

Center for Vaccine
Ethics and Policy



Vaccines and Global Health: The Week in Review
9 March 2019
Center for Vaccine Ethics & Policy (CVEP)

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

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

Comments and suggestions should be directed to

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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.*

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Milestones :: Perspectives

Facebook – [Combatting Vaccine Misinformation](#)

March 7, 2019

By Monika Bickert, VP, Global Policy Management

We are working to tackle vaccine misinformation on Facebook by reducing its distribution and providing people with authoritative information on the topic. We are starting by taking a series of steps:

:: We will reduce the ranking of groups and Pages that spread misinformation about vaccinations in News Feed and Search. These groups and Pages will not be included in recommendations or in predictions when you type into Search.

:: When we find ads that include misinformation about vaccinations, we will reject them. We also removed related targeting options, like “vaccine controversies.” For ad accounts that continue to violate our policies, we may take further action, such as disabling the ad account.

:: We won’t show or recommend content that contains misinformation about vaccinations on Instagram Explore or hashtag pages.

:: We are exploring ways to share educational information about vaccines when people come across misinformation on this topic.

How This Will Work

Leading global health organizations, such as the World Health Organization and the US Centers for Disease Control and Prevention, have publicly identified verifiable vaccine hoaxes. If these vaccine hoaxes appear on Facebook, we will take action against them.

For example, if a group or Page admin posts this vaccine misinformation, we will exclude the entire group or Page from recommendations, reduce these groups and Pages’ distribution in News Feed and Search, and reject ads with this misinformation.

We also believe in providing people with additional context so they can decide whether to read, share, or engage in conversations about information they see on Facebook. We are exploring ways to give people more accurate information from expert organizations about vaccines at the top of results for related searches, on Pages discussing the topic, and on invitations to join groups about the topic. We will have an update on this soon.

We are fully committed to the safety of our community and will continue to expand on this work.

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[NAS, NAE, and NAM Presidents Highlight Facts on Vaccine Safety in Light of Measles Outbreaks](#)

March 8, 2019

The current measles outbreaks in the United States and elsewhere are being fueled by

misinformation about the safety of vaccines. To help counter such misinformation, we created a [website](#) that provides clear, concise, and evidence-based answers to questions about vaccine safety and other commonly asked questions about health and science as identified through our partnership with Google.

The evidence base includes a number of our studies examining vaccine access, safety, scheduling, and possible side effects. Our work has validated that the science is clear – vaccines are extremely safe.

Given our shared congressional mandate to advise the nation, we are compelled to draw attention to these facts in order to inform better decision-making at a time when it is urgently needed to protect the health of communities in our country and around the world. Furthermore, we call on our professional colleagues everywhere to share these facts as widely as possible. Please consider sharing our social media posts on your own accounts through the links below.

Marcia McNutt

President, National Academy of Sciences

C. D. Mote, Jr.

President, National Academy of Engineering

Victor J. Dzau

President, National Academy of Medicine

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[WHO unveils sweeping reforms in drive towards “triple billion” targets](#)

6 March 2019 News Release Geneva

WHO today announced the most wide-ranging reforms in the Organization’s history to modernize and strengthen the institution to play its role more effectively and efficiently as the world’s leading authority on public health.

The changes are designed to support countries in achieving the ambitious “triple billion” targets that are at the heart of WHO’s strategic plan for the next five years: one billion more people benefitting from universal health coverage (UHC); one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being.

These changes include:

:: Aligning WHO’s processes and structures with the “triple billion” targets and the Sustainable Development Goals by adopting a new structure and operating model to align the work of headquarters, regional offices and country offices, and eliminate duplication and fragmentation.

:: Reinforcing WHO’s normative, standard-setting work, supported by a new Division of the Chief Scientist and improved career opportunities for scientists.

:: Harnessing the power of digital health and innovation by supporting countries to assess, integrate, regulate and maximize the opportunities of digital technologies and artificial intelligence, supported by a new Department of Digital Health.

:: Making WHO relevant in all countries by overhauling the Organization's capabilities to engage in strategic policy dialogue. This work will be supported by a new Division of Data, Analytics and Delivery to significantly enhance the collection, storage, analysis and usage of data to drive policy change in countries. This division will also track and strengthen the delivery of WHO's work by monitoring progress towards the "triple billion targets" and identifying roadblocks and solutions.

:: Investing in a dynamic and diverse workforce through new initiatives including the WHO Academy, a proposed state-of-the-art school to provide new learning opportunities for staff and public health professionals globally. Other measures include a streamlined recruitment process to cut hiring time in half, management trainings, new opportunities for national professional officers, and previously-announced improvements in conditions for interns.

:: Strengthening WHO's work to support countries in preventing and mitigating the impact of outbreaks and other health crises by creating a new Division of Emergency Preparedness, as a complement to WHO's existing work on emergency response.

:: Reinforcing a corporate approach to resource mobilization aligned with strategic objectives and driving new fundraising initiatives to diversify WHO's funding base, reduce its reliance on a small number of large donors and strengthen its long-term financial stability.

"The changes we are announcing today are about so much more than new structures, they're about changing the DNA of the organization to deliver a measurable impact in the lives of the people we serve," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "Our vision remains the same as it was when we were founded in 1948: the highest attainable standard of health for all people. But the world has changed, which is why we have articulated a new mission statement for what the world needs us to do now: to promote health, keep the world safe and serve the vulnerable."

The new measures were developed following an extensive period of consultation with staff, and were developed jointly by WHO's Global Policy Group, which consists of the Director-General and each of the organization's six regional directors: Dr Matshidiso Moeti (Regional Director for Africa), Dr Carissa Etienne (Regional Director for the Americas), Dr Poonam Khetrapal Singh (Regional Director for South-East Asia), Dr Zsuzsanna Jakab (Regional Director for Europe), Dr Ahmed Al-Mandhari (Regional Director for the Eastern Mediterranean) and Dr Takeshi Kasai (Regional Director for the Western Pacific).

WHO's new corporate structure is based on four pillars which will be mirrored throughout the organization.

The Programmes pillar will support WHO's work on universal health coverage and healthier populations. The Emergencies pillar will be responsible for WHO's critical health security responsibilities, both in responding to health crises and helping countries prepare for them. The External Relations and Governance pillar will centralize and harmonize WHO's work on resource mobilization, communications. The Business Operations pillar will likewise ensure more professionalized delivery of key corporate functions such as budgeting, finance, human resources and supply chain.

The four pillars will be supplemented by the Division of the Chief Scientist at WHO Headquarters in Geneva to strengthen WHO's core scientific work and ensure the quality and consistency of WHO's norms and standards.

Underpinning the new structure, 11 business processes have been redesigned, including planning, resource mobilization, external and internal communications, recruitment, supply chain, performance management, norms and standards, research, data and technical cooperation.

The Global Policy Group stressed the role of working with partners. Dr Tedros said WHO must develop a new mindset to seek out and build partnerships that harness the combined strength of the global health community - both in the public and private sectors. One example of this is a new Global Action Plan for Healthy Lives and Well-Being for All, under which 12 partner organizations are working together to achieve health-related Sustainable Development Goals.

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Editor's Note:

We provide the full text of an exchange of letters between MSF and CEPI around the critical issue of equitable access to vaccines and how this is achieved and assured in the development context.

[Open letter to CEPI Board Members: Revise CEPI's access policy](#)

MSF Letter 05 March 2019

Ahead of CEPI's Board Meeting in Tokyo on 7–8 March 2019, MSF sent a letter to the organisation's Board Members to express our concern and disappointment in CEPI's revised Equitable Access Policy.

The Coalition for Epidemic Preparedness Innovations (CEPI) was launched in 2017 to finance and coordinate the development of new vaccines to prevent and contain infectious disease epidemics.

MSF engaged with CEPI as they developed and revised their Equitable Access Policy. CEPI's original access policy contained clear commitments on pricing and the treatment of intellectual property, reflecting CEPI's promise of public-interest R&D. The revised policy, adopted in December 2018, is a startling reversal. It does not ensure CEPI-funded vaccines will be affordable for people who need them most and does not protect the collective public and philanthropic investment that underpin the initiative.

Ahead of their meeting in Japan on 7–8 March 2019, we wrote a letter to CEPI's Board to express our concern and disappointment in the revised Equitable Access Policy and to urge them to take swift action to develop and approve a new policy with bold commitments to affordable access and transparency for all CEPI-funded vaccines.

Letter

5 March 2019

CEPI

Oslo, Norway

Re: CEPI Equitable Access Policy

CC:

Cherry Gagandeep Kang, David Reddy, Ichiro Kurane, Jane Halton, Joachim Klein, John Nkengasong, Peter Piot, Rajeev Venkayya, Trevor Mundel, Richard Hatchett, Helen Rees, Peggy Hamburg, Peter Salama, Tim Evans

Dear Members of the CEPI Board,

Having cooperated extensively in the establishment of CEPI as a novel R&D initiative for public health-driven vaccine development, including as a Board member during its two formative years, we are writing to express our concern and disappointment in CEPI's revised Equitable Access Policy, which was adopted during your December 2018 Board Meeting. Médecins Sans Frontières (MSF) was heartened by the creation of CEPI to break new ground in public-interest R&D because we believe it is a shared responsibility to ensure scientific and technological progress benefits all people – including the most vulnerable – and because we did not want to ever again be confronted with a terrible and deadly epidemic like the 2014-2016 Ebola outbreak without any tools to effectively respond.

For Reference: CEPI Equitable Access Policy Documents

CEPI's original 'Equitable Access' Policy, 2017.

CEPI's revised 'Equitable Access' Policy for consultation, 2018.

As a medical humanitarian organisation, MSF witnesses the deadly impact of inequitable access to lifesaving drugs and vaccines on a daily basis. For the past 20 years, we have advocated for governments, companies and civil society to assume collective responsibility for ensuring that medical innovation addresses the neglected health needs of people who are most in need. This cannot be achieved through business-as-usual approaches; it requires an innovative approach with a strong public commitment to adopt and enforce transparent, public health-focused rules of engagement with research partners – including the private sector.

CEPI's revised Equitable Access Policy constitutes an alarming step backwards for the organisation because it no longer guarantees that the vaccines CEPI funds will be made available at an affordable price. It also provides no basis for CEPI to be held accountable to its public and philanthropic investors in its agreements with development partners on the ownership and treatment of intellectual property or the pricing of CEPI-funded vaccines. By replacing the previously detailed equitable access policy with only a broad statement of principle, the revised policy marks a concerning pivot away from CEPI's early commitments to access, transparency and openness, and to breaking new ground in terms of public responsibility. It betrays the interests of everyone who invested in CEPI because they wanted to change the deadly status quo.

When CEPI was established, its interim Board committed to a strong and visionary access policy to guarantee equitable access to CEPI-funded vaccines, developed with the support of legal experts from WHO, Wellcome Trust and MSF. It contained important safeguards including enforceable commitments on pricing and intellectual property, grounded in transparency and disclosure of information and knowledge. Regrettably, the Board failed to ensure the policy was implemented and used to shape access provisions in the contractual agreements CEPI signed

with developers. Instead, supposedly in response to industry actors' dissatisfaction with the policy, it immediately gave in on its founding principles and decided to revise the access policy.

Over the summer, MSF provided repeated detailed and constructive feedback on the proposed revisions, including a proposal that an Access Advisory Committee of relevant experts be established to provide independent review of the legal agreements concluded with commercial developers from an access perspective. We also suggested ways to integrate access considerations at critical steps along the pathway of vaccines R&D. At the October 2018 Board meeting, we again raised our concerns about the weakening of CEPI's initial access commitments.

Ultimately, the Board lacked the courage to maintain the critical safeguards built in to the original access policy. We were disappointed to learn that it was replaced by a vague, toothless and weak new policy in December 2018, disregarding our concerns and proposals, while delegating the development of more detailed, but secret, implementation guidance to the Secretariat.

As you meet as a Board later this week in Tokyo, we urge you to reconsider this change in direction, which stands in stark contrast to the original intent of CEPI. We ask that you agree to work quickly to revise your current policy and come to your next Board meeting in June ready to adopt these revisions. The unique thing about CEPI is not the science, but the unprecedented levels of public and philanthropic money provided to make the science possible, in the interest of global public health. CEPI must live up to its promises to break new ground in vaccine R&D and do things differently. At a minimum, this requires the Board to step up now and reintroduce an unapologetic commitment to affordable access and transparency.

