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

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

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

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

Milestones :: Perspectives

First Progress Report of the Chairperson of the Commission on the Africa Center for Disease Control

First Progress Report (En) :: 11 pages
March 29, 2018
Excerpt
OVERVIEW OF THE PUBLIC HEALTH CHALLENGES IN AFRICA
2. Africa is facing a triple burden of disease, namely, communicable diseases such as HIV/AIDS, tuberculosis and malaria; non-communicable diseases; injuries and trauma. Public health events like the West Africa Ebola Virus Disease outbreak, which claimed over 11,000 African lives (2014–2016), cholera outbreaks, which have affected southern, central, and eastern Africa in recent years, and other natural disasters, such as the devastating mudslide in Sierra Leone, in which over 1000 people died (2017), are pressing concerns. In the first three months of 2018, 43 ongoing outbreaks occurring on the African continent have been reported by the World Health Organization. In 2016, over 1 million new HIV infections were diagnosed in Africa. Each of these diseases or events impact significant numbers of Africans, have the potential to reverse fragile economic gains (the Ebola outbreak resulted in USD 2.2 billion in gross domestic product losses for Guinea, Liberia, and Sierra Leone), and may ultimately become global security threats.

3. Globally, the emergence and re-emergence of infectious diseases with pandemic potential is gaining widespread attention. Over the past three and half decades, at least 30 new infectious agents affecting humans have emerged, most of which are zoonotic. The origins of these agents have been shown to correlate significantly with socioeconomic, environmental, and ecological factors, particularly trends in urbanization and population growth (Africa's population is expected to increase from 1.2 billion to 2.4 billion people by the year 2050). Additionally, the widespread use of medications has created an enormous threat due to emerging antimicrobial resistance.

4. Agenda 2063 emphasizes the need to view health as a development issue ifthe continent is to prosper and achieve its objective (Aspiration 1, Goal 3) that citizens are healthy, well-nourished and have long lives. The Africa HealthStrategy (AHS 2016–2030), an overarching framework that guides MemberState implementation of health policies. The strategy highlights Africa Centre for Disease Control and Prevention role in disease prevention, surveillance, emergency preparedness and response…

…24. Africa CDC is pursuing a mechanism for sustainable financing through businesses, the private sector, and African philanthropy. The Africa CDC private sector and philanthropy engagement strategy has been developed and presented to the Africa CDC Governing Board. This strategy has been aligned and coordinated with plans for Africa CDC Foundation. A priority focus has been on identifying African companies dealing in telecommunications and other sectors. Finally, Africa CDC is engaging African philanthropists who have given historical support to the African health agenda.

V. OBSERVATIONS

25. Africa CDC has recorded notable achievements to mark its first year of existence. It is successfully fulfilling the mandate it received from the Assembly, even while it continually expands and develops new avenues for strengthening public health capacity on the African continent.

26. Member States have demonstrated their continued support and enthusiasm for Africa CDC by robust participation to produce various framework documents that will guide their public health activities at the national level. These framework documents include a strategy to introduce event-based surveillance at the continental, regional, and national levels; a framework to establish a national public health institute in every Member State; a framework to address the threat of antimicrobial resistance.

27. In its inaugural year, Africa CDC responded to ten public health events in Member States with a limited technical staff (only ten epidemiologists are currently seconded to Africa CDC). These same epidemiologists also provide day-to-day administrative and management support to operations at the Africa CDC secretariat.

28. While three of the Africa CDC RCC [Regionla Coordinating Centers] have had successful political launches, they require substantial human resource support to ensure that the technical aspects of Africa CDC's strategic plan is successfully implemented at the regional level. Without each RCC, Africa CDC has limited ability to encourage public health coordination among Member States. It is crucial to ensure that the West Africa and North Africa are launched in 2018. I look forward to nominating a North African technical public health institution motivated and equipped to provide support to the entire region, cognizant of the diverse array of needs represented in North Africa.

29. I encourage Member States to participate actively in the public health platform established by the Regional Collaborating Centres. Laboratory networks, coordination during public health events, and information exchange are critical elements of the RCC mandate.

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Featured Journal Content

Nature Human Behaviour
Published online: 26 March 2018
https://www.nature.com/nathumbehav/

World View
Politics and public trust shape vaccine risk perceptions
Heidi J. Larson
Public mistrust of vaccines is heightening, fuelled by new communication environments such as social media. Using the recent case of the Dengvaxia vaccine, Heidi Larson explores public and political reactions to vaccine risks.

There is something about vaccines, and getting vaccinated, that touches nerves — personal, political and cultural nerves. It's not natural; it hurts ("just a little bit"), and sometimes has side

effects. Although these are mostly minor issues, they still provoke vaccine anxiety, reluctance and refusal. Vaccines are regulated, and sometimes mandated, by government, and vaccination is resisted by those who feel their personal freedom is being imposed upon. And those who do not trust the government — often for reasons unrelated to vaccines — sometimes extend their distrust of government to distrust of vaccines, as well as towards the people and systems that deliver them. In addition, vaccines are produced by the pharmaceutical industry, which — even in its most generous and humanity-driven moments — aims to generate profit, provoking public concerns about motives. Finally, adding to these other multiple levers of influence on public trust is a mix of cultural, religious and philosophical views on health and disease prevention. Together, this complex mix of human behaviours shapes the Achilles' heel of vaccination, mediating and disrupting the potential to leverage the full 'power and strength' of vaccine technology.

It is, in many ways, a formidable achievement that local and global immunization efforts over the past four decades have managed to navigate these challenging external factors to achieve relatively high vaccine coverage, at least of basic childhood vaccines. But the tide is changing. What were once isolated, local pockets of vaccine resistance or refusal, whether for political, cultural or other reasons, are now becoming more mainstream, more connected and more complicated to address. The radically changed communication environment allows social media and the Internet to fuel the viral spread of vaccine sentiments globally, as well as allowing organizations of like-minded individuals to connect across remote locations.

It is revealing to look at how memes of quickly spreading vaccine questions and concerns find fertile ground in some settings, and gain little traction in others. In other words, politics and distrust in one setting can fuel a vaccine panic, while the same issues raised in another context can wither and die, with little impact on the vaccine programme.

Consider the recent saga around Dengvaxia, the first promising vaccine against dengue fever, a disease that afflicts millions of people globally. In early 2016, the World Health Organization issued a statement supporting this new vaccine for countries with high burdens of dengue. In April 2016, the Philippines was the first country to introduce the vaccine, and in August 2016, Brazil also approved their Dengvaxia vaccine programme. Both countries were facing serious outbreaks of dengue and the new vaccine was a glimmer of hope to mitigate the individual and social distress caused by the disease.

In November 2017, a notice was issued by Dengvaxia's producer, Sanofi, calling for a relabeling of the vaccine to indicate an additional risk. In short, Sanofi reported that while the vaccine provided protection against future severe dengue fever among those who had already been exposed to dengue, there was new evidence that confirmed that those who had not previously been infected by dengue were at risk of more, rather than less, severe dengue.

Although the announcement did not call for a withdrawal of the vaccine, but recommended a more targeted use of it, countries that had previously approved the vaccine reacted very differently. The Philippines made international headlines with public outrage and a suspension of the vaccine programme, as well as legal action against the manufacturer. The social media tirades and political tensions continue, with news reports that the Dengvaxia panic is spilling over to public hesitation around other vaccines. Brazil, on the other hand, recognized that the

vaccine still had benefits and did not suspend the vaccine, but brought special attention to the risks and need to target the use of the vaccine.

There are clearly vaccine risks that need to be addressed, and reasonable questions around whether these risks could have been reported earlier, but the scope and scale of the public and political reaction in the different settings reflects the different underlying political contexts as well as political players. What do these different public and political reactions to vaccine risks — real or perceived — tell us?

These larger-scale dynamics are different from the individual doctor-to-patient influences on vaccine acceptance. These dynamics need different research methods than studies investigating individual decision-making if we are to understand what triggers these varied reactions over time and place. Political science, digital epidemiology, social anthropology and risk science are all needed to genuinely understand and address the new realities around vaccines. These new realities include a far more complex vaccine environment, an era of overall low trust at many levels (with a consequent heightened risk aversion), and a dramatically changed communication environment allowing the rapid spread of emotional contagion and its behavioural consequences.

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Editor's Note:
We include the full text of this important commitment to helping assure access to healthcare interventions released by Wellcome Trust. We anticipate that it could – and should – inform commitments and reporting by other funders, development organizations ad commercial entities.

Wellcome's approach to equitable access to healthcare interventions
This statement outlines Wellcome's approach to maximising access to healthcare interventions for people worldwide, with a focus on low- and middle-income countries (LMICs).
27 March 2018
The statement covers our approach within our funding and policy work, and will guide us when considering new ideas and opportunities.

It is intentionally high level – more detail on implementation is provided in complementary policy papers and contractual mechanisms.

Context
The UN Sustainable Development Goals (opens in a new tab), which support the implementation of universal health coverage by 2030, recognise that more equitable and timely access to health interventions such as medicines, vaccines, diagnostics and therapies is an important driver of good health and improved lives.

Currently, access to healthcare is not equitable. According to the World Health Organization, 30 per cent of the world's population, and over 50 per cent of the population in parts of Africa and Asia, do not have regular access to essential medicines. Around 2 billion people lack access to life-changing medicines and other interventions.

Recent years have seen significant progress, made through collaboration between different actors and using various mechanisms and business models. These include equitable pricing, more flexible approaches to intellectual property (IP), product development partnerships, increased donor funding, more efficient procurement, and effective advocacy by civil society. They have significantly increased the range of interventions available and the number of people who can access them.

However, there is much more to do. The barriers to equitable access are many and varied. They include inadequate healthcare systems, lack of infrastructure, funding gaps, pricing practices, and sub-optimal regulatory and procurement processes. IP is also a barrier if rights are not secured and managed in a manner that enables equitable access. To overcome these barriers, stakeholders must be committed to action and working together.

Wellcome will lead efforts to deliver equitable access. It is our mission and obligation to maximise the public benefit delivered from our funding. This will only be achieved if the interventions we fund reach those who need them.

Our role

Wellcome already makes an important contribution to access. We spend around £1 billion each year supporting some 14,000 researchers in over 70 countries to advance ideas, drive reform and support innovation to improve health. We also partner with others to fund new approaches. These include CEPI (opens in a new tab) (the Coalition for Epidemic Preparedness Innovations), which finances and coordinates the development of new vaccines to prevent and contain infectious disease epidemics, and CARB-X (opens in a new tab), which aims to accelerate the development of new antimicrobials.

We will do more through our funding, advocacy and direct activities. Across the public and private sectors, and in civil society, we will work with others where they have greater expertise or impact, for example in healthcare infrastructure and funding. Our approach will be applied globally across Wellcome's activities, but with a focus on initiatives that will particularly benefit vulnerable populations in LMICs.

We recognise that levels of access, barriers and the rate of change possible will vary significantly between different countries and regions. So, we will adopt approaches tailored to specific diseases, technologies and geographies.

To accelerate equitable access, we will work throughout the product development life cycle – from discovery, development and manufacturing to the scaling up of health interventions and health systems. This will ensure that interventions are fit for purpose for different settings and available for different populations to purchase and use.

Our principles

To broaden vulnerable populations' access to new and existing high-quality interventions, products whose development we support must be affordable, appropriate, adapted and available, particularly in LMICs.

We will achieve this through four key principles:

1. Support sustainable access and innovation

:: To improve global health, we must improve existing interventions and find new ones that address unmet needs, and then provide timely access to them. Our policies and processes will support innovation and access, to ensure both can be secured on a long-term, sustainable basis.

