



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

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

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

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

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

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](#)

To Our Readers: Vaccines and Global Health: The Week in Review will resume publication on 18 August 2018 following the Editor's annual leave.

Milestones :: Perspectives

Ebola - DRC

Ebola outbreak in DRC ends: WHO calls for international efforts to stop other deadly outbreaks in the country

24 July 2018

News Release - KINSHASA/GENEVA

Today marks the end of the ninth outbreak of Ebola in the Democratic Republic of the Congo (DRC). The World Health Organization (WHO) congratulates the country and all those involved in ending the outbreak, while urging them to extend this success to combatting other diseases in DRC.

WHO Director-General, Dr Tedros Adhanom Ghebreyesus, and Regional Director for Africa, Dr Matshidiso Moeti, joined Minister of Health Dr Oly Ilunga for the announcement in Kinshasa. "The outbreak was contained due to the tireless efforts of local teams, the support of partners, the generosity of donors, and the effective leadership of the Ministry of Health. That kind of leadership, allied with strong collaboration between partners, saves lives," said Dr Tedros.

Unlike previous Ebola outbreaks in the country, this one involved four separate locations, including an urban centre with river connections to the capital and to neighbouring countries, as well as remote rainforest villages. There were initial concerns that the disease could spread to other parts of DRC, and to neighbouring countries.

Within hours of the outbreak being declared on 8 May, WHO released US\$2 million from its Contingency Fund for Emergencies, deployed a team to augment capacity in the field, and activated an emergency incident management system.

"WHO moved quickly and efficiently," said Dr Moeti, "We also demonstrated the tremendous capacity of the African region. More than three-quarters of the 360 people deployed to respond came from within the region. Dozens of experts from Guinea spent weeks leading Ebola vaccination efforts here, transferring expertise which will enable the DRC to mount an effective response both within its borders and beyond."

Dr Tedros urged the DRC Government and the international community to build on the positive momentum generated by the quick containment of the Ebola outbreak.

"This effective response to Ebola should make the Government and partners confident that other major outbreaks affecting the country such as cholera and polio can also be tackled," said Dr Tedros. "We must continue to work together, investing in strengthened preparedness and access to healthcare for the most vulnerable."

Funding

:: WHO's rapid response and scale up of operations in the DRC was funded by a total of US\$4 million disbursement from the WHO Contingency Fund for Emergencies (CFE).

:: WHO and partners appealed for US\$57 million to stop the spread of Ebola. The total funds received by all partners, as tracked by OCHA, amount to US\$63 million.

:: Funding towards WHO's contribution to the Ebola response was provided from: Italy (€ 300 000), UN CERF (US\$ 800 000), Gavi (US\$ 1 million), USAID (US\$ 5.3 million), Wellcome Trust and UK-DFID (US\$ 4.1 million), UK-DFID (£5 million), Germany (€5 million), Norway (NOK 8 million), Canada (CAD\$1 million), World Bank PEF (US\$ 6.8 million), Japan (US\$1.3 million), EU ECHO (€ 1.5 million) and from the Ebola MPTF (US\$ 428,000) bringing the total to approximately US\$ 36 million.

:: Germany's contribution is in recognition of the critical role the WHO CFE has played in responding to the Ebola virus disease outbreak in the Democratic Republic of the Congo and will go to replenish the CFE, which provided initial funds for the response efforts.

:: In-kind contributions for medical evacuation were received from Norway. EU ECHO support was provided for flights between Kinshasa and Mbandaka. Technical expertise was provided by Guinea, the UK, USA and Germany through the Global Outbreak Alert and Response Network (GOARN). Merck provided the vaccines that were used to protect over 3300 people.

WHO partners in the DRC Ebola response included the following:

The Alliance for International Medical Action (ALIMA), the International Federation of Red Cross and Red Crescent Societies (IFRC), the Red Cross of the Democratic Republic of the Congo (DR Congo Red Cross), Médecins Sans Frontières (MSF), the Disaster Relief Emergency Fund (DREF), the Africa Centers for Disease Control and Prevention (Africa-CDC), the US Centers for Disease Control and Prevention (US-CDC), ECHO, the Department for International Development (DFID), Japan International Cooperation Agency (JICA), the World Food Programme (WFP), UNICEF, UNCERF, UNOCHA, MONUSCO, UNFPA, International Organization for Migration (IOM), the FAO Emergency Management Centre – Animal Health (EMC-AH), the International Humanitarian Partnership (IHP), Gavi, the Vaccine Alliance, the African Field Epidemiology Network (AFENET), the UK Public Health Rapid Support team, the EPIET Alumni Network (EAN), the International Organisation for Animal Health (OIE), the Emerging Diseases Clinical Assessment and Response Network (EDCARN), the World Bank and PATH. The Government of Guinea deployed more than 30 Ministry of Health staff to assist with the ring vaccination campaign, and Merck provided the Ebola vaccine. Additional coordination and technical support through the Global Outbreak Alert and Response Network (GOARN), Association pour le développement de l'épidémiologie de terrain (EPITER), European Mobile Laboratory (EMLab), Infection Control Africa Network (ICAN), Institut Pasteur (IP), National Institute for Communicable Diseases (NICD), South Africa, Robert Koch Institut (RKI), and Emergency Medical Teams (EMT).

25 July 2018

Ebola vaccine praised as Congo outbreak declared over

DRC government officially declares end of outbreak following the vaccination of over 3,000 people.

Geneva, 25 July 2018 – The first use of a vaccine to help contain an Ebola outbreak has been encouraging, Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance, said as the outbreak in the Democratic Republic of Congo (DRC) was officially declared over.

The DRC government formally declared the Ebola outbreak over on Tuesday 24 July after no new cases were reported for 42 days. From the 4 April through 9 July there were 54 confirmed cases of Ebola reported, with 33 deaths. A total of 3,300 people received investigational doses of the vaccine as part of a ring vaccination protocol – the same used to eradicate smallpox.

The vaccination was implemented by the Government of DRC and partners including WHO, which supported national authorities in coordinating the international health response, and Medecins Sans Frontieres (MSF). Gavi provided \$1 million towards the vaccination effort.

“As soon as Ebola moved from isolated rural areas into Mbandaka – a major town and regional hub – there was justified concern that this outbreak could spiral out of control,” said Dr Berkley. “It took months of hard work by a global coalition of UN agencies, NGOs and governments, led by the DRC government with WHO support, to carry out the surveillance, containment, contact tracing and public education needed to contain and defeat Ebola. This was the first time a vaccine was used as part of this wider response and it is encouraging that there were no cases of Ebola among those given the vaccine. We also now have valuable experience of how this vaccine can be used effectively in the field.”

The vaccine has gone through Phase 3 trials, which showed the vaccine to be safe and highly effective, but has not yet been licensed by relevant regulatory authorities. While the vaccine goes through the licensing process, an agreement between Gavi and Merck, the developer of the Ebola vaccine, ensures that 300,000 investigational doses of the vaccine are available in case of an outbreak. It is these doses that were used in the DRC.

This agreement, an Advance Purchase Commitment announced in January 2016, is the first of its kind. It was designed to incentivise the rapid development of the vaccine as well as guarantee investigational doses are available while licensure is being secured. Gavi committed US\$5 million to buy doses of a fully licensed vaccine as and when it becomes available. In return, Merck agreed to create the emergency stockpile...

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Children in fragile states missing out on lifesaving vaccines - Gavi

New vaccination figures show millions more children being immunised in world's poorest countries.

Geneva, 26 July 2018 - Children in fragile states are being left behind in the global effort to improve immunisation rates in the world's poorest countries, an analysis by Gavi, the Vaccine Alliance of the latest global immunisation statistics has shown.

For the 68 developing countries in which Gavi works, the latest WHO/UNICEF Estimates of National Immunisation Coverage (WUENIC) show that coverage for the basic Diphtheria, Tetanus and Pertussis vaccine (DTP3) rose to 86% in 2017 from 80% in 2010, when fragile states are excluded.

However coverage has stagnated at 62% in fragile states. Five of the six Gavi-supported countries with less than 50% DTP3 coverage in 2017 were classed as fragile. The number of under-immunised children has also increased by 170,000 in Gavi-supported countries to 16.2 million children. Just under half of these children were in fragile countries.

In July 2017, Gavi introduced a new fragility, emergencies and refugee policy to boost the number of children receiving vaccines in fragile settings, especially among vulnerable populations. Bangladesh became the first country to take advantage of the policy in late 2017, carrying out Gavi-funded vaccination campaigns for Rohingya refugees in Cox's Bazar.

“Over the last two decades we have made enormous progress in boosting vaccination coverage in many of the world's poorest countries,” said Dr Seth Berkley, CEO of Gavi, the

Vaccine Alliance. "Gavi is helping more children receive lifesaving vaccines than at any point in our history but millions of children are still being left behind, with half of these under-immunised children living in fragile countries. As an alliance we need to redouble our efforts and maintain our focus on routine immunisation as the most sustainable way to improve child health, strengthen health systems and boost economies."..

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China: "Vaccine Scandal"

Editor's Note:

See additional coverage in various publications in Media Watch below.

China vaccine scandal: investigations begin into faulty rabies and DTaP shots

News

BMJ 2018; 362 doi: <https://doi.org/10.1136/bmj.k3244> (Published 25 July 2018)

Flynn Murphy

Trust in China's authorities to guarantee the safety of medicines has been shaken after the nation's second largest producer of rabies vaccines was found to have faked records.

Changsheng Biotechnology, based in the northeastern Jilin province, was ordered to cease producing a Vero cell based rabies vaccine on 15 July after China's State Food and Drug Administration found that it had forged production and inspection data, the regulator said.^{[1](#)} Investigators reportedly acted on a tip-off from an ex-employee.

Changsheng issued an apology and announced a recall as shares in the company tumbled. It was not clear whether the batches had been released to market or how the substandard vaccine might affect people, but no injuries had been reported so far.

But days later Jilin's provincial drug watchdog reported that the same company had last year sold over 250,000 faulty doses of a combined childhood shot for diphtheria, typhoid, and pertussis (DTaP), which it had uncovered in November. A local blogger apparently sent the story viral in a now deleted post that sparked confusion and anger among parents.

Local reports showed that police in Jilin swooped on the company on 23 July, arresting five executives including its chair, Gao Junfang, 64, who is also the company's largest single shareholder. Gao and her family appeared on the Forbes 2016 rich list with combined assets of US\$1bn (£0.76bn; €0.85bn).

China's premier, Li Keqiang, said on 22 July that the incident had "crossed a moral line," and he ordered an investigation. He was later joined by the president and Communist Party leader Xi Jinping, who called the scandal "vile in nature and shocking" and also ordered an investigation. Both urged severe punishment of those responsible.

At least four investigations are now under way, involving multiple regulators, police, securities inspectors, and the party's feared anti-graft unit. Some people welcomed the strength of the

response, in a nation where local reporting on such scandals has often been censored and whistleblowers jailed.

Others noted that it has been a decade since melamine laced powdered milk killed six babies and caused 54 000 others to be admitted for kidney damage, in a product safety case that still ripples today.²

In 2016 over 200 people were arrested over a different scandal involving expired and improperly refrigerated vaccines, which saw “middlemen” banned and provincial health bodies instructed to buy vaccines directly from manufacturers.

The Changsheng scandal is expected to trigger a renewed run on health services in Hong Kong, where parents were already travelling to secure vaccines for their children. One Hong Kong based biotech insider told The BMJ that his colleagues from the mainland were already “bringing their kids across the border for vaccinations.”

He said, “If you are in [neighbouring] Shenzhen you can bring your kids to Hong Kong, but I have no idea what parents in the interior of China are going to do. With the cold chain it’s much harder to get around than just importing tins of foreign powdered milk.”

