



**Vaccines and Global Health: The Week in Review**  
**5 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)*

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

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## Milestones :: Perspectives

### 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](#) - Provisional agenda

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### Vaccination: Commission calls for stronger EU cooperation against preventable diseases

European Commission - Press release

Brussels, 26 April 2018

Today, the Commission is issuing a set of recommendations for how the EU can strengthen cooperation in the fight against diseases that can be prevented by vaccines. This follows President Juncker's call, in his [2017 State of the Union address](#), for action to increase vaccination coverage and to ensure that everyone in the EU has access to vaccines.

Commissioner for Health and Food Safety, Vytenis Andriukaitis said: "Vaccination is one of the most powerful and cost-effective public health measures developed in the 20th century. As a medical doctor, I find it disheartening to witness children dying because of low uptake, vaccine hesitancy, or vaccine shortages. Infectious diseases are not confined within national borders. One Member State's immunisation weakness puts the health and security of citizens at risk across the EU. Cooperating in this area is in all of our interests. Protect our children, vaccinate!"

Vaccination saves between 1 and 3 million lives worldwide every year. According to the World Health Organisation, vaccines will save 25 million more lives in the coming decade. And yet, according to [ECDC](#), several EU countries are facing unprecedented outbreaks of measles and a resurgence of other vaccine-preventable diseases due to insufficient vaccination coverage, and children and adults in the EU are still dying from these diseases.

The Commission's proposal focuses on 3 main pillars for action: tackling vaccine hesitancy and improving vaccination coverage; sustainable vaccination policies in the EU; and EU coordination and contribution to global health.

**The proposal calls for 20 concrete actions by the Commission and Member States, including:**

- :: Developing and implementing **national and/or regional vaccination plans by 2020**, including a target of at least 95% vaccination coverage for measles;

- :: Introducing **routine checks** of vaccination status and regular opportunities to vaccinate across different stages of life, for example in schools and workplaces;

- :: Presenting options for a **common vaccination card** that can be shared electronically across borders;

- :: Establishing a European **vaccination information portal** by 2019 to provide online objective, transparent and updated evidence on the benefits and safety of vaccines;

- :: Mitigating the risks of shortages by developing a virtual repository **EU data warehouse** with information on vaccine stocks and needs to facilitate voluntary exchange of information on available supplies and shortages of essential vaccines;
- :: Equipping all **healthcare workers** with the necessary training to confidently deliver vaccinations and address hesitant behaviours;
- :: Convening a **Coalition for Vaccination** to bring together European associations of healthcare workers as well as relevant students' associations in the field, to commit to delivering accurate information to the public, combating myths and exchanging best practice;
- :: Establishing a **European Information Sharing System** to gather knowledge and develop guidelines for a core EU vaccination schedule by 2020 with doses and ages that EU Member States agree as being common to all countries;
- :: Strengthening partnerships and collaboration on vaccination with **international partners**.

*...Next steps*

The Commission's proposal for a Council recommendation will be discussed by the Council, with the aim of seeing it adopted before the end of 2018, with an immediate entry into force. Following this, every 3 years the Commission will report on progress made in the implementation of the recommendation. In addition the Commission will also produce a report on 'The State of Confidence in Vaccines in the EU', to monitor attitudes towards vaccination, in the context of the [State of Health in the EU](#) process.

**Questions & Answers: EU cooperation on vaccine preventable diseases**

26/04/2018 -

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**Ukraine restores immunization coverage in momentous effort to stop measles outbreak that has affected more than 12,000 this year**

04-05-2018

Over 12 000 people have been infected with measles in Ukraine so far this year. Of those affected, 9158 have required hospitalization and 9 have died, according to information provided by national health authorities as of 27 April 2018. Large-scale outbreak response measures have been undertaken since the start of the outbreak in 2017 to curb further spread of the disease and restore high routine immunization coverage.

"Ukrainian health authorities, with WHO and UNICEF support, have recovered huge ground in the fight against measles. But there are still many vulnerable children and adults in the country; and this highly infectious disease continues to find them," says Marthe Everard, WHO Representative in Ukraine. "More needs to be done to ensure that everyone is protected."

*Dramatic drop in immunization coverage*

In 2008, 95% of eligible children in Ukraine received their second (and final) recommended dose of measles-mumps-rubella vaccine (MMR) on time according to the national routine schedule. By 2016, this rate had fallen to 31%, the lowest coverage in the WHO European Region and among the lowest in the world. In addition, in 2016 only 19% of children received

the third recommended vaccine dose of diphtheria-tetanus-pertussis (DTP) and 56% of children received the third recommended dose of oral polio vaccine (OPV).

This tragic nationwide drop in immunization coverage left an increasing number of children in Ukraine susceptible to dangerous, preventable diseases. Among these dangers, it created the ideal setting for the extensive spread of measles, one of the most infectious diseases affecting humans. Measles can affect people of all ages, but infants, young children and older adults are the most at risk of serious measles-related complications and death.

#### *Large-scale outbreak response*

Since July 2017, a national Measles Task Force, including the Ministry of Health, key stakeholders and partners such as WHO and the United Nations Children’s Fund (UNICEF), has been working to:

- :: vaccinate every eligible child as they reach the appropriate age for MMR vaccination according to the national routine immunization schedule;
- :: vaccinate every child who missed routine immunization in the past;
- :: train laboratory staff to ensure early detection of all measles (and rubella) cases;
- :: inform health-care professionals and parents about the disease and the importance of ensuring that children and their families are fully protected;
- :: ensure the availability of vaccines at all vaccination points.

During European Immunization Week (23–29 April 2018) stakeholders were sensitized to the importance of immunization. Kicking off with a press conference on 23 April, events involving the Ministry of Health, WHO, UNICEF, Rotary International and national Rotary clubs, a parents group (Parents for Immunization), bloggers and even participants dressed as super heroes, included a national conferences with opinion leaders, a flash mob at schools in Kyiv, a webinar on vaccination and a roundtable discussion with paediatricians.

#### *Routine immunization coverage back on track and pool of vulnerable people shrinking*

By the end of 2017, routine vaccination coverage had drastically improved compared to previous years: 93% of 1-year-olds received the first dose of MMR on time in 2017 and 91% of 6-year-olds received their second dose as recommended. Figures for January and February 2018 indicate that the country is on track to reach at least 95% routine coverage with both doses of MMR vaccine by the end of the year.

If Ukraine can reach and sustain this target, it will prevent the renewed accumulation of susceptible individuals and ultimately protect the population from future outbreaks of measles...

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#### **NFID Recognizes Infectious Disease Heroes and Calls for 2019 Awards Nominations**

BETHESDA, Md., May 1, 2018 /PRNewswire-USNewswire/ -- To mark its 45th anniversary, the National Foundation for Infectious Diseases (NFID) will celebrate three infectious disease heroes during the 2018 annual awards dinner on the evening of May 10, at the historic Willard InterContinental Washington, D.C.

The 2018 NFID awardees are:

**Roger I. Glass, M.D., Ph.D.**, Director of the Fogarty International Center at the National Institutes of Health, is the recipient of the 2018 Jimmy and Rosalynn Carter Humanitarian Award in recognition of his lasting contributions to improving children's health worldwide, including novel scientific research for the prevention of gastroenteritis from rotaviruses and noroviruses.

**Kathryn M. Edwards, M.D.**, Sarah H. Sell and Cornelius Vanderbilt Chair in Pediatrics at Vanderbilt University School of Medicine, is the recipient of the 2018 Maxwell Finland Award for Scientific Achievement as one of the world's authorities on vaccinology, pediatric respiratory infections and pneumococcal disease, who has conducted pivotal studies on vaccine-preventable diseases and vaccine safety that have transformed the field and driven policy change.

**Anne Schuchat, M.D.**, (Rear Adm., U.S. Public Health Service), Principal Deputy Director of the Centers for Disease Control and Prevention (CDC), is the recipient of the 2018 John P. Utz Leadership Award in recognition of her outstanding leadership throughout her long-standing tenure at CDC, her ongoing dedication to mentoring future generations of infectious disease professionals and her continued support of NFID.

"As NFID celebrates 45 successful years of providing education about the causes, prevention and treatment of infectious diseases, we are proud to honor these three outstanding infectious disease heroes," said Marla Dalton, CAE, Executive Director and Chief Executive Officer of NFID. "Drs. Glass, Edwards and Schuchat have saved countless lives through their collective work on serious infectious diseases and public policy."...

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## Featured Journal Content

### The Lancet

May 05, 2018 Volume 391 Number 10132 p1749-1864

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

*Perspectives*

### [Roger Glass: celebrating the Fogarty at 50](#)

Marianne Guenot

Published: 05 May 2018

At the Fogarty International Center, "we're small, but we're catalytic", says Roger Glass, the centre's Director and Associate Director for International Research at the US National Institutes of Health (NIH). The Fogarty celebrates its 50th anniversary this month and has been under Glass's leadership since 2006. By training scientists, supporting research, and building partnerships, the Fogarty serves a bridge between the NIH and the global health community. Since its creation in 1968, about 6000 scientists have received research training through its programmes and the centre funds about 500 projects. "We really invest in capacity building of young people interested in research in biomedical and health sciences", says Glass. "I visit institutes and attend meetings in Africa, Asia, and Latin America and people come up to me and say 'I was a Fogarty trainee and that experience transformed my career!' It brings a smile to my face." Many Fogarty trainees and grantees become leaders in health, politics, and other fields.

