



**Vaccines and Global Health: The Week in Review**  
**9 June 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 at 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).

***Support this knowledge-sharing service:*** Your financial support helps us cover our costs and to address a current shortfall in our annual operating budget. Click [here](#) to donate and thank you in advance for your contribution.

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

- A. Milestones :: Perspectives :: Featured Journal Content
- B. Emergencies
- C. [WHO; CDC \[U.S., Africa, China\]](#)
- D. [Announcements](#)
- E. [Reports/Research/Analysis](#)
- E. Journal Watch
- F. [Media Watch](#)

## Milestones :: Perspectives

:::::  
:::::

### **EBOLA/EVD** [to 9 Jun 2018]

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

#### ***Disease outbreak news***

6 June 2018

#### **[Ebola virus disease – Democratic Republic of the Congo](#)**

*[Excerpt]*

Since the last Disease Outbreak News on 30 May 2018, two additional cases have been laboratory confirmed for Ebola virus disease (EVD) in the Democratic Republic of the Congo; both cases were reported from Iboko Health Zone. Recently available information has enabled the classification of some cases to be updated<sup>1</sup>.

...Since the launch of the vaccination intervention on 21 May, a total of 1199 people have been vaccinated in Wangata (577), Iboko (323) and Bikoro (299). Populations eligible for ring vaccination are front-line health professionals, people who have been exposed to confirmed EVD cases (contacts) and contacts of contacts...

:::::

### **[WHO: Ebola treatments approved for compassionate use in current outbreak](#)**

6 June 2018

On 4 June, an ethics committee in the Democratic Republic of the Congo (DRC) approved the use of five investigational therapeutics to treat Ebola, under the framework of compassionate use/expanded access. This is the first time such treatments are available in the midst of an Ebola outbreak.

Clinicians working in the treatment centres will make decisions on which drug to use as deemed helpful for their patients, and appropriate for the setting. The treatments can be used as long as informed consent is obtained from patients and protocols are followed, with close monitoring and reporting of any adverse events.

Four of the five approved drugs are currently in the country. They are Zmapp, GS-5734, REGN monoclonal antibody combination, and mAb114.

### **[Consultation on Monitored Emergency Use of Unregistered and Investigational Interventions for Ebola virus disease – Notes for the Record](#)**

*Undated*

*[Excerpt]*

A group of independent scientific experts convened by the WHO for the purpose of evaluating investigational therapeutics for Ebola virus disease (EVD) during the current outbreak, 17 May 2018

*Experts:*

Dr. Edward Cox (Chair), Dr. Annick Antierens , Dr. Sina Bavari, Dr Gail Carson, Dr. Marco Cavaleri, Dr. Rick Davey, Dr. Robert Fowler, Prof. Stephan Guenther, Prof. Stuart Nichol, Dr. Tim O'Dempsey, Prof. Ross Upshur, Prof. Jean-Jacques Muyembe\* , Prof. Steve Ahuka

Mundeke\*, Dr. Daniel Bausch\* (\*Unable to attend but reviewed the statement prior to its finalization)

There are many pathogens for which no proven effective intervention exists. For some pathogens there may be interventions that have shown promising safety and efficacy in the laboratory and in relevant animal models but that have not yet been evaluated for safety and efficacy in humans. Under normal circumstances, such interventions undergo testing in clinical trials that are capable of generating reliable evidence about safety and efficacy. However, in the context of an outbreak characterized by high mortality, it can be ethically appropriate to offer individual patients investigational interventions on an emergency basis outside clinical trials.

The WHO developed an ethical framework known as **Monitored Emergency Use of Unregistered Interventions (MEURI1.)** which established the following criteria to be met for access to investigational therapeutics for individual patients outside of clinical trials:

- 1) no proven effective treatment exists;
- 2) it is not possible to initiate clinical studies immediately;
- 3) data providing preliminary support of the intervention's efficacy and safety are available, at least from laboratory or animal studies, and use of the intervention outside clinical trials has been suggested by an appropriately qualified scientific advisory committee on the basis of a favourable risk–benefit analysis;
- 4) the relevant country authorities, as well as an appropriately qualified ethics committee, have approved such use;
- 5) adequate resources are available to ensure that risks can be minimized;
- 6) the patient's informed consent is obtained; and
- 7) the emergency use of the intervention is monitored and the results are documented and shared in a timely manner with the wider medical and scientific community.

...A concise summary of key points from the expert panel's deliberations include the points listed below. The panel noted that the available evidence for these investigational therapies was, in general, well below the usual level evidence for formulating recommendations. Panel members were free to express their viewpoints and contrary views were listened to respectfully.

:: **ZMapp** (a monoclonal antibody cocktail) - The available data, including the data from a randomized controlled trial of ZMapp in patients with EVD, provide the highest quality data for the use of ZMapp under MEURI, where the panel assessed that the benefits outweigh the risks.

:: **Remdesivir (GS-5734)** (an antiviral drug) - The available data support use under MEURI, however there should be concerted efforts made to study Remdesivir in appropriate clinical trials to assess its benefits and risks for treatment of patients with EVD.

:: **REGN3470-3471-3479** (a monoclonal antibody cocktail) - The data were found to be very promising and support use under MEURI in settings where ZMapp or Remdesivir are not available. However, there should be concerted efforts to study REGN3470-3471-3479 in appropriate clinical trials.

:: **Favipiravir** (an antiviral drug) - The experts discussed the available data2 for Favipiravir and noted considerable uncertainty as to whether it provides benefits for patients with EVD. It is important to conduct appropriate clinical trials to establish whether it provides benefits to patients or not. MEURI of Favipiravir may be considered in select circumstances where use of ZMapp or Remdesivir or REGN 3470-3471-3479 are not available. Its use is complicated by dosing selection3 for treatment of EVD.

:: Review of **mAb 114** (a monoclonal antibody) – mAb114 is currently in very early stages of

development. The limited early data look potentially promising but more data are needed from clinical trials before recommending its use for MEURI.

:: The panel affirmed the importance of moving to appropriate clinical trials as soon as possible. WHO is currently developing clinical trial designs to evaluate one, two or more candidate investigational therapeutics and assess which are beneficial to patients with EVD. WHO and partners are in active communication with product manufacturers as well as with the national authorities to expedite preparedness for clinical trials...

*2 In total more than 200 EVD patients have been treated with Favipiravir, most at the JIKI doses. Designs included historical controls, and retrospective observational studies.*

*3 The required dosing regimen is uncertain following publications indicating plasma concentrations being low in the JIKI trial. Therefore, further dose ranging studies should be performed to assess concentrations and tolerance at higher doses.*

:::::

:::::

### **The Wistar Institute Partners with Nation's Top Cancer Centers to Endorse Goal of Eliminating HPV-related Cancers in the United States**

*Joint statement empowers parents, young adults and physicians to act to increase vaccination rates and screenings in effort to eliminate HPV-related cancers, starting with cervical cancer.*

PHILADELPHIA — (June 7, 2018) — Nearly 80 million Americans – one out of every four people – are infected with human papillomavirus (HPV). And of those millions, more than 31,000 will be diagnosed with an HPV-related cancer this year. Despite these staggering figures and the availability of a vaccine to prevent the infections that cause these cancers, HPV vaccination remains low in the United States.

The Wistar Institute has partnered with 69 other National Cancer Institute (NCI)-designated cancer centers to issue a statement urging for increased HPV vaccination and screening to eliminate HPV-related cancers, starting with cervical cancer. These centers collectively recognize insufficient vaccination as a public health threat and call upon the nations' physicians, parents and young adults to take advantage of the opportunity to eliminate several different types of cancer in men and women.

"There is a safe and effective vaccine available to provide protection against HPV infection, which could prevent more than 52,000 cases of cervical, oropharyngeal, anal, penile, vulvar, and vaginal cancers each year," said Dario Altieri, M.D., president and CEO of The Wistar Institute, director of The Wistar Institute Cancer Center, and the Robert and Penny Fox Distinguished Professor. "Yet U.S. rates for HPV vaccination remain low. We can and must do better for our children and young adults and ensure they receive the HPV vaccine."

HPV vaccination rates remain significantly lower than other recommended adolescent vaccines in the nation. According to 2016 data from the Centers for Disease Control (CDC), less than 50 percent of girls and 38 percent of boys completed the recommended vaccine series. Research shows there are many barriers to overcome to improve vaccination rates, including a lack of strong recommendations from physicians and parents not understanding the vaccine protects against several types of cancer.

HPV experts from the nation's top cancer centers, along with partners from the NCI, CDC, and the American Cancer Society, are meeting June 7-8 to discuss a path forward to eliminating cancers caused by HPV, including ways to reduce barriers to vaccination, as well as how to share education, training and intervention strategies to improve vaccination rates.

This is the third year that all 70 NCI-designated cancer centers have come together to issue a national call to action. All of the centers unanimously share the goal of sending a powerful message to parents, adolescents and health care providers about the importance of HPV vaccination for the elimination of HPV-related cancers.

.....

.....

### **NIH releases strategic plan for data science**

June 4, 2018 — The plan provides a roadmap for modernizing the NIH-funded biomedical data science ecosystem.