:: To enable the development of new interventions for vulnerable populations, we will ensure that our funding conditions incentivise needs-based research and support a vibrant global research environment, including in LMICs.

: We will work with producers, policy makers and procurers to encourage approaches to registration, quality of medicines, pricing and use of IP that incentivise innovation and increase timely access.

2. Foster collaboration and partnership

:: Sustainable innovation and access requires different mechanisms and cooperation between a range of stakeholders. We will collaborate with others to explore and generate new ideas and funding models.

:: When we collaborate, we will make clear our expectation that the products that we fund will be affordable and quickly accessible. We will expect our partners to share this commitment and help deliver it through different approaches.

3. Be flexible and pragmatic

:: Our approach to achieving broader global access will be proportionate and tailored. We will take into account the nature of each award and awardee, the stage of development and potential future health benefits.

:: We will work with awardees to agree specific, proportionate and equitable access commitments that are appropriate for them and the stage of development of the intervention. This will ensure that any contractual obligations fairly reward the awardee as well as optimise access.

:: We do not believe that a one-size-fits-all model is the best way to achieve progress. It will be important to adopt different models and approaches for different product areas and geographies.

:: We want to make existing interventions more usable and accessible in LMICs. As well as supporting innovation to do this, we will seek to replicate existing successes and embed good practice, such as generic entry and patent pooling.

4. Promote transparency to support innovation and access to products

:: We support the appropriate sharing of information to encourage innovation and broaden equitable, timely access. This will create a better shared understanding of the relationship between the costs of research and development, the price of products and appropriate levels of return.

:: We expect our researchers to manage research outputs in a way that will achieve the greatest health benefit. They should make outputs, including software, products and materials, widely available and should publish in open-access journals. This will ensure that other researchers can verify the work and build on it to advance knowledge and make health improvements. Products that emerge directly from research supported by Wellcome should similarly achieve the greatest health benefit.

:: We will share information about the status of product registration, the impact of products (such as the amount of product delivered or number of people benefitting) and other non-sensitive elements of the agreements and access plans agreed between Wellcome and the organisations we fund.

:: We will maintain the confidentiality of information that, if released, could disincentivise potential partners and deter innovation. This could include the cost structure of the interventions we fund and specific access provisions set in award agreements.

: We will report annually on the implementation of this approach and its outputs and impacts.

Our approach

We will use a range of tools to promote equitable and timely access, tailored to the nature of the funding, products and organisations involved.

Contractual mechanisms

Contractual mechanisms will be used on a case-by-case basis for those we fund and may include:

:: Requesting or requiring that awardees have an appropriate and proportionate global access plan that covers registration targets, plans to meet demand, flexible approaches to IP and other strategies that reflect ability to pay and ensure that economic barriers to access are low.

:: Tailored revenue-sharing arrangements to reward organisations that help deliver our access ambitions.

:: Stewardship plans outlining how to achieve the optimal use of an intervention, including, for example, how to avoid the misuse, overuse or abuse of antimicrobials and pain medicines.

Appropriate application of IP

:: To improve health and support the sustainability of projects we fund, the management of IP rights by the awardholder should incentivise innovation and support equitable access to it, being clear that different settings require different approaches.

:: IP management will not preclude the ability to secure commercial rewards. Awardees may receive private benefit from exploiting Wellcome-funded IP, provided that health improvement remains the primary outcome and as long as the benefit is necessary, reasonable and proportionate, in line with UK charity law.

:: We will respect our awardees' and third parties' IP rights, which we expect to be applied appropriately to deliver public health benefit. If we believe that IP developed using Wellcome funding is being used in a way that restricts health benefit, then we will work with the rights holder to ensure that the relevant IP is used appropriately. This might include not seeking or enforcing patents in low-income countries, voluntary licensing with broad geographic scope in middle-income countries, and patent pooling. In exceptional circumstances, such as IP being shelved or not taken forward for any reason, we will consider accessing the unexploited IP to deliver benefit in unserved countries.

Advocacy

:: We will be an active advocate for global innovation and access. We will develop policies, convene and participate in meetings and workshops, lead studies and collaborate with others. We will encourage other stakeholders to adopt holistic approaches to deliver access globally and to build global norms and systems that address that goal.

Conclusion

Too many people around the world lack access to essential medical interventions and knowledge. The approach outlined in this statement will allow Wellcome to maximise the impact of our funding, partnerships and policy work to increase timely equitable access and contribute to the goal of universal health coverage.

We will support research that delivers improvements in health and healthcare delivery. We are committed to enabling everyone, particularly vulnerable populations in LMICs, to have access to the life-changing benefits research delivers.

What this means for researchers we fund

We already expect our researchers to manage their research outputs in a way that will achieve the greatest health benefit. This means making outputs widely available and publishing in open access journals.

We set out what access good practice looks like for most of our grantholders in our intellectual property and patenting, Consent and revenue sharing agreement [DOC 165KB], and open access policies.

For Innovator Awards, we negotiate specific access conditions on a case-by-case basis.

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Featured Journal Content

Conflict and Health
http://www.conflictandhealth.com/
[Accessed 31 March 2018]
Case study
26 March 2018
The new WHO decision-making framework on vaccine use in acute humanitarian emergencies: MSF experience in Minkaman, South Sudan
Authors: Monica Rull, Sophie Masson, Nicolas Peyraud, Marco Simonelli, Alexandre Ventura, Claire Dorion, Francisco J. Luquero, Florent Uzzeni and Iza Cigleneki
Abstract
Introduction
The main causes of death during population movements can be prevented by addressing the population's basic needs. In 2013, the World Health Organization (WHO) issued a framework for decision making to help prioritize vaccinations in acute humanitarian emergencies. This article describes MSF's experience of applying this framework in addition to addressing key population needs in a displacement setting in Minkaman, South Sudan.
Case description
Military clashes broke out in South Sudan in December 2013. By May 2014, Minkaman, a village in the Lakes State, hosted some 85,000 displaced people. MSF arrived in Minkaman on 28 December 2013 and immediately provided interventions to address the key humanitarian needs (health care, access to drinking water, measles vaccination). The WHO framework was used to identify priority vaccines: those preventing outbreaks (measles, polio, oral cholera vaccine, and vaccine against meningococcal meningitis A (MenAfrivac®)) and those reducing childhood morbidity and mortality (pentavalent vaccine that combines diphtheria, tetanus, whooping

cough, hepatitis B, and Haemophilus influenzae type B; pneumococcal vaccine; and rotavirus vaccine). By mid-March, access to primary and secondary health care was ensured, including community health activities and the provision of safe water. Mass vaccination campaigns against measles, polio, cholera, and meningitis had been organized. Vaccination campaigns against the main deadly childhood diseases, however, were not in place owing to lack of authorization by the Ministry of Health (MoH).
Conclusions
The first field use of the new WHO framework for prioritizing vaccines in acute emergencies is described. Although MSF was unable to implement the full package of priority vaccines because authorization could not be obtained from the MoH, a series of mass vaccination campaigns against key epidemic-prone diseases was successfully implemented within a complex emergency context. Together with covering the population's basic needs, this might have contributed to reducing mortality levels below the emergency threshold and to the absence of epidemics. For the WHO framework to be used to its full potential it must not only be adapted for field use but, most importantly, national decision makers should be briefed on the framework and its practical implementation.

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 28 March 2018 [GPEI]

Summary of newly-reported viruses this week:

Afghanistan: One new case of wild poliovirus type 1 (WPV1) has been confirmed this week, occurring in Kandahar province. One new WPV1 positive environmental sample has been reported in Kabul province.

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

Somalia: Confirmation of one new cVDPV2 positive environmental sample in Banadir province. This sample was advance notification last week.

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Syria cVDPV2 outbreak situation report 38, 27 March 2018

Situation update 27 March 2018

:: No new cases of cVDPV2 have been reported in 2018. The most recent case (by date of onset of paralysis) is 21 September 2017 from Boukamal district, Deir Ez-Zor governorate. The total number of cVDPV2 cases remains 74.

:: An independent outbreak response Review of the cVDPV2 outbreak in Syria is taking place this week. The review will look at the current epidemiological situation, the quality of immunization and surveillance response as well as the overall progress towards stopping the cVDPV2 transmission.

:: On 17 March 2018, representatives from the Lebanon and Syria Ministries of Health held the first joint cross border coordination meeting focused on acute flaccid paralysis (AFP) surveillance. Recommendations were made to ensure close coordination on AFP case detection,

with focus on Syrian populations in Lebanon and consistent exchange of information on cross border notified AFP cases.
:: A two day meeting to discuss progress of immunization in Syria in 2017 was held in Amman, Jordan on 21 – 22 March. Representatives from WHO, UNICEF and GAVI discussed all immunization activities and the cVDPV2 outbreak response, including future support opportunities.
:: Four fixed site vaccination centres have been established to ensure internally displaced persons (IDPs) moving from Ghouta receive polio vaccine alongside all other antigens. • A nationwide immunization round aiming to reach more than 2.4 million children aged less than 5 years with bivalent OPV (bOPV) has concluded.

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WHO Grade 3 Emergencies [to 31 March 2018]
The Syrian Arab Republic
:: Syria cVDPV2 outbreak situation report 38, 27 March 2018
[See Polio above]

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

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WHO Grade 2 Emergencies [to 31 March 2018]
Bangladesh/Myanmar: Rakhine Conflict 2017 - *No new announcements identified …*
Cameroon - *No new announcements identified*
Central African Republic - *No new announcements identified.*
Democratic Republic of the Congo - *No new announcements identified.*
Ethiopia - *No new announcements identified.*
Libya - *No new announcements identified.*
Niger - *No new announcements identified.*
Ukraine - *No new announcements identified.*

WHO appeals for international community support; warns of grave health risks to Rohingya refugees in rainy season
SEAR/PR/1684
Dhaka, 29 March 2018: With a grossly underfunded health sector grappling to meet the needs of 1.3 million Rohingyas in Bangladesh's Cox's Bazar, the World Health Organization has appealed to the international community to contribute generously to enable appropriate and timely health services to this highly vulnerable population, now facing grave risks to their lives and health in view of the coming rainy season.

"This is one of the biggest humanitarian crisis in recent times. No single agency or the Government of Bangladesh alone can meet the massive health needs of such a large population group. The Rohingya population are settled in an area that is prone to cyclone, and a terrain

that would be flooded as soon as rains begin. The risk of outbreak of life threatening water and vector borne diseases under such conditions is huge," said Dr Poonam Khetrapal Singh, Regional Director, World Health Organization South-East Asia, at a meeting of partners here.

Coordinating the work of over a 100 partners on the ground along with the Ministry of Health, WHO has facilitated the contingency plan for the rainy season and coordinated a simulation around it. The plan aims at continuity of health services during rains and floods to minimize the risk of disease and deaths among the affected population. All 207 health facilities in the area have been assessed for vulnerability during rains, following which nearly 25% of them are being relocated.

Another cholera and measles vaccination campaign is being planned in April as a preventive measure for the vulnerable population. Earlier, 900,000 doses of cholera vaccine were administered to the refugees and their host communities, in addition to two vaccination campaigns for measles and three for diphtheria which concluded earlier this week with WHO support.

WHO is prepositioning medicines, medical supplies and equipment for the rainy season. Since the start of the Rohingya crisis, WHO has provided over 120 tons of supplies and logistics support to partners. WHO continues to provide critical technical support such as surveillance for epidemic prone and other diseases, collecting and sharing of information and data to enable the health sector take timely preventive / response measures and conducting preparedness trainings for the upcoming monsoons.