The People’s Republic of China has the second highest number of reported rabies cases in the world, say data from the World Health Organization.³ But deaths from the disease more than halved from 2013 (1128 deaths) to 2017 (502) [WHO China, email communication]. Last year China reported no cases of diphtheria, 10 791 cases of typhoid (three fatal), and 10 390 cases of pertussis (none fatal), showed figures from China’s National Health Commission.⁴

References

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Google Scholar

[04] *National Health and Family Planning Commission. Overview of the national legal infectious disease epidemic in 2017. 26 Feb 2018.*
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Google Scholar

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Featured Journal Content

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 14, Issue 7 2018

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

Article

Evaluation of the impact of Shandong illegal vaccine sales incident on immunizations in China

Lei Cao, Jingshan Zheng, Lingsheng Cao, Jian Cui & Qiyao Xiao

Pages: 1672-1678

Published online: 19 Jun 2018

ABSTRACT

A case of illegal vaccine sales in Shandong province, China, (hereinafter, the incident), which caused a lack of confidence among vaccination recipients and public panic, was uncovered in March 2016. We conducted a study comprising two cross-sectional surveys: at two months (May 2016) and seven months (October 2016) after the incident. The study aimed to evaluate the impact on immunizations; investigate the variation of the immunization coverage of the National Immunization Program Vaccines (NIPV) and the sales volume growth rate of Category II vaccines; and understand the reasons for non-vaccination and perspectives on immunization. The immunization coverage of NIPV decreased by 5.6 percentage points in the first survey, with a decline of 11.1 in the region of the incident, and decreased by 0.6 in the second survey compared to same period in 2015. The sales volume growth rate of Category II vaccines decreased by 25.8% in the study area and by 48.8% in the region of the incident in April 2016 compared to April 2015. Overall, 15.8% of respondents in the first survey and 7.0% in the second survey did not vaccinate their children according to the NIPV schedule because of the incident ($\chi^2=78.463$, $P<0.05$). The vaccination was likely affected by the incident in varying degrees, especially in the involved region and particularly in relation to Category II vaccines. Overall, 34% of respondents avoided Category II vaccines for their children, indicating that it will take considerable time to eliminate the negative stigma associated with the incident.

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Dengue Vaccine –Philippines / GACVS

Safety of dengue vaccine in the Philippines

Extract from report of GACVS meeting of 6-7 June 2018, published in the WHO Weekly Epidemiological Record of 20 July 2018

GACVS last reviewed the CYD-TDV dengue vaccine at its meeting on 6–7 December 2017.⁵ The Committee noted that long-term follow-up in clinical efficacy trials indicated that, overall, vaccinated trial participants had a reduced risk of virologically confirmed severe dengue and hospitalization; however, a subset of trial participants who had not been infected with dengue virus before vaccination (i.e. dengue-naïve, seronegative according to the NS1 assay) had a higher risk of severe dengue and hospitalization. The new evidence presented at that meeting was based on a reanalysis of the clinical trial data by the manufacturer, with a new test that

distinguishes individuals with and without previous exposure to wild dengue virus retrospectively.⁶ The WHO Strategic Advisory Group of Experts (SAGE) on immunization previously identified research on vaccine safety in this seronegative population as a priority.⁷

Following the December 6–7 meeting in 2017, GACVS recommended that CYD-TDV not be administered to individuals who have not been previously infected with wild dengue virus. GACVS also noted that no data are currently available to allow an analysis of risk according to the number of vaccine doses received by people who are seronegative at baseline.

At its meeting on 17–18 April 2018, SAGE advised countries considering CYD-TDV vaccination as part of their dengue control programme to include pre-vaccination screening, so that only dengue-seropositive persons are vaccinated; the limitations of such screening should be clearly communicated to those offered vaccination.⁸

WHO will release a revised position paper on dengue vaccine in September 2018. The purposes of an update of the GACVS statement on dengue vaccine are: (i) to review the reports on vaccine safety received by the Philippines Ministry of Health after announcement of the risk for severe dengue of vaccine recipients who were dengue-naïve at the time of vaccination; (ii) to review difficulties in determining whether, apart from vaccine failure, the cases of severe dengue in vaccine recipients who were dengue-naïve at the time of CYD-TDV vaccination were due to vaccine-related immune enhancement; and (iii) to review the updated safety profile of CYD-TDV.

The Philippines Food and Drug Administration approved use of CYD-TDV in December 2015, and the Disease Prevention and Control Bureau proposed its introduction as part of the National Dengue Prevention and Control Program. Vaccine administration began in 2016, first as part of a school programme in highly endemic regions and then extended to community programmes in October 2016. Surveillance of the safety of all vaccines is well established in the country, as a part of integrated disease surveillance and response. Should a serious AEFI or cluster be detected, the epidemiology bureau of the Department of Health is notified within 24–48 h. Serious cases are investigated, and the results of the investigations are compiled and sent to the regional and national AEFI committees. Before the programme was suspended, over 875 000 children had received at least 1 dose, almost 350 000 had received all 3 doses, and about 400 000 had received 2 doses.

Post-marketing data were presented to GACVS by the manufacturer. CYD-TDV is registered in 20 countries, and most doses are distributed in Brazil (where it is used in a public programme in Parana State) and the Philippines. In Brazil, dengue cases are reported through a national reportable disease information system, and data on AEFI are collected through passive surveillance in a national immunization programme. Guidelines for enhanced reporting and training of vaccine centre workers were provided by local authorities in Parana State.

The 14 fatal case reports in the Philippines were first reviewed by the national AEFI committees and the Dengue Investigative Task Force (DITF). The reports included 3 cases of dengue shock syndrome and 6 cases with other clinical diagnoses and no clear causal link other than a temporal association. The other cases were coincidental (3) or unclassifiable (2). A further review of 12 cases (8 fatal and 4 non-fatal) was undertaken by the DITF after training in AEFI methodology by international specialists. Although the DITF found that most cases were

indeterminate, coincidental or unclassifiable, it recognized several cases of dengue disease. GACVS maintained its earlier recommendation that CTD-TDV should not be administered to people who have not previously been infected with wild dengue virus. It concluded that, in the absence of criteria for distinguishing vaccine failure from vaccine-related immune enhancement, individual cases cannot be attributed to one or the other. As a result, such cases should be classified as indeterminate, irrespective of the time since vaccination.

Between December 2015 and March 2018, 1876 adverse events were reported to the manufacturer, mainly from Brazil and the Philippines; reporting was consistent with the pattern of dose distribution in both countries. The most frequently reported adverse events were fever, headache, dizziness, vomiting and rash. Of the 211 serious AEFI reported, most were consistent with an underlying infectious disease, including dengue fever. By 20 March 2018, 87 cases of dengue infection had been reported after vaccination with CYD-TDV; 23 were serologically confirmed, 61 suspected with no virological confirmation and 3 with negative virological tests. Of the 87 dengue cases, 14 were fatal. Of the 14 cases, 6 had completed the vaccination schedule, 3 had received 2 doses and 5 had received only 1 dose. All 9 cases for which the interval between vaccination and disease onset was known occurred within 6 months of the last vaccination.

Progress was reported in cohort event monitoring, sponsored by the manufacturer to obtain information on selected AEFI and serious adverse events in people vaccinated with CYD-TDV over 5 years in Brazil, Mexico and the Philippines. The target for enrolment in the study of post-authorization safety is 30 000 vaccinated participants. As of 5 April 2018, 12 573 participants had been enrolled and had received at least 1 dose of CYD-TDV.

One of the challenges in conducting post-market surveillance after vaccination with CYD-TDV is determining whether the vaccine gives rise to vaccine-related immune enhancement. An increasing number of AEFI were reported after suspension of the vaccination programme in the Philippines and media coverage. A task force was established by the Department of Health to review all fatal cases, and guidelines on AEFI reporting and response to vaccine recipients were issued by the Department of Health. In addition, the National AEFI Committee, established in 2012, was charged with reviewing all non-fatal AEFI.

GACVS also examined the possible risk of viscerotropic or neurotropic disease associated with the yellow fever backbone of the CYD-TDV vaccine. Although this remains a theoretical possibility, non-clinical and clinical evaluations do not provide evidence of an association. Viscerotropic and neurotropic diseases are rare serious reactions to yellow fever vaccination and occur only in close temporal association with vaccination. As severe dengue may also be accompanied by haemorrhagic systemic phenomena, a differential diagnosis can be made only if the vaccine strain is isolated from affected organs and if such syndromes occur within the accepted interval between vaccination and symptom onset (8 days).

5 See No. 3, 2018, pp. 21–25.

6 Sridhar S et al. Effect of dengue serostatus on dengue vaccine efficacy. N Engl J Med 2018. doi: 10.1056/NEJMoa1800820.

7 See No. 21, 2016, pp. 282–284.

8 See No. 23, 2018, pp. 337–340.

[*Full report of GACVS meeting of 6-7 June 2018, published in the WHO Weekly Epidemiological Record of 20 July 2018*](#)

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 24 July 2018 [GPEI]

:: Strengthening vaccine trust in Pakistan: How a vaccine refuser became an advocate for polio eradication.

:: Disease surveillance innovations help defeat the poliovirus: Across the Lake Chad Basin, e-Surve technology is reshaping the way that the polio programme conducts disease surveillance.

Summary of new cases this week:

Afghanistan:

:: • Following advance notification last week, one wild poliovirus type 1 (WPV1) case in Chawkay district, Kunar province, has been confirmed. The case had onset of paralysis on 22 June.

:: Five new WPV1 positive environmental samples were reported in the past week. Two samples were collected in Kabul province on 26 June, two samples were collected in Kandahar province, one on 26 June and one on 5 July, and one sample was collected in Nangarhar province, on 26 June.

Pakistan:

:: Three new WPV1 positive environmental samples were reported in the past week. All samples were collected on 10 July, one in Islamabad province, one in Khyber Pakhtunkhwa province and one in Punjab province.

Nigeria:

:: Two cVDPV2 positive environmental samples detected in Sokoto State have been confirmed, following advance notification last week. The samples were collected on 5 June and 12 June.

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WHO Grade 3 Emergencies [to 28 Jul 2018]

Yemen

:: WHO airlifts 168 tonnes of life-saving medicines and medical supplies to Yemen

20 July 2018— Seven WHO-chartered aircraft have landed in Sana'a Airport this week, while between 30 to 50 tonnes of medicines and medical supplies reach Aden regularly by a UN ship run by the World Food Programme (WFP). In total this week more than 200 tonnes of life-saving medicines and medical supplies, and emergency equipment have been delivered in Yemen by WHO, in partnership with WFP and the logistic cluster, as health needs in Yemen grow at an alarming pace.

The shipments contain Interagency Emergency Health Kits (IEHK), surgical kits, cholera kits, intravenous (IV) fluids and various types of antibiotics which are much-needed by health facilities across the country, particularly in Hudaydah and Aden. Around 120 tonnes of these

supplies will be distributed to Al Hudaydah as part of WHO plans to scale up health interventions in the governorates affected by the recent intensification of the military operations...

Iraq - *No new announcements identified*

Nigeria - *No new announcements identified*

South Sudan - *No new announcements identified*

The Syrian Arab Republic - *No new announcements identified*

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WHO Grade 2 Emergencies [to 28 Jul 2018]

[Several emergency pages were not available at inquiry]

Cameroon - *No new announcements identified*

Central African Republic - *No new announcements identified.*

Democratic Republic of the Congo - *No new announcements identified*

Ethiopia - *No new announcements identified.*

Libya - *No new announcements identified.*

Myanmar - *No new announcements identified*

Niger - *No new announcements identified.*

Ukraine - *No new announcements identified.*

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UN OCHA – L3 Emergencies

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

Syrian Arab Republic

:: Syrian Arab Republic: Dar'a, Quneitra, As-Sweida Situation Report No. 4 as of 26 July 2018

Yemen

:: Yemen: Al Hudaydah Update Situation Report No. 9 - Reporting Period: 14 - 24 July 2018

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UN OCHA – Corporate Emergencies

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

Ethiopia - *No new announcements identified.*

Somalia - *No new announcements identified.*

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Editor's Note:

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

EBOLA/EVD [to 28 Jul 2018]

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

:: Ebola outbreak in DRC ends: WHO calls for international efforts to stop other deadly outbreaks in the country 24 July 2018

[See Milestones/Perspectives above for more detail]

MERS-CoV [to 28 Jul 2018]

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

:: MERS situation update, June 2018

:: At the end of June 2018, a total of 2229 laboratory-confirmed cases of Middle East respiratory syndrome (MERS), including 791 associated deaths (case-fatality rate: 35.5%) were reported globally; the majority of these cases were reported from Saudi Arabia (1853 cases, including 717 related deaths with a case-fatality rate of 38.7%).

:: During the month of June, a total of 4 laboratory-confirmed cases of MERS were reported in Saudi Arabia including 1 associated death (case-fatality rate: 25%). No healthcare associated transmission or hospital outbreak was reported during this month.

:: The demographic and epidemiological characteristics of reported cases, when compared during the same corresponding period of 2013 to 2018, do not show any significant difference or change. Owing to improved infection prevention and control practices in hospitals, the number of hospital-acquired cases of MERS has dropped significantly since 2015.

:: The age group 50–59 years continues to be at highest risk for acquiring infection of primary cases. The age group 30–39 years is most at risk for secondary cases. The number of deaths is higher in the age group 50–59 years for primary cases and 70–79 years for secondary cases.

Yellow Fever [to 28 Jul 2018]

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

- No new announcements identified.

Zika virus [to 28 Jul 2018]

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

:: Progress toward discovery of Zika virus vaccines and therapeutics

23 July 2018

...Studies in animal models have shown promising results of Zika virus vaccines for preventing maternal-fetal transmission and generating immunity in the vaccine recipient, but further validation is still required in clinical settings. Several vaccine candidates are currently in phase 1 and 2 of human clinical trials, summarized in the [WHO vaccine pipeline tracker](#).

