



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

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

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

Comments and suggestions should be directed to

David R. Curry, MS

Editor and

Executive Director

Center for Vaccine Ethics & Policy

david.r.curry@centerforvaccineethicsandpolicy.org

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

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Milestones :: Perspectives

Global health organizations commit to new ways of working together for greater impact

Joint Press release

BERLIN, 16 October 2018 - Eleven heads of the world's leading health and development organizations today signed a landmark commitment to find new ways of working together to accelerate progress towards achieving the United Nations' Sustainable Development Goals. Coordinated by the World Health Organization, the initiative unites the work of 11 organizations, with others set to join in the next phase.

The commitment follows a request from Chancellor Angela Merkel of Germany, President Nana Addo Dankwa Akufo-Addo of Ghana, and Prime Minister Erna Solberg of Norway, with support from United Nations Secretary-General Antonio Guterres, to develop a global action plan to define how global actors can better collaborate to accelerate progress towards the health-related targets of the 2030 Sustainable Development Agenda.

"Healthy people are essential for sustainable development – to ending poverty, promoting peaceful and inclusive societies and protecting the environment. However, despite great strides made against many of the leading causes of death and disease, we must redouble our efforts or we will not reach several of the health-related targets," the organizations announced today at the World Health Summit in Berlin. "The Global Action Plan represents an historic commitment to new ways of working together to accelerate progress towards meeting the 2030 goals. We are committed to redefine how our organizations work together to deliver more effective and efficient support to countries and to achieve better health and well-being for all people."

The group has agreed to develop new ways of working together to maximize resources and measure progress in a more transparent and engaging way. The first phase of the plan's development is organized under three strategic approaches: align, accelerate and account:

Align: The organizations have committed to coordinate programmatic, financing and operational processes to increase collective efficiency and impact on a number of shared priorities such as gender equality and reproductive, maternal, newborn, child and adolescent health.

Accelerate: They have agreed to develop common approaches and coordinate action in areas of work that have the potential to increase the pace of progress in global health. The initial set of seven "accelerators" include community and civil society engagement, research and development, data and sustainable financing.

Account: To improve transparency and accountability to countries and development partners, the health organizations are breaking new ground by setting common milestones for nearly 50 health-related targets across 14 Sustainable Development Goals. These milestones will provide a critical checkpoint and common reference to determine where the world stands in 2023 and whether it is on track to reach the 2030 goals.

The Global Action Plan will also enhance collective action and leverage funds to address gender inequalities that act as barriers to accessing health, and to improve comprehensive quality health care for women and girls, including sexual and reproductive health services.

The organizations that have already signed up to the *Global Action Plan for Healthy Lives and Well-being for All* are:

- :: **Gavi the Vaccine Alliance**
- :: **Global Fund to Fight AIDS, Tuberculosis and Malaria,**
- :: **Global Financing Facility**
- :: **UNAIDS**
- :: **UNDP**
- :: **UNFPA**
- :: **UNICEF**
- :: **Unitaid**
- :: **UN Women**
- :: **World Bank**
- :: **WHO**

[The World Food Programme has committed to join the plan in the coming months]

The final plan will be delivered in September 2019 at the United Nations General Assembly. For more information, www.who.int/sdg/global-action-plan

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Editor's Note:

This China Daily story was posted on the National Health Commission of the People's Republic of China site. No "official" announcement on the actions was posted.

Vaccine maker Changsheng fined 9.1 billion yuan in safety scandal

(China Daily) Updated: 2018-10-17

Changchun Changsheng Biotech Co in Jilin province was forced to pay about 9.1 billion yuan (\$1.3 billion) in penalties on Tuesday after the drugmaker was involved in a human rabies vaccine safety scandal in July, the State Drug Administration said in a statement on Tuesday.

A compensation plan for victims was also unveiled. Families of those who died due to the problematic vaccine will receive a oneoff compensation of 650,000 yuan for each victim, and victims who became severely disabled or paralyzed will get 500,000 yuan. The compensation will be 200,000 yuan for those mildly disabled, according to the plan.

The company, based in Changchun, Jilin, is a major vaccine producer and has been entangled in controversy since July 15, when the State Drug Administration announced it found the company to be engaged in falsifying production and inspection records in the making of rabies vaccines.

Changsheng's illegal activities included using expired vaccine raw materials, altering production dates, forging permits and destroying evidence during inspections, the statement said. The State Drug Administration annulled the rabies vaccine approval document and certificates for related products from the company and imposed a fine of 12.03 million yuan.

The Jilin Food and Drug Administration revoked the company's pharmaceutical production license, confiscated illegally produced vaccines and total income of 1.89 billion yuan from defective vaccine sales, and imposed a fine of 7.21 billion yuan, which was three times the value of the drugs it illegally produced and sold.

The total amount fined or confiscated stood at 9.1 billion yuan.

Fourteen company executives including Gao Junfang, board chairwoman, and others who bear direct responsibility were banned from engaging in drug production or marketing activities for life, according to the State Drug Administration.

Those suspected of crimes related to the case will be held criminally responsible by judicial organs, it said...

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Ebola - Democratic Republic of the Congo

Statement on the October 2018 meeting of the IHR Emergency Committee on the Ebola virus disease outbreak in the Democratic Republic of the Congo

17 October 2018

Statement

The meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the Ebola Virus Disease (EVD) outbreak in the Democratic Republic of the Congo took place on Wednesday, 17 October 2018, from 13:00 to 17:00 Geneva time (CET).

Conclusion

It was the view of the Committee that a Public Health Emergency of International Concern (PHEIC) should not be declared at this time. But the Committee remains deeply concerned by the outbreak and emphasized that response activities need to be intensified and ongoing vigilance is critical. The Committee also noted the very complex security situation. Additionally, the Committee has provided public health advice below....

Proceedings of the Meeting

Members and advisors of the Emergency Committee met by teleconference. Presentations were made by representatives of the Ministry of Health of the Democratic Republic of the Congo on the epidemiological situation, the response strategies, and recent adaptations, including implementation of rapid response teams at community level, with a focus on Beni. A representative of the Office of the Deputy Special Representative of the Secretary-General (MONUSCO) reported on the work of MONUSCO, including its logistics and security activities to support the response. During the informational session, the WHO Secretariat provided an update on the situation and the response to the current Ebola outbreak and preparedness activities in neighbouring countries.

The Committee's role was to provide to the Director-General its views and perspectives on:
:: Whether the event constitutes a Public Health Emergency of International Concern (PHEIC)

:: If the event constitutes a PHEIC, what Temporary Recommendations should be made.

Current situation

On 1 August, WHO was notified by the Ministry of Health of the Democratic Republic of the Congo of Ebola Virus Disease in North Kivu province. Cases were also subsequently found in Ituri Province. From 4 May to 15 October 2018, 216 EVD cases were reported, of which 181 are confirmed and 35 are probable; 139 total deaths have occurred, of which 104 are confirmed and 35 are probable. The global case fatality rate stands at 64% overall, and at 57% among confirmed cases.

Nine neighbouring countries have been advised that they are at high risk of spread and have been supported with equipment and personnel. Particular emphasis has been placed on Uganda, Rwanda, Burundi, and South Sudan in terms of preparedness activities.

Key challenges

After discussion and deliberation on the information provided, the Committee concluded that this Ebola outbreak is taking place in a particularly complex context and poses several important challenges:

:: This outbreak is taking place in an active conflict zone amidst prolonged humanitarian crises. Approximately 8 major security incidents have occurred in the Beni area in the past 8 weeks. These factors have complicated contact tracing and other aspects of the response.

:: Community mistrust, stemming from a variety of reasons, including the security situation, and people who avoid follow-up or delay seeking care, remain significant problems that require deepening engagement by community, national and international partners.

:: New cases being identified without epidemiological links are of great concern and require further detailed epidemiological mapping.

:: The assessment of the risk of spread is low at global level but it is very high at both national and regional levels. There has been no change to the risk assessment since 28 September.

:: Ring vaccination efforts have achieved high coverage rates among eligible populations but rely heavily on highly performing contact tracing in DRC and all countries that may be affected.

The Committee also noted positive developments:

:: The Committee commended the government of the DRC, WHO, and all response partners for the progress made under difficult circumstances.

:: All pillars of the response are working at scale and are being adjusted in real time.

:: Surveillance activities are commendable but need to be intensified.

:: MONUSCO is providing needed support for logistics and security for the response.

:: Investigational vaccines and therapeutics are being used for the first time at scale.

:: Screening at border crossings is being undertaken on a very large scale.

:: Preparedness activities in neighbouring countries are ongoing, although these will require substantial additional financial support.

In conclusion, the Emergency Committee, while advising that a PHEIC should not be declared at this time, offered the following Public Health Advice:

:: The government of the Democratic Republic of the Congo, WHO, and partners must intensify the current response. Without this, the situation is likely to deteriorate significantly. This response should be supported by the entire international community.

:: A critical determining factor is the safety and security of the population, which, in turn, affects the community's perception of the response. The safety and security of responders should be ensured, and the protection of health workers and health facilities be prioritized.

:: Therefore, we commend the outreach to the United Nations Security Council and hope it will remain engaged in this matter.

:: Special emphasis should be placed on the response in Beni and Butembo, including continuing attention to community engagement.

: Efforts to link epidemiological data with real-time full-genome sequencing should be supported. This will clarify chains of transmission.

:: Encourage consideration of population-based Ebola control strategies, for example, the SAGE recommendations on geographic vaccination strategies.

:: Licensure of vaccines should be urgently sought and efforts made to increase the limited global supply.

:: Because there is a very high risk of regional spread, neighbouring countries should accelerate preparedness and surveillance, and request partners to increase their support. For example, they should consider vaccination of health care workers and front-line workers in high-risk districts neighbouring DRC.

:: It is particularly important that no international travel or trade restrictions should be applied.

