



**Vaccines and Global Health: The Week in Review**  
**17 October 2020 :: Number 575**  
**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 published as a PDF and scheduled for release each Saturday evening at midnight [0000 GMT-5]. The PDF is posted and the elements of each edition are presented as a set of blog posts at <https://centerforvaccineethicsandpolicy.net>. This blog allows full-text searching of over 9,000 entries.*

*Comments and suggestions should be directed to*

*David R. Curry, MS*

*Editor and*

*Executive Director*

*Center for Vaccine Ethics & Policy*

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

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

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### **Solidarity Therapeutics Trial produces conclusive evidence on the effectiveness of repurposed drugs for COVID-19 in record time**

15 October 2020 *News release*

In just six months, the world's largest randomized control trial on COVID-19 therapeutics has generated conclusive evidence on the effectiveness of repurposed drugs for the treatment of COVID-19.

**Interim results from the Solidarity Therapeutics Trial, coordinated by the World Health Organization, indicate that remdesivir, hydroxychloroquine, lopinavir/ritonavir and interferon regimens appeared to have little or no effect on 28-day mortality or the in-hospital course of COVID-19 among hospitalized patients.**

**The study, which spans more than 30 countries,** looked at the effects of these treatments on overall mortality, initiation of ventilation, and duration of hospital stay in hospitalized patients. Other uses of the drugs, for example in treatment of patients in the community or for prevention, would have to be examined using different trials.

The progress achieved by the Solidarity Therapeutics Trial shows that large international trials are possible, even during a pandemic, and offer the promise of quickly and reliably answering critical public health questions concerning therapeutics.

The results of the trial are under review for publication in a medical journal and have been uploaded as preprint at medRxiv available at this link:

<https://www.medrxiv.org/content/10.1101/2020.10.15.20209817v1>

The global platform of the Solidarity Trial is ready to rapidly evaluate promising new treatment options, with nearly 500 hospitals open as trial sites. Newer antiviral drugs, immunomodulators and anti-SARS COV-2 monoclonal antibodies are now being considered for evaluation.

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#### **medRxiv**

Posted October 15, 2020.

#### **Repurposed antiviral drugs for COVID-19; interim WHO SOLIDARITY trial results**

WHO Solidarity Trial Consortium, Hongchao Pan, Richard Peto, Quarraisha Abdool Karim, Marissa Alejandria, Ana Maria Henao Restrepo, Cesar Hernandez Garcia, Marie Paule Kieny, Reza Malekzadeh, Srinivas Murthy, Marie-Pierre Preziosi, Srinath Reddy, Mirta Roses, Vasee Sathiyamoorthy, John-Arne Rottingen, Soumya Swaminathan

doi: <https://doi.org/10.1101/2020.10.15.20209817>

*This article is a preprint and has not been certified by peer review [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.*

*Abstract*

BACKGROUND WHO expert groups recommended mortality trials in hospitalized COVID-19 of four re-purposed antiviral drugs.

METHODS Study drugs were Remdesivir, Hydroxychloroquine, Lopinavir (fixed-dose combination with Ritonavir) and Interferon- $\beta$ 1a (mainly subcutaneous; initially with Lopinavir, later not). COVID-19 inpatients were randomized equally between whichever study drugs were locally available and open control (up to 5 options: 4 active and local standard-of-care). The intent-to-treat primary analyses are of in-hospital mortality in the 4 pairwise comparisons of each study drug vs its controls (concurrently allocated the same management without that drug, despite availability). Kaplan-Meier 28-day risks are unstratified; log-rank death rate ratios (RRs) are stratified for age and ventilation at entry.

RESULTS In 405 hospitals in 30 countries 11,266 adults were randomized, with 2750 allocated Remdesivir, 954 Hydroxychloroquine, 1411 Lopinavir, 651 Interferon plus Lopinavir, 1412 only Interferon, and 4088 no study drug. Compliance was 94-96% midway through treatment, with 2-6% crossover. 1253 deaths were reported (at median day 8, IQR 4-14). Kaplan-Meier 28-day mortality was 12% (39% if already ventilated at randomization, 10% otherwise). Death rate ratios (with 95% CIs and numbers dead/randomized, each drug vs its control) were: Remdesivir RR=0.95 (0.81-1.11, p=0.50; 301/2743 active vs 303/2708 control), Hydroxychloroquine RR=1.19 (0.89-1.59, p=0.23; 104/947 vs 84/906), Lopinavir RR=1.00 (0.79-1.25, p=0.97; 148/1399 vs 146/1372) and Interferon RR=1.16 (0.96-1.39, p=0.11; 243/2050 vs 216/2050). No study drug definitely reduced mortality (in unventilated patients or any other subgroup of entry characteristics), initiation of ventilation or hospitalisation duration.

CONCLUSIONS These Remdesivir, Hydroxychloroquine, Lopinavir and Interferon regimens appeared to have little or no effect on hospitalized COVID-19, as indicated by overall mortality, initiation of ventilation and duration of hospital stay. The mortality findings contain most of the randomized evidence on Remdesivir and Interferon, and are consistent with meta-analyses of mortality in all major trials.

#### *Competing Interest Statement*

The authors have declared no competing interest.

#### *Clinical Trial*

ISRCTN83971151, [NCT04315948](https://www.clinicaltrials.gov/ct2/show/study?term=NCT04315948)

#### *Funding Statement*

Funding was from WHO. No external funding was received.

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## **COVID-19 Vaccines – World Bank Action**

### **World Bank Approves \$12 Billion for COVID-19 Vaccines**

WASHINGTON, October 13, 2020 – The World Bank's Board of Executive Directors today approved an envelope of \$12 billion for developing countries to finance the purchase and distribution of COVID-19 vaccines, tests, and treatments for their citizens.

The financing, which aims to support vaccination of up to a billion people, is part of an overall World Bank Group (WBG) package of up to \$160 billion through June 2021 to help developing countries fight the COVID-19 pandemic. It adds new financing to the World Bank's COVID-19 emergency response programs that are already reaching 111 countries. This financing package

helps signal to the research and pharmaceutical industry that citizens in developing countries also need access to safe and effective COVID-19 vaccines. It will also provide financing and technical support so that developing countries can prepare for deploying vaccines at scale, in coordination with international partners. In implementing the program, the World Bank will support multilateral efforts currently led by WHO and COVAX...

...Developing countries will have different ways to acquire and deliver approved vaccines. The approach draws on the WBG's significant expertise in supporting large scale immunization programs for vaccine preventable diseases, as well as public health programs to tackle infectious diseases such as HIV, tuberculosis, malaria and neglected tropical diseases.

In addition to purchasing COVID-19 vaccines, the WBG financing will also support countries to access to COVID-19 tests and treatments, and expand immunization capacity to help health systems deploy the vaccines effectively. This includes supply chain and logistics management for vaccine storage handling, trained vaccinators, and large-scale communication and outreach campaigns to reach communities and households...

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**World Bank Factsheet** October 15, 2020

### **WBG VACCINE ANNOUNCEMENT– KEY FACTS**

An effective and safe COVID-19 vaccine is the most promising path forward for the world to reopen safely. The global economy will not recover fully until people feel they can live, socialize, work, and travel with confidence.

#### ***Financing:***

**:: The World Bank's Board of Executive Directors has approved an envelope of \$12 billion** for developing countries to finance the purchase and distribution of COVID-19 vaccines, tests, and treatments for their citizens.

**:: This financing will support broad and rapid access to vaccines.** It will support countries in getting initial vaccine doses to those who need them first in low- and middle-income countries (IDA and IBRD) that have limited access.

**:: This builds on the COVID emergency response programs that we already have up and running in 111 countries, which are making rapid progress.**

**:: We are aiming to disburse the largest share of this support in the next 12 to 24 months. Financing will be available immediately and will be provided in accordance with countries' existing eligibility for grants, credits, and loans.**

**:: This financing package helps signal to the research and pharmaceutical industry that citizens in developing countries need equal access to safe and effective COVID-19 vaccines.**

**:: Global access to safe and effective vaccines will save lives and livelihoods and accelerate the economic and social recovery the world needs.**

#### ***How it works:***

Developing countries will have flexibility to choose the best approach and to use the financing in ways that best help them, based on their specific context and needs:

**:: To facilitate access, we will help countries procure vaccines through various approaches (i.e., country mechanisms, multilateral mechanisms currently led by**

**WHO and GAVI through COVAX, Bank-facilitated procurement and implementation support).**

:: To support deployment, the Bank is working with partners to assess the readiness of country health systems and identify gaps and areas for possible investment, as part of our ongoing support to countries' COVID-19 response. This involves analysis of policy and regulatory capacities, information systems, and health infrastructure including cold chains, as well as consultations with communities and beneficiaries.

**The Bank will help client countries develop appropriate criteria for making the selected vaccine available to all their citizens.**

**:: There is consensus to first target health workers, other essential workers, and priority groups such as the elderly, people with co-morbidities, and others at high risk from COVID-19.**

**:: The Bank will ensure that the allocation mechanisms within countries are fair and equitable.**

Eligible low and middle-income countries (IBRD/IDA countries) can apply for financing as part of their coronavirus responses, including for the purchase and distribution of vaccines.

:: Interested governments will work with the World Bank to prepare a project document under the World Bank's fast-track emergency response that details how the financing will be used.

***IFC's support on vaccines***

Another important part of the World Bank Group's response has come from IFC [International Finance Corporation], our private sector arm: the \$4 billion Global Health Platform, through which we will support private companies in delivering health products and services – including vaccines – to developing countries. This includes:

:: Investments in vaccine manufacturers to foster expanded production of COVID-19 vaccines in low- and middle-income countries, with production reserved for emerging markets.

:: Ability to invest in production to address other potential bottlenecks, including vials, needles and syringes, and cold storage capacity.

:: Support for mapping COVID-19 vaccine manufacturing capacity, focusing especially on potential bottlenecks in manufacturing processes.

***General information on the World Bank Group's COVID-19 response:***

As countries around the world work to contain the spread and impact of COVID-19, the World Bank Group has mounted the fastest and largest crisis response in its history to help developing countries strengthen their pandemic response and health care systems.

With the pandemic's rapid spread into developing countries, the Bank Group delivered a record \$45 billion in financial support between April and June 2020, reflecting the urgency of the crisis and the scale of demand. This represents over one-fourth of the \$160 billion in financing that the Bank Group can make available through June 2021. It is tailored to the health, economic, and social shocks that countries are facing, and includes over \$50 billion of IDA resources on grant and highly concessional terms.

The Bank Group's emergency support operations are helping over 100 developing countries save lives and detect, prevent, and respond to the pandemic.

Last Updated: Oct 14, 2020

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## **COVID Vaccination Strategies/Guidance – European Commission**

### **Preparedness for COVID-19 vaccination strategies and vaccine deployment**

COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL

Brussels, 15.10.2020 COM(2020) 680 final :: 16 pages

*European Commission Press release*

### **Coronavirus: Commission lists key steps for effective vaccination strategies and vaccines deployment**

15 October 2020

... the Commission is presenting the key elements to be taken into consideration by Member States for their COVID-19 vaccination strategies in order to prepare the European Union and its citizens for when a safe and effective vaccine is available, as well as priority groups to consider for vaccination first.

President of the European Commission, Ursula von der Leyen, said: "A safe and effective vaccine is our best shot at beating coronavirus and returning to our normal lives. We have been working hard to make agreements with pharmaceutical companies and secure future doses. Now, we must ensure that once a vaccine is found, we are fully prepared to deploy it. With our Vaccination Strategy, we are helping EU countries prepare their vaccination campaigns: who should be vaccinated first, how to have a fair distribution and how to protect the most vulnerable. If we want our vaccination to be successful, we need to prepare now."

In line with the 17 June EU Vaccines Strategy, the European Commission and Member States are securing the production of vaccines against COVID-19 through Advance Purchase Agreements with vaccine producers in Europe. Any vaccine will need to be authorised by the European Medicine Agency according to regular safety and efficacy standards. Member States should now start preparing a common vaccination strategy for vaccine deployment.

#### **Member States should, among others, ensure:**

- :: capacity of vaccination services to deliver COVID-19 vaccines, including skilled workforce and medical and protective equipment;
- :: easy and affordable access to vaccines for target populations;
- :: deployment of vaccines with different characteristics and storage and transport needs, in particular in terms of cold chain, cooled transport and storage capacity;
- :: clear communication on the benefits, risks and importance of COVID-19 vaccines to build public trust.

**All Member States will have access to COVID-19 vaccines at the same time on the basis of population size.** The overall number of vaccine doses will be limited during the initial stages of deployment and before production can be ramped up. The Communication therefore

provides examples of unranked priority groups to be considered by countries once COVID-19 vaccines become available, including:

- :: healthcare and long-term care facility workers;
- :: persons over 60 years of age;
- :: persons whose state of health makes them particularly at risk;
- :: essential workers;
- :: persons who cannot socially distance;
- :: more disadvantaged socio-economic groups.

Whilst awaiting the arrival of approved vaccines against COVID-19, and in parallel to safeguarding the continuation of other essential healthcare and public health services and programmes, the EU must continue mitigating the transmission of the virus. This can be done through the protection of vulnerable groups and ensuring that citizens adhere to public health measures. Until then and most likely also throughout the initial vaccination rollout phases, non-pharmaceutical interventions, such as physical distancing, closure of public places and adapting the work environment, [\[1\]](#) will continue to serve as the main public health tools to control and manage COVID-19 outbreaks...

PRIORITY GROUPS TO CONSIDER BY MEMBER STATES (in no particular order)	CONSIDERATIONS
Health care and long-term care facility workers	Essential workers with significantly elevated risk of being infected Carry out essential functions to combat the pandemic
People above 60 years of age	Age-based elevated risk of severe disease or death In particular those living in high risk situations such as long-term care facilities
Vulnerable population due to chronic diseases, co-morbidities and other underlying conditions	Elevated risk of severe disease or death Examples of risk factors: obesity, hypertension, asthma, heart conditions, pregnancy
Essential workers outside the health sector	E.g. teachers, child care providers, agriculture and food sector workers, transportation workers, police officers and emergency responders
Communities unable to physically distance	E.g. dormitories, prisons, refugee camps
Workers unable to physically distance	E.g. factories, meat cutting plants and slaughterhouses
Vulnerable socioeconomic groups and other groups at higher risk	E.g. socially deprived communities to be defined according to national circumstances

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## COVID 19 Vaccine Programs Update

### *Pfizer – Our Science*

#### Greater Clarity on COVID-19 Timelines

An Open Letter from Pfizer Chairman and CEO Albert Bourla

October 16, 2020

As we get closer to an important data readout from our COVID-19 vaccine program, I wanted to speak directly to the billions of people, millions of businesses and hundreds of governments around the world that are investing their hopes in a safe and effective COVID-19 vaccine to overcome this pandemic. I know there is a great deal of confusion regarding exactly what it will take to ensure its development and approval, and given the critical public health considerations and the importance of transparency, I would like to provide greater clarity around the development timelines for Pfizer's and our partner BioNTech's COVID-19 vaccine.

There are three key areas where, as with all vaccines, we must demonstrate success in order to seek approval for public use. First, the vaccine must be proven effective, meaning it can help prevent COVID-19 disease in at least a majority of vaccinated patients. Second and equally important, the vaccine must be proven safe, with robust safety data generated from thousands of patients. And finally, we must demonstrate that the vaccine can be consistently manufactured at the highest quality standards....

**...So let me be clear, assuming positive data, Pfizer will apply for Emergency Authorization Use in the U.S. soon after the safety milestone is achieved in the third week of November. All the data contained in our U.S. application would be reviewed not only by the FDA's own scientists but also by an external panel of independent experts at a publicly held meeting convened by the agency.**

The timelines above reflect our best estimates of when these important milestones could be achieved. For 171 years Pfizer has been known for our high-quality standards. Our purpose is to discover breakthroughs that change patients' lives. I cannot think of a breakthrough that would be more meaningful to a greater number of people than an effective and safe COVID-19 vaccine.

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#### Dr. Reddy's and RDIF receive approval to conduct clinical trial for Sputnik V vaccine in India

October 17, 2020

HYDERABAD, India--(BUSINESS WIRE)--Dr. Reddy's Laboratories Ltd. (BSE: 500124, NSE: DRREDDY, NYSE: RDY) and Russian Direct Investment Fund (RDIF), Russia's sovereign wealth fund, today announced that they have received approval from the Drug Control General of India (DCGI) to conduct **an adaptive phase 2/3 human clinical trial for Sputnik V vaccine in India**. This will be a multi-center and randomized controlled study, which will include safety and immunogenicity study.

"We are pleased to collaborate with the Indian regulators and in addition to Indian clinical trial data, we will provide safety and immunogenicity study from the Russian phase 3 clinical trial. This data will further strengthen the clinical development of Sputnik V vaccine in India."



Earlier in September 2020, Dr. Reddy's and RDIF entered into a partnership to conduct clinical trials of Sputnik V vaccine and its distribution in India. As part of the partnership, RDIF shall supply 100 million doses of the vaccine to Dr. Reddy's upon regulatory approval in India...