Storing, managing, standardizing and publishing the vast amounts of data produced by biomedical research is a critical mission for the National Institutes of Health. In support of this effort, NIH today released its first *Strategic Plan for Data Science* that provides a roadmap for modernizing the NIH-funded biomedical data science ecosystem. Over the course of the next year, NIH will begin implementing its strategy, with some elements of the plan already underway. NIH will continue to seek community input during the implementation phase.

Accessible, well-organized, secure, and efficiently operated data resources are critical to modern scientific inquiry. By maximizing the value of data generated through NIH-funded efforts, the pace of biomedical discoveries and medical breakthroughs for better health outcomes can be substantially accelerated. To keep pace with rapid changes in biomedical data science, NIH will work to address the:

- :: findability, interconnectivity, and interoperability of NIH-funded biomedical data sets and resources
- :: integration of existing data management tools and development of new ones
- :: universalizing innovative algorithms and tools created by academic scientists into enterprise-ready resources that meet industry standards of ease of use and efficiency of operation
- :: growing costs of data management

To advance NIH data science across the extramural and intramural research communities, the agency will hire a Chief Data Strategist. This management function will guide the development and implementation of NIH's data science activities and provide leadership within the broader biomedical research data ecosystem.

.....

.....

### **Emergencies**

#### **POLIO**

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

## **Polio this week as of 5 June 2018** [GPEI]

*Summary of newly-reported viruses this week:*

**Pakistan:** One new wild poliovirus type 1 (WPV1) case reported.

**Afghanistan :** One new WPV1-positive environmental sample.

## **"The world's eyes are on us" – expert group makes recommendations for polio eradication in Afghanistan**

Kabul, 4 June 2018 – The Technical Advisory Group for polio eradication (TAG) met 30–31 May to assess progress made towards eradicating polio in Afghanistan so far and to make recommendations for the way forward.

In his opening remarks, Dr Najibullah Mojadidi, Presidential Focal Point for Polio Eradication said, that "polio eradication is a national priority".

He called on the armed groups to "respect the neutrality of the programme."

Dr Richard Peeperkorn, WHO Representative in Afghanistan, commended the achievements made. "We are now at a critical juncture. Refusal and access issues continue to be a challenge. We need to tackle these issues in a different way".

United Nations Humanitarian Coordinator Toby Lanzer said that "We count on the goodwill of all parties to the conflict." Despite difficulties, he encouraged the participants. "We must not be discouraged. It is a marathon, not a sprint. Keep moving towards the finishing line – together with Pakistan."

Adele Khodr, UNICEF Representative in Afghanistan, stated that "It is a difficult time for the programme, and the world's eyes are on us. However, we must not be discouraged. We must join forces and act as one."...

:::::

:::::

## **WHO Grade 3 Emergencies** [to 9 Jun 2018]

### **Yemen**

:: Amidst the devastation of war in Yemen, efforts are under way to control cholera

... The cholera epidemic began in Yemen in early October 2016, the almost inevitable result of ongoing armed conflict, devastated infrastructure, and a health system on the brink of collapse. Today, it is the largest cholera outbreak ever recorded. By the end of January 2018, the number of suspected cases had risen to over one million.

#### *Controlling the outbreak*

Measures are now being taken to mitigate further spread of the disease. As a part of a broader integrated response plan supported by the World Health Organization (WHO), UNICEF and the World Bank partnership, an oral cholera vaccination (OCV) campaign was launched on 6 May 2018 and was fully supported by the national health authorities in cooperation with WHO and UNICEF. It is the first time this has been done in Yemen.

Further OCV campaigns are planned for other priority areas across Yemen. Prevention and control measures are imperative to slow and ultimately contain the outbreak from spreading further.

#### *The outbreak continues to threaten millions in Yemen*

"As the third wave of cholera looms upon armed conflict-ridden Yemen, the uptake of this crucial public health tool is a vital and substantial prevention measure in the fight against this

epidemic. In addition to conducting vaccination campaigns, an integrated comprehensive cholera outbreak response operational plan has been developed in cooperation with the health authorities and collaboration with health partners to implement activities regarding early detection, referral, case investigation and management, water and sanitation, health education, promotion and food hygiene," said Dr Nevio Zagaria, WHO Representative in Yemen.

The fight is far from over. The rainy season runs from mid-April to the end of August, which will further increase the risk of transmission. The epidemic continues to threaten millions in Yemen, especially pregnant women, the elderly, and small children like Mossaad and Baraa. Efforts are concerted to save lives of vulnerable population groups and get Yemen rid of this water borne but preventable disease.

Iraq - *No new announcements identified*

Nigeria - *No new announcements identified*

South Sudan - *Webpage not responding at inquiry*

The Syrian Arab Republic - *No new announcements identified*

:::::

### **WHO Grade 2 Emergencies** [to 9 Jun 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.*

:::::

:::::

### **UN OCHA – L3 Emergencies**

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

#### **Yemen**

:: Yemen: Cyclone Mekunu Situation Report No. 1, 7 June 2018

An inter-cluster mission led by OCHA visited Socotra from 29 May to 4 June to assess humanitarian needs in the aftermath of cyclone "Mekunu". The mission was able to visit approximately 70 per cent of the affected areas and assess the status of critical infrastructure such as main roads, water networks and hospitals. While on the ground, the team initiated the distribution of food and non-food items to affected population..

:: Yemen Humanitarian Update Covering 29 May - 4 June 2018 | Issue 18

Syrian Arab Republic - *No new announcements identified.*

:::::

## **UN OCHA – Corporate Emergencies**

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

### **Ethiopia**

:: [Ethiopia Humanitarian Bulletin Issue 54 | 21 May - 03 June 2018](#)

ECHO announces €2 million to IOM to deliver critical ES/NFIs humanitarian aid to 55,000 flood-affected displaced persons

### **Somalia**

:: [Humanitarian Bulletin Somalia, 1 May - 3 June 2018](#)

Cyclone Sagar leaves a trail of destruction

:::::

:::::

### ***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 9 Jun 2018]

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

*[See Milestones above for detail]*

#### **MERS-CoV** [to 9 Jun 2018]

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

*- No new announcements identified.*

#### **Yellow Fever** [to 9 Jun 2018]

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

*- No new announcements identified.*

#### **Zika virus** [to 9 Jun 2018]

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

*- No new announcements identified.*

:::::

:::::

#### **WHO & Regional Offices** [to 9 Jun 2018]

## **WHO launches Global Action Plan on Physical Activity**

4 June 2018 News Release Lisbon, Portugal

WHO Director-General Dr Tedros Adhanom Ghebreyesus is today joining Prime Minister António Costa of Portugal to launch the new "WHO Global action plan on physical activity and health 2018-2030: More active people for a healthier world."

"Being active is critical for health. But in our modern world, this is becoming more and more of a challenge, largely because our cities and communities aren't designed in the right ways,"

said Dr Tedros. "We need leaders at all levels to help people to take the healthier step. This works best at city level, where most responsibility lies for creating healthier spaces."...

:::::

### **Weekly Epidemiological Record, 8 June 2018, vol. 93, 23 (pp. 329–344)**

Meeting of the Strategic Advisory Group of Experts on immunization, April 2018 – conclusions and recommendations

:::::

### **WHO Regional Offices**

*Selected Press Releases, Announcements*

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

*Selected Featured News*

:: [Adamawa cholera outbreak: Active search for cases in communities avert further spread](#)

08 June 2018

:: [Ministry of Health validates Liberia's first National Infection Prevention and Control Guidelines to promote quality healthcare and patient safety](#) 07 June 2018

:: [WHO in collaboration with partners rolls out a mobile-based surveillance application for Acute Flaccid Paralysis \(AFP\) to enhance surveillance in South Sudan](#) 06 June 2018

:: [Liberia can achieve Universal Health Coverage-Minister of Health](#) 04 June 2018

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

- *No new announcements identified.*

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

:: [Preventive, contingency measures reinforced as monsoon sets in Cox's Bazar](#)

SEAR/PR/1690 Cox's Bazar, 1 June 2018: With rains starting to intermittently flood the Rohingya refugee camps, the World Health Organization and other health sector partners are further strengthening preventive and contingency measures to minimize the health impact of monsoons for the nearly 1.3 million vulnerable populations in Cox's Bazar.

"WHO and health sector partners are working with Bangladesh government to maintain life-saving primary and secondary health services for Rohingya refugees and their host communities in the ongoing rainy season. Heavy rains, floods and cyclone are expected to further deteriorate the already suboptimal water and sanitation conditions in the overcrowded refugee camps, increasing the risk of infectious disease such as acute watery diarrhea, cholera, hepatitis, dengue fever and malaria, among others," Dr Bardan Jung Rana, WHO Representative to Bangladesh, said.

As a preventive measure, a massive cholera vaccination campaign was conducted in May targeting one million people – the refugees, their host communities and people residing in close vicinity to the camps. This was the second massive cholera vaccination campaign for the Rohingyas, with 900 000 doses administered in November-December last year.

As part of the contingency measures, 18 diarrhea treatment centers (DTC) with a total bed capacity of 522, and 41 oral rehydration points (ORPs), have been planned across the various camps...

