



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

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

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

*Comments and suggestions should be directed to*

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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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org).*

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***To Our Readers: Vaccines and Global Health: The Week in Review resumes publication with this edition following the Editor's annual leave.***

## **Milestones :: Perspectives**

### **Ebola - DRC**

#### **WHO**

[Press conference on the Ebola outbreak in DRC](#) 14 August 2018 [video]

#### [WHO calls for free and secure access in responding to Ebola outbreak](#)

BENI/BRAZZAVILLE 12 August 2018 – WHO's global and African regional leadership saw first-hand the complexities of implementing the Ebola response in North Kivu in the Democratic Republic of the Congo, in visits with the Ministry of Health officials to affected areas over the last two days. While this is the country's 10th Ebola outbreak, it is the first time that the disease has struck a densely populated active conflict zone.

"WHO is calling for free and secure access by all responders to the affected populations," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "All of those participating in the response must be able to move freely and safely in conflict areas to do the work that is needed to bring the outbreak under control. The population must also have access to treatment centers that save lives and stop the spread of disease."...

#### [Ebola vaccination begins in North Kivu](#) 8 August 2018

The Ministry of Public Health of the Democratic Republic of the Congo today announced the launch of Ebola vaccinations for high risk populations in North Kivu province.

The vaccinations have begun just one week after the announcement of a second outbreak of Ebola this year in the country. A total of 44 cases have been reported so far, of which 17 have been confirmed.

Work has begun to prepare ring vaccination in the Mangina health area, 30km from the town of Beni.

The provincial health minister and the provincial coordinator of the Expanded Programme on Immunization were the first to be vaccinated. They were followed by first line health workers from the Mangina health centre, who had been in contact with people who were confirmed cases of Ebola.

"Vaccines are an important tool in the fight against Ebola. This is why it has been a priority to move them rapidly into place to begin protecting our health workers and the affected population," said Dr Oly Ilunga, Minister of Health of the Democratic Republic of the Congo.

A total of 3,220 doses of the rVSV-ZEBOV Ebola vaccine are currently available in the country, while supplementary doses have been requested. While the vaccine goes through the licensing process, an agreement between Gavi, the Vaccine Alliance and Merck, the developer of the vaccine, ensures that additional investigational doses of the vaccine are available...

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#### **CDC [U.S.]**

#### [CDC supporting response to new Ebola outbreak in North Kivu/Democratic Republic of the Congo](#)

August 09, 2018

CDC has been responding and coordinating with the Ministry of Health of the Democratic Republic of the Congo (DRC) since a new outbreak of Ebola in North Kivu province was reported on July 30, 2018. Early response is critical to contain any viral hemorrhagic fever (VHF) outbreaks, but it is especially difficult in remote and resource-challenged areas. For the current outbreak, CDC has deployed experienced Ebola experts to DRC and the World Health Organization to provide guidance on coordination of outbreak response, laboratory testing, disease contact tracing, infection control, and health communication...

CDC will provide additional support as needed to enhance disease tracking, laboratory testing, and developing guidance and tools to conduct public health investigations and implementation of ring vaccination. This work includes tracing people who have been in contact with cases, providing infection control recommendations, supporting vaccination of people at risk, and giving the latest information to the general public, health care workers, international travelers, and public health partners...

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## **Africa CDC**

### **[Statement of the Africa CDC Director on the new Ebola Outbreak in Beni, North Kivu, Democratic Republic of Congo](#)**

Addis Ababa, 03 August 2018: The Government of the Democratic Republic of Congo (DRC) on 01 August 2018 declared a new outbreak of the Ebola Virus Disease (EVD) in two Provinces: North Kivu (32 cases) and Ituri (one case). On 28 July 2018, the North Kivu Provincial Health Division notified the Ministry of Health of suspected EVD cases which were subsequently confirmed by laboratory testing at the Institut National de Recherche Biomédical (INRB). This is the tenth outbreak of EVD in the DRC; the ninth outbreak was declared over on 24 July 2018 in the Equateur Province. As of 01 August 2018, a total of 33 cases including 26 deaths were reported with a cases fatality ratio of about 79%.

North Kivu, the most affected Province, is located about 2500 kilometers from the Equateur Province, where the just end outbreak was located. It is one of the most densely populated Provinces in DRC with a population of about 8 million inhabitants. Beni and surrounding areas, with a population of about 2 million inhabitants, is the epicentre of the outbreak. Uganda and Rwanda border North Kivu on the west with a distance of less than 350 kilometers from the respective capital cities, Kampala and Kigali.

In responding to this outbreak, the African Union Commission, through the Africa Centers for Disease Control and Prevention (Africa CDC), is taking appropriate measures to support the government-led response including: a) monitoring of the situation through its Emergency Operation Centre; b) coordinating with the Ministry of Health of the DRC and WHO; c) mobilizing and preparing to re-locate its Emergency Response Team to the current affected area, d) supporting laboratory diagnostic capacity through provision of laboratory supplies for testing of EVD, and e) activating African Union emergency support mechanism through different units of the commission including the Peace Support Operation Division.

The Africa CDC, through its Regional Collaborating Centres in the Eastern and Central Africa, is sensitizing Member States through its information sharing platforms in the respective regions to heighten their surveillance and preparedness efforts. Furthermore, Africa CDC is collaborating

with the African Field Epidemiology Network to strengthen cross-border surveillance between Uganda and the DRC.

The African Union will continue to support the efforts of the DRC Government during this outbreak as well as neighboring countries. Africa CDC recognizes the need to support the leadership role of the Government of DRC to establish a comprehensive and well-coordinated response strategy. As such, Africa CDC will continue to work alongside other partners to control this outbreak and mitigate the impact on the health and economic security of the African Continent.

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## **UNICEF**

*Press release*

### **[Children at risk in DRC Ebola outbreak – UNICEF](#)**

17/08/2018

*Press release*

### **[Ebola outbreak in the DRC: UNICEF mobilizes communication specialists in support of the vaccination campaign](#)**

10/08/2018

*Press release*

### **[New Ebola outbreak in the DRC: UNICEF mobilizes staff and supplies to help with the response](#)**

03/08/2018

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## **MSF**

*DRC 2018 Ebola outbreak*

### **[MSF Ebola treatment centre opens in Mangina, North Kivu](#)**

Project Update 16 Aug 2018

Taking a new step in its response to the current Ebola outbreak in North Kivu, Democratic Republic of Congo, Médecins Sans Frontières (MSF) opened a treatment centre on Tuesday 14 August in Mangina, a small town considered to be the epicentre of the outbreak. All patients from the isolation unit where MSF was working to improve biosafety have been transferred to the 12 tents of the new Ebola treatment centre. A total of 37 patients are currently hospitalised – 31 of them have been confirmed by laboratory tests as being infected by the virus, while the others are classified as suspect cases.

“Among our patients, we have several colleagues from the Congolese health system in the area,” says Gwenola Seroux, MSF emergency programmes coordinator. “They were the first to respond and some were exposed to the virus.”...

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## **Gavi**

### **New initiative to bring vaccination to over 8 million people across Africa**

*Gavi, the Vaccine Alliance teams up with The Audacious Project to scale up immunisation across Africa through digitally-empowered community health programs.*

Geneva, 15 August 2018 - Millions of people living in remote areas across Liberia, Uganda, and Kenya will get support to access lifesaving vaccines thanks to a new partnership between Gavi, the Vaccine Alliance, The Audacious Project, Last Mile Health and Living Goods.

The new partnership will provide a combined US \$18 million to Last Mile Health and Living Goods' Audacious Project to boost the number of community health workers and integrate immunisation information and data-capture into their daily routines. The new funding will help give over 8 million people access to vaccines, while the partnership as a whole aims to deploy 50,000 community health workers to serve 34 million people by 2021.

The health workers will be equipped with smartphones that can capture the immunisation status of every child in real time with a time-stamped GPS identifier, send automated vaccination reminders by SMS and use real-time data to help pinpoint and close immunisation gaps. This system enables governments to optimise the performance of thousands of far-flung health workers in real time.

"One of the toughest jobs in global health is reaching remote communities that live hours or even days away from their nearest skilled healthcare provider," said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance. "With more than 19 million children worldwide still without access to vaccines, this is a challenge we have to tackle. This partnership could make a real difference, giving community health workers the technology and know-how they need to help the hardest-to-reach access lifesaving vaccines."...

### **Fingerprint records and digital health cards to help solve global identity crisis**

*Four companies will receive Gavi support to help scale emerging digital identification technologies in developing countries.*

Geneva, 31 July 2018 – Digital health cards, biometric records, text message birth alerts and a mobile digital identity platform that can work entirely offline have all been chosen to be this year's [INFUSE](#) Pacesetters by Gavi, the Vaccine Alliance.

Gavi launched INFUSE (Innovation for Uptake, Scale and Equity in Immunisation) at the 2016 World Economic Forum in Davos to help improve vaccine delivery systems by connecting high-impact innovations with the countries that need them most. This year, Gavi sought to identify proven technologies that could accelerate and improve immunisation coverage and delivery by improving the formal identity, registration and verification of children in developing countries. "We are currently in the middle of a global identity crisis: tens of millions of children – especially those living in most remote, impoverished communities – have no formal record of their existence," said Dr. Seth Berkley, CEO of Gavi, the Vaccine Alliance. "That represents an enormous impediment to Gavi's mission of ensuring that every child worldwide receives the essential vaccines they need to survive and thrive. This year's INFUSE Pacesetters are on the cutting edge of technologies that might help us overcome that challenge."

At a two-day workshop this month in San Francisco, a hub for disruptive technology and innovation, Gavi selected the INFUSE Pacesetters from more than 200 innovations from around the world. They include:

:: [Element, Inc.](#): An AI-powered, software-only solution for biometric recognition that runs offline on mobile devices.

:: [Ona Open Smart Register Platform \(OpenSRP\)](#): A digital health card technology allowing frontline health workers to electronically register and track health services.

:: [iCivil Africa](#): A mobile solution that sends the details of every new-born baby's birth to a government health worker via coded SMS.

:: [Simprints](#): A biometric innovation that solves challenges to immunisation coverage by linking children to health records through their fingerprints...

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## Featured Journal Content

### **Bulletin of the World Health Organization**

Volume 96, Number 8, August 2018, 513-588

<http://www.who.int/bulletin/volumes/96/8/en/>

#### *RESEARCH*

#### **[A post-conflict vaccination campaign, Central African Republic](#)**

– Nicolas Peyraud, Michel Quéré, Geraldine Duc, Corinne Chèvre, Theo Wanteu, Souheil Reache, Thierry Dumont, Robin Nesbitt, Ellen Dahl, Etienne Gignoux, Manuel Albela, Anna Righetti, Marie-Claude Bottineau, Jean-Clément Cabrol, Micaela Sarafini, Samuel Nzalapan, Pauline Lechevalier, Clotilde Rambaud & Monica Rull

<http://dx.doi.org/10.2471/BLT.17.204321>

#### *Abstract*

##### Objective

To rapidly increase childhood immunization through a preventive, multi-antigen, vaccination campaign in Mambéré-Kadéï prefecture, Central African Republic, where a conflict from 2012 to 2015 reduced vaccination coverage.

##### Methods

The three-round campaign took place between December 2015 and June 2016 using: (i) oral poliomyelitis vaccine (OPV); (ii) combined diphtheria, tetanus and pertussis (DTP) vaccine, Haemophilus influenza type B (Hib) and hepatitis B (DTP–Hib–hepatitis B) vaccine; (iii) pneumococcal conjugate vaccine (PCV); (iv) measles vaccine; and (v) yellow fever vaccine. Administrative data were collected on vaccines administered by age group and vaccination coverage surveys were carried out before and after the campaign.

##### Findings

Overall, 294,054 vaccine doses were administered. Vaccination coverage for children aged 6 weeks to 59 months increased to over 85% for the first doses of OPV, DTP–Hib–hepatitis B vaccine and PCV and, in children aged 9 weeks to 59 months, to over 70% for the first measles vaccine dose. In children aged 6 weeks to 23 months, coverage of the second doses of OPV, DTP–Hib–hepatitis B vaccine and PCV was over 58% and coverage of the third doses of OPV and DTP–Hib–hepatitis B vaccine was over 20%. Moreover, 61% (5804/9589) of children aged 12 to 23 months had received two PCV doses and 90% (25933/28764) aged 24 to 59 months had received one dose.

## Conclusion

A preventive, multi-antigen, vaccination campaign was effective in rapidly increasing immunization coverage in a post-conflict setting. To sustain high coverage, routine immunization must be reinforced.

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## Emergencies

### **POLIO**

*Public Health Emergency of International Concern (PHEIC)*

[Polio this week as of 14 August 2018](#) [GPEI]

:: Take a look at how the Papua New Guinea Government, the World Health Organization, and partners of the Global Polio Eradication Initiative are responding to the country's recent outbreak of circulating vaccine-derived poliovirus.

*Summary of new viruses this week:*

**Afghanistan** – one new case of wild poliovirus type 1 (WPV1) and one new WPV1 positive environmental sample.

**Pakistan** – four new WPV1 positive environmental samples.

**Nigeria** – one new case of circulating vaccine-derived poliovirus type 2 (cVDPV2).

**Papua New Guinea** – one new case of cVDPV1

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[WHO Grade 3 Emergencies](#) [to 18 Aug 2018]

### Iraq

: [Special health situation report from Mosulpdf, 543kb](#) 27 July 2017

...WHO organized a 5-day polio data quality self-assessment training workshop in Erbil to support the five directorates of health of Erbil, Suleimaniya, Duhok, Kirkuk and Ninewa in the area of quality data collection and analysis...

### Nigeria

:: [Circulating vaccine-derived poliovirus type 2 – Nigeria](#)

Disease outbreak news 8 August 2018

On 5 June 2018, a circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak was confirmed in Sokoto State, Nigeria. From 30 January through 23 May 2018, ten environmental samples collected from two collection sites all tested positive for genetically-related VDPV2 viruses. No associated cases of acute flaccid paralysis (AFP) have been detected with this cVDPV2.

Nigeria is also affected by an ongoing separate cVDPV2 outbreak. A cluster of cVDPV2 was detected in Yobe State from a stool sample from an AFP case with onset on 16 June 2018, and an environmental sample collected on 31 May 2018. The same cVDPV2 was detected in Gombe State from an environmental sample collected on 9 April 2018. Previously, the same cVDPV2 was detected in Jigawa State from an AFP case with onset of paralysis on 15 April 2018 and six environmental samples collected from 10 January through 2 May 2018...



