



Vaccines and Global Health: The Week in Review
27 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.*

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

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

A. Milestones :: Perspectives :: Featured Journal Content

B. Emergencies

C. [WHO; CDC \[U.S., Africa, China\]](#)

D. [Announcements](#)

E. [Reports/Research/Analysis](#)

E. [Journal Watch](#)

F. [Media Watch](#)

Milestones :: Perspectives

.....
.....

Declaration of Astana

Global Conference on Primary Health Care

*From Alma-Ata towards universal health coverage and the Sustainable Development Goals
Astana, Kazakhstan, 25 and 26 October 2018*

12 pages :: pdf: <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>

[Excerpts]

We, Heads of State and Government, ministers and representatives of States and Governments¹, participating in the Global Conference on Primary Health Care: From Alma-Ata towards universal health coverage and the Sustainable Development Goals, meeting in Astana on 25 and 26 October 2018, reaffirming the commitments expressed in the ambitious and visionary Declaration of Alma-Ata of 1978 and the 2030 Agenda for Sustainable Development, in pursuit of Health for All, hereby make the following Declaration.

We envision

Governments and societies that prioritize, promote and protect people's health and well-being, at both population and individual levels, through strong health systems;

Primary health care and health services that are high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed;

Enabling and health-conducive environments in which individuals and communities are empowered and engaged in maintaining and enhancing their health and well-being;

Partners and stakeholders aligned in providing effective support to national health policies, strategies and plans.

I

We strongly affirm our commitment to the fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind. Convening on the fortieth anniversary of the Declaration of Alma-Ata, we reaffirm our commitment to all its values and principles, in particular to justice and solidarity, and we underline the importance of health for peace, security and socioeconomic development, and their interdependence.

II

We are convinced that strengthening primary health care (PHC) is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that PHC is a cornerstone of a sustainable health system for universal health coverage (UHC) and health-related Sustainable Development Goals. We welcome the convening in 2019 of the United Nations General Assembly high-level meeting on UHC, to which this

Declaration will contribute. We will each pursue our paths to achieving UHC so that all people have equitable access to the quality and effective health care they need, ensuring that the use of these services does not expose them to financial hardship.

III.

...Promotive, preventive, curative, rehabilitative services and palliative care must be accessible to all. We must save millions of people from poverty, particularly extreme poverty, caused by disproportionate out-of-pocket spending on health. We can no longer underemphasize the crucial importance of health promotion and disease prevention, nor tolerate fragmented, unsafe or poor-quality care. We must address the shortage and uneven distribution of health workers. We must act on the growing costs of health care and medicines and **vaccines**. We cannot afford waste in health care spending due to inefficiency....

V. Build sustainable primary health care

PHC will be implemented in accordance with national legislation, contexts and priorities. We will strengthen health systems by investing in PHC. We will enhance capacity and infrastructure for primary care – the first contact with health services – prioritizing essential public health functions. We will prioritize disease prevention and health promotion and will aim to meet all people's health needs across the life course through comprehensive preventive, promotive, curative, rehabilitative services and palliative care. **PHC will provide a comprehensive range of services and care, including but not limited to vaccination;** screenings; prevention, control and management of noncommunicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health; and mental health and sexual and reproductive health². PHC will also be accessible, equitable, safe, of high quality, comprehensive, efficient, acceptable, available and affordable, and will deliver continuous, integrated services that are people-centred and gender-sensitive. We will strive to avoid fragmentation and ensure a functional referral system between primary and other levels of care. We will benefit from sustainable PHC that enhances health systems' resilience to prevent, detect and respond to infectious diseases and outbreaks...

News Release

[New global commitment to primary health care for all at Astana conference](#)

Declaration of Astana charts course to achieve universal health coverage, 40 years since declaration on primary health care in Alma-Ata

25 October 2018, Astana, Kazakhstan

Countries around the world today agreed to the Declaration of Astana, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage. The [Declaration of Astana](#) reaffirms the historic 1978 Declaration of Alma-Ata, the first time world leaders committed to primary health care.

"Today, instead of health for all, we have health for some," said Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO). "We all have a solemn responsibility to ensure that today's declaration on primary health care enables every person, everywhere to exercise their fundamental right to health."

While the 1978 Declaration of Alma-Ata laid a foundation for primary health care, progress over the past four decades has been uneven. At least half the world's population lacks access to

essential health services – including care for noncommunicable and communicable diseases, maternal and child health, mental health, and sexual and reproductive health.

“Although the world is a healthier place for children today than ever before, close to 6 million children die every year before their fifth birthday mostly from preventable causes, and more than 150 million are stunted,” said Henrietta Fore, UNICEF Executive Director. “We as a global community can change that, by bringing quality health services close to those who need them. That’s what primary health care is about.”

The Declaration of Astana comes amid a growing global movement for greater investment in primary health care to achieve universal health coverage. Health resources have been overwhelmingly focused on single disease interventions rather than strong, comprehensive health systems – a gap highlighted by several health emergencies in recent years.

“Adoption of the Declaration at this global conference in Astana will set new directions for the development of primary health care as a basis of health care systems,” said Yelzhan Birtanov, Minister of Health of the Republic of Kazakhstan. “The new Declaration reflects obligations of countries, people, communities, health care systems and partners to achieve healthier lives through sustainable primary health care.”

UNICEF and WHO will help governments and civil society to act on the Declaration of Astana and encourage them to back the movement. UNICEF and WHO will also support countries in reviewing the implementation of this Declaration, in cooperation with other partners.

Notes to editors:

The Global Conference on Primary Health Care is taking place from 25-26 October in Astana, Kazakhstan, co-hosted by WHO, UNICEF and the Government of Kazakhstan. Participants include ministers of health, finance, education and social welfare; health workers and patient advocates; youth delegates and activists; and leaders representing bilateral and multilateral institutions, global health advocacy organizations, civil society, academia, philanthropy, media and the private sector.

The Declaration of Astana, unanimously endorsed by all WHO Member States, makes pledges in four key areas: (1) make bold political choices for health across all sectors; (2) build sustainable primary health care; (3) empower individuals and communities; and (4) align stakeholder support to national policies, strategies and plans.

.....
.....

Libya

[UNICEF Airlifts 4.7 Million Doses of Measles, Rubella and Polio Vaccines for Children in Libya](#)

Press release

TRIPOLI, 25 October 2018 – The third UNICEF-chartered plane has arrived at Mitiga airport, Tripoli, completing the delivery of a total 4.7 million doses of Measles, Rubella and Polio vaccines, as well as 2.75 million doses of Vitamin ‘A’ supplement, syringes and safety boxes. These supplies will be essential in Libya’s National Vaccination Campaign run in coordination

with the World Health Organization [WHO] taking place at the end of November, which aims to protect some 2.75 million children at risk of vaccine-preventable diseases.

The current protracted conflict in Libya has resulted in damage to health infrastructure, disruption of public health services and access to basic health care. Limited investment in the health system has severely affected childhood vaccination, among other essential programmes. Compounded by the desperate situation of migrants using Libya as a transit point, many of whom have not received immunizations in their country of origin or missed the required dose in Libya, routine immunization services in Libya have not been sufficient. Evidence shows that a number of boys and girls, particularly among the migrant communities and those living in hard-to-reach and conflict-affected areas of the country, have not been vaccinated.

“Deadly diseases such as measles don’t discriminate. They can hit any vulnerable child, anywhere. We are working closely with the Libyan authorities to ensure that the lifesaving vaccines are available across the country, including in hard to reach areas. Being vaccinated is every child’s right”, said Abdel-Rahman Ghandour, UNICEF Special Representative to Libya. “The recent Measles outbreak and the existing risk of importation of poliovirus makes it very important to increase the immunity of the children against these diseases. WHO and UNICEF joining hands in conducting a national campaign for Measles and Polio is the most strategic approach to pre-empt major outbreaks as well as targeting migrant children”, said Dr Syed Jaffar Hussein, WHO Representative and Head of Mission, Libya.

UNICEF, WHO and the United Nations Central Emergency Response Fund (CERF) have allocated US\$5.0 million to conduct a nationwide measles outbreak response immunization, vaccination against polio and vitamin A supplementation. The campaign will be run in partnership with the Ministry of Health – Center for National Disease Control, WHO, IOM and UNHCR.

.....
.....

[NEW REPORT: The State of Vaccine Confidence in the EU: 2018](#)

Heidi Larson | 26 Oct, 2018

Confidence Commentary: Vaccine Confidence Project

High confidence in vaccination programmes is crucial for maintaining high coverage rates, especially at levels that exceed those required for herd immunity. Across the European Union (EU), however, vaccine delays and refusals are contributing to declining immunisation rates in a number of countries and are leading to increases in disease outbreaks. Recent measles outbreaks – the highest in the EU for seven years – illustrate the immediate impact of declining coverage on disease outbreaks.

In this report we assess the overall state of confidence in vaccines among the public in all 28 EU member states and among general practitioners (GP) in ten EU member states. As vaccine confidence varies by vaccine, confidence is assessed for vaccines in general as well as for the measles and seasonal influenza vaccines, in order to reflect vaccines targeting different population groups. Confidence in (and demand for) vaccines is influenced by a number of factors, including the importance, safety, and effectiveness of vaccines. To examine the extent of public and GP confidence in vaccines, we have conducted the largest ever study on attitudes

to vaccines and vaccination in the EU. We find a range of novel EU-wide and country-specific insights into vaccination behaviours that may immediately impact on public policy.