#### **WHO European Region EURO**

- :: Policy dialogue on implementing 2030 Agenda held during Regional Director's visit to Romania 08-06-2018
- :: New report reveals need for more humane, personalized approach in European Region's long-term institutions for adults with intellectual and psychosocial disabilities 06-06-2018
- :: Protect our environment, protect our health: World Environment Day 2018 05-06-2018

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

- :: "The world's eyes are on us" – expert group makes recommendations for polio eradication in Afghanistan 4 June 2018
- :: UN agencies deeply concerned over killing of health volunteer in Gaza 2 June 2018

### **WHO Western Pacific Region**

- *No new announcements identified.*

:::::

:::::

### **CDC/ACIP [to 9 Jun 2018]**

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

### **MMWR News Synopsis for June 7, 2018**

#### **Update: Influenza Activity in the United States During the 2017-18 Season and Composition of the 2018-19 Influenza Vaccine**

The severity and duration of the 2017-2018 influenza season underscores the tremendous burden seasonal flu can cause and the importance of influenza countermeasures including influenza vaccination and antiviral treatment. While flu vaccination can vary in how well it works, effectiveness in the range of 20 percent to 50 percent may still prevent tens of thousands of hospitalizations during seasons with high severity. Also, flu vaccination has been shown to be life saving for children. Prompt treatment with influenza antiviral medications can shorten duration and severity of symptoms and prevent serious flu complications. While CDC and partners are working to improve existing flu countermeasures, increases in flu vaccine uptake and the appropriate use of antiviral drugs for treatment could further reduce the burden of influenza in the United States. Influenza activity in the United States during the 2017-18 season began increasing in November followed by an extended period of high activity nationally during January and February and remained elevated through March. Influenza A(H3N2) viruses were most common through February and predominated overall but influenza B viruses, especially B/Yamagata lineage, were most common from March through May. This was a high-severity season: severity indicators (e.g., hospitalization, mortality rates) were higher than what has been observed during previous influenza A(H3N2) predominant seasons. Studies are underway to better understand the reasons for this high severity. In addition, a high number of influenza-associated pediatric deaths were reported this season.

#### **Update: Recommendations for the Use of Quadrivalent Live Attenuated Influenza Vaccine (LAIV4) — United States, 2018–19 Influenza Season**

On February 21, 2018, ACIP recommended that intranasally administered live attenuated influenza vaccine (LAIV4) be an option for influenza vaccination of people for whom it is appropriate for the 2018–19 season. This article provides an overview of the information

discussed in the decision-making process leading to this recommendation. Intranasally administered LAIV was initially licensed in the United States in 2003 as a trivalent formulation (LAIV3; FluMist, MedImmune, LLC). Quadrivalent live attenuated influenza vaccine (LAIV4; FluMist Quadrivalent, MedImmune) has been licensed in the United States since 2012 and was first available during the 2013–14 influenza season, replacing LAIV3. During the 2016–17 and 2017–18 influenza seasons, the Advisory Committee on Immunization Practices (ACIP) had recommended that LAIV4 not be used because of concerns about low effectiveness against influenza A(H1N1)pdm09-like viruses circulating in the United States during the 2013–14 and 2015–16 seasons. A description of methodology and data reviewed for the decision will be included in the background materials that will supplement the 2018–19 ACIP Influenza Recommendations, which will replace the 2017–18 ACIP influenza statement, and which will also contain guidance for the use of LAIV4.

### **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.

:::::

**Africa CDC** [to 9 Jun 2018]

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

*No new digest content identified.*

:::::

**China CDC**

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

*Website not responding at inquiry...connection since 2 June inquiry*

:::::

**ECDC - European Centre for Disease Prevention and Control** [to 9 Jun 2018]

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

*No new digest content identified.*

:::::

:::::

### **Announcements**

**AERAS** [to 9 Jun 2018]

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

*No new digest content identified.*

**BMGF - Gates Foundation** [to 9 Jun 2018]  
<http://www.gatesfoundation.org/Media-Center/Press-Releases>  
No new digest content identified.

**Bill & Melinda Gates Medical Research Institute** [to 9 Jun 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.*

*Forbes* Jun 7, 2018

### [\*\*Bill And Melinda Gates Start A Nonprofit Biotech In Boston\*\*](#)

Matthew Herper,

The Bill & Melinda Gates Medical Research Institute, which is holding an event today to show off its plans, will aim to develop new medicines and vaccines for malaria, tuberculosis, and diarrhea, which together account for 2.6 million deaths a year globally, many of them in children.

**CARB-X** [to 9 Jun 2018]  
<https://carb-x.org/>

*CARB-X is a non-profit public-private partnership dedicated to accelerating antibacterial research to tackle the global rising threat of drug-resistant bacteria.*  
No new digest content identified.

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 9 Jun 2018]  
<http://cepi.net/>  
No new digest content identified.

**EDCTP** [to 9 Jun 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*

8 June 2018

### [\*\*European Commission presents next research & innovation framework 'Horizon Europe'\*\*](#)

The European Commission (EC) published its proposal for Horizon Europe, a €100 billion research and innovation programme, on 7 June 2018. The proposal is part of the next European Union long-term budget. Horizon Europe 2021 – 2027 will succeed Horizon 2020...

6 June 2018

**Kick-off for trials of preventive vaccine for dermal leishmaniasis**

The PREV-PKDL consortium prepares to start clinical trials of a candidate vaccine to prevent chronic dermal leishmaniasis in patients treated for visceral leishmaniasis. The kick-off meeting will take place in York (UK) on 6-7 June 2018.

The promising vaccine has been developed by Prof. Paul Kaye and his team at the University of York, United Kingdom. EDCTP invested EUR 8 million in the project (2018-2023) to prevent post kala azar dermal leishmaniasis (PKDL). The project is coordinated by Dr Odile Leroy, Executive Director of the European Vaccine Initiative (Germany).

Two phase II clinical trials will be conducted in Sudan to evaluate the safety and efficacy of the vaccine in patients diagnosed with and treated for visceral leishmaniasis. In parallel, the project partners also plan to conduct research studies in Sudan, Ethiopia, Kenya and Uganda to better understand the pathogenesis of the disease and the underlying immune mechanisms.

**Emory Vaccine Center** [to 9 Jun 2018]

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

*No new digest content identified.*

**European Medicines Agency** [to 9 Jun 2018]

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

07/06/2018

**Highlights of 100th Management Board meeting: June 2018**

Positive assessment of 2017 operations - Seat Agreement with the Netherlands signed

**European Vaccine Initiative** [to 9 Jun 2018]

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

*No new digest content identified.*

**FDA** [to 9 Jun 2018]

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

*No new digest content identified.*

**Fondation Merieux** [to 9 Jun 2018]

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

*No new digest content identified.*

**Gavi** [to 9 Jun 2018]

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

07 June 2018

**Gavi Board approves funding for inactivated poliovirus vaccine until 2020**

*Flexible support to Nigeria and post-transition countries also approved.*

Geneva, 7 June 2018 - The Gavi Board today approved Gavi core funding for inactivated poliovirus vaccine (IPV) for 2019 and 2020 to contribute to achieving and safeguarding the eradication of polio.

"Polio will remain a threat until every child is protected against this crippling disease," said Dr Ngozi Okonjo-Iweala, Gavi Board Chair. "That is why the vaccination of every child is the cornerstone of the polio eradication effort. Introducing IPV to all countries to interrupt polio transmission and maintain zero cases represents an unprecedented push, and Gavi is proud to be part of it."...

### **Gavi Board appoints Bill Roedy as Vice Chair**

*Former MTVNI CEO and HIV/AIDS advocate to help further protect millions of children from vaccine-preventable diseases*

Geneva, 7 June 2018 - Bill Roedy, Global Health Ambassador and Former Chairman and Chief Executive Officer of MTV networks International (MTVNI), was today appointed by the Gavi Board as its new Vice Chair.

Mr Roedy joined Gavi in 2010 as its first envoy. He was appointed to the Board in 2015 and has been acting Vice Chair since April 2018.

"It is an honour to be appointed Vice Chair of the Gavi Board. At this level, I have never seen a leaner and more accountable, sustainable, efficient operation in all of global health, and in fact all of business," said Mr Roedy. "Universal access to life-saving vaccines is the bedrock of a healthy society and a strong economy, and I look forward to supporting the Board Chair at this critical time for the Vaccine Alliance."...

Mr Roedy replaces Gunilla Carlsson, former Swedish Minister for International Development Cooperation, who stepped down from the position earlier this year following her appointment as Deputy Executive Director, Management and Governance, UNAIDS, and Assistant Secretary General of the United Nations. As Vice Chair of the Board, Mr Roedy will also become chair of the Gavi Governance Committee.

### **GHIT Fund [to 9 Jun 2018]**

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

*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*  
June 7, 2018

### **GHIT Fund Names Hiroki Nakatani as Board Chair**

TOKYO, JAPAN (June 7, 2018)—The Global Health Innovative Technology Fund (GHIT) today announced its appointment of Hiroki Nakatani, MD, PhD, MHPED, former World Health Organization (WHO) assistant director-general, to the fund's board of directors and named him its board chair. Nakatani succeeds founding GHIT Board Chair Kiyoshi Kurokawa, who played an instrumental role in the fund's growth and achievements in its first five years of operation.