South Sudan - *No new announcements identified*  
The Syrian Arab Republic - *No new announcements identified*  
Yemen - *No new announcements identified*

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#### **WHO Grade 2 Emergencies** [to 18 Aug 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.*

##### **Yemen**

:: Yemen Humanitarian Update Covering 30 July – 9 August 2018 | Issue 23

Published on 09 Aug 2018

Syrian Arab Republic - *No new announcements identified.*

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

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

##### **Ethiopia**

:: Ethiopia Humanitarian Bulletin Issue 61 | 30 July-12 August 2018 Published on 12 Aug 2018

Government continues peace and reconciliation process to return IDPs in Gedeo and Guji zones

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 18 Aug 2018]

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

*Current situation: DRC 2018*

- :: [Press conference on the Ebola outbreak in DRC](#) 14 August 2018
  - :: [WHO calls for free and secure access in responding to Ebola outbreak](#) 12 August 2018
  - :: [Ebola vaccination begins in North Kivu](#) 8 August 2018
  - :: [Dr Peter Salama, briefs on the latest Ebola outbreak in the DRC](#) 3 August 2018
  - :: [Cluster of presumptive Ebola cases in North Kivu in the Democratic Republic of the Congo](#) 1 August 2018
  - :: [National response plan North Kivu Province](#) 10 August 2018
- [See Milestones/Perspectives above for more detail]*

### **MERS-CoV** [to 18 Aug 2018]

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

:: [MERS-CoV global summary and assessment of risk - August 2018 pdf, 570kb](#)

...Risk assessment

WHO continues to work with ministries of health in all affected and at-risk countries and with international partners to better understand transmission patterns and risk factors of MERS-CoV infection in community and health care settings and to develop improved measures to prevent human infections. WHO's global risk assessment of MERS remains unchanged from the last publication, on 21 July 2017.

The continued occurrence of health care-associated outbreaks is deeply concerning and is the result of low awareness and early suspicion of MERS-CoV infections. The non-specificity of MERS symptoms complicates surveillance activities for the virus, often resulting in early missed cases, including the index case, in outbreaks and thereby providing the opportunity for human-to-human transmission in health care settings...

### **Yellow Fever** [to 18 Aug 2018]

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

:: [CDC and WHO launch trial version of a new ELISA: A kit, simpler and faster to perform](#)

31 July 2018

One of the basic tests needed for laboratory confirmation of yellow fever is the enzyme-linked immunosorbent assay, known as ELISA which has now got a new version. The trial of the test is comprised in a kit making it faster and simpler to perform.

### **Zika virus** [to 18 Aug 2018]

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

- *No new announcements identified.*

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### **WHO & Regional Offices** [to 18 Aug 2018]

*See Ebola announcements in Milestones above for WHO announcements*

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**Weekly Epidemiological Record, 17 August 2018, vol. 93, 33 (pp. 417–428)**

- :: Results of the 2017 global WHO survey on yaws
- :: Results of the 2017 global WHO survey on mycetoma

**Weekly Epidemiological Record, 10 August 2018, vol. 93, 32 (pp. 409–416)**

- :: Yellow fever in Africa and the Americas, 2017
- :: Monthly report on dracunculiasis cases, January-June 2018

**Weekly Epidemiological Record, 3 August 2018, vol. 93, 31 (pp. 397–408)**

- :: Progress towards poliomyelitis eradication in Afghanistan, January 2017–May 2018
- :: Performance of acute flaccid paralysis (AFP) surveillance and incidence of poliomyelitis, 2018

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**WHO Regional Offices**

*Selected Press Releases, Announcements*

**WHO African Region AFRO**

*Selected Featured News*

- :: WHO Director General and Regional Director for Africa laud Uganda on Ebola outbreak operational readiness 15 August 2018
- :: Elaboration of the first comprehensive Multi Year Plan on Immunization for Mauritius 14 August 2018
- :: WHO supports Government to protect over 150,000 population at risk of Yellow fever in Katsina state. 13 August 2018
- :: WHO calls for free and secure access in responding to Ebola outbreak in the Democratic Republic of the Congo 12 August 2018
- :: Ethiopia launches an integrated measles, vitamin A, and deworming campaign for displaced people in Gedeo Zone 07 August 2018
- :: Frontline workers in Nigeria break down gender related barriers to reach children with vaccines 01 August 2018

**WHO Region of the Americas PAHO**

- *No new announcements identified.*

**WHO South-East Asia Region SEARO**

- *No new announcements identified.*

**WHO European Region EURO**

- :: World Humanitarian Day: Health workers build new lives serving their fellow citizens far from home 17-08-2018
- :: Research demonstrates higher alcohol taxes help reduce alcohol consumption 15-08-2018
- :: Annual meeting of ministers to set health priorities in Europe 14-08-2018

**WHO Eastern Mediterranean Region EMRO**

:: Third health worker killed in Gaza demonstrations 12 August 2018  
:: WHO delivers trauma kits to Gaza 9 August 2018

### **WHO Western Pacific Region**

:: Polio case confirmed in Eastern Highlands Province, Papua New Guinea 13 August 2018  
*Risk of further spread of polio within the country is high*

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### **CDC/ACIP** [to 18 Aug 2018]

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

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

*Latest News*

August 09, 2018

**[CDC supporting response to new Ebola outbreak in North Kivu/Democratic Republic of the Congo](#)**

### **Babies with Zika-related Health Problems Continue to Need Attention**

Tuesday, August 7, 2018

**[CDC Hosts International Conference on Emerging Infectious Diseases](#)** August 26-29, 2018

Tuesday, August 7, 2018

CEID 2018 is the 10th annual conference. It brings together about 1,500 global scientists and public health professionals to exchange innovative research and ideas on emerging infectious diseases and ways to prevent them.

Major topics to be presented include surveillance and outbreak response, antimicrobial resistance, genomic and molecular epidemiology, emerging vector-borne and zoonotic diseases, foodborne and waterborne illnesses, healthcare-associated infections, influenza and other respiratory infections, disease elimination and eradication, and challenges posed by disease threats in the United States and internationally.

The full agenda is available at <http://www.iceid.org>.

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### **Africa CDC** [to 18 Aug 2018]

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

August 03, 2018

**[Statement of the Africa CDC Director on the new Ebola Outbreak in Beni, North Kivu, Democratic Republic of Congo](#)**

*[See Milestones/Perspectives above for more detail]*

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### **China CDC**

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

*No new digest content identified.*

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## **Announcements**

**AERAS** [to 18 Aug 2018]

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

*No new digest content identified.*

**BMGF - Gates Foundation** [to 18 Aug 2018]

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

*No new digest content identified.*

**Bill & Melinda Gates Medical Research Institute** [to 18 Aug 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 18 Aug 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.*

07.31.2018

### **CARB-X funds SciBac to develop a microbe drug that kills C. difficile superbugs**

(BOSTON, MA) – July 31, 2018 – CARB-X is awarding SciBac of San Francisco, CA, USA, \$0.68 million in non-dilutive funding, with the possibility of up to \$3.08 million more in two additional stages if certain project milestones are met, to develop a novel biotherapeutic to fight deadly Clostridium difficile infections (CDI). SciBac's SCB-102 project, if it succeeds, has the potential to effectively treat and prevent C. difficile infections.

"The world urgently needs antibiotic alternatives, like those that SciBac is developing, as well as other life-saving products to treat and prevent deadly infections," said Kevin Outterson, Executive Director of CARB-X. "The microbiome is providing exciting new approaches to the prevention and treatment of life-threatening infections. The projects in the Powered by CARB-X portfolio are in the early stages of development, but if successful, they offer tremendous potential in the global fight against superbugs."...

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 18 Aug 2018]

<http://cepi.net/>

16TH AUG 2018

## **CEPI Awards Contract Worth up to \$36 million to Profectus BioSciences and Emergent BioSolutions to Develop Lassa Virus Vaccine**

Posted on by Mario Christodoulou

OSLO (Norway), BALTIMORE and GAITHERSBURG, Md (USA)

CEPI (the Coalition for Epidemic Preparedness Innovations) today announced a new collaboration with Profectus BioSciences, Inc. and Emergent BioSolutions Inc. (NYSE: EBS) under which they will receive up to USD\$36 million to advance the development and manufacture of a vaccine against the Lassa virus—an estimated 100,000 to 300,000 cases of Lassa virus infection occur each year.

Under the terms of the Framework Partnering Agreement for the collaboration among the three parties, Profectus will receive development funding from CEPI for advancing its Lassa virus vaccine. CEPI will provide \$4.3 million to support the first phase of the project, with options to invest up to a total of \$36 million over five years, including procurement of the vaccine for stockpiling purposes. Emergent will provide technical and manufacturing support for the CEPI-funded program. Through a separate agreement with Profectus, Emergent has an exclusive option to license and to assume control of development activities for the Lassa-virus vaccine from Profectus. The global non-profit organization PATH will also be working with the consortium under a separate agreement with CEPI to work on clinical development. This is CEPI's second award to the collaboration following an award in May, 2018, for the development of a Nipah virus vaccine...

**EDCTP** [to 18 Aug 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*

3 August 2018

## **NIFTY study on yellow fever vaccine dosing will improve epidemic preparedness**

The EDCTP-funded NIFTY study, led by Professor Philip Bejon (University of Oxford, UK, and KEMRI-Wellcome Trust research Programme, Kilifi, Kenya), held its kick-off meeting in Kilifi from 02-03 August 2018. The NIFTY consortium prepares for a 'Non-Inferiority of Fractional Doses Trial for Yellow...

2 August 2018

## **EDCTP seeks several new members for its Scientific Advisory Committee as of January 2019**

EDCTP is calling on high-level experts from across multiple fields and sectors to apply to become members of its Scientific Advisory Committee from January 2019. EDCTP is looking for up to seven new members. The Scientific Advisory Committee is the principal advisory...

**Emory Vaccine Center** [to 18 Aug 2018]

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

*No new digest content identified.*

**European Medicines Agency** [to 18 Aug 2018]

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

*Press release 01/08/2018*

**Brexit preparedness: EMA to further temporarily scale back and suspend activities**

*Next phase of business continuity plan aimed at securing essential public and animal health activities*

The European Medicines Agency (EMA) will launch the next phase of its business continuity plan on 1 October 2018 at the latest. This will allow the Agency to safeguard core activities related to the evaluation and supervision of medicines, while it has to intensify its preparations for the physical move to Amsterdam in March 2019 and cope with significant staff loss.

The temporary cuts in activities are required because it has also become clear that the Agency will lose more staff than initially anticipated. Staff who will not relocate to Amsterdam have already started to leave the Agency and this trend is expected to accelerate. In addition, due to the employment rules in the Netherlands, 135 short-term contract staff will no longer be able to work for EMA. Overall, EMA expects a staff loss of about 30%, with a high degree of uncertainty regarding mid-term staff retention.

EMA has put in place supporting measures to facilitate the relocation of staff to Amsterdam and additional support is provided by the Dutch government. Other mitigating actions, such as a comprehensive staff recruitment programme, are already underway. However, in the short- to mid-term EMA will have to reprioritise its resources to fully maintain its core activities related to the evaluation and supervision of medicines to the level of quality and within the timelines expected...

**European Vaccine Initiative** [to 18 Aug 2018]

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

*No new digest content identified.*

**FDA** [to 18 Aug 2018]

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

August 16, 2018 –

**FDA approves first generic version of EpiPen**

August 16, 2018 –

**Statement from FDA Commissioner Scott Gottlieb, M.D., on advancing the science and regulation of live microbiome-based products used to prevent, treat, or cure diseases in humans**

August 10, 2018 –

**FDA approves new treatment for a rare genetic disorder, Fabry disease**

August 10, 2018 –

**FDA approves first-of-its kind targeted RNA-based therapy to treat a rare disease**

August 08, 2018 –

**FDA approves treatment for two rare types of non-Hodgkin lymphoma**

August 08, 2018 –

**FDA approves first generic drug under new pathway aimed at enhancing market competition for sole source drugs**

**Fondation Merieux** [to 18 Aug 2018]

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

*No new digest content identified.*

**Gavi** [to 18 Aug 2018]

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

15 August 2018

**New initiative to bring vaccination to over 8 million people across Africa**

Gavi, the Vaccine Alliance teams up with The Audacious Project to scale up immunisation across Africa through digitally-empowered community health programs.

*[See Milestones/Perspectives above for more detail]*

31 July 2018

**Fingerprint records and digital health cards to help solve global identity crisis**

Four companies will receive Gavi support to help scale emerging digital identification technologies in developing countries.

*[See Milestones/Perspectives above for more detail]*

**GHIT Fund** [to 18 Aug 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 18 Aug 2018]

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

*No new digest content identified.*

**Hilleman Laboratories** [to 18 Aug 2018]

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

*No new digest content identified.*

**Human Vaccines Project** [to 18 Aug 2018]

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

*No new digest content identified.*

**IAVI** [to 18 Aug 2018]



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

AUGUST 02, 2018

### **IAVI and the Public Health Agency of Canada Enter into License Agreement for Technology to Enable Lassa Fever Vaccine Development**

NEW YORK — The International AIDS Vaccine Initiative (IAVI) today announced that it has entered into a non-exclusive license agreement with the Public Health Agency of Canada (PHAC) toward advancing development, regulatory approval, and supply of a new vaccine candidate against Lassa fever virus, an ongoing public health threat in West Africa.

Through this agreement, IAVI obtained technology for a recombinant vesicular stomatitis virus (VSV) Lassa fever vaccine candidate, rVSVΔG-LASV-GPC. Developed by scientists at the PHAC's National Microbiology Laboratory and based on the same platform used to produce Merck's successful Ebola Zaire virus vaccine, this candidate provided high-level protection from Lassa fever virus in previously conducted animal studies.

With support from the Coalition for Epidemic Preparedness Innovations, the IAVI-led Lassa fever vaccine development program will further develop this candidate and create a stockpile to address future outbreaks. An estimated 100,000 to 300,000 Lassa fever cases are diagnosed annually, resulting in approximately 5,000 deaths. The World Health Organization (WHO) has identified Lassa fever as one of the top emerging pathogens likely to cause severe outbreaks in the near future.

