



**Vaccines and Global Health: The Week in Review**  
**14 April 2018**  
**Center for Vaccine Ethics & Policy (CVEP)**

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

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

*Comments and suggestions should be directed to*

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

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## Milestones :: Perspectives

### **Nearly one billion people in Africa to be protected against yellow fever by 2026**

#### *Joint press release*

ABUJA, 10 April 2018 — Nearly one billion people will be vaccinated against yellow fever in 27 high-risk African countries by 2026 with support from the World Health Organization (WHO), Gavi – the Vaccine Alliance, UNICEF and more than 50 health partners.

The commitment is part of the Eliminate Yellow fever Epidemics (EYE) in Africa strategy, which was launched by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Professor Isaac Folorunso Adewole, Nigeria's Minister of Health and partners at a regional meeting in Abuja, Nigeria on Tuesday (10 April).

“The world is facing an increased risk of Yellow fever outbreaks and Africa is particularly vulnerable,” said Dr Tedros. “With one injection we can protect a person for life against this dangerous pathogen. This unprecedented commitment by countries will ensure that by 2026 Africa is free of Yellow fever epidemics.”

During the three-day EYE strategy regional launch meeting representatives from key African countries, WHO, UNICEF, Gavi, and other partners are developing a roadmap on how to roll-out the EYE strategy at national level. This implementation effort follows the endorsement of the strategy by African Ministers of Health at the 67th WHO regional committee in September 2017.

“This comprehensive, global strategy offers an unprecedented opportunity to end the devastating Yellow fever epidemics that periodically impact Africa,” said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance. “Ensuring that the most vulnerable communities have access to the vaccine through routine systems plays a central role in making this happen. Vaccine manufacturers and Gavi partners have worked hard to improve the global vaccine supply situation in recent years to make sure there is enough vaccine to respond to outbreaks, allow preventive campaigns and that routine immunization functions at full capacity.”

The three objectives of the strategy include protecting at-risk populations through preventive mass vaccination campaigns and routine immunization programmes, preventing international spread, and containing outbreaks rapidly. Developing strong surveillance with robust laboratory networks is key to these efforts.

UNICEF will make vaccines available, advocate for greater political commitment and provide support in vaccinating children through routine immunization as well as during outbreaks of the disease.

“Today, the threat of yellow fever looms larger than ever before, especially for thousands of children across Africa,” said Stefan Peterson, UNICEF’s Chief of Health. “Given that almost half of the people to be vaccinated are children under 15 years of age, this campaign is critical to saving children’s lives, and would go a long way toward stamping out this disease.”

Brazil is currently battling its worst outbreak of Yellow fever in decades with more than 1,000 confirmed cases. The ease and speed of population movements, rapid urbanization and a

resurgence of mosquitoes due to global warming have significantly increased the risk of urban outbreaks with international spread.

Experience in West Africa demonstrates that the EYE strategy can work. When Yellow fever re-emerged as a public health issue in the early 2000s, countries in the region controlled the epidemics through preventive mass campaigns combined with routine immunization. No yellow fever epidemics have been recorded since in countries which successfully implemented this approach.

*Note to Editors*

The EYE strategy partners include GAVI the Vaccine Alliance, Endemic and New Technologies Franchise Sanofi Pasteur, Sealy Center for Vaccine Development at the University of Texas, GE Foundation, United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID), Agence de Médecine Préventive (AMP), School of Veterinary Medicine University of Surrey, Bio Manguinhos/Fiocruz, Department for International Development (DFID), Institut Pasteur Dakar, ExxonMobil, Save the Children, ArcelorMittal, Wellcome Trust, Imperial College London, Centers for Disease Control and Prevention (CDC), United Nations High Commissioner for Refugees (UNHCR), Sanofi Pasteur, Department of Tropical Medicine University of Hawaii, Medair, Chumakov Federal Scientific Center for Research & Development of Immune-and-Biological Products Russian Academy of Medical Sciences, China National Biotech Group, Skoll Global Threats Fund, Bill & Melinda Gates Foundation, International Federation of Red Cross and Red Crescent Societies (IFRC), National Institutes of Health (NIH), BioProtection Systems/NewLink Genetics Corp., Robert Koch-Institut, Regional Immunization Technical Advisory Group (RITAG), PATH – Center for Vaccine Innovation and Access, Department of Entomology University of California, World Meteorological Organization (WMO), Vaccinology and Immunology Unit University Hospitals Geneva, Nigerian Academy of Science, Médecins Sans Frontières (MSF), Instituto Evandro Chagas (IEC), International Organization for Migration (IOM) and European Centre for Disease Prevention and Control (ECDC).

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**Inovio Awarded up to \$56 Million from CEPI to Advance DNA Vaccines Against Lassa Fever and MERS**

*Major investment by Coalition for Epidemic Preparedness Innovations (CEPI) to advance vaccine development and manufacturing on two of CEPI's highest priority infectious diseases*  
PLYMOUTH MEETING, Pa. (USA) and OSLO, Norway – April 11, 2018 – Inovio Pharmaceuticals, Inc. (NASDAQ: INO) and CEPI – the Coalition for Epidemic Preparedness Innovations -- today announced a partnership under which Inovio will develop vaccine candidates against Lassa fever and Middle East Respiratory Syndrome (MERS).

CEPI will fund up to \$56,000,000 to support Inovio's pre-clinical and clinical advancement through Phase 2 of INO-4500, its Lassa fever vaccine, and INO-4700, its MERS vaccine. The shared goal of Inovio and CEPI is for the Lassa and MERS vaccines to be available as soon as possible for emergency use.

This is the second company agreement CEPI has signed since its launch in 2017. These partnerships represent 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 Inovio's development efforts over a five-year period. The partnership agreement also includes options, not counted in the total above, to establish investigational stockpiles of both vaccines....

Richard Hatchett, CEO of CEPI said: "Epidemics don't respect borders; they destroy lives and devastate economies and we need to move swiftly to prepare for them. "Partnering with Inovio is a considerable move forward for CEPI's vaccine portfolio and developing a global insurance policy against these diseases."

CEPI's funding will support development up to the end of Phase 2, 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 portfolio of investments will 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...

Inovio will develop these DNA vaccines employing its ASPIRE™ (Antigen SPecific Immune REsponses) platform. This platform delivers optimized synthetic antigenic genes into cells, where they are translated into protein antigens that activate an individual's immune system to generate robust targeted T cell and antibody responses. Inovio's immunotherapies function exclusively in vivo, and have generated an antigen-specific immune response against targeted diseases in all clinical trials to date...

Inovio is advancing MERS and Lassa vaccines with the support of its collaborators: The Wistar Institute, Laval University, the NIH's Rocky Mountain Laboratories, U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID), VGXI/GeneOne Life Science and the International Vaccine Institute.

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## **Emergencies**

### **POLIO**

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

#### **Polio this week as of 3 April 2018 [GPEI]**

:: New on [www.polioeradication.org](http://www.polioeradication.org): Bill Gates and Aliko Dangote support [polio eradication efforts in Nigeria](#). We talk with [Professor Rose Leke, Chair of the African Regional Certification Commission](#), and with [Dr Ondrej Mach](#), who explains why we are developing new polio vaccines for the post-eradication era.

:: The report following the February meeting of the [Global Commission for Certification of Poliomyelitis Eradication \(GCC\)](#) is now published and available [here](#). The GCC came together to review the criteria that will need to be met to achieve global certification of eradication.

:: In Kenya, advance notification of a circulating vaccine-derived poliovirus type 2 (cVPDV2) detected from an environmental sample is being investigated (to be officially reflected in next

week's global data). A cVDPV2 was isolated from an environmental sample collected on 21 March 2018 from Nairobi, linked to the cVDPV2 confirmed from Mogadishu, Somalia. No cases of paralysis associated with this virus have been detected, however a risk assessment is ongoing as is planning for a potential regional response.

*Summary of newly-reported viruses this week:*

**Afghanistan:** Two new wild poliovirus type 1 (WPV1) positive environmental samples have been reported in Kandahar province.