"Dr. Nakatani is a pioneer in global health and neglected tropical diseases, with an impeccable science and policy implementation track record. His unparalleled leadership in Japan and internationally in linking health innovation to effective policy and delivery will be critical as GHIT continues to evolve and as its first products hit the market," said BT Slingsby, CEO and executive director of the GHIT Fund. "Dr. Nakatani joins the board at a very exciting time as we've also just launched our second five-year phase. And we are grateful to Dr. Kurokawa for his invaluable contributions."

Nakatani served as WHO assistant director-general from 2007 to 2015, where he led the largest technical cluster comprising HIV/AIDS, tuberculosis, malaria and neglected tropical diseases. During his tenure, the morbidity and mortality of these diseases showed trends of decline, with some tropical diseases moving toward suppression and even eradication in the case of dracunculiasis (guinea worm disease)...

**Global Fund** [to 9 Jun 2018]

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

*No new digest content identified.*

**Hilleman Laboratories** [to 9 Jun 2018]

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

*No new digest content identified.*

**Human Vaccines Project** [to 9 Jun 2018]

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

*No new digest content identified.*

**IAVI** [to 9 Jun 2018]

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

*No new digest content identified.*

**IFFIm**

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

*No new digest content identified.*

**IVAC** [to 9 Jun 2018]

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

June 2018

**[Commentary: How can Nigeria achieve sustainable immunization financing in the next decade? Government, business, and health leaders discuss the way forward](#)**

a panel discussion on options open to the federal government to sustainably finance the routine immunization program ensued. The panel was moderated by Dr. Kate O'Brien, Executive Director of the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health.

**IVI** [to 9 Jun 2018]

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

*No new digest content identified.*

**JEE Alliance** [to 9 Jun 2018]  
<https://www.jeealliance.org/>  
*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 9 Jun 2018]  
<http://www.doctorswithoutborders.org/news-stories/press/press-releases>  
*No new digest content identified.*

**NIH** [to 9 Jun 2018]  
<http://www.nih.gov/news-events/news-releases>  
June 4, 2018  
[\*\*New approach to immunotherapy leads to complete response in breast cancer patient unresponsive to other treatments\*\*](#)  
— New approach is a modified form of adoptive cell transfer.

[\*\*HIV vaccine elicits antibodies in animals that neutralize dozens of HIV strains\*\*](#)  
June 4, 2018 — NIH study results represent major advance for structure-based HIV vaccine design.

[\*\*NIH releases strategic plan for data science\*\*](#)  
June 4, 2018 — The plan provides a roadmap for modernizing the NIH-funded biomedical data science ecosystem.  
*[See Milestones above for more detail]*

**PATH** [to 9 Jun 2018]  
<http://www.path.org/news/index.php>  
*No new digest content identified.*

**Sabin Vaccine Institute** [to 9 Jun 2018]  
<http://www.sabin.org/updates/pressreleases>  
*No new digest content identified.*

**UNAIDS** [to 9 Jun 2018]  
<http://www.unaids.org/en>  
*Feature story*  
[\*\*Stepping up sexual and reproductive health services in Egypt\*\*](#)  
04 June 2018

In response to a call by women living with HIV in Egypt for an increase in the availability of quality sexual and reproductive health services delivered free from stigma and discrimination, UNAIDS mobilized partners and engaged with Egypt's national AIDS programme.

The result was a pilot project that ran from 2016 to 2018 in which almost 300 women across the country were provided with family planning, antenatal care, support during delivery, postpartum care and guidance on the prevention of mother-to-child transmission of HIV.

On 30 May, national stakeholders, including representatives of the Ministries of Foreign Affairs and Health and Population, civil society, academia and people living with and affected by HIV, gathered to highlight the key achievements, experiences and lessons learned from the pilot...

**UNICEF** [to 9 Jun 2018]

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

*Selected Press Releases/Reports*

*No new digest content identified...most recent press release dated 15 May 2018]*

**Vaccine Confidence Project** [to 9 Jun 2018]

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

*No new digest content identified.*

**Vaccine Education Center – Children’s Hospital of Philadelphia** [to 9 Jun 2018]

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

*No new digest content identified.*

**Wellcome Trust** [to 9 Jun 2018]

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

*News / Published: 4 June 2018*

**Update on Public Health and Tropical Medicine Fellowships**

Wellcome’s fellowships for early to intermediate career researchers from low- or middle-income countries (LMICs) are being relaunched.

The schemes are being renamed as the International Master’s, Training and Intermediate Fellowships.

We’ve also updated the scope of the schemes to align with our science remit and strategy.

The International Master’s Fellowship will now have a fixed budget limit of £120,000, including salary, stipend, fees and research costs.

These changes follow a recent review and our aim is to attract a broader group of scientists with more diverse research backgrounds.

**The Wistar Institute** [to 9 Jun 2018]

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

*Press Release Jun. 7, 2018*

**The Wistar Institute Partners with Nation’s Top Cancer Centers to Endorse Goal of Eliminating HPV-related Cancers in the United States**

Joint statement empowers parents, young adults and physicians to act to increase vaccination rates and screenings in effort to eliminate HPV-related cancers, starting with cervical cancer.  
*{see Milestones above for more detail}*

*Press Release Jun. 4, 2018*

**The Wistar Institute and Harbour BioMed Join Forces to Advance Novel Antibody Therapies for Cancer and Infectious Diseases**

Collaboration combines Wistar's cancer biology, immunology expertise with Harbour's proprietary H2L2 transgenic mouse platform for generating fully human monoclonal antibodies.

**World Organisation for Animal Health (OIE)** [to 9 Jun 2018]

<http://www.oie.int/en/for-the-media/press-releases/2018/>

*No new digest content identified.*

\*\*\*\*\*

**BIO** [to 9 Jun 2018]

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

*No new digest content identified.*

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 9 Jun 2018]

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

*No new digest content identified.*

**IFPMA** [to 9 Jun 2018]

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

*No new digest content identified.*

**PhRMA** [to 9 Jun 2018]

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

*No new digest content identified.*

\* \* \* \*

**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)

\* \* \* \*

***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**

June 2018 Volume 46, Issue 6, p601-732, e31-e42

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

[Reviewed earlier]

**American Journal of Preventive Medicine**

June 2018 Volume 54, Issue 6, p727-848

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

[Reviewed earlier]

**American Journal of Public Health**

June 2018 108(6)

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

[Reviewed earlier]

**American Journal of Tropical Medicine and Hygiene**

Volume 98, Issue 6, 2018

<http://www.ajtmh.org/content/journals/14761645/98/6>

*Perspective Pieces*

**[Yemen in a Time of Cholera: Current Situation and Challenges](#)**

Author: Hesham M. Al-Mekhlafi

<https://doi.org/10.4269/ajtmh.17-0811>

*Received : 16 Oct 2017 : Accepted : 20 Feb 2018*

*Abstract*

Since early 2015, Yemen has been in the throes of a grueling civil war, which has devastated the health system and public services, and created one of the world's worst humanitarian disasters. The country is currently facing a cholera epidemic the world's largest on record, surpassing one million (1,061,548) suspected cases, with 2,373 related deaths since October 2016. Cases were first confirmed in Sana'a city and then spread to almost all governorates except Socotra Island. Continued efforts are being made by the World Health Organization and international partners to contain the epidemic through improving water, sanitation and hygiene, setting up diarrhea treatment centers, and improving the population's awareness about the disease. The provision of clean water and adequate sanitation is imperative as an effective long-term solution to prevent the further spread of this epidemic. Cholera vaccination campaigns should also be conducted as a preventive measure.

**Annals of Internal Medicine**

5 June 2018 Vol: 168, Issue 11

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

[New issue; No digest content identified]

**BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 9 Jun 2018)

[No new digest content identified]

**BMJ Global Health**

May 2018 - Volume 3 - 3

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

[Reviewed earlier]

**BMC Health Services Research**

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

(Accessed 9 Jun 2018)

[No new digest content identified]

**BMC Infectious Diseases**

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

(Accessed 9 Jun 2018)

[No new digest content identified]

**BMC Medical Ethics**

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

(Accessed 9 Jun 2018)

*Debate*

**The dual use of research ethics committees: why professional self-governance falls short in preserving biosecurity**

*Dual Use Research of Concern (DURC) constitutes a major challenge for research practice and oversight on the local, national and international level. The situation in Germany is shaped by two partly competing suggestions of how to regulate security-related research: The German Ethics Council, as an independent political advisory body, recommended a series of measures, including national legislation on DURC. Competing with that, the German National Academy of Sciences and the German Research Foundation, as two major professional bodies, presented a strategy which draws on the self-control of science and, *inter alia*, suggests expanding the scope of research ethics committees (RECs) to an evaluation of DURC.*

Authors: Sabine Salloch

Citation: BMC Medical Ethics 2018 19:53

Published on: 5 June 2018

**BMC Medicine**

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

(Accessed 9 Jun 2018)

*Opinion*

**Zika vaccines and therapeutics: landscape analysis and challenges ahead**

*Various Zika virus (ZIKV) vaccine candidates are currently in development. Nevertheless, unique challenges in clinical development and regulatory pathways may hinder the licensure of high-quality, safe, and effective ZIKV vaccines.*

Authors: Annelies Wilder-Smith, Kirsten Vannice, Anna Durbin, Joachim Hombach, Stephen J. Thomas, Irani Thevarjan and Cameron P. Simmons