In addition to its core HIV vaccine effort, IAVI seeks to maximize its impact on global public health by working with partners to address other urgent unmet public health needs – including vaccines for other infectious diseases – where its technologies and experience in vaccine and monoclonal antibody discovery and development can add unique value...

### **IFFIm**

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

*No new digest content identified.*

### **IVAC** [to 18 Aug 2018]

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

August 2018

### **Press Release: Rotavirus vaccine cuts infant diarrhea deaths by a third in Malawi**

A major new study has shown that rotavirus vaccination reduced infant diarrhea deaths by one-third in rural Malawi, a region with high levels of child deaths. The study led by scientists at the University of Liverpool, UCL, the International Vaccine Access Center at the Johns Hopkins Bloomberg School of Public Health and partners in Malawi provides [...]

### **IVI** [to 18 Aug 2018]

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

*No new digest content identified.*

### **JEE Alliance** [to 18 Aug 2018]

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

*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 18 Aug 2018]

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

*Selected Press Releases/Statements*

*Tuberculosis*

**MSF applauds World Health Organization's recommendation of improved tuberculosis treatment options**

Press Release 17 Aug 2018

*MSF calls on Johnson & Johnson to make key drug bedaquiline affordable for all people who need it.*

Geneva – Médecins Sans Frontières (MSF) today welcomed the new World Health Organization (WHO) recommendations for improved treatment for people with drug-resistant tuberculosis (DR-TB), prioritising the use of several oral drugs, including the newer drug bedaquiline, and minimising the use of drugs that must be injected.

The newly recommended 18- to 20-month treatment regimen can help improve cure rates, decrease mortality and have far fewer side effects. For these recommendations to be put in place and for many more people with DR-TB to receive treatment, MSF today called on the US pharmaceutical corporation Johnson and Johnson (J&J), which produces bedaquiline, to take immediate steps to make the drug affordable for all who need it, in particular in low- and middle-income countries and high DR-TB burden countries...

*Rohingya refugee crisis*

**Crisis update – August 2018**

Crisis Update 16 Aug 2018

*DRC 2018 Ebola outbreak*

**MSF Ebola treatment centre opens in Mangina, North Kivu**

Project Update 16 Aug 2018

*Lebanon*

**One year after the battle, medical needs remain high in Aarsal**

Project Update 16 Aug 2018

*Chad*

**Treating severely malnourished children in N'Djamena**

Project Update 10 Aug 2018

*DRC 2018 Ebola outbreak*

**MSF responds to new Ebola outbreak, the tenth in DRC**

Project Update 8 Aug 2018

*DRC 2018 Ebola outbreak*

**New Ebola outbreak declared in North Kivu**

Project Update 7 Aug 2018

**NIH** [to 18 Aug 2018]

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

August 16, 2018

**[NIH begins clinical trial of live, attenuated Zika vaccine](#)**

— Combination Zika-Dengue vaccine planned.

Vaccinations have begun in a first-in-human trial of an experimental live, attenuated Zika virus vaccine developed by scientists at the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. The trial will enroll a total of 28 healthy, non-pregnant adults ages 18 to 50 at the Johns Hopkins Bloomberg School of Public Health Center for Immunization Research in Baltimore, Maryland, and at the Vaccine Testing Center at the Larner College of Medicine at the University of Vermont in Burlington. NIAID is sponsoring the trial...

**[NIH study shows how MERS coronavirus evolves to infect different species](#)**

August 14, 2018 — Evidence suggests that MERS and SARS originated in bats.

**[During HIV infection, antibody can block B cells from fighting pathogens](#)**

August 13, 2018 — NIH scientists suspect process aims to curb immune-system hyperactivity.

**[Experts highlight Ebola vaccine progress and suggest next steps](#)**

August 13, 2018 — Despite promising advances, important scientific questions remain unanswered in the effort to develop a safe and effective Ebola vaccine, according to members of an international Ebola research consortium. In a Viewpoint published in *The Lancet*, the experts review the current field of Ebola vaccine candidates and clinical trials and highlight key gaps in knowledge that need to be addressed by future research.

**[NIH researchers discover highly infectious vehicle for transmission of viruses among humans](#)**

August 8, 2018 — Membrane-bound virus clusters provide promising target for the treatment of gastroenteritis, other diseases.

**PATH** [to 18 Aug 2018]

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

*No new digest content identified.*

**Sabin Vaccine Institute** [to 18 Aug 2018]

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

*No new digest content identified.*

**UNAIDS** [to 18 Aug 2018]

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

14 August 2018

**[Cities in Philippines pledge to lower HIV infections and improve their track record](#)**

9 August 2018

**[Youth voices count and safe spaces do too](#)**

3 August 2018

**[Progress, but still miles to go, to increase HIV prevention and treatment in Central African Republic](#)**

1 August 2018

**[Thailand brings PrEP to scale](#)**

**UNICEF** [to 18 Aug 2018]

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

*Selected Press Releases/Reports/Statements*

*Press release*

**[Children at risk in DRC Ebola outbreak – UNICEF](#)**

17/08/2018

*Press release*

**[Ebola outbreak in the DRC: UNICEF mobilizes communication specialists in support of the vaccination campaign](#)**

10/08/2018

*Press release*

**[New Ebola outbreak in the DRC: UNICEF mobilizes staff and supplies to help with the response](#)**

03/08/2018

*Statement*

**[Drinking water systems under repeated attack in Yemen](#)**

UNICEF calls for immediate halt to attacks on water facilities and civilian infrastructure

01/08/2018

*Press release*

**[3 in 5 babies not breastfed in the first hour of life](#)**

Breastfeeding within an hour after birth is critical for saving newborn lives

30/07/2018

*Press release*

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

01/08/2018

**Vaccine Confidence Project** [to 18 Aug 2018]

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

*Confidence Commentary*

**[Breaking down Barriers, Building Bridges](#)**

Heidi Larson | 28 Jul, 2018

The theme of this year's AIDS2018—International AIDS Conference, was on the theme of "Breaking down Barriers, Building Bridges." The opening plenary session included a

presentation by AIDS physician, Dr. David Malebranche. As I listened to his presentation, there were moments that resonated with the tensions and debates around vaccines.

Here are some excerpts. The relevance to what is driving wavering vaccine confidence should be clear...

**Vaccine Education Center – Children’s Hospital of Philadelphia** [to 18 Aug 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 18 Aug 2018]

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

*Explainer* / Published: 26 July 2018

**Human Cell Atlas: we’re funding scientists at six UK research institutes**

Wellcome is committing £7 million to the Human Cell Atlas, a global endeavour to map every single cell type in the human body. Dr Katrina Gold, from the Genetics and Molecular Sciences team, explains why Wellcome is backing this ambitious project.

Published: 8 August 2018

**How we judge research outputs when making funding decisions**

*Robert Kiley, Head of Open Research, and Jim Smith, Director of Science, discuss the steps Wellcome is taking to fulfil the principles of the San Francisco Declaration on Research Assessment (DORA).*

When we published our [open access policy](#) over a decade ago, we made it clear that what counts when we make funding decisions is the intrinsic merit of the work and not the journal or publisher.

Despite significant progress in making our research open access, we know many researchers remain unconvinced that it’s the work that counts and not where it’s published. We’re worried about this and so we’re continuing our efforts to promote best practice in research assessment. What we’re doing

*Funding for DORA*

We were one of the first funders to sign the [San Francisco Declaration on Research Assessment \(opens in a new tab\)](#) (DORA), publicly committing that we will consider all research outputs and look at a broader range of qualitative measures of impact, such as influence on policy and practice. In partnership with other funders and publishers, we are providing funding to DORA to help promote the broad adoption of these principles and to collect evidence of good practice...

Published: 1 August 2018

**Professor Bongani Mayosi (1967–2018): a tribute**

*This week we heard the deeply sad news that Professor Bongani Mayosi has died. Wellcome’s Director of Science Jim Smith pays tribute to a world-renowned scientist.*

Bongani was a highly regarded clinical research scientist from South Africa who made a huge contribution to the inception of the [H3Africa \(opens in a new tab\)](#) initiative, which is jointly funded by Wellcome and the US National Institutes of Health.

In his most recent role as Dean at the University of Cape Town, Bongani led the faculty of health sciences. He was also an adviser on policy and strategy for health research to the South African Ministry of Health...

Published: 31 July 2018

### **[Putting research at heart of response to epidemics like Ebola saves lives](#)**

*With the recent outbreak of Ebola in the Democratic Republic of the Congo declared officially over, Michael Regnier looks at how Wellcome's support has helped the people of DRC – and the rest of the world – to be better prepared for the next one.*

### **The Wistar Institute** [to 18 Aug 2018]

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

*Press Release* Aug. 7, 2018

### **[Wistar Receives Support of More Than \\$5.5M from Private Foundations and Funding Agencies](#)**

PHILADELPHIA — (Aug. 7, 2018) — In the first half of 2018, The Wistar Institute, an international biomedical research leader in cancer, immunology and infectious diseases, received funds of more than \$5.5 million in grants and awards from local foundations, and national and international funding agencies to support research, education and training at the Institute.

### **World Organisation for Animal Health (OIE)** [to 18 Aug 2018]

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

*No new digest content identified.*

.....

### **BIO** [to 18 Aug 2018]

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

Aug 10 2018

### **[BIO Releases Statement on NGA's Report on Prescription Drug Costs](#)**

Washington, DC (August 10, 2018) – Tom Dilenge, president of advocacy, law & public policy at the Biotechnology Innovation Organization (BIO), issued the following statement today after the National Governors Association (NGA) released a report outlining “potential state strategies” to address prescription drug costs...

### **DCVMN – Developing Country Vaccine Manufacturers Network** [to 18 Aug 2018]

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

14 August 2018

### **[DCVMN welcomes Butantan's new Directorate](#)**

Sao Paulo, 15th June 2018 – Institute Butantan's Director, Prof. Dimas Tadeu Covas, invited DCVMN Executive Secretary, Dr. Sonia Pagliusi, to meet the new Directorate and visit the new facility to be dedicated to the manufacture of second generation dengue vaccines.

Founded in 1901, the Butantan Institute is one of Brazil's most prestigious scientific institutions. Butantan generates scientific knowledge and research to develop and produce immunotherapies and biopharmaceuticals of public health interest and seeks to stimulate advances in innovative health technology.

A second generation dengue vaccine candidate is set to progress into Phase 3 clinical studies in 17,000 subjects. Sponsored by the Brazilian government, these studies represent an investment of approximately US \$100 million...

**IFPMA** [to 18 Aug 2018]

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

*No new digest content identified.*

**PhRMA** [to 18 Aug 2018]

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

*No new digest content identified.*

**Industry Watch** [to 18 Aug 2018]

**[BioNTech Signs Collaboration Agreement with Pfizer to Develop mRNA-based Vaccines for Prevention of Influenza](#)**

Mainz, Germany, and NEW YORK, August 16, 2018 – BioNTech AG, a rapidly growing biotechnology company focused on precise immunotherapies for the treatment of cancer and infectious disease, today announced that it has entered into a multi-year research and development (R&D) collaboration with Pfizer Inc. (NYSE: PFE) to develop mRNA-based vaccines for prevention of influenza (flu).

Under the terms of the agreement, BioNTech and Pfizer will jointly conduct research and development activities to help advance mRNA-based flu vaccines. Pfizer will assume sole responsibility for further clinical development and commercialization of mRNA-based flu vaccines, following BioNTech's completion of a first in human clinical study.

BioNTech will receive \$120 million in upfront, equity and near-term research payments and up to an additional \$305 million in potential development, regulatory and commercial milestone payments. In addition, BioNTech will receive up to double-digit tiered royalty payments associated with worldwide sales if the program reaches commercialization.

BioNTech is an industry leader in mRNA vaccine approaches with validated science, innovative manufacturing expertise and a broad understanding of the clinical applications of this technology.

"Today's agreement with Pfizer is one of a number of steps that we are taking to rapidly build a sustainable R&D presence in infectious disease, combining our deep understanding of the immune system to treat disease with the cutting-edge technologies and significant infrastructure that we have built-up over many years to develop immunotherapy treatments," said Prof. Dr. Ugur Sahin, Co-Founder and CEO of BioNTech. "A significant presence in infectious disease supports our goal of building a global immunotherapy company that provides more effective and precise immune-mediated approaches for the prevention and treatment of serious illnesses, such as the prevention of flu and the treatment of cancer."



Kathrin Jansen, Senior Vice President and Head of Pfizer's Vaccine Research and Development Unit said, "Innovative vaccine approaches are urgently needed to provide improved protection against seasonal flu, and to respond rapidly and in quantity to pandemic influenza threats. mRNA vaccines offer a novel approach to code for any protein or multiple proteins, and the potential to manufacture higher potency flu vaccines more rapidly and at a lower cost than contemporary flu vaccines. BioNTech is one of the industry leaders in mRNA technology and we are looking forward to working closely with them to help bring cutting-edge mRNA influenza vaccines to the market to improve people's lives."

**:: Emergent BioSolutions to Acquire Specialty Vaccines Company PaxVax**

*...Adds two revenue-generating FDA-licensed vaccines that protect against cholera and typhoid fever, both with dual-market potential*

*...Broadens development pipeline with an adenovirus 4/7 vaccine funded by the DoD for military requirements as well as other programs addressing emerging infectious diseases for both commercial and government markets*

*...Expands sales capabilities with the addition of global specialty salesforce and marketing and distribution partners focused on the travelers market*

*...Establishes international manufacturing footprint and provides opportunities for growth of CDMO business with European-based cGMP biologics facilities*

*...All-cash transaction of \$270 million*

*...Expected to generate revenues of \$70 million to \$90 million in 2019 and be accretive by year-end 2019*

GAITHERSBURG, Md., Aug. 09, 2018 (GLOBE NEWSWIRE) -- Emergent BioSolutions Inc. (NYSE: EBS) announced today that it has entered into an agreement to acquire PaxVax, a company focused on specialty vaccines that protect against existing and emerging infectious diseases, for an all-cash consideration of \$270 million. PaxVax is majority owned by an affiliate of Cerberus Capital Management, L.P.

Upon the closing of the transaction, Emergent will acquire:

:: Vivotif® (Typhoid Vaccine Live Oral Ty21a), the only oral vaccine licensed by the U.S. Food and Drug Administration (FDA) for the prevention of typhoid fever, a potentially severe and life-threatening infection caused by the bacterium *S. Typhi*. Vivotif is licensed for sale in 27 countries.