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### **Moderna Receives Confirmation of Eligibility for Submission of Marketing Authorization Application to the European Medicines Agency for mRNA Vaccine Against COVID-19 (mRNA-1273)**

*Confirmation underscores Moderna's commitment to make its vaccine available in the EU*  
October 14, 2020

CAMBRIDGE, Mass.--(BUSINESS WIRE)--Moderna, Inc., (Nasdaq:MRNA) a biotechnology company pioneering messenger RNA (mRNA) therapeutics and vaccines to create a new generation of transformative medicines for patients, today announced that it has received written confirmation from the European Medicine Agency (EMA) that mRNA-1273, the Company's vaccine candidate against COVID-19, is eligible for submission of an application for a European Union Marketing Authorization under the Agency's centralized procedure. Confirmation of eligibility was given in response to the submission of a letter of intent enabling Moderna to evaluate the opportunity for submitting a Marketing Authorization Application (MAA) for mRNA-1273 with the EMA. This submission follows positive results from a preclinical viral challenge study and the positive interim analysis of the Phase 1 study of mRNA-1273 in healthy adults (ages 18-55 years) and older adults (ages 56-70 and 71+) published in the New England Journal of Medicine...

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## **Herd Immunity**

### **18 Public Health Organizations Condemn Herd Immunity Scheme for Controlling Spread of SARS-CoV-2**

***Great Barrington Declaration is not grounded in science and is dangerous***

(Washington, DC – October 14, 2020) – SARS-CoV-2, the virus that causes COVID-19 has infected at least 7.8 million people in the United States and 38 million worldwide. It has led to over 215,000 deaths domestically, and more than 1 million globally – with deaths continuing to climb.

**If followed, the recommendations in the Great Barrington Declaration would haphazardly and unnecessarily sacrifice lives. The declaration is not a strategy, it is a political statement. It ignores sound public health expertise. It preys on a frustrated populace. Instead of selling false hope that will predictably backfire, we must focus on how to manage this pandemic in a safe, responsible, and equitable way.**

The suggestions put forth by the Great Barrington Declaration are NOT based in science.  
:: There is no evidence that we are even remotely close to herd immunity. To the contrary, experts believe that 85 to 90 percent of the U.S. population is still at risk of contracting SARS-CoV-2. Herd immunity is achieved when the virus stops circulating because a large segment of

the population has already been infected. Letting Americans get sick, rather than focusing on proven methods to prevent infections, could lead to hundreds of thousands of preventable illnesses and deaths.[\[i\]](#) It would also add greater risk in communities of color which have already experienced disproportionate impacts of the pandemic.

:: The declaration ignores what are our best tools to fight the virus, i.e. wearing masks, physical distancing, hand-washing, avoiding large crowds, strategic testing, rapid isolation of infected people and supportive quarantine for people who need to isolate.

:: We have seen the failure of the herd immunity experiment in nations such as Sweden, which has the highest mortality rate among Nordic countries.[\[ii\]](#) COVID-19 carries a much higher risk of severe disease and death than other infections where herd immunity was attempted before a vaccine was available.[\[iii\]](#) It is illogical to ignore public health and scientific evidence when so many lives are at stake.

Combatting the pandemic with lockdowns or full reopening is not a binary, either/or choice. We need to embrace common sense public health practices that allow for a safe reopening of the economy and a return to in-person work and learning while also using proven strategies to reduce the spread of the virus.

The declaration suggests a so-called focused protection approach. It suggests allowing the virus to spread unchecked among young people to create herd immunity in the entire population. This notion is dangerous because it puts the entire population, particularly the most vulnerable, at risk. Young people are not all healthy and they don't live in vacuums.[\[iv\]](#) They interact with family members, co-workers and neighbors. Inviting increased rates of COVID-19 in young people will lead to increased infections rates among all Americans.

Public health guidance and requirements related to masking and physical distancing are not an impediment to normalcy – they are the path to a new normal. The goal is both public health safety and economic security; the two are not in conflict with one another, they are dependent on each other. We need to focus our efforts on the development and implementation of a national, science-based and ethical pandemic disease-control strategy.

The pandemic has created serious hardships on families' economic security and on American's mental health and well-being. What we need is a coordinated and robust national response including mask use, hand hygiene and physical distancing, while also ensuring social supports for those most vulnerable, including physical and mental health, and social factors. What we do not need is wrong-headed proposals masquerading as science.

*This statement was authored by:*

American Public Health Association

Big Cities Health Coalition

Trust for America's Health

American Academy of Social Work and Social Welfare

Association for Professionals in Infection Control and Epidemiology

Association of Public Health Laboratories

Association of Schools and Programs of Public Health

de Beaumont Foundation

Johns Hopkins Center for Health Security at the Bloomberg School of Public Health  
Los Angeles County Department of Public Health  
National Association of County Behavioral Health and Developmental Disabilities Directors  
National Association of County and City Health Officials  
National Association for Rural Mental Health  
National Network of Public Health Institutes  
Prevention Institute  
Public Health Institute  
Resolve to Save Lives, an initiative of Vital Strategies  
Well Being Trust

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## COVID-19 Impacts

### Impact of COVID-19 on people's livelihoods, their health and our food systems

*Joint statement by ILO, FAO, IFAD and WHO*

13 October 2020 *[Editor's text bolding]*

The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health, food systems and the world of work. **The economic and social disruption caused by the pandemic is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people, currently estimated at nearly 690 million, could increase by up to 132 million by the end of the year.**

**Millions of enterprises face an existential threat. Nearly half of the world's 3.3 billion global workforce are at risk of losing their livelihoods.** Informal economy workers are particularly vulnerable because the majority lack social protection and access to quality health care and have lost access to productive assets. Without the means to earn an income during lockdowns, many are unable to feed themselves and their families. For most, no income means no food, or, at best, less food and less nutritious food.

**The pandemic has been affecting the entire food system and has laid bare its fragility.** Border closures, trade restrictions and confinement measures have been preventing farmers from accessing markets, including for buying inputs and selling their produce, and agricultural workers from harvesting crops, thus disrupting domestic and international food supply chains and reducing access to healthy, safe and diverse diets. The pandemic has decimated jobs and placed millions of livelihoods at risk. As breadwinners lose jobs, fall ill and die, the food security and nutrition of millions of women and men are under threat, with those in low-income countries, particularly the most marginalized populations, which include small-scale farmers and indigenous peoples, being hardest hit.

**Millions of agricultural workers – waged and self-employed – while feeding the world, regularly face high levels of working poverty, malnutrition and poor health, and suffer from a lack of safety and labour protection as well as other types of abuse.** With low and irregular incomes and a lack of social support, many of them are spurred

to continue working, often in unsafe conditions, thus exposing themselves and their families to additional risks. Further, when experiencing income losses, they may resort to negative coping strategies, such as distress sale of assets, predatory loans or child labour. Migrant agricultural workers are particularly vulnerable, because they face risks in their transport, working and living conditions and struggle to access support measures put in place by governments. Guaranteeing the safety and health of all agri-food workers – from primary producers to those involved in food processing, transport and retail, including street food vendors – as well as better incomes and protection, will be critical to saving lives and protecting public health, people's livelihoods and food security.

In the COVID-19 crisis food security, public health, and employment and labour issues, in particular workers' health and safety, converge. Adhering to workplace safety and health practices and ensuring access to decent work and the protection of labour rights in all industries will be crucial in addressing the human dimension of the crisis. Immediate and purposeful action to save lives and livelihoods should include extending social protection towards universal health coverage and income support for those most affected. These include workers in the informal economy and in poorly protected and low-paid jobs, including youth, older workers, and migrants. Particular attention must be paid to the situation of women, who are over-represented in low-paid jobs and care roles. Different forms of support are key, including cash transfers, child allowances and healthy school meals, shelter and food relief initiatives, support for employment retention and recovery, and financial relief for businesses, including micro, small and medium-sized enterprises. In designing and implementing such measures it is essential that governments work closely with employers and workers.

**Countries dealing with existing humanitarian crises or emergencies are particularly exposed to the effects of COVID-19.** Responding swiftly to the pandemic, while ensuring that humanitarian and recovery assistance reaches those most in need, is critical.

Now is the time for global solidarity and support, especially with the most vulnerable in our societies, particularly in the emerging and developing world. Only together can we overcome the intertwined health and social and economic impacts of the pandemic and prevent its escalation into a protracted humanitarian and food security catastrophe, with the potential loss of already achieved development gains.

**We must recognize this opportunity to build back better, as noted in the Policy Brief issued by the United Nations Secretary-General.** We are committed to pooling our expertise and experience to support countries in their crisis response measures and efforts to achieve the Sustainable Development Goals. We need to develop long-term sustainable strategies to address the challenges facing the health and agri-food sectors. Priority should be given to addressing underlying food security and malnutrition challenges, tackling rural poverty, in particular through more and better jobs in the rural economy, extending social protection to all, facilitating safe migration pathways and promoting the formalization of the informal economy.

**We must rethink the future of our environment and tackle climate change and environmental degradation with ambition and urgency.** Only then can we protect the health, livelihoods, food security and nutrition of all people, and ensure that our 'new normal' is a better one.

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## **Policy Brief: The Impact of COVID-19 on Food Security and Nutrition**

United Nations

JUNE 2020 :: 23 pages

The COVID-19 pandemic is a health and human crisis threatening the food security and nutrition of millions of people around the world. Hundreds of millions of people were already suffering from hunger and malnutrition before the virus hit and, unless immediate action is taken, we could see a global food emergency. In the longer term, the combined effects of COVID-19 itself, as well as corresponding mitigation measures and the emerging global recession could, without large-scale coordinated action, disrupt the functioning of food systems. Such disruption can result in consequences for health and nutrition of a severity and scale unseen for more than half a century.

### ***CONCLUSION***

The COVID-19 crisis threatens the food security and nutrition of millions of people, many of whom were already suffering. A large global food emergency is looming. In the longer term, we face possible disruptions to the functioning of food systems, with severe consequences for health and nutrition. With concerted action, we can not only avoid some of the worst impacts but do so in a way that supports a transition to more sustainable food systems that are in better balance with nature and that support healthy diets – and thus better health prospects - for all.

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## **EMERGENCIES**

### **Coronavirus [COVID-19]**

*Public Health Emergency of International Concern (PHEIC)*

### ***Weekly Epidemiological and Operational updates***

last update: 8 October 2020, 20:00 GMT-4

**Confirmed cases** :: 39 023 292 [week ago: 36 754 395 :: two weeks ago: 34 495 176]

**Confirmed deaths** :: 1 099 586 [week ago: 1 064 838 :: two weeks ago: 1 025 729]

**Countries, areas or territories with cases** :: 235

## **WHO Director-General's opening remarks at the media briefing on COVID-19 - 16 October 2020**

16 October 2020

:: Interim results from the Solidarity Therapeutics Trial now show that the other two drugs in the trial, remdesivir and interferon, have little or no effect in preventing death from COVID-19 or reducing time in hospital.

:: For the moment, the corticosteroid dexamethasone is still the only therapeutic shown to be effective against COVID-19, for patients with severe disease.

:: Although the number of deaths reported in Europe last week is much lower than in March, hospitalizations are increasing and many cities are reporting they will reach their intensive care bed capacity in the coming weeks.

:: During this year's southern hemisphere winter, the number of seasonal flu cases and deaths was less than usual because of the measures put in place to contain COVID-19. But we cannot assume the same will be true in the northern hemisphere flu season.

**:: Demand for influenza vaccines may outstrip supply in some countries. The Strategic Advisory Group of Experts on Immunization has therefore recommended that, among the five risk groups, health workers and older adults are the highest priority groups for influenza vaccination during the COVID-19 pandemic.** Another under-utilized tool is the use of antivirals to treat people with influenza. We encourage all countries to use all the tools at their disposal.

:: Today is World Hypertension Day. To support countries to take action against cardiovascular diseases, WHO has developed the HEARTS package, which outlines the six key ingredients for addressing threats to heart health, including hypertension.

### **Weekly Epidemiological Update**

Coronavirus disease 2019 (COVID-19)

12 October 2020

#### ***Global epidemiological situation***

Since the last *Weekly Epidemiological Update* issued on 5 October, over 2.2 million new cases and 39,000 deaths of COVID-19 have been reported across all six WHO regions. This is the highest number of reported cases so far in a single week.

From 30 December through 11 October, over 37 million COVID-19 cases and 1 million deaths have been reported globally. Nearly half of these cases (48%) and deaths (55%) continue to be reported in the Region of the Americas with the United States of America, Brazil and Argentina accounting for the greatest numbers of new cases and deaths in the region...

#### ***Key weekly updates***

At WHO's Executive Board meeting, WHO Director-General Dr Tedros highlighted some of WHO's key actions over the course of the pandemic:

:: Publishing the first Strategic Preparedness and Response Plan 4 days later;

:: Producing and shipping the diagnostic tests within a month of declaring the outbreak, with millions of tests distributed to more than 150 countries since then;

:: Publishing more than 400 guidance documents for individuals, communities, schools, businesses, industries, health workers, health facilities and governments;

:: Building country capacity by providing free training in 133 COVID-19 courses on OpenWHO.org;

:: Working closely with governments to write national plans and identify needs, and to match those needs with more than 600 partners and 74 donors through the COVID-19 Partners :: :: ::

:: Sending expert missions to more than 130 countries to provide operational and technical support;

:: Sourcing, validating, purchasing and delivering masks, gloves, respirators, gowns, goggles, swabs, tests, reagents, thermometers, oxygen concentrators, ventilators and more, to 177 countries and territories;

:: Enrolling more than 12,000 patients in the WHO Solidarity Therapeutics Trial, in nearly 500 hospitals in 29 countries; and

:: Launching the Access to COVID-19 Tools Accelerator, which is working on diagnostics, treatment, vaccines and health system strengthening. It includes COVAX which is supporting the development of 9 vaccines, with more in the pipeline and aims to fairly distribute 2 billion vaccine doses by the end of 2021...

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## **Emergencies**

### **WHO appoints co-chairs of Independent Commission on sexual misconduct during the Ebola response in North Kivu and Ituri, the Democratic Republic of the Congo**

15 October 2020

The World Health Organization has appointed two distinguished leaders to co-chair an Independent Commission on sexual abuse and exploitation during the response to the tenth Ebola Virus Disease epidemic in the provinces of North Kivu and Ituri, the Democratic Republic of the Congo.

The commission will be co-chaired by Her Excellency Aïchatou Mindaoudou, former minister of foreign affairs and of social development of Niger, who has held senior United Nations posts in Côte d'Ivoire and in Darfur.

She will be joined by co-chair Julienne Lusenge of the Democratic Republic of the Congo, an internationally recognized human rights activist and advocate for survivors of sexual violence in conflict.

The role of the Independent Commission will be to swiftly establish the facts, identify and support survivors, ensure that any ongoing abuse has stopped, and hold perpetrators to account.

It will comprise up to seven members, including the co-chairs, with expertise in sexual exploitation and abuse, emergency response, and investigations.

The co-chairs will choose the other members of the Commission, which will be supported by a Secretariat based at WHO.

To support the Independent Commission's work, the Director-General has decided to use an open process to hire an independent and external organization with experience in conducting similar inquiries.

The tenth epidemic of Ebola Virus Disease in the provinces of North Kivu and Ituri – the world's second largest Ebola outbreak on record – was declared over on 25 June 2020, after persisting for nearly two years in an active conflict zone, and causing 2,300 deaths.

WHO has a zero tolerance policy with regard to sexual exploitation and abuse. We reiterate our strong commitment to preventing and protecting against sexual exploitation and abuse in all our operations around the world.



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## **Emergencies**

### **POLIO**

*Public Health Emergency of International Concern (PHEIC)*

#### **Polio this week as of 14 October 2020**

:: Dear polio eradication supporter, last month I was delighted to join a very long-awaited celebration at the WHO African Regional Committee of a global public health milestone... Read more of Polio Oversight Board Chair's quarterly letter.

:: Take a look at the newly published nOPV2 technical brief that provides a quick summary of the key operational considerations for the use of nOPV2 in outbreak response as a quick reference for EPI managers, immunization focal points, and field staff.

***Summary of new WPV and cVDPV viruses this week (AFP cases and environmental samples):***

:: **Afghanistan:** one WPV1 case, one WPV1 positive environmental sample and 11 cVDPV2 positive environmental samples

:: **Pakistan:** three WPV1 cases, three WPV1 positive environmental samples and 10 cVDPV2 positive environmental samples

:: **Burkina Faso:** one cVDPV2 AFP case

:: **Côte d'Ivoire:** four cVDPV2 cases

:: **Guinea:** eleven cVDPV2 cases

:: **Mali:** four cVDPV2 cases

:: **Niger:** three cVDPV2 AFP cases

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#### **WHO Grade 3 Emergencies** [to 17 Oct 2020]

##### **Democratic Republic of the Congo**

:: WHO appoints co-chairs of Independent Commission on sexual misconduct during the Ebola response in North Kivu and Ituri, the Democratic Republic of the Congo 15 October 2020

*[See Milestones above for detail]*

Mozambique floods - *No new digest announcements identified*

Nigeria - *No new digest announcements identified*

Somalia - *No new digest announcements identified*

South Sudan - *No new digest announcements identified*

Syrian Arab Republic - *No new digest announcements identified*

Yemen - *No new digest announcements identified*

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#### **WHO Grade 2 Emergencies** [to 17 Oct 2020]

##### **Iraq**

:: Hevi Paediatric Teaching Hospital: A story of lifesaving services 14 Oct 2020

...One of the projects nurtured by this approach was the renovation of Hevi Paediatric Teaching Hospital, with a focus on the expansion of the paediatric intensive care unit and the harmonization and maintenance of the paediatric wards in the hospital, built 16 years ago...