Citation: BMC Medicine 2018 16:84

Published on: 6 June 2018

**BMC Pregnancy and Childbirth**

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

(Accessed 9 Jun 2018)

[No new digest content identified]

**BMC Public Health**

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

(Accessed 9 Jun 2018)

[No new digest content identified]

**BMC Research Notes**

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

(Accessed 9 Jun 2018)

[No new digest content identified]

**BMJ Open**

June 2018 - Volume 8 - 6

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

*Global health*

*Protocol*

**Evaluation of different infant vaccination schedules incorporating pneumococcal vaccination (The Vietnam Pneumococcal Project): protocol of a randomised controlled trial** (8 June, 2018)

*WHO recommends the use of pneumococcal conjugate vaccine (PCV) as a priority. However, there are many countries yet to introduce PCV, especially in Asia. This trial aims to evaluate different PCV schedules and to provide a head-to-head comparison of PCV10 and PCV13 in order to generate evidence to assist with decisions regarding PCV introduction. Schedules will be compared in relation to their immunogenicity and impact on nasopharyngeal carriage of *Streptococcus pneumoniae* and *Haemophilus influenzae*.*

Beth Temple, Nguyen Trong Toan, Doan Y Uyen, Anne Balloch, Kathryn Bright, Yin Bun Cheung, Paul Licciardi, Cattram Duong Nguyen, Nguyen Thi Minh Phuong, Catherine Satzke, Heidi Smith-Vaughan, Thi Que Huong Vu, Tran Ngoc Huu, Edward Kim Mulholland

**Bulletin of the World Health Organization**

Volume 96, Number 6, June 2018, 369-440

<http://www.who.int/bulletin/volumes/96/6/en/>

[Reviewed earlier]

**Child Care, Health and Development**

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

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

[Reviewed earlier]

**Clinical and Experimental Vaccine Research**

Volume 7(1); January 2018

<http://ecevr.org/>

[Reviewed earlier]

**Clinical Therapeutics**

May 2018 Volume 40, Issue 5, p669-812

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

[Reviewed earlier]

**Conflict and Health**

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

[Accessed 9 Jun 2018]

[No new digest content identified]

**Contemporary Clinical Trials**

Volume 70 Pages 1-138 (July 2018)

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/70/suppl/C>

[\*\*A review of strategies used to retain participants in clinical research during an infectious disease outbreak: The PREVAIL I Ebola vaccine trial experience\*\*](#)

*This article describes a retrospective review of participant follow-up and retention strategies in the Partnership for Research on the Ebola Virus in Liberia (PREVAIL) I Vaccine Trial. It illustrates and analyzes strategies used to retain participants in an emergency clinical research response vaccine trial conducted during the 2014 Ebola outbreak in Liberia.*

S Browne, T Carter, R Eckes, G Grandits, M Johnson

**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**

Volume 18, Issue 2 Pages: 65-203 June 2018

<https://onlinelibrary.wiley.com/toc/14718847/current>

### *ARTICLES*

#### **Designing research funding schemes to promote global health equity: An exploration of current practice in health systems research**

Bridget Pratt, Adnan A. Hyder

Pages: 76-90

First Published: 23 November 2016

#### **Application of Ethical Principles to Research using Public Health Data in The Global South: Perspectives from Africa**

Evelyn Anane-Sarpong, Tenzin Wangmo, Osman Sankoh, Marcel Tanner, Bernice Simone Elger

Pages: 98-108

First Published: 22 December 2016

#### **A critique of the principle of 'respect for autonomy', grounded in African thought**

Kevin G. Behrens

Pages: 126-134 First Published: 03 May 2017

#### **H3Africa: An Africa exemplar? Exploring its framework on protecting human research participants**

Obiajulu Nnamuchi

Pages: 156-164 First Published: 03 May 2017

#### **Quarantine, isolation and the duty of easy rescue in public health**

Alberto Giubilini, Thomas Douglas, Hannah Maslen, Julian Savulescu

Pages: 182-189

First Published: 18 September 2017

## **Development in Practice**

Volume 28, Issue 4, 2018

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

[Reviewed earlier]

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

Volume 12 - Issue 2 - April 2018

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

[Reviewed earlier]

## **Disasters**

April 2018 Volume 42, Issue 2 Pages 205–404

<http://onlinelibrary.wiley.com/doi/10.1111/dis.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 6—June 2018

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

[Reviewed earlier]

**Epidemics**

Volume 23 Pages 1-120 (June 2018)

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

[Reviewed earlier]

**Epidemiology and Infection**

Volume 146 - Issue 7 - May 2018

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

[Reviewed earlier]

**The European Journal of Public Health**

Volume 28, Issue 3, 1 June 2018

<https://academic.oup.com/eurpub/issue/28/3>

[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 8

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

***Special Symposium: Critical Perspectives on the 'End of AIDS'.***

Guest Editors: Nora Kenworthy, Matthew Thomann, and Richard Parker

*Introduction*

**Critical perspectives on the 'end of AIDS'**

Nora Kenworthy, Matthew Thomann & Richard Parker

*ABSTRACT*

This special symposium critically examines optimistic promises about an imminent 'end of AIDS,' currently circulating in global health discourse and policy. We aim not simply to interrogate the discourse surrounding calls to end AIDS, but to also explore the broader practices, contexts, and policy landscapes that have transformed the global HIV response during the fourth decade of the epidemic and allowed this discourse to gain such political traction. In this introduction we preview the collection's five substantive papers, which delve beneath the 'end of AIDS' rhetoric, bringing greater realism as well as resolve together with empirical evidence about the state of efforts to end AIDS in diverse locations and populations. Taken together, these papers critique not the hope that one day AIDS may come to an end, but the means by which current policy expects to arrive at such ends, particularly in the absence of realistic, sustained commitments to extending treatment, prevention, and broader support in highly under-resourced places and populations.

*Article*

**The 'end of AIDS' project: Mobilising evidence, bureaucracy, and big data for a final biomedical triumph over AIDS**

Suzanne Leclerc-Madlala, Lorie Broomhall & John Fieno

Pages: 972-981

Published online: 04 Dec 2017

**Globalization and Health**

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

[Accessed 9 Jun 2018]

[No new digest content identified]

**Health Affairs**

June 2018 Vol. 37 , No. 6

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

***Hospitals, Primary Care & 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 5, 1 June 2018

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

[Reviewed earlier]

### **Health Research Policy and Systems**

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

[Accessed 9 Jun 2018]

[No new digest content identified]

### **Humanitarian Exchange Magazine**

Number 71 March 2018

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

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

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

[Reviewed earlier]

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

Volume 14, Issue 5 2018

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

[Reviewed earlier]

### **Infectious Agents and Cancer**

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

[Accessed 9 Jun 2018]

[No new digest content identified]

### **Infectious Diseases of Poverty**

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

[Accessed 9 Jun 2018]

[No new digest content identified]

**International Health**

Volume 10, Issue 3, 1 May 2018

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

[Reviewed earlier]

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

Vol 5, No 5 (2018) May 2018

<http://www.ijcmph.com/index.php/ijcmph/issue/view/38>

[Reviewed earlier]

**International Journal of Epidemiology**

Volume 47, Issue 2, 1 April 2018, Pages 359

<https://academic.oup.com/ije/issue/47/2>

[Reviewed earlier]

**International Journal of Human Rights in Healthcare**

Volume 11 Issue 2 2018

<https://www.emeraldinsight.com/toc/ijhrh/11/2>

[Reviewed earlier]

**International Journal of Infectious Diseases**

May 2018 Volume 70, p1-136

[https://www.ijidonline.com/issue/S1201-9712\(18\)X0004-6](https://www.ijidonline.com/issue/S1201-9712(18)X0004-6)

[Reviewed earlier]

**JAMA**

June 5, 2018, Vol 319, No. 21, Pages 2149-2244

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

*Viewpoint*

**Value-Based Pricing for DrugsTheme and Variations**

Anna Kaltenboeck, MA; Peter B. Bach, MD

JAMA. 2018;319(21):2165-2166. doi:10.1001/jama.2018.4871

In this Viewpoint, Peter Bach and colleagues distinguish 5 pricing reform proposals implied by the concept of value-based drug pricing and discuss the potential of each to ensure value in response to unsustainable drug price increases.

**Value-Based Pricing and Patient Access for Specialty Drugs**

James C. Robinson, PhD, MPH; Scott Howell, MD, MBA; Steven D. Pearson, MD, MSc

JAMA. 2018;319(21):2169-2170. doi:10.1001/jama.2018.5367

This Viewpoint discusses the challenges of high prices for payers and high access barriers for patients for specialty drugs and how these can be addressed by value-based pricing and value-based patient access.

### **JAMA Pediatrics**

June 2018, Vol 172, No. 6, Pages 505-604  
<http://archpedi.jamanetwork.com/issue.aspx>

*Viewpoint*

#### **Considering Whether the Dismissal of Vaccine-Refusing Families Is Fair to Other Clinicians**

Michael J. Deem, PhD; Mark C. Navin, PhD; John D. Lantos, MD  
JAMA Pediatr. 2018;172(6):514-516. doi:10.1001/jamapediatrics.2018.0259

This Viewpoint assesses the ethical and practical implications of a 2016 resolution by the American Academy of Pediatrics on the acceptability of dismissing vaccine-refusing parents from pediatric clinical practices.

