



**Vaccines and Global Health: The Week in Review**  
**30 August :: Issue 812**  
**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 [U.S.] at midnight [0000 GMT-5]. The PDF is posted at <https://centerforvaccineethicsandpolicy.net>. This blog allows full text searching of over 27,000 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*



### [WHO Africa, International Vaccine Institute sign agreement to boost vaccine production in Africa](#)

August 27, 2025, LUSAKA, Zambia — The World Health Organization (WHO) Regional Office for Africa and the International Vaccine Institute (IVI) have signed a **Memorandum of Understanding (MoU) to deepen their strategic collaboration in support of vaccine equity, local production, and health innovation across the region.**

Signed on the sidelines of the Seventy-fifth Session of the WHO Regional Committee for Africa, held in Lusaka, Zambia from 25 to 27 August 2025, **the MoU reflects a shared commitment to strengthening regional capacity for vaccine research, development and manufacturing—**critical pillars for health sovereignty and pandemic preparedness.

The MoU was signed by Dr Mohamed Janabi, WHO Regional Director for Africa, and Dr Jerome H. Kim, Director General of IVI. It marks a new phase in efforts to expand access to life-saving vaccines and medicines for African populations.

“This MoU comes at a pivotal moment for Africa’s health future. By joining forces with IVI, we are investing in the continent’s capacity to produce vaccines locally, respond to emerging health threats, and reduce dependency on external supply chains. It’s a step toward equity, resilience, and self-reliance,” said Dr Janabi.

Dr Kim echoed the urgency and opportunity: “IVI is proud to partner with WHO to support Africa’s leadership in vaccine innovation. **Together, we will advance clinical research, regulatory harmonization, and technology transfer to ensure that African countries are not just recipients of vaccines—but producers and innovators.**”

#### **The MoU outlines key areas of collaboration:**

- **Vaccine R&D and clinical trials:** Supporting African-led research and development, with a focus on diseases of regional priority.
- **Regulatory strengthening:** Enhancing the capacity of national regulatory authorities and harmonizing standards across countries.
- **Local manufacturing:** Facilitating technology transfer and investment in regional production hubs.
- **Workforce development:** Building expertise in vaccinology, biomanufacturing, and regulatory science.
- **Emergency preparedness:** Strengthening joint responses to outbreaks and health emergencies through coordinated vaccine deployment.

...The collaboration signals a bold step toward inclusive innovation and regional leadership in global health. It affirms the power of partnerships to deliver long-lasting impact—and to ensure that every person in Africa has access to the vaccines and medicines they need to thrive.



## **WHO - Strategic Advisory Group of Experts on Immunization (SAGE) - September 2025 22 – 25 September 2025**

This meeting for the Strategic Advisory Group of Experts on Immunization (SAGE) will be held from Monday to Thursday. Additional meeting materials, such as a provisional list of participants and background documents, will be provided in due course.

:: [Draft agenda](#)

:: [Declaration on interests \(as of 28 August\)](#)

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### **Polio – PHEIC**

[Polio this week](#) [27 August 2025]

**Headlines** *[Selected]*

**:: From Eradication Gains to Final Victory: African Ministers Pledge to End Polio Once and For All** *[see below]*

***Summary of new polioviruses this week, cases and positive environmental isolates:***

- Afghanistan: one WPV1 case
- Pakistan: six WPV1-positive environmental samples
- Chad: one cVDPV2 case and one cVDPV3 case
- Germany: one cVDPV2-positive environmental sample
- Israel: one cVDPV1-positive environmental sample
- Yemen: 25 cVDPV2 cases

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### **From outbreaks to sustainability: African ministers commit to accelerate polio endgame**

27 August 2025

Lusaka – African health minister have pledged renewed action to end all forms of polio and safeguard the gains of eradication that have seen millions of children across the region saved from the devastation of poliovirus.

**Gathering in two high-level sessions during the Seventy-fifth sessions of the World Health Organization (WHO) Regional Committee for Africa in Lusaka, Zambia from 25 to 27 August 2025, the ministers committed to stronger coordinated action, including closer cross-border collaboration to end polio for good.**

Ministers and partners agreed that integration of polio services with the rest of essential services is key to health resource efficiency, while also improving trust among communities...

"Thanks to steadfast partnerships and tireless community efforts, we have achieved historic milestone, yet variant poliovirus type 2 continues to circulate, particularly in the Lake Chad Basin," said Dr Mohamed Janabi, WHO Regional Director for Africa. "Africa has beaten wild polio twice. Now we must end all variants, safeguard our gains and build systems that will protect generations to come. We have the evidence, we have the infrastructure, and we have the will. Let us now deliver the legacy," Dr Janabi said.

**Importantly, type 3 poliovirus (absent since 2022) has also been detected in the last 12 months in Algeria, Cameroon, Nigeria, and Chad, underscoring the need for rigorous surveillance and rapid response.**

Ministers and partners agreed on targeted strategies, noting the importance of strengthening microplanning to ensure no child is missed, including in nomadic and hard-to-reach communities. Also, countries discussed the deployment of experienced supervisors and independent monitors to raise campaign quality, while intensifying cross-border coordination in mobile population areas...

The Special Session also addressed polio transition, integrating essential eradication functions into national health systems to protect progress beyond the GPEI's support. Fifteen countries are actively planning their transitions, while 32 others, though officially transitioned, still face sustainability gaps...

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### **Polio eradication strategy 2022-2026: delivering on a promise, extension to 2029**

WHO 26 August 2025

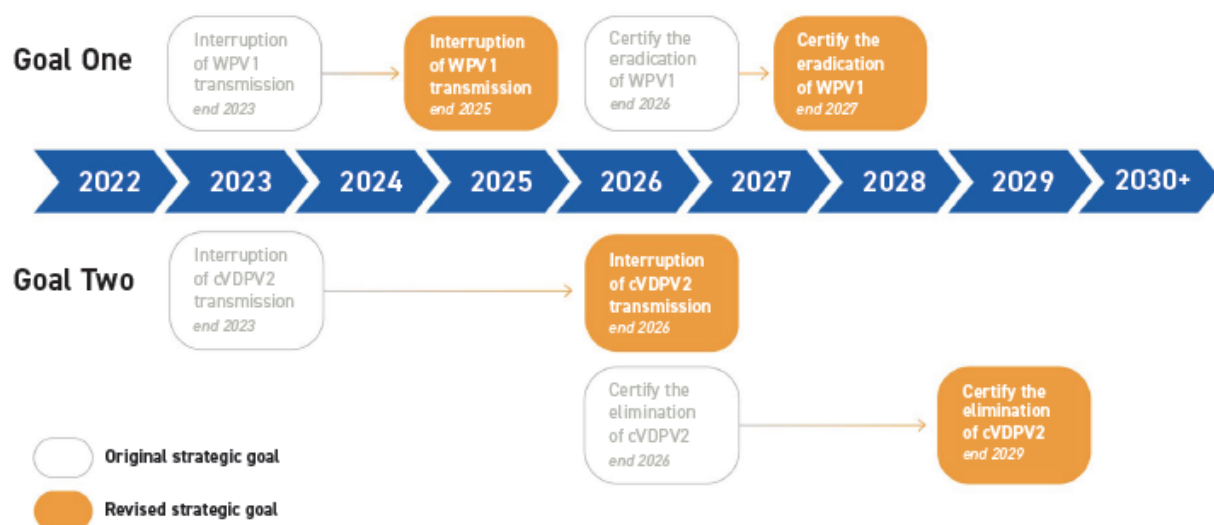
PDF: <https://iris.who.int/bitstream/handle/10665/382399/9789240109506-eng.pdf?sequence=1>

#### *Overview*

Based on today's epidemiology and after critical analysis and expert consultations, the Strategy Committee and Polio Oversight Board (POB) **of the Global Polio Eradication Initiative (GPEI) have decided to extend the timeline for certifying the eradication of wild poliovirus type 1 (WPV1) to the end of 2027 and certifying the elimination of circulating type 2 variant poliovirus (cVDPV2) – also known as vaccine-derived poliovirus – to the end of 2029.**

This document complements the original Polio Eradication Strategy 2022–2026 by outlining the obstacles that have hindered progress towards these goals since the start of the strategic period (2022) and defining adjustments that will be made in the extension period (from now to the end of 2029) to overcome them. It summarizes key tactical shifts that will enable more effective implementation and accountability, the rationale for continued investment in the promise of a polio-free world and the plan to sustain eradication once it is achieved.

**Fig. 1: Extended Polio Eradication Strategy 2022–2029 revised timeline**



**Goal One: Interrupt and eradicate WPV1 in the final endemic countries**  
**Goal Two: Stop and prevent type 2 variant poliovirus outbreaks**

*Note: In June 2022, the Global Commission for the Certification of the Eradication of Poliomyelitis concluded that given the high-quality, robust surveillance in place, certification of Afghanistan and Pakistan as free of wild poliovirus may be feasible two years after interruption rather than the previously required fixed three-year period. cVDPV2 = circulating variant poliovirus type 2; WPV1 = wild poliovirus type 1.*  
*Source: WHO.*

*[Excerpt, p. 18]*

### ***Resourcing the extended strategy***

#### ***The true costs of failure***

Thanks to the efforts of the GPEI, 20 million people are walking today who would otherwise have been paralysed by polio. If the world steps back from its mission to achieve polio eradication, many thousands of children will again be at risk of paralysis by polio each year, including in countries that have long been polio-free, ultimately denying future generations a polio-free world.

**Without an extension to the GPEI strategy and a fully funded revised multiyear budget of US\$ 6.9 billion, progress against polio would backslide.**

Relying on essential immunization systems, which are weak in many parts of the world, would mean that instead of ending the disease for good, **the world would be forced to manage outbreaks indefinitely, requiring costly measures like vaccines, stockpiles and constant surveillance.**

Analyses from 2021 and 2020 suggest that achieving the GPEI's eradication strategy will result in sizeable cost-savings when compared to a control programme. One study projected an overall savings of US\$ 33.1 billion and a savings of US\$1 billion annually through 2042 and US\$ 500 million annually through 2066 (2, 3).

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### **mPox – PHEIC**

*No new digest content identified.*

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### **Cholera**

#### ***WHO - Emergency situation reports***

#### **[Multi-country outbreak of cholera, external situation report #29 -28 August 2025](#)**

##### ***Overview***

**From 1 January to 27 July 2025, a cumulative total of 382 718 cholera cases and 4478 deaths were reported from 31 countries across four WHO regions**, with the Eastern Mediterranean Region recording the highest numbers, followed by the African Region, the South-East Asia Region and the Region of the Americas. No cases were reported in other WHO regions. In July 2025 (epidemiological weeks 27 to 30), a total of 67 705 new cholera and acute watery diarrhoea (AWD) cases were reported from 18 countries, territories, areas (hereafter countries) across two WHO regions, showing a 2% increase from June. The period also saw 624 cholera-related deaths globally, a 14% increase from the previous month.

**In July 2025, the average stockpile of Oral Cholera Vaccine (OCV) was 4.1M doses, below the emergency stockpile level of five million.**

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#### ***Disease Outbreak News (DONs)***

#### **[Multi-country with a focus on countries experiencing current surges](#)**

29 August 2025 |

### ***Situation at a glance***

The global cholera situation continues to deteriorate, driven by conflict and poverty, posing a significant public health challenge across multiple WHO regions. **Between 1 January and 17 August 2025, a total of 409 222 cholera/Acute Watery Diarrhoea (AWD) cases and 4738 deaths were reported globally, from 31 countries**, with six of the 31 countries reporting case fatality rates above 1%, indicating serious gaps in case management and delayed access to care.

**Cholera is resurging in a number of countries, including some that had not reported substantial case numbers in years, like Chad and the Republic of Congo**, while other countries, such as the Democratic Republic of the Congo, South Sudan, and Sudan, are experiencing outbreaks that are continuing from 2024, with significant geographic expansion. This complicates containment efforts and strains fragile health systems.

**Conflict, mass displacement, disasters from natural hazards, and climate change have intensified outbreaks**, particularly in rural and flood-affected areas, where poor infrastructure and limited healthcare access delay treatment. These cross-border factors have made cholera outbreaks increasingly complex and harder to control. Safe drinking water, sanitation and hygiene are the only long-term and sustainable solutions to ending this cholera emergency and preventing future ones.

**Given the scale, severity, and interconnected nature of these outbreaks, the risk of further spread within and between countries is considered very high.** Without urgent and coordinated public health measures, based on strengthened surveillance, improved case management, WASH interventions, vaccination campaigns, and cross-border collaboration, cholera transmission is likely to expand across countries.

WHO collaborates with the Ministries of Health, partners and stakeholders in affected countries. WHO supports countries in all pillars of cholera control, including strengthening epidemiological surveillance, reinforcing laboratory capacity, improving access to and quality of treatment, implementing appropriate WASH and IPC practices, promoting community engagement in cholera prevention and control and facilitating OCV access and campaign implementation.

**On 26 August, the Africa CDC and WHO launched the Continental Cholera Emergency Preparedness and Response Plan for Africa 1.0, alongside a joint Incident Management Team.** This initiative follows the commitment of African Heads of State and Government, who have elevated cholera to a continental priority through their recent high-level Call to Action, pledging to control and eliminate outbreaks by 2030.

### ***WHO risk assessment***

As of 17 August 2025, cholera outbreaks continue to escalate across multiple countries, with seven of the 31 countries now reporting case fatality rates above 1%, indicating serious gaps in case management and delayed access to care. Among these, four countries—Chad, the Democratic Republic of the Congo (DRC), South Sudan, and Sudan—are currently classified as being in a major outbreak due to the severity and scale of their outbreaks. All countries highlighted in this report are facing multiple and similar challenges to control the ongoing outbreaks, underscoring the urgent need for public health interventions and international support.

Cholera outbreaks have been recurrent in several areas of the Democratic Republic of the Congo and South Sudan over the past years. In contrast, Chad and the Republic of the Congo have not reported large-scale outbreaks in recent years. This limited exposure has contributed to low levels of awareness regarding cholera prevention and treatment among both communities and health-care providers, which can contribute to late detection of cases and late care seeking.

**Access to affected populations continues to be severely constrained by challenging geography, including outbreaks occurring in remote and hard-to-reach areas such as the Democratic Republic of the Congo and the Republic of the Congo.** In Chad, South Sudan, and Sudan, access is further impeded by seasonal flooding and poor road infrastructure, limiting the mobility of both national and international health workers and the timely delivery of essential medical supplies.

These geographic and infrastructural barriers are also hindering the implementation of community programmes, including the decentralization of treatment services. As a result, delays in accessing care are contributing to elevated case fatality rates. The Republic of the Congo and Chad are currently reporting the highest CFRs at 7.7% and 6.8%, respectively. Nearly 50% of reported deaths occur within communities before patients reach health facilities.

**Insecurity, population displacement, and the ongoing refugee crisis—particularly in Chad, South Sudan, and Sudan—are compounding these challenges.** In these settings, CFRs consistently exceed the 1% threshold, underscoring the impact of restricted access to care. In conflict-affected areas, including parts of Sudan and eastern DRC, insecurity and displacement continue to obstruct surveillance activities and limit the ability to accurately assess the scope of the outbreaks.

**Cross-border population movement, particularly in areas with porous borders and high mobility, further exacerbates the risk of regional spread.** Many of these countries share borders and experience frequent migration due to trade, displacement, and conflict, increasing the likelihood of cholera transmission across national boundaries.

Inadequate access to clean water and sanitation remains a common denominator across all affected countries, leaving communities highly vulnerable to cholera outbreaks. Seasonal factors such as heavy rains and flooding further amplify this risk by contaminating water sources and facilitating rapid transmission.

These systemic barriers, coupled with overstretched response capacities, are contributing to high case fatality. There is an urgent need to decentralize treatment services, strengthen surveillance systems, and improve access to lifesaving care to reduce preventable deaths and mitigate the impact of ongoing outbreaks.

Given the scale, severity, and interconnected nature of these outbreaks, the risk of further spread within and between countries is considered very high. **Without urgent and coordinated public health measures, including improved case management, WASH interventions, vaccination campaigns, and cross-border collaboration, cholera transmission is likely to expand across countries.**

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## **Featured Journal Content**

### **Science**

Volume 389| Issue 6763| 28 Aug 2025  
<https://www.science.org/toc/science/current>

*Expert Voices*

[\*\*Unraveling the arc of vaccine progress\*\*](#)

BY Seth Berkley

28 Aug 2025

The philosopher Thomas Hobbes famously described life in 1651 as “nasty, brutish, and short.” He was undeniably correct, with estimates of average life expectancy in the UK at the time ranging from 37 to 40 years, largely owing to a high infant mortality rate. For example, in London, there were an estimated 251 deaths per 1000 live births. The situation was even more dire in the early American colonies, particularly in the Southern colonies, where infectious diseases were rampant. Even as recently as 50 years ago, global infant mortality rates were around 100 deaths per 1000 live births, at a time when fewer than 5% of children in developing countries received even a single vaccine dose.

Arguably, one of humanity’s most dramatic successes has been the application of science to understand and then decisively intervene to improve these harrowing conditions. The global infant mortality rate is now less than 25 per 1000, with the US at 5.2 per 1000. Although clean water, sanitation, improved nutrition, and advances in neonatal and perinatal care have all played crucial roles in this progress, the greatest single contributor has been the development and widespread use of vaccines. The World Health Organization (WHO) Expanded Programme on Immunization is estimated to account for a 40% reduction in global infant mortality rate over the last 50 years, not including the dramatic effects of smallpox eradication.

The magnitude of this improvement could never have been achieved without widespread public acceptance. Although vaccine skepticism has been a challenge since the first use of smallpox vaccine in 1796, the rigorous development of epidemiology, robust experimental methods, and systematic dissemination of factual information have helped build confidence. Today, nearly 90% of children worldwide have received a first dose of diphtheria, tetanus and pertussis (DTP) vaccine, which is used as a measure of access to the routine immunization system, and are thus protected from various preventable, yet deadly, diseases.

With last year’s global immunization coverage numbers affirming that we are now protecting more children against more diseases than ever before, the immunization community should be focusing on how to reach the remaining 10% of children. These “zero-dose children” tragically account for nearly half of vaccine-preventable disease deaths. Instead, we face a grave challenge to the critical global effort of maintaining existing and expanding vaccine coverage.

The United States, long considered a global leader in biomedical science, is alarmingly undermining decades of progress. Through severe cuts to research budgets; politicization of research agendas; the closure of the US Agency for International Development (USAID), the world’s largest development agency; and withdrawal from the WHO, the current US administration is harming the ability of its own public health institutions to protect the US population as well as those globally.

In a speech given in February as part of the nomination of Robert F. Kennedy Jr. as Secretary of Health and Human Services, Senator Bill Cassidy, Chair of the Senate Committee on Health, Education, Labor, and Pensions, reported that Kennedy had made a pledge to him that existing US vaccine practices would not be disrupted and that the Advisory Committee on Immunization Practices (ACIP) would not be changed. However, in June, Secretary Kennedy, a known vaccine skeptic, unilaterally fired the 17-member highly qualified ACIP panel. He replaced them with a smaller number of people with substantially less vaccine expertise, some of whom are better known for promoting antivaccine activities.

Immediately, the newly constituted ACIP focused on the rarely used vaccine preservative thimerosal. A proposed link between thimerosal and autism is a longstanding concern of the antivaccine community, despite overwhelming scientific evidence demonstrating its safety and refuting such a connection. Without any new scientific data, the committee ended use of thimerosal in the US by approving a recommendation for exclusive use of single-dose influenza vaccines without thimerosal. Although



thimerosal is only used in the US for multidose vials of influenza vaccine, it remains an important component for the multiuse vaccine vials that are critical for mass immunization efforts and in developing countries.

This battle over the safety of thimerosal is one that I thought we had resolved, as I argued in 2013 that “where a vaccine already has an established and strong safety record and is saving lives, the onus should be on producing evidence of a genuine risk before there is any change in policy related to its availability.” The effects of the ACIP’s thimerosal recommendation on vaccine confidence and the use of multidose vials in developing countries remains to be seen.

Adding to these concerning actions, Secretary Kennedy announced in a video on the social platform X that the Centers for Disease Control and Prevention (CDC) would drop its recommendation of COVID vaccines for pregnant women. This stands in stark contrast to the head of the US Food and Drug Administration’s assertion just weeks prior that pregnancy was a high risk condition for COVID, and, therefore, this vaccine was recommended for pregnant women. This cascade of decisions, lacking any clear basis in credible science, has prompted an unprecedented lawsuit against Secretary Kennedy by leading medical institutions, including the American Public Health Association, the American Academy of Pediatrics, the Infectious Diseases Society of America, and the American College of Physicians, among others, citing these decisions as unscientific and harmful to public health.