**Pakistan:** One new wild poliovirus type 1 (WPV1) positive environmental sample has been reported in Sindh province

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### [\*\*Global Commission for the Certification of the Eradication of Poliomyelitis - Report from the Seventeenth Meeting\*\*](#)

Geneva, Switzerland, 26 – 27 February 2018 :: 23 pages

The Global Commission for the Certification of Poliomyelitis Eradication (GCCPE/GCC) met in February 2018. It noted that although no WPV paralytic cases had been reported in Pakistan since November 2017 and fewer cases were being reported from Afghanistan for comparable periods in earlier years, considerable numbers of positive environmental samples were being reported from both countries implying that there was still significant ongoing transmission. This circulation of WPVs has implications for the commencement and conclusion of the process of certification of interruption of transmission.

The GCC has previously asked for development of a risk assessment tool that can be used by National Certification Committees and Regional Certification Commissions allowing the GCC to compare risks and their mitigation between countries and across Regions. The GCC noted the progress being made with this tool and hopes that it will be introduced shortly in all Regions.

The GCC considered the possibility that there may still be cVDPV outbreaks in the approach to certification and agreed conditions for the process of certification in such circumstances. The GCC also reviewed the surveillance standards that it will require countries to fulfil according to the systems in place (AFP, environmental and enterovirus surveillance or combinations of these). The GCC's Terms of Reference were reviewed since it had been many years since this was last done. The GCC has previously recommended that countries should undertake outbreak simulation exercises and proposed that the GCC should undertake a certification exercise. This could be done using the example of certification of WPV3 eradication. Finally, the GCC asked for a time line for its activities to be presented regularly and updated as circumstances on the interruption of transmission and containment change.

The GCC will meet next in approximately six months.

*Prof. David M. Salisbury CB  
FRCP, FRCPCH, FFPH, FMedSci.  
Chair, GCC*

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### **WHO Grade 3 Emergencies** [to 14 April 2018]

The Syrian Arab Republic - No new announcements identified

Iraq - No new announcements identified

Nigeria - No new announcements identified

Yemen - No new announcements identified.

WHO concerned about suspected chemical attacks in Syria

11 April 2018 – WHO is deeply alarmed by reports of the suspected use of toxic chemicals in Douma city, East Ghouta.

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### **WHO Grade 2 Emergencies** [to 14 April 2018]

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

Cameroon - No new announcements identified

Central African Republic - No new announcements identified.

Democratic Republic of the Congo - No new announcements identified

Ethiopia - No new announcements identified.

Libya - No new announcements identified.

Niger - No new announcements identified.

Ukraine - No new announcements identified.

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### **UN OCHA – L3 Emergencies**

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

#### **Syrian Arab Republic**

:: Syrian Arab Republic: Response to the East Ghouta Crisis in Rural Damascus Situation Report

No. 3 (3 April – 11 April 2018) 11 Apr 2018

:: Turkey | Syria: Situation in North-western Syria - Situation Report No.2 (as of 10 April 2018)

DRC - No new announcements identified.

Iraq - No new announcements identified.

Yemen - No new announcements identified.

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### **UN OCHA – Corporate Emergencies**

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

#### **Ethiopia**

:: Ethiopia Humanitarian Bulletin Issue 50 | 26 March - 08 April 2018

### **Rohingya Refugee Crisis**

:: ISCG Situation Report: Rohingya Refugee Crisis, Cox's Bazar | 12 April 2018

Somalia - *No new announcements identified.* - *No new announcements identified.*  
Nigeria - *No new announcements identified.*

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***Editor's Note:***

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

**EBOLA/EVD** [to 14 April 2018]

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

- *No new announcements identified.*

**MERS-CoV** [to 14 April 2018]

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

- *No new announcements identified.*

**Yellow Fever** [to 14 April 2018]

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

:: Nearly one billion people in Africa to be protected against yellow fever by 2026 10 April 2018  
[See Milestones/Perspectives above for more detail]

**Zika virus** [to 14 April 2018]

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

- *No new announcements identified.*

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**WHO & Regional Offices** [to 14 April 2018]

**Latest News**

**Guidance to promote breastfeeding in health facilities**

11 April 2018 – Breastfeeding all babies for the first 2 years would save the lives of more than 820,000 children under age 5 annually.

***Highlights***

**Denmark hosts the WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease Prevention and Control**

April 2018 – Noncommunicable diseases are responsible for 40 million deaths globally every year. Tackling NCDs is a global priority, but despite this, investment is still lacking and action is needed to reach the United Nations Sustainable Development Goal target 3.4 of reducing premature deaths from NCDs by one third by 2030. In response, Denmark is co-hosting the WHO Global Dialogue in Copenhagen from 9 to 11 April 2018

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## **Weekly Epidemiological Record, 13 April 2018, vol. 93, 15 (pp. 185–200)**

- :: Surveillance to track progress towards polio eradication worldwide, 2016–2017
- :: Performance of acute flaccid paralysis (AFP) surveillance and incidence of poliomyelitis, 2018
- :: Monthly report on dracunculiasis cases, January–February 2018

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## **SAGE call for nominations**

Deadline for applications: 31 May 2018

WHO is soliciting proposals for nominations of experts to serve on its Strategic Advisory Group of Experts (SAGE) on immunization.

SAGE is the principal advisory group to WHO for vaccines and immunization. SAGE reports to the Director-General of WHO and advises on global policies and strategies, ranging from vaccine R&D and vaccination recommendations to delivery of immunization, its linkages with other health interventions and integration into health systems. Its remit is not restricted to childhood immunization but extends to all vaccine-preventable diseases for all age groups.

Please see this link for further information: <http://www.who.int/immunization/sage/en/>

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## **WHO Regional Offices**

*Selected Press Releases, Announcements*

### **WHO African Region AFRO**

*Selected Featured News*

- :: [Tanzania rolls out vaccination against cervical cancer](#) 12 April 2018
- :: [Nearly one billion people in Africa to be protected against yellow fever by 2026](#) 10 April 2018

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

- *No new announcements identified.*

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

- *No new announcements identified.*

### **WHO European Region EURO**

- :: [Multidisciplinary primary care teams in Spain provide person-centred care](#) 11-04-2018
- :: [Surveillance teams risk all to track disease outbreaks in northern Syria](#) 11-04-2018
- :: [Northern Syria: access to primary health care gives hope to malnourished child](#) 10-04-2018
- :: [Bringing health services closer to people in Kyrgyzstan](#) 05-04-2018

### **WHO Eastern Mediterranean Region EMRO**

- :: [WHO concerned about suspected chemical attacks in Syria](#) 11 April 2018

### **WHO Western Pacific Region**

- *No new announcements identified.*

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**CDC/ACIP** [to 14 April 2018]  
<http://www.cdc.gov/media/index.html>  
<https://www.cdc.gov/vaccines/acip/index.html>

### **[MMWR News Synopsis for April 12, 2018](#)**

#### **Surveillance Systems to Track Progress Toward Polio Eradication — Worldwide, 2016–2017**

While 2017 saw the fewest number of polio cases ever recorded globally, continued improvements to national surveillance systems are necessary to ensure timely detection of cases and accurate certification of polio-free status. As the world moves closer to eliminating polio, it is more important than ever to have strong surveillance systems in place. Only 22 wild poliovirus (WPV) cases were reported in 2017, the fewest ever reported globally. Despite this improvement, the number of vaccine-derived poliovirus (cVPDVs) cases increased to 96 in 2017, due to outbreaks in Syria and in Democratic Republic of the Congo. While surveillance performance is improving at the country level, gaps remain within countries largely because of conflict and inaccessibility in some regions. Rapid improvements in surveillance systems are needed. As long as polioviruses continue to circulate in any country, all countries remain at risk.