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

May 2018 - Volume 16 - Issue 5  
<http://journals.lww.com/jbisrir/Pages/currenttoc.aspx>  
[Reviewed earlier]

### **Journal of Adolescent Health**

June 2018 Volume 62, Issue 6, p633-754  
[https://www.jahonline.org/issue/S1054-139X\(17\)X0021-9](https://www.jahonline.org/issue/S1054-139X(17)X0021-9)  
[Reviewed earlier]

### **Journal of Community Health**

Volume 43, Issue 3, June 2018  
<https://link.springer.com/journal/10900/43/3/page/1>  
[Reviewed earlier]

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

Volume 13, Issue 3, July 2018  
<http://journals.sagepub.com/toc/jre/current>  
*Ethical Issues in Online Research*

#### **Opt-Out Parental Consent in Online Surveys: Ethical Considerations**

Jane Harris, Lorna Porcellato  
First Published April 9, 2018; pp. 223–229

*Ethical Issues in Clinical Trials*

#### **Development and Preliminary Testing of the Perceived Benefit and Burden Scales for Cancer Clinical Trial Participation**

Connie M. Ulrich, Qiuping (Pearl) Zhou, Sarah J. Ratcliffe, Kathleen Knafl, Gwenyth R. Wallen, Therese S. Richmond, Christine Grady  
First Published April 9, 2018; pp. 230–238

**South African Research Ethics Committee Review of Standards of Prevention in HIV Vaccine Trial Protocols**

Zaynab Essack, Douglas R. Wassenaar  
First Published April 9, 2018; pp. 239–246

**The Ethics of End-of-Trial Obligations in a Pediatric Malaria Vaccine Trial: The Perspectives of Stakeholders From Ghana and Tanzania**

Claire Leonie Ward, David Shaw, Evelyn Anane-Sarpong, Osman Sankoh, Marcel Tanner, Bernice Elger  
First Published May 13, 2018; pp. 258–269

**Journal of Epidemiology & Community Health**

June 2018 - Volume 72 - 6  
<http://jech.bmjjournals.org/content/current>  
[New issue; No digest content identified]

**Journal of Evidence-Based Medicine**

Volume 11, Issue 2 Pages: 69-129 May 2018  
<https://onlinelibrary.wiley.com/toc/17565391/current>  
[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 2, May 2018  
<https://muse.jhu.edu/journal/38537>  
[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>  
[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**  
Volume 16, 2018\_ Issue 3  
<http://www.tandfonline.com/toc/wimm20/current>  
[Reviewed earlier]

**Journal of Infectious Diseases**  
Volume 217, Issue 11, 9 Jun 2018  
<https://academic.oup.com/jid/issue/217/1>  
[Reviewed earlier]

**Journal of Medical Ethics**  
June 2018 - Volume 44 - 6  
<http://jme.bmjjournals.org/content/current>  
[Reviewed earlier]

**Journal of Medical Internet Research**  
Vol 20, No 5 (2018): May  
<http://www.jmir.org/2018/5>  
[Reviewed earlier]

**Journal of Medical Microbiology**  
Volume 67, Issue 5, May 2018  
<http://jmm.microbiologyresearch.org/content/journal/jmm/67/4>  
[Reviewed earlier]

**Journal of Patient-Centered Research and Reviews**  
Volume 5, Issue 2 (2018)  
<https://digitalrepository.aurorahealthcare.org/jpcrr/>  
[Reviewed earlier]

**Journal of the Pediatric Infectious Diseases Society (JPIDS)**  
Volume 7, Issue 2 June 2018  
<https://academic.oup.com/jpids/issue>  
[Reviewed earlier]

**Journal of Pediatrics**  
June 2018 Volume 197, p1-324

<http://www.jpeds.com/current>  
[New issue; No digest content identified]

**Journal of Pharmaceutical Policy and Practice**  
<https://joppp.biomedcentral.com/>  
[Accessed 9 Jun 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/currrenttoc.aspx>  
[Reviewed earlier]

**Journal of Public Health Policy**  
Volume 39, Issue 2, May 2018  
<https://link.springer.com/journal/41271/39/2/page/1>  
[Reviewed earlier]

**Journal of the Royal Society – Interface**  
May 2018; volume 15, issue 142  
<http://rsif.royalsocietypublishing.org/content/current>  
[Reviewed earlier]

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

**Journal of Virology**  
June 2018, volume 92, issue 12  
<http://jvi.asm.org/content/current>  
[New issue; No digest content identified]

**The Lancet**  
Jun 09, 2018 Volume 391 Number 10137 p2295-2388 e21  
<http://www.thelancet.com/journals/lancet/issue/current>  
*Editorial*  
**False hope with the Right to Try Act**  
The Lancet

**Lancet Global Health**

Jun 2018 Volume 6 Number 6 e593-e702

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

[Reviewed earlier]

**Lancet Infectious Diseases**

Jun 2018 Volume 18 Number 6 p583-696 183-e220

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

[Reviewed earlier]

**Lancet Respiratory Medicine**

Jun 2018 Volume 6 Number 6 p403-478 e19-e27

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

[Reviewed earlier]

**Maternal and Child Health Journal**

Volume 22, Issue 6, June 2018

<https://link.springer.com/journal/10995/22/6/page/1>

[New issue; No digest content identified]

**Medical Decision Making (MDM)**

Volume 38, Issue 5, July 2018

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

[New issue; No digest content identified]

**The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

Volume 96, Issue 2 Pages: 215-408 June 2018

<https://onlinelibrary.wiley.com/toc/14680009/current>

*Original Scholarship*

**[From in vivo to in vitro: How the Guatemala STD Experiments Transformed Bodies Into Biospecimens](#)**

**[KAYTE SPECTOR-BAGDADY, PAUL A. LOMBARDO](#)**

Pages: 244-271

First Published: 13 April 2018

**[Does Decentralization Improve Health System Performance and Outcomes in Low- and Middle-Income Countries? A Systematic Review of Evidence From Quantitative Studies](#)**

**[ADENANTERA DWICAKSONO, ASHLEY M. FOX](#)**

Pages: 323-368

First Published: 04 June 2018

## **Emerging Trends in Clinical Research With Implications for Population Health and Health Policy**

BENJAMIN CHIN-YEE, S.V. SUBRAMANIAN, AMOL A. VERMA, ANDREAS LAUPACIS, FAHAD RAZAK

Pages: 369-401

First Published: 04 June 2018

### *Policy Points:*

Significant advances in clinical medicine that have broader societal relevance may be less accessible to population health researchers and policymakers because of increased specialization within fields.

We describe important recent clinical advances and discuss their broader societal impact. These advances include more expansive strategies for disease prevention, the rise of precision medicine, applications of human microbiome research, and new and highly successful treatments for hepatitis C infection.

These recent developments in clinical research raise important issues surrounding health care costs and equitable resource allocation that necessitate an ongoing dialogue among the fields of clinical medicine, population health, and health policy.

### **Nature**

Volume 558 Issue 7708, 7 June 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**

Volume 24 Issue 6, June 2018

<https://www.nature.com/nm/volumes/24/issues/6>

[New issue; No digest content identified]

### **Nature Reviews Immunology**

Volume 18 Issue 6, June 2018

<https://www.nature.com/nri/volumes/18/issues/6>

[New issue; No digest content identified]

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

June 7, 2018 Vol. 378 No. 23

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

#### *Perspective*

#### **Assessing Drug Safety in Children — The Role of Real-World Data**

Ann W. McMahon, M.D.,  
and Gerald Dal Pan, M.D., M.H.S.

There are substantial gaps in evidence regarding the safety of many drugs in children. Increasingly, studies assessing drug safety can incorporate data obtained in the course of clinical care to generate real-world evidence and help fill these gaps.

*Special Article*

**Clinical Trial Participants' Views of the Risks and Benefits of Data Sharing**

Michelle M. Mello, J.D., Ph.D., Van Lieou, B.S., and Steven N. Goodman, M.D., Ph.D.

*Abstract*

**Background**

Sharing of participant-level clinical trial data has potential benefits, but concerns about potential harms to research participants have led some pharmaceutical sponsors and investigators to urge caution. Little is known about clinical trial participants' perceptions of the risks of data sharing.

**Methods**

We conducted a structured survey of 771 current and recent participants from a diverse sample of clinical trials at three academic medical centers in the United States. Surveys were distributed by mail (350 completed surveys) and in clinic waiting rooms (421 completed surveys) (overall response rate, 79%).

**Results**

Less than 8% of respondents felt that the potential negative consequences of data sharing outweighed the benefits. A total of 93% were very or somewhat likely to allow their own data to be shared with university scientists, and 82% were very or somewhat likely to share with scientists in for-profit companies. Willingness to share data did not vary appreciably with the purpose for which the data would be used, with the exception that fewer participants were willing to share their data for use in litigation. The respondents' greatest concerns were that data sharing might make others less willing to enroll in clinical trials (37% very or somewhat concerned), that data would be used for marketing purposes (34%), or that data could be stolen (30%). Less concern was expressed about discrimination (22%) and exploitation of data for profit (20%).