:: Exit screening, including at airports, ports, and land crossings, is of great importance; however, entry screening, particularly in distant airports, is not considered to be of any public health or cost-benefit value.

:: The DG should continue to monitor the situation closely and reconvene the Emergency Committee as needed.

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

Based on this advice, the reports made by the affected State Party, and the currently available information, the Director-General accepted the Committee's assessment and on 17 October did not declare the Ebola outbreak in the Democratic Republic of the Congo a Public Health Emergency of International Concern. In light of the advice of the Emergency Committee, WHO advises against the application of any travel or trade restrictions. The Director-General thanked the Committee Members and Advisors for their advice.

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 16 October 2018 [GPEI]

:: World Polio Day is coming up on 24 October: join partners around the world in making this year's World Polio Day a success.

Summary of new viruses this week:

Afghanistan – one wild poliovirus type 1 (WPV1) case and five WPV1-positive environmental samples

Pakistan – two WPV1-positive environmental samples

Niger – three circulating vaccine-derived poliovirus type 2 (cVDPV2) cases

Papua New Guinea – three cVDPV type 1 cases

Somalia – one cVDPV type 3 case

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Editor's Note:

WHO has posted a [refreshed emergencies page](#) which presents an updated listing of Grade 3,2,1 emergencies as below.

WHO Grade 3 Emergencies [to 20 Oct 2018]

Democratic Republic of the Congo

:: 11: Situation report on the Ebola outbreak in North Kivu 17 October 2018

:: Disease Outbreak News (DONs) Ebola virus disease – Democratic Republic of the Congo
18 October 2018

[See Milestones above for more detail]

Bangladesh - Rohingya crisis

:: Weekly Situation Report 46 - 11 October 2018 pdf, 398kb

KEY HIGHLIGHTS

:: Acute respiratory infection and acute watery diarrhoea are showing increasing trends.

:: Suspected malaria cases continue to be reported in relatively high number. It is possible that these cases represent variety of syndromes with different etiologies.

:: A refresher training was conducted to improve the capacity of health workers for preparedness and response to diarrhoeal disease outbreaks in Cox's Bazar.

SITUATION OVERVIEW

:: There are an estimated 921,000 Rohingya refugees (215,796 families) in Cox's Bazar, according to the latest Needs and Population Monitoring (NPM) round 12 exercise. The Rohingya refugees continue to arrive in Bangladesh, though the overall influx has slowed since the onset of the crisis in late August 2017. From 1 January-15 September 2018, UNHCR has recorded 13,764 new arrivals to Bangladesh.

:: The dense population, continuous contamination of the environment in the camps and the rainy season, indicate that continuous vigilance for disease outbreaks is needed. WHO through EWARS is continuously monitoring diseases and coordinating health response. More than 8,200 cases of Diphtheria have been reported since November 2017 and the risk of water-borne and vector-borne diseases remain. Other acute watery diarrhoea (AWD) and related clinical conditions, more specifically cholera and shigella, may potentially cause outbreaks. Due to endemicity of rotavirus in the camp areas and long-term knowledge on rotavirus in the community, an annual increase in rotavirus case notifications is also anticipated.

Syrian Arab Republic

:: WHO helps restore primary health care services in Aleppo 11 October 2018

Yemen

:: Internally displaced persons from Hudaydah endure harsh circumstances in Sana'a
8 October 2018

Nigeria - *No new announcements identified*

Somalia - *No new announcements identified*

South Sudan - *No new announcements identified*

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WHO Grade 2 Emergencies [to 20 Oct 2018]

Brazil (in Portuguese) - *No new announcements identified*

Cameroon - *No new announcements identified*

Central African Republic - *No new announcements identified*

Ethiopia - *No new announcements identified*

Hurricane Irma and Maria in the Caribbean - *No new announcements identified*

Iraq - *No new announcements identified*

occupied Palestinian territory - *No new announcements identified*

Libya - *No new announcements identified*

MERS-CoV - *No new announcements identified*

Myanmar - *No new announcements identified*

Niger - *No new announcements identified*

Sao Tome and Principe Necrotizing Cellulitis (2017) - *No new announcements identified*

Sudan - *No new announcements identified*

Ukraine - *No new announcements identified*

Zimbabwe - *No new announcements identified*

Outbreaks and Emergencies Bulletin, Week 41: 12 October 2018

The WHO Health Emergencies Programme is currently monitoring 58 events in the AFRO region. This week's edition covers key ongoing events, including:

- :: Ebola virus disease outbreak in the Democratic Republic of the Congo
- :: Cholera outbreak in Zimbabwe
- :: Cholera outbreak in Niger
- :: Humanitarian crisis in the Democratic Republic of the Congo
- :: Humanitarian crisis in South Sudan

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WHO Grade 1 Emergencies [to 20 Oct 2018]

Afghanistan

Angola (in Portuguese)

Chad

Ethiopia

Kenya

Lao People's Democratic Republic

Mali

Papua New Guinea

Peru

Tanzania

Tropical Cyclone Gira

Zambia

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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: Al Hudaydah Update Situation Report No. 13, Reporting period: 3 - 15 October 2018
Published on 17 Oct 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 65 | 01-14 October 2018

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 20 Oct 2018]

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

[See Milestones above for more detail]

MERS-CoV [to 20 Oct 2018]

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

- No new announcements identified.

Yellow Fever [to 20 Oct 2018]

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

:: **2nd EYE Annual Partners Meeting: Strengthening partnership and country commitment to eliminate yellow fever epidemics**

18 October 2018

The second EYE Annual Partners Meeting was held on 11-13 September in Dakar, Senegal. The event was hosted by UNICEF WCARO and jointly organized by WHO, Gavi, and UNICEF. Partners, country representatives, vaccine manufacturers, donors, and experts came together to discuss the Eliminate Yellow Fever Epidemics (EYE) Strategy achievements to date, and what the main challenges are anticipated looking forward. Mechanisms to accelerate the EYE strategy in the implementation of immunization activities with reliable vaccine supply were the main focus of the meeting.

Zika virus [to 20 Oct 2018]

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

- No new announcements identified.

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WHO & Regional Offices [to 20 Oct 2018]

WHO SAGE Meeting

Geneva

23-25 October 2018.

:: **Draft agenda for SAGE October 2018 meeting pdf, 147kb** [as of 10 October 2018]

:: **Declaration of interests for SAGE October 2018 meeting pdf, 301kb**

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Weekly Epidemiological Record, 19 October 2018, vol. 93, 42 (pp. 553–576)

:: Recommended composition of influenza virus vaccines for use in the 2019 southern hemisphere influenza season

:: Antigenic and genetic characteristics of zoonotic influenza viruses and development of candidate vaccine viruses for pandemic preparedness

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

Selected Featured News

:: The Ministry of Health of South Sudan successfully conducts its first ever diagnostic test for Ebola 19 October 2018

:: Ghana launches a nationwide campaign to fight Measles-Rubella 17 October 2018

:: Liberia Commemorates World Rabies Day 15 October 2018

:: WHO is using strategic approaches to provide lifesaving health and nutrition services in hard to reach areas of South Sudan 14 October 2018

WHO Region of the Americas PAHO

:: Caribbean Ministers of Health meet to approve plan on health system resilience in the face of climate change (10/16/2018)

WHO South-East Asia Region SEARO

- *No new announcement identified*

WHO European Region EURO

:: Romania - investing in primary health care and bringing care to where it's most needed 18-10-2018

:: WHO Summer School on Refugee and Migrant Health: sharing experiences and best practices 15-10-2018

:: Policies to limit marketing of unhealthy foods to children fall short of protecting their health and rights 15-10-2018

WHO Eastern Mediterranean Region EMRO

:: Polio vaccinators in Pakistan conduct measles campaign 15 October 2018

– More than 32 million Pakistani children are to be vaccinated against measles in late October in a countrywide immunization campaign that pulls together national funding and the polio programme's greatest asset: its human resources.

From 15 to 27 October, Pakistan's Expanded Programme on Immunization (EPI) plans to carry out a nationwide measles campaign targeting approximately 31.8 million children aged from 9 to 59 months (and 6 to 83 months in Punjab province). Measles is a highly contagious disease which can be fatal in children, but is preventable with vaccination.

The October measles immunization campaign comes as a response to the ongoing measles outbreak in Pakistan. More than 24 000 suspected measles cases were reported in Pakistan in 2017, and so far this year there have been 30 000 suspected reported cases.

Pakistan typically encounters a measles outbreak every 8 to 10 years, and the Federal Ministry of Health, through the EPI, works proactively to stop these outbreaks with regular vaccination campaigns. Although the Polio Eradication Initiative (PEI) and EPI are separate entities, both work hand in hand on efforts to improve immunization in Pakistan, with the understanding that achieving strong essential immunization coverage is a critical step in

bringing Pakistan closer to ending polio, and once this goal is reached, in maintaining polio-free status.

During the upcoming national measles campaign, the polio programme will lend its human, physical and systems resources, knowledge and expertise to the task of achieving highest possible immunization coverage against measles across the country. It's a good fit: many of the areas at highest risk for polio are also at high risk for measles...

WHO Western Pacific Region

- No new announcement identified

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CDC/ACIP [to 20 Oct 2018]

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

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

Tuesday, October 16, 2018

Transcript for CDC Update on Acute Flaccid Myelitis (AFM)

[Excerpt]

NANCY MESSONNIER: Thank you. Good afternoon and thank you for joining us today to talk about acute flaccid myelitis or AFM. Today I want to update you on CDC's work on AFM including what we know and what we don't know about the condition and advice for clinicians and parents. AFM is a rare, but serious condition that affects the nervous system. It specifically affects the area of spinal cord called gray matter and causes muscles and reflexes to become weak. We know this can be frightening for parents. I know many parents want to know what the signs and symptoms are that they should be looking for in their child. I encourage parents to seek medical care right away if you or your child develop sudden weakness or loss of muscle tone in the arms or legs.

