diseases, Volume 217, Issue 6, 5 March 2018, Pages 878–886,

<https://doi.org/10.1093/infdis/jix629>

This prospective cohort study showed that the effectiveness of prenatal and postpartum influenza vaccination of mothers in preventing influenza among their infants was 61% and 53%, respectively. Maternal influenza vaccination during the prenatal or postpartum periods had beneficial effects in protecting infants from influenza.

Journal of Medical Ethics

March 2018 - Volume 44 - 3

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

[Reviewed earlier]

Journal of Medical Internet Research

Vol 20, No 3 (2018): March

<http://www.jmir.org/2018/3>

JMIR Mhealth Uhealth 2018 (Mar 07); 6(3):e59

Evaluation of a Mobile Phone-Based Intervention to Increase Parents' Knowledge About the Measles-Mumps-Rubella Vaccination and Their Psychological Empowerment: Mixed-Method Approach

Marta Fadda, Elisa Galimberti, Maddalena Fiordelli, Peter Johannes Schulz

ABSTRACT

Background: There is mixed evidence on the effectiveness of vaccination-related interventions. A major limitation of most intervention studies is that they do not apply randomized controlled trials (RCTs), the method that, over the last 2 decades, has increasingly been considered as the

only method to provide proof of the effectiveness of an intervention and, consequently, as the most important instrument in deciding whether to adopt an intervention or not. This study, however, holds that methods other than RCTs also can produce meaningful results. Objective: The aim of this study was to evaluate 2 mobile phone-based interventions aimed at increasing parents' knowledge of the measles-mumps-rubella (MMR) vaccination (through elements of gamification) and their psychological empowerment (through the use of narratives), respectively. The 2 interventions were part of an RCT. Methods: We conducted 2 studies with the RCT participants: a Web-based survey aimed at assessing their rating of the tool regarding a number of qualities such as usability and usefulness (N=140), and qualitative telephonic interviews to explore participants' experiences with the app (N=60). Results: The results of the survey showed that participants receiving the knowledge intervention (alone or together with the empowerment intervention) liked the app significantly better compared with the group that only received the empowerment intervention ($F_{2,137}=15.335$; $P<.001$). Parents who were exposed to the empowerment intervention complained that they did not receive useful information but were only invited to make an informed, autonomous MMR vaccination decision. Conclusions: The results suggest that efforts to empower patients should always be accompanied by the provision of factual information. Using a narrative format that promotes parents' identification can be an appropriate strategy, but it should be employed together with the presentation of more points of views and notions regarding, for instance, the risks and benefits of the vaccination at the same time. Trial Registration: International Standard Randomized Controlled Trial Number 30768813; <http://www.isrctn.com/> ISRCTN30768813 (Archived by WebCite at <http://www.webcitation.org/6xOQSJ3w8>)

Journal of Medical Microbiology

Volume 67, Issue 3, March 2018

<http://jmm.microbiologyresearch.org/content/journal/jmm/67/3>

[New issue; No digest content identified]

Journal of Patient-Centered Research and Reviews

Volume 5, Issue 1 (2018)

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

Health Disparities and Inequities: Part II

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 7, Issue 1 March 2018

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

SPECIAL ARTICLE

A Time to Save

Carol J Baker

Journal of the Pediatric Infectious Diseases Society, Volume 7, Issue 1, 19 February 2018, Pages 1–5, <https://doi.org/10.1093/jpids/piw080>

Abstract

Group B Streptococcus (GBS), characterized by Lancefield in 1933, was not recognized as a human pathogen until the early 1970s when it emerged and replaced Escherichia coli as the

most common cause of sepsis and meningitis among neonates and young infants. This article briefly gives a personnel account of the discovery of clinical syndromes of GBS distinguished by age at onset, vertical mode of transmission for early-onset disease, meningeal tropism for GBS capsular (CPS) type III strains, and protective CPS epitopes. It also reviews the difficult evolution of the now routine program for antenatal GBS culture screening and intrapartum antibiotic prophylaxis, development of the first GBS candidate vaccines, clinical trials documenting the immunogenicity and safety of CPS tetanus toxoid conjugate vaccines, ongoing need to prevent morbidity and mortality in neonates and young infants, and critical need for commercial vaccines for routine use in pregnant women.

ORIGINAL ARTICLES AND COMMENTARY

Use of Internet Search Data to Monitor Rotavirus Vaccine Impact in the United States, United Kingdom, and Mexico

Minesh P Shah; Benjamin A Lopman; Jacqueline E Tate; John Harris; Marcelino Esparza-Aguilar

...

Journal of the Pediatric Infectious Diseases Society, Volume 7, Issue 1, 19 February 2018, Pages 56–63, <https://doi.org/10.1093/jpids/pix004>

Internet searches for “rotavirus,” as measured by Google Trends, correlated well with laboratory-confirmed rotavirus disease and hospitalizations for acute gastroenteritis in the United States, United Kingdom, and Mexico. Internet searches declined after the introduction of national rotavirus vaccination programs, mirroring rotavirus disease activity.

