



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

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

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

*Comments and suggestions should be directed to*

*David R. Curry, MS  
Editor and  
Executive Director  
Center for Vaccine Ethics & Policy  
[david.r.curry@centerforvaccineethicsandpolicy.org](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)*

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## Milestones :: Perspectives

### World Health Assembly

21–26 May 2018

Geneva

Main Documents: [http://apps.who.int/gb/e/e\\_wha71.html](http://apps.who.int/gb/e/e_wha71.html)

[A71/1 Rev.1](#) - Provisional agenda

### **Director-General brings ambitious agenda for change to World Health Assembly**

*18 May 2018 - News Release*

After one year in office, WHO Director-General, Dr Tedros Adhanom Ghebreyesus will open the Seventy-first World Health Assembly next week in Geneva with an ambitious agenda for change that aims to save 29 million lives by 2023.

Ministers of Health and other delegates from WHO's 194 Member States will meet to discuss a range of issues, including the 13th General Programme of Work, which is WHO's 5-year strategic plan to help countries meet the health targets of the Sustainable Development Goals (SDGs).

"This is a pivotal health Assembly. On the occasion of WHO's 70th anniversary, we are celebrating 7 decades of public health progress that have added 25 years to global life expectancy, saved millions of children's lives, and made huge inroads into eradicating deadly diseases such as smallpox and, soon, polio," said Dr Tedros.

"But the latest edition of the World Health Statistics, published yesterday, shows just how far we still have to go. Too many people are still dying of preventable diseases, too many people are being pushed into poverty to pay for health care out of their own pockets and too many people are unable to get the health services they need. This is unacceptable," he added.

Next week's Health Assembly will open against the backdrop of a new outbreak of Ebola in central Africa, a stark reminder that global health risks can erupt at any time and that fragile health systems in any country pose a risk for the rest of the world.

The WHO General Programme of Work, designed to address these challenges and accelerate progress towards the SDGs, is the result of 12 months of intensive discussion with countries, experts and partners, and centres on the "triple billion" targets:

*1 billion more people benefitting from universal health coverage*

*1 billion more people better protected from health emergencies*

*1 billion more people enjoying better health and well-being.*

"We are transforming how we work to achieve our vision of a world in which health is a right for all. We are changing the way we do business," Dr Tedros said.

Other topics that will be covered at this year's World Health Assembly include WHO's work in health emergencies, polio, physical activity, vaccines, the global snakebite burden and rheumatic heart disease...

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**EBOLA/EVD** [to 19 May 2018]  
<http://www.who.int/ebola/en/>

**WHO concerned as one Ebola case confirmed in urban area of Democratic Republic of the Congo**

17 May 2018 *News Release*

One new case of Ebola virus disease (EVD) has been confirmed in Wangata, one of the three health zones of Mbandaka, a city of nearly 1.2 million people in Equateur Province in northwestern Democratic Republic of the Congo.

The Ministry of Health of the Democratic Republic of the Congo announced the finding, after laboratory tests conducted by the Institut National de Recherche Biomédicale (INRB) confirmed one specimen as positive for EVD.

Until now, all the confirmed Ebola cases were reported from Bikoro health zone, which is also in Equateur Province but at a distance of nearly 150 km from Mbandaka. The health facilities in Bikoro have very limited functionality and the affected areas are difficult to reach, particularly during the current rainy season, as the roads are often impassable.

"This is a concerning development, but we now have better tools than ever before to combat Ebola," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "WHO and our partners are taking decisive action to stop further spread of the virus."

WHO is deploying around 30 experts to conduct surveillance in the city and is working with the Ministry of Health and partners to engage with communities on prevention and treatment and the reporting of new cases.

"The arrival of Ebola in an urban area is very concerning and WHO and partners are working together to rapidly scale up the search for all contacts of the confirmed case in the Mbandaka area," said Dr Matshidiso Moeti, WHO Regional Director for Africa.

WHO is also working with Médecins Sans Frontières (MSF) and other partners to strengthen the capacity of health facilities to treat Ebola patients in special isolation wards.

As of 15 May, a total of 44 Ebola virus disease cases have been reported: 3 confirmed, 20 probable, and 21 suspected.

*WHO partners in the DRC Ebola response include:*

The International Federation of Red Cross and Red Crescent Societies (IFRC), the Congolese Red Cross (Congo ICRC), the Red Cross of the Democratic Republic of the Congo (DRC ICRC), Médecins Sans Frontières (MSF), the Disaster Relief Emergency Fund (DREF), the Africa Centers for Disease Control and Prevention (Africa-CDC), the US Centers for Disease Control and Prevention (US-CDC), the World Food Programme (WFP), UNICEF, UNOCHA, MONUSCO, International Organization for Migration (IOM), the FAO Emergency Management Centre – Animal Health (EMC-AH), the International Humanitarian Partnership (IHP), Gavi – the Vaccine Alliance, the African Field Epidemiology Network (AFENET), the UK Public Health Rapid Support team, the EPIET Alumni Network (EAN), and the International Organisation for Animal Health

(OIE) and the Emerging Diseases Clinical Assessment and Response Network (EDCARN). Additional coordination and technical support is forthcoming through the Global Outbreak Alert and Response Network (GOARN) and Emergency Medical Teams (EMT).

### **Statement on the 1st meeting of the IHR Emergency Committee regarding the Ebola outbreak in 2018**

The 1st meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the Ebola Virus Disease (EVD) outbreak in the Democratic Republic of the Congo took place on Friday 18 May 2018, from 11:00 to 14:00 Geneva time (CET).

#### ***Emergency Committee conclusion***

**It was the view of the Committee that the conditions for a Public Health Emergency of International Concern (PHEIC) have not currently been met.**

#### ***Meeting***

Members and advisors of the Emergency Committee met by teleconference. Presentations were made by representatives of the Democratic Republic of the Congo on recent developments, including measures taken to implement rapid control strategies, and existing gaps and challenges in the outbreak response. During the informational session, the WHO Secretariat provided an update on and assessment of the Ebola outbreak.

The Committee's role was to provide to the Director-General their views and perspectives on: Whether the event constitutes a Public Health Emergency of International Concern (PHEIC) If the event constitutes a PHEIC, what Temporary Recommendations should be made.

#### ***Current situation***

On 8 May, WHO was notified by the Ministry of Health of the Democratic Republic of the Congo of two lab-confirmed cases of Ebola Virus Disease occurring in Bikoro health zone, Equateur province. Cases have now also been found in nearby Iboko and Mbandaka. From 4 April to 17 May 2018, 45 EVD cases have been reported, including in three health care workers, and 25 deaths have been reported. Of these 45 cases, 14 have been confirmed. Most of these cases have been in the remote Bikoro health zone, although one confirmed case is in Mbandaka, a city of 1.2 million, which has implications for its spread.

Nine neighbouring countries, including Congo-Brazzaville and Central African Republic, have been advised that they are at high risk of spread and have been supported with equipment and personnel.

#### ***Key Challenges***

After discussion and deliberation on the information provided, the Committee concluded these key challenges:

:: The Ebola outbreak in the Democratic Republic of the Congo has several characteristics that are of particular concern: the risk of more rapid spread given that Ebola has now spread to an urban area; that there are several outbreaks in remote and hard to reach areas; that health care staff have been infected, which may be a risk for further amplification.

- :: The risk of international spread is particularly high since the city of Mbandaka is in proximity to the Congo river, which has significant regional traffic across porous borders.
- :: There are huge logistical challenges given the poor infrastructure and remote location of most cases currently reported; these factors affect surveillance, case detection and confirmation, contact tracing, and access to vaccines and therapeutics.

However, the Committee also noted the following:

- :: The response by the government of the Democratic Republic of the Congo, WHO and partners has been rapid and comprehensive.
- :: Interventions underway provide strong reason to believe that the outbreak can be brought under control, including: enhanced surveillance, establishment of case management facilities, deployment of mobile laboratories, expanded engagement of community leaders, establishment of an airbridge, and other planned interventions.
- :: In addition, the advanced preparations for use of the investigational vaccine provide further cause for optimism for control

In conclusion, the Emergency Committee, while noting that the conditions for a PHEIC are not currently met, issued Public Health Advice as follows:

- :: Government of the Democratic Republic of the Congo, WHO, and partners remain engaged in a vigorous response – without this, the situation is likely to deteriorate significantly. This response should be supported by the entire international community.
- :: Global solidarity among the scientific community is critical and international data should be shared freely and regularly.
- :: It is particularly important there should be no international travel or trade restrictions.
- :: Neighbouring countries should strengthen preparedness and surveillance.
- :: During the response, safety and security of staff should be ensured, and protection of responders and national and international staff should be prioritised.
- :: Exit screening, including at airports and ports on the Congo river, is considered to be of great importance; however entry screening, particularly in distant airports, is not considered to be of any public health or cost-benefit value.
- :: Robust risk communication (with real-time data), social mobilisation, and community engagement are needed for a well-coordinated response and so that those affected understand what protection measures are being recommended;
- :: If the outbreak expands significantly, or if there is international spread, the Emergency Committee will be reconvened.

The Committee emphasized the importance of continued support by WHO and other national and international partners towards the effective implementation and monitoring of this advice.

**Based on this advice, the reports made by the affected States Parties, and the currently available information, the Director-General accepted the Committee's assessment and on 18 May 2018 did not declare the Ebola outbreak in the Democratic Republic of the Congo a Public Health Emergency of International Concern (PHEIC).** In light of the advice of the Emergency Committee, WHO advises against the application of any travel or trade restrictions. The Director-General thanked the Committee Members and Advisors for their advice.