CDC has been actively investigating AFM, testing specimens and monitoring disease since 2014 when we first saw an increase in cases. The number of cases reported in this time period in 2018 is similar to what was reported in the fall of 2014 and 2016. Since 2014, most of the AFM cases have been among children. In 2018 so far, CDC has received reports of 127 patients under investigation or PUIs; **62 cases have been confirmed as AFM (in 22 states) – edited for clarity.** CDC and state and local health departments are still investigating some of these PUIs. Of the confirmed cases, the average age is about 4 years old. More than 90 percent of the cases are in children age 18 years and younger. We plan to post updated PUI and AFM counts on our website this afternoon.

Going forward, we will report updated case counts on our website every Monday afternoon. We expect that the case count may vary from week to week as our experts work with local and state health departments to investigate their PUIs. Based on previous years, most AFM cases occur in the late summer and fall. The data we are reporting today is a substantially larger number than in previous months this year. CDC recently received increased reports for patients suspected to have AFM with an onset of symptoms in August and September. With enhanced efforts working with state and local health departments and hospitals we were able to confirm a number of these cases faster. Also, CDC is now providing a number of patients still under

investigation or PUIs, so people can better investigate increases in confirmed cases over the coming months.

We understand that people particularly parents are concerned about AFM. **Right now, we know that poliovirus is not the cause of these AFM cases.** CDC has tested every stool specimen from the AFM patients, none of the specimens have tested positive for the poliovirus. AFM can be caused by other viruses, such as enterovirus and west nile virus, environmental toxins and a condition where the body's immune system attacks and destroys body tissue that it mistakes for foreign material. While we know that these can cause AFM, we have not been able to find a cause for the majority of these AFM cases. The reason why we don't know about AFM — and I am frustrated that despite all of our efforts we haven't been able to identify the cause of this mystery illness — we continue to investigate to better understand the clinical picture of AFM cases, risk factors and possible causes of the increase in cases.

Despite extensive laboratory testing, we have not determined what pathogen or immune response caused the arm or leg weakness and paralysis in most patients. We don't know who may be at higher risk for developing AFM or the reasons why they may be at higher risk. We don't fully understand the long-term consequences of AFM. We know that some patients diagnosed with AFM have recovered quickly and some continue to have paralysis and require ongoing care. And we know of one death in 2017 in a child that had AFM. For health care professionals, we have developed a provider tool kit that contains information on AFM and instructions for reporting PUIs to the health department. CDC's website has information for families with patients with AFM, links to important resources and a section for health care providers. We will continue to post updates on our website.

As a parent myself, I understand what it is like to be scared for your child. Parents need to know that AFM is very rare, even with the increase in cases that we are seeing now. We recommend seeking medical care right away if you or your child develop sudden weakness of the arms or legs. As we work to better understand what is causing AFM, parents can help protect their children from serious diseases by following prevention steps like washing their hands, staying up to date on recommended immunizations and using insect repellent. While I am concerned about the increase in cases, I want folks to know this work is core to CDC's mission to protect America from health threats. Thank you and we are happy to take any questions...

ACIP - [October 2018 Draft Meeting Agenda](#)

October 24-25, 2018

[MMWR News Synopsis for October 18, 2018](#)

West Nile Virus and Other Nationally Notifiable Arboviral Diseases — United States, 2017

Arboviral diseases (viruses spread to people by mosquitoes and ticks) cause severe illness in the United States each year. Public health surveillance is important to identify outbreaks and guide prevention strategies. This article summarizes surveillance data for arboviruses reported to CDC for 2017. West Nile virus is the most common arbovirus in the continental United States. Eastern equine encephalitis virus transmission via organ transplantation was reported for the first time. La Crosse virus was the most common arbovirus among children. More Jamestown Canyon and Powassan virus cases were reported in 2017 than in any previous year.

Communities can prevent arboviral diseases by implementing vector control measures and screening blood donations. Individuals can protect themselves by using insect repellent, wearing long-sleeved shirts and long pants, using air conditioning when available, putting screens on windows and doors, and repairing screens to keep mosquitoes outside.

Mumps Outbreak in a Marshallese Community — Denver Metropolitan Area, Colorado, 2016–2017

Mumps is a serious viral infection that can be prevented by routine vaccination. People living or working in tight-knit networks, such as schools and athletic teams, are vulnerable to mumps outbreaks. Protect yourself and your community with the measles-mumps-rubella (MMR) vaccine. An outbreak of mumps occurred in the small Marshallese community in Denver, Colorado in 2017, likely linked to a larger, concurrent mumps outbreak in the Marshallese community in Arkansas. Mumps can be prevented by the MMR vaccine. Most patients in this outbreak did not have documentation of prior MMR vaccination. Rapid public health response to the outbreak included vaccinating 164 people during MMR vaccination clinics for the affected community, which might have limited spread of mumps to other local communities.

HIV Preexposure Prophylaxis, by Race and Ethnicity — United States, 2014–2016

Preexposure prophylaxis (PrEP) use is increasing, but it is still not reaching many of the Americans who could most benefit from it. Use of PrEP, a daily pill to prevent HIV, is increasing, but not fast enough. A new CDC analysis found that between 2014 and 2016 the number of Americans who filled a prescription for PrEP increased by 470 percent, from nearly 14,000 to over 78,000 people. Still, this represents a small fraction of the estimated 1.1 million Americans who could benefit from PrEP. Uptake among racial and ethnic minorities is particularly low. While African Americans and Latinos represent approximately 44 percent and 26 percent of Americans who could benefit from PrEP, this study found they represent just 11 percent and 13 percent, respectively, of Americans prescribed PrEP in 2016. Addressing gaps in PrEP awareness and use is critical to stopping new HIV infections in the U.S

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Africa CDC [to 20 Oct 2018]

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

No new digest content identified.

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China CDC

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

New website launched...no "news" or "announcements" page identified.

National Health Commission of the People's Republic of China

<http://en.nhfpc.gov.cn/>

Selected Updates/Press Releases

Government takes measures to maintain medical order

2018-10-17

People who attack medical staff will be placed on a blacklist, according to a circular released by China's top economic planner on Tuesday that is designed to deter illegal acts targeting medical staff and institutions.

Those who receive punishments such as administrative detention from the public security authorities, or criminal punishment by judicial organs, for offenses such as purposefully injuring medical staff in hospitals or carrying weapons into hospitals illegally, will be put on the blacklist, said the circular, which was approved by 28 central government departments.

Information about those on the list will be shared among the 28 departments, including the National Health Commission, the Ministry of Public Security and the Ministry of Transport, the circular said.

They will face punishment including restrictions in getting government subsidies, seeking government employment, and traveling in first-class sections on planes and high-speed trains...

Vaccine maker Changsheng fined 9.1 billion yuan in safety scandal

2018-10-17

Changchun Changsheng Biotech Co in Jilin province was forced to pay about 9.1 billion yuan (\$1.3 billion) in penalties on Tuesday after the drugmaker was involved in a human rabies vaccine safety scandal in July.

[See Milestones above for details]

China to build TCM experience center for 2022 Winter Olympics

2018-10-16

A Traditional Chinese Medicine (TCM) experience center will be built for the 2022 Winter Olympics in Beijing to provide medical services and spread TCM culture, according to the Beijing Daily on Oct 15.

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Announcements

AERAS [to 20 Oct 2018]

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

No new digest content identified.

BMGF - Gates Foundation [to 20 Oct 2018]

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

OCTOBER 16, 2018

Bill & Melinda Gates Foundation opens new European office in Berlin

Foundation also announces a new Grand Challenges partnership with the African Academy of Sciences and the German Federal Ministry of Education and Research (BMBF)

...In addition, the German Federal Ministry of Education and Research (BMBF), the African Academy of Sciences and the Bill & Melinda Gates Foundation have announced today a joint Grand Challenges Partnership. The new partnership will strengthen scientific cooperation between Germany and African countries, supporting African investigators to pursue scientific innovations in maternal, neonatal and child health.

Germany is currently the world's second largest donor to international health and development programmes. The Gates Foundation has been extending and diversifying its cooperation with both the Federal Government and civil society over many years. In 2017, the Federal Ministry for Economic Cooperation and Development and the Gates Foundation signed a Memorandum of Understanding, seeking to strengthen their collaboration on multilateral and bilateral projects under the overarching objective of significantly reducing poverty and transforming the lives of those most in need.

Dr. Sue Desmond-Hellmann, CEO of the Bill & Melinda Gates Foundation, said: "We are excited to deepen our partnerships in Europe as we pursue our mission to give everyone the chance to lead a healthy, fulfilling life. Europe continues to show strong commitment to reducing global inequity, and our new Berlin office will allow us to tap into Germany's thriving life sciences sector and its growing role as a global health and development hub to help meet the challenges faced by the world's poorest people."...

Bill & Melinda Gates Medical Research Institute [to 20 Oct 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 20 Oct 2018]

<https://carb-x.org/>

CARB-X is a non-profit public-private partnership dedicated to accelerating antibacterial research to tackle the global rising threat of drug-resistant bacteria.

No new digest content identified.

CEPI – Coalition for Epidemic Preparedness Innovations [to 20 Oct 2018]

<http://cepi.net/>

No new digest content identified.

EDCTP [to 20 Oct 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

18 October 2018

EDCTP co-sponsors 'TB Science 2018' - the 49th Union's research preconference

TBScience2018 is the official pre-conference event for the 49th Union World Conference on Lung Health. The scientific conference focuses on basic and translational tuberculosis research. The event takes place at the Marriot Hotel The Hague on 23-24 October 2018.

Emory Vaccine Center [to 20 Oct 2018]

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

No new digest content identified.