Sincerely,

Dr Joanne Liu

MSF International President

Dr Els Torreele

Executive Director, MSF Access Campaign

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[CEPI's statement in response to MSF's open letter on equitable access.](#)

Updated March 8

We share MSF's view on the importance of access to needed vaccines.

The world now has 21 vaccines under development with CEPI funding. We are already engaging with affected countries to ensure that people who need them get them. Our commitment to access is unwavering and our ability to deliver is enhanced by experience.

We're currently working with affected countries such as Nigeria, DRC, Bangladesh, and India as well as collaborating with public, private, and academic partners to get life-saving vaccines out of the lab and into the clinic so affected populations can benefit.

Achieving our aim requires working with multiple partners and taking multiple approaches to achieve the desired equitable access objectives. As a result of consultation, CEPI's Equitable Access Policy has evolved from a "rules-based approach" that previously mandated specific

access requirements that proved to be a barrier to many potential partners, to a “principles-based approach” that provides a robust foundation for advancing equitable access.

In practice, this means creating legally binding agreements with our partners that embed the principle of equitable access from the outset and which deploy a range of mechanisms for its realisation—whether that be through establishing requirements on access to vaccines (including price) for affected populations or ensuring that data, information, and materials arising from CEPI-funded R&D are rapidly and openly available for further study and research.

Over the past year, we’ve committed to investing up to \$350 million in the development of potentially life-saving vaccines. We can now say with assurance that access will be delivered in all circumstances not just those specified in the previous policy.

We appreciate that it’s important this commitment is visible and understood by our partners. So, with the agreements relating to initial calls for proposals now complete, we will publish how access is being achieved for our developing vaccine portfolio by the end of March, 2019.

CEPI’s Equitable Access Policy is available [here](#).

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[FDA Commissioner Scott Gottlieb Announces He Will Resign](#)

March 5, 2019 4:08 PM ET

Laurel Wamsley

The commissioner of the Food and Drug Administration, Scott Gottlieb, announced Tuesday that he is resigning the position, effective in one month.

Gottlieb won approval from many as an effective advocate for public health. Within the Trump administration, he stood out for his efforts to more tightly regulate several industries; he's been particularly intent on curbing vaping and making generic drugs more accessible.

Gottlieb is a physician who was previously the FDA's Deputy Commissioner for Medical and Scientific Affairs. He became commissioner in May 2017. The reasons for his resignation are not yet clear, but it appears it was not requested by the White House.

President Trump tweeted his high regard for the commissioner on Tuesday afternoon, writing that he has done "an absolutely terrific job. Scott has helped us to lower drug prices, get a record number of generic drugs approved and onto the market, and so many other things. He and his talents will be greatly missed!"

Gottlieb tweeted in return that he was "immensely grateful for the opportunity" to lead the agency...

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DRC – Ebola

[Ebola Treatment Center in Congo Is Attacked Again; 1 Dead](#)

March 9, 2019 By The Associated Press

KINSHASA, Congo — Heavily armed assailants again attacked an Ebola treatment center in the heart of eastern Congo's deadly outbreak on Saturday, with one police officer killed and health workers injured, authorities said, while frightened patients waited in isolation rooms for the gunfire to end.

The early-morning attack in Butembo came less than a week after the treatment center reopened following an attack last month, which forced Doctors Without Borders to suspend operations in the city amid warnings that ending this outbreak is impossible if health workers aren't protected.

Dozens of armed groups are active in mineral-rich eastern Congo, though some have allowed health workers access to administer Ebola vaccines and track contacts of infected people after delicate negotiations.

Security forces on Saturday repelled the attackers, one of whom was wounded, Butembo Mayor Sylvain Kanyamanda said. Congo's health ministry in a statement said forces had surrounded the center after being tipped to a possible assault, "saving many lives."

The attack occurred hours before the World Health Organization director-general and the Centers for Disease Control and Prevention director visited the center, which remained open. WHO chief Tedros Adhanom Ghebreyesus encouraged workers to continue their fight against the second-deadliest Ebola outbreak in history, which is spreading in a region compared to a war zone...

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[WHO Director-General reiterates commitment to Ebola response despite another attack](#)

9 March 2019 *Statement*

Butembo, Democratic Republic of the Congo

WHO Director-General, Dr Tedros Adhanom Ghebreyesus today visited an Ebola treatment centre in Butembo, in the Democratic Republic of the Congo, that was attacked by armed groups last week and again earlier today. He spoke with personnel in the centre and thanked them for their dedication.

The visit came as he concluded a three-day mission to the country, along with senior US officials and other WHO leadership. They met with the President, government officials, partner organizations and local responders involved in the outbreak response. He spoke to a group of partners, officials and staff in Butembo on Saturday morning.

"It breaks my heart to think of the health workers injured and police officer who died in today's attack, as we continue to mourn those who died in previous attacks, while defending the right to health," said Dr Tedros. "But we have no choice except to continue serving the people here, who are among the most vulnerable in the world."

"These are not attacks BY the community, they are attacks ON the community. There are elements who are exploiting the desperation of the situation for their own purposes. The people of Katwa and Butembo, as in the other communities affected by Ebola, want and deserve a

place to receive care and a chance of survival. They do not deserve to suffer in their homes while infecting their loved ones, they do not deserve to suffer in inadequately resourced health centers while infecting health workers," he added.

WHO has requested and received further support from UN and local police forces to protect the treatment centres. To conquer Ebola, we must strike a delicate balance between providing accessible care, maintaining the neutrality of the response, and protecting patients and staff from attacks by armed groups. These are the dilemmas we face in conflict zones around the world. We are committed to ending the outbreak, and we are committed to improving the health of the people of DRC," he concluded.

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31: Situation report on the Ebola outbreak in North Kivu 3 March 2019

[Excerpt]

Implementation of ring vaccination protocol

A total 585 community rings have been defined and vaccinated, including two targeted geographic zones. In total, 85,341 contacts and contacts of contacts have been vaccinated (including health workers and front-line workers). Of those who consented and were vaccinated, 21,511 are contacts and 63,615 are contacts of contacts. The total consented and vaccinated includes 26 601 health workers and front-line workers, while 21,135 are children between 1-17 years. In addition, vaccination of health workers and front-line workers is ongoing in the neighbouring areas where there is a possibility of spread. In Goma, 3896 health workers and front-line workers have been vaccinated. In Uganda, 4852 health workers and front-line workers have been vaccinated. In South Sudan 1138 health workers and front-line workers have been vaccinated. Vaccination is planned to start in a week's time in Rwanda and preparations are underway in Burundi.

Risk communication, social mobilization and community engagement

Since the recent attack on the two ETCs in Katwa and Butembo, WHO, UNICEF and partners have been supporting the MoH in setting up platforms to directly dialogue with local politicians, key community leaders and influencers, and pressure groups at health area levels in Katwa, Vihovi and Kyondo health zones to better understand their needs and come up with a common understanding and joint action towards stopping the Ebola outbreak.

Risk communication and social anthropologist teams have strengthened community engagement activities in Katwa. Risk communication and community engagement orientation sessions were organized for different pillars of the response to enhance capacity of RECOs and other Ebola response personnel to address community concerns.

Risk communication and community engagement activities in other health zones, including Mangina, Bunia, Beni, Oicha and Komanda continues, with a focus on communicating about the current situation of the Ebola outbreak and the response.

In Oicha's Tenambo health area, women eligible for the Ebola vaccine (as contacts or contacts of contacts) were sensitized on the importance of vaccination. EVD awareness activities were carried out for women in the market in Bwanasura, and for teachers from the Vutsundo health

area. A visit to Butembo ETC was organised for some community representatives to show them how patients are being cared for in the treatment centre...

DONS - Ebola virus disease – Democratic Republic of the Congo

7 March 2019

[Excerpt]

...Following the attacks on two ETCs in Katwa and Butembo, patients were temporarily transferred to the Katwa Transit Centre. On 2 March, the Butembo ETC was rehabilitated and resumed treatment of EVD patients. Response teams are progressively resuming activities in all affected areas with the exception of two health areas where security and community resistance remain a challenge...

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Ebola response failing to gain the upper hand on the epidemic - MSF

Democratic Republic of Congo

Press Release 7 Mar 2019

:: Despite a rapid and large outbreak response with new vaccines and treatments, the signs are that Ebola is not under control

:: Since the beginning of the year, more than 40 per cent of new Ebola cases are people who died of Ebola in the communities

:: Patients and communities must be treated as partners in the response; we must listen to their needs not preach to or coerce them

Seven months into the largest-ever Ebola outbreak in the Democratic Republic of the Congo (DRC), the Ebola response is failing to bring the epidemic under control in a climate of deepening community mistrust, Médecins Sans Frontières (MSF) said at a press conference in Geneva today.

Since the beginning of the year, more than 40 per cent of new cases are people who died of Ebola in the communities. At the epicentre of the epidemic, in Katwa and Butembo in North Kivu province, 43 per cent of patients in the last three weeks were still being infected without known links to other cases.

"We have a striking contradiction: on the one hand a rapid and large outbreak response with new medical tools such as vaccines and treatments that show promising outcomes when people come early – and on the other hand, people with Ebola are dying in their communities, and do not trust the Ebola response enough to come forward," said International President of MSF, Dr Joanne Liu.

Last week, MSF suspended our Ebola activities in Katwa and Butembo, in North Kivu province, after successive attacks on the two treatment centres. While MSF does not know the motives or identities of the attackers, these incidents follow an escalation of tensions around the Ebola response. Dozens of security incidents occurred against the response as a whole in the month of February alone. While the causes of these acts are not all the same, it is clear that various political, social and economic grievances are increasingly crystallising around the response.

A range of issues have led to these tensions: from the massive deployment of financial resources focusing only on Ebola, in a neglected region suffering from conflict, violence and long-standing health needs; to elections being officially postponed due to the Ebola outbreak, exacerbating suspicions that Ebola is a political ploy.

The use of police and armed forces to compel people to comply with health measures against Ebola is leading to further alienation of the community and is counterproductive to controlling the epidemic. Using coercion for activities such as safe burials, tracking of contacts and admission into treatment centres discourages people from coming forward and pushes them into hiding.

The Ebola response must take a new turn. Choices must be given back to patients and their families on how to manage the disease. Vaccination for Ebola must reach more people, and more vaccines are needed for this. Other dire health needs of communities should be addressed. And coercion must not be used as a tactic to track and treat patients, enforce safe burials or decontaminate homes.

"Ebola is a brutal disease, bringing fear, and isolation to patients, families and health care providers," said Dr Joanne Liu. "The Ebola response needs to become patient and community centred. Patients must be treated as patients, and not as some kind of biothreat."

Seven months since the beginning of the current Ebola outbreak in the provinces of North Kivu and Ituri, there have been 907 cases of Ebola cases (841 confirmed and 66 probable) and 569 people have died. [source: World Health Organization (WHO) report week 9]

Further to the suspension of its activities in Katwa and Butembo, MSF has maintained its Ebola-related activities in the North Kivu towns of Kayna and Lubéru, as well as its management of two Ebola transit facilities in Ituri province, in the towns of Bwanasura and Bunia. In the city of Goma, MSF has been supporting emergency preparedness by reinforcing the surveillance system and ensuring there is adequate capacity to manage suspected cases.

It has almost been six years, since 11 July 2013, that three MSF staff remain missing after being abducted in Kamango, Nord Kivu, where they were carrying out a health assessment. MSF continues to search for them.

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[Wellcome pledges new funds to tackle Ebola outbreak – but more is needed to prevent catastrophe](#)

Wellcome is making £2 million available to the WHO and government of DRC, to support vaccine research as part of the emergency response to the Ebola outbreak.

News | 6 March 2019

The pledge comes after the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, called on donors to continue funding the response to the Ebola outbreak. There is a risk the response will slow down if current actions are not sustained and intensified.

Since the outbreak began in August 2018, there have been over 800 Ebola virus cases in the area, including 563 deaths.

Jeremy Farrar, Director of Wellcome, said: "The Ebola virus has taken hold in an incredibly challenging region and recent attacks on treatment centres show that the security situation is a very real concern which will impact on the epidemic. The outbreak is in danger of spreading within the DRC, and if the international community doesn't step up their support, there is real risk that this outbreak will get out of control, cross borders and take off as it did in the West African epidemic where over 11,000 people died."

"To prevent catastrophe, the international response must be significantly increased to support the incredible work led by DRC. The DRC, WHO and partner's public health teams have provided an amazing response, but the situation is fragile and they need global support to ensure this outbreak is contained effectively. Wellcome is committed to helping the world tackle the Ebola threat and we have made £2 million available immediately to support the response. Further funds will be needed, and we are working with our global partners to address these needs."