## **FAQ on Ebola virus disease vaccine**

14 May 2018

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## **First-ever WHO list of essential diagnostic tests to improve diagnosis and treatment outcomes**

15 May 2018

WHO today published its first Essential Diagnostics List, a catalogue of the tests needed to diagnose the most common conditions as well as a number of global priority diseases.

"An accurate diagnosis is the first step to getting effective treatment," says Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "No one should suffer or die because of a lack of diagnostic services, or because the right tests were not available."

The list concentrates on in vitro tests - i.e. tests of human specimens like blood and urine. It contains 113 products: 58 tests are listed for detection and diagnosis of a wide range of common conditions, providing an essential package that can form the basis for screening and management of patients. The remaining 55 tests are designed for the detection, diagnosis and monitoring of "priority" diseases such as HIV, tuberculosis, malaria, hepatitis B and C, human papillomavirus and syphilis.

Some of the tests are particularly suitable for primary health care facilities, where laboratory services are often poorly resourced and sometimes non-existent; for example, tests that can rapidly diagnose a child for acute malaria or glucometers to test diabetes. These tests do not require electricity or trained personnel. Other tests are more sophisticated and therefore intended for larger medical facilities.

"Our aim is to provide a tool that can be useful to all countries, to test and treat better, but also to use health funds more efficiently by concentrating on the truly essential tests," says Mariângela Simão, WHO Assistant Director-General for Access to Medicines, Vaccines and Pharmaceuticals. "Our other goal is to signal to countries and developers that the tests in the list must be of good quality, safe and affordable."

For each category of test, the Essential Diagnostics List specifies the type of test and intended use, format, and if appropriate for primary health care or for health facilities with laboratories. The list also provides links to WHO Guidelines or publications and, when available, to prequalified products.

Similar to the WHO Essential Medicines List, which has been in use for four decades, the Essential Diagnostics List is intended to serve as a reference for countries to update or develop their own list of essential diagnostics. In order to truly benefit patients, national governments will need to ensure appropriate and quality-assured supplies, training of health care workers and safe use. To that end, WHO will provide support to countries as they adapt the list to the local context...

*[First edition of the WHO Model List of Essential In Vitro Diagnostics \(EDL\)](#)*

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## **Emergencies**

### **POLIO**

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

#### **Polio this week as of 15 May 2018** [GPEI]

*Summary of newly-reported viruses this week:*

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

**Pakistan:** One new WPV1 positive environmental sample has been reported, in Sindh.

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#### **WHO Grade 3 Emergencies** [to 19 May 2018]

**The Syrian Arab Republic** - *No new announcements identified*

:: Reaching out with mental health services for displaced Syrians 16-05-2018

Iraq - *No new announcements identified*

Nigeria - *No new announcements identified*

South Sudan - *Webpage not responding at inquiry*

Yemen - *No new announcements identified*

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#### **WHO Grade 2 Emergencies** [to 19 May 2018]

*[Several emergency pages were not available at inquiry]*

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.*

Myanmar - *No new announcements identified*

Niger - *No new announcements identified.*

Ukraine - *No new announcements identified.*

#### **UNICEF: Over 16K babies born in Rohingya camps in Bangladesh**

Khmer Times (Cambodia)/Reuters (5/18/2018),

More than 16,000 babies have been born in Rohingya refugee camps in Bangladesh in the past nine months, and only 3,000 of them were delivered in medical facilities, according to UNICEF. "Around 60 babies a day are taking their first breath in appalling conditions, away from home, to mothers who have survived displacement, violence, trauma and, at times, rape," says UNICEF representative Edouard Beigbeder.

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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.*

### **Yemen**

:: Yemen Humanitarian Update Covering 8 – 14 May 2018 | Issue 15

Syrian Arab Republic - *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.*

### **Somalia**

:: OCHA Somalia Flash Update #5 - Humanitarian impact of heavy rains | 15 May 2018 [EN/SO]

Ethiopia - *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 19 May 2018]

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

*[See Milestones above for detail]*

#### **MERS-CoV** [to 19 May 2018]

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

*[Webpage not responding at inquiry]*

#### **Yellow Fever** [to 19 May 2018]

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

*- No new announcements identified.*

#### **Zika virus** [to 19 May 2018]

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

*- No new announcements identified.*

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#### **WHO & Regional Offices** [to 19 May 2018]

*See Milestones above for coverage of Ebola and Yemen.*

**Weekly Epidemiological Record, 18 May 2018, vol. 93, 20 (pp. 249–304)**

***Editorial***

*Dr Peter Salama*

*Deputy Director-General*

*Emergency Preparedness and Response*

The WHO Health Emergencies (WHE) programme was established in 2016 to strengthen WHO capacity to prevent, detect and respond to emergencies. Over the last two years the WHE has markedly strengthened systems and processes to detect and manage hazards. This includes through more systematic assessment of notifications and alerts and through development and implementation of the Emergency Response Framework. Each month the programme assesses 7000 signals of potential public health concern. Around 30 of these require field investigation.

During the last year the WHE has supported operations to control and manage Ebola in Democratic Republic of Congo, Marburg in Uganda, pneumonic plague in Madagascar, cholera, diphtheria and the collapse of the health system in Yemen, chemical events in Syria, war related injuries in Iraq, the Rohingya refugee crisis in Bangladesh to name but a few.

This special edition of the Weekly Epidemiology Record provides a flavour of some of the work that WHE is doing with partners to strengthen global capacity to prepare, prevent, detect, respond to and recover from public health emergencies with the goal of creating a safer world.

The first set of articles focuses on WHE's work to strengthen surveillance and risk assessment including through the use of technology. Teams in AFRO, SEARO and PAHO document the tools they are using to assess and understand their hazards. WHO describe the use of Spatial analysis to map out geographical zones for the most common haemorrhagic fevers, chikungunya, yellow fever, Zika virus, plague, anthrax, meningitis, cholera and malaria. SEARO outlines how they have used multiple tools to understand their capacity gaps and vulnerabilities in order to guide investments in risk reduction and preparedness. In the Americas they are adapting tools for surveillance and operational readiness to take into account changes in social behaviours from urbanisation, travel and trade. And finally the article on the Epidemic Intelligence from Open Sources (EIOS) shows how a multi-agency collaboration is using open source data to support early detection, verification and assessment of public health risks allowing better identification of events that warrant more detailed risk analysis.

The second set of articles presents some examples of the WHE work in strengthening country preparedness. The article on Early Warning, Alert and Response outlines work that is ongoing to develop a robust tool that can be applied in both routine and emergency contexts with the aim of making EWAR processes smoother and more efficient. The piece on Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED) shares lessons learnt in rolling out a common framework for building core capacity across two WHO regions for application beyond Asia and the Pacific in order to strengthen global health security.

The third set of articles focuses on mechanisms and initiatives to support smoother and more rapid responses to emergencies starting with a piece on our newly adapted Incident Management System which is helping ensure a more predictable and effective response in

many settings. The piece on vaccine stockpiles outlines the importance behind these stockpiles and the importance of transparent and clear governance in ensuring equitable access to vaccines ensuring maximum public health impact, in particular where managing multiple requests for the same vaccine are being made.

And finally the pieces on Ukraine and on DARES in Yemen help us look to the future, providing two examples of WHEs work with governments and partners can use emergency operations to deliver public health outcomes and to catalyse and stimulate broader health system reform and system strengthening.

These pieces provide an opportunity to reflect on how far we have come in building a stronger WHO emergencies programme. But our work is not done. This next year will see our work continue as we support governments to ensure compliance with the International Health Regulations, and as we work across WHO and with development and humanitarian partners to coordinate our support in fragile and conflict settings to prevent health system collapse whilst continuing to access and provide critical services to populations in need.

I thank you for your support and we look forward to serving you further.

- :: Mapping the distribution and risk of epidemics in the WHO African Region
- :: A health emergency risk profile of the South-East Asia Region
- :: Importance of surveillance for preparedness and country readiness in a hazard-prone region
- :: The Epidemic Intelligence from Open Sources initiative: a collaboration to harmonize and standardize early detection and epidemic intelligence among public health organizations
- :: Early Warning, Alert and Response (EWAR): a key area for countries in preparedness and response to health emergencies
- :: Confronting health security threats: The Asia-Pacific Strategy for Emerging Diseases and Public Health Emergencies to advance core capacity for the International Health Regulations (2005)
- :: Adapting the Incident Management System for response to health emergencies – early experience of WHO
- :: Access to life-saving vaccines during outbreaks: a spotlight on governance
- :: Crisis in Ukraine as an opportunity for rebuilding a more responsive primary health care system
- :: Who DARES wins. Delivering accelerated results effectively and sustainably
- :: Implementation of the International Health Regulation (2005) in Oman: progress, lessons learnt and way forward
- :: Accelerating implementation of the International Health Regulations (2005): the interface between health systems and health security

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### **WHO Regional Offices**

*Selected Press Releases, Announcements*

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

*Selected Featured News*

- :: [Statement on the 1st meeting of the IHR Emergency Committee regarding the Ebola outbreak in 2018](#) 19 May 2018

:: WHO concerned as one Ebola case confirmed in urban area of Democratic Republic of the Congo 17 May 2018

:: WHO supports stabilization centres to treat malnourished children in South Sudan 17 May 2018

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

- *No new announcements identified.*

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

- *No new announcements identified.*

### **WHO European Region EURO**

:: European Immunization Week helps highlight and boost the positive impact of vaccines 17-05-2018

:: The WHO Barcelona Course on Health Financing for Universal Health Coverage now open for application 16-05-2018

:: Reaching out with mental health services for displaced Syrians 16-05-2018

:: Belarus pilot project shows the way to people-centred TB services 16-05-2018

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

:: Last nationwide vaccination campaign in Afghanistan starts before the high transmission season for poliovirus 6 May 2018

### **WHO Western Pacific Region**

:: Doing it for themselves: Peer-led HIV testing in Viet Nam improves access to care  
7 May 2018

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### **CDC/ACIP [to 19 May 2018]**

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

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

Wednesday, May 16, 2018

### **New Rapid Rabies Test Could Revolutionize Testing and Treatment**

A new rabies test developed at the Centers for Disease Control and Prevention (CDC) could mean people exposed to potentially rabid animals could forego the weeks-long regimen of shots to prevent the deadly disease.

