



**Vaccines and Global Health: The Week in Review**  
**24 November 2018**  
**Center for Vaccine Ethics & Policy (CVEP)**

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

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

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

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## **Milestones :: Perspectives**

### **[330,000 Rohingyas and host community to get cholera vaccine in Cox's Bazar](#)**

SEAR/PR/1702

Cox's Bazar, Bangladesh, 17 November 2018

Nearly 330,000 Rohingyas refugees and Bangladesh host community will be vaccinated against cholera in a month-long campaign beginning today in the refugee camps in Cox's Bazar and its nearby areas, to protect vulnerable population against the deadly disease amidst increased risk of flooding in the ongoing cyclone season.

Led by the Ministry of Health and Family Welfare, with support of the World Health Organization, UNICEF, and partners such as Gavi, the vaccine alliance, the campaign aims to reach people who missed some or all previous cholera vaccination opportunities.

"Despite the progress and efforts made by humanitarian agencies to improve water and sanitation conditions in Rohingya camps, cholera remain a concern. Oral cholera vaccination is the most effective way to protect such a large section and reduce the risk of disease outbreak," says Dr Bardan Jung Rana, WHO Representative in Bangladesh.

Nearly 2.2 million doses of oral cholera vaccines have been dispensed among Rohingya refugees and their host population through three massive vaccination campaigns since November 2017...

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### **[Nigeria to vaccinate 26 million people in 2nd phase of biggest-ever yellow fever vaccination campaign](#)**

Abuja, 22 November 2018 - The Government of Nigeria – with support from the World Health Organization (WHO), Gavi, the Vaccine Alliance and UNICEF aims to vaccinate 26.2 million people during the second phase of its biggest-ever yellow fever campaign as it seeks to establish high population immunity nationwide.

This step of the campaign, which is funded by Gavi will run from 22 November to 1 December 2018 and will target children and adults in Plateau, Sokoto, Kebbi, Niger and Borno states as well as the Federal Capital Territory.

"The vaccination will be for people within 9 months to 44 years cohort, parents are advised to avail themselves and their children to partake in the vaccination; The vaccine is free, safe and effective," said Dr Joseph Oteri, Director of Special Duties at Nigeria's National Primary Health Care Development Agency.

Yellow fever is caused by a virus spread through the bite of infected mosquitos. Some patients can develop serious symptoms, including high fever and jaundice (yellowing of the skin and eyes), but the disease can be easily prevented by a vaccine that provides immunity for life.

"Immunizing more than 26 million people is a massive undertaking," said Dr Matshidiso Moeti, WHO Regional Director for Africa. "But this achievement will represent a huge step towards

protecting people from the potentially deadly viral haemorrhagic disease not only in Nigeria but in the African region.”

To ensure this phase of the vaccination campaign runs smoothly, the Federal Ministry of Health, in collaboration with WHO with support from Gavi, has trained and deployed Management Support Teams (MST). The MSTs are overseeing preparations in the run-up to the campaign and, in partnership with WHO yellow fever experts, will act as supervisors and provide technical assistance during the campaign itself.

“Nigeria is on the front line in the global battle against yellow fever,” said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance. “Routine immunisation coverage remains dangerously low, as shown by the latest outbreak, which is why this campaign is so important to protect the vulnerable. While this campaign will save lives, we need to focus our efforts on the best long-term solution – improving routine immunisation coverage so every child is protected, preventing outbreaks from happening in the first place.”...

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## Featured Journal Content

### The Lancet

Nov 24, 2018 Volume 392 Number 10161 p2237-2324

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

*Comment*

### [The state of vaccine confidence](#)

Heidi J Larson

On Oct 17, 2018, WHO reported 52,958 measles cases in the European region since the beginning of 2018, which is more than double the 23 757 cases reported for Africa in the same period.<sup>1</sup> The USA reported about 80 000 influenza deaths and a record high of over 950 000 influenza-related hospital admissions during the winter of 2017–18. <sup>2</sup> Overall, seasonal influenza vaccination coverage in the USA in adults was only 37·1%, 6·2% lower than the 2016–17 season.<sup>3</sup>

In Europe, 29,464 of the measles cases were in Ukraine,<sup>4</sup> where a combination of anxieties about vaccine safety, historic distrust in government, and a health system needing reform<sup>5</sup> converged to create fertile ground for the outbreak. In England, too, by the end of October, 2018, there were 913 measles cases,<sup>6</sup> largely among teenagers and young adults who missed their childhood measles, mumps, and rubella vaccination because of parental anxieties over a decade ago. The 2018 European measles outbreak should not be a surprise. In 2016, a global study on vaccine confidence found that vaccine scepticism was highest in Europe. <sup>7</sup> There were more than 37 measles-related deaths reported in countries across Europe in the first half of 2018, with the highest number of deaths in Serbia at 14. <sup>8</sup>

Complex determinants of vaccination, such as alternative health beliefs, politics, histories, trust, relationships, and emotions, contribute to the overall stagnation of childhood and adult vaccine

uptake globally. Vaccine anxieties are not new, but the viral spread of concerns, reinforced by a quagmire of online misinformation, is increasingly connected and global.

Although the USA reported only 143 measles cases by early October, 2018,<sup>9</sup> there are growing anti-vaccine networks and vaccine refusals and increasing numbers of non-medical vaccine exemptions.<sup>10</sup> In 2015, after an outbreak in California, measles spread across multiple US states, causing 188 cases largely among those who were unvaccinated.<sup>9</sup> This outbreak became a tipping point for pro-vaccine parents who organised a movement to overturn the personal-belief exemption in California. The emotional appeal of a young boy named Rhett with leukaemia, dependent on others to be vaccinated, lent a powerful voice to the movement and the State Assembly passed the senate bill. Vaccine critics share emotional stories and personal testimonies using YouTube and Facebook as platforms. In this case, the story of Rhett was a powerful way to change minds in support of vaccination. In Italy, concerned teachers similarly mobilised to urge the government to keep compulsory vaccination intact because they did not want unvaccinated children in the classroom. <sup>11</sup> Initiatives like these need to be championed as examples to motivate others.

What else can be done? The international public health community and national immunisation programmes have increasingly acknowledged the seriousness of growing vaccine hesitancy. In November 2011, the WHO Strategic Advisory Group of Experts (SAGE) on Immunization expressed concerns about growing vaccine reluctance and the Working Group on Vaccine Hesitancy was set up in March, 2012. <sup>12</sup> In February 2013, the US National Vaccine Advisory Committee established the Vaccine Confidence Working Group. <sup>13</sup> These groups have produced analyses on the drivers of vaccine hesitancy and strategies to shift the tide of reluctance. In Europe, the European Commission is supporting a joint action involving 23 countries to strengthen vaccination efforts, with a key focus on vaccine hesitancy,<sup>14</sup> and the European Centre for Disease Prevention and Control produced a Catalogue of Interventions Addressing Vaccine Hesitancy, <sup>15</sup> among other reports investigating the issue.

These initiatives have changed the policy landscape and created an openness for political and programmatic changes. But investments and other actions are needed to move analyses into action.

First, investment is needed at local levels to monitor public sentiments and fund the resources to respond. Although there are some common vaccine concerns and anxieties globally, specific local issues will differ. Resources are needed for immunisation programmes to undertake local research to better understand specific issues and to identify the key influencers and the emerging issues before they become crises.

Second, investment is needed for piloting and implementing strategies to find out what works best. There is a wealth of new research and proposed solutions to address vaccine hesitancy and build confidence. Many of these suggested interventions, such as motivational interviewing, innovative uses of social media, mapping and engaging trust networks, need to be trialled in different contexts to understand what works and then tailored to be taken to scale.

Third, dialogue, including through social media, is important. Public health officials too often shy away from social media, but they and other relevant stakeholders need to go where the

discussions are happening and where influence is being leveraged. Social media engagement can help.[16](#)

Fourth, more opportunities need to be created—eg, in clinics and schools—for parents and other stakeholders to discuss their questions and concerns. The power of listening and dialogue should never be underestimated.[17](#) Having someone available to answer questions in clinic waiting rooms or in community settings can help mitigate anxiety and allow hesitant parents to feel that their concerns are being listened to.

Finally, more support is needed for those on the front line of questioning. If there are good listening mechanisms—whether face-to-face discussions in clinics or other settings or through media monitoring— anticipating questions and preparing answers in advance can support health-care workers and officials who are confronted with difficult questions.[18](#)

Although there are some positive initiatives to address vaccine hesitancy, the spread of misinformation is moving quickly and boldly, appealing to emotions and heightening anxieties. Building vaccine confidence goes beyond changing an individual's mind. The dissenting voices have become highly connected networks, undermining one of the most effective disease prevention tools. We need globally and locally connected positive voices and interventions that are vigilant, listening, and have the resources and capacity to respond.

*[Citations available at title link above]*

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### **Statement of the Fifth Annual Meeting of the Islamic Advisory Group for Polio Eradication – Organisation of Islamic Cooperation**

Jeddah, Kingdom of Saudi Arabia

14 November 2018

*[Editor's text bolding]*

...The Islamic Advisory Group for Polio Eradication (IAG) held its fifth annual meeting on 14 November 2018 at the headquarters of the Organisation of Islamic Cooperation (OIC) in Jeddah, Kingdom of Saudi Arabia, under the co-chairmanship of Al Azhar Al Sharif and the International Islamic Fiqh Academy (IIFA) and the participation of the other two core partners, the Islamic Development Bank (IsDB) and the OIC. Through the fifth annual meeting the IAG:

**1. Reaffirms its commitment to the global polio eradication initiative and protection of children against all vaccine-preventable diseases, and reiterates its trust in the safety and effectiveness of all routine childhood vaccinations as a life-saving tool which protects children and acknowledges that it conforms to Islamic Shariah;**

2. Commends and appreciates the efforts made by the governments, communities and parents of polio-infected countries in curbing endemic transmission of the disease in Afghanistan, Nigeria and Pakistan, where the disease is now restricted to the smallest geographical areas ever; as well as in countries affected by polio outbreaks,