"However, much of the health sector's capacity to respond depends on availability of resources," Dr Khetrapal Singh, who visited the Rohingya camps earlier in the week, said. The rainy season is almost here, the sooner the health sector gets the funds it needs, the better would be its ability to scale up services to quickly and adequately respond to health needs of the refugees.

Besides risks posed by floods and rain, the vulnerable population would need continued services for reproductive, maternal and child health, for communicable and non-communicable diseases, as well as psychosocial support, the Regional Director said.

Earlier in Cox's Bazar, Dr Khetrapal Singh visited the warehouse where WHO has prepositioned supplies. She observed diphtheria vaccination campaign, inaugurated a fixed immunization site where children were being administered routine immunization, and visited a primary health centre and a diphtheria treatment centre run by Samaritan's Purse.

WHO has appealed for 16.5 million USD from partners to facilitate its continued support to the Rohingya response in 2018, which is part of the 113.1 million USD being sought by all health partners together under the Joint Response Plan for the Rohingya crisis.

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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.

DRC

:: Humanitarian Conference on the DRC (13 April 2018)

OCHA, the Kingdom of the Netherlands, the United Arab Emirates and the European Union are hosting a Humanitarian Conference on the Democratic Republic of Congo (DRC) on Friday 13 April 2018, at the Palais des Nations in Geneva.

Syrian Arab Republic

:: Turkey | Syria: Situation in North-western Syria - Situation Report No.1 (as of 29 March 2018) 27 Mar 2018

:: Syrian Arab Republic: East Ghouta Displacement Situation Report No. 1 (26 March 2018)

Yemen

:: Yemen: Impact of the closure of seaports and airports on the humanitarian situation - Situation Update 3 | 23 November 2017

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 Humanitarian Bulletin Issue 49 | 12 – 25 March 2019

Rohinga Refugee Crisis

:: ISCG Situation Report: Rohingya Refugee Crisis, Cox's Bazar | 25 March 2018

Somalia

:: Humanitarian Bulletin Somalia, 30 March 2018

…4.7 million children targeted in nationwide measles vaccination.

A nationwide campaign to protect Somali children against the deadly effects of measles has reached nearly 4.7 million of them. The campaign which was carried out by the Ministry of Health at the national and local levels and humanitarian partners, targeted children aged between six months and 10 years.

…The first round of the Oral Cholera Vaccination campaign in Afmadow and Hudur was completed in March.

Nigeria - *No new announcements identified.*

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Editor's Note:

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

EBOLA/EVD [to 31 March 2018]
http://www.who.int/ebola/en/
- *No new announcements identified.*

MERS-CoV [to 31 March 2018]
http://www.who.int/emergencies/mers-cov/en/
- *No new announcements identified.*

Yellow Fever [to 31 March 2018]
http://www.who.int/csr/disease/yellowfev/en/
[See CDC [U.S.] briefing content below]

Zika virus [to 31 March 2018]
http://www.who.int/csr/disease/zika/en/
- *No new announcements identified.*

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WHO & Regional Offices [to 31 March 2018]
Latest News
Tajikistan builds towards universal health coverage
28 March 2018 – In 2013 the Tajik Ministry of Health and Social Protection, with the support of WHO, set up a disability and rehabilitation programme to develop national policy and services.
In the spirit of universal health coverage, all services are free of charge to people with disabilities. More than 170 000 men, women and children have benefitted from the Programme since 2017.

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Weekly Epidemiological Record, 30 March 2018, vol. 93, 13 (pp. 153–172)
Typhoid vaccines: WHO position paper – March 2018

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WHO Regional Offices
Selected Press Releases, Announcements
WHO African Region AFRO
Selected Featured News
:: Rwanda conducted Initial self- evaluation on International Health Regulations(IHR) 29 March 2018
:: Improving TB treatment and control in West and Central Africa 28 March 2018
:: Uganda prioritizes awareness creation and treatment of MDR-TB 28 March 2018

:: Experts accede to impressive progress by Nigeria's Polio Eradication programme. 28 March 2018
:: WHO partners with Fati Niger, popular Nigerian-based singer, to create awareness on cholera, meningitis and Lassa fever prevention. 28 March 2018
:: Advisory group recommends actions to strengthen WHO's work in African Region 28 March 2018
:: Polio eradication is a true African success story, made possible by devoted leaders, countries, communities, civil society, and parents 27 March 2018

WHO Region of the Americas PAHO
- *No new announcements identified.*

WHO South-East Asia Region SEARO
:: WHO appeals for international community support; warns of grave health risks to Rohingya refugees in rainy season SEAR/PR/1684 Dhaka, 29 March 2018
[See Emergencies above for full text]

WHO European Region EURO
:: Embracing eHealth in Latvia to move towards universal health coverage 30-03-2018
:: Rehabilitation programme in Tajikistan builds towards universal health coverage 27-03-2018

WHO Eastern Mediterranean Region EMRO
- *No new announcements identified.*

WHO Western Pacific Region
- *No new announcements identified.*

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CDC/ACIP [to 31 March 2018]
http://www.cdc.gov/media/index.html
https://www.cdc.gov/vaccines/acip/index.html
No new digest content identified.

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Africa CDC [to 31 March 2018]
https://au.int/en/africacdc
March 29, 2018
First Progress Report of the Chairperson of the Commission on the Africa Center for Disease Control
First Progress Report (En) :: 11 pages
[See Milestones/{Perspectives above for excerpts]

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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 31 March 2018]
https://ecdc.europa.eu/en/home
28 March 2018
Communicable disease threats report, 25-31 March 2018, week 13
The ECDC Communicable Disease Threats Report (CDTR) is a weekly bulletin for epidemiologists and health professionals on active public health threats. This issue covers the period 25-31 March 2018 and includes updates on dengue, chikungunya, measles, listeria, Borna diseases and gonorrhoeae.. Access the full set of maps, graphs and visuals for the CDTR at: http://ecdc.europa.eu/cdtr

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Announcements

AERAS [to 31 March 2018]
http://www.aeras.org/pressreleases
No new digest content identified.

BMGF - Gates Foundation [to 31 March 2018]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

Bill & Melinda Gates Medical Research Institute [to 31 March 2018]
https://www.linkedin.com/company/bill-melinda-gates-medical-research-institute/
The Bill & Melinda Gates Medical Research Institute is a non-profit research organization dedicated to combating diseases that impact the world's poorest. We strive to combat inequities in health by accelerating progress in translational science to ensure life-saving products are available and accessible to everyone. We consider ourselves pioneers dedicated to uncovering radical solutions that will close the gap between cutting-edge scientific innovation and its application to challenges in global health.
No new digest content identified.

CEPI – Coalition for Epidemic Preparedness Innovations [to 31 March 2018]
http://cepi.net/
No new digest content identified.

EDCTP [to 31 March 2018]
http://www.edctp.org/

The European & Developing Countries Clinical Trials Partnership (EDCTP) aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria as well as other poverty-related and neglected infectious diseases in sub-Saharan Africa, with a focus on phase II and III clinical trials
Latest news
29 March 2018
Call for applications: Workshop in French on EDCTP grant proposal writing
EDCTP is calling for applications from researchers interested in participating in a workshop on EDCTP Calls for Proposals and grant…

26 March 2018
EDCTP Alumni Network platform on line
To support the networking of African researchers, the European & Developing Countries Clinical Trials Partnership (EDCTP) has launched its Alumni Network platform. This online interactive platform makes the professional profiles of all current and past EDCTP fellows easily accessible. Moreover, it facilitates reflection and collaboration among the more than 100 EDCTP fellows from sub-Saharan Africa to date. Working groups on HIV, tuberculosis, malaria, and neglected or emerging infectious diseases have also been established.
Go to the EDCTP Alumni Network platform

Emory Vaccine Center [to 31 March 2018]
http://www.vaccines.emory.edu/
No new digest content identified.

European Medicines Agency [to 31 March 2018]
http://www.ema.europa.eu/ema/
26/03/2018
EU recommendations for 2018/2019 seasonal flu vaccine composition
EU advice based on WHO recommendations
The European Medicines Agency (EMA) has issued the European Union (EU) recommendations for the influenza virus strains that vaccine manufacturers should include in vaccines for the prevention of seasonal influenza from autumn 2018…

European Vaccine Initiative [to 31 March 2018]
http://www.euvaccine.eu/news-events
No new digest content identified.

FDA [to 31 March 2018]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
March 30, 2018 –
Statement from FDA Commissioner Scott Gottlieb, M.D., on FDA's efforts to enhance the patient perspective and experience in drug development and review
Benefit-risk assessment is at the heart of what we do to ensure that Americans have access to medical products that are safe, effective and meet their needs.

But we're also deeply aware that serious chronic illnesses aren't monolithic. Patient perception of the benefits and risks of different treatment options can vary based on the stage of the disease, the age of onset, alternative therapies available to treat the disease (if any) and whether a novel therapy improves a patient's ability to function normally, slows the rate of disease progression or impacts other aspects of a patient's quality of life.

A 45-year-old father of two who is diagnosed with aggressive prostate cancer may have very different goals than an 80-year-old man diagnosed with the same disease.

To address these realities, we'll continue working in close partnership with patients to incorporate their experience into our benefit-risk assessments. We know that first-hand knowledge of living with a serious illness – communicated in science-based terms that patients value and understand – is integral to facilitating the successful development of safe and effective products that can deliver meaningful benefits in each disease, or disease state.

Today we have many more tools to measure these patient benefits – including wearable devices, medical apps and even machine-learning programs. These tools can bring us a better understanding of how patients experience their illness, including how it affects their day-to-day feeling or functioning and how a given treatment may impact the course of that illness.

Tools for capturing the patient experience may be quantitative or qualitative, but they are transforming nearly every aspect of medical product development. Patients are teaching us about the benefits that matter most to them and the risks that they are most concerned about. Patients are, rightly so, becoming the driving force of the medical research enterprise.

Improving the science of medical product development – what we call translational science – is integral to improving the efficiency of medical research. Routinely reviewing and updating the tools we use to make benefit-risk assessments is one of the most important parts of that process…

I'm pleased to announce that today we're issuing an update to our implementation plan, titled "Benefit-Risk Assessment in Drug Regulatory Decision-Making." This document provides an overview of the steps the FDA has taken since 2013 to enhance benefit-risk assessment in human drug review, which included implementation of the FDA's Benefit-Risk Framework into our drug regulatory review processes and documentation.

This document also provides a roadmap for enhancing the Benefit-Risk Framework, working toward a goal of providing guidance by June 2020 that articulates the FDA's decision-making context and framework for benefit-risk assessment. This forthcoming guidance will also outline how patient experience data and related information can be used to inform benefit-risk assessment…

Fondation Merieux [to 31 March 2018]
http://www.fondation-merieux.org/
No new digest content identified.

Gavi [to 31 March 2018]
http://www.gavi.org/library/news/press-releases/
No new digest content identified.