It was his work with diarrhoeal diseases that brought Glass into global health. After medical and public health studies at Harvard, he did research on cholera at the then International Centre for Diarrheal Disease Research in Bangladesh in 1979 for the US Centers for Disease Control and Prevention (CDC). He joined the NIH's Laboratory of Infectious Diseases in 1984 and 2 years later became Chief of the CDC's Viral Gastroenteritis Unit, a role he held until 2006. His work focused on rotavirus research. "Because new diagnostics were available, we developed epidemiologic and laboratory methods...we trained people from probably 50 countries around the world to conduct surveillance of rotavirus and participate in a global surveillance network now run by WHO. That surveillance system is ongoing today in over 60 countries, now managed by WHO and PAHO", he explains.

The development of a rotavirus vaccine took another 30 years; the Indian Neonatal Rotavirus Vaccine Project, begun in 1985 as a collaboration with Maharaj Krishan Bhan and other colleagues, led to the licensure of the oral rotavirus vaccine, Rotavac. "Earlier vaccines from the multinational manufacturers worked well but were too costly for low-income countries", he says. Glass and coworkers set out to develop a more affordable vaccine through a public-private partnership. "Through this extraordinary partnership, this vaccine probably cost less than US\$80 million to develop compared with Big pharma that claims that a new vaccine would cost half a billion or more to produce", he says. In 2016, the Indian Government introduced the vaccine into its national immunisation programme and on Jan 24, 2018, Rotavac was prequalified by WHO for distribution by UNICEF and Gavi, the Vaccine Alliance.

Glass's work on enteric and diarrhoeal diseases has taken him to many countries and he is fluent in five languages, in which he often lectures and engages with researchers. "I learned from the experience that if you get people involved in research on an important problem early on in their career, many will end up pursuing this for their career, a great return on investment", he says. Glass is proud of the Fogarty's ability to accelerate globalisation of health research and training because he "feels strongly that we must take science where the problems are and where we can most rapidly seek their solutions". Fogarty programmes have facilitated research and training collaborations between academic institutions in the USA and in low-income and middle-income countries. "We have no monopoly on knowledge in the USA, good ideas come from all over...We only have to listen, and maybe help them or bring something else to the table."

A recent turning point, says Michele Barry, Senior Associate Dean for Global Health and Director of the Center for Innovation in Global Health at Stanford University, was when the Trump administration "tried to zero out the budget at Fogarty" in 2017. "Roger had so many supporters around the world that we all came together to stage a campaign. This was really because of Roger's leadership", says Barry, who has served on Fogarty's advisory board. The centre's budget for this year was not reduced.

Looking to the future, Glass thinks that while infectious diseases and pandemic control remain important, non-communicable diseases (NCDs) and environmental health will increasingly shape global health research. "There is an explosion of new research tools—in point-of-care diagnostics, genomics, mHealth, imaging—that will change our ability to work in the global space", he says. Glass points out that "solutions will depend upon other partners—in business to consider supply chain logistics to deliver services, drugs, and vaccines; bioengineering to

develop low-cost technologies and devices; law to write documents like the Framework Convention on Tobacco Control or laws to instate taxes to reduce the sugar content of beverages or the salt content of foods”.

Glass will be presented with the National Foundation for Infectious Diseases' Jimmy and Rosalynn Carter Humanitarian Award on May 10. He is “optimistic about the future of the Fogarty International Center”, he says. “Our trainees and grantees have been on the cutting edge of research to make HIV/AIDS a chronic, treatable disease, of combating Ebola and Zika outbreaks, and of establishing research platforms in low- and middle-income countries. Fogarty trainees and grantees today will be on the cutting edge of research and leadership into the critical health problems of the NCDs, as well as the next pandemics of tomorrow.”

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## **Emergencies**

### **POLIO**

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

#### **Polio this week as of 1 May 2018** [GPEI]

:: In Iraq, polio vaccinators work to protect conflict-affected children.

:: In preparation for the Seventy-first World Health Assembly, taking place on 21-26 May, the Director-General’s office has finalized the **Strategic Action Plan on Polio Transition**. The Plan has three strategic objectives, which are highly interlinked:

- a) Sustaining a polio-free world after eradication (with the Post-Certification Strategy as its main pillar);
- b) Strengthening immunization systems;
- c) Strengthening emergency preparedness, detection and response capacity.

The Plan aims at aligning these objectives with the overall vision of the 13th General Programme of Work and WHO’s support at the country level, with the eventual phasing out of resources from the Global Polio Eradication Initiative. The action plan in all official UN languages may be found here.

#### *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:*** Five new wild poliovirus type 1 (WPV1) positive environmental samples have been reported, one in Balochistan province, two in Khyber Pakhtunkhwa province, and two in Sindh province.

***Nigeria:*** Three circulating vaccine-derived poliovirus type 2 (cVDPV2) positive environmental samples have been confirmed, one in Gombe province, and two in Jigawa province.

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#### **WHO Grade 3 Emergencies** [to 5 May 2018]

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

Iraq - No new announcements identified

[Nigeria](#) - No new announcements identified  
[South Sudan](#) - No new announcements identified  
[The Syrian Arab Republic](#) - No new announcements identified  
[Yemen](#) - No new announcements identified

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**WHO Grade 2 Emergencies** [to 5 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.

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### **UN OCHA – L3 Emergencies**

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

[Syrian Arab Republic](#) - No new announcements identified.  
[Yemen](#) - No new announcements identified.

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

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

#### **Somalia**

:: [Humanitarian Bulletin Somalia, 5 April – 2 May 2018](#)  
:: [OCHA Somalia Flash Update #3 - Humanitarian impact of heavy rains | 2 May 2018](#)  
[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 5 May 2018]

<http://www.who.int/ebola/en/>  
- No new announcements identified.

**MERS-CoV** [to 5 May 2018]

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

[Webpage not responding at inquiry]

**Yellow Fever** [to 5 May 2018]

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

- No new announcements identified.

**Zika virus** [to 5 May 2018]

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

- No new announcements identified.

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**WHO & Regional Offices** [to 5 May 2018]

**[UN's Health and Development Agencies Join Forces for Good Health](#)**

4 May 2018

London

While real progress has been made on a number of serious health issues, half of the world's citizens lack access to essential health services.

Today, the United Nations Development Programme (UNDP) and WHO signed a five year Memorandum of Understanding (MoU) to help support countries to achieve the health-related targets across the 2030 Agenda for Sustainable Development and the agenda's commitment to leave no-one behind.

"Universal health coverage is a powerful tool not only for better health, but for reducing poverty, creating jobs, fueling inclusive economic growth and promoting gender equality," said Dr Tedros Adhanom Ghebreyesus, Director-General of WHO. "But achieving a healthier world is not a job for the health sector alone. By working with partners like UNDP, we can better address the social, economic and environmental determinants of health and make progress towards a fairer, safer and more prosperous future for everyone."...

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**[GIN April 2018 pdf, 1.15Mb](#)**

2 May 2018

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**[Weekly Epidemiological Record, 4 May 2018, vol. 93, 18 \(pp. 229–240\)](#)**

:: Progress towards measles elimination, Western Pacific Region, 2013–2017

:: Monthly report on dracunculiasis cases, January-March 2018

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**WHO Regional Offices**

*Selected Press Releases, Announcements*

**WHO African Region AFRO**

*Selected Featured News*

:: Wellbeing Foundation Africa seeks WHO's support in major nationwide campaign to curb disease outbreaks. 04 May 2018

:: Uganda vaccinates more than 360,000 people against cholera 03 May 2018

:: Celebrating African Vaccination Week in Sierra Leone: "Vaccines work, do your part!" 29 April 2018

**WHO Region of the Americas PAHO**

:: PAHO/WHO calls for grant applications to support health policy, programs and systems on projects related to the SDGs (05/03/2018)

:: Bahamian pioneer in disease elimination is named a PAHO Health Hero of the Americas (05/03/2018)

**WHO South-East Asia Region SEARO**

:: Fast-track efforts to eliminate rabies: WHO  
SEAR/PR/1688

Kathmandu, 3 May 2018: The World Health Organization today called upon Member States and partners to accelerate efforts to end rabies which causes 59 000 agonizing and painful deaths globally every year, one person every nine minute, mostly children and the poor. Eight of the 11 Member countries of WHO South-East Asia Region account for nearly 26 000 rabies deaths, 45% of the global rabies toll, as over 1.5 million people in the Region remain at risk of rabies.

"Human rabies is caused mostly by dogs and can be eliminated by increasing awareness about the disease, vaccinating dogs and most importantly by making the already available life-saving rabies vaccines, medicines, tools and technologies affordable and available to all. We can, and must break the disease cycle and save lives," Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia, told the global meeting 'Driving progress towards rabies elimination' here.

At the meeting, the global rabies partners comprising of WHO, OIE, FAO and UNICEF and rabies endemic countries from Asia-Pacific and Africa, shared and deliberated on measures to fast-track elimination of dog transmitted rabies by 2030.