Many hurdles remain, however, before a vaccine will become available. The limited number of cases occurring globally limits the ability of studies to evaluate the protective effects of vaccines in phase 3 human trials. To prepare sites for future clinical trials, mathematical modelling is being used to predict when and where potential future Zika outbreaks may occur, but accurately predicting and preparing sites for future multi-centre clinical trials present unique logistical challenges. In the absence of a suitable population and/or environment to test a candidate vaccine, other options for clinical evaluation are being considered...

:: *Zika vaccines and therapeutics: landscape analysis and challenges ahead*
Wilder-Smith A, Vannice K, Durbin A, Hombach J, Thomas SJ, Thevarjan I, Simmons CP. *BMC Med.* 2018 Jun; 16(1):84.

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WHO & Regional Offices [to 28 Jul 2018]

Ebola outbreak in DRC ends: WHO calls for international efforts to stop other deadly outbreaks in the country 24 July 2018

[See Milestones/Perspectives above for more detail]

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Weekly Epidemiological Record, 20 July 2018, vol. 93, 29/30 (pp. 388–396)

:: Global Advisory Committee on Vaccine Safety, 6–7 June 2018

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

Selected Featured News

:: No Vaccine Derived Polio Outbreak in Uganda 27 July 2018

South Sudan strengthens preparedness and response for Ebola and other deadly diseases through Emergency risk communication 27 July 2018

WHO Director General: Republic of Congo can transform its primary health care into a model for other nations 27 July 2018

Nigeria to avert over 160,000 deaths in children yearly, with introduction of rotavirus vaccine into immunization schedule. 24 July 2018

WHO Region of the Americas PAHO

:: New course to improve nutrition programs in Latin America and the Caribbean (07/25/2018)

WHO South-East Asia Region SEARO

- *No new announcements identified.*

WHO European Region EURO

:: Universal access to testing and treatment is key to eliminating viral hepatitis 26-07-2018

:: Toolkit to help European Region move towards sustainable health workforce now available online 26-07-2018

:: WHO calls for urgent action to accelerate HIV response in eastern Europe and central Asia 23-07-2018

WHO Eastern Mediterranean Region EMRO

:: WHO thanks Kuwait for the generous support to the people of Yemen 26 July 2018

WHO Western Pacific Region

:: Candidates announced for next WHO Regional Director for the Western Pacific

MANILA, 27 JULY 2018 – The list of candidates for the next Regional Director of the Western Pacific was today sent by World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyesus to all Members of WHO's Western Pacific Region. The candidates are as follows:

- :: Dr Narimah Awin, proposed by Malaysia
- :: Dr Takeshi Kasai, proposed by Japan
- :: Dr Susan Mercado, proposed by the Philippines
- :: Dr Colin Tukuitonga, proposed by New Zealand

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CDC/ACIP [to 28 Jul 2018]

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

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

Latest News

New Data Show Dramatic Progress in Namibia Toward HIV Epidemic Control and Substantial Gaps in Cote d'Ivoire and Cameroon

Wednesday, July 25, 2018

Statement from CDC Regarding Democratic Republic of Congo (DRC) Declaration on Official End of Ninth Ebola Outbreak

Tuesday, July 24, 2018

The U.S. Centers for Disease Control and Prevention (CDC) commends the dedicated efforts of the Democratic Republic of Congo (DRC) Ministry of Public Health and partners to end the ninth reported outbreak of Ebola in that country since 1976. This good news reinforces the importance of having efficient surveillance systems in place and strong leadership to stop outbreaks at their source and save lives.

The DRC announcement, which was echoed by the World Health Organization, officially declares an end to the outbreak that began on May 8 in Bikoro Health Zone, Equateur Province, in Northwest DRC and resulted in 54 cases (38 cases laboratory confirmed and 16 deemed probable) and 33 deaths.

Working with international partners, CDC experts provided technical guidance on a range of crucial activities, including epidemiologic investigation, surveillance, infection prevention and control, border health screening, logistics and supplies, risk communication, and community engagement. CDC also assisted with vaccine implementation through a control effort that demonstrated the potential of an investigational vaccine, rVSV-ZEBOV, to prevent outbreak spread.

CDC has had a presence in DRC since 2002 and that long-term relationship, forged in science and nurtured in trust, has been instrumental in the fight against Ebola and other disease threats to people's health and well-being. By working collaboratively, DRC's Ministry of Public Health has made significant progress in building capacity in disease detection and response. We must remain vigilant and continue efforts to tackle other outbreaks the country is facing, such as cholera and polio, and to strengthen health services across the country.

MMWR News Synopsis for July 26, 2018

Mumps Outbreaks at Four Universities — Indiana, 2016

Laboratory testing, implementation of control measures, and availability of vaccination records are essential elements of plans to manage and contain mumps outbreaks. This report highlights strategies used in multiple, nearly simultaneous university outbreaks of mumps in Indiana in 2016 that public health departments and partners could use to help prevent or manage similar outbreaks.

In 2016, the Indiana State Department of Health (ISDH) confirmed mumps outbreaks nearly simultaneously at four universities around the state that also spread into the community. The ISDH and local health departments began investigations and took steps to control the outbreaks. Among the 281 confirmed and probable cases of mumps identified, 205 (73.0%) people had received two verifiable doses of mumps vaccine and an additional 11 (3.9%) were immune to mumps by laboratory testing. Complications were infrequent among cases and only one person required hospitalization. No deaths were reported. These outbreaks highlighted discrepancies in immunization documentation at universities and challenges in controlling outbreaks in highly vaccinated populations.

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Africa CDC [to 28 Jul 2018]

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

July 26, 2018

Statement of the Chairperson of the African Union Commission on the end of the Ebola Outbreak in the Democratic Republic of Congo

Addis Ababa, 26 July 2018: The Chairperson of the Commission of the African Union, Moussa Faki Mahamat, welcomes the official announcement by the Government of the Democratic Republic of the Congo, on 24 July 2018, of the end of the Ebola virus outbreak in the country. He commends the Congolese Government for its swift and effective response since the outbreak was declared on 8 May 2018 in the province of Equateur. The last case that tested negative was 42 days ago. This, as per the World Health Organization guidelines and International Health Regulations, marks the end of the outbreak.

The Chairperson of the Commission notes that the timely declaration of the outbreak, in accordance with the International Health Regulations, as well as the leadership and pro-activeness demonstrated by the Congolese Government, allowed a coordinated and efficient intervention of all concerned partners to swiftly contain the outbreak.

The African Union Commission, through the Africa Centers for Disease Control and Prevention (Africa CDC), has made a significant contribution to the efforts aimed at containing the outbreak, in support of the Congolese-led response. The Africa CDC deployed health personnel in the affected areas, trained more than 300 local experts, procured diagnostic equipment, and supported the DRC Ministry of Health in central coordination of the response at national level.

The African Union will continue to support the efforts of the Congolese Government during the 90-day period of enhanced surveillance following the official end of the Ebola outbreak.

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China CDC

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

No new digest content identified.

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Announcements

AERAS [to 28 Jul 2018]

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

No new digest content identified.

BMGF - Gates Foundation [to 28 Jul 2018]

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

No new digest content identified.

Bill & Melinda Gates Medical Research Institute [to 28 Jul 2018]

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

The Bill & Melinda Gates Medical Research Institute is a non-profit biotech organization. Our mission is to develop products to fight malaria, tuberculosis, and diarrheal diseases—three major causes of mortality, poverty, and inequality in developing countries. The world has unprecedented scientific tools at its disposal; now is the time to use them to save the lives of the world's poorest people

No new digest content identified.

CARB-X [to 28 Jul 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 28 Jul 2018]

<http://cepi.net/>

No new digest content identified.

EDCTP [to 28 Jul 2018]

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

The European & Developing Countries Clinical Trials Partnership (EDCTP) aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria as well as other poverty-related and neglected infectious diseases in sub-Saharan Africa, with a focus on phase II and III clinical trials

No new digest content identified.

Emory Vaccine Center [to 28 Jul 2018]

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

No new digest content identified.

European Medicines Agency [to 28 Jul 2018]

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

[Website offline for maintenance at inquiry]

European Vaccine Initiative [to 28 Jul 2018]

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

No new digest content identified.

FDA [to 28 Jul 2018]

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

No new digest content identified.

Fondation Merieux [to 28 Jul 2018]

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

Mérieux Foundation event

[Global challenges in vaccine acceptance science and programs](#)

September 24 - 26, 2018 - Les Pensieres Center for Global Health, Veyrier du Lac (France)

Gavi [to 28 Jul 2018]

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

26 July 2018

[Children in fragile states missing out on lifesaving vaccines](#)

New vaccination figures show millions more children being immunised in world's poorest countries.

[See Milestones/Perspectives above for more detail]

25 July 2018

[Ebola vaccine praised as Congo outbreak declared over](#)

DRC government officially declares end of outbreak following the vaccination of over 3,000 people.

[See Milestones/Perspectives above for more detail]

GHIT Fund [to 28 Jul 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

No new digest content identified.

Global Fund [to 28 Jul 2018]

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

[Global Fund Joins AIDS 2018 to Break Barriers and Build Bridges](#)

25 July 2018

At the International AIDS Conference, the Global Fund to Fight AIDS, Tuberculosis and Malaria joined efforts to accelerate the end of the HIV epidemic, linking civil society, scientific experts and policymakers from all over the world on the conference theme of breaking barriers and building bridges.

Hilleman Laboratories [to 28 Jul 2018]

<http://www.hillemanlabs.org/>
No new digest content identified.

Human Vaccines Project [to 28 Jul 2018]

<http://www.humanvaccinesproject.org/media/press-releases/>
No new digest content identified.

IAVI [to 28 Jul 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 28 Jul 2018]

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

[New Research: Using pneumococcal and rotavirus surveillance in vaccine decision-making: A series of case studies in Bangladesh, Armenia and the Gambia](#)

July 2018

Through a series of country case studies, this paper reviews the successful use of surveillance data for disease caused by pneumococcus and rotavirus in informing national vaccine policy in Bangladesh, Armenia and The Gambia. The case studies delve into ways in which countries are leveraging and building capacity in existing surveillance infrastructure to monitor other diseases of concern in the country.

IVI [to 28 Jul 2018]

<http://www.ivi.int/>
[Undated]

[IVI acquires \\$5 million grant to support process development, scale up of typhoid conjugate vaccine with SK Bioscience](#)

- Grant from the Bill & Melinda Gates Foundation to allow SK Bioscience Co. Ltd, IVI to accelerate late-stage development of new vaccine necessary to achieve WHO prequalification

The International Vaccine Institute (IVI), an international nonprofit organization devoted to providing vaccines critical to global public health and based in Seoul, Korea, has been awarded a US\$5 million grant from the Bill & Melinda Gates Foundation to support the development of a Vi-DT typhoid conjugate vaccine in collaboration with its manufacturer, SK Bioscience Co. Ltd..

The grant will support the process development and scale-up activities at SK Bioscience in preparation for a Phase III clinical trial prior to licensure and World Health Organization prequalification of the vaccine. Specifically, the grant will cover the cost of the Chemistry, Manufacturing, and Control (CMC) activities and process-validation batch production for the Phase III clinical trial. The phase I study of SK Vi-DT has already been completed in the Philippines and the vaccine was found to be safe and immunogenic. The phase II study is currently underway in the Philippines.

"This grant will allow SK and IVI to complete all activities critical to low-cost manufacturing and WHO prequalification of the Vi-DT conjugate," said Dr. Sushant Sahastrabuddhe, Director of IVI's Typhoid Program. "Through the project, we aim to ensure global supply and therefore access of the vaccine at an affordable price for populations in low and lower-middle income countries."...

"Typhoid is a poverty-associated infectious disease. Like cholera, it strikes the impoverished and frequently occurs in low-income settings where there is a lack of access to clean water, and where sanitation and hygiene are poor. Infants and young children, in particular, are at risk," said IVI's Director General Dr. Jerome Kim. "IVI is proud to have developed a Vi-DT typhoid conjugate vaccine, and we will accelerate our collaboration with SK Bioscience to bring this vaccine to market and help achieve WHO prequalification; which will make it the second manufacturer of a TCV for the public health market."

JEE Alliance [to 28 Jul 2018]

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

No new digest content identified.

MSF/Médecins Sans Frontières [to 28 Jul 2018]

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

Selected Press Releases/Statements

Sierra Leone

Winning people's trust in healthcare

Project Update 27 Jul 2018

Chad

MSF opens emergency nutrition programme in N'Djamena

Press Release 27 Jul 2018

DRC 2018 Ebola outbreak

Ministry of Health declares Ebola epidemic over

Project Update 25 Jul 2018

..."Médecins Sans Frontières (MSF) welcomes this announcement and the end of the Ebola epidemic," says MSF medical director Dr Micaela Serafini.