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**Africa CDC** [to 14 April 2018]

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

*No new digest content identified.*

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**China CDC**

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

*No new digest content identified.*

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**ECDC - European Centre for Disease Prevention and Control** [to 14 April 2018]

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

*No new digest content identified.*

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### **Announcements**

**AERAS** [to 14 April 2018]

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

*No new digest content identified.*

**BMGF - Gates Foundation** [to 14 April 2018]

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

*No new digest content identified.*

**Bill & Melinda Gates Medical Research Institute** [to 14 April 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 14 April 2018]  
<http://cepi.net/>

Posted on 11TH APR 2018 by Rachel Grant

**[Inovio Awarded up to \\$56 Million from CEPI to Advance DNA Vaccines Against Lassa Fever and MERS](#)**

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/Perspectives above for more detail]

**EDCTP** [to 14 April 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*

*Latest news*

*No new digest content identified.*

**Emory Vaccine Center** [to 14 April 2018]  
<http://www.vaccines.emory.edu/>  
*No new digest content identified.*

**European Medicines Agency** [to 14 April 2018]  
<http://www.ema.europa.eu/ema/>  
*No new digest content identified.*

**European Vaccine Initiative** [to 14 April 2018]  
<http://www.euvaccine.eu/news-events>  
*No new digest content identified.*

**FDA** [to 14 April 2018]

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

*No new digest content identified.*

**Fondation Merieux** [to 14 April 2018]

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

*No new digest content identified.*

**Gavi** [to 14 April 2018]

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

*No new digest content identified.*

**GHIT Fund** [to 14 April 2018]

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

*GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that devastate the world's poorest people. Other funders include six Japanese pharmaceutical •*

*No new digest content identified.*

**Global Fund** [to 14 April 2018]

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

*No new digest content identified.*

**Hilleman Laboratories** [to 14 April 2018]

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

*No new digest content identified.*

**Human Vaccines Project** [to 14 April 2018]

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

*No new digest content identified.*

**IAVI** [to 14 April 2018]

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

*No new digest content identified* *No new digest content identified*

**IFFIm**

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

*No new digest content identified.*

**IVAC** [to 14 April 2018]

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

*IVAC Blog*

**IVAC Welcomes Dr. Naor Bar-Zeev**

Posted 4/10/18

The International Vaccine Access Center (IVAC) is pleased to announce that Naor Bar-Zeev, MBBS(Hons), MPH, MBiostat, PhD, has joined the IVAC team as an Associate Professor in the Department of International Health at the Johns Hopkins Bloomberg School of Public Health.

**IVI** [to 14 April 2018]

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

*No new digest content identified.*

**JEE Alliance** [to 14 April 2018]

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

*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 14 April 2018]

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

April 13, 2018

**Central African Republic: MSF Treats Wounded Amid Violence in Bangui**

MSF has treated 80 wounded patients amid violence in Bangui over the past week. In the early morning of April 8, United Nations and Central African Republic security forces launched a joint operation in the PK5 neighborhood in Bangui, which involved heavy fighting and resulted in dozens of people injured.

*Press release*

**Syria: Displaced People From Eastern Ghouta Need Treatment**

April 13, 2018

Roughly 60,000 people have been displaced from eastern Ghouta, near Damascus, to northwestern Syria in the past month. A significant number of these men, women, and children are injured or sick and in need of medical care. Doctors Without Borders/Médecins Sans Frontières (MSF) supports the main hospital in charge of triaging and treating these patients at a location known as the "zero point," where people arrive on buses.

**NIH** [to 14 April 2018]

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

April 9, 2018

**NIH scientists develop macaque model to study Crimean-Congo hemorrhagic fever**

— CCHF is a viral disease spread by ticks in the Middle East, Asia, Africa and parts of Europe.

**PATH** [to 14 April 2018]

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

Press release | April 12, 2018

**New study results from Uganda strengthen the case for contraceptive self-injection**

Study finds that self-administration enables women to use injectable contraception longer

Announcement | April 10, 2018

**PATH names Anthony Okoth as Country Director for Kenya office**

**Sabin Vaccine Institute** [to 14 April 2018]

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

*No new digest content identified.*

**UNAIDS** [to 14 April 2018]

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

*No new digest content identified.*

**UNICEF** [to 14 April 2018]

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

*Selected Press Releases*

11 April, 2018

**WHO and UNICEF issue new guidance to promote breastfeeding in health facilities globally**

GENEVA - The World Health Organization (WHO) and UNICEF today issued new ten-step guidance to increase support for breastfeeding in health facilities that provide maternity and newborn services. Breastfeeding all babies for the first two years would save the lives of more than 820,000 children under age 5 annually.

**Nearly one billion people in Africa to be protected against yellow fever by 2026**

ABUJA, 10 April 2018 — Nearly one billion people will be vaccinated against yellow fever in 27 high-risk African countries by 2026 with support from the World Health Organization (WHO), Gavi – the Vaccine Alliance, UNICEF and more than 50 health partners.

*[See Milestones/Perspectives above for more detail]*

**High risk of disease outbreaks in earthquake-hit Papua New Guinea - UNICEF and WHO**

PORT MORESBY, 9 April 2018 – UNICEF and the World Health Organization (WHO) have cautioned about the high potential of waterborne and vaccine-preventable disease outbreaks in earthquake-affected areas of Papua New Guinea.

**Vaccine Confidence Project** [to 14 April 2018]

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

*No new digest content identified.*

**Vaccine Education Center – Children's Hospital of Philadelphia** [to 14 April 2018]

<http://www.chop.edu/centers-programs/vaccine-education-center>  
*No new digest content identified.*

**Wellcome Trust** [to 14 April 2018]

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

Published: 12 April 2018

### **[How to make sense of the brain's billions of neurons](#)**

A unique global collaboration is attempting to transform the way we study the brain. If it succeeds, it could start to address longstanding unanswered questions about how brain disorders alter our neural circuits.

### **[Genetic changes linked to adult kidney cancer can occur in childhood](#)**

News / Published: 12 April 2018

Researchers at the Wellcome Sanger Institute have discovered that key genetic changes which may lead to kidney cancer can occur as early as childhood or adolescence. This can be up to 50 years before the disease is diagnosed

### **[How we've defined what success looks like for Wellcome's work](#)**

Explainer / Published: 10 April 2018

Chonnettia Jones, our Director of Insight and Analysis, explains how developing a success framework is leading to new ways of thinking and working across Wellcome

**The Wistar Institute** [to 14 April 2018]

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

Press Release Apr. 12 2018

### **[Novel Combination Therapy Effective for NRAS Mutant and Therapy Resistant Melanoma](#)**

Co-targeting BET and MEK holds promise as a salvage therapy for melanoma resistant to targeted therapy and immunotherapy.

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**BIO** [to 14 April 2018]

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

*No new digest content identified.*

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 14 April 2018]

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

14 April 2018

### **[Regional workshop: Optimization of vaccines' manufacturing, containers and testing for global supply](#)**

7 May 2018 to 10 May 2018

Hyderabad / India

**IFPMA** [to 14 April 2018]

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

*No new digest content identified.*

**PhRMA** [to 14 April 2018]

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

*No new digest content identified.*

**Industry Watch** [to 14 April 2018]

**Boehringer Ingelheim to invest €65 million in avian vaccines**

Boehringer Ingelheim is set to invest almost €65 million in a high-tech building at its Lyon Porte-des-Alpes site in Saint-Priest, France (Rhône), to meet the growing demand worldwide for avian vaccines

The Group has thus confirmed its commitment to making France, and Lyon in particular, one of its major growth drivers in the animal health market

April 11, 2018

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

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

*No digest content identified.*

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***Journal Watch***

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

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

**American Journal of Infection Control**

April 2018 Volume 46, Issue 4, p363-478, e25-e30

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

[Reviewed earlier]

**American Journal of Preventive Medicine**  
April 2018 Volume 54, Issue 4, p479-610, e59-e82  
<http://www.ajpmonline.org/current>  
[Reviewed earlier]

**American Journal of Public Health**  
April 2018 108(4)  
<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>  
[Reviewed earlier]

**Annals of Internal Medicine**  
3 April 2018 Vol: 168, Issue 7  
<http://annals.org/aim/issue>  
[Reviewed earlier]

**BMC Cost Effectiveness and Resource Allocation**  
<http://resource-allocation.biomedcentral.com/>  
(Accessed 14 April 2018)  
[No new digest content identified]

**BMJ Global Health**  
March 2018 - Volume 3 - 2  
<http://gh.bmj.com/content/3/2>  
[Reviewed earlier]

**BMC Health Services Research**  
<http://www.biomedcentral.com/bmchealthservres/content>  
(Accessed 14 April 2018)  
[No new digest content identified]

