



**Vaccines and Global Health: The Week in Review**  
**4 May 2019**  
**Center for Vaccine Ethics & Policy (CVEP)**

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

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

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## ***Milestones :: Perspectives :: Research***

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### **Dengue**

#### **[First FDA-approved vaccine for the prevention of dengue disease in endemic regions](#)**

*FDA News Release*

May 1, 2019

The U.S. Food and Drug Administration announced today the approval of Dengvaxia, the first vaccine approved for the prevention of dengue disease caused by all dengue virus serotypes (1, 2, 3 and 4) in **people ages 9 through 16 who have laboratory-confirmed previous dengue infection and who live in endemic areas**. Dengue is endemic in the U.S. territories of American Samoa, Guam, Puerto Rico and the U.S. Virgin Islands.

"Dengue disease is the most common mosquito-borne viral disease in the world and global incidence has increased in recent decades," said Anna Abram, FDA deputy commissioner for policy, legislation, and international affairs. "The FDA is committed to working proactively with our partners at the U.S. Centers for Disease Control and Prevention, as well as international partners, including the World Health Organization, to combat public health threats, including through facilitating the development and availability of medical products to address emerging infectious diseases. While there is no cure for dengue disease, today's approval is an important step toward helping to reduce the impact of this virus in endemic regions of the United States."

**The CDC estimates more than one-third of the world's population is living in areas at risk for infection by dengue virus which causes dengue fever, a leading cause of illness among people living in the tropics and subtropics.** The first infection with dengue virus typically results in either no symptoms or a mild illness that can be mistaken for the flu or another viral infection. A subsequent infection can lead to severe dengue, including dengue hemorrhagic fever (DHF), a more severe form of the disease that can be fatal. Symptoms may include stomach pain, persistent vomiting, bleeding, confusion and difficulty breathing. Approximately 95 percent of all severe/hospitalized cases of dengue are associated with second dengue virus infection. Because there are no specific drugs approved for the treatment of dengue disease, care is limited to the management of symptoms.

**Each year, an estimated 400 million dengue virus infections occur globally according to the CDC. Of these, approximately 500,000 cases develop into DHF, which contributes to about 20,000 deaths, primarily among children.** Although dengue cases are rare in the continental U.S., the disease is regularly found in American Samoa, Puerto Rico, Guam, the U.S. Virgin Islands, as well as Latin America, Southeast Asia and the Pacific islands.

"Infection by one type of dengue virus usually provides immunity against that specific serotype, but a subsequent infection by any of the other three serotypes of the virus increases the risk of developing severe dengue disease, which may lead to hospitalization or even death," said Peter Marks, M.D., director of the FDA's Center for Biologics Evaluation and Research. "As the second infection with dengue is often much more severe than the first, the FDA's approval of this

vaccine will help protect people previously infected with dengue virus from subsequent development of dengue disease.”

The safety and effectiveness of the vaccine was determined in three randomized, placebo-controlled studies involving approximately 35,000 individuals in dengue-endemic areas, including Puerto Rico, Latin America and the Asia Pacific region. The vaccine was determined to be approximately 76 percent effective in preventing symptomatic, laboratory-confirmed dengue disease in individuals 9 through 16 years of age who previously had laboratory-confirmed Dengue disease. Dengvaxia has already been approved in 19 countries and the European Union.

The most commonly reported side effects by those who received Dengvaxia were headache, muscle pain, joint pain, fatigue, injection site pain and low-grade fever. The frequency of side effects was similar across Dengvaxia and placebo recipients and tended to decrease after each subsequent dose of the vaccine.

**Dengvaxia is not approved for use in individuals not previously infected by any dengue virus serotype or for whom this information is unknown. This is because in people who have not been infected with dengue virus, Dengvaxia appears to act like a first dengue infection – without actually infecting the person with wild-type dengue virus – such that a subsequent infection can result in severe dengue disease. Therefore, health care professionals should evaluate individuals for prior dengue infection to avoid vaccinating individuals who have not been previously infected by dengue virus. This can be assessed through a medical record of a previous laboratory-confirmed dengue infection or through serological testing (tests using blood samples from the patient) prior to vaccination.**

Dengvaxia is a live, attenuated vaccine that is administered as three separate injections, with the initial dose followed by two additional shots given six and twelve months later.

The FDA granted this application [Priority Review](#) and a [Tropical Disease Priority Review Voucher](#) under a program intended to encourage development of new drugs and biologics for the prevention and treatment of certain tropical diseases. The approval was granted to Sanofi Pasteur...

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*Sanofi U.S. News Release*

**[FDA approves Dengvaxia® for the prevention of dengue in individuals ages 9 through 16 living in U.S. endemic areas](#)**

*[Editor's text bolding]*

BRIDGEWATER, N.J., May 1, 2019 /PRNewswire/ -- The U.S. Food and Drug Administration (FDA) approved Dengvaxia® (Dengue Tetravalent Vaccine, Live) for the prevention of dengue disease caused by serotypes 1 – 4 of the virus in individuals 9 through 16 years of age living in endemic areas of the U.S. with a laboratory-documented prior infection. Dengvaxia is the first and only vaccine approved for protection against dengue in endemic areas of the U.S...

...Dengvaxia is also approved for use in several endemic countries in Latin America and Asia where reducing the human and economic burden of dengue is a public health priority. In December 2018, the European Commission granted marketing authorization for Dengvaxia to prevent dengue in individuals living in endemic areas with a documented prior infection.

Indication for Dengvaxia® (Dengue Tetravalent Vaccine, Live)

Dengvaxia is a vaccine given to people 9 through 16 years of age to help prevent dengue infection due to dengue virus serotypes 1, 2, 3 and 4. Dengvaxia should only be given to people who have previously had a dengue infection, and live in areas where dengue is endemic.

**Your child should not receive Dengvaxia if he or she has not had a previously confirmed dengue infection, or if this information is unknown. People who have not had a previous dengue infection are at increased risk for severe dengue when vaccinated with Dengvaxia and later infected with a dengue virus.** Previous dengue infection can be verified by a medical record of a previous laboratory confirmed dengue infection, or by testing for dengue before vaccination.

It is unknown whether Dengvaxia is safe or protective for people living in areas where dengue is not endemic who travel to dengue endemic areas.

Important Safety Information for Dengvaxia (Dengue Tetravalent Vaccine, Live)

Dengvaxia vaccine should not be given to anyone with a history of severe allergic reaction to a previous dose of Dengvaxia or to any component of Dengvaxia.

Dengvaxia should not be given to people with a severely suppressed or compromised immune system.

**Before your child can receive Dengvaxia, your child's health care professional must determine whether your child has had a confirmed dengue infection.**

**Currently, no available tests have been cleared by the Food and Drug Administration (FDA) to determine a previous dengue infection.** Talk with your health care professional about available tests. For the month after receiving Dengvaxia, tuberculosis skin tests may be falsely negative. If you undergo tuberculosis skin testing in the month after vaccination, tell the health care professional performing the test that you received Dengvaxia.

The most common side effects of Dengvaxia include headache, pain at the injection site, general discomfort, tiredness, and muscle aches. Other side effects can occur.

It is recommended to continue personal protection measures against mosquito bites after vaccination since vaccination with Dengvaxia may not protect all people.

Please see the full [Prescribing Information](#) for Dengvaxia (Dengue Tetravalent Vaccine, Live).

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**AMR**

*Press Release*

**[New report calls for urgent action to avert antimicrobial resistance crisis](#)**

*International organizations unite on critical recommendations to combat drug-resistant infections and prevent staggering number of deaths each year.*

New York, 29 April 2019 - The United Nations, international agencies and experts today released a groundbreaking report demanding immediate, coordinated and ambitious action to avert a potentially disastrous drug-resistance crisis.

If no action is taken - warns the UN Ad hoc Interagency Coordinating Group on Antimicrobial Resistance who released the report – drug-resistant diseases could cause 10 million deaths each year by 2050 and damage to the economy as catastrophic as the 2008-2009 global financial crisis. By 2030, antimicrobial resistance could force up to 24 million people into extreme poverty.

Currently, at least 700,000 people die each year due to drug-resistant diseases, including 230,000 people who die from multidrug-resistant tuberculosis. More and more common diseases, including respiratory tract infections, sexually transmitted infections and urinary tract infections, are untreatable; lifesaving medical procedures are becoming much riskier, and our food systems are increasingly precarious.

The world is already feeling the economic and health consequences as crucial medicines become ineffective. Without investment from countries in all income brackets, future generations will face the disastrous impacts of uncontrolled antimicrobial resistance.

Recognizing that human, animal, food and environmental health are closely interconnected, the report calls for a coordinated, multisectoral “One Health” approach.

It recommends countries:

- :: prioritize national action plans to scale-up financing and capacity-building efforts;
- :: put in place stronger regulatory systems and support awareness programs for responsible and prudent use of antimicrobials by professionals in human, animal and plant health;
- :: invest in ambitious research and development for new technologies to combat antimicrobial resistance;
- :: urgently phase out the use of critically important antimicrobials as growth promoters in agriculture.

*Report*

**[No Time to Wait: Securing the future from drug-resistant infections](#)**

IACG – Interagency Coordination Group on Antimicrobial Resistance

REPORT TO THE SECRETARY-GENERAL OF THE UNITED NATIONS

APRIL 2019 : 28 pages

***KEY MESSAGES IN THIS REPORT***

**Antimicrobial resistance is a global crisis that threatens a century of progress in health and achievement of the Sustainable Development Goals.**

:: Antimicrobial (including antibiotic, antiviral, antifungal and antiprotozoal) agents are critical tools for fighting diseases in humans, terrestrial and aquatic animals and plants, but they are becoming ineffective.

:: Alarming levels of resistance have been reported in countries of all income levels, with the result that common diseases are becoming untreatable, and lifesaving medical procedures riskier to perform.

:: Antimicrobial resistance poses a formidable challenge to achieving Universal Health Coverage and threatens progress against many of the Sustainable Development Goals, including in health, food security, clean water and sanitation, responsible consumption and production, and poverty and inequality.

:: Misuse and overuse of existing antimicrobials in humans, animals and plants are accelerating the development and spread of antimicrobial resistance.

:: Inadequate access to clean water, sanitation and hygiene in health care facilities, farms, schools, households and community settings; poor infection and disease prevention; lack of equitable access to affordable and quality-assured antimicrobials, vaccines and diagnostics; and weak health, food and feed production, food safety and waste management systems are increasing the burden of infectious disease in animals and humans and contributing to the emergence and spread of drug-resistant pathogens.

**There is no time to wait. Unless the world acts urgently, antimicrobial resistance will have disastrous impact within a generation.**

:: Drug-resistant diseases already cause at least 700,000 deaths globally a year, including 230,000 deaths from multidrug-resistant tuberculosis, a figure that could increase to 10 million deaths globally per year by 2050 under the most alarming scenario if no action is taken. Around 2.4 million people could die in high-income countries between 2015 and 2050 without a sustained effort to contain antimicrobial resistance.

:: The economic damage of uncontrolled antimicrobial resistance could be comparable to the shocks experienced during the 2008-2009 global financial crisis as a result of dramatically increased health care expenditures; impact on food and feed production, trade and livelihoods; and increased poverty and inequality.

:: In higher-income countries, a package of simple interventions to address antimicrobial resistance could pay for itself due to costs averted. In lower-income countries, additional but still relatively modest investments are urgently needed.

:: If investments and action are further delayed, the world will have to pay far more in the future to cope with the disastrous impact of uncontrolled antimicrobial resistance.

**Because the drivers of antimicrobial resistance lie in humans, animals, plants, food and the environment, a sustained One Health response is essential to engage and unite all stakeholders around a shared vision and goals.**

:: National Antimicrobial Resistance Action Plans are at the heart of a multisectoral One Health response, but financing and capacity constraints in many countries need to be urgently addressed to accelerate implementation.

:: Strengthening infection prevention and control in health care facilities and farms using available tools and ensuring access to clean water, sanitation and hygiene in health facilities, farms, schools, household and community settings are central to minimizing disease transmission and the emergence and transmission of antimicrobial resistance in humans, animals, plants, food and the environment.

:: Strengthening surveillance, regulatory frameworks, professional education and oversight of antimicrobial prescription and use, and increasing awareness among all stakeholders are also significant challenges that need to be urgently addressed to ensure the responsible use of

antimicrobials and to minimize resistance in humans, animals, plants, food and the environment.

:: Immediately stopping the use of the antimicrobials on the WHO List of Highest Priority Critically Important Antimicrobial Agents for Human Medicine as growth promoters is an essential first step towards completely phasing out the use of antimicrobials for growth promotion.