European Medicines Agency [to 20 Oct 2018]

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

News and press releases

19/10/2018

News: Meeting highlights from the Committee for Medicinal Products for Human Use (CHMP) 15-18 October 2018

The CHMP recommended six medicines for approval, three extensions of indications and elected its new vice-chair at its October 2018 meeting.

... The CHMP recommended granting a marketing authorisation for Dengvaxia (dengue tetravalent vaccine (live, attenuated)), the first vaccine in the EU for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4 in people who are between 9 and 45 years old, live in an endemic area and already had a prior dengue virus infection. For more information, please see the press release in the grid below.

The Committee adopted a positive opinion for Flucelvax Tetra (influenza vaccine surface antigen inactivated prepared in cell cultures), intended for the prevention of influenza in adults and children from 9 years of age.

CHMP elects new vice-chair

The Committee elected Professor Bruno Sepodes from Portugal as its new vice-chair, for a three-year mandate, starting on 15 October 2018. Professor Sepodes replaces Dr Harald Enzmann, who was elected as CHMP Chair at the September 2018 CHMP meeting. Bruno Sepodes is a member of the evaluation board of medicines at the Portuguese national competent authority - the National Authority for Medicines and Health Products (INFARMED). He has been a member of the CHMP since 2012. In parallel to his involvement in the CHMP, he was also the Chair of EMA's Committee for Orphan Medicinal Products (COMP) from 2012 to 2018.

18 October 2018

EMA/CHMP/666423/2018 Committee for Medicinal Products for Human Use (CHMP)

Summary of opinion1 (initial authorisation)

Dengvaxia - Dengue tetravalent vaccine (live, attenuated)

On 18 October 2018, the Committee for Medicinal Products for Human Use (CHMP) adopted a positive opinion, recommending the granting of a marketing authorisation for the medicinal product Dengvaxia, intended for prophylaxis against dengue disease. The applicant for this medicinal product is Sanofi Pasteur.

Dengvaxia will be available as a powder and solvent to be made into a suspension for injection. The active substance of Dengvaxia is made of chimeric yellow fever-based live attenuated viruses, which contain 2 surface dengue proteins from each of serotypes 1 to 4 of dengue virus. Following administration, the viruses replicate locally and induce neutralizing antibodies and cell-mediated immune responses against the four dengue virus serotypes.

The benefits with Dengvaxia are its ability to protect against symptomatic dengue infection, including severe forms of the disease, in individuals who have had dengue infection before. The

most common side effects are headache, injection site pain, malaise, myalgia, asthenia and fever.

The full indication is: "Dengvaxia is indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4 in individuals 9 to 45 years of age with prior dengue virus infection and living in endemic areas. The use of Dengvaxia should be in accordance with official recommendations".

Detailed recommendations for the use of this product will be described in the summary of product characteristics (SmPC), which will be published in the European public assessment report (EPAR) and made available in all official European Union languages after the marketing authorisation has been granted by the European Commission.

European Vaccine Initiative [to 20 Oct 2018]

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

16 October 2018

4th Call for TRANSVAC Vaccine Development Services

New call launched on 15 October.

FDA [to 20 Oct 2018]

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

October 15, 2018

Statement by FDA Commissioner Scott Gottlieb, M.D., on FDA's new steps to modernize drug development, improve efficiency and promote innovation of targeted therapies

The FDA continues to advance new policies, modernize our [programs](#) and advance opportunities for developing more targeted therapies. Using new technology platforms such as cell and gene therapies and small molecule drugs that target the genomic basis of disease, there are more opportunities to intervene in the underlying mechanisms that cause a disease, and potentially arrest and even reverse its progress. Our efforts are aimed at making sure that our regulatory framework is adapted to these challenges and opportunities, allows for the efficient development of these innovations and the robust demonstration of their safety and efficacy. Our comprehensive efforts are aimed at improving every stage of drug development. We're focused on making the process of generating pre-clinical and clinical evidence required for making risk-based regulatory decisions more modern, more scientifically rigorous, and more efficient.

The scientific opportunities we're seeing today demand that we make sure our policies are as sophisticated as the treatments that are being developed. As the nature of drug discovery and development has become more focused on basic mechanisms of disease, targeted at specific genetic or molecular dysfunctions, science is bringing forward more novel opportunities to meaningfully address human disease.

In response, we're developing technology- and disease-specific regulatory frameworks for innovations that may not have previously had a clear development pathway. We also want to ensure that the development processes are efficient enough to support multiple therapeutic options, not just first-in-class innovations. We need to facilitate second-and-third-to-market innovation as a way to promote more competition within drug classes. This competition can

offer important therapeutic differentiation along with opportunities for price competition that can lower costs and broaden patient access...

... Today we're issuing two guidance documents to provide drug developers greater clarity and direction as they pursue the next generation of therapies and treatments for patients.

The first is the draft guidance, [Hematologic Malignancies: Regulatory Considerations for Use of Minimal Residual Disease in Development of Drug and Biological Products for Treatment](#), which the FDA is developing to assist sponsors planning to use minimal residual disease (MRD) as a biomarker in clinical trials of drugs or biologics to treat specific blood cancers...

...Additionally, the agency today issued the final guidance, [Developing Targeted Therapies in Low-Frequency Molecular Subsets of a Disease](#), which was issued as draft guidance in December 2017. This final guidance addresses the topic of finding treatments that address the underlying molecular changes (e.g., genetic variants) that often cause or contribute to diseases, including uncommon, or rare molecular changes that are present in a small subset of patients...

Fondation Merieux [to 20 Oct 2018]

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

Mérieux Foundation co-organized event

[Case Management working group / Global Task Force on Cholera Control \(GTFCC\)](#)

November 5 - 6, 2018 - Les Pensieres Center for Global Health, Veyrier-du-Lac (France)

Mérieux Foundation co-organized event

[Dengue pre-vaccination screening based on serostatus: rapid tests and implementation strategies](#)

January 14 - 16, 2019 - Les Pensières Center for Global Helath, Veyrier du Lac (France)

Gavi [to 20 Oct 2018]

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

16 October 2018

[Global health organisations commit to new ways of working together for greater impact](#)

[See Milestones above for details]

GHIT Fund [to 20 Oct 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

October 15, 2018

[GHIT Fund welcomes Ono Pharmaceutical Co., Ltd. as New Funding Partner](#)

TOKYO, JAPAN (October 15, 2018)--The Global Health Innovative Technology (GHIT) Fund today welcomed Ono Pharmaceutical Co., Ltd. (Ono) to join GHIT as a new affiliate partner.

Ono, headquartered in Osaka, Japan, is a research and development (R&D)-oriented pharmaceutical company and a pioneer in the field of immuno-oncology. With the addition of Ono, GHIT now counts 21 public and private organizations as funding partners.

"Ono's partnership with GHIT underscores the strong commitment of industry to global health R&D. GHIT's inception was led by industry and now 16 life science companies are GHIT funding partners together with the Government of Japan, the United Nations Development Programme, the Bill and Melinda Gates Foundation, and the Wellcome Trust. Ono's engagement increases GHIT's momentum toward accelerated product development for patients worldwide afflicted with infectious diseases." said Dr. BT Slingsby, CEO of the GHIT Fund...

Global Fund [to 20 Oct 2018]

News

Global Health Organizations Commit to New Ways of Working Together for Greater Impact

16 October 2018

Eleven heads of the world's leading health and development organizations signed a landmark commitment to find new ways of working together to accelerate progress towards achieving the United Nations' Sustainable Development Goals.

[See Milestones above for more detail]

Hilleman Laboratories [to 20 Oct 2018]

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

No new digest content identified.

Human Vaccines Project [to 20 Oct 2018]

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

Event

Towards a Universal Influenza Vaccine: Lessons from the Great Influenza Pandemic of 1918 to Now

November 15-16, 2018 | Nashville, TN

The Human Vaccines Project is hosting a scientific summit featuring prominent researchers and thought leaders to discuss cutting-edge influenza research. The 2-day meeting will bring together leading scientists, clinicians and public health specialists including: John Barry, James E. Crowe, Jr., Senator Bill Frist, and Laurie Garrett. Find a full agenda at:

www.humanvaccinesproject.org/talks/universalinfluenzavaccinesummit

IAVI [to 20 Oct 2018]

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

No new digest content identified.

IFFIm

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

No new digest content identified.

IVAC [to 20 Oct 2018]

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

No new digest content identified.

IVI [to 20 Oct 2018]

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

No new digest content identified.

JEE Alliance [to 20 Oct 2018]

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

No new digest content identified.

MSF/Médecins Sans Frontières [to 20 Oct 2018]

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

Selected Press Releases/Statements

Nauru

[**Information on patient files transfer by MSF to Nauruan health authority**](#)

Statement 17 Oct 2018

NIH [to 20 Oct 2018]

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

October 18, 2018

[**Genomic analysis offers insight into 2018 Nigeria Lassa fever outbreak**](#)

— Findings helped inform Nigeria's public health response.

PATH [to 20 Oct 2018]

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

No new digest content identified.

Sabin Vaccine Institute [to 20 Oct 2018]

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

No new digest content identified.

UNAIDS [to 20 Oct 2018]

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

News

19 October 2018

[Race to ensure that people living with HIV get treatment after Central Sulawesi earthquake](#)

19 October 2018

[Defending opioid substitution therapy services in Kazakhstan](#)

16 October 2018

[Germany: taking a human-rights based approach to injecting drug use](#)

15 October 2018

[UNAIDS revises its policy on adoption, paternity and surrogacy leave](#)

UNAIDS has revised its internal adoption and paternity leave policy and introduced new rules on surrogacy leave, marking an important step in ensuring a more inclusive working environment.

The revised policy includes the extension of adoption leave from eight to 16–18 weeks, depending on the number of children being adopted, the extension of paternity leave from four to 16 weeks and the introduction of 16 weeks of leave for a single birth by surrogacy and 18 weeks for multiple births by surrogacy.