3. Commends the tremendous efforts made by health and frontline workers everywhere to protect children from polio as well as other infectious diseases, and encourages respect and support for their efforts;
4. Urges the Governments of Afghanistan, Nigeria and Pakistan to continue playing their leadership roles at all levels to fully implement national emergency action plans, and to ensure the engagement of all Islamic scholars, community leaders and mosque imams;
5. Refers to the OIC Strategic Health Programme of Action 2014-2023, and will ensure alignment and support in its implementation, notably in the programme's thematic areas relevant to the IAG's expanded mandate, and assign the executive committee to follow up on this;
6. Urges the Ministries of Health to continue collaboration with technical organizations such as UNICEF and the World Health Organization (WHO) to further fast track efforts towards polio eradication;
7. Appreciates the ongoing and critical support provided by the IsDB, and encourages other international development partners, notably Member States of the Gulf Cooperation Council, the Islamic Solidarity Fund and others, to join hands to eradicate polio as well as supporting the expanded mandate of IAG
8. Appreciates the outstanding commitment and support of Al Azhar Al Sharif for the goal of polio eradication, and its lead role towards developing the manuals for training expatriate students from priority countries on polio eradication and other maternal and child health issues
9. Commends the role of the International Islamic University Islamabad (IIUI) Pakistan and the Islamic University in Uganda (IUIU) on promoting health and special initiatives like polio eradication, and encourages other Islamic universities affiliated with the OIC, especially the Islamic University of Niger and the International Islamic University Malaysia to join the effort;
- 10. Notes the ongoing efforts to engage Islamic NGOs approved by national governments in endeavor to reach the underserved populations with the maternal and child health initiatives including routine immunization and other lifesaving health interventions;**
11. Reiterates its support specifically to the Government and people of Indonesia for their efforts to eliminate measles and rubella (MR) nationally, and extends similar support to all other OIC Member States planning to intensify expanded outreach to underserved populations with MR vaccines and other lifesaving vaccines;
12. Underscores its commitment to engage in high-level advocacy visits to priority countries to offer strategic support;
- 13. Appreciates the support of global, regional, national and local media outlets, including social media networks, for highlighting the importance of vaccination and countering baseless rumors about community-based health interventions; and**

**encourages the positive use of social media in promoting health related initiatives including vaccination campaigns;**

14. Notes that the upcoming low poliovirus transmission season in Afghanistan, Nigeria and Pakistan, which will run from the last quarter of 2018 through the second quarter of 2019, will provide the best opportunity to stop polio, and hence **affirms the IAG's willingness to support all religious scholars, health organizations and Governments in their efforts to interrupt transmission during this period with special focus on high risk communities and areas;**

15. Reaffirms the commitment of the Executive Committee of the IAG to advocate with the leadership of Islamic institutions and concerned Governments to ensure their ongoing commitment for polio eradication and support for the IAG expanded mandate; and,

16. Expresses its gratitude to the Government of the Kingdom of Saudi Arabia and the OIC for their outstanding commitment and support for the goal of polio eradication, and for hosting the fifth annual meeting of the IAG.

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### **[Access to Medicines Index 2018](#)**

Access to Medicine Foundation. November 2018 :: 258 pages

Funders: UK Department for International Development; The Dutch Ministry of Foreign Affairs; Bill & Melinda Gates Foundation

PDF:

[https://accesstomedicinefoundation.org/media/uploads/downloads/5bf82b990058d\\_5bf6b5facee2e\\_Access-to-Medicine-Index-2018.pdf](https://accesstomedicinefoundation.org/media/uploads/downloads/5bf82b990058d_5bf6b5facee2e_Access-to-Medicine-Index-2018.pdf)

#### *Executive Summary*

Globally, two billion people cannot access the medicines they need, with millions in low- and middle-income countries dying each year from diseases because the vaccines, medicines and diagnostic tests that they need are either unavailable or unaffordable. Pharmaceutical companies control products that can greatly alleviate disease burdens; they also have the expertise to meet the need for new and adapted innovative products; the power to address the affordability of those products through more refined access strategies; and the ability to strengthen supply chains and support healthcare infrastructures. Considering their size, resources, pipelines, portfolios and global reach, these companies have a critical role to play in improving access to medicine.

For more than a decade, the Access to Medicine Foundation has worked to stimulate change within pharmaceutical companies. Every two years, it publishes its Access to Medicine Index, which analyses the top 20 research-based pharmaceutical companies and ranks them according to their efforts to improve access to medicine in developing countries. A total of 69 indicators make up a framework within which company performances relating to 77 diseases, conditions and pathogens in 106 low- and middle-income countries can be compared.

The Index analysis brings out best practices and examples, highlights areas where progress has been made and areas where critical action is required. The Index also acts as a benchmark

where companies can compare their own contributions to improving access to medicine with their peers. While companies are held to a single standard, they are different in the way they operate and in their portfolio of investigational and marketed products. The Index is a relative ranking: scores cannot be directly compared between Indices.

The methodology is updated every two years in line with developments in access to medicine following a wide-ranging multi-stakeholder dialogue. For the first time this year, the Index examines company efforts to increase access to cancer products. Also for the first time, the Index zeroes in on 53 products on the market that it considers particularly critical candidates for company access initiatives and evaluates what companies are doing to facilitate their affordability and supply. These are products that are on patent, first-line therapies and on the World Health Organization Model List of Essential Medicines (EML).

This report outlines the key findings and overall ranking analysis of the 2018 Access to Medicine Index before presenting a detailed analysis of company performances and rankings in each of the seven areas of corporate activity it focuses on. The report concludes with detailed, tailored company report cards that explain each company's performance, highlight industry-leading practices and company-specific opportunities to improve access to medicine.

#### *KEY FINDINGS*

:: Most priority R&D projects are being conducted by five companies: GSK, Johnson & Johnson, Merck KGaA, Novartis and Sanofi. Such concentration is also seen in the industry's overwhelming focus on five of the 45 priority diseases – malaria, HIV/AIDS, tuberculosis, Chagas disease and leishmaniasis– targeting that reflects international donor priorities.

:: Access initiatives for cancer focus on pricing but have limited reach, mainly for small population groups and fewer than five key countries on average. Meanwhile, access planning for cancer products in the pipeline lags far behind that for communicable disease candidate products and plans are less comprehensive.

:: The majority of the 53 key on-patent products have an access initiative attached to them, but these are limited in scope, with pricing schemes being applied in fewer than five countries where greater affordability is a priority. Many of these key products with access initiatives are for diseases prioritised by global health donors or international procurers.

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### **Ebola - Democratic Republic of the Congo**

#### **[WHO statement on latest attacks in the Democratic Republic of the Congo](#)**

##### *Statement*

17 November 2018, Geneva

Following deadly attacks on Friday in the town of Beni, in the Democratic Republic of the Congo, Ebola response activities are continuing.

While all WHO, Ministry of Health and partner staff are safe and accounted for, 16 WHO staff were evacuated to Goma for psychological care after their residence was hit by a shell which did not explode.

Ebola response operations were on-going but limited in Beni on Saturday.

Vaccination was suspended and the operations centre was closed, but teams still went out into the communities to follow up on some alerts of potential cases, to meet contacts and ensure they are still well, and to bring sick people to treatment centres. The treatment centers, which are run by partners, remained operational.

The response was not affected in areas outside Beni. On Sunday, all activities have re-launched, including vaccination.

“WHO will continue to work side-by-side with the ministry and our partners to bring this Ebola outbreak to an end,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “We honour the memory of those who have died battling this outbreak, and deplore the continuing threats on the security of those still working to end it.”

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

21 November 2018

*[Excerpt]*

*Implementation of ring vaccination protocol*

:: Vaccination activities were paused in Beni after the security incidents on 16 November 2018, but continued in Katwa, Butembo, Vuhovi and Kalunguta.

:: As of 19 November 2018, 518 new contacts were vaccinated in 13 rings in affected health zones, bringing the cumulative number of people vaccinated to 32 626. The current stock of vaccine in Beni is 5920 doses.

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

22 November 2018

*[Excerpt]*

*WHO risk assessment*

...As the risk of national and regional spread is very high, it is important for neighbouring provinces and countries to enhance surveillance and preparedness activities. The International Health Regulations (IHR 2005) Emergency Committee has advised that failing to intensify these preparedness and surveillance activities would lead to worsening conditions and further spread. WHO will continue to work with neighbouring countries and partners to ensure that health authorities are alerted and are operationally prepared to respond.

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#### **Emergencies**

## **POLIO**

*Public Health Emergency of International Concern (PHEIC)*

**[Polio this week as of 20 November 2018](#)** [GPEI]

:: The Islamic Advisory Group (IAG) for Polio Eradication concluded its fifth annual meeting in Jeddah, Saudi Arabia on 14 November 2018, reaffirming a renewed commitment to continue supporting the Global Polio Eradication Initiative, protecting children against all vaccine-preventable diseases and expanding its mandate to support other health priorities. The full meeting statement is available [here](#).

*Summary of new viruses this week:*

**Afghanistan** – five wild poliovirus type 1 (WPV1) positive environmental samples.

**Pakistan** - one WPV1 positive environmental sample.

**Papua New Guinea** – three cases of circulating vaccine-derived poliovirus type 1 (cVDPV1).

**DRC**- one case of circulating vaccine-derived poliovirus type 2 (cVDPV2).

**Nigeria** – two cases of cVDPV2..

**Somalia**- two cVDPV2 positive environmental samples.

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### **Editor's Note:**

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

**[WHO Grade 3 Emergencies](#)** [to 24 Nov 2018 ]

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

:: [16: Situation report on the Ebola outbreak in North Kivu](#) 21 November 2018

:: DONs [Ebola virus disease – Democratic Republic of the Congo](#) 22 November 2018

*[See Milestones above for more detail]*

#### **Bangladesh - Rohingya crisis**

:: [330,000 Rohingyas and host community to get cholera vaccine in Cox's Bazar](#)  
SEAR/PR/1702 Cox's Bazar, Bangladesh, 17 November 2018

*[See Milestones above for more detail]*

:: [Weekly Situation Report 51 -15 November 2018 pdf, 545kb](#)

#### **Myanmar**

:: [330,000 Rohingyas and host community to get cholera vaccine in Cox's Bazar](#)  
17 November 2018

*[See Milestones above for more detail]*

[Nigeria](#) - *No new announcements identified*

[Somalia](#) - *No new announcements identified*

[South Sudan](#) - *No new announcements identified*

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

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

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### [WHO Grade 2 Emergencies](#) [to 24 Nov 2018 ]

[Brazil \(in Portuguese\)](#) - *No new announcements identified*

[Cameroon](#) - *No new announcements identified*

[Central African Republic](#) - *No new announcements identified*

[Ethiopia](#) - *No new announcements identified*

[Hurricane Irma and Maria in the Caribbean](#) - *No new announcements identified*

[Iraq](#) - *No new announcements identified*

[occupied Palestinian territory](#) - *No new announcements identified*

[Libya](#) - *No new announcements identified*

[MERS-CoV](#) - *No new announcements identified*

[Niger](#) - *No new announcements identified*

[Sao Tome and Principe Necrotizing Cellulitis \(2017\)](#) - *No new announcements identified*

[Sudan](#) - *No new announcements identified*

[Ukraine](#) - *No new announcements identified*

[Zimbabwe](#) - *No new announcements identified*

### [WHO-AFRO: Outbreaks and Emergencies Bulletin, Week 46: 10-16 November 2018](#)

The WHO Health Emergencies Programme is currently monitoring 53 events in the region. This week's edition covers key ongoing events, including:

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

:: Cholera in the Democratic Republic of the Congo

:: Cholera in Cameroon

:: Humanitarian crisis in Central African Republic

:: Humanitarian crisis in north-east Nigeria.