:: Additional effort, investments and incentives are needed to spur innovation in antimicrobial medicines, diagnostics, vaccines, waste management tools, safe and effective alternatives to antimicrobials and alternative practices, as well as operational and implementation research, in human, animal and plant health.

:: Many people around the world still do not have access to antimicrobials. Ensuring equitable and affordable access to quality antimicrobial agents and their responsible and sustainable use is an essential component of the global response to antimicrobial resistance.

:: Stronger political leadership, advocacy, coordination and accountability are needed at all levels to enable a sustained One Health response to antimicrobial resistance. All stakeholder groups – including governments, civil society and the private sector – need to be engaged and to collaborate in an unprecedented effort across the human, animal, plant, food and feed production and environmental sectors, based on a shared vision and goals.

:: The challenges of antimicrobial resistance are complex and multifaceted, but they are not insurmountable. Implementation of the recommendations in this report will help to save millions of lives, maintain economic and other development gains, and secure the future from drug-resistant diseases.

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## **DRC – Ebola**

### **Ebola situation worsening while support lags**

Statement from WHO High-Level Mission to Butembo, DRC

30 April 2019

WHO Director-General Dr Tedros Adhanom Ghebreyesus and WHO Regional Director for Africa, Dr Matshidiso Moeti, have concluded a visit to Butembo, in the Democratic Republic of the Congo. It was in Butembo on 19 April that WHO epidemiologist Dr Richard Mouzoko was killed by armed men while he and colleagues were working on the Ebola response.

“Dr Mouzoko’s death moved me profoundly. On this mission, he was on my mind the whole time as we met with other dedicated colleagues. I am also profoundly worried about the situation. Cases are increasing because of violent acts that set us back each time. We have already begun to adjust our response.”

Dr Tedros and Dr Moeti traveled to Butembo to express their gratitude and show support to WHO and partner organization staff, while also assessing the next steps needed to strengthen both security and the Ebola response effort. They also met with local political, business and religious leaders, and called on them to accelerate their efforts to stabilize the surrounding environment.

They urged the international community to step up support to contain the Ebola outbreak, including filling the funding gap that threatens to stymie the Ebola response.

**Most Ebola response activities, including community engagement, vaccination, and case investigation, have been re-launched following a slowdown in the wake of the attack that left Dr. Mouzoko dead and two people injured.** However, they expressed deep concern that a rise in reported cases in recent weeks is straining resources even further.

“My pride and respect for my extraordinary colleagues has only grown,” said Dr Moeti. “They have been through something unimaginable and yet are willing to continue this vital work. We need the security situation to be under control for them and for the local people. **During our mission, we had fruitful discussions with the partners who provide security cover to see what more could be done. Meanwhile, we will continue to work with various groups and embed our response at the community level.**”

The delegation met the Mayor of Butembo, Sylvain Kanyamanda Mbusa, the US Ambassador, Michael A. Hammer, the Deputy Special Representative of the peacekeeping mission to the DRC (MONUSCO), David Gressly, and other UN partners, business, religious and political leaders, and NGOs active in the response.

**“We are entering a phase where we will need major shifts in the response,”** said Dr Tedros. WHO and partners cannot tackle these challenges without the international community stepping in to fill the sizeable funding gap.”

**Only half of the currently requested funds have been received,** which could lead to WHO and partners rolling back some activities precisely when they are most needed.

“We will continue to adjust the response, as we have done for each context in each community,” said Dr Moeti. “This worrisome rise in cases is a further call to action. In the end, it is only through the ownership by all the affected communities that the outbreak will end. Some would have Ebola drive us apart. We can only defeat it if we all work together.”

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### **39: Situation report on the Ebola outbreak in North Kivu**

30 April 2019

#### *Situation Update*

...As of 28 April 2019, a total of 1466 EVD cases, including 1400 confirmed and 66 probable cases, were reported. **A total of 957 deaths were reported (overall case fatality ratio 65%),** including 891 deaths among confirmed cases. Of the 1466 confirmed and probable cases with known age and sex, 56% (815) were female, and 28% (416) were children aged less than 18 years. The number of healthcare workers affected has risen to 92, including 33 deaths...

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*Disease Outbreak News (DONs)*

## **Ebola virus disease – Democratic Republic of the Congo**

2 May 2019

**The operating environment has become increasingly insecure and socio-politically complex. Insecurity remains a major impediment to ensuring timely response interventions in the affected communities.** Ebola virus disease (EVD) response activities in Butembo and Katwa remained limited; however, these are gradually resuming following a comprehensive reinforcement of security measures and community engagement efforts. The overall security situation, nevertheless, remains volatile. While no significant injuries or damages are reported this week, access and activities in parts of Mandima, Masereka, Kalunguta and Vuhovi, remain irregular due to the presence of armed groups and other security concerns. New EVD cases are expected to continue to increase, in tandem with incidents of insecurity in these hotspot areas over the coming weeks, placing significant strain on response teams and the security resources available to secure their movements.

Incidence of EVD cases in the Democratic Republic of the Congo this week saw a considerable, although not unexpected, rise compared to the week prior. This observation is in line with previous instances where a disruption to response activities was followed by a spike in the number of new cases...

...As part of the continued efforts to empower communities to be more actively engaged in the EVD response, requests received from the numerous dialogues with local residents are being reviewed to aid the transfer of some of the response ownership back to the community. Recent dialogues have focused on addressing community-related incidents of reluctance or mistrust. Some notable successes from this effort have resulted, including some previously resistant contacts coming forward to re-engage with response activities, and pledging to assist by utilising their influence in the community to encourage greater cooperation with EVD response teams...

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### **WHO hero laid to rest**

4 May 2019, Bafia – With overwhelming grief and respect, Dr Richard Valery Mouzoko Kiboung, a devoted doctor, epidemiologist, husband and father who had worked with the World Health Organization (WHO) for the past five years was buried today in his native Cameroon.

Dr Mouzoko, 41, died from a gunshot wound sustained during an assailants' attack on 19 April 2019 at Butembo University Hospital, where he was chairing a meeting with front-line health workers battling the Ebola virus disease in the North Kivu Province of the Democratic Republic of the Congo (DRC).

A man described as "ready to fly instantly to help his neighbour", Dr Mouzoko was leading the WHO response team at the Butembo University Hospital's Ebola treatment centre, in one of the worst Ebola hot spots in the country.

"The passing of Dr Richard is an enormous loss for WHO and the people of the DRC he was serving when his life was so brutally and senselessly taken away. It's also an enormous loss for Cameroon, and most of all for his family, who have lost a husband, a father, a son and a brother," WHO Director-General Dr Tedros Adhanom Ghebreyesus told hundreds of mourners...

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## **Emergencies**

### **POLIO**

*Public Health Emergency of International Concern (PHEIC)*

#### **Polio this week as of 2 May 2019**

:: On 30 April 2019, the Polio Endgame Strategy 2019-2023 was launched. The strategy will guide the Global Polio Eradication Initiative and its partners to overcome final hurdles to eradication and stay the course for a polio-free world. Read the [statement](#).

:: Polio News April 2019 is now online, covering all the happenings, news and the latest on polio eradication efforts around the world.

*Summary of new viruses this week:*

:: **Afghanistan**— one wild poliovirus type 1 (WPV1) case;

:: **Pakistan**— two WPV1 cases and 11 WPV1-positive environmental samples;

:: **Nigeria**— one cVDPV2-positive environmental sample

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## **The Polio Endgame Strategy 2019-2023**

*GPEI statement on the strategy to achieve and sustain a polio-free world*  
30/04/2019

Today, the Global Polio Eradication Initiative (GPEI) launched the Polio Endgame Strategy 2019-2023, which will guide the programme and its partners to overcome the final hurdles to eradication and move toward sustaining a polio-free future.

The new plan hones in on addressing today's most pressing obstacles to end poliovirus transmission imminently, integrate polio programme resources into health and development programmes globally, and certify the world polio-free. In addition to building on the programme's core strategies to expand access to vaccination and improve surveillance around the world, the 2019-2023 Endgame Strategy offers responsive and innovative solutions tailored to communities' needs. These include establishing a regional hub in Amman, Jordan to enhance coordinated support to Afghanistan and Pakistan and creating permanent Rapid Response Teams to accelerate the programme's response to outbreaks.

The programme will also work to improve immunisation coverage and support basic development needs through strengthened collaboration with immunisation partners such as Gavi, the Vaccine Alliance and the humanitarian and emergency response communities.

**To reach its goals and achieve eradication, the Endgame Strategy requires a US\$4.2 billion budget, of which US\$3.27 billion is to be raised by the GPEI.** In support of the Strategy and to encourage additional commitments, a pledging event will be hosted this November at the Reaching the Last Mile Forum in Abu Dhabi, a gathering of leaders from across the global health space held once every two years. The pledging event will be hosted by the GPEI, with the support of His Highness Sheikh Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi, a longtime champion of the polio programme.

The 2019-2023 Endgame Strategy builds on the [2013-2018 Strategic Plan](#), which brought the world to the brink of polio eradication. Despite this impressive progress, the last steps to eradication have proved to be the most difficult.

Wild poliovirus transmission continues in Afghanistan and Pakistan, and circulating vaccine-derived poliovirus outbreaks are ongoing in several countries across Africa and Asia. To overcome these challenges, the new Strategy must be fully implemented with sufficient resources and commitments from governments, donors, multilateral organisations, and local communities.

The Polio Endgame Strategy 2019-2023 will be discussed at the upcoming 2019 World Health Assembly in Geneva, Switzerland during the week of 20 May.

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**Editor's Note:**

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

**[WHO Grade 3 Emergencies](#)** [to 4 May 2019]

**[Democratic Republic of the Congo](#)**

:: [Ebola situation worsening while support lags](#) 30 April 2019

:: [39: Situation report on the Ebola outbreak in North Kivu](#) 30 April 2019

:: Disease Outbreak News (DONs) [Ebola virus disease – Democratic Republic of the Congo](#)  
2 May 2019

*[See Ebola DRC above for detail]*

**[Syrian Arab Republic](#)**

:: [WHO condemns the attack on three health facilities in north-west Syrian Arab Republic](#)

3 May 2019 The World Health Organization (WHO) strongly condemns the consecutive reported attacks on three health facilities in north-west Syria on 28 and 30 April. The attacks resulted in damage to infrastructure, putting them out of service.

Of the three attacked facilities, two were hospitals located in northern Hama providing life-saving medical services to thousands of vulnerable populations affected by increased hostilities over the past weeks...

**[Nigeria](#)**

:: [Braving the waves to reach underserved populations with immunization services in the Niger Delta](#) 28 April 2019

...“The difficulty of accessing healthcare services is due to suboptimal and expensive coastal and waterway transportation from the distant communities to healthcare centers, hence, innovative strategies are being employed to reach the underserved and vulnerable population with vaccination and other health interventions especially during Supplemental Immunization Activities (SIAs)”, says Dr Edmund Egbe, WHO State Coordinator in Bayelsa...

**[South Sudan](#)**

:: [South Sudan intensifies efforts to control an ongoing measles outbreak](#) 29 April 2019

...To date, more than 310 582 children aged 6 months – 15 years have been vaccinated. South Sudan is among the countries experiencing an upsurge of measles cases. Since the beginning of 2019, measles outbreaks have been confirmed in 11 counties and three Protection of Civilian sites (POCs) housing displaced populations, affecting over 908 children and claiming at least seven lives...

[Bangladesh - Rohingya crisis](#) - No new digest announcements identified  
[Cyclone Idai](#) - No new digest announcements identified  
[Myanmar](#) - No new digest announcements identified  
[Somalia](#) - No new digest announcements identified  
[Yemen](#) - No new digest announcements identified

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### [WHO Grade 2 Emergencies](#) [to 4 May 2019]

#### [Libya](#)

:: [WHO Libya teams saving lives on Tripoli's front lines](#) 30 April 2019

...WHO Libya has deployed 3 teams with different specialties, including general surgeons, orthopedic surgeons, a vascular surgeon and anaesthesiologists, to 3 hospitals receiving the wounded from the front lines.