We report a number of key findings. We find that younger adults in the survey have less confidence in the safety and importance of both the MMR and seasonal influenza vaccines (and vaccines generally) than older age groups. The results of the survey suggest that a number of member states – including France, Greece, Italy, and Slovenia – have become more confident in the safety of vaccines since 2015; while Czech Republic, Finland, Poland, and Sweden have become less confident over the same period. While GPs generally hold higher levels of vaccine confidence than the public, the survey found that 36% of GPs surveyed in Czech Republic and 25% in Slovakia do not agree that the MMR vaccine is safe and 29% and 19% (respectively) do not believe it is important. We find that the majority of GPs surveyed in these countries report that they are not likely to recommend the seasonal influenza vaccine, yet Czech Republic, Poland, and Slovakia all report to the WHO that they recommend the seasonal influenza vaccine to pregnant women (WHO, Immunization Schedule by Antigens, 2018).

More information on the European Commission vaccination policy can be found [here](#).

.....
.....

IAVI and Serum Institute of India to Develop and Manufacture Globally Affordable and Accessible Antibody Products for HIV

NEW YORK – October 22, 2018 – The International AIDS Vaccine Initiative (IAVI) and Serum Institute of India, the world's largest vaccine manufacturer, today announced a strategic partnership to develop and manufacture affordable and accessible monoclonal antibody products for HIV and other global health challenges.

"IAVI is committed to translating scientific innovation into public health solutions, and we are collaborating with Serum Institute to enable global access to broadly neutralizing monoclonal antibodies (bNAbs) against HIV, if they are proven effective at preventing HIV infection. Through this partnership, we will work to pioneer a viable and sustainable pathway toward accessible, low-cost, antibody-based products for HIV, which if successful, may also be applied more broadly to innovative monoclonal antibody therapeutics targeting other disease areas," said Mark Feinberg, M.D., Ph.D., president and CEO, IAVI.

"We have a proven record of developing and delivering vaccines and pharmaceutical products globally, and we are already applying this expertise in the field of antibody development. I am extremely pleased that Serum Institute and IAVI have joined forces in the fight against HIV with the aim of making cost-effective monoclonal antibodies for HIV, and in the fields of antimicrobial resistance and anti-snake venom. Provided the breadth of our technology, I am confident that we will be able to make positive contributions in these important areas," said Adar Poonawalla, CEO, Serum Institute of India. "Monoclonal antibodies are providing significant therapeutic benefit in the treatment of a growing number of serious diseases. However, due to their high cost, the availability of current products is limited to wealthier countries. In light of the demonstrated efficacy of monoclonal antibodies and their future promise as globally relevant tools for disease treatment and prevention, this must change.

Serum Institute is committed to developing high quality, affordable, monoclonal antibodies with the potential to treat and prevent HIV and other diseases in India and across the globe.”..

.....
.....

Ebola - Democratic Republic of the Congo

Ebola virus disease – Democratic Republic of the Congo

25 October 2018

Public Health Response

...Vaccination:

As of 24 October, 122 vaccination rings have been defined, in addition to 37 rings of health and frontline workers. To date, 22 288 eligible and consented people have been vaccinated, including 8471 health and frontline workers and 5488 children. Overall, vaccination teams have reached an additional 3345 eligible and consenting people in the past week...

12: Situation report on the Ebola outbreak in North Kivu

23 October 2018

Situation Update

... Since WHO's last situation report issued on 17 October 2018 (External Situation Report 11), an additional 22 new confirmed EVD cases, from Beni (19) and Butembo (3), and 16 new deaths have been reported. As of 21 October 2018, a total of 238 confirmed and probable EVD cases, including 155 deaths, have been reported, resulting in a case fatality ratio (CFR) of 65%. Among the 238 cases, 203 are confirmed and 35 are probable cases. Of the 155 deaths reported since the beginning of the outbreak, 120 were among confirmed cases and 35 among probable cases. The proportion of deaths among confirmed cases was 59% (120/203). On 21 October, 14 new suspected cases were under investigation in Beni (8), Mabalako (1), Butembo (2) and Mandima (3).

As of 21 October 2018, 63 cases have recovered, been discharged from ETCs, and re-integrated into their communities. On 21 October, a total of 60 cases remained hospitalized in four ETCs in Beni (38), Butembo (19), Mangina (two) and Makeke (one). On that day, the treatment centres in Beni and Butembo recorded an occupancy rate of 93% (38/41) and 79% (19/24) respectively...

Case management

Ebola Treatment Centres (ETCs) continue to provide therapeutics under the monitored emergency use of unregistered and experimental interventions (MEURI) protocol, in collaboration with the MoH and the Institut National de Recherche Biomédicale (INRB) together with supportive care measures. WHO is providing technical clinical expertise on-site and is assisting with the creation of a data safety management board...

.....
.....

Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 23 October 2018 [GPEI]

:: World Polio Day activities are in full swing. Join partners around the world in raising awareness about the global effort to eradicate polio.

Summary of new viruses this week:

Afghanistan – one wild poliovirus type 1 (WPV1) positive environmental sample;

Pakistan – two WPV1 cases and four WPV1-positive environmental samples;

Nigeria – one cVDPV2 case and three cVDPV2-positive environmental samples

.....
.....

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 27 Oct 2018]

Democratic Republic of the Congo

:: Beni: Ministry of Health and WHO condemn violence against civilians and health professionals in Ebola affected areas [in French] 22 October 2018

:: 12: Situation report on the Ebola outbreak in North Kivu 23 October 2018

:: Ebola virus disease – Democratic Republic of the Congo 25 October 2018

[See Milestones above for more detail]

Bangladesh - Rohingya crisis

:: Weekly Situation Report 47 - 17 October 2018

Nigeria - *No new announcements identified*

Somalia - *No new announcements identified*

South Sudan - *No new announcements identified*

Syrian Arab Republic - *No new announcements identified*

Yemen - *No new announcements identified*

.....

WHO Grade 2 Emergencies [to 27 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 42: 13-19 October 2018

The WHO Health Emergencies Programme is currently monitoring 55 events in the region. This week's edition covers key ongoing events, including:

:: Ebola virus disease outbreak in the Democratic Republic of the Congo

:: Dengue Fever in Senegal

:: Hepatitis E in Namibia

:: Cholera in Zimbabwe.

.....

WHO Grade 1 Emergencies [to 27 Oct 2018]

Afghanistan

Angola (in Portuguese)

Chad

Ethiopia

Kenya

Lao People's Democratic Republic

Mali

Papua New Guinea

Peru

Tanzania

Tropical Cyclone Gira

Zambia

.....

UN OCHA – L3 Emergencies

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

Yemen

:: Yemen Humanitarian Update Covering 7 October – 21 October ...

:: Yemen: Cyclone Luban Flash Update #3 (21 October 2018) [EN/A ...

Syrian Arab Republic - *No new announcements identified.*

.....

UN OCHA – Corporate Emergencies

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

Ethiopia - *No new announcements identified.*
Somalia - *No new announcements identified.*

.....

"Other Emergencies"

[Indonesia: Central Sulawesi Earthquake](#)

:: [Central Sulawesi Earthquake & Tsunami: Humanitarian Country Team Situation Report #5 \(as of 23 October 2018\)](#)

.....

.....

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 27 Oct 2018]

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

[See Milestones above for more detail]

MERS-CoV [to 27 Oct 2018]

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

- *No new announcements identified.*

Yellow Fever [to 27 Oct 2018]

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

- *No new announcements identified.*

Zika virus [to 27 Oct 2018]

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

- *No new announcements identified.*

.....

.....

WHO & Regional Offices [to 27 Oct 2018]

25 October 2018

News Release

[**New global commitment to primary health care for all at Astana conference**](#)

Declaration of Astana charts course to achieve universal health coverage, 40 years since declaration on primary health care in Alma-Ata

[See Milestones/Perspectives above for more detail]

23 October 2018

News Release

[**HH Pope Francis and WHO Director-General: Health is a right and not a privilege**](#)

.....

Weekly Epidemiological Record, 26 October 2018, vol. 93, 43 (pp. 577–588)

- :: Joint external evaluation of implementation of the International Health Regulations (2005) in Libya: a bridge to safeguard nationals
- :: Update on vaccine-derived polioviruses – worldwide, January 2017–June 2018

.....

WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

Selected Featured News

- :: Uganda's Prime Minister lauds WHO for the support during disease outbreak emergencies 26 October 2018
- :: Protecting girls against cervical cancer in Tanzania 24 October 2018
- :: Joint Statement on World Polio Day: WHO, UNICEF and Rotary International reaffirm their commitments to stop off polio in the Horn of Africa. 24 October 2018
- :: Polio infrastructure remains crucial for mounting initial response to disease outbreaks in Nigeria 23 October 2018

WHO Region of the Americas PAHO

- :: New global commitment to Primary Health Care for all at Astana Conference (10/25/2018)
- :: Countries of the Americas urged to take action to keep polio at bay (10/23/2018)

WHO South-East Asia Region SEARO

- No new announcement identified

WHO European Region EURO

- :: Social marketing insights help solve the puzzle of low influenza vaccination rates among health-care workers in the west of Ireland 26-10-2018
- :: New global commitment to primary health care for all at Astana conference 26-10-2018
- :: Primary health care: the time is now 24-10-2018
- :: World Polio Day celebrates history in the making 23-10-2018
- :: Is it just a "touch of the flu" for you, or do you face a greater risk? 22-10-2018

WHO Eastern Mediterranean Region EMRO

- :: Pool of experts for Middle East respiratory syndrome established 23 October 2018
- :: Contribution of United Arab Emirates acknowledged on World Polio Day 23 October 2018
- :: HH Pope Francis and WHO Director-General: Health is a right and not a privilege 23 October 2018
- :: Health system strengthening boosts immunization in Somalia 22 October 2018

WHO Western Pacific Region

- No new announcement identified



CDC/ACIP [to 27 Oct 2018]

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

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

MMWR News Synopsis for October 26, 2018

Influenza A(H3N2) Variant Virus Outbreak at Three Fairs — Maryland, 2017

People at high risk for serious influenza complications should avoid pigs and swine barns because of the risk of contracting a variant type of influenza that circulates in pigs. In 2017, an outbreak of variant influenza – human infection with influenza viruses that normally circulate in swine – was detected in Maryland. Influenza A(H3N2) variant virus infection was identified in 40 patients with exposure to swine at one of three Maryland agricultural fairs. More than one-third (35%) of patients reported only indirect contact with swine. Sixty percent of patients were children younger than 5 years. Three-fourths of these patients were at high risk for serious influenza complications (age <5 or ≥65 years, or a chronic medical condition). This outbreak highlights the risk, particularly among children, for contracting variant influenza virus at agricultural fairs, and underscores the need for increased public awareness that people in high-risk groups should avoid pigs and swine barns.

Update: Influenza Activity — United States and Worldwide, May 20–October 13, 2018

CDC recommends yearly influenza vaccination for everyone 6 months of age and older without contraindications. CDC recommends getting vaccinated by the end of October; however, vaccination should continue throughout the influenza season as long as influenza viruses are circulating. While annual influenza vaccination is the best way to prevent influenza and its potentially serious complications, prescription influenza antiviral medications can be used to treat influenza illness. Early treatment is recommended for patients with influenza illness who are very sick or who are sick and at high risk for influenza complications. Antiviral medications can shorten the duration and severity of illness and help prevent more severe illness; they work best when started within 48 hours of symptom onset. This article summarizes influenza activity in the U.S. and globally from May 20 through October 13, 2018. While influenza A (H1N1)pdm09, influenza A (H3N2) and influenza B viruses were identified, influenza A(H1N1) predominated in the U.S. and globally in most regions. Summertime influenza activity in the United States has been low and influenza activity in the Southern Hemisphere during their influenza season has been relatively low and fairly mild. Antigenic testing of available influenza A and B viruses has not detected significant antigenic drift in circulating viruses. It is difficult to predict which influenza virus will predominate or how severe influenza disease activity will be during the 2018-2019 influenza season.

Measles Outbreak in a Highly Vaccinated Population — Israel, July–August 2017

In outbreak settings, health care providers should maintain a high index of suspicion for measles, regardless of vaccination status, and conduct a thorough epidemiologic and laboratory investigation of suspected measles cases. During the summer of 2017, nine measles cases occurred among vaccinated Israeli soldiers. The primary case had recently traveled to Europe. All other cases were his direct contacts. All patients had mild illness; no tertiary cases occurred. Unlike most previous outbreaks in Israel, which occurred in unvaccinated or partially vaccinated

populations, this outbreak occurred in a population with high two-dose measles vaccination coverage. Because of the mild symptoms, without active surveillance the possibility of measles would likely not have been considered and circulation of the virus might have continued. The fact that most contacts were fully vaccinated probably contributed to rapid containment.

Update on Vaccine-Derived Polioviruses — Worldwide, January 2017–June 2018

Vaccine-derived polioviruses will continue to cause rare outbreaks and infect individuals with immunodeficiency until all use of oral poliovirus vaccine can cease after wild poliovirus transmission is eradicated. All countries must maintain high population immunity to polio through vaccination. Vaccine-derived polioviruses (VDPVs) are strains genetically divergent from the oral poliovirus vaccine (OPV) that fall into three categories: 1) circulating VDPVs (cVDPVs) from outbreaks, 2) immunodeficiency-associated VDPVs (iVDPVs) from patients with primary immunodeficiencies, and 3) ambiguous VDPVs (aVDPVs) that cannot be more definitively identified. During January 2017–June 2018, new cVDPV outbreaks were identified in the Democratic Republic of the Congo, Kenya, Nigeria, Papua New Guinea, Somalia, and Syria. Six newly identified persons in four countries were found to excrete iVDPVs.

.....

Africa CDC [to 27 Oct 2018]

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

No new digest content identified.

.....

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

Premier Li urges price reduction on cancer drugs

2018-10-26

The government will make efforts to reduce the cost of anti-cancer drugs, and ease the suffering of patients and their financial burdens, said Premier Li Keqiang on Oct 24.

Draft law takes aim at fake drugs

2018-10-23

People who produce and sell medicines illegally in China could face heavier penalties under a draft amendment to intensify supervision to protect public health.

.....

.....

Announcements

BMGF - Gates Foundation [to 27 Oct 2018]

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

No new digest content identified.

Bill & Melinda Gates Medical Research Institute [to 27 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 27 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 27 Oct 2018]

<http://cepi.net/>

No new digest content identified.

EDCTP [to 27 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

No new digest content identified.

Emory Vaccine Center [to 27 Oct 2018]

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

No new digest content identified.

European Medicines Agency [to 27 Oct 2018]

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

News and press releases

No new digest content identified.

European Vaccine Initiative [to 27 Oct 2018]

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

No new digest content identified.

FDA [to 27 Oct 2018]

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

October 23, 2018

FDA launches global operation to crack down on websites selling illegal, potentially dangerous drugs; including opioids

The U.S. Food and Drug Administration, in partnership with international regulatory and law enforcement agencies, acted this week to target 465 websites that illegally sell potentially dangerous, unapproved versions of opioid, oncology and antiviral prescription drugs to U.S. consumers.

This effort was part of Operation Pangea XI, the eleventh annual International Internet Week of Action (IIWA). This is a global cooperative effort, led by [Interpol](#), to combat the unlawful sale and distribution of illegal and potentially counterfeit medical products sold on the internet...

Fondation Merieux [to 27 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 Health, Veyrier du Lac (France)

Gavi [to 27 Oct 2018]

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

No new digest content identified.

GHIT Fund [to 27 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

No new digest content identified.

Global Fund [to 27 Oct 2018]

News

Gavi and Global Fund Commit to Addressing Sexual Exploitation, Abuse and Harassment

19 October 2018

Hilleman Laboratories [to 27 Oct 2018]

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

No new digest content identified.

Human Vaccines Project [to 27 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 27 Oct 2018]

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

October 22, 2018

Antibody-based HIV Prevention: Preparing for Success

New partnership aims to make antibody prophylaxis for HIV more feasible and affordable.

By Mark Feinberg, M.D., Ph.D., President and CEO of IAVI

Among the topics being discussed at the biannual HIV Research for Prevention (R4P) conference now taking place in Madrid, antibodies are at the forefront. Researchers are discussing innovative approaches to induce protective antibodies against HIV by vaccination, as well as the potential for these antibodies to be used directly to prevent HIV infection.

Since 2009, when IAVI scientists and their partners were among the first to identify a new class of HIV-specific antibodies, hundreds of potent antibodies with the ability to neutralize a broad swath of HIV variants have been identified. These so-called broadly neutralizing antibodies (bNAbs) are now reinvigorating efforts to design vaccine immunogens. IAVI and its partners recently advanced one of these immunogens into clinical trials. This candidate was engineered using the latest tools of computational and structural biology by researchers at the IAVI Neutralizing Antibody Center at Scripps Research in La Jolla, California....

October 22, 2018

IAVI and Serum Institute of India to Develop and Manufacture Globally Affordable and Accessible Antibody Products for HIV

NEW YORK – October 22, 2018 – The International AIDS Vaccine Initiative (IAVI) and Serum Institute of India, the world's largest vaccine manufacturer, today announced a strategic partnership to develop and manufacture affordable and accessible monoclonal antibody products for HIV and other global health challenges....

IFFIm

<http://www.iffim.org/library/news/press-releases/>
No new digest content identified.

IVAC [to 27 Oct 2018]
<https://www.jhsph.edu/research/centers-and-institutes/ivac/index.html>
No new digest content identified.

IVI [to 27 Oct 2018]
<http://www.ivi.int/>
No new digest content identified.

JEE Alliance [to 27 Oct 2018]
<https://www.jeealliance.org/>
25.10.2018
The Alliance meets to discuss One Health, upcoming work and governance - and invites partners to join the network

Meeting, Advisory Group

Sustainable health security capacity building requires country ownership and a One Health and all hazards approach. The multi-partner Joint External Evaluation (JEE) supports collaboration across sectors such as animal and human health, agriculture, defense, development, environment, food safety, public safety, as well as tourism and trade.

On 5 November 2018, the JEE Alliance will meet in Bali, in the margins of the 5th Global Health Security Agenda Ministerial Meeting hosted by the Government of Indonesia.

The focus of the event will be twofold

:: A panel discussion on facilitating integration of One Health approach in national health security capacity building

:: Discussion on the Alliance work plan and the new Advisory Group for 2019...