Countries from Africa and Asia, including Bangladesh, Bhutan, Cambodia, India, Kenya, Nepal, Sri Lanka and Vietnam, who have assessed access, delivery and distribution of rabies post-exposure prophylaxis, shared outcomes of their studies. These studies were conducted with WHO support to enable GAVI take an informed decision to support rabies vaccines. The rabies endemic countries are seeking GAVI support to improve affordability and access to rabies vaccines for vulnerable populations, of which many are children...

**WHO European Region EURO**

:: Celebrating nurses' and midwives' role in bringing health services to everyone, everywhere  
04-05-2018

:: Ukraine restores immunization coverage in momentous effort to stop measles outbreak that has affected more than 12 000 this year 04-05-2018

:: Hand Hygiene Day: It's in your hands – prevent sepsis in health care 03-05-2018

:: Over half a million premature deaths annually in the European Region attributable to household and ambient air pollution 02-05-2018

:: New law on cigarettes and tobacco coming into effect in Georgia 01-05-2018

**WHO Eastern Mediterranean Region EMRO**

:: Statement on the death of a WHO team member in Somalia 2 May 2018

WHO Director-General visits Saudi Arabia 30 April 2018

**WHO Western Pacific Region**

:: One third of global air pollution deaths in Asia Pacific

MANILA, 2 MAY 2018 - Air pollution levels remain dangerously high in many parts of Asia according to new data from the World Health Organization (WHO). Around one third, or 2.2 million of the world's 7 million premature deaths each year from household (indoor) and ambient (outdoor) air pollution are in the WHO Western Pacific Region—home to one quarter of the world's population.

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**CDC/ACIP** [to 5 May 2018]

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

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

**MMWR News Synopsis for May 3, 2018**

**Progress Toward Measles Elimination – Western Pacific Region, 2013-2017**

2017 saw the lowest rate of new measles cases ever recorded in the WHO Western Pacific Region, 5.2 per million population. However, outbreaks in several countries and an overall increase in cases between 2013 and 2016 indicate countries must continue to strengthen immunization systems, maintain high-quality surveillance, and improve outbreak response in order to achieve regional measles elimination. In 2017, rates of new measles cases in the WHO Western Pacific Region were lower than they have ever been, but recent outbreaks and a rise in cases shows more work needs to be done to completely eliminate the disease from the region. Measles cases decreased substantially in the WHO Western Pacific Region to a low of 5.9 per million population in 2012. During 2013–2016, however, measles cases rose sharply due to large-scale outbreaks in Mongolia, the Philippines, and Vietnam. There was also increased measles transmission in China. Cases rose from 19.2 cases per million population in 2013 to 68.9 in 2014. After controlling the outbreaks, cases in the region decreased to 5.2 per million in 2017, a new historic low. The recent measles resurgence demonstrates a need for collective efforts by countries to achieve high population immunity, strengthen immunization systems, maintain high-quality surveillance, and improve outbreak preparedness and response, so that measles can be eliminated from the region.

**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 5 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 5 May 2018]

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

27 Apr 2018

**[Communicable disease threats report, 29 April - 5 May 2018, Week 18](#)**

*Publication series: Communicable Disease Threats Report (CDTR)*

The ECDC Communicable Disease Threats Report (CDTR) is a weekly bulletin for epidemiologists and health professionals on active public health threats. This issue covers the period 22-5 May 2018 and includes updates on dengue, chikungunya, seasonal influenza, yellow fever, gonorrhoea and cholera.

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**Announcements**

**AERAS** [to 5 May 2018]

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

*No new digest content identified.*

**BMGF - Gates Foundation** [to 5 May 2018]

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

*No new digest content identified.*

**Bill & Melinda Gates Medical Research Institute** [to 5 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.*

*No new digest content identified.*

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 5 May 2018]

<http://cepi.net/>

*No new digest content identified.*

**EDCTP** [to 5 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 5 May 2018]

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

*No new digest content identified.*

**European Medicines Agency** [to 5 May 2018]

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

02/05/2018

**[EMA 2017 annual report published](#)**

Report highlights major achievements and includes key figures ...

30/04/2018

**[Update of EU recommendations for 2018/2019 seasonal flu vaccine composition](#)**

Update to recommendations issued in March 2018 ...

**European Vaccine Initiative** [to 5 May 2018]

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

04 May 2018

**[EVI 20th Anniversary Symposium](#)**

EVI 20th Anniversary Symposium in Heidelberg, Germany, 20-21 November 2018

**FDA** [to 5 May 2018]

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

*No new digest content identified.*

**Fondation Merieux** [to 5 May 2018]

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

*No new digest content identified.*

**Gavi** [to 5 May 2018]

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

02 May 2018

**Cervical cancer vaccine introduced in Zimbabwe**

*800,000 girls to be protected against disease following introduction of HPV vaccine.*

Geneva, 2 May 2018 – Girls across Zimbabwe will be protected against one of the country's most deadly diseases following the introduction of [Human Papillomavirus \(HPV\) vaccine](#) into the country's routine immunisation programme, First Lady of Zimbabwe Auxillia C. Mnangagwa announced today at a launch ceremony in Harare.

The vaccines, which will be funded by Gavi, the Vaccine Alliance and the Government of Zimbabwe, will reach over 800,000 girls aged between 10-14 years old across the country. UNICEF, WHO and partners will work alongside the Zimbabwe Ministry of Health on implementation...

**GHIT Fund** [to 5 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 5 May 2018]

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

*No new digest content identified.*

**Hilleman Laboratories** [to 5 May 2018]

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

*No new digest content identified.*

**Human Vaccines Project** [to 5 May 2018]

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

*No new digest content identified.*

**IAVI** [to 5 May 2018]

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

*No new digest content identified*

***CSIS - Pursuing a Vaccine for HIV***

May 3, 2018 | By [Sara M. Allinder](#) Podcast Episode

Despite substantial progress made in expanding access to HIV/AIDS treatment and prevention options, a vaccine for HIV—even an imperfect one—is likely needed to put a durable end to the epidemic. In this episode of *Take as Directed*, Dr. Mark Feinberg, President and CEO of the International AIDS Vaccine Initiative (IAVI) discusses the landscape of HIV vaccine development and why he thinks a vaccine remains a necessary pursuit. Dr. Feinberg also discusses the facilitating role that IAVI plays in the HIV vaccine development process.

**IFFIm**

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

*No new digest content identified.*

**IVAC** [to 5 May 2018]

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

*No new digest content identified.*

**IVI** [to 5 May 2018]

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

*No new digest content identified.*

**JEE Alliance** [to 5 May 2018]

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

*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 5 May 2018]

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

*Press release*

**[Libya: Time Running Out For Hundreds of Migrants and Refugees in Dangerously Overcrowded Detention Center](#)**

May 03, 2018

Hundreds of migrants and refugees are being held in a dangerously overcrowded detention center in Libya, without adequate food or water and in inhumane conditions, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) warned today.

*Press release*

**[Greece: As Prime Minister Visits Lesbos, Moria Camp is Overcrowded, Dangerous and Without Adequate Health Care](#)**

May 03, 2018

As the Greek Prime Minister, Alexis Tsipras, visits Lesbos for a regional conference, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) warns that thousands of men, women, and children in Lesbos are living in squalid, overcrowded conditions in Moria camp, with insufficient access to health care.

*Press release*

**[Preventive Oral Cholera Vaccination Campaign Underway in Juba, South Sudan](#)**

May 01, 2018

Working with the health authorities and partners, Doctors Without Borders/Médecins Sans Frontières (MSF) is carrying out a four-week preventive oral cholera vaccination campaign in Juba, to increase the immunity of people at risk of this deadly disease.

**NIH** [to 5 May 2018]

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

May 4, 2018

**[NIAID-Sponsored Trial of a Universal Influenza Vaccine Begins](#)**

— Phase 2 clinical trial of investigational universal influenza vaccines has begun in the U.S.

**[Essential malaria parasite genes revealed](#)**

May 3, 2018 — NIAID-funded research could aid antimalarial drug development

**PATH** [to 5 May 2018]

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

Announcement | May 04, 2018

**[PATH names Michael Fahey as Chief Information Officer](#)**

**Sabin Vaccine Institute** [to 5 May 2018]

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

*No new digest content identified.*

**UNAIDS** [to 5 May 2018]

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

04 May 2018

*Update*

**[Metrics matter in identifying gaps and key populations to find solutions in each country](#)**

The International Association of Providers of AIDS Care (IAPAC) hosted its 2018 Controlling the HIV Epidemic Summit in Geneva, Switzerland, on 3 and 4 May. Speakers at the summit discussed new metrics for assessing progress in national and subnational HIV responses as well as scaling up HIV services to include other health conditions, such as tuberculosis...

*Feature story*

**[South Africa tests ATMs for medicine](#)**

03 May 2018

People living with HIV and other chronic illnesses are getting faster, simpler access to essential medicines thanks to new medicine dispensing machines being piloted in Johannesburg, South Africa.

The non-profit organization Right to Care is testing three pharmacy dispensing units at a shopping mall and two hospitals. Most of the people using the new machines are accessing repeat prescriptions for HIV medicines...

**UNICEF** [to 5 May 2018]

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

*Selected Press Releases*

### **UN urges the world to act now to save lives in West Africa's Sahel**

DAKAR, 3 May 2018 – Drought, high food prices and conflict are set to drive millions of people into acute hunger and malnutrition in parts of West Africa's Sahel, if the global community does not act now, three United Nations agencies warned today.