[Brazil \(in Portuguese\)](#) - No new digest announcements identified  
[Cameroon](#) - No new digest announcements identified  
[Central African Republic](#) - No new digest announcements identified  
[Ethiopia](#) - No new digest announcements identified  
[Iraq](#) - No new digest announcements identified  
[MERS-CoV](#) - No new digest announcements identified  
[Niger](#) - No new digest announcements identified  
[occupied Palestinian territory](#) - No new digest announcements identified  
[Sudan](#) - No new digest announcements identified  
[Ukraine](#) - No new digest announcements identified  
[Zimbabwe](#) - No new digest announcements identified

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### [WHO Grade 1 Emergencies](#) [to 4 May 2019]

[Afghanistan](#) - No new digest announcements identified  
[Chad](#) - No new digest announcements identified  
[Indonesia - Sulawesi earthquake 2018](#) - No new digest announcements identified  
[Kenya](#) - No new digest announcements identified  
[Lao People's Democratic Republic](#) - No new digest announcements identified  
[Mali](#) - No new digest announcements identified  
[Namibia - viral hepatitis](#) - No new digest announcements identified  
[Peru](#) - No new digest announcements identified  
[Philippines - Typhoon Mangkhut](#) - No new digest announcements identified  
[Tanzania](#) - No new digest announcements identified

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### **UN OCHA – L3 Emergencies**

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

[Syrian Arab Republic](#) - No new digest announcements identified

[Yemen](#) - No new digest announcements identified

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

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

#### **CYCLONE IDAI and Kenneth**

:: 28 Apr 2019

[CERF allocates US\\$13M to provide a lifeline to people hit by Tropical Cyclone Kenneth in Comoros and Mozambique](#)

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#### **WHO & Regional Offices [to 4 May 2019]**

5 May 2019 | News Release

#### **WHO calls for more investment in primary health care**

4 May 2019 | News Release

#### **WHO hero laid to rest**

*[See Ebola – DRC for detail]*

02 May 2019

#### **Malaria vaccine pilot launched in Ghana**

*Health officials and community leaders gather to celebrate the landmark launch*

WHO Ghana welcomed the Ministry of Health's launch of the world's first malaria vaccine in a landmark pilot programme. Top health officials, WHO representatives, community leaders, and mothers and children gathered on 30 April 2019 to officially begin the vaccine rollout. The country-led phased vaccine introduction is supported by WHO and national and global health partners.

Ghana is one of three African countries in which the vaccine, known as RTS,S, will be made available to children up to 2 years of age...

2 May 2019 | News Release

#### **At least 188 676 people require assistance after Cyclone Kenneth pummels Mozambique**

30 April 2019 - Statement

#### **Ebola situation worsening while support lags**

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2 May 2019

[GIN April 2019 pdf, 1.58Mb](#)

3 May 2019

[Consultant: Acceptance and demand for vaccination pdf, 297kb](#)

Deadline for applications: 24 May 2019

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[Weekly Epidemiological Record, 3 May 2019, vol. 94, 18 \(pp. 213–224\)](#)

:: [Progress towards measles elimination in the WHO European Region, 2009–2018](#)

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### **WHO Regional Offices**

*Selected Press Releases, Announcements*

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

:: [WHO hero laid to rest](#) 04 May 2019

:: [Uganda receives 10 motorcycles to boost surveillance and Community engagement in Ebola preparedness](#) 03 May 2

:: [At least 188 676 people require health assistance after Cyclone Kenneth pummels north-eastern Mozambique](#) 02 May 2019

:: [Malaria vaccine pilot launched in Ghana](#) 02 May 2019

:: [South Sudan's Ebola preparedness activities strengthen overall outbreak readiness](#) 02 May 2019

:: [Braving the waves to reach underserved populations with immunization services in the Niger Delta](#) 30 April 2019

:: [South Sudan intensifies efforts to control an ongoing measles outbreak](#) 30 April 2019

:: [International Partners Meet in Kampala to Discuss Ebola Preparedness and Response](#) 30 April 2019

:: [The African Vaccination Week Integrated in the Mother and Child Health Week in Rwanda](#) 29 April 2019

:: [East and Southern African countries wind up EPI Managers' Meeting and craft Recommendations to improve Immunization coverage](#) 29 April 2019

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

:: [New Action Plan on Health and Climate Change calls for health to be front and center of climate change planning in the Caribbean](#) (05/03/2019)

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

:: [Information on Avian Influenza A \(H5N1\) Identified in Human in Nepal](#) May 2 | Kathmandu

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

:: [Nurse and midwife leaders delivering health for all in the WHO European Region](#) 03-05-2019

:: [Clean care – the everyday measure to prevent, prepare for, respond to and recover from health emergencies](#) 02-05-2019

:: New WHO studies: Europe battles childhood obesity and experts confirm breastfeeding protects against child obesity 30-04-2019

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

:: WHO Libya teams saving lives on Tripoli's front lines 30 April 2019

### **WHO Western Pacific Region**

*No new digest content identified.*

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**CDC/ACIP** [to 4 May 2019]

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

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

Monday, April 29, 2019

### **CDC Telebriefing: National Update on Measles Transcript**

*HHS SECRETARY ALEX AZAR:* ...This year, we're celebrating 25 years of national infant immunization week. When this observance was established in 1994, health departments and immunization programs were facing significant challenges. The nation was in the midst of a serious measles outbreak and communities across the United States were seeing decreasing immunizations rates among children. Today, the overwhelming majority of parents choose to protect their kids with vaccines. However, we're very concerned about the recent troubling rise in cases of measles, which was declared eliminated from our country in 2000. Today, CDC is reporting 704 cases of measles from 22 states. This is the greatest number of cases reported in the U.S. since measles was eliminated. While most parents are getting their children vaccinated, the vast majority of cases involve children who have not been vaccinated. Everyone should be vaccinated against measles and other vaccine-preventable diseases...

Monday, April 29, 2019

### **CDC Media Statement from Dr. Redfield on National Infant Immunization Week, Safety and Effectiveness of Vaccines**

As CDC Director and as a physician, I have and continue to wholeheartedly advocate for infant immunization. More importantly, as a father and grandfather I have ensured all of my children and grandchildren are vaccinated on the recommended schedule. Vaccines are safe. Vaccines do not cause autism. Vaccine-preventable diseases are dangerous.

More than 94% of parents vaccinate their children to protect them from the harmful effects of measles and other vaccine-preventable diseases. CDC is working to reach the small percentage of vaccine-hesitant individuals so they too understand the importance of vaccines. It is imperative that we correct misinformation and reassure fearful parents so they protect their children from illnesses with long-lasting health impacts. Roughly 1.3 percent, or 100,000 children, in this country under the age of two have not been vaccinated making them vulnerable to the current measles outbreak.

I call upon healthcare providers to encourage parents, and expectant parents, to vaccinate their children for their own protection and to avoid the spread of vaccine-preventable diseases within

their families and communities. We must join together as a Nation to once again eliminate measles and prevent future disease outbreaks.

### **MMWR News Synopsis for Friday, May 3, 2019**

#### **Progress Toward Measles Elimination — European Region, 2009–2018**

In the World Health Organization European Region, measles cases tripled from 2017 to 2018. Immunization programs need to vaccinate 95% of their populations to protect individuals and communities, stop measles outbreaks from occurring, and achieve elimination. A new report describes progress toward measles elimination in the European Region (EUR) during 2009–2018. After a low of 4,240 measles cases in 2016, measles cases tripled from 2017 to 2018 with 82,596 cases reported (37% among adults), including 179 deaths. Ukraine reported the highest number of measles cases in 2018 at 53,218. Other countries reporting large outbreaks in 2018 were France, Georgia, Greece, Israel, Italy, the Russian Federation, and Serbia. Several factors have caused this resurgence, including measles virus transmission in countries with weak immunization programs, an accumulation of susceptible young children in marginalized communities, prevalent anti-vaccine sentiment, and a growing population of young adults who had not received measles vaccine.

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**Africa CDC** [to 4 May 2019]

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

*No new digest content identified.*

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**China CDC**

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

*New website launched...no "news" or "announcements" page identified. Link to National Health Commission of the People's Republic of China not responding at inquiry [4 May 2019]*

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### **Announcements**

**Paul G. Allen Frontiers Group** [to 4 May 2019]

<https://www.alleninstitute.org/news-press/>

May 3, 2019

#### **Q&A: A former experimental psychologist with a passion for data governance**

...As more and more new technologies come on the scene, researchers' ability to generate and store massive datasets is on the rise. But doing something with that data is a different question.

It's a massive engineering challenge to package, store and present biological data so that other scientists can use it to glean new insights.

Paul Meijer, Ph.D., Director of Software Development at the newly launched Allen Institute for Immunology, is up for that challenge. Beyond the standard "data governance issues" that

modern biology presents, the Allen Institute for Immunology has some formidable data challenges of its own. Meijer and his team will need to coordinate anonymized data from hundreds of different patients and healthy volunteers gathered by the Institute's five different research partner organizations, allowing the partners and the broader scientific community to understand, access — and ultimately analyze — all that data...

**BMGF - Gates Foundation** [to 4 May 2019]

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

*No new digest content identified.*

**Bill & Melinda Gates Medical Research Institute** [to 4 May 2019]

<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 4 May 2019]

<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.*

04.30.2019

**[CARB-X launches new Funding Rounds to support the development of antibiotics, vaccines, diagnostics and other life-saving products that target drug-resistant bacteria](#)**

CARB-X announced today its 2019 rounds of funding to support the development of antibiotics, vaccines, biotherapeutics, diagnostics and other life-saving products to address the rising threat of drug-resistant bacteria. There are four funding rounds representing CARB-X's most ambitious call for proposals from product developers seeking financial, scientific and business support to accelerate the development of innovative products targeting the most dangerous superbugs.

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 4 May 2019]

<http://cepi.net/>

No new digest content identified.

**Clinton Health Access Initiative, Inc. (CHAI)** [to 4 May 2019]

<https://clintonhealthaccess.org/about/>

*No new digest content identified.*

**EDCTP** [to 4 May 2019]

<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 4 May 2019]

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

*No new digest content identified.*

**European Medicines Agency** [to 4 May 2019]

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

*News and press releases*

**[News: EMA annual report 2018 published](#)**

**[03/05/2019](#)**

**European Vaccine Initiative** [to 4 May 2019]

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

*No new digest content identified.*

**FDA** [to 4 May 2019]

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

May 1, 2019

**[First FDA-approved vaccine for the prevention of dengue disease in endemic regions](#)**

*[See Milestones above for detail]*

**Fondation Merieux** [to 4 May 2019]

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

*No new digest content identified.*

**Gavi** [to 4 May 2019]

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

*No new digest content identified.*

**GHIT Fund** [to 4 May 2019]

<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 4 May 2019]

<https://www.theglobalfund.org/en/news/>

*News*

**[Global Fund Selects Donald Kaberuka as Board Chair and Roslyn Morauta as Vice Chair](#)**

03 May 2019

... Dr. Kaberuka was president of the African Development Bank and chairman of its board of directors from 2005-2015. Prior to that he was finance minister of Rwanda from 1997-2005... Lady Roslyn Morauta currently serves as alternate board member for the Western Pacific Region constituency. She has a long association with the Global Fund having served as Chair of the Papua New Guinea Country Coordinating Mechanism...

*News*

**[European Commission Signs Funding Agreement with the Global Fund](#)**

29 April 2019

The European Commission and the Global Fund today signed an agreement for the final €73 million of the EC's pledge for the current funding cycle. The EC is the sixth-largest donor to the Global Fund, and today's agreement brings the EC's total commitment to more than €2 billion since 2002...

*News*

**[In Early Pledge, Portugal More than Triples its Commitment to the Global Fund](#)**

29 April 2019

The Global Fund applauds Portugal's pledge of €750,000 to the Global Fund's Sixth Replenishment, which is more than triple its previous commitment...

**Hilleman Laboratories** [to 4 May 2019]

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

*No new digest content identified.*

**Human Vaccines Project** [to 4 May 2019]

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

**[May 2019 - Update](#)**

**IAVI** [to 4 May 2019]

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

*No new digest content identified.*

**IFFIm**

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

*No new digest content identified.*

**IFRC** [to 4 May 2019]

<http://media.ifrc.org/ifrc/news/press-releases/>

*Selected Press Releases, Announcements*

*Africa, Democratic Republic of the Congo*

**[Ebola death toll passes 1,000 as outbreak continues to worsen](#)**

Kinshasa/Nairobi/Geneva, 4 May 2019 – The Ebola outbreak in North Kivu is worsening as the death toll surpasses 1,000 on the back of an alarming number of cases reported in recent days across multiple hotspots. In the past week, 23 cases were reported ...

4 May 2019

**IVAC** [to 4 May 2019]

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

*No new digest content identified.*

**IVI** [to 4 May 2019]

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

*IVI News & Announcements*

29 April 2019

**[WHO health economist Dr. Raymond Hutubessy addresses 'The Full Public Health Value of Vaccines' at IVI Seminar](#)**

**JEE Alliance** [to 4 May 2019]

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

*Selected News and Events*

*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 4 May 2019]

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

Selected News; Project Updates, Reports [as presented on website]

*Mozambique*

**[MSF responds as second cyclone hits Mozambique](#)**

Project Update 1 May 2019

*Iran*

**[Flash floods in Iran wash away homes, roads and livelihoods](#)**

Voices from the Field 29 Apr 2019

**NIH** [to 4 May 2019]

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

*No new digest content identified.*

**PATH** [to 4 May 2019]

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

April 29, 2019 by PATH

**[Sharing lessons learned from Vietnam's national electronic immunization registry to improve global vaccination coverage](#)**

Hanoi, Vietnam, April 29, 2019 – For almost ten years, PATH has supported Vietnam's efforts to develop and scale a national electronic immunization registry (EIR). As the country prepares to close the paper logbooks for the final time, PATH is providing assistance to ensure that no child is left behind and to document Vietnam's journey to a national EIR so that others may learn from its successes and challenges...