Furthermore, despite longstanding bipartisan support for providing vaccines to the poorest countries, Secretary Kennedy announced in a video at the replenishment conference of Gavi, the Vaccine Alliance last month that the US would cease future funding. This decision is particularly perplexing, given that Gavi funding is administratively appropriated by Congress and managed by the US State Department, not the Department of Health and Human Services. Gavi, an organization that I led for 12 years, is a model for international, public-private collaboration that works with countries to provide vaccines for about half of the world’s children and has been a powerful force behind the halving of global child mortality in the last 25 years. Gavi also plays an important role in epidemic preparedness by maintaining the global stockpiles of cholera, Ebola, meningitis, and yellow fever vaccines.

In his video, the Health Secretary accused Gavi of disregarding safety by using the whole-cell pertussis (whooping cough) vaccine, citing what he called a “landmark study” by “five internationally revered deities of vaccine research” that claimed that the DTP vaccine containing the whole-cell version of the pertussis vaccine increased all-cause mortality. However, this observational study relied on poor methodology and data from the 1980s, when vaccine use was limited, and this finding has been refuted by other researchers. Critically, two of the original authors conducted a follow-up study using data from 2010 to 2014 and found no such effects. The most robust modeling data demonstrates that this vaccine, administered to billions of children, has saved more than 40 million lives in the last 50 years. Although such unfounded accusations have serious consequences in eroding crucial public trust in vaccines, Gavi estimates that the withdrawal of US funding, unless immediately replaced by other donors, will lead to 75 million fewer children being vaccinated, potentially resulting in an estimated 1.2 million preventable deaths.

The resurgence of measles in the US serves as a stark warning. Measles is the most contagious of all known pathogens. Only halfway through this year, the number of measles cases in the US was already higher (>1300 cases and 3 deaths) than the total from any year since the virus was declared to be eliminated in the country in 2000. Despite the clear and present threat of measles and the potential loss of elimination status, Secretary Kennedy, who has a long history of questioning the value and safety of measles vaccines, initially focused on recommending treatment with vitamin A and cod liver oil (in places where severe deficiencies of vitamin A are common, supplementation with vitamin A reduces the incidence of blindness in individuals with measles and does improve survival, but this

deficiency is not common in the US). Although he was eventually pressured into endorsing the measles, mumps, and rubella vaccine, he continues to offer contradictory and confusing advice.

The recent cancellation of \$500 million in US government grants to support mRNA research without any scientific justification further highlights the political attacks on vaccine science. Although only one of many ways to construct vaccines, the mRNA approach has the advantage of speed, which is critical in preventing rapidly spreading epidemics, and the vaccines can be synthesized quickly in small volumes for use in personalized treatment of cancer and genetic diseases.

This challenge to progress in vaccine science and implementation that the US poses ironically comes at a time when vaccines' potential for saving lives and improving livelihoods is at an all-time high. The rapid pace of scientific advancement presents an opportunity to develop new vaccines to prevent important infectious diseases, such as tuberculosis, the greatest infectious disease killer in the world, and Epstein-Barr virus, which causes some cancers and is linked to multiple sclerosis. It could also allow us to strategically target the immune system to create more robust responses to eliminate established cancerous tumors. Scientific advances also have a role in simplifying vaccine delivery; for example, a recent study demonstrated that microarray vaccine patch technology can simplify access to the measles and rubella vaccine and improve temperature stability, allowing administration by lower-cadre health workers or even parents.

We are reliant on science and the use of technology to reduce morbidity and mortality, striving for a world where no parent endures the horror of losing a child. The continued trajectory of the arc of improvement in child survival by eliminating common infectious threats is far from guaranteed. If the US government persists down this current path—ignoring scientific evidence, embracing antivaccine conspiracy theories as official government policy, cutting critical research, and abandoning vital global partnerships, such as Gavi, that provide life-saving vaccines to those less fortunate—the world will inevitably witness a tragic increase in child deaths and a broader spread of infections, ultimately making Americans less safe. This is not the future the American public desires or deserves.

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## Featured Journal Content

### Lancet Global Health

Sep 2025 Volume 13 Number 9 e1489-e1653

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

#### Articles

#### [The Vaccine Trust Framework: mixed-method development of a tool for understanding and quantifying trust in health systems and vaccines](#)

Dan Hameiri Bowen, Lara Casciola, Wiam Aimade, Emilie Lindeburg, Samuel Opondo Muhula, Joachim Osur, Noor Sabah Rakhshani, Segun Alex Fayomi, Tracy Johnson, Mads Holme, Charlotte Vangsgaard  
the ReD Trust Group

#### Summary

##### Background

Trust is a key component of vaccine demand, yet there is a lack of consensus on how to define trust alongside a lack of actionable, contextually grounded measurement tools validated in low-income and middle-income countries. This study aimed to develop and validate a contextually relevant trust framework and measurement tool, that can lever trust to drive resilient demand.

##### Methods

An exploratory sequential mixed-methods study was conducted. Ethnographic research in Nigeria, Kenya, and Pakistan was undertaken to define trust in the context of childhood, human papillomavirus,

and COVID-19 vaccines. The generated Vaccine Trust Framework was validated by fielding a nationally representative survey containing the constructed trust measurement tool to caregivers of adolescents in Kenya and Pakistan. Psychometric properties of the survey and associations between trust and vaccination behaviours were assessed using confirmatory factor analysis and logistic regression.

#### Findings

The Vaccine Trust Framework, established through synthesis of ethnographic research, contains four interlinked domains—health system promise, health system delivery, vaccine promise, and vaccine delivery—and 15 measurable dimensions. Survey data were collected from 3670 participants in Kenya and 3734 in Pakistan. Trust was observed to influence vaccine behaviour and intentions, which was further supported by associations between quantitative trust scores and vaccination status across the studied vaccines. Regional trust variation was observed within Kenya and Pakistan, with patterns matching qualitative findings on the perceptions of local vaccine and health systems.

#### Interpretation

The Vaccine Trust Framework provides a validated, contextually grounded tool for assessing trust in health systems and vaccines in low-income and middle-income countries. The Vaccine Trust Framework can be used as a prognostic tool, intervention design aid, or trust measurement tool within an intervention or monitoring study. Further research is in progress to assess its utility in designing and measuring the effect of trust-building interventions.

#### Funding

Gates Foundation.

### ***Research in context***

#### ***Evidence before this study***

Trust is recognised as crucial for health-seeking behaviour, yet its precise definition and measurement in health-care contexts remain elusive. Before the ethnographic research conducted in this study, we searched Web of Science from Jan 1, 2017, to Aug 31, 2021, and found 1999 articles using the search terms “trust” AND one of either “Nigeria”, “Kenya”, or “Pakistan”. Further filtering for “vaccine trust”, “COVID-19 vaccine trust”, “health misinformation”, and “social levers of trust” identified 150 texts that explored trust and health-seeking behaviour. These articles did not align on a common definition of trust and were not grounded in data from low-income and middle-income countries (LMICs). A subsequent PubMed search before the second round of ethnography was conducted on Oct 1, 2022 with refined keywords including “health care system trust/distrust”, “vaccine confidence”, “social trust”, and “institutional trust”, identifying 14 existing multi-dimensional frameworks for measuring health-related and vaccine-related trust. No frameworks linked health system trust with trust in specific vaccines. We also identified two systematic reviews that have highlighted the situational and imprecise nature of existing trust measures, alongside the paucity of validated vaccine-trust measures. Both indicate the need for trust measures developed in an LMIC context.

#### ***Added value of this study***

We developed and validated the Vaccine Trust Framework through extensive ethnographic research (>400 engagements). The method for defining the framework is grounded in lived experiences and allows a rich understanding of trust in these contexts. Large-scale quantitative validation of the Vaccine Trust Framework survey instrument in Kenya and Pakistan illustrates how vaccine-specific trust data could be used by a variety of stakeholders to inform or measure the effect of interventions on trust.

#### ***Implications of all the available evidence***

The Vaccine Trust Framework and measurement tool could be used to facilitate the development of resilient vaccine demand, which address a specific gap among existing trust measures by linking health system and vaccine trust in LMIC contexts. This approach complements rather than competes with tools focused on behavioural or psychological drivers. We expect the Vaccine Trust Framework and measurement tool to be utilised when diagnosing trust gaps, monitoring and evaluating programmes, and in the design of interventions sensitive to or aiming to build trust. This is especially relevant when a system-level understanding is required. Future studies should experiment with using the Vaccine Trust Framework and measurement tool for these purposes.

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### **WHO & Regional Offices** [to 30 Aug 2025]

<https://www.who.int/news>

*Selected News/Announcements/Statements*

#### **1 in 4 people globally still lack access to safe drinking water – WHO, UNICEF**

26 August 2025 Departmental update

*To mark World Water Week 2025, new report highlights persistent inequalities, with vulnerable communities left behind.*

Despite progress over the last decade, billions of people around the world still lack access to essential water, sanitation, and hygiene services, putting them at risk of disease and deeper social exclusion.

A new report: Progress on Household Drinking Water and Sanitation 2000–2024: special focus on inequalities –launched by WHO and UNICEF during World Water Week 2025 – reveals that, while some progress has been made, major gaps persist. People living in low-income countries, fragile contexts, rural communities, children, and minority ethnic and indigenous groups face the greatest disparities.

*Ten key facts from the report:*

- Despite gains since 2015, 1 in 4 – or 2.1 billion people globally – still lack access to safely managed drinking water\*, including 106 million who drink directly from untreated surface sources.
- 3.4 billion people still lack safely managed sanitation, including 354 million who practice open defecation.
- 1.7 billion people still lack basic hygiene services at home, including 611 million without access to any facilities.
- People in least developed countries are more than twice as likely as people in other countries to lack basic drinking water and sanitation services, and more than three times as likely to lack basic hygiene.
- In fragile contexts\*\*, safely managed drinking water coverage is 38 percentage points lower than in other countries, highlighting stark inequalities.
- While there have been improvements for people living in rural areas, they still lag behind. Safely managed drinking water coverage rose from 50 per cent to 60 per cent between 2015 and 2024, and basic hygiene coverage from 52 per cent to 71 per cent. In contrast, drinking water and hygiene coverage in urban areas has stagnated.
- Data from 70 countries show that while most women and adolescent girls have menstrual materials and a private place to change, many lack sufficient materials to change as often as needed.
- Adolescent girls aged 15–19 are less likely than adult women to participate in activities during menstruation, such as school, work and social pastimes.

- In most countries with available data, women and girls are primarily responsible for water collection, with many in sub-Saharan Africa and Central and Southern Asia spending more than 30 minutes per day collecting water.
- As we approach the last five years of the Sustainable Development Goals period, achieving the 2030 targets for ending open defecation and universal access to basic water, sanitation and hygiene services will require acceleration, while universal coverage of safely managed services appears increasingly out of reach.

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## **WHO Regional Offices**

*Selected Press Releases, Announcements*

### **WHO African Region AFRO**

:: 27 August 2025

#### **WHO Africa, International Vaccine Institute sign agreement to boost vaccine production in Africa**

:: 25 August 2025

#### **Ministerial Malaria champions step up Malaria fight with new commitments and accountability scorecard**

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

:: 29 Aug 2025

#### **Antigen bank for foot-and-mouth disease opens in the Americas to facilitate quick access to emergency vaccines**

Rio de Janeiro, August 29, 2025 (PAHO/PANAFTOSA) – The Regional Foot-and-Mouth Disease Antigen Bank (BANVACO) is officially in operation as of today, marking a major milestone in the ability of the Americas to respond to health emergencies due to this disease. The aim of BANVACO, which held its first regular meeting on August 28-29, is to ensure a...

:: 29 Aug 2025

#### **Amid localized chikungunya outbreaks and ongoing Oropouche cases, PAHO urges strengthened surveillance and vector control across the Americas**

Washington, D.C., August 29, 2025 (PAHO) – The Pan American Health Organization (PAHO) has called for reinforcing surveillance, clinical management, and vector control to address localized chikungunya outbreaks and the ongoing circulation of the Oropouche virus (OROV) in countries across the Americas. The simultaneous presence of these and other...

:: 28 Aug 2025

#### **PAHO launches tool to monitor early child development in Latin America**

Washington, D.C., August 28, 2025 (PAHO) – The Pan American Health Organization (PAHO) today released the Spanish version of a package of measures to monitor child development up to 36 months of age. This tool provides a standardized method for conducting early childhood assessments, applicable across different cultures and contexts. The...

:: 26 Aug 2025

#### **PAHO calls for strengthened vaccination and surveillance amid the spread of antibiotic-resistant pertussis in the Americas**

Washington, D.C., August 26, 2025 (PAHO) – In light of the resurgence of pertussis across several countries in the region and the emergence and spread of antibiotic-resistant strains, the Pan American Health Organization (PAHO) reiterated the importance of strengthening vaccination and surveillance systems. The concern was shared during a recent...

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

*No new digest content identified.*

## **WHO European Region EURO**

:: 25 August 2025 *News release*

[\*\*New partnership strengthens information systems for refugee and migrant health\*\*](#)

## **WHO Eastern Mediterranean Region EMRO**

:: [\*\*Gates Foundation and WHO partner to meet the health needs of 465 000 people affected by floods in Pakistan\*\*](#)

27 August 2025

:: [\*\*Paediatric care in Kurin offers families a lifeline\*\*](#)

27 August 2025

:: [\*\*WHO Afghanistan receives vital support from OCHA to strengthen health services\*\*](#)

26 August 2025

## **WHO Western Pacific Region**

*No new digest content identified.*

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## **WHO - Emergency situation reports**

*Latest WHO official reports for emergency situations. Latest WHO official reports for emergency situations.*

[\*\*Multi-country outbreak of cholera, external situation report #29 -28 August 2025\*\*](#)

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## **Disease Outbreak News (DONs)**

*Latest WHO Disease Outbreak News (DONs), providing information on confirmed acute public health events or potential events of concern.*

[\*\*29 August 2025 | Cholera – Multi-country with a focus on countries experiencing current surges\*\*](#)

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## **Weekly Epidemiological Record**

Vol. 100, No. 35, pp. 335–346 29 August 2025

<https://www.who.int/publications/journals/weekly-epidemiological-record>

:: Health–Security Interface Technical Advisory Group: 2025 annual meeting summary report

:: Performance of acute flaccid paralysis (AFP) surveillance and incidence of poliomyelitis, 2025

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## **New WHO Publications**

<https://www.who.int/publications>

*Selected*

29 August 2025

[\*\*Report of the eighteenth meeting of the Strategic and Technical Advisory Group for Neglected Tropical...\*\*](#)

28 August 2025

[\*\*WHO guidelines on meningitis diagnosis, treatment and care: executive summary\*\*](#)

26 August 2025

## Methodology for the update of the Global Health Expenditure Database

26 August 2025

[Polio eradication strategy 2022-2026: delivering on a promise, extension to 2029](#)

26 August 2025

[Anthrax: implementation guidance for clinicians](#)

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### **U.S. Immunization and Public Health Governance/Policy/Funding**

*Given the continuing extraordinary situation in the U.S., we are establishing a separate section of the digest to capture and organize key content. Please note that we will selectively include external analysis and comment where indicated, indenting this content under the relevant organization.*

#### **White House, HHS, FDA, CDC+**

##### **White House**

*Presidential Actions – Executive Orders; Memoranda; Proclamations*

*No new digest content identified.*

##### **HHS**

*News*

*No new digest content identified.*

##### **NIH** [to 30 Aug 2025]

<http://www.nih.gov/>

*News Releases*

*No new digest content identified*

##### **FDA**

*Press Announcements*

*No new digest content identified*

##### **FDA CBER**

*Latest News*

8/28/2025 [August 26, 2025 Center Director Decisional Memo- COMIRNATY](#)

8/28/2025 [August 26, 2025 Center Director Decisional Memo- NUVAXOVID](#)

8/28/2025 [August 26, 2025 Center Director Decisional Memo - SPIKEVAX](#)

8/28/2025 [August 26, 2025 Center Director Decisional Memo - MNEXSPIKE](#)

8/27/2025 [Coronavirus \(COVID-19\) | CBER-Regulated Biologics](#)

8/27/2025 [Pfizer COVID-19 Vaccine](#)

*Update – EUA Revocation Letter and Revocation Memorandum added*

8/27/2025 [August 27, 2025 Approval Letter - MNEXSPIKE](#)

8/27/2025 [August 27, 2025 Approval Letter - SPIKEVAX](#)

8/27/2025 [August 27, 2025 Approval Letter - COMIRNATY](#)

8/27/2025 [August 27, 2025 Approval Letter - NUVAXOVID](#)

8/27/2025 [Moderna COVID-19 Vaccine](#)

*Update – EUA Revocation Letter and Revocation Memorandum added*

8/27/2025 Novavax COVID-19 Vaccine, Adjuvanted  
*Update – EUA Revocation Letter and Revocation Memorandum added*  
8/26/2025 FDA Public Meeting: Onshoring Manufacturing of Drugs and Biological Products

**CDC/ACIP** [to 30 Aug 2025]  
<http://www.cdc.gov/media/index.html>  
*Latest News*  
*No relevant media releases identified.*

**The C.D.C. director has been fired, the White House says, but she is refusing to leave.**

**The New York Times**, Aug. 27, 2025, 5:12 p.m. ET Aug. 27, 2025

Sheryl Gay Stolberg Apoorva Mandavilli and Christina Jewett

The White House said late Wednesday that it had fired Susan Monarez, the new director of the Centers for Disease Control and Prevention, after a tense confrontation in which Health Secretary Robert F. Kennedy Jr. tried to remove her from her position. A lawyer for Dr. Monarez said in response that she was refusing to step down.

Dr. Monarez, an infectious disease researcher, was sworn in just a month ago by Mr. Kennedy, but had clashed with the secretary over vaccine policy, people familiar with the events said. Four other high-profile C.D.C. officials quit en masse, apparently in frustration over vaccine policy and Mr. Kennedy's leadership.

Because Dr. Monarez has been confirmed by the Senate — previous C.D.C. directors were not subject to such confirmation — she serves at the pleasure of the president, and Mr. Kennedy likely did not have the authority to dismiss her.

At 9:30 p.m., a spokesman for President Trump, Kush Desai, said in an email that Dr. Monarez was "not aligned with the President's agenda of Making America Healthy Again," and so "the White House has terminated Monarez from her position with the C.D.C."

Shortly past midnight, one of Dr. Monarez's lawyers, Mark S. Zaid, rejected the firing as "legally deficient" because the president did not announce it. Mr. Desai did not respond to an email message asking if Mr. Trump would do so.

The wild back and forth over Dr. Monarez's future, along with the resignations of four of the C.D.C.'s top leaders, will undoubtedly throw the nation's public health agency into further turmoil. It has already faced a tumultuous month in which agency employees were laid off and a gunman fired a barrage of bullets at its Atlanta headquarters, killing a policeman and terrifying employees.

Her lawyers, Mr. Zaid and Abbe Lowell, had asserted in a statement earlier Wednesday that Dr. Monarez's situation was symbolic of larger issues. "It is about the systematic dismantling of public health institutions, the silencing of experts, and the dangerous politicization of science," they wrote. "The attack on Dr. Monarez is a warning to every American: Our evidence-based systems are being undermined from within."

The clash between Mr. Kennedy and Dr. Monarez, which had been brewing for days, burst into public view on Wednesday. That afternoon, the Department of Health and Human Services announced on X that Dr. Monarez was "no longer" director of the C.D.C.

Without elaborating, the agency thanked her for "her dedicated service to the American people," adding that Mr. Kennedy "has full confidence in his team at @CDCgov who will continue to be vigilant in protecting Americans against infectious diseases at home and abroad."

Hours later, Mr. Lowell and Mr. Zaid disputed the department's account, saying Dr. Monarez "has neither resigned nor received notification from the White House that she has been fired, and as a person of integrity and devoted to science, she will not resign."

Mr. Kennedy and his department, they said, "have set their sights on weaponizing public health for political gain and putting millions of American lives at risk."



Neither Dr. Monarez nor the department responded to requests for comment. Dr. Monarez and Mr. Kennedy were at odds over vaccine policy, according to an administration official who is familiar with the events.