:: Vaxchora® (Cholera Vaccine Live Oral), the only FDA-licensed vaccine for the prevention of cholera caused by *Vibrio cholerae* serogroup O1, a potentially serious intestinal disease

:: An Adenovirus 4/7 vaccine candidate being developed for military personnel under contract with the U.S. Department of Defense (DoD) and additional clinical-stage vaccine candidates targeting Chikungunya and other emerging infectious diseases

:: European-based cGMP biologics manufacturing facilities

:: Approximately 250 employees including those in research and development (R&D), manufacturing, and commercial operations with a specialty salesforce

"The acquisition of PaxVax solidifies our position as a global leader in the public health threats market, expands our portfolio of only-in-class products, advances our growth strategy, and progresses us towards the achievement of our 2020 financial and operational goals," said Daniel J. Abdun-Nabi, CEO of Emergent BioSolutions. "Importantly, we believe this acquisition will contribute incremental 2019 revenues of \$70 million to \$90 million and be accretive by the end of 2019. We look forward to continuing to drive growth in the business by building on the

successes of PaxVax in the travelers market, leveraging our core competencies in government contracting and manufacturing, and advancing the development pipeline while remaining disciplined in our approach to R&D.”

**:: Ology Bioservices Wins \$8.4 Million Defense Department Award to Produce Anti-Ebola Medical Countermeasure**

August 17, 2018

Ology Bioservices, Inc., a biologics contract development and manufacturing organization (CDMO), announced today that it was awarded an Other Transaction Agreement (OTA) to support the Joint Project Manager Medical Countermeasure Systems (JPM-MCS), a component of the Joint Program Executive Office for Chemical, Biological, Radiological and Nuclear Defense (JPEO CBRND) for advanced biologics manufacturing services—specifically, to manufacture an anti-Ebola monoclonal antibody (mAb). The award was made possible through collaborative funding between JPEO CBRND and the Defense Advanced Research Projects Agency (DARPA). The antibody, designated mAb114, was developed at the Vaccine Research Center (VRC), part of the National Institute of Allergy and Infectious Diseases (NIAID) with the National Institutes of Health, in part through funding previously provided by DARPA. The VRC is a collaborator with JPM-MCS, DARPA, and Ology Bioservices on this program. Including optional work, the agreement has a value of \$8.4 million...

\* \* \* \*

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

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

*No new digest content identified.*

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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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)

**American Journal of Infection Control**

August 2018 Volume 46, Issue 8, p851-960, e65-e74

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

*Brief Reports*

**[Influenza vaccine availability at urgent care centers in the state of Arizona](#)**

Norman L. Beatty, Kelly M. Hager, Kyle R. McKeown, Francisco Mora, Kathryn R. Matthias, David E. Nix, Mayar Al Mohajer

p946–948

Published online: March 30, 2018

**[A collaborative program to increase adult pneumococcal vaccination rates among a high-risk patient population receiving care at urgent care clinics](#)**

Nicholas Lehman, Carrie F. Koenigsfeld, Geoffrey C. Wall, Catherine Renner, Danielle Hahn, Brian Sheesley, Lisa A. Veach, Adam Bjornson

p952–953

Published online: April 13, 2018

**American Journal of Preventive Medicine**

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

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

[Reviewed earlier]

**American Journal of Public Health**

August 2018 108(8)

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

[Reviewed earlier]

**American Journal of Tropical Medicine and Hygiene**

Volume 98, Issue 6, 2018

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

[Reviewed earlier]

**Annals of Internal Medicine**

7 August 2018 Vol: 169, Issue 3

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

[New issue; No digest content identified]

**BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 18 Aug 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 18 Aug 2018)

*Research article*

### **[Views and perceptions about locally manufactured medicines in Ethiopia: a qualitative study of physicians, patients and regulatory authorities](#)**

*Because of their cost, the use of locally produced, bioequivalent, generic drugs is universally recommended. In Ethiopia, while the government is committed to raising the market share and use of locally produc...*

Authors: Chalachew Alemayehu, Geoff Mitchell, Jane Nikles, Abraham Aseffa and Alexandra Clavarino

Citation: BMC Health Services Research 2018 18:624

Published on: 8 August 2018

*Research article*

### **[Assessment of select electronic health information systems that support immunization data capture – Kenya, 2017](#)**

*Although electronic health information systems (EHIS) with immunization components exist in Kenya, questions and concerns remain about their use and alignment with the Kenya Ministry of Health's (MOH) National...*

Authors: Apophia Namageyo-Funa, Millicent Aketch, Collins Tabu, Adam MacNeil and Peter Bloland

Citation: BMC Health Services Research 2018 18:621

Published on: 8 August 2018

## **BMC Infectious Diseases**

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

(Accessed 18 Aug 2018)

*Research article*

### **[Vaccination demonstration zone successfully controls rabies in Guangxi Province, China](#)**

*Guangxi is the province most seriously affected by rabies virus (RABV) in China. Those most affected by RABV each year are people in rural areas, where dogs are the main cause of human infection with the virus.*

Authors: Xian-Kai Wei, Yi Xiong, Xiao-Ning Li, Min Zheng, Yan Pan, Xiao-Xia He, Jing-Jing Liang, Cheng Liu, Yi-Zhi Zhong, Lian-Bin Zou, Lie-Feng Zheng, Jian-Gang Guo, Chang-Ting Li, Sheng-Bin Huang, Jia-Zhong Gan, Zhen-Mu Meng...

Citation: BMC Infectious Diseases 2018 18:386

Published on: 10 August 2018

*Research article*

**A review of documents prepared by international organizations about influenza pandemics, including the 2009 pandemic: a bibliometric analysis**

*World Health Organization (WHO), the World Bank, UN System Influenza Coordination (UNISIC) and other international organizations released a series of documents to fight against the influenza pandemic.*

Authors: Feng Liang, Peng Guan, Wei Wu, Jing Liu, Ning Zhang, Bao-Sen Zhou and De-Sheng Huang

Citation: BMC Infectious Diseases 2018 18:383

Published on: 8 August 2018

*Research article*

**Serologic response to pneumococcal vaccination in children experiencing recurrent invasive pneumococcal disease**

*Some children are prone to recurrent invasive pneumococcal disease (rIPD) and of these, some respond insufficiently to standard pneumococcal vaccination. Little is known about how to handle these children and ...*

Authors: Helene A. S. Ingels, Bjørn Kantsø and Hans-Christian Slotved

Citation: BMC Infectious Diseases 2018 18:366

Published on: 6 August 2018

**BMC Medical Ethics**

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

(Accessed 18 Aug 2018)

[No new digest content identified]

**BMC Medicine**

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

(Accessed 18 Aug 2018)

*Research article*

**Simultaneously characterizing the comparative economics of routine female adolescent nonavalent human papillomavirus (HPV) vaccination and assortativity of sexual mixing in Hong Kong Chinese: a modeling analysis**

*Although routine vaccination of females before sexual debut against human papillomavirus (HPV) has been found to be cost-effective around the world, its cost-benefit has rarely been examined. We evaluate both ...*

Authors: Horace C. W. Choi, Mark Jit, Gabriel M. Leung, Kwok-Leung Tsui and Joseph T. Wu

Citation: BMC Medicine 2018 16:127

Published on: 17 August 2018

**BMC Pregnancy and Childbirth**

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

(Accessed 18 Aug 2018)

[No new digest content identified]

## **BMC Public Health**

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

(Accessed 18 Aug 2018)

*Research article*

### **[Is early measles vaccination associated with stronger survival benefits than later measles vaccination?](#)**

*Measles vaccine (MV) may protect against non-measles mortality. We tested whether survival depended on age of measles vaccination.*

Authors: Jesper Sloth Hansen, Sanne Marie Thysen, Amabelia Rodrigues, Cesario Martins and Ane Bærent Fisker

Citation: BMC Public Health 2018 18:984

Published on: 7 August 2018

*Research article*

### **[Incomplete immunization among children aged 12–23 months in Togo: a multilevel analysis of individual and contextual factors](#)**

*Inadequate immunization coverage remains a public health problem in Africa. In Togo, only 62% of children under one year of age were fully immunized in 2013. This study aimed to estimate the immunization cover...*

Authors: Didier K. Ekouevi, Fifonsi A. Gbeasor-Komlanvi, Issifou Yaya, Wendpouiré I. Zida-Compaore, Amevegbé Boko, Essèboe Sewu, Anani Lacle, Nicolas Ndibu, Yaovi Toke and Dadja E. Landoh

Citation: BMC Public Health 2018 18:952

Published on: 2 August 2018

## **BMC Research Notes**

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

(Accessed 18 Aug 2018)

[No new digest content identified]

## **BMJ Open**

August 2018 - Volume 8 - 8

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

(17 August, 2018)

### **[Digital health app development standards: a systematic review protocol](#)**

*There is currently a lack of clear and accepted standards for the development (planning, requirement analysis and research, design and application testing) of apps for medical and healthcare use which poses different risks to developers, providers, patients and the public. The aim of this work is to provide an overview of the current standards, frameworks, best practices and guidelines for the development of digital health apps. This review is a critical 'stepping stone' for further work on producing appropriate standards that can help mitigate risks (eg, clinical, privacy and economic risks).*

Michelle Helena Van Velthoven, James Smith, Glenn Wells, David Brindley

## **Bulletin of the World Health Organization**

Volume 96, Number 8, August 2018, 513-588  
<http://www.who.int/bulletin/volumes/96/8/en/>

*RESEARCH*

**[A post-conflict vaccination campaign, Central African Republic](#)**

– Nicolas Peyraud, Michel Quéré, Geraldine Duc, Corinne Chèvre, Theo Wanteu, Souheil Reache, Thierry Dumont, Robin Nesbitt, Ellen Dahl, Etienne Gignoux, Manuel Albela, Anna Righetti, Marie-Claude Bottineau, Jean-Clément Cabrol, Micaela Sarafini, Samuel Nzalapan, Pauline Lechevalier, Clotilde Rambaud & Monica Rull

<http://dx.doi.org/10.2471/BLT.17.204321>

*Abstract*

**Objective**

To rapidly increase childhood immunization through a preventive, multi-antigen, vaccination campaign in Mambéré-Kadéï prefecture, Central African Republic, where a conflict from 2012 to 2015 reduced vaccination coverage.

**Methods**

The three-round campaign took place between December 2015 and June 2016 using: (i) oral poliomyelitis vaccine (OPV); (ii) combined diphtheria, tetanus and pertussis (DTP) vaccine, Haemophilus influenza type B (Hib) and hepatitis B (DTP–Hib–hepatitis B) vaccine; (iii) pneumococcal conjugate vaccine (PCV); (iv) measles vaccine; and (v) yellow fever vaccine. Administrative data were collected on vaccines administered by age group and vaccination coverage surveys were carried out before and after the campaign.

**Findings**

Overall, 294,054 vaccine doses were administered. Vaccination coverage for children aged 6 weeks to 59 months increased to over 85% for the first doses of OPV, DTP–Hib–hepatitis B vaccine and PCV and, in children aged 9 weeks to 59 months, to over 70% for the first measles vaccine dose. In children aged 6 weeks to 23 months, coverage of the second doses of OPV, DTP–Hib–hepatitis B vaccine and PCV was over 58% and coverage of the third doses of OPV and DTP–Hib–hepatitis B vaccine was over 20%. Moreover, 61% (5804/9589) of children aged 12 to 23 months had received two PCV doses and 90% (25933/28764) aged 24 to 59 months had received one dose.

**Conclusion**

A preventive, multi-antigen, vaccination campaign was effective in rapidly increasing immunization coverage in a post-conflict setting. To sustain high coverage, routine immunization must be reinforced.

**[Establishing thresholds and parameters for pandemic influenza severity assessment, Australia](#)**

– Kaitlyn Vette, Christina Bareja, Robert Clark & Aparna Lal

<http://dx.doi.org/10.2471/BLT.18.211508>

*Abstract*

**Objective**

To implement the World Health Organization's pandemic influenza severity assessment tool in Australia, using multiple sources of data to establish thresholds and measure influenza severity indicators.

**Methods**

We used data from four reliable sources: sentinel general practitioner surveillance, hospital surveillance, a public health hotline and an influenza-like illness survey system. We measured three influenza severity indicators (transmissibility, impact and disease seriousness) defined



using pandemic influenza severity assessment guidelines. We used the moving epidemic method and a seriousness indicator-specific method to set thresholds for indicator parameters using 2012–2016 data. We then applied the thresholds to data from the 2017 influenza season.

**Findings**

We were able to measure and produce thresholds for each severity indicator. At least one laboratory-confirmed influenza parameter was used to measure each indicator. When thresholds were applied to the 2017 season, there was good agreement across all data sources in measuring activity for each indicator. The season was characterized as having high transmissibility and extraordinary impact. Seriousness was characterized as moderate overall and in all age groups except those aged  $\geq 65$  years for whom it was high. This matched the description of the season produced by the Australian national influenza surveillance committee, based on expert opinion and historical ranges.

**Conclusion**

The pandemic influenza severity assessment and moving epidemic method provide a robust and flexible method to enable an evidence-based assessment of seasonal influenza severity across diverse data sources. This is useful for national assessment and will contribute to global monitoring and response to circulating influenza with pandemic potential.