MSF/Médecins Sans Frontières [to 27 Oct 2018]
<http://www.msf.org/>
Tuberculosis

High prices restrict access to best drug-resistant tuberculosis treatment

Press Release 23 October 2018

MSF calls on US pharma corporation Johnson & Johnson to halve the price of the newer TB drug bedaquiline.

NIH [to 27 Oct 2018]
<http://www.nih.gov/news-events/news-releases>
October 23, 2018

NIH selects first scholars in pioneering program to enhance diversity within in-house research program

— Distinguished Scholars Program to augment diversity and inclusion in the biomedical workforce.

October 23, 2018

[Amazon Web Services joins NIH's STRIDES Initiative to harness latest cloud technologies for biomedical researchers](#)

AWS is the second cloud service provider to join the STRIDES Initiative following Google Cloud.

Amazon Web Services (AWS) has joined the National Institutes of Health's Science and Technology Research Infrastructure for Discovery, Experimentation, and Sustainability (STRIDES) Initiative. Launched in July 2018, the STRIDES Initiative aims to harness the power of commercial cloud computing for NIH biomedical researchers. Initially, NIH's efforts will focus on making high-value data sets more accessible to researchers and experimenting with new ways to optimize technology-intensive research...

PATH [to 27 Oct 2018]

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

No new digest content identified.

Sabin Vaccine Institute [to 27 Oct 2018]

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

No new digest content identified.

UNAIDS [to 27 Oct 2018]

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

No new digest content identified.

UNICEF [to 27 Oct 2018]

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

Selected Press Releases/Reports/Statements

Press release

[An estimated 2,300 children traveling with migrant caravan in Mexico need protection and essential services – UNICEF](#)

26/10/2018

Press release

[Sulawesi Earthquake & Tsunami: One month on from the disaster, thousands of children still homeless, out-of-school and in need of humanitarian support](#)

26/10/2018

Press release

[UNICEF Airlifts 4.7 Million Doses of Measles, Rubella and Polio Vaccines for Children in Libya](#)

25/10/2018

Press release

[New global commitment to primary health care for all at Astana conference](#)

Declaration of Astana charts course to achieve universal health coverage, 40 years since declaration on primary health care in Alma-Ata
24/10/2018

Vaccine Confidence Project [to 27 Oct 2018]

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

Vaccine Confidence Project - Confidence Commentary

NEW REPORT: The State of Vaccine Confidence in the EU: 2018

Heidi Larson | 26 Oct, 2018

High confidence in vaccination programmes is crucial for maintaining high coverage rates, especially at levels that exceed those required for herd immunity. Across the European Union (EU), however, vaccine delays and refusals are contributing to declining immunisation rates in a number of countries and are leading to increases in disease outbreaks. Recent measles outbreaks – the highest in the EU for seven years – illustrate the immediate impact of declining coverage on disease outbreaks.

In this report we assess the overall state of confidence in vaccines among the public in all 28 EU member states and among general practitioners (GP) in ten EU member states...

[See Milestones/Perspectives above for detail]

Vaccine Education Center – Children’s Hospital of Philadelphia [to 27 Oct 2018]

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

Vaccine Update for Providers

Newsletter – October 2018

Wellcome Trust [to 27 Oct 2018]

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

News / Published: 24 October 2018

Naguib Kheraj to join our Board of Governors

Finance industry leader Naguib Kheraj will join the Wellcome Board of Governors in January 2019.

Naguib Kheraj is Deputy Chairman of Standard Chartered PLC – a major international bank – and Chairman of Rothesay Life, a specialist UK insurer. He is also a current member of Wellcome's Investment Committee, which is responsible for reviewing and advising on Wellcome's investment portfolio and strategy...

The Wistar Institute [to 27 Oct 2018]

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

No new digest content identified.

World Organisation for Animal Health (OIE) [to 27 Oct 2018]

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

No new digest content identified.

.....

BIO [to 27 Oct 2018]

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

No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 27 Oct 2018]

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

29 October 2018 to 31 October 2018

19th DCVMN Annual General Meeting

Kunming / China

WHO prequalifies new rotavirus vaccine

Geneva, 25th September 2018 - The World Health Organization prequalified Rotasil, an oral rotavirus vaccine produced by Serum Institute of India. Rotasil is the first Rotavirus vaccine with heat stable characteristics, which makes it particularly suitable for use in low-income countries, where weak infrastructure and frequent lack of electricity make refrigeration very difficult.

Rotavirus is responsible for about 37% of deaths from diarrhea among children younger than 5 years of age worldwide, with a disproportionate effect in parts of Africa and Asia. Because the condition is so widespread and serious, rotavirus vaccines should be included in all national immunization programmes and considered a priority, particularly in countries with high associated death rates, such as in south and south-eastern Asia and sub-Saharan Africa.

The addition of Rotasil to the WHO list of Prequalified vaccines will help to expand the global supply of rotavirus vaccines, increasing countries' options to address the disease. It is also possible that it will reduce the price of available quality-assured vaccines through greater competition.

More info at http://www.who.int/medicines/news/2018/prequalified_new-rotavirus_vaccine/en/

IFPMA [to 27 Oct 2018]

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

No new digest content identified.

PhRMA [to 27 Oct 2018]

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

No new digest content identified.

Industry Watch

:: Johnson & Johnson Announces Promising, Early-Stage Results for Tetravalent Mosaic-based HIV Preventive Vaccine Regimen

- TRAVERSE data add to body of clinical evidence supporting further study of Janssen's investigational mosaic-based vaccine regimen -

MADRID, SPAIN, 22 October 2018 – Johnson & Johnson today announced the primary analysis of immune response data for a tetravalent mosaic-based preventive vaccine against HIV-1 infection in development at the Janssen Pharmaceutical Companies of Johnson & Johnson. In the early-stage, Phase 1/2a TRAVERSE study among HIV-negative volunteers, a vaccine regimen including a tetravalent (4-valent) mosaic viral vector was compared to a regimen containing a trivalent (3-valent) mosaic vector. At 28 weeks, the tetravalent mosaic-based

vaccine was well tolerated and significantly enhanced the breadth of immune responses to different HIV-1 strains compared to the trivalent version. These Phase 1/2a data will be shared this week at the 2018 HIV Research for Prevention Conference (HIVR4P) in Madrid, Spain. The tetravalent vaccine is now in large-scale efficacy testing.

"We urgently need new prevention tools to turn the tide of the HIV pandemic, and an effective preventive vaccine would be a vital asset to help us achieve an HIV-free future," said Hanneke Schuitemaker, Ph.D., Vice President, Head Viral Vaccine Discovery and Translational Medicine, Janssen Vaccines & Prevention B.V. "Our goal is to develop a universal vaccine that could be deployed against any strain of HIV circulating in the world."

Developing an effective vaccine against HIV has proven challenging due in part to the significant global genetic diversity of the virus. Janssen's investigational vaccine regimen contains mosaic immunogens (molecules capable of inducing an immune response) that have been created using genes from a wide variety of HIV-1 subtypes. Both the trivalent and tetravalent versions of the mosaic-based vaccine contain viral vectors that deliver immunogens designed to elicit immune responses against the three main proteins of HIV (Env, Pol and Gag). But the tetravalent formulation adds a fourth immunogen, which is Env-focused and designed to enhance the breadth of immune responses against HIV-1 subtypes.

These new TRAVERSE results build on encouraging safety and immune response results for the mosaic-based vaccine from the Phase 1/2a APPROACH study that were shared at the 22nd International AIDS Conference (AIDS 2018). Early findings from TRAVERSE and APPROACH were critical in enabling the first large-scale efficacy study for a mosaic-based vaccine regimen, HVTN 705/HPX2008 (also known as 'Imbokodo'), to commence in November 2017. This Phase 2b study is assessing a regimen based on the tetravalent vaccine that was first clinically evaluated in the TRAVERSE study. It aims to enroll 2,600 women aged 18-35 in five sub-Saharan African countries to determine whether the vaccine is safe and efficacious in reducing HIV-1 infection in this population.

Results from HVTN 705/HPX2008 are expected in 2021. Additional large-scale studies will be needed to support licensure of the mosaic-based vaccine regimen against HIV-1.

* * * *

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

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

No new digest content identified.