"Since the beginning of the outbreak, MSF set up its medical response along with national health authorities, providing care, isolation of patients and health promotion activities, in addition to participating in epidemiological surveillance and safe burials in Mbandaka, Bikoro, Itipo and Iboko.

Along with the Ministry of Health and the World Health Organization (WHO), MSF also participated in an investigational vaccination to hold off the spread of the virus. The data is still being analysed, but we are encouraged that this vaccination – as well as the rapid international response and concerted outreach efforts into remote communities – contributed to stemming the spread of this deadly virus. Vaccination provides an additional tool for fighting such epidemics...

Annual Report

International Activity Report 2017

24 Jul 2018

HIV/AIDS

Stopping Senseless Deaths: Overcoming access barriers to affordable, lifesaving diagnostics and treatments for HIV and opportunistic infections

Report 23 Jul 2018

This technical brief analyses access barriers to affordable, lifesaving diagnostics and treatments for HIV and OIs, including adult and paediatric formulations of dolutegravir – a highly effective and tolerable HIV integrase inhibitor that replaces efavirenz in first-line treatment regimens. Updated antiretroviral drug pricing information is also provided.

HIV/AIDS

Pfizer and GSK's HIV/AIDS division, ViiV, prevents children with HIV from getting needed medicine [dolutegravir]

Press Release 23 Jul 2018

HIV/AIDS

Towards Peer-Led HIV and SRH Services for Sex Workers and Men...

Report 23 Jul 2018

HIV/AIDS

Meeting the specific needs of key populations living with HIV

Project Update 23 Jul 2018

NIH [to 28 Jul 2018]

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

July 25, 2018

Tickborne diseases are likely to increase, say NIH officials

— *Bacteria cause most tickborne diseases in the United States.*

July 25, 2018

Fauci: HIV remission free of antiretroviral therapy is a feasible goal

— *NIAID director will give special session lecture at AIDS 2018 Conference.*

July 24, 2018

NIH expands program that conducts large-scale clinical trials in real-world settings

— *Ongoing studies focus on many different diseases, including colon cancer, chronic pain and kidney failure.*

The National Institutes of Health's Health Care Systems (HCS) Research Collaboratory, which involves health care systems in conducting large-scale clinical studies, has announced five new research awards — totaling \$4.15 million for a one-year planning phase, with an estimated \$30.85 million expected for four subsequent years of study implementation. The HCS Research Collaboratory was developed by the NIH Common Fund in 2012 and is administered by the National Center for Complementary and Integrative Health (NCCIH) and the National Institute on Aging (NIA). The HCS Research Collaboratory is currently supporting nine large-scale clinical trials with health care systems across the United States, and a collaboratory coordinating center at Duke University, Durham, North Carolina. The ongoing trials focus on many different diseases, including colon cancer, chronic pain, kidney failure, hospital-acquired infections, suicide prevention, and multiple chronic medical conditions.

Health care systems, which include health maintenance organizations and other large integrated care settings, see large populations of patients. Through these collaborative research projects, NIH is also able to conduct large-scale and cost-effective clinical research on a variety of diseases within the settings where patients are already receiving their care.

"The collaboratory program pioneered efforts at NIH to conduct large-scale clinical trials within health care systems, and we are excited about expanding this initiative," said David Shurtleff, Ph.D., NCCIH acting director. "Conducting clinical trials in real-world settings is a critical aspect of the collaboratory program."

"This kind of trans-NIH collaboration is important as we test interventions on a large scale and in real world clinical care settings," said Richard J. Hodes, M.D., director of NIA, who oversees the collaboratory with Shurtleff...

PATH [to 28 Jul 2018]

<https://www.path.org/media-center/>

No new digest content identified.

Sabin Vaccine Institute [to 28 Jul 2018]

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

No new digest content identified.

UNAIDS [to 28 Jul 2018]

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

27 July 2018

Defending the rights of people living with HIV at community level in the Russian Federation

Read

26 July 2018

[How HIV treatment numbers are shown to be accurate](#)

26 July 2018

[Sustaining the HIV response in Latin America](#)

25 July 2018

[Reaching the 10-10-10 will put Europe on track to achieving the SDG targets](#)

24 July 2018

[Health leaders from 10 countries in eastern Europe and central Asia reaffirm commitment to scale up the AIDS response](#)

24 July 2018

[Global HIV Prevention Coalition implements the HIV Prevention 2020 Road Map](#)

UNICEF [to 28 Jul 2018]

<https://www.unicef.org/media/press-releases>

Selected Press Releases/Reports/Statements

Press release

[Rohingya refugee children face onset of deadly monsoon rains](#)

27/07/2018

Press release

[Nearly 25 per cent of boys aged 15 out of school in the State of Palestine](#)

Adolescent boys out of school due to the low quality of education, lack of relevance to their young lives, physical and emotional violence in schools, and conflict

26/07/2018

Press release

[Children affected by floods in Laos need urgent support](#)

UNICEF and partners working to save lives and reach the most vulnerable children

25/07/2018

Press release

[Every three minutes a teenage girl is infected by HIV – UNICEF](#)

Teenage girls bear brunt of a far-from-over HIV/AIDS epidemic

24/07/2018

Statement

[Access to water continues to be jeopardized for millions of children in war-torn Yemen](#)

Statement attributable to Geert Cappelaere, UNICEF Regional Director in the Middle East and North Africa

24/07/2018

Press release

DRC Ebola epidemic ends, but ongoing vigilance is essential to keeping children safe from future outbreaks – UNICEF

24/07/2018

Vaccine Confidence Project [to 28 Jul 2018]

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

No new digest content identified.

Vaccine Education Center – Children’s Hospital of Philadelphia [to 28 Jul 2018]

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

Webinar registration open

Registration is now open for the next “Current Issues in Vaccines” webinar. Dr. Offit will speak about the following topics during the event scheduled for Wednesday, Sept. 5, 2018, at noon ET

Wellcome Trust [to 28 Jul 2018]

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

News / Published: 26 July 2018

Wellcome to use Researchfish for reporting research outcomes

From February 2019, Wellcome will ask most Science and Humanities & Social Science grantholders to use the Researchfish platform when reporting research outcomes at the end of their awards.

This will replace our current end-of-grant report, and will capture research outputs such as publications, intellectual property and software tools, and other outcomes such as influence on policy.

The change follows on from our [announcement](#) earlier this year about the [Wellcome Success Framework](#), which set out nine ambitions that express what success looks like across all Wellcome’s work.

The data from [Researchfish \(opens in a new tab\)](#) will help us assess progress against these ambitions. It will be used at an aggregate level to gain a deeper understanding of what is being achieved through Wellcome grants and in partnership with others.

We won’t use it to assess the impact of individual grants, or to inform decisions about individual funding applications.

Collecting data in this way will also make it easier for research offices and researchers to record...

News / Published: 24 July 2018

Wellcome’s gender pay gap data for 2018

Today, we’re publishing our gender pay gap statistics which show a 17.4% median gender pay gap on 5 April 2018. This is an improvement on our 2017 gap of 20.8% and slightly better than the 2017 UK average of 18.4%.

The Wistar Institute [to 28 Jul 2018]

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

No new digest content identified.

World Organisation for Animal Health (OIE) [to 28 Jul 2018]

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

No new digest content identified.

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BIO [to 28 Jul 2018]

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

No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 28 Jul 2018]

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

No new digest content identified.

IFPMA [to 28 Jul 2018]

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

No new digest content identified.

PhRMA [to 28 Jul 2018]

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

No new digest content identified.

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

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

No new digest content identified.

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Journal Watch

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

to our work. Successful access to some of the links provided may require subscription or other access arrangement unique to the publisher.

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

American Journal of Infection Control

July 2018 Volume 46, Issue 7, p733-850, e43-e64

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

[Reviewed earlier]

American Journal of Preventive Medicine

August 2018 Volume 55, Issue 2, p133-280, e19-e52

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

Research Articles

Biomedical and Behavioral Outcomes of Keep It Up!: An eHealth HIV Prevention Program RCT

Brian Mustanski, Jeffrey T. Parsons, Patrick S. Sullivan, Krystal Madkins, Eli Rosenberg, Gregory Swann

Published online: June 28, 2018

Effectiveness of Prenatal Tetanus, Diphtheria, Acellular Pertussis Vaccination in the Prevention of Infant Pertussis in the U.S.

Sylvia Becker-Dreps, Anne M. Butler, Leah J. McGrath, Kim A. Boggess, David J. Weber, Dongmei Li, Michael G. Hudgens, J. Bradley Layton

Published online: June 14, 2018

Cervical Cancer Incidence in Young U.S. Females After Human Papillomavirus Vaccine Introduction

Fangjian Guo, Leslie E. Cofie, Abbey B. Berenson

Published online: May 30, 2018

RCT of Centralized Vaccine Reminder/Recall for Adults

Laura P. Hurley, Brenda Beaty, Steven Lockhart, Dennis Gurfinkel, Kristin Breslin, Miriam Dickinson, Melanie D. Whittington, Heather Roth, Allison Kempe

Published online: June 14, 2018

American Journal of Public Health

August 2018 108(8)

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

VACCINES

History Lesson: Vaccine Trials in the Classroom

Immunization/Vaccines, Child and Adolescent Health, Ethics, Other Child and Adolescent Health

Jeffrey P. Baker

108(8), pp. 976–977

HUMAN PAPILLOMAVIRUS & JAIL

Human Papillomavirus Vaccine Knowledge and Intention Among Adult Inmates in Kansas, 2016–2017

Chronic Disease, Cancer, Health Education, Immunization/Vaccines, Infections, Other Infections, Community Health, Health Promotion

Molly Allison, Brynne Musser, Catherine Satterwhite, Kevin Ault, Patricia Kelly and Megha Ramaswamy

108(8), pp. 1000–1002

AJPH HISTORY

VACCINES

Human Experimentation in Public Schools: How Schools Served as Sites of Vaccine Trials in the 20th Century

Will D. Schupmann

108(8), pp. 1015–1022

American Journal of Tropical Medicine and Hygiene

Volume 98, Issue 6, 2018

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

[Reviewed earlier]

Annals of Internal Medicine

17 July 2018 Vol: 169, Issue 2

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

[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 28 Jul 2018)

[No new digest content identified]

BMJ Global Health

July 2018 - Volume 3 - 4

<https://gh.bmj.com/content/3/4>

[Reviewed earlier]

BMC Health Services Research

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

(Accessed 28 Jul 2018)

[No new digest content identified]

BMC Infectious Diseases

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

(Accessed 28 Jul 2018)

Research article

[HPV vaccination as preventive approach for recurrent respiratory papillomatosis - a 22-year retrospective clinical analysis](#)

Recurrent respiratory papillomatosis (RRP) is a rare, benign disease of the aerodigestive tract, especially the larynx, caused by infection with the human papillomavirus (HPV) types 6 or 11. Current management...

Authors: Paul Stefan Mauz, Fabian Axel Schäfer, Thomas Iftner and Phillipp Gonser

Citation: BMC Infectious Diseases 2018 18:343

Published on: 24 July 2018

BMC Medical Ethics

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

(Accessed 28 Jul 2018)

[No new digest content identified]

BMC Medicine

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

(Accessed 28 Jul 2018)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 28 Jul 2018)

[No new digest content identified]

BMC Public Health

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

(Accessed 28 Jul 2018)

[No new digest content identified]

BMC Research Notes

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

(Accessed 28 Jul 2018)

[No new digest content identified]

BMJ Open

June 2018 - Volume 8 - 7

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

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 96, Number 7, July 2018, 441-512

<http://www.who.int/bulletin/volumes/96/7/en/>

[Reviewed earlier]

Child Care, Health and Development

Volume 44, Issue 4 Pages: 507-658 July 2018

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

[Reviewed earlier]

Clinical Therapeutics

June 2018 Volume 40, Issue 6, p813-1048

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

[Reviewed earlier]

Clinical Trials

Volume 15 Issue 4, August 2018

<http://journals.sagepub.com/toc/ctja/15/3>

[Reviewed earlier]

Conflict and Health

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

[Accessed 28 Jul 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>

[Reviewed earlier]

Current Opinion in Infectious Diseases

August 2018 - Volume 31 - Issue 4

<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>

[Reviewed earlier]

Development in Practice

Volume 28, Issue 5, 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

Volume 42, Issue 3 Pages: 405-612 July 2018

<https://onlinelibrary.wiley.com/toc/14677717/current>

[Reviewed earlier]

EMBO Reports

01 June 2018; volume 19, issue 6

<http://embor.embopress.org/content/19/6?current-issue=y>

[Reviewed earlier]

Emerging Infectious Diseases

Volume 24, Number 7—July 2018

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

[Reviewed earlier]

Epidemics

Volume 23 Pages 1-120 (June 2018)

<https://www.sciencedirect.com/journal/epidemics/vol/23/suppl/C>

[Reviewed earlier]

Epidemiology and Infection

Volume 146 - Issue 11 - August 2018

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

MERS-CoV

Original Paper

[Underlying trend, seasonality, prediction, forecasting and the contribution of risk factors: an analysis of globally reported cases of Middle East Respiratory Syndrome Coronavirus](https://doi.org/10.1017/S0950268818001541)

Omar B. Da'ar, Anwar E. Ahmed

<https://doi.org/10.1017/S0950268818001541>

Published online: 11 June 2018, pp. 1343-1349

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)

June 2018 | Volume 6 | Number 2

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

[Reviewed earlier]

Global Public Health

Volume 13, 2017 Issue 9

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

[Reviewed earlier]

Globalization and Health

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

[Accessed 28 Jul 2018]

Research

[Managing emerging transnational public health security threats: lessons learned from the 2014 West African Ebola outbreak](#)

Pandemics pose significant security/stability risks to nations with fragile infrastructures. We evaluated characteristics of the 2014 West African Ebola outbreak to elucidate lessons learned for managing trans...