Wellcome's £2m emergency funding is provided through the Joint Initiative on Epidemic Preparedness, a partnership with the UK Department for International Development (DFID) that is part of [our work on vaccines](#)...

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 6 March 2019

:: On 26-27 February 2019, the Global Commission for Certification of the Eradication met at the World Health Organization in Geneva to continue its work on global certification criteria for wild poliovirus eradication and containment. The GCC reviewed all the latest global epidemiology and examined remaining challenges in the interruption of wild polio virus. Read more [here](#).

:: Featured on [polioeradication.org](#): [Coffee with Polio Experts— Dr Nicky Gumede-Moeletsi](#), senior virologist at WHO's Regional Office for Africa, talks about how genetic analysis of isolated polioviruses is helping strategically drive eradication efforts in Africa.

Summary of new viruses this week:

:: **Pakistan** – two WPV1-positive environmental samples;

:: **Nigeria** — one circulating vaccine-derived poliovirus type 2 (cVDPV2) case.

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GCC intensifies work on global certification criteria

Global Commission for Certification of Poliomyelitis Eradication (GCC) meet in Geneva to intensify its work on global certification criteria

On 26-27 February 2019, the Global Commission for Certification of Poliomyelitis Eradication (GCC) met at the World Health Organization (WHO) headquarters in Geneva, Switzerland, to

continue its intensified work on global certification criteria for poliomyelitis eradication and poliovirus containment. The work of the GCC is critical to verifying the achievement of a world free of all polioviruses

The GCC reviewed the latest global epidemiology of all poliovirus transmission, examined remaining challenges such as subnational surveillance and immunity gaps, and evaluated current containment status.

The GCC expressed its concerns over the lack of progress in the interruption of transmission of wild poliovirus type 1 (WPV1) in Pakistan and Afghanistan and the spread of vaccine-derived polioviruses (VDPVs). As expressed in a [recently-published letter](#) from the four Chairs of the GPEI's main global advisory bodies, it is essential that improvement is achieved in both routine immunization services and supplementary immunization activity (SIA) quality. Nevertheless, the GCC is continuing to accelerate its work, including taking into consideration circulating vaccine-derived polioviruses (cVDPVs), which continue to take on added significance as the time extends since the discontinuation of type 2 poliovirus in oral polio vaccine (OPV) with consequent loss of type 2 polio immunity. The GCC is also occupied with the urgent and increasing need for effective containment of polioviruses in laboratories and vaccine manufacturing facilities.

Noting that wild poliovirus type 3 (WPV3) has not been isolated anywhere since November 2012, the GCC re-affirmed its decision to undertake sequential certification of WPV eradication, meaning that WPV3 will be certified as eradicated prior to WPV1. The GCC has requested that the Director-General of WHO ask the Regional Directors of Africa and the Eastern Mediterranean respectively to confirm from their Member States that the last WPV3s in both Regions were identified more than six years ago. The GCC will review these data in conjunction with the final reports from the four Regions that have already been certified. This will permit the GCC to certify the eradication of WPV3.

The GCC noted progress in identifying the interruption of WPV1 transmission in the African Region, which will be eligible for regional certification when the African Regional Certification Commission is convinced of the evidence of absence of wild polioviruses that meets surveillance standards.

The outcomes and recommendations of the GCC will be presented to the WHO Director-General, and if accepted, incorporated into the Global Polio Eradication Initiative Strategic Plan 2019-2023. The full report from the GCC's meeting will be made available at www.polioeradication.org.

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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 9 Mar 2019]
[Democratic Republic of the Congo](#)

- :: [31: Situation report on the Ebola outbreak in North Kivu](#) 3 March 2019
- :: [DONS - Ebola virus disease – Democratic Republic of the Congo](#) 7 March 2019

Syrian Arab Republic

- :: [Unexploded mines pose daily risk for people in northern Syria](#) 6 March 2019

Bangladesh - Rohingya crisis

- :: [Bi-weekly Situation Report 4 - 04 March 2019](#)

[Myanmar](#) - *No new digest announcements identified*

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

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

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

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

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WHO Grade 2 Emergencies [to 9 Mar 2019]

Libya

- :: [WHO responds to critical health needs in southern Libya](#)

6 March 2019 – In response to increasing violence in Sabha City, southern Libya, the World Health Organization (WHO) has delivered trauma medicines sufficient for more than 400 patients requiring trauma care to Sabha Medical Centre, Murzuq General hospital and Ghodwa field hospital. WHO has also delivered 6 incubators and 2 ventilators to the neonatal intensive care unit of Sabha Medical Centre, and pre-positioned additional trauma medicines at the Medical Supply Office in Sabha to be delivered to health facilities as needed.

Clashes between armed groups in Sabha and Murzuq in February resulted in increasing numbers of injured patients, overwhelming health facilities already facing shortages of specialists and medical supplies. The total number of casualties is 250, which includes 44 dead and 206 wounded...

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

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

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

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

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

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

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

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

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

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

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

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

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

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WHO Grade 1 Emergencies [to 9 Mar 2019]

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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WHO AFRO - Outbreaks and Emergencies Bulletin - Week 09/2019

Week 09: 25 February - 03 March 2019

The WHO Health Emergencies Programme is currently monitoring 59 events in the region. This week's edition covers key new and ongoing events, including:

- :: Ebola virus disease in the Democratic Republic of the Congo
- :: Measles in Madagascar
- :: Lassa fever in Nigeria
- :: Humanitarian crisis in Nigeria
- :: Humanitarian crisis in South Sudan

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UN OCHA – L3 Emergencies

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

Syrian Arab Republic - No new digest announcements identified

Yemen - No new digest announcements identified

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UN OCHA – Corporate Emergencies

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

Ethiopia

:: Ethiopia Humanitarian Bulletin Issue #4 | 17 February - 03 March 2019

HIGHLIGHTS

The Government of Ethiopia and humanitarian partners will formally launch the 2019 Ethiopia Humanitarian Response Plan (HRP) on 7 March.

Some 90,000 displaced people in Amhara region need urgent assistance.

Improved security along the Oromia/Somali border is enabling humanitarian partners to move relief commodities to Dawa zone after more than a year.

Somalia

:: Humanitarian Bulletin Somalia, 1 February - 5 March 2019

Highlights

- Dry conditions worsen across Somalia.
- Protecting livestock to save livelihoods.
- Access constraints continue.
- Redoubling efforts to End Polio Outbreaks.
- Sustained response through pooled funds.

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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 9 Mar 2019]

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

:: 31: Situation report on the Ebola outbreak in North Kivu 3 March 2019

:: DONS - Ebola virus disease – Democratic Republic of the Congo 7 March 2019

MERS-CoV [to 9 Mar 2019]

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

- *No new digest announcements identified.*

Yellow Fever [to 9 Mar 2019]

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

- *No new digest announcements identified.*

Zika virus [to 9 Mar 2019]

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

- *No new digest announcements identified.*

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WHO & Regional Offices [to 9 Mar 2019]

9 March 2019 *Statement*

[WHO Director-General reiterates commitment to Ebola response despite another attack](#)

Butembo, Democratic Republic

[See DRC Ebola above for detail]

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[Weekly Epidemiological Record, 8 March 2019, vol. 94, 10 \(pp. 117–128\)](#)

:: Paraguay and Uzbekistan certified as malaria-free

:: Update on vaccine-derived poliovirus outbreaks – Democratic Republic of the Congo, Horn of Africa, 2017–2018

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Calls for consultants / proposals

6 March 2019

[Rubella Vaccination Systematic Review pdf, 270kb](#)

Deadline for applications: 27 March 2019

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: [Bilateral ties between WHO African Regional Secretariat and Republic of Congo gets a significant boost](#) 08 March 2019

:: [Dynamic staff and sparkling maternity complex deliver improved maternal health in South Sudan](#) 07 March 2019

:: [Mass measles vaccination campaign underway in response to outbreak in Mayom, South Sudan](#) 06 March 2019

:: [The Republic of Congo starts vaccinating 2.2 million children against Measles and Rubella](#) 05 March 2019

:: [Africa's first-ever mass typhoid fever vaccination campaign ends in Zimbabwe](#) 04 March 2019

:: [WHO remains mobilized against Lassa fever cases as number of cases go down in affected areas](#) 04 March 2019

WHO Region of the Americas PAHO

:: [International Women's Day: Access to health for migrant women remains a challenge in the Americas](#) (03/08/2019)

:: [Half of all deaths of young people in the Americas can be prevented](#) (03/05/2019)

WHO South-East Asia Region SEARO

- *No new digest announcements identified.*

WHO European Region EURO

:: [National policy experts call for bold action for healthy ageing in the Region](#) 08-03-2019

:: [Zsuzsanna Jakab appointed WHO Deputy Director-General](#) 07-03-2019

:: [WHO studies reveal Kazakhstan has among the highest levels of salt intake globally](#) 07-03-2019

:: [International Women's Day: women in health innovating for change](#) 07-03-2019

:: [Romanian EU Presidency aims to strengthen Europe's One Health approach to fighting antimicrobial resistance](#) 06-03-2019

WHO Eastern Mediterranean Region EMRO

:: [Women on the frontlines of polio eradication](#) 7 March 2019

:: [Unexploded mines pose daily risk for people in northern Syria](#) 6 March 2019

WHO Western Pacific Region

- No new digest announcements identified.

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CDC/ACIP [to 9 Mar 2019]

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

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

MMWR News Synopsis for March 8, 2019

Progress toward Hepatitis B Control and Elimination of Mother-to-Child Transmission of Hepatitis B Virus — Western Pacific Region, 2005–2017

Hepatitis B vaccination significantly reduced hepatitis B infections among children in the Western Pacific Region, from 8 percent (considered a high endemicity rate) to less than 1 percent (considered a low endemicity rate). Hepatitis B (HepB), a vaccine preventable disease, is a major cause of liver cancer. After all countries/areas in the Western Pacific Region (WPR) introduced the HepB vaccine into childhood immunization schedules, childhood infections dropped from a high of more than 8 percent in 1990 to less than 1 percent by 2017. These remarkable immunization achievements prevented more than 37 million chronic infections and 7 million HepB-related deaths. Further HepB control includes improving HepB birth-dose coverage through increased health facility births, antenatal training, and outside-the-cold-chain use. In addition to maintaining high vaccine coverage, additional interventions like routine antenatal testing, administration of hepatitis B immunoglobulin to exposed newborns, and antiviral treatment of mothers would be needed to achieve elimination of mother-to-child transmission of HepB by 2030.

Notes from the Field:

Notes from the Field: Measles Outbreak in an Era of Stricter Immunization Requirements — California, March 2018

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Africa CDC [to 9 Mar 2019]

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

Event

March 13, 2019 to March 15, 2019

International Conference on (RE-) Emerging Infectious Diseases (ICREID)

WHO: Representatives of AU Member States, WHO, World Bank, US CDC, China CDC, EU CDC, London School of Hygiene and Tropical Medicine, Harvard School of Public Health, and healthcare professionals, researchers, public health experts and policymakers involved in treatment, research, discovery and development of drugs and vaccines in the field of re-emerging infectious diseases from around the world (over 300 participants expected).

WHEN: 13-15 March 2019

TIME: 9.00 am to 5.30 pm daily

WHERE: African Union Commission, Addis Ababa

BACKGROUND INFORMATION

Hosted by Africa CDC, ICREID is a global platform that brings together experts from around the world to discuss emerging and re-emerging diseases in an interactive conference setting. It is

the first of its kind to be held in Africa and will feature presentations by distinguished healthcare professionals, researchers, public health experts and policymakers involved in treatment, research, discovery and development of drugs and vaccines in the field of re-emerging infectious diseases around the world. It is a highly scientific and educative abstract-driven conference consisting of keynote speeches, state-of-the-art lectures, oral and poster abstract presentations, roundtable discussions, debates, and in-depth discussions to exchange knowledge on the latest clinical developments and updates on ongoing and new trials on various emerging and re-emerging diseases. The conference will provide a platform for new data to be translated into treatment and intervention guidelines and will create a unique opportunity for community-building and networking in Africa.

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China CDC

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

New website launched...no "news" or "announcements" page identified. Link to National Health Commission of the People's Republic of China not responding at inquiry [9 Mar 2019]

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Announcements

Paul G. Allen Frontiers Group [to 9 Mar 2019]

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

No new digest content identified.

BMGF - Gates Foundation [to 9 Mar 2019]

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

No new digest content identified.

Bill & Melinda Gates Medical Research Institute [to 9 Mar 2019]

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

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

No new digest content identified.

