Vaccines and Global Health: The Week in Review
21 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.*

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

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Milestones :: Perspectives

Summary of the Meeting of the WHO Strategic Advisory Group of Experts on immunization, 17-18 April 2018

The Strategic Advisory Group of Experts [SAGE] on Immunization1 met on 17–18 April 2018. This full report will be published on 8 June 2018 in the Weekly Epidemiological Record.

Malaria Vaccine Implementation Programme

SAGE was informed on the progress made on the implementation of the recommendation made by SAGE and the Malaria Policy Advisory Committee (MPAC) in October 2015 on pilot studies for the RTS,S/AS01 malaria vaccine. SAGE was provided an overview of the Malaria Vaccine Implementation Programme (MVIP) and given a status update of preparatory activities in the three pilot countries (Ghana, Kenya, Malawi).

The pilots consist of three components: 1) Sub-national introduction of the malaria vaccine in areas with moderate to high malaria transmission led by country immunization programmes; 2) Rigorous evaluation, supported by country-based research institutions, to measure the programmatic feasibility of delivering RTS,S/AS01, the vaccine's impact on mortality (overall and sex-specific) and the vaccine's safety in the context of routine immunization, with an emphasis on meningitis and cerebral malaria; 3) the manufacturer-sponsored observational Phase 4 studies with hospital and active surveillance as part of the vaccine's Risk Management Plan agreed between the manufacturer and the European Medicines Agency (EMA) taking place in a small sub-set of the pilot areas.

SAGE was reassured that uptake of the RTS,S/A01 vaccine, as well as use of other vaccines and childhood health interventions will be monitored through countries' routine data monitoring systems; three consecutive cross-sectional household surveys will provide representative community estimates of RTS,S/AS01 coverage, along with coverage estimates for other vaccines, for recommended malaria prevention and control measures, and for other childhood health interventions of interest. In addition, a qualitative research study will explore and document any changes in health-seeking behaviours and on health service provision that may occur upon RTS,S/AS01 introduction. SAGE re-emphasized the importance of communication and community engagement to ensure acceptance and understanding of the new vaccine in the context of other malaria control interventions. Experience from other efforts related to strengthening the second year of life (2YL) platform could prove useful.

SAGE was reassured that the evaluation has been sufficiently powered to assess whether the safety signals (i.e., meningitis and cerebral malaria) and the imbalance in mortality between males and females identified during the Phase 3 trial are causally related to RTS,S/AS01 vaccination.

SAGE agreed on the importance of having a framework to clarify how data collected through the MVIP might be used to answer identified questions and inform future policy recommendations for vaccine use beyond the pilots. SAGE specifically recommended the modelling inputs incorporate different scenarios and levels of uncertainty to enable interpretation of the MVIP results in the context of real world settings.

1 See www.who.int/immunization/sage/en/index.html, accessed April 20April 2018

Polio eradication

SAGE acknowledged the ongoing efforts of the Global Polio Eradication Initiative (GPEI) and the progress achieved towards wild polio virus (WPV) eradication. SAGE shared concern over continuing WPV circulation in Pakistan and Afghanistan through the active corridors of transmission, as manifested through the continued detection of WPV1 in environmental samples during 2016 and 2017.

SAGE noted that the IPV supply is sufficient to introduce IPV in routine immunization globally in 2018, but not to conduct catch up campaigns for cohorts that did not receive IPV because of supply constraints. SAGE reviewed the available data on fractional IPV (fIPV) and emphasized that two doses of fIPV are superior to one full IPV dose. SAGE agreed that IPV should not be used routinely in outbreak response except in specific situations such as where there is co-circulation of WPV1 and cVDPV2 and in these instances fIPV should be used. In addition, SAGE recommended that instead of using term "fractional" for fIPV, GPEI should think of other term such as "intradermal" to avoid impression that fIPV is substandard. Studies to examine duration of immunity and protection following two doses of fIPV are in progress.

SAGE reviewed the Post Certification Strategy (PCS). This is a high-level working document which aims to guide Member States and stakeholders on the polio-essential functions required to sustain a polio-free world after WPV eradication and dissolution of GPEI. The PCS does not provide specific or detailed country level guidance. Its aim is to serve as a roadmap to ensure that the oversight, infrastructure and funding is in place to 1) contain polioviruses, 2) protect populations from polio, and 3) retain capacity to detect and respond to any poliovirus event. SAGE endorsed the content and approach of the PCS and agreed to submit it for discussion at the World Health Assembly in May 2018.

In order to align GAP III and SAGE recommendations on IPV schedules, SAGE reviewed recommendations on IPV schedules in countries with Poliovirus-Essential Facilities (PEFs). While the majority of the 29 countries hosting PEFs are located in Europe and North America, and have introduced exclusive or sequential IPV schedules, some countries are currently only using a single dose of IPV (together with bOPV) in their immunization schedule.

SAGE endorsed the proposal to align the recommendations on future IPV schedule for countries hosting PEFs storing or manipulating WPVs and/or Sabin/OPV and recommends that those countries with PEFs using a single dose of IPV should adjust their IPV schedule, coverage targets and geographical scope as soon as possible but no later than at the time of all OPV cessation.

SAGE requested the program to explore the extent to which a legal instrument such as the International Health Regulation (IHR) could be used to ensure compliance with poliovirus containment requirements defined in GAP III and the Containment Certification Scheme.

Policy recommendations on the use of the first licensed dengue vaccine

[See separate announcement just below]

Measles and Rubella
SAGE noted the substantial progress in the reduction of global measles incidence and mortality since 2000. However, concerns were expressed around resurgence of measles in some areas, particularly in the European region, and the measles outbreak in Venezuela that has put the elimination status of the American Region at risk.

SAGE reviewed preliminary modelled scenarios, designed to approach an investment case (IC) for measles and rubella eradication. The investment case in development is planned as part of the response to the GVAP 2017 resolution at the World Health Assembly (WHA) to provide a report to the 73rd WHA in 2020 on the epidemiology, resource requirements, and feasibility of measles and rubella eradication.

SAGE recommended that the Measles Rubella (MR) Working Group (WG) should revise the key scenarios to include a baseline scenario that reflects current vaccination efforts and disease in the countries and a separate mortality reduction scenario, besides the "eradication as soon as possible" scenario. The MR WG was requested to develop additional eradication scenarios with different timelines and with different levels of achievements (for example, elimination in all but a few countries and including the costs of reaching inaccessible pockets and hard-to-reach populations). SAGE also highlighted the importance of the inclusion of total cost when a decision regarding a global eradication target is considered, as well as the cost of elimination-standard surveillance. Furthermore, the IC should consider including the contribution of measles and rubella eradication effort towards the prevention of other vaccine preventable diseases. This IC model is currently under review by IVIR-AC and a revised version will be presented to SAGE for recommendations.

SAGE also reviewed the guidance tool for endemic countries on prioritizing measles and rubella control/elimination activities in order to increase population immunity, prevent outbreaks and achieve elimination. The approach proposed four country categories that take into consideration the disease epidemiology, population immunity and capacity to carry out elimination strategies. Guidance was then provided within each category on how to best prioritize the control or elimination interventions/activities. SAGE agreed with the overall approach and highlighted the need to include sub-national and sub-groups within countries when assessing and addressing immunity gaps and the importance of including civil society organizations (CSOs) and community participation as important elements for successful interventions.

Full Public Health Value Propositions for Vaccines (FPHVPs)
The remit of IVB includes accelerating development of vaccines against priority pathogens, identified through its Product Development for Vaccines Advisory Committee (PDVAC), and supporting countries with policy decisions to introduce vaccines once they become available. In addition, many of the vaccines currently in development are expected to be targeted towards specific populations, depending on the burden of disease and context-specific epidemiology. In resource-poor settings, increasingly robust evidence will be needed to justify the inclusion of new vaccines in the context of other disease interventions over and above many other public health priorities. With this in mind, key stakeholders are advocating that there is a need to broaden the evaluation of vaccine value beyond the demonstration of individual, direct health benefits and related costs that support licensure

to the evaluation of broader economic, societal and indirect impacts of vaccination at a population level. Consideration of these data and evidence requirements that inform policy decisions, prior to undertaking phase III pivotal clinical studies, could help to prioritize the vaccines that would have the greatest impact, and reduce delays between licensure and introduction encountered by vaccines such as the RTS,S malaria vaccine.2

A conceptual framework of pathways between immunisation and its proposed broader economic and social benefits has been developed3, leading to publications on "Estimating the full public health value of vaccination" and proposed methodology and measures to quantify the economic elements.4, 5 This novel global health paradigm considers the population impact of vaccination and encompasses measures of community benefits against a range of outcomes, such as improvements in health inequity, financial risk protection, reduction in long-term/on-going disability and a decrease in the development of antibiotic resistance. IVB, under the auspices of PDVAC and IVIR-AC, is building on these efforts, to develop an approach for describing the Full (i.e. articulating both the individual and population benefits) Public Health Value Proposition for vaccines where there is a clear public health need for, but a lack of investment in, developing vaccines for LMIC markets. This FPHVP approach was presented to SAGE for information and discussion.