**BMC Infectious Diseases**  
<http://www.biomedcentral.com/bmcinfectdis/content>  
(Accessed 14 April 2018)  
*Research article*

**Population sensitivity of acute flaccid paralysis and environmental surveillance for serotype 1 poliovirus in Pakistan: an observational study**

*To support poliomyelitis eradication in Pakistan, environmental surveillance (ES) of wastewater has been expanded alongside surveillance for acute flaccid paralysis (AFP). ES is a relatively new method of surv...*

Authors: Kathleen M. O'Reilly, Robert Verity, Elias Durry, Humayun Asghar, Salmaan Sharif, Sohail Z. Zaidi, M. Zubair M. Wadood, Ousmane M. Diop, Hiro Okayasu, Rana M. Safdar and Nicholas C. Grassly

Citation: BMC Infectious Diseases 2018 18:176

Published on: 13 April 2018

*Research article*

**Characteristics of human encounters and social mixing patterns relevant to infectious diseases spread by close contact: a survey in Southwest Uganda**

*Quantification of human interactions relevant to infectious disease transmission through social contact is central to predict disease dynamics, yet data from low-resource settings remain scarce.*

Authors: O. le Polain de Waroux, S. Cohuet, D. Ndazima, A. J. Kucharski, A. Juan-Giner, S. Flasche, E. Tumwesigye, R. Arinaitwe, J. Mwanga-Amumpaire, Y. Boum II, F. Nackers, F. Checchi, R. F. Grais and W. J. Edmunds

Citation: BMC Infectious Diseases 2018 18:172

Published on: 11 April 2018

*Research article*

**Planning for globally coordinated cessation of bivalent oral poliovirus vaccine: risks of non-synchronous cessation and unauthorized oral poliovirus vaccine use**

*Oral polio vaccine (OPV) containing attenuated serotype 2 polioviruses was globally withdrawn in 2016, and bivalent OPV (bOPV) containing attenuated serotype 1 and 3 polioviruses needs to be withdrawn after th...*

Authors: Radboud J. Duintjer Tebbens, Lee M. Hampton and Kimberly M. Thompson

Citation: BMC Infectious Diseases 2018 18:165

Published on: 10 April 2018

**BMC Medical Ethics**

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

(Accessed 14 April 2018)

[No new digest content identified]

**BMC Medicine**

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

(Accessed 14 April 2018)

[No new digest content identified]

**BMC Pregnancy and Childbirth**

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

(Accessed 14 April 2018)  
[No new digest content identified]

**BMC Public Health**  
<http://bmcpublichealth.biomedcentral.com/articles>  
(Accessed 14 April 2018)  
[No new digest content identified]

**BMC Research Notes**  
<http://www.biomedcentral.com/bmcresnotes/content>  
(Accessed 14 April 2018)  
[No new digest content identified]

**BMJ Open**  
April 2018 - Volume 8 - 4  
<http://bmjopen.bmj.com/content/current>  
[Reviewed earlier]

**Bulletin of the World Health Organization**  
Volume 96, Number 4, April 2018, 225-296  
<http://www.who.int/bulletin/volumes/96/4/18-000418/en/>  
[Reviewed earlier]

**Child Care, Health and Development**  
Volume 44, Issue 3 Pages: 343-506 May 2018  
<https://onlinelibrary.wiley.com/toc/13652214/current>  
[Reviewed earlier]

**Clinical and Experimental Vaccine Research**  
Volume 7(1); January 2018  
<http://ecevr.org/>  
[Reviewed earlier]

**Clinical Therapeutics**  
April 2018 Volume 40, Issue 4, p497-668  
<http://www.clinicaltherapeutics.com/current>  
[New issue; No digest content identified]

**Conflict and Health**  
<http://www.conflictandhealth.com/>

[Accessed 14 April 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>  
[Reviewed earlier]

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

April 2018 - Volume 31 - Issue 2  
<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>  
[Reviewed earlier]

### **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***  
[Reviewed earlier]

### **Development in Practice**

Volume 28, Issue 3, 2018  
<http://www.tandfonline.com/toc/cdip20/current>  
[New issue; No digest content identified]

### **Disaster Medicine and Public Health Preparedness**

Volume 12 - Issue 1 - February 2018  
<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/disa.2018.42.issue-2/issuetoc>  
[Reviewed earlier]

### **EMBO Reports**

01 April 2018; volume 19, issue 4  
<http://embor.embopress.org/content/19/4?current-issue=y>  
[Reviewed earlier]

**Emerging Infectious Diseases**

Volume 24, Number 4—April 2018

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

[Reviewed earlier]

**Epidemics**

Volume 22, Pages 1-78 (March 2018)

<https://www.sciencedirect.com/journal/epidemics/vol/22/suppl/C>

***Special Issue: The RAPIDD Ebola Forecasting Challenge***

[Reviewed earlier]

**Epidemiology and Infection**

Volume 146 - Issue 5 - April 2018

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

[New issue; No digest content identified]

**The European Journal of Public Health**

Volume 28, Issue 1, 1 February 2018

<https://academic.oup.com/eurpub/issue/28/1>

[Reviewed earlier]

**Global Health Action**

Volume 11, 2018 – Issue 1

<https://www.tandfonline.com/toc/zgha20/11/1?nav=tocList>

Article

**Improving access to medicines via the Health Impact Fund in India: a stakeholder analysis**

Patrick McMullan, Vamadevan S. Ajay, Ravi Srinivas, Sandeep Bhalla, Dorairaj Prabhakaran & Amitava Banerjee

Article: 1434935

Published online: 02 Mar 2018

*introduction*

**Special Issue: Monitoring Health Determinants with an Equity Focus**

Joy St. John

Article: 1410049

Published online: 25 Jan 2018

*Capacity Building*

**Implementation of genomics research in Africa: challenges and recommendations**

Sally N. Adebamowo, Veronica Francis, Ernest Tambo, Seybou H. Diallo, Guida Landouré, Victoria Nembaware, Eileen Dareng, Babu Muhamed, Michael Odutola, Teniola Akeredolu, Barbara Nerima, Petronilla J. Ozumba, Slee Mbhele, Anita Ghanash, Ablo P. Wachinou &

Nicholas Ngomi of the H3Africa Study Coordinators Working Group as members of the H3A Consortium

Article: 1419033

Published online: 16 Jan 2018

***ABSTRACT***

**Background:** There is exponential growth in the interest and implementation of genomics research in Africa. This growth has been facilitated by the Human Hereditary and Health in Africa (H3Africa) initiative, which aims to promote a contemporary research approach to the study of genomics and environmental determinants of common diseases in African populations.

**Objective:** The purpose of this article is to describe important challenges affecting genomics research implementation in Africa.

**Methods:** The observations, challenges and recommendations presented in this article were obtained through discussions by African scientists at teleconferences and face-to-face meetings, seminars at consortium conferences and in-depth individual discussions.

**Results:** Challenges affecting genomics research implementation in Africa, which are related to limited resources include ill-equipped facilities, poor accessibility to research centers, lack of expertise and an enabling environment for research activities in local hospitals. Challenges related to the research study include delayed funding, extensive procedures and interventions requiring multiple visits, delays setting up research teams and insufficient staff training, language barriers and an underappreciation of cultural norms. While many African countries are struggling to initiate genomics projects, others have set up genomics research facilities that meet international standards.

**Conclusions:** The lessons learned in implementing successful genomics projects in Africa are recommended as strategies to overcome these challenges. These recommendations may guide the development and application of new research programs in low-resource settings.