Afghanistan - *No new digest announcements identified*

Angola - *No new digest announcements identified*

Burkina Faso [in French] - *No new digest announcements identified*

Burundi - *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*

Iran floods 2019 - *No new digest announcements identified*

Libya - *No new digest announcements identified*

Malawi Floods - *No new digest announcements identified*

Measles in Europe - *No new digest announcements identified*

MERS-CoV - *No new digest announcements identified*

Mozambique - *No new digest announcements identified*

Myanmar - *No new digest announcements identified*

Niger - *No new digest announcements identified*

occupied Palestinian territory - *No new digest announcements identified*

HIV in Pakistan - *No new digest announcements identified*

Sao Tome and Principe Necrotizing Cellulitis (2017) - *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 17 Oct 2020]

Chad - *No new digest announcements identified*

Djibouti - *Page not responding at inquiry*

Kenya - *No new digest announcements identified*

Mali - *No new digest announcements identified*

Namibia - viral hepatitis - *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**

:: Syrian Arab Republic: North East Syria: Al Hol camp As of 11 October 2020

:: OCHA Syria Flash Update #01 Humanitarian Impact of Wildfires in Coastal Areas As of 11 October 2020

## **Yemen**

:: 14 October 2020 Yemen: COVID-19 Preparedness and Response Monthly Report (September 2020)

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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.*

### **COVID-19**

:: Coronavirus disease 2019 (COVID-19) Situation Report 48: occupied Palestinian territory, issued 15 October 2020, information for period: 5 March - 15 October 2020

## **East Africa Locust Infestation**

:: Desert Locust situation update - 14 October 2020

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## **WHO & Regional Offices** [to 17 Oct 2020]

15 October 2020 *Departmental news*

**WHO Bulletin Call for Papers: Behavioural and Social Sciences for Better Health**

15 October 2020 *News release*

**WHO appoints co-chairs of Independent Commission on sexual misconduct during the Ebola response in North Kivu and Ituri, the Democratic Republic of the Congo**

15 October 2020 *Departmental news*

**New electronic survey manual supports countries to combat micronutrient deficiencies**

14 October 2020 *Departmental news*

**Sixth Annual meeting of the "Friends of the Task Force" Working with Member States to deliver the NCD-related SDG targets during and beyond COVID-19**

14 October 2020 *Departmental news*

**WHO takes a position on genetically modified mosquitoes**

*Position statement*

In recent years, there have been significant advances in GMM approaches aimed at suppressing mosquito populations and reducing their susceptibility to infection, as well as their ability to transmit disease-carrying pathogens. These advances have led to an often polarized debate on the benefits and risks of genetically modified mosquitoes.

According to the WHO statement, computer simulation modelling has shown that GMMs could be a valuable new tool in efforts to eliminate malaria and to control diseases carried by Aedes mosquitoes. WHO cautions, however, that the use of GMMs raises concerns and questions around ethics, safety, governance, affordability and cost-effectiveness that must be addressed.

The statement notes that GMM research should be conducted through a step-wise approach and supported by clear governance mechanisms to evaluate any health, environmental and ecological implications. It underscores that any effective approach to combating vector-borne diseases requires the robust and meaningful engagement of communities. This is especially important for area-wide control measures such as GMMs, as the risks and benefits may affect large segments of the population.

Countries and other stakeholders are encouraged to provide feedback on the new position statement by contacting WHO at: [geneticallymodifiedmosquitoes@who.int](mailto:geneticallymodifiedmosquitoes@who.int)

#### *New guidance*

Despite the growing threat of vector-borne diseases to individuals, families and societies, the ethical issues raised by vector-borne diseases have received only limited attention. Recognizing this gap, WHO has issued new guidance to support national VBD control programmes in their efforts to identify and respond to the core ethical issues at stake.

The new guidance, titled ***Ethics & vector-borne diseases***, was issued today alongside the position statement on genetically modified mosquitoes. Grounded in a multidisciplinary framework, the guidance emphasizes the critical role of community engagement in designing and implementing an appropriate, sustainable public health response.

14 October 2020 *News release*

#### **WHO: Global TB progress at risk**

14 October 2020 *Departmental news*

#### **Investment in digital health needs careful planning: new WHO guide explains how to do it well**

14 October 2020 *Departmental news*

#### **Release of module and mapping of tools on stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health**

13 October 2020 *Statement*

#### **Impact of COVID-19 on people's livelihoods, their health and our food systems**

12 October 2020 *Departmental news*

#### **WHO publishes guidance on climate resilient and environmentally sustainable health care facilities**

12 October 2020 *Departmental news*

#### **Neglected tropical diseases: tackling stigmatization, discrimination and mental health through a person-centred approach**

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#### **WHO Strategic Advisory Group of Experts on immunization (SAGE) : Request for nominations**

16 October 2020

WHO is soliciting proposals for nominations of two new experts to serve on its Strategic Advisory Group of Experts (SAGE) on immunization. Deadline for applications: 22 November 2020

The new SAGE members' appointment, for an initial period of three years, is scheduled for the first quarter of 2021.

WHO is seeking nominations particularly from the WHO South-East Asia and Western-Pacific Regions. Nominations of women and persons from low- and middle-income countries are specifically encouraged. A track record of achievements on implementation research and social sciences would be of particular relevance...

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**[Weekly Epidemiological Record, 9 October 2020, vol. 95, 41 \(pp. 489–496\)](#)**

Progress towards poliomyelitis eradication – Afghanistan, January 2019–July 2020

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**WHO Regional Offices**

*Selected Press Releases, Announcements*

**WHO African Region AFRO**

:: Keeping displaced persons safe from COVID-19 in South Sudan 13 October 2020

**WHO Region of the Americas PAHO**

*No new digest content identified*

**WHO South-East Asia Region SEARO**

:: Handwashing an effective tool to prevent COVID-19, other diseases 15 October 2020 News release

**WHO European Region EURO**

:: Providing an update on the COVID-19 situation 15-10-2020

:: Bringing sexual and reproductive health services to young people across the Republic of Moldova 15-10-2020

:: Governments across the WHO European Region contribute over US\$ 749 million to the COVID-19 global response 15-10-2020

**WHO Eastern Mediterranean Region EMRO**

:: Statement of the WHO Regional Director for the Eastern Mediterranean on the closing of the 67th session of the Regional Committee

13 October 2020 - I am pleased at the outset to welcome Her Excellency Dr. Hala Zayed, Minister of Health and Population of Egypt, and to congratulate Her Excellency on her election as Chair of the 67th session of the Regional Committee for the Eastern Mediterranean. The 67th session of the WHO Regional Committee for the Eastern Mediterranean has just concluded.

:: COVID-19 dominates discussion of the 67th WHO Regional Committee for the Eastern Mediterranean

Cairo 12 October 2020 – The annual meeting of the WHO Regional Committee for the Eastern Mediterranean began on Monday, 12 October 2020 with a strong focus on the ongoing COVID-19 pandemic. Ministers and representatives from across the Region discussed the impact of the pandemic on health systems and society more generally, and the conference itself was impacted by the pandemic,...

:: Virtual 67th session of the WHO Regional Committee for the Eastern Mediterranean

11 October 2020, Cairo – Due to the COVID-19 pandemic, the 67th session of the WHO Regional Committee for the Eastern Mediterranean will be held virtually for the first time ever. Health ministers and high-level representatives of the 22 countries of WHO's Eastern Mediterranean Region, along with partner organizations and civil society, will connect online to discuss health issues during...

### **WHO Western Pacific Region**

*No new digest content identified*

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**CDC/ACIP** [to 17 Oct 2020]

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

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

*Latest News Releases, Announcements*

### **Coronavirus Disease 2019 (COVID-19)**

:: EARLY RELEASE: Race, Ethnicity, and Age Trends in Persons Who Died from COVID-19 - United States, May-August 2020 Friday, October 16, 2020

:: COVIDView Weekly Summary Friday, October 16, 2020

:: 10 Things Healthcare Professionals Need to Know about U.S. COVID-19 Vaccination Plans Wednesday, October 14, 2020

:: Frequently Asked Questions about COVID-19 Vaccination Wednesday, October 14, 2020

:: Vaccines Wednesday, October 14, 2020

### **MMWR News Synopsis Friday, October 16, 2020**

:: Demographic Characteristics, Experiences, and Beliefs Associated with Hand Hygiene Among Adults During the COVID-19 Pandemic — United States, June 24–30, 2020

:: An Outbreak of COVID-19 Associated with a Recreational Hockey Game — Florida, June 2020

:: Transmission Dynamics by Age Group in COVID-19 Hotspot Counties — United States, April–September 2020 (Early release October 9, 2020)

:: Factors Influencing Risk for COVID-19 Exposure Among Young Adults Aged 18–23 Years — Winnebago County, Wisconsin, March–July 2020 (Early release October 9, 2020)

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**Africa CDC** [to 17 Oct 2020]

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

*Press Releases*

### **US\$100 million Africa Pathogen Genomics Initiative to boost disease surveillance and emergency response capacity in Africa**

*Multisectoral partnership will deliver tools and expertise to identify and stop COVID-19 and other disease threats, and strengthen leadership for health security in Africa*

ADDIS ABABA, ETHIOPIA, 12 October 2020 – Today, a group of public, private and non-profit organizations, led by the African Union Commission through the Africa Centres for Disease Control and Prevention (Africa CDC), launched the Africa Pathogen Genomics Initiative (Africa

PGI) in a US\$100 million, four-year partnership to expand access to next-generation genomic sequencing tools and expertise designed to strengthen public health surveillance and laboratory networks across Africa.

Africa PGI will be part of the Institute of Pathogen Genomics, launched by Africa CDC in 2019, with a vision to integrate pathogen genomics and bioinformatics into public health surveillance, outbreak investigations, and improved disease control and prevention in Africa. The institute's capacity will be strengthened to manage and provide technical oversight for Africa PGI.

This new initiative will build a continent-wide disease surveillance and laboratory network based on pathogen genomic sequencing. This network will not only help identify and inform research and public health responses to COVID-19 and other epidemic threats, but also for endemic diseases such as AIDS, tuberculosis, malaria, cholera, and other infectious diseases...

...Contributions to Africa PGI include:

:: Illumina and Oxford Nanopore are providing crucial in-kind contributions towards the next-generation sequencing machines and training to incorporate them into an integrated platform, all alongside Africa CDC and public health institutions across Africa;

:: The Bill & Melinda Gates Foundation and the US Centers for Disease Control and Prevention are contributing funding and technical assistance, with the US CDC's technical contributions coming through its Advanced Molecular Detection programme;

:: Microsoft will contribute technical assistance and resources to support the design and build of Africa PGI's digital architecture in partnership with African institutions, and offer in-kind access on Azure to high-performance computing and genomics software developed by its Life Sciences Division...

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### **China CDC**

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

*No new digest content identified.*

### **National Health Commission of the People's Republic of China**

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

*News*

#### **Oct 17: Daily briefing on novel coronavirus cases in China**

On Oct 16, 31 provincial-level regions and the Xinjiang Production and Construction Corps on the Chinese mainland reported 13 new cases of confirmed infections.

#### **Beijing requires 3 nucleic acid tests for overseas travelers**

2020-10-15

#### **Chinese delegation attends special session of WHO Executive Board**

2020-10-11

...The Chinese delegation hailed the WHO's commitment in response to the COVID-19 pandemic and its implementation of the resolution of the World Health Assembly. They also praised the work the IPPR, the IHR Review Committee, and the IOAC have carried out in an open and transparent manner.



The delegation expressed its willingness to further support the implementation of the WHO's responsibilities, and called on all the parties to unite to tackle the challenges of COVID-19, assist developing countries in improving their core capacities to implement the IHR, and work together to build a global health community for all...

### **World Health Organization Conference: China joins COVAX**

2020-10-11

On Oct 9, Tedros Adhanom Ghebreyesus, director general of the World Health Organization announced that China, the Republic of Korea and Nauru joined the COVAX Facility this week.

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### **Announcements**

**Paul G. Allen Frontiers Group** [to 17 Oct 2020]

<https://alleninstitute.org/what-we-do/frontiers-group/news-press/>

*Press Release*


*No new digest content identified.*

**BARDA – U.S. Department of HHS** [to 17 Oct 2020]

<https://www.phe.gov/about/barda/Pages/default.aspx>

*BARDA News*

October 13, 2020: **Trump Administration Expands Manufacturing Capacity with Cytiva for Components of COVID-19 Vaccines**

To meet the Trump Administration's Operation Warp Speed goals, the U.S. Department of Health and Human Services (HHS) and Department of Defense (DoD ) today announced an agreement with Cytiva, headquartered in Massachusetts, to expand the company's manufacturing capacity for products that are essential in producing COVID-19 vaccines...

**BMGF - Gates Foundation** [to 17 Oct 2020]

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

*Press Releases and Statements*

*No new digest content identified.*

**Bill & Melinda Gates Medical Research Institute** [to 17 Oct 2020]

<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*

*Review ARTICLE*

Front. Immunol., 14 October 2020 | <https://doi.org/10.3389/fimmu.2020.517290>

**Challenges of Developing Novel Vaccines With Particular Global Health Importance**

Penny M. Heaton, Bill & Melinda Gates Medical Research Institute, Cambridge, MA, United States

Six of the top ten leading causes of death in low resource settings could potentially be prevented by vaccination. Development of vaccines for individuals in these populations is difficult because of the biological complexity of the prevalent pathogens and the challenges inherent to development of any vaccine. This review discusses those challenges and promising advances to address them and highlights recent progress in development of vaccines against several pathogens of interest.

**CARB-X** [to 17 Oct 2020]

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

*News*

10.14.2020 |

**CARB-X is funding Polyphor to develop a new antibiotic to treat multidrug-resistant Enterobacteriaceae Gram-negative bacterial infections**

CARB-X is awarding up to US\$2.62 million to Polyphor AG (SIX:POLN), headquartered in Allschwil, Switzerland, to develop a new antibiotic to treat serious Enterobacteriaceae Gram-negative bacterial infections, including those caused by life-threatening carbapenem-resistant Enterobacteriaceae (CRE).

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 17 Oct 2020]

<http://cepi.net/>

*Latest News*

**Private sector companies provide financial support for CEPI's COVID-19 vaccine programmes**

14 Oct 2020 By Jodie Rogers

As CEPI continues to advance its COVID-19 vaccine portfolio to respond to the global crisis, private sector companies have stepped up and pledged financial support to fund CEPI's vital work.

This includes donations from Nestlé, Sumitomo Mitsui Financial Group, Inc. (SMFG), Founders Pledge, ADX Labs, Beiersdorf, and A Collected Man, among other supporting organisations.

Financial contributions from our private sector partners will be used to support CEPI's vaccine development and manufacturing efforts. Based on the principles of speed, scale, and access, CEPI has provided up to US \$895 million in funding to date to accelerate the development of nine COVID-19 vaccine programmes, with eight of our partners having already entered clinical trials. Through taking an active portfolio management approach, CEPI is seeking to invest in further COVID-19 vaccine candidates to increase the number of shots on goal in our search for a safe and effective COVID-19 vaccine.

**EDCTP** [to 17 Oct 2020]

<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*

*Latest news*

*No new digest content identified.*

**Emory Vaccine Center** [to 17 Oct 2020]

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

*Vaccine Center News*

*No new digest content identified.*

**European Medicines Agency** [to 17 Oct 2020]

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

*News & Press Releases*

**[News: First long-acting injectable antiretroviral therapy for HIV recommended for approval](#)**

CHMP, Last updated: 16/10/2020

**[News: Meeting highlights from the Committee for Medicinal Products for Human Use \(CHMP\) 12-15 October 2020](#)**

CHMP, Last updated: 16/10/2020

**European Vaccine Initiative** [to 17 Oct 2020]

<http://www.euvaccine.eu/>

*Latest News*

*No new digest content identified.*

**FDA** [to 17 Oct 2020]

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

*Press Announcements / Selected Details*

**[October 15, 2020 - Coronavirus \(COVID-19\) Update: Daily Roundup October 15, 2020](#)**

**[October 14, 2020 - FDA Approves First Treatment for Ebola Virus](#)**

**[October 13, 2020 - Coronavirus \(COVID-19\) Update: Daily Roundup October 13, 2020](#)**

**FDA - COVID-19 Vaccines** [to 17 Oct 2020]

[www.fda.gov/covid19vaccines](http://www.fda.gov/covid19vaccines)

*Upcoming Events*

**[Vaccines and Related Biological Products Advisory Committee Meeting](#)**

10/22/2020 *Virtual*

*Agenda*

The meeting presentations will be heard, viewed, captioned, and recorded through an online teleconferencing platform. On October 22, 2020, the Center for Biologics Evaluation and Research's (CBER), Vaccines and Related Biological Products Advisory Committee (VRBPAC) will

meet in open session, to discuss, in general, the development, authorization and/or licensure of vaccines to prevent COVID-19. No specific application will be discussed at this meeting.