### **Over 140 million children at greater risk of illness as they miss life-saving vitamin A supplements**

NEW YORK, 2 May 2018 – Over 140 million children are at greater risk of illness, hearing loss, blindness and even death if urgent action is not taken to provide them with life-saving vitamin A supplements, warns UNICEF in a new report released today. Two doses of vitamin A every year can save thousands of children's lives, yet as the report finds, the coverage of this low-cost intervention fell alarmingly in 2016.

### **Geneva Palais briefing note: 55,000 Rohingya refugee children at risk due to floods and landslides as pre-monsoon rains start in Bangladesh**

GENEVA, 1 May 2018 - This is a summary of what was said by Christophe Boulierac, UNICEF spokesperson in Geneva – to whom quoted text may be attributed – at today's press briefing at the Palais des Nations in Geneva.

### **Vaccine Confidence Project** [to 5 May 2018]

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

*No new digest content identified.*

### **Vaccine Education Center – Children's Hospital of Philadelphia** [to 5 May 2018]

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

*No new digest content identified.*

### **Wellcome Trust** [to 5 May 2018]

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

Published: 3 May 2018

#### **Policies to promote positive research cultures**

*Alyson Fox, our Director of Grants, explains how Wellcome's grant conditions and policies help great ideas to thrive.*

Today, Wellcome is introducing a new policy that clarifies our responsibilities as a funder in relation to bullying and harassment. In it, we set out what we expect from researchers we fund and the organisations that employ them, to ensure that people involved in Wellcome-funded activities are treated with dignity and respect.

This complements our guidelines on good research practice, updated in April, and other policies currently under review, including those on clinical trials and intellectual property...

### **Lassa fever: what Wellcome is doing to support Nigerian research**

Explainer / Published: 1 May 2018

*In mid-February, the World Health Organisation (WHO) announced a scaled-up response to the outbreak of Lassa fever in Nigeria. Josie Golding explains what Wellcome is doing to help.*

## **Can AI improve health for everyone? We want to fund research to find out**

News / Published: 30 April 2018

Wellcome has commissioned a new report that focuses on the ethical, social and political challenges of using artificial intelligence (AI) in health. And to respond to the issues this raises, we're launching AI-themed Seed Awards. Dan O'Connor, head of Wellcome's Humanities and Social Science team, explains...

Wellcome has partnered with think-tank [Future Advocacy \(opens in a new tab\)](#) to produce a report: [Ethical, social and political challenges of artificial intelligence in health \[PDF 5MB\]](#).

## **Eight cutting-edge immunology projects we fund**

Published: 29 April 2018

29 April is World Immunology Day 2018. Divya Shah and Pete Gardner, from our [Science team](#), highlight some of the researchers we fund who are exploring different aspects of immunology and the immune system.

**The Wistar Institute** [to 5 May 2018]

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

*No new digest content identified.*

.....

**BIO** [to 5 May 2018]

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

*No new digest content identified.*

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 5 May 2018]

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

*No new digest content identified.*

**IFPMA** [to 5 May 2018]

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

*No new digest content identified.*

**PhRMA** [to 5 May 2018]

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

*No new digest content identified.*

**Industry Watch** [to 5 May 2018]

:: **[FDA Grants PaxVax Fast Track Designation for its Chikungunya Vaccine](#)**

May 4, 2018 /PRNewswire/ -- PaxVax, a leading independent specialty vaccine company, announced today that it has received Fast Track designation from the U.S. Food and Drug Administration (FDA) for its vaccine for the prevention of disease caused by the chikungunya virus.

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

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

### **A review of evidence on equitable delivery, access and utilization of immunization services for migrants and refugees in the WHO European Region**

WHO Health Evidence Network Synthesis Reports 53. - 55 pages

Editors - [De Vito E](#), [Parente P](#), [de Waure C](#), [Poscia A](#), [Ricciardi W](#).

Source - Copenhagen: WHO Regional Office for Europe; 2017.

PDF: <https://www.ncbi.nlm.nih.gov/books/n/whohen53/pdf/>

#### *Excerpt*

This review focuses on existing immunization policies and practices for migrants and refugees and provides an overview of barriers and facilitators for access to and utilization of immunization services. Evidence was obtained by a scoping review of academic and grey literature in English and a further 11 languages and included official documents available from the websites of ministries of health and national health institutes of the WHO European Region Member States. The review highlights that vaccination policies tailored to migrants and refugees are very heterogeneous among WHO European Region Member States. By comparison, common barriers for the implementation and utilization of immunization services can be identified across countries. Outlined policy options are intended to strengthen information about immunization for migrants and refugees, support future evidence-informed policy-making, enable the achievement of national vaccination coverage goals and improve the eligibility of migrants and refugees to access culturally competent immunization services.

#### **SUMMARY**

##### *The issue*

Providing equitable access to safe and cost-effective vaccines is vital to protect vulnerable groups in any country and to reduce morbidity and mortality from vaccine-preventable diseases (VPDs), particularly among children. Migrants and refugees in the WHO European Region may be particularly vulnerable to VPDs. Children, who constitute approximately 25% of the total migrant population, are considered at greatest risk of VPDs because they may not have yet been vaccinated or may not have completed the schedule for all vaccines. In November 2015, WHO, the United Nations High Commissioner for Refugees and the United Nations Childrens Fund made a joint recommendation that migrants and refugees in the WHO European Region should be vaccinated without unnecessary delay according to the immunization schedule of the host countries. The WHO European Region's Strategy action plan and resolution on refugee and migrant health, adopted in September 2016, addresses the issue of immunization among migrants and refugees.

##### *The synthesis question*

The objective of the review is to address the following question: "What is the evidence on equitable delivery, access and utilization of immunization services for migrants and refugees within WHO European Region?" The review focuses on existing immunization policies and

practices for migrants and refugees and provides an overview of barriers and facilitators for access to and utilization of immunization services.

### *Types of evidence*

Evidence was obtained by a scoping review of academic and grey literature, in English and Russian, including official documents available from the websites of ministries of health and national health institutes in the Region. A total of 56 articles/papers/documents published between 2007 and July 2017 were considered for this review.

### *Results*

Immunization policies, vaccine delivery practices and barriers to access and utilization of immunization services by migrants and refugees vary widely in WHO European Region:

- :: national immunization programmes seldom include specific recommendations for immunization for migrants and refugees;
- :: fewer than one third of the countries have specific directives on immunization focusing on migrants and refugees, including children and pregnant women;
- :: undocumented migrants receive immunization services in very few countries because of inbuilt administrative barriers in the host countries related to their entitlement to free health services, including immunization;
- :: in most of the countries of the Region, the delivery of immunization services is primarily carried out by the public health care systems, but international organizations and nongovernmental organizations are also involved in a few;
- :: lack of financial and human resources, in particular cultural mediators and/or interpreters, is seen as a barrier to the effective implementation of national immunization policies and to the systematic collection and evaluation of data for corrective actions;
- :: socioeconomic, sociocultural and educational issues remain important obstacles for migrants and refugees in accessing the available immunization services in the host countries; and
- :: targeted interventions have been shown to be successful in improving the uptake of immunization programmes among migrants and refugees, for example door-to-door vaccination initiatives, media campaigns, thematic lectures, peer-to-peer interactions and health promotion days.

### *Policy considerations*

A systemic and tailored approach to the management of immunization among migrants and refugees is critical. Adequate protection of migrants and refugees from VPDs may require long-term strategies by national health systems. This review suggests the following policy options to be considered by policy-makers in strengthening immunization for migrants and refugees in the WHO European Region.

- :: Ensure national policies are in place for provision of equitable and high-quality immunization services tailored to migrant and refugee populations:
  - national immunization programmes should ensure that migrants and refugees benefit from easy access to the vaccines offered free of charge under the national vaccination schedule; and
  - appropriate strategies, such as outreach activities, and existing initiatives, such as tailored immunization programmes, should be considered to improve the delivery and uptake of vaccines.

:: Provide appropriate administrative mechanisms and ensure political commitment to address the existing barriers to vaccination service delivery and utilization; useful interventions include:

- interpreters and cultural mediators to support interactions;
- provision of information in the languages of the migrants;
- models for collection of relevant data on migrants and refugees that avoid issues of stigma and discrimination;
- effective collaboration on service delivery between national health services, existing social services networks and local service providers in the country;
- provision of adequate training and culturally relevant information for health care professionals to ensure that they understand the specific needs of the migrants and refugees they link with and can avoid detrimental inappropriate behaviours and/or stereotypical attitudes; and
- inclusive decision-making that involves migrants and refugees during planning and implementation of vaccination programmes.

:: Promote strategies to address wider issues such as marginalization, health literacy and other social determinants of health that contribute to low vaccination coverage among migrants and refugees.

:: Develop realistic implementation plans together with a robust monitoring and evaluation framework to review existing policies periodically in light of population movement and VPD epidemiology in the host countries.

:: Foster research to further understand and address the barriers related to immunization service delivery and utilization in these groups.

:: Devise appropriate mechanisms to promote cross-border collaboration and sharing of good practices among countries in the Region.