Journal of Pediatrics

March 2018 Volume 194, p1-270

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

[New issue; No digest content identified]

Journal of Pharmaceutical Policy and Practice

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

[Accessed 10 March 2018]

[No new digest content identified]

Journal of Public Health Management & Practice

March/April 2018 - Volume 24 - Issue 2

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

[New issue; No digest content identified]

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

March 2018; volume 15, issue 140
<http://rsif.royalsocietypublishing.org/content/current>
[New issue; No digest content identified]

Journal of Travel Medicine

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

Journal of Virology

March 2018, volume 92, issue 6
<http://jvi.asm.org/content/current>
[Reviewed earlier]

The Lancet

Mar 10, 2018 Volume 391 Number 10124 p911-998 e7-e8
<http://www.thelancet.com/journals/lancet/issue/current>

Editorial

The Global Fund under Peter Sands

The Lancet

Within the space of a few short weeks, the reputation of Peter Sands, incoming Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, has gone from respected to reckless according to some critics. In an Offline column last November, The Lancet's Editor offered an unreserved welcome to Sands, praising his "credibility" and "refreshing new vision". Sands had assiduously built a compelling argument for governments to take the economic costs of infectious diseases more seriously. His background as the former CEO of Standard Chartered strengthened his case still further. But then Heineken hit the headlines.

Before Sands had even taken up his appointment, he was being implicated in the decision by the Global Fund to enter into partnership with, among others, the alcohol beverage manufacturer, Heineken. Photographs of Sands shaking hands with company executives caused dismay among global health advocates. An open letter from a group of civil society organisations, led by Katie Dain (Executive Director of the NCD Alliance and a member of WHO's Independent Global High-Level Commission on NCDs), pointed out that such an alliance "redirects attention from the costs of harmful use of alcohol and positions Heineken to governments, the public, and the global community as a legitimate partner in implementing sustainable development solutions".

Peter Sands' response has been robust. He accepts that the broader global health community is sceptical of the value of partnerships with businesses such as Heineken. He is willing to listen to critics. But he is also unapologetic about engaging with the private sector. Partnerships with business will be his signature *raison d'être*.

Sands is pursuing a strategy of constructive disruption at the Global Fund. A shake-up is welcome. The Global Fund needs new energy and thinking. But alienating large parts of the

global health community, with whom the Global Fund should be forging productive alliances, is an error. Sands needs to take a remedial course on global health diplomacy and balance his passion for the private sector with respect for the pluralism of the global health community. The diversity of global health is a strength for the Global Fund. Draw on it, don't dismiss it.

Lancet Global Health

Mar 2018 Volume 6 Number 3 e229-e350

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

[Reviewed earlier]

Lancet Infectious Diseases

Mar 2018 Volume 18 Number 3 p227-356 e64-e106

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

[Reviewed earlier]

Lancet Respiratory Medicine

Mar 2018 Volume 6 Number 3 p161-230 e8-e10

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

[New issue; No digest content identified]

Maternal and Child Health Journal

March 2018, Issue 3, Pages 283-437

<https://link.springer.com/journal/volumesAndIssues/10995>

Special Issue: Confronting Adversity: MCH Responds to ACEs

Original Paper

[*Factors Associated with Vaccination Status of Children Aged 12–48 Months in India, 2012–2013*](#)

Luke M. Shenton, Abram L. Wagner, Deepti Bettampadi... Pages 419-428

India has more unvaccinated children than any other country despite provision of free vaccines through the government's Universal Immunization Program. In this study, we calculated the proportion of children aged 12–48 months who were fully vaccinated, under-vaccinated, or who had not received any vaccines. Childhood, household, and sociocultural factors associated with under-vaccination and non-vaccination were evaluated.

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

March 2018 Volume 96, Issue 1 Pages 1–212

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2018.96.issue-1/issuetoc>
[New issue; No digest content identified]

Nature

Volume 555 Number 7695 pp141-274 8 March 2018

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

Review

[Meta-analysis and the science of research synthesis](#)

Jessica Gurevitch, Julia Koricheva, Shinichi Nakagawa & Gavin Stewart

Meta-analysis—the quantitative, scientific synthesis of research results—has been both

Abstract

Meta-analysis is the quantitative, scientific synthesis of research results. Since the term and modern approaches to research synthesis were first introduced in the 1970s, meta-analysis has had a revolutionary effect in many scientific fields, helping to establish evidence-based practice and to resolve seemingly contradictory research outcomes. At the same time, its implementation has engendered criticism and controversy, in some cases general and others specific to particular disciplines. Here we take the opportunity provided by the recent fortieth anniversary of meta-analysis to reflect on the accomplishments, limitations, recent advances and directions for future developments in the field of research synthesis.