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### [WHO Grade 1 Emergencies](#) [to 24 Nov 2018 ]

[Afghanistan](#)

[Chad](#)

[Indonesia - Sulawesi earthquake 2018](#)

[Kenya](#)

[Lao People's Democratic Republic](#)

[Mali](#)

[Namibia - viral hepatitis](#)

[Peru](#)

[Philippines - Typhoon Mangkhut](#)

[Tanzania](#)

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### [UN OCHA – L3 Emergencies](#)

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

### **Yemen**

:: Yemen Humanitarian Update Covering 7 - 21 November 2018 | Is ...

Syrian Arab Republic - *No new announcements identified.*

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

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

Ethiopia - *No new announcements identified.*

Somalia - *No new announcements identified.*

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### **“Other Emergencies”**

#### **Indonesia: Central Sulawesi Earthquake –**

:: 18 November 2018 Central Sulawesi Earthquake & Tsunami: Humanitarian Country Team Situation Report #8 (as of 16 November 2018)

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#### ***Editor’s Note:***

*We will cluster these recent emergencies as below and continue to monitor the WHO webpages for updates and key developments.*

#### **EBOLA/EVD** [to 24 Nov 2018 ]

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

:: 16: Situation report on the Ebola outbreak in North Kivu 21 November 2018

:: DONs Ebola virus disease – Democratic Republic of the Congo 22 November 2018

*[See Milestones above for more detail]*

#### **MERS-CoV** [to 24 Nov 2018 ]

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

- Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia

20 November 2018 From 16 through 30 October 2018, the International Health Regulations (IHR 2005) National Focal Point of Saudi Arabia reported four additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection, including one death. Details of these cases can be found in a separate document (see link below)...

#### **Yellow Fever** [to 24 Nov 2018 ]

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

:: [Nigeria to vaccinate 26 million people in 2nd phase of biggest-ever yellow fever vaccination campaign](#) Abuja, 22 November 2018  
*[See Milestones above for more detail]*

**Zika virus** [to 24 Nov 2018 ]  
<http://www.who.int/csr/disease/zika/en/>  
- *No new announcements identified.*

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**WHO & Regional Offices** [to 24 Nov 2018 ]  
21 November 2018  
*News Release*

[WHO and EU commit to work together to accelerate progress on health](#)

19 November 2018  
*News Release*

[WHO and partners launch new country-led response to put stalled malaria control efforts back on track](#)

Reductions in malaria cases have stalled after several years of decline globally, according to the new [World malaria report 2018](#). To get the reduction in malaria deaths and disease back on track, WHO and partners are joining a new country-led response, launched today, to scale up prevention and treatment, and increased investment, to protect vulnerable people from the deadly disease.

For the second consecutive year, the annual report produced by WHO reveals a plateauing in numbers of people affected by malaria: in 2017, there were an estimated 219 million cases of malaria, compared to 217 million the year before. But in the years prior, the number of people contracting malaria globally had been steadily falling, from 239 million in 2010 to 214 million in 2015.

“Nobody should die from malaria. But the world faces a new reality: as progress stagnates, we are at risk of squandering years of toil, investment and success in reducing the number of people suffering from the disease,” says Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “We recognise we have to do something different – now. So today we are launching a country-focused and -led plan to take comprehensive action against malaria by making our work more effective where it counts most – at local level.”..

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[Weekly Epidemiological Record, 23 November 2018, vol. 93, 47 \(pp. 633–648\)](#)

:: Progress report on the elimination of human onchocerciasis, 2017–2018

:: Performance of acute flaccid paralysis (AFP) surveillance and incidence of poliomyelitis, 2018

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**WHO Regional Offices**

*Selected Press Releases, Announcements*

### **WHO African Region AFRO**

*Selected Featured News*

:: WHO calls on African countries to mobilize additional resources for the malaria response  
22 November 2018

Uganda Intensifies Ebola Community Engagement to Reach Individuals, Families, the Vulnerable and Hard-to-Reach Populations 22 November 2018

Nigeria to vaccinate 26 million people in 2nd phase of biggest-ever yellow fever vaccination campaign 22 November 2018

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

:: WHO and partners launch new country-led response to put stalled malaria control efforts back on track (11/19/2018)

:: Mobile application to facilitate introduction of a pill to prevent new cases of HIV in Latin America (11/19/2018)

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

:: WHO felicitates Nepal for trachoma elimination, rubella control

:: 330,000 Rohingyas and host community to get cholera vaccine in Cox's Bazar

### **WHO European Region EURO**

:: Early diagnosis means successful treatment: 2 men living with HIV in Greece share their experience 23-11-2018

:: Multicountry conference puts spotlight on importance of breastfeeding 22-11-2018

:: Celebrating success and inspiring progress on World Day for the Prevention of Child Abuse  
19-11-2018

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

:: WHO ready to assist Islamic Republic of Iran to improve road safety 21 November 2018

:: WHO investigates the mass death of fish in Iraq 20 November 2018

### **WHO Western Pacific Region**

*- No new announcement identified*

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**CDC/ACIP** [to 24 Nov 2018 ]

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

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

Monday, November 19, 2018

### **CDC Establishes AFM Task Force**

CDC Director Robert R. Redfield, M.D., announced today the establishment of an Acute Flaccid Myelitis (AFM) Task Force (Task Force) to aid in the ongoing investigation to define the cause of, and improve treatment and outcomes for, patients with AFM.

The AFM Task Force will bring together experts from a variety of scientific, medical, and public health disciplines to help solve this critical public health issue.

"I want to reaffirm to parents, patients, and our Nation CDC's commitment to this serious medical condition," said Dr. Redfield. "This Task Force will ensure that the full capacity of the scientific community is engaged and working together to provide important answers and solutions to actively detect, more effectively treat, and ultimately prevent AFM and its consequences."

The Task Force will convene under CDC's Office of Infectious Diseases' Board of Scientific Counselors (BSC), and will make key recommendations to the BSC to inform and strengthen CDC's response to this urgent public health concern. It will be coordinated by the Office of the Director and is scheduled to submit its first report at the BSC's December 6, 2018, public meeting in Atlanta.

AFM is a rare condition that affects a person's nervous system, specifically, the spinal cord, causing weakness in one or more limbs. Beginning in 2014, the United States has seen an increased number of AFM cases, mostly in children. In 2018, there have been 106 confirmed cases of AFM in 29 states; all but five have been in children ages 18 or younger.

.....

**Africa CDC** [to 24 Nov 2018 ]

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

*No new digest content identified.*

.....

**China CDC**

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

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

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

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

*Selected Updates/ Press Releases/ Notices*

2018-11-22 (chinadaily.com.cn)

**[Safety inspectors fail 100,000-plus doses of rabies vaccines](#)**

Drug regulators have denied market access to more than 100,000 doses of rabies vaccines produced in northeastern China in the past month, it was revealed on Nov 20.

Some 43,510 doses from Maifeng Bio Tech Co failed premarket safety and efficacy checks on Oct 29, as did 57,290 doses from Zhuoyi Biological Co on Nov 11. Both manufacturers are based in Changchun, Jilin province.

The checks were conducted by the National Institutes for Food and Drug Control, which released the information about the substandard vaccines on its website.

On Oct 23, the authority also denied market access to 77,516 doses of a rabies vaccine made by Chengda Biotech in Shenyang, Liaoning province.

China tightened supervision of vaccines this year after a scandal involving Changsheng Biotech Co, a major vaccine maker that was found producing substandard products...

Updated: 2018-11-22 (en.nhc.gov.cn)

**[NHC vice-minister attends launching ceremony of HIV testing campaign](#)**

*The launching ceremony of a one-month campaign on HIV testing is held on Nov 20 in Beijing.*

Wang Shenghe, vice-minister of China's National Health Commission, addressed a launching ceremony of a month-long national HIV testing and consulting campaign on Nov 20 in Beijing.

The campaign was designed to publicize Dec 1 as World AIDS Day and to raise public awareness of HIV testing so that voluntarily testing will become more common...

.....  
.....

## **Announcements**

**BMGF - Gates Foundation** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**Bill & Melinda Gates Medical Research Institute** [to 24 Nov 2018 ]

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

*The Bill & Melinda Gates Medical Research Institute is a non-profit biotech organization. Our mission is to develop products to fight malaria, tuberculosis, and diarrheal diseases—three major causes of mortality, poverty, and inequality in developing countries. The world has unprecedented scientific tools at its disposal; now is the time to use them to save the lives of the world's poorest people*

*No new digest content identified.*

**CARB-X** [to 24 Nov 2018 ]

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

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

*No new digest content identified.*

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 24 Nov 2018 ]

<http://cepi.net/>

*No new digest content identified.*

**EDCTP** [to 24 Nov 2018 ]

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

*The European & Developing Countries Clinical Trials Partnership (EDCTP) aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria as well as other poverty-related and neglected infectious diseases in sub-Saharan Africa, with a focus on phase II and III clinical trials*

*No new digest content identified.*

**Emory Vaccine Center** [to 24 Nov 2018 ]

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

No new digest content identified.