Authors: Aaron M. Wendelboe, Micah McCumber, Julie Erb-Alvarez, Nicholas Mould, Richard W. Childs and James L. Regens

Citation: Globalization and Health 2018 14:75

Published on: 27 July 2018

Health Affairs

Vol. 37 , No. 7 July 2018

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

Chronic Care, Prescription Drugs & More

[Reviewed earlier]

Health and Human Rights

Volume 20, Issue 1, June 2018

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

[Reviewed earlier]

Health Economics, Policy and Law

Volume 13 - Special Issue 3-4 - July 2018

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

SPECIAL ISSUE: Canadian Medicare: Historical Reflections, Future Directions

[Reviewed earlier]

Health Equity

Volume 2 Issue 1 Jun 2018

<https://www.liebertpub.com/toc/heq/2/1>

[Reviewed earlier]

Health Policy and Planning

Volume 33, Issue suppl_2, July 2018

https://academic.oup.com/heapol/issue/33/suppl_2

SUPPLEMENT: Experiences of African health system leadership and its development
Editorial

[Strengthening health system leadership for better governance: what does it take?](#)

Lucy Gilson; Irene Akua Agyepong

Health Policy and Planning, Volume 33, Issue suppl_2, 1 July 2018, Pages ii1–ii4,

<https://doi.org/10.1093/heapol/czy052>

Abstract

This editorial provides an overview of the six papers included in this special supplement on health leadership in Africa. Together the papers provide evidence of leadership in public hospital settings and of initiatives to strengthen leadership development. On the one hand, they demonstrate both that current leadership practices often impact negatively on staff motivation and patient care, and that contextual factors underpin poor leadership. On the other hand, they provide some evidence of the positive potential of new forms of participatory leadership, together with ideas about what forms of leadership development intervention can nurture new forms of leadership. Finally, the papers prompt reflection on the research needed to support the implementation of such interventions.

Health Research Policy and Systems

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

[Accessed 28 Jul 2018]

[No new digest content identified]

Humanitarian Exchange Magazine

Number 72 July 2018

<https://odihpn.org/magazine/mental-health-and-psychosocial-support-in-humanitarian-crises/>

[Mental health and psychosocial support in humanitarian crises](#)

by Humanitarian Practice Network July 2018

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 14, Issue 7 2018

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

Article

[Clinician perspectives on strategies to improve patient maternal immunization acceptability in obstetrics and gynecology practice settings](#)

[Paula M. Frew](#), [Laura A. Randall](#), [Fauzia Malik](#), [Rupali J. Limaye](#), [Andrew Wilson](#), [Sean T. O'Leary](#), [Daniel Salmon](#), [Meghan Donnelly](#), [Kevin Ault](#), [Matthew Z. Dudley](#), [Vincent L. Fenimore](#) & [Saad B. Omer](#)

Pages: 1548-1557

Published online: 15 Feb 2018

Article

[Investigating Italian parents' vaccine hesitancy: A cross-sectional survey](#)

[Francesco Napolitano](#), [Alessia D'Alessandro](#) & [Italo Francesco Angelillo](#)

Pages: 1558-1565

Published online: 14 May 2018

Review

[Strategies implemented to address vaccine hesitancy in France: A review article](#)

[Cécile Fokoun](#)

Pages: 1580-1590

Published online: 14 Jun 2018

Review

[Measuring trust in vaccination: A systematic review](#)

[Heidi J. Larson](#), [Richard M. Clarke](#), [Caitlin Jarrett](#), [Elisabeth Eckersberger](#), [Zachary Levine](#), [Will S. Schulz](#) & [Pauline Paterson](#)

Pages: 1599-1609

Published online: 10 May 2018

Review

[Legal approaches to promoting parental compliance with childhood immunization recommendations](#)

[Lois A. Weithorn](#) & [Dorit Rubinstein Reiss](#)

Pages: 1610-1617

Published online: 15 Feb 2018

Review

[A retrospective and prospective look at strategies to increase adolescent HPV vaccine uptake in the United States](#)

[Katharine J. Head](#), [Erika Biederman](#), [Lynne A. Sturm](#) & [Gregory D. Zimet](#)

Pages: 1626-1635
Published online: 23 Feb 2018

Article

Misinformation on vaccination: A quantitative analysis of YouTube videos

Gabriele Donzelli, Giacomo Palomba, Ileana Federigi, Francesco Aquino, Lorenzo Cioni, Marco Verani, Annalaura Carducci & Pierluigi Lopalco

Pages: 1654-1659
Published online: 10 May 2018

Article

Willingness to pay for an Ebola vaccine during the 2014–2016 ebola outbreak in West Africa: Results from a U.S. National sample

Julia E. Painter, Michael E. von Fricken, Suyane Viana de O. Mesquita & Ralph J. DiClemente

Pages: 1665-1671
Published online: 15 Feb 2018

Article

Evaluation of the impact of Shandong illegal vaccine sales incident on immunizations in China

Lei Cao, Jingshan Zheng, Lingsheng Cao, Jian Cui & Qiyao Xiao

Pages: 1672-1678
Published online: 19 Jun 2018

ABSTRACT

A case of illegal vaccine sales in Shandong province, China, (hereinafter, the incident), which caused a lack of confidence among vaccination recipients and public panic, was uncovered in March 2016. We conducted a study comprising two cross-sectional surveys: at two months (May 2016) and seven months (October 2016) after the incident. The study aimed to evaluate the impact on immunizations; investigate the variation of the immunization coverage of the National Immunization Program Vaccines (NIPV) and the sales volume growth rate of Category II vaccines; and understand the reasons for non-vaccination and perspectives on immunization. The immunization coverage of NIPV decreased by 5.6 percentage points in the first survey, with a decline of 11.1 in the region of the incident, and decreased by 0.6 in the second survey compared to same period in 2015. The sales volume growth rate of Category II vaccines decreased by 25.8% in the study area and by 48.8% in the region of the incident in April 2016 compared to April 2015. Overall, 15.8% of respondents in the first survey and 7.0% in the second survey did not vaccinate their children according to the NIPV schedule because of the incident ($\chi^2=78.463$, $P<0.05$). The vaccination was likely affected by the incident in varying degrees, especially in the involved region and particularly in relation to Category II vaccines. Overall, 34% of respondents avoided Category II vaccines for their children, indicating that it will take considerable time to eliminate the negative stigma associated with the incident.

Article Commentary

Funding vaccines for emerging infectious diseases

Gary Wong & Xiangguo Qiu

Pages: 1760-1762
Published online: 16 Jan 2018

Infectious Agents and Cancer

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

[Accessed 28 Jul 2018]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 28 Jul 2018]

[No new digest content identified]

International Health

Volume 10, Issue 4, 1 July 2018

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

[Reviewed earlier]

International Journal of Community Medicine and Public Health

Vol 5, No 7 (2018) July 2018

<http://www.ijcmph.com/index.php/ijcmph/issue/view/40>

[Reviewed earlier]

International Journal of Epidemiology

Volume 47, Issue 3, 1 June 2018

<https://academic.oup.com/ije/issue/47/3>

[Reviewed earlier]

International Journal of Human Rights in Healthcare

Volume 11 Issue 3 2018

<https://www.emeraldinsight.com/toc/ijhrh/11/3>

[Reviewed earlier]

International Journal of Infectious Diseases

July 2018 Volume 72, p1-72

[https://www.ijidonline.com/issue/S1201-9712\(18\)X0006-X](https://www.ijidonline.com/issue/S1201-9712(18)X0006-X)

[Reviewed earlier]

JAMA

July 24/31, 2018, Vol 320, No. 4, Pages 321-416

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

[New issue; No digest content identified]

JAMA Pediatrics

July 2018, Vol 172, No. 7, Pages 605-708

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

[Reviewed earlier]

JBI Database of Systematic Review and Implementation Reports

July 2018 - Volume 16 - Issue 7

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

[New issue; No digest content identified]

Journal of Adolescent Health

July 2018 Volume 63, Issue 1, p1-126

[https://www.jahonline.org/issue/S1054-139X\(17\)X0022-0](https://www.jahonline.org/issue/S1054-139X(17)X0022-0)

[New issue; No digest content identified]

Journal of Community Health

Volume 43, Issue 4, August 2018

<https://link.springer.com/journal/10900/43/4/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>

[Reviewed earlier]

Journal of Epidemiology & Community Health

July 2018 - Volume 72 - 7

<http://jech.bmj.com/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/issue/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 4, August 2018

<https://link.springer.com/journal/10903/20/4/page/1>

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 16, 2018_ Issue 4

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

[Reviewed earlier]

Journal of Infectious Diseases

Volume 217, Issue 11, 28 Jul 2018

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

[Reviewed earlier]

Journal of Medical Ethics

August 2018 - Volume 44 - 8

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

Law, ethics and medicine

[**Who calls the shots? The ethics of adolescent self-consent for HPV vaccination**](#) (26 July, 2018)

Suchi Agrawal, Stephanie R Morain

Abstract

While the human papillomavirus (HPV) vaccine is medically indicated to reduce the risk of genital warts and certain types of cancer, rates of HPV vaccination repeatedly fall short of public health goals. Individual-level factors contributing to low vaccination rates are well documented. However, system-level barriers, particularly the need for parental consent, have been less explored. To date, there is no legal or ethical consensus in the USA regarding whether adolescents might permissibly self-consent to the HPV vaccine. Consequently, there is considerable variability in medical practice at the provider and state level. In this essay, we explore the ethical acceptability of vaccinating adolescents for HPV without parental consent. We argue that the same ethical considerations that justify permitting minors to consent to

treatment for sexual and reproductive health care—namely, public health benefit and adolescents’ developing autonomy—similarly justify permitting minors to consent to HPV vaccination. Based on this analysis, we conclude that allowing adolescents to self-consent to the HPV vaccine is ethically justifiable and should be reflected in US state policies.

Research ethics

Reporting suspected abuse or neglect in research involving children (26 July, 2018)

David B Resnik, Duncan C Randall

Abstract

In this article, we explore the ethical issues related to the reporting of suspected abuse or neglect in research involving children. Ethical dilemmas related to reporting child maltreatment are often complex because the rights of children and their adult caregivers may conflict and determinations of abuse or neglect are socially constructed judgments that depend on particular circumstances. We argue that when reporting is legally mandated, investigators must follow the law and report their suspicions to Child Protective Services. When reporting is not legally mandated, investigators still have an ethical obligation to report to help prevent additional maltreatment and allow children to obtain access to services needed to recover from abuse or neglect. We also argue that investigators should include plans and procedures in the research protocol for making reports and training research staff in recognising evidence of child abuse or neglect. Although investigators should report evidence of abuse or neglect that is discovered incidentally, they have no mandate to actively search for such evidence when it is not related to the study’s objectives. Investigators should also inform parents and children about their obligations to report suspected abuse or neglect.