The new test, designed for use in animals, can more easily and precisely diagnose rabies infection, according to a study published today in PLOS One. The new LN34 test is simpler and easier to use than current tests. During the pilot study, it produced no false negatives, fewer false positive, and fewer inconclusive results. It could allow doctors and patients to make better informed decisions about who needs treatment for rabies, which is nearly always fatal once symptoms start.

The LN34 test can also be run on testing platforms already widely used in the U.S. and worldwide, without any extra training. And it yields results even from decomposing animal brain tissue. The current gold-standard for rabies testing in animals is the direct fluorescent antibody

(DFA) test, which can only be interpreted by laboratory workers with special skills, extensive training, and a specific type of microscope...

### **MMWR News Synopsis for May 17, 2018**

#### Community-Based Services to Improve Testing and Linkage to Care Among Non-U.S.-Born Persons with Chronic Hepatitis B Virus Infection – Three U.S. Programs, October 2014–September 2017

*Strategic partnerships with public health departments, medical clinics, and community organizations are successful in developing hepatitis B programs that offer community-based testing services and linkage to care in hard to reach, non-U.S.-born populations.*

In the United States, 70 percent of people living with chronic hepatitis B virus (HBV) infection are non-U.S. born. To mitigate morbidity and mortality associated with HBV among this heavily impacted population, CDC funded a cooperative agreement to develop hepatitis B testing and linkage to care programs serving non-U.S.-born people from October 2014 to September 2017. This report summarizes the efforts of these programs and their partnerships with primary care centers, community-based services, and public health departments. Among the findings: 7.5 percent of program participants tested positive for HBV; 85 percent of those who tested positive attended at least one medical visit; and 78 percent received recommended care.

#### Trends in Antiretroviral Therapy Eligibility and Coverage Among HIV-Infected Children Aged <15 Years – 20 PEPFAR-Supported Sub-Saharan African Countries, 2012–2016

*A CDC analysis of 20 African countries shows that more children living with HIV were on treatment in 2016 than in 2012, but 56 percent remain without treatment. More work is needed to control the HIV epidemic among children by diagnosing those living with HIV, and starting and maintaining them on treatment.*

A CDC analysis of 20 African countries, supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), shows more children living with HIV are on antiretroviral therapy (ART), which can help them live longer, healthier lives. The study revealed the percentage of HIV-positive children on ART in these countries increased from 24 percent in 2012 to 44 percent in 2016. However, 56 percent of children living with HIV were not receiving treatment in 2016. The study also showed that 13 of the 20 countries adopted the 2016 World Health Organization guidelines, which expanded treatment eligibility to all children by 2016. The research suggests that more work is needed to control the HIV epidemic by increasing diagnosis of HIV-positive children, as well as starting and maintaining them on treatment.

#### Cholera Epidemic – Lusaka, Zambia, 2017–2018

*Cholera will remain a global health risk until underlying and widespread water, sanitation and hygiene gaps are addressed. Under a new strategy called "Ending Cholera," the Global Task Force for Cholera Control, chaired by WHO, recently proposed investments in water, sanitation, and hygiene; emergency preparedness; and cholera vaccination in cholera hotspots to reduce cholera deaths by 90 percent and eliminate local cholera transmission in 20 countries by 2030.*

A recent cholera outbreak in Lusaka, Zambia demonstrates the need for rapid and robust responses during initial stages of outbreaks, enhanced surveillance, and access to chlorinated drinking water. The outbreak began in October 2017 and resulted in almost 5,000 cases and 93 deaths in the capital city of Lusaka. Of the local water sources tested, 73 percent had insufficient chlorine levels and one third had fecal contamination. During January–February 2018, the Zambian government and partners collaborated to improve water supplies, provide

education, and administer oral cholera vaccine. However, heavy flooding and widespread water shortages led to a resurgence of cholera in March. Cholera remains a significant global public health problem with about 3 million cases each year and over a billion people at risk for infection, primarily due to contaminated drinking water.

**Register for upcoming June ACIP meeting**

June 20-21, 2018

Deadline for registration:

Non-US Citizens: May 16, 2018

US Citizens: June 11, 2018

Registration is NOT required to watch the live meeting webcast or to listen via telephone.

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**Africa CDC** [to 19 May 2018]

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

*No new digest content identified.*

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**China CDC**

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

*No new digest content identified.*

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**ECDC - European Centre for Disease Prevention and Control** [to 19 May 2018]

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

*Data*

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

map - 18 May 2018

*Data*

**Distribution of rubella cases by country, February 2018 in EU/EEA countries**

map - 18 May 2018

*Publication*

**Communicable disease threats report, 13-19 May 2018, Week 20**

publication - 18 May 2018

*Data*

**Distribution of measles deaths by country, April 2017–March 2018, EU/EEA countries**

map - 18 May 2018

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## Announcements

**AERAS** [to 19 May 2018]

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

*No new digest content identified.*

**BMGF - Gates Foundation** [to 19 May 2018]

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

*No new digest content identified.*

**Bill & Melinda Gates Medical Research Institute** [to 19 May 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.*

*Webpage not responding at inquiry.*

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 19 May 2018]

<http://cepi.net/>

*No new digest content identified.*

**EDCTP** [to 19 May 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*

*No new digest content identified.*

**Emory Vaccine Center** [to 19 May 2018]

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

*No new digest content identified.*

**European Medicines Agency** [to 19 May 2018]

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

18/05/2018

**Meeting highlights from the Pharmacovigilance Risk Assessment Committee (PRAC)  
14-17 May 2018**

PRAC concludes two referrals, maintains recommendation on HES solutions for infusion and issues precautionary advice on HIV medicine

**European Vaccine Initiative** [to 19 May 2018]

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

16 May 2018

**European-African partnership to advance the development of a Leishmania vaccine**

*Phase II clinical trials in Sudan of a therapeutic vaccine to prevent post kala azar dermal leishmaniasis to be supported by European & Developing Countries Clinical Trials Partnership*

**FDA** [to 19 May 2018]

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

*No new digest content identified.*

**Fondation Merieux** [to 19 May 2018]

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

*No new digest content identified.*

**Gavi** [to 19 May 2018]

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

19 May 2018

**Gavi welcomes call for coordinated global action against cervical cancer**

*Alliance pledges to continue support for vaccines*

– Gavi, the Vaccine Alliance today welcomed the call for coordinated global action against cervical cancer made by the World Health Organization Director-General, Dr Tedros Adhanom Ghebreyesus. Sustainable disease control through significant investments and holistic health system approaches are the first steps on the path to elimination of cervical cancer. Gavi pledged to continue its work to help countries access and introduce vaccines against human papillomavirus (HPV), the primary cause of cervical cancer...

**GHIT Fund** [to 19 May 2018]

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

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

*No new digest content identified.*

**Global Fund** [to 19 May 2018]

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

*News*

**France to Host Global Fund Replenishment Conference**

16 May 2018

... The conference aims to raise new funds and mobilize partners toward ending AIDS, TB and malaria by 2030 in alignment with the Sustainable Development Goals. Held once every three years, the conference convenes leaders from governments, civil society, the private sector and communities affected by the three most devastating infectious diseases.

"As one of the founding partners of the Global Fund, France is demonstrating great leadership and sustained commitment in global health," said Peter Sands, Executive Director of the Global Fund. "We are extremely grateful to President Macron for leading efforts to renew and expand our impact, to the benefit of millions of people."

France is Global Fund's second-largest donor, committing more than €4.2 billion to the Global Fund since 2002...

**Hilleman Laboratories** [to 19 May 2018]

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

*No new digest content identified.*

**Human Vaccines Project** [to 19 May 2018]

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

*No new digest content identified.*

**IAVI** [to 19 May 2018]

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

May 18, 2018

**[IAVI Announces Renewed Support from the Danish Government](#)**

The International AIDS Vaccine Initiative (IAVI) is pleased to announce renewed funding from the Danish Government, a longtime partner in the mission to develop a safe, effective, and accessible HIV vaccine. IAVI will receive a total of DKK 20 million (USD \$3.18 million) from 2018-2021, administered by the Danish Ministry of Foreign Affairs (Danida).

"IAVI is grateful to the Danish government for its renewed investment in the development of an HIV vaccine, and for its continuing attention to the needs of communities disproportionately affected by the disease," said Dr. Mark Feinberg, MD, PhD, IAVI President and CEO. "We applaud the Ministry's sustained commitment to combatting HIV/AIDS, and we are proud to count the people of Denmark among our partners toward expediting the development of an effective HIV vaccine, and ultimately, achieving the goal of a world without AIDS."...