**European Medicines Agency** [to 24 Nov 2018 ]

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

*News and press releases*

20/11/2018

**[News: Workshop on how to better support medicine developers in the generation and preparation of quality data packages for PRIME and Breakthrough Therapy applications](#)**

EMA and the US Food and Drug Administration (FDA) are organising a workshop on 26 November 2018 to discuss how regulators can better guide and support medicine developers in generating quality and manufacturing data packages in the context of development support programmes, such as the PRIority MEdicines scheme (PRIME) in the EU and Breakthrough Therapy designation programme in the US. The goal is to help patients to benefit as early as possible from these therapies that target serious or life-threatening diseases or unmet medical needs...

**European Vaccine Initiative** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**FDA** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**Fondation Merieux** [to 24 Nov 2018 ]

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

*Event*

**[A Global Vaccinology Training Workshop to review the status of advanced vaccinology education around the world](#)**

November 22, 2018 - Les Pensières Center for Global Health, Veyrier-du-Lac (France)  
The first Global Vaccinology Training Workshop was held November 7-8, 2018 at Les Pensières Center for Global Health, bringing together 42 participants from 18 countries. The workshop was organized by the Mérieux Foundation and the University of Geneva, the co-organizers of ADVAC, the Advanced Course of Vaccinology, which is given each year at Les Pensières. It convened leaders of vaccinology courses, some of which have been initiated by ADVAC alumni...

*Mérieux Foundation co-organized event*

**[10th International Global Virus Network Meeting: Eradication and Control of \(Re-\)Emerging Viruses](#)**

November 28 - 30, 2018 - Les Pensières Center for Global Health, Veyrier du Lac (France)

*Mérieux Foundation co-organized event*

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

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

*Mérieux Foundation co-organized event*

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

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

**Gavi** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**GHIT Fund** [to 24 Nov 2018 ]

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

*GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that devastate the world's poorest people. Other funders include six Japanese pharmaceutical*

*No new digest content identified.*

**Global Fund** [to 24 Nov 2018 ]

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

19 November 2018

**[More Efforts, Funding Needed to End Malaria](#)**

MAPUTO, Mozambique – The Global Fund joined partners at the launch of the World Malaria Report 2018 with a call to increase investments and renew efforts to accelerate progress in the fight against malaria in high burden countries.

The report by WHO shows that after more than a decade of unprecedented decline of malaria, reductions have stalled and, in some countries, the disease is on the rise...

**Hilleman Laboratories** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**Human Vaccines Project** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**IAVI** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**IFFIm**

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

*No new digest content identified.*

**IVAC** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**IVI** [to 24 Nov 2018 ]

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

*IVI News & Announcements*

**[THSTI, IVI held joint symposium on Nov. 22](#)**

*First cooperative program between International Vaccine Institute and Translational Health Science and Technology Institute expected to help accelerate cooperation between India and IVI*

**JEE Alliance** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 24 Nov 2018 ]

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

*Selected News; Project Updates, Reports*

*Greece*

**[Vaccinating over 2,000 refugee children in Moria, Lesbos](#)**

Project Update 21 Nov 2018

Médecins Sans Frontières (MSF) will conduct a multi-antigen vaccination campaign for all migrant children aged under 16 on Lesbos island from 21 to 23 November, in collaboration with the Greek Ministry of Health (MoH), the Hellenic Centre for Disease Control and Prevention (HCDCP), and Médecins du Monde (MDM). MSF calls on the Greek Ministry of Health to set up routine vaccinations for all refugee children across Greece.

Due to the terrible living conditions, including the lack of basic sanitation, severe overcrowding, and extremely limited access to healthcare, coupled with the forthcoming winter, migrant children living on the Greek islands are extremely vulnerable to illness.

"The conditions in the camps are completely unacceptable and as a result, children are at a greater risk of getting seriously ill," says Dr Declan Barry, medical coordinator for MSF in Greece. "With winter approaching, it is essential that all refugee children, who are susceptible to infections, are comprehensively vaccinated. It is every child's right."

*DRC 2018 Ebola outbreaks*

**[Crisis update – 19 November 2018](#)**

*[Excerpt]*

*... Treatment with developmental drugs*

In our ETCs, MSF teams have been progressively increasing the level of supportive care (oral and IV hydration, treatment for malaria and other coinfections as well as treatment of the symptoms of Ebola) and have also been able to offer new potential therapeutic treatments to

patients with confirmed Ebola infection under the MEURI protocol. A team of clinicians makes the choice on an ad-hoc basis between five potential drugs (Favipiravir, Remdesivir (GS5734), REGN3470-3471-3479, ZMapp, and mAb114). The treatments are given only with the informed consent of the patient (or a family member if they are too young or too sick to consent) and are provided in addition to the supportive care.

These five drugs have not passed clinical tests yet and we are unable to measure their efficacy - yet their utilization has been approved by the ethical committees of the Ministry of Health and MSF, because it is believed they may improve a patient's chances to survive. While caution must be exercised, these treatments are an added resource to the response. Because of their untested status, their utilization is subject to a strict protocol which places particular emphasis on the informed consent of the patient. Discussions on the implementation of a proper clinical trial are ongoing.

#### *Vaccination activities*

We have vaccinated 480 frontline workers (health staff, religious leaders, burial workers, etc) from Makeke on the Ituri-North Kivu border up to Biakato, as the population from Mangina often moves in this direction. In October our teams also vaccinated 606 people, being either health workers or potential contacts of confirmed Ebola patients, in the city of Beni. In November, we have vaccinated 150 health workers in Butembo, with the plan to vaccinate 1,700 people...

**NIH** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**PATH** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**Sabin Vaccine Institute** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**UNAIDS** [to 24 Nov 2018 ]

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

22 November 2018

#### **[Access to quality medicines and gender-based violence discussed in Ethiopia](#)**

In order to highlight the need for sustainable and affordable access to quality medicines, the Executive Director of UNAIDS, Michel Sidibé, spoke about the necessity of implementing the *African Union Pharmaceutical Manufacturing Plan*. Speaking at the opening ceremony of Africa Industrialization Week 2018 in Addis Ababa, Ethiopia, he called for close cooperation with regional economic communities in order to build production cooperation hubs and lead pharmaceutical regulatory harmonization in Africa...

20 November 2018..

## [Yekaterinburg to be the first Russian city to sign the Paris Declaration](#)

**UNICEF** [to 24 Nov 2018 ]

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

*Selected Press Releases/Reports/Statements*

*Statement*

[Joint statement by Mark Lowcock, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, and Henrietta Fore, UNICEF Executive Director, on the Situation in Yemen](#)

22/11/2018

*Press release*

[Deep inequality continues to shape the lives of children in Iraq](#)

*First comprehensive study on the wellbeing of children in seven years*

19/11/2018

...Iraq has made notable progress on newborn and child health, including maintaining high levels of assisted births and reducing the number of children who die in their first month of life from 20 deaths per 1000 live births to 14 since the last survey was conducted in 2011. But the challenges arise soon after birth: **Only 4 out of 10 of children are fully vaccinated, with the poorest children missing out the most.** Half of all Iraqi households are at risk of drinking contaminated water and less than 40 per cent of the population has access to drinking water at home, placing children at grave risk of waterborne diseases...

**Vaccine Confidence Project** [to 24 Nov 2018 ]

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

Posted on 23 Nov, 2018

*Confidence Commentary:*

[The State of Vaccine Confidence 2018](#)

*The Lancet COMMENT| VOLUME 392, ISSUE 10161.*

*[See Milestones/Perspectives above for full text]*

**Vaccine Education Center – Children’s Hospital of Philadelphia** [to 24 Nov 2018 ]

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

*November 2018*

[Vaccine Update for Providers](#)

*Announcements: Webinar archive and 2019 dates; edit to October article, and vaccine science on Pinterest*

**Wellcome Trust** [to 24 Nov 2018 ]

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

*News | 21 November 2018*

[How research is helping kids growing up with congenital Zika syndrome](#)

*Three years on from an unprecedented epidemic in Central and South America, families affected by Zika are still benefiting from many research studies supported since the outbreak began.*

... "What we can say at this point is that Zika virus infections in pregnancy are very serious and that the emphasis needs to be on preventing the infection from occurring," says Brickley. "So things like vaccines and vector control are going to be pivotal in the future."

While vector control – reducing people's exposure to mosquitoes – is an ongoing challenge in the fight against many infections, little had been done on developing a Zika vaccine. It just hadn't been considered a priority before.

Good progress has been made since 2015, however, and a number of candidate vaccines have entered early trials – although there is a lot of work still to be done before an effective vaccine will be available...

**The Wistar Institute** [to 24 Nov 2018 ]

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

*No new digest content identified.*

**World Organisation for Animal Health (OIE)** [to 24 Nov 2018 ]

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

22/11/18

**Eradication isn't the end of the Rinderpest story**

*OIE and FAO launch Global Action Plan to keep the world free of deadly cattle plague*

...To maintain the global freedom from Rinderpest and prevent any re-introduction of the disease, the two agencies have developed a [Global Action Plan](#) published today. The plan is meant to be a guiding material for countries, outlining the responsibilities of all involved to maintain the freedom...

.....

**BIO** [to 24 Nov 2018 ]

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

Nov 19 2018

**New Report Shows Global Link Between Pro-Innovation Policies and Biotech Advances**

Washington, D.C. (November 19, 2018) – A study released today highlights strategies, policies and best practices that have been successful in creating an environment in which biotechnology innovation can flourish around the world.

The fifth edition of the *Building the Bioeconomy* report shows the correlation between economies with pro-innovation policy frameworks and those achieving strong biotechnology outputs. By examining 28 different indicators, the report provides a full and detailed analysis of the biotechnology environment for 33 countries from all major regions of the world...