*

*

*

*

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

November 2018 Volume 55, Issue 5, p583-758

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

Research Articles

[Influenza Vaccination Coverage Among English-Speaking Asian Americans](#)

Anup Srivastav, Alissa O'Halloran, Peng-Jun Lu, Walter W. Williams
e123–e137

Published online: September 24, 2018

American Journal of Public Health

November 2018 108(11)

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

INFLUENZA PANDEMICS, 1918–2018

[The 1918 Influenza Pandemic: Lessons Learned and Not—Introduction to the Special Section](#)

Global Health, History, Immunization/Vaccines, Infections, Prevention, Other Infections,
Community Health

Wendy E. Parmet and Mark A. Rothstein

108(11), pp. 1435–1436

PANDEMICS

[The Mother of All Pandemics Is 100 Years Old \(and Going Strong\)!](#)

Epidemiology

David M. Morens and Jeffery K. Taubenberger

108(11), pp. 1449–1454

BIOMEDICAL RESPONSE

The Spanish Flu, Epidemics, and the Turn to Biomedical Responses

History, Immunization/Vaccines, Health Policy

Jason L. Schwartz

108(11), pp. 1455–1458

PHYSICIAN'S DUTY

The Physician's Duty to Treat During Pandemics

History, Infections, Ethics, Health Professionals, Injury/Emergency Care/Violence

David Orentlicher

108(11), pp. 1459–1461

NAMING EPIDEMICS

"Spanish Flu": When Infectious Disease Names Blur Origins and Stigmatize Those Infected

Global Health, History, Infections, Social Science, Public Health Practice

Trevor Hoppe

108(11), pp. 1462–1464

PREPAREDNESS

Better Prepare Than React: Reordering Public Health Priorities 100 Years After the Spanish Flu Epidemic

Health Law, Public Health Practice, Epidemiology, Health Policy

Michael Greenberger

108(11), pp. 1465–1468

MEDICAL COUNTERMEASURES

100 Years of Medical Countermeasures and Pandemic Influenza Preparedness

History, Prevention, Public Health Practice

Barbara J. Jester, Timothy M. Uyeki, Anita Patel, Lisa Koonin and Daniel B. Jernigan

108(11), pp. 1469–1472

American Journal of Tropical Medicine and Hygiene

Volume 99, Issue 4, 2018

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

[Reviewed earlier]

Annals of Internal Medicine

16 October 2018 Vol: 169, Issue 8

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

Research and Reporting Methods

Researcher Requests for Inappropriate Analysis and Reporting: A U.S. Survey of Consulting Biostatisticians

Min Qi Wang, PhD; Alice F. Yan, MD, PhD; Ralph V. Katz, DMD, MPH, PhD

Conclusion:

This survey suggests that researchers frequently make inappropriate requests of their biostatistical consultants regarding the analysis and reporting of their data. Understanding the reasons for these requests and how they are handled requires further study.

Editorials

Inappropriate Statistical Analysis and Reporting in Medical Research: Perverse Incentives and Institutional Solutions

Russell Localio, PhD; Catharine B. Stack, PhD; Anne R. Meibohm, PhD; Eric A. Ross, PhD; Eliseo Guallar, MD, DrPH; John B. Wong, MD; John E. Cornell, PhD; Michael E. Griswold, PhD; Steven N. Goodman, MD, MHS, PhD

A Beginning to Principles of Ethical and Regulatory Oversight of Patient-Centered Research

Special Article

Robert M. Califf, MD

This issue of Annals includes recommendations on ethical and regulatory issues related to the involvement of patients in the research process (1). The recommendations, which were produced by a panel funded by the Patient-Centered Outcomes Research Institute (PCORI), are organized into 3 categories: a description of roles for patients and oversight of those roles, oversight of the inclusion of emerging technologies in research protocols, and identification and engagement of patients in research. The panel used a Delphi process, beginning with extensive surveys of and interviews with relevant members of the research community. Based on these exchanges, draft recommendations were produced, after which a series of Delphi exercises included a group of patients, researchers, and regulators to achieve consensus on the final recommendations. The panel did not address traditional roles of patients in research in the context of patient-centeredness, citing extensive discussions stemming from challenges made to the SUPPORT trial (Surfactant, Positive Pressure, and Oxygenation Randomized Trial) (2, 3)

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 27 Oct 2018)

[No new digest content identified]

BMJ Global Health

September 2018 - Volume 3 - 5

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

[Reviewed earlier]

BMC Health Services Research

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

(Accessed 27 Oct 2018)

[No new digest content identified]

BMC Infectious Diseases

<http://www.biomedcentral.com/bmcinfectdis/content>
(Accessed 27 Oct 2018)
[No new digest content identified]

BMC Medical Ethics

<http://www.biomedcentral.com/bmcmedethics/content>
(Accessed 27 Oct 2018)
Debate

| 24 October 2018

[Addressing vaccine hesitancy requires an ethically consistent health strategy](#)

Vaccine hesitancy is a growing threat to public health. The reasons are complex but linked inextricably to a lack of trust in vaccines, expertise and traditional sources of authority. Efforts to increase immunization uptake in children in many countries that have seen a fall in vaccination rates are two-fold: addressing hesitancy by improving healthcare professional-parent exchange and information provision in the clinic; and, secondly, public health strategies that can override parental concerns and values with coercive measures such as mandatory and presumptive vaccination.

Authors: Laura Williamson and Hannah Glaab

BMC Medicine

<http://www.biomedcentral.com/bmcmed/content>
(Accessed 27 Oct 2018)
[No new digest content identified]

BMC Pregnancy and Childbirth

<http://www.biomedcentral.com/bmcpregnancychildbirth/content>
(Accessed 27 Oct 2018)
Research article

[Antenatal influenza and pertussis vaccination in Western Australia: a cross-sectional survey of vaccine uptake and influencing factors](#)

Influenza and pertussis vaccines have been recommended in Australia for women during each pregnancy since 2010 and 2015, respectively. Estimating vaccination coverage and identifying factors affecting uptake a...

Authors: Donna B. Mak, Annette K. Regan, Dieu T. Vo and Paul V. Effler

Citation: BMC Pregnancy and Childbirth 2018 18:416

Published on: 24 October 2018

BMC Public Health

<http://bmcpublichealth.biomedcentral.com/articles>
(Accessed 27 Oct 2018)
[No new digest content identified]

BMC Research Notes

<http://www.biomedcentral.com/bmcresnotes/content>
(Accessed 27 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 27 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>

[Reviewed earlier]

Globalization and Health

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

[Accessed 27 Oct 2018]

Research

| 24 October 2018

Moderating the impact of patent linkage on access to medicines: lessons from variations in South Korea, Australia, Canada, and the United States

The inclusion of patent linkage mechanisms in bilateral and plurilateral trade and investment agreements has emerged as a key element in the United States' TRIPS-Plus intellectual property (IP) negotiating agenda. However, the provisions establishing patent linkage mechanisms in several agreements appear to reflect a degree of ambiguity, potentially enabling some flexibility in their implementation. In this study, we reviewed the features of the prototypic patent linkage mechanism established by the Hatch-Waxman Act in the United States, and compared these with the implementation of systems in three countries whose agreements with the US include

patent linkage obligations. From these analyses, we draw lessons for moderating the impact of these mechanisms on access to generic medicines.

Authors: Kyung-Bok Son, Ruth Lopert, Deborah Gleeson and Tae-Jin Lee

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 27 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 27 Oct 2018]

Research Article

| 17 August 2018

Reducing incidence of cervical cancer: knowledge and attitudes of caregivers in Nigerian city to human papilloma virus vaccination

Authors: Adaobi I. Bisi-Onyemaechi, Ugo N. Chikani and Obinna Nduagubam

Infectious Diseases of Poverty

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

[Accessed 27 Oct 2018]

Commentary

| 26 October 2018

African swine fever: an unprecedented disaster and challenge to China

African swine fever (ASF), caused by African swine fever virus, is a hemorrhagic and often fatal disease of domestic pigs and wild boar, which is notifiable to the World Organization for Animal Health. On August 3, 2018, China reported the first outbreak of ASF in Shenyang, a northeastern city of China. As of October 8, a total of 33 ASF outbreaks were reported in eight provinces in China, the biggest pork producer and consumer in the world.

Authors: Tao Wang, Yuan Sun and Hua-Ji Qiu

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>

[Reviewed earlier]

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)

[Reviewed earlier]

JAMA

October 23/30, 2018, Vol 320, No. 16, Pages 1615-1718

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

[New issue; No digest content identified]

JAMA Pediatrics

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

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

[Reviewed earlier]

JBIR 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, 27 Oct 2018

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

[Reviewed earlier]

Journal of Medical Ethics

November 2018 - Volume 44 - 11

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

Research ethics

Paper: Fair, just and compassionate: A pilot for making allocation decisions for patients requesting experimental drugs outside of clinical trials

(25 October, 2018) Free

Arthur L Caplan, J Russell Teagarden, Lisa Kearns, Alison S Bateman-House, Edith Mitchell, Thalia Arawi, Ross Upshur, Ilima Singh, Joanna Rozynska, Valerie Cwik, Sharon L Gardner

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 27 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

October 2018; volume 15, issue 147

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

[New issue; No digest content identified]

Journal of Travel Medicine

Volume 25, Issue suppl_1, 1 May 2018

https://academic.oup.com/jtm/issue/25/suppl_1

Asian travel: from the rare to the difficult

[Reviewed earlier]

Journal of Virology

November 2018; Volume 92, Issue 21

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

[Reviewed earlier]

The Lancet

Oct 27, 2018 Volume 392 Number 10157 p1487-1598

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

Editorial

[Doctors and scientists must defend a free press](#)

The Lancet

Nov 2 marks the International Day to End Impunity for Crimes against Journalists. UNESCO has recorded 1010 killings of journalists in the past 12 years. In 90% of cases, the killers went unpunished. The work of journalists worldwide offers a vital platform to discuss and debate the health and wellbeing of populations whose plight might otherwise never come to international attention.

Death is not the only way journalists are silenced—they are regularly intimidated and detained as well. Already this year, The Lancet has condemned Shahidul Alam's detention for highlighting the Government of Bangladesh's failure to ensure road safety for its citizens. 2018 has also seen Wa Lone and Kyaw Soe Oo of Reuters convicted after reporting on the alleged killings of ten Rohingya at the hands of soldiers and Buddhist villagers in Myanmar. Journalists risk their personal safety because highlighting health and human rights atrocities is so important.