**Conclusions**

In our study, few clinical trial participants had strong concerns about the risks of data sharing. Provided that adequate security safeguards were in place, most participants were willing to share their data for a wide range of uses. (Funded by the Greenwall Foundation.)

**Pediatrics**

June 2018, VOLUME 141 / ISSUE 6

<http://pediatrics.aappublications.org/content/141/6?current-issue=y>

[Reviewed earlier]

**Pharmaceutics**

Volume 10, Issue 1 (March 2018)

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

[Reviewed earlier]

**PharmacoEconomics**

Volume 36, Issue 6, June 2018

<https://link.springer.com/journal/40273/36/6/page/1>

[Reviewed earlier]

**PLOS Currents: Disasters**

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

[Accessed 9 Jun 2018]

[No new digest content identified]

**PLoS Currents: Outbreaks**

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

[Accessed 9 Jun 2018]

[No new digest content identified]

**PLoS Medicine**

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

(Accessed 9 Jun 2018)

*Research Article*

**[Academic response to improving value and reducing waste: A comprehensive framework for INcreasing QUality In patient-oriented academic clinical REsearch \(INQUIRE\)](#)**

Belinda von Niederhäusern, Gordon H. Guyatt, Matthias Briel, Christiane Pauli-Magnus

| published 07 Jun 2018 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002580>

**PLoS Neglected Tropical Diseases**

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

(Accessed 9 Jun 2018)

*Research Article*

**['When Ebola enters a home, a family, a community': A qualitative study of population perspectives on Ebola control measures in rural and urban areas of Sierra Leone](#)**

Nell Gray, Beverley Stringer, Gina Bark, Andre Heller Perache, Freya Jephcott, Rob Broeder, Ronald Kremer, Augustine S. Jimissa, Thomas T. Samba

Research Article | published 08 Jun 2018 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0006461>

**[Ensuring no one is left behind: Urgent action required to address implementation challenges for NTD control and elimination](#)**

Alison Krentel, Margaret Gyapong, Olumide Ogundahunsi, Mary Amuyunzu-Nyamongo, Deborah A. McFarland

Viewpoints | published 07 Jun 2018 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0006426>

**PLoS One**

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

[Accessed 9 Jun 2018]  
[No new digest content identified]

## **PLoS Pathogens**

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

[Accessed 9 Jun 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 9 Jun 2018]

### **Trends in health inequalities in 27 European countries**

Johan P. Mackenbach, José Rubio Valverde, Barbara Artnik, Matthias Bopp, Henrik Brønnum-Hansen, Patrick Deboosere, Ramune Kalediene, Katalin Kovács, Mall Leinsalu, Pekka Martikainen, Gwenn Menvielle, Enrique Regidor, Jitka Rychtaříková, Maica Rodriguez-Sanz, Paolo Vineis, Chris White, Bogdan Wojtyniak, Yannan Hu, and Wilma J. Nusselder  
PNAS June 4, 2018. 201800028; published ahead of print June 4, 2018.

<https://doi.org/10.1073/pnas.1800028115>

#### *Significance*

Inequalities in mortality and morbidity among socioeconomic groups are a highly persistent phenomenon despite having been the focus of public health policy in many countries. The United States has recently witnessed a widening of health inequalities due to rising mortality and morbidity among the lowly educated. Our study shows that, despite the financial crisis, most European countries have experienced an improvement in the health of the lowly educated in recent years. In Eastern Europe, this even represents a reversal as compared with previous decades. The 2008 financial crisis has had mixed effects without widening health inequalities. Our results suggest that European countries have been successful in avoiding an aggravation of health inequalities.

#### *Abstract*

Unfavorable health trends among the lowly educated have recently been reported from the United States. We analyzed health trends by education in European countries, paying particular attention to the possibility of recent trend interruptions, including interruptions related to the impact of the 2008 financial crisis. We collected and harmonized data on mortality from ca. 1980 to ca. 2014 for 17 countries covering 9.8 million deaths and data on self-reported morbidity from ca. 2002 to ca. 2014 for 27 countries covering 350,000 survey respondents. We used interrupted time-series analyses to study changes over time and country-fixed effects analyses to study the impact of crisis-related economic conditions on health outcomes. Recent trends were more favorable than in previous decades, particularly in Eastern Europe, where mortality started to decline among lowly educated men and where the decline in less-than-good self-assessed health accelerated, resulting in some narrowing of health inequalities. In Western Europe, mortality has continued to decline among the lowly and highly educated, and although the decline of less-than-good self-assessed health slowed in countries severely hit by the financial crisis, this affected lowly and highly educated equally. Crisis-related economic conditions were not associated with widening health inequalities. Our results show that the unfavorable trends observed in the United States are not found in Europe. There has also been

no discernible short-term impact of the crisis on health inequalities at the population level. Both findings suggest that European countries have been successful in avoiding an aggravation of health inequalities.

## **Prehospital & Disaster Medicine**

Volume 33 - Issue 3 - June 2018

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

[Reviewed earlier]

## **Preventive Medicine**

Volume 111 Pages 1-476 (June 2018)

<https://www.sciencedirect.com/journal/preventive-medicine/vol/111/suppl/C>

*Regular Articles*

### **Variation in health beliefs across different types of cervical screening non-participants**

Open access - Original research article

Pages 204-209

Laura A.V. Marlow, Rebecca A. Ferrer, Amanda J. Chorley, Jessica B. Haddrell, Jo Waller

*Abstract*

Understanding factors associated with different types of cancer screening non-participation will help with the development of more targeted approaches for improving informed uptake. This study explored patterns of general health beliefs and behaviour, and cancer-specific beliefs across different types of cervical screening non-participants using the Precaution Adoption Process Model (PAPM). A population-representative sample of women in Britain completed a home-based survey in 2016. Women classified as non-participants (n=839) completed additional questions about health beliefs.

Some general health beliefs and behaviours, as well as cancer-specific beliefs, were associated with particular types of non-participation. For example, those who scored higher on fatalism were more likely to be unaware of screening ( $OR=1.74$ , 95%CI: 1.45–2.08) or unengaged with screening ( $OR=1.57$ , CI: 1.11–2.21). Women with greater deliberative risk perceptions were less likely to be unengaged with screening ( $OR=0.74$  CI: 0.25–0.99) and less likely to have decided against screening ( $OR=0.71$ , CI: 0.59–0.86). Women who had seen a general practitioner in the last 12 months were less likely to be unaware ( $O=0.49$ , CI: 0.35–0.69), and those reporting cancer information avoidance were more likely to be unengaged with screening ( $OR=2.25$ , CI: 1.15–4.39). Not wanting to know whether one has cancer was the only factor associated with all types of non-participation.

Interventions to raise awareness of screening should include messages that address fatalistic and negative beliefs about cancer. Interventions for women who have decided not to be screened could usefully include messages to ensure the risk of cervical cancer and the relevance and benefits of screening are well communicated.

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

16 May 2018; volume 285, issue 1878

<http://rsbp.royalsocietypublishing.org/content/285/1878?current-issue=y>

[Reviewed earlier]

**Public Health**

June 2018 Volume 159, p1-156

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

[Reviewed earlier]

**Public Health Ethics**

Volume 11, Issue 1, 1 April 2018

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

[Reviewed earlier]

**Public Health Reports**

Volume 133, Issue 3, May/June 2018

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

[Reviewed earlier]

**Qualitative Health Research**

Volume 28, Issue 7, June 2018

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

[Reviewed earlier]

**Research Ethics**

Volume 14, Issue 1, Jan - Mar 2018

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

[Reviewed earlier]

**Reproductive Health**

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

[Accessed 9 Jun 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 6 Pages: 1105-1318 June 2018

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

[New issue; No digest content identified]

## **Risk Management and Healthcare Policy**

Volume 10, 2017

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

[Reviewed earlier]

## **Science**

08 June 2018 Vol 360, Issue 6393

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

*Editorial*

### **[Still not ready for Ebola](#)**

By Thomas R. Frieden

Science 08 Jun 2018 : 1049

*Summary*

Ebola is back. The disease that killed more than 11,000 people in West Africa just a few years ago has returned, striking the Democratic Republic of the Congo (DRC). Last week, intervention with a new vaccine was initiated to help contain the outbreak, adding another tool to a response that is exponentially better than it was 4 years ago. But we are not out of the woods. No matter how long this Ebola outbreak continues, the world faces critical tests in its battle against deadly pathogens. Unlike 2014, when delayed recognition of Ebola led to undetected disease spread, the DRC promptly admitted it had an outbreak and called for assistance. The World Health Organization (WHO) did not try to minimize the problem. Rapid response units from within the DRC and around the world deployed immediately. And, fortunately, the DRC has well-trained epidemiologists as well as laboratory capacity to test for the virus.