Nature Medicine

March 2018, Volume 24 No 3 pp247-374

<https://www.nature.com/nm/journal/v24/n3/index.html>

[New issue; No digest content identified]

Nature Reviews Immunology

March 2018 Vol 18 No 3

<https://www.nature.com/nri/journal/v18/n3/index.html>

Focus on: Cancer immunotherapy

Reviews

[Towards personalized, tumour-specific, therapeutic vaccines for cancer](#)

Zhuting Hu, Patrick A. Ott & Catherine J. Wu

p168 | doi:10.1038/nri.2017.131

Abstract

Cancer vaccines, which are designed to amplify tumour-specific T cell responses through active immunization, have long been envisioned as a key tool of effective cancer immunotherapy. Despite a clear rationale for such vaccines, extensive past efforts were unsuccessful in mediating clinically relevant antitumour activity in humans. Recently, however, next-generation sequencing and novel bioinformatics tools have enabled the systematic discovery of tumour neoantigens, which are highly desirable immunogens because they arise from somatic mutations of the tumour and are therefore tumour specific. As a result of the diversity of tumour neoepitopes between individuals, the development of personalized cancer vaccines is warranted. Here, we review the emerging field of personalized cancer vaccination and discuss recent developments and future directions for this promising treatment strategy.

The dawn of vaccines for cancer prevention

Olivera J. Finn

p183 | doi:10.1038/nri.2017.140

Abstract

An important role of the immune system is in the surveillance for abnormal or transformed cells, which is known as cancer immuno-surveillance. Through this process, the first changes to normal tissue homeostasis caused by infectious or other inflammatory insults can be detected by the immune system through the recognition of antigenic molecules (including tumour antigens) expressed by abnormal cells. However, as they develop, tumour cells can acquire antigenic and other changes that allow them to escape elimination by the immune system. To bias this process towards elimination, immuno-surveillance can be improved by the administration of vaccines based on tumour antigens. Therapeutic cancer vaccines have been extensively tested in patients with advanced cancer but have had little clinical success, which has been attributed to the immunosuppressive tumour microenvironment. Thus, the administration of preventive vaccines at pre-malignant stages of the disease holds promise, as they function before tumour-associated immune suppression is established. Accordingly, immunological and clinical studies are yielding impressive results.

New England Journal of Medicine

March 8, 2018 Vol. 378 No. 10

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

[New issue; No digest content identified]

Pediatrics

March 2018, VOLUME 141 / ISSUE 3

<http://pediatrics.aappublications.org/content/141/3?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 3, March 2018

<https://link.springer.com/journal/40273/36/3/page/1>

[New issue; No digest content identified]

PLOS Currents: Disasters

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

[Accessed 10 March 2018]

[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 10 March 2018]

[No new digest content identified]

PLoS Medicine

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

(Accessed 10 March 2018)

Research Article

[Effect and cost-effectiveness of educating mothers about childhood DPT vaccination on immunisation uptake, knowledge, and perceptions in Uttar Pradesh, India: A randomised controlled trial](#)

Timothy Powell-Jackson, Camilla Fabbri, Varun Dutt, Sarah Tougher, Kultar Singh

Research Article | published 06 Mar 2018 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002519>

PLoS Neglected Tropical Diseases

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

(Accessed 10 March 2018)

[No new digest content identified]

PLoS One

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

[Accessed 10 March 2018]

Research Article

[Growth, developmental achievements and vaccines timeliness of undocumented migrant children from Eritrea compared with Israelis](#)

Zohar Mor, Anat Amit Aharon, Rivka Sheffer, Haim Nehama

| published 08 Mar 2018 PLOS ONE

<https://doi.org/10.1371/journal.pone.0193219>

Israel has absorbed >40,000 Eritrean undocumented migrants since 2007, while the majority live in the southern neighborhoods of Tel-Aviv. As non-citizens and citizens infants in Israel receive free preventive treatment at the mother and child health clinics (MCHC), this study aimed to compare development and growth achievements between children of Eritrean mothers (CE) to children of Israeli mothers (CI), and assess their compliance to routine follow-up and vaccination-timeliness.

PLoS Pathogens

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

[Accessed 10 March 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 March 2018]

Vaccination can drive an increase in frequencies of antibiotic resistance among nonvaccine serotypes of *Streptococcus pneumoniae*

Uri Obolski, José Lourenço, Craig Thompson, Robin Thompson, Andrea Gori and Sunetra Gupta
PNAS 2018; published ahead of print March 6, 2018, <https://doi.org/10.1073/pnas.1718712115>

Prehospital & Disaster Medicine

Volume 33 - Issue 1 - February 2018

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

[Reviewed earlier]

Preventive Medicine

Volume 108 Pages 1-144 (March 2018)

<https://www.sciencedirect.com/journal/preventive-medicine/vol/108/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

March 2018 Volume 156, p1-152

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

[Reviewed earlier]

Public Health Ethics

Volume 11, Issue 1, 1 April 2018

<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 4, March 2018

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

[Reviewed earlier]

Research Ethics

Volume 13, Issue 3-4, July-October 2017

<http://journals.sagepub.com/toc/reab/current>

[Reviewed earlier]

Reproductive Health

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

[Accessed 10 March 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

[Reviewed earlier]