The official, who spoke on condition of anonymity for fear of retribution, said Mr. Kennedy had summoned Dr. Monarez to his office on Monday and demanded that she resign. When she refused, Mr. Kennedy demanded that she remove the agency's top leadership by the end of the week.

Dr. Monarez then called Senator Bill Cassidy, the Republican chairman of the Senate health committee, who in turn called Mr. Kennedy, according to the official. Mr. Kennedy, furious, summoned Dr. Monarez to a second meeting on Tuesday and accused her of "being a leaker," according to the official, and told her she would be fired.

The official said Dr. Monarez spoke to other senators as well. On Wednesday, a White House official told Dr. Monarez that if she did not resign by the end of the day, President Trump would fire her.

The four high-ranking agency officials who did resign are Dr. Debra Houry, the C.D.C.'s chief medical officer; Dr. Demetre Daskalakis, who ran the center that issues vaccine recommendations; Dr. Daniel Jernigan, who oversaw the center that oversees vaccine safety; and Dr. Jennifer Layden, who led the office of public health data. Some cited an increasingly tense environment within the Trump administration that had become intolerable.

"I am not able to serve in this role any longer because of the ongoing weaponization of public health," Dr. Daskalakis wrote in an email to colleagues, adding that they "continue to shine despite this dark cloud over the agency and our profession."

Dr. Jernigan was deeply involved in the agency's response to anthrax, swine flu and Covid; Dr. Daskalakis helped the nation cope with an mpox outbreak; Dr. Layden established the Covid strategic science unit; and Dr. Houry built the agency's opioid response program.

Former C.D.C. leaders said the departures would harm the agency and the nation. Dr. Mandy Cohen, who ran the agency during the second half of the Biden administration, called the officials "exceptional leaders who have served over many decades and many administrations," and warned that "the weakening of the C.D.C. leaves us less safe and more vulnerable as a country." Dr. Anne Schuchat, the C.D.C.'s principal deputy director until her retirement in May 2021, called them "the best of the best." "These individuals are physician-scientist public health superstars," she said. "I think we should all be scared about the nation's health security."

The resignations, which coincided with a decision by the Food and Drug Administration to put new restrictions on updated Covid vaccines for the fall-winter season, occurred at a difficult time for the nation's public health agency.

Earlier this month, a gunman angry about Covid vaccines opened fire on C.D.C. headquarters in Atlanta, killing a policeman, shattering bullet-resistant windows and traumatizing employees. After the attack, Dr. Houry and Dr. Daskalakis both pushed for Dr. Monarez to reassure C.D.C. employees that the matter would be given the attention it deserved.

"We're mad this has happened," Dr. Houry said in a large group call the day after the shooting. Dr. Daskalakis, whose office was among those hit by bullets, told Dr. Monarez that employees wanted to see a plan for their safety and an acknowledgment that the attack was not just "a shooting that just happened across the street with some stray bullets."...

H.H.S. employees issued an open letter pleading with Mr. Kennedy, who has repeatedly cast doubt on Covid shots and other vaccines, to stop spreading "inaccurate information."...

In an email to colleagues, Dr. Jernigan said he was grateful for the opportunity to serve the American public for more than 30 years but "given the current context in the department, I think it is best for me to offer my resignation."

Dr. Houry, in her own email, said she, too, felt unable to continue, given the circumstances at the agency: "This is a heartbreaking decision that I make with a heavy heart."

Dr. Monarez was the first nonphysician to lead the C.D.C. in more than 50 years. She had been acting director of the agency since Mr. Trump took office, and she was nominated to the top post after the president withdrew his first choice, Dr. David Weldon...

Late last week, H.H.S. confirmed that a vocal Covid vaccine opponent had been appointed to lead a subcommittee reviewing the safety of the shots, upsetting public health experts.

In addition, Mr. Kennedy has gone against the consensus of many scientists and public health experts by announcing new efforts and funding for research into whether there is a link between vaccines and autism, despite years of studies that have not found evidence to support his belief.

In recent weeks, the C.D.C. has been under pressure from Mr. Kennedy's allies to grant access to a large database called the Vaccine Safety Datalink that is managed in part by large health systems around the United States.

Mr. Kennedy brought in David Geier, a widely discredited researcher who has published studies using the database and purporting to show a link between vaccines and autism.

Mr. Geier's team has been seeking the data from the C.D.C. and other corners of the federal health bureaucracy for the work seeking a tie between vaccines and autism...

### **CDC in crisis: who are the top officials resigning or being forced out?**

*Four senior officials resign in protest at health secretary's handling of vaccine policy and agency's direction as CDC director resists attempt to oust her*

**The Guardian**, Thu 28 Aug 2025 10:54 EDT *Marina Dunbar*

A dispute over the dismissal of Susan Monarez, director of the US Centers for Disease Control and Prevention (CDC), has intensified, with her attorneys asserting she will not leave unless the president himself takes action.

Monarez was officially removed late on Wednesday following a heated exchange in which the US health secretary, Robert F Kennedy Jr., attempted to oust her, according to the White House. Her lawyer has countered that Monarez has no intention of resigning.

As she was confirmed by the Senate, unlike previous CDC directors, Monarez technically serves at the will of the president, so Kennedy alone may not have had the authority to terminate her.

Monarez, an infectious disease expert, was sworn in just a month ago by Kennedy but soon found herself at odds with him over vaccine policy, according to individuals familiar with the matter. In the wake of her removal, four senior CDC leaders abruptly resigned, apparently out of frustration with Kennedy's approach to vaccines and his management style.

Here's a breakdown of the CDC leaders involved:

#### **Susan Monarez**

*Director, Centers for Disease Control and Prevention*



Monarez is a microbiologist with bachelor's, master's and doctoral degrees from the University of Wisconsin. She joined the CDC as principal deputy director in January 2025, briefly served as acting director, and was confirmed by the Senate as the agency's 21st director on 31 July. She became the first director without a medical degree and the first confirmed under a 2023 law. On 27 August, she was dismissed over conflicts about vaccine policy, a move her legal team has argued was improper because only the president has the authority to remove her.

#### **Debra Houry**

*Former chief medical officer and deputy director for program and science at the CDC*



Houry, a physician with degrees from Emory University and Tulane University, previously worked as an emergency doctor and at various facilities in Atlanta, as well as serving in academic leadership roles. At the CDC, she served as chief medical officer and deputy director for program and science.

She resigned in late August 2025 following Monarez's removal, citing the spread of vaccine misinformation, looming budget reductions and political meddling that she said undermined the agency's mission.

**Demetre Daskalakis**

*Former director of the National Center for Immunization and Respiratory Diseases at the CDC*



Daskalakis, a public health physician known for his leadership in HIV prevention and vaccination programs, led the CDC's National Center for Immunization and Respiratory Diseases. He received his medical degree from the NYU School of Medicine and completed postgraduate medical training at Harvard Medical School in 2003, before joining the CDC in 2020 as director of the division of HIV/Aids Prevention.

He resigned from the CDC on 28 August, publishing a letter that denounced political interference, data manipulation and what he called a decline in scientific integrity.

**Daniel Jernigan**

*Former director of the National Center for Emerging and Zoonotic Infectious Diseases at the CDC*



Jernigan, a longtime CDC official, directed the National Center for Emerging and Zoonotic Infectious Diseases and played a key role in influenza and pandemic preparedness. Jernigan first joined the CDC's epidemic intelligence service in 1994 and worked in the respiratory diseases branch on the prevention and control of bacterial respiratory pathogens. He left his position in August 2025 after Monarez's ouster, joining other top officials in objecting to what they saw as the politicization of science and diminished trust in the agency's leadership.

**Jennifer Layden**

*Former director of office of public health data, science, technology at the CDC*



Layden, who led the office of public health data, surveillance, and technology at the CDC, focused on modernizing outbreak tracking and response systems. Layden received both her doctor of medicine and her doctorate in epidemiology from the University of Illinois at Chicago. Formerly Illinois' chief medical officer, she also resigned after Monarez's removal in August 2025, warning about the damaging effects of political influence on science-based decision-making.

**Kennedy names his deputy Jim O'Neill as interim US CDC chief after Monarez firing**  
**Reuters**, By Ahmed Aboulenein and Trevor Hunnicutt

WASHINGTON, Aug 29 (Reuters) - U.S. Secretary of Health and Human Services Robert F. Kennedy Jr. has named his deputy, Jim O'Neill, as acting director at the Centers for Disease Control and Prevention after ousting the former director less than a month into her tenure. President Donald Trump fired on Wednesday CDC Director Susan Monarez after she resisted changes to vaccine policy advanced by Kennedy that she believed contradicted scientific evidence, further destabilizing the already embattled agency.

"Together, we will rebuild this institution into what it was always meant to be: a guardian of America's health and security," Kennedy wrote on Thursday in a memo to CDC staff seen by Reuters. "To help advance this mission, I am pleased to announce that Deputy Secretary of Health and Human Services Jim O'Neill is now also serving as Acting Director of the CDC." Monarez's firing triggered the resignations of four senior CDC officials who cited anti-vaccine policies and misinformation pushed by Kennedy and his team.

The CDC has faced mounting challenges under Kennedy's leadership, including a shooting at its Atlanta headquarters earlier this month. The union representing CDC workers said the incident "compounds months of mistreatment, neglect, and vilification that CDC staff have endured."

The White House sought to cut the agency's budget by almost \$3.6 billion, leaving it with a \$4 billion 2026 budget, and Kennedy announced a layoff plan earlier this year that cut 2,400 CDC employees, though some 700 were rehired.

O'Neill, prior to his confirmation as Kennedy's second in command, served as a health policy adviser with ties to several healthcare companies.

He also managed one of tech billionaire and Trump-backer Peter Thiel's venture capital firms, Mithril Capital Management, from 2012 to 2019. O'Neill also served as chief executive of his philanthropic Thiel Foundation and as a managing director at Thiel Capital.

**The CDC is falling deeper into crisis. What it means for the nation's health.**

*Months of upheaval at the Centers for Disease Control and Prevention have undercut the agency's work, employees said, and put the future of vaccines into doubt.*

**The Washington Post**, Aug 28, 2025, By Lena H. Sun, Lauren Weber and David Ovalle  
[Paywall]

**ACIP Meetings** [to 30 Aug 2025]

*Future ACIP Meetings*

:: October 22-23

:: **September 18, 19, 2025**

[Docket No. CDC-2025-0454]

**SUMMARY:** In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC) announces the following meeting of the Advisory Committee on Immunization Practices (ACIP). Time will be available for public comment.

**DATES:** The meeting will be held on September 18, 2025, from 10 a.m. to 5 p.m., EDT, and September 19, 2025, from 8 a.m. to 4 p.m., EDT (times subject to change; see the ACIP website for updates: <https://www.cdc.gov/vaccines/acip/index.html>). The meeting is expected to be held at the Centers for Disease Control and Prevention, with a virtual option. Written comments must be received between September 2-13, 2025.

**Matters to be Considered:** The agenda will include discussions on COVID-19 vaccines; Hepatitis B vaccine; measles, mumps, rubella, varicella (MMRV) vaccine; and Respiratory Syncytial Virus (RSV). The agenda will include updates on ACIP Workgroups. Recommendation votes may be scheduled for COVID-19 vaccines, Hepatitis B vaccine, MMRV vaccine, and RSV. Vaccines for Children (VFC) may be scheduled for COVID-19 vaccines, Hepatitis B vaccine, MMRV vaccine, and RSV. Agenda items are subject to change as priorities dictate.

*[Full agenda not yet posted on ACIP site]*

### **Cassidy Calls for Vaccine Committee Meeting to be Postponed Following CDC Departures**

08.28.2025, US Senate Committee on Health, Education, Labor & Pensions

WASHINGTON – Today, U.S. Senator Bill Cassidy, M.D. (R-LA), chair of the Senate Health, Education, Labor, and Pensions (HELP) Committee, called for the U.S. Department of Health and Human Services Advisory Committee on Immunization Practices (ACIP) to indefinitely postpone their September 18th meeting.

"Serious allegations have been made about the meeting agenda, membership, and lack of scientific process being followed for the now announced September ACIP meeting. These decisions directly impact children's health and the meeting should not occur until significant oversight has been conducted. If the meeting proceeds, any recommendations made should be rejected as lacking legitimacy given the seriousness of the allegations and the current turmoil in CDC leadership," said Dr. Cassidy.

### **C.D.C. Uncertainty Upends Covid Vaccine Access at CVS and Walgreens**

*State laws and regulatory chaos are driving the country's largest pharmacy chains to require prescriptions or hold back altogether unless a C.D.C. panel acts.*

The New York Times, August 28, 2025

CVS and Walgreens, the country's two largest pharmacy chains, are for now clamping down on offering Covid vaccines in more than a dozen states, even to people who meet newly restricted criteria from the Food and Drug Administration.

On Thursday, Amy Thibault, a spokeswoman for CVS, said the vaccine was not available at pharmacies in 16 states, citing "the current regulatory environment" and emphasizing that the list could change.

On Friday, CVS issued an update: It could administer vaccines in 13 of the 16 states, and in the District of Columbia, to people who had obtained a prescription from a doctor or other medical provider. (As of Friday morning, its online scheduling tool still did not allow anybody to book an appointment in those places; Ms. Thibault said an update was in progress.) In Massachusetts, Nevada and New Mexico, CVS still cannot offer the shots at all, Ms. Thibault said. She did not provide an explanation for the change.

Walgreens said in a statement that it was "prepared to offer the vaccine in states where we are able to do so" to people who met the F.D.A. criteria. When a New York Times reporter tried to schedule vaccine appointments in all 50 states, the Walgreens website said patients would need a prescription in 16 of them. Though there is some overlap, it's not the same set of 16 as CVS, underscoring the level of confusion...

## **FDA VRBPAC [Vaccines and Related Biological Products Advisory Committee]**

Advisory Committee Calendar

***Advisory Committee Calendar has no meetings posted for this Advisory Committee***

## **FDA Pediatric Advisory Committee Meeting**

Advisory Committee Calendar

***Advisory Committee Calendar has no meetings posted for this Advisory Committee***

## **National Vaccine Program Committee (NVAC)**

<https://www.hhs.gov/vaccines/about/index.html>

Upcoming Meetings/Latest Updates

***No 2025 meeting dates posted.***

## **Advisory Commission on Childhood Vaccines (ACCV)**

<https://www.hrsa.gov/advisory-committees/vaccines/meetings>

***Next ACCV Meeting – TBD [To be re-scheduled from original date January 29, 2025]***

## **MMWR Weekly**

<https://www.cdc.gov/mmwr/index2025.html>

**August 28, 2025 / No. 32**

[PDF of this issue](#)

- [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season](#)
- [Use of Clesrovimab for Prevention of Severe Respiratory Syncytial Virus–Associated Lower Respiratory Tract Infections in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025](#)

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## **U.S. Congress**

**House of Representatives**

**U.S. Senate**

*No new legislative content identified.*

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## **Supreme Court, Federal Appellate Courts**

*No new cases, rulings, announcements.*

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## **Europe**

### **European Centre for Disease Prevention and Control**

<https://www.ecdc.europa.eu/en>

News/Updates/Reports/Publications [Selected]

Surveillance and monitoring

**[Communicable disease threats report, 23-29 August 2025, week 35](#)**

29 Aug 2025

This issue of the ECDC Communicable Disease Threats Report (CDTR) covers the period 23-29 August 2025 and includes updates on rabies, chikungunya virus disease, Crimean-Congo haemorrhagic fever, dengue, West Nile virus infection and the expert deployment to support the national response to the mpox clade IIB outbreak in Sierra Leone.

*Surveillance and monitoring*

**[Weekly updates: Seasonal surveillance in humans in 2025 for West Nile virus](#)**

29 Aug 2025

Weekly updates with the latest reports on West Nile virus cases in Europe updated every Friday, during the transmission season.

*Surveillance and monitoring*

**[Seasonal surveillance of dengue in the EU/EEA](#)**

29 Aug 2025

Update providing weekly overview of the countries and areas where dengue cases have been reported.

**European Medicines Agency [EMA]**

<https://www.ema.europa.eu/en/news>

*News & Press Releases*

*No new digest content identified.*

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**Africa**

**Africa CDC** [to 30 Aug 2025]

<https://africacdc.org/>

*Press Releases, Statements [Selected]*

**[President Hakainde Hichilema, AU Cholera Champion, Joins Partners to Unveil Africa's New Continental Cholera Plan](#)**

29 August 2025

The Africa Centres for Disease Control and Prevention (Africa CDC) and the World Health Organization (WHO) launched a six-month 1.0 continental preparedness and response plan against cholera under the leadership of H.E. President Hakainde Hichilema, the African Union Cholera Champion, in Lusaka, Zambia, on 26 August...

The plan is built around seven priorities: strengthened coordination, enhanced surveillance, expanded laboratory capacity, effective case management, WASH interventions, vaccination, and community engagement. It will be driven by the Continental Cholera IMST, integrated with the Mpox IMST, and co-led by Africa CDC and WHO to deliver rapid, coordinated responses while leveraging technical expertise and logistics support.

In parallel, Africa CDC and WHO will support the AU Cholera Champion in establishing the African Continental Task Force on Cholera Control. This body will bring together Member States and key partners to align with the 2030 Global Cholera Elimination targets, create National Presidential Task Forces, and mobilize resources, including vaccines, to accelerate elimination across Africa...

**[Africa CDC Weekly Brief | 18 – 24 August 2025](#)**

27 August 2025

*Statement*



## [Remarks at the Opening of the 75th Session of the WHO Regional Committee for Africa \(RC75\) Lusaka, Zambia](#)

25 August 2025

*... "Independence cannot be real if a nation depends upon gifts." This wisdom from President Julius Nyerere in 1967 resonates today more than ever. For our continent, autonomy and sovereignty are not abstract ideals, they are the foundation that must be built on true solidarity and true unity...*

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### **China – CDC+**

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

### **National Health Commission of the People's Republic of China** [to 30 Aug 2025]

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

*News*

### [Chinese premier calls for sci-tech, policy support to boost bio-medicine industry](#)

Updated: 2025-08-22 | Xinhua

### **National Medical Products Administration – PRC** [to 30 Aug 2025]

<http://english.nmpa.gov.cn/>

*News*

*No new digest content identified.*

### **China CDC**

#### **CCDC Weekly Reports: Current Volume (7)**

**2025-08-29 / No. 35 WEIGHT MANAGEMENT ISSUE**

[PDF of this issue](#)

*No new digest content identified.*

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:: [Journal Watch](#)

:: [Pre-Print Servers](#)

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### ***Organization Announcements***

### **Paul G. Allen Frontiers Group** [to 30 Aug 2025]

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

*Recent News*

*No new digest content identified.*

### **BMGF - Gates Foundation** [to 30 Aug 2025]

<https://www.gatesfoundation.org/ideas/media-center>



*Press Releases & Statements*  
*No new digest content identified.*

**CARB-X** [to 30 Aug 2025]

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

*News*

08.28.2025

**[CARB-X backs neonatal sepsis diagnostic platform by QuantaMatrix](#)**

CARB-X has awarded QuantaMatrix Inc. US\$2.85M to execute a workplan to develop its rapid diagnostic platform to detect sepsis, especially in vulnerable neonates. The test aims to deliver results within just 6 hours from very small blood samples of 1 to 2 milliliters.