The new policy is the result of concerted advocacy efforts by the UNAIDS Secretariat Staff Association (USSA), in collaboration with UNAIDS management, and is one of the commitments made in the recently launched [UNAIDS Gender Action Plan 2018–2023](#)...

UNICEF [to 20 Oct 2018]

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

*Selected Press Releases/Reports/Statements
Statement*

[In Yemen, millions of children could soon be without food or water as economic crisis deepens and Houthi violence drags on](#)

Statement by UNICEF Executive Director Henrietta Fore

18/10/2018

Press release

[Global health organizations commit to new ways of working together for greater impact](#)

16/10/2018

[See Milestones above for more detail]

Press release

[UNICEF announces arrival of education material for Sulawesi earthquake and tsunami affected communities](#)

16/10/2018

Vaccine Confidence Project [to 20 Oct 2018]

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

Vaccine Confidence Project - Confidence Commentary

[The biggest pandemic risk? Viral misinformation](#)

Heidi Larson | 18 Oct, 2018

published in Nature 562, 309 (2018)

A century after the world's worst flu epidemic, rapid spread of misinformation is undermining trust in vaccines crucial to public health.

A hundred years ago this month, the death rate from the 1918 influenza was at its peak. An estimated 500 million people were infected over the course of the pandemic; between 50 million and 100 million died, around 3% of the global population at the time.

A century on, advances in vaccines have made massive outbreaks of flu — and measles, rubella, diphtheria and polio — rare. But people still discount their risks of disease. Few realize that flu and its complications caused an estimated 80,000 deaths in the United States alone this past winter, mainly in the elderly and infirm. Of the 183 children whose deaths were confirmed as flu-related, 80% had not been vaccinated that season, according to the US Centers for Disease Control and Prevention.

I predict that the next major outbreak — whether of a highly fatal strain of influenza or something else — will not be due to a lack of preventive technologies. Instead, emotional contagion, digitally enabled, could erode trust in vaccines so much as to render them moot. The deluge of conflicting information, misinformation and manipulated information on social media should be recognized as a global public-health threat...

read full article in Nature : [click here](#)

Vaccine Education Center – Children's Hospital of Philadelphia [to 20 Oct 2018]

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

No new digest content identified.

Wellcome Trust [to 20 Oct 2018]

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

19 October 2018

[Photographer Adrienne Surprenant commissioned to focus on dengue](#)

We're proud to announce that this year's Wellcome Photography Prize Commissioned photographer is Adrienne Surprenant, who will be creating a new photographic series focusing on the mosquito-borne tropical disease Dengue <https://wellc.me/2RWZEuc> [#WPP19](#)

[#OnAssignment](#)

The Wistar Institute [to 20 Oct 2018]

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

Press Release Oct. 15, 2018

[Function of Neutrophils During Tumor Progression Unraveled](#)

Neutrophils isolated from the bone marrow of mouse models and patients with early stage tumors exhibit increased spontaneous migration to tissues and promote tumor cell seeding.

World Organisation for Animal Health (OIE) [to 20 Oct 2018]

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

No new digest content identified.

.....

BIO [to 20 Oct 2018]
<https://www.bio.org/insights/press-release>
No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 20 Oct 2018]
<http://www.dcvmn.org/>
29 October 2018 to 31 October 2018
19th DCVMN Annual General Meeting
Kunming / China

IFPMA [to 20 Oct 2018]
<http://www.ifpma.org/resources/news-releases/>
No new digest content identified.

PhRMA [to 20 Oct 2018]
<http://www.phrma.org/press-room>
No new digest content identified.

* * * *

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

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

How Germany Can Take the Lead in Global Health

Impatient Optimists | 18 October 2018

By Chris Elias and Trevor Mundel

No category of medical innovations has saved the lives of more children than vaccines. In the 17 years since its founding, Gavi, the Vaccine Alliance, has prevented an estimated 10 million deaths by immunizing children in low-income countries.

That's why the Gates Foundation is engaging with CureVac AG and BioNTech, two German biotechnology companies that are pioneering new ways to make vaccines. They use the body's own administered mRNA, the molecules that turn genetic information into proteins.

The implications of mRNA vaccines are enormous: They could be developed quickly, perhaps fast enough to respond to a serious infectious disease outbreak like Ebola. Plus, they would be cheap.

Right now, companies must spend hundreds of millions—even billions—of euros to develop vaccines and build plants to make them. The process can take many years, and plants for one vaccine cannot be repurposed to make other vaccines. With mRNA vaccines, one plant could make multiple vaccines. It might even be possible to make vaccines in a machine the size of a refrigerator.

Just a few years ago, all of this was hypothetical. Over the past several months, though, we've started to see results with the successful introduction of mRNA vaccines in small and large animals. And last year, while testing mRNA vaccines for flu and rabies, researchers found that mRNA vaccines could be much more durable than the standard versions.

But what's most exciting about these breakthroughs is that they aren't happening in isolation. The Gates Foundation recently announced that we're opening a new European office in Berlin, and we are holding our annual Grand Challenges meeting in Germany's capital city as well. Neither the time nor the place is a coincidence.

Germany is an emerging leader in global health. This year marks the 10th anniversary of the World Health Summit, an annual convening of global health leaders hosted by Germany with the co-sponsorship of other European Union nations.

And we are living in a moment when researchers are making quantum leaps in the life sciences. Many of those leaps—like the breakthroughs pursued by CureVac and BioNTech—could happen in Germany...

* * * *

Journal Watch

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

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

American Journal of Infection Control

October 2018 Volume 46, Issue 10, p1083-1200, e45-e50

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

[Reviewed earlier]

American Journal of Preventive Medicine

October 2018 Volume 55, Issue 4, p433-582

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

[Reviewed earlier]

American Journal of Public Health

October 2018 108(10)

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

Volume 99, Issue 4, 2018

<http://www.ajtmh.org/content/journals/14761645/99/4>

Articles

[Recurrent Anthrax Outbreaks in Humans, Livestock, and Wildlife in the Same Locality, Kenya, 2014–2017](#)

Epidemiologic data indicate a global distribution of anthrax outbreaks associated with certain ecosystems that promote survival and viability of Bacillus anthracis spores. Here, we characterized three anthrax outbreaks involving humans, livestock, and wildlife that occurred in the same locality in Kenya between 2014 and 2017.

Mathew Muturi, John Gachohi, Athman Mwatondo, Isaac Lekool, Francis Gakuya, Alice Bett, Eric Osoro, Austine Bitek, S. Mwangi Thumbi, Peninah Munyua, Harry Oyas, Obadiah N. Njagi, Bernard Bett and M. Kariuki Njenga

<https://doi.org/10.4269/ajtmh.18-0224>

Annals of Internal Medicine

2 October 2018 Vol: 169, Issue 7

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

[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 20 Oct 2018)

[No new digest content identified]

BMJ Global Health

October 2018 - Volume 3 - 5

<https://gh.bmj.com/content/3/5>

[Reviewed earlier]

BMC Health Services Research

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

(Accessed 20 Oct 2018)

Research article

[Availability, prices and affordability of selected essential medicines in Jordan: a national survey](#)

Free access to essential medicines is a fundamental right. Governments should provide accessible and affordable medicines to people. The purpose of this study was to evaluate medicines' prices, availability and affordability in Jordan.

Authors: Qais Alefan, Rawan Amairi and Shoroq Tawalbeh

Citation: BMC Health Services Research 2018 18:787

Published on: 19 October 2018

BMC Infectious Diseases

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

(Accessed 20 Oct 2018)

[No new digest content identified]

BMC Medical Ethics

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

(Accessed 20 Oct 2018)

[No new digest content identified]

BMC Medicine

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

(Accessed 20 Oct 2018)

Research article

[The hidden burden of measles in Ethiopia: how distance to hospital shapes the disease mortality rate](#)

A sequence of annual measles epidemics has been observed from January 2013 to April 2017 in the South West Shoa Zone of the Oromia Region, Ethiopia. We aimed at estimating the burden of disease in the affected...

Authors: Piero Poletti, Stefano Parlamento, Tafarraa Fayyisaa, Rattaa Feyyiss, Marta Lusiani, Ademe Tsegaye, Giulia Segafredo, Giovanni Putoto, Fabio Manenti and Stefano Merler

Citation: BMC Medicine 2018 16:177

Research article

[Registration of published randomized trials: a systematic review and meta-analysis](#)

Prospective trial registration is a powerful tool to prevent reporting bias. We aimed to determine the extent to which published randomized controlled trials (RCTs) were registered and registered prospectively.