Risk Analysis

March 2018 Volume 38, Issue 3 Pages 427–634

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2018.38.issue-3/issuetoc>

Perspectives

[A Risk Analysis Approach to Prioritizing Epidemics: Ebola Virus Disease in West Africa as a Case Study \(pages 429–441\)](#)

Whenayon Simeon Ajisegiri, Abrar Ahmad Chughtai and C. Raina MacIntyre

Version of Record online: 15 AUG 2017 | DOI: 10.1111/risa.12876

Abstract

The 2014 Ebola virus disease (EVD) outbreak affected several countries worldwide, including six West African countries. It was the largest Ebola epidemic in the history and the first to affect multiple countries simultaneously. Significant national and international delay in response to the epidemic resulted in 28,652 cases and 11,325 deaths. The aim of this study was to develop a risk analysis framework to prioritize rapid response for situations of high risk. Based on findings from the literature, sociodemographic features of the affected countries, and documented epidemic data, a risk scoring framework using 18 criteria was developed. The framework includes measures of socioeconomics, health systems, geographical factors, cultural beliefs, and traditional practices. The three worst affected West African countries (Guinea, Sierra Leone, and Liberia) had the highest risk scores. The scores were much lower in developed countries that experienced Ebola compared to West African countries. A more complex risk analysis framework using 18 measures was compared with a simpler one with 10 measures, and both predicted risk equally well. A simple risk scoring system can incorporate measures of hazard and impact that may otherwise be neglected in prioritizing outbreak response. This framework can be used by public health personnel as a tool to prioritize outbreak investigation and flag outbreaks with potentially catastrophic outcomes for urgent response. Such a tool could mitigate costly delays in epidemic response.

Risk Management and Healthcare Policy

Volume 10, 2017

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

[Reviewed earlier]

Science

09 March 2018 Vol 359, Issue 6380

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

Policy Forum

The science of fake news

By David M. J. Lazer, Matthew A. Baum, Yochai Benkler, Adam J. Berinsky, Kelly M. Greenhill, Filippo Menczer, Miriam J. Metzger, Brendan Nyhan, Gordon Pennycook, David Rothschild, Michael Schudson, Steven A. Sloman, Cass R. Sunstein, Emily A. Thorson, Duncan J. Watts, Jonathan L. Zittrain

Science09 Mar 2018 : 1094-1096 Full Access

Summary

The rise of fake news highlights the erosion of long-standing institutional bulwarks against misinformation in the internet age. Concern over the problem is global. However, much remains unknown regarding the vulnerabilities of individuals, institutions, and society to manipulations by malicious actors. A new system of safeguards is needed. Below, we discuss extant social and computer science research regarding belief in fake news and the mechanisms by which it spreads. Fake news has a long history, but we focus on unanswered scientific questions raised by the proliferation of its most recent, politically oriented incarnation. Beyond selected references in the text, suggested further reading can be found in the supplementary materials.

Reports

The spread of true and false news online

By Soroush Vosoughi, Deb Roy, Sinan Aral

Science09 Mar 2018 : 1146-1151 Full Access

Lies spread faster than the truth

There is worldwide concern over false news and the possibility that it can influence political, economic, and social well-being. To understand how false news spreads, Vosoughi et al. used a data set of rumor cascades on Twitter from 2006 to 2017. About 126,000 rumors were spread by ~3 million people. False news reached more people than the truth; the top 1% of false news cascades diffused to between 1000 and 100,000 people, whereas the truth rarely diffused to more than 1000 people. Falsehood also diffused faster than the truth. The degree of novelty and the emotional reactions of recipients may be responsible for the differences observed.

Science, this issue p. [1146](#)

Abstract

We investigated the differential diffusion of all of the verified true and false news stories distributed on Twitter from 2006 to 2017. The data comprise ~126,000 stories tweeted by ~3 million people more than 4.5 million times. We classified news as true or false using information from six independent fact-checking organizations that exhibited 95 to 98% agreement on the classifications. Falsehood diffused significantly farther, faster, deeper, and more broadly than the truth in all categories of information, and the effects were more pronounced for false

political news than for false news about terrorism, natural disasters, science, urban legends, or financial information. We found that false news was more novel than true news, which suggests that people were more likely to share novel information. Whereas false stories inspired fear, disgust, and surprise in replies, true stories inspired anticipation, sadness, joy, and trust. Contrary to conventional wisdom, robots accelerated the spread of true and false news at the same rate, implying that false news spreads more than the truth because humans, not robots, are more likely to spread it.