**Chan Zuckerberg Initiative** [to 30 Aug 2025]

<https://chanzuckerberg.com/newsroom/>

*Newsroom*

*No new digest content identified.*

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 30 Aug 2025]

<http://cepi.net/>

*CEPI News, Blog*

*No new digest content identified.*

**CIDRAP – Vaccine Integrity Project**

<https://www.cidrap.umn.edu/vaccine-integrity-project>

*News, Reports, Viewpoints*

*No new digest content identified.*

**CIOMS – COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES** [to 30 Aug 2025]

<https://cioms.ch/>

*News; Publications; Events*

*No new digest content identified.*

**DARPA – Defense Advanced Research Projects Agency [U.S.]** [to 30 Aug 2025]

<https://www.darpa.mil/news>

*News*

*No new digest content identified.*

**DNDI – Drugs for Neglected Diseases initiative** [to 30 Aug 2025]

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

*Press Releases*

*No new digest content identified.*

**Duke Global Health Innovation Center** [to 30 Aug 2025]

<https://dukeghic.org/>

*News*

*No new digest content identified.*

**EDCTP** [to 30 Aug 2025]

<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*

*News*

28 August 2025

**[Professor Marcel Tanner steps down as High Representative of the EDCTP Association](#)**

**Emory Vaccine Center** [to 30 Aug 2025]

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

*Vaccine Center News*

*No new digest content identified.*

**European Vaccine Initiative** [to 30 Aug 2025]

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

*Latest News, Events*

*No new digest content identified.*

**Fondation Merieux** [to 30 Aug 2025]

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

*News, Events*

*No new digest content identified.*

**Gates Medical Research Institute** [to 30 Aug 2025]

<https://www.gatesmri.org/news>

*The Gates Medical Research Institute is a non-profit organization dedicated to the discovery, development and effective use of novel biomedical interventions addressing substantial global health concerns, for which investment incentives are limited.*

*News: Articles and Publications*

*No new digest content identified.*

**Gavi** [to 30 Aug 2025]

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

*Press Releases*

26 August 2025

**[Gavi welcomes renewed commitments to health equity and security made at TICAD9](#)**

:: Prime Minister of Japan H.E. Shigeru Ishiba announces Japan's contribution of up to US\$ 550 million to Gavi's next strategic period at TICAD9

:: Gavi and the African Union Commission renew commitment to advance universal health coverage and health security in Africa through immunisation, innovation, and co-created solutions

25 August 2025

**Gavi expands US\$ 28 million Health Facility Solarisation Project with inauguration of first facility in Zambia**

:: Zambia is the first of four Health Facility Electrification (HFSE) implementors – alongside Pakistan, Ethiopia, and Uganda – to inaugurate a solarised facility

:: Over 250 remote healthcare facilities across Zambia will be powered with solar energy, benefitting an estimated 1.3 million people

:: Backed by Gavi funding, this initiative is designed to enhance the functionality of vaccine supply chains, power essential medical equipment, support staff housing and improve maternal and primary health services

**GE2P2 Global Foundation** [to 30 Aug 2025]

[www.ge2p2.org](http://www.ge2p2.org)

*News/Analysis/Publications-Digests/Statements*

:: [Vaccines and Global Health: The Week in Review](#) - Current edition

:: [Informed Consent: A Monthly Review – May 2025](#)

:: [Public Consultations Watch :: Global Calls for Input/Public Comment – 25 May 2025](#)

:: [Genomics :: Governance, Ethics, Policy, Practice – A Monthly Digest – May 2025](#)

**GHIT Fund** [to 30 Aug 2025]

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

*Press Releases*

*No new digest content identified.*

**Global Fund** [to 30 Aug 2025]

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

*News Releases*

27 August 2025

**Global Fund Warmly Welcomes Australia's Pledge to the Eighth Replenishment**

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) warmly welcomes Australia's early pledge of AUD 266 million to the Eighth Replenishment, reinforcing Australia's commitment to ending the three epidemics as public health threa...

**Global Research Collaboration for Infectious Disease Preparedness [GloPID-R]** [to 30 Aug 2025]

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

*No new digest content identified.*

**Hilleman Laboratories** [to 30 Aug 2025]

<http://www.hilleman-labs.org/>

*News & Insights*

*No new digest content identified.*

## **HHMI - Howard Hughes Medical Institute** [to 30 Aug 2025]

<https://www.hhmi.org/news>

*Press Room*

*No new digest content identified.*

## **Human Immunome Project [nee Human Vaccines Project]** [to 30 Aug 2025]

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

*News*

*No new digest content identified.*

## **IAVI** [to 30 Aug 2025]

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

*Press Releases, Features*

*No new digest content identified.*

## **INSERM** [to 30 Aug 2025]

<https://www.inserm.fr/en/home/>

*Press Releases*

*No new digest content identified.*

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

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

*Selected Statements, Press Releases, Research*

29 August 2025

[\*\*ICMRA-industry virtual workshop: Strengthening regulatory convergence and reliance through PQKM\*\*](#)

## **ICH [International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use]** [to 30 Aug 2025]

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

*News/Pubs/Press Releases [Selected]*

7 August 2025

[\*\*ICH Q3E Draft Guideline is Available Now on the ICH Website\*\*](#)

The ICH Q3E draft "Guideline for Extractables and Leachables" and supporting document has reached Step 2b of the ICH Process on 1 August 2025 and entered the Step 3 public consultation period.

| Ongoing Public Consultations |  | ^ |
|------------------------------|--|---|
| >                            | M13B EWG Bioequivalence for Immediate-Release Solid Oral Dosage Forms          |   |
| >                            | Q1 EWG Stability Testing of Drug Substances and Drug Products                  |   |
| >                            | M4Q(R2) EWG Revision of M4Q(R1)  |   |
| >                            | E21 EWG Inclusion of Pregnant and Breastfeeding Individuals in Clinical Trials |   |
| >                            | Q3E EWG Guideline for Extractables and Leachables                              |   |
| v                            | E20 EWG Adaptive Designs for Clinical Trials                                   |   |

<https://www.ich.org/page/public-consultations>

### **E20 EWG Adaptive Designs for Clinical Trials**

The E20 EWG is working on the development of a new E20 Guideline on "Adaptive Clinical Trials" on the design, conduct, analysis, and interpretation of adaptive clinical trials that provides a transparent and harmonized set of principles for the regulatory review of these studies in a global drug development program. These principles should also provide the flexibility to evaluate / discuss innovative approaches to clinical trial design throughout the development process.

Following MC approval in June 2025 the E20 Guideline title was changed to "*Adaptive Designs for Clinical Trials*"

Rapporteur: Dr. Gregory Levin (FDA, United States)

Regulatory Chair: Dr. Christian Roes (EC, Europe)

Date of Step 2b: 25 June 2025 Status: Step 3

#### ***Public consultation dates:***

ANMAT, Argentina - Deadline for comments by 8 October 2025

EC, Europe - Deadline for comments by 30 November 2025

Health Canada, Canada - Deadline for comments by 25 September 2025

MHRA, UK - Deadline for comments by 30 November 2025

Swissmedic, Switzerland - Deadline for comments by 30 November 2025

TFDA, Chinese Taipei - Deadline for comments by 13 October 2025

**ICRC** [to 30 Aug 2025]

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

*News*

### **ICRC president: Mass evacuation of Gaza City unfeasible and incomprehensible**

News release 30-08-2025

**IFFIm** [to 30 Aug 2025]

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

*Press Releases/Announcements*

*No new digest content identified.*

**IFRC** [to 30 Aug 2025]

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

*Press releases*

*No new digest content identified.*

**IPPS - International Pandemic Preparedness Secretariat** [to 30 Aug 2025]

<https://ippsecretariat.org/news/>

*News*

*No new digest content identified.*

**Institut Pasteur** [to 30 Aug 2025]

<https://www.pasteur.fr/en/press-area>

*Press Documents*

*No new digest content identified.*

## ISC / International Science Council [to 30 Aug 2025]

<https://council.science/current/>

ISC is a non-governmental organization with a unique global membership that brings together 40 international scientific Unions and Associations and over 140 national and regional scientific organizations including Academies and Research Councils.

Latest Updates

No new digest content identified.

## International Union of Immunological Societies (IUIS)

<https://iuis.org/>

News/Events [Selected]

No new digest content identified.

## IVAC [to 30 Aug 2025]

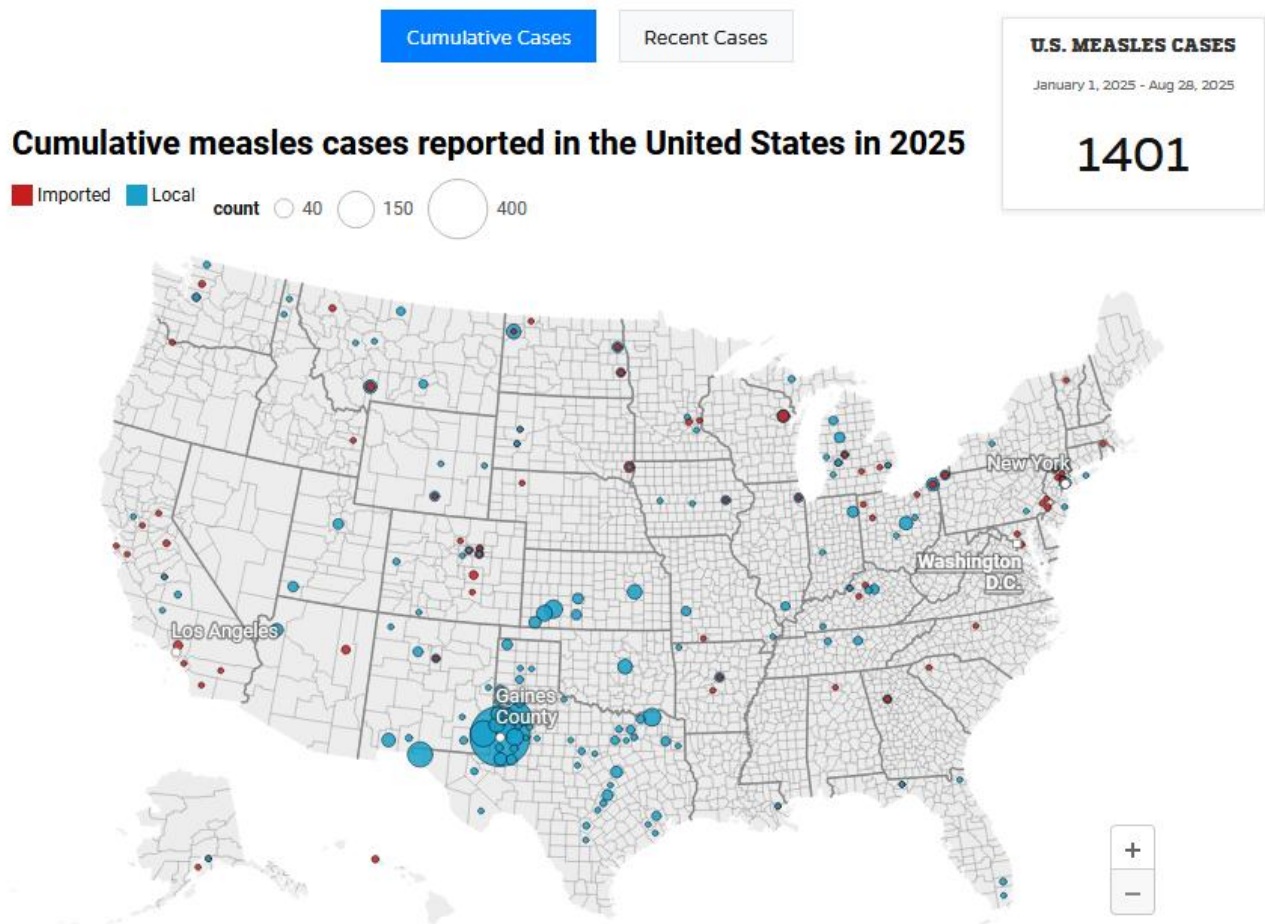
<https://www.jhsph.edu/research/centers-and-institutes/ivac/index.html>

Updates; Events

U.S. Measles Tracker

### [Tracking Measles Cases in the U.S.](#)

Updated August 28, 2025



Source: Johns Hopkins University • [Get the data](#) • [Download image](#)

**IVI** [to 30 Aug 2025]

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

*IVI News & Announcements*

**WHO Africa, International Vaccine Institute sign agreement to boost vaccine production in Africa**

August 27, 2025

**Johns Hopkins Center for Health Security** [to 30 Aug 2025]

<https://centerforhealthsecurity.org/newsroom>

*Center News [Selected]*

*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 30 Aug 2025]

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

*Latest [Selected Announcements]*

*Yemen*

**Yemen: MSF hands over hospital in Taiz after a decade of care**

Project Update 28 Aug 2025

*Gaza-Israel war*

**People gathering water caught up in gunfire in Gaza**

Statement 26 Aug 2025

**National Academy of Medicine - USA** [to 30 Aug 2025]

<https://nam.edu/programs/>

*News, Stories, Insights*

*No new digest content identified.*

**National Academies-Sciences-Engineering-Medicine [NASEM]- USA** [to 30 Aug 2025]

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

*News*

*No new digest content identified.*

**PATH** [to 30 Aug 2025]

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

*Newsroom [Selected]*

*No new digest content identified.*

**Sabin Vaccine Institute** [to 30 Aug 2025]

<https://www.sabin.org/press/>

*Latest News & Press Releases*

*No new digest content identified.*

**UNAIDS** [to 30 Aug 2025]

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

*News, Stories, Updates*  
*No new digest content identified.*

**UNICEF** [to 30 Aug 2025]

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

*Latest press releases, news notes and statements [Selected]*

*Remarks 28 August 2025*

**[UNICEF Executive Director Catherine Russell remarks at the Security Council Open Debate on Haiti](#)**

NEW YORK, 28 August 2025 – “, Good morning. Thank you, Ambassador Alfaro, and Ambassador for co-convening this briefing ... and for the opportunity to address this Council today on the dire crisis facing children in Haiti. “Thank you to the Secretary-General for his deep and ongoing commitment to the protection of ...

*Statement 28 August 2025*

**[Children bear the brunt of escalating violence in Rakhine, Myanmar, as deadly attacks continue](#)**

BANGKOK, 28 August 2025 -, UNICEF is gravely concerned by reports of an attack on 25 August in Mrauk U Township, Rakhine State, that reportedly killed and injured children and destroyed homes. The escalation of conflict in Rakhine in recent months has left children increasingly vulnerable. Deadly attacks continue to drive fear, displacement and suffering. Children are being...

*Press release 26 August 2025*

**[After 500 days under siege, children in Sudan’s Al Fasher face starvation, mass displacement, and deadly violence](#)**

NEW YORK/PORT SUDAN, 27 August 2025 –, After 500 days under siege, the city of Al Fasher in Sudan’s North Darfur has become an epicentre of child suffering, with malnutrition, disease, and violence claiming young lives daily, UNICEF warned today. At least 600,000 people - half of them children - have been displaced from Al Fasher and surrounding camps in recent months. Inside the city...

**Unitaid** [to 30 Aug 2025]

<https://unitaid.org/>

*No new digest announcements identified.*

**Vaccine Equity Cooperative [nee Initiative]** [to 30 Aug 2025]

<https://vaccineequitycooperative.org/news/>

*News*

*No new digest content identified.*

**Vaccine Confidence Project** [to 30 Aug 2025]

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

*News, Research and Reports*

**Vaccine Education Center – Children’s Hospital of Philadelphia** [to 30 Aug 2025]

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

*News*



## **August 2025 — Aluminum in vaccines: Is it safe?**

Dr. Paul Offit talks about aluminum, why it is in vaccines, and whether it's safe. He explains that aluminum serves as an adjuvant to boost the immune response to some vaccines. This in turn allows for using fewer doses and lesser quantities of the vaccine.

### **Wellcome Trust** [to 30 Aug 2025]

<https://wellcome.org/news/all>

*News, Opinion, Reports*

*No new digest content identified.*

### **The Wistar Institute** [to 30 Aug 2025]

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

*Press Releases*

*No new digest announcements identified.*

### **World Bank** [to 30 Aug 2025]

<http://www.worldbank.org/en/news/all>

*All News [Selected]*

*No new digest announcements identified.*

### **WFPHA: World Federation of Public Health Associations** [to 30 Aug 2025]

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

*Blog, Events*

*No new digest content identified.*

### **World Medical Association [WMA]** [to 30 Aug 2025]

<https://www.wma.net/news-press/press-releases/>

*Press Releases*

#### **World Medical Association Condemns Attack on Nasser Hospital in Gaza**

27th August 2025

...WMA supports the statement issued today by the Israeli Medical Association (IMA). In its letter to the Chief of Staff of the Israel Defense Forces, the IMA reiterated the fundamental principle that all health institutions and medical personnel engaged solely in medical purposes are entitled to protection during armed conflict...

### **World Organisation for Animal Health [OIE]** [to 30 Aug 2025]

<https://www.oie.int/>

*Press Releases, Statements*

*No new digest announcements identified.*

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### **ARM [Alliance for Regenerative Medicine]** [to 30 Aug 2025]

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

*Selected Press Releases*

*No new digest announcements identified.*

**BIO** [to 30 Aug 2025]

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

*Press Releases*

*No new digest announcements identified.*

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 30 Aug 2025]

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

*News; Upcoming events*

**[Regulatory Approval for CNBG's Rotavirus Vaccine, Rotasiro® by NMPA](#)**

August 26, 2025

...China National Biotech Group (CNBG) subsidiary Wuhan Institute of Biological Products Co., Ltd. (WIBP), has successfully developed the innovative preventive biologic product: Reassortant Rotavirus Vaccine, Live, Oral, Hexavalent (Vero Cell), which has officially received regulatory approval from China's National Medical Products Administration (NMPA)...

**ICBA – International Council of Biotechnology Associations** [to 30 Aug 2025]

<https://internationalbiotech.org/news/>

*News*

*No new digest announcements identified.*

**IFPMA** [to 30 Aug 2025]

<https://ifpma.org/>

*News, Statements [Selected]*

*Statement 27 Aug 2025*

**[AMATA statement at 75th WHO AFRO: Progress report on the regional strategy on regulation of medical products in African region](#)**

On 27 August 2025, the African Medicines Agency Treaty Alliance submitted a statement on agenda item 16.8: Progress report on the regional strategy on regulation of medical products in African region, 2016-2025 at the 75th Session of the WHO Regional Committee for Africa. The African Medicines Agency Treaty Alliance (AMATA) commends the progress made under...

Read more

Statement 27 Aug 2025

**[75th WHO Regional Committee for Africa: Progress report on the implementation of the strategy for scaling up health innovations in the African region](#)**

On 27 August 2025 in Lusaka, Zambia, IFPMA delivered a statement at the 75th session of the WHO Regional Committee for Africa focused on Agenda item 16.2: Progress report on the implementation of the strategy for scaling up health innovations in the African region. IFPMA takes note of WHO AFRO's Progress report on the implementation...

**International Alliance of Patients' Organizations – IAPO** [to 30 Aug 2025]

<https://www.iapo.org.uk/news>

*Press and media [Selected]*

*No new digest announcements identified.*

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

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

*News*

*No new digest announcements identified.*

## **PhRMA** [to 30 Aug 2025]

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

*Press Releases*

*No new digest announcements identified.*

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## **Vaccines/Therapeutics/Medicines – Selected Developer/Manufacturer Announcements**

*We recognize that this listing is indicative but certainly not exhaustive. We invite nomination of other vaccine developers for potential addition to those monitored below.*

### **AstraZeneca**

*Press Releases - No new digest announcements identified.*

### **Bavarian Nordic**

*Latest News*

August 26, 2025

[\*\*Publication of statement by the Board of Directors in respect of the takeover offer to the shareholders of Bavarian Nordic from the consortium led by Nordic Capital and Permira\*\*](#)

### **BioCubaFarma – Cuba**

*Últimas Noticias - No new digest announcements identified.*

### **Biological E**

*News - No new digest announcements identified.*

### **BioNTech**

*Press Releases*

27 August 2025

[\*\*Pfizer and BioNTech's COMIRNATY® Receives U.S. FDA Approval for Adults 65 and Older and Individuals Ages 5 through 64 at Increased Risk for Severe COVID-19\*\*](#)

- The 2025-2026 COVID-19 vaccine formulation targets the SARS-CoV-2 sublineage LP.8.1, in line with FDA guidance to more closely match circulating strains<sup>1</sup>
- Shipping of the LP.8.1-adapted vaccine will begin immediately to ensure robust supply and rapid access of this season's vaccine in pharmacies, hospitals, and clinics across the country

### **Boehringer**

*Press Releases - No new digest announcements identified.*

### **CanSinoBIO**

*News - Website not responding at inquiry.*

### **CIGB**

*Latest News - No new digest announcements identified.*

## **CinnaGen**

Recent News - No new digest announcements identified.

## **Clover Biopharmaceuticals – China**

News - No new digest announcements identified.

## **Curevac**

News - No new digest announcements identified.

## **Gamaleya National Center/Sputnik**

Latest News and Events - No new digest announcements identified [Last: 09 Nov 2020]

<https://sputnikvaccine.com/> - No new digest announcements identified [Last: 31 Aug 2022]

## **GSK**

Press releases for media - No new digest announcements identified.

## **EuBiologics, S Korea**

News - No new digest announcements identified.

## **IMBCAMS, China**

Home - Website not responding at inquiry.

## **JNJ Innovative Medicine [Janssen]**

Press Releases - No new digest announcements identified.

## **Merck**

News releases - No new digest announcements identified.

## **Nanogen**

News - No new digest announcements identified.