CARB-X [to 9 Mar 2019]

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

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

03.04.2019

CARB-X funds ContraFect to develop a new class of antibiotics to treat serious infections caused by Gram-negative ESKAPE superbugs

ContraFect's new class of phage-encoded lytic agents called 'amurins' aims to treat the deadliest drug-resistant Gram-negative pathogens

CEPI – Coalition for Epidemic Preparedness Innovations [to 9 Mar 2019]

<http://cepi.net/>

07 Mar 2019

Nipah - The Next Global Pandemic?

Last year, Stanford epidemiologist and Nipah expert Stephen Luby, a scientist who forms part of the team working on our University of Tokyo partnership to develop a Nipah vaccine, spoke about the risks posed by the 2018 Nipah virus outbreak and potential interventions to halt its spread.

[See Milestones above for an exchange of letters between MSF and CEPI.]

EDCTP [to 9 Mar 2019]

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

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

Latest news

No new digest content identified.

Emory Vaccine Center [to 9 Mar 2019]

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

No new digest content identified.

European Medicines Agency [to 9 Mar 2019]

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

News and press releases

No new digest content identified.

European Vaccine Initiative [to 9 Mar 2019]

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

Latest news

Launch of SENET – the Sino-European Health NETWORKING Hub

05 March 2019

EVI supports new EC-funded project that aims to strengthen international research and innovation cooperation between China and the EU

FDA [to 9 Mar 2019]

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

No new digest content identified.

[See Milestones above for coverage of Commissioner Scott Gottlieb's announced resignation.]

Fondation Merieux [to 9 Mar 2019]

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

No new digest content identified.

Gavi [to 9 Mar 2019]

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

Latest News

[Gavi signs new cooperation agreement with Japan International Cooperation Agency](#)

05 March 2019

Geneva, 5 March 2019 – Gavi, the Vaccine Alliance and the [Japan International Cooperation Agency \(JICA\)](#) will work together to boost vaccine coverage and improve health systems in the world's poorest countries following the signing of a new Memorandum of Cooperation...

"Japan has been a key Gavi supporter since 2011, helping us to vaccinate millions of children against some of the world's deadliest diseases," said Dr Berkley. "I'm delighted to sign this new agreement with Dr Toda, which will ensure we continue to work together to improve the health of children worldwide for years to come."

The Memorandum of Cooperation commits both Gavi and JICA to collaborate to enhance information sharing and improve the use of innovation in areas including modernisation of the cold chain, digital identification and the digitalisation of maternal and child health and immunisation data.

The two organisations will also promote the dissemination of integrated records, such as a maternal and child health handbook, and explore ways to promote the sustainability of immunisation programmes through technical cooperation and the use of innovative financing instruments.

The Japan International Cooperation Agency (JICA) coordinates Japan's official development assistance (ODA).

GHIT Fund [to 9 Mar 2019]

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

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

No new digest content identified.

Global Fund [to 9 Mar 2019]

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

News

No new digest content identified.

Hilleman Laboratories [to 9 Mar 2019]

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

No new digest content identified.

Human Vaccines Project [to 9 Mar 2019]

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

No new digest content identified.

IAVI [to 9 Mar 2019]

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

No new digest content identified.

IFFIm

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

No new digest content identified.

IVAC [to 9 Mar 2019]

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

No new digest content identified.

IVI [to 9 Mar 2019]

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

IVI News & Announcements

[IVI receives \\$3.2 million grant to support TCV effectiveness studies in West Africa](#)

[Undated]

SEOUL, Korea — The International Vaccine Institute (IVI) has been awarded a \$3,238,974 grant from the Bill & Melinda Gates Foundation to provide technical assistance support for studies to measure the effectiveness of typhoid conjugate vaccine (TCV) in West Africa.

This grant comes after a consortium, led by the University of Cambridge, Department of Medicine (UCAM), was awarded a €13 million grant from the European and Developing Countries Clinical Trials Partnership (EDCTP). This EDCTP "THECA" grant will fund the assessment of the effectiveness of a novel TCV through two clinical studies: a cluster-randomized trial in Ghana and a mass vaccination campaign with a nested case-control effectiveness component in the Democratic Republic of the Congo (DRC).

IVI is an integral part of the consortium with partners from Ghana, the DRC, Belgium, Bangladesh, Madagascar, Burkina Faso, the United Kingdom, and the United States. The technical support to THECA, funded by this grant from the Bill & Melinda Gates Foundation, will continue through May 2023.

"Typhoid is a poverty-associated infectious disease. It strikes the impoverished and frequently occurs in low-income settings where there is a lack of access to clean water and where

sanitation and hygiene are poor. Infants and young children are at higher risk," said Mr. Justin Im, Associate Research Scientist in the Epidemiology and Outcomes Unit. "IVI is proud to be a member of the consortium that will evaluate the effectiveness of the novel TCV."...

JEE Alliance [to 9 Mar 2019]

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

Selected News and Events

[Mali - A Multi-sectoral and Multi-stakeholder Cooperation Success Story](#)

8.2.2019

Disease outbreaks continue to occur in Mali and the ongoing security crisis highlights the importance of a comprehensive national framework for health security. Recognizing the need for cooperation...

MSF/Médecins Sans Frontières [to 9 Mar 2019]

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

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

Democratic Republic of Congo

[Ebola response failing to gain the upper hand on the epidemic](#)

Press Release 7 Mar 2019

[See DRC Ebola above for detail]

Women's health

[Unsafe abortion: a forgotten emergency](#)

Project Update 4 Mar 2019

NIH [to 9 Mar 2019]

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

News Releases

[Researchers report high rate of viral suppression among people new to HIV care](#)

March 7, 2019 — NIH-funded study reflects advances in HIV care, but gaps remain.

[Tuberculosis diagnosis in people with HIV increases risk of death within 10 years](#)

March 6, 2019 — NIH-supported analysis identified elevated mortality in large Latin American cohort.

[Study finds Ebola survivors in Liberia face ongoing health issues](#)

March 6, 2019 — Report compares health outcomes in survivors and contacts during their first year of study participation.

[HIV prevention study finds universal "test and treat" approach can reduce new infections](#)

March 5, 2019 — NIH-sponsored trial suggests home-based HIV testing and referral to care works at population level.

PATH [to 9 Mar 2019]

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

No new digest content identified.

Sabin Vaccine Institute [to 9 Mar 2019]

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

Tuesday, March 5, 2019

[Sabin Statement on Senate HELP Committee Hearing on What is Driving Preventable Disease Outbreaks](#)

WASHINGTON, D.C. – Today, the Senate Health, Education, Labor, and Pensions (HELP) Committee conducted a hearing on rising rates of vaccine hesitancy causing preventable disease outbreaks across the country – such as the ongoing outbreaks in Washington, Illinois and New York.

Sabin applauds Senate HELP Committee Chair Lamar Alexander (R-TN) and Ranking Member Patty Murray (D-WA) for providing a forum for public health experts to share their expertise and stories on the importance of vaccination to public health.

“The science is clear - vaccines are proven to work. Their introduction is one of the greatest public health innovations in the 20th century, though millions around the globe are still impacted by vaccine-preventable diseases. We commend the Senate HELP Committee for raising this issue to a national platform and addressing the surge of false information found on social media,” said Bruce Gellin, M.D., M.P.H., Sabin’s president of Global Immunization.

UNAIDS [to 9 Mar 2019]

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

Selected Press Releases/Reports/Statements

8 March 2019

[Africa — Achieving health coverage without compromising on quality](#)

8 March 2019

[People living with HIV face major challenges in Zimbabwe](#)

7 March 2019

[Turning words into action for gender equality](#)

UNICEF [to 9 Mar 2019]

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

Selected Press Releases/Reports/Statements

No new digest content identified.

Vaccine Confidence Project [to 9 Mar 2019]

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

No new digest content identified.

Vaccine Education Center – Children’s Hospital of Philadelphia [to 9 Mar 2019]

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

No new digest content identified.

Wellcome Trust [to 9 Mar 2019]

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

News | 6 March 2019

[Wellcome pledges new funds to tackle Ebola outbreak – but more is needed to prevent catastrophe](#)

Wellcome is making £2 million available to the WHO and government of DRC, to support vaccine research as part of the emergency response to the Ebola outbreak.

[See DRC-Ebola above for more detail]

The Wistar Institute [to 9 Mar 2019]

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

Press Release Mar. 6, 2019

[New Small Molecule Inhibitors Show Potential for Treatment of Epstein-Barr Virus-Associated Cancers](#)

First-in-class pharmacological inhibitors of the EBNA1 viral protein are effective at inhibiting tumor growth in preclinical models.

World Organisation for Animal Health (OIE) [to 9 Mar 2019]

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

No new digest content identified.

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BIO [to 9 Mar 2019]

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

No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 9 Mar 2019]

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

No new digest content identified.

IFPMA [to 9 Mar 2019]

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

No new digest content identified.

PhRMA [to 9 Mar 2019]

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

No new digest content identified.

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Journal Watch

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

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

American Journal of Infection Control

March 2019 Volume 47, Issue 3, p229-350

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

[Reviewed earlier]

American Journal of Preventive Medicine

March 2019 Volume 56, Issue 3, p335-476

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

[Reviewed earlier]

American Journal of Public Health

March 2019 109(3)

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

Volume 100, Issue 3, 2019

<http://www.ajtmh.org/content/journals/14761645/100/3>

Perspective Piece

[Lessons Learned from Enhancing Sentinel Surveillance for Cholera in Post-Earthquake Nepal in 2016](#)

[Kazutaka Sekine](#) and [Mellisa Roskosky](#)

<https://doi.org/10.4269/ajtmh.17-1008>

Annals of Internal Medicine

5 March 2019 Vol: 170, Issue 5

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

Editorials

Further Evidence of MMR Vaccine Safety: Scientific and Communications Considerations

Saad B. Omer, MBBS, MD, PhD; Inci Yildirim, MD, PhD, MSc

It has been 20 years since, in a subsequently retracted study, Wakefield and colleagues (1) reported on 12 children with developmental delay, 8 of whom were diagnosed with autism within 4 weeks of receiving the measles, mumps, rubella (MMR) vaccine. Despite substantial limitations, the study received wide publicity, and the claims published in the article contributed to damaging confidence in the safety of the MMR vaccine, leading to a sharp drop in vaccination rates in the United Kingdom and, possibly, in other countries.

Since the publication of the initial report by Wakefield and colleagues, and despite many subsequent studies not finding an association between MMR vaccine and autism, public concerns regarding a potential link between MMR vaccine and the development of autism have persisted. In one of the largest studies to date, Madsen and colleagues (2) conducted a retrospective analysis of 537 303 children born in Denmark between 1991 and 1998, representing 2 129 864 person-years, to assess a potential link between autism and receipt of MMR vaccine. They concluded that MMR vaccine was not associated with development of autism and that the risk for autism in the group of vaccinated children was the same as that in unvaccinated children. This study also demonstrated that there was no association between the child's age at the time of vaccination or the time since vaccination and the development of autism. Moreover, in a recent meta-analysis involving 5 large cohort studies (N = 1 256 407 children) and 5 case-control studies (N = 9920 children), there was no relationship between MMR vaccination and autism (odds ratio, 0.84 [95% CI, 0.70 to 1.01]) (3).

In this issue, Hviid and colleagues (4) report another nationwide cohort study from Denmark. They used a Cox proportional hazards regression model to evaluate whether receipt of MMR vaccine increased the risk for autism in children born between 1999 and 2010. They captured 5 025 754 person-years of follow-up and estimated an adjusted hazard ratio of 0.93 (95% CI, 0.85 to 1.02) among children who received MMR vaccine compared with those who did not.

This is one of the largest studies published on MMR vaccine and autism. Hviid and colleagues included 6517 children with a diagnosis of autism in their cohort by using the Danish Psychiatric Central register. This allowed the investigators to define risk for autism in subgroups of children who may be more susceptible to developing this condition, such as those with a sibling history of autism. One critique of previous studies is a supposedly inadequate focus on subgroups of children considered by some, not always on the basis of evidence, to be at a high risk for autism. Therefore, it is important to note that Hviid and colleagues observed no increased risk for autism in several subgroups: children with a sibling history of autism, children who received other childhood vaccines, or during certain time periods after receipt of vaccine.

In the context of this new study, and given that mainstream studies have consistently pointed toward a lack of association between MMR vaccine and autism, a couple of questions arise. First, is there sufficient uncertainty to warrant additional studies? Second, what impact will the accumulating evidence refuting an MMR-autism association have on the public perception of vaccine safety?