GHIT Fund [to 31 March 2018]
https://www.ghitfund.org/
GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that devastate the world's poorest people. Other funders include six Japanese pharmaceutical •
2018.03.30 *Report*
GHIT's 5th Anniversary Special Report Published
GHIT's 5th Anniversary Special Report (PDF) is now available online. The report highlights an interview of GHIT's stakeholders and sponsors, GHIT's past and future, as well as other activities for its first five years.
PDF Version : Click here (20551kb)

2018.03.29 *Press Room*
As the GHIT Fund Closes Out First Five Years of R&D for Lifesaving Medical Breakthroughs, It Launches Next Phase, Focusing on Access and Delivery, Bringing Total Investment to 13.2 Billion Yen (US$123 Million)
The GHIT Fund's new investments support work to accelerate schistosomiasis elimination; combat drug-resistant tuberculosis; deploy CRISPR gene-editing tools to fight Chagas disease; and develop a vaccine to stop malaria parasites from hijacking the human immune system

Global Fund [to 31 March 2018]
http://www.theglobalfund.org/en/news/?topic=&type=NEWS;&country=
News
Global Fund Suspends Partnership with Heineken
29 March 2018
GENEVA – The Global Fund today suspended its partnership with Heineken based on recent reports of the company's use of female beer promoters in ways that expose them to sexual exploitation and health risks.
"We take these allegations very seriously and have challenged Heineken to examine their operations and make changes to protect women from sexual exploitation and health risks," said Peter Sands, Executive Director of the Global Fund. "We are suspending the partnership until such time as Heineken can take appropriate action to address these issues."

Hilleman Laboratories [to 31 March 2018]
http://www.hillemanlabs.org/
No new digest content identified.

Human Vaccines Project [to 31 March 2018]
http://www.humanvaccinesproject.org/media/press-releases/
No new digest content identified.

IAVI [to 31 March 2018]
https://www.iavi.org/
No new digest content identified.

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

IVAC [to 31 March 2018]
https://www.jhsph.edu/research/centers-and-institutes/ivac/index.html
IVAC Blog
IVAC's Newest Mission: Championing Adult Vaccination

Young children and older adults are both at higher risk for potentially devastating and debilitating diseases, many of which are vaccine-preventable. Countries prioritize and routinely immunize infants, yet the same cannot be said for older adults, variably defined as 50, 60, 65, or 70+ years of age, with or without risk factors. There is no simple explanation of why countries looking at very similar data come to very different conclusions. Even experts and the global health community are divided on the role of adult immunization. As a result, a large portion of countries have failed to address vaccine-preventable diseases like influenza, pneumococcal disease, and herpes zoster (shingles), which affect this fast-growing demographic.

IVI [to 31 March 2018]
http://www.ivi.int/
No new digest content identified.

JEE Alliance [to 31 March 2018]
https://www.jeealliance.org/
No new digest content identified.

MSF/Médecins Sans Frontières [to 31 March 2018]
http://www.doctorswithoutborders.org/news-stories/press/press-releases
Press release
Northwest Syria: Two Airstrikes Cause Mass-Casualty Influx to MSF-Supported Hospital
March 23, 2018

Two airstrikes hit a densely populated neighborhood in the town of Harem in Syria's Idlib Governorate yesterday afternoon, said the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières Friday. The nearest MSF-supported field hospital saw 63 injuries and 38 deaths—around half of which were children—in a town where medical staff are already overwhelmed and supplies are limited.

NIH [to 31 March 2018]
http://www.nih.gov/news-events/news-releases
March 29, 2018
NIH study may help explain why iron can worsen malaria infection
— Researchers identify protective role of iron export protein and its mutation.

NIH-funded study shows sorafenib improves progression-free survival for patients with rare sarcomas
March 28, 2018 — Progression-free survival is the length of time patients lived before their disease worsened.

Study changes long-held concepts of cell decoding
March 28, 2018 — NIH scientists discover macromolecular complexes that could enable medication development.

PATH [to 31 March 2018]
http://www.path.org/news/index.php
Announcement | March 26, 2018
PATH commends Congress for commitment to global health in FY18 spending bill
PATH welcomes the passage of the Fiscal Year 2018 Omnibus Appropriations bill by the US Congress, which expressed a clear commitment to sustaining US leadership in global health, including additional funding to further strengthen America's ability to protect against infectious disease outbreaks—both abroad and within our own borders…

Sabin Vaccine Institute [to 31 March 2018]
http://www.sabin.org/updates/pressreleases
No new digest content identified.

UNAIDS [to 31 March 2018]
http://www.unaids.org/en
26 March 2018
H6 commits to accelerate results for health
The H6 combines the strengths of six international organizations [UNAIDS, UNFPA, UNICEF, UN Women, WHO, World Bank] to help countries to realize the United Nations Secretary-General's Every Woman Every Child strategy. The partnership mobilizes political commitment and resources to transform societies so that women, children and adolescents can realize their rights to the highest attainable standards of health and well-being.
High-level representatives of the six organizations met in New York, United States of America, to shape a shared vision for the H6. During the meeting, which took place on 21 March, health leaders committed to jointly deliver more and faster results in countries.
The Chair of the H6, Michel Sidibé, shared his vision for the partnership, including how it can evolve to meet the demands of the Sustainable Development Goals, including in humanitarian settings, and be a leading platform to advance United Nations reform.

"As a transformative platform, I see the H6 as an outstanding opportunity to rapidly bring United Nations reform to life and deliver results for every woman, child and adolescent on the ground," said Michel Sidibé, Executive Director of UNAIDS.

The participants were united in their ambition to make the H6 a one-stop shop for countries for strategic policy advice, technical assistance and strategic information. Adolescent health, particularly for 10–18-year-olds, was discussed as a key focus area…

UNICEF [to 31 March 2018]
https://www.unicef.org/media/
Selected Press Releases
No new digest content identified.

Vaccine Confidence Project [to 31 March 2018]
http://www.vaccineconfidence.org/
Blog
Politics and public trust shape vaccine risk perceptions
Posted on 29 Mar, 2018 by Heidi Larson

There is something about vaccines, and getting vaccinated, that touches nerves — personal, political and cultural nerves. It's not natural; it hurts ("just a little bit"), and sometimes has side effects. Although these are mostly minor issues, they still provoke …

See full text of article from Nature Human Behaviour below in *Research/Reports/ Commentary.*

Vaccine Education Center – Children's Hospital of Philadelphia [to 31 March 2018]
http://www.chop.edu/centers-programs/vaccine-education-center
No new digest content identified.

Wellcome Trust [to 31 March 2018]
https://wellcome.ac.uk/news
News / Published: 27 March 2018
Wellcome to lead efforts to deliver fair access to healthcare interventions
For the first time, Wellcome is stating its position on equitable access to healthcare interventions in a single statement. This is because we want new and improved interventions to be accessible to the people who need them most.
[See Milestones/Perspectives above for full text]

News / Published: 27 March 2018
Azim Surani wins Gairdner award for discovery of genomic imprinting
Professor Azim Surani, a Wellcome Investigator, has been given a prestigious Canada Gairdner International Award. It recognises outstanding biomedical scientists who have made original contributions to medicine through increased understanding of human biology and disease.

Professor Surani discovered the phenomenon of genomic imprinting in 1984 and subsequently contributed to understanding of the developmental consequences and mechanistic basis of genomic imprinting.

The Wistar Institute [to 31 March 2018]
https://www.wistar.org/news/press-releases
Press Release Mar. 27, 2018
Repurposing Existing FDA-Approved Inhibitors May Provide New Treatment Approach for Ovarian Cancer
Wistar researchers have found rationale for repurposing a class of antitumor compounds called HDAC inhibitors as a new therapeutic option for ovarian cancer with mutations in the ARID1A gene.

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BIO [to 31 March 2018]
https://www.bio.org/insights/press-release
No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 31 March 2018]
5 April 2018
Webinar: The new Future Vaccine Manufacturing Hub, collaborating with DCVMN
Prof Robin Shattock, Professor of Mucosal Infection and Immunity, Imperial College, London
Thursday, April 5, 2018 9:00 am
Europe Summer Time (Paris, GMT+02:00)

IFPMA [to 31 March 2018]
http://www.ifpma.org/resources/news-releases/
No new digest content identified.

PhRMA [to 31 March 2018]
http://www.phrma.org/press-room
No new digest content identified.

Industry Watch [to 31 March 2018]
:: **Crown Prince Mohammed bin Salman's Visit to Boston Extends Saudi-U.S. Collaboration**
Collaborative Agreements Signed Between Private Sector and Higher Education
Excerpt
:: A collaborative agreement between KAUST, Research Products Development Company RPDC, and Saudi VAX. This agreement will establish the Saudi Vaccine and Bio-manufacturing Center at KAUST [King Abdullah University of Science and Technology].

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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

5th Global Forum on TB Vaccines
New Delhi, India from 20 – 23 February 2018

Nearly 350 researchers, product developers, policy makers, advocates, and other stakeholders from 31 countries convened to discuss the latest research and findings in the field, to discuss the path forward for this critical research, and to foster new partnerships and collaborations. There was a sense of optimism among the participants as new data was announced and new research and approaches were shared.

Presentations from the 5th Global Forum on TB Vaccines are now available online

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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
APIC/SHEA/SIDP Antimicrobial Stewardship Position Paper
Antimicrobial stewardship and infection prevention—leveraging the synergy: A position paper update
Mary Lou Manning, Edward J. Septimus, Elizabeth S. Dodds Ashley, Sara E. Cosgrove, Mohamad G. Fakih, Steve J. Schweon, Frank E. Myers, Julia A. Moody
p364–368
Published in issue: April 2018

American Journal of Preventive Medicine
April 2018 Volume 54, Issue 4, p479-610, e59-e82
http://www.ajpmonline.org/current
Research Articles
HIV Pre-exposure Prophylaxis Program Implementation Using Intervention Mapping

Charlene A. Flash, Elizabeth L.T. Frost, Thomas P. Giordano, K. Rivet Amico, Jeffrey A. Cully, Christine M. Markham
p519–529
Published online: February 9, 2018

American Journal of Public Health
April 2018 108(4)
http://ajph.aphapublications.org/toc/ajph/current
VACCINES

The Battle Over Compulsory Vaccination in the United States
Arthur L. Caplan
Published Online: March 07, 2018

Probing Beyond Individual Factors to Understand Influenza and Pneumococcal Vaccine Uptake
Sandra Crouse Quinn
108(4), pp. 427–429

Local-Level Adult Influenza and Pneumococcal Vaccination Disparities: Chicago, Illinois, 2015–2016
Michelle M. Hughes, Nazia S. Saiyed and Tiffany S. Chen
108(4), pp. 517–523

American Journal of Tropical Medicine and Hygiene
Volume 98, Issue 3, 2018
http://www.ajtmh.org/content/journals/14761645/98/3
[Reviewed earlier]

Annals of Internal Medicine
20 March 2018 Vol: 168, Issue 6
http://annals.org/aim/issue
[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation
http://resource-allocation.biomedcentral.com/
(Accessed 31 March 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 31 March 2018)
[No new digest content identified]

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 31 March 2018)
[No new digest content identified]

BMC Medical Ethics
http://www.biomedcentral.com/bmcmedethics/content
(Accessed 31 March 2018)
[No new digest content identified]

BMC Medicine
http://www.biomedcentral.com/bmcmed/content
(Accessed 31 March 2018)
[No new digest content identified]

BMC Pregnancy and Childbirth
http://www.biomedcentral.com/bmcpregnancychildbirth/content
(Accessed 31 March 2018)
[No new digest content identified]

BMC Public Health
http://bmcpublichealth.biomedcentral.com/articles
(Accessed 31 March 2018)
[No new digest content identified]

BMC Research Notes
http://www.biomedcentral.com/bmcresnotes/content
(Accessed 31 March 2018)
[No new digest content identified]

BMJ Open
March 2018 - Volume 8 - 3
http://bmjopen.bmj.com/content/current
[Reviewed earlier]

Bulletin of the World Health Organization
Volume 96, Number 3, March 2018, 145-224
http://www.who.int/bulletin/volumes/96/3/en/
[Reviewed earlier]

Child Care, Health and Development
March 2018 Volume 44, Issue 2 Pages 173–341
http://onlinelibrary.wiley.com/doi/10.1111/cch.v44.2/issuetoc
[Reviewed earlier]