**Fondation Merieux** [to 17 Oct 2020]

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

*News, Events*

October 20 - 21 2020

*Mérieux Foundation co-organized event*

**7th Global Task Force on Cholera Control (GTFCC) Annual Meeting**

*Virtual*

October 30 - November 3 2020

*Mérieux Foundation co-organized event*

**6th World One Health Congress 2020 – Virtual Event**

*Virtual*

**Gavi** [to 17 Oct 2020]

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

*News releases*

16 October 2020

**Gavi receives 2020 Princess of Asturias Award for International Cooperation**

The Princess of Asturias Foundation recognises Gavi "...for their work in facilitating universal access to vaccines to reduce the impact of infectious diseases and for contributing to the protection of half of the global child population through vaccination routines."

The presentation of the awards, presided over by TM the King and Queen and with the presence of TRH The Princess of Asturias and the Infanta Sofia, took place as a virtual event in Asturias, Spain on 16 October. Gavi CEO Dr Seth Berkley accepted the award on behalf of Gavi.

15 October 2020

**Why handwashing with soap is the most effective way to stop viruses**

We may not yet have vaccines or treatments against [COVID-19](#), but there is one powerful combo that can help stop the spread of the virus, which many of us already have access to: soap and water.

There's a reason why governments and public health experts worldwide have been telling us to wash our hands – it really works. Good hand hygiene could reduce cases of respiratory diseases by 20%, and diarrhoea by 30%. That means it has potential to have a huge impact on the spread of the coronavirus.

13 October 2020

**Strong systems for strong vaccine coverage**

With support from the Vaccine Alliance, countries provided more than 400 million campaign and routine vaccinations in 2019. At the same time, Gavi disbursed a record US\$ 331 million in health system support. This is nearly double the level of US\$ 172 million in 2015, at the end of the previous five-year strategic period, and a significant increase from US\$ 284 million in 2018. In June 2018, the Gavi Board agreed to make available additional HSS funding to countries with unmet needs to strengthen coverage and equity; 30 countries were approved in 2019 for a total

of US\$ 238 million, with a strong focus on extending immunisation to reach under-served communities..

**GHIT Fund** [to 17 Oct 2020]

<https://www.ghitfund.org/newsroom/press>

*GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that  
No new digest content identified.*

**Global Fund** [to 17 Oct 2020]

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

*News/Updates*

**[Results Report 2020 Executive Summary and Translations](#)**

15 October 2020

An executive summary and translations of the Global Fund Results Report 2020 are now available for download:

Full Report - download in [English](#) | [Français](#)

**Global Research Collaboration for Infectious Disease Preparedness [GloPID-R]** [to 17 Oct 2020]

<https://www.glopid-r.org/news/>

*News*

*No new digest content identified.*

**Hilleman Laboratories** [to 17 Oct 2020]

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

*No new digest content identified.*

**Human Vaccines Project** [to 17 Oct 2020]

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

*Press Releases*

*No new digest content identified.*

**IAVI** [to 17 Oct 2020]

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

*No new digest content identified.*

**International Coalition of Medicines Regulatory Authorities [ICMRA]**

<http://www.icmra.info/drupal/en/news>

*Selected Statements, Press Releases, Research*

*No new digest content identified.*

## **International Generic and Biosimilar Medicines Association [IGBA]**

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

*News*

*No new digest content identified.*

## **IFFIm**

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

*Announcements*

*No new digest content identified.*

## **IFRC** [to 17 Oct 2020]

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

*Selected Press Releases, Announcements*

*Sudan*

### **Sudan floods: "The conditions are simply appalling" says IFRC Secretary General, as emergency appeal remains woefully underfunded**

Geneva, 15 October – The Secretary General of the International Federation of Red Cross and Red Crescent (IFRC) has returned from Sudan, where unprecedented flooding has killed more than 100 people and left over 875,000 people in need of humanitarian a ...

15 October 2020

*Europe, France, Italy, Netherlands, Spain, United Kingdom*

### **Red Cross raises the alarm across Europe: "Your best defence against this virus is you"**

Budapest/Geneva, 14 October 2020 – The International Federation of Red Cross and Red Crescent Societies (IFRC) is urging European governments and its citizens to simultaneously exercise leadership and remain vigilant as COVID-19 ravages the region. Mor ...

14 October 2020

*Asia Pacific, Vietnam*

### **One million swamped by deadly floods as Viet Nam faces another major storm**

Hanoi, Viet Nam, October 14, 2020 – Close to a million people have been severely affected by prolonged flooding in central Viet Nam as the country faces another major tropical storm and further dangerous floods. Red Cross holds grave fears that deadly ...

14 October 2020

## **IRC International Rescue Committee** [to 17 Oct 2020]

<http://www.rescue.org/press-release-index>

*Media highlights [Selected]*

*Statement*

### **Humanitarian leaders call on global donors to fund nutrition crisis on World Food Day**

October 16, 2020

*Press Release*

**El Comité Internacional de Rescate y los compañeros de tecnología lanzaron un iniciativa digital para combatir la desinformación entregada a los refugiados venezolanos y las poblaciones desplazadas en Colombia**

*[The International Rescue Committee and technology partners launched a digital initiative to combat misinformation delivered to Venezuelan refugees and displaced populations in Colombia]*

October 16, 2020

*Press Release*

**New Report Finds 73% of Refugee and Displaced Women Reported an Increase in Domestic Violence Due to COVID-19**

October 15, 2020

*Press Release*

**As US and UK struggle to contain COVID-19, conflict-affected states show encouraging signs in slowing virus transmission - IRC**

October 14, 2020

**IVAC** [to 17 Oct 2020]

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

*Updates; Events*

**IVAC Support for SAGE October 2020 Meeting**

October 2020

WHO's Strategic Advisory Group of Experts (SAGE) on Immunizations met October 5-7, 2020 to discuss topics including the use of pneumococcal vaccines in older adults, expanded recommendations on rotavirus vaccines, the impact of the pandemic on immunization, and the Immunization Agenda 2030. IVAC regularly participates in semiannual SAGE meetings, providing research summaries and other assistance to [...]

**IVI** [to 17 Oct 2020]

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

*Selected IVI News, Announcements, Events*

**IVI and global health partners encourage vaccine diplomacy**

October 13, 2020, SEOUL, Korea — The International Vaccine Institute (IVI) hosted a virtual State Forum today to advocate for multilateral cooperation through vaccine diplomacy. During a coronavirus pandemic with the continuous threat of more neglected infectious diseases spreading around the world, the forum convened a panel of country ambassadors and vaccine experts to promote partnership and equity in global health.

"Our coming together today is visible evidence of the kind of solidarity that will end this pandemic, prevent the next one, and control and eradicate more neglected diseases that disproportionately affect low- and middle-income countries," said George Bickerstaff, Chair of IVI's Board of Trustees, in his welcome.



The forum was livestreamed online from IVI headquarters in Seoul, Korea and featured remarks from First Lady Kim Jung-sook of the Republic of Korea and Queen Sylvia of Sweden, as well as ambassadors from the Republic of Korea, Sweden, India, Finland, Mexico, and Pakistan. A panel of leaders in global health urged support for stronger partnership, including Dr. Soumya Swaminathan, Chief Scientist of the World Health Organization; Dr. Seth Berkley, CEO of Gavi, the Vaccine Alliance; Dr. Richard J. Hatchett, CEO of CEPI; Ms. Etleva Kadilli, Director of the Supply Division at UNICEF; and Dr. Peter Hotez, Dean of the National School of Tropical Medicine at Baylor College of Medicine.

IVI's 2020 annual State Forum commemorated the international organization's founding in October of 1997 under the theme of "Building Vaccine Diplomacy and Advocacy." Dr. Jerome Kim, Director General of IVI, presented on IVI's approach to sustainable vaccine development, highlighting South-South and Triangular Cooperation as catalysts for diplomacy and making available life-saving vaccines.

"Ending the COVID-19 pandemic and ridding the world of other dangerous though 'neglected' infectious diseases will require countries to commit to vaccine diplomacy with the support and partnership of the scientific community, international organizations, and industry," said Dr. Jerome Kim.

**The IVI State Forum 2020 was livestreamed on October 13, 2020 at 5:00 PM Korea Standard Time, and a recording of the event may be accessed [here](#).**

**JEE Alliance** [to 17 Oct 2020]  
<https://www.jeealliance.org/>  
*Selected News and Events*  
*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 17 Oct 2020]  
<http://www.msf.org/>  
*Latest [Selected Announcements]*  
*Venezuela*  
[\*\*MSF teams improve conditions for Venezuelan returnees in quarantine centres...\*\*](#)  
Project Update 13 Oct 2020

**National Vaccine Program Office - U.S. HHS** [to 17 Oct 2020]  
<https://www.hhs.gov/vaccines/about/index.html>  
*No new digest content identified.*

**NIH** [to 17 Oct 2020]  
<http://www.nih.gov/news-events/news-releases>  
*Selected News Releases*  
[\*\*NIH begins large clinical trial to test immune modulators for treatment of COVID-19\*\*](#)

October 16, 2020 — The trial expects to enroll approximately 2,100 hospitalized adults with moderate to severe COVID-19 at medical facilities in the United States and Latin America.

**[NIH study aims to identify promising COVID-19 treatments for larger clinical trials](#)**

October 13, 2020 — The ACTIV-5 Big Effects Trial will enroll adult volunteers hospitalized with COVID-19.

**[NHGRI researchers work with patients, families and the scientific community to improve the informed consent process](#)**

October 13, 2020 — As genome-editing trials become more common, informed consent is changing.

**PATH** [to 17 Oct 2020]

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

*Press Releases*

*No new digest content identified.*

**Sabin Vaccine Institute** [to 17 Oct 2020]

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

*Statements and Press Releases*

*No new digest content identified.*

**UNAIDS** [to 17 Oct 2020]

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

*Selected Press Releases/Reports/Statements*

16 October 2020

**[COVID-19's impact on HIV treatment less severe than feared](#)**

15 October 2020

**[Chatbot answers young people's questions about HIV, health and relationships](#)**

14 October 2020

**[UNAIDS saddened by the death of Guillermo Soberon](#)**

13 October 2020

**[Chinese young people take centre stage on HIV prevention](#)**

13 October 2020

**[COVID-19 impacting HIV testing in most countries](#)**

12 October 2020

**[New HIV infections: men outnumber women](#)**

**UNICEF** [to 17 Oct 2020]

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

*Selected Press releases, Statements*

*Statement*

10/15/2020

**Remarks by UNICEF Executive Director Henrietta Fore at the High-Level Special Event on Strengthening Global Governance of Food Security and Nutrition**

*As prepared for delivery*

*Statement*

10/15/2020

**Remarks by Henrietta H. Fore, UNICEF Executive Director, at the Global Handwashing Day: Accelerating Toward Hand Hygiene for All Event**

*As prepared for delivery*

*Press release*

10/14/2020

**FACT SHEET: Lack of handwashing with soap puts millions at increased risk to COVID-19 and other infectious diseases**

**Unitaid** [to 17 Oct 2020]

<https://unitaid.org/>

*Featured News*

13 October 2020

**Unitaid supports call for intellectual property waivers and action for access to COVID-19 products**

Geneva – Unitaid calls on countries to take the necessary measures to facilitate and promote access to vaccines, therapeutics and diagnostics that will help [fight the COVID-19 pandemic](#). This should include ensuring that they have the legal and health systems in place that enable fast production, importation, registration and deployment of effective products, once these become available.

In this context, Unitaid welcomes the proposal submitted by India and South Africa to the TRIPS Council for a temporary waiver on copyrights, industrial designs, patents, lay-out designs of integrated circuits and trade secrets/undisclosed information for products to prevent, contain or treat COVID-19.

Every solution that helps remove potential access barriers is welcome according to Marisol Touraine, Chair of the Unitaid Executive Board and former French Minister of Health, and will help countries to face the pandemic with new tools.

Marisol Touraine stressed that, “the waiver will not solve all challenges, but it is an important step. While countries and companies also need to do their part, this sends a clear message that we are facing an urgent and exceptional situation, that requires exceptional measures.”

Unitaid believes that a range of solutions will be needed in order to ensure that people across the globe have access to the products needed to combat COVID-19. “Just as we will need a range of products – such as protective equipment, tests, medicines and vaccines – to tackle

COVID-19, we will need multiple approaches to ensuring access”, said Dr Philippe Duneton, Unitaid Executive Director a.i., “Information sharing, voluntary licensing, technology transfer, flexibilities and waivers can all contribute to expanding access.”

**Vaccination Acceptance Research Network (VARN)** [to 17 Oct 2020]

<https://vaccineacceptance.org/news.html#header1-2r>

*Announcements*

*No new digest content identified.*

**Vaccine Confidence Project** [to 17 Oct 2020]

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

*Research and Reports*

**[She Hunts Viral Rumors About Real Viruses](#)**

17 Oct 2020, New York Times

For Heidi Larson, the founder of the Vaccine Confidence Project, dispelling vaccine hesitancy means building trust — and avoiding the term “anti-vaxxer.”

**Vaccine Education Center – Children’s Hospital of Philadelphia** [to 17 Oct 2020]

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

*No new digest content identified.*

**Wellcome Trust** [to 17 Oct 2020]

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

*Opinion* | 13 October 2020

**[Once we have effective Covid-19 treatments, it shouldn’t only be the rich who benefit](#)**

Jeremy Farrar, Director, Wellcome

We need a range of treatments to make Covid-19 preventable and treatable. Jeremy Farrar describes recent progress made by research and why more investment is needed.

*Opinion* | 12 October 2020

**[More people should have access to monoclonal antibodies. Covid-19 can make that happen](#)**

Lindsay Keir, Partner, Innovations team Wellcome

Monoclonal antibodies, one of the most promising treatments for Covid-19, are usually expensive and not available worldwide. Lindsay Keir highlights what needs to be done to change that.

**The Wistar Institute** [to 17 Oct 2020]

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

*Press Releases*

Oct. 13, 2020

**Advancement of Anticancer Compounds for B Cell Cancer Therapy Targeting a Cellular Stress Response Mechanism**

IRE-1 inhibitors block a main pathway in the endoplasmic reticulum stress response that supports cell survival under stressful conditions and is important for B cell cancer development.

**WFPHA: World Federation of Public Health Associations** [to 17 Oct 2020]

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

*Latest News*

**2019-2020 Annual report is now available!**

Oct 13, 2020 | *News*

Here you'll learn about our major initiatives from the past 12 months, explore our achievements in advancing public health globally and have an insight of our plan for the next year.

**World Organisation for Animal Health (OIE)** [to 17 Oct 2020]

<https://www.oie.int/en/for-the-media/press-releases/2020/>

*Press Releases*

*No new digest content identified.*

.....

**ARM [Alliance for Regenerative Medicine]** [to 17 Oct 2020]

<https://alliancerm.org/press-releases/>

*Press Releases*

**ARM and NAMCP Publish Recommendations to Increase Patient Access in Joint Study, "Roadmap for Navigating the Provider Side of Cell and Gene Therapy (CGT) Patient Access in US Managed Care."**

October 12, 2020

Washington, DC

**BIO** [to 17 Oct 2020]

<https://www.bio.org/press-releases>

*Press Releases*

*No new digest content identified.*

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 17 Oct 2020]

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

*News; Upcoming events*

**DCVMN establishes an international consortium of laboratories to study the in-house validation of novel in vitro assay for childhood vaccines**

Nyon, 29th September 2020 – The Developing Countries Vaccine Manufacturers' Network (DCVMN), with the support of a grant awarded by the National Institute for Innovation in Manufacturing Biopharmaceuticals (NIIMBL), has established an international consortium of

laboratories, to advance the in-house validation of a serological potency test for whole-cell pertussis-containing childhood vaccines.

Pertussis, commonly known as whooping cough, is a severe disease caused by the *Bordetella pertussis* bacterium. A cornerstone of routine childhood immunization programs around the world, pertussis-containing vaccines save hundreds of thousands of lives annually.

The project, budgeted at 750 thousand USD, aims to support the in-house validation of a serological assay (Pertussis Serological Potency Test - PSPT) to replace the Kendrick Test currently used for Pertussis potency testing. The PSPT benefits from increased reliability and reproducibility, ultimately reducing the cost of a single vaccine dose while sparing countless laboratory animals from the distress implied in the current test...