2 O'Brien K et al. Mind the gap: jumping from vaccine licensure to routine use The Lancet 387 1887-1889, 2016.
3 Jit M et al. The broader economic impact of vaccination: reviewing and appraising the strength of evidence. BMC Med. 2015 Sep 3;13:209.
4 Gessner BD et al. Estimating the full public health value of vaccination. Vaccine. 2017 Nov 1;35(46):6255-6263.
5 Wilder-Smith A et al. The public health value of vaccines beyond efficacy: methods, measures and outcomes. BMC Med. 2017 Jul 26;15(1):138.

Revised SAGE recommendation on use of dengue vaccine

19 April 2018

WHO published the recommendations of the Strategic Advisory Group of Experts on Immunization (SAGE) on the use of Dengvaxia® on 27 May 2016, and subsequently a WHO position paper on dengue vaccine on 29 July 2016.

Following the disclosure of new data on Dengvaxia® by its manufacturer, Sanofi Pasteur, on 29 November 2017 (as described in more detail below), WHO`s Global Advisory Committee on Vaccine Safety (GACVS) and the WHO Secretariat published interim statements on December 7, 20171, and December 22, 20172, respectively. WHO initiated a process engaging independent external experts to review the data in detail, and reconvened the SAGE working group on dengue vaccines. This process has led to revised recommendations from SAGE on 18 April 2018. An updated WHO position paper on dengue vaccine will be published in September 2018.

The purpose of this document is to supplement the WHO "Question and Answer" document from December December 22, 20172.

Dengue is the most frequent and rapidly spreading mosquito-borne virus. The first dengue vaccine, CYD-TDV (Dengvaxia®) is currently licensed in twenty countries. The key findings from two large Phase 3 trials involving over 30,000 participants aged 2 to 16 years included:

:: Vaccine efficacy against virologically confirmed dengue, over a 25-month period from the first dose of a three-dose immunization regimen among 9-16 year olds was 65.6% and in this age-group, vaccination reduced severe dengue by 93% and dengue hospitalizations by 82%.

:: An increased risk of hospitalized dengue was seen in the 2 to 5-year age group in Year 3 of follow-up.

:: At the time of SAGE April 2016 meeting, this increased risk was not observed in those aged 9 years and above.

Because of the higher efficacy of the vaccine against dengue and the absence of an observed increased risk of hospitalized dengue observed in older children, licensure of the vaccine was sought in 2015 with an indication of 9 years and above. Mathematical modelling suggested that the public health benefits of vaccination could be maximized if dengue seropositivity in the age group targeted for vaccination was high.

WHO issued its position on the use of CYD-TDV in July 2016 based on recommendations provided by SAGE in April 2016, principally, that countries interested in introducing the vaccine consider its use only in those aged 9 years and above, and in areas with a seroprevalence of ≥70%, and not in areas below 50%. SAGE noted that the evidence of the absence of a safety issue in seronegative individuals aged 9 and above was based on the limited data set of 10%-20% of the trial population, and highlighted the urgent need to better describe the long-term benefit-risk ratio of CYD-TDV in seronegative individuals.

On 29 November 2017, Sanofi Pasteur announced the results of additional studies to better describe the benefit-risk in seronegative individuals. This was made possible through the use of a newly developed NS1-based antibody assay applied to blood samples taken 13 months after vaccination to retrospectively infer dengue serostatus at time of first vaccination.

The new analyses from the long-term safety follow-up indicated that:

:: Overall population level benefit of vaccination remains favorable, but the vaccine performs differently in seropositive versus seronegative individuals.

:: Vaccine efficacy (VE) against virologically confirmed symptomatic dengue was high among inferred baseline seropositive participants ≥9 years of age: 76% (95%CI: 63.9, to 84.0), but much lower among baseline seronegative participants: 38.8% (95%CI: –0.9 to 62.9%) in the first 25 months after the first dose of vaccine.

:: There is an increased risk of hospitalized and severe dengue in seronegative individuals starting about 30 months after the first dose.

:: In areas of 70% dengue seroprevalence, over a 5-year follow-up, for every 4 severe cases prevented in seropositive, there would be one excess severe case in seronegative per 1,000 vaccinees; for every 13 hospitalizations prevented in seropositive vaccinees, there would be 1 excess hospitalization in seronegative vaccinees per 1,000 vaccinees.

In light of the new evidence on the long-term safety issue in seronegative individuals, balanced against the documented efficacy and safety in seropositive individuals, SAGE carefully considered two strategies: population seroprevalence criteria versus pre-vaccination screening. SAGE weighed up the feasibility of population seroprevalence studies and individual pre-

vaccination screening, heterogeneity of seroprevalence between and within countries, potential vaccine coverage rates, public confidence in national vaccination programmes, perceptions of ethical considerations with regard to population level benefit versus individual level risk, and communication issues.

SAGE acknowledged that currently both "population seroprevalence criteria" and "pre-vaccination screening" are programmatically difficult approaches for achieving high population protection from dengue.

Updated SAGE recommendations on the use of CYD-TDV (Dengvaxia®)
For countries considering vaccination as part of their dengue control program, a "pre-vaccination screening strategy" would be the preferred option, in which only dengue-seropositive persons are vaccinated.

Conventional serological testing for dengue virus IgG (e.g. dengue IgG ELISA) could be used to identify persons who have had previous dengue infections. Sensitivity and specificity of dengue IgG ELISA should be assessed in a local context, and will depend on the prevalence of other flaviviruses, and past use of flavivirus vaccines (such as Japanese encephalitis and yellow fever vaccines).

Currently available rapid diagnostic tests - despite their lower sensitivity and specificity to detect past dengue infection compared with conventional dengue IgG ELISA - could be considered in high transmission settings until better tests are available. In settings with high dengue transmission (high numbers of seropositives), a test with lower specificity might be acceptable.

The pre-test probability of an individual being seropositive will be higher in settings with high transmission. However, a pre-vaccination screening strategy may also be considered in low to moderate transmission settings. In settings with low transmission (high numbers of seronegatives) a test with high specificity is needed.

Given that no assay will be 100% specific, some truly seronegative individuals may be vaccinated due to a false positive test result. Furthermore, although the efficacy against dengue infections in seropositive individuals is high, it is still not complete. Hence, the limitations of CYD-TDV will need to be clearly communicated to populations offered vaccination.

There is a continued need to adhere to other disease preventive measures and to seek prompt medical care in the event of dengue-like symptoms, regardless of whether vaccinated or not. Vaccination should be considered as part of an integrated dengue prevention and control strategy together with well-executed and sustained vector control and the best evidence-based clinical care for all patients with dengue.

Decisions about implementing a "pre-vaccination screening" strategy with the currently available tests will require careful assessment at the country level, including consideration of the sensitivity and specificity of available tests and of local priorities, dengue epidemiology, country-specific dengue hospitalization rates, and affordability of both CYD-TDV and screening tests.

Age

Whether there are age-specific effects, independent of serostatus, is the subject of ongoing research. Currently, the vaccine should be used within the indicated age range, which is typically 9 to 45 years of age. The age to target for vaccination depends on the dengue transmission intensity in a given country, and will be lower in countries with high transmission, and higher in countries with low transmission. The optimal age group to be targeted is the age at which severe dengue disease incidence is highest, and this can be ascertained from national and subnational routine hospital surveillance data.

Schedule
In the absence of data on vaccine efficacy and safety with fewer than three doses, CYD-TDV is recommended as a three dose series given 6 months apart. Should a vaccine dose be delayed for any reason, it is not necessary to restart the course and the next dose in the series should be administered.

Booster
There are currently no data on the use of booster doses. Additional studies to determine the utility of a booster dose and its best timing are under way. Accordingly, there is no current recommendation for a booster dose.

Research priorities
Development of a highly sensitive and specific rapid diagnostic test to determine serostatus, and assessment of simplified immunization schedules and booster needs should be prioritized.