## **Novartis**

News - No new digest announcements identified.

## **Novavax**

Press Releases

Aug 27, 2025

COVID-19, Corporate and finance

**[Novavax's Nuvaxovid™ 2025-2026 Formula COVID-19 Vaccine Approved in the U.S.](#)**

Nuvaxovid™ is the only protein-based, non-mRNA COVID-19 vaccine available in the U.S. for the 2025-2026 vaccination season

## **Pfizer**

Recent Press Releases

**[Pfizer and BioNTech's COMIRNATY® Receives U.S. FDA Approval for Adults 65 and Older and Individuals Ages 5 through 64 at Increased Risk for Severe COVID-19](#)**

08.27.2025

## **R-Pharm**

<https://rpharm-us.com/index.php>

[No news or media page identified]

## **Sanofi Pasteur**

Press Releases - No new digest announcements identified.

## **Serum Institute**

News & Announcements - No new digest announcements identified.

## **Sinopharm/WIBPBIBP**

News - No new digest announcements identified.

## **Sinovac**

Press Releases - No new digest announcements identified.

## **SK Biosciences**

Press Releases

### **[SK bioscience Successfully Concludes Nationwide Symposium Series on RSV Preventive Antibody 'Beyfortus'](#)**

Nationwide symposiums over two months enhanced RSV awareness and shared prevention strategies.  
2025.08.29

## **Takeda**

Newsroom - No new digest announcements identified.

## **Valneva**

Press Releases

August 25, 2025

### **[Valneva Announces FDA's Decision to Suspend License of Chikungunya Vaccine IXCHIQ® In the U.S.](#)**

## **WestVac Biopharma**

Media - No new digest announcements identified.

## **Zhifei Longcom, China**

[Anhui Zhifei Longcom Biologic Pharmacy Co., Ltd.]

Website [No News/Announcements page identified]

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### ***Contents [click to move among sections]***

:: [Milestones, Perspectives](#)

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:: [Organization Announcements](#)

:: [Journal Watch](#)

:: [Pre-Print Servers](#)

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## ***Journal Watch***

*Vaccines and Global Health: The Week in Review* continues its weekly scanning of key peer-reviewed journals to identify and cite articles, commentary and editorials, books reviews and other content supporting our focus on vaccine ethics and policy. Journal Watch is not intended to be exhaustive, but

indicative of themes and issues the Center is actively tracking. We selectively provide full text of some editorial and comment articles that are specifically relevant to our work. Successful access to some of the links provided may require subscription or other access arrangement unique to the publisher.

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

### **AJOB Empirical Bioethics**

Volume 16, 2025 Issue 3

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

*Article*

#### **'Why Do You Ask?' Revisiting the Purpose of Eliciting the Public's Moral Judgments About Emerging Technologies**

Jared N. Smith, Anne Barnhill, Julian Savulescu, S. Matthew Liao, Matthew S. McCoy & Jennifer Blumenthal-Barby

Pages: 127-139

*Abstract*

It is increasingly common for bioethicists to consult with the public to solicit their judgments and attitudes about ethical questions and issues, especially ones that arise with new and emerging technologies. However, it is not always clear what the purpose of this engagement is or ought to be: do bioethicists seek the input of the public to help them arrive at a morally correct justified policy position, or do they seek this input to help them shape and frame their already-established moral position, or something else entirely? In this essay, we discuss four distinct possible functions of collecting moral judgments from the public: issue spotting, messaging for adherence and social stability, substantive moral guidance, and procedural fairness. For each function, we offer core examples from the literature before discussing the strengths and weaknesses attendant to each. We conclude with several preliminary questions bioethicists can ask themselves to clarify their own purpose for soliciting moral judgments from the public.

### **AMA Journal of Ethics**

Volume 27, Number 8: E541-627

<https://journalofethics.ama-assn.org/issue/existential-health-care-ethics>

#### ***Existential Health Care Ethics***

The American Medical Association declares that physicians will address "natural and man-made assaults on the health and wellbeing of humankind," and that "[h]umanity is our patient." The World Medical Association likewise pledges physicians "to the service of humanity." This theme issue considers that, if these are to be more than mere assertions, we must think more powerfully than we have in the past about what continued human existence requires of global and domestic health care.

As an emerging area of moral philosophical inquiry concerned with human extinction, existential health care ethics considers the nature and scope of what health professionals and health professions are obliged to do—as individuals and collectives—to orient us to threats that undermine humanity's survival. Such threats include familiar ones like critical resource depletion and weapons of mass destruction proliferation and less familiar ones like planetary-scale anthropogenic disequilibrium of Earth systems and dual (military and civilian) use of technology applications.

### **American Journal of Human Genetics**

Aug 07, 2025 Volume 112 Issue 8 p1733-1980

<https://www.cell.com/ajhg/current>

#### **This month in The Journal**

Paul W. Hook, vSara B. Cullinan

The use of genomic testing for diagnostic purposes has increased as the cost of sequencing has decreased. However, genomic testing has been deployed mostly in pediatric settings with information on how it can benefit adult populations lacking. In this issue, Gold et al. assess the utility of sequencing for diagnostic purposes in a young adult (ages 18–40) population admitted to the intensive care unit (ICU). Through whole-exome sequencing, the authors discovered 24.4% of the 365 individuals in the cohort had a diagnostic variant.

**American Journal of Infection Control**

August 2025 Volume 53 Issue 8 p809-918

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

[Reviewed earlier]

**American Journal of Preventive Medicine**

August 2025 Volume 69 Issue 2

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

[Reviewed earlier]

**American Journal of Public Health**

August 2025 115(8)

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

[Reviewed earlier]

**American Journal of Tropical Medicine and Hygiene**

Volume 113 (2025): Issue 2 (Aug 2025)

<https://www.ajtmh.org/view/journals/tpmd/113/1/tpmd.113.issue-2.xml>

[Reviewed earlier]

**Annals of Internal Medicine**

August 2025 Volume 178, Issue 8

<https://www.acpjournals.org/toc/aim/current>

[Reviewed earlier]

**Artificial Intelligence – An International Journal**

Volume 345 August 2025

<https://www.sciencedirect.com/journal/artificial-intelligence/vol/345/suppl/C>

[Reviewed earlier]

**BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 30 Aug 2025)

[No new digest content identified]

**BMC Health Services Research**

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

(Accessed 30 Aug 2025)  
[No new digest content identified]

### **BMC Infectious Diseases**

<http://www.biomedcentral.com/bmcinfectdis/content>  
(Accessed 30 Aug 2025)  
[No new digest content identified]

### **BMC Medical Ethics**

<http://www.biomedcentral.com/bmcmedethics/content>  
(Accessed 30 Aug 2025)  
[No new digest content identified]

### **BMC Medicine**

<http://www.biomedcentral.com/bmcmed/content>  
(Accessed 30 Aug 2025)  
No new digest content identified]

### **BMC Pregnancy and Childbirth**

<http://www.biomedcentral.com/bmcpregnancychildbirth/content>  
(Accessed 30 Aug 2025)  
No new digest content identified]

### **BMC Public Health**

<http://bmcpublichealth.biomedcentral.com/articles>  
(Accessed 30 Aug 2025)

#### **[COVID-19 and regional inequalities in childhood vaccination uptake in England: a spline regression](#)**

*In recent years, the uptake of childhood vaccinations before the age of five has declined globally. In England, the decline in measles, mumps, and rubella (MMR) vaccination coverage is concerning and has subse...*

Authors: Amber Sacre, Sarah Sowden, Clare Bambra, Natalie Bennett and Adam Todd

Citation: BMC Public Health 2025 25:2913

Content type: Research Published on: 25 August 2025

#### **["I have the vaccine in my body": perceptions of female sex workers after enrolling in a phase IIb HIV vaccine and pre-exposure prophylaxis trial in urban Tanzania](#)**

*HIV continues to be a significant global public health problem in low and middle-income countries. Efforts to search for an effective and affordable preventative HIV vaccine are on-going. We investigated the u...*

Authors: Edith A.M Tarimo, Masunga K. Iseselo, Joel S. Ambikile, Gift Lukumay, Patricia Munseri, Muhammad Bakari, Eligius Lyamuya, Said Aboud, Rachel Kawuma and Janet Seeley

Citation: BMC Public Health 2025 25:2906

Content type: Research Published on: 25 August 2025

### **BMC Research Notes**



<http://www.biomedcentral.com/bmcresnotes/content>  
(Accessed 30 Aug 2025)  
[No new digest content identified]

### **BMJ Evidence-Based Medicine**

August 2025 - Volume 30 - 4  
<https://ebm.bmj.com/content/30/4>  
[Reviewed earlier]

### **BMJ Global Health**

August 2025 - Volume 10 - Suppl 5  
[https://gh.bmj.com/content/10/Suppl\\_5](https://gh.bmj.com/content/10/Suppl_5)  
[New issue; No digest content identified]

### **Bulletin of the Atomic Scientists**

DIGITAL MAGAZINE - July 2025  
<https://thebulletin.org/magazine/2025-07/>  
[New issue; No digest content identified]

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

Volume 103, Number 8, August 2025, 465-516  
<https://www.who.int/publications/journals/bulletin/>  
[Reviewed earlier]

### **Cell**

Aug 21, 2025 Volume 188 Issue 17 p4475-4810  
<https://www.cell.com/cell/current>  
[Reviewed earlier]

### **Cell and Gene Therapy Insights**

May 2025 Issue Volume 11 Issue 4  
<https://www.insights.bio/cell-and-gene-therapy-insights/journal/250/volume-11-issue-4>  
[Reviewed earlier]

### **Child Care, Health and Development**

Volume 51, Issue 4 July 2025  
<https://onlinelibrary.wiley.com/toc/13652214/current>  
[Reviewed earlier]

### **Clinical Pharmacology & Therapeutics**

Volume 118, Issue 3 Pages: 521-745 September 2025  
<https://ascpt.onlinelibrary.wiley.com/toc/15326535/current>  
[Reviewed earlier]

## **Clinical Therapeutics**

August 2025 Volume 47 Issue 8 p533-662  
<http://www.clinicaltherapeutics.com/current>  
[Reviewed earlier]

## **Clinical Trials**

Volume 22 Issue 4, August 2025  
<https://journals.sagepub.com/toc/ctja/22/4>  
*Articles*  
*History*

### **Military influences on the evolution of clinical trials throughout history**

Kamil Malshy, et al.

#### *Abstract*

Clinical trials of drugs, procedures, and other therapies play a crucial role in advancing medical science by evaluating the safety, efficacy, and optimal use of medical interventions. The design and implementation of these trials have evolved significantly over time, reflecting advancements in medicine, ethics, and methodology. Early historical examples, such as King Nebuchadnezzar II's and his captives' dietary experiment and Ambroise Paré's treatment of gunshot wounds, laid some foundational principles of trial design. The momentum of clinical trial development increased notably with James Lind's 1747 trial for scurvy and continued to progress during World War I with innovations in blood transfusion techniques. World War II (WWII) marked a pivotal moment with breakthroughs in oncology, including the development of the first modern chemotherapeutic agents derived from mustard gas and the introduction of the randomized controlled trial, credited to British epidemiologist Austin Bradford Hill, which revolutionized trial design. More recent conflicts, such as those in Vietnam, Iraq, and Afghanistan, have driven advancements in trauma care, heroin addiction treatment, and hemorrhage management. In response to historical abuses committed by the Nazis during WWII, the evolution of clinical trials has increasingly emphasized ethical standards, particularly informed consent, starting with the Doctors' Trial and the Nuremberg Code. This article discusses how military needs and wartime innovations have shaped modern clinical research, highlighting the interplay between military imperatives and medical progress. Ultimately, clinical trials play an essential role in advancing medical science and improving patient outcomes.

## **Conflict and Health**

<http://www.conflictandhealth.com/>  
[Accessed 30 Aug 2025]  
[No new digest content identified]

## **Contemporary Clinical Trials**

Volume 155 August 2025  
<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/155/suppl/C>  
[Reviewed earlier]

## **The CRISPR Journal**

Volume 8, Issue 4 / August 2025  
<https://www.liebertpub.com/toc/crispr/8/4>  
[Reviewed earlier]

**Current Genetic Medicine Reports**

Volume 13, Issue 1 December 2025

<https://link.springer.com/journal/40142/volumes-and-issues/13-1>

[Reviewed earlier]

**Current Medical Research and Opinion**

Volume 41, Issue 3 2025

<https://www.tandfonline.com/toc/icmo20/current>

[Reviewed earlier]

**Current Opinion in Infectious Diseases**

August 2025 - Volume 38 - Issue 4

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

[Reviewed earlier]

**Current Protocols in Human Genetics**

<https://currentprotocols.onlinelibrary.wiley.com/journal/19348258>

[Accessed 30 Aug 2025]

[No new digest content identified]

**Cytotherapy**

August 2025 Volume 27 Issue 8 p885-1030

<https://www.isct-cytotherapy.org/current>

[Reviewed earlier]

**Developing World Bioethics**

Volume 25, Issue 2 Pages: 81-163 June 2025

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

[Reviewed earlier]

**Development in Practice**

Volume 35, Issue 5, 2025

<https://www.tandfonline.com/toc/cdip20/35/5?nav=tocList>

[Reviewed earlier]

**Development Policy Review**

Volume 43, Issue 5 September 2025

<https://www.tandfonline.com/toc/cdip20/35/5?nav=tocList>

[Reviewed earlier]

**Disaster Medicine and Public Health Preparedness**

Volume 19 - 2025

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

[Reviewed earlier]

### **Disasters**

Volume 49, Issue 3 July 2025

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

[Reviewed earlier]

### **eBioMedicine**

Volume 117 July 2025

<https://www.sciencedirect.com/journal/ebiomedicine/vol/117/suppl/C>

[Reviewed earlier]

### **EMBO Reports**

Volume 26 Issue 16 22 August 2025

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

[Reviewed earlier]

### **Emerging Infectious Diseases**

Volume 31, Number 9—September 2025

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

*Perspective*

**[Chagas Disease, an Endemic Disease in the United States](#)**

N. L. Beatty et al.

### **Epidemics**

Volume 51 June 2025

<https://www.sciencedirect.com/journal/epidemics/vol/51/suppl/C>

[Reviewed earlier]

### **Epidemiology and Infection**

Volume 153 - 2025

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

[Reviewed earlier]

### **Ethics & Human Research**

Volume 47, Issue 4 Pages: 1-17 July–August 2025

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

***Sharing aggregate results :: Consent and health data***

[Reviewed earlier]

### **Ethics & International Affairs**

Volume 39 - Issue 1 - Spring 2025

<https://www.cambridge.org/core/journals/ethics-and-international-affairs/latest-issue>

[Reviewed earlier]

### **Ethics, Medicine and Public Health**

Volume 32 2024

<https://www.sciencedirect.com/journal/ethics-medicine-and-public-health/vol/32/suppl/Cc>

[Reviewed earlier]

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

Volume 35, Issue 3, June 2025

<https://academic.oup.com/eurpub/issue/35/3>

[Reviewed earlier]

### **Expert Review of Vaccines**

Volume 24, 2025 Issue 1

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

[Reviewed earlier]

### **Foreign Affairs**

July/August 2025 Volume 104, Number 4

<https://www.foreignaffairs.com/issues/2025/104/4>

[Reviewed earlier]

### **Forum for Development Studies**

Volume 52, 2025 - Issue 2

<http://www.tandfonline.com/toc/sfds20/current>

***The Rebirth of the Global South: Geopolitics, Imageries, and Developmental Realities***

[Reviewed earlier]

### **Frontiers in Genetics**

<https://www.frontiersin.org/journals/genetics>

[Accessed 30 Aug 2025]

[No new digest content identified]

### **Frontiers in Genome Editing**

<https://www.frontiersin.org/journals/genome-editing>

[Accessed 30 Aug 2025]

[No new digest content identified]

### **Frontiers in Medicine**

<https://www.frontiersin.org/journals/medicine/volumes?volume-id=1463>

[Accessed 30 Aug 2025]

*Original Research*

Accepted on 28 Aug 2025

**[Harmonizing Health: A Global Analysis of Pharmaceutical Regulatory activities by international regulatory organizations](#)**

Agnès Dangy-Caye, et al.  
Frontiers in Medicine  
doi 10.3389/fmed.2025.1636269

This study demonstrates the role of six international organizations ICH, WHO, PIC/S, IPRP, ICMRA and IMDRF in shaping global health policies and advancing pharmaceutical progress. These six key organizations have been selected based on three criteria: focus on healthcare regulation, international scope, and no geographic restriction on membership. This analysis aimed to map the complementarity of these organizations' activities. For this purpose, a mapping of activities was performed, which identified ten domains: clinical, convergence and reliance, digital, generics & biosimilars, innovative therapies, medical devices, nonclinical, pharmacovigilance, public health, and quality. Five main types of outputs were also identified: collaborative work, guidance, information, standards and norms, and training. Key takeaways show that the most active domains among international regulatory organizations are quality, public health, convergence and reliance, and pharmacovigilance. But emerging priorities, such as digital health and innovative therapies, are also captured, demonstrating the regulatory framework is constantly evolving...

*Editorial Published on 12 Aug 2025*

**[Editorial: Regulatory science and meta science as components of regulation of medical products and practices](#)**

Barbara K. Redman, Christine Gispen-de Wied, Thalia Arawi  
Frontiers in Medicine  
doi 10.3389/fmed.2025.1664402

**Gene Therapy – Nature**

Volume 32 Issue 4, July 2025  
<https://www.nature.com/gt/volumes/32/issues/4>  
[Reviewed earlier]

**Genetics in Medicines**

Volume 27, Issue 6 June 2025  
<https://www.sciencedirect.com/journal/genetics-in-medicine/vol/27/issue/65>  
[Reviewed earlier]

**Genome Medicine**

<https://genomemedicine.biomedcentral.com/articles>  
[Accessed 30 Aug 2025]  
[No new digest content identified]

**Global Health Action**

Volume 18, Issue 1 (2025)  
<https://www.tandfonline.com/toc/zgha20/current?nav=tocList>  
[Reviewed earlier]

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

August 2025 | Volume 13 | Number 1  
<http://www.ghspjournal.org/content/current>  
[Reviewed earlier]

### **Global Legal Monitor & Legal Reports – Library of Congress/USA**

<https://www.loc.gov/collections/global-legal-monitor/>

[https://www.loc.gov/books/?q=legal+reports&fa=partof%3Alegal+reports+%28publications+of+the+law+library+of+congress%29&sb=date\\_desc](https://www.loc.gov/books/?q=legal+reports&fa=partof%3Alegal+reports+%28publications+of+the+law+library+of+congress%29&sb=date_desc)

[Accessed 30 Aug 2025]

[No new digest content identified]

### **Global Public Health**

Volume 20, Issue 1 (2025)

<http://www.tandfonline.com/toc/rqph20/current>

[Reviewed earlier]

### **Globalization and Health**

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

[Accessed 30 Aug 2025]

[No new digest content identified]

### **Health and Human Rights**

Volume 26, Issue 2, December 2024

<https://www.hhrjournal.org/volume-26-issue-2-december-2024/>

***Special Section: Distress Migration and the Right to Health***

[Reviewed earlier]

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

Volume 20 - Issue 2 - April 2025

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

***Special issue on Managed Competition***

[New issue; No digest content identified]

### **Health Policy and Planning**

Volume 40, Issue 6, July 2025

<https://academic.oup.com/heapol/issue/40/6>

[Reviewed earlier]

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

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

[Accessed 30 Aug 2025]

[No new digest content identified]

### **Human Gene Therapy**

Volume 36, Issue 15-16 / August 2025

<https://www.liebertpub.com/toc/hum/36/15-16>

***Special Issue on Gene Therapy for Diseases of the Respiratory System***

[New issue; No digest content identified]

### **Humanitarian Practice Network**

<https://odihpn.org/>

[Accessed 30 Aug 2025]

*Featured Publications*

**[Privacy in peril: safeguarding digital data in humanitarian blockchain initiatives](#)**

August 26, 2025

Alex Bornstein, Elise Hamdon

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

Volume 21 Issue 1, 2025

<https://www.tandfonline.com/toc/khvi20/21/1?nav=tocList>

*Selected Content*

[Reviewed earlier]

### **Immunity**

Jul 08, 2025 Volume 58 Issue 7 p1615-1870

<https://www.cell.com/immunity/current>

[Reviewed earlier]

### **Infectious Agents and Cancer**

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

[Accessed 30 Aug 2025]

[No new digest content identified]

### **Infectious Diseases of Poverty**

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

[Accessed 30 Aug 2025]

[No new digest content identified]

### **International Health**

Volume 17, Issue 4, July 2025

<https://academic.oup.com/inthealth/issue/17/4>

[Reviewed earlier]

### **International Human Rights Law Review**

Volume 14 (2025): Issue 1 (Jun 2025)

<https://brill.com/view/journals/hrlr/14/1/hrlr.14.issue-1.xml>

[Reviewed earlier]

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

Vol. 12 No. 9 (2025): September 2025

<https://www.ijcmph.com/index.php/ijcmph/issue/view/128>



[New issue; No digest content identified]

### **International Journal of Epidemiology**

Volume 54, Issue 3, June 2025

<https://academic.oup.com/ije/issue/54/3>

[Reviewed earlier]

### **International Journal of Human Rights in Healthcare**

Volume 18 Issue 2 2025

<https://www.emerald.com/insight/publication/issn/2056-4902/vol/18/iss/2>

*Table of contents*

[Reviewed earlier]

### **JAMA**

August 26, 2025, Vol 334, No. 8, Pages 653-746

<https://jamanetwork.com/journals/jama/currentissue>

*Research Letter*

#### **Trends in County-Level MMR Vaccination Coverage in Children in the United States**

Ensheng Dong, PhD; Samee Saiyed, MSE; Andreas Nearchou, MSE; et al.