### **ICBA – International Council of Biotechnology Associations** [to 17 Oct 2020]

<https://internationalbiotech.org/>

*News*

*No new digest content identified.*

### **IFPMA** [to 17 Oct 2020]

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

*Selected Press Releases, Statements, Publications*

#### **IFPMA statement on "Intellectual Property and COVID-19"**

16 October 2020

The COVID-19 pandemic has had profound health, social and economic impact around the world. The biopharmaceutical industry has made addressing the pandemic its top priority, devoting its resources, expertise, know-how, and intellectual assets to developing potential treatments, diagnostics and vaccines at unprecedented pace, while committing to and engaging in unprecedented levels of international collaboration and coordination through initiatives such as ACT-A, ACTIV and CEPI to ensure equitable access to products being developed.

The intellectual property (IP) system has enabled collaboration between biopharmaceutical innovators and governments, universities and other research partners to speed up progress on our most pressing unmet medical needs, including hundreds of potential COVID-19 treatments, diagnostics and vaccines for patients around the world. It has also been the driving force behind the many innovations that will help us overcome the pandemic, giving rise to nearly all of the molecules, platforms, and other technologies that have enabled industry to target COVID-19 at an advanced stage, and helping to ensure the resources and conditions needed to see the development of promising treatments through to approval. IP will also continue to play a crucial role long after this pandemic is over, to ensure that the world is prepared with innovative solutions for future global health crisis, in addition to other pressing healthcare needs.

Despite the critical role that IP has successfully played in enabling innovation and collaboration, some stakeholders have proposed to weaken national and international IP frameworks during the COVID-19 pandemic. While we share the objective of equitable access to medicines, we disagree with the premise that IP rights are potential barriers to R&D, public-private

collaborations or access to COVID-19 products. Our experience shows the opposite. Indeed, because IP is so critical to each of the goals of innovation, collaboration and access, such proposals would undermine all of them, and therefore would fail to achieve what is so urgently needed.

One-size-fits all proposals advocating for diluting or suspending IP rights during this pandemic disregard the specific circumstances of each situation, each product and each country – all facing very different challenges regarding the manufacture and distribution of COVID-19 treatments and vaccines. The international IP system already has rules and practices to permit customized solutions to real-world problems that may arise...

### **Biopharmaceutical industry support EU regulators exceptional transparency measures and call other regulatory authorities to follow**

Geneva, 13 October 2020: IFPMA & EFPIA support European Medicines Agency's (EMA) initiative to implement exceptional transparency measures that are targeting regulatory activities for the assessment and approval of medicines and vaccines for COVID-19.<sup>[1]</sup> The biopharmaceutical industry represented by IFPMA and EFPIA encourage other national regulatory authorities to follow EMA's example.

The European Medicines Agency (EMA) announced several exceptional transparency measures<sup>[2]</sup> that are targeting regulatory activities for the assessment and approval of medicines and vaccines for COVID-19.<sup>[3]</sup> These transparency measures are focused on accelerating the publication of key documents at this exceptional time, such as news announcements for rolling reviews and compassionate use opinions, as well as implementing shorter timeframes for publishing public assessment reports. The measures also include publication after marketing authorization of the complete version of the risk management plan and the clinical trial data used in support of the regulatory approval for the medicine and vaccine. Along with the implementation of the measures comes the added responsibility of providing the appropriate context around the availability of this additional data and information. It is paramount to ensure that safeguards are in place to preserve privacy of patients who volunteer in the biomedical research.

Thomas Cueni, Director General of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) says: "As an industry, we recognize that there are important public health benefits associated with making clinical trial results more widely available and hope that such measures will help to broaden confidence in the science and the decision-making that is guiding the development of medicines and vaccines for COVID-19."

Nathalie Moll, Director General of the European Federation of Pharmaceutical Industries and Associations (EFPIA) are of the same view: "We believe that this initiative will better inform patients, health care professionals, researchers, media, policymakers, and the general public about ongoing regulatory processes and procedures. The EMA initiative of exceptional transparency measures will help to enhance trust and confidence in the evaluation and approval process that is critical during COVID-19."



## **IFPMA applauds APEC for trailblazing efforts to demonstrate return on ethics for SMEs through Vision 2025**

GENEVA, 13 October 2020: Today, IFPMA joined hundreds of diverse stakeholders from more than 30 economies spanning the Asia-Pacific and beyond in a shared commitment to solidify and grow the world's largest public-private, multi-sectoral partnership in the advancement of business ethics in the medical device and biopharmaceutical sectors, through [Vision 2025](#). This roadmap builds on a decade of work in the APEC region, resulting in the adoption of codes of ethics for industry bodies representing nearly 20,000 enterprises of every size across the APEC region, including in 10 economies where they previously did not exist.

Vision 2025 acknowledges that more needs to be done in the next five years to achieve regional alignment and implementation in ethical business practices while advancing the best interest and health of patients. These efforts are also crucial to COVID-19 response and recovery.

IFPMA members are firmly behind this roadmap, launched at the 2020 APEC Business Ethics for SMEs Virtual Forum.

**"APEC is at the forefront of driving the most essential value in our healthcare systems today, and that's integrity,"** said David Ricks, President of the IFPMA and Chairman and CEO of Eli Lilly and Company. "We make medicines that improve people's health or sustain their life. Trust is the bedrock of the modern pharmaceutical industry. Integrity and trust in our enterprise come first in everything that we do", he added.

**"Integrity is the cornerstone principle for any organization that values trust. And trust is the lifeblood of healthcare and innovation. In this context we realize our essential integrity is to pioneering new treatments that save countless lives. Integrity is our ultimate tool to win the battle against COVID-19,"** said Jean-Christophe Tellier, Chief Executive Officer and Chairman of the Executive Committee at UCB, incoming President of IFPMA...

**PhRMA** [to 17 Oct 2020]

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

*Selected Press Releases, Statements*

*No new digest content identified.*

\* \* \* \*

## ***Journal Watch***

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

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

## **AJOB Empirical Bioethics**

Volume 11, 2020 Issue 4

<https://www.tandfonline.com/toc/uabr21/current>

### *Articles*

#### **[The Meaning of Informed Consent: Genome Editing Clinical Trials for Sickle Cell Disease](#)**

Stacy Desine , Brittany M. Hollister , Khadijah E. Abdallah , Anitra Persaud , Sara Chandros Hull & Vence L. Bonham

Pages 195-207 | Published online: 12 Oct 2020 *Open Access*

<https://doi.org/10.1080/23294515.2020.1818876>

### *Abstract*

#### **Background**

A first therapeutic target of somatic genome editing (SGE) is sickle cell disease (SCD), the most commonly inherited blood disorders, affecting more than 100,000 individuals in the United States. Advancement of SGE is contingent on patient participation in first in human clinical trials. However, seriously ill patients may be vulnerable to overestimating the benefits of early phase studies while underestimating the risks. Therefore, ensuring potential clinical trial participants are fully informed prior to participating in a SGE clinical trial is critical.

**Methods:** We conducted a mixed-methods study of adults with SCD as well as parents and physicians of individuals with SCD. Participants were asked to complete a genetic literacy survey, watch an educational video about genome editing, complete a two-part survey, and take part in focus group discussions. Focus groups addressed topics on clinical trials, ethics of gene editing, and what is not understood regarding gene editing. All focus groups were audio-recorded, transcribed, and analyzed using conventional content analysis techniques to identify major themes.

**Results:** Our study examined the views of SCD stakeholders regarding what they want and need to know about genome editing to make an informed decision to participate in a SGE clinical trial. Prominent themes included stakeholders' desire to understand treatment side effects, mechanism of action of SGE, trial qualification criteria, and the impact of SGE on quality of life. In addition, some physicians expressed concerns about the extent to which their patients would understand concepts related to SGE; however, individuals with SCD demonstrated higher levels of genetic literacy than estimated by physicians.

**Conclusions:** Designing ethically robust genome editing clinical trials for the SCD population will require, at a minimum, addressing the expressed information needs of the community through culturally sensitive engagement, so that they can make informed decisions to consider participation in clinical trials.

### *Article*

#### **[Ethical, Legal, and Social Issues \(ELSI\) of Responsible Data Sharing Involving Children in Genomics: A Systematic Literature Review of Reasons](#)**

Vasiliki Rahimzadeh , Bartha Maria Knoppers & Gillian Bartlett

Pages: 233-245

Published online: 25 Sep 2020

**American Journal of Infection Control**

October 2020 Volume 48, Issue 10, p1133-1286

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

[Reviewed earlier]

**American Journal of Preventive Medicine**

October 2020 Volume 59, Issue 4, p469-620

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

[Reviewed earlier]

**American Journal of Public Health**

October 2020 110(S3) Supplement 3 2020

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

[Reviewed earlier]

**American Journal of Tropical Medicine and Hygiene**

Volume 103, Issue 3, September 2020

<http://www.ajtmh.org/content/journals/14761645/103/3>

[Reviewed earlier]

**Annals of Internal Medicine**

6 October 2020 Volume 173, Issue 7

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

[Reviewed earlier]

**Artificial Intelligence – An International Journal**

Volume 288 November 2020

<https://www.sciencedirect.com/journal/artificial-intelligence/vol/288/suppl/C>

[Reviewed earlier]

**BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 17 Oct 2020)

[No new digest content identified]

**BMJ Global Health**

October 2020 - Volume 5 - 10

<https://gh.bmj.com/content/5/10>

[Reviewed earlier]

### **BMC Health Services Research**

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

(Accessed 17 Oct 2020)

#### **[Do the dynamics of vaccine programs improve the full immunization of children under the age of five in Cameroon?](#)**

*Among the eight Millennium Development Goals (MDGs), three were devoted to health. Two amongst which MDG4 in relation to the reduction of infant mortality has not been achieved in Least Developed Countries (LD...*

Authors: Rodrigue Nda'chi Deffo and Benjamin Fomba Kamga

Citation: BMC Health Services Research 2020 20:953

Content type: Research article

Published on: 15 October 2020

### **BMC Infectious Diseases**

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

(Accessed 17 Oct 2020)

#### **[Vaccine-associated measles in a patient treated with natalizumab: a case report](#)**

*Safety of live vaccines in patients treated with immunosuppressive therapies is not well known, resulting in contradictory vaccination recommendations. We describe here the first case of vaccine-associated mea...*

Authors: Alix Miauton, Rainer Tan, Vasiliki Pantazou, Renaud Du Pasquier and Blaise Genton

Citation: BMC Infectious Diseases 2020 20:753

Content type: Case report

Published on: 14 October 2020

### **BMC Medical Ethics**

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

(Accessed 17 Oct 2020)

*Debate*

#### **[Human genome editing: how to prevent rogue actors](#)**

Authors: Beverley A. Townsend

6 October 2020

### **BMC Medicine**

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

(Accessed 17 Oct 2020)

[No new digest content identified]

### **BMC Pregnancy and Childbirth**

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

(Accessed 17 Oct 2020)

[No new digest content identified]

**BMC Public Health**

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

(Accessed 17 Oct 2020)

[No new digest content identified]

**BMC Research Notes**

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

(Accessed 17 Oct 2020)

[No new digest content identified]

**BMJ Open**

October 2020 - Volume 10 - 10

<https://bmjopen.bmj.com/content/10/10>

[Reviewed earlier]

**Bulletin of the World Health Organization**

Volume 98, Number 10, October 2020, 645-724

<https://www.who.int/bulletin/volumes/98/10/en/>

[Reviewed earlier]

**Child Care, Health and Development**

Volume 46, Issue 6 Pages: 651-750 November 2020

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

[New issue; No digest content identified]

**Clinical Pharmacology & Therapeutics**

Volume 108, Issue 4 Pages: 681-895 October 2020

<https://ascpt.onlinelibrary.wiley.com/toc/15326535/current>

[Reviewed earlier]

**Clinical Therapeutics**

September 2020 Volume 42 Issue 9 p1625-1846, e161-e208

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

*Reviews*

**[Antibiotic Stewardship in Food-producing Animals: Challenges, Progress, and Opportunities](#)**

Sameer J. Patel, Matthew Wellington, Rohan M. Shah, Matthew J. Ferreira

Published online: August 18, 2020 p1649-1658

**Clinical Trials**

Volume 17 Issue 5, October 2020  
<https://journals.sagepub.com/toc/ctja/17/5>  
[Reviewed earlier]

### **Conflict and Health**

<http://www.conflictandhealth.com/>  
[Accessed 17 Oct 2020]  
[No new digest content identified]

### **Contemporary Clinical Trials**

Volume 96 September 2020  
<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/96/suppl/C>  
[Reviewed earlier]

### **The CRISPR Journal**

Volume 3, Issue 4 / August 2020  
<https://www.liebertpub.com/toc/crispr/3/4>  
[Reviewed earlier]

### **Current Genetic Medicine Reports**

Volume 8, issue 3, September 2020  
<https://link.springer.com/journal/40142/volumes-and-issues/8-3>  
[Reviewed earlier]

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

October 2020 - Volume 33 - Issue 5  
<https://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>  
[Reviewed earlier]

### **Developing World Bioethics**

Volume 20, Issue 3 Pages: 115-171 September 2020  
<https://onlinelibrary.wiley.com/toc/14718847/current>  
[Reviewed earlier]

### **Development in Practice**

Volume 30, Issue 6, 2020  
<http://www.tandfonline.com/toc/cdip20/current>  
***New sectoral perspectives on international NGOs: scale, dynamics and influences.***  
***Guest Editors: Nicola Banks, Lau Schulpen, and Dan Brockington***  
[Reviewed earlier]

### **Disaster Medicine and Public Health Preparedness**

Volume 14 - Issue 2 - April 2020

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

[Reviewed earlier]

### **Disasters**

Volume 44, Issue 4 Pages: 619-752 October 2020

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

[Reviewed earlier]

### **EMBO Reports**

Volume 21 Issue 10 5 October 2020

<https://www.embopress.org/toc/14693178/current>

[Reviewed earlier]

### **Emerging Infectious Diseases**

Volume 26, Number 10—October 2020

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

[Reviewed earlier]

### **Epidemics**

Volume 32 September 2020

<https://www.sciencedirect.com/journal/epidemics/vol/32/suppl/C>

[Reviewed earlier]

### **Epidemiology and Infection**

Volume 148 - 2020

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

[Reviewed earlier]

### **Ethics & Human Research**

Volume 42, Issue 5 Pages: 1-40 September–October 2020

<https://onlinelibrary.wiley.com/toc/25782363/current>

***Participants with autism • Big data and pragmatic trials • Covid-19 research***

[Reviewed earlier]

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

Volume 30, Issue Supplement\_4, September 2020

[https://academic.oup.com/eurpub/issue/30/Supplement\\_4](https://academic.oup.com/eurpub/issue/30/Supplement_4)

[Reviewed earlier]

### **Expert Review of Vaccines**

Vol 19 (8) 2020

<https://www.tandfonline.com/toc/ierv20/current>

[Reviewed earlier]

### **Gates Open Research**

<https://gatesopenresearch.org/browse/articles>

[Accessed 17 Oct 2020]

*Open Letter metrics* AWAITING PEER REVIEW

[\*\*Impact of the COVID-19 pandemic on the human resources for health in India and key policy areas to build a resilient health workforce\*\*](#) [version 1; peer review: awaiting peer review]

Ankita Mukherjee, Rakesh Parashar

Peer Reviewers Invited

Funder: Bill and Melinda Gates Foundation

PUBLISHED 15 Oct 2020

### **Genome Medicine**

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

[Accessed 17 Oct 2020]

[No new digest content identified]

### **Global Health Action**

Volume 12, 2019 Issue 1

<https://www.tandfonline.com/toc/zgha20/12/sup1?nav=tocList>

[Reviewed earlier]

### **Global Health: Science and Practice (GHSP)**

Vol. 8, No. 3 October 01, 2020

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

[Reviewed earlier]

### **Global Public Health**

Volume 15, 2020 Issue 10

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

[Reviewed earlier]

### **Globalization and Health**

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



## *Research*

### **Understanding the trends in international agreements on pricing and reimbursement for newly marketed medicines and their implications for access to medicines: a computational text analysis**

Authors: Kyung-Bok Son

14 October 2020

## **Health Affairs**

Vol. 39, No. 10 October 2020

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

### ***Children's Health***

## **Health and Human Rights**

Volume 22, Issue 1, June 2020

<https://www.hhrjournal.org/volume-22-issue-1-june-2020/>

### ***Special Section: Mental Health and Human Rights***

[Reviewed earlier]

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

Volume 15 - Issue 4 - October 2020

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

[Reviewed earlier]

## **Health Policy and Planning**

Volume 35, Issue 8, October 2020

<https://academic.oup.com/heapol/issue/35/8>

### *Original Articles*

### **Effect of human papilloma virus vaccination on sexual behaviours among adolescent women in Rwanda: a regression discontinuity study**

Celestin Hategeka, Gina Ogilvie, Marie Paul Nisingizwe, Stephen Rulisa, Michael R Law

Health Policy and Planning, Volume 35, Issue 8, October 2020, Pages 1021–1028,

<https://doi.org/10.1093/heapol/czaa083>

## *Reviews*

### **Utilization of traditional medicine in primary health care in low- and middle-income countries: a systematic review**

Jae Kyoung Kim, Kyeong Han Kim, Yong Cheol Shin, Bo-Hyoung Jang, Seong-Gyu Ko

Health Policy and Planning, Volume 35, Issue 8, October 2020, Pages 1070–1083,

<https://doi.org/10.1093/heapol/czaa022>

### **Health system resilience: a literature review of empirical research**

Louise Biddle, Katharina Wahedi, Kayvan Bozorgmehr

Health Policy and Planning, Volume 35, Issue 8, October 2020, Pages 1084–1109,

<https://doi.org/10.1093/heapol/czaa032>

## **Health Research Policy and Systems**

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

[Accessed 17 Oct 2020]

[No new digest content identified]

## **Human Gene Therapy**

Volume 31, Issue 17-18 / September 2020

<https://www.liebertpub.com/toc/hum/31/17-18>

***Special Issue on Gene and Cell Therapies for Pulmonary Disorders***

[New issue; No digest content identified]

## **Humanitarian Exchange Magazine**

Number 78, October 2020

<https://odihpn.org/magazine/inclusion-of-persons-with-disabilities-in-humanitarian-action-what-now/>

### **Disability inclusion in humanitarian action**

*by HPN October 2020*

The theme of this edition of Humanitarian Exchange, co-edited with Sherin Alsheikh Ahmed from Islamic Relief Worldwide, is disability inclusion in humanitarian action. Persons with disabilities are not only disproportionately impacted by conflicts, disasters and other emergencies, but also face barriers to accessing humanitarian assistance. At the same time, global commitments and standards and the IASC Guidelines on the inclusion of persons with disabilities in humanitarian action all emphasise how persons with disabilities are also active agents of change. Disability and age-focused organisations have led on testing and demonstrating how inclusion can be done better. Yet despite this progress, challenges to effective inclusion remain.