**Child Care, Health and Development**

Volume 44, Issue 5 Pages: 659-800 September 2018

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

[New issue; No digest content identified]

**Clinical Therapeutics**

July 2018 Volume 40, Issue 7, p1049-1224

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

[New issue; No digest content identified]

**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 18 Aug 2018]

[No new digest content identified]

**Contemporary Clinical Trials**

Volume 71 Pages 1-206 (August 2018)

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/71/suppl/C>

[New issue; No digest content identified]

### **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 3 - June 2018

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

*Commentary*

#### **The Forgotten Need of Disaster Relief**

Leonardo Tamariz, Cynthia Cely, Ana Palacio

<https://doi.org/10.1017/dmp.2017.67>

Published online: 18 September 2017, pp. 284-286

*Abstract*

Disasters in countries with limited resources can put the emergency preparedness of the country to the test. The first major task after a disaster is to take care of the wounded. In countries where the epidemiological transition has occurred, chronic disease can place a major strain on public health preparedness after a disaster. The purpose of this field report is to alert public health practitioners of an infrequently reported public health problem: the impact of natural disasters on adherence to chronic medications. In our experience, the most common complaint in the weeks that followed the 2016 earthquake was not having access to their chronic medications. (Disaster Med Public Health)

### **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>

[Reviewed earlier]

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

Volume 28, Issue 4, 1 August 2018

<https://academic.oup.com/eurpub/issue/28/4>

*Editorials*

#### **Reflecting on Alma Ata 1978: forty years on**

Kairat Davletov; Talgat Nurgozhin; Martin McKee

European Journal of Public Health, Volume 28, Issue 4, 1 August 2018, Pages 587,

<https://doi.org/10.1093/eurpub/cky094>

*Extract*

The Alma Ata declaration was a product of its time. It came about from a recognition that, in an increasingly prosperous world, many people were being left behind. In the world's poorest countries, tens of thousands of people were dying every year from entirely avoidable conditions, lacking access to even the most basic health services. At the same time, those in the richest countries were benefiting from pharmaceutical and technological advances that would have been undreamed of even a decade earlier.

Forty years on, much of what it said is now taken for granted, such as health being a human right, that inequality of health status between rich and...

*Infectious diseases*

#### **Good practices and challenges in addressing poliomyelitis and measles in the European Union**

John Kinsman; Svenja Stöven; Fredrik Elgh; Pilar Murillo; Michael Sulzner

European Journal of Public Health, Volume 28, Issue 4, 1 August 2018, Pages 730–734,

<https://doi.org/10.1093/eurpub/cky056>

#### **Association between vaccination coverage decline and influenza incidence rise among Italian elderly**

Lamberto Manzoli; Giovanni Gabutti; Roberta Siliquini; Maria Elena Flacco; Paolo Villari ...  
European Journal of Public Health, Volume 28, Issue 4, 1 August 2018, Pages 740–742,  
<https://doi.org/10.1093/eurpub/cky053>

### **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 10

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

*Article*

#### **[The 'indirect costs' of underfunding foreign partners in global health research: A case study](#)**

Johanna T. Crane, Irene Andia Biraro, Tamer M. Fouad, Yap Boum II & David R. Bangsberg

Pages: 1422-1429

Published online: 16 Sep 2017

*Article*

#### **[Compulsory licensing of pharmaceuticals reconsidered: Current situation and implications for access to medicines](#)**

Kyung-Bok Son & Tae-Jin Lee

Pages: 1430-1440

Published online: 28 Nov 2017

#### ***ABSTRACT***

To examine patterns and trends in attempts, distinguished from issuance, to issue compulsory licensing of pharmaceuticals and to assess related implications in the era of high-cost medicines. Documents from various civil society organisations were primarily used to search attempts, as well as published literature. The identified attempts were analysed by pharmaceutical level, national level, claimers, and the outcomes of the attempts. There have been 108 attempts to issue compulsory licensing for 40 pharmaceuticals in 27 countries since 1995. Most of the attempts were in Asian, Latin American, and African countries and mainly for HIV/AIDS medicines. Moreover, when the claimer was the government, the likelihood of approval and positive outcomes increased. Compulsory licensing, which was devised to cope with the HIV/AIDS pandemic in low-income countries, became a practical measure in several Asian and Latin American countries, even for non-HIV/AIDS medicines. Resurgent compulsory licensing in 2012 and 2014, influenced by the global justice movement, might represent a policy window in the near future as the Doha Declaration did in the 2000s. In this context, various

experiences should be circulated and analysed at the global level to better understand the circumstances under which successful issuance has been achieved at the country level.

### **Globalization and Health**

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

[Accessed 18 Aug 2018]

*Research*

#### **Strengthening health research capacity in sub-Saharan Africa: mapping the 2012–2017 landscape of externally funded international postgraduate training at institutions in the region**

*The objective was to guide key stakeholders on future directions of external funding of international postgraduate training (Master's and PhD) of health research students at institutions in sub-Saharan Africa by mapping the numbers and characteristics of students, the location of institutions, and sources of external support.*

Authors: Terra Morel, Dermot Maher, Thomas Nyirenda and Ole F. Olesen

Citation: Globalization and Health 2018 14:77

Published on: 31 July 2018

### **Health Affairs**

Vol. 37 , No. 8 August 2018

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

#### ***Medicaid, Markets & More***

*Research Article Ethics*

#### **Encouraging Participation And Transparency In Biobank Research**

Kayte Spector-Bagdady, Raymond G. De Vries, Michele G. Gornick, Andrew G. Shuman ...

*Abstract*

Medical biobanks often struggle to obtain sustainable funding. Commercialization of specimens is one solution, but disclosure of commercial interests to potential contributors can be dissuasive. Recent revisions to the federal human subjects research regulations will soon mandate such commercialization disclosure in some circumstances, which raises questions about implications for practice. In this nationally representative, probability-based survey sample of the US adult population, we found that 67 percent of participants agreed that clear notification of potential commercialization of biospecimens is warranted, but only 23 percent were comfortable with such use. Sixty-two percent believed that profits should be used only to support future research, and 41 percent supported sharing profits with the public. We also considered other factors related to disclosure in our analysis and argue for a “disclosure plus” standard: informing potential contributors that their biospecimens might be accessed by commercial organizations and explaining how profits would be used to both enhance transparency and facilitate contributors’ altruistic motivations.

### **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](https://academic.oup.com/heapol/issue/33/suppl_2)

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

[Reviewed earlier]

## **Health Research Policy and Systems**

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

[Accessed 18 Aug 2018]

*Research*

### **[The reporting of funding in health policy and systems research: a cross-sectional study](#)**

*Major research-reporting statements, such as PRISMA and CONSORT, require authors to provide information about funding. The objectives of this study were (1) to assess the reporting of funding in health policy ...*

Authors: Assem M. Khamis, Lama Bou-Karroum, Maram B. Hakoum, Mounir Al-Gibbawi, Joseph R. Habib, Fadi El-Jardali and Elie A. Akl

Citation: Health Research Policy and Systems 2018 16:83

Published on: 17 August 2018

*Research*

### **[Public involvement in health research systems: a governance framework](#)**

*Growing interest in public involvement in health research has led to organisational and policy change. Additionally, an emerging body of policy-oriented scholarship has begun to identify the organisational and...*

Authors: Fiona Alice Miller, Sarah J. Patton, Mark Dobrow and Whitney Berta

Citation: Health Research Policy and Systems 2018 16:79

Published on: 6 August 2018

*Commentary*

### **[Developing the latest framework to measure and incentivise pharmaceutical industry contributions to health research and development](#)**

*Major pharmaceutical companies contribute important expertise to health research and development (R&D), particularly in their ability to develop and bring pharmaceuticals to market. The Access to Medicine Index...*

Authors: Clarke B. Cole, Stine Trolle and Danny J. Edwards

Citation: Health Research Policy and Systems 2018 16:73

Published on: 2 August 2018

### **Humanitarian Exchange Magazine**

Number 72 July 2018

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

[Reviewed earlier]

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

Volume 14, Issue 7 2018

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

[Reviewed earlier]

### **Infectious Agents and Cancer**

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

[Accessed 18 Aug 2018]

[No new digest content identified]

### **Infectious Diseases of Poverty**

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

[Accessed 18 Aug 2018]

*Research Article*

#### **[Climate drivers of vector-borne diseases in Africa and their relevance to control programmes](#)**

*Climate-based disease forecasting has been proposed as a potential tool in climate change adaptation for the health sector. Here we explore the relevance of climate data, drivers and predictions for vector-bor...*

Authors: Madeleine C. Thomson, Ángel G. Muñoz, Remi Cousin and Joy Shumake-Guillemot

Citation: Infectious Diseases of Poverty 2018 7:81

Published on: 10 August 2018

### **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**

August 2018 Volume 73, p1-118  
[https://www.ijidonline.com/issue/S1201-9712\(18\)X0007-1](https://www.ijidonline.com/issue/S1201-9712(18)X0007-1)  
*Reviews*

**[Antimicrobial resistance in the context of the Syrian conflict: Drivers before and after the onset of conflict and key recommendations](#)**

Aula Abbara, Timothy M. Rawson, Nabil Karah, Wael El-Amin, James Hatcher, Bachir Tajaldin, Osman Dar, Omar Dewachi, Ghassan Abu Sitta, Bernt Eric Uhlin, Annie Sparrow  
p1-6  
Published online: May 21, 2018

**JAMA**

August 14, 2018, Vol 320, No. 6, Pages 519-612  
<http://jama.jamanetwork.com/issue.aspx>  
*Viewpoint*

**[Potential Child Health Consequences of the Federal Policy Separating Immigrant Children From Their Parents](#)**

Howard A. Zucker, MD, JD; Danielle Greene, DrPH  
JAMA. 2018;320(6):541-542. doi:10.1001/jama.2018.10905

This Viewpoint discusses how the separation of immigrating children from their parents can result in deleterious long-term physical and psychological effects.

*Biotech Innovations*  
August 14, 2018

**[New Nonprofit Biotech From Bill and Melinda Gates](#)**

Jennifer Abbasi  
JAMA. 2018;320(6):539. doi:10.1001/jama.2018.11253

A new nonprofit biotech organization funded by the Bill and Melinda Gates Foundation will take on infectious diseases that disproportionately affect the world's poorest populations: malaria, tuberculosis, and enteric and diarrheal diseases in children. Together these diseases



cause 5 deaths every minute, according to the new organization, the Bill and Melinda Gates Medical Research Institute.

Officially open since January, the institute—known as Gates MRI—recently [announced](#) details about its mission. Penny M. Heaton, MD, will serve as the institute's chief executive officer. Heaton previously directed the foundation's vaccine development program. Immunizations are on the docket at the new institute, too, which aims to speed the development of novel vaccine, drug, and biologic candidates for its target diseases.

Headquartered in Cambridge, Massachusetts, the institute will focus on translational medicine, moving research from late preclinical studies to proof-of-concept phase 1 trials. Later-stage development will involve partnerships with pharmaceutical and biotech companies, nonprofit product developers, and low- and middle-income country manufacturers.

According to the announcement, Gates MRI researchers' first project will test if a booster shot of the bacille Calmette-Guérin (BCG) vaccine, which is usually given to infants but wanes in efficacy over time, protects at-risk adolescents from tuberculosis.

JAMA

August 7, 2018, Vol 320, No. 5, Pages 419-516

**[Return of Research Results to Study Participants - Uncharted and Untested](#)**

Charlene A. Wong, MD, MSHP; Adrian F. Hernandez, MD, MHS; Robert M. Califf, MD  
JAMA. 2018;320(5):435-436. doi:10.1001/jama.2018.7898

Research data may be of great utility to study participants and their clinicians in understanding and managing the health of patients who participate in research, depending on the clinical context and nature of results. In addition, increasing amounts of digital data are generated by commercial health products, such as accelerometers and smart watches, and in clinical care. With increasing digitization and data availability, researchers, clinicians, developers, and patients encounter the issue of how to consume, analyze, and make sense of those data. The return of individual results in the context of research studies provides a useful, structured environment to develop an empirical framework, and lessons learned may be applicable to other cases of health information consumerism.

**JAMA Pediatrics**

August 2018, Vol 172, No. 8, Pages 709-792

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

[New issue; No digest content identified]

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

August 2018 - Volume 16 - Issue 8

<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)

[Reviewed earlier]

**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>

[Reviewed earlier]

**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 3, August 2018

<https://muse.jhu.edu/issue/38903>

[New issue; No digest content identified]

**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, 18 Aug 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>

[Reviewed earlier]

**Journal of Medical Internet Research**

Vol 20, No 7 (2018): July

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

[Reviewed earlier]

**Journal of Medical Microbiology**

Volume 67, Issue 7, July 2018

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

[Reviewed earlier]

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

Volume 5, Issue 3 (2018)

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

[New issue; No digest content identified]

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

Volume 7, Issue 3, September 2018

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

*On Vaccination*

**[The Influenza Vaccine Mess](#)**

[Stanley A Plotkin](#)

Journal of the Pediatric Infectious Diseases Society, Volume 7, Issue 3, 17 August 2018, Pages 178–180, <https://doi.org/10.1093/jpids/piy057>

***Extract***

By and large, we think of vaccines as highly efficacious, as has been shown in placebo-controlled trials and also by the decreasing incidence of the disease against which a vaccine has been developed. Not so with inactivated influenza vaccine, which we recommend each year for both children and adults but without expecting high efficacy. Indeed, we hope only for moderate efficacy under the conditions of a circulating influenza virus that has not changed substantially from the related strain that was included in the vaccine [1]. Moreover, the failure rate is augmented by the fact that current vaccines are aimed...

**Randomized Trial of 2 Versus 1 Dose of Measles Vaccine: Effect on Hospital Admission of Children After 9 Months of Age**

Marie Brønd; Cesario L Martins; Stine Byberg; Christine S Benn; Hilton Whittle ...

Journal of the Pediatric Infectious Diseases Society, Volume 7, Issue 3, 17 August 2018, Pages 226–233, <https://doi.org/10.1093/jpids/pix042>

Within a randomized trial of measles vaccine (MV) given at 4½ and 9 months versus at 9 months only, boosting with MV reduced the risk of hospital admissions among children between 9 and 18 months of age who had not received vitamin A at birth.

*Original Articles and Commentaries*

**Immunization Completion in Infants Born at Low Birth Weight**

Matt Nestander; Jay Dintaman; Apryl Susi; Gregory Gorman; Elizabeth Hisle-Gorman

Journal of the Pediatric Infectious Diseases Society, Volume 7, Issue 3, 17 August 2018, Pages e58–e64, <https://doi.org/10.1093/jpids/pix079>

Low birth weight significantly affects immunization completion, even after controlling for prematurity, neonatal illness, provider consistency, access to care, well-child care, and outpatient visits. Complete well-child care visits are associated with immunization completion.

**Journal of Pediatrics**

August 2018 Volume 199, p1-288

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

[New issue; No digest content identified]

**Journal of Pharmaceutical Policy and Practice**

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

[Accessed 18 Aug 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 3, August 2018

<https://link.springer.com/journal/41271/39/3/page/1>

*Viewpoint*

**What treating Ebola means for pandemic influenza**

David S. Fedson

*Original Article*

**Did two booster doses for schoolchildren change the epidemiology of pertussis in Israel?**

Emilia Anis, Larisa Moerman, Gary Ginsberg...