The full report with Executive Summary is available for download at [http://www.pugatch-consilium.com/reports/Building\\_the\\_Bioeconomy2018.pdf](http://www.pugatch-consilium.com/reports/Building_the_Bioeconomy2018.pdf)

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 24 Nov 2018 ]

<http://www.dcvmn.org/>  
*No new digest content identified.*

**IFPMA** [to 24 Nov 2018 ]  
<http://www.ifpma.org/resources/news-releases/>  
*No new digest content identified.*

**PhRMA** [to 24 Nov 2018 ]  
<http://www.phrma.org/press-room>  
*No new digest content identified.*

\* \* \* \*

### ***Journal Watch***

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

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

**American Journal of Infection Control**  
November 2018 Volume 46, Issue 11, p1201-1318  
<http://www.ajicjournal.org/current>  
[Reviewed earlier]

**American Journal of Preventive Medicine**  
November 2018 Volume 55, Issue 5, p583-758  
<http://www.ajpmonline.org/current>  
[Reviewed earlier]

**American Journal of Public Health**  
November 2018 108(11)  
<http://ajph.aphapublications.org/toc/ajph/current>  
*INFLUENZA PANDEMICS, 1918–2018*  
[Reviewed earlier]

**American Journal of Tropical Medicine and Hygiene**

Volume 99, Issue 5, 2018  
<http://www.ajtmh.org/content/journals/14761645/99/5>  
[Reviewed earlier]

### **Annals of Internal Medicine**

20 November 2018 Vol: 169, Issue 10  
<http://annals.org/aim/issue>  
[New issue; No new digest content identified]

### **BMC Cost Effectiveness and Resource Allocation**

<http://resource-allocation.biomedcentral.com/>  
(Accessed 24 Nov 2018 )

*Research*

#### **[Cost-effectiveness of a combined intervention of long lasting insecticidal nets and indoor residual spraying compared with each intervention alone for malaria prevention in Ethiopia](#)**

*The effectiveness of long lasting insecticidal nets (LLINs) and indoor residual spraying (IRS), for malaria prevention, have been established in several studies. However, the available evidence about the addit...*

Authors: Alemayehu Hailu, Bernt Lindtjørn, Wakgari Deressa, Taye Gari, Eskindir Loha and Bjarne Robberstad

Citation: Cost Effectiveness and Resource Allocation 2018 16:61

Published on: 22 November 2018

*Research*

#### **[The acceptance and willingness to pay \(WTP\) for hypothetical dengue vaccine in Penang, Malaysia: a contingent valuation study](#)**

*Malaysia has been experiencing an escalation in dengue cases since the past 5 years. As the dengue vaccine pipeline continues to develop steadily with strong public interests, this study had been sought to eli...*

Authors: Hui Yee Yeo and Asrul Akmal Shafie

Citation: Cost Effectiveness and Resource Allocation 2018 16:60

Published on: 22 November 2018

### **BMJ Global Health**

November 2018 - Volume 3 - Suppl 5

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

#### ***Empowering frontline providers to deliver universal primary healthcare using the Practical Approach to Care Kit***

[Reviewed earlier]

### **BMC Health Services Research**

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

(Accessed 24 Nov 2018 )

Research article

**[Effective coverage as a new approach to health system performance assessment: a scoping review](#)**

*Delivering interventions is the main task of health systems whose accurate measurement is an essential input into tracking performance. Recently, the concept of effective coverage was introduced by World Health...*

Authors: Ali Jannati, Vahideh Sadeghi, Ali Imani and Mohammad Saadati

Citation: BMC Health Services Research 2018 18:886

Published on: 23 November 2018

Research article

**[Operationalizing the 'pragmatic' measures construct using a stakeholder feedback and a multi-method approach](#)**

*Implementation science measures are rarely used by stakeholders to inform and enhance clinical program change. Little is known about what makes implementation measures pragmatic (i.e., practical) for use in co...*

Authors: Cameo F. Stanick, Heather M. Halko, Caitlin N. Dorsey, Bryan J. Weiner, Byron J. Powell, Lawrence A. Palinkas and Cara C. Lewis

Citation: BMC Health Services Research 2018 18:882

Published on: 22 November 2018

**BMC Infectious Diseases**

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

(Accessed 24 Nov 2018 )

Research article

**[A randomized trial to assess retention rates using mobile phone reminders versus physical contact tracing in a potential HIV vaccine efficacy population of fishing communities around Lake Victoria, Uganda](#)**

*High retention (follow-up) rates improve the validity and statistical power of outcomes in longitudinal studies and the effectiveness of programs with prolonged administration of interventions. We assessed par...*

Authors: Noah Kiwanuka, Juliet Mpendo, Stephen Asiimwe, Julius Ssempiira, Annet Nalutaaya, Betty Nambuusi, Mathias Wambuzi, Brian Kabuubi, Annemarie Namuniina, Frederick Oporia, Annet Nanvubya and Ali Ssetaala

Citation: BMC Infectious Diseases 2018 18:591

Published on: 21 November 2018

**BMC Medical Ethics**

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

(Accessed 24 Nov 2018 )

Research article

**[A comprehensive systematic review of stakeholder attitudes to alternatives to prospective informed consent in paediatric acute care research](#)**

Authors: Jeremy Furyk, Kris McBain-Rigg, Bronia Renison, Kerriane Watt, Richard Franklin, Theophilus I. Emeto, Robin A. Ray, Franz E. Babl and Stuart Dalziel

Citation: BMC Medical Ethics 2018 19:89

## *Abstract*

### Background

A challenge of performing research in the paediatric emergency and acute care setting is obtaining valid prospective informed consent from parents. The ethical issues are complex, and it is important to consider the perspective of participants, health care workers and researchers on research without prospective informed consent while planning this type of research.

### Methods

We performed a systematic review according to PRISMA guidelines, of empirical evidence relating to the process, experiences and acceptability of alternatives to prospective informed consent, in the paediatric emergency or acute care setting. Major medical databases and grey sources were searched and results were screened and assessed against eligibility criteria by 2 authors, and full text articles of relevant studies obtained. Data were extracted onto data collection forms and imported into data management software for analysis.

### Results

Thirteen studies were included in the review consisting of nine full text articles and four abstracts. Given the heterogeneity of the methods, results could not be quantitatively combined for meta-analysis, and qualitative results are presented in narrative form, according to themes identified from the data. Major themes include capacity of parents to provide informed consent, feasibility of informed consent, support for alternatives to informed consent, process issues, modified consent process, child death, and community consultation.

### Conclusion

Our review demonstrated that children, their families, and health care staff recognise the requirement for research without prior consent, and are generally supportive of enrolling children in such research with the provisions of limiting risk, and informing parents as soon as possible. Australian data and perspectives of children are lacking and represent important knowledge gaps.

## *Study protocol*

### **[Stakeholder views regarding ethical issues in the design and conduct of pragmatic trials: study protocol](#)**

Randomized controlled trial (RCT) trial designs exist on an explanatory-pragmatic spectrum, depending on the degree to which a study aims to address a question of efficacy or effectiveness. As conceptualized b...

Authors: Stuart G. Nicholls, Kelly Carroll, Jamie Brehaut, Charles Weijer, Spencer Phillips Hey, Cory E. Goldstein, Merrick Zwarenstein, Ian D. Graham, Joanne E. McKenzie, Lauralyn McIntyre, Vipul Jairath, Marion K. Campbell, Jeremy M. Grimshaw, Dean A. Fergusson and Monica Taljaard

Citation: BMC Medical Ethics 2018 19:90

Published on: 20 November 2018

### *Background*

Randomized controlled trial (RCT) trial designs exist on an explanatory-pragmatic spectrum, depending on the degree to which a study aims to address a question of efficacy or effectiveness. As conceptualized by Schwartz and Lellouch in 1967, an explanatory approach to trial design emphasizes hypothesis testing about the mechanisms of action of treatments under ideal conditions (efficacy), whereas a pragmatic approach emphasizes testing effectiveness of two or more available treatments in real-world conditions. Interest in, and the number of, pragmatic trials has grown substantially in recent years, with increased recognition by funders and stakeholders worldwide of the need for credible evidence to inform clinical decision-making.

This increase has been accompanied by the onset of learning healthcare systems, as well as an increasing focus on patient-oriented research. However, pragmatic trials have ethical challenges that have not yet been identified or adequately characterized. The present study aims to explore the views of key stakeholders with respect to ethical issues raised by the design and conduct of pragmatic trials. It is embedded within a large, four-year project that seeks to develop guidance for the ethical design and conduct of pragmatic trials. As a first step, this study will address important gaps in the current empirical literature with respect to identifying a comprehensive range of ethical issues arising from the design and conduct of pragmatic trials. By opening up a broad range of topics for consideration within our parallel ethical analysis, we will extend the current debate, which has largely emphasized issues of consent, to the range of ethical considerations that may flow from specific design choices.

### **BMC Medicine**

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

(Accessed 24 Nov 2018 )

[No new digest content identified]

### **BMC Pregnancy and Childbirth**

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

(Accessed 24 Nov 2018 )

[No new digest content identified]

### **BMC Public Health**

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

(Accessed 24 Nov 2018 )

[No new digest content identified]

### **BMC Research Notes**

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

(Accessed 24 Nov 2018 )

[No new digest content identified]

### **BMJ Open**

November 2018 - Volume 8 - 11

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

[Reviewed earlier]

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

Volume 96, Number 11, November 2018, 729-796

<http://www.who.int/bulletin/volumes/96/11/en/>

[Reviewed earlier]

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

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

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

[Reviewed earlier]

### **Clinical Therapeutics**

November 2018 Volume 40, Issue 11, p1789-1956

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

[New issue; No digest content identified]

### **Clinical Trials**

Volume 15 Issue 6, December 2018

<http://journals.sagepub.com/toc/ctja/15/6>

[Reviewed earlier]

### **Conflict and Health**

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

[Accessed 24 Nov 2018 ]

[No new digest content identified]

### **Contemporary Clinical Trials**

Volume 74 Pages 1-106 (November 2018)

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/74/suppl/C>

[Reviewed earlier]

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

December 2018 - Volume 31 - Issue 6

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

[Reviewed earlier]

### **Developing World Bioethics**

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

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

***SPECIAL ISSUE: AFRICAN PERSPECTIVES IN GLOBAL BIOETHICS***

[Reviewed earlier]

### **Development in Practice**

Volume 29, Issue 1, 2019

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

[Reviewed earlier]

### **Disasters**

Volume 42, Issue 4 Pages: S159-S327 October 2018  
<https://onlinelibrary.wiley.com/toc/14677717/current>

#### ***Disasters in Conflict Areas***

[Reviewed earlier]

### **EMBO Reports**

Volume 19, Number 10 01 October 2018  
<http://embor.embopress.org/content/19/10>

[Reviewed earlier]

### **Emerging Infectious Diseases**

Volume 24, Number 11—November 2018  
<http://wwwnc.cdc.gov/eid/>

[Reviewed earlier]

### **Epidemics**

Volume 25 Pages 1-112 (December 2018)  
<https://www.sciencedirect.com/journal/epidemics/vol/25/suppl/C>

[Reviewed earlier]

### **Epidemiology and Infection**

Volume 146 - Issue 15 - November 2018  
<https://www.cambridge.org/core/journals/epidemiology-and-infection/latest-issue>

[Reviewed earlier]

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

Volume 28, Issue 5, 1 October 2018  
<https://academic.oup.com/eurpub/issue/28/5>

[Reviewed earlier]

### **Genome Medicine**

<https://genomemedicine.biomedcentral.com/articles>  
[Accessed 24 Nov 2018]

*Comment*

#### **[Early life immunity in the era of systems biology: understanding development and disease](#)**

Authors: Steven Schaffert and Purvesh Khatri

Citation: Genome Medicine 2018 10:88

Published on: 23 November 2018

### *Editorial summary*

Systems immunology has the potential to offer invaluable insights into the development of the immune system. Two recent studies offer an in-depth view of both the dynamics of immune system development and the heritability of the levels of key immune modulators at birth.