Press freedom around the world is currently at its lowest ebb for 13 years. 2017 saw 73,000 people classify themselves as journalists or editors, down from 84,000 just 1 year previously. Only 13% of the world's population currently has a free press. Free press and free expression

are inextricably linked to the struggle to advance health for individuals and populations. As we can see from the recent scrambles by Russia and Saudi Arabia to invent narratives to explain their illegal actions, it is only wider attention that can bring sufficient pressure on governments to act within the law and respect the health and human rights of its citizens. Journalists offer a key avenue for applying this pressure.

Let Nov 2, this year, mark a change in the way we think of journalists. It is not just the job of press colleagues, lawyers, and governments to defend the rights of journalists worldwide—health professionals and scientists must stand up for a free press too. If we hope for the better health of people worldwide, we must defend the rights of the most objective international monitoring mechanism we have—a free press.

Lancet Global Health

Nov 2018 Volume 6 Number 11 e1139-e1252

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

Articles

Effectiveness of strategies to improve health-care provider practices in low-income and middle-income countries: a systematic review

Inadequate health-care provider performance is a major challenge to the delivery of high-quality health care in low-income and middle-income countries (LMICs). The Health Care Provider Performance Review (HCPPR) is a comprehensive systematic review of strategies to improve health-care provider performance in LMICs.

Alexander K Rowe, Samantha Y Rowe, David H Peters, Kathleen A Holloway, John Chalker, Dennis Ross-Degnan

Assessment of quality of primary care with facility surveys: a descriptive analysis in ten low-income and middle-income countries

Erlyn K Macarayan, Anna D Gage, Svetlana V Doubova, Frederico Guanais, Ephrem T Lemango, Youssoupha Ndiaye, Peter Waiswa, Margaret E Kruk

Equity in antenatal care quality: an analysis of 91 national household surveys

Catherine Arsenault, Keely Jordan, Dennis Lee, Girmaye Dinsa, Fatuma Manzi, Tanya Marchant, Margaret E Kruk

The Lancet Global Health Commission

High-quality health systems in the Sustainable Development Goals era: time for a revolution

Margaret E Kruk, Anna D Gage, Catherine Arsenault, Keely Jordan, Hannah H Leslie, Sanam Roder-DeWan, Olusoji Adeyi, Pierre Barker, Bernadette Daelmans, Svetlana V Doubova, Mike English, Ezequiel García Elorrio, Frederico Guanais, Oye Gureje, Lisa R Hirschhorn, Lixin Jiang, Edward Kelley, Ephrem Tekle Lemango, Jerker Liljestrand, Address Malata, Tanya Marchant, Malebona Precious Matsoso, John G Meara, Manoj Mohanan, Youssoupha Ndiaye, Ole F Norheim, K Srinath Reddy, Alexander K Rowe, Joshua A Salomon, Gagan Thapa, Nana A Y Twum-Danso, Muhammad Pate

Executive summary

Although health outcomes have improved in low-income and middle-income countries (LMICs) in the past several decades, a new reality is at hand. Changing health needs, growing public expectations, and ambitious new health goals are raising the bar for health systems to

produce better health outcomes and greater social value. But staying on current trajectory will not suffice to meet these demands. What is needed are high-quality health systems that optimise health care in each given context by consistently delivering care that improves or maintains health, by being valued and trusted by all people, and by responding to changing population needs. Quality should not be the purview of the elite or an aspiration for some distant future; it should be the DNA of all health systems. Furthermore, the human right to health is meaningless without good quality care because health systems cannot improve health without it.

We propose that health systems be judged primarily on their impacts, including better health and its equitable distribution; on the confidence of people in their health system; and on their economic benefit, and processes of care, consisting of competent care and positive user experience. The foundations of high-quality health systems include the population and their health needs and expectations, governance of the health sector and partnerships across sectors, platforms for care delivery, workforce numbers and skills, and tools and resources, from medicines to data. In addition to strong foundations, health systems need to develop the capacity to measure and use data to learn. High-quality health systems should be informed by four values: they are for people, and they are equitable, resilient, and efficient.

Lancet Infectious Diseases

Nov 2018 Volume 18 Number 11 p1161-1288 e339-e367

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

Editorial

Tuberculosis at the United Nations: a missed chance

The Lancet Infectious Diseases

On Sept 26, the UN General Assembly hosted the first high-level meeting on tuberculosis under the key theme “United to end tuberculosis: an urgent global response to a global epidemic” in New York (NY, USA). The purpose of the meeting was to provide a platform for high-level leaders to reaffirm their commitment to accelerate efforts towards the Sustainable Development Goal of ending the tuberculosis epidemic by 2030, but the outcome was unsatisfactory.

The meeting was preceded by the publication of the WHO 2018 Global Tuberculosis Report on Sept 18. The report showed that despite progress in reducing mortality and incidence, tuberculosis remains a leading cause of death worldwide. In 2017, 1·7 million people died of tuberculosis (300,000 of whom were coinfectd with HIV) and there were around 10·4 million new cases. These data show that we are not on track to meet the End TB strategy targets set by WHO in 2014: a 95% reduction in tuberculosis deaths and 90% decrease in new cases between 2015 and 2035.

The WHO 2018 Global Tuberculosis Report indicated that current funding for tackling tuberculosis is insufficient: of the estimated US\$10·4 billion needed by countries to fund tuberculosis interventions in 2018, only \$6·9 billion were available. Thus, it was expected that the UN high-level meeting would address the gap in the funding by stimulating a stronger commitment from funders and governments to invest more resources to control tuberculosis.

The main objective of the UN high-level meeting was the endorsement of a declaration that should have been agreed in terms of wording by all parties in advance. However, a dispute between the USA and other member countries over language related to intellectual property, an

area in which agreement had existed internationally for many years, and with implications for the affordability of drugs, complicated the drawing up of the declaration. South African Health Minister Aaron Motsoaledi bravely took the lead in standing up against the world's largest donor and drove negotiations towards a compromise that maintained the status quo on intellectual property rights, but hard feelings that the USA had tried to side with the pharmaceutical industry instead of giving the priority to saving lives persisted during the meeting.

Looking closely at the final endorsed version of the political declaration on tuberculosis, however, shows that only two quantifiable short-term objectives are mentioned: commitment to provide diagnosis and treatment with the aim of successfully treating 40 million people with tuberculosis from 2018 to 2022, including 3·5 million children; and provision of preventive treatment for 30 million people by 2022. How these targets will be met, where the money and infrastructural strengthening will come from, and what individual countries will need to do to achieve those goals was not clearly defined.

People working in tuberculosis control expressed disappointment at the outcome of a unique opportunity to put tuberculosis at centre stage. One of the main issues raised was low attendance and absence of political leaders from Europe and North America. Since most funding for tuberculosis comes from these regions, the disinterest of leaders of high-income countries in the meeting gave the impression that tuberculosis was seen as a problem of others.

Another crucial point was the absence of clear targets to define improvements in tuberculosis control at the country and regional levels. The declaration fails to give any indication of what measures will be considered and what milestones a country should meet to ensure its contribution to the achievement of the Sustainable Development Goal of ending the tuberculosis epidemic by 2030.

The vague political wording of the declaration also underlies another important problem: who will be accountable for the progress or worsening in the control of tuberculosis? Despite a pledge to raise the funding for tuberculosis, from where will the money come and who will manage it? And for a disease such as tuberculosis, which is strongly associated with poverty and inequalities, should there have been more focus on the role of universal health care? The UN high-level meeting was seen as a unique chance to gain a strong political support to strengthen measures to control tuberculosis in the coming years and define targets and responsibilities. The reality is that—despite some nice words on paper—a valuable opportunity to galvanise tuberculosis control has been missed.

Articles

[Estimates of the global, regional, and national morbidity, mortality, and aetiologies of lower respiratory infections in 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016](#)

GBD 2016 Lower Respiratory Infections Collaborators

[Estimates of the global, regional, and national morbidity, mortality, and aetiologies of diarrhoea in 195 countries: a systematic analysis for the Global Burden of Disease Study 2016](#)

[GBD 2016 Diarrhoeal Disease Collaborators](#)

Morbidity and mortality due to shigella and enterotoxigenic Escherichia coli diarrhoea: the Global Burden of Disease Study 1990–2016

Ibrahim A Khalil, Christopher Troeger, Brigitte F Blacker, Puja C Rao, Alexandria Brown, Deborah E Atherly, Thomas G Brewer, Cyril M Engmann, Eric R Houpt, Gagandeep Kang, Karen L Kotloff, Myron M Levine, Stephen P Luby, Calman A MacLennan, William K Pan, Patricia B Pavlinac, James A Platts-Mills, Firdausi Qadri, Mark S Riddle, Edward T Ryan, David A Shoultz, A Duncan Steele, Judd L Walson, John W Sanders, Ali H Mokdad, Christopher J L Murray, Simon I Hay, Robert C Reiner Jr

Antibody persistence after vaccination of adolescents with monovalent and combined acellular pertussis vaccines containing genetically inactivated pertussis toxin: a phase 2/3 randomised, controlled, non-inferiority trial

Punnee Pitisuttithum, Kulkanya Chokeyhaibulkit, Chukiat Sirivichayakul, Sirintip Sricharoenchai, Jittima Dhitavat, Arom Pitisuthitham, Wanatpreeya Phongsamart, Kobporn Boonnak, Keswadee Lapphra, Yupa Sabmee, Orasri Wittawatmongkol, Mukesh Chauhan, Wassana Wijagkanalan, Greanggrai Hommalai, Librada Fortuna, Pailinrut Chinwangso, Indrajeet Kumar Poredi, Anita H J van den Biggelaar, Hong Thai Pham, Simonetta Viviani

Lancet Respiratory Medicine

Nov 2018 Volume 6 Number 11 p801-884 e54-e55
<http://www.thelancet.com/journals/lanres/issue/current>
[New issue; No digest content identified]

Maternal and Child Health Journal

Volume 22, Issue 11, November 2018
<https://link.springer.com/journal/10995/22/11/page/1>
[New issue; No digest content identified]

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 7728, 25 October 2018
http://www.nature.com/nature/current_issue.html
[New issue; No digest content identified]

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 11, November 2018

<https://www.nature.com/nri/volumes/18/issues/11>

Comment | 28 September 2018

[Are tolerance and training required to end TB?](#)

In this comment, Maziar Divangahi discusses the roles of disease tolerance and trained immunity in tuberculosis infection.