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

Vol. 6, No. 1 March 21, 2018

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

[Reviewed earlier]

**Global Public Health**

Volume 13, 2017 Issue 6

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

[New issue; No digest content identified]

**Globalization and Health**

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

[Accessed 14 April 2018]

[No digest content identified]

**Health Affairs**

March 2018. Vol. 37, No. 3

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

## ***Advancing Health Equity***

[Reviewed earlier]

## **Health and Human Rights**

Volume 19, Issue 2, December 2017

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

### ***Special Section on Romani People and the Right to Health***

[Reviewed earlier]

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

Volume 13 - Issue 2 - April 2018

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

[Reviewed earlier]

## **Health Policy and Planning**

Volume 33, Issue 3, 1 April 2018

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

[Reviewed earlier]

## **Health Research Policy and Systems**

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

[Accessed 14 April 2018]

*Review*

| 10 April 2018

### **What can we learn from interventions that aim to increase policy-makers' capacity to use research? A realist scoping review**

*Health policy-making can benefit from more effective use of research. In many policy settings there is scope to increase capacity for using research individually and organisationally, but little is known about what strategies work best in which circumstances. This review addresses the question: What causal mechanisms can best explain the observed outcomes of interventions that aim to increase policy-makers' capacity to use research in their work?*

Authors: Abby Haynes, Samantha J. Rowbotham, Sally Redman, Sue Brennan, Anna Williamson and Gabriel Moore

## **Humanitarian Exchange Magazine**

Number 71 March 2018

<https://odihpn.org/magazine/humanitarian-response-urban-areas/>

### **Humanitarian response in urban areas**

Humanitarian crises are increasingly affecting urban areas either directly, through civil conflict, hazards such as flooding or earthquakes, urban violence or outbreaks of disease, or indirectly, through hosting people fleeing these threats. The humanitarian sector has been slow to understand how the challenges and opportunities of working in urban spaces necessitate changes in how they operate. For agencies used to working in rural contexts, the dynamism of

the city, with its reliance on markets, complex systems and intricate logistics, can be a daunting challenge. Huge, diverse and mobile populations complicate needs assessments, and close coordination with other, often unfamiliar, actors is necessary.

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

Volume 14, Issue 3 2018

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

***Special Issue on Influenza Vaccines, commemorating the 100th anniversary of Pandemic Flu***

[Reviewed earlier]

**Infectious Agents and Cancer**

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

[Accessed 14 April 2018]

[No new digest content identified]

**Infectious Diseases of Poverty**

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

[Accessed 14 April 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 4 (2018) April 2018

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

[Reviewed earlier]

**International Journal of Epidemiology**

Volume 47, Issue 1, 1 February 2018

<https://academic.oup.com/ije/issue/47/1>

[Reviewed earlier]

**International Journal of Human Rights in Healthcare**

Volume 11 Issue 1 2018

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

[Reviewed earlier]

## **International Journal of Infectious Diseases**

April 2018 Volume 69, In Progress Open Access  
[http://www.ijidonline.com/issue/S1201-9712\(18\)X0003-4](http://www.ijidonline.com/issue/S1201-9712(18)X0003-4)

*Original Reports*

### **Socioeconomic factors associated with full childhood vaccination in Bangladesh, 2014**

Matthew L. Boulton, Bradley F. Carlson, Laura E. Power, Abram L. Wagner  
p35–40

Published online: February 5, 2018

*Highlights*

- :: Full vaccination of children is high in Bangladesh, although it varies by vaccine type.
- :: Full vaccination coverage was lowest among non-locals in all regions.
- :: The mothers' access to care and autonomy in healthcare decision-making are associated with higher vaccination coverage in their children.
- :: Increasing childhood vaccination coverage will be key to meeting national goals for disease elimination and to improve child health in Bangladesh.

## **JAMA**

April 10, 2018, Vol 319, No. 14, Pages 1415-1520  
<http://jama.jamanetwork.com/issue.aspx>

*Viewpoint*

### **Novel Vaccine Technologies: Essential Components of an Adequate Response to Emerging Viral Diseases**

Barney S. Graham, MD, PhD; John R. Mascola, MD; Anthony S. Fauci, MD  
JAMA. 2018;319(14):1431-1432. doi:10.1001/jama.2018.0345

*In this Viewpoint, Anthony Fauci and colleagues review modern technological advances that facilitate acceleration of vaccine development in response to new and emerging viral disease threats, and argue for investment in surveillance in developing countries to expedite pathogen identification and jump-start the vaccine development process.*

## **JAMA Pediatrics**

April 2018, Vol 172, No. 4, Pages 309-400  
<http://archpedi.jamanetwork.com/issue.aspx>  
[Reviewed earlier]

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

April 2018 - Volume 16 - Issue 4  
<http://journals.lww.com/jbisrir/Pages/currenttoc.aspx>

*Systematic Reviews*

### **Action research in the healthcare field: a scoping review**

*Action research is an approach that involves collaboration to develop a process through knowledge building and social change. Several viewpoints of action research have been introduced as the different traditions of developed action research. To develop a coherent*

*process, researchers have to posit their worldviews and theoretical framework and align these with the research aims and procedures, and local transformation needs. This diversity leads to a variety of action research practices in healthcare. Particularly, in this review, we raised the need for examining participants' experiences and changes related to the action research process.*

Cordeiro, Luciana; Soares, Cassia Baldini

JBI Database of Systematic Reviews and Implementation Reports. 16(4):1003-1047, April 2018.

### **Journal of Adolescent Health**

March 2018 Volume 62, Issue 3, Supplement, S1-S86

[http://www.jahonline.org/issue/S1054-139X\(17\)X0028-1](http://www.jahonline.org/issue/S1054-139X(17)X0028-1)

### **Adolescent and Young Adult Male Health**

[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 2, April 2018

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

### **Ethical Issues in Biobanking and use of Biospecimens**

[Reviewed earlier]

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

April 2018 - Volume 72 - 4

<http://jech.bmjjournals.org/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 3, 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 Humanitarian Logistics and Supply Chain Management**

Volume 8 Issue 1

<https://www.emeraldinsight.com/toc/jhlsbm/8/1>

[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 20, Issue 2, April 2018

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

[Reviewed earlier]

**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***

[Reviewed earlier]

**Journal of Infectious Diseases**

Volume 217, Issue 8 15 April 2018

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

[Reviewed earlier]

**Journal of Medical Ethics**

April 2018 - Volume 44 - 4

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

[Reviewed earlier]

**Journal of Medical Internet Research**

Vol 20, No 4 (2018): April

<http://www.jmir.org/2018/4>

[Reviewed earlier]

**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>  
[Reviewed earlier]

**Journal of Pediatrics**  
April 2018 Volume 195, p1-312  
<http://www.jpeds.com/current>  
[Reviewed earlier]

**Journal of Pharmaceutical Policy and Practice**  
<https://joppp.biomedcentral.com/>  
[Accessed 14 April 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>  
[Reviewed earlier]

**Journal of Public Health Policy**  
Volume 39, Issue 1, February 2018  
<https://link.springer.com/journal/41271/39/1/page/1>  
[Reviewed earlier]

**Journal of the Royal Society – Interface**  
March 2018; volume 15, issue 140  
<http://rsif.royalsocietypublishing.org/content/current>  
[Reviewed earlier]

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

**Journal of Virology**

March 2018, volume 92, issue 6

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

[Reviewed earlier]

**The Lancet**

Apr 14, 2018 Volume 391 Number 10129 p1455-1548

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

*Comment*

**[A call to action: improving women's, children's, and adolescents' health in the Muslim world](#)**

Amina J Mohammed

We have witnessed considerable progress in reducing maternal and child mortality in recent decades, but fragility and inequity continue to leave our most vulnerable communities behind. The study presented by Nadia Askeer and colleagues<sup>1</sup> in The Lancet sheds welcome light on why, despite improvements, progress in reproductive, maternal, newborn, child, and adolescent health (RMNCAH) has been generally slower in some Muslim majority countries (MMCs). This study has a special meaning to me, not only as Deputy Secretary-General of the United Nations; but as a Muslim woman, a mother, and a grandmother.

In its universality, the 2030 Agenda for Sustainable Development urges us to go the last mile to deliver a sustainable, prosperous, and inclusive future for all—leaving no one behind. Building on the traditional development paradigm, the Sustainable Development Goals (SDGs) promise a world in which people not only survive but thrive.

The health and wellbeing of women and children are key. At a historic 1·2 billion,<sup>2</sup> today's adolescents also demand our focus so we can unlock a demographic dividend that can yield benefits for generations to come. With the proportionally youngest population of all major religious groups,<sup>3</sup> this holds particular relevance for MMCs.