### *Comment*

#### **[Acquired mechanisms of immune escape in cancer following immunotherapy](#)**

Authors: J. Bryan Iorgulescu, David Braun, Giacomo Oliveira, Derin B. Keskin and Catherine J. Wu

Citation: *Genome Medicine* 2018 10:87

Published on: 22 November 2018

### *Abstract*

Immunotherapy has revolutionized the management of numerous cancers; however, a substantial proportion that initially respond subsequently acquire means of immune escape and relapse. Analysis of recent clinical trials permits us to preliminarily understand how immunotherapies exert evolutionary pressures: selecting cancer subclones deficient in antigenicity and/or immunogenicity, thereby facilitating immune escape.

### **Global Health Action**

Volume 11, 2018 – Issue 1

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

[Reviewed earlier]

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

Vol. 6, No. 3 October 03, 2018

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

[Reviewed earlier]

### **Global Public Health**

Volume 14, 2019 Issue 1

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

[Reviewed earlier]

### **Globalization and Health**

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

[Accessed 24 Nov 2018 ]

### *Commentary*

#### **[Toward a global health approach: lessons from the HIV and Ebola epidemics](#)**

*The imposing burden of non-communicable diseases, emerging infectious diseases, climate change, environmental consequences, migrations, urbanization, and other challenges, faced in a context that strives to make universal health coverage (UHC) a reality, compels global health professionals to ask: how do we construct a "global" roadmap that is both realistic and effective? To move forward and begin to answer this question, we draw on lessons and experiences gained during the "global" health crises triggered by the HIV and Ebola pandemics.*

Authors: Gilles Raguin and Pierre-Marie Girard  
Citation: Globalization and Health 2018 14:114  
Published on: 22 November 2018

*Research*

**Organizational capacities of national pharmacovigilance centres in Africa: assessment of resource elements associated with successful and unsuccessful pharmacovigilance experiences**

*National pharmacovigilance centres (national centres) are gradually gaining visibility as part of the healthcare delivery system in Africa. As does happen in high-income countries, it is assumed that national centres can play a central coordinating role in their national pharmacovigilance (PV) systems. However, there are no studies that have investigated whether national centres in Africa have sufficient organizational capacity to deliver on this mandate and previous studies have reported challenges such as lack of funding, political will and adequate human resources. We conducted interviews with strategic leaders in national centres in 18 African countries, to examine how they link the capacity of their organization to the outcomes of activities coordinated by their centres. Strategic leaders were asked to describe three situations in which activities conducted by their centre were deemed successful and unsuccessful. We analyzed these experiences for common themes and examined whether strategic leaders attributed particular types of resources and relationships with stakeholders to successful or unsuccessful activities.*

Authors: H. Hilda Ampadu, Jarno Hoekman, Daniel Arhinful, Marilyn Amoama-Dapaah, Hubert G. M. Leufkens and Alex N. O. Dodoo

Citation: Globalization and Health 2018 14:109  
Published on: 16 November 2018

**Health Affairs**

Vol. 37 , No. 11 November 2018

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

***Patient Safety***

[New issue; No digest content identified]

**Health and Human Rights**

Volume 20, Issue 1, June 2018

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

[Reviewed earlier]

**Health Economics, Policy and Law**

Volume 13 - Special Issue 3-4 - July 2018

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

***SPECIAL ISSUE: Canadian Medicare: Historical Reflections, Future Directions***

[Reviewed earlier]

**Health Equity**

*Issue in Progress*

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

[Reviewed earlier]

### **Health Policy and Planning**

Volume 33, Issue 8, 1 October 2018

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

[Reviewed earlier]

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

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

[Accessed 24 Nov 2018 ]

[No new digest content identified]

### **Humanitarian Exchange Magazine**

Number 73, October 2018

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

#### ***Rohingya refugees in Bangladesh: the humanitarian response***

More than 700,000 Rohingya refugees have arrived in Bangladesh since 25 August 2017 fleeing violence and persecution in Rakhine State, Myanmar. Over a million are sheltering in overcrowded camps without adequate assistance or protection. Stateless in Myanmar and denied refugee status in Bangladesh, the Rohingya have few rights or freedoms. Monsoons and cyclones are causing landslides, destroying shelters and infrastructure and disrupting services.

This edition of Humanitarian Exchange focuses on the humanitarian response to the Rohingya crisis. In the lead article, [Mark Bowden](#) outlines the historical, local and national political context in Bangladesh, and its operational implications. [Amal de Chickera](#) highlights the links between statelessness and displacement, and the international community's failure to prioritise human rights in its dealings both with Bangladesh and with Myanmar. [Puttanee Kangkun and John Quinley](#) document the persistent persecution and denial of rights the Rohingya have faced for decades. [Jeff Crisp](#) reflects on the premature, involuntary and unsafe return of Rohingya refugees to Myanmar in the 1970s and 1990s, and asks whether this could happen again.

[Sally Shevach and colleagues](#) explore how the 'localisation' agenda has influenced the operational response, and [Kerrie Holloway](#) draws on research by the Humanitarian Policy Group to test the common assumption that local actors necessarily have a better understanding of people's needs. [Nasif Rashad Khan and colleagues](#) and [Ashish Banik](#) reflect on their experiences of engaging with the international humanitarian response system. [Margie Buchanan-Smith and Marian Casey-Maslen](#) discuss evaluation findings relating to communication and community engagement, a theme taken up by [Nick Van Praag and Kai Hopkins](#), who report on a Ground Truth survey on refugees' perceptions of assistance. [Julia Brothwell](#) discusses the British Red Cross/Bangladesh Red Crescent involvement in disaster preparedness and risk reduction during the monsoon season, and [Gina Bark, Kate White and Amelie Janon](#) outline the consequences of long-term exclusion from basic healthcare services in increasing vulnerability to preventable

diseases. Matthew Wencel and colleagues round off the issue with reflections on data collection coordination and other challenges associated with monitoring large concentrations of refugees.

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

Volume 14, Issue 10, 2018

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

***Issue Special Focus: Vaccination in Africa***

[Reviewed earlier]

**Infectious Agents and Cancer**

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

[Accessed 24 Nov 2018 ]

[No new digest content identified]

**Infectious Diseases of Poverty**

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

[Accessed 24 Nov 2018 ]

[No new digest content identified]

**International Health**

Volume 10, Issue 6, November 2018

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

[Reviewed earlier]

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

Vol 5, No 11 (2018) November 2018

<http://www.ijcmph.com/index.php/ijcmph/issue/view/44>

[Reviewed earlier]

**International Journal of Epidemiology**

Volume 47, Issue 5, October 2018

<https://academic.oup.com/ije/issue/47/5>

[Reviewed earlier]

**International Journal of Human Rights in Healthcare**

Volume 11 Issue 5 2018

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

[Reviewed earlier]

**International Journal of Infectious Diseases**

November 2018 Volume 76, p1-136  
[https://www.ijidonline.com/issue/S1201-9712\(18\)X0011-3](https://www.ijidonline.com/issue/S1201-9712(18)X0011-3)  
[Reviewed earlier]

### **JAMA**

November 20, 2018, Vol 320, No. 19, Pages 1955-2050  
<http://jama.jamanetwork.com/issue.aspx>  
[New issue; No digest content identified]

### **JAMA Pediatrics**

November 2018, Vol 172, No. 11, Pages 997-1108  
<http://archpedi.jamanetwork.com/issue.aspx>  
[Reviewed earlier]

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

November 2018 - Volume 16 - Issue 11  
<http://journals.lww.com/jbisrir/Pages/currenttoc.aspx>  
[New issue; No digest content identified]

### **Journal of Adolescent Health**

November 2018 Volume 63, Issue 5, p519-662  
[https://www.jahonline.org/issue/S1054-139X\(17\)X0026-8](https://www.jahonline.org/issue/S1054-139X(17)X0026-8)  
[Reviewed earlier]

### **Journal of Community Health**

Volume 43, Issue 6, December 2018  
<https://link.springer.com/journal/10900/43/6/page/1>  
[Reviewed earlier]

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

Volume 13 Issue 5, December 2018  
<http://journals.sagepub.com/toc/jre/current>  
[Reviewed earlier]

### **Journal of Epidemiology & Community Health**

November 2018 - Volume 72 – 11  
<https://jech.bmj.com/content/72/11?current-issue=y>  
[Reviewed earlier]

### **Journal of Evidence-Based Medicine**

Volume 11, Issue 3 Pages: 131-215 August 2018  
<https://onlinelibrary.wiley.com/toc/17565391/current>  
[Reviewed earlier]

**Journal of Global Ethics**

Volume 14, Issue 1, 2018  
<http://www.tandfonline.com/toc/rjge20/current>  
***Special Issue: Education and Migration***  
[Reviewed earlier]

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

Volume 29, Number 4, November 2018  
<https://muse.jhu.edu/issue/39355>  
**[The Evidence Base for Social Determinants of Health as Risk Factors for Infant Mortality: A Systematic Scoping Review](#)**  
Rebecca Reno, [Ayaz Hyder](#)  
pp. 1188-1208  
DOI: [10.1353/hpu.2018.0091](https://doi.org/10.1353/hpu.2018.0091)

**[Impact of Nurses' Strike in Kenya on Number of Fully Immunized Infants in 18 County Referral Hospitals](#)**

[John Njugun](#)  
pp. 1281-1287  
DOI: [10.1353/hpu.2018.0095](https://doi.org/10.1353/hpu.2018.0095)

**Journal of Immigrant and Minority Health**

Volume 20, Issue 6, December 2018  
<https://link.springer.com/journal/10903/20/6/page/1>  
*Original Paper*  
**[Knowledge, Attitudes and Barriers to Human Papillomavirus \(HPV\) Vaccine Uptake Among an Immigrant and Refugee Catch-Up Group in a Western Canadian Province](#)**  
[Erin McComb](#), [Vivian Ramsden](#)...