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Global Fund Joins Movement to Halve Malaria by 2023

LONDON, 18 April 2018
– The Global Fund to Fight AIDS, Tuberculosis and Malaria joined leaders at the Malaria Summit London 2018 to call for reducing malaria by one half across the Commonwealth in the coming five years. Collective action aims to prevent 350 million cases of malaria and save 650,000 lives, predominately children and pregnant women who are most at risk.

The Global Fund acts as a catalyst for mobilizing resources, and through co-financing mechanisms has leveraged US$355 million of donor funding to generate US$2 billion in domestic public funding in 46 countries affected by malaria.

"To defeat an infectious disease like malaria you have to hit it hard – and you have to keep hitting it until it's gone," said Peter Sands, Executive Director of the Global Fund. "There are compelling, hard-nosed economic reasons for ridding the world of malaria. We risk a resurgence, and we can't let that happen."

Since 2000, extraordinary progress has been made in the fight against malaria, with sharp reductions in malaria cases and deaths. But those declines have stalled and even reversed in some regions, while global investments have plateaued. Malaria still kills about 450,000 people a year – including a young child every two minutes – and there is a risk of resurgence as mosquitoes become more resistant to insecticides and malaria parasites become resistant to the current first-line treatments.

The Malaria Summit was co-hosted by the governments of the UK, Swaziland and Rwanda as part of the Commonwealth Heads of Government Meeting, and convened by the Bill & Melinda Gates Foundation and the RBM Partnership to End Malaria, to galvanize more funding. The Global Fund is increasingly using co-financing mechanisms to ensure that donor contributions to fight malaria are matched by domestic investment.

The Bill & Melinda Gates Foundation announced it will extend its investments in malaria by an additional US$1 billion (£700 million) through 2023 to fund research and development efforts and to reduce the burden of the disease.

The UK Government re-affirmed its commitment to spend £500 million a year on malaria to 2020-21, and announced a further £100 million commitment to the Global Fund to match new contributions from private donors pound for pound. The Bill & Melinda Gates Foundation pledged £50 million in matching funds, and the Global Fund committed to raising another £50 million among the private sector.

Uganda committed to establishing a dedicated malaria fund – the Presidential Malaria Fund Uganda – to help mobilize additional resources of US$785 million by 2020 to accelerate national progress against malaria.

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 17 April 2018 [GPEI]

Summary of newly-reported viruses this week:

Pakistan: Two new wild poliovirus type 1 (WPV1) positive environmental samples have been reported, one in Sindh province, and one in Balochistan province.

Kenya: Notification of a circulating vaccine-derived poliovirus type 2 (cVPDV2) detected from an environmental sample has been confirmed, linked to the cVDPV2 confirmed from Somalia in March. No cases of paralysis associated with this virus have been detected in either country.

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Yemen

UNICEF - Military action on and around water infrastructure jeopardizes efforts to prevent another outbreak of cholera in Yemen

AMMAN, 17 April 2018 – "Yemen continues to be one of the world's most water-scarce countries. Access to drinking water is extremely costly for the most vulnerable people: 8.6 million children in Yemen don't have sufficient access to water, sanitation and hygiene services.

"Since 2015, the escalation of conflict has only exacerbated this already dire situation, with attacks and military action on and around water infrastructure cutting off even more people from access to safe drinking water.

"Earlier this week, the Al-Hamazat water system in the Sehar district in Sa'ada governorate was completely destroyed in an attack that left 7,500 people, including internally displaced families, without water. During the attack, the nearby solar energy system which provides power to the water system was also severely damaged. The same water system came under attack and was destroyed in 2015. UNICEF rebuilt it in 2017.

"At the same time, armed groups have launched military attacks from sites close to water points.

"Access to clean water is especially critical to prevent waterborne diseases from spreading further in the war-torn country. Last year, Yemen had the biggest outbreak of cholera/acute watery diarrhea in the world and the likelihood of another outbreak looms if access to water continues to be jeopardized.

"UNICEF is calling on all parties to the conflict wherever they are in Yemen and those who have influence over them to protect basic civilian infrastructure. In line with international humanitarian law, all parties to the conflict should immediately stop attacks on civilians and civilian infrastructure and any military activities near or from these facilities including schools, hospitals, water facilities and keep children out of harm's way."

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WHO Grade 3 Emergencies [to 21 April 2018]
Iraq - *No new announcements identified*
The Syrian Arab Republic - *No new announcements identified*
Nigeria - *No new announcements identified*
Yemen - *No new announcements identified.*

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WHO Grade 2 Emergencies [to 21 April 2018]
Democratic Republic of the Congo
:: 5 April 2018 Reanalysing the humanitarian context to better redefine priorities for action [FR]
-- The crisis in the Democratic Republic of the Congo affect more than 13.1 million people, specally affected areas are Tanganyika, Kasai region, Kivus and Ituri. WHO national experts from the Health Emergency Management Team (WHE) and other Country Office clusters (epidemiologists, logisticians, internal and external communications, data managers, finance and travel services etc.), and international experts deployed in the Democratic Republic of the Congo gathered together to review WHO emergency operations in the county…

Bangladesh/Myanmar: Rakhine Conflict 2017 - *No new announcements identified*
Cameroon - *No new announcements identified*
Central African Republic - *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: The Humanitarian Crisis in Syria as of 15 April 2018 [EN/AR] 18 Apr 2018
KEY MESSAGES
…As humanitarian needs remain staggering in terms of their scale, severity and complexity, no amount of humanitarian assistance and protection services can offset the lack of a political solution.
…Against this backdrop, the overall conditions for safe, dignified, voluntary and sustainable returns are not yet in place in Syria, with the need for a coherent response to the needs of IDPs and returnees based on humanitarian and protection principles paramount...

DRC
:: Democratic Republic of the Congo: CERF allocations overview 2017-2018 (as of 12 April 2018...

Yemen
:: Yemen Humanitarian Update Covering 10 – 16 April 2018 | Issue 11

Iraq - *No new announcements identified.*

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UN OCHA – Corporate Emergencies
When the USG/ERC declares a Corporate Emergency Response, all OCHA offices, branches and sections provide their full support to response activities both at HQ and in the field.
Ethiopia
:: Ethiopia: Conflict Displacement Situation Report #3 (17 April 2018)

Nigeria - *No new announcements identified.*
Rohinga Refugee Crisis - *No new announcements identified.*
Somalia - *No new announcements identified.*

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Editor's Note:

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

EBOLA/EVD [to 21 April 2018]
http://www.who.int/ebola/en/
- *No new announcements identified.*

MERS-CoV [to 21 April 2018]
http://www.who.int/emergencies/mers-cov/en/
Maps and epicurves
:: Epicurve of confirmed global cases of MERS-CoV png, 213kb 20 April 2018
:: Global map of countries with confirmed cases of MERS-CoV gif, 2.42Mb 20 April 2018

Yellow Fever [to 21 April 2018]
http://www.who.int/csr/disease/yellowfev/en/
- *No new announcements identified.*

Zika virus [to 21 April 2018]
http://www.who.int/csr/disease/zika/en/
- *No new announcements identified.*

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WHO & Regional Offices [to 21 April 2018]
Latest News
Vaccine hesitancy in the Federation of Bosnia and Herzegovina
19 April 2018
Immunization rates in the Federation of Bosnia and Herzegovina are as low as 40% in some areas and continuing to decline, increasing the risk of large disease outbreaks. But, no one knows precisely why.
Growing vaccine hesitancy, misinformation in social media, lack of trust in the health system, a shortage of health workers and supply issues are all suspected reasons for low coverage rates. However, these are mostly assumptions with little evidence.

Highlights
Revised SAGE recommendation on use of dengue vaccine
April 2018 – Dengue is the most frequent and rapidly spreading mosquito-borne virus. The first dengue vaccine, CYD-TDV (Dengvaxia®) is currently licensed in 20 countries. The key findings from 2 large Phase 3 trials involving over 30,000 participants.
[See Milestones above for detail]

Urgent action needed to tackle the double burden of malnutrition
April 2018 – Under nutrition, obesity and diet-related noncommunicable diseases are leading to catastrophic costs to individuals, to communities and to national healthcare systems in Africa. According to experts nutritional status, a critical component of a person's health and wellbeing, must be recognized as a key building block towards achieving Universal Health Coverage and the Sustainable Development Goals by 2030.

WHO continues to serve communities affected by PNG quake
April 2018 – Fifty days after a 7.5 magnitude earthquake hit Papua New Guinea (PNG), limited delivery of essential health services has resumed in earthquake-affected provinces. However, thousands remain vulnerable to health threats as they continue to live in crowded temporary settlements with inadequate access to clean water and medical services.