In an ideal world, vaccine safety research would be conducted only to evaluate scientifically grounded hypotheses, not in response to the conspiracy du jour. In reality, hypotheses

propagated by vaccine skeptics can affect public confidence in vaccines. Therefore, in some cases, investigators continue to add to the evidence base on safety, even after clinical equipoise has been largely resolved. This may be justified if the cost, including the opportunity cost, of these studies is not too high. For example, analyzing an existing administrative or surveillance database—as was the case in Hviid and colleagues' study—is likely to require substantially fewer resources than a prospective study. Irrespective of the absolute costs, the opportunity cost of this research should be kept in mind: For example, continuing to evaluate the MMR-autism hypothesis might come at the expense of not pursuing some of the more promising leads.

Even in the face of substantial and increasing evidence against an MMR–autism association, the discussion around the potential link has contributed to vaccine hesitancy. As a result of a successful immunization program, measles was declared eliminated in the United States in 2000 (5). However, misinformation and the reluctance of many parents to vaccinate their children contributed to the 2015 measles outbreak in Disneyland in California (6) and the 2017 outbreak in Minnesota (7). Five outbreaks have already been reported only in 2019, in which the majority of cases were unvaccinated (8).

Therefore, generating evidence on MMR vaccine safety may be useful but is certainly not sufficient. It has been said that we now live in a “fact-resistant” world where data have limited persuasive value. So how do physicians and public health officials debunk the MMR–autism myth?

An approach similar to that proposed by Cook and Lewandowsky (9) may be useful in addressing the misperceptions regarding vaccines and autism. First, any myth should be clearly labeled as such. For example, there is evidence that a misleading headline can induce a reader to remember the inaccurate information while discounting the correct information presented subsequently. Second, while confronting the erroneous information, the focus should be on a few key facts; it is not essential to rebut every piece of misinformation. Finally, an alternative explanation of the perceived phenomenon should be provided. Otherwise, the individual can revert to their original erroneous belief. A recent book provides talking points to clinicians for addressing common vaccine safety questions, including questions around vaccines and autism, based on the latest vaccine safety literature and these and other evidence-based communications approaches (10).

Original Research | 5 March 2019

[Measles, Mumps, Rubella Vaccination and Autism: A Nationwide Cohort Study \[Free\]](#)

Anders Hviid, DrMedSci; Jørgen Vinsløv Hansen, PhD; Morten Frisch, DrMedSci; Mads Melbye, DrMedSci

Abstract

Background:

The hypothesized link between the measles, mumps, rubella (MMR) vaccine and autism continues to cause concern and challenge vaccine uptake.

Objective:

To evaluate whether the MMR vaccine increases the risk for autism in children, subgroups of children, or time periods after vaccination.

Design:

Nationwide cohort study.

Setting:

Denmark.

Participants:

657,461 children born in Denmark from 1999 through 31 December 2010, with follow-up from 1 year of age and through 31 August 2013.

Measurements:

Danish population registries were used to link information on MMR vaccination, autism diagnoses, other childhood vaccines, sibling history of autism, and autism risk factors to children in the cohort. Survival analysis of the time to autism diagnosis with Cox proportional hazards regression was used to estimate hazard ratios of autism according to MMR vaccination status, with adjustment for age, birth year, sex, other childhood vaccines, sibling history of autism, and autism risk factors (based on a disease risk score).

Results:

During 5,025,754 person-years of follow-up, 6517 children were diagnosed with autism (incidence rate, 129.7 per 100,000 person-years). Comparing MMR-vaccinated with MMR-unvaccinated children yielded a fully adjusted autism hazard ratio of 0.93 (95% CI, 0.85 to 1.02). Similarly, no increased risk for autism after MMR vaccination was consistently observed in subgroups of children defined according to sibling history of autism, autism risk factors (based on a disease risk score) or other childhood vaccinations, or during specified time periods after vaccination.

Limitation:

No individual medical charts were reviewed.

Conclusion:

The study strongly supports that MMR vaccination does not increase the risk for autism, does not trigger autism in susceptible children, and is not associated with clustering of autism cases after vaccination. It adds to previous studies through significant additional statistical power and by addressing hypotheses of susceptible subgroups and clustering of cases.

Primary Funding Source:

Novo Nordisk Foundation and Danish Ministry of Health.

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 9 Mar 2019)

[No new digest content identified]

BMJ Global Health

January 2019 - Volume 4 - - Suppl 1

<https://gh.bmj.com/content/4/1>

Complex health interventions in complex systems: concepts and methods for evidence-informed health decisions

[Reviewed earlier]

BMC Health Services Research

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

(Accessed 9 Mar 2019)

[No new digest content identified]

BMC Infectious Diseases

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

(Accessed 9 Mar 2019)

Editorial

[Sexual health and human rights: protecting rights to promote health](#)

Authors: Joseph D. Tucker, Benjamin M. Meier, Cecilia Devoto, Eva Szunyogova and Stefan Baral

Citation: BMC Infectious Diseases 2019 19:226

Published on: 6 March 2019

Research article

[Herd immunity alters the conditions for performing dose schedule comparisons: an individual-based model of pneumococcal carriage](#)

There is great interest in the use of reduced dosing schedules for pneumococcal conjugate vaccines, a strategy premised on maintaining an acceptable level of protection against disease and carriage of the orga...

Authors: Alan Yang, Francisco Cai and Marc Lipsitch

Citation: BMC Infectious Diseases 2019 19:227

Published on: 5 March 2019

Research article

[Impact of demographic disparities in social distancing and vaccination on influenza epidemics in urban and rural regions of the United States](#)

Self-protective behaviors of social distancing and vaccination uptake vary by demographics and affect the transmission dynamics of influenza in the United States. By incorporating the socio-behavioral differen...

Authors: Meghendra Singh, Prasenjit Sarkhel, Gloria J. Kang, Achla Marathe, Kevin Boyle, Pamela Murray-Tuite, Kaja M. Abbas and Samarth Swarup

Citation: BMC Infectious Diseases 2019 19:221

Published on: 4 March 2019

BMC Medical Ethics

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

(Accessed 9 Mar 2019)

[No new digest content identified]

BMC Medicine

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

(Accessed 9 Mar 2019)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 9 Mar 2019)
[No new digest content identified]

BMC Public Health

<http://bmcpublihealth.biomedcentral.com/articles>
(Accessed 9 Mar 2019)
[No new digest content identified]

BMC Research Notes

<http://www.biomedcentral.com/bmcrenotes/content>
(Accessed 9 Mar 2019)
[No new digest content identified]

BMJ Open

March 2019 - Volume 9 - 3
<http://bmjopen.bmj.com/content/current>
[Reviewed earlier]

Bulletin of the World Health Organization

Volume 97, Number 3, March 2019, 169-244
<https://www.who.int/bulletin/volumes/97/3/en/>
[Reviewed earlier]

Child Care, Health and Development

Volume 45, Issue 2 Pages: 147-311 March 2019
<https://onlinelibrary.wiley.com/toc/13652214/current>
[Reviewed earlier]

Clinical Therapeutics

February 2019 Volume 41, Issue 2, p191-368
<http://www.clinicaltherapeutics.com/current>
[New issue; No digest content identified]

Clinical Trials

Volume 16 Issue 1, February 2019
<https://journals.sagepub.com/toc/ctja/16/1>
[Reviewed earlier]

Conflict and Health

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

[Accessed 9 Mar 2019]
[No new digest content identified]

Contemporary Clinical Trials

Volume 78 Pages 1-146 (March 2019)

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/78/suppl/C>

[Reviewed earlier]

Current Opinion in Infectious Diseases

April 2019 - Volume 32 - Issue 2

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

[Reviewed earlier]

Developing World Bioethics

Volume 18, Issue 4 Pages: 307-432 December 2018

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

[Reviewed earlier]

Development in Practice

Volume 29, Issue 2, 2019

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

[Reviewed earlier]

Disasters

Volume 43, Issue 1 Pages: 1-217 January 2019

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

[Reviewed earlier]

EMBO Reports

Volume 19, Number 12 01 December 2018

<http://embor.embopress.org/content/19/12?current-issue=y>

[Reviewed earlier]

Emerging Infectious Diseases

Volume 25, Number 2—February 2019

<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 147 - 2019

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

Ethics & Human Research

Volume 41, Issue 1 January-February 2019

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

New Challenges and Unresolved Issues

The inaugural issue of Ethics & Human Research (E&HR) marks an exciting milestone in The Hastings Centers' 40-year history of publishing a journal that focuses on the ethical, regulatory, and policy issues related to research with humans. Like its predecessor, IRB: Ethics & Human Research, E&HR will publish conceptual and empirical analyses on a wide range of topics related to the human research enterprise.

The journal's name change conveys to the global community of authors and readers that E&HR is not solely about issues related to institutional review boards (IRBs) in the United States. The title shift provides an opportunity to identify new ethical, policy, and regulatory challenges that rapid developments in science, medicine, and regulatory frameworks bring to the conduct and oversight of human subjects research in the United States and elsewhere. Along with publishing work that investigates new challenges, E&HR aims not only to draw attention to unresolved issues but also to broaden the scope of issues for investigation and analysis in the field of human research ethics. The pieces in this inaugural issue identify several new challenges and hint at some of the unresolved issues and broader topics that merit further attention.

The European Journal of Public Health

SUPPLEMENT - Volume 28, Issue suppl_5, December 2018

https://academic.oup.com/eurpub/issue/28/suppl_5

Health in Crises: Migration, Austerity and Inequalities in Greece and Europe

[Reviewed earlier]

Genome Medicine

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

[Accessed 24 Nov 2018]

[No new digest content identified]

Global Health Action

Volume 11, 2018 – Issue 1

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

[Reviewed earlier]

Global Health: Science and Practice (GHSP)

Vol. 6, No. 4 December 27, 2018

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

[Reviewed earlier]

Global Public Health

Volume 14, 2019 Issue 4

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

Special Issue: Analysing power and politics in health policies and systems;

Guest Editors: Radhika Gore and Richard Parker

[Reviewed earlier]

Globalization and Health

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

[No new digest content identified]

Health Affairs

Vol. 38 , No. 2 February 2019

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

Hospitals, Health IT & More

[Reviewed earlier]

Health and Human Rights

Volume 20, Issue 2, December 2018

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

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

[Reviewed earlier]

Health Economics, Policy and Law

Volume 14 - Special Issue 2 - April 2019

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

SPECIAL ISSUE: Frontiers of Health Policy Research

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

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

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

Health Equity

Volume 2, Issue 1 / September 2018

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

[Reviewed earlier]

Health Policy and Planning

Volume 33, Issue 9, 1 November 2018

<https://academic.oup.com/heapol/issue/33/9>

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 9 Mar 2019]

Research

[Health researchers' experiences, perceptions and barriers related to sharing study results with participants](#)

Although research participants are generally interested in receiving results from studies in which they participate, health researchers rarely communicate study findings to participants. The present study was ...

Authors: Christopher R. Long, Rachel S. Purvis, Elizabeth Flood-Grady, Kim S. Kimminau, Robert L. Rhyne, Mark R. Burge, M. Kathryn Stewart, Amy J. Jenkins, Laura P. James and Pearl A. McElfish

Citation: Health Research Policy and Systems 2019 17:25

Published on: 4 March 2019

Humanitarian Exchange Magazine

Number 74, February 2019

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

Communication and community engagement in humanitarian response

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

Engagement (CCE) initiative, which aims to organise a collective service for communications and community engagement. The articles in this edition take stock of efforts to implement this initiative.

Drawing on lessons from 23 Peer 2 Peer Support missions, [Alice Chatelet and Meg Sattler](#) look at what's needed to integrate CCE into the humanitarian architecture. [Viviane Lucia Fluck and Dustin Barter](#) discuss the institutional and practical barriers to implementing community feedback mechanisms. [Bronwyn Russe](#) analyses the performance of the Nepal inter-agency common feedback project; [Justus Olielo and Charles-Antoine Hofmann](#) outline the challenges of establishing common services in Yemen; and [Gil Francis Arevalo](#) reports on community engagement in preparedness and response in the Philippines. [Ian McClelland and Frances Hill](#) discuss emerging findings from a strategic partnership in the Philippines between the Humanitarian Innovation Fund and the Asian Disaster Reduction and Response Network.