**Sabin Vaccine Institute** [to 4 May 2019]

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

*No new digest content identified.*

**UNAIDS** [to 4 May 2019]

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

*Selected Press Releases/Reports/Statements*

2 May 2019

**[Recognizing the achievements of the Thai Red Cross AIDS Research Centre](#)**

**UNICEF** [to 4 May 2019]

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

*Selected Statements, Press Releases, Reports*

*Press release*

**[Geneva Palais Briefing Note: Education for Rohingya children in Bangladesh](#)**

This is a summary of what was said by UNICEF spokesperson Christophe Bouliercac – to whom quoted text may be attributed – at today's press briefing at the Palais des Nations in Geneva.  
03/05/2019

*Press release*

**[With deadly cyclones on the rise, UNICEF raises concern about impact of climate change on children](#)**

1.1 million children affected in wake of cyclones Kenneth and Idai in Mozambique; 10 million children live in path of Cyclone Fani in India  
03/05/2019

*Statement*

**[Five children reportedly executed in the Islamic Republic of Iran and the Kingdom of Saudi Arabia](#)**

From Geert Cappelaere, UNICEF Regional Director in the Middle East and North Africa  
02/05/2019

*Press release*

**[Keep children in Venezuela protected at all times](#)**

Statement by UNICEF Executive Director Henrietta Fore on the situation in Venezuela  
01/05/2019

*Press release*

**[More than 300,000 Venezuelan children in Colombia need humanitarian assistance – UNICEF](#)**

UNICEF seeks to increase its current response budget from \$5.7 million to \$29 million  
29/04/2019

**Vaccine Confidence Project** [to 4 May 2019]

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

3 May 2019

**[Story of the week – The FDA Approved a Dengue Fever Vaccine—Here’s What You Need to Know](#)**

Heidi Larson

**Vaccine Education Center – Children’s Hospital of Philadelphia** [to 4 May 2019]

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

*No new digest content identified.*

**Wellcome Trust** [to 4 May 2019]

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

*No new digest content identified.*

**The Wistar Institute** [to 4 May 2019]

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

*No new digest content identified.*

**World Organisation for Animal Health (OIE)** [to 4 May 2019]

<http://www.oie.int/en/for-the-media/press-releases/2019/>

26/04/19

**[New report calls for urgent action to avert antimicrobial resistance crisis](#)**

*[See Milestones above for detail]*

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**BIO** [to 4 May 2019]

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

*No new digest content identified.*

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 4 May 2019]

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

*No new digest content identified.*

**IFPMA** [to 4 May 2019]

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

*No new digest content identified.*

**PhRMA** [to 4 May 2019]

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

*No new digest content identified.*

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### ***Journal Watch***

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

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

### **American Journal of Infection Control**

May 2019 Volume 47, Issue 5, p479-600

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

[Reviewed earlier]

### **American Journal of Preventive Medicine**

May 2019 Volume 56, Issue 5, p631-772

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

[Reviewed earlier]

### **American Journal of Public Health**

May 2019 109(5)

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

[Reviewed earlier]

### **American Journal of Tropical Medicine and Hygiene**

Volume 100, Issue 5, 2019

<http://www.ajtmh.org/content/journals/14761645/100/5>

*Review Articles*

**[Falsified and Substandard Drugs: Stopping the Pandemic](#)**

Gaurvika M. L. Nayyar, Joel G. Breman, Tim K. Mackey, John P. Clark, Mustapha Hajjou, Megan Littrell and James E. Herrington

<https://doi.org/10.4269/ajtmh.18-0981>

*Abstract*

Falsified and substandard medicines are associated with tens of thousands of deaths, mainly in young children in poor countries. Poor-quality drugs exact an annual economic toll of up to US\$200 billion and contribute to the increasing peril of antimicrobial resistance. The WHO has emerged recently as the global leader in the battle against poor-quality drugs, and pharmaceutical companies have increased their roles in assuring the integrity of drug supply chains. Despite advances in drug quality surveillance and detection technology, more efforts are urgently required in research, policy, and field monitoring to halt the pandemic of bad drugs. In addition to strengthening international and national pharmaceutical governance, in part by national implementation of the Model Law on Medicines and Crime, a quantifiable Sustainable Development Goal target and an international convention to insure drug quality and safety are urgent priorities.

*Stories from the Field*

**Frontier Warriors—Combating Cholera in Rural India**

Rajlakshmi Viswanathan and Anuj Kumar

<https://doi.org/10.4269/ajtmh.19-0027>

**Feasibility of a Comprehensive Targeted Cholera Intervention in The Kathmandu Valley, Nepal**

Mellisa Roskosky, Bhim Acharya, Geeta Shakya, Kshitij Karki, Kazutaka Sekine, Deepak Bajracharya, Lorenz von Seidlein, Isabelle Devaux, Anna Lena Lopez, Jacqueline Deen and David A. Sack

<https://doi.org/10.4269/ajtmh.18-0863>

**Annals of Internal Medicine**

16 April 2019 Vol: 170, Issue 8

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

[Reviewed earlier]

**BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 4 May 2019)

[No new digest content identified]

**BMJ Global Health**

March 2019 - Volume 4 - 2

<https://gh.bmj.com/content/4/2>

[Reviewed earlier]

**BMC Health Services Research**

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

(Accessed 4 May 2019)

[No new digest content identified]

## **BMC Infectious Diseases**

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

(Accessed 4 May 2019)

*Research article*

### **[Anti-Ebola therapy for patients with Ebola virus disease: a systematic review](#)**

*Management of Ebola virus disease (EVD) has historically focused on infection prevention, case detection and supportive care. Several specific anti-Ebola therapies have been investigated, including during the ...*

Authors: James S. Lee, Neill K. J. Adhikari, Henry Y. Kwon, Koren Teo, Reed Siemieniuk, François Lamontagne, Adrienne Chan, Sharmistha Mishra, Srinivas Murthy, Peter Kiiza, Jan Hajek, Elhadj I. Bah, Marie-Claire Lamah, Raymond Kao and Robert A. Fowler

Citation: BMC Infectious Diseases 2019 19:376

Published on: 2 May 2019

*Research article*

### **[Hepatitis B vaccination uptake in hard-to-reach populations in London: a cross-sectional study](#)**

*In the UK, hepatitis B virus (HBV) incidence is associated with migrants from particular high-burden countries and population groups deemed 'hard-to-reach' by standard healthcare services: the homeless, people...*

Authors: Josephine E. B. Taylor, Julian Surey, Jennifer MacLellan, Marie Francis, Ibrahim Abubakar and Helen R. Stagg

Citation: BMC Infectious Diseases 2019 19:372

Published on: 2 May 2019

## **BMC Medical Ethics**

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

(Accessed 4 May 2019)

[No new digest content identified]

## **BMC Medicine**

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

(Accessed 4 May 2019)

[No new digest content identified]

## **BMC Pregnancy and Childbirth**

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

(Accessed 4 May 2019)

[No new digest content identified]

## **BMC Public Health**

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

(Accessed 4 May 2019)

*Research article*

### **Knowledge, attitudes and practices of cervical cancer prevention among Zambian women and men**

*In Zambia, cervical cancer screening was started in 2006 and the human papillomavirus vaccine was piloted in 2013. Nevertheless, cervical cancer remains the leading cancer. It is assumed that knowledge, social...*

Authors: Anayawa Nyambe, Jarl K. Kampen, Stridutt K. Baboo and Guido Van Hal

Citation: BMC Public Health 2019 19:508

Published on: 4 May 2019

*Research article*

### **Effect of an educational intervention on HPV knowledge and attitudes towards HPV and its vaccines among junior middle school students in Chengdu, China**

*Little is known about the knowledge and attitudes towards human papillomavirus (HPV) and its vaccines among adolescents in mainland China. Also, limited information has been available on how to improve their k...*

Authors: Chun-Rong Liu, Hao Liang, Xi Zhang, Chen Pu, Qin Li, Qiao-Ling Li, Fei-Yang Ren and Jing Li

Citation: BMC Public Health 2019 19:488

Published on: 2 May 2019

*Research article*

### **Influenza epidemiology and influenza vaccine effectiveness during the 2016–2017 season in the Global Influenza Hospital Surveillance Network (GIHSN)**

*The Global Influenza Hospital Surveillance Network (GIHSN) aims to determine the burden of severe influenza disease and Influenza Vaccine Effectiveness (IVE). This is a prospective, active surveillance and hos...*

Authors: Víctor Baselga-Moreno, Svetlana Trushakova, Shelly McNeil, Anna Somnina, Marta C. Nunes, Anca Draganescu, Serhat Unal, Parvaiz Koul, Jan Kyncl, Tao Zhang, Ainagul Kuantbayeva, Afif Ben-Salah, Elena Burtseva, Joan Puig-Barberà and Javier Díez-Domingo

Citation: BMC Public Health 2019 19:487

Published on: 2 May 2019

## **BMC Research Notes**

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

(Accessed 4 May 2019)

*Research note*

### **Detection and characterization of polioviruses originating from urban sewage in Yaounde and Douala, Cameroon 2016–2017**

*Transmission of wild polioviruses (WPVs) and vaccine-derived polioviruses (VDPVs) have been interrupted in Cameroon since July 2014. Subsequently, Cameroon withdrew Sabin type 2 from routine immunization in Ap...*

Authors: Daniel Kamga Njile, Serge Alain Sadeuh-Mba, Marie-Claire Endegue-Zanga, Marcellin Nimpa Mengouo, Marlise Dontsop Djoumetio, Franky Baonga Ba Pouth, Ousmane Madiagne Diop and Richard Njouom

Citation: BMC Research Notes 2019 12:248

Published on: 2 May 2019

*Research note*

**Incomplete childhood vaccination and associated factors among children aged 12–23 months in Gondar city administration, Northwest, Ethiopia 2018**

*Despite the fact that immunization services are offered free of charge in Ethiopia but the coverage of complete vaccination is still low. The aim of the study is to determine incomplete vaccination and associa...*

Authors: Ayenew Engida Yismaw, Nega Tezera Assimamaw, Netsanent Habetie Bayu and Shegaye Shumet Mekonen

Citation: BMC Research Notes 2019 12:241

Published on: 29 April 2019

**BMJ Open**

April 2019 - Volume 9 - 4

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

[Reviewed earlier]

**Bulletin of the World Health Organization**

Volume 97, Number 5, May 2019, 309-376

<https://www.who.int/bulletin/volumes/97/5/en/>

*EDITORIALS*

**Providing health care in conflict settings: a call for papers**

— Flavio Salio & Altaf Musani

<http://dx.doi.org/10.2471/BLT.19.232769>

People living in conflict-affected areas incur physical and psychological trauma. They are also vulnerable to disease outbreaks and disruptions in the supply of food and water, medicines and health services. High-quality, accessible medical care is very difficult to provide in such settings. The Geneva Conventions hold warring parties accountable for the provision of care to civilians and combatants. However, these parties may not be willing or able to provide medical assistance to conflict-affected populations. Recent major conflicts, such as in Mosul, Iraq and Al Raqqa, Syrian Arab Republic, have moved health and humanitarian assistance closer to the frontline and challenged the risk-averse approach of traditional responders.

Accountability to affected populations, as defined by the Inter-Agency Standing Committee,<sup>1</sup> requires humanitarian responders to provide quality assistance in a timely manner while upholding best practices. Medical ethics and international humanitarian law also bind health practitioners to an operational and accountability framework. When warring parties fail to provide care and assistance to civilians, there is still an imperative to save lives and reduce suffering.

The recent experiences of humanitarian responders show that operational guidance on the provision of trauma care in conflict settings is needed. These experiences also constitute valuable lessons, from which best practices can be identified and future responses improved. An assessment of response in Mosul found that the “WHO-coordinated efforts helped address critical needs in the provision of trauma care for wounded civilians and saved lives.”<sup>2,3</sup> However, the referral pathway used in this response created a complex system of care that could not be used by all humanitarian actors because of proximity to the frontlines and to military personnel.<sup>2</sup> WHO recognized the operational, technical and ethical dilemmas of the response, trying to balance battlefield care and medical ethics with the humanitarian principles of neutrality, impartiality, humanity and independence.<sup>4</sup> WHO emphasized its role as a provider of last resort, and called for partners to work closer to the frontlines. The debate generated by the referral pathway shows that research is needed on issues of quality of, and access to, timely trauma care, on prevention of attacks on health-care workers, transport, patients and facilities, as well as on outbreak prevention and response.