As Kirstin Lange notes in the lead article, chief among these challenges is humanitarian agencies' lack of engagement with organisations of persons with disabilities. Simone Bula, Elizabeth Morgan and Teresa Thomson look at disability inclusion in humanitarian response in the Pacific, and Kathy Al Jubeh and Alradi Abdalla argue for a 'participation revolution', building on learning from the gender movement. Tchaurea Fleury and Sulayman AbdulMumuni Ujah outline how the Bridge Article 11 training initiative is encouraging constructive exchange between humanitarian and disability actors. The lack of good, disaggregated data is highlighted by Sarah Collinson; Frances Hill, Jim Cranshaw and Carys Hughes emphasise the need for training resources in local languages and accessible formats; and Sophie Van Eetvelt and colleagues report on a review of the evidence on inclusion of people with disabilities and older people.

Rebecca Molyneux and co-authors analyse the findings of a review of a DFID programme in north-east Nigeria, while Carolin Funke highlights the importance of strategic partnerships between disability-focused organisations, drawing on her research in Cox's Bazar. Sherin Alsheikh Ahmed describes Islamic Relief Worldwide's approach to mainstreaming protection and inclusion, while Pauline Thivillier and Valentina Shafina outline IRC's Client Responsive

Programming. The edition ends with reflections by Mirela Turcanu and Yves Ngunzi Kahashi on CAFOD's SADI approach.

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

Volume 16, Issue 7, 2020

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

[Reviewed earlier]

**Infectious Agents and Cancer**

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

[Accessed 17 Oct 2020]

[No new digest content identified]

**Infectious Diseases of Poverty**

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

[Accessed 17 Oct 2020]

[No new digest content identified]

**International Health**

Volume 12, Issue 5, September 2020

<https://academic.oup.com/inthealth/issue/12/5>

[Reviewed earlier]

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

Vol 7, No 10 (2020) October 2020

<https://www.ijcmph.com/index.php/ijcmph/issue/view/67>

[Reviewed earlier]

**International Journal of Epidemiology**

Volume 49, Issue 3, June 2020

<https://academic.oup.com/ije/issue/49/3>

[Reviewed earlier]

**International Journal of Human Rights in Healthcare**

Volume 13 Issue 4 2020

<https://www.emerald.com/insight/publication/issn/2056-4902/vol/13/iss/4>

*Table of Contents*

[Reviewed earlier]

**International Journal of Infectious Diseases**

September 2020 Volume 98, p1-502  
[https://www.ijidonline.com/issue/S1201-9712\(20\)X0010-5](https://www.ijidonline.com/issue/S1201-9712(20)X0010-5)  
[Reviewed earlier]

## **JAMA**

October 13, 2020, Vol 324, No. 14, Pages 1371-1476  
<https://jamanetwork.com/journals/jama/currentissue>  
*Viewpoint*

### **Occupational Safety and Health Administration (OSHA) and Worker Safety During the COVID-19 Pandemic**

David Michaels, PhD, MPH; Gregory R. Wagner, MD  
*free access*

JAMA. 2020;324(14):1389-1390. doi:10.1001/jama.2020.16343

This Viewpoint discusses the importance of preventive measures and supplies to reduce workplace COVID-19 transmission and calls for the US Occupational Safety and Health Administration (OSHA) to issue an enforceable requirement that employers implement standards and plans to minimize COVID-19 incidence among essential workers and spread to their families and communities.

*Viewpoint*

### **Suboptimal US Response to COVID-19 Despite Robust Capabilities and Resources**

Jennifer B. Nuzzo, DrPH, SM; Jessica A. Bell, MS; Elizabeth E. Cameron, PhD  
*free access*

JAMA. 2020;324(14):1391-1392. doi:10.1001/jama.2020.17395

This Viewpoint attempts to reconcile the US's high 2019 preparedness ranking on the Global Health Security Index, an international framework for benchmarking health security, and its faltering coronavirus disease 2019 (COVID-19) pandemic response, and explores lessons learned from other countries whose higher rankings and efficient responses were more closely aligned.

*Viewpoint*

### **The Case for Algorithmic Stewardship for Artificial Intelligence and Machine Learning Technologies**

Stephanie Eaneff, MSP; Ziad Obermeyer, MD; Atul J. Butte, MD, PhD  
has audio

JAMA. 2020;324(14):1397-1398. doi:10.1001/jama.2020.9371

This Viewpoint proposes creation of algorithmic stewardship programs at health systems, tasked similar to antibiotic stewardship committees with oversight of artificial intelligence and machine learning technologies to ensure they are used safely, effectively, fairly, and to the benefit of diverse patient populations.

**Conversations with Dr Baucher:** Algorithmic Stewardship for Artificial Intelligence and Machine Learning Technologies

## **JAMA Network**

### **COVID-19 Update October 17, 2020**

*These articles on COVID-19 were published across the JAMA Network in the last week.*

**JAMA Pediatrics**

October 2020, Vol 174, No. 10, Pages 919-1012

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

[Reviewed earlier]

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

October 2020 - Volume 18 - Issue 10

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

**METHODOLOGY****[Methodological guidance for the conduct of mixed methods systematic reviews](#)**

Stern, Cindy; Lizarondo, Lucylynn; Carrier, Judith; More

JBIR Evidence Synthesis. 18(10):2108-2118, October 2020.

**[Updated methodological guidance for the conduct of scoping reviews](#)**

Peters, Micah D.J.; Marnie, Casey; Tricco, Andrea C.; More

JBIR Evidence Synthesis. 18(10):2119-2126, October 2020.

**SYSTEMATIC REVIEW PROTOCOLS****[Methodologic approaches in studies using real-world data to measure pediatric safety and effectiveness of vaccines administered to pregnant women: a scoping review protocol](#)**

Lasky, Tamar; McMahon, Ann W.; Hua, Wei; More

JBIR Evidence Synthesis. 18(10):2164-2170, October 2020.

**Journal of Adolescent Health**

October 2020 Volume 67, Issue 4, p461-622

[https://www.jahonline.org/issue/S1054-139X\(20\)X0008-5](https://www.jahonline.org/issue/S1054-139X(20)X0008-5)

[Reviewed earlier]

**Journal of Artificial Intelligence Research**

Vol. 69 (2020)

<https://www.jair.org/index.php/jair>

[Reviewed earlier]

**Journal of Community Health**

Volume 45, issue 5, October 2020

<https://link.springer.com/journal/10900/volumes-and-issues/45-5>

**Articles**

[Reviewed earlier]

**Journal of Development Economics**

Volume 147 November 2020

<https://www.sciencedirect.com/journal/journal-of-development-economics/vol/147/suppl/C>

[Reviewed earlier]

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

Volume 15 Issue 4, October 2020

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

[Reviewed earlier]

**Journal of Epidemiology & Community Health**

September 2020 - Volume 74 - 9

<https://jech.bmj.com/content/74/9>

[Reviewed earlier]

**Journal of Evidence-Based Medicine**

Volume 13, Issue 3 Pages: 179-249 August 2020

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

[Reviewed earlier]

**Journal of Global Ethics**

Volume 16, Issue 2, 2020

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

[Reviewed earlier]

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

Volume 31, Number 3, August 2020

<https://muse.jhu.edu/issue/42831>

[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 22, issue 5, October 2020

<https://link.springer.com/journal/10903/volumes-and-issues/22-5>

[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 18, 2020\_ Issue 4

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

[New issue; No digest content identified]

**Journal of Infectious Diseases**

Volume 222, Issue 3, 1 August 2020  
<https://academic.oup.com/jid/issue/222/3>  
[Reviewed earlier]

**Journal of Medical Ethics**

October 2020 - Volume 46 - 10  
<http://jme.bmj.com/content/current>  
[Reviewed earlier]

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

Volume 7, Issue 3 (2020)  
<https://digitalrepository.aurorahealthcare.org/jpcrr/>  
[Reviewed earlier]

**Journal of Pediatrics**

October 2020 Volume 225, p1-288  
<http://www.jpeds.com/current>  
[Reviewed earlier]

**Journal of Pharmaceutical Policy and Practice**

<https://joppp.biomedcentral.com/>  
[Accessed 17 Oct 2020]

**[Public spending on orphan medicines: a review of the literature](#)**

*Little is known about how much public payers spend on orphan medicines. This study aimed at identifying information on orphan medicine expenditure incurred by public payers that was published in literature globally and at possibly synthesising their shares as portion of the total pharmaceutical expenditure.*

Authors: Margit Gombocz and Sabine Vogler

Content type: Research

13 October 2020

**Journal of Public Health Management & Practice**

September/October 2020 - Volume 26 - Issue 5  
<https://journals.lww.com/jphmp/pages/currenttoc.aspx>  
[Reviewed earlier]

**Journal of Public Health Policy**

Volume 41, Issue 3, September 2020  
<https://link.springer.com/journal/41271/41/3>  
[Reviewed earlier]

**Journal of Refugee & Global Health**

Volume 3, Issue 1 (2020)

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

[Reviewed earlier]

**Journal of the Royal Society – Interface**

October 2020 Volume 17 Issue 171

<https://royalsocietypublishing.org/toc/rsif/current>

[Reviewed earlier]

**Journal of Travel Medicine**

Volume 27, Issue 6, August 2020

<https://academic.oup.com/jtm/issue/27/6>

[Reviewed earlier]

**Journal of Virology**

November 2020; Volume 94, Issue 21

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

[New issue; No digest content identified]

**The Lancet**

Oct 17, 2020 Volume 396 Number 10258 p1129-1306

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

*Editorial*

**[Global health: time for radical change?](#)**

The Lancet

What strategies should governments adopt to improve the health of their citizens? Amid the COVID-19 syndemic it would be easy to focus attention on global health security—at a minimum, strong public health and health-care systems. WHO has based its global health strategy on three pillars: universal health coverage, health emergencies, and better health and wellbeing. The indispensable elements of robust public health and health care are well known and endlessly rehearsed—a capable health workforce; effective, safe, and high-quality service delivery; health information systems; access to essential medicines; sufficient financing; and good governance. But has the gaze of global health been too narrow? Have health leaders and advocates been missing the most important determinants of human health?

The [latest report](#) of the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019 raises uncomfortable questions about the direction global health has taken in the 21st century. On the one hand, the news seems good. The health of the world's population is steadily improving. Global life expectancy at birth increased from 67·2 years in 2000 to 73·5 years in 2019. Healthy life expectancy has increased in 202 of 204 countries and territories. In 21 countries, healthy life expectancy at birth increased by more than 10 years between 1990 and 2019, with gains of up to 19·1 years. The estimated number of deaths in children under 5 years decreased from 9·6 million in 2000 to 5 million in 2019. Indeed, the falls in rates of age-



standardised disability-adjusted life-years since 1990 have been the largest for communicable, maternal, neonatal, and nutritional diseases—and progress has been fastest in the past decade.

But GBD also reveals, once again, that health depends on more than health systems. The strong correlation between health and the socio-demographic index—a summary metric of a country's overall development based on average income per capita, educational attainment, and total fertility rates—suggests that the health sector should consider redefining its scope of concern.

GBD 2019 also offers a revised theory of the demographic transition, delineating seven separate stages. A particular innovation is the idea of late-transition and post-transition stages, disaggregated for migration status. 35 countries, largely in sub-Saharan Africa and the Middle East, are in mid-transition, with falling birth and death rates (as of 2019, no countries were in the pre-transition stage). Countries such as Brazil, China, and the USA are in the late-transition stage, with death rates plateauing, while birth rates continue to decrease. The final post-transition stage is when the birth rate is lower than the death rate and natural population growth is negative—as seen in Japan, Italy, and Russia. An important and overlooked influence on these demographic stages is migration. 17 countries, including Spain, Greece, and many eastern European countries, are in “a precarious state”—in the post-transition stage, with net emigration. Here, policies are needed to lessen the social and economic effects of an increasingly inverted population pyramid—encouraging immigration could be one way to help. None of these arguments should suggest that universal health coverage and global health security are irrelevant to health. As the GBD 2019 authors argue, some countries have longer life expectancies than their stage of development would predict. These overperforming nations—such as Niger, Ethiopia, Portugal, and Spain—probably have superior public health and health-care policies. What GBD 2019 does suggest is that the global health community needs to radically rethink its vision. An exclusive focus on health care is a mistake. Health is created from a broader prospectus that includes the quality of education (primary to tertiary), economic growth, gender equality, and migration policy.

This conclusion is immediately relevant to national strategies to address COVID-19. Although attention should be given to controlling community transmission of severe acute respiratory syndrome coronavirus 2 and protecting those most vulnerable to its consequences, success will require a more capacious strategy. [COVID-19 is a syndemic](#) of coronavirus infection combined with an epidemic of non-communicable diseases, both interacting on a social substrate of poverty and inequality. The message of GBD is that unless deeply embedded structural inequities in society are tackled and unless a more liberal approach to immigration policies is adopted, communities will not be protected from future infectious outbreaks and population health will not achieve the gains that global health advocates seek. It's time for the global health community to change direction.

#### *Viewpoint*

#### **[Five insights from the Global Burden of Disease Study 2019](#)**

GBD 2019 Viewpoint Collaborators

#### *Summary*

The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019 provides a rules-based synthesis of the available evidence on levels and trends in health outcomes, a diverse set of risk factors, and health system responses. GBD 2019 covered 204 countries and territories,

as well as first administrative level disaggregations for 22 countries, from 1990 to 2019. Because GBD is highly standardised and comprehensive, spanning both fatal and non-fatal outcomes, and uses a mutually exclusive and collectively exhaustive list of hierarchical disease and injury causes, the study provides a powerful basis for detailed and broad insights on global health trends and emerging challenges. GBD 2019 incorporates data from 281 586 sources and provides more than 3·5 billion estimates of health outcome and health system measures of interest for global, national, and subnational policy dialogue. All [GBD estimates](#) are publicly available and adhere to the [Guidelines](#) on Accurate and Transparent Health Estimate Reporting. From this vast amount of information, five key insights that are important for health, social, and economic development strategies have been distilled. These insights are subject to the many limitations outlined in each of the component GBD capstone papers.

#### *Global Health Metrics*

#### **[Global age-sex-specific fertility, mortality, healthy life expectancy \(HALE\), and population estimates in 204 countries and territories, 1950–2019: a comprehensive demographic analysis for the Global Burden of Disease Study 2019](#)**

GBD 2019 Demographics Collaborators

Open Access

#### **[Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019](#)**

GBD 2019 Diseases and Injuries Collaborators

Open Access

#### **[Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019](#)**

GBD 2019 Risk Factors Collaborators

Open Access

#### *Articles*

#### **[Measuring universal health coverage based on an index of effective coverage of health services in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019](#)**

GBD 2019 Universal Health Coverage Collaborators

Open Access

#### **[Fertility, mortality, migration, and population scenarios for 195 countries and territories from 2017 to 2100: a forecasting analysis for the Global Burden of Disease Study](#)**

Stein Emil Vollset, et al

Open Access

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

Oct 2020 Volume 4 Number 10 p709-794, e36-e39

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

[Reviewed earlier]

## **Lancet Digital Health**

Oct 2020 Volume 2 Number 10 e493-e560

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

[Reviewed earlier]

## **Lancet Global Health**

Oct 2020 Volume 8 Number 10 e1242-e1351

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

[Reviewed earlier]

## **Lancet Infectious Diseases**

Oct 2020, Volume 20 Number 10 p1101-1216, e250-e283

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

*Editorial*

### **Curing COVID-19**

The Lancet Infectious Diseases

As the COVID-19 pandemic moves into its 10th month, greater patient survival suggests that treatment of severe disease has improved. How much of this improvement is due to better supportive care and how much to pharmaceuticals is a matter of debate. Given the huge effort that the biomedical community has put into finding drugs to treat COVID-19, with thousands of trials completed and ongoing, it's worth taking stock of the evidence for what has worked and what has not...