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

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 15, Issue 2, 2019

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 9 Mar 2019]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 9 Mar 2019]

Case report

| 4 March 2019

[HIV prevalence in suspected Ebola cases during the 2014–2016 Ebola epidemic in Sierra Leone](#)

The 2014–2016 Ebola virus epidemic in West Africa was the largest outbreak of Ebola virus disease (EVD) in history. Clarifying the influence of other prevalent diseases such as human

immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) will help improve treatment and supportive care of patients with EVD.

Authors: William J. Liu, Hai-Yang Hu, Qiu-Dong Su, Zhe Zhang, Yang Liu, Yu-Lan Sun, Xian-Da Yang, Da-Peng Sun, Shao-Jian Cai, Xiu-Xu Yang, Idrissa Kamara, Abdul Kamara, Matt Leiby, Brima Kargbo, Patricia Ongpin, Xiao-Ping Dong...

International Health

Volume 11, Issue 2, March 2019

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

EDITORIAL

Editor's Choice

[The World Health Organization Prequalification Programme—playing an essential role in assuring quality medical products](#)

Philip E Coyne, Jr

International Health, Volume 11, Issue 2, 1 March 2019, Pages 79–80,

<https://doi.org/10.1093/inthehealth/ihy095>

The global health community is belatedly recognizing the problem of substandard and falsified (SF) medicines.¹ Two recent landmark events took place in September 2018: while the first-ever Medicines Quality and Public Health Conference was under way in Oxford, UK, a concurrent meeting was taking place during the 73rd Session of the United Nations General Assembly in New York... To date, more than 680 medicines (either FPPs or active pharmaceutical ingredients), 148 vaccines, 331 immunization devices, 71 vector control products and 80 diagnostic tests have been prequalified (unpublished data, WHO). This is an important contribution to the global health community and low- and middle-income countries. The introduction of quality-assured medicines using the WHO prequalification listing can help to displace the SF products that might otherwise be procured....

International Journal of Community Medicine and Public Health

Vol 6, No 2 (2019) February 2019

<https://www.ijcmph.com/index.php/ijcmph/issue/view/47>

[Reviewed earlier]

International Journal of Epidemiology

Volume 47, Issue 6, 1 December 2018

<https://academic.oup.com/ije/issue/47/6>

[Reviewed earlier]

International Journal of Human Rights in Healthcare

Volume 12 Issue 1 2019

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

[New issue; No digest content identified]

International Journal of Infectious Diseases

February 2019 Volume 79, Supplement 1, p1-150 *Open Access*

[https://www.ijidonline.com/issue/S1201-9712\(18\)X0014-9](https://www.ijidonline.com/issue/S1201-9712(18)X0014-9)

International Meeting on Emerging Diseases and Surveillance (IMED) 2018 Abstracts; November 9-12, 2018; Vienna, Austria

[Reviewed earlier]

JAMA

March 5, 2019, Vol 321, No. 9, Pages 815-910

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

[New issue; No digest content identified]

JAMA Pediatrics

March 2019, Vol 173, No. 3, Pages 207-300

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

Original Investigation

[Incidence of Hospitalization for Vaccine-Preventable Infections in Children Following Solid Organ Transplant and Associated Morbidity, Mortality, and Costs](#)

Amy G. Feldman, MD, MSCS; Brenda L. Beaty, MSPH; Donna Curtis, MD, MPH; et al.

JAMA Pediatr. 2019;173(3):260-268. doi:10.1001/jamapediatrics.2018.4954

This cohort study evaluates the number of hospitalizations for vaccine-preventable infections in pediatric solid organ transplant recipients.

Research Letter

[Association of Rotavirus Vaccination With the Incidence of Type 1 Diabetes in Children](#)

Kirsten P. Perrett, MBBS, FRACP, PhD; Kim Jachno, BSc, MBiostat; Terry M. Nolan, MBBS, PhD, FRACP, FAFPHM, FAHMS; et al.

JBI Database of Systematic Review and Implementation Reports

February 2019 - Volume 17 - Issue 2

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

[Reviewed earlier]

Journal of Adolescent Health

Volume 64, Issue 2, Supplement, S1-S140

[https://www.jahonline.org/issue/S1054-139X\(18\)X0002-0](https://www.jahonline.org/issue/S1054-139X(18)X0002-0)

PSYCHOLOGICAL WELL-BEING: INTERNATIONAL TRANSCULTURAL PERSPECTIVES

[Reviewed earlier]

Journal of Community Health

Volume 44, Issue 1, February 2019

<https://link.springer.com/journal/10900/44/1>

[Reviewed earlier]

Journal of Empirical Research on Human Research Ethics

Volume 14 Issue 1, February 2019

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

[Reviewed earlier]

Journal of Epidemiology & Community Health

March 2019 - Volume 73 - 3

<https://jech.bmj.com/content/73/3>

[Reviewed earlier]

Journal of Evidence-Based Medicine

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

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

[New issue; No digest content identified]

Journal of Global Ethics

Volume 14, Issue 2, 2018

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

Special Issue: Reconciliation, Transitional and Indigenous Justice

[Reviewed earlier]

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

Volume 30, Number 1, February 2019

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

Black History Month Themes

[Liberation Medicine, U.S. Child-Family Border Separation, Hurricane Maria and Life Worthy of Life](#)

Clyde Lanford Smith

pp. 1-5

DOI: [10.1353/hpu.2019.0002](https://doi.org/10.1353/hpu.2019.0002)

Abstract:

Liberation Medicine is the conscious, conscientious use of health to promote social justice and human dignity. The new United States of America government policy of separating children from their families at the border has galvanized action on the part of health professionals and their professional organizations. The impact of Hurricane Maria's devastation on 16 September 2017 in Puerto Rico has reverberated throughout the entire United States, and—like other examples globally—reminds us of our responsibility as clinicians to understand and influence social well-being in our patients' lives. Liberation Medicine recognizes the interrelatedness of healthy lives in all corners of the world and the responsibility of health professionals to incorporate social well-being in daily practice. Liberation Medicine affirms that all life is worthy of life, and encourages that vision as a metric within health policy and patient care global to local.

Journal of Immigrant and Minority Health

February 2019, Issue 1, Pages 1-209

<https://link.springer.com/journal/10903/21/1>

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 16, 2018_ Issue 4

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

[Reviewed earlier]

Journal of Infectious Diseases

Volume 217, Issue 11, 9 Mar 2019

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

[Reviewed earlier]

Journal of Medical Ethics

March 2019 - Volume 45 - 3

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

[Reviewed earlier]

Journal of Medical Internet Research

Vol 21, No 1 (2019): January

<https://www.jmir.org/2019/1>

[Reviewed earlier]

Journal of Medical Microbiology

Volume 68, Issue 1, January 2019

<https://jmm.microbiologyresearch.org/content/journal/jmm/68/1>

[Reviewed earlier]

Journal of Patient-Centered Research and Reviews

Volume 6, Issue 1 (2019)

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

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 7, Issue 4, December 2018

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

[Reviewed earlier]

Journal of Pediatrics

March 2019 Volume 206, p1-310

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

[Reviewed earlier]

Journal of Pharmaceutical Policy and Practice

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

[Accessed 9 Mar 2019]

No new digest content identified]

Journal of Public Health Management & Practice

March/April 2019 - Volume 25 - Issue 2

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

[New issue; No digest content identified]

Journal of Public Health Policy

Volume 40, Issue 1, March 2019

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

[Reviewed earlier]

Journal of the Royal Society – Interface

6 February 2019 [Volume 16](#)[Issue 151](#)

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

[Reviewed earlier]

Journal of Travel Medicine

Volume 25, Issue suppl_1, 1 May 2018

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

Asian travel: from the rare to the difficult

[Reviewed earlier]

Journal of Virology

March 2019; Volume 93, Issue 5

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

[Reviewed earlier]

The Lancet

Mar 09, 2019 Volume 393 Number 10175 p959-1070, e33-e34

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

Editorial

Canada's mandatory vaccination reporting plans

The Lancet

An outbreak of measles in Vancouver, BC, Canada, has prompted new considerations about mandatory vaccination and reporting as tools to manage outbreaks and increase vaccination coverage. The city is dealing with the outbreak—caused by an unvaccinated child introducing measles after travel to Vietnam—at a time when UNICEF [reports](#) an “alarming global surge of measles cases”. In the USA, measles incidence increased by 559% to 791 cases in 2018, prompting [congressional hearings](#) to manage the growing public health threat.

BC plans follow the model of other Canadian provinces and US states, many of which also require immunisation records for school entry. Parents who refuse for religious or philosophical grounds are often required to attend a course on the risks of not vaccinating their children.

Mandatory reporting, which involves parents or schools providing information to public health authorities about the immunisation status of all children—is vital for knowing who is immunised and to what extent. When an outbreak occurs, central registries help quickly establish which students should be excluded. But mandatory reporting is not a panacea, says Althea Hayden, medical health officer in Vancouver. With sufficient funding, mandatory reporting can increase vaccine uptake among the willing who might be unaware that their children are not vaccinated or haven't had easy access to vaccinations.

But outbreaks generally take hold in small pockets of under-vaccination, says Hayden, and mandatory reporting is not an effective strategy for motivating the vaccine hesitant. Indeed, even coupled with education, mandates for immunisation can entrench anti-vaccine views and be counterproductive to public health goals. Whole-government strategies are needed. The longstanding practice in Canada and the USA of linking vaccine uptake strategies to schooling should be reconsidered. Many contemporary outbreaks are started by unvaccinated travellers. Authorities might need to consider requiring vaccination for passports, as Argentina has announced, and for entry requirements, as with yellow-fever vaccination.

Lancet Global Health

Mar 2019 Volume 7 Number 3 e281-e384

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

[Reviewed earlier]

Lancet Infectious Diseases

Mar 2019 Volume 19 Number 3 p217-338, e63-e108

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

[Reviewed earlier]

Lancet Respiratory Medicine

Mar 2019 Volume 7 Number 3 p187-282, e10-e12

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

[Reviewed earlier]

Maternal and Child Health Journal

Volume 23, Issue 3, March 2019

<https://link.springer.com/journal/10995/23/3>

[New issue; No digest content identified]

Medical Decision Making (MDM)

Volume 39 Issue 2, February 2019

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

Volume 96, Issue 4 Pages: 607-882 December 2018

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

[Reviewed earlier]

Nature

Volume 567 Issue 7746, 7 March 2019

http://www.nature.com/nature/current_issue.html

[New issue; No digest content identified]

Nature Genetics

Volume 51 Issue 3, March 2019

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

[Reviewed earlier]

Nature Medicine

Volume 25 Issue 3, March 2019

<https://www.nature.com/nm/volumes/25/issues/3>

Focus on Cancer Therapy

Reducing the burden of cancer remains a critical global health challenge. Ahead of the 2019 meeting of the American Association of Cancer Research, we bring our readers a special Focus on Cancer Therapy that highlights opportunities and challenges in our understanding of the disease, the development of new therapeutic approaches and the need for improved care and early diagnosis.

Editorial | 06 March 2019

Think globally about cancer

Cancer surveillance programs have reported a global downward trend in cancer mortality rates for most common tumor types. However, startling geographic inequalities exist, and some

cancers continue to pose a challenge. Ensuring global access to high-quality diagnostic and treatment approaches is needed to make decreasing cancer deaths a more widespread trend.

Nature Reviews Genetics

Volume 20 Issue 3, March 2019

<https://www.nature.com/nrg/volumes/20/issues/3>

[Reviewed earlier]

Nature Reviews Immunology

Volume 19 Issue 3, March 2019

<https://www.nature.com/nri/volumes/19/issues/3>

[Reviewed earlier]

New England Journal of Medicine

March 7, 2019 Vol. 380 No. 10

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

Perspective

[After the Storm — A Responsible Path for Genome Editing](#)

George Q. Daley, M.D., Ph.D., Robin Lovell-Badge, Ph.D., and Julie Steffann, M.D., Ph.D.

Review Article *Frontiers in Medicine*

[A New Class of Medicines through DNA Editing](#)

Matthew H. Porteus, M.D., Ph.D.

Medicine and Society

[The Future of Gene Editing — Toward Scientific and Social Consensus](#)

L . Rosenbaum

Original Article

[A Longitudinal Study of Ebola Sequelae in Liberia](#)

The PREVAIL III Study Group

A relatively high burden of symptoms was seen in all participants, but certain symptoms and examination findings were more common among survivors. With the exception of uveitis, these conditions declined in prevalence during follow-up in both groups. Viral RNA in semen persisted for a maximum of 40 months.