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

Clinical Therapeutics
March 2018 Volume 40, Issue 3, p353-496
http://www.clinicaltherapeutics.com/current
[New issue; No digest content identified]

Conflict and Health
http://www.conflictandhealth.com/
[Accessed 31 March 2018]
Case study
26 March 2018
The new WHO decision-making framework on vaccine use in acute humanitarian emergencies: MSF experience in Minkaman, South Sudan
Authors: Monica Rull, Sophie Masson, Nicolas Peyraud, Marco Simonelli, Alexandre Ventura, Claire Dorion, Francisco J. Luquero, Florent Uzzeni and Iza Cigleneki
Abstract
Introduction
The main causes of death during population movements can be prevented by addressing the population's basic needs. In 2013, the World Health Organization (WHO) issued a framework for decision making to help prioritize vaccinations in acute humanitarian emergencies. This article describes MSF's experience of applying this framework in addition to addressing key population needs in a displacement setting in Minkaman, South Sudan.
Case description
Military clashes broke out in South Sudan in December 2013. By May 2014, Minkaman, a village in the Lakes State, hosted some 85,000 displaced people. MSF arrived in Minkaman on 28 December 2013 and immediately provided interventions to address the key humanitarian needs (health care, access to drinking water, measles vaccination). The WHO framework was used to identify priority vaccines: those preventing outbreaks (measles, polio, oral cholera vaccine, and

vaccine against meningococcal meningitis A (MenAfrivac®)) and those reducing childhood morbidity and mortality (pentavalent vaccine that combines diphtheria, tetanus, whooping cough, hepatitis B, and Haemophilus influenzae type B; pneumococcal vaccine; and rotavirus vaccine). By mid-March, access to primary and secondary health care was ensured, including community health activities and the provision of safe water. Mass vaccination campaigns against measles, polio, cholera, and meningitis had been organized. Vaccination campaigns against the main deadly childhood diseases, however, were not in place owing to lack of authorization by the Ministry of Health (MoH).
Conclusions
The first field use of the new WHO framework for prioritizing vaccines in acute emergencies is described. Although MSF was unable to implement the full package of priority vaccines because authorization could not be obtained from the MoH, a series of mass vaccination campaigns against key epidemic-prone diseases was successfully implemented within a complex emergency context. Together with covering the population's basic needs, this might have contributed to reducing mortality levels below the emergency threshold and to the absence of epidemics. For the WHO framework to be used to its full potential it must not only be adapted for field use but, most importantly, national decision makers should be briefed on the framework and its practical implementation.

Contemporary Clinical Trials
Volume 66 Pages 1-92 (March 2018)
https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/66/suppl/C
[Reviewed earlier]

Current Opinion in Infectious Diseases
April 2018 - Volume 31 - Issue 2
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
[Reviewed earlier]

Developing World Bioethics
March 2018 Volume 18, Issue 1 Pages 1–64
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2018.18.issue-1/issuetoc
Special Issue: Rebuilding Patient-Physician Trust in China, Developing a Trust-Oriented Bioethics
[Reviewed earlier]

Development in Practice
Volume 28, Issue 2, 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 March 2018; volume 19, issue 3
http://embor.embopress.org/content/19/3?current-issue=y
[Reviewed earlier]

Emerging Infectious Diseases
Volume 24, Number 3—March 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
Edited by Gerardo Chowell-Puente, Alessandro Vespignani, Cecile Viboud, Lone Simonsen
The RAPIDD Ebola forecasting challenge special issue: Preface
Open access Pages 1-2
Cécile Viboud, Lone Simonsen, Gerardo Chowell, Alessandro Vespignani
[Initial text]
Interest in disease forecasting is growing, stimulated by the continued threat of emerging infections, increased modeling capabilities, and a more porous interface between the modeling community and policy experts who make decisions to roll out interventions (Chretien et al., 2015a). Forecasting competitions are common in the field of meteorology and climate, but have just started to percolate the field of disease modeling. Key examples include the multi-year seasonal flu contest initiated by the US CDC in 2015, the dengue challenge organized by NOAA, and the chikungunya challenge led by DARPA (DARPA, 2015; Biggerstaff et al., 2016; NOAA, 2015). In this special issue, we describe the Ebola forecasting challenge led by the US National Institute of Health in 2015–2016, as part of their Research And Policy in Infectious Disease Dynamics (RAPIDD) program.

The RAPIDD Ebola forecasting challenge was launched in the aftermath of the 2014–2015 West African Ebola outbreak, during which a large number of real-time modeling approaches were used to generate useful but sometime conflicting predictions due to the varying outcomes, methodological assumptions and scenarios considered (Chretien et al., 2015b). The goals of this challenge were to compare the prediction accuracy of different Ebola transmission models while exploring a range of data availability, measurement error, and epidemiological complexity in a

controlled manner. The Ebola forecasting challenge was unique in that it relied on synthetic outbreak data generated by a detailed mechanistic disease model, while other challenges have relied on empirical outbreak data thus far…

This special issue on Ebola forecasting intersects nicely with previous Special issues of Epidemics on model comparisons for neglected tropical diseases (Hollingsworth and Medley, 2017), and challenges in infectious diseases dynamics (Lloyd-Smith et al., 2015). Common emergent themes include the need for development of standardized methods for model comparisons and validation, handling of uncertainty, availability and accuracy of empirical data, development of portfolio of models tailored to different types of pandemic threats, and the interface between models and policy. Most inspiringly perhaps is the spirit of collegiality and collaboration that characterizes the large group projects described in these three special issues.

In conclusion, we anticipate that the RAPIDD Ebola Forecasting special issue will stimulate further synthetic and empirical infectious disease challenges and systematic model comparisons. These large-scale projects represent an intense amount of work from participating teams, with typically little or no funding. However, we believe they represent an important step towards improving the link between policy and modeling. Emerging and re-emerging infectious diseases will continue to present new threats, and we hope that this body of work will inspire a new crop of scientists to collaboratively advance the field of infectious disease forecasting…

Epidemiology and Infection
Volume 146 - Issue 4 - March 2018
https://www.cambridge.org/core/journals/epidemiology-and-infection/latest-issue
[Reviewed earlier]

The European Journal of Public Health
Volume 28, Issue 1, 1 February 2018
https://academic.oup.com/eurpub/issue/28/1
Editorials
Moving towards compulsory vaccination: the Italian experience
Walter Ricciardi; Stefania Boccia; Roberta Siliquini
European Journal of Public Health, Volume 28, Issue 1, 1 February 2018, Pages 2–3,
https://doi.org/10.1093/eurpub/ckx214
Extract
Vaccine hesitancy is a phenomenon that has increased widely in the last few years, in the Europe and in the USA, giving its consequences on vaccine coverage rates. The decrease in those rates caused an enormous spread of preventable infections that were quite rare in the past years, or, at least, presented mild consequences. Since immunization is an issue of coverage rates, the European Council prompted the National Health Authorities to face the challenge of reaching the target of 95% of the population, set by European Centre for Disease Prevention and Control (ECDC), through the implementation of effective vaccination policies. In Italy, coverage rates have been decreasing in the last few years. In 2016, the following coverage rates at 24 months for birth cohort 2014 have been reported by Italian...

Global Health Action
Volume 10, 2017 – Issue 1 [In Progress]

http://www.tandfonline.com/toc/zgha20/10/1?nav=tocList
[Reviewed earlier]

Global Health: Science and Practice (GHSP)
Vol. 6, No. 1 March 21, 2018
http://www.ghspjournal.org/content/current
COMMENTARIES
Open Access
A New World Health Era
Ariel Pablos-Méndez and Mario C Raviglione
Global Health: Science and Practice March 2018, 6(1):8-16; https://doi.org/10.9745/GHSP-D-17-00297

Unprecedented economic progress and demands for social protection have engendered an economic transition in health in many low- and middle-income countries, characterized by major increases in domestic health spending and growing national autonomy. At the global level, development assistance is refocusing on fragile states, the poorest communities, and cooperation on global public goods like health security, technical norms, and innovation. Intergovernmental organizations like WHO need the wherewithal and support to provide leadership and to properly advance this new world health era.

Global Public Health
Volume 13, 2017 Issue 5
http://www.tandfonline.com/toc/rgph20/current
[Reviewed earlier]

Globalization and Health
http://www.globalizationandhealth.com/
[Accessed 31 March 2018]
[No digest content identified]

Health Affairs
March 2018. Vol. 37, No. 3
https://www.healthaffairs.org/toc/hlthaff/current
Advancing Health Equity
[Reviewed earlier]

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

Health Economics, Policy and Law
Volume 13 - Issue 2 - April 2018
https://www.cambridge.org/core/journals/health-economics-policy-and-law/latest-issue
[Reviewed earlier]

Health Policy and Planning
Volume 33, Issue 2, 1 March 2018
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

Health Research Policy and Systems
http://www.health-policy-systems.com/content
[Accessed 31 March 2018]
Research
27 March 2018
An evaluation of South Africa's public–private partnership for the localisation of vaccine research, manufacture and distribution
Authors: David R. Walwyn and Adolph T. Nkolele
Abstract
Background
Public–private partnerships (PPPs), widely used as a means of leveraging the skills, expertise and resources of the private sector to mutual advantage, were similarly adopted by South Africa to support public sector delivery. This study has evaluated one such partnership, namely the Biovac Institute, which was established in 2003 to cover vaccine research and development, manufacturing, and supply. The initiative was highly unusual given that it attempted to combine all three aspects in a single PPP.
Methods
The research has followed a concurrent mixed methods approach. In the quantitative study, data for prices and product volumes were extracted from secondary data sources and used to calculate the economic cost and value-for-money of the PPP. Simultaneously, a qualitative study was undertaken in which a number of key stakeholders were interviewed using a semi-structured questionnaire on their perceptions of the PPP's value.
Results
The institute earns a premium on the procurement cost of a broad range of vaccines required by the South African National Department of Health for its immunisation programme, the net value of which was US$85.7 million over the period 2010 to 2014. These funds were used to finance the institute's operations, including vaccine research, distribution and quality control. Capital expenditure to support the establishment of facilities for laboratory testing, packaging and labelling, filling, formulation and, finally, active pharmaceutical ingredient manufacture, approximately US$40 million in total, had to be secured through loans and grants. According to the respondents in the qualitative survey, the principal benefit of the PPP has been the uninterrupted supply of vaccines and the ability to respond quickly to vaccine shortages. The main disadvantages appear to have been a slow and ineffectual establishment of a vaccine manufacturing centre and, initially, a limited ability to negotiate highly competitive vaccine prices.
Conclusions

Overall, it is concluded that a positive value-for-money has been achieved and the institute has been of significant public benefit. Relationships of this nature can be used to achieve public health goals, but need to be realistic about timeframes, costs and the limitations of relational governance in ensuring that complex programmatic outcomes are achieved. It is recommended that a more incremental approach, with clearer contractual goals, penalties and incentives, is adopted in attempting initiatives aimed at the localisation of manufacturing technology by leveraging public procurement.