New England Journal of Medicine

October 25, 2018 Vol. 379 No. 17

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

Original Articles

[Phase 2b Controlled Trial of M72/AS01E Vaccine to Prevent Tuberculosis](#)

Olivier Van Der Meeren, M.D., Mark Hatherill, M.D., Videlis Nduba, M.B., Ch.B., M.P.H., Robert J. Wilkinson, F.Med.Sci., Monde Muyoyeta, M.B., Ch.B., Ph.D., Elana Van Brakel, M.B., Ch.B., Helen M. Ayles, M.B., B.S., Ph.D., German Henostroza, M.D., Friedrich Thienemann, M.D., Thomas J. Scriba, Ph.D., Andreas Diacon, M.D., Ph.D., Gretta L. Blatner, M.S., M.P.H., Marie-Ange Demoitié, M.Sc., Michele Tameris, M.B., Ch.B., Mookho Malahleha, M.D., M.P.H., James C. Innes, M.B., Ch.B., Elizabeth Hellström, M.B., Ch.B., Neil Martinson, M.B., Ch.B., M.P.H., Tina Singh, M.D., Elaine J. Akite, M.Sc., Aisha Khatoon Azam, M.B., B.S., Anne Bollaerts, M.Sc., Ann M. Ginsberg, M.D., Ph.D., Thomas G. Evans, M.D., Paul Gillard, M.D., and Dereck R. Tait, M.B., Ch.B.

We conducted a randomized, double-blind, placebo-controlled, phase 2b trial of the M72/AS01E tuberculosis vaccine in Kenya, South Africa, and Zambia. Human immunodeficiency virus (HIV)–negative adults 18 to 50 years of age with latent *M. tuberculosis* infection (by interferon- γ release assay) were randomly assigned (in a 1:1 ratio) to receive two doses of either M72/AS01E or placebo intramuscularly 1 month apart. Most participants had previously received the bacille Calmette–Guérin vaccine. We assessed the safety of M72/AS01E and its efficacy against progression to bacteriologically confirmed active pulmonary tuberculosis disease. Clinical suspicion of tuberculosis was confirmed with sputum by means of a polymerase-chain-reaction test, mycobacterial culture, or both.

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 11, November 2018

<https://link.springer.com/journal/40273/36/11/page/1>

Review Article

Model Structuring for Economic Evaluations of New Health Technologies

Hossein Haji Ali Afzali, Laura Bojke, Jonathan Karnon

PLOS Currents: Disasters

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

[Accessed 27 Oct 2018]

[No new digest content identified]

PLoS Currents: Outbreaks

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

[Accessed 27 Oct 2018]

[No new digest content identified]

PLoS Medicine

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

(Accessed 27 Oct 2018)

Perspective

Epidemiological metrics and benchmarks for a transition in the HIV epidemic

Peter D. Ghys, Brian G. Williams, Mead Over, Timothy B. Hallett, Peter Godfrey-Faussett

| published 25 Oct 2018 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002678>

Introduction

The goal of 'Ending the AIDS epidemic as a public health threat by 2030' has been reflected in the Sustainable Development Goals (SDGs), and similar language has been adapted for other diseases and conditions [1]. Between 2010 and 2017, the number of AIDS-related deaths has declined by 34%, and the number of new HIV infections has declined by 18% [2]. Although these declines constitute important achievements, progress has been slower than envisaged, which is likely due to a combination of suboptimal or inappropriate policies, lack of funding, limited or misdirected implementation of available strategies and tools, or other obstacles. Metrics and corresponding target values or benchmarks that demonstrate progress in the AIDS response and its effect on the AIDS epidemic are useful as the world heads towards that goal. 'Ending the AIDS epidemic' has not been defined in scientific terms, and it can be seen as a global aspiration in a distant future. Elimination of all new infections does not appear possible in the short and medium term with the tools available today. Metrics that signal medium-term progress and can be applied in countries, subnational entities, and population groups may be

particularly valuable, as they can allow for local accountability and target-driven programme management. Achieving a certain benchmark would then herald the gradual reduction in the HIV burden in that community and could help lay the groundwork for a push to end the epidemic. The benchmarks for the metrics discussed in this paper should not be seen as indicative of tipping points, as those are unlikely to exist in the real world for an infection with a long incubation period and with survival being extended by antiretroviral treatment. Rather, they can be seen as important achievements in the management of epidemics...

PLoS Neglected Tropical Diseases

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

(Accessed 27 Oct 2018)

Viewpoints

[Advanced surveillance and preparedness to meet a new era of invasive vectors and emerging vector-borne diseases](#)

Rebekah C. Kading, Andrew J. Golnar, Sarah A. Hamer, Gabriel L. Hamer

Viewpoints | published 25 Oct 2018 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0006761>

Policy Platform

[From recognition to action: A strategic approach to foster sustainable collaborations for rabies elimination](#)

Rany Octaria, Stephanie J. Salyer, Jesse Blanton, Emily G. Pieracci, Peninah Munyua, Max Millien, Louis Nel, Ryan M. Wallace

| published 25 Oct 2018 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0006756>

PLoS One

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

[Accessed 27 Oct 2018]

Research Article

[Value of inventory information in allocating a limited supply of influenza vaccine during a pandemic](#)

Zihao Li, Julie L. Swann, Pinar Keskinocak

Research Article | published 25 Oct 2018 PLOS ONE

<https://doi.org/10.1371/journal.pone.0206293>

Research Article

[System dynamics modelling approach to explore the effect of dog demography on rabies vaccination coverage in Africa](#)

Nozyechi Ngulube Chidumayo

| published 25 Oct 2018 PLOS ONE

<https://doi.org/10.1371/journal.pone.0205884>

PLoS Pathogens

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

[Accessed 27 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 27 Oct 2018]

[No new digest content identified]

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

November 2018 Volume 164, *In Progress*

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

Original Research

[What is causing high polio vaccine dropout among Pakistani children?](#)

W. Imran, F. Abbas, S.A. Javed

p16–25

Published online: August 25, 2018

[An ethical framework for evaluation of public health plans: a systematic process for legitimate and fair decision-making](#)

F. Akrami, A. Zali, M. Abbasi, R. Majdzadeh, A. Karimi, M. Fadavi, A. Mehrabi Bahar

p30–38

Published online: August 28, 2018

[Perspectives of vaccinators on the factors affecting uptake of meningococcal ACWY vaccine amongst school leavers in London](#)

J. Seok, C. Heffernan, S. Mounier-Jack, T. Chantler

p128–133

Published online: October 3, 2018

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 6, November 2018

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

Research

[Racial/Ethnic Disparities in Influenza Vaccination Coverage Among US Adolescents, 2010-2016](#)

Noah S. Webb, MS, Benjamin Dowd-Arrow, MS, Miles G. Taylor, PhD, Amy M. Burdette, PhD

First Published October 9, 2018; pp. 667–676

Qualitative Health Research

Volume 28 Issue 13, November 2018

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

Research Articles

[Vaccine Hesitancy in Pediatric Primary Care Practices](#)

Salini Mohanty, Amy Carroll-Scott, Marissa Wheeler, Cecilia Davis-Hayes, Renee Turchi, Kristen Feemster, Michael Yudell, Alison M. Buttenheim

First Published June 27, 2018; pp. 2071–2080

Preview

Understanding how pediatric practices handle parental vaccine hesitancy is important as it impacts the efficiency and effectiveness of pediatric practices. In total, 21 semi-structured interviews with pediatric practice staff within a primary care network were conducted between May 2012 and March 2013. Thematic analysis focused on the barriers and challenges of vaccine hesitancy and strategies to reduce the burden at the practice level. Barriers and challenges of vaccine hesitancy included time constraints, administrative challenges, financial challenges and strained patient-provider relationships. Strategies to minimize the burden of vaccine hesitancy included training for vaccine counseling, screening for vaccine hesitancy prior to immunization visits, tailored vaccine counseling, and primary care provider visits for follow-up immunization. Pediatric practices reported many challenges when caring for vaccine-hesitant families. Multiple strategies were identified to reduce the burden of vaccine hesitancy, which future studies should explore to determine how effective they are in increasing vaccine acceptance in pediatric practices.