Most research on trauma care in conflict settings has been done in the context of symmetric warfare, when humanitarian agencies have equal access to all warring parties and the wounded, and where the military is the main provider of care. This research led to changes in care provision at the frontline, where the risk of functional impairment is usually highest. Rapid evacuation from the location of injury to the care facility is needed to save lives and reduce disabilities. Despite hard-won experience gathered by many military, United Nations, nongovernmental, civilian and humanitarian actors, there is very limited research on health-care provision and civilian protection in asymmetric warfare, where humanitarian agencies have no access to one or more warring party.

To build the evidence base for future responses, the *Bulletin of the World Health Organization* encourages submissions to its research, policy-and-practice and lessons-from-the-field sections to shape policy and improve health outcomes in conflict settings.

### **Ensuring access to life-saving medicines as countries shift from Global Fund support**

— Mercedes Tatay & Els Torreele

<http://dx.doi.org/10.2471/BLT.19.234468>

The Global Fund to Fight AIDS, Tuberculosis and Malaria has helped the scale-up of life-saving treatments through affordable, quality-assured medicines and diagnostics. However, faced with stagnating donor health funding,<sup>1</sup> in recent years the Global Fund has revised its allocation model<sup>2</sup> and its sustainability, transitions and co-financing policies.<sup>3</sup>

These policies are driving changes that can have negative implications for people with human immunodeficiency virus (HIV), tuberculosis or malaria. Higher prices of medicines, more use of medicines of unknown quality and more unstable supplies increase the risk of more deaths from these three preventable, treatable diseases, and exacerbate the growing global health challenge of serious drug-resistant infections.<sup>4</sup> The changes also risk undermining opportunities to scale up life-saving innovations. Such innovations include the first new tuberculosis drugs in 40 years,<sup>5</sup> the most effective first-line antiretroviral regimen,<sup>6</sup> and a combination diagnostic platform for HIV, tuberculosis and other pathologies.<sup>7</sup>

The Global Fund’s revised allocation model continues to prioritize countries with the highest disease burdens and lowest incomes, but presses deprioritized countries to more rapidly

mobilize alternative (especially domestic) funds to avoid reversing progress in access to life-saving medicines. Furthermore, the revised sustainability, transitions and co-financing policy requires all countries, even those with the lowest incomes, to increase their co-financing of disease programmes, including through purchasing medicines and diagnostics. Consequently, many countries shift sooner than anticipated from Global Fund-supported procurement mechanisms to national procurement processes. However, the shift to increased national procurement risks sacrificing the lower prices, quality assurance and sustainable supplies that come with Global Fund procurement.

The benefits of Global Fund-supported procurement have been achieved largely through the pooled procurement mechanism for HIV and malaria, and the Global Drug Facility for tuberculosis. These pooled, high-volume orders aggregate demand and have therefore attracted multiple suppliers offering competitive prices. In contrast, single countries need smaller volumes, which fragments demand and draws fewer suppliers or fails to interest manufacturers altogether. National procurement therefore often leaves countries with reduced negotiating power, less competition and higher prices.

Negative effects of these shifts are already apparent in some countries. From October 2016 to October 2018, 21 low- and middle-income countries paid higher prices for tuberculosis drugs and diagnostics than they would have through the Global Drug Facility procurement, while 15 countries shifting to national procurement experienced tuberculosis drug stock-outs.<sup>8</sup>

Another negative consequence of the Global Fund's policy shifts relates to medicine quality. Medicines procured with Global Fund support are approved by the World Health Organization's (WHO) pre-qualification programme or a stringent regulatory authority, such as the United States of America Food and Drug Administration. Most national procurement processes do not require WHO's pre-qualification or regulatory authority approval, and some domestic regulatory authorities may not have the capacity to fully assess the quality and safety of medicines. Therefore, these processes introduce the risk of purchasing products of unknown quality. Between 2016 and 2018, 29 low- and middle-income countries purchased tuberculosis medicines of unknown quality and five purchased diagnostics of unknown quality.<sup>8</sup>

Finally, Global Fund-supported procurement circumvents the problem of pharmaceutical companies failing to register products in countries considered unattractive markets. Without the import waivers given to products procured from the Global Fund, the lack of local registration risks leading to failed tenders and lack of availability, as has already happened in some countries.

We suggest that the Global Fund, its partners and governments should undertake several steps to address this issue. The Global Fund should conduct risk and readiness assessments for countries shifting to national procurement, exempting them from such co-financing commitments if problems are identified. Donor countries should meet funding targets of the Global Fund,<sup>9</sup> support affected countries in establishing strong procurement practices, and fund mechanisms that help countries optimize procurement. Countries should also revise their procurement requirements to allow the use of global and pooled mechanisms for certain life-saving products. Lastly, national tenders should adopt quality assurance requirements.

The Global Fund and WHO's governing bodies could address these issues at their upcoming meetings in May. Their joint action is needed to avoid setbacks in scaling up affordable, quality medical tools that can prevent the deaths of people with HIV, tuberculosis or malaria.

*POLICY & PRACTICE*

**[Fractional-dose inactivated poliovirus vaccine, India](#)**

— Pradeep Haldar, Pankaj Agrawal, Pankaj Bhatnagar, Rajiv Tandon, Sarah McGray, Darin Zehrung, Courtney Jarrahan & Jennifer Foster  
<http://dx.doi.org/10.2471/BLT.18.218370>

**[Access to insulin: applying the concept of security of supply to medicines](#)**

— David Beran, Zafar Mirza & Jicui Dong  
<http://dx.doi.org/10.2471/BLT.18.217612>

**Child Care, Health and Development**

Volume 45, Issue 3 Pages: 313-472 May 2019  
<https://onlinelibrary.wiley.com/toc/13652214/current>  
[Reviewed earlier]

**Clinical Therapeutics**

April 2019 Volume 41, Issue 4, p605-790  
<http://www.clinicaltherapeutics.com/current>  
[Reviewed earlier]

**Clinical Trials**

Volume 16 Issue 2, April 2019  
<https://journals.sagepub.com/toc/ctja/16/2>  
[Reviewed earlier]

**Conflict and Health**

<http://www.conflictandhealth.com/>  
[Accessed 4 May 2019]  
[No new digest content identified]

**Contemporary Clinical Trials**

Volume 80 Pages 1-62 (May 2019)  
<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/80/suppl/C>  
*Research article Abstract only*  
**[Evaluation of worldwide clinical trials by gender: An FDA perspective](#)**  
Emily Ayuso, Ruth J. Geller, Junyang Wang, John Whyte, Marjorie Jenkins  
Pages 16-21  
*Abstract*  
Introduction

The US Food and Drug Administration (FDA) has undertaken efforts to promote representation of women in clinical trials. The objectives of this research are to assess women's participation in clinical trials from a global perspective and to analyze the demographic characteristics of clinical trial participants.

#### Methods

FDA's Center for Drug Evaluation and Research-Professional Affairs and Stakeholder Engagement (CDER/PASE) and Office of Women's Health (OWH) collaborated to evaluate demographic data (race, ethnicity, gender, and age) of pivotal trials of New Molecular Entities (NMEs) approved in 2015–2016 by geographic location. One hundred fifty-four pivotal clinical trials supporting 66 NMEs were identified, and the research team analyzed demographic characteristics of 131,749 participants from 70 countries.

#### Results

U.S. sites contributed 31% of the 131,749 study participants. On the country level, the United States contributed the largest number of participants and other individual countries contributed 5% or less of the total trial population. Overall, 43% (n = 56,272) of the 131,747 clinical trial participants were women. Of the 40,833 U.S. participants, 49% were women as compared to 40% of the 90,914 non-U.S. participants. Similar levels of participation were seen after the exclusion of sex-specific drug indications, and by therapeutic area for U.S. and non-U.S. sites.

#### Conclusions

Clinical trials are becoming increasingly multi-national, and the increasing representation of women across countries is promising. FDA approval processes ensure that global data used in the drug approval process meets regulatory standards and that data can be generalized to the U.S. population.

### **Current Opinion in Infectious Diseases**

June 2019 - Volume 32 - Issue 3

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

[New issue; No digest content identified]

### **Developing World Bioethics**

Volume 19, Issue 1 Pages: 1-60 March 2019

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

[Reviewed earlier]

### **Development in Practice**

Volume 29, Issue 4, 2019

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

[Reviewed earlier]

### **Disasters**

Volume 43, Issue S3 Pages: S231-S411 April 2019

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

***Special Issue: Resilience from the Ground Up***

[New issue; No digest content identified]

### **EMBO Reports**

Volume 20, Number 4 01 April 2019

<http://embor.embopress.org/content/20/4?current-issue=y>

[Reviewed earlier]

### **Emerging Infectious Diseases**

Volume 25, Number 4—April 2019

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

[Reviewed earlier]

### **Epidemics**

Pages 1-134 (March 2019)

<https://www.sciencedirect.com/journal/epidemics/vol/26/suppl/C>

[Reviewed earlier]

### **Epidemiology and Infection**

Volume 147 - 2019

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

[Reviewed earlier]

### **Ethics & Human Research**

Volume 41, Issue 2 Pages: 1-40 March-April 2019

<https://onlinelibrary.wiley.com/journal/25782363>

***The Scientific Value and Validity of Research***

[Reviewed earlier]

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

Volume 29, Issue 2, April 2019

<https://academic.oup.com/eurpub/issue/29/2>

[Reviewed earlier]

### **Genome Medicine**

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

[Accessed 24 Nov 2018]

[No new digest content identified]

### **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. 7, No. 1 March 22, 2019

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

[Reviewed earlier]

### **Global Public Health**

Volume 14, 2019 Issue 5

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

[Reviewed earlier]

### **Globalization and Health**

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

[Accessed 24 Nov 2018]

[No new digest content identified]

### **Health Affairs**

Vol. 38 , No. 4 April 2019

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

***Physicians, Medicare & More***

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

[Reviewed earlier]

### **Health and Human Rights**

Volume 20, Issue 2, December 2018

<https://www.hhrjournal.org/volume-20-issue-2-december-2018/>

***Issue 20.2 features a special section: Special Section on Human Rights and the Social Determinants of Health and a General Papers section***

[Reviewed earlier]

### **Health Economics, Policy and Law**

Volume 14 - Special Issue 2 - April 2019

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

***SPECIAL ISSUE: Frontiers of Health Policy Research***

If the enhancement of human freedom is both the main object and the primary means to development (Sen, 1999), then good individual and population health are both ends and means to development and freedom in all countries, regardless of their current ranking on the Human Development Index or other indexes on wealth, prosperity and well-being...

This special issue on the 'frontiers in health policy research' focuses attention on three distinct areas of inquiry. One set of papers analyses efforts to improve the quality of care and increase the value of care that health systems purchase. A second set of articles focuses on issues of

health behaviour and social determinants of health. Finally, the third set of articles presents differing views on how to predict the adequacy of supply of medical professionals. The range of these articles illustrates, not only the exciting breadth of health policy research, but the degree to which scholars within this field are addressing issues of high importance to policy makers around the world. We think it is fair to claim that all of the articles address issues that are on the 'frontier' of health policy in the sense that they attempt to provide answers to questions that policy makers around the world are currently grappling with...

### **Health Equity**

Volume 2, Issue 1 / December 2018

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

[Reviewed earlier]

### **Health Policy and Planning**

Volume 33, Issue 10, 1 December 2018

<https://academic.oup.com/heapol/issue/33/10>

[Reviewed earlier]

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

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

[Accessed 4 May 2019]

[No new digest content identified]

### **Humanitarian Exchange Magazine**

Number 74, February 2019

<https://odihpn.org/magazine/communication-community-engagement-humanitarian-response/>

#### ***Communication and community engagement in humanitarian response***

This edition of Humanitarian Exchange, co-edited with Charles-Antoine Hofmann from the UN Children's Fund (UNICEF), focuses on communication and community engagement. Despite promising progress, coherent and coordinated information is still not provided systematically to affected communities, and humanitarian responses take insufficient account of the views and feedback of affected people. In 2017, UNICEF, the International Federation of Red Cross and Red Crescent Societies (IFRC), the UN Office for the Coordination of Humanitarian Affairs (OCHA) and other partners came together under the auspices of the Communicating with Disaster Affected Communities (CDAC) Network to establish the Communication and Community Engagement (CCE) initiative, which aims to organise a collective service for communications and community engagement. The articles in this edition take stock of efforts to implement this initiative.