New hepatitis data highlight need for urgent global response
April 2017 - New WHO data reveal that an estimated 325 million people worldwide are living with chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) infection. The WHO Global hepatitis report, 2017 shows the majority of these people lack access to life-saving testing and treatment.

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Weekly Epidemiological Record, 20 April 2018, vol. 93, 16 (pp. 201–220)
Rabies vaccines: WHO position paper – April 2018
WHO Strategic Advisory Group of Experts (SAGE) on immunization: request for nominations

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WHO Regional Offices
Selected Press Releases, Announcements
WHO African Region AFRO
Selected Featured News
:: WHO supports South Sudan to strengthen health promotion strategic actions 19 April 2018
:: Botswana Excels in the 2018 National Measles Laboratory Review For Accreditation 18 April 2018
:: New data from Africa allays fears of bowel obstruction from rotavirus vaccine 18 April 2018
:: Malawi administers Oral Cholera Vaccine to over 500,000 people in Lilongwe Urban 17 April 2018

WHO Region of the Americas PAHO
:: 70 million people to be vaccinated as part of Vaccination Week in the Americas (04/19/2018)

WHO South-East Asia Region SEARO
- *No new announcements identified.*

WHO European Region EURO
:: WHO delivers 185 tonnes of medical supplies to improve access to health services in northern Syria 20-04-2018
:: Evidence shows banning asbestos has no negative economic impact 19-04-2018
:: Day 3 of high-level meeting Health Systems Respond to NCDs: opportunities and challenges for accelerated response 19-04-2018
:: Day 2 of high-level meeting Health Systems Respond to NCDs: Learning from good examples and real-time problem solving in policy labs 18-04-2018
:: Day 1 of high-level meeting Health Systems Respond to NCDs: focus on equity and people centredness 17-04-2018

WHO Eastern Mediterranean Region EMRO

:: WHO scales up support to mitigate child malnutrition in Yemen

18 April 2018 – As the conflict in Yemen continues unabated, the situation worsens, with more than 1.8 million children under the age of 5 acutely malnourished, including 500 000 children suffering from severe acute malnutrition, requiring immediate admission into therapeutic nutrition programmes. Responding to rising malnutrition rates in Yemen, WHO is providing life-saving treatment for children with severe acute malnutrition and medical complications, supporting 47 centres, with 3 more planned in 2018, to cope with the rising needs for malnutrition treatment services.

:: Addressing emergency care in Afghanistan 18 April 2018

:: Health worker shot in the leg during Gaza demonstrations April 2018

WHO Western Pacific Region

:: 50 days on, WHO continues to serve communities affected by PNG quake

PORT MORESBY, 16 April 2018 – Fifty days after a 7.5 magnitude earthquake hit Papua New Guinea (PNG), limited delivery of essential health services has resumed in earthquake-affected provinces. However, thousands remain vulnerable to health threats as they continue to live in crowded temporary settlements with inadequate access to clean water and medical services. More than 500 000 were affected by the earthquake that struck on 26 February.

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CDC/ACIP [to 21 April 2018]
http://www.cdc.gov/media/index.html
https://www.cdc.gov/vaccines/acip/index.html

MMWR News Synopsis for April 19, 2018

Recommendations of the Advisory Committee on Immunization Practices for Use of a Hepatitis B Vaccine with a Novel Adjuvant

On February 21, 2018, the Advisory Committee on Immunization Practices (ACIP) recommended the use of HEPLISAV-B (HepB-CpG) vaccine, a 2-dose series hepatitis B vaccine for use in people 18 years of age or over. Hepatitis B vaccination is the primary means of preventing infections and complications caused by hepatitis B virus. Prior to making this recommendation, the ACIP Hepatitis Vaccines Work Group conducted a systematic review of the existing evidence to determine that the benefits of protection with two doses administered over one month make the HEPLISAV-B (HepB-CpG) vaccine an important option for prevention of hepatitis B in at-risk persons.

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Africa CDC [to 21 April 2018]
https://au.int/en/africacdc
April 21, 2017
Presentation Africa CDC Symposium

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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 21 April 2018]
https://ecdc.europa.eu/en/home
13 Apr 2018
Measles cases increase significantly in the last month in a number of EU/EEA countries
Monthly measles and rubella monitoring report, April 2018
Measles cases continue to increase in a number of EU/EEA countries. The highest number of cases to date in 2018 were in Romania (1 709), Greece (1 463) France (1 346) and Italy (411) respectively.
Thirteen deaths have also been reported by these countries in 2018. Although cases in Romania and Greece remain high, of particular concern is the situation in France and Italy, with cases almost tripling in France since the previous update in March, and more than doubling in Italy. This is according to the most recent measles data collected by ECDC through epidemic intelligence and published in the Communicable Diseases Threats Report (CDTR) today…

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Announcements

AERAS [to 21 April 2018]
http://www.aeras.org/pressreleases
No new digest content identified.

BMGF - Gates Foundation [to 21 April 2018]
http://www.gatesfoundation.org/Media-Center/Press-Releases
APRIL 13, 2018
Bill & Melinda Gates Foundation Appoints Amy Pollack as Director of Maternal, Newborn & Child Health
SEATTLE, April 13, 2018 – The Bill & Melinda Gates Foundation today announced that Amy Pollack, MD, FACOG, FACPM has been named director of Maternal, Newborn & Child Health. She will assume her position on May 7, 2018.
Pollack joins the foundation from Medtronic, where she most recently served as the Chief Safety Officer and set the strategy and policy for medical safety across the company's global business groups. Pollack has more than 25 years of experience in domestic and international health, including work in clinical practice; as the CEO of an international women's health non-profit; and as an executive in early-stage medical device businesses, social venture capital, and industry. She has led global health multilateral negotiations for disruptive technologies, and she led national working groups in U.S. government policy change around the HPV vaccine, cervical

cytology, and prostate cancer. Pollack is board certified in Obstetrics and Gynecology and Preventive Medicine.

"Amy brings deep experience in domestic and global health, strategy development, and in leading high-performing teams of technical experts," said Chris Elias, president, Global Development at the Bill & Melinda Gates Foundation. "She will play a central role in the foundation's efforts to save the lives of women, newborns, and children around the world."…

Bill & Melinda Gates Medical Research Institute [to 21 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 21 April 2018]
http://cepi.net/
No new digest content identified.

EDCTP [to 21 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 21 April 2018]
http://www.vaccines.emory.edu/
No new digest content identified.

European Medicines Agency [to 21 April 2018]
http://www.ema.europa.eu/ema/
No new digest content identified.

European Vaccine Initiative [to 21 April 2018]
http://www.euvaccine.eu/news-events
No new digest content identified.

FDA [to 21 April 2018]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
April 17, 2018 –
Statement from FDA Commissioner Scott Gottlieb, M.D., on new efforts to enhance and modernize the FDA's approach to medical device safety and innovation

Fondation Merieux [to 21 April 2018]
http://www.fondation-merieux.org/
April 20, 2018
The Mérieux Foundation presents the results of two studies on pneumonia at the European Congress ECCMID 2018
The Mérieux Foundation is participating in the 28th European Congress of Clinical Microbiology and Infectious Diseases, held in Madrid, Spain from April 21-24. During this European congress devoted to microbiology and infectious diseases, the Foundation has two oral presentations and three posters.

Gavi [to 21 April 2018]
http://www.gavi.org/library/news/press-releases/
18 April 2018
United Arab Emirates to host Gavi 2018 mid-term review
The high-level event will celebrate 10 million lives saved since Gavi's inception, launching its next replenishment cycle.
Abu Dhabi/Geneva, 18 April 2018 – The Minister of State for International Cooperation for the United Arab Emirates (UAE) HE Reem Al Hashimy announced today that the UAE will host the Gavi 2018 mid-term review.
The high-level conference will take place in Abu Dhabi on 10-11 December 2018 and will lay out a vision for the future of the Gavi model, providing an opportunity to take stock of Gavi's performance halfway through the current strategic period (2016-2020). The conference will outline new ways of working with partners, allowing Gavi to forge new alliances with the private sector and adopt transformative solutions to advance the global immunisation agenda…

GHIT Fund [to 21 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 21 April 2018]
http://www.theglobalfund.org/en/news/?topic=&type=NEWS;&country=
18 April 2018
Global Fund Joins Movement to Halve Malaria by 2023
The Global Fund today joins leaders meeting at the Malaria Summit London 2018 in a call to reduce malaria by one half across the Commonwealth in the next five years. Such collective

actions aims to prevent 350 million cases of malaria and save 650,000 lives, predominately children and pregnant women.
[See Milestones above for more detail]

News
Global Fund Applauds UK's Leadership in Fight Against Malaria
17 April 2018
Today the United Kingdom's International Development Secretary Penny Mordaunt announced a £100 million fund to fight malaria to be matched by the private sector, which will be used to support priority countries with mosquito nets, indoor sprays and the strengthening of health systems.