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 31 March 2018]
[No new digest content identified]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 31 March 2018]
[No new digest content identified]

International Health
Volume 10, Issue suppl_1, 1 March 2018
http://inthealth.oxfordjournals.org/content/current
Special Issue: Onchocerciasis: The Beginning of the End
[Reviewed earlier]

International Journal of Community Medicine and Public Health
Vol 5, No 3 (2018) March 2018
http://www.ijcmph.com/index.php/ijcmph/issue/view/36
[Reviewed earlier]

International Journal of Epidemiology
Volume 47, Issue 1, 1 February 2018
https://academic.oup.com/ije/issue/47/1
Infectious Diseases
The duration of protection of school-aged BCG vaccination in England: a population-based case–control study
Punam Mangtani; Patrick Nguipdop-Djomo; Ruth H Keogh; Jonathan AC Sterne; Ibrahim Abubakar ...
International Journal of Epidemiology, Volume 47, Issue 1, 1 February 2018, Pages 193–201,
https://doi.org/10.1093/ije/dyx141

International Journal of Human Rights in Healthcare
Volume 11 Issue 1 2018
https://www.emeraldinsight.com/toc/ijhrh/11/1
[Reviewed earlier]

International Journal of Infectious Diseases
March 2018 Volume 68, In Progress
http://www.ijidonline.com/issue/S1201-9712(18)X0002-2
[Reviewed earlier]

JAMA
March 27, 2018, Vol 319, No. 12, Pages 1177-1290
http://jama.jamanetwork.com/issue.aspx
Comment & Response
Vaccination Strategies During Shortages of Yellow Fever Vaccine
Scott A. Norton, MD, MPH; David M. Morens, MD
JAMA. 2018;319(12):1280. doi:10.1001/jama.2018.0200

Vaccination Strategies During Shortages of Yellow Fever Vaccine—Reply
Lin H. Chen, MD; Davidson H. Hamer, MD
JAMA. 2018;319(12):1280-1281. doi:10.1001/jama.2018.0232

JAMA Pediatrics
March 2018, Vol 172, No. 3, Pages 205-303
http://archpedi.jamanetwork.com/issue.aspx

[Reviewed earlier]

JBI Database of Systematic Review and Implementation Reports
March 2018 - Volume 16 - Issue 3
http://journals.lww.com/jbisrir/Pages/currenttoc.aspx
[Reviewed earlier]

Journal of Adolescent Health
March 2018 Volume 62, Issue 3, p249-358
http://www.jahonline.org/issue/S1054-139X(17)X0018-9
[Reviewed earlier]

Journal of Community Health
Volume 43, Issue 2, April 2018
https://link.springer.com/journal/10900/43/2/page/1
[Reviewed earlier]

Journal of Empirical Research on Human Research Ethics
Volume 13, Issue 2, April 2018
http://journals.sagepub.com/toc/jre/current
Ethical Issues in Biobanking and use of Biospecimens
Broad Consent for Research on Biospecimens: The Views of Actual Donors at Four U.S. Medical Centers
Teddy D. Warner, Carol J. Weil, Christopher Andry, Howard B. Degenholtz, Lisa Parker, Latarsha J. Carithers, Michelle Feige, David Wendler, Rebecca D. Pentz
First Published February 1, 2018; pp. 115–124
Preview
Commentators are concerned that broad consent may not provide biospecimen donors with sufficient information regarding possible future research uses of their tissue. We surveyed with interviews 302 cancer patients who had recently provided broad consent at four diverse academic medical centers. The majority of donors believed that the consent form provided them with sufficient information regarding future possible uses of their biospecimens. Donors expressed very positive views regarding tissue donation in general and endorsed the use of their biospecimens in future research across a wide range of contexts. Concerns regarding future uses were limited to for-profit research and research by investigators in other countries. These results support the use of broad consent to store and use biological samples in future research.

Improving IRB/REC Approval Rates
Regulatory Support Improves Subsequent IRB Approval Rates in Studies Initially Deemed Not Ready for Review: A CTSA Institution's Experience
Susan Sonne, Stephanie Gentilin, Royce R. Sampson, Leslie Bell, Toni Mauney, Summer Young, Katherine Bright, Patrick Flume
First Published January 18, 2018; pp. 139–144

Abstract
We evaluated the impact of a regulatory support service (known as the Regulatory Knowledge and Support [RKS] program), part of the Medical University of South Carolina's Clinical and Translational Science Award, on the success of Institutional Review Board (IRB) applications that have previously been deemed by the IRB to be Not Ready for Review (NRR). At the time of this evaluation, 77 studies had been deemed NRR, 53 of which came from trainees and junior faculty. All the applications that received regulatory support either received IRB approval or were deemed to not be research, and therefore did not require IRB review. In all, 39.1% (n = 18) of the research teams who did not accept regulatory support successfully received IRB approval. Providing regulatory support, particularly to trainees and junior faculty, may be associated with better success in obtaining IRB approval as well as preventing the unnecessary submission of projects that are not research and would therefore not require IRB review or approval.

Commentary on "Regulatory Support Improves Subsequent IRB/REC Approval Rates in Studies Initially Deemed Not Ready for Review: A CTSA Institution's Experience"
Stuart G. Nicholls
First Published January 18, 2018; pp. 145–147

Response to Commentary: Regulatory Support Improves Subsequent IRB Approval Rates in Studies Initially Deemed Not Ready for Review—A CTSA Institution's Experience
Susan Sonne, Stephanie Gentilin, Royce R. Sampson, Leslie Bell, Toni Mauney, Summer Young, Katherine Bright, Patrick Flume

Journal of Epidemiology & Community Health
March 2018 - Volume 72 - 3
http://jech.bmj.com/content/current
[Reviewed earlier]

Journal of Evidence-Based Medicine
February 2018 Volume 11, Issue 1 Pages 1–67
http://onlinelibrary.wiley.com/doi/10.1111/jebm.2018.11.issue-1/issuetoc
[Reviewed earlier]

Journal of Global Ethics
Volume 13, Issue 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
http://www.emeraldinsight.com/toc/jhlscm/7/3
[Reviewed earlier]

Journal of Immigrant and Minority Health
Volume 20, Issue 2, April 2018
https://link.springer.com/journal/10903/20/2/page/1
[Reviewed earlier]

Journal of Immigrant & Refugee Studies
Volume 16, 2018_ Issue 1-2
http://www.tandfonline.com/toc/wimm20/current
Special Issue: Mediatization and Politicization of Refugee Crisis in Europe
[Reviewed earlier]

Journal of Infectious Diseases
Volume 217, Issue 6, 5 March 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 3 (2018): March
http://www.jmir.org/2018/3
[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
March 2018 Volume 194, p1-270
http://www.jpeds.com/current
[Reviewed earlier]

Journal of Pharmaceutical Policy and Practice
https://joppp.biomedcentral.com/
[Accessed 31 March 2018]
[No new digest content identified]

Journal of Public Health Management & Practice
March/April 2018 - Volume 24 - Issue 2
http://journals.lww.com/jphmp/pages/default.aspx
[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
Mar 31, 2018 Volume 391 Number 10127 p1237-1330 e17-e18
http://www.thelancet.com/journals/lancet/issue/current
Articles
Estimates of global seasonal influenza-associated respiratory mortality: a modelling study
A Danielle Iuliano, Katherine M Roguski, Howard H Chang, David J Muscatello, Rakhee Palekar, Stefano Tempia, Cheryl Cohen, Jon Michael Gran, Dena Schanzer, Benjamin J Cowling, Peng Wu, Jan Kyncl, Li Wei Ang, Minah Park, Monika Redlberger-Fritz, Hongjie Yu, Laura Espenhain, Anand Krishnan, Gideon Emukule, Liselotte van Asten, Susana Pereira da Silva, Suchunya Aungkulanon, Udo Buchholz, Marc-Alain Widdowson, Joseph S Bresee for the Global Seasonal Influenza-associated Mortality Collaborator Network

Estimates of influenza-associated mortality are important for national and international decision making on public health priorities. Previous estimates of 250 000–500 000 annual influenza deaths are outdated. We updated the estimated number of global annual influenza-associated respiratory deaths using country-specific influenza-associated excess respiratory mortality estimates from 1999–2015.

Lancet Global Health
Apr 2018 Volume 6 Number 4 e351-e468
http://www.thelancet.com/journals/langlo/issue/current
[New issue; No relevant content identified]

Lancet Infectious Diseases
Apr 2018 Volume 18 Number 4 p357-474 e107-e159
http://www.thelancet.com/journals/laninf/issue/current
Editorial
Lassa fever and global health security
The Lancet Infectious Diseases

Articles
Immunogenicity and safety of the multicomponent meningococcal B vaccine (4CMenB) in children and adolescents: a systematic review and meta-analysis
Maria Elena Flacco, Lamberto Manzoli, Annalisa Rosso, Carolina Marzuillo, Mauro Bergamini, Armando Stefanati, Rosario Cultrera, Paolo Villari, Walter Ricciardi, John P A Ioannidis, Despina G Contopoulos-Ioannidis

Series
Malaria in pregnancy
Burden, pathology, and costs of malaria in pregnancy: new developments for an old problem

Stephen J Rogerson, Meghna Desai, Alfredo Mayor, Elisa Sicuri, Steve M Taylor, Anna M van Eijk

Malaria in pregnancy
Prevention of malaria in pregnancy
Meghna Desai, Jenny Hill, Silke Fernandes, Patrick Walker, Christopher Pell, Julie Gutman, Kassoum Kayentao, Raquel Gonzalez, Jayne Webster, Brian Greenwood, Michel Cot, Feiko O ter Kuile

Malaria in pregnancy
Treatment of uncomplicated and severe malaria during pregnancy
Umberto D'Alessandro, Jenny Hill, Joel Tarning, Christopher Pell, Jayne Webster, Julie Gutman, Esperanca Sevene

Lancet Respiratory Medicine
Apr 2018 Volume 6 Number 4 p231-314 e11-e15
http://www.thelancet.com/journals/lanres/issue/current
Articles
Safety and immunogenicity of the novel tuberculosis vaccine ID93 + GLA-SE in BCG-vaccinated healthy adults in South Africa: a randomised, double-blind, placebo-controlled phase 1 trial
Adam Penn-Nicholson, Michele Tameris, Erica Smit, Tracey A Day, Munyaradzi Musvosvi, Lakshmi Jayashankar, Julie Vergara, Simbarashe Mabwe, Nicole Bilek, Hendrik Geldenhuys, Angelique Kany-Kany Luabeya, Ruth Ellis, Ann M Ginsberg, Willem A Hanekom, Steven G Reed, Rhea N Coler, Thomas J Scriba, Mark Hatherill the TBVPX-114 study team
Interpretation
Escalating doses of ID93 + GLA-SE induced similar antigen-specific CD4-positive T cell and humoral responses, with an acceptable safety profile in BCG-immunised, M tuberculosis-infected individuals. The T-cell differentiation profiles in M tuberculosis-infected vaccinees suggest priming through natural infection. While cohort sample sizes in this phase 1 trial were small and results should be interpreted in context, these data support efficacy testing of two administrations of the lowest (2 μg) ID93 vaccine dose in tuberculosis endemic populations.
Funding
Aeras and the Paul G Allen Family Foundation

Maternal and Child Health Journal
Volume 22, Issue 4, April 2018
https://link.springer.com/journal/volumesAndIssues/10995
[New issue; No relevant content identified]

Medical Decision Making (MDM)
Volume 38, Issue 3, April 2018
http://mdm.sagepub.com/content/current
[New issue; No relevant content identified]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
March 2018 Volume 96, Issue 1 Pages 1–212
http://onlinelibrary.wiley.com/doi/10.1111/milq.2018.96.issue-1/issuetoc
[Reviewed earlier]

Nature
Volume 555 Issue 7698, 29 March 2018
http://www.nature.com/nature/current_issue.html
World View | 15 March 2018
Drug executives should take a Hippocratic oath
The industry must earn patients' trust that new medicines really are worth the price, says Bob More.