**Journal of Immigrant & Refugee Studies**

Volume 16, 2018 Issue 4  
<http://www.tandfonline.com/toc/wimm20/current>  
[Reviewed earlier]

**Journal of Infectious Diseases**

Volume 217, Issue 11, 24 Nov 2018  
<https://academic.oup.com/jid/issue/217/1>  
[Reviewed earlier]

**Journal of Medical Ethics**

November 2018 - Volume 44 - 11

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

[Reviewed earlier]

**Journal of Medical Internet Research**

Vol 20, No 11 (2018): November

<https://www.jmir.org/2018/11>

[New issue; No digest content identified]

**Journal of Medical Microbiology**

Volume 67, Issue 10, October 2018

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

[Reviewed earlier]

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

Volume 5, Issue 4 (2018)

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

[Reviewed earlier]

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

Volume 7, Issue 3, September 2018

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

[Reviewed earlier]

**Journal of Pediatrics**

November 2018 Volume 202, p1-340

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

[Reviewed earlier]

**Journal of Pharmaceutical Policy and Practice**

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

[Accessed 24 Nov 2018 ]

[No new digest content identified]

**Journal of Public Health Management & Practice**

November/December 2018 - Volume 24 - Issue 6

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

[Reviewed earlier]

**Journal of Public Health Policy**

Volume 39, Issue 4, November 2018

[Reviewed earlier]

**Journal of the Royal Society – Interface**

November 2018; volume 15, issue 148

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

[Reviewed earlier]

**Journal of Travel Medicine**

Volume 25, Issue suppl\_1, 1 May 2018

[https://academic.oup.com/jtm/issue/25/suppl\\_1](https://academic.oup.com/jtm/issue/25/suppl_1)

***Asian travel: from the rare to the difficult***

[Reviewed earlier]

**Journal of Virology**

November 2018; Volume 92, Issue 21

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

[Reviewed earlier]

**The Lancet**

Nov 24, 2018 Volume 392 Number 10161 p2237-2324

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

*Comment*

**[The state of vaccine confidence](#)**

Heidi J Larson

*[See Milestones above for full text]*

**Lancet Global Health**

Nov 2018 Volume 6 Number 11 e1139-e1252

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

[Reviewed earlier]

**Lancet Infectious Diseases**

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

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

[Reviewed earlier]

**Lancet Respiratory Medicine**

Nov 2018 Volume 6 Number 11 p801-884 e54-e55

<http://www.thelancet.com/journals/lanres/issue/current>  
[Reviewed earlier]

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

Volume 22, Issue 11, November 2018  
<https://link.springer.com/journal/10995/22/11/page/1>  
[Reviewed earlier]

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

Volume 38 Issue 8, November 2018  
<http://mdm.sagepub.com/content/current>  
[New issue; No digest content identified]

### **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*  
Volume 96, Issue 3 Pages: 409-605 September 2018  
<https://onlinelibrary.wiley.com/toc/14680009/current>  
[Reviewed earlier]

### **Nature**

Volume 563 Issue 7732, 22 November 2018  
[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)  
Article | 14 November 2018 | open

#### **[Improved reference genome of \*Aedes aegypti\* informs arbovirus vector control](#)**

*An improved, fully re-annotated *Aedes aegypti* genome assembly (AegL5) provides insights into the sex-determining M locus, chemosensory systems that help mosquitoes to hunt humans and loci involved in insecticide resistance and will help to generate intervention strategies to fight this deadly disease vector.*

Benjamin J. Matthews, Olga Dudchenko [...] & Leslie B. Vosshall

### **Nature Medicine**

Volume 24 Issue 11, November 2018  
<https://www.nature.com/nm/volumes/24/issues/11>  
[Reviewed earlier]

### **Nature Reviews Immunology**

Volume 18 Issue 11, November 2018  
<https://www.nature.com/nri/volumes/18/issues/11>  
[Reviewed earlier]

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

November 22, 2018 Vol. 379 No. 21  
<http://www.nejm.org/toc/nejm/medical-journal>

*Perspective*

### **New Tools in the Ebola Arsenal**

Inger K. Damon, M.D., Ph.D., Pierre E. Rollin, M.D., Mary J. Choi, M.D., M.P.H., Ray R. Arthur, Ph.D., and Robert R. Redfield, M.D.

... Although investigational therapeutics were not used in the previous outbreak in Equateur, some experts believe that the investigational protocol to enable use of vaccines for evaluation of protection of patients' contacts and those contacts' contacts may have facilitated engagement of affected communities. Final data on the effectiveness of the vaccination program in Equateur is not yet available. In North Kivu, the recombinant VSV-Ebola glycoprotein vaccine is currently being used under an expanded-access protocol to vaccinate patients' contacts and their contacts, to provide a ring of vaccine-elicited protection, as well as for at-risk front-line workers and health care workers. As of September 25, more than 12,029 people had been vaccinated. Understanding community concerns and attitudes about the use of investigational agents will be critical if the use of these treatments is to be integrated into response efforts...

As of September 23, investigational agents had been administered to 38 patients — MAb114 (22), remdesivir (9), and ZMapp (7). Nineteen of these patients had been discharged, 12 had died, and 7 had remained hospitalized; those who died were in advanced stages of disease when treatment was initiated.<sup>4</sup> Criteria such as viral load (at presentation and throughout treatment) and interval between disease onset and treatment will need to be analyzed. One aspect that will be important to understand is how, or whether, these therapeutics affect clearance of virus from immune-privileged sites, such as the eye, and from seminal fluids...

### **Pediatrics**

November 2018, VOLUME 142 / ISSUE 5

<http://pediatrics.aappublications.org/content/142/5?current-issue=y>

[Reviewed earlier]

### **Pharmaceutics**

November 2018, VOLUME 142 / ISSUE 5

<http://pediatrics.aappublications.org/content/142/5?current-issue=y>

[Reviewed earlier]

### **PharmacoEconomics**

Volume 36, Issue 11, November 2018

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

[Reviewed earlier]

### **PLOS Currents: Disasters**

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

[Accessed 24 Nov 2018 ]

[No new digest content identified]

### **PLoS Currents: Outbreaks**

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

[Accessed 24 Nov 2018 ]

[No new digest content identified]

### **PLoS Medicine**

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

(Accessed 24 Nov 2018 )

*Research Article*

#### **[Healthy volunteers' perceptions of risk in US Phase I clinical trials: A mixed-methods study](#)**

Jill A. Fisher, Lisa McManus, Marci D. Cottingham, Julianne M. Kalbaugh, Megan M. Wood, Torin Monahan, Rebecca L. Walker

| published 20 Nov 2018 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002698>

### **PLoS Neglected Tropical Diseases**

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

(Accessed 24 Nov 2018 )

[No new digest content identified]

### **PLoS One**

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

[Accessed 24 Nov 2018 ]

[No new digest content identified]

### **PLoS Pathogens**

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

[Accessed 24 Nov 2018 ]

[No new digest content identified]

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

<http://www.pnas.org/content/early/>

[Accessed 24 Nov 2018 ]

[No new digest content identified]

### **Prehospital & Disaster Medicine**

Volume 33 - Issue 5 - October 2018

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

[Reviewed earlier]

### **Preventive Medicine**

Volume 116 Pages 1-226 (November 2018)

<https://www.sciencedirect.com/journal/preventive-medicine/vol/116/suppl/C>

[Reviewed earlier]

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

29 August 2018; volume 285, issue 1885

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

[Reviewed earlier]

### **Public Health**

November 2018 Volume 164, *In Progress*

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

[Reviewed earlier]

### **Public Health Ethics**

Volume 11, Issue 3, November 2018

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

[Reviewed earlier]

### **Public Health Reports**

Volume 133 Issue 6, November 2018

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

[Reviewed earlier]

### **Qualitative Health Research**

Volume 28 Issue 13, November 2018

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

[Reviewed earlier]

### **Research Ethics**

Volume 14 Issue 4, October 2018

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

*Topic Piece*

[\*\*'Google wants to know your location': The ethical challenges of fieldwork in the digital age\*\*](#)

Sebastian van Baalen

First Published January 1, 2018; pp. 1–17

*Preview*

Information communications technologies (ICTs) like laptops, smartphones and portable storage devices facilitate travel, communication and documentation for researchers who conduct fieldwork. But despite increasing awareness about the ethical complications associated with using ICTs among journalists and humanitarians, there are few reflections on digital security among researchers. This article seeks to raise awareness of this important question by outlining three sets of ethical challenges related to digital security that may arise during the course of field research. These ethical challenges relate to (i) informed consent and confidentiality, (ii) collecting, transferring and storing sensitive data, and (iii) maintaining the personal security and integrity of the researcher. To help academics reflect on and mitigate these risks, the article underscores the importance of digital risk assessments and develops ten basic guidelines for field research in the digital age.

*Original Article: Non-Empirical*

### **[Ethics review and freedom of information requests in qualitative research](#)**

Kevin Walby, Alex Luscombe

First Published January 1, 2018; pp. 1–15

*Preview*

Freedom of information (FOI) requests are increasingly used in sociology, criminology and other social science disciplines to examine government practices and processes. University ethical review boards (ERBs) in Canada have not typically subjected researchers' FOI requests to independent review, although this may be changing in the United Kingdom and Australia, reflective of what Haggerty calls 'ethics creep'. Here we present four arguments for why FOI requests in the social sciences should not be subject to formal ethical review by ERBs. These four arguments are: existing, rigorous bureaucratic vetting; double jeopardy; infringement of citizenship rights; and unsuitable ethics paradigm. In the discussion, we reflect on the implications of our analysis for literature on ethical review and qualitative research, and for literature on FOI and government transparency.