*Comment*

### **Chikungunya vaccine: a single shot for a long protection?**

Marie Mura, Jean Nicolas Tournier

### **Persistence of US measles risk due to vaccine hesitancy and outbreaks abroad**

Lauren Gardner, Ensheng Dong, Kamran Khan, Sahotra Sarkar

### **Long-term consequences of COVID-19: research needs**

Dana Yelin, et al

*Articles*

### **Single-shot live-attenuated chikungunya vaccine in healthy adults: a phase 1, randomised controlled trial**

Nina Wressnigg, et al

*Personal View*

### **Vaccinology: time to change the paradigm?**

Christine Stabell Benn, Ane B Fisker, Andreas Rieckmann, Signe Sørup, Peter Aaby

*Summary*

The existing vaccine paradigm assumes that vaccines only protect against the target infection, that effective vaccines reduce mortality corresponding to the target infection's share of total mortality, and that the effects of vaccines are similar for males and females. However,

epidemiological vaccine research has generated observations that contradict these assumptions and suggest that vaccines have important non-specific effects on overall health in populations. These include the observations that several live vaccines reduce the incidence of all-cause mortality in vaccinated compared with unvaccinated populations far more than can be explained by protection against the target infections, and that several non-live vaccines are associated with increased all-cause mortality in females. In this Personal View we describe current observations and contradictions and define six emerging principles that might explain them. First, that live vaccines enhance resistance towards unrelated infections. Second, non-live vaccines enhance the susceptibility of girls to unrelated infections. Third, the most recently administered vaccination has the strongest non-specific effects. Fourth, combinations of live and non-live vaccines given together have variable non-specific health effects. Fifth, vaccinating children with live vaccines in the presence of maternal immunity enhances beneficial non-specific effects and reduces mortality. Finally, vaccines might interact with other co-administered health interventions, for example vitamin A supplementation. The potential implications for child health are substantial. For example, if BCG vaccination was given to children at birth, if higher measles vaccination coverage could be obtained, if diphtheria, tetanus, and pertussis-containing vaccines were not given with or after measles vaccine, or if the BCG strain with the best non-specific effects could be used consistently, then child mortality could be considerably lower. Pursuing these emerging principles could improve our understanding and use of vaccines globally.

#### **Lancet Public Health**

Oct 2020 Volume 5 Number 10 e512-e567

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

[Reviewed earlier]

#### **Lancet Respiratory Medicine**

Oct 2020 Volume 8 Number 10 p935-1060, e73-e77

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

[Reviewed earlier]

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

Volume 24, issue 10, October 2020

<https://link.springer.com/journal/10995/volumes-and-issues/24-10>

[Reviewed earlier]

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

Volume 40 Issue 6, August 2020

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

[Reviewed earlier]

#### **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

Volume 98, Issue 3 Pages: 619-1020 September 2020  
<https://onlinelibrary.wiley.com/toc/14680009/current>  
[Reviewed earlier]

## **Nature**

Volume 586 Issue 7829, 15 October 2020  
[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)  
*Editorial* | 14 October 2020

### **Why Nature supports Joe Biden for US president**

We cannot stand by and let science be undermined. Joe Biden's trust in truth, evidence, science and democracy make him the only choice in the US election.

*Matters Arising*

Published: 14 October 2020

### **Transparency and reproducibility in artificial intelligence**

Benjamin Haibe-Kains, George Alexandru Adam[...] & Hugo J. W. L. Aerts

## **Nature Biotechnology**

Volume 38 Issue 10, October 2020  
<https://www.nature.com/nbt/volumes/38/issues/10>  
***SARS-CoV-2 detection***  
[Reviewed earlier]

## **Nature Communications**

<https://www.nature.com/subjects/health-sciences/ncomms>  
(Accessed 17 Oct 2020)  
[No new digest content identified]

## **Nature Genetics**

Volume 52 Issue 10, October 2020  
<https://www.nature.com/ng/volumes/52/issues/10>  
[Reviewed earlier]

## **Nature Medicine**

Volume 26 Issue 10, October 2020  
<https://www.nature.com/nm/volumes/26/issues/10>  
***Patient-partnered clinical research***

The path to productive collaboration between researchers and patients is not always easy, with language differences, knowledge gaps and power dynamics setting considerable barriers along the way. In this issue, we explore how patient- and community-led research is achievable if both sides make it a priority. The cover, designed by illustrator Sarah Lippett, a person living with a rare disease who explores her diagnostic odyssey in her work, shows how effective and equitable patient–researcher collaboration can be transformative to research.

*Editorial* | 07 October 2020

**Scientists, keep an open line of communication with the public**

The COVID-19 pandemic has opened up a direct channel between scientists and the public. Keeping it open must become part of scientists' mission. Collaboration can be transformative to research.

*News Feature* | 07 October 2020

**Rare diseases band together toward change in research**

Patients with rare diseases, and the scientists who study those diseases, were long inhibited by geographic sparsity. But the social-media age has made it much easier for them to band together to leverage their experience and push forward change.  
Claire Ainsworth

*News Feature* | 07 October 2020

**Patient groups and biomedicine: for better and for worse**

In recent years, patient research groups have spurred culture shifts in biomedical research and governance, with many health experts lauding the benefit of these groups' being embedded in the research process. Some, however, question private-sector influence in these groups' newfound power.  
John Zarocostas

*Comment* | 07 October 2020

**The Human Cell Atlas and equity: lessons learned**

The Human Cell Atlas has been undergoing a massive effort to support global scientific equity. The co-leaders of its Equity Working Group share some lessons learned in the process.  
Partha P. Majumder, Musa M. Mhlanga & Alex K. Shalek

**Nature Reviews Genetics**

Volume 21 Issue 10, October 2020

<https://www.nature.com/nrg/volumes/21/issues/9>

[Reviewed earlier]

**Nature Reviews Immunology**

Volume 20 Issue 10, October 2020

<https://www.nature.com/nri/volumes/20/issues/10>

[Reviewed earlier]

**Nature Reviews Drug Discovery**

Volume 19 Issue 10, October 2020

<https://www.nature.com/nrd/volumes/19/issues/10>

[Reviewed earlier]

**New England Journal of Medicine**

October 15, 2020 Vol. 383 No. 16  
<http://www.nejm.org/toc/nejm/medical-journal>

*Perspective*

**[Covid-19 and the Mandate to Redefine Preventive Care](#)**

Daniel M. Horn, M.D., and Jennifer S. Haas, M.D.

*Original*

**[Evaluation of the mRNA-1273 Vaccine against SARS-CoV-2 in Nonhuman Primates](#)****[K.S. Corbett and Others](#)**

Kizzmekia S. Corbett, Ph.D., et al.

*Editorials*

**[Audio Interview: Vaccinology and Covid-19](#)**

Eric J. Rubin, M.D., Ph.D., Lindsey R. Baden, M.D., and Stephen Morrissey, Ph.D.

In this audio interview conducted on October 14, 2020, the editors discuss the fundamental concepts behind candidate vaccines against SARS-CoV-2 and the status of ongoing clinical trials.

**Pediatrics**

Vol. 146, Issue 4 1 Oct 2020

<https://pediatrics.aappublications.org/>

[Reviewed earlier]

**Pharmaceutics**

Volume 12, Issue 7 (July 2020) – 97 articles

<https://www.mdpi.com/1999-4923/12/7>

[Reviewed earlier]

**PharmacoEconomics**

Volume 38, issue 10, October 2020

<https://link.springer.com/journal/40273/volumes-and-issues/38-10>

[Reviewed earlier]

**PLoS Genetics**

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

(Accessed 17 Oct 2020)

[No new digest content identified]

**PLoS Medicine**

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

(Accessed 17 Oct 2020)

Research Article

**[Risk of disease and willingness to vaccinate in the United States: A population-based survey](#)**

*Vaccination complacency occurs when perceived risks of vaccine-preventable diseases are sufficiently low so that vaccination is no longer perceived as a necessary precaution. Disease outbreaks can once again increase perceptions of risk, thereby decrease vaccine complacency, and in turn decrease vaccine hesitancy. It is not well understood, however, how change in perceived risk translates into change in vaccine hesitancy. We advance the concept of vaccine propensity, which relates a change in willingness to vaccinate with a change in perceived risk of infection—holding fixed other considerations such as vaccine confidence and convenience.*  
Bert Baumgaertner, Benjamin J. Ridenhour, Florian Justwan, Juliet E. Carlisle, Craig R. Miller  
| published 15 Oct 2020 PLOS Medicine  
<https://doi.org/10.1371/journal.pmed.1003354>

## **PLOS Neglected Tropical Diseases**

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

(Accessed 17 Oct 2020)

[No new digest content identified]

## **PLOS One**

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

*Research Article*

### **[Using social media influencers to increase knowledge and positive attitudes toward the flu vaccine](#)**

Erika Bonnevie, Sarah D. Rosenberg, Caitlin Kummeth, Jaclyn Goldberg, Ellen Wartella, Joe Smyser

Research Article | published 16 Oct 2020 PLOS ONE

<https://doi.org/10.1371/journal.pone.0240828>

### **[How confidence in health care systems affects mobility and compliance during the COVID-19 pandemic](#)**

Ho Fai Chan, Martin Brumpton, Alison Macintyre, Jefferson Arapoc, David A. Savage, Ahmed Skali, David Stadelmann, Benno Torgler

Research Article | published 15 Oct 2020 PLOS ONE

<https://doi.org/10.1371/journal.pone.0240644>

### **[Countering misinformation via WhatsApp: Preliminary evidence from the COVID-19 pandemic in Zimbabwe](#)**

Jeremy Bowles, Horacio Larreguy, Shelley Liu

Research Article | published 14 Oct 2020 PLOS ONE

<https://doi.org/10.1371/journal.pone.0240005>

### **[Leave no child behind: Using data from 1.7 million children from 67 developing countries to measure inequality within and between groups of births and to identify left behind populations](#)**

Antonio P. Ramos, Martin J. Flores, Robert E. Weiss

Research Article | published 14 Oct 2020 PLOS ONE

<https://doi.org/10.1371/journal.pone.0238847>



**PLoS Pathogens**

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

[Accessed 17 Oct 2020]

[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/>

[No new digest content identified]

**Prehospital & Disaster Medicine**

Volume 35 - Issue 5 - October 2020

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

[Reviewed earlier]

**Preventive Medicine**

Volume 139 October 2020

<https://www.sciencedirect.com/journal/preventive-medicine/vol/139/suppl/C>

[Reviewed earlier]

**Proceedings of the Royal Society B**

14 October 2020 Volume 287 Issue 1936

<https://royalsocietypublishing.org/toc/rspb/current>

[New issue; No digest content identified]

**Public Health**

Volume 186 Pages A1-A2, 1-304 (September 2020)

<https://www.sciencedirect.com/journal/public-health/vol/185/suppl/C>

[Reviewed earlier]

**Public Health Ethics**

*IN PROGRESS*

Volume 13, Issue 1, April 2020

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

[Reviewed earlier]

**Public Health Reports**

Volume 135 Issue 5, September/October 2020

<https://journals.sagepub.com/toc/phrg/135/5>

[Reviewed earlier]

### **Qualitative Health Research**

Volume 30 Issue 12, October 2020

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

[Reviewed earlier]

### **Research Ethics**

Volume 16 Issue 3-4, July-October 2020

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

[Reviewed earlier]

### **Reproductive Health**

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

[Accessed 17 Oct 2020]

[No new digest content identified]

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

<https://www.paho.org/journal/en>

*Latest articles*

[No new digest content identified]

### **Risk Analysis**

Volume 40, Issue 9 Pages: 1691-1886 September 2020

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

[New issue; No digest content identified]

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

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

[Accessed 17 Oct 2020]

*Original Research*

#### **[Validity and Reliability Assessment of Attitude Scales for Hepatitis B Vaccination Among Parents in Ho Chi Minh City, Vietnam](#)**

Huynh G, Pham DUB, Nguyen TV, Bui VQ, Nguyen TNH, Nguyen DD, Pham LA

Risk Management and Healthcare Policy 2020, 13:2149-2158

Published Date: 14 October 2020

*Original Research*

#### **[Ethical Questions Linked to Rare Diseases and Orphan Drugs – A Systematic Review](#)**

Kacetl J, Marešová P, Maskuriy R, Selamat A

Risk Management and Healthcare Policy 2020, 13:2125-2148

Published Date: 13 October 2020

...The main findings reveal five main ethical issues. The most essential one shows that funding research and development in the field of orphan drugs poses an almost impossible dilemma. Other issues include the significance of non-economic values like compassion and beneficence in decision-making related to orphan drugs and rare diseases; the identification of limits to labelling diseases as rare; barriers to global, supranational and international cooperation; and last but not least, determining and establishing panels of decision-makers.

Conclusions: A strictly global approach would be the most appropriate way to deal with rare diseases. Nonetheless, international, let alone global, cooperation seems to be completely beyond the reach of the current international community, although the EU, for instance, has a centralized procedure for labelling orphan drugs. This deficit in international cooperation can be partly explained by the fact that the current technologically globalized world still lacks globally accepted ethical values and rules. This is further aggravated by unresolved international and intercultural conflicts. In addition, the sub-interests of various parties as well as the lack of desire to deal with other people's problems need to be taken into account. The aforementioned problems are difficult to avoid. Nevertheless, let us be cautiously optimistic. At least, there are people who raise ethical questions about rare diseases and orphan drugs.

## **Science**

16 October 2020 Vol 370, Issue 6514

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

*Editorial*

### **Not throwing away our shot**

By H. Holden Thorp

Science 16 Oct 2020 : 266

*Summary*

Over the past few weeks, prominent scientific publications have condemned President Donald Trump's record on science. This is unprecedented. Although my predecessors at Science have always held elected U.S. officials accountable (but could not make a formal political endorsement because of the nonprofit status of the American Association for the Advancement of Science, the publisher of Science), many of these publications are now clearly denouncing the U.S. president, administration, and federal agency leaders as the nation approaches a highly consequential presidential election. To paraphrase lyrics by Lin-Manuel Miranda in "Hamilton" about another set of political essays, why do we write like we're running out of time? Because recent events show that the voice of the scientific community can lead to positive change.

*Perspectives*

### **COVID-19 in children and young people**

By Matthew D. Snape, Russell M. Viner

Science 16 Oct 2020 : 286-288 Full Access

*Children have a low risk of COVID-19 and are disproportionately harmed by precautions*

*Summary*

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has brought distinct challenges to the care of children and adolescents globally. Unusually for a respiratory viral infection, children and adolescents are at much lower risk from symptomatic coronavirus disease 2019 (COVID-19) than any other age group. The near-global closure of schools in response to the pandemic reflected the reasonable expectation from previous respiratory virus outbreaks that children would be a key component of the transmission chain. However,

emerging evidence suggests that this is most likely not the case. A minority of children experience a postinfectious inflammatory syndrome, the pathology and long-term outcomes of which are poorly understood. However, relative to their risk of contracting disease, children and adolescents have been disproportionately affected by lockdown measures, and advocates of child health need to ensure that children's rights to health and social care, mental health support, and education are protected throughout subsequent pandemic waves.