Hilleman Laboratories [to 21 April 2018]
http://www.hillemanlabs.org/
No new digest content identified.

Human Vaccines Project [to 21 April 2018]
http://www.humanvaccinesproject.org/media/press-releases/
No new digest content identified.

IAVI [to 21 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 21 April 2018]
https://www.jhsph.edu/research/centers-and-institutes/ivac/index.html
No new digest content identified.

IVI [to 21 April 2018]
http://www.ivi.int/
No new digest content identified.

JEE Alliance [to 21 April 2018]
https://www.jeealliance.org/
No new digest content identified.

MSF/Médecins Sans Frontières [to 21 April 2018]
http://www.doctorswithoutborders.org/news-stories/press/press-releases
No new digest content identified.

NIH [to 21 April 2018]
http://www.nih.gov/news-events/news-releases
April 16, 2018
Genetically altered broadly neutralizing antibodies protect monkeys from HIV-like virus
— NIH scientists report single dose elicited long-term protection.

PATH [to 21 April 2018]
http://www.path.org/news/index.php
Press release | April 17, 2018
PATH and Mologic advance a new diagnostic test to support malaria elimination
Test will expand the range of diagnostic options available to guide treatment of Plasmodium vivax

Sabin Vaccine Institute [to 21 April 2018]
http://www.sabin.org/updates/pressreleases
No new digest content identified.

UNAIDS [to 21 April 2018]
http://www.unaids.org/en
20 April 2018
Feature story
An historic opportunity to end AIDS in Africa
A new report released by UNAIDS shows that ending the AIDS epidemic in Africa can be reached if investments are secured and plans are in place for long-term sustainability.
The report, *Turning point for Africa: An historic opportunity to end AIDS as a public health threat by 2030 and launch a new era of sustainability* recommends developing country-tailored sustainability plans to enable transition towards domestic ownership and financing at each country's own pace. It also highlights that sustainable progress will require changing policies, increasing human resources for health, increasing efficiencies and addressing systemic inequalities.
The Executive Director of UNAIDS Michel Sidibé presented the new report to African Ministers of Finance, multilateral partners and other senior officials at a meeting on optimizing investments and partnerships to end AIDS in Africa organized by the United States Department of Treasury and the United States President's Emergency Plan for AIDS Relief (PEPFAR).

Update
VI Eastern Europe and Central Asia Conference on HIV/AIDS opens in Moscow
20 April 2018

A record 3000 delegates from more than sixty countries, including representatives of civil society, scientific institutions, the private sector and governments, gathered in Moscow from 18 to 20 April 2018 to participate in the sixth Eastern Europe and Central Asia Conference on HIV/AIDS. The conference focused on four major tracks: prevention, science and treatment, civil society, and international cooperation.

Eastern Europe and Central Asia is the only region where the number of new HIV infections and AIDS-related death are still on the rise. The conference provides a unique opportunity to take stock of progress and discuss the challenges and transformation needed to get the Eastern Europe and Central Asia region on track to end AIDS…

UNICEF [to 21 April 2018]
https://www.unicef.org/media/
Selected Press Releases
17 April 2018
Military action on and around water infrastructure jeopardizes efforts to prevent another outbreak of cholera in Yemen

AMMAN, 17 April 2018 – "Yemen continues to be one of the world's most water-scarce countries. Access to drinking water is extremely costly for the most vulnerable people: 8.6 million children in Yemen don't have sufficient access to water, sanitation and hygiene services. *[See Emergencies above for more detail]*

Vaccine Confidence Project [to 21 April 2018]
http://www.vaccineconfidence.org/
No new digest content identified.

Vaccine Education Center – Children's Hospital of Philadelphia [to 21 April 2018]
http://www.chop.edu/centers-programs/vaccine-education-center
No new digest content identified.

Wellcome Trust [to 21 April 2018]
https://wellcome.ac.uk/news
No new digest content identified.

The Wistar Institute [to 21 April 2018]
https://www.wistar.org/news/press-releases
Press Release Apr. 19 2018
Wistar Team Receives Prestigious Award from National Clinical Research Forum for DNA-based Zika Research

The Wistar Institute and partners at the Perelman School of Medicine at the University of Pennsylvania, Inovio Pharmaceuticals, and GeneOne Life Science were recognized among the Top 10 Clinical Research Achievement Awards by the Clinical Research Forum for their ground-breaking phase 1 DNA-based Zika vaccine research – the first trial of a Zika vaccine in humans,

which proved safe and effective. These study results were published in October in the New England Journal of Medicine…

Coalition for Epidemic Preparedness Innovations Supports MERS & Lassa Enhanced DNA Vaccine Technology to Expedite Vaccine Development

PHILADELPHIA — (April 19, 2018) — The Wistar Institute and Inovio Pharmaceuticals, Inc. are leading the charge to rapidly advance a Middle East Respiratory Syndrome (MERS) vaccine through phase II development as part of an innovative partnership with the Coalition for Epidemic Preparedness Innovations (CEPI). CEPI, which launched last year, aims to derail epidemics by speeding up the development of vaccines.

CEPI will fund nearly $56 million to support pre-clinical and clinical research of Inovio's Lassa fever vaccine and to further develop a MERS DNA vaccine based on key technology generated in the lab of David B. Weiner, Ph.D., executive vice president, director of the Vaccine & Immunotherapy Center, and the W.W. Smith Endowed Chair in Cancer Research at The Wistar Institute. Wistar is a sub-awardee and will receive more than $4 million to support continuing MERS DNA vaccine technology research.

"Wistar is proud to be one of the first set of CEPI consortium members to receive funding that will accelerate development of vaccines for MERS and Lassa fever into efficacy trials in the next few years," said Weiner. "In this day and age where diseases have no boarders, it is imperative that our vaccine arsenal is ready to react. The goal is for these vaccines to be available as soon as possible for global and on-site emergency deployment when needed."…

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BIO [to 21 April 2018]
https://www.bio.org/insights/press-release
No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 21 April 2018]
http://www.dcvmn.org/
21 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 21 April 2018]
http://www.ifpma.org/resources/news-releases/
No new digest content identified.

PhRMA [to 21 April 2018]
http://www.phrma.org/press-room
No new digest content identified.

Industry Watch [to 21 April 2018]
:: **Sanofi to invest €350 million in Canadian vaccine facility**
April 12, 2018

Expansion demonstrates company's commitment to innovation and leadership in global public health

New Toronto facility is one of the largest-ever investments by Sanofi in a single building

Significantly increases capacity to meet growing demand for pediatric and booster vaccine

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

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

No digest content identified.

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Journal Watch

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

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

American Journal of Infection Control
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 4, 2018
http://www.ajtmh.org/content/journals/14761645/98/4
[New issue; No digest content identified]

Annals of Internal Medicine
17 April 2018 Vol: 168, Issue 8
http://annals.org/aim/issue
[New issue; No digest content identified]

BMC Cost Effectiveness and Resource Allocation
http://resource-allocation.biomedcentral.com/
(Accessed 21 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 21 April 2018)
[No new digest content identified]

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 21 April 2018)
Research article
Assessment of an optimized manufacturing process for inactivated quadrivalent influenza vaccine: a phase III, randomized, double-blind, safety and immunogenicity study in children and adults
GSK has modified the licensed monovalent bulk manufacturing process for its split-virion inactivated quadrivalent influenza vaccine (IIV4) to harmonize the process among different strains, resulting in an incr...
Authors: Carine Claeys, Mamadou Drame, José García-Sicilia, Khalequ Zaman, Alfonso Carmona, Phu My Tran, Mariano Miranda, Federico Martinón-Torres, Franck Thollot, Michael Horn, Tino F. Schwarz, Ulrich Behre, José M. Merino, Iwona Sadowska-Krawczenko, Henryk Szymański, Peter Schu…
Citation: BMC Infectious Diseases 2018 18:186

Published on: 18 April 2018

Research article
Estimating the number of unvaccinated Chinese workers against yellow fever in Angola
A yellow fever epidemic occurred in Angola in 2016 with 884 laboratory confirmed cases and 373 deaths. Eleven unvaccinated Chinese nationals working in Angola were also infected and imported the disease to Chi...
Authors: A. Wilder-Smith and E. Massad
Citation: BMC Infectious Diseases 2018 18:185
Published on: 17 April 2018