Authors: Ludovic Trinquart, Adam G. Dunn and Florence T. Bourgeois

Citation: BMC Medicine 2018 16:173

Published on: 16 October 2018

BMC Pregnancy and Childbirth

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

(Accessed 20 Oct 2018)

[No new digest content identified]

BMC Public Health

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

(Accessed 20 Oct 2018)

[No new digest content identified]

BMC Research Notes

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

(Accessed 20 Oct 2018)

[No new digest content identified]

BMJ Open

October 2018 - Volume 8 - 10

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

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 96, Number 10, October 2018, 665-728

<http://www.who.int/bulletin/volumes/96/10/en/>

Special theme: The future of eye care in a changing world

[Reviewed earlier]

Child Care, Health and Development

Volume 44, Issue 6 Pages: 801-929 November 2018

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

[Reviewed earlier]

Clinical Therapeutics

October 2018 Volume 40, Issue 10, p1621-1788

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

[New issue; No digest content identified]

Clinical Trials

Volume 15 Issue 5, October 2018

<http://journals.sagepub.com/toc/ctja/15/5>

[Reviewed earlier]

Conflict and Health

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

[Accessed 20 Oct 2018]

[No new digest content identified]

Contemporary Clinical Trials

Volume 73 Pages 1-158 (October 2018)

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/73/suppl/C>

[Reviewed earlier]

Current Opinion in Infectious Diseases

October 2018 - Volume 31 - Issue 5

<https://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>

[Reviewed earlier]

Developing World Bioethics

Volume 18, Issue 3 Pages: 205-306 September 2018

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

SPECIAL ISSUE: AFRICAN PERSPECTIVES IN GLOBAL BIOETHICS

[Reviewed earlier]

Development in Practice

Volume 28, Issue 7, 2018

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

[Reviewed earlier]

Disaster Medicine and Public Health Preparedness

Volume 12 - Issue 4 - August 2018

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

[Reviewed earlier]

Disasters

Volume 42, Issue S2 Pages: S159-S327 October 2018

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

Disasters in Conflict Areas

[Reviewed earlier]

EMBO Reports

Volume 19, Number 10 01 October 2018

<http://embor.embopress.org/content/19/10>

[Reviewed earlier]

Emerging Infectious Diseases

Volume 24, Number 10—October 2018

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

[Reviewed earlier]

Epidemics

Volume 24 Pages 1-104 (September 2018)

<https://www.sciencedirect.com/journal/epidemics/vol/24/suppl/C>

[Reviewed earlier]

Epidemiology and Infection

Volume 146 - Issue 13 - October 2018

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

[Reviewed earlier]

The European Journal of Public Health

Volume 28, Issue 5, 1 October 2018

<https://academic.oup.com/eurpub/issue/28/5>

[Reviewed earlier]

Global Health Action

Volume 11, 2018 – Issue 1

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

[Reviewed earlier]

Global Health: Science and Practice (GHSP)

Vol. 6, No. 3 October 03, 2018

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

[Reviewed earlier]

Global Public Health

Volume 13, 2017 Issue 12

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

Article

[Multidisciplinary and multisectoral coalitions as catalysts for action against antimicrobial resistance: Implementation experiences at national and regional levels](#)

Mohan P. Joshi, Chifumbe Chintu, Mirfin Mpundu, Dan Kibuule, Oliver Hazemba, Tenaw Andualem, Martha Embrey, Bayobuya Phulu & Heran Gerba

Pages: 1781-1795

Published online: 20 Mar 2018

Globalization and Health

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

[Accessed 20 Oct 2018]

[No new digest content identified]

Health Affairs

Vol. 37 , No. 10 October 2018

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

Social Determinants, Drug & Device Prices & More

[Reviewed earlier]

Health and Human Rights

Volume 20, Issue 1, June 2018

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

[Reviewed earlier]

Health Economics, Policy and Law

Volume 13 - Special Issue 3-4 - July 2018

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

SPECIAL ISSUE: Canadian Medicare: Historical Reflections, Future Directions

[Reviewed earlier]

Health Equity

Issue in Progress

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

[Reviewed earlier]

Health Policy and Planning

Volume 33, Issue 8, 1 October 2018

<https://academic.oup.com/heapol/issue/33/8>

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 20 Oct 2018]

[No new digest content identified]

Humanitarian Exchange Magazine

Number 72 July 2018

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

Mental health and psychosocial support in humanitarian crises

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 14, Issue 9 2018

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 20 Oct 2018]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 20 Oct 2018]

[No new digest content identified]

International Health

Volume 10, Issue 5, September 2018

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

[Reviewed earlier]

International Journal of Community Medicine and Public Health

Vol 5, No 10 (2018) October 2018

<http://www.ijcmph.com/index.php/ijcmph/issue/view/43>

[Reviewed earlier]

International Journal of Epidemiology

Volume 47, Issue 4, August 2018

<https://academic.oup.com/ije/issue/47/4>

[Reviewed earlier]

International Journal of Human Rights in Healthcare

Volume 11 Issue 5 2018

<https://www.emeraldinsight.com/toc/ijhrh/11/5>

[New issue; No digest content identified]

International Journal of Infectious Diseases

October 2018 Volume 75, p1-120

[https://www.ijidonline.com/issue/S1201-9712\(18\)X0010-1](https://www.ijidonline.com/issue/S1201-9712(18)X0010-1)

Editorial

The historic and unprecedented United Nations General Assembly High Level Meeting on Tuberculosis (UNGA-HLM-TB)—‘United to End TB: An Urgent Global Response to a Global Epidemic’

Alimuddin Zumla, Eskild Petersen

p118–120

Published online: September 19, 2018

Review

A summary and appraisal of existing evidence of antimicrobial resistance in the Syrian conflict

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

p26–33

Published online: June 21, 2018

JAMA

October 16, 2018, Vol 320, No. 15, Pages 1513-1612

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

Editorial

Race, Ancestry, and Medical Research

Phil B. Fontanarosa, MD, MBA; Howard Bauchner, MD

Viewpoint

Examining How Race, Ethnicity, and Ancestry Data Are Used in Biomedical Research

Vence L. Bonham, JD; Eric D. Green, MD, PhD; Eliseo J. Pérez-Stable, MD

JAMA. 2018;320(15):1533-1534. doi:10.1001/jama.2018.13609

This Viewpoint discusses the need for a consensus on how race, ethnicity, and ancestry data are reported in biomedical research to avoid inappropriately describing racial and ethnic groups as discrete population groups.

Viewpoint

Inclusion Across the Lifespan - NIH Policy for Clinical Research

Marie A. Bernard, MD; Janine A. Clayton, MD; Michael S. Lauer, MD

JAMA. 2018;320(15):1535-1536. doi:10.1001/jama.2018.12368

This Viewpoint summarizes provisions of the National Institutes of Health’s Inclusion Across the Lifespan policy scheduled for implementation in 2019 for clinical trials, which will require written plans to recruit younger and older participants as a part of grant applications and documentation of participant age in trial progress reports.

JAMA Pediatrics

October 2018, Vol 172, No. 10, Pages 897-996

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

[Reviewed earlier]

JBI Database of Systematic Review and Implementation Reports

October 2018 - Volume 16 - Issue 10

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

[Reviewed earlier]

Journal of Adolescent Health

October 2018 Volume 63, Issue 4, p377-518

[https://www.jahonline.org/issue/S1054-139X\(17\)X0025-6](https://www.jahonline.org/issue/S1054-139X(17)X0025-6)

[Reviewed earlier]

Journal of Community Health

Volume 43, Issue 5, October 2018

<https://link.springer.com/journal/10900/43/5/page/1>

[Reviewed earlier]

Journal of Empirical Research on Human Research Ethics

Volume 13 Issue 4, October 2018

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

[Reviewed earlier]

Journal of Epidemiology & Community Health

October 2018 - Volume 72 - 10

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

[Reviewed earlier]

Journal of Evidence-Based Medicine

Volume 11, Issue 3 Pages: 131-215 August 2018

<https://onlinelibrary.wiley.com/toc/17565391/current>

[Reviewed earlier]

Journal of Global Ethics

Volume 14, Issue 1, 2018

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

Special Issue: Education and Migration

[Reviewed earlier]

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

Volume 29, Number 3, August 2018

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

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 20, Issue 5, October 2018

<https://link.springer.com/journal/10903/20/5/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, 20 Oct 2018

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

[Reviewed earlier]

Journal of Medical Ethics

October 2018 - Volume 44 - 10

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

[Reviewed earlier]

Journal of Medical Internet Research

Vol 20, No 10 (2018): October

<https://www.jmir.org/2018/9>

[Reviewed earlier]

Journal of Medical Microbiology

Volume 67, Issue 10, October 2018

<http://jmm.microbiologyresearch.org/content/journal/jmm/67/10>

[Reviewed earlier]

Journal of Patient-Centered Research and Reviews

Volume 5, Issue 3 (2018)

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

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 7, Issue 3, September 2018

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

[Reviewed earlier]

Journal of Pediatrics

October 2018 Volume 201, p1-304

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

[New issue; No digest content identified]

Journal of Pharmaceutical Policy and Practice

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

[Accessed 20 Oct 2018]

[No new digest content identified]

Journal of Public Health Management & Practice

September/October 2018 - Volume 24 - Issue 5

<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>

[Reviewed earlier]

Journal of the Royal Society – Interface

September 2018; volume 15, issue 146

<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

Asian travel: from the rare to the difficult

[Reviewed earlier]

Journal of Virology

November 2018; Volume 92, Issue 21

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

Vaccines and Antiviral Agents | Spotlight

Using a Virion Assembly-Defective Dengue Virus as a Vaccine Approach

Many flaviviruses are significant human pathogens that pose global threats to public health. Although licensed vaccines are available for yellow fever, Japanese encephalitis, tick-borne encephalitis, and dengue viruses, new approaches are needed to develop improved vaccines. Using dengue virus as a model, we developed a vaccine platform using a virion assembly-defective virus. We show that such an assembly-defective virus could be...

Chao Shan, Xuping Xie, Jing Zou, Roland Züst, Bo Zhang, Rebecca Ambrose, Jason Mackenzie, Katja Fink, Pei-Yong Shi

The Lancet

Oct 20, 2018 Volume 392 Number 10156 p1369-1486 e12

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

Editorial

The Astana Declaration: the future of primary health care?

The Lancet

Primary health care is in crisis. It is underdeveloped in many countries, underfunded in others, and facing a severe workforce recruitment and retention challenge. Half the world's population has no access to the most essential health services. Yet 80–90% of people's health needs across their lifetime can be provided within a primary health-care framework—from maternity care and disease prevention through vaccination, to management of chronic conditions and palliative care. As populations age, and multimorbidity becomes the norm, the role of primary health-care workers becomes ever more important.

In 1978, the Declaration of Alma-Ata was ground-breaking in uniting health leaders behind the importance of primary health care as key to delivering better health for all, and to the value of social justice, health equity, and the social determinants of health. But 40 years later, this vision has not been realised. Instead, the focus has been on individual diseases with variable results. Now the Sustainable Development Goals provide new impetus to reach universal health coverage via strengthened primary health care.