### **Journal of the Royal Society – Interface**

July 2018; volume 15, issue 144

<http://rsif.royalsocietypublishing.org/content/current>

[Reviewed earlier]

### **Journal of Travel Medicine**

Volume 25, Issue suppl\_1, 1 May 2018

[https://academic.oup.com/jtm/issue/25/suppl\\_1](https://academic.oup.com/jtm/issue/25/suppl_1)

***Asian travel: from the rare to the difficult***

[Reviewed earlier]

### **Journal of Virology**

September 2018; Volume 92, Issue 17

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

[New issue; No digest content identified]

### **The Lancet**

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

**Aug 18, 2018 Volume 392 Number 10147 p531-612**

*Articles*

**[On the road to universal health care in Indonesia, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016](#)**

Nafsiah Mboi, Indra Murty Surbakti, Indang Trihandini, Iqbal Elyazar, Karen Houston Smith, Pungkas Bahjuri Ali, Soewarta Kosen, Kristin Flemons, Sarah E Ray, Jackie Cao, Scott D Glenn, Molly K Miller-Petrie, Meghan D Mooney, Jeffrey L Ried, Dina Nur Anggraini Ningrum, Fachmi Idris, Kemal N Siregar, Pandu Harimurti, Robert S Bernstein, Tikki Pangestu, Yuwono Sidharta, Mohsen Naghavi, Christopher J L Murray, Simon I Hay

*Viewpoint*

**[On reducing the risk of vaccine-associated paralytic poliomyelitis in the global transition from oral to inactivated poliovirus vaccine](#)**

Xiangdong Peng, Xiaojiang Hu, Miguel A Salazar

Owing to the concerted efforts of countries worldwide, the incidence of paralytic poliomyelitis due to wild poliovirus infection has been reduced to its lowest on record. Wild poliovirus type 2 has not been detected since 1999 and was certified to have been eradicated in 2015. No case of paralytic poliomyelitis caused by wild poliovirus type 3 has been reported since 2012, and all cases detected since 2013 have been due to wild poliovirus type 1. In 2016, only 37 cases of paralytic poliomyelitis caused by wild poliovirus infection were reported, and that number decreased to 22 in 2017. Global eradication of wild poliovirus—the long-awaited outcome of decades of effort—is finally in sight.

**Aug 11, 2018 Volume 392 Number 10146 p451-530**

[No digest content identified]

**Aug 04, 2018 Volume 392 Number 10145 p359-450 e6**

*Editorial*

**Vaccine scandal and confidence crisis in China**

The Lancet

In July, China experienced its "worst public health crisis in years" as stated by South China Morning Post. Chinese vaccine maker Changsheng Biotechnology was found to have fabricated production and inspection records and to have arbitrarily changed process parameters and equipment during its production of freeze-dried human rabies vaccines. Furthermore, substandard diphtheria, pertussis, and tetanus (DPT) vaccines produced by Changsheng Biotechnology were administered to 215 184 Chinese children; and 400 520 substandard DPT vaccines produced by Wuhan Institute of Biological Products were sold in Hebei and Chongqing. On July 25, China's drug regulator launched an investigation into all vaccine producers across the country. 15 people from Changsheng Biotechnology, including the chairman, have been detained by Chinese authorities.

This latest vaccine scandal follows on from a series of fake and substandard food and drugs issues in China. As a result, many parents have lost faith in the vaccine system. Although no cases of death or other severe consequences relevant to the substandard rabies and DPT vaccines have been documented as of July 31, the substandard vaccines have been reported as being poisonous in social media and on the internet.

The immediate action to investigate the national vaccine industry is crucial to deal with the vaccine scandal. However, such action alone will not end public distrust and dissent towards vaccines. The national immunisation programme has helped China achieve tremendous health gains. However, the current vaccine confidence crisis seriously threatens this programme.

Above all, it is the government's responsibility to ensure that the vaccines produced and used in China are effective and safe. To restore and sustain the public's confidence in China's vaccine quality and safety, it is urgent for the government to reflect on and reform where necessary the country's vaccine regulatory system. A better understanding of the concerns of the public and more transparent and open regulation are essential to protect millions of children from preventable illnesses.

**Lancet Global Health**

Sep 2018 Volume 6 Number 9 e933-e1044

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

*Articles*

**Monitoring equity in universal health coverage with essential services for neglected tropical diseases: an analysis of data reported for five diseases in 123 countries over 9 years**

Christopher Fitzpatrick, Mathieu Bangert, Pamela Sabina Mbabazi, Alexei Mikhailov, Honorat Zouré, Maria Polo Rebollo, Magda Robalo Correia e Silva, Gautam Biswas

**Long-term effectiveness of one and two doses of a killed, bivalent, whole-cell oral cholera vaccine in Haiti: an extended case-control study**

Molly F Franke, Ralph Ternier, J Gregory Jerome, Wilfredo R Matias, Jason B Harris, Louise C Ivers

No study of long-term protection following killed oral cholera vaccination has been done outside of the historically cholera-endemic areas of south Asia, or has examined protection after a single-dose vaccination regimen. To address this, we examined the duration of protection of the standard two-dose regimen and an incomplete regimen of one dose up to 4 years after vaccination in Haiti...In a setting of epidemic and newly endemic cholera in Haiti, single-dose vaccination with killed, bivalent, whole-cell oral cholera vaccination provided short-term protection; however, vaccination with two doses was required for long-term protection, which lasted up to 4 years after vaccination. These results add to the evidence in support of the use of killed, bivalent, whole-cell oral cholera vaccination as part of comprehensive cholera control plans.

**Impact of monovalent rotavirus vaccine on diarrhoea-associated post-neonatal infant mortality in rural communities in Malawi: a population-based birth cohort study**

Naor Bar-Zeev, Carina King, Tambosi Phiri, James Beard, Hazzie Mvula, Amelia C Crampin, Ellen Heinsbroek, Sonia Lewycka, Jacqueline E Tate, Umesh D Parashar, Anthony Costello, Charles Mwansambo, Robert S Heyderman, Neil French, Nigel A Cunliffe for the VacSurv Consortium

**Lancet Infectious Diseases**

Aug 2018 Volume 18 Number 8 p813-924 e217-e258  
<http://www.thelancet.com/journals/laninf/issue/current>  
[Reviewed earlier]

**Lancet Respiratory Medicine**

Aug 2018 Volume 6 Number 8 p567-646 e36-e42  
<http://www.thelancet.com/journals/lanres/issue/current>  
[Reviewed earlier]

**Maternal and Child Health Journal**

Volume 22, Issue 8, August 2018  
<https://link.springer.com/journal/10995/22/8/page/1>  
[Reviewed earlier]

**Medical Decision Making (MDM)**

Volume 38 Issue 6, August 2018  
<http://mdm.sagepub.com/content/current>  
[New issue; No digest content identified]

**The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*  
Volume 96, Issue 2 Pages: 215-408 June 2018  
<https://onlinelibrary.wiley.com/toc/14680009/current>  
[Reviewed earlier]

## **Nature**

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

### **Volume 560 Issue 7718, 16 August 2018**

*Editorial* | 13 August 2018

#### **[The spectre of smallpox lingers](#)**

The last known person to die from the virus was infected 40 years ago. Yet the disease remains a worry, and precautions should continue.

### **Volume 560 Issue 7717, 9 August 2018**

*Editorial* | 08 August 2018

#### **[Signs of hope emerge against influenza](#)**

A universal vaccine might be some way off, but research into how the immune system responds to the virus will be crucial to achieving that goal

### **Volume 560 Issue 7716, 2 August 2018**

[No digest content identified]

## **Nature Medicine**

Volume 24 Issue 8, August 2018

<https://www.nature.com/nm/volumes/24/issues/8>

*Editorial* | 06 August 2018

#### **[Keep off-target effects in focus](#)**

Concerns about potential unintended DNA changes that might accidentally arise from CRISPR gene editing have emerged to varying degrees with the advent of the technology. As new therapies move from bench to bedside, scientists need to redouble their efforts to document the spectrum of these off-target effects while also acknowledging the reality that a certain degree of risk is embedded in many promising and successful medical therapies.

## **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**

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

### **August 16, 2018 Vol. 379 No. 7**

*Perspective*

#### **[Fractional-Dose Yellow Fever Vaccination — Advancing the Evidence Base](#)**

Kirsten Vannice, Ph.D., M.H.S., Annelies Wilder-Smith, M.D., Ph.D., and Joachim Hombach, Ph.D., M.P.H.

### **August 9, 2018 Vol. 379 No. 6**

[No digest content identified]



**August 2, 2018 Vol. 379 No. 5**

*Perspective*

**Accreditation of Clinical Research Sites — Moving Forward**

Greg Koski, Ph.D., M.D., Larry Kennedy, Ph.D., Mary F. Tobin, Ph.D., and Matthew Whalen, Ph.D.

An initiative to design a system of accreditation that would improve and ensure the quality, performance, and safety of clinical trial sites is now coming to fruition. An initial set of quality standards is being made available by request.

**Pediatrics**

August 2018, VOLUME 142 / ISSUE 2

<http://pediatrics.aappublications.org/content/142/2?current-issue=y>

*State-of-the-Art Review Article*

**Pediatricians and Global Health: Opportunities and Considerations for Meaningful Engagement**

Gitanjali Arora, Emily Esmaili, Michael B. Pitt, Andrea Green, Lisa Umphrey, Sabrina M. Butteris, Nicole E. St Clair, Maneesh Batra, Cliff O'Callahan, on behalf of the Global Health Task Force of the American Board of Pediatrics

Pediatrics Aug 2018, 142 (2) e20172964; DOI: 10.1542/peds.2017-2964

In this review, we describe opportunities, resources, and important personal and professional considerations for US-based pediatric practitioners who are engaged in GCH.

*Ethics Rounds*

**Research Consent at the Age of Majority: Preferable but not Obligatory**

Kyle B. Brothers, Benjamin S. Wilfond

Pediatrics Aug 2018, 142 (2) e20173038; DOI: 10.1542/peds.2017-3038

There are important reasons for researchers to seek consent when participants turn 18 years old, but these must be balanced with scientific priorities.

**Reconsidering the Need for Reconsent at 18**

Benjamin E. Berkman, Dana Howard, David Wendler

Pediatrics Aug 2018, 142 (2) e20171202; DOI: 10.1542/peds.2017-1202

In this article, we challenge the prevailing view that researchers must attempt to obtain consent at 18 years of age to continue doing research with stored samples.

**Pharmaceutics**

Volume 10, Issue 2 (June 2018)

<http://www.mdpi.com/1999-4923/10/2>

[Reviewed earlier]

**Pharmacoeconomics**

Volume 36, Issue 8, August 2018

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

[Reviewed earlier]

## **PLOS Currents: Disasters**

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

[Accessed 18 Aug 2018]

### **[An Evaluation of Global Hazard Communication with Ethical Considerations](#)**

August 7, 2018 · [Review](#)

**Introduction:** Despite the large number of hazards occurring every year, it is often only the most catastrophic and rapidly occurring hazards that are covered in detail by major news outlets. This can result in an under-reporting of smaller or slowly evolving hazards such as drought. Furthermore, the type or country in which the hazard occurs may have a bearing on whether it receives media coverage. The Public Health England (PHE) global weekly hazards bulletin is designed to inform subscribers of hazards occurring in the world in a given week regardless of location or type of natural hazard. This paper will aim to examine whether the bulletin is reporting these events in a way that matches a number of international disaster databases. It will also seek to answer if biases within media outlets reporting of an event is impacting on the types of hazards and events being covered. Through the analysis of data collected, it is hoped to be able to consider the ethical implications of such a bulletin service and provide recommendations on how the service might be improved in the future.

**Methods:** The study used a year's worth of global hazards bulletins sent by Public Health England. These bulletins aim to communicate hazards in the form of compiled articles from news outlets around the world. Data from these bulletins was collected and analysed by hazard type and the country in which hazards occurred. It was then compared to recognised hazard databases to assess similarities and differences in the hazards being reported via media or through dedicated hazard databases. The recognised hazard databases were those run by the Emergency Events Database (EM-DAT), European Civil Protection and Humanitarian Aid Operations (ECHO) and National Aeronautics and Space Administration (NASA) respectively.

**Results:** The PHE bulletin overall was found to be comparable to other global hazard or disaster databases in terms of hazards included by both country and type of hazard. The PHE bulletin covered a greater number of unique hazard events than the other databases and also covered more types of hazard. It also gave more frequent coverage to the United Kingdom and Canada than the other databases, with other countries appearing less frequently. More generally, the PHE bulletin and the databases it was compared to appear to focus more on hazards either occurring in developed countries or fast-onset ones such as landslides or floods. On the other hand, slow-onset hazards such as drought or those occurring in developing countries appear to be under-reported and are given less importance in both the bulletin and databases.

**Discussion and recommendations** We recommend that the resources compared review their inclusion criteria and assess whether the discrepancies in hazard type and country can be ratified through changes in how hazards are assessed for inclusion. More research should be undertaken to assess whether similar findings arise when comparing databases in other areas within the remit of public health.

## **PLoS Currents: Outbreaks**

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

[Accessed 18 Aug 2018]

### **[The 2015 Outbreak of Severe Influenza in Kashmir, North India: Emergence of a New Clade of A/H1n1 Influenza Virus](#)**

August 8, 2018 · [Research Article](#)

**Introduction:** Following the initial outbreak of A/H1N1pdm09, periodic resurgences of the virus, with variable morbidity and mortality, have been reported from various parts of India including the temperate Kashmir region of northern India. An outbreak of A/H1N1 with high morbidity and mortality was reported in early 2015 across India with a high morbidity and mortality. We studied patients during the outbreak in Kashmir.

**Methods:** Patients (n=1780, age 1 month to 90 years, median 35 years) presenting with acute respiratory illness to a tertiary care hospital in Srinagar, Kashmir from October 2014 to April 2015 were recruited. After clinical data recording, combined throat and nasal swabs were collected in viral transport medium and tested by real-time RT-PCR for influenza viruses. All influenza A positive samples were further subtyped using primers and probes for A/H1N1pdm09 and A/H3 whereas influenza B samples were further subtyped into B/Yamagata and B/Victoria lineages. Virus isolation, hemagglutination inhibition testing, sequencing and phylogenetic analysis was carried out using standard procedures. Testing for H275Y mutation was done to determine sensitivity to oseltamivir. All patients received symptomatic therapy and influenza positive patients were administered oseltamivir.