As Akseer and colleagues note, greater investment in national public health systems in MMCs is needed to reduce out-of-pocket health-care spending and improve RMNCAH outcomes, particularly for reproductive and maternal health and childhood vaccination. As we work to achieve universal health coverage, this investment must be central to our efforts to strengthen entire health systems so that we can ensure access to quality, affordable, and respectful services for all. Increased efforts at the community level will also be important, including through the strengthening of local institutions, skilled, gender-responsive community health workers, the engagement of men and boys, and the buy-in of religious communities. We must also strengthen our communications and advocacy efforts to improve practices and promote healthy behaviours such as birth spacing, exclusive breastfeeding, and care for lactating mothers, particularly in Islamic countries. Coupled with greater intergenerational engagement, we can create the environment needed to improve health outcomes for years to come.

In an evolving and complex development landscape, we must move beyond the traditional silos that have hampered our efforts to address the contextual barriers that keep so many back, particularly women and girls. Simply put, we cannot achieve the RMNCAH targets of SDG 3—globally or within the Islamic context—without also investing in social sectors. These

investments must work to improve the overall status of women, which continues to halt progress globally against RMNCAH targets and the SDGs.

The current study articulates this well, with better RMNCAH outcomes observed in countries such as Bangladesh and Egypt, where targeted investments beyond the health sector have been made to improve girls' access to education and women's empowerment. Health does not exist in a vacuum. Success will require bold partnerships, building linkages and leveraging unique functions within and across sectors to deliver on an integrated agenda. Strengthened engagement of women in decision-making processes, particularly at the local level, will be paramount to help ensure approaches that prioritise both the health and wellbeing of our women and girls.

Greater investments in RMNCAH are also some of our greatest tools in the face of rising levels of conflict and humanitarian crisis, which disproportionately affect MMCs. We must prioritise the potential of women and adolescents as agents of peace through greater investments across health, education, and economic sectors.

The Every Woman Every Child (EWEC) Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)<sup>4</sup> provides a roadmap for country-specific implementation of the SDGs, accounting for the very barriers raised in the current study. I was pleased to play a part in the development and launching of this robust strategy during the SDG Summit in 2015. The Organisation of Islamic Cooperation (OIC) previously committed to implementing the first EWEC global strategy (2010–15), and since its launch in 2015, nearly 20 OIC member states have committed to implement the updated EWEC global strategy. I encourage OIC leaders and member states to recommit to implementing the EWEC global strategy as a key driver of the 2025 Programme of Action,<sup>5</sup> the United Nations Commission on Population and Development, and the broader SDGs.

With just 12 years to deliver on the promises enshrined within the 2030 agenda, the time for action is now. I call on my fellow leaders, including those in predominantly Muslim countries, to consider the findings of this study and work together—with ambitious resolve, across borders and sectors—to fully implement the 2030 agenda. Investing in women's, children's, and adolescents' health is a smart place to start.

#### *Articles*

#### **Status and drivers of maternal, newborn, child and adolescent health in the Islamic world: a comparative analysis**

Nadia Akseer, Mahdis Kamali, Nour Bakhache, Maaz Mirza, Seema Mehta, Sara Al-Gashm,

Zulfiqar A Bhutta

1493

#### *Review*

#### **Countdown to 2030: tracking progress towards universal coverage for reproductive, maternal, newborn, and child health**

Countdown to 2030 Collaboration

#### *Summary*

Building upon the successes of Countdown to 2015, Countdown to 2030 aims to support the monitoring and measurement of women's, children's, and adolescents' health in the 81

countries that account for 95% of maternal and 90% of all child deaths worldwide. To achieve the Sustainable Development Goals by 2030, the rate of decline in prevalence of maternal and child mortality, stillbirths, and stunting among children younger than 5 years of age needs to accelerate considerably compared with progress since 2000. Such accelerations are only possible with a rapid scale-up of effective interventions to all population groups within countries (particularly in countries with the highest mortality and in those affected by conflict), supported by improvements in underlying socioeconomic conditions, including women's empowerment. Three main conclusions emerge from our analysis of intervention coverage, equity, and drivers of reproductive, maternal, newborn, and child health (RMNCH) in the 81 Countdown countries.

First, even though strong progress was made in the coverage of many essential RMNCH interventions during the past decade, many countries are still a long way from universal coverage for most essential interventions. Furthermore, a growing body of evidence suggests that available services in many countries are of poor quality, limiting the potential effect on RMNCH outcomes.

Second, within-country inequalities in intervention coverage are reducing in most countries (and are now almost non-existent in a few countries), but the pace is too slow.

Third, health-sector (eg, weak country health systems) and non-health-sector drivers (eg, conflict settings) are major impediments to delivering high-quality services to all populations. Although more data for RMNCH interventions are available now, major data gaps still preclude the use of evidence to drive decision making and accountability.

Countdown to 2030 is investing in improvements in measurement in several areas, such as quality of care and effective coverage, nutrition programmes, adolescent health, early childhood development, and evidence for conflict settings, and is prioritising its regional networks to enhance local analytic capacity and evidence for RMNCH.

### **Lancet Global Health**

Apr 2018 Volume 6 Number 4 e351-e468

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

[Reviewed earlier]

### **Lancet Infectious Diseases**

Apr 2018 Volume 18 Number 4 p357-474 e107-e159

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

[Reviewed earlier]

### **Lancet Respiratory Medicine**

Apr 2018 Volume 6 Number 4 p231-314 e11-e15

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

[Reviewed earlier]

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

Volume 22, Issue 4, April 2018

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

[Reviewed earlier]

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

Volume 38, Issue 3, April 2018

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

[Reviewed earlier]

## **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

Volume 96, Issue 1 Pages: 1-212 March 2018

<https://onlinelibrary.wiley.com/toc/14680009/96/1>

[New issue; No digest content identified]

## **Nature**

Volume 556 Issue 7700, 12 April 2018

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

*Editorial* | 09 April 2018

### **[New awards aim to celebrate women in science](#)**

*Prizes will reward outstanding scientific discovery and exceptional efforts to engage girls and young women in science.*

## **Nature Medicine**

April 2018, Volume 24 No 4 pp375-526

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

*Editorial*

### **[A checkup for the flu vaccine](#) - p375**

doi:10.1038/nm.4535

*Influenza causes almost 650,000 deaths worldwide each year, yet a long-lasting, protective vaccine remains elusive. Global investment—both scientific and financial—in a universal flu vaccine is overdue.*

*Review*

### **[Current understanding of the human microbiome](#) - pp392 - 400**

Jack A Gilbert, Martin J Blaser, J Gregory Caporaso, Janet K Jansson, Susan V Lynch & Rob Knight

doi:10.1038/nm.4517

*Abstract*

Our understanding of the link between the human microbiome and disease, including obesity, inflammatory bowel disease, arthritis and autism, is rapidly expanding. Improvements in the throughput and accuracy of DNA sequencing of the genomes of microbial communities that are associated with human samples, complemented by analysis of transcriptomes, proteomes, metabolomes and immunomes and by mechanistic experiments in model systems, have vastly improved our ability to understand the structure and function of the microbiome in both diseased and healthy states. However, many challenges remain. In this review, we focus on studies in humans to describe these challenges and propose strategies that leverage existing

knowledge to move rapidly from correlation to causation and ultimately to translation into therapies.

### **Nature Reviews Immunology**

March 2018 Vol 18 No 3

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

*Focus on: Cancer immunotherapy*

[Reviewed earlier]

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

April 12, 2018 Vol. 378 No. 15

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

*Perspective Free Preview*

#### **[The Blind Men and the Elephant — Aligning Efforts in Global Health](#)**

Ranu S. Dhillon, M.D., and Abraar Karan, M.D., M.P.H.