Nature Medicine
March 2018, Volume 24 No 3 pp247-374
https://www.nature.com/nm/journal/v24/n3/index.html
[Reviewed earlier]

Nature Reviews Immunology
March 2018 Vol 18 No 3
https://www.nature.com/nri/journal/v18/n3/index.html
Focus on: Cancer immunotherapy
[Reviewed earlier]

New England Journal of Medicine
March 29, 2018 Vol. 378 No. 13
http://www.nejm.org/toc/nejm/medical-journal
[New issue; No digest content identified]

Pediatrics
March 2018, VOLUME 141 / ISSUE 3
http://pediatrics.aappublications.org/content/141/3?current-issue=y
[Reviewed earlier]

Pharmaceutics
Volume 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
[New issue; No digest content identified]

PLOS Currents: Disasters
http://currents.plos.org/disasters/
[Accessed 31 March 2018]
[No new digest content identified]

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
[Accessed 31 March 2018]
Analyzing the Local Epidemiological Profile of Malaria Transmission in the Brazilian Amazon Between 2010 and 2015
March 27, 2018 · Research Article
Introduction: Malaria still is a public health problem in the Americas. In 2015, Brazil accounted for 37% of all cases in the Americas, and of these cases, 99.5% were located in the Brazilian Amazon. Despite the mobilization of resources from the Brazilian National Plan for Malaria Control, too many municipalities have high transmission levels. The objective of this study is to evaluate the local epidemiological profile of malaria and its trend between 2010 and 2015 in the Brazilian Amazon. This study also aims to recognize the epidemiological differences in the local temporo-spatial dynamics of malaria.
Methods: Malaria data were stratified by the annual parasite incidence (API) over the six-year period and by municipality. We used the method of seasonal decomposition by Loess smoothing to capture trend, seasonal and irregular components. A generalized linear model was applied to quantify trends, and the Kruskal-Wallis Rank Sum was applied to test for seasonality significance.
Results: The malaria API declined by 61% from 2010 to 2015, and there was a 40% reduction of municipalities with high transmission (determined as an API higher than 50). In 2015, 9.4% of municipalities had high transmission and included 62.8% of the total cases. The time-series analyses showed different incidence patterns by region after 2012; several states have minimized the effect of the seasonality in their incidence rates, thus achieving low rates of incidence. There were 13 municipalities with sustained high transmission that have become the principal focus of malaria control; these municipalities contained 40% of the cases between 2013 and 2015.
Discussion: Brazil has achieved advances, but more sustained efforts are necessary to contain malaria resurgence. The use of malaria stratification has been demonstrated as a relevant tool to plan malaria programs more efficiently, and spatiotemporal analysis corroborates the idea that implementing any intervention in malaria should be stratified by time to interpret tendencies and by space to understand the local dynamics of the disease.

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 31 March 2018)

[No new digest content identified]

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 31 March 2018)
[No new digest content identified]

PLoS One
http://www.plosone.org/
[Accessed 31 March 2018]
[No new digest content identified]

PLoS Pathogens
http://journals.plos.org/plospathogens/
[Accessed 31 March 2018]
[No new digest content identified]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
http://www.pnas.org/content/early/
[Accessed 31 March 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
Comprehensive Reviews
Characterization of Interventional Studies of the Cholera Epidemic in Haiti
Jessica Miller, Marvin L. Birnbaum
https://doi.org/10.1017/S1049023X17007002
Published online: 19 February 2018, pp. 176-181
Abstract
In October 2010, the Haitian Ministry of Public Health and Population (MSPP; Port au Prince, Haiti) reported a cholera epidemic caused by contamination of the Artibonite River by a United Nation Stabilization Mission camp. Interventional studies of the subsequent responses, including a descriptive Methods section and systematic approach, may be useful in facilitating comparisons and applying lessons learned to future outbreaks. The purpose of this study was to examine publicly available documents relating to the 2010 cholera outbreak to answer: (1) What information is publicly available on interventional studies conducted during the epidemic, and what was/were the impact(s)? and (2) Can the interventions be compared, and what lessons can be learned from their comparison?

A PubMed (National Center for Biotechnology Information, National Institutes of Health; Bethesda, Maryland USA) search was conducted using the parameters "Haiti" and "cholera."

Studies were categorized as "interventional research," "epidemiological research," or "other." A distinction was made between studies and narrative reports. The PubMed search yielded 171 papers, 59 (34.0%) of which were epidemiological and 12 (7.0%) were interventional studies. The remaining 100 papers (59.0%) comprised largely of narrative, anecdotal descriptions. An expanded examination of publications by the World Health Organization (WHO; Geneva, Switzerland), the Center for Research in the Epidemiology of Disasters (CRED; Brussels, Belgium), United States Agency for International Development (USAID; Washington, DC USA)-Development Experience Clearinghouse (DEC), and US National Library of Medicine's (NLM; Bethesda, Maryland USA) Disaster Literature databases yielded no additional interventional studies. The unstructured formats and differing levels of detail prohibited comparisons between interventions, even between those with a similar approach. Only two (17.0%) interventional studies included any impact data, although neither commented whether the intervention improved health or reduced incidence or mortality related to cholera. Agreed frameworks for guiding responses and subsequent reporting are needed to ensure reports contain sufficient detail to draw conclusions for the definition of best practices and for the design of future interventions.

Preventive Medicine
Volume 108 Pages 1-144 (March 2018)
https://www.sciencedirect.com/journal/preventive-medicine/vol/108/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
[New issue; No digest content identified]

Public Health Ethics
Volume 11, Issue 1, 1 April 2018
http://phe.oxfordjournals.org/content/current
[Reviewed earlier]

Public Health Reports
Volume 133, Issue 2, March/April 2018
http://phr.sagepub.com/content/current
[New issue; No digest content identified]

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

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

Reproductive Health
http://www.reproductive-health-journal.com/content
[Accessed 31 March 2018]
[No new digest content identified]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
http://www.paho.org/journal/index.php?option=com_content&view=featured&Itemid=101
The challenge of sustainability of expanded programs on immunization* [El desafío de la sostenibilidad de los programas ampliados de inmunizaciones]
Ernesto Báscolo,Camilo Cid, Juan Pablo Pagano, María Soledad Urrutia, and Amalia Del Riego
Original research | PDF https://doi.org/10.26633/RPSP.2018.160 | Translation published 30 March 2018 |

A systematic review of economic evaluations of interventions to tackle tuberculosis in homeless people [Evaluación económica de intervenciones para abordar la tuberculosis en las personas sin hogar: revisión sistemática]
Everton Nunes Silva, Ana Carolina Esteves da Silva Pereira, Wildo Navegantes de Araújo, and Flávia Tavares Silva Elias
Systematic review | PDF https://doi.org/10.26633/RPSP.2018.40 | Published 30 March 2018

Risk Analysis
March 2018 Volume 38, Issue 3 Pages 427–634
http://onlinelibrary.wiley.com/doi/10.1111/risa.2018.38.issue-3/issuetoc
[Reviewed earlier]

Risk Management and Healthcare Policy
Volume 10, 2017
https://www.dovepress.com/risk-management-and-healthcare-policy-archive56
Review
Triptych of the Hermit Saints: pneumococcal polysaccharide vaccines for the elderly
Ger T Rijkers,1,2 Laura IE Yousif,1 Simone MC Spoorenberg,3 Frans J van Overveld1
Abstract:

Pneumococcal pneumonia is a serious disease with considerable morbidity and mortality in the elderly. Despite adequate antibiotic treatment, the long-term mortality of pneumococcal pneumonia remains high. Preventive measures in the form of vaccination, therefore, are warranted. Twenty-three-valent polysaccharide vaccines have a broad coverage but limited efficacy. Pneumococcal conjugate vaccines have been shown in children to be able to prevent invasive and mucosal pneumococcal diseases. It should be realized that the serotype composition of current pneumococcal conjugate vaccines is not tailored for the elderly, and that replacement disease can occur. Yet, the current 13-valent conjugate vaccine has been shown to protect against infections with vaccine serotypes. Long-term mortality of pneumococcal pneumonia should be included in policy making about the introduction of these vaccines for the elderly.

Science
30 March 2018 Vol 359, Issue 6383
http://www.sciencemag.org/current.dtl
[New issue; No digest content identified]

Science Translational Medicine
28 March 2018 Vol 10, Issue 434
http://stm.sciencemag.org/
Research Articles
The impact of past vaccination coverage and immunity on pertussis resurgence
By Matthieu Domenech de Cellès, Felicia M. G. Magpantay, Aaron A. King, Pejman Rohani
Science Translational Medicine28 Mar 2018 Full Access
The problem of pertussis
The recent rise of pertussis in developed countries has generated controversy as to its cause. Domenech de Cellès et al. modeled pertussis transmission using incidence data from Massachusetts, United States. They found little evidence that the switch to the acellular vaccine contributed to the Massachusetts outbreaks. Instead, waning vaccine-conferred immunity, as opposed to vaccine failure to mount a full or even partial immune response, best explained the local rise in pertussis cases along with a historical gap in vaccination coverage. Simulations suggested that administering existing boosters to children may be an effective strategy to halt pertussis transmission.
Abstract
The resurgence of pertussis over the past decades has resulted in incidence levels not witnessed in the United States since the 1950s. The underlying causes have been the subject of much speculation, with particular attention paid to the shortcomings of the latest generation of vaccines. We formulated transmission models comprising competing hypotheses regarding vaccine failure and challenged them to explain 16 years of highly resolved incidence data from Massachusetts, United States. Our results suggest that the resurgence of pertussis is a predictable consequence of incomplete historical coverage with an imperfect vaccine that confers slowly waning immunity. We found evidence that the vaccine itself is effective at reducing overall transmission, yet that routine vaccination alone would be insufficient for elimination of the disease. Our results indicated that the core transmission group is schoolchildren. Therefore, efforts aimed at curtailing transmission in the population at large,

and especially in vulnerable infants, are more likely to succeed if targeted at schoolchildren, rather than adults.

Social Science & Medicine
Volume 202 Pages 1-178 (April 2018)
https://www.sciencedirect.com/journal/social-science-and-medicine/vol/202/suppl/C
[New issue; No digest content identified]

Systematic Reviews
https://systematicreviewsjournal.biomedcentral.com/articles
[Accessed 31 March 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 3 Pages: i-iv, 251-340 March 2018
https://onlinelibrary.wiley.com/toc/13653156/current
[Reviewed earlier]

Vaccine
Volume 36, Issue 16 Pages 2057-2226 (12 April 2018)
https://www.sciencedirect.com/journal/vaccine/vol/36/issue/16
Short communication
Evolution over time in the cost-effectiveness of pneumococcal conjugate vaccine (PCV13) in older Australians due to herd protection from infant vaccination
Pages 2057-2060
C. Chen, P. Beutels, A.T. Newall
Abstract
In many settings, serotype changes as a result of infant 13-valent pneumococcal conjugate vaccine (PCV13) programs are likely to continue after the introduction of adult PCV13 programs. We applied a multi-cohort model to explore how potential serotype changes may impact on the cost-effectiveness of PCV13 use in Australian adults aged over 65 years. We found assumptions around continued herd protection from infant PCV13 programs to be critical when assessing the cost-effectiveness of adult PCV13 vaccination in Australia. Future cost-effectiveness analyses of adult PCV13 programs need to carefully consider how to predict these future changes in serotypes, with Australian data suggesting that the changes post-PCV13 use in infants may be different than post-PCV7.