**IFFIm**

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

*No new digest content identified.*

**IVAC** [to 19 May 2018]

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

*No new digest content identified.*

**IVI** [to 19 May 2018]  
<http://www.ivi.int/>  
*No new digest content identified.*

**JEE Alliance** [to 19 May 2018]  
<https://www.jeealliance.org/>  
*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 19 May 2018]  
<http://www.doctorswithoutborders.org/news-stories/press/press-releases>  
*Press release*  
**Syria: Children with Chronic Conditions Continue to Suffer from Consequences of War**

May 18, 2018  
The international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) has begun providing treatment for children in northeast Syria suffering from thalassemia, a life-threatening, chronic blood disorder requiring regular blood transfusions and chelation treatment, for which there is limited care across the country.

*Press release*  
**"Unacceptable and inhuman" violence by Israeli army against Palestinian protesters in Gaza**  
MAY 14, 2018—As teams from Doctors Without Borders/Médecins Sans Frontières (MSF) treat people wounded today in Gaza, Marie-Elisabeth Ingres, MSF representative in the Occupied Palestinian Territories, provided the following statement:

**NIH** [to 19 May 2018]  
<http://www.nih.gov/news-events/news-releases>  
May 18, 2018

**Experimental MERS treatments enter clinical trial**

*NIH-sponsored trial to test two human monoclonal antibodies.*  
Enrollment has begun in an early-stage clinical trial testing the safety of two human monoclonal antibodies (mAbs) designed to treat people infected with Middle East respiratory syndrome coronavirus (MERS-CoV). The trial is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, and is funded in part by the Biomedical Advanced Research and Development Authority, part of the Office of the Assistant Secretary for Preparedness and Response, Department Health and Human Services.

May 18, 2018  
**NIH statement on HIV Vaccine Awareness Day - May 18, 2018**  
*HIV remains a burden to individuals and communities in the United States and abroad.*  
NIAID-supported scientists in clinics and laboratories around the world are following two complementary paths to expedite the development of an HIV vaccine. The empirical approach relies on building upon prior partial success with additional observation and experimentation to

advance vaccine candidates into human clinical trials. Scientists also are pursuing a second, theoretical approach that designs vaccine candidates based on the reasonable assumption that a certain type of immune response would protect against HIV infection.

The empirical approach was reinvigorated in 2009 when results from the large RV144 clinical trial in Thailand showed for the first time that an investigational vaccine regimen could confer a degree of protection, albeit modest, against HIV. Today, NIH and our global partners are continuing to build upon the findings from RV144 and other HIV vaccine studies.

Two large HIV vaccine efficacy clinical trials are now ongoing in southern Africa. HVTN 702 launched in late 2016 and is designed to determine whether an experimental vaccine regimen based on the one used in RV144 can safely prevent HIV infection among adults in South Africa. The study team is enrolling 5,400 HIV-negative, sexually active men and women aged 18 to 35 years at 15 sites, and results are expected in late 2020.

In late 2017, NIAID and partners launched HVTN 705/HPX2008, also known as Imbokodo, a large proof-of-concept clinical trial in southern Africa to assess whether an experimental vaccine regimen is safe and able to prevent HIV infection. This regimen includes a “mosaic” vaccine designed to induce immune responses against a wide variety of global HIV strains. The investigators aim to enroll 2,600 HIV-negative women, and results are expected in 2021.

The theoretical approach to developing an HIV vaccine involves studying the immune response to HIV infection and finding ways to generate and enhance that response through vaccination. Some of these strategies aim to prevent HIV infection by developing broadly neutralizing antibodies, better understanding the structure of the virus, and generating a protective cellular response.

Researchers are studying the passive transfer of broadly neutralizing antibodies that could provide people with long-acting protection against HIV infection. This concept is being tested in two large clinical trials in the Americas and Africa to determine whether giving people an intravenous infusion of the antibody VRC01 every eight weeks is safe, tolerable, and effective at preventing HIV infection.

Other powerful antibodies also may provide protection against HIV. In September 2017, NIAID scientists and partners from the Paris-based pharmaceutical company Sanofi reported that a three-pronged antibody made in the laboratory protected monkeys from infection better than did the individual antibodies from which the engineered antibody is derived. This new antibody binds to three different sites on the virus, in contrast to natural, single-site antibodies, which could make it more difficult for HIV to escape. Plans are underway to conduct early phase clinical trials of this “trispecific” antibody in the expectation that it could eventually be used for long-acting HIV prevention and treatment.

These advances and ongoing investigations provide cautious optimism that the development of an HIV vaccine is making headway. With each new finding, and with gratitude to those who volunteer for HIV vaccine clinical trials, we move further along the pathway toward a vaccine. On this HIV Vaccine Awareness Day, we are encouraged by the progress that has been made, and pledge to continue our pursuit of the goal of developing a safe and effective HIV vaccine that could help end the HIV pandemic...

**PATH** [to 19 May 2018]

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

*Announcement | May 18, 2018*

**PATH to join world leaders at 71st World Health Assembly to contribute expertise to the “health for all” agenda**

**Sabin Vaccine Institute** [to 19 May 2018]

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

*No new digest content identified.*

**UNAIDS** [to 19 May 2018]

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

*Feature story*

**Ending double jeopardy for women with HIV**

18 May 2018

...To address the disproportionate risk of cervical cancer among women living with HIV and the need for increased rates of screening and treatment in sub-Saharan Africa, PEPFAR the George W. Bush Institute and UNAIDS recently announced a new partnership—the Partnership to End AIDS and Cervical Cancer—designed to effectively eliminate cervical cancer deaths among women living with HIV in sub-Saharan Africa within a generation. The partnership will build on successful efforts over the past seven years of the Pink Ribbon Red Ribbon initiative and, pending Congressional approval, will be supported by an initial investment of US\$ 30 million from PEPFAR.

“When we confront suffering—when we save lives—we breath hope into devastated populations, strengthen and stabilize society, and make our country and the world safer,” said President George W. Bush. “This week, we are announcing the next phase of our partnership with the United States President’s Emergency Plan for AIDS Relief and UNAIDS: a plan to effectively eliminate cervical cancer amongst HIV-positive women within a generation.”

*Feature story*

**Women living with HIV in Rajasthan push for social protection and economic opportunities**

17 May 2018

Women living with HIV in Rajasthan, India, have come together to lobby the State Government of Rajasthan for improved provision of social protection services. The Global Alliance for Human Rights and the Rajasthan Network of People Living with HIV organized an advocacy session in Jaipur on 15 May with more than 100 women living with HIV during which they presented their needs, including dairy booths for income generation and schooling for adolescents living with HIV...

**UNICEF** [to 19 May 2018]

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

*Selected Press Releases/Reports*

## **UNICEF calls for the urgent protection of children in the Central African Republic**

BANGUI, Central African Republic, 12 May 2018 - A dramatic increase in violence in the Central African Republic in the first part of 2018 has forced at least 55,000 people, including 28,600 children to flee because of brutality and violence in their communities.

## **Vaccine Confidence Project** [to 19 May 2018]

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

*No new digest content identified.*

## **Vaccine Education Center – Children’s Hospital of Philadelphia** [to 19 May 2018]

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

*No new digest content identified.*

## **Wellcome Trust** [to 19 May 2018]

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

*Explainer / Published: 17 May 2018*

### **Sharing Clinical Trial Data: what it means for you**

Wellcome has joined [ClinicalStudyDataRequest.com](https://ClinicalStudyDataRequest.com) (opens in a new tab) (CSDR), a data-sharing initiative involving academic research funders and pharmaceutical companies. Jen O’Callaghan, from our Open Research team, explains why and what it means for researchers. As a global research foundation, we’re dedicated to ensuring that the outputs of the research we fund – including clinical trial data – can be accessed and used in ways that will advance medical science by building on previous findings and exploring new questions.

[CSDR](https://ClinicalStudyDataRequest.com) (opens in a new tab) is a website portal for listing and sharing clinical trial datasets. Originally established to provide a way for researchers to access trial data from a consortium of 15 pharmaceutical companies, CSDR has expanded to include data from academic-led trials. Data continues to be held by the study team and is only shared with data requestors following a successful data access request.

### *Update to Wellcome’s policy on clinical trials*

Today, we’ve launched an updated [policy on clinical trials](#).

The policy now:

:: makes it clearer what you need to do before, during and after you complete a trial funded by Wellcome

:: brings our requirements into line with the [WHO joint statement on public disclosure of results from clinical trials](#) (opens in a new tab), which Wellcome signed up to in May 2017

:: requires you to post summary results in the same registry as the one in which the trial was registered

:: requires you to publish a trial protocol and statistical analysis plan before you start a trial.

Through the policy, we strongly encourage Wellcome-funded researchers to use CSDR for sharing trial data.

If you’re already funded by Wellcome, you’re encouraged to adopt our new policy, but it’s not a requirement. You must abide by the policy in place at the time you received your funding.

The same grant terms and conditions will still apply...

**The Wistar Institute** [to 19 May 2018]  
<https://www.wistar.org/news/press-releases>  
*No new digest content identified.*

\*\*\*\*\*

**BIO** [to 19 May 2018]  
<https://www.bio.org/insights/press-release>  
access to the medicines they need ..."

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 19 May 2018]  
<http://www.dcvmn.org/>  
access to the medicines they need ..."