**Results:** Of the 1780 patients, 540 (30%) required hospitalization and 533 tested positive for influenza [influenza A=517(A/H1N1pdm09=437, A/H3N2=78 with co-infection of both in 2 cases); influenza B=16 (B/Yamagata=15)]. About 14% (n=254) had been vaccinated against influenza, having received the NH 2014-15 vaccine, 27 (11.3%) of these testing positive for influenza. Sixteen patients, including 4 pregnant females, died due to multi-organ failure. HA sequencing depicted that 2015 isolates belonged to Clade 6B.1. No H275Y mutation was reported from A/H1N1 positives.

**Conclusion:** Resurgent outbreak of A/H1N1pdm09, with emergence of clade 6B.1, in 2014-15 resulted in high rate of hospitalizations, morbidity and mortality. Periodic resurgences and appearance of mutants emphasize continued surveillance so as to identify newer mutations with potential for outbreaks and severe outcomes.

### **[The 2016-2017 Chikungunya Outbreak in Karachi](#)**

August 7, 2018 · [Research Article](#)

**Introduction:** Chikungunya is an incipient disease, caused by Chikungunya virus (CHKV) that belongs to genus alphavirus of the family Togaviridae.

**Materials and Methods:** In this study, during an outbreak of CHKV in Dec 2016 in Karachi, Pakistan, samples were collected from patients presenting with fever, tiredness and pain in muscles and joints. Total 126 sera were tested for the presence of Chikungunya infection through ELISA and Real-time Reverse Transcriptase PCR assay.

**Results and Discussion:** This study showed that approx 79.4% samples were positive for CHKV. To our knowledge, this is the first reported outbreak from last decades in which the presence of CHKV is confirmed in Karachi while affecting such large no. of individuals.. **Conclusion:** CHKV diagnosis should be considered by the scientists and clinicians as a differential diagnosis in febrile patients, and appropriate control strategies must be adopted for its surveillance.

**PLoS Medicine**

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

(Accessed 18 Aug 2018)

*Policy Forum*

**[Choices in vaccine trial design in epidemics of emerging infections](#)**

Rebecca Kahn, Annette Rid, Peter G. Smith, Nir Eyal, Marc Lipsitch

| published 07 Aug 2018 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002632>

### *Summary points*

:: The 2014–2016 Ebola epidemic highlighted variations in the design of randomized trials to evaluate investigational vaccines in an emergency setting. Here, we summarize scientific, ethical, and feasibility considerations relevant to different trial designs.

:: We focus on four fundamental choices in designing a trial of an experimental vaccine in the setting of an emerging infectious disease for which no proven vaccines exist: randomization unit, trial population, comparator intervention, and trial implementation. We also consider three ethical issues relevant to trial design: the social and scientific value of the trial, its risk–benefit profile, and the fairness of participant selection.

:: We believe that individual rather than cluster randomization is better suited for estimating the direct protective effect of a vaccine, a measure of great intrinsic interest. Individual randomization should therefore be the default strategy for evaluating investigational vaccines during epidemics.

:: Trial participants may be selected either from the general population or from a group at high risk of exposure to infection, depending on the characteristics of the infection together with statistical, fairness, and feasibility considerations.

:: Use of a placebo control, rather than an active control or delayed intervention, is likely to maximize the social and scientific value of the trial because it facilitates double-blinding and removes concerns that the comparison intervention may affect the incidence of the disease under study.

:: Starting the trial at approximately the same time for all participants should minimize the time required to obtain a result. Such a strategy will be facilitated when sufficient supplies of the investigational vaccine and control interventions (if any) are available at the start of a trial, when the geographic area for the trial is clearly identified (and anticipated to have continuing disease transmission throughout the trial), and when logistics permit rapid recruitment of the entire trial population. Otherwise, a stepped rollout may be necessary, in which recruitment to the trial is staggered over a period.

### *Essay*

### **A collaborative translational research framework for evaluating and implementing the appropriate use of human genome sequencing to improve health**

Muin J. Khoury, W. Gregory Feero, David A. Chambers, Lawrence E. Brody, Nazneen Aziz, Robert C. Green, A. Cecile J.W. Janssens, Michael F. Murray, Laura Lyman Rodriguez, Joni L. Rutter, Sheri D. Schully, Deborah M. Winn, George A. Mensah

| published 02 Aug 2018 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002631>

### *Summary points*

:: There is currently insufficient scientific evidence to support routine nondiagnostic use of germline genome sequencing in healthcare settings and population screening, but an increasing number of health systems are piloting genomic sequencing projects for clinical care.

:: In principle, numerous diagnostic or prognostic tests based on genes or variants could be used for different purposes across the life span, and an evidence-based approach is urgently needed to evaluate their possible clinical utility and facilitate appropriate implementation.

:: We discuss a translational research framework that features collaboration among multiple health systems with already available genome sequencing data, intervention information, and

clinical outcomes. The framework is based on evaluating the impact of genetic information on improving health outcomes with study designs that depend on the evolving level of evidence for specific intended clinical uses.

:: In addition to observational studies, randomized controlled trials will be needed to assess health benefits, harms, and costs based on returning or not returning the results of selected genes/variants to patients, providers, or both, for specific clinical scenarios.

:: The proposed approach will allow learning health systems to collect clinical utility evidence in a research environment and develop the necessary capacity for appropriate integration of sequencing alongside other medical services.

## **PLOS Neglected Tropical Diseases**

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

(Accessed 18 Aug 2018)

*Viewpoints*

### **[Hajj, Umrah, and the neglected tropical diseases](#)**

Mashal M. Almutairi, Waleed Saleh Alsalem, Mazen Hassanain, Peter J. Hotez

| published 16 Aug 2018 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0006539>

... In this report, we focus on the major NTDs that have either been introduced into the Middle East through Hajj and Umrah pilgrimages from tropical disease–endemic countries of Asia and Africa or where importation from Saudi Arabia to other parts of the world are possible. In some cases, these diseases have now become endemic in Saudi Arabia and elsewhere in the MENA region. Our report emphasizes the recent scientific literature published within the last five years....

*Research Article*

### **[Is the priority review voucher program stimulating new drug development for tropical diseases?](#)**

Kirk W. Kerr, Thomas C. Henry, Kathleen L. Miller

| published 09 Aug 2018 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0006695>

## **PLOS One**

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

[Accessed 18 Aug 2018]

*Research Article*

### **[Exploring the risk of severe outcomes and the role of seasonal influenza vaccination in pregnant women hospitalized with confirmed influenza, Spain, 2010/11-2015/16](#)**

Clara Mazagatos, Concepción Delgado-Sanz, Jesús Oliva, Alin Gherasim, Amparo Larrauri, the Spanish Influenza Surveillance System

Research Article | published 08 Aug 2018 PLOS ONE

<https://doi.org/10.1371/journal.pone.0200934>

### **[Direct, indirect and total effectiveness of bivalent HPV vaccine in women in Galicia, Spain](#)**

M. Jesus Purriños-Hermida, María Isolina Santiago-Pérez, Mercedes Treviño, Rafaela Dopazo, Angelina Cañizares, Isolina Bonacho, Matilde Trigo, M. Eva Fernández, Ana Cid, David Gómez, Patricia Ordóñez, Amparo Coira, M. J. Armada, Magdalena Porto, Sonia Perez, Alberto Malvar-Pintos, on behalf of the HPV Vaccine Impact Surveillance Working Group of Galicia  
Research Article | published 03 Aug 2018 PLOS ONE  
<https://doi.org/10.1371/journal.pone.0201653>

**[Making medicines more accessible in China: An empirical study investigating the early progress of essential medicine system](#)**

Yan Song, Ying Bian, Tianmin Zhen  
Research Article | published 02 Aug 2018 PLOS ONE  
<https://doi.org/10.1371/journal.pone.0201582>

**PLoS Pathogens**

<http://journals.plos.org/plospathogens/>  
[Accessed 18 Aug 2018]  
[No new digest content identified]

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

<http://www.pnas.org/content/early/>  
[Accessed 18 Aug 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 113 Pages 1-156 (August 2018)  
<https://www.sciencedirect.com/journal/preventive-medicine/vol/113/suppl/C>  
*Regular Articles*

**[The challenge of HPV vaccination uptake and opportunities for solutions: Lessons learned from Alabama](#)**

Original research article  
Pages 124-131

Sarah E. Dilley, Sylvia Peral, J. Michael Straughn, Isabel C. Scarinci

*Abstract*

The human papillomavirus (HPV) vaccine is an important tool for cancer prevention. However, vaccination rates in Alabama, a state with high rates of HPV-related cancers, remain below the national average. Our objective was to develop a comprehensive assessment of HPV vaccination in our state, with the goal to make recommendations for tailored multilevel interventions. A multimodal approach with quantitative and qualitative data was used to determine barriers and

facilitators to HPV vaccination in Alabama. This included a survey of pediatric care providers and structured interviews with pediatricians, parents, nurses and community stakeholders. Two separate investigators evaluated the interview transcripts for major themes that occurred in 65% or more interviews. Major barriers included lack of knowledge, concerns about vaccine safety, and the link between the HPV vaccine and sexuality. Qualitative interviews further revealed barriers such as misinformation received from the internet and parental vaccine hesitancy. Opportunities for increasing vaccination include parental education, establishment of a reminder system, increasing access to HPV vaccine providers, and education for providers. Additional facilitators revealed through interviews included: trust in physicians, using the internet or social media to propagate positive messaging, physicians and clinical staff education, utilizing existing technology more effectively, highlighting nurses' roles as partners in HPV prevention, and the potential of schools as a venue for promotion of the vaccine. Our data are consistent with prior research showing major barriers to HPV vaccination. Several recommendations for optimizing HPV vaccination uptake in Alabama on the patient, provider and system level are given.

### **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**

August 2018 Volume 161, p1-192

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

***Special issue on Health and high temperatures***

Edited by Angie Bone, Emer O'Connell

### **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***

[Reviewed earlier]

## Research Ethics

Volume 14 Issue 2, April 2018

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

*Original Article: Non-Empirical*

### **Pragmatic clinical trials and the consent process**

Blake Murdoch, Timothy Caulfield

First Published October 4, 2017; pp. 1–14

*Original Article: Non-Empirical*

### **Decolonizing both researcher and research and its effectiveness in Indigenous research**

Ranjan Datta

First Published September 28, 2017; pp. 1–24

### **Mining social media data: How are research sponsors and researchers addressing the ethical challenges?**

Joanna Taylor, Claudia Pagliari

First Published October 26, 2017; pp. 1–39

## Reproductive Health

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

[Accessed 18 Aug 2018]

[New issue; No digest content identified]

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

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

### ***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 8 Pages: 1519-1761 August 2018

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

*Perspectives*

### **The Ethical Foundations of Risk Analysis**

Daniel J. Rozell

Pages: 1529-1533

First Published: 19 January 2018

*Abstract*

In the field of risk analysis, the normative value systems underlying accepted methodology are rarely explicitly discussed. This perspective provides a critique of the various ethical frameworks that can be used in risk assessments and risk management decisions. The goal is to acknowledge philosophical weaknesses that should be considered and communicated in order to improve the public acceptance of the work of risk analysts.

*Original Research Article*

### **Modeling Poliovirus Transmission in Pakistan and Afghanistan to Inform Vaccination Strategies in Undervaccinated Subpopulations**

Radboud J. Duintjer Tebbens, Mark A. Pallansch, Stephen L. Cochi, Derek T. Ehrhardt, Noha H. Farag, Stephen C. Hadler, Lee M. Hampton, Maureen Martinez, Steve G.F. Wassilak, Kimberly M. Thompson

Pages: 1701-1717

First Published: 03 January 2018

*Abstract*

Due to security, access, and programmatic challenges in areas of Pakistan and Afghanistan, both countries continue to sustain indigenous wild poliovirus (WPV) transmission and threaten the success of global polio eradication and oral poliovirus vaccine (OPV) cessation. We fitted an existing differential-equation-based poliovirus transmission and OPV evolution model to Pakistan and Afghanistan using four subpopulations to characterize the well-vaccinated and undervaccinated subpopulations in each country. We explored retrospective and prospective scenarios for using inactivated poliovirus vaccine (IPV) in routine immunization or supplemental immunization activities (SIAs). The undervaccinated subpopulations sustain the circulation of serotype 1 WPV and serotype 2 circulating vaccine-derived poliovirus. We find a moderate impact of past IPV use on polio incidence and population immunity to transmission mainly due to (1) the boosting effect of IPV for individuals with preexisting immunity from a live poliovirus infection and (2) the effect of IPV-only on oropharyngeal transmission for individuals without preexisting immunity from a live poliovirus infection. Future IPV use may similarly yield moderate benefits, particularly if access to undervaccinated subpopulations dramatically improves. However, OPV provides a much greater impact on transmission and the incremental benefit of IPV in addition to OPV remains limited. This study suggests that despite the moderate effect of using IPV in SIAs, using OPV in SIAs remains the most effective means to stop transmission, while limited IPV resources should prioritize IPV use in routine immunization.

## **Risk Management and Healthcare Policy**

Volume 11, 2018

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

[Reviewed earlier]

## Science

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

**17 August 2018 Vol 361, Issue 6403**

[New issue; No digest content identified]

**10 August 2018 Vol 361, Issue 6402**

*Editorial*

### [Health of the Hajj](#)

By Ziad A. Memish

Science 10 Aug 2018 : 533

*Summary*

For 5 days, starting 19 August, Saudi Arabia will host the Hajj, the world's largest annual religious pilgrimage, where people from over 180 countries will converge on Mecca. Infectious disease transmission associated with this mass transnational movement of people is well known—malaria in 632 CE, meningitis in 1987 and 2000, polio in 2004, and pandemic influenza in 2009. As the former Deputy Minister of Public Health for Saudi Arabia, I know how immense the challenge is to ensure that the country is prepared to contain the spread of infectious disease and maintain public well-being during this event. Although major progress has been made over the past 30 years in Saudi Arabia and in pilgrimage countries, there is still much more to do to avoid a health catastrophe, given that the pilgrim quota may grow to 2.2 million by 2020.