\* \* \* \*

### ***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 4, 2018

<http://www.ajtmh.org/content/journals/14761645/98/4>

[Reviewed earlier]

**Annals of Internal Medicine**

17 April 2018 Vol: 168, Issue 8

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

[Reviewed earlier]

**BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 5 May 2018)

[No new digest content identified]

**BMJ Global Health**

May 2018 - Volume 3 - 3

<http://gh.bmj.com/content/3/3>

New issue; No digest content identified]

**BMC Health Services Research**

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

(Accessed 5 May 2018)

[No new digest content identified]

**BMC Infectious Diseases**

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

(Accessed 5 May 2018)

[No new digest content identified]

## **BMC Medical Ethics**

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

(Accessed 5 May 2018)

[No new digest content identified]

## **BMC Medicine**

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

(Accessed 5 May 2018)

Research article

| 2 May 2018

### **Clinical trial registration and reporting: a survey of academic organizations in the United States**

*Many clinical trials conducted by academic organizations are not published, or are not published completely. Following the US Food and Drug Administration Amendments Act of 2007, "The Final Rule" (compliance date April 18, 2017) and a National Institutes of Health policy clarified and expanded trial registration and results reporting requirements. We sought to identify policies, procedures, and resources to support trial registration and reporting at academic organizations.*

Authors: Evan Mayo-Wilson, James Heyward, Anthony Keyes, Jesse Reynolds, Sarah White, Nidhi Atri, G. Caleb Alexander, Audrey Omar and Daniel E. Ford

## **BMC Pregnancy and Childbirth**

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

(Accessed 5 May 2018)

[No new digest content identified]

## **BMC Public Health**

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

(Accessed 5 May 2018)

Research article

### **Patients' understanding of telemedicine terms required for informed consent when translated into Kiswahili**

*In Africa, where access to specialist medical services is often limited, telemedicine, the use of information and communication technologies for the provision of healthcare at a distance, can contribute towards enhancing access to healthcare. Informed consent is considered the cornerstone of ethical practice, especially when technology and techniques are considered new and or unproven. It is advised that informed consent should be gained in the patient's mother tongue. However, many African languages have not kept pace with technology and lack the words and terms needed to describe computing and technical terms. Additionally, even when present, patients may not understand these words and terms. This affects the validity of informed consent given.*

Authors: Rachael Odhiambo and Maurice Mars

Citation: BMC Public Health 2018 18:588

Published on: 3 May 2018

*Research article*

**[Vaccination hesitancy in the antenatal period: a cross-sectional survey](#)**

*Recent reports of childhood vaccination coverage in Australia have shown steadily improving vaccination coverage and narrowing differences between highest and lowest coverage regions, yet the NSW North Coast c...*

Authors: Paul Corben and Julie Leask

Citation: BMC Public Health 2018 18:566

Published on: 2 May 2018

*Research article*

**[Flu vaccination among patients with diabetes: motives, perceptions, trust, and risk culture - a qualitative survey](#)**

*Vaccination against seasonal influenza (SIV) is recommended for patients with diabetes, but their vaccination coverage is unsatisfactory in France and elsewhere. This qualitative survey of people with diabetes...*

Authors: Pierre Verger, Aurélie Bocquier, Chantal Vergélys, Jeremy Ward and Patrick Peretti-Watel

Citation: BMC Public Health 2018 18:569

Published on: 2 May 2018

*Debate*

**[The value of program science to optimize knowledge brokering on infectious diseases for public health](#)**

*Knowledge translation (KT) and related terms have variously been defined as process and as products. In this paper we contribute to debates on effective KT, specifically knowledge brokering, by describing an a...*

Authors: Marissa Becker, Margaret Haworth-Brockman and Yoav Keynan

Citation: BMC Public Health 2018 18:567

Published on: 2 May 2018

**BMC Research Notes**

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

(Accessed 5 May 2018)

[No new digest content identified]

**BMJ Open**

April 2018 - Volume 8 - 4

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

[Reviewed earlier]

**Bulletin of the World Health Organization**

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

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

## *EDITORIALS*

### **Potential yellow fever epidemics in unexposed populations**

Duane J Gubler

<http://dx.doi.org/10.2471/BLT.18.213298>

#### *Research*

### **Evaluation of the EpiCore outbreak verification system**

Taryn Silver Lorthe, Marjorie P Pollack, Britta Lassmann, John S Brownstein, Emily Cohn, Nomita Divi, Dionisio Jose Herrera-Guibert, Jennifer Olsen, Mark S Smolinski & Lawrence C Madoff

#### *Abstract*

##### Objective

To describe a crowdsourced disease surveillance project (EpiCore) and evaluate its usefulness in obtaining information regarding potential disease outbreaks.

##### Methods

Volunteer human, animal and environmental health professionals from around the world were recruited to EpiCore and trained to provide early verification of health threat alerts in their geographical region via a secure, easy-to-use, online platform. Experts in the area of emerging infectious diseases sent requests for information on unverified health threats to these volunteers, who used local knowledge and expertise to respond to requests. Experts reviewed and summarized the responses and rapidly disseminated important information to the global health community through the existing event-based disease surveillance network, ProMED.

##### Findings

From March 2016 to September 2017, 2068 EpiCore volunteers from 142 countries were trained in methods of informal disease surveillance and use of the EpiCore online platform. These volunteers provided 790 individual responses to 759 requests for information addressing unverified health threats in 112 countries; 361 (45%) responses were considered to be useful. Most responses were received within hours of the requests. The responses led to 194 ProMED posts, of which 99 (51%) supported verification of an outbreak, were published on ProMED and sent to over 87 000 subscribers.

##### Conclusion

There is widespread willingness among health professionals around the world to voluntarily assist efforts to verify and provide supporting information on unconfirmed health threats in their region. By linking this member network of health experts through a secure online reporting platform, EpiCore enables faster global outbreak detection and reporting.

### **International travel between global urban centres vulnerable to yellow fever transmission**

Shannon E Brent, Alexander Watts, Martin Cetron, Matthew German, Moritz UG Kraemer, Isaac I Bogoch, Oliver J Brady, Simon I Hay, Maria I Creatore & Kamran Khan

<http://dx.doi.org/10.2471/BLT.17.205658>

## **Child Care, Health and Development**

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

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

[Reviewed earlier]

### **Clinical and Experimental Vaccine Research**

Volume 7(1); January 2018

<http://ecevr.org/>

[Reviewed earlier]

### **Clinical Therapeutics**

April 2018 Volume 40, Issue 4, p497-668

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

[New issue; No digest content identified]

### **Conflict and Health**

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

[Accessed 5 May 2018]

[No new digest content identified]

### **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 1 - February 2018

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

[Reviewed earlier]

### **Disasters**

April 2018 Volume 42, Issue 2 Pages 205–404

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

[Reviewed earlier]

### **EMBO Reports**

01 April 2018; volume 19, issue 4

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

[Reviewed earlier]

### **Emerging Infectious Diseases**

Volume 24, Number 5—May 2018

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

*Perspective*

**[History of Mosquitoborne Diseases in the United States and Implications for New Pathogens](#)** [PDF Version \[PDF - 1.32 MB - 6 pages\]](#)

M. J. Moreno-Madriñán and M. Turell

*Abstract*

The introduction and spread of West Nile virus and the recent introduction of chikungunya and Zika viruses into the Americas have raised concern about the potential for various tropical pathogens to become established in North America. A historical analysis of yellow fever and malaria incidences in the United States suggests that it is not merely a temperate climate that keeps these pathogens from becoming established. Instead, socioeconomic changes are the most likely explanation for why these pathogens essentially disappeared from the United States yet remain a problem in tropical areas. In contrast to these anthroponotic pathogens that require humans in their transmission cycle, zoonotic pathogens are only slightly affected by socioeconomic factors, which is why West Nile virus became established in North America. In light of increasing globalization, we need to be concerned about the introduction of pathogens such as Rift Valley fever, Japanese encephalitis, and Venezuelan equine encephalitis viruses.

### **Epidemics**

Volume 22, Pages 1-78 (March 2018)

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

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

[Reviewed earlier]

### **Epidemiology and Infection**

Volume 146 - Issue 5 - April 2018

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

[Reviewed earlier]

### **The European Journal of Public Health**

Volume 28, Issue 1, 1 February 2018

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

[Reviewed earlier]

### **Global Health Action**

Volume 11, 2018 – Issue 1

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

[Reviewed earlier]

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

Vol. 6, No. 1 March 21, 2018

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

[Reviewed earlier]

### **Global Public Health**

Volume 13, 2017 Issue 6

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

[Reviewed earlier]

### **Globalization and Health**

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

[Accessed 5 May 2018]

[No new digest content identified]

### **Health Affairs**

April 2018, Vol. 37, No. 4

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

***Culture Of Health, The ACA & More***

[New issue; No digest content identified]

### **Health and Human Rights**

Volume 19, Issue 2, December 2017

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

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

[Reviewed earlier]

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

Volume 13 - Issue 2 - April 2018

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

[Reviewed earlier]

### **Health Policy and Planning**

Volume 33, Issue 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 5 May 2018]

*Study Protocol*

3 May 2018

**[How can the use of data within the immunisation programme be increased in order to improve data quality and ensure greater accountability in the health system? A protocol for implementation science study](#)**

Authors: Binyam Tilahun, Alemayehu Teklu, Arielle Mancuso, Zeleke Abebaw, Kassahun Dessie and Desalegn Zegey