Journal of Medical Internet Research

Vol 20, No 7 (2018): July

<http://www.jmir.org/2018/7>

Infodemiology and Infoveillance

Public Perception Analysis of Tweets During the 2015 Measles Outbreak: Comparative Study Using Convolutional Neural Network Models

Jingcheng Du, Lu Tang, Yang Xiang, Degui Zhi, Jun Xu, Hsing-Yi Song, Cui Tao

J Med Internet Res 2018 (Jul 09); 20(7):e236

Journal of Medical Microbiology

Volume 67, Issue 7, July 2018

<http://jmm.microbiologyresearch.org/content/journal/jmm/67/7>

[New issue; No digest content identified]

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

July 2018 Volume 198, p1-330
<http://www.jpeds.com/current>
[Reviewed earlier]

Journal of Pharmaceutical Policy and Practice

<https://joppp.biomedcentral.com/>
[Accessed 28 Jul 2018]
[No new digest content identified]

Journal of Public Health Management & Practice

July/August 2018 - Volume 24 - Issue 4
<https://journals.lww.com/jphmp/pages/currenttoc.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

July 2018; volume 15, issue 144
<http://rsif.royalsocietypublishing.org/content/current>
[New issue; No digest content identified]

Journal of Travel Medicine

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

Journal of Virology

July 2018, volume 92, issue 14
<http://jvi.asm.org/content/current>
[Reviewed earlier]

The Lancet

Jul 28, 2018 Volume 392 Number 10144 p253-358

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

The Lancet Commissions

Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society—Lancet Commission

Linda-Gail Bekker, George Alleyne, Stefan Baral, Javier Cepeda, Demetre Daskalakis, David Dowdy, Mark Dybul, Serge Eholie, Kene Esom, Geoff Garnett, Anna Grimsrud, James Hakim, Diane Havlir, Michael T Isbell, Leigh Johnson, Adeeba Kamarulzaman, Parastu Kasaie, Michel Kazatchkine, Nduku Kilonzo, Michael Klag, Marina Klein, Sharon R Lewin, Chewe Luo, Keletso Makofane, Natasha K Martin, Kenneth Mayer, Gregorio Millett, Ntobeko Ntusi, Loyce Pace, Carey Pike, Peter Piot, Anton Pozniak, Thomas C Quinn, Jurgen Rockstroh, Jirair Ratevosian, Owen Ryan, Serra Sippel, Bruno Spire, Agnes Soucat, Ann Starrs, Steffanie A Strathdee, Nicholas Thomson, Stefano Vella, Mauro Schechter, Peter Vickerman, Brian Weir, Chris Beyrer

Key messages

:: The HIV pandemic is not on track to end, and the prevailing discourse on ending AIDS has bred a dangerous complacency and may have hastened the weakening of global resolve to combat HIV

:: Existing HIV tools and strategies are insufficient, and although dramatic gains can be made through maximizing existing prevention and treatment strategies, the HIV pandemic is likely to remain a major global challenge for the foreseeable future

:: Tens of millions of people will require sustained access to antiretroviral therapy for decades to come, vigilance will be needed to prevent a resurgence of the epidemic as the largest-ever generation of young people age into adolescence and young adulthood, and intensified efforts are required to address HIV among populations and settings that are being left behind

:: Allowing the pandemic to rebound after achieving such remarkable progress would not only increase the human and financial costs of HIV, but it would potentially demoralise the global health field and diminish support for similarly ambitious global health undertakings

:: A rejuvenated global effort on HIV is essential; to renew and strengthen the global HIV response, the world's impressive commitment to the scaling up of HIV treatment services must be matched by a similarly robust commitment to expanded access to HIV prevention

:: The HIV response must make common cause with the broader global health field to herald a new era of global solidarity for health, and specific action is urgently needed to respond to the rapidly rising health toll associated with non-communicable diseases, including taking health into account in the development of public policies of all kinds. HIV services should, where feasible, be integrated with broader health services, in co-located sites where possible, with the aim of improving both HIV-related and non-HIV-specific health outcomes; greater integration of HIV and global health must preserve and build on key attributes of the HIV response, including participatory community and civil society engagement and an ironclad commitment to human rights, gender equality, and equitable access to health and social justice

:: The new era of global health solidarity should focus on the development of robust, flexible, people-centred health systems to end communicable diseases, develop effective measures to address the steady rise of non-communicable diseases, achieve universal health coverage, provide coordinated services tailored to the needs of health service users, and effectively address the social and structural determinants of health

Lancet Global Health

Aug 2018 Volume 6 Number 8 e811-e932

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

Editorial

Vaccination in a “me first” era

The Lancet Global Health

Comment

Dengue vaccine: reliably determining previous exposure

Kevin K Ariën, Annelies Wilder-Smith

Comment

Implications of converging conflicts, emergencies, and mass gatherings for global health security

Habida Elachola, Seydou Doumbia, Rana F Kattan, Ibrahim Abubakar, Ziad A Memish

In 2017, 29 countries received UN humanitarian assistance, with coverage reaching 93 million people.¹ In 2014–15, three west African countries experienced Ebola-virus-related emergencies that adversely affected health systems.² Man-made and natural emergencies lead to weakening or cessation of disease control efforts and surveillance systems, allowing outbreaks of infectious diseases to go undetected before reaching epidemic thresholds.³ Ample historical evidence suggests an ecological association between conflicts and diseases; examples include the Roman civil war in 165–189 (the Antonine plague), the Crimean war in 1854–55 (cholera), and World War 2 in 1939–45 (diphtheria).⁴

The consequences of ongoing conflicts and recent emergencies transcend nations and affect public health in all countries. With international travel, diseases with short incubation periods and high infectiousness, such as measles,⁵ have the potential to find a niche in marginalised populations worldwide. The emergence of measles in 14 European countries in 2017, and more recently in Venezuela, underscores the fact that although conflict-related disruptions might be unique to developing countries, they create infectious reservoirs that pose a risk to stable and developed health systems. Yemen's cholera outbreak persists amidst the ongoing conflict. Outbreaks of cholera, Ebola, and yellow fever happened in The Democratic Republic of the Congo amidst a long conflict. The post-earthquake epidemic of south Asian cholera in Haiti in 2010–12, which was transmitted by Nepalese UN peacekeepers,⁶ is perhaps the most recent reminder that despite advances in all aspects of disease surveillance and prevention services, disease will continue to spread via unsuspected routes of transmission.

Several aspects of conflicts and emergencies are of concern during mass gatherings. First, the UN has recorded more conflicts in the Middle Eastern and African regions than in other regions. These regions also constitute the largest group of countries participating in the Hajj, with a

population that amounts to more than 90% of all international pilgrims ([table](#)). In 2018, 12 million pilgrims are expected to visit Saudi Arabia for both Hajj and Umrah.⁷ Second, because of the substantial interconnectedness of the affected regions through international air travel, migration, and trade, even countries that do not have conflicts become transit points for potential disease transmission. Third, nearly half of all deaths from infectious diseases affect people in the African region (16 of the 29 countries in humanitarian crisis are home to 93% of pilgrims), making this region a very vulnerable hotspot for emerging diseases. The Asia and Pacific regions (with two of 29 countries in humanitarian crisis) are affected by drug-resistant tuberculosis, cholera, malaria, and emerging strains of avian influenza.^{7, 8, 9} Finally, from anecdotal evidence of the spread of 1957 influenza to national and international meningococcal meningitis outbreaks and polio during the Hajj, mass gatherings have been linked to infectious disease transmission due to factors such as overcrowding, high numbers of viral influenza-like illness, and the gathering of millions of people in a small geographical area.^{7, 8, 9}

In view of the disruption of public health systems in conflicted regions and countries, mass gathering events are an opportunity for one-stop sentinel surveillance and public health interventions with rapid tests, storage infrastructure for biological specimens for future investigation, and assessment of measures to stop transmission.¹⁰ This opportunity for multicountry surveillance programmes in a single venue and within a specific timeframe is of particular interest to regions and countries in conflict and to international partners. The 2009 pH1N1 pandemic and the Hajj showed the potential of mass gatherings for disease surveillance and assessment of control measures.¹¹

No single intervention can address all aspects of disease transmission during mass gatherings amidst ongoing conflicts, but a combination of efforts by host and home countries of visitors and pilgrims can help prepare for outbreaks. Available tools include education and awareness-generating programmes provided before departure and during travel to mass gatherings as well as during predeparture health visits, mandatory travel vaccinations, visa restrictions (as appropriate), arrival and departure health checks at points of entry or departure, prophylaxis for known diseases (such as for polio provided at Jeddah airport during the Hajj for pilgrims arriving from countries with ongoing transmission, and temperature and symptom screening for Ebola virus during outbreaks), surveillance using live electronic reporting, and easily accessible care and prevention activities at venues of mass gathering.^{7, 10, 11} Support and coordination with some international entities, including WHO, the International Air Transport Association, and transportation companies, will help improve results with these measures. Adequate financing might not be available from one country alone, and collective contribution would be necessary.¹² No single entity can fully be responsible for the implementation of these measures, and collaboration and coordination are key to success.

We declare no competing interests. [References at title link above]

Lancet Infectious Diseases

Aug 2018 Volume 18 Number 8 p813-924 e217-e258

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

Comment

[WHO preferred product characteristics for new vaccines against tuberculosis](#)

Lewis K Schrager, Padmapriyadarsini Chandrasekaran, Bernard H Fritzell, Mark Hatherill, Paul-Henri Lambert, Helen McShane, Nadia Tornieporth, Johan Vekemans

Just a few months away from the UN General Assembly's first ever meeting on tuberculosis, it is useful to emphasise a central assumption of the WHO's End TB strategy: a new vaccine against tuberculosis halting the spread of drug-sensitive and drug-resistant *Mycobacterium tuberculosis* strains is required to reach the expressed goals...[1](#)

Articles

Antimalarial activity of single-dose DSM265, a novel plasmodium dihydroorotate dehydrogenase inhibitor, in patients with uncomplicated Plasmodium falciparum or Plasmodium vivax malaria infection: a proof-of-concept, open-label, phase 2a study

Alejandro Llanos-Cuentas, Martin Casapia, Raúl Chuquiyauri, Juan-Carlos Hinojosa, Nicola Kerr, Maria Rosario, Stephen Toovey, Robert H Arch, Margaret A Phillips, Felix D Rozenberg, Jade Bath, Caroline L Ng, Annie N Cowell, Elizabeth A Winzeler, David A Fidock, Mark Baker, Jörg J Möhrle, Rob Hooft van Huijsduijnen, Nathalie Gobeau, Nada Araeipour, Nicole Andenmatten, Thomas Rückle, Stephan Duparc

Safety, pharmacokinetics, and immunogenicity of a co-formulated cocktail of three human monoclonal antibodies targeting Ebola virus glycoprotein in healthy adults: a randomised, first-in-human phase 1 study

Sumathi Sivapalasingam, Mohamed Kamal, Rabih Slim, Romana Hosain, Weiping Shao, Randall Stoltz, Joseph Yen, Laura G Pologe, Yuan Cao, Michael Partridge, Giane Sumner, Leah Lipsich

Lancet Respiratory Medicine

Aug 2018 Volume 6 Number 8 p567-646 e36-e42

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

[New issue; No digest content identified]

Maternal and Child Health Journal

Volume 22, Issue 8, August 2018

<https://link.springer.com/journal/10995/22/8/page/1>

[New issue; No digest content identified]

Medical Decision Making (MDM)

Volume 38, Issue 5, July 2018

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

[Reviewed earlier]

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>

[Reviewed earlier]

Nature

Volume 559 Issue 7715, 26 July 2018

http://www.nature.com/nature/current_issue.html

Editorial | 25 July 2018

[Pay people to fight malaria](#)

Workers on the front line of the battle against the disease are too often overlooked as scientists and funders plot how to defeat malaria.

Review Article | 25 July 2018

[Challenges and recent progress in drug discovery for tropical diseases](#)

Manu De Rycker, Beatriz Baragaña[...] & Ian H. Gilbert

Review Article | 25 July 2018

[Acting on non-communicable diseases in low- and middle-income tropical countries](#)

Majid Ezzati, Jonathan Pearson-Stuttard[...] & Colin D. Mathers

Nature Medicine

Volume 24 Issue 7, July 2018

<https://www.nature.com/nm/volumes/24/issues/7>

[Reviewed earlier]

Nature Reviews Immunology

Volume 18 Issue 8, August 2018

<https://www.nature.com/nri/volumes/18/issues/8>

[New issue; No digest content identified]

New England Journal of Medicine

July 26, 2018 Vol. 379 No. 4

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

Perspective

[Trolleyology and the Dengue Vaccine Dilemma](#)

Lisa Rosenbaum, M.D

Original Articles

[Effect of Dengue Serostatus on Dengue Vaccine Safety and Efficacy](#)

Saranya Sridhar, M.B., B.S., D.Phil., Alexander Luedtke, Ph.D., Edith Langevin, M.Sc., Ming Zhu, Ph.D., Matthew Bonaparte, Ph.D., Tiffany Machabert, M.Sc., Stephen Savarino, M.D., M.P.H., Betzana Zambrano, M.D., Annick Moureau, M.Sc., Alena Khromava, M.D., M.P.H., Zoe Moodie, Ph.D., Ted Westling, B.S., Cesar Mascareñas, M.D., Carina Frago, M.D., Margarita Cortés, M.D., Danaya Chansinghakul, M.D., Fernando Noriega, M.D., Alain Bouckenoghe, M.D., M.P.H., Josh Chen, Ph.D., Su-Peing Ng, M.B., B.S., Peter B. Gilbert, Ph.D., Sanjay Gurunathan, M.D., and Carlos A. DiazGranados, M.D.