### **Reproductive Health**

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

[Accessed 24 Nov 2018 ]

[No new digest content identified]

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

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

[Reviewed earlier]

### **Risk Analysis**

Volume 38, Issue 11 Pages: 2243-2501 November 2018

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

[Reviewed earlier]

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

Volume 11, 2018

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

[Reviewed earlier]

## **Science**

23 November 2018 Vol 362, Issue 6417

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

*Policy Forum*

### **Is it time for a universal genetic forensic database?**

By J. W. Hazel, E. W. Clayton, B. A. Malin, C. Slobogin

Science 23 Nov 2018 : 898-900 Restricted Access

Bias and privacy concerns cloud police use of genetics

*Summary*

DNA is an increasingly useful crime-solving tool. But still quite unclear is the extent to which law enforcement should be able to obtain genetic data housed in public and private databases. How one answers that question might vary substantially, depending on the source of the data. Several countries—the United Kingdom, Kuwait, and Saudi Arabia among them—have even toyed with creating a “universal” DNA database, populated with data from every individual in society, obviating the need for any other DNA source (1). Although this move would be controversial, it may not be as dramatic as one might think. In the United States, for example, the combination of state and federal databases (containing genetic profiles of more than 16.5 million arrestees and convicts) and public and private databases (containing genetic data of tens of millions of patients, consumers, and research participants) already provides the government with potential access to genetic information that can be linked to a large segment of the country, either directly or through a relative (2, 3). We discuss here how, if correctly implemented, a universal database would likely be more productive and less discriminatory than our current system, without compromising as much privacy.

## **Science Translational Medicine**

21 November 2018 Vol 10, Issue 468

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

[New issue; No digest content identified]

## **Social Science & Medicine**

Volume 216 Pages 1-142 (November 2018)

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

[Reviewed earlier]

## **Systematic Reviews**

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

[Accessed 24 Nov 2018 ]

[No new digest content identified]

## **Travel Medicine and Infectious Diseases**

September-October, 2018 Volume 25  
<http://www.travelmedicinejournal.com/>  
[Reviewed earlier]

## **Tropical Medicine & International Health**

Volume 23, Issue 11 Pages: i-iv, 1157-1279 November 2018  
<https://onlinelibrary.wiley.com/toc/13653156/current>  
[Reviewed earlier]

## **Vaccine**

Volume 36, Issue 50 Pages 7589-7754 (29 November 2018)  
<https://www.sciencedirect.com/science/article/pii/S0264410X18314683>  
*Research article Abstract only*

### **[Preparing for safety monitoring after rotavirus vaccine introduction – Assessment of baseline epidemiology of intussusception among children <2 years of age in four Asian countries](#)**

Eleanor Burnett, Nguyen Van Trang, Ajit Rayamajhi, Mohammad Tahir Yousafzai, ... Umesh D. Parashar  
Pages 7593-7598

*Research article Open access*

### **[Influenza and pertussis vaccination in pregnancy: Portrayal in online media articles and perceptions of pregnant women and healthcare professionals](#)**

Christopher R Wilcox, Kathryn Bottrell, Pauline Paterson, William S Schulz, ... Christine E Jones  
Pages 7625-7631

*Research article Abstract only*

### **[Estimating costs and health outcomes of publicly funded tick-borne encephalitis vaccination: A cost-effectiveness analysis](#)**

Jad Shedrawy, Martin Henriksson, Maria-Pia Hergens, H. Helena Askling  
Pages 7659-7665

*Research article Abstract only*

### **[Social differentiation of vaccine hesitancy among French parents and the mediating role of trust and commitment to health: A nationwide cross-sectional study](#)**

Aurélie Bocquier, Lisa Fressard, Sébastien Cortaredona, Anna Zaytseva, ... Pierre Verger  
Pages 7666-7673

*Research article Abstract only*

### **[Improving immunization data quality in Peru and Mexico: Two case studies highlighting challenges and lessons learned](#)**

Silas P. Trumbo, Marcela Contreras, Ana Gabriela Félix García, Fabio Alberto Escobar Díaz, ... Martha Velandia-González  
Pages 7674-7681

## **Vaccine: Development and Therapy**

<https://www.dovepress.com/vaccine-development-and-therapy-archive111>

(Accessed 24 Nov 2018 )

[No new digest content identified]

## **Vaccines — Open Access Journal**

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

(Accessed 24 Nov 2018 )

Open Access Review

### **Fast Tracks and Roadblocks for Zika Vaccines**

by [Khairunnisa Abdul Ghaffar](#), [Lisa F.P. Ng](#) and [Laurent Renia](#)

Vaccines 2018, 6(4), 77; <https://doi.org/10.3390/vaccines6040077> - 21 November 2018

#### *Abstract*

In early 2014, a relatively obscure virus, the Zika virus, made headlines worldwide following an increase in the number of congenital malformations. Since then, research on Zika virus, treatment and vaccines have progressed swiftly with various drugs being repurposed and vaccines heading into clinical trials. Nonetheless, the need for a vaccine is crucial in order to eradicate this re-emerging arthropod-borne virus which remained silent since its first discovery in 1947. In this review, we focused on how the inconspicuous virus managed to spread, the key immunological factors required for a vaccine and the various vaccine platforms that are currently being studied.

## **Value in Health**

November 2018 Volume 21, Issue 11, p1269-1354

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

[New issue; No digest content identified]

\* \* \* \*

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

## **Viruses**

2018, 10(11), 648

### **Willingness to Participate and Associated Factors in a Zika Vaccine Trial in Indonesia: A Cross-Sectional Study**

H Harapan, M Mudatsir, A Yufika, Y Nawawi... -

#### *Abstract*

One of the crucial steps during trials for Zika and other vaccines is to recruit participants and to understand how participants' attitudes and sociodemographic characteristics affect willingness to participate (WTP). This study was conducted to assess WTP, its explanatory variables, and the impact of financial compensation on WTP in Indonesia. A health facility-based cross-sectional study was conducted in eleven regencies in the Aceh and West Sumatra provinces of

Indonesia. Participants were recruited via a convenience sampling method and were interviewed. The associations between explanatory variables and WTP were assessed using a two-step logistic regression analysis. A total of 1,102 parents were approached, and of these 956 (86.8%) completed the interview and were included in analysis. Of those, 144 (15.1%) were willing to participate in a Zika vaccine trial without a financial compensation. In the multivariate analysis, WTP was tied to an age of more than 50 years old, compared to 20–29 years (odds ratio (OR): 5.0; 95% confidence interval (CI): 2.37–10.53), to being female (OR: 2.20; 95% CI: 1.11–4.37), and to having heard about Zika (OR: 2.41; 95% CI: 1.59–3.65). Participants' WTP increased gradually with higher financial compensation. The rate of WTP increased to 62.3% at the highest offer (US\$ 350.4), and those who were still unwilling to participate (37.7%) had a poorer attitude towards childhood vaccination. This study highlights that pre-existing knowledge about Zika and attitudes towards childhood vaccination are important in determining community members being willing to participate in a vaccine trial. Financial incentives are still an important factor to enhance participant recruitment during a vaccine trial.

### **PharmacoEconomics & Outcomes News**

November 2018, Volume 816, Issue 1, pp 24–24

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

*Latest Articles*

#### **[Pharmacist-administered influenza vaccinations save cost](#)**

DJ O'Reilly

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### **Media/Policy Watch**

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

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

### **The Atlantic**

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

*Accessed 24 Nov 2018*

[No new, unique, relevant content]

### **BBC**

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

*Accessed 24 Nov 2018*

19 Nov 2018

### **[Anti-vaccine community behind North Carolina chickenpox outbreak](#)**

A North Carolina school with a large anti-vaccine community is at the heart of the state's largest chickenpox outbreak in decades, officials say.

### **The Conversation**

<https://theconversation.com/us>

*Accessed 24 Nov 2018*

### **[3 ethical reasons for vaccinating your children](#)**

19 November 2018

...1. Failure to contribute to the public good: Public goods benefit everyone. Take the example of roads, clean drinking water or universal education. Public health – the health of the overall population as a result of society-wide policies and practices – also falls into this category. ...

2. Impact of health choices on the vulnerable: Viruses do not affect everyone equally. Oftentimes, it is the elderly, infants, and people with weakened immune systems, who are most at risk. ...

3: Health is communal: ... democratic public institutions necessarily rely upon belief in scientific evidence and facts. People can hold different personal beliefs, but there are some truths that are irrefutable, such as the fact that the Earth is round and revolves around the sun. Anti-science attitudes are dangerous because they undermine our ability to make decisions together as a society, whether about education, infrastructure or health...

### **The Economist**

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

*Accessed 24 Nov 2018*

[No new, unique, relevant content]

### **Financial Times**

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

*Accessed 24 Nov 2018*

[No new, unique, relevant content]

### **Forbes**

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

*Accessed 24 Nov 2018*

[No new, unique, relevant content]

### **Foreign Affairs**

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

*Accessed 24 Nov 2018*

[No new, unique, relevant content]

### **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 24 Nov 2018*

[No new, unique, relevant content]

### **The Guardian**

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

*Accessed 24 Nov 2018*

Global health

#### **[Deadliest year for dengue fever in Bangladesh as cases explode in Dhaka](#)**

*Cases more than triple in the capital driven by unplanned rapid urbanisation and poor healthcare*

.... Singapore has also seen soaring numbers of dengue cases, which studies have linked to the city's growing population and construction sites. The rise was followed by a swift response from the Singaporean government targeting such sites.

In Sri Lanka the government has created a special taskforce for dengue prevention. This includes monitoring where the larvae are found and exterminating them...

### **New Yorker**

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

*Accessed 24 Nov 2018*

[No new, unique, relevant content]

### **New York Times**

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

*Accessed 24 Nov 2018*

*Sunday Review*

#### **[Trying to Fight, Not Spread, Fear and Lies](#)**

How can the media avoid the misinformation trap?

Nov. 23, 2018

By Nicholas Kristof

*Health*

#### **[Ebola in Congo Now Infecting Newborn Babies, UN Says](#)**

The World Health Organization says a worrying number of the newest Ebola cases amid Congo's ongoing outbreak are in patients not usually known to catch the disease: babies.

Nov. 23, 2018

### **Wall Street Journal**

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

*Accessed 24 Nov 2018*

[No new, unique, relevant content]

### **Washington Post**

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

*Accessed 24 Nov 2018*

[No new, unique, relevant content]

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**Think Tanks et al**

**Brookings**

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

Accessed 24 Nov 2018

Future Development

**We need a consensus on the definition of 'global public goods for health'**

Gavin Yamey, Osondu Ogbuoji, and Kaci Kennedy

Tuesday, November 20, 2018

**Center for Global Development**

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

Accessed 24 Nov 2018

[No new relevant content]

**CSIS**

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

Accessed 24 Nov 2018

[No new relevant content]

**Council on Foreign Relations**

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

Accessed 24 Nov 2018

[No new relevant content]

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