### **Humanitarian Exchange Magazine**

Number 71 March 2018

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

**[Humanitarian response in urban areas](#)**

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

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

Volume 14, Issue 4 2018

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

*Article*

**[Delayed measles vaccination of toddlers in Canada: Associated socio-demographic factors and parental knowledge, attitudes and beliefs](#)**

Simone Périnet, Marilou Kiely, Gaston De Serres & Nicolas L. Gilbert

Pages: 868-874

Published online: 16 Jan 2018

*Article*

**[Evaluation of potentially achievable vaccination coverage of the second dose of measles containing vaccine with simultaneous administration and risk factors for missed opportunities among children in Zhejiang province, east China](#)**

Yu Hu, Yaping Chen, Ying Wang & Hui Liang

Pages: 875-880

Published online: 23 Jan 2018

*Article*

**[Revisiting knowledge, attitudes and practice \(KAP\) on human papillomavirus \(HPV\) vaccination among female university students in Hong Kong](#)**

Jonathan Tin Chi Leung & Chi-kin Law

Pages: 924-930

Published online: 18 Jan 2018

*Article*

**[Parents' attitude, awareness and behaviour towards influenza vaccination in Pakistan](#)**

Allah Bukhsh, Habib Rehman, Tauqeer Hussain Mallhi, Humera Ata, Inayat Ur Rehman, Learn-Han Lee, Bey-Hing Goh & Tahir Mehmood Khan

Pages: 952-957

Published online: 25 Jan 2018

*Article*

**[Impact of a website based educational program for increasing vaccination coverage among adolescents](#)**

Susanna Esposito, Sonia Bianchini, Claudia Tagliabue, Giulia Umbrello, Barbara Madini, Giada Di Pietro & Nicola Principi

Pages: 961-968

Published online: 22 Feb 2018

*Article*

**[Timeliness of vaccination in infants followed by primary-care pediatricians in France](#)**

Anne-Charlotte Bailly, Pauline Gras, Jean-François Lienhardt, Jean-Christophe Requillart, François Vié-le-Sage, Alain Martinot & François Dubos

Pages: 1018-1023

Published online: 21 Dec 2017

*Meeting report*

**[Report of the 5th European expert meeting on rotavirus vaccination \(EEROVAC\)](#)**

Marieke L. A. de Hoog, Timo Vesikari, Carlo Giaquinto, Hans-Iko Huppertz, Federico Martinon-Torres & Patricia Bruijning-Verhagen

Pages: 1027-1034

Published online: 18 Jan 2018

**Infectious Agents and Cancer**

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

[Accessed 5 May 2018]

*Research Article*

| 2 May 2018

**[Epidemiologic and economic burden of HPV diseases in Spain: implication of additional 5 types from the 9-valent vaccine](#)**

Authors: Noelia López, Aureli Torné, Agustín Franco, María San-Martin, Elisabet Viayna, Carmen Barrull and Nuria Perulero

**Infectious Diseases of Poverty**

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

[Accessed 5 May 2018]

[No new digest content identified]

**International Health**

Volume 10, Issue 3, 1 May 2018

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

[New issue; No digest content identified]

**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 1 2018

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

[Reviewed earlier]

**International Journal of Infectious Diseases**

April 2018 Volume 69, In Progress Open Access

[http://www.ijdonline.com/issue/S1201-9712\(18\)X0003-4](http://www.ijdonline.com/issue/S1201-9712(18)X0003-4)

[Reviewed earlier]

**JAMA**

May 1, 2018, Vol 319, No. 17, Pages 1743-1834

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

[New issue; No digest content identified]

**JAMA Pediatrics**

April 2018, Vol 172, No. 4, Pages 309-400

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

[Reviewed earlier]

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

April 2018 - Volume 16 - Issue 4

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

[Reviewed earlier]

**Journal of Adolescent Health**

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)

[New issue; No digest content identified]

**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.bmj.com/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/jhlscm/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>

*Original Paper*

**[Medical Care, Screening and Regularization of Sub-Saharan Irregular Migrants Affected by Hepatitis B in France and Italy](#)**

[Cecilia Santilli](#)

**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, 5 May 2018

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

*Editor's Choice*

**[Relative Vaccine Effectiveness of High-Dose Versus Standard-Dose Influenza Vaccines Among Veterans Health Administration Patients](#)**

[Yinong Young-Xu](#); [Robertus Van Aalst](#); [Salaheddin M Mahmud](#); [Kenneth J Rothman](#); [Julia Thornton Snider](#) ...

Using the prior event rate ratio approach, which controls for confounding from unmeasured variables, we found that, in protecting senior Veterans Health Administration patients against influenza- or pneumonia-associated hospitalization, a high-dose influenza vaccine was more effective than a standard-dose vaccine.

**Journal of Medical Ethics**

May 2018 - Volume 44 - 5

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

[Reviewed earlier]

**Journal of Medical Internet Research**

Vol 20, No 4 (2018): April

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

[Reviewed earlier]

**Journal of Medical Microbiology**

Volume 67, Issue 4, April 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 1 March 2018

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

[Reviewed earlier]

**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 5 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>

[New issue; No digest content identified]

## **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***

*Reviews*

### **[Cholera: under diagnosis and differentiation from other diarrhoeal diseases](#)**

Tristan P Learoyd, PhD; Rupert M Gaut, MSc

Journal of Travel Medicine, Volume 25, Issue suppl\_1, 1 May 2018, Pages S46–S51,

<https://doi.org/10.1093/jtm/tay017>

*Abstract*

Background

Globally 1.4 billion people are at risk from cholera in countries where the disease is endemic, with an estimated 2.8 million cases annually. The disease is significantly under reported due to economic, social and political disincentives as well as poor laboratory resources and epidemiological surveillance in those regions. In addition, identification of cholera from other diarrhoeal causes is often difficult due to shared pathology and symptoms with few reported cases in travellers from Northern Europe.

Methods

A search of PubMed and Ovid Medline for publications on cholera diagnosis from 2010 through 2017 was conducted. Search terms included were cholera, Rapid Diagnostic Test (RDT), multiplex PCR and diagnosis of diarrhoea. Studies were included if they are published in English, French or Spanish.

Results

An increase of RDT study publications for diarrhoeal disease and attempted test validations were seen over the publication period. RDTs were noted as having varied selectivity and specificity, as well as associated costs and local resource requirements that can prohibit their use.

Conclusions

Despite opportunities to employ RDTs with high selectivity and specificity in epidemic areas, or in remote locations without access to health services, such tests are limited to surveillance use. This may represent a missed opportunity to discover the true global presence of *Vibrio cholerae* and its role in all cause diarrhoeal disease in underdeveloped countries and in travellers to those areas. The wider applicability of RDTs may also represent an opportunity in the wider management of traveller's diarrhoea.

## **Journal of Virology**

May 2018, volume 92, issue 10

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

[New issue; No digest content identified]

## **The Lancet**

May 05, 2018 Volume 391 Number 10132 p1749-1864

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

*Comment*

### **Who is responsible for the vaccination of migrants in Europe?**

Sally Hargreaves, Laura B Nellums, Mary Ramsay, Vanessa Saliba, Azeem Majeed, Sandra Mounier-Jack, Jon S Friedland

*[See Research/Reports above for more detail]*

*Articles*

### **Trends in future health financing and coverage: future health spending and universal health coverage in 188 countries, 2016–40**

Global Burden of Disease Health Financing Collaborator Network

*Open Access*

*Background*

Achieving universal health coverage (UHC) requires health financing systems that provide prepaid pooled resources for key health services without placing undue financial stress on households. Understanding current and future trajectories of health financing is vital for progress towards UHC. We used historical health financing data for 188 countries from 1995 to 2015 to estimate future scenarios of health spending and pooled health spending through to 2040.

### **Spending on health and HIV/AIDS: domestic health spending and development assistance in 188 countries, 1995–2015**

Global Burden of Disease Health Financing Collaborator Network

*Open Access*

*Background*

Comparable estimates of health spending are crucial for the assessment of health systems and to optimally deploy health resources. The methods used to track health spending continue to evolve, but little is known about the distribution of spending across diseases. We developed improved estimates of health spending by source, including development assistance for health, and, for the first time, estimated HIV/AIDS spending on prevention and treatment and by source of funding, for 188 countries.

## **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 7703, 3 May 2018

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

[New issue; No digest content identified]

**Nature Medicine**

April 2018, Volume 24 No 4 pp375-526

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

[Reviewed earlier]

**Nature Reviews Immunology**

April 2018 Vol 18 No 4

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

[Reviewed earlier]

**New England Journal of Medicine**

May 3, 2018 Vol. 378 No. 18

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

[New issue; No digest content identified]

## **Pediatrics**

May 2018, VOLUME 141 / ISSUE 5

<http://pediatrics.aappublications.org/content/141/5?current-issue=y>

*Articles*

### **[Safety and Immunogenicity of a Recombinant Influenza Vaccine: A Randomized Trial](#)**

Lisa M. Dunkle, Ruvim Izikson, Peter A. Patriarca, Karen L. Goldenthal, Manon Cox, John J. Treanor

Pediatrics May 2018, 141 (5) e20173021; DOI: 10.1542/peds.2017-3021

Recombinant HA provided better protection than the inactivated influenza vaccine in adults  $\geq 50$  years old but lower immunogenicity in children  $< 5$  years old. In subjects 6 to 17 years old, immunogenicity was comparable.