Drawing on lessons from 23 Peer 2 Peer Support missions, [Alice Chatelet and Meg Sattler](#) look at what's needed to integrate CCE into the humanitarian architecture. [Viviane Lucia Fluck and Dustin Barter](#) discuss the institutional and practical barriers to implementing community feedback mechanisms. [Bronwyn Russel](#) analyses the performance of the Nepal inter-agency common feedback project; [Justus Olielo and Charles-Antoine Hofmann](#) outline the challenges of

establishing common services in Yemen; and [Gil Francis Arevalo](#) reports on community engagement in preparedness and response in the Philippines. [Ian McClelland and Frances Hill](#) discuss emerging findings from a strategic partnership in the Philippines between the Humanitarian Innovation Fund and the Asian Disaster Reduction and Response Network.

[Charlotte Lancaster](#) describes how call centres in Afghanistan and Iraq are enhancing two-way communication with crisis-affected people. [Mia Marzotto](#) from Translators without Borders reflects on the importance of language and translation in communication and community engagement, and [Ombretta Baggio and colleagues](#) report on efforts to bring community perspectives into decision-making during an Ebola outbreak in the Democratic Republic of Congo. [Ayo Degett](#) highlights emerging findings from a Danish Refugee Council project on participation in humanitarian settings, and [Jeff Carmel and Nick van Praag](#) report on the Listen Learn Act (LLA) project. [Geneviève Cyvoct and Alexandra T. Warner](#) write on an innovative common platform to track the views of affected people in Chad. The edition ends with an article by [Stewart Davies](#) on collective accountability in the response to the Central Sulawesi earthquake.

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

Volume 15, Issue 3, 2019

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

[Reviewed earlier]

### **Infectious Agents and Cancer**

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

[Accessed 4 May 2019]

[No new digest content identified]

### **Infectious Diseases of Poverty**

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

[Accessed 4 May 2019]

*Commentary*

| 28 April 2019

#### **[Greater political commitment needed to eliminate malaria](#)**

Authors: Minghui Ren

*Abstract*

Malaria-related mortality has a very high association with poverty rates, and the disease is most prevalent in low- and middle-income countries. To achieve the malaria-specific targets of the Sustainable Development Goals, malaria-endemic countries and development partners need to take concerted action to reduce malaria cases and deaths. Reaching all affected communities with malaria interventions requires strong political commitment and a significant expansion of international and domestic financial resources. World Malaria Day 2019 is an opportunity to review progress and challenges in this field.

### **International Health**

Volume 11, Issue 3, May 2019  
<http://inthealth.oxfordjournals.org/content/current>  
[Reviewed earlier]

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

Vol 6, No 5 (2019) May 2019  
<https://www.ijcmph.com/index.php/ijcmph/issue/view/50>  
[Reviewed earlier]

**International Journal of Epidemiology**

Volume 48, Issue 2, April 2019  
<https://academic.oup.com/ije/issue/48/2>  
[Reviewed earlier]

**International Journal of Human Rights in Healthcare**

Volume 12 Issue 2 2019  
<https://www.emeraldinsight.com/toc/ijhrh/12/2>  
[Reviewed earlier]

**International Journal of Infectious Diseases**

April 2019 Volume 81, p1-254  
[https://www.ijidonline.com/issue/S1201-9712\(19\)X0004-1](https://www.ijidonline.com/issue/S1201-9712(19)X0004-1)  
*Original Reports*

**[Carriage of penicillin-non-susceptible pneumococci among children in northern Tanzania in the 13-valent pneumococcal vaccine era](#)**

Matilda Emgård, Sia E. Msuya, Balthazar M. Nyombi, Dominic Mosha, Lucia Gonzales-Siles, Rickard Nordén, Shadi Geravandi, Victor Mosha, Josefine Blomqvist, Sofie Franzén, Fredrika Sahlgren, Rune Andersson, Susann Skovbjerg  
p156–166  
Published online: January 24, 2019

**JAMA**

April 23/30, 2019, Vol 321, No. 16, Pages 1547-1642  
<http://jama.jamanetwork.com/issue.aspx>  
[Reviewed earlier]

**JAMA Pediatrics**

April 2019, Vol 173, No. 4, Pages 303-404  
<http://archpedi.jamanetwork.com/issue.aspx>  
[Reviewed earlier]

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

April 2019 - Volume 17 - Issue 4

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

[Reviewed earlier]

**Journal of Adolescent Health**

April 2019 Volume 64, Issue 4, Supplement, S1-S66

[https://www.jahonline.org/issue/S1054-139X\(19\)X0002-6](https://www.jahonline.org/issue/S1054-139X(19)X0002-6)

***Advancing Social Norms Practice for Adolescent and Youth Sexual and Reproductive Health: The Why and the How***

Edited by Jeffrey B. Bingenheimer

[New issue; No digest content identified]

**Journal of Community Health**

Volume 44, Issue 2, April 2019

<https://link.springer.com/journal/10900/44/2>

[Reviewed earlier]

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

Volume 14 Issue 2, April 2019

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

[Reviewed earlier]

**Journal of Epidemiology & Community Health**

April 2019 - Volume 73 - 4

<https://jech.bmj.com/content/73/4>

[Reviewed earlier]

**Journal of Evidence-Based Medicine**

Volume 12, Issue 1 Pages: 1-88 February 2019

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

[Reviewed earlier]

**Journal of Global Ethics**

Volume 15, Issue 1, 2019

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

***Special Issue: Indian Global Ethics Initiative***

[Reviewed earlier]

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

Volume 30, Number 1, February 2019

<https://muse.jhu.edu/issue/39946>

***Black History Month Themes***

[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 21, Issue 2, April 2019

<https://link.springer.com/journal/10903/21/2>

[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 17, 2019\_ Issue 2

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

*Editorial*

**Governing Irregular and Return Migration in the 2020s: European Challenges and Asian Pacific Perspectives**

Anna Triandafyllidou & Alexandra Ricard-Guay

Pages: 115-127

Published online: 23 Feb 2019

**Journal of Infectious Diseases**

Volume 217, Issue 11, 4 May 2019

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

[Reviewed earlier]

**Journal of Medical Ethics**

April 2019 - Volume 45 - 4

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

[Reviewed earlier]

**Journal of Medical Internet Research**

Vol 21, No 3 (2019): March

<https://www.jmir.org/2019/3>

[Reviewed earlier]

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

Volume 6, Issue 2 (2019)

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

[New issue; No digest content identified]

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

Volume 8, Issue 1, March 2019

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

[Reviewed earlier]

### **Journal of Pediatrics**

April 2019 Volume 207, p1-270

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

[Reviewed earlier]

### **Journal of Pharmaceutical Policy and Practice**

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

[Accessed 4 May 2019]

[No new digest content identified]

### **Journal of Public Health Management & Practice**

May/June 2019 - Volume 25 - Issue 3

<https://journals.lww.com/jphmp/pages/currenttoc.aspx>

*Research Full Report*

#### **[Varicella Vaccination Among US Adolescents: Coverage and Missed Opportunities, 2007-2014](#)**

Leung, Jessica; Reagan-Steiner, Sarah; Lopez, Adriana; More

Journal of Public Health Management and Practice. 25(3):E19-E26, May/June 2019.

### **Journal of Public Health Policy**

Volume 40, Issue 1, March 2019

<https://link.springer.com/journal/41271/40/1>

[Reviewed earlier]

### **Journal of Refugee & Global Health**

Volume 2, Issue 1 (2019)

<https://ir.library.louisville.edu/rgh/>

[Reviewed earlier]

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

6 February 2019 Volume 16 Issue 151

<https://royalsocietypublishing.org/toc/rsif/16/151>

[Reviewed earlier]

### **Journal of Travel Medicine**

Volume 26, Issue 2, 2019

<https://academic.oup.com/jtm/issue/26/2>

*Editorial*

## **Venezuela's migration crisis: a growing health threat to the region requiring immediate attention**

Jaime R Torres; Julio S Castro

Journal of Travel Medicine, Volume 26, Issue 2, 2019, tay141,  
<https://doi.org/10.1093/jtm/tay141>

As Venezuela's humanitarian crisis worsens, Venezuelans are fleeing massively. South American countries unprepared to receiving such large migration flows, are struggling to respond to the needs of this population. Risk of spillover of various infectious diseases from Venezuela to other countries is a real health threat that requires immediate attention...

## **Definitions matter: migrants, immigrants, asylum seekers and refugees**

P Douglas; M Cetron; P Spiegel

Journal of Travel Medicine, Volume 26, Issue 2, 2019, taz005,  
<https://doi.org/10.1093/jtm/taz005>

"Migrants can be defined in legal, administrative, research and statistical perspectives. While the term refugee is clear, migrants are a heterogeneous group with a lack of consensus in the definition. This means that the public perception of states being flooded with "migrants" in a world where national borders are disappearing, leads to the humanitarian aspects to migration being diluted. As health professionals clarity around the different migrant groups assists in the manner we undertake work and our advocacy role."

## **Embracing the challenges of migration medicine**

Christina Greenaway, MD, MSc; Francesco Castelli, MD, FRCP (Lond), FFTM RCPS (Glasg), FESCMID

Journal of Travel Medicine, Volume 26, Issue 2, 2019, taz009,  
<https://doi.org/10.1093/jtm/taz009>

International migration is a global phenomenon that is growing in scope, complexity and impact. Migrants have several health disparities and promoting migrant health is increasingly recognized as a global public health priority. At this critical point in history we have the responsibility and opportunity to promote the health of the migrant population and to present a positive migrant narrative. This process has started and we need to continue the momentum.

### *Perspective*

## **Enhancing the health and safety of migrant workers**

Yuka Ujita, MD, PhD; Paul J Douglas, MBBS, FRACMA; Masatoki Adachi, MD, MSc

Journal of Travel Medicine, Volume 26, Issue 2, 2019, tay161,  
<https://doi.org/10.1093/jtm/tay161>

Migrant workers typically commence the migration process as healthy individuals. However, diverse circumstances throughout migration cycle may render them highly vulnerable to poor physical and mental health outcome. This Perspective explores current data, global health policies regarding health of migrant workers, and roles travel health providers can play.

### *Review*

## **Reducing infectious disease inequities among migrants**

Anita E Heywood, BSc., MPH, PhD; Rogelio López-Vélez, MD, PhD, DTM&H, Assoc. Prof

Journal of Travel Medicine, Volume 26, Issue 2, 2019, tay131,  
<https://doi.org/10.1093/jtm/tay131>

### **[Infectious diseases at different stages of migration: an expert review](#)**

Christina Greenaway, MD, MSc; Francesco Castelli, MD, FRCP (Lond), FFTM RCPS (Glasg), FESCMID

Journal of Travel Medicine, Volume 26, Issue 2, 2019, taz007,  
<https://doi.org/10.1093/jtm/taz007>

### **Journal of Virology**

April 2019; Volume 93, Issue 8

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

[Reviewed earlier]

### **The Lancet**

May 04, 2019 Volume 393 Number 10183 p1773-1910

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

*Comment*

#### **[Local trends in immunisation coverage across Africa](#)**

Alexandre de Figueiredo, Fredrick Were

... In *The Lancet*, Jonathan Mosser and colleagues<sup>7</sup> report estimates of diphtheria-pertussis-tetanus (DPT) vaccine coverage across the African continent at highly localised scales. With use of large-scale public health data from 49 African countries between 2000 and 2016, the authors identified local heterogeneities in DPT coverage and dropout between the first (DPT1) and third (DPT3) doses of the programme. The authors highlighted regions with persistently low coverage and high vaccine dropout rates and assessed coverage with a focus on the 80% coverage target for administrative-level units set by the Global Vaccine Action Plan (GVAP). Although geospatial models have been used previously for subnational coverage estimation in Africa,<sup>8</sup> this analysis represents a major leap in both the breadth (a continental analysis) and the volume of data used.

Mosser and colleagues used almost 1 million immunisation records from 49 African countries by use of 183 household surveys hosted at the Global Health Data Exchange. Local coverage estimates were obtained with a Bayesian geostatistical model allowing coverage to be inferred at spatiotemporal points across Africa. Through this inference of yearly, spatially resolved estimates, Mosser and colleagues revealed novel insights in the geographical distribution of DPT coverage across Africa...