This week, on Oct 25 and 26, the Global Conference on Primary Health Care will be co-hosted by the Government of Kazakhstan, WHO, and UNICEF. 1200 leaders (including heads of state; ministers of health, finance, education, and social welfare; non-governmental organisations; researchers; health practitioners; and youth leaders) will meet in Astana, Kazakhstan, to endorse the Astana Declaration. The aim is to renew political commitment from member states and global organisations to developing people-centred primary health care, building on the principles of the Alma-Ata Declaration.

A renaissance in primary health care is essential to provide health for all, including the most vulnerable. An example is Pakistan, where the provision of universal primary health care is likely to be the only route to address the country's abysmal health indicators. Include, invest, innovate—the themes of the Tallinn Charter in 2018—put primary health care at the heart of sustainable health systems.

Investing in primary health care through four delivery platforms (community-based care, health centres, first-level hospitals, and population-based interventions) is one of the messages from the Lancet Commission on Investing in Health. The Commission's proposed package of primary health-care interventions provides a blueprint for what should be available in each of the platforms. In Ethiopia, a diagonal investment approach has led to strengthened primary health-care capacity and improved health status. The Lancet Commission on Primary Health Care in China, which will be presented in Astana and Beijing, outlines many opportunities for the Chinese government, such as integrating primary health-care and public health services.

The health workforce is a key contributor to the performance and sustainability of health systems—no more so than in primary health care. The World Organization of Family Doctors (WONCA) has strengthened efforts to train doctors in developing countries, but there has been insufficient investment in primary health-care staff in the past 30 years. Interprofessional teams focusing on the needs of the patient are one important way of introducing innovation. Teams in which nurses provide much of the care, including health promotion and the management of non-communicable diseases, is one possible model.

Recruitment and retention of community health workers, nurses, and doctors must improve in most regions of the world. Making primary health care a more attractive working environment is crucial to recruit and retain the best staff. Evidence presented at the European Health Forum Gastein, Austria, on Oct 3–5, documented the need for new curricula, multiprofessional settings, and more organisational support. In most European countries, there is a shortage of general practitioners (family doctors), especially in rural areas. General practice is often seen as low status, with low prestige for doctors, linked with a high administrative workload and lack of peer support. Despite some innovation, such as new roles for nurses and pharmacists in primary care, there is a need to offer more professional development and more infrastructure support, including technological innovations. Primary care clerkships, and exposing students to working in rural areas, can help to recruit into the most remote areas.

The joy depicted in the photographs in this issue illustrates just some aspects of primary health care at its best. The Astana Declaration marks the beginning of a better future for primary health care. Leadership after the Astana meeting is essential to rejuvenate and revitalise all aspects of primary health care.

The Lancet Commissions

[Alma-Ata at 40 years: reflections from the Lancet Commission on Investing in Health](#)

David A Watkins, Gavin Yamey, Marco Schäferhoff, Olusoji Adeyi, George Alleyne, Ala Alwan, Seth Berkley, Richard Feachem, Julio Frenk, Gargee Ghosh, Sue J Goldie, Yan Guo, Sanjeev Gupta, Felicia Knaul, Margaret Kruk, Rachel Nugent, Osondu Ogbuonji, Jinyuan Qi, Srinath Reddy, Helen Saxenian, Agn  s Soucat, Dean T Jamison, Lawrence H Summers

Review

[Revisiting Alma-Ata: what is the role of primary health care in achieving the Sustainable Development Goals?](#)

Thomas Hone, James Macinko, Christopher Millett

[Effectiveness and sustainability of a diagonal investment approach to strengthen the primary health-care system in Ethiopia](#)

Yibeltal Assefa, Dessalegn Tesfaye, Wim Van Damme, Peter S Hill

Health Policy

[Building the case for embedding global health security into universal health coverage: a proposal for a unified health system that includes public health](#)

Ngozi A Erond  , Jerry Martin, Robert Marten, Gorik Ooms, Robert Yates, David L Heymann

Lancet Global Health

Oct 2018 Volume 6 Number 10 e1045-e1138

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

[Reviewed earlier]

Lancet Infectious Diseases

Oct 2018 Volume 18 Number 10 p1047-1160 e295-e338

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

[Reviewed earlier]

Lancet Respiratory Medicine

Oct 2018 Volume 6 Number 10 p727-800 e51-e53

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

[Reviewed earlier]

Maternal and Child Health Journal

Volume 22, Issue 1 Supplement, October 2018

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

Special Issue: Taking Home Visiting to Scale: Findings from the Maternal, Infant, and Early Childhood Home Visiting Program State-Led Evaluations

Issue Editors: [Nicole Denmark](#), [Kyle Peplinski](#), [Mariel Sparr](#), [Judy Labiner-Wolfe](#), [Susan Zaid](#), [Pooja Gupta](#), [Kassie Mae Miller](#)

[Reviewed earlier]

Medical Decision Making (MDM)

Volume 38 Issue 7, October 2018

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

Volume 96, Issue 3 Pages: 409-605 September 2018

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

[Reviewed earlier]

Nature

Volume 562 Issue 7727, 18 October 2018

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

Editorial | 17 October 2018

[Progress on antibiotic resistance](#)

Clinicians, companies and researchers have come together to suggest ways to break the deadlock on finding better ways to prescribe antibiotics.

World View | 16 October 2018

The biggest pandemic risk? Viral misinformation

A century after the world's worst flu epidemic, rapid spread of misinformation is undermining trust in vaccines crucial to public health, warns Heidi Larson.

Heidi J. Larson

Nature Medicine

Volume 24 Issue 10, October 2018

<https://www.nature.com/nm/volumes/24/issues/10>

[Reviewed earlier]

Nature Reviews Immunology

Volume 18 Issue 10, October 2018

<https://www.nature.com/nri/volumes/18/issues/10>

[Reviewed earlier]

New England Journal of Medicine

October 18, 2018 Vol. 379 No. 16

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

Perspective

Extensively Drug-Resistant Typhoid — Are Conjugate Vaccines Arriving Just in Time?

Jason R. Andrews, M.D., Farah N. Qamar, F.C.P.S., Richelle C. Charles, M.D., and Edward T. Ryan, M.D.

[Excerpt]

We are in a critical period. XDR S. Typhi has appeared in a densely populated area of Asia. The growth of informal settlement areas lacking adequate sanitation and water infrastructure will most likely fuel its transmission, and international migration and travel could facilitate its spread. The good news is that an effective typhoid conjugate vaccine is now available and can be used to augment typhoid-control efforts. The Typbar TCV vaccine is now being used in the outbreak response in Hyderabad, though the strain had already spread beyond the vaccine target area and may continue to disseminate.

The new WHO recommendation, availability of a prequalified vaccine with durable immunogenicity that can be given to young children, and the Gavi funding commitment provide more favorable conditions than have ever before existed for countries to incorporate typhoid vaccines into immunization programs. To guide these efforts, we need to invest in improved surveillance efforts and accelerate conjugate vaccine introduction in countries where the burden of typhoid is known to be high. Whether we will take the necessary action before the window closes is still uncertain.

Pediatrics

October 2018, VOLUME 142 / ISSUE 4

<http://pediatrics.aappublications.org/content/142/4?current-issue=y>

[Reviewed earlier]

Pharmaceutics

Volume 10, Issue 3 (September 2018)

<http://www.mdpi.com/1999-4923/10/3>

[Reviewed earlier]

Pharmacoeconomics

Volume 36, Issue 10, October 2018

<https://link.springer.com/journal/40273/36/10/page/1>

[Reviewed earlier]

PLOS Currents: Disasters

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

[Accessed 20 Oct 2018]

[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 20 Oct 2018]

[Real Time Forecasting of Measles Using Generation-dependent Mathematical Model in Japan, 2018](#)

October 15, 2018 · *Research Article*

Background: Japan experienced a multi-generation outbreak of measles from March to May, 2018. The present study aimed to capture the transmission dynamics of measles by employing a simple mathematical model, and also forecast the future incidence of cases.

Methods: Epidemiological data that consist of the date of illness onset and the date of laboratory confirmation were analysed. A functional model that captures the generation-dependent growth patterns of cases was employed, while accounting for the time delay from illness onset to diagnosis.

Results: As long as the number of generations is correctly captured, the model yielded a valid forecast of measles cases, explicitly addressing the reporting delay. Except for the first generation, the effective reproduction number was estimated by generation, assisting evaluation of public health control programs.

Conclusions: The variance of the generation time is relatively limited compared with the mean for measles, and thus, the proposed model was able to identify the generation-dependent dynamics accurately during the early phase of the epidemic. Model comparison indicated the most likely number of generations, allowing us to assess how effective public health interventions would successfully prevent the secondary transmission.