JAMA. 2025;334(8):730-732. doi:10.1001/jama.2025.8952

*This study examines county-level vaccination rates for children from 2017 to 2024 for all US states.*

Childhood vaccination has substantially reduced the incidence of vaccine-preventable diseases and saved countless children's lives worldwide.<sup>1</sup> The US childhood vaccination program is estimated to have prevented more than 24 million cases of vaccine-preventable diseases in 2019 alone.<sup>2</sup> Nonetheless, there is evidence of a US national-level decline in the childhood measles-mumps-rubella (MMR) vaccination rate between 2019 and 2024 (Figure 1),<sup>3</sup> and the Centers for Disease Control and Prevention (CDC) has reported a resurgence of measles outbreaks,<sup>3</sup> a sentinel indicator of childhood vaccine interruptions.<sup>4</sup> As of May 14, 2025, 1001 confirmed measles cases have been reported by 31 jurisdictions (the most cases reported in the US in a single year in >3 decades, with the exception of 2019), with most occurring in unvaccinated children.<sup>3</sup> If vaccination rates continue to decline, measles is likely to return to endemic levels in the US.<sup>5</sup>

*Viewpoint*

#### **Changed Recommendations for COVID-19 Vaccines for Children and Pregnant WomenA Failure of Process, Policy, and Science**

Lawrence O. Gostin, JD; Dorit Reiss, PhD; Paul A. Offit, MD

JAMA. 2025;334(8):663-664. doi:10.1001/jama.2025.10658

This Viewpoint discusses recent actions by Secretary of Health and Human Services Robert F. Kennedy Jr to rescind the recommendation for COVID-19 vaccines for healthy children and pregnant women, which goes against years of established processes for how vaccines are managed.

#### **Professional Responsibility for COVID-19 Vaccination in Pregnancy**

Amos Grünebaum, MD; Frank A. Chervenak, MD

JAMA. 2025;334(8):665-666. doi:10.1001/jama.2025.11328

This Viewpoint discusses how physicians should counsel patients on vaccine safety in the wake of the US Department of Health and Human Services' decision to remove COVID-19 vaccinations as a recommended vaccine for children and pregnant women.

#### **Advisory Committee on Immunization Practices at a Crossroads**

Edwin J. Asturias, MD; Noel T. Brewer, PhD; Oliver Brooks, MD; et al.

JAMA. 2025;334(8):667-668. doi:10.1001/jama.2025.10776

In this Viewpoint, former members of the Advisory Committee on Immunization Practices (ACIP) caution that the sudden change in the ACIP may reverse the achievements of US immunization policy, including impeding access to lifesaving vaccines and putting US families at risk of dangerous and preventable illnesses.

#### *Perspective*

#### **The Advisory Committee on Immunization Practices—Legal Roles, Challenges, and Guardrails**

C. Joseph Ross Daval, JD; Aaron S. Kesselheim, MD, JD, MPH

JAMA. 2025;334(8):669-671. doi:10.1001/jama.2025.11400

This Perspective offers an analysis of the legal foundations in the context of these and other challenges to the role of the Advisory Committee on Immunization Practices.

#### **JAMA Health Forum**

August 2025, Vol 6, No. 8

<https://jamanetwork.com/journals/jama-health-forum/issue>

#### *JAMA Forum*

#### **The Value of Engagement and Transparency in Public Health Policymaking**

Joshua M. Sharfstein, MD

JAMA Health Forum. 2025;6(8):e254252. doi:10.1001/jamahealthforum.2025.4252

This JAMA Forum discusses the importance of engagement and transparency in public health policy in the context of the US response to the COVID-19 pandemic and the recent dismissal of the Advisory Committee on Immunization Practices.

#### **JAMA Pediatrics**

August 2025, Vol 179, No. 8, Pages 814-932

<https://jamanetwork.com/journals/jamapediatrics/currentissue>

#### *Viewpoint*

#### **Exception From Informed Consent in Pediatric Trials**

Jay R. Malone, MD, PhD; Marissa Tremoglie-Barkowski, MS; Barbara A. Gaines, MD; et al.

JAMA Pediatr. 2025;179(8):815-816. doi:10.1001/jamapediatrics.2025.1324

This Viewpoint explores the exception from informed consent mechanism in pediatric trials and why this approach is ethically justified and even necessary in pediatric trauma research when traditional consent is not feasible.

#### **JBIR Evidence Synthesis**

July 2025 - Volume 23 - Issue 7

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

[Reviewed earlier]

#### **Journal of Adolescent Health**

August 2025 Volume 77 Issue 2 p173-338

<https://www.jahonline.org/current>

#### *Editorials*

#### **Maintaining Unity in Support of Vaccines for Adolescents in an Ever-Changing Environment**

Elyse O. Kharbanda

Published in issue: August 2025  
p173-174

*Original articles*

**Factors Influencing Parents' Intention to Vaccinate Their Daughters Aged 13–15 Years Old Against Human Papillomavirus: Results From a Cross-Sectional Study in China**

Wenwen Gu, et al.

Published online: July 04, 2025

**Journal of Artificial Intelligence Research**

Vol. 83 (2025)

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

[Reviewed earlier]

**Journal of Bioethical Inquiry**

Volume 22, Issue 1 March 2025

<https://link.springer.com/journal/11673/volumes-and-issues/22-1>

[Reviewed earlier]

**Journal of Community Health**

Volume 50, Issue 3 June 2025

<https://link.springer.com/journal/10900/volumes-and-issues/50-3>

[Reviewed earlier]

**Journal of Current Medical Research and Opinion**

*...a peer-reviewed, international journal for the rapid publication of original research on new and existing drugs and therapies, and post-marketing investigations. Equivalence, safety and efficacy/effectiveness studies are especially encouraged.*

Vol. 8 No. 01 (2025)

<https://www.cmro.in/index.php/jcmro/issue/view/91>

[Reviewed earlier]

**Journal of Development Economics**

Volume 176 September 2025

<https://www.sciencedirect.com/journal/journal-of-development-economics/vol/176/suppl/C>

[Reviewed earlier]

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

Volume 20 Issue 3, July 2025

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

[Reviewed earlier]

**Journal of Epidemiology & Community Health**

July 2025 - Volume 79 - 7

<https://jech.bmj.com/content/79/6>

[Reviewed earlier]

**Journal of Evidence-Based Medicine**

Volume 18, Issue 2 June 2025

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

[Reviewed earlier]

**Journal of Global Ethics**

Volume 21, Issue 2 (2025)

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

*Article*

[\*\*The normative chaos of the global arena. The COVID-19 pandemic as a litmus test for the health emergency management and global health systems\*\*](#)

Corrado Piroddi & Ndidi Nwaneri

Pages: 194-214

Published online: 16 Jun 2025

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

Volume 36, Number 2, May 2025

<https://muse.jhu.edu/issue/54734>

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[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 27, Issue 4 August 2025

<https://link.springer.com/journal/10903/volumes-and-issues/27-4>

[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 23, Issue 3 (2025)

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

[New issue; No digest content identified]

**Journal of International Development**

Volume 37, Issue 6 Pages: 1-1404 August 2025

<https://onlinelibrary.wiley.com/toc/10991328/current>

[New issue; No digest content identified]

**Journal of Medical Ethics**

September 2025 - Volume 51 - 9

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

*Student essay*

[\*\*Should vaccination status be a consideration during secondary triage?\*\*](#) (29 November, 2023)

Isaac Jarratt Barnham

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

Volume 12, Issue 3 (2025)

<https://institutionalrepository.aah.org/jpcrr/>

[Reviewed earlier]

**The Journal of Pediatrics**

Volume 282 July 2025

<https://www.sciencedirect.com/journal/the-journal-of-pediatrics/vol/282/suppl/C>

[Reviewed earlier]

**Journal of Pharmaceutical Policy and Practice**

Volume 18, 2025 Issue 1

<https://www.tandfonline.com/toc/jppp20/18/1?nav=tocList>

[Reviewed earlier]

**Journal of Public Health Management & Practice**

July/August 2025 - Volume 31 - Issue 4

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

[Reviewed earlier]

**Journal of Public Health Policy**

Volume 46, Issue 2 June 2025

<https://link.springer.com/journal/41271/volumes-and-issues/46-2>

[Reviewed earlier]

**Journal of the Royal Society – Interface**

August 2025 Volume 22 Issue 229

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

[New issue; No digest content identified]

**Journal of Travel Medicine**

Volume 32, Issue 5, July 2025

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

[Reviewed earlier]

**Journal of Virology**

Volume 99 • Number 6 • June 2025

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

[Reviewed earlier]

**The Lancet**

Aug 30, 2025 Volume 406 Number 10506 p885-978

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

Comment

## **The *Lancet*–World Conferences on Research Integrity Foundation Commission on Research Integrity**

Lex Bouter, Mai Har Sham, Sabine Kleinert

... Given the slow progress in strengthening research integrity and in changing the academic environment, together with emerging threats such as paper mills, generative AI, and political attacks on academic freedom, *The Lancet* and the World Conferences on Research Integrity Foundation (WCRIF) are initiating a Commission on research integrity. This Commission will take a multifactor and multistakeholder approach and will work towards innovative solutions regarding the prevention, diagnosis, and treatment of the issues that threaten the quality and credibility of research. A diverse range of academic experts and professionals from funders and publishers will reflect on the issues at hand, review what is known, collect new data when needed, and formulate actionable recommendations for the main stakeholders. All stakeholders need to collaborate in fostering research integrity and the *Lancet*–WCRIF Commission will provide evidence-based suggestions for doing so.

*World Report*

## **Italy's vaccine advisory group turmoil raises wider concerns**

Marta Paterlini

*After revoking contested appointments to the National Immunization Technical Advisory Group, experts warn the episode signals wider risks for evidence-based policy and Italy's role in global health.*

Italy's National Immunization Technical Advisory Group (NITAG), the independent body responsible for advising the Government on vaccine policy, became the focus of controversy after the Ministry of Health, led by Orazio Schillaci, published a decree on Aug 5, 2025, re-establishing the NITAG. The newly formed 22-member committee included physicians Eugenio Serravalle, who is associated with organisations involved in dissent against immunisation and has written books including “Over-vaccinated Children”, and Paolo Bellavite, a proponent of homeopathy who has publicly questioned vaccination policies, including for COVID-19 vaccines.

Serravalle and Bellavite's appointments prompted furious criticism from Italy's scientific societies and professional orders, notably the National Federation of Orders of Surgeons and Dentists. Francesca Russo—one of the original appointees to the NITAG and Director of Prevention for the Veneto region—subsequently resigned from the advisory group, citing concerns that the committee's composition did not meet the evidentiary standards expected of a national advisory body. The Patto Trasversale per la Scienza, a civic group advocating for evidence-based medicine, published an open letter and launched a petition calling for the controversial appointments to be revoked; Nobel laureate Giorgio Parisi was among the signatories.

Critics also noted gaps in the original decree: it omitted clear, publicly accessible methodological rules and procedures for how recommendations will be developed and how evidence will be appraised—a shortcoming highlighted by epidemiologist Stefania Salmaso as undermining the committee's required transparency and methodological rigour. Furthermore, an investigative article in the newspaper *Il Manifesto* reported that other appointees have industry ties—despite NITAG rules that members must declare conflicts of interest—intensifying concerns about the committee's independence.

Prime Minister Giorgia Meloni was reportedly irritated by Schillaci's unilateral decision, stating that her party has always stood for “pluralism and open debate”. Faced with sustained pressure, Schillaci signed a second decree revoking all nominations to the NITAG and, on Aug 16, announced a fresh, broader nomination process “to involve all categories and stakeholders” and to preserve the required scientific rigour for public-health advisory work.

Enrico Di Rosa, President of the Italian Society of Hygiene, Preventive Medicine and Public Health, regarded the controversy as a serious warning about legitimising anti-scientific theories, with potentially concerning effects on public health. Di Rosa told The Lancet, "I think the minister's gesture is commendable and positive. But it seems that, rather than clarifying the political stance, it risks making the situation even more muddled". He added, "All of this is dangerous because it exposes the tension within the governing majority", and referred to a "health-care populism" gaining traction in Italy...

The NITAG has a broad mandate. In addition to providing expert advice for the National Three-Year Vaccination Plan, it monitors the incidence of vaccine-preventable diseases and evaluates the effectiveness of Italy's vaccination programmes. The group is also responsible for studying vaccine hesitancy to better understand its causes and to design more effective communication strategies. When new vaccines become available or additional scientific evidence emerges, the NITAG updates the national vaccination schedules accordingly. Another key role is ensuring that both the public and health-care professionals receive clear, reliable information about vaccination. According to WHO guidance, functional NITAGs must operate under transparent terms of reference, require members to declare conflicts of interest, and apply systematic evidence-to-recommendation frameworks—safeguards intended to insulate vaccine policy from ideology and to maintain interoperability with partners such as WHO and the European Centre for Disease Prevention and Control...

Paolo Vineis, Professor of Environmental Epidemiology at Imperial College London (London, UK), views the recent NITAG controversy as part of a broader political pattern. "This goes together with other initiatives by the Giorgia Meloni Government since 2022", Vineis told The Lancet, "that repealed the anti-COVID-19 vaccination mandate for health-care workers and reinstated unvaccinated staff". Vineis argues that the NITAG controversy cannot be separated from these earlier decisions, which collectively mark a retreat from evidence-based vaccination policy in Italy. "Italy has promoted global health in the last decades, being aligned with other European countries on most of the issues, but the attitude has changed recently with a series of actions, one example being the abstention from the WHO Pandemic Agreement", he said.

At the World Health Assembly in May, 2025, the WHO Pandemic Agreement was adopted, with 124 countries in favour, none against, and 11 abstentions. Italy was among the abstaining countries, alongside Iran, Russia, and Israel. Public health experts interpreted Italy's abstention as a reluctance to fully commit to collective mechanisms for equitable access, pathogen sharing, and coordinated response in future pandemics. "This has many implications", Vineis told The Lancet. "For example, Italy may decrease its level of preparedness towards new pandemics; one key aspect of the WHO convention is exchange of information across nations, which is hampered by the ideology of sovereignty."

In Italy, positions on some health issues are increasingly aligning with those of other countries led by right-wing governments. Governments with similar political orientations have questioned vaccines, climate science, and other scientific evidence. "This shift is moving Italy from a proactive stance toward a position of isolation; the situation is at once regrettably political", comments Ricciardi. Taken together, Ricciardi said, Italy's abstention from the WHO Pandemic Agreement and the aborted composition of the reconstituted NITAG suggest a concerning shift away from science-led multilateralism and towards domestic political priorities that can delegitimise long-standing public health institutions.

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

Aug 2025 Volume 9 Number 8 p519-612, e16

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

[Reviewed earlier]

## **Lancet Digital Health**

Jun 2025 Volume 7 Number 6

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

[Reviewed earlier]

## **Lancet Global Health**

Sep 2025 Volume 13 Number 9 e1489-e1653

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

*Editorial*

### **[Restoring dignity to the marginalised as sovereign knowers](#)**

The Lancet Global Health

*Articles*

### **[The potential impact of reductions in international donor funding on tuberculosis in low-income and middle-income countries: a modelling study](#)**

Rebecca A Clark, et al.

### **[The Vaccine Trust Framework: mixed-method development of a tool for understanding and quantifying trust in health systems and vaccines](#)**

Dan Hameiri Bowen, et al. for the ReD Trust Group

*Health Policy*

### **[Dignity-based practice in global health research: a framework of expectations](#)**

Alice Bayingana, et al.

*Summary*

Global health research is generally done by researchers, whether locally or internationally, based in locations other than the study locations and by people with more power than the marginalised groups they research. It therefore has a tendency towards unjust practices that sideline, distort, or erase the knowledge and interpretations of the marginalised groups while favouring those of the researchers. To develop a framework of expectations for practices that respect the dignity of marginalised people, we sampled and synthesised complaints about knowledge practices in global health published in 12 journals from 2017 to 2023. We identified four sets of expectations—transparency, non-extraction, democratisation, and transformation—across eight stages of research: funding decisions, framing of issues and posing of research questions, ethics approval, data collection, data analysis and interpretation, immediate or direct use of data and knowledge produced, dissemination of findings, and long-term or indirect use of data and knowledge produced. These expectations affirm the dignity of marginalised groups as knowers, sense-makers of knowledge, and seekers of transformational change.

*Viewpoint*

### **[Planning for your CANOE \(Circumspect Awareness and Navigation of Outcomes and Expectations\) journey in community-engaged research with Indigenous communities](#)**

Katherine A Collins, Kimberly R Huyser, Michelle Johnson-Jennings

### **[National research ecosystems: protecting populations and building health security worldwide](#)**

Elizabeth S Higgs, Jeremy Farrar, et al.

*Summary*



The global clinical research enterprise remains fundamentally misaligned with worldwide disease burden and public health needs, despite corrective efforts in recent years. Although clinical trials deliver important medical advances that benefit populations globally, research capabilities and trials are concentrated in high-income countries, which means that populations with the heaviest disease burdens (often in low-income and middle-income countries) participate in relatively few trials addressing their needs—infectious and non-communicable diseases alike. This imbalance leaves knowledge gaps in treating the most prevalent diseases and leaves the world dangerously unprepared for emerging threats. In this Viewpoint, we advance a vision of strong national research ecosystems that prioritise national and regional health needs, are integrated into health systems for rapid incorporation of research results into health care, and are prepared to pivot to emergency research when needed. This vision and the investment it requires—both domestic and international—are essential to improving and protecting population health.

### **Lancet Infectious Diseases**

Aug 2025 Volume 25 Number 8 p827-946, e439-e490  
<https://www.thelancet.com/journals/laninf/issue/current>  
[Reviewed earlier]

### **Lancet Public Health**

Sep 2025 Volume 10 Number 9 e722-e803  
<https://www.thelancet.com/journals/lanpub/issue/current>  
[New issue; No digest content identified]

### **Lancet Respiratory Medicine**

Sep 2025 Volume 13 Number 9 p769-856, e45-e52  
<https://www.thelancet.com/journals/lanres/issue/current>  
[New issue; No digest content identified]

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

Volume 29, Issue 6 June 2025  
<https://link.springer.com/journal/10995/volumes-and-issues/29-6>  
[Reviewed earlier]

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

Volume 45 Issue 5, July 2025  
<http://mdm.sagepub.com/content/current>  
[Reviewed earlier]

### **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*  
Volume 103, Issue 2 Pages: 243-637 June 2025  
<https://onlinelibrary.wiley.com/toc/14680009/current>  
[Reviewed earlier]

### **Molecular Therapy**

Aug 06, 2025 Volume 33 Issue 8 p3453-4008  
<https://www.cell.com/molecular-therapy/current>  
[Reviewed earlier]

## **Nature**

Volume 644 Issue 8078, 28 August 2025  
<https://www.nature.com/nature/volumes/644/issues/8078>  
*Obituary* 21 Aug 2025

### **[David Nabarro obituary: global-health leader who fought malnutrition, malaria, Ebola and COVID-19](#)**

Persuasive physician who brought research evidence to the heart of global policy decisions.  
Anthony Costello

## **Nature Biotechnology**

Volume 43 Issue 7, July 2025  
<https://www.nature.com/nbt/volumes/43/issues/7>  
*Editorial* 15 Jul 2025

### **[Clinical trials gain intelligence](#)**

As governments around the world begin to embrace artificial intelligence in healthcare, clinical trials are entering a new phase — faster, smarter and more inclusive. With regulatory momentum building to adapt new technologies, artificial intelligence is no longer just a promise for the future but a powerful tool reshaping how trials are designed, conducted and analyzed today.