*Articles*

#### **[Mapping diphtheria-pertussis-tetanus vaccine coverage in Africa, 2000–2016: a spatial and temporal modelling study](#)**

Jonathan F Mosser, William Gagne-Maynard, Puja C Rao, Aaron Osgood-Zimmerman, Nancy Fullman, Nicholas Graetz, Roy Burstein, Rachel L Updike, Patrick Y Liu, Sarah E Ray, Lucas Earl, Aniruddha Deshpande, Daniel C Casey, Laura Dwyer-Lindgren, Elizabeth A Cromwell, David M Pigott, Freya M Shearer, Heidi Jane Larson, Daniel J Weiss, Samir Bhatt, Peter W Gething, Christopher J L Murray, Stephen S Lim, Robert C Reiner Jr, Simon I Hay

*Open Access*

*The Lancet Commissions*

## **The legal determinants of health: harnessing the power of law for global health and sustainable development**

Lawrence O Gostin, John T Monahan, Jenny Kaldor, Mary DeBartolo, Eric A Friedman, Katie Gottschalk, Susan C Kim, Ala Alwan, Agnes Binagwaho, Gian Luca Burci, Luisa Cabal, Katherine DeLand, Timothy Grant Evans, Eric Goosby, Sara Hossain, Howard Koh, Gorik Ooms, Mirta Roses Periago, Rodrigo Uprimny, Alicia Ely Yamin

Key messages

- 1 Law affects global health in multiple ways, by structuring, perpetuating, and mediating the social determinants of health.
- 2 Although law has been central to major public health achievements in the past, its capacity to advance global health with justice remains substantially underutilised, particularly among professionals in the fields of health and science.
- 3 The right to health, a legally binding norm, provides a foundation for advancing global health with justice and should underpin health-related legal reforms.
- 4 Every human being has a right to affordable, high quality health services. By embedding equity and accountability in all health systems, the law and the rule of law can achieve health coverage that is truly universal—delivering the Sustainable Development Goals' promise to leave no one behind.
- 5 Although the ability to enforce compliance with international legal obligations is generally limited, and largely dependent on power dynamics and political will, creative mechanisms can foster compliance and help establish impetus for action.
- 6 Law can address the pressing health concerns of the 21st century, across diverse areas. From tobacco control, non-communicable diseases, and road safety, to health emergencies, law can implement fair, evidence-based interventions to save lives. The global health community should champion evidence-based legal interventions and build the research case for legal action.
- 7 Laws that stigmatise or discriminate against marginalised populations are especially harmful and exacerbate health disparities. The global health community must oppose laws that undermine the right to health and to equity.
- 8 To realise the full potential of law to advance global health with justice, the global health community should build legal capacity and establish a sustained dialogue with legislators, regulators, judges, civil society, and researchers.

### **The Lancet Child & Adolescent Health**

May 2019 Volume 3 Number 5 p281-364

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

Editorial

### **Vaccine hesitancy: a generation at risk**

The Lancet Child & Adolescent Health

...Vaccine hesitancy is threatening the historical achievements made in reducing the burden of infectious diseases, which have plagued humanity for centuries. Only a collaborative effort between paediatricians, family doctors, parents, public health officials, governments, the technology sector, and civil society will allow myths and misinformation around vaccination to be dispelled. If we fail, the future health of unvaccinated children and their communities will suffer greatly.

### **Lancet Global Health**

Apr 2019 Volume 7 Number 4 e385-e532

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

[Reviewed earlier]

### **Lancet Infectious Diseases**

May 2019 Volume 19 Number 5 p449-558, e148-e186

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

[Reviewed earlier]

### **Lancet Respiratory Medicine**

May 2019 Volume 7 Number 5 p365-464, e16

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

[New issue; No digest content identified]

### **Maternal and Child Health Journal**

Volume 23, Issue 5, May 2019

<https://link.springer.com/journal/10995/23/5>

[New issue; No digest content identified]

### **Medical Decision Making (MDM)**

Volume 39 Issue 3, April 2019

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

[Reviewed earlier]

### **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

Volume 97, Issue 1 Pages: 1-367 March 2019

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

[Reviewed earlier]

### **Nature**

Volume 569 Issue 7754, 2 May 2019

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

*Editorial* | 01 May 2019

#### **Build a sustainable Belt and Road**

China's vast Belt and Road Initiative [BRI] is on course to reshape research in the global south. Science leaders everywhere must work to make it transparent, green and free of conflicts of interest.... The BRI is the single largest project to build infrastructure worldwide since the Marshall Plan to rebuild Europe after the Second World War. Even conservative estimates suggest that the total cost will run to around US\$1 trillion...

World View | 25 April 2019

### **How to shape research to advance global health**

*Soumya Swaminathan explains how the World Health Organization's new science division can promote universal health coverage in all countries.*

Soumya Swaminathan

### **Nature Biotechnology**

Volume 37 Issue 5, May 2019

<https://www.nature.com/nbt/volumes/37/issues/5>

[New issue; No digest content identified]

### **Nature Genetics**

Volume 51 Issue 5, May 2019

<https://www.nature.com/ng/volumes/51/issues/5>

*Editorial* | 01 May 2019

### **Advancing cancer genomics**

The field of cancer genomics is currently in an exciting and fast-paced era. With advances in sequencing technologies, computational approaches and tumor models, understanding of cancer processes is at an all-time high, and the application of new methods to studying cancer holds great promise for developing important breakthroughs in cancer treatment and prevention.

### **Nature Medicine**

Volume 25 Issue 4, April 2019

<https://www.nature.com/nm/volumes/25/issues/4>

[Reviewed earlier]

### **Nature Reviews Genetics**

Volume 20 Issue 5, May 2019

<https://www.nature.com/nrg/volumes/20/issues/4>

[Reviewed earlier]

### **Nature Reviews Immunology**

Volume 19 Issue 5, May 2019

<https://www.nature.com/nri/volumes/19/issues/5>

[New issue; No digest content identified]

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

May 2, 2019 Vol. 380 No. 18

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

[New issue; No digest content identified]

## **Pediatrics**

May 2019, VOLUME 143 / ISSUE 5

<https://pediatrics.aappublications.org/content/143/4?current-issue=y>

*Articles*

### **Postvaccination Febrile Seizure Severity and Outcome**

Lucy Deng, Heather Gidding, Kristine Macartney, Nigel Crawford, Jim Buttery, Michael Gold, Peter Richmond, Nicholas Wood

Pediatrics May 2019, 143 (5) e20182120; DOI: 10.1542/peds.2018-2120

This prospective cohort study is used to examine FSs in children aged  $\leq 6$  years in Australia, comparing severity and outcomes of VP-FSs to NVP-FSs.

### **Missed Opportunities for Rotavirus Vaccination**

Bethany K. Sederdahl, Walter A. Orenstein, Jumi Yi, Evan J. Anderson, Robert A. Bednarczyk  
Pediatrics May 2019, 143 (5) e20182498; DOI: 10.1542/peds.2018-2498

Using the 2014 NIS, we describe risk factors for being unvaccinated for rotavirus as well as missed opportunities for rotavirus vaccination.

## **Pharmaceutics**

Volume 11, Issue 4 (April 2019)

<https://www.mdpi.com/1999-4923/11/4>

[New issue; No digest content identified]

## **PharmacoEconomics**

April 2019, Issue 4, Pages 447-625

<https://link.springer.com/journal/volumesAndIssues/40273>

***Themed Issue : Measuring Family Spillover Effects of Illness***

[Reviewed earlier]

## **PharmacoEconomics & Outcomes News**

Volume 826, Issue 1, April 2019

<https://link.springer.com/journal/40274/826/1>

[Reviewed earlier]

## **PLoS Genetics**

<https://journals.plos.org/plosgenetics/>

[No new digest content identified]

## **PLoS Medicine**

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

(Accessed 4 May 2019)

*Editorial*

## **[Addressing critical needs in the fight to end tuberculosis with innovative tools and strategies](#)**

Mark Hatherill, Richard E. Chaisson, Claudia M. Denkinger  
| published 30 Apr 2019 PLOS Medicine  
<https://doi.org/10.1371/journal.pmed.1002795>

*Research Article*

### **[Evaluation of a social protection policy on tuberculosis treatment outcomes: A prospective cohort study](#)**

*Tuberculosis (TB) still represents a major public health problem in Latin America, with low success and high default rates. Poor adherence represents a major threat for TB control and promotes emergence of drug-resistant TB. Expanding social protection programs could have a substantial effect on the global burden of TB; however, there is little evidence to evaluate the outcomes of socioeconomic support interventions. This study evaluated the effect of a conditional cash transfer (CCT) policy on treatment success and default rates in a prospective cohort of socioeconomically disadvantaged patients.*

Karen Klein, Maria Paula Bernachea, Sarah Iribarren, Luz Gibbons, Cristina Chirico, Fernando Rubinstein  
| published 30 Apr 2019 PLOS Medicine  
<https://doi.org/10.1371/journal.pmed.1002788>

## **PLoS Neglected Tropical Diseases**

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

(Accessed 4 May 2019)

[No new digest content identified]

## **PLoS One**

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

[Accessed 4 May 2019]

*Research Article*

### **[The Cost-Effectiveness and Value of Information of Three Influenza Vaccination Dosing Strategies for Individuals with Human Immunodeficiency Virus](#)**

Bohdan Nosyk, Behnam Sharif, Huiying Sun, Curtis Cooper, Aslam H. Anis, on behalf of the CIHR Canadian HIV Trials Network Influenza Vaccine Research Group  
Research Article | published 06 Dec 2011 PLOS ONE  
<https://doi.org/10.1371/journal.pone.0027059>

## **[Seasonal influenza: Knowledge, attitude and vaccine uptake among adults with chronic conditions in Italy](#)**

Gaia Bertoldo, Annalisa Pesce, Angela Pepe, Concetta Paola Pelullo, Gabriella Di Giuseppe, The Collaborative Working Group  
Research Article | published 01 May 2019 PLOS ONE  
<https://doi.org/10.1371/journal.pone.0215978>

## **[Cost-effectiveness of increased influenza vaccination uptake against readmissions of major adverse cardiac events in the US](#)**

Samuel K. Peasah, Martin I. Meltzer, Michelle Vu, Danielle L. Moulia, Carolyn B. Bridges  
Research Article | published 29 Apr 2019 PLOS ONE  
<https://doi.org/10.1371/journal.pone.0213499>

## **PLoS Pathogens**

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

[Accessed 4 May 2019]

[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 4 May 2019]

### **[Ebola vaccination in the Democratic Republic of the Congo](#)**

Chad R. Wells, Abhishek Pandey, Alyssa S. Parpia, Meagan C. Fitzpatrick, Lauren A. Meyers, Burton H. Singer, and Alison P. Galvani

PNAS first published April 29, 2019. <https://doi.org/10.1073/pnas.1817329116>

#### *Significance*

Using a spatial model that incorporates human mobility, poverty, and population density, we assessed the effectiveness of the vaccination program that was implemented during the 2018 Ebola outbreak in the Democratic Republic of the Congo. Our results demonstrate that even modest delays in initiating vaccination would have markedly eroded the impact of the program. The methodology we present has applicability for identifying areas at risk during outbreaks of other emerging and reemerging diseases, which is imperative for swift control.

#### *Abstract*

Following the April 2018 reemergence of Ebola in a rural region of the Democratic Republic of the Congo (DRC), the virus spread to an urban center by early May. Within 2 wk of the first case confirmation, a vaccination campaign was initiated in which 3,017 doses were administered to contacts of cases and frontline healthcare workers. To evaluate the spatial dynamics of Ebola transmission and quantify the impact of vaccination, we developed a geographically explicit model that incorporates high-resolution data on poverty and population density. We found that while Ebola risk was concentrated around sites initially reporting infections, longer-range dissemination also posed a risk to areas with high population density and poverty. We estimate that the vaccination program contracted the geographical area at risk for Ebola by up to 70.4% and reduced the level of risk within that region by up to 70.1%. The early implementation of vaccination was critical. A delay of even 1 wk would have reduced these effects to 33.3 and 44.8%, respectively. These results underscore the importance of the rapid deployment of Ebola vaccines during emerging outbreaks to containing transmission and preventing global spread. The spatiotemporal framework developed here provides a tool for identifying high-risk regions, in which surveillance can be intensified and preemptive control can be implemented during future outbreaks.

## **Prehospital & Disaster Medicine**

Volume 34 - Issue 2 - April 2019

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

*Comprehensive Review*

## **The Challenges of the Health Care Providers in Refugee Settings: A Systematic Review**

Nurtaç Kavukcu, Kerim Hakan Altıntaş

<https://doi.org/10.1017/S1049023X19000190>

Published online: 10 April 2019, pp. 188-196

All over the world, migration is affecting millions of people who either choose or are forced to leave their countries of origin. Health is considered to be one of the important aspects of migration that is highly influenced by the circumstances created by mobility within or across countries. In the context of forced migration, it is well-established that refugees are susceptible to various diseases and other health conditions which might occur or deteriorate based on the health systems and health care provision in receiving countries. There is a considerable amount of research on the challenges encountered by refugees in receiving countries, in terms of health care systems and services. However, there seems to be little focus on the health care providers' perspectives of the challenges in health care provision in refugee settings. This review aims to explore some of the articles discussing the challenging issues surrounding refugee health from a provider's perspective.