Methods

[Appraising Qualitative Research for Evidence Syntheses: A Compendium of Quality Appraisal Tools](#)

Umair Majid, Meredith Vanstone

First Published July 26, 2018; pp. 2115–2131

Preview

As the movement toward evidence-based health policy continues to emphasize the importance of including patient and public perspectives, syntheses of qualitative health research are becoming more common. In response to the focus on independent assessments of rigor in these knowledge products, over 100 appraisal tools for assessing the quality of qualitative research have been developed. The variety of appraisal tools exhibit diverse methods and purposes, reflecting the lack of consensus as to what constitutes appropriate quality criteria for qualitative research. It is a daunting task for those without deep familiarity of the field to choose the best appraisal tool for their purpose. This article provides a description of the structure, content, and objectives of existing appraisal tools for those wanting to evaluate primary qualitative research for a qualitative evidence synthesis. We then discuss common features of appraisal tools and examine their implications for evidence synthesis.

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 27 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

26 October 2018 Vol 362, Issue 6413

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

Policy Forum

Threats to timely sharing of pathogen sequence data

By Carolina dos S. Ribeiro, Marion P. Koopmans, George B. Haringhuizen

Science 26 Oct 2018 : 404-406 Restricted Access

The Nagoya Protocol may impose costs and delays

Summary

Pathogen genome sequence databases are taking over important functions of physical collections of microbial and viral cultures (biobanks), adding functionalities for worldwide rapid sharing of pathogen genetic resources in support of research and outbreak response (1). But biobanks and databases also have to respect the ownership and rights of the sample and data providers, including the sovereign right of states to decide on the use of their resources [as stated in the Convention on Biological Diversity (CBD) (2)]. Where domestic or international regulation in this regard is absent or unclear, the integrity of databases and biobanks can be threatened by divergent interpretations, potentially leading to perceived violation of globally agreed sovereignty rights. In particular, the impact of the Nagoya Protocol (NP) to the CBD on public health and infectious disease control is highly debated and focused now on whether genetic sequence data (GSD) fall within the scope of the NP, which thus far has concentrated on access to physical samples. With this question on the agenda of the upcoming CBD Conference of the Parties (17 to 29 November) (3), we explore possible adaptations of existing biobank frameworks to support efficient transfer of pathogen genetic resources (PGR) during public health emergencies.

Science Translational Medicine

24 October 2018 Vol 10, Issue 464

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

[New issue; No digest content identified]

Social Science & Medicine

Volume 215 Pages 1-166 (October 2018)

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/215/suppl/C>

Short communication Abstract only

An experimental investigation into the transmission of antivax attitudes using a fictional health controversy

Ángel V. Jiménez, Joseph M. Stubbersfield, Jamshid J. Tehrani

Pages 23-27

Systematic Reviews

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

[Accessed 27 Oct 2018]

Commentary

Partially systematic thoughts on the history of systematic reviews

Six years after the launch of Systematic Reviews by Biomed Central, this article is part of the celebration of the journal. It contains personal reflections on the past, present and future of systematic reviews, ...

Authors: Mike Clarke

Citation: Systematic Reviews 2018 7:176

Published on: 27 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 46 Pages 6895-7118 (12 November 2018)
<https://www.sciencedirect.com/journal/vaccine/vol/36/issue/46>
Research article Open access

[The choice of analytical methodology can alter conclusions regarding herd effects of paediatric pneumococcal vaccination programmes](#)

Jean-Yves Pirçon, Carla A Talarico, Kaatje Bollaerts, William P Hausdorff, Christopher J Clarke
Pages 6933-6943

Research article Abstract only

[Successful polio supplementary immunisation activities in a security compromised zone – Experiences from the Southwest region of Cameroon](#)

Supplementary immunisation activities (SIAs) play a central role in polio eradication efforts. Armed conflicts resulting in insecurity negatively affect SIAs. In the Southwest region of Cameroon, armed conflicts persisted in 2018. We present our experiences of conducting a polio SIA in an insecure region.

Eposi C. Haddison, Dorine Ngono, Gael T. Kouamen, Benjamin M. Kagina
Pages 6961-6967

Research article Open access

[Epidemiologic and economic impact of pharmacies as vaccination locations during an influenza epidemic](#)

Sarah M. Bartsch, Michael S. Taitel, Jay V. DePasse, Sarah N. Cox, ... Bruce Y. Lee
Pages 7054-7063

Research article Abstract only

[The roles of neighborhood composition and autism prevalence on vaccination exemption pockets: A population-wide study](#)

Ashley Gromis, Kayuet Liu
Pages 7064-7071

Vaccine: Development and Therapy

<https://www.dovepress.com/vaccine-development-and-therapy-archive111>
(Accessed 27 Oct 2018)
[No new digest content identified]

Vaccines — Open Access Journal

<http://www.mdpi.com/journal/vaccines>
(Accessed 27 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 27 Oct 2018

The Main Suspect Behind an Ominous Spike in a Polio-like Illness

A common virus seems to be behind a puzzling condition that's paralyzing children, but uncertainties remain.

Ed Yong
Oct 25, 2018

BBC

<http://www.bbc.co.uk/>
Accessed 27 Oct 2018
[No new, unique, relevant content]

The Economist

<http://www.economist.com/>
Accessed 27 Oct 2018
[No new, unique, relevant content]

Financial Times

<http://www.ft.com/home/uk>
Accessed 27 Oct 2018
[No new, unique, relevant content]

Forbes

<http://www.forbes.com/>
Accessed 27 Oct 2018
[No new, unique, relevant content]

Foreign Affairs

<http://www.foreignaffairs.com/>
Accessed 27 Oct 2018
[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>
Accessed 27 Oct 2018

[Bashar al-Assad is Waging Biological War—By Neglect](#)

By deliberately destroying and degrading public health infrastructure, the Syrian regime is reviving long-eradicated diseases and killing civilians.

Argument | October 24, 2018

Annie Sparrow

Biological warfare is generally understood as the deliberate wartime introduction of a lethal pathogen with the intent to kill or maim. Syria under President Bashar al-Assad is pursuing a sinister variation—one with long and dangerous historical precedents. Assad's government has allowed pathogens normally controlled by public health measures—such as clean water, sanitation, waste disposal, vaccination, and infection control—to emerge as biological weapons. Assad's government has allowed pathogens normally controlled by public health measures—such as clean water, sanitation, waste disposal, vaccination, and infection control—to emerge as biological weapons through the deliberate destruction and withholding of those measures. The conflict has in effect reversed public health advances to achieve levels of disease not seen since the Napoleonic era...

The Guardian

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

Accessed 27 Oct 2018

Ebola

Wave of rebel attacks leads to surge in DRC Ebola cases

Jason Burke , Africa correspondent

Thu 25 Oct 2018

...The outbreak is centred on the North Kivu and Ituri provinces, both wracked by armed rebellion and ethnic killing since two civil wars in the late 1990s.

In the city of Butembo, militia killed two members of the medical unit of the Congo's army on Saturday. The same day, 11 civilians and one soldier were killed in the city of Beni, where scores of people have contracted the virus.

The rebels also attacked Congolese army positions and abducted a dozen children aged between five and 10. Another five people died in an attack near Goma, the capital of North Kivu, on Tuesday.

The new violence comes amid warnings from international health officials that the outbreak could worsen significantly unless the response to the lethal virus is intensified...

New Yorker

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

Accessed 27 Oct 2018

[No new, unique, relevant content]

New York Times

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

Accessed 27 Oct 2018

[No new, unique, relevant content]

Wall Street Journal

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

Accessed 27 Oct 2018

[No new, unique, relevant content]

Washington Post

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

Accessed 27 Oct 2018

Drop in adult flu vaccinations may be factor in last season's record-breaking deaths, illnesses

Lena H. Sun · Oct 25, 2018

* * * *

Think Tanks et al

Brookings

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

Accessed 27 Oct 2018

[No new relevant content]

Center for Global Development

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

Accessed 27 Oct 2018

The Declaration of Alma-Ata at 40: Realizing the Promise of Primary Health Care and Avoiding the Pitfalls in Making Vision Reality

Publication

10/24/18

At the Global Conference on Primary Health Care (PHC) in Astana on October 25–26, 2018, world leaders will redouble their commitment to PHC as a cornerstone of universal health coverage (UHC). The event marks the 40th anniversary of the Declaration of Alma-Ata, which enshrined health as a basic human right and underscored the potential of equitable, high-quality PHC to deliver “health for all.”

Ebola Then and Now: Lessons to Reshape Our Strategies Amidst New Outbreaks

Event

10/29/18

More than two years after we saw the end of a deadly Ebola epidemic that claimed the lives of over 11,000 people and devastated populations in West Africa, new mechanisms have been pursued to strengthen preparedness efforts, stimulate innovation for new vaccines and therapies, and develop rapid and comprehensive response strategies. But how equipped are we to address new Ebola threats?

CSIS

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

Accessed 27 Oct 2018

Upcoming Event

Innovations to Improve Vaccine Equity

November 13, 2018

Council on Foreign Relations

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

Accessed 27 Oct 2018

[No new relevant content]

*	*	*	*
*	*	*	*

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

CVEP is a program of the [GE2P2 Global Foundation](#) – whose purpose and mission is to advance ethical and scientific rigor in research and evidence generation for governance, policy and practice in health, human rights action, humanitarian response, heritage stewardship, education

and sustainable development. The Foundation serves governments, international agencies, INGOs, civil society organizations (CSOs), commercial entities, consortia and alliances. CVEP maintains an academic affiliation with the Division of Medical Ethics, NYU School of Medicine, and an operating affiliation with the Vaccine Education Center of Children's Hospital of Philadelphia [CHOP].

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

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

*	*	*	*
*	*	*	*