Pediatrics

July 2018, VOLUME 142 / ISSUE 1

<http://pediatrics.aappublications.org/content/142/1?current-issue=y>

[Reviewed earlier]

Pharmaceutics

Volume 36, Issue 7, July 2018

<https://link.springer.com/journal/40273/36/7/page/1>

[Reviewed earlier]

PharmacoEconomics

Volume 36, Issue 8, August 2018

<https://link.springer.com/journal/40273/36/8/page/1>

Systematic Review

[Cost Effectiveness of Human Papillomavirus Vaccination for Men Who have Sex with Men; Reviewing the Available Evidence](#)

Didik Setiawan, Abraham Wondimu, KohJun Ong, Albert Jan van Hoek...

PLOS Currents: Disasters

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

[Accessed 28 Jul 2018]

[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 28 Jul 2018]

[Identifying Areas at Greatest Risk for Recent Zika Virus Importation — New York City, 2016](#)

July 25, 2018 · *Research Article*

Introduction: The New York City Department of Health and Mental Hygiene sought to detect and minimize the risk of local, mosquito-borne Zika virus (ZIKV) transmission. We modeled areas at greatest risk for recent ZIKV importation, in the context of spatially biased ZIKV case ascertainment and no data on the local spatial distribution of persons arriving from ZIKV-affected countries.

Methods: For each of 14 weeks during June-September 2016, we used logistic regression to model the census tract-level presence of any ZIKV cases in the prior month, using eight covariates from static sociodemographic census data and the latest surveillance data, restricting to census tracts with any ZIKV testing in the prior month. To assess whether the model discriminated better than random between census tracts with and without recent cases, we compared the area under the receiver operating characteristic (ROC) curve for each week's fitted model versus an intercept-only model applied to cross-validated data. For weeks where the ROC contrast test was significant at $P < 0.05$, we output and mapped the model-predicted individual probabilities for all census tracts, including those with no recent testing.

Results: The ROC contrast test was significant for 8 of 14 weekly analyses. No covariates were consistently associated with the presence of recent cases. Modeled risk areas fluctuated across these 8 weeks, with Spearman correlation coefficients ranging from 0.30 to 0.93, all $P < 0.0001$. Areas in the Bronx and upper Manhattan were in the highest risk decile as of late June, while as of late August, the greatest risk shifted to eastern Brooklyn.

Conclusion: We used observable characteristics of areas with recent, known travel-associated ZIKV cases to identify similar areas with no observed cases that might also be at-risk each week. Findings were used to target public education and Aedes spp. mosquito surveillance and control. These methods are applicable to other conditions for which biased case ascertainment is suspected and knowledge of how cases are geographically distributed is important for targeting public health activities.

PLOS Medicine

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

(Accessed 28 Jul 2018)

Research Article

[Sexual transmission of Zika virus and other flaviviruses: A living systematic review](#)

Michel Jacques Counotte, Caron Rahn Kim, Jingying Wang, Kyle Bernstein, Carolyn D. Deal, Nathalie Jeanne Nicole Broutet, Nicola Low

| published 24 Jul 2018 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002611>

PLOS Neglected Tropical Diseases

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

(Accessed 28 Jul 2018)

[No new digest content identified]

PLOS One

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

[Accessed 28 Jul 2018]

Research Article

[One million dog vaccinations recorded on mHealth innovation used to direct teams in numerous rabies control campaigns](#)

Andrew D. Gibson, Stella Mazeri, Frederic Lohr, Dagmar Mayer, Jordana L. Burdon Bailey, Ryan M. Wallace, Ian G. Handel, Kate Shervell, Barend M.deC. Bronsvoort, Richard J. Mellanby, Luke Gamble

Research Article | published 26 Jul 2018 PLOS ONE

<https://doi.org/10.1371/journal.pone.0200942>

Research Article

[Estimating the cost-effectiveness of an infant 13-valent pneumococcal conjugate vaccine national immunization program in China](#)

Kunling Shen, Matthew Wasserman, Dongdong Liu, Yong-Hong Yang, Junfeng Yang, Greg F. Guzauskas, Bruce C. M. Wang, Betsy Hilton, Raymond Farkouh

| published 25 Jul 2018 PLOS ONE

<https://doi.org/10.1371/journal.pone.0201245>

PLoS Pathogens

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

[Accessed 28 Jul 2018]

Pearls

[Beyond the myths: Novel findings for old paradigms in the history of the smallpox vaccine](#)

José Esparza, Andreas Nitsche, Clarissa R. Damaso

| published 26 Jul 2018 PLOS Pathogens

<https://doi.org/10.1371/journal.ppat.1007082>

PNAS - Proceedings of the National Academy of Sciences of the United States of America

<http://www.pnas.org/content/early/>

[Accessed 28 Jul 2018]

[No new digest content identified]

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 112 Pages 1-222 (July 2018)

<https://www.sciencedirect.com/journal/preventive-medicine/vol/112/suppl/C>

[Reviewed earlier]

Proceedings of the Royal Society B

16 May 2018; volume 285, issue 1878

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

[Reviewed earlier]

Public Health

July 2018 Volume 160, p1-166

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

[Reviewed earlier]

Public Health Ethics

Volume 11, Issue 2, 1 July 2018

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

Special Symposium on Public Mental Health Ethics

[Reviewed earlier]

Public Health Reports

Volume 133 Issue 4, July/August 2018

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

[Reviewed earlier]

Qualitative Health Research

Volume 28 Issue 10, August 2018

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

Special Issue: Qualitative Research Online

[New issue; No digest content identified]

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 28 Jul 2018]

Commentary

| 27 July 2018

[A renewed focus on preventing malaria in pregnancy](#)

Authors: Erin K. Ferencick, Elaine Roman, Katherine Wolf, Lia Florey, Susan Youll, Viviana Mangiaterra, Koki Agarwal and Julie Gutman

Abstract

While much progress has been achieved globally in the fight against malaria, the significant financial investments made to date have not translated into scaled-up malaria in pregnancy (MiP) prevention efforts. Mothers and newborns remain at risk, and now is the time to refocus efforts. Against the backdrop of a new global health architecture embodied by the principles of Every Woman, Every Child and driven by the work of the H6 Partnership, Global Financing Facility, strong bilaterals and key financiers, there is a new and timely juncture to advocate for MiP. Recent updates in the WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience present an opportunity to strengthen MiP as a core maternal and child health issue and position MiP prevention as a priority.

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

Thematic issue: Economics of NCDs

The global health burden of noncommunicable diseases (NCDs) is large and growing, as this group of diseases already accounts for 70% of total deaths. Global evidence indicates that the high health burden of NCDs translates into significant economic and social costs that threaten to diminish the quality of life of millions of individuals, impoverish families, jeopardize universal health coverage, and increase health disparities within and between countries. Evidence consistently shows that the NCD epidemic cannot be tackled through interventions and policies in the health sector alone. In particular, prevention measures that address NCD risk factors involve a range of sectors including finance, trade, education, agriculture, and transportation. As economics has become the common language among decision makers across sectors, it is imperative that health authorities leverage economic information to more effectively communicate the urgency of tackling NCDs and related risk factors.

This thematic issue of the Pan American Journal of Public Health is part of a continued collaboration between the Public Health Agency of Canada (PHAC) and PAHO/WHO to facilitate intragovernmental dialogue for a better understanding of NCD issues by making economic evidence available in the Americas, and to assist countries in integrating economic approaches into their NCD prevention and control policies.

[Reviewed earlier]

Risk Analysis

Volume 38, Issue 7 Pages: 1319-1518 July 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

27 July 2018 Vol 361, Issue 6400

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

Special Issue – Frontiers in computation

Introduction to special issue

Marvelous models

By Michael Funk, Colin Norman, Keith T. Smith, Jelena Stajic, Jake Yeston

Science 27 Jul 2018 : 342-343

Scientists learn about the world by observing, manipulating, measuring, and abstracting. To make sure that they truly understand their system, and to gain insight beyond what experimental data can provide, many also turn to building mathematical models. Some models are based directly on fundamental physical laws, but most rely on approximations. The computational costs vary widely—from exactly solvable models to those that require all the computer power you can get. This power has become increasingly accessible; throw in the recent forays of artificial intelligence into scientific computing and the tantalizing promise of quantum computers, and it's clear that exciting times are ahead.

In this special issue, we highlight several areas of scientific computing that have seen recent progress. A feature article by Science reporter Paul Voosen focuses on an ambitious and controversial project, backed by high-tech philanthropists, to leverage breakthroughs in artificial intelligence, satellite imaging, and high-resolution simulations to create a new climate model. Kent and Kotliar reflect on two complementary approaches to predicting the properties of materials in which electrons are inextricably correlated with one another. Bottaro and Lindorff-Larsen report on the simulation of biological molecules, where recent progress has been driven by advances in theory and methods and tighter integration of experimental constraints. Sanchez-Lengeling and Aspuru-Guzik review approaches that use machine learning to design chemical structures that bear a desired characteristic. Finally, Brüggmann describes how to simulate the complex equations that govern four-dimensional spacetime in Einstein's theory of general relativity, focusing on the example of gravitational waves produced by merging black holes.

Science Translational Medicine

25 July 2018 Vol 10, Issue 451

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

[New issue; No digest content identified]

Social Science & Medicine

Volume 209 Pages 1-182 (July 2018)

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/208/suppl/C>

[New issue; No digest content identified]

Systematic Reviews

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

[Accessed 28 Jul 2018]

Methodology

[Assessing imprecision in Cochrane systematic reviews: a comparison of GRADE and Trial Sequential Analysis](#)

The evaluation of imprecision is a key dimension of the grading of the confidence in the estimate. Grading of Recommendations Assessment, Development and Evaluation (GRADE) gives recommendations on how to down...

Authors: Greta Castellini, Matteo Bruschetti, Silvia Gianola, Christian Gluud and Lorenzo Moja

Citation: Systematic Reviews 2018 7:110

Published on: 28 July 2018

Travel Medicine and Infectious Diseases

July-August, 2018 Volume 24

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

[Reviewed earlier]

Tropical Medicine & International Health

Volume 23, Issue 7 Pages: i-iv, 691-813 July 2018
<https://onlinelibrary.wiley.com/toc/13653156/current>
[Reviewed earlier]

Vaccine

Volume 36, Issue 33 Pages 4963-5106 (9 August 2018)
<https://www.sciencedirect.com/journal/vaccine/vol/36/issue/33>

Review

[A report on the status of vaccination in Europe](#)

Open access - Review article

Pages 4979-4992

Shazia Sheikh, Eliana Biundo, Soizic Courcier, Oliver Damm, ... Norman Begg

Abstract

Vaccine policy, decision processes and outcomes vary widely across Europe. The objective was to map these factors across 16 European countries by assessing (A) national vaccination strategy and implementation, (B) attributes of healthcare vaccination systems, and (C) outcomes of universal mass vaccination (UMV) as a measure of how successful the vaccination policy is.

A. Eleven countries use standardised assessment frameworks to inform vaccine recommendations. Only Sweden horizon scans new technologies, uses standard assessments, systematic literature and health economic reviews, and publishes its decision rationale. Time from European marketing authorisation to UMV implementation varies despite these standard frameworks. Paediatric UMV recommendations (generally government-funded) are relatively comparable, however only influenza vaccine is widely recommended for adults.

B. Fourteen countries aim to report annually on national vaccine coverage rates (VCRs), as well as have target VCRs per vaccine across different age groups. Ten countries use either electronic immunisation records or a centralised registry for childhood vaccinations, and seven for other age group vaccinations.

C. National VCRs for infant (primary diphtheria tetanus pertussis (DTP)), adolescent (human papillomavirus (HPV)) and older adult (seasonal influenza) UMV programmes found ranges of: 89.1% to 98.2% for DTP-containing vaccines, 5% to 85.9% for HPV vaccination, and 4.3% to 71.6% for influenza vaccine. Regarding reported disease incidence, a wide range was found across countries for measles, mumps and rubella (in children), and hepatitis B and invasive pneumococcal disease (in all ages).

These findings reflect an individual approach to vaccination by country. High VCRs can be achieved, particularly for paediatric vaccinations, despite different approaches, targets and reporting systems; these are not replicated in vaccines for other age groups in the same country. Additional measures to improve VCRs across all age groups are needed and could benefit from greater harmonisation in target setting, vaccination data collection and sharing across EU countries.