## **Science Translational Medicine**

06 June 2018 Vol 10, Issue 444

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

[New issue; No digest content identified]

## **Social Science & Medicine**

Volume 206 Pages 1-122 (June 2018)

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/206/suppl/C>

[Reviewed earlier]

## **Systematic Reviews**

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

[Accessed 9 Jun 2018]

[No new digest content identified]

## **Travel Medicine and Infectious Diseases**

March-April, 2018 Volume 22

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

[Reviewed earlier]

### **Tropical Medicine & International Health**

Volume 23, Issue 6 Pages: i-iv, 581-690 June 2018

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

*Original Research Papers*

#### **Dengue Fever and Aedes aegypti in indigenous Brazilians: seroprevalence, risk factors, knowledge and practices**

Rafael Henrique Machado Sacramento, Fernanda Montenegro de Carvalho Araújo, Danielle Malta Lima, Carlos Carlos Henrique Alencar, Victor Emanuel Pessoa Martins, Lucas Venâncio Araújo, Tais Castelo de Oliveira, Luciano Pamplona de Góes Cavalcanti

Pages: 596-604

First Published: 19 April 2018

### **Vaccine**

Volume 36, Issue 26 Pages 3717-3882 (18 June 2018)

<https://www.sciencedirect.com/journal/vaccine/vol/36/issue/26>

*Short communication*

#### **Reintroducing OPV in Israel on the journey to global polio eradication – Estimation at a low rate of contraindicated population**

Pages 3717-3720

Chen Rosenberg Danziger, Emilia Anis, Ethel-Sherry Gordon, Itamar Grotto, Yehuda L. Danon

*Review*

#### **Knowledge gaps persist and hinder progress in eliminating mumps**

Review article

Pages 3721-3726

R. Ramanathan, E.A. Voigt, R.B. Kennedy, G.A. Poland

*Regular papers*

#### **Challenges of cold chain quality for routine EPI in south-west Burkina-Faso: An assessment using automated temperature recording devices**

Original research article

Pages 3747-3755

C. Sow, C. Sanou, C. Medah, M. Schlumberger, ... E. Betsem

#### **Willingness and influential factors of parents to vaccinate their children with novel inactivated enterovirus 71 vaccines in Guangzhou, China**

Original research article

Pages 3772-3778

Tiegang Li, Hui Wang, Yin Lu, Qin Li, ... Zhicong Yang

#### **Conditional admission, religious exemption type, and nonmedical vaccine exemptions in California before and after a state policy change**

Original research article

Pages 3789-3793

Alison M. Buttenheim, Malia Jones, Caitlin Mckown, Daniel Salmon, Saad B. Omer

**Decline of HPV infections in Scandinavian cervical screening populations after introduction of HPV vaccination programs**

Original research article

Pages 3820-3829

Joakim Dillner, Mari Nygård, Christian Munk, Maria Hortlund, ... Susanne K. Kjaer

**An innovative medical school curriculum to address human papillomavirus vaccine hesitancy**

Original research article

Pages 3830-3835

Abigail M. Schnaith, Erica M. Evans, Caleb Vogt, Andrea M. Tinsay, ... Britt K. Erickson

**Determinants of cost of routine immunization programme in India**

Open access - Original research article

Pages 3836-3841

Susmita Chatterjee, Arpita Ghosh, Palash Das, Nicolas A. Menzies, Ramanan Laxminarayan

**Vaccine hesitancy around the globe: Analysis of three years of WHO/UNICEF Joint Reporting Form data-2015–2017**

Open access - Original research article

Pages 3861-3867

Sarah Lane, Noni E. MacDonald, Melanie Marti, Laure Dumolard

**Vaccine: Development and Therapy**

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

(Accessed 9 Jun 2018)

[No new digest content identified]

**Vaccines — Open Access Journal**

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

(Accessed 9 Jun 2018)

[No new digest content identified]

**Value in Health**

May 2018 Volume 21, Issue 5, p491-630

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

**THEMED SECTION: Rare Diseases**

[Reviewed earlier]

\*

\*

\*

\*

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

**Journal of Clinical Oncology**

36, no. 15\_suppl (May 20 2018) 1553-1553.

*Cancer Prevention, Hereditary Genetics, and Epidemiology*

**Long-term effectiveness and immunogenicity of quadrivalent HPV vaccine in young men: 10-year end-of study analysis.**

Stephen Goldstone, Anna Giuliano, Joel Palefsky, Alain Luxembourg, [Show More](#)

DOI: 10.1200/JCO.2018.36.15\_suppl.1553 Journal of Clinical Oncology - published online before print June 1, 2018

***Abstract***

**Background:** The quadrivalent human papillomavirus (qHPV) vaccine prevented HPV6/11/16/18-related persistent infection and external genital lesions in young men in an international, randomized, placebo-controlled pivotal efficacy study. We report the end-of-study analysis of a long-term follow up (LTFU) extension study that assessed the effectiveness and immunogenicity of the qHPV vaccine through 10 years after the first dose.

**Methods:** In the 3-year base study, young men (16-26 years old) were randomized 1:1 to receive a 3-dose regimen of qHPV vaccine or placebo; we report results from those who received 3 doses of qHPV vaccine in the base study and participated in the LTFU. The entire study population was assessed annually in the 7-year LTFU for HPV6/11-related genital warts and HPV6/11/16/18-related external genital lesions (EGL), and a subpopulation was assessed for HPV6/11/16/18-related anal intraepithelial neoplasia (AIN) or anal cancer. Persistence of anti-HPV6/11/16/18 antibodies was evaluated from serum samples collected 48-72 months (first LTFU visit) and 10 years post-Dose 1.

**Results:** A total of 917 participants were followed for effectiveness for up to 11.5 years (median: 9.5 years) post-Dose 3. There were no new cases of HPV6/11-related genital warts, HPV6/11/16/18-related EGL, or HPV6/11/16/18-related high-grade AIN during the LTFU (Years 3 to 10 of the study) in the per-protocol population. One case of low-grade AIN (AIN1) with positive PCR results for HPV6 and HPV58 was reported. Seropositivity rates assessed by competitive Luminex immunoassay (cLIA) were > 97% at Month 7 (1 month post-Dose 3); remained high over time for HPV6, 11, and 16; and decreased over time for HPV18 (40.2% at Month 120 by cLIA). Seropositivity rates at Month 120 assessed by IgG Luminex immunoassay (a more sensitive assay) were > 90% for all 4 HPV types.

**Conclusions:** The qHPV vaccine provides durable protection from vaccine-type-related anogenital disease and elicits persistent HPV antibody responses through 10 years post-vaccination onset in 16-26-year-old men. [Clinical trial information: NCT00090285.](#)

\* \* \* \*

**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 9 Jun 2018*

[No new, unique, relevant content]

### **BBC**

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

*Accessed 9 Jun 2018*

[No new, unique, relevant content]

### **The Economist**

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

*Accessed 9 Jun 2018*

[No new, unique, relevant content]

### **Financial Times**

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

*Accessed 9 Jun 2018*

[No new, unique, relevant content]

### **Forbes**

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

*Accessed 9 Jun 2018*

#### **[Bill And Melinda Gates Start A Nonprofit Biotech In Boston](#)**

Matthew Herper, Forbes Staff

The Bill & Melinda Gates Medical Research Institute, which is holding an event today to show off its plans, will aim to develop new medicines and vaccines for malaria, tuberculosis, and diarrhea, which together account for 2.6 million deaths a year globally, many of them in children.

### **Foreign Affairs**

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

*Accessed 9 Jun 2018*

[No new, unique, relevant content]

### **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 9 Jun 2018*

[No new, unique, relevant content]

**The Guardian**

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

Accessed 9 Jun 2018

[No new, unique, relevant content]

**New Yorker**

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

Accessed 9 Jun 2018

[No new, unique, relevant content]

**New York Times**

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

Accessed 9 Jun 2018

*Africa*

**WHO Chief Says Ebola Outbreak in Congo Is Stabilizing**

June 8, 2018

A deadly Ebola outbreak in Democratic Republic of Congo is stabilizing, giving reason for cautious optimism, the head of the World Health Organization said on Friday.

*Europe*

**Romania's Measles Outbreak Kills Dozens of Children**

June 8, 2018

An outbreak of measles in Romania has killed dozens of infants and children, with 200 new cases reported each week.

**Wall Street Journal**

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

Accessed 9 Jun 2018

*Africa*

**Experimental Ebola Treatments Approved for the Democratic Republic of Congo**

By Nicholas Bariyo

June 6, 2018 2:05 pm ET

The Democratic Republic of Congo approved the use of five experimental Ebola treatments on patients suffering from the hemorrhagic fever, as drug companies and health workers scramble to use the current outbreak to help find a cure for the deadly virus.

**Washington Post**

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

Accessed 9 Jun 2018

[No new, unique, relevant content]

\*

\*

\*

\*

**Think Tanks et al**

**Brookings**

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

Accessed 9 Jun 2018

[No new relevant content]

**Center for Global Development**

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

Accessed 9 Jun 2018

[No new relevant content]

**CSIS**

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

Accessed 9 Jun 2018

Podcast Episode

**[Innovative Data Initiatives to Improve Immunization Equity](#)**

June 4, 2018 | By Nellie Bristol

**Council on Foreign Relations**

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

Accessed 9 Jun 2018

[No new relevant content]

\* \* \* \*

**Vaccines and Global Health: The Week in Review** is a service of the Center for Vaccine Ethics and Policy (CVEP) which is solely responsible for its content, and is an open access publication, subject to the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/3.0/>). Copyright is retained by CVEP.

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

Support for this service is provided by the Bill & Melinda Gates Foundation; Aeras; PATH, and industry resource members 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.

\*

\*

\*

\*

\*

\*

\*

\*