BMC Medical Ethics
http://www.biomedcentral.com/bmcmedethics/content
(Accessed 21 April 2018)
[No new digest content identified]

BMC Medicine
http://www.biomedcentral.com/bmcmed/content
(Accessed 21 April 2018)
[No new digest content identified]

BMC Pregnancy and Childbirth
http://www.biomedcentral.com/bmcpregnancychildbirth/content
(Accessed 21 April 2018)
[No new digest content identified]

BMC Public Health
http://bmcpublichealth.biomedcentral.com/articles
(Accessed 21 April 2018)
[No new digest content identified]

BMC Research Notes
http://www.biomedcentral.com/bmcresnotes/content
(Accessed 21 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 21 April 2018]
[No new digest content identified]

Contemporary Clinical Trials
Volume 67 Pages 1-128 (April 2018)
https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/67/suppl/C
[New issue; No digest content identified]

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
[Reviewed earlier]

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
[Reviewed earlier]

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
[Reviewed earlier]

Globalization and Health
http://www.globalizationandhealth.com/
[Accessed 21 April 2018]
[No digest content identified]

Health Affairs
April 2018, Vol. 37, No. 4
https://www.healthaffairs.org/toc/hlthaff/current
Culture Of Health, The ACA & More
[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 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 21 April 2018]
[No new digest content identified]

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 21 April 2018]
[No new digest content identified]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 21 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]

[New issue; No digest content identified]
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
[Reviewed earlier]

JAMA
April 17, 2018, Vol 319, No. 15, Pages 1523-1630
http://jama.jamanetwork.com/issue.aspx
[New issue; No digest content identified]

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
[Reviewed earlier]

Journal of Adolescent Health
April 2018 Volume 62, Issue 4, p359-504
http://www.jahonline.org/issue/S1054-139X(17)X0028-1
[New issue; No digest content identified]

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.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 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 2018
https://www.emeraldinsight.com/toc/jhlscm/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 3
http://www.tandfonline.com/toc/wimm20/current
[New issue; No digest content identified]

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.bmj.com/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 21 April 2018]
[No new digest content]

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 21, 2018 Volume 391 Number 10130 p1549-1636
http://www.thelancet.com/journals/lancet/issue/current
Comment

The Lancet Commission on malaria eradication

Ingrid Chen, Rebecca Cooney, Richard G A Feachem, Altaf Lal, Winnie Mpanju-Shumbusho

[Excerpt]

… The malaria community is reaching consensus that eradication is the only acceptable end goal. If we aim for anything short of eradication, the parasite and vector will become increasingly resistant to the drugs and insecticides available to combat the disease.8 Without eradication, sustained effort would also be needed indefinitely, as the disease would be able to return with a vengeance, particularly in tropical areas with high anopheline vectorial capacity. There is also a strong ethical imperative to eradicate malaria, a disease mainly affecting poor and marginalised people. Malaria eradication offers a massive return on investment: every dollar spent returns up to US$60 for the wellbeing of countries and their populations.9

With malaria eradication emerging as a pragmatic, ethical, and economically advantageous investment, the global health community needs more evidence to guide eradication strategies at national, regional, and global levels. To address this, The Lancet and the Malaria Elimination Initiative at the Global Health Group, University of California, San Francisco have convened the Lancet Commission on malaria eradication, designed to complement and supplement the WHO Strategic Advisory Group on malaria eradication. The Commission will elaborate the scientific, financial, and operational requirements to achieve malaria eradication. Some of the questions to be addressed by the Commission are shown in the panel. The Commission comprises 24 leaders in science, epidemiology, policy, finance, economics, and implementation (appendix). The Commissioners will meet two or three times over the next 12 months with the aim of publishing the Commission's report in 2019.

Questions to be addressed by the Lancet Commission on malaria eradication

The Lancet Commission on malaria eradication will develop a comprehensive roadmap for the eradication of malaria. Questions to be tackled by the Commission include:

:: Why should we eradicate malaria and what return on investment can we expect?
:: What are the costs of eradication and who will pay?
:: How will global megatrends (eg, urbanisation) facilitate or impede malaria eradication?
:: In which countries will malaria eradication prove most difficult and where will the last battlegrounds be?
:: Which new game-changing technologies are likely to be essential to complete the eradication task?
:: How will malaria eradication support universal health coverage and vice versa?
:: How can programme implementation be strengthened at the national and subnational levels?

The Commission's work will emphasise the dual imperative to shrink the malaria map, while intensely reducing the burden of disease in high transmission areas. The Commission will pay special attention to the endgame: the last battle that will probably play out in high transmission countries in equatorial Africa. The comprehensive synthesis developed by the Commission will be intended to propel continued progress towards elimination using available tools in parallel with the development of future innovations, including the potential use of CRISPR-Cas9 gene drive technology to modify parasites or mosquitoes.10, 11

While the task of malaria eradication will be formidable, 20 years of progress have brought us more than halfway there. This month is an important time for the malaria community. MIM reconvenes in Dakar, Senegal, after 21 years at the 7th MIM Pan African Malaria Conference on

April 15–20, 2018, where researchers will share the latest research findings and agree on new strategies to advance elimination and eradication. Today the pace of scientific advance and innovation continues to accelerate with pilot studies to evaluate the first malaria vaccine underway.12 At the same time, leaders gather in London, UK, on April 16–20 at the Commonwealth Heads of Government Meeting where malaria is firmly on the agenda. The 53 Commonwealth countries are home to 60% of all malaria cases and 52% of all malaria deaths.2, 13 A bold commitment by the Commonwealth could greatly increase the prospect of malaria eradication within a generation.

The fight against malaria has made exceptional progress in the past decades. We are now poised to embark on a journey towards eradication. Building on this momentum and harnessing the combined energy and commitment of politicians, scientists, implementers, and the public and private sectors, we have both the opportunity and responsibility to create a world free of malaria.5

Seminar
Malaria
Elizabeth A Ashley, Aung Pyae Phyo, Charles J Woodrow

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 7701, 19 April 2018
http://www.nature.com/nature/current_issue.html
Editorial | 18 April 2018
A welcome framework for research in Africa
A new set of ethics principles should help researchers and funders do justice to the interests of those involved with Africa's genomics research.
Helicopter science. Sample safaris. Parachute research. These are all pejorative terms used to describe the practice of collecting biological samples, artefacts or data from developing countries and analysing them elsewhere, with little input from — or credit given to — local scientists. Such practices are almost universally denounced by research funders and institutions in the global north. Yet the language still crops up, especially in disciplines such as genomics, for which the technology required to decode DNA at high volumes remains concentrated in wealthy countries.

In human genomics, there has been a push to ensure that research on samples collected in developing countries — particularly in Africa — is anchored in local science and community engagement. One example of this is the Human Heredity and Health in Africa (H3Africa) initiative, which is funded by the US National Institutes of Health and the London-based Wellcome Trust. Since 2012, it has funded genomics projects whose principal investigators are African, with several of the projects being managed locally from Kenya's capital, Nairobi.

As we report this week, the H3Africa group has now published a guide for the ethical handling of genomic research and biobanking in Africa. It sets out to empower African researchers and communities, and to educate them on their rights in asking for greater control over how samples are collected, stored and used. It also contains rules of engagement for non-African institutions that are partnering with, or funding research in, Africa. It's a useful guide, and draws on existing ethics policy documents. Many of its recommendations — such as avoiding tokenistic participation by African researchers, and ensuring that research results are fed back to the communities that donated the samples — have been regarded as good practice in the field for some time. But, in reality, such practices are all too often still lacking.

The fact that the document is derived from in-depth conversations with African researchers and ethics review boards gives it added legitimacy. Perceptions can vary about whether partnerships are equitable or not, and it is not uncommon for northern partners to hold up projects as exemplary in terms of their equitability, with African participants in the same projects complaining of limited input. This framework should help, by allowing negotiating partners to sing from the same hymn sheet.

Because it is voluntary, the framework's impact will depend on its use by its target audiences. African research-ethics committees that preside over applications to carry out genetic research can use it to ensure that their decisions have the interests of Africans at heart. African researchers can draw on it to negotiate more-advantageous terms in partnerships. Research funders can encourage applicants to consider the framework when submitting proposals. African governments can use it to inform their rules guiding genomics research. And, perhaps most importantly, African communities can look to the framework for information about what to expect, or even demand, from their participation in research.