Science Translational Medicine

07 March 2018 Vol 10, Issue 431

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

[New issue; No digest content identified]

Social Science & Medicine

Volume 198 In progress (February 2018)

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/198/suppl/C>

[Reviewed earlier]

Travel Medicine and Infectious Diseases

January-February, 2018 Volume 21

<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 12 Pages 1521-1710 (14 March 2018)

<https://www.sciencedirect.com/journal/vaccine/vol/36/issue/12>

Commentary

[Key steps forward for maternal immunization: Policy making in action](#)

Pages 1521-1523

R.H. Beigi, S.B. Omer, K.M. Thompson

Short communications

[Complications of herpes zoster in immunocompetent older adults: Incidence in vaccine and placebo groups in two large phase 3 trials](#)

Open access

Pages 1537-1541

Martina Kovac, Himal Lal, Anthony L. Cunningham, Myron J. Levin, ... Thomas C. Heineman

Regular papers

Mass media effect on vaccines uptake during silent polio outbreak

Original research article

Pages 1556-1560

Iftach Sagiv, Victor Novack, Michael Gdalevich, Dan Greenberg

Abstract

Background

During 2013, isolation of a wild type 1 poliovirus from routine sewage sample in Israel, led to a national OPV campaign. During this period, there was a constant cover of the outbreak by the mass media.

Aims

To investigate the association of media exposure and OPV and non-OPV vaccines uptake during the 2013 silent polio outbreak in Israel.

Methods

We received data on daily immunization rates during the outbreak period from the Ministry of Health (MoH). We conducted a multivariable time trend analysis to assess the association between daily media exposure and vaccines uptake. Analysis was stratified by ethnicity and socio-economic status (SES).

Results

During the MoH supplemental immunization activity, 138,799 OPV vaccines were given. There was a significant association between media exposure and OPV uptake, most prominent in a lag of 3–5 days from the exposure among Jews (R.R 1.79C.I 95% 1.32–2.41) and high SES subgroups (R.R 1.71C.I 95% 1.27–2.30). These subgroups also showed increased non-OPV uptake in a lag of 3–5 days from the media exposure, in all vaccines except for MMR. Lower SES and non-Jewish subgroups did not demonstrate the same association.

Conclusion

Our findings expand the understanding of public behaviour during outbreaks. The public response shows high variability within specific subgroups. These findings highlight the importance of tailored communication strategies for each subgroup.

Regular papers

Use of a new global indicator for vaccine safety surveillance and trends in adverse events following immunization reporting 2000–2015

Open access - Original research article

Pages 1577-1582

Jiayao Lei, Madhava Ram Balakrishnan, Jane F. Gidudu, Patrick L.F. Zuber

Abstract

Reporting of adverse events following immunization (AEFI) is a key component for functional vaccine safety monitoring system. The aim of our study is to document trends in the AEFI reporting ratio globally and across the six World Health Organization (WHO) regions. We describe the number of AEFI reports communicated each year through the World Health Organization/United Nations Children's Fund Joint Reporting Form on Immunization from 2000 to 2015. The AEFI reporting ratios (annual AEFI reports per 100,000 surviving infants) were calculated to identify WHO countries (n=191 in 2000 and n=194 by 2015) that met a minimal reporting ratio of 10, a target set by the Global Vaccine Action Plan for vaccine safety monitoring as a proxy measure for a functional AEFI reporting system. The number of countries reporting any AEFI fluctuated over time but with progress from 32 (17%) in 2000 to 124 (64%) in 2015. In 2015, the global average AEFI reporting ratio was 549 AEFI reports per 100,000

surviving infants. The number of countries with AEFI reporting ratios greater than 10 increased from 8 (4%) in 2000 to 81 (42%) in 2015. In 2015, 60% of countries in the WHO Region of the Americas reported at least 10 AEFI per 100,000 surviving infants, followed by 55% in European Region, 43% in Eastern Mediterranean Region, 33% in Western Pacific Region, 27% in South-East Asia Region and 21% in African Region. Overall, AEFI reporting has increased over the past sixteen years worldwide, but requires strengthening in a majority of low- and middle-income countries. The AEFI reporting ratio is useful for benchmarking and following trends over time; but does not provide information on the quality of the reporting system and does not guarantee capacity to detect and manage a vaccine safety problem at a national level. Additional efforts are required to ensure and improve data quality, AEFI reporting and surveillance of immunization safety in every country.

Regular papers

[High resolution age-structured mapping of childhood vaccination coverage in low and middle income countries](#)

Open access - Original research article

Pages 1583-1591

C. Edson Utazi, Julia Thorley, Victor A. Alegana, Matthew J. Ferrari, ... Andrew J. Tatem

The elimination of vaccine-preventable diseases requires a strong evidence base to guide strategies and inform efficient use of limited resources. The approaches outlined here provide a route to moving beyond large area summaries of vaccination coverage that mask epidemiologically-important heterogeneities to detailed maps that capture subnational vulnerabilities. The output datasets are built on open data and methods, and in flexible format that can be aggregated to more operationally-relevant administrative unit levels.