*Comment* 15 Jul 2025

### **[Platform solutions for commercial challenges to expanding patient access and making gene editing sustainable](#)**

Platform-based approaches for gene-editing therapies could markedly improve development efficiency, reduce costs and increase access for patients with rare diseases. Although gene editing has shown remarkable clinical success for a small number of Mendelian disease indications, broader adoption faces substantial hurdles. We propose strategies to overcome these challenges through modular platforms for nonclinical and chemistry, manufacturing and controls (CMC) data reuse, risk-based manufacturing quality, and streamlined umbrella clinical trials for regulatory efficiency and accelerated approval.

Sadik H. Kassim, Fyodor Urnov, Vanessa Almendro-Navarro

## **Nature Communications**

<https://www.nature.com/subjects/health-sciences/ncomms>  
(Accessed 30 Aug 2025)  
[Reviewed earlier]

## **Nature Genetics**

Volume 57 Issue 8, August 2025  
<https://www.nature.com/ng/volumes/57/issues/8>  
*Review Article* 27 Jun 2025

### **[How and when organisms edit their own genomes](#)**

This Review describes the changes that some organisms make to their own DNA sequences, linking many to common genetic mechanisms built around canonical DNA repair and to a set of functional circumstances that often involve host–pathogen conflicts.

Vincent C. T. Hanlon, Alex Cagan, Sebastian Eves-van den Akker

## **Nature Human Behaviour**

Volume 9 Issue 8, August 2025

<https://www.nature.com/nathumbehav/volumes/9/issues/8>

*Comment* 29 May 2025

### **[A call for psychological and behavioural science on degrowth](#)**

Degrowth is a socioeconomic paradigm that prioritizes planetary health and human wellbeing through a democratically planned reduction of unnecessary production and consumption. We urge psychological and behavioural scientists to study this important topic and suggest ways to develop an integrated research agenda for degrowth.

Dario Krpan, Frédéric Basso, Giorgos Kallis

## **Nature Medicine**

Volume 31 Issue 8, August 2025

<https://www.nature.com/nm/volumes/31/issues/8>

*Turning Points* 24 Jul 2025

### **[Rethinking chemotherapy as an indirect vaccine](#)**

Laurence Zitvogel reflects on the essential contribution of the immune system to the efficacy of anticancer chemotherapy.

*Comment*

### **[How to sustain a public-health genomics and bioinformatics workforce in Africa](#)**

African countries have made progress in expanding their genomics and bioinformatics workforces for public health, yet several barriers pose risks to workforce retention and long-term sustainability.

Harris Onywerwa, Nicola Mulder, Sofonias K. Tessema

*Articles*

### **[The Global Neurodegeneration Proteomics Consortium: biomarker and drug target discovery for common neurodegenerative diseases and aging](#)**

The largest harmonized proteomic dataset of plasma, serum and cerebrospinal fluid samples across major neurodegenerative diseases reveals both disease-specific and transdiagnostic proteomic signatures, including a robust plasma profile associated with the APOE $\epsilon$ 4 genotype.

Farhad Imam, Rowan Saloner, Simon Lovestone

*Article* Open Access 25 Jun 2025

### **[Efficacy, public health impact and optimal use of the Takeda dengue vaccine](#)**

Using mathematical models calibrated to clinical trial results on vaccine efficacy, this study projects the potential impact of the vaccine at population level, showing the conditions for it to be effective in reducing cases and hospitalizations and helping to design vaccination campaigns.

Bethan Cracknell Daniels, Neil M. Ferguson, Ilaria Dorigatti

*Article* Open Access 03 Jun 2025

### **[Anti-sporozoite monoclonal antibody for malaria prevention: secondary efficacy outcome of a phase 2 randomized trial](#)**

A single dose of the anti-sporozoite monoclonal antibody CIS43LS can achieve durable, sterile protection against *Plasmodium falciparum* infection.

Jeff Skinner, Kassoum Kayentao,

Peter D. Crompton

## **Nature Reviews Drug Discovery**

Volume 24 Issue 8, August 2025

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

*Comment* 24 Mar 2025

### **New approach methodologies: EU regulatory horizons**

New approach methodologies (NAMs) have the potential to progressively transform medicines development by reducing reliance on animal testing while increasing the relevance of nonclinical data to patients. However, achieving regulatory acceptance of NAMs demands enhanced collaboration, clear guidance and continuous, science-based adaptation of the regulatory environment to accommodate emerging innovation.

Mariana Edwards, Oriane Blanquie, Falk Ehmann

*Review Article* 04 Apr 2025

### **Biomarker-guided decision making in clinical drug development for neurodegenerative disorders**

An increasing array of biomarkers available in blood, cerebrospinal fluid and through imaging are providing valuable proxies of disease processes in neurodegenerative disorders (NDDs). In their Review, Cummings and co-authors discuss the implementation of biomarkers in clinical trials across various NDDs, focusing on the context of use, to help expedite and de-risk drug development.

Jeffrey L. Cummings, Charlotte E. Teunissen, Philip Scheltens

## **Nature Reviews Genetics**

Volume 26 Issue 8, August 2025

<https://www.nature.com/nrg/volumes/26/issues/8>

[New issue; No digest content identified]

## **Nature Reviews Immunology**

Volume 25 Issue 8, August 2025

<https://www.nature.com/nri/volumes/25/issues/8>

[New issue; No digest content identified]

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

Volume 393 No. 8 August 21/28, 2025

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

[Reviewed earlier]

## **NEJM Evidence**

Volume 4 No. 7 July 2025

<https://evidence.nejm.org/toc/evid/current>

*NEJM Evidence, a new monthly digital journal from NEJM Group, presents innovative original research and fresh, bold ideas in clinical trial design and clinical decision-making.*

[Reviewed earlier]

## **njp Vaccines**

<https://www.nature.com/njpivaccines/>

[Accessed 30 Aug 2025]

[No new digest content identified]

### **Pediatrics**

Volume 156, Issue 2 August 2025

<https://publications.aap.org/pediatrics/issue/156/2>

[Reviewed earlier]

### **PharmacoEconomics**

Volume 43, Issue 8 August 2025

<https://link.springer.com/journal/40273/volumes-and-issues/43-8>

[Reviewed earlier]

### **PLoS Biology**

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

(Accessed 30 Aug 2025)

[No new digest content identified]

### **PLoS Genetics**

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

(Accessed 30 Aug 2025)

[No new digest content identified]

### **PLoS Global Public Health**

[https://journals.plos.org/globalpublichealth/search?sortOrder=DATE\\_NEWEST\\_FIRST&filterStartDate=2021-10-01&filterJournals=PLOSglobalPublicHealth&q=&resultsPerPage=60](https://journals.plos.org/globalpublichealth/search?sortOrder=DATE_NEWEST_FIRST&filterStartDate=2021-10-01&filterJournals=PLOSglobalPublicHealth&q=&resultsPerPage=60)

(Accessed 30 Aug 2025)

#### **[High measles and rubella vaccine coverage and seroprevalence among Zambian children participating in a measles and rubella supplementary immunization activity](#)**

Christine Prosperi, Shaun Truelove, Andrea C. Carcelen, Gershon Chongwe, Francis D. Mwansa, Phillimon Ndubani, Edgar Simulundu, Innocent C. Bwalya, Mutinta Hamahuwa, Kelvin Kapungu, Kalumbu H. Matakala, Gloria Musukwa, Irene Mutale, Evans Betha, Nchimunya Chaavwa, Lombe Kampamba, Japhet Matoba, Passwell Munachoonga, Webster Mufwambi, Ken Situtu, Philip E. Thuma, Constance Sakala, Princess Kayeye, Amy K. Winter, Matthew J. Ferrari, William J. Moss, Simon Mutembo

Research Article | published 29 Aug 2025 PLOS Global Public Health

<https://doi.org/10.1371/journal.pgph.0003209>

#### **[Contextualizing future maternal RSV vaccination acceptance and trust among pregnant and lactating women in Kenya: A latent class analysis](#)**

Molly A. Sauer, Berhaun Fesshayee, Emily S. Miller, Jessica L. Schue, Prachi Singh, Rose Jalang'o, Joyce Nyiro, Christine Karanja-Chege, Rosemary Njogu, Fred Were, Ruth A. Karron, Rupali J. Limaye

Research Article | published 28 Aug 2025 PLOS Global Public Health

<https://doi.org/10.1371/journal.pgph.0004505>

#### **[Adoption of pandemic treaty is historic: Compliance and accountability must now follow](#)**

Taran K. Deol, Elliot Hannon, Susanna Lehtimäki, Matthew M. Kavangh, Nina Schwalbe

Opinion | published 27 Aug 2025 PLOS Global Public Health

<https://doi.org/10.1371/journal.pgph.0004969>

### **PLoS Medicine**

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

(Accessed 30 Aug 2025)

[No new digest content identified]

### **PLoS Neglected Tropical Diseases**

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

(Accessed 30 Aug 2025)

[No new digest content identified]

### **PLoS One**

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

[Accessed 30 Aug 2025]

**[Parents' acceptance of human papilloma virus vaccination for their daughters in adet town, North Gojjam zone, Northwest Ethiopia: A mixed method study](#)**

Bezawit kassa, Asiya Mohammed, Gizachew Tadesse Wassie

Research Article | published 26 Aug 2025 PLOS ONE

<https://doi.org/10.1371/journal.pone.0330911>

**[Estimating prevalence and identifying predictors of zero-dose pentavalent and never-immunized children under two years of age in Kashmore and Sujawal Districts of Sindh, Pakistan: An analysis of household survey data](#)**

Danya Arif Siddiqi, Manaksha Memon, Sundus Iftikhar, Muhammad Siddique, Vijay Kumar Dharma, Ahsan Ahmad, Nauman Safdar, Mubarak Taighoon Shah, Hamidreza Setayesh, Irshad Ali Sodhar, Farrukh Raza Malik, Subhash Chandir

Research Article | published 26 Aug 2025 PLOS ONE

<https://doi.org/10.1371/journal.pone.0330281>

### **PLoS Pathogens**

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

[Accessed 30 Aug 2025]

[No new digest content identified]

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

August 26, 2025 vol. 122 no. 34

<https://www.pnas.org/toc/pnas/122/33>

*Brief Report* August 18, 2025

**[Climate variability amplifies the need for vector-borne disease outbreak preparedness](#)**

In locations that do not currently experience vector-borne disease (VBD) outbreaks but may be at risk under climate change, modeling future climate suitability for transmission is important for outbreak preparedness. Uncertainty in the future climate ...

[William S. Hart](#), [James W. Hurrell](#), [...] [Robin N. Thompson](#)

### **PNAS Nexus**

Volume 4, Issue 8, August 2025  
<https://academic.oup.com/pnasnexus/issue/4/8>  
[Reviewed earlier]

### **Prehospital & Disaster Medicine**

Volume 40 - Issue 3 - June 2025  
<https://www.cambridge.org/core/journals/prehospital-and-disaster-medicine/latest-issue>  
[Reviewed earlier]

### **Preventive Medicine**

Volume 197 August 2025  
<https://www.sciencedirect.com/journal/preventive-medicine/vol/197/suppl/C>  
[Reviewed earlier]

### **Proceedings of the Royal Society B**

August 2025 Volume 292 Issue 2053  
<https://royalsocietypublishing.org/toc/rspb/current>  
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#### ***Special feature: The other 1%: Showcasing science and scientists from the Global South and indigenous communities***

The other 1%: Showcasing science and scientists from the Global South and indigenous communities. Guest edited by Sarah Brosnan, Stephanie Meirmans, Maurine Neiman, Guadalupe Peralta and Shalene Singh-Shepherd.

### **Public Health**

Volume 245 August 2025  
<https://www.sciencedirect.com/journal/public-health/vol/245/suppl/C>  
*Editorial*

#### **[The Maputo Declaration - A call for National Public Health Institutions and resilient health systems](#)**

Eduardo Samo Gudo, Ilesh Jani, Sofia Viegas, Anne-Catherine Viso, Neil Squires  
Article 105785

### **Public Health Ethics**

Volume 18, Issue 2, July 2025  
<http://phe.oxfordjournals.org/content/current>  
[Reviewed earlier]

### **Public Health Genomics**

2025, Vol. 28, No. 1  
<https://karger.com/phg/issue/28/1>  
[Reviewed earlier]

### **Public Health Reports**

Volume 140 Issue 2-3, March-April/May-June 2025

<https://journals.sagepub.com/toc/phrg/140/2-3>  
[Reviewed earlier]

### **Qualitative Health Research**

Volume 35 Issue 9, August 2025

<https://journals.sagepub.com/toc/QHR/current>  
[Reviewed earlier]

### **Research Ethics**

Volume 21 Issue 3, July 2025

<http://journals.sagepub.com/toc/reab/current>  
[Reviewed earlier]

### **Reproductive Health**

<http://www.reproductive-health-journal.com/content>  
[Accessed 30 Aug 2025]  
[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*

28 Aug 2025

[\*\*Implementation of second round of HPV-based screening for cervical cancer in programmatic contexts in Argentina\*\*](#)

Original research | English

### **Risk Analysis**

Volume 45, Issue 7 Pages: 1597-2068 July 2025

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

*PERSPECTIVE*

[\*\*Managing and mitigating future public health risks: Planetary boundaries, global catastrophic risk, and inclusive wealth\*\*](#)

Eoin McLaughlin, Matthias Beck

Pages: 1607-1631

First Published: 18 January 2025

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

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

[Accessed 30 Aug 2025]

[No new digest content identified]

### **Royal Society Open Science**

August 2025 Volume 12 Issue 8

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



[Reviewed earlier]

## **Science**

Volume 389| Issue 6763| 28 Aug 2025

<https://www.science.org/toc/science/current>

*Expert Voices*

### **[Unraveling the arc of vaccine progress](#)**

BY Seth Berkley

28 Aug 2025

making Americans less safe. This is not the future the American public desires or deserves.

*Analysis*

*Policy Articles*

### **[Supply-chain vulnerabilities in critical medicines: A persistent risk to pharmaceutical security](#)**

BY Giona Casiraghi, Georges Andres, Frank Schweitzer, Luca Verginer

28 Aug 2025: 886-888

*Asymmetries in the global supply chain expose countries to systemic vulnerabilities that require investment in visibility, coordination, and resilience*

*Abstract*

In 2025, the US administration announced broad tariffs against key trading partners, and pharmaceuticals have emerged as a potential next target. This would represent a marked shift from long-standing commitments under the 1994 Agreement on Trade in Pharmaceutical Products, which eliminated tariffs on a wide range of essential medicines. Although specific trade measures continue to evolve, the incident highlights a broader and persistent problem: The global supply chain for critical medicines is structurally fragile. Trade policies such as tariffs are not the cause of these vulnerabilities. Rather, they exacerbate them. Although shortterm measures can alleviate immediate disruptions, they cannot address deeper structural vulnerabilities. The tensions spurred by US tariffs present an opportunity to reassess pharmaceutical supply-chain resilience. Rather than retreating into isolationism, the focus should shift to improving systemic resilience through collaboration, transparency, and targeted investment. Visibility into opaque global supply chains is the necessary foundation to build long-term resilience.

## **Science and Engineering Ethics**

Volume 31, Issue 4 August 2025

<https://link.springer.com/journal/11948/volumes-and-issues/31-4>

[Reviewed earlier]

## **Science Translational Medicine**

Volume 17| Issue 813| 27 Aug 2025

<https://www.science.org/toc/stm/current>

[New issue; No digest content identified]

## **Scientific Reports**

<https://www.nature.com/srep/articles?type=article>

[Accessed 30 Aug 2025]

[No new digest content identified]

## **Social Science & Medicine**

Volume 380 September 2025

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/380/suppl/C>

[Reviewed earlier]

## **Systematic Reviews**

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

[Accessed 30 Aug 2025]

[No new digest content identified]

## **Theoretical Medicine and Bioethics**

Volume 46, Issue 3 June 2025

<https://link.springer.com/journal/11017/volumes-and-issues/46-3>

[Reviewed earlier]

## **Travel Medicine and Infectious Diseases**

Volume 66 July–August 2025

<https://www.sciencedirect.com/journal/travel-medicine-and-infectious-disease/vol/66/suppl/C>

[Reviewed earlier]

## **Tropical Medicine & International Health**

Volume 30, Issue 8 Pages: 749-864 August 2025

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

*RESEARCH ARTICLE*

### **[Understanding vaccine recommendation behaviours among healthcare workers in Senegal: A cross-sectional analysis](#)**

Sébastien Cortaredona, Pierre Verger, Jean Constance, Aldiouma Diallo, El-Hadj Ba, Gwenaelle Maradan, Cheikh Sokhna, Patrick Peretti-Watel

Pages: 853-864

First Published: 29 June 2025

## **Vaccine**

Volume 61 13 August 2025

<https://www.sciencedirect.com/journal/vaccine/vol/61/suppl/C>

[Reviewed earlier]

## **Vaccines**

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

[Accessed 30 Aug 2025]

*Open Access Article*

### **[School Entry Vaccination Checks Allow Mapping of Under-Vaccinated Children in Zambia](#)**

by Megan P. Powell, Webster Mufwambi, Alvira Z. Hasan, Aliness M. Dombola, Christine Prosper, Rodgers Sakala, Kelvin Kapungu, Gershom Chongwe, Prachi Singh, Qiulin Wang, Stella Chew, Francis D. Mwansa, Constance Sakala, Elicah Kamiji, Patricia Bobo, Kennedy Matanda, Joan Manda, Amy K. Winter, Molly Sauer, Andrea C. Carcelen,

Vaccines 2025, 13(9), 924; <https://doi.org/10.3390/vaccines13090924> (registering DOI) - 29 Aug 2025

*Abstract*

Background: Geographic information systems (GIS) are a promising tool for mapping vaccination coverage and identifying missed communities, yet their use in low- and middle-income countries (LMICs) remains limited. In settings without standardized addresses such as schools or outreach sites, innovative methods are needed

*Open Access Article*

**Trusted Voices: Assessing Trusted Sources of Human Papillomavirus Vaccine Information Among a Sample of Hispanic Parents**

by Alyssa A. Martinez, Surendranath S. Shastri and Gabriel A. Fietze

Vaccines 2025, 13(9), 917; <https://doi.org/10.3390/vaccines13090917> - 28 Aug 2025

*Abstract*

Background/Objectives: Hispanics living in the United States have higher rates of diagnosis and mortality from certain kinds of cancers, including human papillomavirus (HPV)-related cancers. HPV vaccines can prevent 90% of HPV-associated cancers. Methods: The purpose of this study was to recruit a sample [..]

*Open Access Article*

**Bridging the Gap: Two Decades of Childhood Vaccination Coverage and Equity in Cambodia and the Philippines (2000–2022)**

by Yanqin Zhang, Xinyu Zhang and Qian Long

Vaccines 2025, 13(9), 907; <https://doi.org/10.3390/vaccines13090907> - 27 Aug 2025

*Abstract*

Background/Objectives: Equitable access to childhood vaccines remains a challenge in many low- and middle-income countries. This study assessed coverage of WHO-recommended childhood vaccines in Cambodia and the Philippines, focusing on urban–rural and wealth disparities, and examined maternal demographic and socioeconomic factors influencing vaccination [...]

*Open Access Review*

**Review of Human Papillomavirus Vaccination Programs in United States Schools**

by Cassandra Duran, Aditi Gupta, Lynda Aririguzo, Norma Castillo and Sanghamitra M. Misra

Vaccines 2025, 13(9), 894; <https://doi.org/10.3390/vaccines13090894> - 23 Aug 2025

*Abstract*

Background: School vaccination programs (school-based and school-located) that include the human papillomavirus (HPV) vaccine have been implemented throughout the United States since 2009. Methods: We conducted a review of school HPV vaccination programs in PUBMED, Google Scholar, Web of Science, Ovid, Medline, and [..]