PLoS Medicine

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

(Accessed 20 Oct 2018)

[No new digest content identified]

PLoS Neglected Tropical Diseases

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

(Accessed 20 Oct 2018)

Viewpoints

Pakistan: A nation held back by NTDs

Alexander J. Blum, M. Farhan Majid, Peter J. Hotez

| published 18 Oct 2018 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0006751>

PLoS One

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

[Accessed 20 Oct 2018]

Research Article

Health and economic growth: Evidence from dynamic panel data of 143 years

Rajesh Sharma

Research Article | published 17 Oct 2018 PLOS ONE

<https://doi.org/10.1371/journal.pone.0204940>

PLoS Pathogens

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

[Accessed 20 Oct 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 20 Oct 2018]

Epidemiology of the silent polio outbreak in Rahat, Israel, based on modeling of environmental surveillance data

Andrew F. Brouwer, Joseph N. S. Eisenberg, Connor D. Pomeroy, Lester M. Shulman, Musa Hindiyeh, Yossi Manor, Itamar Grotto, James S. Koopman, and Marisa C. Eisenberg

PNAS published ahead of print October 18, 2018. <https://doi.org/10.1073/pnas.1808798115>

Prehospital & Disaster Medicine

Volume 33 - Issue 4 - August 2018

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

[Reviewed earlier]

Preventive Medicine

Volume 115 Pages 1-156 (October 2018)

<https://www.sciencedirect.com/journal/preventive-medicine/vol/114/suppl/C>

[Reviewed earlier]

Proceedings of the Royal Society B

29 August 2018; volume 285, issue 1885

<http://rspb.royalsocietypublishing.org/content/285/1885?current-issue=y>

[Reviewed earlier]

Public Health

October 2018 Volume 163, *In Progress*

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

[Reviewed earlier]

Public Health Ethics

Volume 11, Issue 2, 1 July 2018

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

Special Symposium on Public Mental Health Ethics

[Reviewed earlier]

Public Health Reports

Volume 133 Issue 5, September/October 2018

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

[Reviewed earlier]

Qualitative Health Research

Volume 28 Issue 12, October 2018

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

[Reviewed earlier]

Research Ethics

Volume 14 Issue 3, July 2018

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

[Reviewed earlier]

Reproductive Health

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

[Accessed 20 Oct 2018]

[No new digest content identified]

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

http://www.paho.org/journal/index.php?option=com_content&view=featured&Itemid=101
[Reviewed earlier]

Risk Analysis

Volume 38, Issue 10 Pages: 2011-2241 October 2018
<https://onlinelibrary.wiley.com/toc/15396924/current>
[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 11, 2018
<https://www.dovepress.com/risk-management-and-healthcare-policy-archive56>
[Reviewed earlier]

Science

19 October 2018 Vol 362, Issue 6412
<http://www.sciencemag.org/current.dtl>
Report

[Realizing private and practical pharmacological collaboration](#)

By Brian Hie, Hyunghoon Cho, Bonnie Berger
Science 19 Oct 2018 : 347-350 Restricted Access

*A computational protocol enables private pharmacological data to be securely combined.
Sharing pharmaceutical research*

Increased collaboration will enhance our ability to predict new therapeutic drug candidates. Such data sharing is currently limited by concerns about intellectual property and competing commercial interests. Hie et al. introduce an end-to-end pipeline, using modern cryptographic tools, for secure pharmacological collaboration. Multiple entities can thus securely combine their private datasets to collectively obtain more accurate predictions of new drug-target interactions. The computational pipeline is practical, producing results with improved accuracy in a few days over a wide area network on a real dataset with more than a million interactions. Science, this issue p. [347](#)

Abstract

Although combining data from multiple entities could power life-saving breakthroughs, open sharing of pharmacological data is generally not viable because of data privacy and intellectual property concerns. To this end, we leverage modern cryptographic tools to introduce a computational protocol for securely training a predictive model of drug–target interactions (DTIs) on a pooled dataset that overcomes barriers to data sharing by provably ensuring the confidentiality of all underlying drugs, targets, and observed interactions. Our protocol runs within days on a real dataset of more than 1 million interactions and is more accurate than state-of-the-art DTI prediction methods. Using our protocol, we discover previously unidentified DTIs that we experimentally validated via targeted assays. Our work lays a foundation for more effective and cooperative biomedical research.

Science Translational Medicine

17 October 2018 Vol 10, Issue 463

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

Focus

[Health and societal implications of medical and technological advances](#)

By Victor J. Dzau, Celynn A. Balatbat

Science Translational Medicine 17 Oct 2018 Full Access

Scientific and technological breakthroughs are transforming the future of medicine and health, but they inevitably carry risks and have societal implications that need to be addressed proactively.

Social Science & Medicine

Volume 214 Pages 1-214 (October 2018)

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/212/suppl/C>

[Reviewed earlier]

Systematic Reviews

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

[Accessed 20 Oct 2018]

Research

[Rapid methods including network meta-analysis to produce evidence in clinical decision support: a decision analysis](#)

Conducting systematic reviews is time-consuming but crucial to construct evidence-based patient decision aids, clinical practice guidelines and decision analyses. New methods might enable developers to produce...

Authors: Oystein Eiring, Kjetil Gundro Brurberg, Kari Nytroen and Magne Nylenna

Citation: Systematic Reviews 2018 7:168

Published on: 20 October 2018

Travel Medicine and Infectious Diseases

September-October, 2018 Volume 25

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

[Reviewed earlier]

Tropical Medicine & International Health

Volume 23, Issue 10 Pages: i-iv, 1045-1156 October 2018

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

[Reviewed earlier]

Vaccine

Volume 36, Issue 45 Pages 6579-6894 (29 October 2018)

<https://www.sciencedirect.com/journal/vaccine/vol/36/issue/45>

Review article Open access

[The Euvichol story – Development and licensure of a safe, effective and affordable oral cholera vaccine through global public private partnerships](#)

Lina Odevall, Deborah Hong, Laura Digilio, Sushant Sahastrabuddhe, ... Julia Lynch
Pages 6606-6614

Research article Abstract only

Assessing the effectiveness of high-dose influenza vaccine in preventing hospitalization among seniors, and observations on the limitations of effectiveness study design

Steve G. Robison, Ann R. Thomas
Pages 6683-6687

Research article Abstract only

Pregnant women's attitudes toward Zika virus vaccine trial participation

Ilona Telefus Goldfarb, Elana Jaffe, Kaitlyn James, Anne Drapkin Lyerly
Pages 6711-6717

Research article Abstract only

Inequalities in childhood vaccination timing and completion in London

Karen S. Tiley, Joanne M. White, Nick Andrews, Mary Ramsay, Michael Edelstein
Pages 6726-6735

Research article Open access

Vaccine safety surveillance in pregnancy in low- and middle-income countries using GAIA case definitions: A feasibility assessment

Anke L. Stuurman, Margarita Riera, Smaragda Lamprianou, Silvia Perez-Vilar, ... Christine Guillard Maure
Pages 6736-6743

Research article Abstract only

U.S. clinicians' and pharmacists' reported barriers to implementation of the Standards for Adult Immunization Practice

Anup Srivastav, Carla L. Black, Chelsea S. Lutz, Amy Parker Fiebelkorn, ... David K. Kim
Pages 6772-6781

Research article Abstract only

Communication-based interventions for increasing influenza vaccination rates among Aboriginal children: A randomised controlled trial

Kim Borg, Kim Sutton, Megan Beasley, Fraser Tull, ... Peter Bragge
Pages 6790-6795

Research article Open access

No evidence found for an increased risk of long-term fatigue following human papillomavirus vaccination of adolescent girls

T.M. Schurink-van't Klooster, J.M. Kemmeren, N.A.T. van der Maas, E.M. van de Putte, ... H.E. de Melker
Pages 6796-6802

Research article Open access

Expenditures on vaccine-preventable disease surveillance: Analysis and evaluation of comprehensive multi-year plans (cMYPs) for immunization

Azfar Hossain, Claudio Politi, Nikhil Mandalia, Adam L. Cohen
Pages 6850-6857

Research article Open access

Challenges to sustainable immunization systems in Gavi transitioning countries

Tania Cernuschi, Stephanie Gaglione, Fiammetta Bozzani
Pages 6858-6866

Vaccine: Development and Therapy

<https://www.dovepress.com/vaccine-development-and-therapy-archive111>
(Accessed 20 Oct 2018)
[No new digest content identified]

Vaccines — Open Access Journal

<http://www.mdpi.com/journal/vaccines>
(Accessed 20 Oct 2018)
[No new digest content identified]

Value in Health

October 2018 Volume 21, Issue 10, p1133-1268
<http://www.valueinhealthjournal.com/current>
[Reviewed earlier]

* * * *

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

No new digest content identified.

* * * *

Media/Policy Watch

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

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

The Atlantic

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

Accessed 20 Oct 2018

[No new, unique, relevant content]

BBC

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

Accessed 20 Oct 2018

[No new, unique, relevant content]

The Economist

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

Accessed 20 Oct 2018

Rash hour

[The health detectives on the trail of measles outbreaks](#)

Low vaccination rates and outbreaks across Europe are keeping British health officials busy
Oct 20th 2018

Financial Times

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

Accessed 20 Oct 2018

[No new, unique, relevant content]

Forbes

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

Accessed 20 Oct 2018

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 20 Oct 2018

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 20 Oct 2018

[Welcome to the First War Zone Ebola Crisis](#)

The world thought it knew how to deal with Ebola outbreaks—but it's never dealt with one like this before.

Laurie Garrett October 18, 2018, 4:24 PM

The Guardian

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

Accessed 20 Oct 2018

[Merkel calls for international unity in the face of global health threats](#)

17 October 2018

New Yorker

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

Accessed 20 Oct 2018

[No new, unique, relevant content]

New York Times

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

Accessed 20 Oct 2018

Health

Oct. 19, 2018

[EU Drug Agency Urges Approval for Dengue Vaccine](#)

Europe's drug regulator has recommended approving the first vaccine for dengue despite concerns about the vaccine's wide use and a lawsuit in the Philippines alleging that it was linked to three deaths.

Business Day

Oct. 17, 2018

[China Urges More Oversight of Large Pig Farms Amid Disease Epidemic](#)

China's vice agriculture minister said on Wednesday that local governments should step up their oversight of large-scale pig farms and breeding farms as another province reported a fresh outbreak of the highly contagious African swine fever.

Wall Street Journal

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

Accessed 20 Oct 2018

[No new, unique, relevant content]

Washington Post

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

Accessed 20 Oct 2018

[Big Pharma is hurting drug innovation](#)

17 October 2018

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[Think Tanks et al](#)

Brookings

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

Accessed 20 Oct 2018

[No new relevant content]

Center for Global Development

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

Accessed 20 Oct 2018

[No new relevant content]

CSIS

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

Accessed 20 Oct 2018

[No new relevant content]

Council on Foreign Relations

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

Accessed 20 Oct 2018

[No new relevant content]

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

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

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