Regular papers

['The Unhealthy Other': How vaccine rejecting parents construct the vaccinating mainstream](#)

Original research article

Pages 1621-1626

Katie Attwell, David T. Smith, Paul R. Ward

Abstract

To address the phenomenon of vaccine hesitancy and rejection, researchers increasingly recognise the need to engage with the social context of parents' decision-making. This study examines how vaccine rejecting parents socially construct the vaccinating mainstream in opposition to themselves. We analyse qualitative data from interviews with parents in Adelaide, South Australia. Applying insights from Social Identity Theory (SIT), we show how these parents bolster their own sense of identity and self-belief by employing a discourse that casts vaccinators as an Unhealthy Other. We demonstrate how the parents identify vaccination as a marker of parental conformity to the 'toxic practices of mass industrial society', linking it to other ways in which membership of the consumerist mainstream requires individuals to 'neglect their health.' This is explored through themes of appearance, diet, (over) consumption of pharmaceuticals, inadequate parenting values and wilful or misguided ignorance. This construction of the Unhealthy Other elevates the self-concept of vaccine hesitant and rejecting parents, who see themselves as part of an enlightened, but constantly besieged, group of healthy and virtuous parents. It is common for the vaccinating mainstream to present vaccine hesitant and rejecting parents as a group subject to epistemic closure, groupthink, confirmation bias and over-confidence in their own expertise. However, vaccine hesitant and rejecting

parents also see mainstream society as a group—a much larger one—subject to the same problems. We suggest the need to mitigate the 'groupness' of vaccination and non-vaccination by extending the practice of vaccination to recognisable practitioners of holistic health.

Regular papers

Immunity against measles, mumps, rubella, varicella, diphtheria, tetanus, polio, hepatitis A and hepatitis B among adult asylum seekers in the Netherlands, 2016

Open access - Original research article

Pages 1664-1672

Gudrun S. Freidl, Alma Tostmann, Moud Curvers, Wilhelmina L.M. Ruijs, ... Irene K. Veldhuijzen

Vaccine: Development and Therapy

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

(Accessed 10 March 2018)

[No new digest content identified]

Vaccines — Open Access Journal

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

(Accessed 10 March 2018)

Review Open Access

Immunogenicity and Safety of the New Inactivated Quadrivalent Influenza Vaccine Vaxigrip Tetra: Preliminary Results in Children ≥6 Months and Older Adults

by Emanuele Montomoli, Alessandro Torelli, Ilaria Manini and Elena Gianchecchi

Vaccines 2018, 6(1), 14; doi:10.3390/vaccines6010014 - 8 March 2018

Abstract

Since the mid-1980s, two lineages of influenza B viruses have been distinguished. These can co-circulate, limiting the protection provided by inactivated trivalent influenza vaccines (TIVs). This has prompted efforts to formulate quadrivalent influenza vaccines (QIVs), to enhance protection against circulating influenza B viruses. This review describes the results obtained from seven phase III clinical trials evaluating the immunogenicity, safety, and lot-to-lot consistency of a new quadrivalent split-virion influenza vaccine (Vaxigrip Tetra®) formulated by adding a second B strain to the already licensed TIV. Since Vaxigrip Tetra was developed by means of a manufacturing process strictly related to that used for TIV, the data on the safety profile of TIV are considered supportive of that of Vaxigrip Tetra. The safety and immunogenicity of Vaxigrip Tetra were similar to those of the corresponding licensed TIV. Moreover, the new vaccine elicits a superior immune response towards the additional strain, without affecting immunogenicity towards the other three strains. Vaxigrip Tetra is well tolerated, has aroused no safety concerns, and is recommended for the active immunization of individuals aged ≥6 months. In addition, preliminary data confirm its immunogenicity and safety even in children aged 6–35 months and its immunogenicity in older subjects (aged 66–80 years).

Value in Health

February 2018 Volume 21, Issue 2, p117-248

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

[Reviewed earlier]

* * * *

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

BMJ Open

Volume 8, Issue 3 2018

Impact and acceptability of self-consent procedures for the school-based human papillomavirus vaccine: a mixed-methods study protocol

S Audrey, HB Ferrer, J Ferrie, K Evans, M Bell, J Yates...

Abstract

Introduction

The human papillomavirus (HPV) vaccine, administered in early adolescence, can substantially reduce cervical cancer incidence and mortality. However, lack of written parental consent is a key reason why some young women do not receive the vaccine. The national legal framework allows girls to be vaccinated without parental consent provided they are deemed Gillick competent, but there is some reticence about vaccinating without written parental consent. Self-consent procedures are being implemented in Bristol and South Gloucestershire. This study will examine the implementation, acceptability and impact of these new procedures.

Methods and analysis

Statistical analyses of routine data from Public Health England and the Child Health Information System will test if there has been an increase in HPV vaccination uptake in two ways: (a) Is there an increase when comparing before and after the change in our intervention sites? and (b) Does the percentage change in our intervention sites differ from comparison sites (similar to our intervention sites in terms of initial HPV uptake, ethnicity and deprivation levels) in England where no such intervention took place and how? For the process evaluation, we will develop a logic model and use questionnaires, observations and audio-recorded interviews with young women, school nurses, school staff and parents to examine the context, implementation of self-consent and response to the new procedures.

Ethics and dissemination

The University of Bristol Faculty of Health Sciences Research Ethics Committee and the National Health Service Health Research Authority provided approvals for the study. We will produce a report with recommendations about self-consent procedures in conjunction with key stakeholders. At least two papers will be written for publication in peer-reviewed journals and for conference presentations. A summary of results will be shared with participating immunisation nurses, school staff, young people and parents as requested.