### **Science Translational Medicine**

14 October 2020 Vol 12, Issue 565

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

[New issue; No digest content identified]

### **Social Science & Medicine**

Volume 262 October 2020

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/262/suppl/C>

[Reviewed earlier]

### **Systematic Reviews**

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

[Accessed 17 Oct 2020]

[No new digest content identified]

### **Travel Medicine and Infectious Diseases**

Volume 37 September–October 2020

<https://www.sciencedirect.com/journal/travel-medicine-and-infectious-disease/vol/37/suppl/C>

*Editorial Full text access*

**[COVID-19 treatment in sub-Saharan Africa: If the best is not available, the available becomes the best](#)**

Jan H Dubbink, Tiago Martins Branco, Kelfala BB Kamara, James S Bangura, ... Martin Peter Grobusch

Article 101878

*Research article Abstract only*

**[Public health implications of Sabarimala mass gathering in India: A multi-dimensional analysis](#)**

Kesavan Rajasekharan Nayar, Shaffi Fazaludeen Koya, K. Mohandas, Sabari Sivasankaran Nair, ... Jinbert Lordson

Article 101783

*Research article Abstract only*

**[Factors influencing the immune response after a single-dose 3-visit pre-exposure rabies intradermal vaccination schedule: A retrospective multivariate analysis](#)**

Benjamin Damanet, Diana Isabela Costescu Strachinaru, Mathias Van Nieuwenhove, Patrick Soentjens

Article 101867

### **Tropical Medicine & International Health**

Volume 25, Issue 10 Pages: i-iv, 1167-1305 October 2020

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

[Reviewed earlier]

### **Vaccine**

Volume 38, Issue 46 Pages 7183-7408 (27 October 2020)

<https://www.sciencedirect.com/journal/vaccine/vol/38/issue/46>

*Conference info Open access*

#### **[Improving the quality and use of immunization and surveillance data: Summary report of the Working Group of the Strategic Advisory Group of Experts on Immunization](#)**

Heather M. Scobie, Michael Edelstein, Edward Nicol, Ana Morice, ... Jaleela Jawad  
Pages 7183-7197

*Discussion No access*

#### **[Navigating country decisions in response to a global rotavirus vaccine shortage](#)**

Mary Carol Jennings, Chloe Manchester, Molly Sauer  
Pages 7201-7204

*Review article Abstract only*

#### **[Interventions to reduce the burden of vaccine-preventable diseases among migrants and refugees worldwide: A scoping review of published literature, 2006–2018](#)**

Nadia A. Charania, Nina Gaze, Janice Y. Kung, Stephanie Brooks

*Review article Abstract only*

#### **[Parent, provider and vaccinee preferences for HPV vaccination: A systematic review of discrete choice experiments](#)**

Alina Lack, Mickael Hiligsmann, Paul Bloem, Maike Tünneßen, Raymond Hutubess

*Research article Full text access*

#### **[Immunization governance: Mandatory immunization in 28 Global NITAG Network countries](#)**

Shawn H.E. Harmon, David E. Faour, Noni E. MacDonald, Janice E. Graham, ... Stephanie Shendale  
Pages 7258-7267

*Abstract*

International trends currently favour greater use of mandatory immunization. There has been little academic consideration or comparison of the existence and scope of mandatory immunization internationally. In this paper, we examine mandatory immunization in 28 Global NITAG (National Immunization Technical Advisory Group) Network (GNN) countries, including countries from every WHO region and World Bank income level classification. We found that although mandatory immunization programs, or mandatory elements within broader

immunization programs, are relatively common, jurisdictions vary significantly with respect to the immunizations required, population groups affected, grounds for exemptions, and penalties for non-compliance. We also observed some loose associations with geography and income level. Based on these data, we categorized policies into a spectrum ranging from Narrow to Broad scope.

*Research article Abstract only*

**[The relationship between parental source of information and knowledge about measles / measles vaccine and vaccine hesitancy](#)**

Shai Ashkenazi, Gilat Livni, Adi Klein, Noa Kremer, ... Oren Berkowitz

*Research article Abstract only*

**[Cost-effectiveness analysis of influenza vaccination during pregnancy in Japan](#)**

Shu-ling Hoshi, Aiko Shono, Xerxes Seposo, Ichiro Okubo, Masahide Kondo  
Pages 7363-7371

*Review article Abstract only*

**[Comparison of immunization systems in Japan and the United States – What can be learned?](#)**

Tomohiro Katsuta, Charlotte A. Moser, Kristen A. Feemster, Akihiko Saitoh, Paul A. Offit  
Pages 7401-7408

**Vaccines — Open Access Journal**

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

(Accessed 17 Oct 2020)

*Open Access Perspective*

**[The Strange Case of BCG and COVID-19: The Verdict Is Still up in the Air](#)**

by [Radha Gopalaswamy](#), [Natarajan Ganesan](#), [Kalamani Velmurugan](#), [Vivekanandhan Aravindhan](#)  
and [Selvakumar Subbian](#)

Vaccines 2020, 8(4), 612; <https://doi.org/10.3390/vaccines8040612> - 16 Oct 2020

*Abstract*

COVID-19, caused by a novel coronavirus, SARS-CoV-2, contributes significantly to the morbidity and mortality in humans worldwide. In the absence of specific vaccines or therapeutics available, COVID-19 cases are managed empirically with the passive immunity approach and repurposing of drugs used for other conditions. Recently, a concept that bacilli Calmette–Guerin (BCG) vaccination could confer protection against COVID-19 has emerged. The foundation for this widespread attention came from several recent articles, including the one by Miller et al. submitted to MedRxiv, a pre-print server. The authors of this article suggest that a correlation exists between countries with a prolonged national BCG vaccination program and the morbidity/mortality due to COVID-19. Further, clinical BCG vaccination trials are currently ongoing in the Netherlands, Australia, the UK, and Germany with the hope of reducing mortality due to COVID-19. Although BCG vaccination helps protect children against tuberculosis, experimental studies have shown that BCG can also elicit a non-specific immune response against viral and non-mycobacterial infections. Here, we summarize the pros and cons of BCG vaccination and critically analyze the evidence provided for the protective effect of BCG against COVID-19 and highlight the confounding factors in these studies

*Open Access Article*

### **14-year-old Schoolchildren can Consent to Get Vaccinated in Tyrol, Austria: What do They know about Diseases and Vaccinations?**

by Peter Kreidl, Maria-Magdalena Breitwieser, Reinhard Würzner and Wegene Borena  
Vaccines 2020, 8(4), 610; <https://doi.org/10.3390/vaccines8040610> - 15 Oct 2020

#### ***Abstract***

In Austria, consent to receiving vaccines is regulated at the federal state level and in Tyrol, children aged 14 years are allowed to consent to receiving vaccination. In August 2017, we investigated determinants associated with vaccine hesitancy, having been vaccinated against measles and human papillomavirus (HPV) and the intention to vaccinate among schoolchildren born in 2002 and 2003. Those who consider measles and HPV a severe disease had a significantly higher intention to be vaccinated (prevalence ratio (PR) of 3.5 (95% CI 1.97–6.32) for measles and a PR of 3.2 (95% CI 1.62–6.35) for HPV). One-third of the participants (32.4%; 95% CI 27.8–37.4) were not aware that they are allowed to consent to receiving vaccines. The most common trusted source reported by respondents (n = 311) was the medical doctor (80.7%; 95% CI 75.7–84.7). The main finding related to the aim of the study was that the proportion of objectors is below 4% and therefore it should still be possible to reach measles elimination for which a 95% uptake is necessary. Although the proportion of objectors is not higher compared to adults, we recommend to intensify health education to increase health literacy.

*Open Access Review*

### **Cholera, the Current Status of Cholera Vaccines and Recommendations for Travellers**

by Giovanni Gabutti, Andrea Rossanese, Alberto Tomasi, Sandro Giuffrida, Vincenzo Nicosia, Juan Barriga, Caterina Florescu, Federica Sandri and Armando Stefanati  
Vaccines 2020, 8(4), 606; <https://doi.org/10.3390/vaccines8040606> - 14 Oct 2020

#### ***Abstract***

Cholera is endemic in approximately 50 countries, primarily in Africa and South and Southeast Asia, and in these areas, it remains a disease associated with poverty. In developed nations, cholera is rare, and cases are typically imported from endemic areas by returning travellers. Cholera is readily preventable with the tools available to modern medicine. In developing nations, cholera transmission can be prevented through improved water, sanitation, and hygiene services and the use of oral cholera vaccines (OCVs). For travellers, risk can be mitigated by practicing regular hand hygiene and consuming food and water from safe sources. OCVs should be considered for high-risk travellers likely to be exposed to cholera patients or contaminated water and food. There are currently three World Health Organization pre-qualified OCVs, which are based on killed whole-cell strains of *Vibrio cholerae*. These established vaccines offer significant protection in adults and children for up to 2 years. A novel live attenuated vaccine that provides rapid-onset protection in adults and children is licensed in the USA and Europe only. Live attenuated OCVs may mimic the natural infection of *V. cholerae* more closely, generating rapid immune responses without the need for repeat dosing. These potential benefits have prompted the ongoing development of several additional live attenuated vaccines. The objective of this article is to provide a general review of the current landscape of OCVs, including a discussion of their appropriate use in international travellers.

**Value in Health**

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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 17 Oct 2020*

[No new, unique, relevant content]

#### **BBC**

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

*Accessed 17 Oct 2020*

*Coronavirus Global Update*

#### **Queues in China for experimental vaccine**

The Covid-19 vaccine is available to the public in the city of Yiwu under an emergency use programme. Also: why flying on an aeroplane during the pandemic may be safer than you might think, and could high doses of vitamin D offer protection against the virus?

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[Higher quality \(128kbps\)](#)

[Lower quality \(64kbps\)](#)

Release date: 17 October 2020

#### **The Economist**

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

*Accessed 17 Oct 2020*

Chaguan

#### **China calls its "heroic" handling of covid-19 proof of its wisdom**

A lopsided global recovery amid Chinese bragging could sharpen divisions between China and the West

Oct 17

#### **Financial Times**



<https://www.ft.com/>

*Accessed 17 Oct 2020*

*The FT View The editorial board*

### **China's vaccine diplomacy has broader aims**

October 12, 2020

As the US under President Donald Trump retreats from multilateral efforts on climate change and health, so China is rushing to fill the void. First came Xi Jinping's commitment last month to make his country carbon neutral by 2060. Then late last week Beijing signalled it would join a World Health Organization initiative aimed at ensuring fair distribution of Covid-19 vaccines around the world. Both moves appear part of a wider public relations effort by Beijing to present itself as a good global citizen, and counter souring international perceptions of China. Both leave important questions unanswered. But like the climate move, China's vaccine commitment deserves — with caveats — to be welcomed.

The Covax initiative aims to provide 2bn Covid-19 vaccinations globally by the end of 2021. Richer economies are asked for donations towards funding vaccine purchases for lower-income countries. They can also commit to pool a portion of their national vaccine procurements with those of the initiative — to increase overall bargaining power and help secure vaccines more cheaply. But amid widespread "vaccine nationalism", richer countries were initially slow to join up and several of the world's larger economies, including the US and Russia, remain outside.

Many developed countries have preferred to strike their own exclusive arrangements with vaccine providers — which could leave much of the global population vulnerable, and the virus circulating for longer. Covax has so far garnered pledges of about \$1.8bn — far short of the \$35bn-plus experts estimate is needed to buy sufficient volumes to cover the world's population.

The entry of the world's second-largest economy could help the initiative to gain critical mass, and increase pressure on other holdouts to join up. But there are big details to be filled in — including the size of any Chinese financial contribution and whether it will "pool" part of its own procurement. Some question whether Beijing is seeking to ease approval for vaccines being developed by its companies or gain access to third-party funding for global purchases of those vaccines. They fear China, like Russia, might cut a series of bilateral deals, notably in Africa, bypassing international standards and charging more than pooled purchasing and negotiation could achieve.

China's success in containing the virus means it is short of Covid-19 patients to include in final-stage, or phase 3, trials of its own vaccine prospects, and needs to co-operate with other countries. Many of its leading vaccine candidates have been given to thousands of people outside the trials process, raising concerns about ethics as well as efficacy. But supplying developing nations is a commercial opportunity for China's vaccine makers, which produce about a fifth of the world's vaccines, largely for domestic use.

Joining the vaccine initiative is also a way of being seen to make amends, as the original source of coronavirus, for early mis-steps in containing it; Mr Trump insists he will "make China pay". Beijing's engagement contrasts sharply with the US president's own plan to withdraw from the WHO.

Along with the emissions target, and a sign of willingness to co-operate on multilateral debt forgiveness, the vaccines step appears part of a broader attempt by China to portray itself as a more constructive partner. That cannot obscure the deep concerns over its behaviour, including its treatment of Uighurs, its Hong Kong clampdown, and threatening stance towards Taiwan. After the increase in tensions with the west in recent years, however, any indication of a shift in Beijing's approach should be seen, with due caution, as positive.

Coronavirus pandemic

### **WHO chief says lack of global leadership has prolonged pandemic**

A lack of leadership from global powers had prolonged the coronavirus pandemic, Tedros Adhanom Ghebreyesus, director-general of the World Health Organization, said on Monday as he called on the world's biggest economies to "step up".

"If you take the whole of the UN, it doesn't work without global leadership by the countries themselves, especially the major powers," Mr Tedros told the FT's Africa Summit. Without explicitly criticising any nation, Mr Tedros said the UN's role was to facilitate, but the power lay in the hands of member countries. "They should step up and lead, which is not the case in this pandemic, which is causing the pandemic to actually continue," he added.

October 12, 2020

**Forbes**

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

*Accessed 17 Oct 2020*

Oct 17, 2020, 07:07am EDT

### **Covid-19 Disinformation: Why Russia's Been Blamed For Bizarre Vaccine Conspiracy Theory**

James Rodgers Senior Contributor

The race to create—and then sell—a coronavirus vaccine is not just the number one priority in global healthcare. It is now a battleground in global politics.

Even taking that into account, the latest reported development in the propaganda war surrounding this most keenly-contested competition is, frankly, bizarre...

Oct 16, 2020

### **Pfizer Will Seek Emergency Approval For Covid-19 Vaccine In November, After Election**

The U.S. Food and Drug Administration needs at least two months of safety data before authorizing emergency use of any experimental Covid-19 vaccine.

By Robert Hart Forbes Staff

Oct 15, 2020

### **Fauci Attacks Herd Immunity Declaration Embraced By White House As 'Total Nonsense'**

The Great Barrington Declaration says authorities should let Covid-19 spread uncontrollably through low-risk populations

By Robert Hart Forbes Staff

Oct 14, 2020

### **Fauci Ramps Up War Of Words With Trump, Warns Rallies Pose Covid Risk**

Fauci said Trump's crowded rallies with few masks are a 'potential problem,' while contradicting his claims on immunity and a vaccine timeline.

By Andrew Solender Forbes Staff

### **Foreign Affairs**

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

*Accessed 17 Oct 2020*

[No new, unique, relevant content]

### **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 17 Oct 2020*

[No new, unique, relevant content]

### **The Guardian**

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

[No new, unique, relevant content]

### **New Yorker**

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

*Politics and More Podcast*

#### **Anthony Fauci, Then and Now**

Dr. Fauci, who has been the face of establishment science during the AIDS and coronavirus crises, speaks with Michael Specter about his career as a lightning rod for criticism.

By Dorothy Wickenden

October 12, 2020

### **New York Times**

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

*Accessed 17 Oct 2020*

*Health*

#### **First, a Vaccine Approval. Then 'Chaos and Confusion.'**

Come spring, Americans may have their choice of several so-so coronavirus vaccines — with no way of knowing which one is best.

By Carl Zimmer

### **Washington Post**

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

*Accessed 17 Oct 2020*

#### **China rapidly expands use of experimental COVID-19 vaccines**

TAIPEI, Taiwan — China is rapidly increasing the number of people receiving its experimental coronavirus vaccines, with a city offering one to the general public and a biotech company providing another free to students going abroad.

The city of Jiaxing, south of Shanghai, is offering a vaccine under development by Sinovac, it said in an announcement Thursday. It said high-risk groups, including people who are “responsible for the basic operations of the city” will receive priority, but that residents who have emergency needs can also sign up.

The vaccine is in the final stage of clinical testing, but has not yet been approved. The city government said it is being provided under an emergency authorization.

China National Biotech Group, another Chinese vaccine company, is offering its vaccine free to students who study abroad in a strategy health experts say raises safety and ethical concerns.

Oct 16, 2020

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### **Think Tanks et al**

#### **Brookings**

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

*Accessed 17 Oct 2020*

TechTank

#### **Reimagining innovation to navigate COVID-19**

Joseph Kannarkat and Norman Augustine

Friday, October 16, 2020

#### **Center for Global Development** [to 17 Oct 2020]

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

October 14, 2020

#### **Making the \$12 Billion Go Further: Four Things the World Bank Can Do in Support of COVID-19 Vaccination Efforts**

To maximise the impact of this badly needed investment to combat COVID and, most importantly, to avoid any perverse and potentially catastrophic implications of World Bank financing undermining current global efforts led by Gavi and CEPI, we propose that the World Bank commit to the four principles below.

[Kalipso Chalkidou](#), [Prashant Yadav](#) and [Amanda Glassman](#)

October 12, 2020

#### **New Data Show the World Bank's COVID Response Is Too Small and Too Slow**

The World Bank has committed to providing \$104 billion in financing by next June to help developing countries deal with the COVID-19 crisis. Is that sufficient to meet the needs of developing countries facing a massive growth contraction? And will the bank actually deliver on its pledge?

Julian Duggan et al.

#### **Chatham House** [to 17 Oct 2020]

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

[No new relevant content]

#### **CSIS**

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

*Accessed 17 Oct 2020*

*Upcoming Event*

**CSIS Press Briefing: Public Trust in a Covid-19 Vaccine**

October 20, 2020

In this call, CSIS's J. Stephen Morrison and Katherine Bliss and the London School's Heidi Larson will discuss the proposal and its recommendations for effectively combating vaccine misinformation.

*Report*

**What Can the United States Do to Prevent Another Pandemic? Commit to Modernizing Influenza Vaccines**

October 14, 2020

**Council on Foreign Relations**

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

*Accessed 17 Oct 2020*

[No new relevant content]

**Kaiser Family Foundation**

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

*Accessed 17 Oct 2020*

October 13, 2020 *News Release*

**New Nationwide Poll by the Kaiser Family Foundation and The Undeclared Reveals Distrust of the Health Care System Among Black Americans**

Half of African Americans say they will not take a coronavirus vaccine KFF/The Undeclared poll shows disparate views on health care between Black and white America

\* \* \* \*

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

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