Pediatrics

March 2019, VOLUME 143 / ISSUE 3

<https://pediatrics.aappublications.org/content/143/3?current-issue=y>

[Reviewed earlier]

Pharmaceutics

Volume 11, Issue 1 (January 2019)

<https://www.mdpi.com/1999-4923/11/1>
[Reviewed earlier]

PharmacoEconomics

Volume 37, Issue 3, March 2019
<https://link.springer.com/journal/40273/37/3>
[Reviewed earlier]

PharmacoEconomics & Outcomes News

Volume 821, Issue 1, February 2019
<https://link.springer.com/journal/40274/821/1>
[Reviewed earlier]

PLOS Currents: Disasters

<http://currents.plos.org/disasters/>
[Accessed 9 Mar 2019]
[No new digest content identified]

PLoS Currents: Outbreaks

<http://currents.plos.org/outbreaks/>
[Accessed 9 Mar 2019]
[No new digest content identified]

PLoS Medicine

<http://www.plosmedicine.org/>
(Accessed 9 Mar 2019)
Research Article

[Potential effectiveness of prophylactic HPV immunization for men who have sex with men in the Netherlands: A multi-model approach](#)

Johannes A. Bogaards, Sofie H. Mooij, Maria Xiridou, Maarten F. Schim van der Loeff
| published 04 Mar 2019 PLOS Medicine
<https://doi.org/10.1371/journal.pmed.1002756>

PLoS Neglected Tropical Diseases

<http://www.plosntds.org/>
(Accessed 9 Mar 2019)
Research Article

[A little goes a long way: Weak vaccine transmission facilitates oral vaccination campaigns against zoonotic pathogens](#)

Andrew J. Basinski, Scott L. Nuismer, Christopher H. Remien
Research Article | published 08 Mar 2019 PLOS Neglected Tropical Diseases
<https://doi.org/10.1371/journal.pntd.0007251>

Abstract

Zoonotic pathogens such as Ebola and rabies pose a major health risk to humans. One proven approach to minimizing the impact of a pathogen relies on reducing its prevalence within animal reservoir populations using mass vaccination. However, two major challenges remain for vaccination programs that target free-ranging animal populations. First, limited or challenging access to wild hosts, and second, expenses associated with purchasing and distributing the vaccine. Together, these challenges constrain a campaign's ability to maintain adequate levels of immunity in the host population for an extended period of time. Transmissible vaccines could lessen these constraints, improving our ability to both establish and maintain herd immunity in free-ranging animal populations. Because the extent to which vaccine transmission could augment current wildlife vaccination campaigns is unknown, we develop and parameterize a mathematical model that describes long-term mass vaccination campaigns in the US that target rabies in wildlife. The model is used to investigate the ability of a weakly transmissible vaccine to (1) increase vaccine coverage in campaigns that fail to immunize at levels required for herd immunity, and (2) decrease the expense of campaigns that achieve herd immunity. When parameterized to efforts that target rabies in raccoons using vaccine baits, our model indicates that, with current vaccination efforts, a vaccine that transmits to even one additional host per vaccinated individual could sufficiently augment US efforts to preempt the spread of the rabies virus. Higher levels of transmission are needed, however, when spatial heterogeneities associated with flight-line vaccination are incorporated into the model. In addition to augmenting deficient campaigns, our results show that weak vaccine transmission can reduce the costs of vaccination campaigns that are successful in attaining herd immunity.

Author summary

Zoonotic pathogens pose a significant health risk to humans. Mass vaccination programs have shown promise for controlling zoonoses in reservoir populations and, in turn, lessening the health burden posed to neighboring human populations. Despite some significant successes, major logistical challenges remain for programs that seek to establish and maintain herd immunity in free-ranging animal populations. Specifically, limited host access and costs associated with vaccine distribution may hinder efforts to vaccinate a host population and preempt spillover of a zoonotic pathogen. We use mathematical models, parameterized with data from campaigns in the US that target rabies in wildlife, to illustrate how transmissible vaccines can overcome these challenges. Specifically, we find levels of vaccine transmission necessary to boost vaccination efforts that seek to preempt the spread of rabies, and also predict the cost savings that could be realized with a transmissible vaccine.

PLoS One

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

[Accessed 9 Mar 2019]

[Vaccination differences among U.S. adults by their self-identified sexual orientation, National Health Interview Survey, 2013–2015](#)

Anup Srivastav, Alissa O'Halloran, Peng-Jun Lu, Walter W. Williams, Sonja S. Hutchins

Research Article | published 07 Mar 2019 PLOS ONE

<https://doi.org/10.1371/journal.pone.0213431>

[Projections of Ebola outbreak size and duration with and without vaccine use in Equateur, Democratic Republic of Congo, as of May 27, 2018](#)

J. Daniel Kelly, Lee Worden, S. Rae Wannier, Nicole A. Hoff, Patrick Mukadi, Cyrus Sinai, Sarah Ackley, Xianyun Chen, Daozhou Gao, Bernice Selo, Mathais Mossoko, Emile Okitolonda-Wemakoy, Eugene T. Richardson, George W. Rutherford, Thomas M. Lietman, Jean Jacques Muyembe-Tamfum, Anne W. Rimoin, Travis C. Porco
Research Article | published 07 Mar 2019 PLOS ONE
<https://doi.org/10.1371/journal.pone.0213190>

PLoS Pathogens

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

[Accessed 9 Mar 2019]

[No new digest content identified]

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

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

[Accessed 9 Mar 2019]

[No new digest content identified]

Prehospital & Disaster Medicine

Volume 34 - Issue 1 - February 2019

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

[Reviewed earlier]

Preventive Medicine

Volume 120 Pages 1-160 (March 2019)

<https://www.sciencedirect.com/journal/preventive-medicine/vol/120/suppl/C>

[Reviewed earlier]

Proceedings of the Royal Society B

29 August 2018; volume 285, issue 1885

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

[Reviewed earlier]

Public Health

Volume 167 Pages 1-160, A1-A2 (February 2019)

<http://www.publichealthjrnal.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 134 Issue 2, March/April 2019

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

Commentary

Three Changes Public Health Scientists Can Make to Help Build a Culture of Reproducible Research

Jenine K. Harris, PhD, Todd B. Combs, PhD, Kimberly J. Johnson, PhD, Bobbi J. Carothers, PhD, Douglas A. Luke, PhD, Xiaoyan Wang, MD

First Published January 18, 2019; pp. 109–111

Special Article

Measles and the Modern History of Vaccination

Elena Conis, PhD, MS, MJ

First Published February 14, 2019; pp. 118–125

Preview

The modern era of vaccination was heralded with the licensure of the first 2 measles vaccines in 1963. This new era was distinct from the preceding era of vaccination for 4 main reasons. First, federal leadership in support of immunization at the local level grew. Second, immunization proponents championed the required vaccination of children as the best means of ensuring a protected population. Third, immunization proponents championed the idea that mass vaccination would not only help manage infectious diseases but also eradicate them. Fourth, the focus of local and federally supported immunization initiatives began to extend to the “mild” and “moderate” diseases of childhood (eg, measles), so-called because they were seen as less severe than previous targets of mass vaccination, such as smallpox, polio, and diphtheria. This article follows the history of measles to explore immunization successes and challenges in this modern era, because measles was the first of the mild and moderate diseases to become the target of a federally supported eradication-through-vaccination campaign, one that relied heavily on the preemptive, required vaccination of children. Its story thus epitomizes the range of political, epidemiological, cultural, and communications challenges to mass immunization in the modern era of vaccination.

Qualitative Health Research

Volume 29 Issue 4, March 2019

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

[Reviewed earlier]

Research Ethics

Volume 15 Issue 1, January 2019

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

[Reviewed earlier]

Reproductive Health

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

[Accessed 9 Mar 2019]

[No new digest content identified]

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

http://www.paho.org/journal/index.php?option=com_content&view=featured&Itemid=101

Latest Articles

[No new digest content identified]

Risk Analysis

Volume 39, Issue 3 Pages: 509-740 March 2019

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

[New issue; No digest content identified]

Risk Management and Healthcare Policy

Volume 11, 2018

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

[Reviewed earlier]

Science

08 March 2019 Vol 363, Issue 6431

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

In Depth

[China tightens rules on gene editing](#)

By Dennis Normile

Science08 Mar 2019 : 1023 Restricted Access

Summary

Responding to the outcry over the news that one of its scientists produced genetically altered babies, the Chinese government last week issued draft regulations that would require national approval for clinical research involving gene editing and other "high-risk biomedical technologies." The need for new regulations was highlighted in November 2018 when He Jiankui, then of Southern University of Science and Technology in Shenzhen, China, announced that he had used the CRISPR genome-editing system to alter the DNA of embryos in order to make them resistant to HIV. Most countries ban such germline engineering, which creates changes that are passed to future generations. Chinese researchers generally welcome the increased oversight, but some worry the rules could hamper less controversial areas of research.

[Vaccination opponents target CDC panel](#)

By Meredith Wadman

Science08 Mar 2019 : 1024 Restricted Access

Protesters assail committee that recommends which vaccines Americans should receive.

Summary

The U.S. antivaccine movement has found a new front for its attack on scientists and their work: gatherings of the Advisory Committee on Immunization Practices (ACIP), which recommends which vaccines Americans should receive. Since last summer, increasing numbers of vaccine resisters have come to ACIP meetings, held three times a year at the campus of the Centers for Disease Control and Prevention in Atlanta. There, amid heightened security during a public comment session last week, scores of vaccine opponents applauded as others vented their anger at the 15 buttoned-down experts on the panel—and lambasted vaccination in general. "This may be the new normal," said ACIP Chair José Romero, a pediatric infectious disease specialist at the University of Arkansas for Medical Sciences and Arkansas Children's Hospital in Little Rock

Science Translational Medicine

06 March 2019 Vol 11, Issue 482

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

[New issue; No digest content identified]

Social Science & Medicine

Volume 224 Pages 1-156 (March 2019)

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/224/suppl/C>

[Reviewed earlier]

Systematic Reviews

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

[Accessed 9 Mar 2019]

[No new digest content identified]

Travel Medicine and Infectious Diseases

Volume 27 Pages 1-142 (January–February 2019)

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

[Reviewed earlier]

Tropical Medicine & International Health

Volume 24, Issue 3 Pages: i-iv, 259-378 March 2019

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

[Reviewed earlier]

Vaccine

Volume 37, Issue 12 Pages 1541-1720 (14 March 2019)

<https://www.sciencedirect.com/journal/vaccine/vol/37/issue/12>

Research article Abstract only

[**Poliovirus immunity among children under five years-old in accessible areas of Afghanistan, 2013**](#)

Christopher H. Hsu, Kathleen A. Wannemuehler, Sajid Soofi, Mohd Mashal, ... Noha H. Farag
Pages 1577-1583

Research article Abstract only

[Optimization of a multivalent peptide vaccine for nicotine addiction](#)

David F. Zeigler, Richard Roque, Christopher H. Clegg
Pages 1584-1590

Research article Open access

[Seasonal influenza vaccination policies in the Eastern Mediterranean Region: Current status and the way forward](#)

Abdinasir Abubakar, Nada Melhem, Mamunur Malik, Ghassan Dbaibo, ... Hassan Zaraket
Pages 1601-1607

Vaccine: Development and Therapy

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

(Accessed 9 Mar 2019)

[No new digest content identified]

Vaccines — Open Access Journal

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

(Accessed 9 Mar 2019)

Open Access Article

[Knowledge and Perceptions of Adverse Events Following Immunization among Healthcare Professionals in Africa: A Case Study from Ghana](#)

by [Peter Yamoah](#), [Varsha Bangalee](#) and [Frasia Oosthuizen](#)

Vaccines 2019, 7(1), 28; <https://doi.org/10.3390/vaccines7010028> (registering DOI) - 8 March 2019