### **Preventive Medicine**

Volume 121 Pages 1-166 (April 2019)

<https://www.sciencedirect.com/journal/preventive-medicine/vol/121/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**

Volume 169 Pages 1-202, A1-A2 (April 2019)

<https://www.sciencedirect.com/journal/public-health/vol/169/suppl/C>

[Reviewed earlier]

### **Public Health Ethics**

Volume 12, Issue 1, April 2019

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

[Reviewed earlier]

### **Public Health Reports**

Volume 134 Issue 2, March/April 2019

<https://journals.sagepub.com/toc/phrg/134/2>

[Reviewed earlier]

### **Qualitative Health Research**

Volume 29 Issue 6, May 2019

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

[Reviewed earlier]

### **Research Ethics**

Volume 15 Issue 2, April 2019

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

[Reviewed earlier]

### **Reproductive Health**

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

[Accessed 4 May 2019]

[No new digest content identified]

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

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

*Latest Articles*

[No new digest content identified]

### **Risk Analysis**

Volume 39, Issue 5 Pages: 957-1191 May 2019

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

*Perspectives*

**[Expert Views on Their Role as Policy Advisor: Pilot Study for the Cases of Electromagnetic Fields, Particulate Matter, and Antimicrobial Resistance](#)**

[Pita Spruijt](#), [Anne B. Knol](#), [Arthur C. Petersen](#), [Erik Lebet](#)

Pages: 968-974

First Published: 31 October 2018

### **Risk Management and Healthcare Policy**

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

[No new digest content identified]

### **Science**

03 May 2019 Vol 364, Issue 6439

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

[New issue; No digest content identified]

## **Science Translational Medicine**

01 May 2019 Vol 11, Issue 490

[New issue; No digest content identified]

## **Social Science & Medicine**

Volume 226 Pages 1-274 (April 2019)

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/226/suppl/C>

[Reviewed earlier]

## **Systematic Reviews**

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

[Accessed 4 May 2019]

[No new digest content identified]

## **Travel Medicine and Infectious Diseases**

Volume 28 Pages 1-120 (March–April 2019)

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

[Reviewed earlier]

## **Tropical Medicine & International Health**

Volume 24, Issue 5 Pages: i-iv, 503-656 May 2019

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

*Reviews*

*Open Access*

**[Evidence for causal links between education and maternal and child health: systematic review](#)**

Barbara S. Mensch, Erica K. Chuang, Andrea J. Melnikas, Stephanie R. Psaki

Pages: 504-522

First Published: 15 February 2019

## **Vaccine**

Volume 37, Issue 20 Pages 2643-2764 (6 May 2019)

<https://www.sciencedirect.com/journal/vaccine/vol/37/issue/20>

*Conference info Abstract only*

**[Maternal interventions vigilance harmonization in low- and middle-income countries: Stakeholder meeting report; Amsterdam, May 1–2, 2018](#)**

Ajoke Sobanjo-ter Meulen, Flor M. Munoz, David C. Kaslow, Keith P. Klugman, ... Andy Stergachis

Pages 2643-2650

*Short communication Abstract only*

**[Trends and spatial distribution of MMR vaccine coverage in Brazil during 2007–2017](#)**

Flávia C. Pacheco, Giovanni V.A. França, Guilherme A. Elidio, Carla Magda Allan S. Domingues,  
... Dirce B. Guilhem  
Pages 2651-2655

*Research article Abstract only*

**Vaccine-preventable diseases and immunisation coverage among migrants and non-migrants worldwide: A scoping review of published literature, 2006 to 2016**

Nadia A. Charania, Nina Gaze, Janice Y. Kung, Stephanie Brooks  
Pages 2661-2669

*Research article Abstract only*

**Influenza in Latin America: A report from the Global Influenza Initiative (GII)**

Angela Gentile, John Paget, Nancy Bellei, Juan Pablo Torres, ... Stanley Plotkin  
Pages 2670-2678

*Research article Abstract only*

**Determinants of satisfaction with information and additional information-seeking behaviour for the pertussis vaccination given during pregnancy**

Richard M. Clarke, Pauline Paterson, Miroslav Sirota  
Pages 2712-2720

*Research article Abstract only*

**A qualitative study of vaccination behaviour amongst female Polish migrants in Edinburgh, Scotland**

D.R. Gorman, K. Bielecki, L.J. Willocks, K.G. Pollock  
Pages 2741-2747

*Research article Abstract only*

**A complementary approach to the vaccination promotion continuum: An immunization-specific motivational-interview training for nurses**

Arnaud Gagneur, Julie Bergeron, Virginie Gosselin, Anne Farrands, Geneviève Baron  
Pages 2748-2756

**Vaccines — Open Access Journal**

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

(Accessed 4 May 2019)

[No new digest content identified]

**Value in Health**

April 2019 Volume 22, Issue 4, p385-502

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

[Reviewed earlier]

**Viruses**

Volume 11, Issue 4 (April 2019)

<https://www.mdpi.com/1999-4915/11/4>  
[New issue; No digest content identified]

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

**PloS one**

[25 Apr 2019, 14(4):e0215251]

**Influenza vaccination of pregnant women in Paris, France: Knowledge, attitudes and practices among midwives.**

P Loubet, C Nguyen, E Burnet, O Launay -

*Abstract*

INTRODUCTION: In France, midwives have been authorized to prescribe vaccines since 2016. Yet vaccination coverage among pregnant women remains low. Understanding the knowledge, attitudes and practices of midwives regarding influenza vaccination could help improve coverage.

METHODS: A cross-sectional survey was conducted in 2017 among midwives practicing in the public and private sectors in Paris using an online questionnaire. Multivariate logistic regression analysis of the data was conducted.

RESULTS: The response rate was 31% (n = 208/669). Overall, knowledge of influenza vaccine recommendations and of vaccine safety and effectiveness was high except regarding new-born immunity and influenza vaccine characteristics. Only 10% of midwives systematically prescribed the vaccine. Reported influenza vaccine uptake among midwives was 39%.

CONCLUSION: Efforts to improve the knowledge of midwives regarding the safety and effectiveness of vaccinating pregnant women in order to prevent influenza infection in newborns are necessary. Increasing vaccine uptake in both midwives and pregnant women will require adjusting education strategies.

**International Journal of Community Medicine and Public Health (IJCMPH)**

Vol 6, No 5 (2019)

*Original Research Articles*

**A retrospective study on timeliness of vaccination among children aged 0 to 23 months in a rural area of Pondicherry**

P Subbiah, A Rajagopal, VK Chavada, KP Vasudevan

*Abstract*

Background: Immunization is the cost-effective public health intervention that prevents and protects against vaccine preventable diseases. The objective was to estimate the timeliness in receiving age appropriate vaccines and to study selected factors influencing the timeliness of age appropriate vaccines as per national immunization schedule among children aged 0 to 23 months in a rural area of Pondicherry.

Methods: A retrospective study was done at a Community Health Centre, Karikalampakkam, Pondicherry using data from immunization registers of children aged 0 to 23 months, who were

born between July 01, 2013 to July 31, 2015. If the child was vaccinated within 7 days of the scheduled time, it was considered as timely vaccination.

Results: Out of 679 children, 52% were males and 48% were females. The median days of delay in vaccination were ranged from 1-171 days. The proportion and the median days of delay were increased progressively as the age of the child increased. The place of delivery was significantly associated with birth doses of OPV, Hepatitis B and BCG vaccination. There was a significant difference in timeliness of vaccination across the birth order of the children for the first, second and third doses of OPV and Pentavalent vaccines ( $p=0.02$ ). Birth weight of the children was not statistically associated with vaccination delay.

Conclusions: Delay in vaccination in varying frequency was observed for the vaccines administered under the national immunisation schedule. Hence, the age-appropriate vaccinations should be given up-to-date as well as on time.

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### **Media/Policy Watch**

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

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

### **The Atlantic**

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

Accessed 4 May 2019

Education

### **What It's Like to Be Quarantined on a College Campus**

Alia Wong May 2, 2019

A UCLA student talks about measles exposure at his school, his time in isolation from other students, and making a TikTok video to pass the time.

### **BBC**

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

Accessed 4 May 2019

Health

### **Minister considers 'all options' to boost vaccine uptake**

4 May 2019

Health secretary Matt Hancock has said he is willing to look at "all options" to boost England's vaccination levels, including compulsory immunisation.

### **The Economist**

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

*Accessed 4 May 2019*

[No new, unique, relevant content]

### **Financial Times**

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

*Accessed 4 May 2019*

[No new, unique, relevant content]

### **Forbes**

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

*Accessed 4 May 2019*

May 3, 2019

#### **[Scientology Cruise Ship With Measles Case Returns To Sea -- But Where Will It Be Able To Dock?](#)**

The ship seems headed to Curacao, but it's unclear how the Dutch nation will respond.

By Rachel Sandler for Forbes Staff

### **Foreign Affairs**

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

*Accessed 4 May 2019*

[No new, unique, relevant content]

### **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 4 May 2019*

[No new, unique, relevant content]

### **The Guardian**

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

*Accessed 4 May 2019*

[No new, unique, relevant content]

### **New Yorker**

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

*Accessed 4 May 2019*

[No new, unique, relevant content]

### **New York Times**

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

*Accessed 4 May 2019*

*Africa*

May 4

#### **[Ebola Deaths Top 1,000 in Congo Amid Clinic Attacks](#)**

Hostility toward health workers continued to hamper efforts to contain the second-deadliest outbreak of the virus.

*World*

### **[Scientology Cruise Ship Faces Renewed Quarantine at Home Port in Curacao](#)**

May 2

A Church of Scientology cruise ship quarantined by the Caribbean nation of St. Lucia for measles is due to arrive on Saturday back at its home port on the island of Curacao, where it will face similar restrictions, a top health official there said.

*U.S.*

### **[As Measles Returns, U.S. States Look to Cut Vaccine Exemptions](#)**

May 2

Maine could soon prohibit parents from citing religious or personal beliefs to avoid vaccinating their children, making the U.S. state one of a half dozen cracking down during the nation's largest measles outbreak in 25 years.

*Europe*

### **[Merck Steps Up U.S. Measles Vaccine Production With Increased Demand](#)**

Merck & Co said on Wednesday it has increased production of the measles vaccine to meet an uptick in demand in the United States in the midst of the country's biggest outbreak in 25 years.

*U.S.*

### **[NY Officials Issue Fines, Close Schools in Measles Fight](#)**

Officials in New York closed more schools, issued more fines and lobbied the Legislature to eliminate religious exemptions for required vaccinations as part of efforts to contain a measles outbreak.

*U.S.*

### **[Trump Tells Americans: Go Get Your Measles Vaccination](#)**

U.S. President Donald Trump on Friday urged Americans to protect themselves with the measles vaccination as the number of cases of the once-eradicated disease in the United States hit the highest levels since 2000.

*Asia Pacific*

### **[Pakistan's War on Polio Falters Amid Attacks on Health Workers and Mistrust](#)**

Pakistani officials had hoped that 2019 would be the year they declared victory against the disease. But attacks and mistrust of vaccinations make that goal unlikely.

## **Wall Street Journal**

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

Accessed 4 May 2019

Commentary

### **[The Complicated Truth About Vaccines](#)**

By Michael Segal

May 1, 2019 6:38 pm ET

They can appear to be the proximate cause of a condition when they have nothing to do with the ultimate cause.

**Washington Post**

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

Accessed 4 May 2019

[No new, unique, relevant content]

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**Think Tanks et al**

**Brookings**

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

Accessed 4 May 2019

[No new relevant content]

**Center for Global Development**

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

[No new relevant content]

**CSIS**

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

Accessed 4 May 2019

Podcast Episode

**The New Era of Global Immunization**

April 30, 2019 | By Nellie Bristol

**Council on Foreign Relations**

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

May 3, 2019

*Democratic Republic of Congo*

**Distrust at Core of Ebola Crisis in Eastern Congo**

The Ebola vaccine is proving highly effective in Eastern Congo, but distrust of health workers, skepticism of the disease's existence, and attacks on medical facilities are stymying progress.

Blog Post by John Campbell Africa in Transition

**Kaiser Family Foundation**

[https://www.kff.org/search/?post\\_type=press-release](https://www.kff.org/search/?post_type=press-release)

Accessed 4 May 2019

[No new relevant content]

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***Vaccines and Global Health: The Week in Review*** is a service of the Center for Vaccine Ethics and Policy (CVEP)/GE2P2 Global, 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.

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

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

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