Ultimately, the foremost priority of researchers, funders, regulators and ethicists should be to respect the rights and interests of the populations studied. In the scramble for African genomes, such rights can easily be overlooked — especially in countries with weak governance, where research-ethics rules are outdated or where patient-rights groups are lacking. There is therefore a need for greater involvement by African governments and civil society, to ensure that genomic research is in the public's interest, not just in the interests of the participating scientists — regardless of where they come from.

Nature Medicine
April 2018, Volume 24 No 4 pp375-526
https://www.nature.com/nm/journal/v24/n3/index.html
[Reviewed earlier]

Nature Reviews Immunology
April 2018 Vol 18 No 4
https://www.nature.com/nri/journal/v18/n4/index.html
Perspectives
Opinion
How poverty affects diet to shape the microbiota and chronic disease
Christy A. Harrison & Douglas Taren
p279 | doi:10.1038/nri.2017.121
In this Opinion article, the authors consider how poverty and diet can shape the microbiota and immune health. They highlight how this contributes to the greater levels of chronic disease that are experienced by low-income individuals in high-income societies.
Abstract
Here, we discuss the link between nutrition, non-communicable chronic diseases and socio-economic standing, with a special focus on the microbiota. We provide a theoretical framework and several lines of evidence from both animal and human studies that support the idea that income inequality is an underlying factor for the maladaptive changes seen in the microbiota in certain populations. We propose that this contributes to the health disparities that are seen between lower-income and higher-income populations in high-income countries.

New England Journal of Medicine
April 19, 2018 Vol. 378 No. 16
http://www.nejm.org/toc/nejm/medical-journal
Perspective Free Preview

Monoclonal Antibodies for Emerging Infectious Diseases — Borrowing from History
H.D. Marston, C.I. Paules, and A.S. Fauci
… Recent conceptual and technological advances in mAb development could have an enormous impact on the field of infectious diseases, particularly in the context of emerging infectious disease (EID) outbreaks, in which the process of vaccine development for new pathogens may be difficult and prolonged. The rapid development and strategic deployment of effective, highly specific preventive and therapeutic interventions have the potential to alter the course of an epidemic…

Original Articles
Evaluation of Intussusception after Monovalent Rotavirus Vaccination in Africa
J.E. Tate and Others
Abstract
Background
Postlicensure evaluations have identified an association between rotavirus vaccination and intussusception in several high- and middle-income countries. We assessed the association between monovalent human rotavirus vaccine and intussusception in lower-income sub-Saharan African countries.
Methods
Using active surveillance, we enrolled patients from seven countries (Ethiopia, Ghana, Kenya, Malawi, Tanzania, Zambia, and Zimbabwe) who had intussusception that met international (Brighton Collaboration level 1) criteria. Rotavirus vaccination status was confirmed by review of the vaccine card or clinic records. The risk of intussusception within 1 to 7 days and 8 to 21 days after vaccination among infants 28 to 245 days of age was assessed by means of the self-controlled case-series method.
Results
Data on 717 infants who had intussusception and confirmed vaccination status were analyzed. One case occurred in the 1 to 7 days after dose 1, and 6 cases occurred in the 8 to 21 days after dose 1. Five cases and 16 cases occurred in the 1 to 7 days and 8 to 21 days, respectively, after dose 2. The risk of intussusception in the 1 to 7 days after dose 1 was not higher than the background risk of intussusception (relative incidence [i.e., the incidence during the risk window vs. all other times], 0.25; 95% confidence interval [CI], <0.001 to 1.16); findings were similar for the 1 to 7 days after dose 2 (relative incidence, 0.76; 95% CI, 0.16 to 1.87). In addition, the risk of intussusception in the 8 to 21 days or 1 to 21 days after either dose was not found to be higher than the background risk.
Conclusions
The risk of intussusception after administration of monovalent human rotavirus vaccine was not higher than the background risk of intussusception in seven lower-income sub-Saharan African countries. (Funded by the GAVI Alliance through the CDC Foundation.)

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 21 April 2018]
[No new digest content identified]

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
[Accessed 21 April 2018]
[No new digest content identified]

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 21 April 2018)
Editorial |
Preprints in medical research: Progress and principles
Larry Peiperl, on behalf of the PLOS Medicine Editors
published 16 Apr 2018 PLOS Medicine
https://doi.org/10.1371/journal.pmed.1002563
[Initial text]

Sharing of preprints—scientific manuscripts that are posted in a publicly accessible, online repository before peer review for journal publication—can accelerate access to information in infectious disease outbreaks, according to an article published earlier this month by Michael Johansson and colleagues in PLOS Medicine. In an analysis of published articles and those posted on preprint servers, the authors found that preprint posting increased during the 2015–17 outbreak of Zika in the Americas relative to the 2014–15 Ebola outbreak in West Africa, and that preprints, while still used for only a small proportion of papers, provided much earlier access to scientific findings [1].

For medical journal editors who agreed in late 2015 and early 2016 that authors should not be penalized for sharing results in public health emergencies [2–4], these results signal gratifying progress over practices in 2003, when the severe acute respiratory syndrome (SARS) epidemic was shown to have ended before 93% of journal articles on the epidemiology of SARS were published [5]…

PLoS Neglected Tropical Diseases

http://www.plosntds.org/
(Accessed 21 April 2018)
Viewpoints
Could violent conflict derail the London Declaration on NTDs?
Rebecca Y. Du, Jeffrey D. Stanaway, Peter J. Hotez
| published 19 Apr 2018 PLOS Neglected Tropical Diseases
https://doi.org/10.1371/journal.pntd.0006136
[Excerpt]
…The impact of violent conflict on achieving the 2012 London Declaration
The following diseases are the 10 NTDs targeted by the 2012 London Declaration: dracunculiasis (Guinea worm disease), lymphatic filariasis, leprosy, human African trypanosomiasis (sleeping sickness), trachoma, schistosomiasis, soil-transmitted helminth (STH) infections, chagas disease, visceral leishmaniasis, and onchocerciasis (river blindness) [4]. Every one of these diseases, with the exception of STHs, is highly endemic in one or more countries with high potential for or ongoing violent conflict, as defined by the GPI. STHs also are most likely impacted by conflict; however, the two STHs modeled separately by the GBD 2013 (hookworm and trichuriasis) did not show high endemicity in countries with conflict; therefore, we did not include them in our discussion. We do hypothesize that the same mechanisms that increase risk for NTDs during conflict apply to STHs as well.
We cannot quantify the impact of conflict on each NTD; however, conflict has most likely influenced disease prevalence or disease control and elimination efforts for each of these NTDs in one way or another. It is already reported that ongoing efforts to control onchocerciasis in CAR [18] and sleeping sickness in South Sudan and Uganda [19–21] are being disrupted by violent conflict. In the following section, we discuss the major mechanisms through which violent conflict may increase NTD risk….

PLoS One
http://www.plosone.org/
[Accessed 21 April 2018]
Research Article
Supply-side interventions to improve health: Findings from the Salud Mesoamérica Initiative
Ali H. Mokdad, Erin B. Palmisano, Paola Zúñiga-Brenes, Diego Ríos-Zertuche, Casey K. Johanns, Alexandra Schaefer, Sima S. Desai, Annie Haakenstad, Marielle C. Gagnier, Claire R. McNellan, Danny V. Colombara, Sonia López Romero, Leolin Castillo, Benito Salvatierra, Bernardo Hernandez, Miguel Betancourt-Cravioto, Ricardo Mujica-Rosales, Ferdinando Regalia, Roberto Tapia-Conyer, Emma Iriarte
Research Article | published 16 Apr 2018 PLOS ONE
https://doi.org/10.1371/journal.pone.0195292
Abstract
Background
Results-based aid (RBA) is increasingly used to incentivize action in health. In Mesoamerica, the region consisting of southern Mexico and Central America, the RBA project known as the Salud Mesoamérica Initiative (SMI) was designed to target disparities in maternal and child health, focusing on the poorest 20% of the population across the region.
Methods and findings

Data were first collected in 365 intervention health facilities to establish a baseline of indicators. For the first follow-up measure, 18 to 24 months later, 368 facilities were evaluated in these same areas. At both stages, we measured a near-identical set of supply-side performance indicators in line with country-specific priorities in maternal and child health. All countries showed progress in performance indicators, although with different levels. El Salvador, Honduras, Nicaragua, and Panama reached their 18-month targets, while the State of Chiapas in Mexico, Guatemala, and Belize did not. A second follow-up measurement in Chiapas and Guatemala showed continued progress, as they achieved previously missed targets nine to 12 months later, after implementing a performance improvement plan.
Conclusions
Our findings show an initial success in the supply-side indicators of SMI. Our data suggest that the RBA approach can be a motivator to improve availability of drugs and services in poor areas. Moreover, our innovative monitoring and evaluation framework will allow health officials with limited resources to identify and target areas of greatest need.