## **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>

*Leading Article*

### **[Cost-Effectiveness Thresholds: the Past, the Present and the Future](#)**

Praveen Thokala, Jessica Ochalek, Ashley A. Leech, Thaison Tong

*Abstract*

Cost-effectiveness (CE) thresholds are being discussed more frequently and there have been many new developments in this area; however, there is a lack of understanding about what thresholds mean and their implications. This paper provides an overview of the CE threshold literature. First, the meaning of a CE threshold and the key assumptions involved (perfect divisibility, marginal increments in budget, etc.) are highlighted using a hypothetical example, and the use of historic/heuristic estimates of the threshold is noted along with their limitations. Recent endeavours to estimate the empirical value of the thresholds, both from the supply side and the demand side, are then presented. The impact on CE thresholds of future directions for the field, such as thresholds across sectors and the incorporation of multiple criteria beyond quality-adjusted life-years as a measure of 'value', are highlighted. Finally, a number of common issues and misconceptions associated with CE thresholds are addressed.

## **PLOS Currents: Disasters**

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

[Accessed 5 May 2018]

[No new digest content identified]

### **PLoS Currents: Outbreaks**

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

[Accessed 5 May 2018]

[No new digest content identified]

### **PLoS Medicine**

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

(Accessed 5 May 2018)

*Editorial*

#### **[All science should inform policy and regulation](#)**

John P. A. Ioannidis

| published 03 May 2018 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002576>

### **PLoS Neglected Tropical Diseases**

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

(Accessed 5 May 2018)

[No new digest content identified]

### **PLoS One**

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

[Accessed 5 May 2018]

[No new digest content identified]

### **PLoS Pathogens**

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

[Accessed 5 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 5 May 2018]

#### **[Optimizing the impact of low-efficacy influenza vaccines](#)**

Pratha Sah, Jan Medlock, Meagan C. Fitzpatrick, Burton H. Singer, and Alison P. Galvani  
PNAS April 30, 2018. 201802479; published ahead of print April 30, 2018.

<https://doi.org/10.1073/pnas.1802479115>

*Significance*

The efficacy of the influenza vaccine against the predominant influenza strain appears to be relatively low during this 2017–2018 season. Our analyses demonstrate the substantial effect of even low-efficacy vaccines in averting infections, hospitalizations, and particularly deaths. Our results also demonstrate that the health burden resulting from influenza is more sensitive to changes to vaccination coverage than to changes to vaccine efficacy. We further determined

the uptake distribution of the 140 million doses available that would maximize the effectiveness of vaccination. Our results inform current public health policies and underscore the importance of influenza vaccination.

#### *Abstract*

The efficacy of influenza vaccines varies from one year to the next, with efficacy during the 2017–2018 season anticipated to be lower than usual. However, the impact of low-efficacy vaccines at the population level and their optimal age-specific distribution have yet to be ascertained. Applying an optimization algorithm to a mathematical model of influenza transmission and vaccination in the United States, we determined the optimal age-specific uptake of low-efficacy vaccine that would minimize incidence, hospitalization, mortality, and disability-adjusted life-years (DALYs), respectively. We found that even relatively low-efficacy influenza vaccines can be highly impactful, particularly when vaccine uptake is optimally distributed across age groups. As vaccine efficacy declines, the optimal distribution of vaccine uptake shifts toward the elderly to minimize mortality and DALYs. Health practitioner encouragement and concerted recruitment efforts are required to achieve optimal coverage among target age groups, thereby minimizing influenza morbidity and mortality for the population overall.

### **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**

10 January 2018; volume 285, issue 1870

<http://rspb.royalsocietypublishing.org/content/285/1870?current-issue=y>

[Reviewed earlier]

### **Public Health**

May 2018 Volume 158, p1-202

<http://www.publichealthjrn.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 2, March/April 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 13, Issue 3-4, July-October 2017

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

[Reviewed earlier]

### **Reproductive Health**

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

[Accessed 5 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>

*Original Research Articles*

*Open Access*

**[An Emerging New Risk Analysis Science: Foundations and Implications](#)**

[Terje Aven](#)

Pages: 876-888

First Published: 07 September 2017

*Abstract*

To solve real-life problems—such as those related to technology, health, security, or climate change—and make suitable decisions, risk is nearly always a main issue. Different types of sciences are often supporting the work, for example, statistics, natural sciences, and social sciences. Risk analysis approaches and methods are also commonly used, but risk analysis is

not broadly accepted as a science in itself. A key problem is the lack of explanatory power and large uncertainties when assessing risk. This article presents an emerging new risk analysis science based on novel ideas and theories on risk analysis developed in recent years by the risk analysis community. It builds on a fundamental change in thinking, from the search for accurate predictions and risk estimates, to knowledge generation related to concepts, theories, frameworks, approaches, principles, methods, and models to understand, assess, characterize, communicate, and (in a broad sense) manage risk. Examples are used to illustrate the importance of this distinct/separate risk analysis science for solving risk problems, supporting science in general and other disciplines in particular.

## **Risk Management and Healthcare Policy**

Volume 10, 2017

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

[Reviewed earlier]

## **Science**

04 May 2018 Vol 360, Issue 6388

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

*Editorial*

### **Global data meet EU rules**

By Kostas Glinos

Science04 May 2018 : 467 Full Access

*Summary*

We are at the beginning of the “fourth industrial revolution,” with unprecedented capabilities to acquire, process, and communicate data. As with all revolutions, it holds great promise as well as dangers. Outrage at large-scale privacy breaches demonstrates the perils of taking protection of personal data lightly and reminds us that technological progress challenges policies, values, and approaches to ethics. The European Union (EU) General Data Protection Regulation (GDPR) that takes effect on 25 May offers never-before-seen protections and control by individuals of their personal data, including many provisions for research. Although this should increase public trust and therefore propensity to share data, many implementation details and safeguards have yet to be established. It is clear, however, that interoperability of policies will be essential to promote data sharing across research communities within the EU and globally.

*Policy Forum*

### **Scrutinizing the EU General Data Protection Regulation**

By Luca Marelli, Giuseppe Testa

Science04 May 2018 : 496-498 Full Access

*How will new decentralized governance impact research?*

*Summary*

On 25 May 2018, the European Union (EU) regulation 2016/679 on data protection, also known as the General Data Protection Regulation (GDPR), will take effect. The GDPR, which repeals previous European legislation on data protection (Directive 95/46/EC) (1), is bound to have major effects on biomedical research and digital health technologies, in Europe and beyond, given the global reach of EU-based research and the prominence of international research networks requiring interoperability of standards. Here we describe ways in which the GDPR will

become a critical tool to structure flexible governance for data protection. As a timely forecast for its potential impact, we analyze the implications of the GDPR in an ongoing paradigmatic legal controversy involving the database originally assembled by one of the world's first genomic biobanks, Sharda.

*Letters*

**[Joint statement on EPA proposed rule and public availability of data](#)**

By Jeremy Berg, Philip Campbell, Veronique Kiermer, Natasha Raikhel, Deborah Sweet  
Science 04 May 2018

**Science Translational Medicine**

02 May 2018 Vol 10, Issue 439  
[New issue; No digest content identified]

**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 5 May 2018]  
[Reviewed earlier]

**Travel Medicine and Infectious Diseases**

March-April, 2018 Volume 22  
<http://www.travelmedicinejournal.com/>  
*Editorial*  
**[Influenza risk at Muslim pilgrimages in Iraq and Saudi Arabia](#)**  
Philippe Gautret  
Vol. 21, p1-2  
Published online: October 26, 2017

**Tropical Medicine & International Health**

Volume 23, Issue 5 Pages: i-iv, 447-579 May 2018  
<https://onlinelibrary.wiley.com/toc/13653156/current>  
*Reviews*  
*Free Access*  
**[Systematic review of strategies to increase access to health services among children over five in low- and middle-income countries](#)**  
Tess Bright, Lambert Felix, Hannah Kuper, Sarah Polack  
Pages: 476-507  
First Published: 23 February 2018

*Open Access*

**[Impact of drinking water, sanitation and handwashing with soap on childhood diarrhoeal disease: updated meta-analysis and meta-regression](#)**

Jennyfer Wolf, Paul R. Hunter, Matthew C. Freeman, Oliver Cumming, Thomas Clasen, Jamie Bartram, Julian P. T. Higgins, Richard Johnston, Kate Medicott, Sophie Boisson, Annette Prüss-Ustün

Pages: 508-525

First Published: 14 March 2018

**Vaccine**

Volume 36, Issue 21 Pages 2917-3060 (17 May 2018)

<https://www.sciencedirect.com/journal/vaccine/vol/36/issue/21>

*Reviews*

**[A systematic review of strategies for reducing missed opportunities for vaccination](#)**

Open access - Review article

Pages 2921-2927

Anelisa Jaca, Lindi Mathebula, Arthur Iweze, Elizabeth Pienaar, Charles S. Wiysonge

*Abstract*

Background

Missed opportunities for vaccination (MOVs) occur when persons eligible for vaccination visit a health facility and do not get the vaccines they need. We conducted a systematic review to assess effects of interventions for reducing MOVs.