**IFPMA** [to 19 May 2018]  
<http://www.ifpma.org/resources/news-releases/>  
*No new digest content identified.*

**PhRMA** [to 19 May 2018]  
<http://www.phrma.org/press-room>  
access to the medicines they need ..."

\* \* \* \*

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

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

*No new digest content identified.*

\* \* \* \*

### ***Journal Watch***

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

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

**American Journal of Infection Control**

May 2018 Volume 46, Issue 5, p479-600

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

[Reviewed earlier]

**American Journal of Preventive Medicine**

May 2018 Volume 54, Issue 5, p611-726, e83-e98

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

[Reviewed earlier]

**American Journal of Public Health**

May 2018 108(5)

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

[Reviewed earlier]

**American Journal of Tropical Medicine and Hygiene**

Volume 98, Issue 5, 2018

<http://www.ajtmh.org/content/journals/14761645/98/5>

[Reviewed earlier]

**Annals of Internal Medicine**

1 May 2018 Vol: 168, Issue 9

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

[Reviewed earlier]

**BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 19 May 2018)

*Review*

18 May 2018

[\*\*Accounting for equity considerations in cost-effectiveness analysis: a systematic review of rotavirus vaccine in low- and middle-income countries\*\*](#)

Authors: Marie-Anne Boujaoude, Andrew J. Mirelman, Kim Dalziel and Natalie Carvalho

*Abstract*

*Background*

Cost-effectiveness analysis (CEA) is frequently used as an input for guiding priority setting in health. However, CEA seldom incorporates information about trade-offs between total health gains and equity impacts of interventions. This study investigates to what extent equity

considerations have been taken into account in CEA in low- and middle-income countries (LMICs), using rotavirus vaccination as a case study.

#### Methods

Specific equity-related indicators for vaccination were first mapped to the Guidance on Priority Setting in Health Care (GPS-Health) checklist criteria. Economic evaluations of rotavirus vaccine in LMICs identified via a systematic review of the literature were assessed to explore the extent to which equity was considered in the research objectives and analysis, and whether it was reflected in the evaluation results.

#### Results

The mapping process resulted in 18 unique indicators. Under the 'disease and intervention' criteria, severity of illness was incorporated in 75% of the articles, age distribution of the disease in 70%, and presence of comorbidities in 5%. For the 'social groups' criteria, relative coverage reflecting wealth-based coverage inequality was taken into account in 30% of the articles, geographic location in 27%, household income level in 8%, and sex at birth in 5%. For the criteria of 'protection against the financial and social effects of ill health', age weighting was incorporated in 43% of the articles, societal perspective in 58%, caregiver's loss of productivity in 45%, and financial risk protection in 5%. Overall, some articles incorporated the indicators in their model inputs (20%) while the majority (80%) presented results (costs, health outcomes, or incremental cost-effectiveness ratios) differentiated according to the indicators. Critically, less than a fifth (17%) of articles incorporating indicators did so due to an explicit study objective related to capturing equity considerations. Most indicators were increasingly incorporated over time, with a notable exception of age-weighting of DALYs.

#### Conclusion

Integrating equity criteria in CEA can help policy-makers better understand the distributional impact of health interventions. This study illustrates how equity considerations are currently being incorporated within CEA of rotavirus vaccination and highlights the components of equity that have been used in studies in LMICs. Areas for further improvement are identified.

#### **BMJ Global Health**

May 2018 - Volume 3 - 3

<http://gh.bmjjournals.org/content/3/3>

[Reviewed earlier]

#### **BMC Health Services Research**

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

(Accessed 19 May 2018)

[No new digest content identified]

#### **BMC Infectious Diseases**

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

(Accessed 19 May 2018)

*Research article*

[\*\*Demand-side determinants of timely vaccination of oral polio vaccine in social mobilization network areas of CORE Group polio project in Uttar Pradesh, India\*\*](#)

*Children who receive all doses of scheduled vaccines reduce their susceptibility to vaccine-preventable diseases. In India, full immunization coverage has increased significantly. However, only a small proportion...*

Authors: Manojkumar Choudhary, Roma Solomon, Jitendra Awale and Rina Dey

Citation: BMC Infectious Diseases 2018 18:222

Published on: 16 May 2018

*Research article*

**Mother-to-child transmission of HIV infection and its associated factors in Ethiopia: a systematic review and meta-analysis**

*Mother-to-child transmission (MTCT) is the main mode of HIV transmission in children under 15 years old. This problem is significant in the Sub-Saharan African countries, where more than 80% of children living...*

Authors: Getachew Mullu Kassa

Citation: BMC Infectious Diseases 2018 18:216

Published on: 10 May 2018

**BMC Medical Ethics**

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

(Accessed 19 May 2018)

[No new digest content identified]

**BMC Medicine**

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

(Accessed 19 May 2018)

[No new digest content identified]

**BMC Pregnancy and Childbirth**

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

(Accessed 19 May 2018)

[No new digest content identified]

**BMC Public Health**

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

(Accessed 19 May 2018)

[No new digest content identified]

**BMC Research Notes**

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

(Accessed 19 May 2018)

[No new digest content identified]

**BMJ Open**

May 2018 - Volume 8 - 5

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

[Reviewed earlier]

**Bulletin of the World Health Organization**

Volume 96, Number 5, May 2018, 297-368

<http://www.who.int/bulletin/volumes/96/5/en/>

[Reviewed earlier]

**Child Care, Health and Development**

Volume 44, Issue 3 Pages: 343-506 May 2018

<https://onlinelibrary.wiley.com/toc/13652214/current>

[Reviewed earlier]

**Clinical and Experimental Vaccine Research**

Volume 7(1); January 2018

<http://ecevr.org/>

[Reviewed earlier]

**Clinical Therapeutics**

May 2018 Volume 40, Issue 5, p669-812

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

[New issue; No digest content identified]

**Conflict and Health**

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

[Accessed 19 May 2018]

*Review*

14 May 2018

**Using digital health to enable ethical health research in conflict and other humanitarian settings**

Authors: Eric D. Perakslis

*Abstract*

Conducting research in a humanitarian setting requires quantifiable quality measures to ensure ethical study conduct. Digital health technologies are proven to improve research study quality and efficacy via automated data collection, improvement of data reliability, fidelity and resilience and by improved data provenance and traceability. Additionally, digital health methodologies can improve patient identity, patient privacy, study transparency, data sharing, competent informed consent, and the confidentiality and security of humanitarian operations. It can seem counterintuitive to press forward aggressively with digital technologies at a time of heightened population vulnerability and cyber security concerns, but new approaches are essential to meet the rapidly increasing demands of humanitarian research. In this paper we

present the case for the digital modernization of humanitarian research in conflict and other humanitarian settings as a vehicle for improved research quality and ethics.

### **Contemporary Clinical Trials**

Volume 68 Pages 1-146 (May 2018)

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/68/suppl/C>

[Reviewed earlier]

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

June 2018 - Volume 31 - Issue 3

<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 4, 2018

<http://www.tandfonline.com/toc/cdip20/current>

[Reviewed earlier]

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

Volume 12 - Issue 2 - April 2018

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

[Reviewed earlier]

### **Disasters**

April 2018 Volume 42, Issue 2 Pages 205–404

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

[Reviewed earlier]

### **EMBO Reports**

01 April 2018; volume 19, issue 4

<http://embor.embopress.org/content/19/4?current-issue=y>

[Reviewed earlier]

**Emerging Infectious Diseases**

Volume 24, Number 5—May 2018

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

[Reviewed earlier]

**Epidemics**

Volume 22, Pages 1-78 (March 2018)

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

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

[Reviewed earlier]

**Epidemiology and Infection**

Volume 146 - Issue 7 - May 2018

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

[New issue; No digest content identified]

**The European Journal of Public Health**

Volume 28, Issue suppl\_1 May 2018

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

***1st World Congress on Migration, Ethnicity, Race and Health - Abstract Supplement*****Global Health Action**

Volume 11, 2018 – Issue 1

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

[Reviewed earlier]

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

Vol. 6, No. 1 March 21, 2018

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

[Reviewed earlier]

**Global Public Health**

Volume 13, 2017 Issue 7

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

*Article*

**Network of Ethical Relationships model for global North–South population health research**

Karen Morrison, Sandra Tomsons, Angela Gomez & Martin Forde

Pages: 819-842

Published online: 12 Jan 2017

*ABSTRACT*

Although a substantial body of literature exists that details how to address ethical issues and provide oversight for traditional research study designs, there currently is very little guidance available to researchers on how to deal with the unique and novel challenges that arise when conducting research that goes outside of these well-defined boundaries. One such example is North–South (N–S) team-based global population health (GPH) research. This paper presents a Network of Ethical Relationships (NER) model which can allow GPH researchers better understand and resolve ethical issues that arise in N–S collaborative research efforts. The NER model elucidates some of the core relationships involved in GPH research and sheds light on the complex milieu of moral, institutional, societal and legal processes in which it is embedded. The utility of the NER model is examined by reviewing 14 GPH research teams, looking at two relationships in more detail – Researcher–Ethics Board, and Researcher–Funder relationships. The paper argues that improved dialogue and flexibility in the application of formal ethical rules and procedures can lead to research being conducted in a more ethical manner since it better accounts for the multitude of voices and perspectives influencing researchers' choices and actions.

### **Globalization and Health**

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

[Accessed 19 May 2018]

[No new digest content identified]

### **Health Affairs**

May 2018 Vol. 37, No. 5

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

### **Precision Medicine**

[New issue; No digest content identified]

### **Health and Human Rights**

Volume 19, Issue 2, December 2017

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

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

[Reviewed earlier]

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

Volume 13 - Issue 2 - April 2018

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

[Reviewed earlier]

### **Health Policy and Planning**

Volume 33, Issue 4, 1 May 2018

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

[Reviewed earlier]

**Health Research Policy and Systems**

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

[Accessed 19 May 2018]

[No new digest content identified]

**Humanitarian Exchange Magazine**

Number 71 March 2018

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

**Humanitarian response in urban areas**

Humanitarian crises are increasingly affecting urban areas either directly, through civil conflict, hazards such as flooding or earthquakes, urban violence or outbreaks of disease, or indirectly, through hosting people fleeing these threats. The humanitarian sector has been slow to understand how the challenges and opportunities of working in urban spaces necessitate changes in how they operate. For agencies used to working in rural contexts, the dynamism of the city, with its reliance on markets, complex systems and intricate logistics, can be a daunting challenge. Huge, diverse and mobile populations complicate needs assessments, and close coordination with other, often unfamiliar, actors is necessary.