*Should we pursue global health initiatives to ensure health security, promote development, or achieve health equity as a human right? Perhaps we can delineate actionable issues incorporating key priorities from each perspective and integrate diverse activities.*

### **Pediatrics**

April 2018, VOLUME 141 / ISSUE 4

<http://pediatrics.aappublications.org/content/141/4?current-issue=y>

[Reviewed earlier]

### **Pharmaceutics**

Volume 10, Issue 1 (March 2018)

<http://www.mdpi.com/1999-4923/10/1>

[Reviewed earlier]

### **PharmacoEconomics**

Volume 36, Issue 4, April 2018

<https://link.springer.com/journal/40273/36/4/page/1>

[Reviewed earlier]

### **PLOS Currents: Disasters**

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

[Accessed 14 April 2018]

[No new digest content identified]

### **PLoS Currents: Outbreaks**

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

[Accessed 14 April 2018]  
[No new digest content identified]

**PLoS Medicine**  
<http://www.plosmedicine.org/>  
(Accessed 14 April 2018)  
[No new digest content identified]

## **PLoS Neglected Tropical Diseases**

<http://www.plosntrds.org/>  
(Accessed 14 April 2018)  
*Research Article*

### **[Dynamics of cholera epidemics from Benin to Mauritania](#)**

Sandra Moore, Anthony Zunuo Dongdem, David Opare, Paul Cottavoz, Maria Fookes, Adodo Yao Sadji, Emmanuel Dzotsi, Michael Dogbe, Fakhri Jedd, Bawimodom Bidjada, Martine Piarroux, Ouyi Tante Valentin, Clément Kakaï Glèlè, Stanislas Rebaudet, Amy Gassama Sow, Guillaume Constantin de Magny, Lamine Koivogui, Jessica Dunoyer, Francois Bellet, Eric Garnotel, Nicholas Thomson, Renaud Piarroux

Research Article | published 09 Apr 2018 PLOS Neglected Tropical Diseases  
<https://doi.org/10.1371/journal.pntd.0006379>

#### *Author summary*

We analyzed cholera epidemics from Benin to Mauritania, during 2009 to 2015, and performed a series of field visits as well as molecular epidemiology analyses of *V. cholerae* isolates from most recent epidemics throughout West Africa. We found that at least 54% of cases concerned populations living in the three urban areas of Accra, Freetown, and Conakry. Accra, Ghana represented the main cholera hotspot in the entire study region. Our findings indicate that the water network system in Accra may play a role in the rapid diffusion of cholera throughout the city. As observed in Accra, Conakry, and Freetown, once cholera cases arrive in overpopulated urban settings with poor sanitation, increased rainfall facilitated the contamination of unprotected water sources with human waste from cholera patients, thus promoting a rapid increase in cholera incidence. To more efficiently and effectively combat cholera in West Africa, these findings may serve as a guide to better target cholera prevention and control interventions.

**PLoS One**  
<http://www.plosone.org/>  
[Accessed 14 April 2018]  
*Research Article*

### **[Special Immunization Service: A 14-year experience in Italy](#)**

*Concerns regarding vaccine safety are increasing along with lack of compliance to vaccination schedules. This study aimed to assess vaccination-related risks and the impact of a Special Immunization Service (SIS) at the Pediatric Emergency Department (PED) of Padua on vaccination compliance among participants.*

Daniele Donà, Susanna Masiero, Sara Brisotto, Lorena Gottardello, Rebecca Lundin, Eleonora Borgia, Federica Visentin, Liviana Da Dalt

Research Article | published 12 Apr 2018 PLOS ONE  
<https://doi.org/10.1371/journal.pone.0195881>

**Attitudes towards and knowledge about Human Papillomavirus (HPV) and the HPV vaccination in parents of teenage boys in the UK**

Susan Mary Sherman, Emma Nailer  
Research Article | published 11 Apr 2018 PLOS ONE  
<https://doi.org/10.1371/journal.pone.0195801>

**PLoS Pathogens**

<http://journals.plos.org/plospathogens/>  
[Accessed 14 April 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 14 April 2018]  
[No new digest content identified]

**Prehospital & Disaster Medicine**

Volume 33 - Issue 2 - April 2018  
<https://www.cambridge.org/core/journals/prehospital-and-disaster-medicine/latest-issue>  
[Reviewed earlier]

**Preventive Medicine**

Volume 109 Pages 1-124 (April 2018)  
<https://www.sciencedirect.com/journal/preventive-medicine/vol/109/suppl/C>  
[Reviewed earlier]

**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**

April 2018 Volume 157, 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 2, March/April 2018  
<http://phr.sagepub.com/content/current>  
[New issue; No digest content identified]

**Qualitative Health Research**  
Volume 28, Issue 5, April 2018  
<http://qhr.sagepub.com/content/current>  
[New issue; No digest content identified]

**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 14 April 2018]  
[No new digest content identified]

**Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)**  
[http://www.paho.org/journal/index.php?option=com\\_content&view=featured&Itemid=101](http://www.paho.org/journal/index.php?option=com_content&view=featured&Itemid=101)  
[Reviewed earlier]

**Risk Analysis**  
Volume 38, Issue 4 Pages: 635-868 April 2018  
<https://onlinelibrary.wiley.com/toc/15396924/current>  
*Original Research Articles*  
**[When Does Poor Governance Presage Biosecurity Risk?](#)**  
Stephen E. Lane, Anthony D. Arthur, Christina Aston, Sam Zhao, Andrew P. Robinson  
Pages: 653-665  
First Published: 11 August 2017

**Risk Management and Healthcare Policy**  
Volume 10, 2017  
<https://www.dovepress.com/risk-management-and-healthcare-policy-archive56>

[Reviewed earlier]

## **Science**

13 April 2018 Vol 360, Issue 6385 13 April 2018

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

*Policy Forum*

### **[Bystander risk, social value, and ethics of human research](#)**

By S. K. Shah, J. Kimmelman, A. D. Lyerly, H. F. Lynch, F. G. Miller, R. Palacios, C. A. Pardo, C. Zorrilla

Science 13 Apr 2018 : 158-159 Restricted Access

*Contentious risks demand a new approach*

*Summary*

Two critical, recurring questions can arise in many areas of research with human subjects but are poorly addressed in much existing research regulation and ethics oversight: How should research risks to "bystanders" be addressed? And how should research be evaluated when risks are substantial but not offset by direct benefit to participants, and the benefit to society ("social value") is context-dependent? We encountered these issues while serving on a multidisciplinary, independent expert panel charged with addressing whether human challenge trials (HCTs) in which healthy volunteers would be deliberately infected with Zika virus could be ethically justified (1). Based on our experience on that panel, which concluded that there was insufficient value to justify a Zika HCT at the time of our report, we propose a new review mechanism to preemptively address issues of bystander risk and contingent social value.

## **Science Translational Medicine**

11 April 2018 Vol 10, Issue 436

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

[New issue; No digest content identified]

## **Social Science & Medicine**

Volume 202 Pages 1-178 (April 2018)

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/202/suppl/C>

[Reviewed earlier]

## **Systematic Reviews**

<https://systematicreviewsjournal.biomedcentral.com/articles>

[Accessed 14 April 2018]

[No new digest content identified]

## **Travel Medicine and Infectious Diseases**

January-February, 2018 Volume 21

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

[Reviewed earlier]

## **Tropical Medicine & International Health**

Volume 23, Issue 4 Pages: i-iv, 341-445, E1 April 2018

<https://onlinelibrary.wiley.com/toc/13653156/current>

*Original Research Papers*

### **Impact of rotavirus vaccination on rotavirus hospitalisation rates among a resource-limited rural population in Mbita, Western Kenya**

Ernest Apondi Wandera, Shah Mohammad, Martin Bundi, James Nyangao, Amina Galata

Cyrus Kathiiko, Erick Odoyo, Sora Guyo, Gabriel Miring'u, Satoshi Komoto, Yoshio Ichinose

Pages: 425-432

First Published: 12 February 2018

## **Vaccine**

Volume 36, Issue 18 Pages 2385-2500 (25 April 2018)

<https://www.sciencedirect.com/journal/vaccine/vol/36/issue/17>

*Review*

### **Pertussis in Africa: Findings and recommendations of the Global Pertussis Initiative (GPI)**

Review article

Pages 2385-2393

Rudzani Muloiwa, Nicole Wolter, Ezekiel Mupere, Tina Tan, ... Gregory Hussey

#### *Abstract*

Pertussis remains a major cause of morbidity and mortality, particularly in infants and young children, and despite the availability of vaccines and pertinent national and international guidelines. The disease burden is more severe in low- and middle-income countries (LMICs), especially in the African continent. Pertussis is more prevalent among young infants in Africa. Poor or no pertussis surveillance, lack of disease awareness, diagnostic limitations, and competing health priorities are considered key contributory factors for this high pertussis burden in Africa. Most African countries use whole-cell pertussis (wP) vaccines, but coverage with three primary doses of diphtheria–tetanus–pertussis vaccines falls short of the World Health Organization's recommended goal of >90%. The Global Pertussis Initiative (GPI) works toward developing recommendations through systematic evaluation and prioritization of strategies to prevent pertussis-related infant and child deaths, as well as reducing global disease burden to acceptable national, regional, and local levels. For countries using wP vaccines, the GPI recommends continuing to use wP to improve primary and toddler booster vaccination coverage. Vaccination during pregnancy is the next priority when acellular pertussis (aP) vaccines and other resources are available that directly protect newborns too young to be vaccinated, followed by, in order of priority, booster doses in older children, adolescents, healthcare workers and finally, all adults. Improved surveillance should be a high priority for African LMICs assessing true disease burden and vaccine effectiveness to inform policy. More research is warranted to evaluate the safety and efficacy of wP and aP vaccines and strategies, and to determine their optimal use.