Trial registration number [ISRCTN49086105](https://www.isrctn.com/ISRCTN49086105); Pre-results

Systematic Reviews

20187:40 Published: 2 March 2018

Barriers, supports, and effective interventions for uptake of human papillomavirus- and other vaccines within global and Canadian Indigenous peoples: a systematic review protocol

KJ Mrklas, S MacDonald, MA Shea-Budgell...

Abstract

Background

Despite the existence of human papilloma virus (HPV) vaccines with demonstrated safety and effectiveness and funded HPV vaccination programs, coverage rates are persistently lower and cervical cancer burden higher among Canadian Indigenous peoples. Barriers and supports to HPV vaccination in Indigenous peoples have not been systematically documented, nor have interventions to increase uptake in this population. This protocol aims to appraise the literature in Canadian and global Indigenous peoples, relating to documented barriers and supports to vaccination and interventions to increase acceptability/uptake or reduce hesitancy of vaccination. Although HPV vaccination is the primary focus, we anticipate only a small number of relevant studies to emerge from the search and will, therefore, employ a broad search strategy to capture literature related to both HPV vaccination and vaccination in general in global Indigenous peoples.

Methods

Eligible studies will include global Indigenous peoples and discuss barriers or supports and/or interventions to improve uptake or to reduce hesitancy, for the HPV vaccine and/or other vaccines. Primary outcomes are documented barriers or supports or interventions. All study designs meeting inclusion criteria will be considered, without restricting by language, location, or data type. We will use an a priori search strategy, comprised of key words and controlled vocabulary terms, developed in consultation with an academic librarian, and reviewed by a second academic librarian using the PRESS checklist. We will search several electronic databases from date of inception, without restrictions. A pre-defined group of global Indigenous websites will be reviewed for relevant gray literature. Bibliographic searches will be conducted for all included studies to identify relevant reviews. Data analysis will include an inductive, qualitative, thematic synthesis and a quantitative analysis of measured barriers and supports, as well as a descriptive synthesis and quantitative summary of measures for interventions.

Discussion

To our knowledge, this study will contribute the first systematic review of documented barriers, supports, and interventions for vaccination in general and for HPV vaccination. The results of this study are expected to inform future research, policies, programs, and community-driven initiatives to enhance acceptability and uptake of HPV vaccination among Indigenous peoples.

Systematic review registration

PROSPERO Registration Number: CRD42017048844

Academic Pediatrics

March 2018 Volume 18, Issue 2, Supplement, Pages S14–S16

Advancing human papillomavirus vaccine delivery: 12 priority research gaps

PL Reiter, MA Gerend, MB Gilkey, RB Perkins...

Abstract

Human papillomavirus (HPV) vaccine has been available in the United States for a decade, yet vaccination coverage remains modest. A recent review identified numerous interventions for increasing HPV vaccination,¹ but effects were small and evidence was often insufficient to identify best practices. The National HPV Vaccination Roundtable sponsored a 1-day national meeting in 2016 on best and promising practices in HPV vaccine delivery, in part to identify important research gaps.

Meeting attendees were HPV vaccine delivery experts including scientists, clinicians, and other stakeholders. Approximately 100 people attended in-person and approximately 400 additional people streamed the meeting online (livestream.com/ACS/events/5892004). Throughout the meeting, the meeting facilitators encouraged attendees to identify gaps that future research should address and write them on display boards (or send via e-mail or Twitter). Facilitators did not provide attendees with a predefined list of gaps. Attendees identified a total of 33 gaps ([Table](#)). In-person attendees voted for up to 5 gaps they believed were top priorities. We categorized the gaps into themes. The 12 gaps that received the most votes generally fit into these themes: 1) social media and vaccine confidence, 2) health care provider interventions, or 3) system-level approaches. Two gaps in the top 12 that did not fit these themes were determining what interventions work in rural areas (gap 7) and the impact of survivor testimonials (gap 9)...

* * * *

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 March 2018

[No new, unique, relevant content]

BBC

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

Accessed 10 March 2018

[No new, unique, relevant content]

The Economist

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

Accessed 10 March 2018

[No new, unique, relevant content]

Financial Times

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

Accessed 10 March 2018
[No new, unique, relevant content]

Forbes

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

Accessed 10 March 2018

Disease X Is What May Become The Biggest Infectious Threat To Our World

Bruce Y. Lee, Contributor

Disease X appeared in a World Health Organization (WHO) list of pathogens that could cause a public health emergency and for which there aren't adequate drugs and/or vaccines.

Foreign Affairs

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

Accessed 10 March 2018

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 10 March 2018

[No new, unique, relevant content]

The Guardian

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

Accessed 10 March 2018

[No new, unique, relevant content]

New Yorker

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

Accessed 10 March 2018

[No new, unique, relevant content]

New York Times

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

Accessed 10 March 2018

Sanofi may seek U.S. approval for Dengvaxia despite Philippines outrage

7 March 2018

By REUTERS

PARIS — Sanofi will decide shortly whether to seek regulatory approval for its dengue vaccine Dengvaxia in the United States and remains committed to the medicine despite a health scare in the Philippines, a senior executive said on Wednesday.