PLoS Pathogens
http://journals.plos.org/plospathogens/
[Accessed 21 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 21 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
[Reviewed earlier]

Qualitative Health Research
Volume 28, Issue 5, April 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 21 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
[Reviewed earlier]

Risk Analysis
Volume 38, Issue 4 Pages: 635-868 April 2018
https://onlinelibrary.wiley.com/toc/15396924/current
[Reviewed earlier]

Risk Management and Healthcare Policy

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

Science
20 April 2018 Vol 360, Issue 6386
http://www.sciencemag.org/current.dtl
[New issue; No digest content identified]

Science Translational Medicine
18 April 2018 Vol 10, Issue 437
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 21 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
[Reviewed earlier]

Vaccine
Volume 36, Issue 19 Pages 2501-2742 (3 May 2018)
https://www.sciencedirect.com/journal/vaccine/vol/36/issue/19
Review
Systematic review of economic evaluations of the 23-valent pneumococcal polysaccharide vaccine (PPV23) in individuals 60 years of age or older
Review article

Pages 2510-2522
Alvaro Mitsunori Nishikawa, Ana Marli Christovam Sartori, Giulia Marcelino Mainardi, Angela Carvalho Freitas, ... Patrícia Coelho de Soárez

The public health value of vaccination for seniors in Europe
Review article
Pages 2523-2528
Susanna Esposito, Elisabetta Franco, Gaetan Gavazzi, Angel Gil de Miguel, ... Jose Antonio López Trigo
Abstract
Longer life expectancy and decreasing fertility rates mean that the proportion of older people is continually increasing worldwide, and particularly in Europe. Ageing is associated with an increase in the risk and severity of infectious diseases. These diseases are also more difficult to diagnose and manage in seniors who often have at least one comorbid condition (60% of seniors have two or more conditions). Infectious diseases increase the risk of hospitalization, loss of autonomy and death in seniors. Effective vaccines are available in Europe for infectious diseases such as influenza, pneumococcal diseases, herpes zoster, diphtheria, tetanus and pertussis. Their effectiveness has been demonstrated in terms of reducing the rates of hospitalization, disability, dependency and death. The prevention of diseases in seniors also results in savings in healthcare and societal costs each year in Europe. Despite the availability of vaccines, vaccine-preventable diseases affect millions of European citizens annually, with the greatest burden of disease occurring in seniors, and the medical and economic benefits associated with are not being achieved. Vaccination coverage rates must be improved to achieve the full benefits of vaccination of seniors in Europe.

Systematic review of cost-effectiveness studies of human papillomavirus (HPV) vaccination: 9-Valent vaccine, gender-neutral and multiple age cohort vaccination
Review article
Pages 2529-2544
Siok Shen Ng, Raymond Hutubessy, Nathorn Chaiyakunapruk

Human papillomavirus vaccine acceptability and decision-making among adolescent boys and parents: A meta-ethnography of qualitative studies
Review article
Pages 2545-2558
Ashley Lacombe-Duncan, Peter A. Newman, Philip Baiden
Abstract
Objective
Genital warts and human papillomavirus (HPV)-associated cancers in men can be substantially reduced through HPV vaccination; yet, globally, HPV vaccine uptake among boys remains low. This meta-ethnography synthesizes qualitative studies to understand, in-depth, HPV vaccine acceptability and decision-making among adolescent boys and/or their parents.
Methods
A systematic search identified qualitative studies examining HPV vaccines from the perspectives of boys and/or boys' parents. The Consolidated Criteria for Reporting Qualitative Research (COREQ) 32-item checklist was used to assess quality of reporting. Using meta-ethnographic techniques, we conducted a structured and iterative process of data analysis, coded original studies, and then developed descriptive and analytic themes to synthesize the findings.

Results
Review of 15 eligible studies (n = 3362 parents, n = 39 boys) revealed multilevel factors that influence HPV vaccine acceptability and decision-making among adolescent boys and their parents: (1) individual, e.g., low HPV vaccine knowledge/awareness, (2) interpersonal, e.g., key relationships between parents, sons, and healthcare providers (HCP), (3) community/societal, e.g., parental duty to protect, and (4) systemic, e.g., HPV vaccine messaging. Parents generally accepted adolescent boys' sexuality and the need for vaccination, motivated by wanting to protect their sons from HPV and HPV-associated cancers, and valued HCP-initiated discussion and recommendation. Acceptability was mitigated by low awareness/knowledge of HPV vaccines and low perceived benefits for boys, lack of HCP-initiated discussion, out-of-pocket costs, multiple doses, stigma, and mixed messages about HPV.
Conclusions
Multilevel factors influence HPV vaccine acceptability and decision-making among parents and their adolescent sons. Providing clear and unambiguous messages about HPV vaccines—for whom (boys and girls), for what (genital warts and cancers in men), and when (before sexual debut)—through increased HCP-initiated discussion and targeted public health campaigns may support HPV vaccine uptake among boys. Future research should consistently disaggregate findings by sex of child and parent, and explore effective messaging tailored for boys and parents.

Mumps disease in Beijing in the era of two-dose vaccination policy, 2005–2016
Original research article
Pages 2589-2595
Rui Ma, Li Lu, Tao Zhou, Jingbin Pan, ... Xinghuo Pang

Associations between parents' satisfaction with provider communication and HPV vaccination behaviors
Original research article
Pages 2637-2642
Melanie L. Kornides, Holly B. Fontenot, Annie-Laurie McRee, Catherine A. Panozzo, Melissa B. Gilkey

Parental acceptability of HPV vaccination for boys and girls aged 9–13 years in China – A population-based study
Original research article
Pages 2657-2665
Zixin Wang, Jingjing Wang, Yuan Fang, Danielle L. Gross, ... Joseph T.F. Lau

Vaccine: Development and Therapy
https://www.dovepress.com/vaccine-development-and-therapy-archive111
(Accessed 21 April 2018)
[No new digest content identified]

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 21 April 2018)

[No new digest content identified]

Value in Health
April 2018 Volume 21, Issue 4, p373-490
http://www.valueinhealthjournal.com/current
[New issue; No digest content identified]

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

No new digest content identified.

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Media/Policy Watch

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

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

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 21 April 2018
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 21 April 2018
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 21 April 2018
[No new, unique, relevant content]

Financial Times
http://www.ft.com/home/uk
Accessed 21 April 2018
Malaria vaccine pilot steers past final delays
16 April 2017.

Forbes
http://www.forbes.com/
Accessed 21 April 2018
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 21 April 2018
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 21 April 2018
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 21 April 2018
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 21 April 2018
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 21 April 2018
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 21 April 2018
New CDC Chief Resigned From Four Entities to Comply With Ethics Rules
By Betsy McKay
April 17, 2018 11:09 am ET
Robert Redfield, the new director of the Centers for Disease Control and Prevention, resigned positions at four entities, sold stock and forfeited options in two companies and is signing his share of future patent licensing fees and royalties over to his university to comply with ethics rules.

Washington Post
http://www.washingtonpost.com/
Accessed 21 April 2018
Nigeria's Boko Haram extremists hamper polio eradication
16 April 2018
…The complicated fight against polio is yet another way the Nigeria-based extremist group Boko Haram has disrupted life in the northeast, leaving children vulnerable to an entirely preventable disease.
"When such children come to the camps or host communities they become a threat to other children," said Almai Some, the field coordinator in Borno state for the vaccination campaign run by Rotary.
Some of the families arriving are from areas where polio vaccinators have not been able to visit for as long as six years.
Boko Haram's insurgency began in Maiduguri, Borno state's capital, but its reach has expanded beyond Nigeria's borders to neighboring Niger, Chad and Cameroon. Its violence has proved to be a major setback to the international campaign against polio.
Nigeria is one of just three countries where polio is endemic and has not been eliminated, along with Pakistan and Afghanistan. The final phase to wipe out polio is "proving to be extraordinarily difficult" because "the poliovirus is surviving despite all the good work and in the face of everything that is being thrown at it," said a WHO-appointed monitoring group at the end of last year...

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Think Tanks et al

Brookings
http://www.brookings.edu/
Accessed 21 April 2018
[No new relevant content]

Center for Global Development
http://www.cgdev.org/page/press-center
Accessed 21 April 2018
[No new relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 21 April 2018
[No new relevant content]

CSIS
https://www.csis.org/
Accessed 21 April 2018
[No new relevant content]

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

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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