### **Poor knowledge of vaccination recommendations and negative attitudes towards vaccinations are independently associated with poor vaccination uptake among adults – Findings of a population-based panel study in Lower Saxony, Germany**

Original research article

Pages 2417-2426

Manas K. Akmatov, Nicole Rübsamen, Igor V. Deyneko, André Karch, Rafael T. Mikolajczyk

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

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

(Accessed 14 April 2018)

[No new digest content identified]

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

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

(Accessed 14 April 2018)

*Open Access Article*

#### **[Predictors and Barriers to Full Vaccination among Children in Ethiopia](#)**

by Yemesrach A. Tefera, Abram L. Wagner, Eyoel B. Mekonen, Bradley F. Carlson and Matthew L. Boulton

Vaccines 2018, 6(2), 22; doi:[10.3390/vaccines6020022](https://doi.org/10.3390/vaccines6020022) - 10 April 2018

#### *Abstract*

Predictors of immunization status outside of large cities in Ethiopia are not well known, and Muslims have lower vaccination coverage. The aim of this study is to assess factors associated with full immunization among children 12–23 months in Worabe, Ethiopia, a Muslim-majority community. A cross-sectional study is conducted in summer 2016. Multivariable logistic regression was used to assess the significance of predictors of full immunization. Among 484 children, 61% are fully vaccinated. Children whose mothers had fewer antenatal care (ANC) visits have decreased odds of full vaccination (zero visits: odds ratio (OR) = 0.09; one visit: OR = 0.15; two visits: OR = 0.46; three visits: OR = 0.89). The most common reasons that the mother gave for not vaccinating the child are fear of side reactions (36%), being too busy (31%), or hearing rumors about vaccines (28%). Local interventions incorporating interventions with religious authorities could raise awareness in the community of the importance of childhood immunizations and ANC visits.

### **Value in Health**

March 2018 Volume 21, Issue 3, p249-372

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

[Reviewed earlier]

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

### **Influenza and Other Respiratory Viruses**

First published: 6 April 2018

<https://doi.org/10.1111/irv.12558>

*Original Article*

**The potential economic value of influenza vaccination for healthcare workers in the Netherlands**

MJ Meijboom, J Riphagen-Dalhuisen, E Hak

*Abstract*

Despite the clinical evidence, influenza vaccination coverage of healthcare workers remains low. To assess the health economic value of implementing an influenza immunization program among healthcare workers (HCW) in University Medical Centers (UMCs) in the Netherlands, a cost-benefit model was developed using a societal perspective. The model was based on a trial performed among all UMCs in the Netherlands that included both hospital staff as well as patients admitted to the pediatrics and internal medicine departments. The model structure and parameters estimates was based on the trial and complemented with literature research, and the impact of uncertainty explored with sensitivity analyses. In a base-case scenario without vaccine coverage, influenza related annual costs were estimated at € 410,815 for an average UMC with 8,000 HCWs and an average occupancy during the influenza period of 6,000 hospitalized patients. Of these costs, 82% attributed to the HCWs and 18% were patient related. With a vaccination coverage of 15.47%, the societal program's savings were € 2,861 which corresponds to a saving of € 270.53 per extended hospitalization. Univariate sensitivity analyses show that the results are most sensitive to changes in the model parameters vaccine effectiveness in reducing influenza-like-illness (ILI) and the vaccination-related costs. In addition to the decreased burden of patient morbidity among hospitalized patients, the effects of the hospital immunization program slightly outweigh the economic investments. These outcomes may support healthcare policy makers' recommendations about the influenza vaccination program for healthcare workers.

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**Media/Policy Watch**

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

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

**The Atlantic**

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

Accessed 14 April 2018

[No new, unique, relevant content]

**BBC**

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

*Accessed 14 April 2018*

**Tanzania launches early-age cervical cancer vaccine**

10 April 2018

More than 600,000 girls in Tanzania have started receiving vaccines to prevent cervical cancer. Girls aged between nine and 14 are being targeted to protect them from developing the illness at an early age....

**The Economist**

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

*Accessed 14 April 2018*

[No new, unique, relevant content]

**Financial Times**

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

*Accessed 14 April 2018*

[No new, unique, relevant content]

**Forbes**

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

*Accessed 14 April 2018*

**Anti-Vax Hospital Workers Using Religious Exemption Put Patients At Risk, With Help From EEOC**

Steven Salzberg, Contributor

The EEOC is suing hospitals over vaccination requirements, prompted by employees who are claiming a "religious" exemption. No major religion opposes vaccines, but anti-vaxxers use these exemptions as cover for their mistaken beliefs. The EEOC can find better things to do.

**Foreign Affairs**

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

*Accessed 14 April 2018*

[No new, unique, relevant content]

**Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 14 April 2018*

[No new, unique, relevant content]

**The Guardian**

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

*Accessed 14 April 2018*

[No new, unique, relevant content]

**New Yorker**

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

*Accessed 14 April 2018*

[No new, unique, relevant content]

**New York Times**

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

Accessed 14 April 2018

Americas

**Brazil Yellow Fever Vaccination Campaign Far Short of Goal**

Brazil's yellow fever vaccination efforts have fallen significantly short of their goal, the Health Ministry acknowledged this week, and an official said Friday that more than 16 million people in the targeted population still need to be immunized.

By THE ASSOCIATED PRESSAPRIL 13, 2018, 3:49 P.M. E.D.T.

*Obituaries*

**Ruth Nussenzweig, Who Pursued Malaria Vaccine, Dies at 89**

Dr. Nussenzweig's research into one of the world's most deadly diseases laid the groundwork for an approach once thought beyond reach.

12 April 2018

**Pakistan Launches New Polio Vaccination Drive**

8 April 2018

A Pakistani official says authorities have launched a new polio vaccination drive, aiming to reach 38.7 million children under the age of 5. Pakistan is one of few countries where polio is still endemic, along with Afghanistan and Nigeria. Dr. Rana Mohammad Safdar, the national coordinator for polio eradication, says that some 260,000 polio workers will take part in the campaign, which started on Monday. He says authorities hope a similar campaign will soon be launched in the tribal regions.

**Wall Street Journal**

[http://online.wsj.com/home-page?\\_wsjregion=na,us&\\_homepage=/home/us](http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us)

Accessed 14 April 2018

[No new, unique, relevant content]

**Washington Post**

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

Accessed 14 April 2018

**FDA Launches Criminal Investigation Into Unauthorized Herpes Vaccine Research**

Marisa Taylor, Kaiser Health News · National · Apr 12, 2018

**Anti-vaccine reviewers target children's books on Amazon**

Ben Guarino · National/health-science · Apr 9, 2018

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**Think Tanks et al****Brookings**

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

Accessed 14 April 2018  
[No new relevant content]

**Center for Global Development**  
<http://www.cgdev.org/page/press-center>  
Accessed 14 April 2018  
[No new relevant content]

**Council on Foreign Relations**  
<http://www.cfr.org/>  
Accessed 14 April 2018  
[No new relevant content]

**CSIS**  
<https://www.csis.org/>  
Accessed 14 April 2018  
[No new relevant content]

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Support for this service is provided by the Bill & Melinda Gates Foundation; Aeras; 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.

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