Methods

We searched PubMed, Scopus, and the Cochrane Central Register of Controlled Trials in April 2017. Three authors independently screened search outputs, reviewed potentially eligible papers, assessed risk of bias, and extracted data; resolving disagreements by consensus. We expressed study results as risk ratios (RR) with 95% confidence intervals (CI) and assessed the certainty of the evidence using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) tool.

Results

Six studies (five trials and one cohort study) met our inclusion criteria, all conducted in the United States of America. All six studies had various limitations and were classified as having a high risk of bias. We found moderate certainty evidence that the following interventions probably improve vaccination coverage: patient education (RR 1.92, 95% CI 1.38–2.68), patient tracking using community health workers (RR 1.18, 95% CI 1.11–1.25), and patient tracking and provider prompts (RR 1.24, 95% CI 1.18–1.31). In addition, we found low certainty evidence that concurrent interventions targeting health-facility (education, prompts, and audit and feedback) and family settings (phone calls) may increase vaccination coverage (RR 1.25, 95% CI 1.08–1.46).

Conclusions

The currently available evidence suggests that patient education, patient tracking, outreach sessions, and provider prompts reduce missed opportunities for vaccination and improve vaccination coverage. Rigorous studies are required to confirm these findings and increase the certainty of the current evidence base. WHO is currently coordinating efforts to generate such evidence, especially from low-income and middle-income countries, and it is likely that the data will be available in the next few years.

## **Influenza vaccination in the elderly: Is a trial on mortality ethically acceptable?**

Original research article

Pages 2991-2997

Ruud Andreas Fritz Verhees, Wybo Dondorp, Carel Thijs, Geert Jan Dinant, Johannes Andreas Knottnerus

### *Abstract*

The effectiveness of influenza vaccination in the elderly has long been a topic of debate, fueled by the absence of direct evidence from randomized trials on its effect on mortality and the methodological limitations of observational studies pointing this direction. It is argued that new placebo-controlled trials should be undertaken to resolve this uncertainty. However, such trials may be ethically questionable. To bring this discussion forward, we provide a comprehensive overview of the ethical challenges of an influenza vaccine efficacy trial designed to evaluate mortality in the elderly. An important condition in the justification of a trial is the existence of genuine uncertainty in regard to the answer to a research question. Therefore an extensive analysis of the existing levels of knowledge is needed to support the conclusion that an effect of vaccination on mortality is uncertain. Even if a so called "clinical equipoise" status applies, denying a control group vaccination would be problematic because vaccination is considered "competent care" and withholding vaccination could substantially increase patients' risk for influenza and its complications. Given the high burden of disease and already proven benefits of vaccination, such a trial is unlikely to meet the Declaration of Helsinki stating that the importance of a trial must outweigh the risk patients are exposed to. While a placebo-controlled trial in vaccine refusers may be considered, such a trial is unlikely to meet substantial methodological barriers regarding trial size and generalizability. We conclude that a new trial is unlikely to provide for a direct answer, let alone change current policy. At the same time, given the lack of consensus on the ethical acceptability of a placebo-controlled trial on the effect of influenza vaccination on mortality in the elderly, we invite researchers considering such trials to address the ethical challenges discussed in this manuscript.

## **How baby's first shot determines the development of maternal attitudes towards vaccination**

Original research article

Pages 3018-3026

Cornelia Betsch, Birte Bödeker, Philipp Schmid, Ole Wichmann

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

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

(Accessed 5 May 2018)

[No new digest content identified]

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

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

(Accessed 5 May 2018)

*Open Access Comment*

## **Should UK Pneumococcal Vaccine Eligibility Criteria Include Alcohol Dependency in Areas with High Alcohol-Related Mortality?**

by [John D. Mooney](#), [Michael Imarhiagbe](#) and [Jonathan Ling](#)  
Vaccines 2018, 6(2), 25; <https://doi.org/10.3390/vaccines6020025> - 2 May 2018

*Abstract*

A recently reported steep increase in the incidence of invasive pneumococcal disease (IPD) in adults in the North East of England was primarily associated with pneumococcal sero-types found in the 23-valent pneumococcal polysaccharide vaccine (PPSV23). This region also has one of the highest rates of alcohol-related premature mortality and morbidity in the UK. Given that alcohol dependence is long acknowledged as one of the strongest risk factors for IPD mortality, we feel there is an increasingly compelling case to look again at the divergence of UK vaccine guidance from that of the World Health Organisation and the Centre for Disease Control in the USA, in the non-inclusion of alcoholism as an indicator condition that would potentially benefit from receiving PPSV23 vaccine. Such a re-think would represent a responsible evaluation of vaccination guidance in the face of newly emerging epidemiological findings and would have the potential to save lives in a very marginalised and vulnerable section of the population. We propose therefore that alcohol dependency (now referred to as alcohol use disorder), should be re-considered an indicator condition for receiving pneumococcal vaccine in North East England, where mortality from pneumococcal disease has been rising and which already has an excessive burden of alcohol-related mortality

**Value in Health**

April 2018 Volume 21, Issue 4, p373-490

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

[New issue; No digest content identified]

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

*No new digest content identified.*

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***Media/Policy Watch***

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

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where

content is published without restriction, but most publications require registration and some subscription level.

### **The Atlantic**

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

*Accessed 5 May 2018*

[No new, unique, relevant content]

### **BBC**

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

*Accessed 5 May 2018*

[No new, unique, relevant content]

### **The Economist**

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

*Accessed 5 May 2018*

[No new, unique, relevant content]

### **Financial Times**

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

*Accessed 5 May 2018*

[No new, unique, relevant content]

### **Forbes**

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

*Accessed 5 May 2018*

#### **[Merck Teams With Moderna To Take On One Of The Toughest Targets In Cancer](#)**

Matthew Herper, Forbes Staff

3 May 2018

Merck is making a \$125 million investment in Moderna as part of a new funding round. "We're encouraged by the potential for RNA-based vaccines," says Eric Rubin, a Merck vice president.

#### **[Medicine As Currency For Peace: How Global Health Funding Could Change The World](#)**

3 May 2018

By Bill Frist

### **Foreign Affairs**

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

*Accessed 5 May 2018*

[No new, unique, relevant content]

### **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 5 May 2018*

[No new, unique, relevant content]

**The Guardian**

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

*Accessed 5 May 2018*

[No new, unique, relevant content]

**New Yorker**

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

*Accessed 5 May 2018*

[No new, unique, relevant content]

**New York Times**

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

*Accessed 5 May 2018*

[No new, unique, relevant content]

**Wall Street Journal**

<http://online.wsj.com/home-page? wsjregion=na,us& homepage=/home/us>

*Accessed 5 May 2018*

[No new, unique, relevant content]

**Washington Post**

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

*Accessed 5 May 2018*

[No new, unique, relevant content]

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

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

*Accessed 5 May 2018*

[No new relevant content]

**Center for Global Development**

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

*Accessed 5 May 2018*

**Getting on the Road to Health for All: A Conversation About the 71st World Health Assembly**

*Event*

5/15/18

Each year, delegations representing all World Health Organization (WHO) Member States attend the World Health Assembly (WHA) to determine the policies and budget of the organization. In advance of this year's WHA, the Center for Global Development will convene a curtain-raiser event to highlight topics and controversies on the WHA agenda -- from universal

health coverage (UHC) and its measurement to the role WHO might play vis-à-vis global partnerships and funders and the alignment of global priorities.

## **[The State of Global Health Commodity Procurement: Moving from Data Points to the Bigger Picture](#)**

*Blog Post*

5/1/18

[Kalipso Chalkidou](#), [Janeen Madan Keller](#) and Daniel Rosen

“Better data drive better decisions” is a truism that researchers everywhere are all too familiar with. Increasing the availability, usability, and relevance of data is key to tracking performance and informing smarter, more efficient policies—but too often the data we need simply aren’t available, at least not in a useful format. Recently, we’ve been exploring the availability of data (or lack thereof) related to global health commodity markets in the context of CGD’s [working group](#) on the Future of Global Health Procurement. To ground the working group’s recommendations, we’re trying to understand the current state of health commodity procurement in low- and middle-income countries (LMICs)—specifically which commodities are procured, by whom, how, and at what price.

### **CSIS**

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

*Accessed 5 May 2018*

Podcast Episode

### **[Pursuing a Vaccine for HIV](#)**

May 3, 2018 | By [Sara M. Allinder](#)

Despite substantial progress made in expanding access to HIV/AIDS treatment and prevention options, a vaccine for HIV—even an imperfect one—is likely needed to put a durable end to the epidemic. In this episode of *Take as Directed*, Dr. Mark Feinberg, President and CEO of the International AIDS Vaccine Initiative (IAVI) discusses the landscape of HIV vaccine development and why he thinks a vaccine remains a necessary pursuit. Dr. Feinberg also discusses the facilitating role that IAVI plays in the HIV vaccine development process.

### **Council on Foreign Relations**

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

*Accessed 5 May 2018*

[No new relevant content]

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*practice in health, human rights action, humanitarian response, heritage stewardship, education and sustainable development – serving governments, international agencies, INGOs, civil society organizations (CSOs), commercial entities, consortia and alliances. CVEP maintains an academic affiliation with the Division of Medical Ethics, NYU School of Medicine, and an operating affiliation with the Vaccine Education Center of Children’s Hospital of Philadelphia [CHOP].*

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

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

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