[Reviewed earlier]

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

Volume 14, Issue 4 2018

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

[Reviewed earlier]

**Infectious Agents and Cancer**

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

[Accessed 19 May 2018]

[No new digest content identified]

**Infectious Diseases of Poverty**

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

[Accessed 19 May 2018]

[No new digest content identified]

**International Health**

Volume 10, Issue 3, 1 May 2018

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

[Reviewed earlier]

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

Vol 5, No 5 (2018) May 2018

<http://www.ijcmph.com/index.php/ijcmph/issue/view/38>  
[Reviewed earlier]

**International Journal of Epidemiology**  
Volume 47, Issue 2, 1 April 2018, Pages 359  
<https://academic.oup.com/ije/issue/47/2>  
[Reviewed earlier]

**International Journal of Human Rights in Healthcare**  
Volume 11 Issue 2 2018  
<https://www.emeraldinsight.com/toc/ijhrh/11/2>  
[New issue; No digest content identified]

**International Journal of Infectious Diseases**  
May 2018 Volume 70, p1-136  
[https://www.ijidonline.com/issue/S1201-9712\(18\)X0004-6](https://www.ijidonline.com/issue/S1201-9712(18)X0004-6)  
[New issue; No digest content identified]

**JAMA**  
May 15, 2018, Vol 319, No. 19, Pages 1953-2054  
<http://jama.jamanetwork.com/issue.aspx>

*Viewpoint*  
**Precision Medicine, Genome Sequencing, and Improved Population Health**  
W. Gregory Feero, MD, PhD; Catherine A. Wicklund, MS, CGC; David Veenstra, PharmD, PhD  
JAMA. 2018;319(19):1979-1980. doi:10.1001/jama.2018.2925  
This Viewpoint summarizes a 2017 NASEM Roundtable on Genomics and Precision Health that shared experiences of US health systems with use of genome sequencing for clinical and research applications and that explored how the sequencing programs might advance models for data sharing and collaborative implementation research; generate evidence regarding the benefits, harms, and value of precision medicine; and reduce disparities through partnerships with diverse populations.

**In the Era of Precision Medicine and Big Data, Who Is Normal?**  
Arjun K. Manrai, PhD; Chirag J. Patel, PhD; John P. A. Ioannidis, MD, DSc  
JAMA. 2018;319(19):1981-1982. doi:10.1001/jama.2018.2009  
In this Viewpoint, John Ioannidis and colleagues discuss the challenges and potential benefits of defining what is "healthy" in an era of precision medicine, when defining normal will require that each person be assigned to an increasingly narrow and granular reference population.

**JAMA Pediatrics**  
May 2018, Vol 172, No. 5, Pages 401-504  
<http://archpedi.jamanetwork.com/issue.aspx>  
[Reviewed earlier]

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

April 2018 - Volume 16 - Issue 4

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

[Reviewed earlier]

**Journal of Adolescent Health**

May 2018 Volume 62, Issue 5, p505-632

[https://www.jahonline.org/issue/S1054-139X\(17\)X0020-7](https://www.jahonline.org/issue/S1054-139X(17)X0020-7)

[Reviewed earlier]

**Journal of Community Health**

Volume 43, Issue 3, June 2018

<https://link.springer.com/journal/10900/43/3/page/1>

[Reviewed earlier]

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

Volume 13, Issue 2, April 2018

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

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

[Reviewed earlier]

**Journal of Epidemiology & Community Health**

May 2018 - Volume 72 - 5

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

[New issue; No digest content identified]

**Journal of Evidence-Based Medicine**

February 2018 Volume 11, Issue 1 Pages 1-67

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

[Reviewed earlier]

**Journal of Global Ethics**

Volume 13, Issue 3, 2017

<http://www.tandfonline.com/toc/rjge20/current>

[Reviewed earlier]

**Journal of Health Care for the Poor and Underserved (JHCPU)**

Volume 29, Number 1, February 2018

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

[Reviewed earlier]

**Journal of Humanitarian Logistics and Supply Chain Management**

Volume 8 Issue 1 2018

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

[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 20, Issue 3, June 2018

<https://link.springer.com/journal/10903/20/3/page/1>

[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 16, 2018\_Issue 3

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

[Reviewed earlier]

**Journal of Infectious Diseases**

Volume 217, Issue 11, 19 May 2018

<https://academic.oup.com/jid/issue/217/1>

[Reviewed earlier]

**Journal of Medical Ethics**

May 2018 - Volume 44 - 5

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

[Reviewed earlier]

**Journal of Medical Internet Research**

Vol 20, No 5 (2018): May

<http://www.jmir.org/2018/5>

[New issue; No digest content identified]

**Journal of Medical Microbiology**

Volume 67, Issue 5, May 2018

<http://jmm.microbiologyresearch.org/content/journal/jmm/67/4>

[New issue; No digest content identified]

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

Volume 5, Issue 2 (2018)

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

[New issue; No digest content identified]

**Journal of the Pediatric Infectious Diseases Society (JPIDS)**

Volume 7, Issue 2 June 2018

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

*On Vaccination*

**Mumps: A Pain in the Neck**

Stanley A Plotkin

Journal of the Pediatric Infectious Diseases Society, Volume 7, Issue 2, 15 May 2018, Pages 91–92, <https://doi.org/10.1093/jpids/piy038>

*Extract*

Of the 3 components of the measles-mumps-rubella (MMR) vaccine, the measles and rubella components are fulfilling their tasks of providing long-lasting immunity; however, the mumps component has not been as successful. Frequent outbreaks of mumps have been occurring in previously vaccinated young adults, particularly when they live in groups such as in universities or military barracks [1–6]. In my opinion, the causes of the problem are clear—poor B-cell memory after vaccination and a change in the genotype of the circulating mumps strains that makes them less affected by antibodies to the vaccine strain. Decreased boosts from exposure to wild-type...

**Journal of Pediatrics**

May 2018 Volume 196, p1-334

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

[Reviewed earlier]

**Journal of Pharmaceutical Policy and Practice**

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

[Accessed 19 May 2018]

[No new digest content identified]

**Journal of Public Health Management & Practice**

May/June 2018 - Volume 24 - Issue 3

<https://journals.lww.com/jphmp/pages/currenttoc.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**

May 2018; volume 15, issue 142

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

### **Journal of Travel Medicine**

Volume 25, Issue suppl\_1, 1 May 2018  
[https://academic.oup.com/jtm/issue/25/suppl\\_1](https://academic.oup.com/jtm/issue/25/suppl_1)  
**Asian travel: from the rare to the difficult**  
[Reviewed earlier]

### **Journal of Virology**

May 2018, volume 92, issue 10  
<http://jvi.asm.org/content/current>  
[Reviewed earlier]

### **The Lancet**

May 19, 2018 Volume 391 Number 10134 p1965-2078  
<http://www.thelancet.com/journals/lancet/issue/current>

#### *Series*

The Lancet Taskforce on NCDs and economics

#### **Investing in non-communicable disease prevention and management to advance the Sustainable Development Goals**

Rachel Nugent, Melanie Y Bertram, Stephen Jan, Louis W Niessen, Franco Sassi, Dean T Jamison, Eduardo González Pier, Robert Beaglehole

*The Lancet Taskforce on NCDs and economics*

#### **Tackling socioeconomic inequalities and non-communicable diseases in low-income and middle-income countries under the Sustainable Development agenda**

Louis W Niessen, Diwakar Mohan, Jonathan K Akuoko, Andrew J Mirelman, Sayem Ahmed, Tracey P Koehlmoos, Antonio Trujillo, Jahangir Khan, David H Peters

*The Lancet Taskforce on NCDs and economics*

#### **Action to address the household economic burden of non-communicable diseases**

Stephen Jan, Tracey-Lea Laba, Beverley M Essue, Adrian Gheorghe, Janani Muhunthan, Michael Engelgau, Ajay Mahal, Ulla Griffiths, Diane McIntyre, Qingyue Meng, Rachel Nugent, Rifat Atun

*The Lancet Taskforce on NCDs and economics*

#### **Equity impacts of price policies to promote healthy behaviours**

Franco Sassi, Annalisa Belloni, Andrew J Mirelman, Marc Suhrcke, Alastair Thomas, Nisreen Salti, Sukumar Vellakkal, Chonlathan Visaruthvong, Barry M Popkin, Rachel Nugent  
2059

*The Lancet Taskforce on NCDs and economics*

#### **Investing in non-communicable diseases: an estimation of the return on investment for prevention and treatment services**

Melanie Y Bertram, Kim Sweeny, Jeremy A Lauer, Daniel Chisholm, Peter Sheehan, Bruce Rasmussen, Senendra Raj Upreti, Lonim Prasai Dixit, Kenneth George, Samuel Deane

**Lancet Global Health**

May 2018 Volume 6 Number 5 e469-e592

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

[Reviewed earlier]

**Lancet Infectious Diseases**

May 2018 Volume 18 Number 5 p475-582 e147-e182

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

[Reviewed earlier]

**Lancet Respiratory Medicine**

May 2018 Volume 6 Number 5 p315-402 e16-e18

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

[Reviewed earlier]

**Maternal and Child Health Journal**

Volume 22, Issue 5, May 2018

<https://link.springer.com/journal/10995/22/5/page/1>

[Reviewed earlier]

**Medical Decision Making (MDM)**

Volume 38, Issue 4, May 2018

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

[Reviewed earlier]

**The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

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

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

[Reviewed earlier]

**Nature**

Volume 557 Issue 7705, 17 May 2018

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

*Editorial* | 16 May 2018

**[Research institutions must put the health of labs first](#)**

Universities should take responsibility to ensure professional science is performed in an environment that is supportive, productive and rigorous.