*Open Access Review*

**A Review of Insights on Vaccination Against Respiratory Viral Infections in Africa: Challenges, Efforts, Impacts, and Opportunities for the Future**

by Paul Gasana, Noel Gahamanyi, Augustin Nzitakera, Frédéric Farnir, Daniel Desmecht and Leon Mutesa

Vaccines 2025, 13(9), 888; <https://doi.org/10.3390/vaccines13090888> - 22 Aug 2025

*Abstract*

Background: Respiratory viral infections such as influenza, COVID-19, and respiratory syncytial virus (RSV) are considered as major public health threats in Africa. Despite global advancements in vaccine development, persistent inequities in access, delivery infrastructure, and public trust limit the continent's capacity to [..]

## Value in Health

August 2025 Volume 28 Issue 8 p1141-1304  
<https://www.valueinhealthjournal.com/current>  
[Reviewed earlier]

## World Development

Volume 192 August 2025  
<https://www.sciencedirect.com/journal/world-development/vol/192/suppl/C>  
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:: [\*Journal Watch\*](#)  
:: [\*Pre-Print Servers\*](#)

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## ***Pre-Print Servers***

### **arxiv**

<https://arxiv.org/>

[Accessed 30 Aug 2025]

*[Filters: Emerging Technologies; Neural and Evolutionary Computing; Computers and Society; Genomics; Neurons and Cognition; Populations and Evolution; Other Quantitative Biology; General Economics]*

[arXiv:2508.20146](#) (cross-list from cs.SI) [pdf, html, other]

### **Whom We Trust, What We Fear: COVID-19 Fear and the Politics of Information**

Daniele Baccega, Paolo Castagno, Antonio Fernández Anta, Juan Marcos Ramirez, Matteo Sereno

Subjects: Social and Information Networks (cs.SI); Computers and Society (cs.CY)

The COVID-19 pandemic triggered not only a global health crisis but also an infodemic, an overload of information from diverse sources influencing public perception and emotional responses. In this context, fear emerged as a central emotional reaction, shaped by both media exposure and demographic factors. In this study, we analyzed the relationship between individuals' self-reported levels of fear about COVID-19 and the information sources they rely on, across nine source categories, including medical experts, government institutions, media, and personal networks. In particular, we defined a score that ranks fear levels based on self-reported concerns about the pandemic, collected through the Delphi CTIS survey in the United States between May 2021 and June 2022. We found that both fear levels and information source usage closely follow COVID-19 infection trends, exhibit strong correlations within each group (fear levels across sources are strongly correlated, as are patterns of source usage), and vary significantly across demographic groups, particularly by age and education. Applying causal inference methods, we showed that the type of information source significantly affects individuals' fear levels. Furthermore, we demonstrated that information source preferences can reliably match the political orientation of U.S. states. These findings highlight the importance of information ecosystem dynamics in shaping emotional and behavioral responses during large-scale crises.

## **Gates Open Research**

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

[Accessed 30 Aug 2025]

Open Letter

### **Driving innovation from discovery to access: Meeting report of the 7<sup>th</sup> Global Forum on TB Vaccines (8-10 October 2024, Rio de Janeiro, Brazil)**

Shaun Palmer<sup>1,2\*</sup>, Rebecca A. Clark<sup>3\*</sup>, Bridgette J. Connell<sup>1\*</sup>, Vanessa Mwebaza Muwanga<sup>2,4\*</sup>, Arthur Coelho<sup>5\*</sup>, Paul Ogongo<sup>6\*</sup>, Carly Young<sup>4\*</sup>

Originally published as a preprint: <https://doi.org/10.12688/verixiv.1073.1>

#### ***Abstract***

We urgently need novel, effective, and accessible vaccines to end tuberculosis (TB) as a public health crisis. The 7th Global Forum on TB Vaccines was convened from 8–10 October 2024 in Rio de Janeiro, Brazil. Under the theme of “Driving innovation from discovery to access,” the program covered the breadth of TB vaccine research and development (R&D) through implementation, while underscoring the need for greater innovation and investments to advance development and ensure rapid, affordable, and equitable access. Participants shared the latest research on: approaches to diversify the TB vaccine pipeline, candidates advancing through late-stage trials toward licensure, and efforts to ensure new TB vaccines reach the populations that most need them. The forum provided a platform to learn from diverse experts across the field, including researchers, industry, funders, civil society, and affected communities. Participants examined cross-cutting enablers throughout, including opportunities to establish novel partnership and financing models, enhance open science, optimize R&D practices, and strengthen leadership and engagement with community members and high burden countries alike. In this report, we synthesize key themes and findings from the meeting, highlighting progress and priorities in the TB vaccine field.

## **medRxiv**

<https://www.medrxiv.org/content/about-medrxiv>

[Accessed 30 Aug 2025]

### **Developing a Comprehensive Framework for Real-World Data Case Validation in Vaccine Safety Monitoring: The VAC4EU experience**

Amirreza Dehghan Tarazjani, Daniel Weibel, Taylor Aurelius, Laura Zwiers, Jesse van den Berg, Lina Perez-Breva, Antonio Gimeno-Miguel, Luca Stona, Martin Solorzano, Anteneh Assefa Desalegn, Beatriz Poblador-Plou, Thom Lysen, Jannik Wheler, Mahmoud Zidan, Juan Jose Carreras, Felipe Villalobos, Vera Ehrenstein, Kathryn Morton, Cristina Rebordosa, Fariba Ahmadizar, Joan Fortuny, Alejandro Arana, Miriam CJM Sturkenboom

medRxiv 2025.08.25.25334384; doi: <https://doi.org/10.1101/2025.08.25.25334384>

### **mRNA and Protein Subunit COVID-19 Vaccine Reactogenicity and the Relationship to Productivity for Healthcare Workers and First Responders**

Sarang Kim Yoon, Andrew L Phillips, Sarah Calhoun, Dawn Odom, Ryan Ziemiecki, Laurin Jackson, Jacob Mckell, Joshua Griffin, Ji Min Choi, Barbara A Prillaman, Riley Campbell, Beth Hahn, Brandy Warren, Jonathan Fix, Matthew D Rousculp, German L Ellsworth

medRxiv 2025.08.25.25334392; doi: <https://doi.org/10.1101/2025.08.25.25334392>

### **Reaching the 100 by 2027 target for universal access to rapid diagnostic tests for tuberculosis in Africa: in-sight but out of reach**

Lucy Mupfumi, Tapson Nyondo, Judith Mzyece, Vincent Kampira, Moussa Condé, Aloni L. Muriel, Manga H.R. Arsène, Joselyne Ndayihimbaze, Charles Lamou Ki-zerbo, Jean Njab, Caroline Bih, Mariamo Ibraimo Assane, Elishebah Mutegi, Michael Maina, Francis Ocen, Silver Mashate, Collins Otieno Odhiambo

medRxiv 2025.08.26.25334429; doi: <https://doi.org/10.1101/2025.08.26.25334429>

**Disparities in uptake of Shingrix® vaccine in immunosuppressed individuals in England: a population-based cohort study**

Eleanor VH Barry, Anne M Suffel, Jemma Walker, Nick Andrews, Colin Campbell, Rosalind Goudie, Simon de Lusignan, Meredith Leston, Sinead M Langan, Julia Stowe, Ian J Douglas, Edward PK Parker, Kathryn E Mansfield

medRxiv 2025.08.27.25334559; doi: <https://doi.org/10.1101/2025.08.27.25334559>

**Assessment of childhood vaccine immunization coverage, card retention, and compliance in Bayelsa State post-Gavi support: A household survey of children aged 0-59 months**

Ebiakpor Bainkpo Agbedi, Mordecai Oweibia, Christopher Peres Ekiyor

medRxiv 2025.08.11.25333409; doi: <https://doi.org/10.1101/2025.08.11.25333409> Revision

**Uncovering the Post-Pandemic Timing of Influenza, RSV, and COVID-19 Driving Seasonal Influenza-like Illness in the United States**

George Dewey, Austin G. Meyer, Raul Garrido Garcia, Mauricio Santillana

medRxiv 2025.08.21.25333432; doi: <https://doi.org/10.1101/2025.08.21.25333432>

**Social Determinants of Human Papillomavirus Vaccine Uptake Among Adolescent Girls in Low-Middle-Income Countries: A Systematic Review & Meta-Analysis**

Pawan Kumar, Arindam Ray, Rhythm Hora, Amrita Kumari, Kapil Singh, Rashmi Mehra, Amanjot Kaur, Shyam Kumar Singh, Seema Singh Koshal, Vivek Kumar Singh, Abida Sultana, Syed F Quadri, Arup Deb Roy

medRxiv 2025.08.21.25334143; doi: <https://doi.org/10.1101/2025.08.21.25334143>

**Post-COVID-19 Epidemiological Insights and SEIR Modeling for Future Global Pandemic Preparedness: Lessons from the Western Pacific**

Apirada Chinprateep

medRxiv 2025.08.12.25333519; doi: <https://doi.org/10.1101/2025.08.12.25333519>

**Factors associated with severe COVID-19 outcomes among adults with at least a primary vaccination schedule: a retrospective cohort study from Alberta, Canada**

Sylvia Aponte-Hao, Huong Luu, Karen J.B. Martins, Jason R. Randall, Lynora Saxinger, Elissa Rennert-May, Jenine Leal, Tyler Williamson, Amanda Wilson, Michelle Blake, Tianyi Lu, Shehzad M. Iqbal, James A. Mansi, Andre B. Araujo, David Martin, Scott W. Klarenbach

medRxiv 2025.08.19.25334000; doi: <https://doi.org/10.1101/2025.08.19.25334000>

**OSF Pre-prints**

<https://osf.io/preprints/discover?provider=OSF&subject=bepress%7CLife%20Sciences>

*[Provider Filter: OSF Pre-prints Subject filters: Medicine and Health Sciences Format Filter: Pre-prints]*

[No new digest content identified]

**Wellcome Open Research**

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

[Accessed 30 Aug 2025]

[No new digest content identified]

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## **Think Tanks**

**Brookings** [to 30 Aug 2025]

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

*Reports, Events*

*Research*

### **NIH funding and local employment**

Phillip Levine and Robin McKnight

August 28, 2025

... In this report, we investigate the extent to which NIH funding affects local labor markets. We categorize major NIH awards by the location of their recipients and track funding per capita in those locations over the past two decades. We examine changes in such funding levels to investigate whether those locations with a larger influx of NIH funding experienced greater employment growth. We also evaluate whether such funding increases lead to an increase in the population share with a college degree. In both cases, our analysis supports such a relationship...

**Center for Global Development** [to 30 Aug 2025]

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

*All Research*

*WORKING PAPER*

### **Global Headwinds to Kuznets' Low-Inequality Transformation: Plutocrats, Populism, and More**

Nancy Birdsall

August 26, 2025

Kuznets's prediction that inequality would fall after structural transformation faces major obstacles in today's globalized economy, including tax evasion by elites, restrictions on labor migration, and climate damage. While some countries show signs of transformation through growth and urbanization...

*WORKING PAPER*

### **Designing Trigger Mechanisms for Epidemic and Pandemic Financing and Response**

Nita K. Madhav et al.

August 25, 2025

Triggers—criteria that activate alerts, financing, or response measures—are central to pandemic decision-making but remain unevenly applied and often implicit. A new framework could guide high-quality trigger design in pandemic financing and response, improving their effectiveness, reliability, and...

**Chatham House** [to 30 Aug 2025]

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

*Selected Analysis, Comment, Events*

*No new digest content identified.*

**Council on Foreign Relations** [to 30 Aug 2025]

<https://www.cfr.org/media/news-releases>

*New Releases [Selected]*

*No new digest content identified.*

**CSIS** [to 30 Aug 2025]



<https://www.csis.org/Reports> [Selected]  
*No new digest content identified.*

**Kaiser Family Foundation/KFF** [to 30 Aug 2025]  
[https://www.kff.org/search/?post\\_type=press-release](https://www.kff.org/search/?post_type=press-release)  
Newsroom  
*No new digest content identified.*

**McKinsey Global Institute** [to 30 Aug 2025]  
<https://www.mckinsey.com/mgi/overview>  
*No new digest content identified.*

**ODI [Overseas Development Institute]** [to 30 Aug 2025] <https://odi.org/en/publications/>  
Publications [Selected]  
[Humanitarian evacuations: practice, guidance, research gaps and lessons](#)  
28 August 2025  
*Briefing/policy paper*

**Pew Research Center** [to 30 Aug 2025]  
<https://www.pewresearch.org/>  
Latest Publications [Selected]  
*No new digest content identified.*

**Rand** [to 30 Aug 2025]  
<https://www.rand.org/pubs.html>  
Published Research [Selected]  
Research Aug 28, 2025  
[Public Health and Ethical Risks of Rollbacks on Medicaid Coverage for Gender-Affirming Care](#)

A new federal bill would cut Medicaid and CHIP funding for gender-affirming care, threatening access for gender minorities and worsening mental health disparities, despite major medical groups deeming such care medically necessary.

*Research Aug 25, 2025*  
[Defining Hazardous Capabilities of Biological AI Models: Expert Convening to Inform Future Risk Assessment](#)

In June 2024, the Johns Hopkins Center for Health Security and RAND convened a group to discuss the potentially hazardous capabilities of biological AI models that are trained on or capable of manipulating substantial quantities of biological data.

**Urban Institute** [to 30 Aug 2025]  
<https://www.urban.org/publications>  
[New Research Publications - Selected](#)



**World Economic Forum** [to 30 Aug 2025]

<https://agenda.weforum.org/press/>

Media [Selected]

No new digest content identified.

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## ***Public Consultations/Call for Inputs/Call for Papers***

### **Agency Information Collection Activities; Proposed Collection; Comment Request; Emergency Use Authorization of Medical Products**

A Notice by the Food and Drug Administration on 07/14/2025 **Comment period ends 09/12/2025.**

OMB Control Number 0910-0595—Extension

#### ***SUPPLEMENTARY INFORMATION:***

This information collection helps support implementation of Agency policies applicable to the authorization for medical products for use in emergencies under sections 564, 564A, and 564B of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 360bbb-3, 360bbb-3a, and 360bbb-3b). For more information regarding emergency use authorization (EUA), visit our website at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

The FD&C Act permits the Commissioner of Food and Drugs (the Commissioner) to authorize the use of unapproved medical products for humans and animals, or unapproved uses of approved medical products for humans and animals, during an emergency declared under section 564 of the FD&C Act. The data to support issuance of an EUA must demonstrate that, based on the totality of the scientific evidence available to the Commissioner, including data from adequate and well-controlled clinical trials (if available), it is reasonable to believe that the product may be effective in diagnosing, treating, or preventing a serious or life-threatening disease or condition (21 U.S.C. 360bbb-3(c)).

Also, under section 564 of the FD&C Act, the Commissioner may establish conditions on issuing an authorization that may be necessary or appropriate to protect the public health...

### **ICH - E21 Inclusion of Pregnant and Breastfeeding Women in Clinical Trials; International Council for Harmonisation; Draft Guidance for Industry; Availability**

A Notice by the Food and Drug Administration on 07/21/2025 **Comment period ends 09/19/2025**

#### ***SUMMARY:***

...The Food and Drug Administration (FDA or Agency) is announcing the availability of a draft guidance for industry entitled "E21 Inclusion of Pregnant and Breastfeeding Women in Clinical Trials." The draft guidance was prepared under the auspices of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH). The draft guidance is intended to provide general principles on the conduct of clinical trials that include pregnant and breastfeeding women to inform evidence-based decisions on safe and effective use of medicinal products by these populations.

The draft guidance includes approaches to generating data that support informed decision-making on the safety, dosing, and efficacy of medicinal products during pregnancy and breastfeeding. Additionally, the draft guidance includes recommendations for recruiting and retaining pregnant and breastfeeding women in clinical trials, while reducing burden and harm on these participants.

#### ***Background***

...The recommendations found in this draft guidance are the product of the Efficacy Working Group of the ICH. Comments about this draft will be considered by FDA and the Efficacy Expert Working Group.

The draft guidance outlines strategies and considerations for developing and implementing clinical studies that include pregnant or breastfeeding women. This draft guidance includes approaches to plan, collect data, evaluate outcomes, and monitor safety of pregnant and breastfeeding women participating in clinical trials safely and ethically. Additionally, the draft guidance includes recommendations for recruiting and retaining pregnant and breastfeeding women in clinical trials. The draft guidance also emphasizes reduction of burden on pregnant and breastfeeding women participating in these trials.

This draft guidance has been left in the original ICH format. The final guidance will be reformatted and edited to conform with FDA's good guidance practices regulation ([21 CFR 10.115](#)) and style before publication.

### **Call for Public Comment - WHO Classification of Digital Health Interventions v1.0**

WHO 1 September 2022 **Deadline for comments: 30 September 2022, 23:59 (CEST)**

#### *Call for consultation*

The World Health Organization (WHO) would like to issue a public call for comments to update v1.0 of the [Classification of Digital Health Interventions \(CDHI\)](#). This will take the form of two public calls: Primary feedback: Call to receive public stakeholders' comments to update the Classification of Digital Health Interventions v1.0.

The WHO CDHI v1.0 was created in 2018 to provide a common digital health vocabulary for diverse stakeholders from numerous backgrounds and areas of expertise. It has since been used by stakeholders of digital health projects with a particular focus on Low and Middle-Income Countries (LMICs). As opposed to previous frameworks that provide highly technical terminology that is mainly intended for computer scientists and software developers in health, the CDHI constitutes a key bridging language between technology-oriented audiences and those in health to facilitate consistent ways of articulating needs and functionalities represented in digital health system implementations.

Since 2018, there have been advances in technology and additional interventions have arisen, prompted by the global pandemic. These, together with calls from expert communities and other stakeholders, have prompted the need to update the CDHI v1.0.

To ensure a broad consultation process, WHO will work with an expert panel and expert groups to review relevant evidence on the application of the CDHI by stakeholders and provide recommendations for update. To enable the process of the update and to ensure the input and consideration of a global group of stakeholders, WHO is issuing this public call, appealing to researchers, government and public health stakeholders, technologists, healthcare providers, donors, implementers and other agencies that utilize (or aim to utilize) the CDHI to provide comments.

### **Solicitation of Nominations for Appointment to the Advisory Council for the Elimination of Tuberculosis**

A Notice by the Centers for Disease Control and Prevention on 07/11/2025. **Nominations must be received no later than September 30, 2025**

#### *SUMMARY:*

In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is seeking nominations for membership on the Advisory Council for the Elimination of Tuberculosis (ACET). ACET consists of 10 experts including the Chair in fields associated with public health, epidemiology, immunology, infectious disease, pulmonary disease, pediatrics, tuberculosis, microbiology, and preventive health care delivery.

#### *SUPPLEMENTARY INFORMATION:*

The Advisory Council for the Elimination of Tuberculosis (ACET) provides advice and recommendations regarding the elimination of tuberculosis (TB) to the Secretary, Department of Health and Human Services (HHS); the Assistant Secretary for Health, HHS; and the Director, Centers for Disease Control and Prevention (CDC). ACET (a) makes recommendations on policies, strategies, objectives, and priorities; (b) addresses development and application of new technologies; (c) provides

guidance and review of CDC's TB prevention research portfolio and program priorities; and (d) reviews the extent to which progress has been made toward eliminating TB.

**Draft guideline on the quality aspects of mRNA vaccines**

EMA Draft: consultation open **Consultation dates: 31/03/2025 to 30/09/2025**

Reference Number: EMA/CHMP/BWP/82416/2025

*Summary:*

This guideline addresses the quality aspects of mRNA vaccines. It addresses specific aspects regarding the manufacturing process, characterisation, specifications and analytical control of mRNA vaccines, as well as the definition of starting materials, active substance and finished product for mRNA vaccines. Additional regulatory considerations are provided for changes in existing mRNA vaccine strains, bivalent and multivalent vaccines, self-amplifying mRNA vaccines, other delivery systems and use of platform technology/prior knowledge. The scope of this guideline is applicable to mRNA vaccines against infectious diseases. Other mRNA-based medicinal products are out of scope of this guideline, although relevant parts of this guideline may be applicable to those. It is not intended to address specific requirements for mRNA vaccines to be used in clinical trials, however the scientific principles described may also be applicable during pharmaceutical development.

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***Vaccines and Global Health: The Week in Review*** is a service of the Center for Vaccine Ethics and Policy ([CVEP](#)) / GE2P2 Global Foundation, which is solely responsible for its content.

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Support for this service is provided by the Bill & Melinda Gates Foundation and industry resource members Janssen/J&J, Pfizer, Sanofi US, and GSK. (list in formation).

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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