Original research article

[Cost-effectiveness of an Adjuvanted Recombinant Zoster Vaccine in older adults in the United States](#)

Open access -

Pages 5037-5045

D. Curran, B. Patterson, L. Varghese, D. Van Oorschot, ... B. Yawn

Original research article

Parental predictors of HPV vaccine initiation among low-income Hispanic females aged 11–17 years

Pages 5084-5090

Serena A. Rodriguez, Lara S. Savas, Elizabeth Baumler, Alan G. Nyitray, ... Maria E. Fernandez

Visual Vaccinology Section

Visual Vaccinology: Changing public perception

Original research article

Pages 5104-5105

Dominik Dunsch, Sabine Wicker

Vaccine: Development and Therapy

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

(Accessed 28 Jul 2018)

[No new digest content identified]

Vaccines — Open Access Journal

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

(Accessed 28 Jul 2018)

Review Open Access

Avian Influenza A Virus Pandemic Preparedness and Vaccine Development

by Rory D. de Vries, Sander Herfst and Mathilde Richard

Vaccines 2018, 6(3), 46; <https://doi.org/10.3390/vaccines6030046> - 25 July 2018

Abstract

Influenza A viruses can infect a wide range of hosts, creating opportunities for zoonotic transmission, i.e., transmission from animals to humans, and placing the human population at constant risk of potential pandemics. In the last hundred years, four influenza A virus pandemics have had a devastating effect, especially the 1918 influenza pandemic that took the lives of at least 40 million people. There is a constant risk that currently circulating avian influenza A viruses (e.g., H5N1, H7N9) will cause a new pandemic. Vaccines are the cornerstone in preparing for and combating potential pandemics. Despite exceptional advances in the design and development of (pre-)pandemic vaccines, there are still serious challenges to overcome, mainly caused by intrinsic characteristics of influenza A viruses: Rapid evolution and a broad host range combined with maintenance in animal reservoirs, making it near impossible to predict the nature and source of the next pandemic virus. Here, recent advances in the development of vaccination strategies to prepare against a pandemic virus coming from the avian reservoir will be discussed. Furthermore, remaining challenges will be addressed, setting the agenda for future research in the development of new vaccination strategies against potentially pandemic influenza A viruses.

Review Open Access

Why Is Eradicating Typhoid Fever So Challenging: Implications for Vaccine and Therapeutic Design

by Yi-An Yang, Alexander Chong and Jeongmin Song

Vaccines 2018, 6(3), 45; <https://doi.org/10.3390/vaccines6030045> - 24 July 2018

Abstract

Salmonella enterica serovar Typhi (S. Typhi) and S. Paratyphi, namely typhoidal Salmonellae, are the cause of (para) typhoid fever, which is a devastating systemic infectious disease in humans. In addition, the spread of multidrug-resistant (MDR) and extensively drug-resistant (XDR) S. Typhi in many low and middle-income countries poses a significant risk to human health. While currently available typhoid vaccines and therapeutics are efficacious, they have some limitations. One important limitation is the lack of controlling individuals who chronically carry S. Typhi. However, due to the strict host specificity of S. Typhi to humans, S. Typhi research is hampered. As a result, our understanding of S. Typhi pathogenesis is incomplete, thereby delaying the development and improvement of prevention and treatment strategies. Nonetheless, to better combat and contain S. Typhi, it is vital to develop a vaccine and therapy for controlling both acutely and chronically infected individuals. This review discusses how scientists are trying to combat typhoid fever, why it is so challenging to do so, which approaches show promise, and what we know about the pathogenesis of S. Typhi chronic infection

Value in Health

July 2018 Volume 21, Issue 7, p759-896

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

[Reviewed earlier]

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

Oman Medical Journal

Volume 33 Issue 4 (Jul 2018)

Original Articles

A snapshot of Influenza surveillance, vaccine recommendations, and vaccine access, drivers, and barriers in selected middle Eastern and North African countries

S Al Awaidey, A Althaqafi, G Dbaibo - Oman Medical Journal, 2018

Abstract:

Objectives: Influenza is a vaccine-preventable acute respiratory viral infection that causes epidemics annually around the globe. A regional influenza stakeholder network (MENA-ISN) comprised of experts assessed the status of influenza prevention and control using a structured survey.

Methods: A survey questionnaire was used to obtain information from each participating country on surveillance system, the burden of disease, influenza vaccination programs, recommendations, funding and access for vaccine and vaccination, target rate, coverage rate monitoring, and drivers and barriers to influenza vaccination.

Results: Out of the 10 countries that participated, nine had an influenza surveillance system and vaccination policy, and seven had World Health Organization (WHO) accredited reference laboratory. Three countries had burden of disease data available and eight had a

reimbursement vaccine policy. Influenza vaccine was available in five countries through the Ministry of Health whereas in others, pharmacies also dispensed for the private sector. In all countries, prescribers were physicians, and vaccinators, which could be physicians, nurses, and pharmacists. Eight countries had a set vaccination target rate and only three monitored the influenza coverage rates. Drivers and barriers of vaccination were similar in all countries. Conclusions: Despite existing policies, influenza vaccination coverage remains far below the WHO recommendations. Increased awareness and effective implementation of policies with collaboration of stakeholders can help increase the rates to reach WHO targets.

Book: [HIV Vaccines and Cure: The Path Towards Finding an Effective Cure and Vaccine](#)

Linqi Zhang, Sharon R. Lewin

Springer, Jul 20, 2018 - 318 pages

This book provides a comprehensive review of the major barriers to HIV cure and vaccine. It covers the fundamental virology and immunology leading to HIV transmission, protection from infection and long term HIV persistence on antiretroviral therapy. In addition, strategies being tested to eliminate persistent HIV and the rational design of vaccines to induce protective immunity are covered. This book also discusses the challenges related to the design of clinical trials for testing the safety and efficacy of these innovative approaches. This book will provide a systematic overview and also discuss controversial issues for researchers in virology and immunology, as well as practicing physicians, and scientists in the pharmaceutical industry.

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Media/Policy Watch

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

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

The Atlantic

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

Accessed 28 Jul 2018

Science

[The Deleted WeChat Post That Fueled China's Vaccine Scandal](#)

It alleged a complex web of corruption going back decades.

Sarah ZhangKaren Yuan

Jul 25, 2018

A vaccine scandal in China began building slowly and then suddenly, this weekend, it was everywhere at once.

The story began back in November, when a large vaccine manufacturer called Changsheng Biotechnology Co. was forced to recall 252,600 ineffective doses of vaccines for DPT (diphtheria, pertussis, and tetanus). Then earlier this July, a government investigation caught Changsheng falsifying data about its rabies vaccine, and a local food and drug administration fined the company 3.44 million yuan, or approximately \$500,000, over the faulty DPT vaccines.

Over the weekend, an anonymous post recounting all this and more went viral on the Chinese social network WeChat. In addition to the recent developments, it alleged a complex web of corruption that went back decades, involving other vaccines for hepatitis B and chicken pox. The post was deleted the next day.

But by then, a full-blown national scandal had erupted. The Chinese government this week scrambled to put out statements assuring a prompt investigation. President Xi Jinping described the situation as "vile and shocking." Police on Monday announced the swift arrest of four of the company's executives, including its chairwoman.

Changsheng's vaccines have not yet been tied to any deaths or illnesses, but the story caught on because it so perfectly echoed many scandals that have rocked China in recent years. In 2016, for example, a hospital pharmacist sold two million doses of vaccines improperly stored in an "overheated, dilapidated storeroom." That came after scandals over tainted milk, infant formula, pork, cooking oil, and water. The scandals, one after another, have undermined trust in the government's ability to keep the public safe...

BBC

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

Accessed 28 Jul 2018

[No new, unique, relevant content]

The Economist

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

Accessed 28 Jul 2018

[A vaccine scandal shakes trust in China's government](#)

More than 200,000 babies may have been given substandard jabs

Jul 26th 2018 | BEIJING

Financial Times

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

Accessed 28 Jul 2018

[No new, unique, relevant content]

Forbes

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

Accessed 28 Jul 2018

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 28 Jul 2018

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 28 Jul 2018

Welcome to the Next Deadly AIDS Pandemic

Laurie Garrett | 26 July 2018

The world thought it had fought the HIV virus to a stalemate — but its strategy was flawed in ways that are only now becoming clear.

The Guardian

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

Accessed 28 Jul 2018

China

'They are devils': China's parents demand answers over vaccine scandal

Protest groups want to know how hundreds of thousands of faulty vaccines came to be used
Lily Kuo in Beijing

Wed 25 Jul 2018

New Yorker

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

Accessed 28 Jul 2018

[No new, unique, relevant content]

New York Times

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

Accessed 28 Jul 2018

Asia Pacific

China Says Vaccine Maker Changsheng Broke Manufacturing Rules, Faked Records - Xinhua

July 27, 2018

BEIJING — China's cabinet investigation group has found that vaccine maker Changsheng Bio-technology broke the law in manufacturing rabies vaccines, the state news agency Xinhua reported on Friday.

The investigation group said the company had systematically falsified production and testing records to avoid regulatory scrutiny, according to Xinhua.

"The company used expired materials to produce some rabies vaccine and falsified the production date," the investigation group found.

"To cover up violations, the company systematically fabricated production and testing records."

China has launched sweeping spot checks on vaccine makers around the country after Changsheng was found to have falsified data and sold ineffective vaccines for children...

Wall Street Journal

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

Accessed 28 Jul 2018

Review & Outlook

China's Vaccine Scandal

Children get phony protection but officials aren't held accountable.

By The Editorial Board

July 27, 2018

Xi Jinping boasts that he is building the “Chinese Dream” of a strong and prosperous nation, but the vision of China’s supreme leader is losing some of its luster. Over the past couple of weeks parents in China have learned that a compulsory public-health program injected an unknown number of children with substandard vaccines. They are understandably furious.

Mr. Xi called the case “hideous and appalling,” and he has promised a thorough investigation. But websites and state-run media are only allowed to republish official pronouncements on the case, suggesting the authorities are still covering up the extent of the crime.

Last November officials in Jilin province found that the Changsheng Biotechnology Co. falsified production data for a diphtheria, pertussis and tetanus (DPT) vaccine. After national regulators found similar problems with Changsheng’s rabies vaccine this month, the provincial government revealed that problems with the DPT vaccine affected more than 250,000 doses. Another company in Wuhan was responsible for 400,000 faulty DPT injections.

On July 21 an anonymous report on the [WeChat](#) messaging platform, similar to WhatsApp, accused corrupt regulators of hiding the problems of vaccines made by Changsheng. That was plausible because officials have been disciplined for taking bribes from the company in the past. Online expressions of anger at the scandal exploded.

Chinese are particularly angry because similar cases have happened in recent years, followed by similar promises to crack down. In 2010 and 2013 hundreds of children were hospitalized and several died from faulty vaccines. Chinese companies have used official connections to avoid accountability for producing a range of defective products that kill and maim. In 2008 Chinese dairy companies knowingly sold infant formula that contained melamine, a chemical that damaged the kidneys of hundreds of thousands of children. At least six died. A decade later, many parents will only feed their children imported formula.

The official response follows a familiar pattern. Journalists and lawyers who try to follow up or investigate similar cases are jailed. The officials responsible are transferred to new posts, having learned that covering up scandals is more important than preventing them. Sun Xianze, one of the food-safety regulators disciplined in the 2008 dairy scandal, was in charge of drug safety until his retirement in March.

The scandal will hurt Mr. Xi’s plan to build the pharmaceutical industry as part of his “Made in China 2025” industrial policy. But the damage to the public’s faith in his administration is harder to quantify. Because the Communist Party is effectively above the law and China lacks a free media capable of being a watchdog, his promise to get to the bottom of the problem rings hollow.

Officials insist that Mr. Xi’s anticorruption campaign is a serious attempt to improve Communist Party governance and not merely a tool to remove political opponents. Ordinary Chinese can be forgiven for reaching a different conclusion as the health of children is sacrificed to protect the Party’s power. And Americans enamored of China’s supposed authoritarian efficiency might contemplate the cost of its lack of accountability.

Washington Post

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

Accessed 28 Jul 2018

[Vaccine scandal gripping China could cause serious problems for the government](#)

Rebecca Tan| 26 July 2018

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Think Tanks et al

Brookings

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

Accessed 28 Jul 2018

[No new relevant content]

Center for Global Development

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

Accessed 28 Jul 2018

[No new relevant content]

CSIS

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

Accessed 28 Jul 2018

[No new relevant content]

Council on Foreign Relations

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

Accessed 28 Jul 2018

July 24, 2018

China

[Chinese Parents, Pharma Industry Worried Sick After Latest Vaccine Scandal](#)

In a society that cherishes health, longevity, and continuation of the family line, there is a lingering and growing fear that the existing system is broken.

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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. The Foundation serves 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.

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