Abstract

The spontaneous reporting of suspected adverse events following immunization (AEFI) by healthcare professionals (HCPs) is vital in monitoring post-licensure vaccine safety. The main objective of this study was to assess the knowledge and perceptions of AEFIs among healthcare professionals (HCPs) in Africa, using the situation in Ghana as a case study. The study was of a cross-sectional quantitative design, and was carried out from 1 July 2017 to 31 December 2017 with doctors, pharmacists, and nurses as the study participants. A 28-item paper-based questionnaire, delivered by hand to study participants, was the data collection tool in the study. The study was conducted in 4 hospitals after ethical approval was granted. The desired sample size was 686; however, 453 consented to partake in the study. Data were analyzed using SPSS (software version 22, IBM, Armonk, NY, USA), and chi-square and binary logistic regression tests were used for tests of association between HCPs' characteristics and their knowledge and perceptions. Detailed knowledge of AEFIs was ascertained with a set of 9 questions, with 8 or 9 correctly answered questions signifying high knowledge, 5 to 7 correctly answered questions signifying moderate knowledge, and below 5 correctly answered questions signifying low knowledge. A set of 10 questions also ascertained HCPs' positive and negative perceptions of AEFI. Results revealed that knowledge of AEFIs was high in 49 (10.8%) participants, moderate in 213 (47.0%) participants, and low in 191 (42.2%) participants. There was no statistically

significant correlation between AEFI knowledge and professions. The highest negative perception was the lack of desire to learn more about how to diagnose, report, investigate, and manage AEFI, whereas the lowest was the lack of belief that surveillance improves public trust in immunization programs. There was a general awareness of AEFIs among HCPs in this study. However, negative perceptions and the lack of highly knowledgeable HCPs regarding AEFIs were possible setbacks to AEFI diagnosis, management, prevention, and reporting. More training and sensitization of HCPs on AEFIs and vaccine safety will be beneficial in improving the situation. Future research should focus on assessing the training materials and methodology used in informing HCPs about AEFIs and vaccine safety

Value in Health

March 2019 Volume 22, Issue 3, p267-384

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

[Reviewed earlier]

Viruses

Volume 11, Issue 2 (February 2019)

<https://www.mdpi.com/1999-4915/11/2>

Open Access Article

[Priorities, Barriers, and Facilitators towards International Guidelines for the Delivery of Supportive Clinical Care during an Ebola Outbreak: A Cross-Sectional Survey](#)

by [Marie-Claude Battista](#), [Christine Loignon](#), [Lynda Benhadj](#), [Elysee Nouvet](#), [Srinivas Murthy](#), [Robert Fowler](#), [Neill K. J. Adhikari](#), [Adnan Haj-Moustafa](#), [Alex P. Salam](#), [Adrienne K. Chan](#), [Sharmistha Mishra](#), [Francois Couturier](#), [Catherine Hudon](#), [Peter Horby](#), [Richard Bedell](#), [Michael Rekart](#), [Jan Hajek](#) and [Francois Lamontagne](#)

Viruses 2019, 11(2), 194; <https://doi.org/10.3390/v11020194>

Received: 29 January 2019 / Revised: 18 February 2019 / Accepted: 20 February 2019 /

Published: 23 February 2019

Abstract

During the Ebola outbreak, mortality reduction was attributed to multiple improvements in supportive care delivered in Ebola treatment units (ETUs). We aimed to identify high-priority supportive care measures, as well as perceived barriers and facilitators to their implementation, for patients with Ebola Virus Disease (EVD). We conducted a cross-sectional survey of key stakeholders involved in the response to the 2014–2016 West African EVD outbreak. Out of 57 email invitations, 44 responses were received, and 29 respondents completed the survey. The respondents listed insufficient numbers of health workers (23/29, 79%), improper tools for the documentation of clinical data (n = 22/28, 79%), insufficient material resources (n = 22/29, 76%), and unadapted personal protective equipment (n = 20/28, 71%) as the main barriers to the provision of supportive care in ETUs. Facilitators to the provision of supportive care included team camaraderie (n in agreement = 25/28, 89%), ability to speak the local language (22/28, 79%), and having treatment protocols in place (22/28, 79%). This survey highlights a consensus across various stakeholders involved in the response to the 2014–2016 EVD outbreak on a limited number of high-priority supportive care interventions for clinical practice guidelines. Identified barriers and facilitators further inform the application of guidelines.

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

Journal of Refugee & Global Health

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

Original Research

[Reasons for vaccine declination in healthy individuals attending an international vaccine and travel clinic](#)

TL Wiemken, JA Ramirez, R Carrico

Abstract

Little is known about the vaccine-related health behaviors of healthy individuals. We surveyed healthy individuals attending a vaccine center to define the reasons behind vaccine declination when the vaccine is warranted under current guidance. Declination due to perceived risks of the vaccines were by far the most common rationale, suggesting continued need for public health educational campaigns.

The Journal for Healthcare Quality (JHQ)

Published Ahead-of-Print

[Text Message Quality Improvement Project for Influenza Vaccine in a Low-Resource Largely Latino Pediatric Population](#)

E Sloand, B VanGraafeiland, A Holm, A MacQueen...

ABSTRACT

Children with asthma are targeted for influenza vaccine because of their vulnerability to complications, particularly those with low income or family preference for Spanish language. We used text messaging to encourage caregivers to vaccinate. Participants were children (aged >6 months), predominantly low income and Latino, with an asthma diagnosis attending a pediatric clinic. Interactive text messages that described the vaccine and how to make an appointment were sent to parents in English or Spanish, January 2016 to April 2017. Year 1 messages were evaluated by the investigators considering vaccination results and evidence in the literature. Improvements for Year 2 included timing of message, clarity of message, and using the family language of preference. Messages went to 398 (Year 1) and 485 (Year 2) families. Sixty-four percent of families preferred English; 35% preferred Spanish. Children in Spanish-speaking families were significantly more likely than children in English-speaking families to be vaccinated, 66% versus 46%. Text messaging is a straightforward, low-cost health promotion strategy with potential to improve child health. Quality improvement efforts in outpatient settings with low-income and limited English proficiency families are needed. mHealth strategies may help address the needs of vulnerable populations. SQUIRE V.2.0 guidelines were used for manuscript writing and reporting.

Journal of the American Association of Nurse Practitioners

February 27, 2019 - Volume Online Now - Issue - p

[Improving influenza immunization rates in the uninsured](#)

AL Falcone

Abstract

Background and Purpose: Infection from influenza virus causes tens of thousands of deaths annually in the United States, costing millions to manage hospital complications. Barriers exist for patients to choose the influenza vaccine, which is proven to effectively reduce incidence of infection and complications from influenza virus. A significant percent of uninsured patients are at high risk of these complications because of chronic illness. This article examines the literature for evidence of effective interventions to increase influenza uptake rate in the uninsured adult population.

Methods: Literature review of data sources including the Cumulative Index to Nursing and Allied Health Literature, PubMed, Scopus, and the Cochrane Database of Systematic Reviews.

Conclusions: Effective interventions include free vaccines, mass communication efforts, implementing an influenza questionnaire, training health care workers, using a vaccine facilitator, implementing a standing orders policy and opt-out policy, scheduling year-round appointments, clinicians recommending the vaccine, clinician audit and feedback, tracking in an electronic medical record, and narrative communication techniques.

Implications for practice: To reduce influenza-related costs, and improve health outcomes, it is imperative that nurse practitioners use evidence-based interventions in the practice setting to increase influenza uptake rates in the adult uninsured population.

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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 Associated Press

<https://apnews.com/>

Accessed 9 Mar 2019

[CDC: Unvaccinated Oregon boy almost dies of tetanus](#)

By GILLIAN FLACCUS

PO RTLAND, Ore. (AP) — An unvaccinated 6-year-old Oregon boy was hospitalized for two months for tetanus and almost died of the bacterial illness after getting a deep cut while playing on a farm, according to a [case study](#) published Friday by the U.S. Centers for Disease Control and Prevention.

The 2017 case is the first case of pediatric tetanus in Oregon in more than 30 years and alarmed infectious disease experts who said tetanus is almost unheard of in the U.S. since widespread immunization began in the 1940s.

The child received an emergency dose of the tetanus vaccine in the hospital, but his parents declined to give him a second dose — or any other childhood shots — after he recovered, the paper said...

The Atlantic

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

Accessed 9 Mar 2019

[No new, unique, relevant content]

BBC

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

Accessed 9 Mar 2019

[No new, unique, relevant content]

The Economist

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

Accessed 9 Mar 2019

Fever pitch

[Measles outbreaks in America are getting harder to contain](#)

The biggest have occurred among insular religious or immigrant groups

Mar 9th 2019

Financial Times

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

Accessed 9 Mar 2019

[No new, unique, relevant content]

Forbes

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

Accessed 9 Mar 2019

Mar 8, 2019

[An Unvaccinated Oregon Boy Got Tetanus And Spent 57 Days In The Hospital, Costing Over \\$800K](#)

This was the first reported case of a child getting tetanus in Oregon in over 30 years.

By Bruce Y. Lee, Contributor

Foreign Affairs

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

Accessed 9 Mar 2019

[No new, unique, relevant content]

Foreign Policy

<http://foreignpolicy.com/>

Accessed 9 Mar 2019

Voice

[The World's Many Measles Conspiracies Are All the Same](#)

The deadly disease is spreading rapidly around the globe, fueled by a cratering of social trust.
March 6, 2019, 4:28 PM Laurie Garrett

The Guardian

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

Accessed 9 Mar 2019

[No new, unique, relevant content]

New Yorker

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

Accessed 9 Mar 2019

Annals of Technology

[Mark Zuckerberg's Plans to Capitalize on Facebook's Failures](#)

Zuckerberg's new vision is a more private Facebook, but this shift would only make the platform more likely to become a broadcast channel for all sorts of odious ideas and behaviors.

By Sue Halpern

March 7, 2019

New York Times

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

Accessed 9 Mar 2019

March 9, 2019

Sunday Review

[The Real Horror of the Anti-Vaxxers](#)

This isn't just a public health crisis. It's a public sanity one.

By Frank Bruni

March 9, 2019

Africa

[Ebola Treatment Center in Congo Is Attacked Again; 1 Dead](#)

Heavily armed assailants again attacked an Ebola treatment center in the heart of eastern Congo's deadly outbreak on Saturday, with one police officer killed and health workers injured, authorities said, while frightened patients waited in isolation rooms for the gunfire to end.

March 8, 2019

U.S.

[NY Lawmakers: Let Minors Get Vaccinated Even if Parents Balk](#)

A new bill in the New York state Legislature would allow minors to get vaccinated without parental consent.

March 8, 2019

Asia Pacific

[As Polio Goal Nears, Pakistan Pushes Against Vaccine Misinformation](#)

As Pakistan closes in on eradicating polio, Prime Minister Imran Khan's office has urged the country's telecoms regulator to take action against misinformation spread on social media discouraging vaccination against it and other diseases.

March 8, 2019

Europe

[Without Vaccine, Hundreds of Children Die in Madagascar Measles Outbreak](#)

Two months ago, giggles floated through the home of fisherman Dada as his four-year-old son played ball outside with his two younger cousins on one of Madagascar's famed sun soaked beaches.

March 7, 2019

Opinion

[Finding Compassion for 'Vaccine-Hesitant' Parents](#)

They're infuriating and dangerous. I try to remember they're also the terrified victims of misinformation.

By Wajahat Ali

March 6, 2019

Opinion

[This Is the Truth About Vaccines](#)

Deadly diseases that should be seen only in history books are showing up in our emergency rooms.

By Brett P. Giroir, Robert R. Redfield and Jerome M. Adams

March 5, 2019

Health

[Teen Tells Senate Why He Defied His Mom to Get Vaccinated](#)

An Ohio teen defied his mother's anti-vaccine beliefs and started getting his shots when he turned 18 — and told Congress on Tuesday that it's crucial to counter fraudulent claims on social media that scare parents.

Wall Street Journal

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

Accessed 9 Mar 2019

U.S.

[Amid Measles Outbreaks, States Seek to Force Parents to Vaccinate Children](#)

By Kate King

March 4, 2019 8:00 am ET

Measles outbreaks nationwide have prompted several states to restrict or eliminate religious and personal-belief exemptions that parents use to avoid having their children vaccinated against the disease.

Washington Post

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

Accessed 9 Mar 2019

[Rand Paul is wrong: Vaccines are no threat to liberty](#)

Saad B. Omer · Mar 8, 2019

[States are failing on vaccinations. The federal government must lead.](#)

Scott C. Ratzan, Barry R. Bloom, Lawrence O. Gostin and Jonathan Fielding · Editorial-Opinion · Mar 7, 2019

Public health shouldn't be invasive. Vaccination skeptics make that harder.

Michael Gerson · Editorial-Opinion · Mar 7, 2019

Sen. Rand Paul says government should not force people to receive vaccinations

Felicia Sonmez · National-Politics · Mar 5, 2019

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Think Tanks et al

Brookings

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

Accessed 9 Mar 2019

[No new relevant content]

Center for Global Development

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

[No new relevant content]

CSIS

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

Accessed 9 Mar 2019

[No new relevant content]

Council on Foreign Relations

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

Accessed 9 Mar 2019

[No new relevant content]

Kaiser Family Foundation

https://www.kff.org/search/?post_type=press-release

Accessed 9 Mar 2019

[No new relevant content]

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

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

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

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