David Loew, head of Sanofi Pasteur, the French drugmaker's vaccines division, said his teams had complied with all regulations regarding Dengvaxia and had no regrets about the way the product had been developed.

The Philippines, where more than 800,000 school-age children were vaccinated in 2016, suspended a vast public immunisation programme last year because of safety concerns.

Sanofi warned in November that the use of Dengvaxia was to be limited due to evidence it can worsen the disease in people who have not previously been exposed to the infection.

In February, a Philippine government agency filed a lawsuit against Sanofi, demanding compensation for the parents of a 10-year-old girl who the agency said had died as a result of receiving Dengvaxia.

Sanofi has repeatedly said it knew of no deaths resulting from the vaccine. While some experts have said the company and regulators might have ignored warnings about how the vaccine was developed, executives at Sanofi deny any wrongdoing.

"On the whole path of development, we always worked with the World Health Organisation (WHO) and experts in the dengue community. We were always transparent," Loew told Reuters in an interview, referring to the WHO and other regulators.

"You need to ask yourself: what was done with the information that was available at the time? Looking back, I would say no, we would not have done anything differently."...

Loew said the company would decide within two months whether to make a regulatory filing for Dengvaxia with the U.S. Food and Drug Administration.

He also said Sanofi was holding discussions with external partners and universities to come up with a test which would be applicable before vaccination. Such a test would take at least two years to bring to the market.

"We operate in environments where the temperature is 30-40 degrees Celsius so you want to be sure that the tests resist (...) If you have a vaccination campaign taking place in a school for example, you want to make sure it is 'implementable,'" he said.

Dengvaxia has been approved and registered in 19 countries so far, mostly in the developing world. It is currently under review by the European Medicines Agency.

Yellow Fever Circles Brazil's Huge Cities

5 March 2018

By SHASTA DARLINGTON and DONALD G. McNEIL Jr. MARCH 5, 2018

"Good morning!" a loudspeaker blared recently in the working class São Paulo suburb called Jardim Monte Alegre. "We've got your yellow fever vaccine, and today we're going house to house! You better wake up because mosquitoes never sleep!" Twenty health workers piled out of cars. Though they laughed and chatted with locals, their mission was deadly serious...

Scientific American

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

Accessed 10 March 2018

How to Understand, and Help, the Vaccine Doubters

Understand the values behind people's fears

By Avnika B. Amin, Saad B. Omer, Jesse Graham

6 March 2018

We are in the golden age for vaccines. We have dozens of highly effective vaccines licensed

for infectious disease, promising new technologies contributing to massive advancement of vaccine development, and several promising vaccines on the horizon. Unfortunately, vaccines have been a victim of their own success. With the drastic reduction of once-devastating diseases like whooping cough and measles, it seems like some parents think that the vaccines themselves are the new danger. But the threat isn't gone; it's been kept at bay by vaccinations. With clusters of vaccine-hesitant individuals especially worrisome, we need to find effective ways to convince people that the true danger is still disease...

Wall Street Journal

http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us

Accessed 10 March 2018

[No new, unique, relevant content]

Washington Post

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

Accessed 10 March 2018

[FDA did not issue new statement on vaccines and autism](#)

By Associated Press March 7

Some health websites have misrepresented the fine print on an old vaccine label to falsely claim that the "FDA announced that vaccines are causing autism." Vaccines do not cause autism and the U.S. Food and Drug Administration did not make any new statement this week about the long-debunked claim.

Autism was listed as one of many "adverse events" on the 2005 label of Sanofi Pasteur's Tripedia childhood vaccine for diphtheria, tetanus and pertussis. When the vaccine was first approved, such reports were generated voluntarily by consumers and were automatically added to the FDA label, even if there was no plausible connection to the product.

The 2005 label notes that such reports do not "establish a causal relationship" to the vaccine. Since then, the FDA has changed its labeling rules and now only includes adverse events "for which there is some basis to believe there is a causal relationship," the agency said in a statement.

* * * *

Think Tanks et al

Brookings

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

Accessed 10 March 2018

[No new relevant content]

Center for Global Development

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

Accessed 10 March 2018

[No new relevant content]

Council on Foreign Relations

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

Accessed 10 March 2018
[No new relevant content]

CSIS

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

Accessed 10 March 2018
[No new relevant content]

* * * *

Vaccines and Global Health: The Week in Review is a service of the Center for Vaccines Ethics and Policy (CVEP) which is solely responsible for its content, and is an open access publication, subject to the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/3.0/>). Copyright is retained by CVEP.

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

Support for this service is provided by the Bill & Melinda Gates Foundation; Aeras; IAVI; PATH, and industry resource members GSK, Janssen/J&J, Pfizer, Sanofi Pasteur U.S., Takeda, Valera (list in formation), and the Developing Countries Vaccine Manufacturers Network (DCVMN).

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.

* * * *