Comment | 16 May 2018

### **Nine pitfalls of research misconduct**

Academic leaders must audit departments for flaws and strengths, then tailor practices to build good behaviour, say C. K. Gunsalus and Aaron D. Robinson.

C. K. Gunsalus & Aaron D. Robinson

### **Nature Medicine**

Volume 24 Issue 5, May 2018

<https://www.nature.com/nm/volumes/24/issues/5>

[Reviewed earlier]

### **Nature Reviews Immunology**

Volume 18 Issue 5, May 2018

<https://www.nature.com/nri/journal/v18/n4/index.html>

[Reviewed earlier]

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

May 17, 2018 Vol. 378 No. 20

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

Perspective

### **Addressing Generic-Drug Market Failures — The Case for Establishing a Nonprofit Manufacturer**

Dan Liljenquist, J.D., Ge Bai, Ph.D., C.P.A., and Gerard F. Anderson, Ph.D

### **HIV Population Surveys — Bringing Precision to the Global Response**

Jessica E. Justman, M.D., Owen Mugurungi, M.D., and Wafaa M. El-Sadr, M.D., M.P.H.

### **Pediatrics**

May 2018, VOLUME 141 / ISSUE 5

<http://pediatrics.aappublications.org/content/141/5?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 5, May 2018

<https://link.springer.com/journal/40273/36/5/page/1>

[Reviewed earlier]

**PLOS Currents: Disasters**

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

[Accessed 19 May 2018]

[No new digest content identified]

**PLoS Currents: Outbreaks**

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

[Accessed 19 May 2018]

[No new digest content identified]

**PLoS Medicine**

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

(Accessed 19 May 2018)

[No new digest content identified]

**PLoS Neglected Tropical Diseases**

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

(Accessed 19 May 2018)

*Viewpoints*

**Ethics of randomized trials in a public health emergency**

Alex John London, Olayemi O. Omotade, Michelle M. Mello, Gerald T. Keusch

I published 17 May 2018 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0006313>

The 2014–2015 outbreak of Ebola in West Africa claimed over 11,000 lives and laid bare the challenges of responding to a large-scale, swiftly evolving public health emergency. Prominent among these difficulties was disagreement about the ethics of conducting clinical research during epidemics and whether clinical trials of vaccines and therapeutics should employ randomization and concurrent controls. To facilitate rapid, well-coordinated responses to future public health emergencies, the United States National Academies of Sciences, Engineering, and Medicine established a committee to assess the clinical trials conducted in Guinea, Sierra Leone, and Liberia during the outbreak. The key findings and conclusions regarding ethical issues raised about conducting research during public health crises are briefly described here and are fully evaluated in the Committee's report [1].

First, the Committee concluded that "research is an essential component in epidemic response, as it is the only way to learn how to improve care for current and future patients and to potentially prevent an epidemic from occurring again" [1]. For diseases like Ebola, outbreaks provide the only setting in which clinical trials can be conducted to determine efficacy and safety of investigational products for treating or preventing infection, because results from animal models cannot be reliably extrapolated to humans, [2] and human challenge studies are not possible. Although some clinicians perceived conflict between their clinical obligations and the mission of research, conducting clinical trials during outbreaks is indispensable to

determining which interventions actually advance the humanitarian mission of minimizing mortality and morbidity.

Second, to learn how to improve care, research must be designed to generate evidence that can support reliable inferences about safety and efficacy. The Committee concluded that “randomized controlled trials (RCTs) are the most reliable way to identify the relative benefits and risks of investigational products, and, except [in] rare circumstances... every effort should be made to implement them during epidemics” [1].

Third, the committee rejected the claim made by some stakeholders that due to Ebola’s high mortality rate, equipoise would not exist for studies of therapeutic interventions that included the possibility of randomization to a standard-of-care control arm [3]. In part, such claims reflect the mistaken idea that equipoise refers to a state of uncertainty in the mind of the individual researcher, in which each intervention is equally likely to be superior to the others. Thirty years ago, Freedman rejected this view because it would prohibit studies in situations in which researchers have a hunch that one intervention is superior to the others but in which the information on which that hunch is based is not sufficient to persuade other reasonable experts [4]. Similarly, it would prohibit research in cases where fully informed experts have conflicting judgments about which intervention is likely to prove superior for a particular indication [5]. The appropriate standard, known as clinical equipoise, holds that randomization is permissible when a state of conflict or uncertainty exists in the expert medical community about the relative clinical merits of a set of health interventions. Even if some expert clinicians have a preference for investigational interventions over the standard of care, clinical equipoise persists as long as other fully informed and expert clinicians would continue to treat patients with the standard of care [6].

In addition, the claim that randomized designs of interventions during the 2014 Ebola outbreak would have entailed the unethical withholding of potentially beneficial interventions from people in desperate need also rested on the unwarranted assumption that interventions in the early stages of development were more likely to be highly efficacious than to worsen participants’ already fragile condition. Available preclinical data did not support such enthusiasm. Even if it had, 90% of novel interventions fail to prove effective for any indication [7], a statistic that does not reflect the fact that even drugs eventually approved for some indication are often tested in a range of indications for which they are ineffective or even harmful. Absent this unwarranted presumption, randomization is ethically permissible.

Fourth, effectively communicating reliable scientific information to local communities—including uncertainty about the efficacy and safety of investigational interventions, a cornerstone of respectful community engagement—is an essential component of ethically responsible research. Public health emergencies are contexts of heightened uncertainty and mistrust. Public resistance to randomized trials in some Ebola-affected regions was fueled by a misconception that the interventions were highly efficacious “secret serums” [8]. This arose partly because of the higher survival rate for expatriates receiving investigational interventions who were also evacuated to their home countries, where they also received the highest level of supportive care in addition to any other treatment modality, compared to patients in West Africa [9]. In the face of initial opposition to randomized studies, some researchers and humanitarian organizations quickly concluded local communities would never accept such trials. But in fact, with effective community engagement and information sharing, one randomized therapeutic

trial and three randomized vaccine studies were conducted in the waning stages of the outbreak in West Africa. The lesson—that informed communities that are engaged appropriately may indeed be willing to accept randomized studies—is crucial for future outbreaks.

This engagement, however, cannot be initiated late in the game. The Committee's report includes several recommendations for increasing planning and preparedness during interepidemic periods so that reliable, ethically acceptable research can be organized, reviewed, and launched expeditiously when the next outbreak strikes.

Finally, to frontline caregivers facing overwhelming clinical need and acute shortages of supplies and manpower in the early stages of the outbreak, research felt like an unjustifiable diversion of scarce resources. The question of whether rigorous clinical trials of novel therapeutics and vaccines should or can be implemented during epidemic emerging infectious diseases has been affirmatively answered during the West Africa Ebola outbreak. The National Academies of Sciences, Engineering, and Medicine report emphasizes that sustained, coordinated international support for health systems in low- and middle-income countries is now of paramount importance. This includes investing in their medical infrastructure, enhancing their capacity to conduct public health surveillance and research, and ensuring that collaborations provide lasting benefits to affected communities.

### **PLoS One**

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

[Accessed 19 May 2018]

*Research Article*

#### **Divergent humoral responses to 23-valent pneumococcal polysaccharide vaccine in critically-ill burn and neurosurgical patients**

Scott W. Mueller, Laura J. Baumgartner, Rob McLaren, Robert Neumann, Arek J. Wiktor, Tyree H. Kiser, Gordon Lindberg, Luis Cava, Douglas N. Fish, Edward N. Janoff

Research Article | published 14 May 2018 PLOS ONE

<https://doi.org/10.1371/journal.pone.0197037>

### **PLoS Pathogens**

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

[Accessed 19 May 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 19 May 2018]

[No new digest content identified]

### **Prehospital & Disaster Medicine**

Volume 33 - Issue 2 - April 2018

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

### **Preventive Medicine**

Volume 110 Pages 1-116 (May 2018)  
<https://www.sciencedirect.com/journal/preventive-medicine/vol/109/suppl/C>  
[Reviewed earlier]

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

16 May 2018; volume 285, issue 1878  
<http://rsbp.royalsocietypublishing.org/content/285/1878?current-issue=y>  
[Reviewed earlier]

### **Public Health**

May 2018 Volume 158, p1-202  
<http://www.publichealthjrnl.com/current>  
***Special issue on Migration: A global public health issue***  
Edited by Sian M Griffiths, Roger YN Chung  
[Reviewed earlier]

### **Public Health Ethics**

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

### **Public Health Reports**

Volume 133, Issue 3, May/June 2018  
<http://phr.sagepub.com/content/current>  
[Reviewed earlier]

### **Qualitative Health Research**

Volume 28, Issue 6, May 2018  
<http://qhr.sagepub.com/content/current>  
***Special Issue: Mental Health***  
[Reviewed earlier]

### **Research Ethics**

Volume 14, Issue 1, Jan - Mar 2018  
<http://journals.sagepub.com/toc/reab/current>  
*Original Article; Non-Empirical*  
**Hostage authorship and the problem of dirty hands**

William Bülow, Gert Helgesson

First Published April 2, 2018; pp. 1–9

*Preview*

This article discusses gift authorship, the practice where co-authorship is awarded to a person who has not contributed significantly to the study. From an ethical point of view, gift authorship raises concerns about desert, fairness, honesty and transparency, and its prevalence in research is rightly considered a serious ethical concern. We argue that even though misuse of authorship is always bad, there are instances where accepting requests of gift authorship may nevertheless be the right thing to do. More specifically, we propose that researchers may find themselves in a situation much similar to the problem of dirty hands, which has been frequently discussed in political philosophy and applied ethics. The problem of dirty hands is relevant to what we call hostage authorship, where the researchers include undeserving authors unwillingly, and only because they find it unavoidable in order to accomplish a morally important research goal.