Epidemiological profile and progress toward rubella elimination in China. 10 years after nationwide introduction of rubella vaccine

Original research article
Pages 2079-2085
Qiru Su, Chao Ma, Ning Wen, Chunxiang Fan, ... Weizhong Yang

Influenza vaccination among Saudi Hajj pilgrims: Revealing the uptake and vaccination barriers

Original research article
Pages 2112-2118
Mohammad Alfelali, Osamah Barasheed, Al-Mamoon Badahdah, Hamid Bokhary, ... Harunor Rashid

Abstract

Background

Hajj is the world's largest annual mass gathering that attracts two to three million Muslims from around the globe to a religious assemblage in Makkah, Saudi Arabia. The risk of acquisition and transmission of influenza among Hajj pilgrims is high. Therefore, influenza vaccination is recommended, and was monitored frequently among pilgrims from different countries. However, the vaccination uptake among Saudi pilgrims has not been assessed in recent years.

Objective

This analysis aims to evaluate influenza vaccine uptake among Saudi Hajj pilgrims, and identify the key barriers to vaccination.

Method

Data on influenza vaccination were obtained from Saudi pilgrims who took part in a large trial during the Hajj of 2013, 2014 and 2015. Pilgrims were met and recruited in Mina, Makkah during the peak period of Hajj and were asked to complete a baseline questionnaire that recorded their influenza vaccination history, including reason(s) for non-receipt of vaccine.

Results

A total of 6974 Saudi pilgrims aged between 18 and 95 (median 34) years were recruited; male to female ratio was 1:1.2. Of the total, 90.8% declared their influenza vaccination history, 51.3% of them reported receiving influenza vaccine before travel to Hajj. The vaccination rates for the years 2013, 2014 and 2015 were 21.4%, 48.2% and 58.1%, respectively ($P < 0.001$). Of 1,269 pilgrims who were at higher risk of severe disease, 54.5% received the vaccine. Lack of awareness (47.5%), reliance on natural immunity (15.8%) and being busy (15.5%) were the main reasons for non-receipt.

Conclusion

These data from a convenience sample indicate that influenza vaccine uptake among Saudi Hajj pilgrims is increasing over years but still needs further improvement. Lack of awareness and misperceptions are the main barriers. Education of Saudi pilgrims and health professionals is required to raise awareness about influenza vaccination. Further studies are needed to understand pilgrims' misperceptions.

Post-licensure safety surveillance study of routine use of quadrivalent meningococcal diphtheria toxoid conjugate vaccine (MenACWY-D) in infants and children

Open access - Original research article
Pages 2133-2138
J. Hansen, L. Zhang, A. Eaton, R. Baxter, ... N.P. Klein

Post stem cell transplantation revaccination: A survey of the current practices in India

Original research article

Pages 2176-2180

M. Joseph John, Amrith Mathew, Sunil Bhat, Anushree Prabhakaran, ... Jacob John

Abstract

Background

Hematopoietic stem cell transplant (HSCT) recipients are more susceptible to infections from vaccine preventable diseases (VPDs) than the general population. Indian stem cell transplant registry (ISCTR) post-BMT vaccination guidelines were formulated in 2015. The objective of the survey was to assess the compliance to these guidelines among transplant physicians in India.

Materials and methods

This is a cross-sectional survey executed as the quantitative research strategy to explore the various aspects of vaccination practices among transplant physicians in India. The 'data collection tool' included 36 predetermined questions related to vaccination of the patients and their close contacts. Theoretical construct of the questionnaire was face-validated and questionnaire survey forms were emailed individually as attachments or by google forms. This study is being reported based on the checklist for reporting results of internet e-surveys statement guidelines.

Results

Survey forms were sent to 105 transplant physicians in India, 62% of whom responded representing 78.8% of transplant centers in India. More than 90% of allogeneic transplant physicians and 64% of autologous transplant physicians offered vaccination. Over two third of the physicians responded that they would discontinue vaccination at the onset of cGVHD. Fewer than one third physicians offered vaccination against Hepatitis A, Typhoid or Meningococcal infections. Forty two percent of respondents were unaware of the ISCTR post-BMT vaccination protocol. Only 47% of respondents reported complete adherence to any of the protocols they were following. Immune reconstitution to guide vaccination was available only to 13.3 percent of respondents.

Conclusion

There is a need to improve the implementation strategies of vaccination in HSCT recipients to increase the adherence and continuation of it even in the presence of GVHD. There is also a need to extend the vaccination among VPDs especially prevalent in India.

Vaccine: Development and Therapy

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

(Accessed 31 March 2018)

[No new digest content identified]

Vaccines — Open Access Journal

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

(Accessed 31 March 2018)

Open Access

Review

Efforts to Improve the Seasonal Influenza Vaccine

by Alfred T. Harding and Nicholas S. Heaton
Vaccines 2018, 6(2), 19; doi:10.3390/vaccines6020019 (registering DOI) - 30 March 2018
Abstract
Influenza viruses infect approximately 20% of the global population annually, resulting in hundreds of thousands of deaths. While there are Food and Drug Administration (FDA) approved antiviral drugs for combating the disease, vaccination remains the best strategy for preventing infection. Due to the rapid mutation rate of influenza viruses, vaccine formulations need to be updated every year to provide adequate protection. In recent years, a great amount of effort has been focused on the development of a universal vaccine capable of eliciting broadly protective immunity. While universal influenza vaccines clearly have the best potential to provide long-lasting protection against influenza viruses, the timeline for their development, as well as the true universality of protection they afford, remains uncertain. In an attempt to reduce influenza disease burden while universal vaccines are developed and tested, many groups are working on a variety of strategies to improve the efficacy of the standard seasonal vaccine. This review will highlight the different techniques and technologies that have been, or are being, developed to improve the seasonal vaccination efforts against influenza viruses

Open Access
Review
Harnessing the Power of T Cells: The Promising Hope for a Universal Influenza Vaccine
by E. Bridie Clemens, Carolien van de Sandt, Sook San Wong, Linda M. Wakim and Sophie A. Valkenburg
Vaccines 2018, 6(2), 18; doi:10.3390/vaccines6020018 - 26 March 2018
Abstract
Next-generation vaccines that utilize T cells could potentially overcome the limitations of current influenza vaccines that rely on antibodies to provide narrow subtype-specific protection and are prone to antigenic mismatch with circulating strains. Evidence from animal models shows that T cells can provide

Open Access
Review
Epidemiological Studies to Support the Development of Next Generation Influenza Vaccines
by Joshua G. Petrie and Aubree Gordon
Vaccines 2018, 6(2), 17; doi:10.3390/vaccines6020017 - 26 March 2018

Value in Health
March 2018 Volume 21, Issue 3, p249-372
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

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

Papillomavirus Research
Available online 22 March 2018
Are two doses of human papillomavirus vaccine sufficient for girls aged 15–18 years? Results from a cohort study in India
Neerja Bhatla, Bhagwan M. Nene, Smita Joshi, Pulikottil O. Esmy, Usha Rani Reddy Poli, Geeta Joshi, Yogesh Verma, Eric Zomawia, Sharmila Pimple, Priya R. Prabhu, Partha Basu, Richard Muwonge, Sanjay Hingmire, Catherine Sauvaget, Eric Lucas, Michael Pawlita, Tarik Gheit, Kasturi Jayant, Sylla G Malvi, Maqsood Siddiqi, Angelika Michel, Julia Butt, Subha Sankaran, Thiraviam Pillai Rameshwari Ammal Kannan, Rintu Varghese, Uma Divate, Martina Willhauck-Fleckenstein, Tim Waterboer, Martin Müller, Peter Sehr, Alka Kriplani, Gauravi Mishra, Radhika Jadhav, Ranjit Thorat, Massimo Tommasino, M. Radhakrishna Pillai, Rengaswamy Sankaranarayanan
Abstract
Extending two-dose recommendations of HPV vaccine to girls between 15–18 years will reduce program cost and improve compliance. Immunogenicity and vaccine targeted HPV infection outcomes were compared between 1795 girls aged 15–18 years receiving two (1–180 days) and 1515 girls of same age receiving three (1–60-180 days) doses. Immunogenicity outcomes in 15–18 year old two-dose recipients were also compared with the 10–14 year old three-dose (N=2833) and two-dose (N=3184) recipients. The 15–18 year old two-dose recipients had non-inferior L1-binding antibody titres at seven months against vaccine-targeted HPV types compared to three-dose recipients at 15–18 years and three-dose recipients at 10–14 years of age. Neutralizing antibody titres at 18 months in 15–18 year old two-dose recipients were non-inferior to same age three-dose recipients for all except HPV 18. The titres were inferior to those in the 10–14 year old three-dose recipients for all targeted types. Frequency of incident infections from vaccine-targeted HPV types in the 15–18 year old two-dose recipients was similar to the three dose recipients. None of the girls receiving two or three doses had persistent infection from vaccine-targeted types. These findings support that two doses of HPV vaccine can be extended to girls aged 15–18 years.

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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 31 March 2018
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 31 March 2018
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 31 March 2018
[No new, unique, relevant content]

Financial Times
http://www.ft.com/home/uk
Accessed 31 March 2018
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 31 March 2018
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 31 March 2018
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 31 March 2018[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 31 March 2018
Brazil faces new yellow fever outbreak – and questions over lack of preparedness
The country plans to vaccinate its entire population against the lethal mosquito-borne disease but specialists doubt its capacity to do so
Dom Phillips in Rio de Janeiro
Wed 28 Mar 2018
As it struggles to control its second deadly yellow fever outbreak in consecutive years, Brazil's government has said it will vaccinate everyone in this continent-sized country who is not already protected – which means giving injections to 77 million people by the end of 2019. But although Brazil already recommends yellow fever vaccines in many areas of 23 of its 27 states, it has not been able to deliver on those recommendations, leaving many unprotected.

That has raised concerns from health specialists over whether Brazil can produce all the vaccine it needs in time – even though it is one of only four producers supplying the vaccine to the World Health Organisation.

And it has provoked fresh questions over why the country failed to stop the disease spreading after last year's outbreak…

New Yorker
http://www.newyorker.com/
Accessed 31 March 2018
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 31 March 2018
Health
CDC Director Pledges to Bring Opioid Epidemic 'to Its Knees'

The new director of the top U.S. public health agency on Thursday pledged to work to bring the nation's opioid epidemic "to its knees" and said he believes the AIDS epidemic could be ended in three to seven years…During the 50-minute staff meeting at the CDC Thursday, Redfield said he is a firm believer in vaccines and other public health strategies for preventing disease and stopping its spread…
March 29

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 31 March 2018
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 31 March 2018
In emotional speech, CDC's new leader vows to uphold science
by Lena H. Sun March 29

Robert Redfield Jr., the new director of the Centers for Disease Control and Prevention, gave a deeply personal agencywide address Thursday in which he repeatedly underscored the importance of science and data and said the CDC's most critical public health mission is to protect Americans "from that which we don't expect."

The 66-year-old Redfield, a longtime AIDS researcher appointed to the job a week ago, was overcome by emotion twice during his brief remarks and a question-and-answer session. The University of Maryland medical professor had sought the top job at the CDC and the National Institutes of Health for more than a decade.

About 30 seconds into his address, he choked up and then regained his composure. He spoke of the honor of leading the best "science-based, data-driven agency in the world. I've dreamed of doing this for a long time."

The 45-minute session at the CDC's Atlanta headquarters, which employees were able to watch or listen to from locations across the United States and around the world, was well received by employees. Katherine Lyon-Daniel, CDC's associate director of communications,

asked him questions she said had been submitted in advance; they didn't include any controversial topics…

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Think Tanks et al

Brookings
http://www.brookings.edu/
Accessed 31 March 2018
[No new relevant content]

Center for Global Development
http://www.cgdev.org/page/press-center
Accessed 31 March 2018
[No new relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 31 March 2018
[No new relevant content]

CSIS
https://www.csis.org/
Accessed 31 March 2018
[No new relevant content]

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

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

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