*Policy Forum SCIENCE AND SOCIETY*

### [Building an evidence base for stakeholder engagement](#)

James V. Lavery

See all authors and affiliations

Science 10 Aug 2018:

Vol. 361, Issue 6402, pp. 554-556

DOI: 10.1126/science.aat8429

*Summary*

Science is a social enterprise. Many scientific programs interact with a wide range of communities and stakeholders to secure various types of access and permission, to seek cooperation and collaboration for scientific studies, to fulfill regulatory and ethical requirements, and to try to shape research strategies and to improve the translation of their findings into policy or practice. But these interactions are motivated disproportionately by the interests and goals of the scientific programs and less by the need to elicit and understand their implications for stakeholders. However, there is increasing recognition that substantive community and stakeholder engagement (CSE) can improve the performance, and even make or break the success, of some science programs by providing a means of navigating, and responding to, the complex social, economic, cultural, and political settings in which science programs are conducted. For CSE to become more widely accepted by funders and researchers, and to contribute more conspicuously to the success of science programs and policy, it will have to

establish a more coherent and convincing body of evidence about the nature of CSE strategies and their specific contributions to the performance of science programs.

**03 August 2018 Vol 361, Issue 6401**

[No digest content identified]

**Science Translational Medicine**

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

**15 August 2018 Vol 10, Issue 454**

[New issue; No digest content identified]

**08 August 2018 Vol 10, Issue 453**

*Focus*

**[A genome-wide net to catch and understand cancer](#)**

By Neville E. Sanjana

Science Translational Medicine 08 Aug 2018 Restricted Access

Genome-scale forward genetic screens elucidate the genetic basis of therapeutic resistance, tumor evolution, and metastasis in diverse human cancers.

**01 August 2018 Vol 10, Issue 452**

[No digest content identified]

**Social Science & Medicine**

Volume 210, Pages 1-90 (August 2018)

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

***Randomized Controlled Trials and Evidence-based Policy: A Multidisciplinary Dialogue***

Edited by Ichiro Kawachi, S.V. Subramanian, Ryan Mowat

**Systematic Reviews**

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

[Accessed 18 Aug 2018]

[No new digest content identified]

**Travel Medicine and Infectious Diseases**

July-August, 2018 Volume 24

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

[Reviewed earlier]

**Tropical Medicine & International Health**

Volume 23, Issue 8 Pages: i-iv, 815-934 August 2018

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

[New issue; No digest content identified]

## **Vaccine**

Volume 36, Issue 34 Pages 5107-5218 (16 August 2018)

<https://www.sciencedirect.com/journal/vaccine/vol/36/issue/33>

*Commentary*

### **To talk better about vaccines, we should talk less about vaccines**

Open access

Pages 5107-5108

Francesco Gesualdo, Nicola Zamperini, Alberto E. Tozzi

...Conclusion

While continuing to provide evidence on the efficacy and safety of vaccines, we propose a reframing of vaccine communication that focuses on the positive, emotional values of immunizations.

This change of perspective requires a strong opening to multidisciplinary collaboration. New, possibly disruptive information strategies can arise from the cross-fertilization among clinicians, vaccine researchers, behavioral scientists, journalists and communication experts.

Since evidence on the effectiveness of this approach are currently missing, we suggest that a new research agenda is set on investigating the effectiveness of vaccine promotion strategies based on positive messages and on integrated communication. The challenge of this research field is that one size does not fit all. Therefore, potential differences among subgroups and in different national and subnational contexts should be considered and investigated to better tailor communication strategies.

We believe that the proposed approach could give a new boost to vaccine confidence, in the interest of the community at large, and of children and their future.

*Regular papers*

### **Cost-effectiveness analysis of pertussis vaccination during pregnancy in Japan**

Original research article

Pages 5133-5140

Shu-ling Hoshi, Xerxes Seposo, Ichiro Okubo, Masahide Kondo

### **Vaccination status of children aged 1–4 years in Afghanistan and associated factors, 2015**

Original research article

Pages 5141-5149

Luke M. Shenton, Abram L. Wagner, Bradley F. Carlson, Mohammad Yousuf Mubarak, Matthew L. Boulton

### **Collecting and using reliable vaccination coverage survey estimates: Summary and recommendations from the “Meeting to share lessons learnt from the roll-out of the updated WHO Vaccination Coverage Cluster Survey Reference Manual and to set an operational research agenda around vaccination coverage surveys”, Geneva, 18–21 April 2017**

Open access - Original research article

Pages 5150-5159

M. Carolina Danovaro-Holliday, Emily Dansereau, Dale A. Rhoda, David W. Brown, ... Marta Gacic-Dobo

### **Effectiveness of monovalent and pentavalent rotavirus vaccines in Japanese children**

Open access - Original research article

Pages 5187-5193

Kaoru Araki, Megumi Hara, Takeshi Tsugawa, Chisato Shimanoe, ... Keitaro Tanaka

### **Midwives' perceptions of vaccines and their role as vaccinators: The emergence of a new immunization corps**

Original research article

Pages 5204-5209

Estelle Massot, Olivier Epaulard

### **Dual route vaccination for plague with emergency use applications**

Original research article

Pages 5210-5217

B.D. Moore, R.R.C. New, W. Butcher, R. Mahood, ... E.D. Williamson

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

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

(Accessed 18 Aug 2018)

[No new digest content identified]

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

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

(Accessed 18 Aug 2018)

*Open Access Review*

### **Therapeutic Vaccines for Genitourinary Malignancies**

by Giselle M. A. Dutcher and Mehmet Asim Bilen

Vaccines 2018, 6(3), 55; <https://doi.org/10.3390/vaccines6030055> - 12 August 2018

*Abstract*

The field of genitourinary malignancies has been a showcase for therapeutic cancer vaccine success since the application of intravesicular Bacillus Calmette-Guerin (BCG) for bladder cancer in the 1970s and enjoyed a renaissance in 2010 with the US Food and Drug Administration (FDA) approval of sipuleucel-T for prostate cancer. Several vaccine strategies have emerged, such as autologous or allogeneic whole-tumor vaccines, DNA vaccines, use of viral vectors, and peptides as immunostimulatory adjuvants. Despite impressive early trials, vaccine monotherapy has achieved limited success in the clinical world; however, combinations of vaccine and immune checkpoint inhibition or vaccine and cytokine stimulation are expected to move the field forward. This article reviews pivotal trials of cancer vaccines in prostate, renal, and bladder cancer and ongoing trials combining vaccines with other immune therapy agents

*Open Access Review*

### **Next Generation Cancer Vaccines—Make It Personal!**

by Angelika Terbuch and Juanita Lopez

Vaccines 2018, 6(3), 52; <https://doi.org/10.3390/vaccines6030052> - 9 August 2018

### *Abstract*

Dramatic success in cancer immunotherapy has been achieved over the last decade with the introduction of checkpoint inhibitors, leading to response rates higher than with chemotherapy in certain cancer types. These responses are often restricted to cancers that have a high mutational burden and show pre-existing T-cell infiltrates. Despite extensive efforts, therapeutic vaccines have been mostly unsuccessful in the clinic. With the introduction of next generation sequencing, the identification of individual mutations is possible, enabling the production of personalized cancer vaccines. Combining immune check point inhibitors to overcome the immunosuppressive microenvironment and personalized cancer vaccines for directing the host immune system against the chosen antigens might be a promising treatment strategy.

### **Value in Health**

August 2018 Volume 21, Issue 8, p897-1018

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

[New issue; No digest content identified]

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

### **Epidemiology**

August 1, 2018 - Volume Publish Ahead of Print

#### **Timing of Rotavirus Vaccine Doses and Severe Rotavirus Gastroenteritis among Vaccinated Infants in Low-and Middle-Income Countries**

JF Gruber, S Becker-Dreps, MG Hudgens... -

### *Abstract*

Background: Altering rotavirus vaccine schedules may improve vaccine performance in low- and middle-income countries. We analyzed data from clinical trials of the monovalent (RV1) and pentavalent (RV5) rotavirus vaccines in low- and middle-income countries to understand the association between vaccine dose timing and severe rotavirus gastroenteritis incidence.

Methods: We assessed the association between variations in rotavirus vaccine administration schedules and severe rotavirus gastroenteritis risk. We used the complement of the Kaplan–Meier survival estimator to estimate risk differences for different schedules. To adjust risk differences (RDs) for confounding, we calibrated estimates in the vaccinated arm using estimates from the placebo arm.

Results: There were 3114 and 7341 children included from the RV1 and RV5 trials, respectively. The 18-month adjusted severe rotavirus gastroenteritis risk was 4.0% (95% confidence interval (CI): 1.1, 7.1) higher for those receiving their first RV5 dose at <6 versus ≥6 weeks. For RV1, there was a 4.0% (95% CI: 0.0, 8.2) increase in 12-month adjusted risk for a 4- versus 6-week interval between doses. Further analysis revealed those receiving their first RV5 dose at 3-4 and 5-7 weeks had 2.9% (95% CI: 0.8, 5.3) and 1.3% (95% CI: -0.3, 3.0), respectively, higher risk compared to those at 9-12 weeks. Those receiving their first dose at 8 weeks had the lowest risk [RD: -2.6% (95% CI: -5.4, -0.1)] compared to those at 9-12 weeks.

Conclusions: A modest delay in rotavirus vaccination start and increase in interval between doses may be associated with lower severe rotavirus gastroenteritis risk in low- and middle-income countries

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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 18 Aug 2018*

[No new, unique, relevant content]

#### **BBC**

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

*Accessed 18 Aug 2018*

[No new, unique, relevant content]

#### **The Economist**

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

*Accessed 18 Aug 2018*

[No new, unique, relevant content]

#### **Financial Times**

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

*Accessed 18 Aug 2018*

[No new, unique, relevant content]

#### **Forbes**

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

*Accessed 18 Aug 2018*

[No new, unique, relevant content]

#### **Foreign Affairs**

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

*Accessed 18 Aug 2018*

### **How Congo Beat the Last Ebola Outbreak: The Crucial Role of International Cooperation**

*The Crucial Role of International Cooperation*

By Ariana A. Berengaut

6 August 2018

### **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 18 Aug 2018*

*Argument*

### **Parents' Fears Are the Chinese Communist Party's Biggest Nightmare**

A huge vaccine scandal hits at Beijing's most vulnerable point: children's safety.

By Charles Rollet

| July 31, 2018, 11:46 AM

### **The Guardian**

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

*Accessed 18 Aug 2018*

[No new, unique, relevant content]

### **New Yorker**

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

*Accessed 18 Aug 2018*

[No new, unique, relevant content]

### **New York Times**

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

*Accessed 18 Aug 2018*

Asia Pacific

### **China Fires 10 Officials Over Bad Vaccines as Anger Mounts**

*President Xi Jinping is trying to quell a national outcry over the scandal and restore confidence in the health care system.*

Aug. 17, 2018 By Javier C. Hernández

BEIJING — The Chinese leadership, bowing to immense public pressure, has fired 10 officials and punished dozens more in connection with a scandal over faulty vaccines that has undermined President Xi Jinping and fueled parent protests.

The government said on Saturday that it had removed six senior officials at the China Food and Drug Administration for their role in a scandal that left hundreds of thousands of children with faulty vaccines for diphtheria, tetanus and whooping cough. Another four officials accused of wrongdoing were fired on Thursday after a meeting of Mr. Xi and China's top leaders.

The dismissals were the latest attempt to quell public anger over the affair, which has hurt confidence in the nation's health care system and raised questions about Mr. Xi's leadership. Criticism of officials and companies has swelled since news of the defective vaccines emerged on social media last month, and parents have organized protests to demand compensation for the affected families...



*Asia Pacific*

### **China Orders Recall From Overseas as Vaccine Scandal Churns**

Investigators in China have begun recalling defective vaccines produced by a Chinese drugmaker from domestic and overseas markets, health authorities said.

Aug. 8, 2018

BEIJING — Investigators in China have begun recalling defective vaccines produced by a Chinese drugmaker from domestic and overseas markets, health authorities said.

Investigators found Changchun Changsheng Life Sciences Ltd. had blended expired fluids in its vaccines and falsified records from as early as April 2014, the National Health Commission said in a statement Tuesday.

The names of the overseas countries were not given, but the recall indicated the scandal gripping China may have spread to foreign markets, dealing a potentially heavy blow to the reputation of China's sprawling pharmaceutical sector...

*Sunday Review*

Aug. 4, 2018

### **Anti-Vaccine Activists Have Taken Vaccine Science Hostage**

*The fear that even the slightest controversial findings will be distorted is leading to self-censorship.*

By Melinda Wenner Moyer

**Voice of America**

### **Oral Cholera Vaccination Campaign in Yemen Falls Short**

8 August 2018

More than one-quarter million people in Yemen have been immunized against cholera. But, the three-day oral cholera vaccination campaign, held by the World Health Organization and U.N. children's fund between August 4 and 6, has fallen short of its mark by half.

The World Health Organization reports more than 3,000 local health workers have reached 266,000 people above the age of one with oral cholera vaccine. This is about half of the one-half million people WHO and partners had hoped to immunize against this deadly disease.

The three-day campaign took place in two districts of Yemen's Hodeidah city and one district in Ibb Governorate. WHO Spokesman Tarik Jasarevic said these three districts were chosen because they were assessed to be the most vulnerable to an escalation of cholera.

He said health agencies are trying to prevent a recurrence of last year's historic cholera epidemic.

"Yemen was facing the worst cholera outbreak with more than 1.1 million cases and more than 2,000 deaths. We want to preempt any possibility of new wave of cholera," he said.

The World Health Organization warns Yemen may be on the brink of another cholera epidemic, which could be even worse than last year's. This is because widespread malnutrition in this war-torn country has lessened peoples' ability to fight off disease...

**Wall Street Journal**

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

*Accessed 18 Aug 2018*

[No new, unique, relevant content]

**Washington Post**

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

Accessed 18 Aug 2018  
[No new, unique, relevant content]

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### **Think Tanks et al**

#### **Brookings**

<http://www.brookings.edu/>  
Accessed 18 Aug 2018  
[No new relevant content]

#### **Center for Global Development**

<http://www.cgdev.org/page/press-center>  
Accessed 18 Aug 2018  
[No new relevant content]

#### **CSIS**

<https://www.csis.org/>  
Accessed 18 Aug 2018  
[No new relevant content]

#### **Council on Foreign Relations**

<http://www.cfr.org/>  
Accessed 18 Aug 2018  
[No new relevant content]

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*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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