*Case Study*

**Who protects participants in non-inferiority trials when the outcome is death?**

Walter Palmas

First Published April 2, 2018; pp. 10–15

**Reproductive Health**

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

[Accessed 19 May 2018]

[No new digest content identified]

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

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

[Reviewed earlier]

**Risk Analysis**

Volume 38, Issue 5 Pages: 869-1103 May 2018

<https://onlinelibrary.wiley.com/toc/15396924/current>

[Reviewed earlier]

**Risk Management and Healthcare Policy**

Volume 10, 2017

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

[Reviewed earlier]

**Science**

18 May 2018 Vol 360, Issue 6390

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

***Special Issue: The Rise of Resistance***

*Introduction to special issue*

**Meeting resistance**

By Caroline Ash

Science18 May 2018 : 726-727

Almost as soon as antibiotics were discovered to be valuable in medicine, resistance emerged among bacteria. Whenever mutating or recombining organisms are faced with extirpation, those individuals with variations that avert death will survive and reproduce to take over the population. This can happen rapidly among organisms that reproduce fast and outpace our efforts to combat them. Thus, our use of chemical entities to rid ourselves of clinical, domestic, and agricultural pathogens and pests has selected for resistance.

Today, we find ourselves at the nexus of an alarming acceleration of resistance to antibiotics, insecticides, and herbicides. Through chemical misuse, resistance also brings widespread collateral damage to natural, social, and economic systems. Resistance to antifungal agents poses a particular challenge because a limited suite of chemicals is used in both agricultural and clinical settings.

Evolution will always circumvent head-on attack by new biocides, and we may not be able to invent all the new products that we need. We must therefore harness evolutionary approaches to find smarter ways to minimize the erosion of chemical susceptibility. We now have it in our means to integrate a variety of approaches to pest and pathogen management, including rigorous regulation of prescription behavior, consistent use of clinical hygiene measures, physical barriers to crop pests, and alternative cropping regimes. We urgently need to revisit our reliance on chemicals to ensure our future medical and food security.

**Science Translational Medicine**

16 May 2018 Vol 10, Issue 441

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

*Focus*

**The broad socioeconomic benefits of vaccination**

By David E. Bloom, Victoria Y. Fan, J. P. Sevilla

Science Translational Medicine16 May 2018 Restricted Access

Evaluating vaccination programs according to their broad socioeconomic benefits, beyond their health benefits, will help to address the twin problems of vaccine underutilization and weak incentives for vaccine innovation.

**Social Science & Medicine**

Volume 204 Pages 1-124 (May 2018)

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/204/suppl/C>

[Reviewed earlier]

**Systematic Reviews**

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

[Accessed 19 May 2018]

[No new digest content identified]

## **Travel Medicine and Infectious Diseases**

March-April, 2018 Volume 22

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

[Reviewed earlier]

## **Tropical Medicine & International Health**

Volume 23, Issue 5 Pages: i-iv, 447-579 May 2018

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

[Reviewed earlier]

## **Vaccine**

Volume 36, Issue 23 Pages 3191-3388 (31 May 2018)

<https://www.sciencedirect.com/journal/vaccine/vol/36/issue/23>

*Reviews*

### **Recent advances in the development of vaccines for chronic inflammatory autoimmune diseases**

Review article

Pages 3208-3220

Naru Zhang, Kutty Selva Nandakumar

*Abstract*

Chronic inflammatory autoimmune diseases leading to target tissue destruction and disability are not only causing increase in patients' suffering but also contribute to huge economic burden for the society. General increase in life expectancy and high prevalence of these diseases both in elderly and younger population emphasize the importance of developing safe and effective vaccines. In this review, at first the possible mechanisms and risk factors associated with chronic inflammatory autoimmune diseases, such as rheumatoid arthritis (RA), multiple sclerosis (MS), systemic lupus erythematosus (SLE) and type 1 diabetes (T1D) are discussed. Current advances in the development of vaccines for such autoimmune diseases, particularly those based on DNA, altered peptide ligands and peptide loaded MHC II complexes are discussed in detail. Finally, strategies for improving the efficacy of potential vaccines are explored.

*Regular papers*

### **The effect of exercise on vaccine-related pain, anxiety and fear during HPV vaccinations in adolescents**

Original research article

Pages 3254-3259

V.Y. Lee, R. Booy, R. Skinner, K.M. Edwards

### **Enhancing immunization during second year of life by reducing missed opportunities for vaccinations in 46 countries**

Original research article

Pages 3260-3268

Celina M. Hanson, Imran Mirza, Richard Kumapley, Ikechukwu Ogbuanu, ... Robin Nandy

*Abstract*

Background

Delivering vaccination services during the second year of life (2YL)<sup>1</sup> provides countries with an opportunity to achieve greater coverage, to provide booster doses and vaccines missed during the first year of life, as well as contribute towards disease control and elimination goals.

#### Methods

Using data from demographic health surveys (DHSs) conducted during 2010 to 2016, this paper explores the proportion of missed opportunities for vaccinations generally provided during routine immunization among children in their 2YL.

#### Results

DHS data in 46 countries surveyed 478,737 children, from which 169,259 children were 12–23 months old and had vaccination/health cards viewed by surveyors. From this group, 69,489 children aged 12–23 months had contact with health services in their 2YL. Three scenarios for a missed opportunity for vaccinations were analysed: (1) a child received one vaccine in the immunization schedule and was eligible for another vaccine, but did not receive any further vaccination, (2) a child received a vitamin A supplementation (VAS) and was due for a vaccine, but did not receive vaccines that were due, and (3) a child was taken to a health facility for a sick visit and was due (and eligible) for a vaccine, but did not receive the vaccine. A total of 16,409 (24%) children had one or more missed opportunities for vaccinations.

#### Conclusion

This analysis highlights the magnitude of the problem of missed opportunities in the 2YL. The global community needs to provide better streamlined guidance, policies and strategies to promote vaccination screenings at well-child and sick child visits in the 2YL. Where they do not exist, well-child visits in the 2YL should be established and strengthened.

### **Where girls are less likely to be fully vaccinated than boys: Evidence from a rural area in Bangladesh**

Original research article

Pages 3323-3330

Syed Manzoor Ahmed Hanifi, Henrik Ravn, Peter Aaby, Abbas Bhuiya

### **Dengue vaccination during pregnancy – An overview of clinical trials data**

Open access - Original research article

Pages 3345-3350

Anna Skipetrova, Tram Anh Wartel, Sophia Gailhardou

#### Conclusion

In the small dataset assessed, no evidence of increased adverse pregnancy outcomes has been identified from inadvertent immunization of women in early pregnancy with CYD-TDV compared with the control group.

### **Attitudes, believes, determinants and organisational barriers behind the low seasonal influenza vaccination uptake in healthcare workers – A cross-sectional survey**

Original research article

Pages 3351-3358

Lise Boey, Charlotte Bral, Mathieu Roelants, Antoon De Schryver, ... Corinne Vandermeulen

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

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

(Accessed 19 May 2018)  
[No new digest content identified]

**Vaccines — Open Access Journal**  
<http://www.mdpi.com/journal/vaccines>  
(Accessed 19 May 2018)  
[No new digest content identified]

**Value in Health**  
May 2018 Volume 21, Issue 5, p491-630  
<http://www.valueinhealthjournal.com/current>  
**THEMED SECTION: Rare Diseases**  
[Reviewed earlier]

\* \* \* \*

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

*No new digest content identified.*

\* \* \* \*

**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 19 May 2018  
**The First Urban Case of Ebola in the Congo Is a 'Game Changer ...**  
*The stakes are higher now that the virus has reached a city of 1.2 million people.*  
Ed Yong May 17, 2018

The current Ebola outbreak in the Democratic Republic of Congo has thus far been confined to remote rural areas, but one case has now been confirmed in Mbandaka, a city of almost 1.2 million people. "We are moving to a new phase of the epidemic, and we are putting all the means in place to respond to it in a quick and effective way," said Oly Ilunga, the DRC's minister of health, on Wednesday evening.

The outbreak initially hit the northwestern town of Bikoro and a nearby village called Ikoko-Impenge that is 30 kilometers away. Both are small and hard to reach, especially in the current rainy season, when roads become pockmarked with gullies and potholes. Mbandaka's larger population, and its location on the Congo River, provides new opportunities for the virus to spread. And, at around 150 kilometers from Bikoro, it significantly widens the area affected by the outbreak. "Confirmation of urban Ebola in DRC is a game changer," Peter Salama, from the World Health Organization, tweeted. "The challenge just got much, much tougher."...

### **BBC**

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

*Accessed 19 May 2018*

[No new, unique, relevant content]

### **The Economist**

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

*Accessed 19 May 2018*

[No new, unique, relevant content]

### **Financial Times**

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**Congo's Health Ministry Says Doses of Ebola Vaccine Arrive**

Thousands of doses of the experimental Ebola vaccine have arrived in Congo's capital amid the latest outbreak of the deadly disease, the health ministry said Wednesday.

May 16. 2018

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