Vaccine Preventable Diseases

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Vaccine Preventable Diseases

- Anthrax
- Cervical cancer & Anogenital warts
- Diphtheria
- Hepatitis A & B
- Haemophilus Influenza Type B
- Herpes Zoster
- Influenza (Seasonal and H1N1)
- Japanese encephalitis
- Meningococcal (A, C, W, Y, B)
- Measles
- Mumps
- Pertussis

- Pneumococcal
- Poliomyelitis
- Rabies
- Rotavirus
- Rubella
- Smallpox
- Tetanus
- Tuberculosis
- Typhoid Fever
- Varicella
- Yellow Fever

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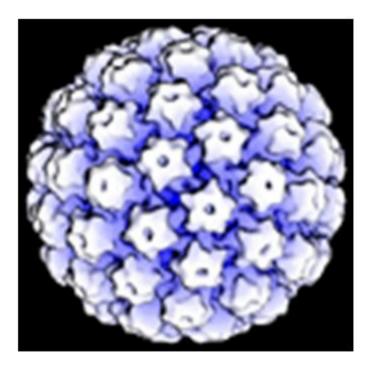
Objectives

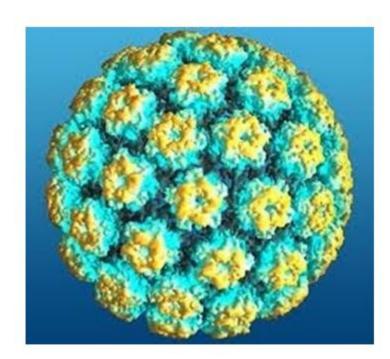
To describe vaccine preventable diseases

- Mode of transmission
- Incubation period
- Period of infectivity
- Clinical features

Human Papilloma viruses (HPV)

• DNA virus, double strand, circular, Icosahedral nucleocapsid, small size (45-55nm). No envelope





HPV - Transmission

- Transmitted:
 - Sexually
 - Vertically
- Acquisition of at least one type occurs soon after sexual debut
- Infection with multiple types
- Highly contagious

HPV - Natural History

- Majority are transient
- Median duration of a new infection is 8 months
- High and low risk types
- Persistent infection can lead to CIN and cervical cancer

HPV

- Clinical spectrum ranges from asymptomatic infection to benign warts and invasive cancer
- Persistent infection with high risk types -
 - 99% of cervical cancers
 - 90% anal cancers
 - 65% vaginal cancers
 - 60% oropharyngeal cancers
 - 50% vulvar cancers
 - 35% penile cancers



HPV

- Europe: Types 16 and 18 responsible for >70% cervical cancers
- Low risk types 6 and 11 are associated with >90% of genital warts

Gardasil

- GARDASIL[®]9 (Human Papillomavirus 9-valent Vaccine, Recombinant) helps protect girls and women ages 9 to 26 against cervical, vaginal, vulvar, and anal cancers and genital warts caused by 9 types of HPV.
- GARDASIL 9 does not prevent all types of cervical cancer, so it's important for women to get routine cervical cancer screenings.

A success story

 On August 29th 2016, Australian Professor Ian Frazer stated that after ten years of Gardasil HPV vaccine use "the number of new cases of cervical cancer in women has halved" in Australia



- Toxigenic strains of Corynebacterium diphtheria, C. ulcerans
- Aerobic, Gram-positive
- Reservoir humans
- Transmission
 - Droplet spread
 - Fomites from skin lesions
- Incubation period: 2-5 days
- Period of communicability: Up to 6 weeks without antibiotics
 - Carriers may shed for longer

- Insidious onset
 - Low grade fever
 - Sore Throat
- 1-2 days: patchy exudates becoming confluent over 2-3 days
- Greyish membrane
- "Bull neck"



© CENTERS FOR DISEASE CONTROL AND PREVENTION

- Laryngeal:
 - Obstructive symptoms
 - Hoarseness
 - Croupy cough
 - Inspiratory distress
 - Extension of pseudomembrane severe airflow limitation
- Cutaneous: indolent, burn or wound sites
 Tropic's
- Rarely: conjunctival, aural and vaginal

- Case fatality rate: 5 to 10%
 - Higher: Young, old and untreated
 - Deaths: myocarditis and airway obstruction
- Eliminated in Ireland

- Hepatitis A virus
- Acute, usually mild and self limiting
- No chronic liver disease or carrier state
- Ranges from mild illness lasting 1 to 2 weeks to very severe, fulminant hepatitis and death
 - Case fatality rate 2% (adults >50 yr)



- The most common symptoms:
 - fever
 - loss of appetite
 - nausea
 - fatigue
 - abdominal pain
 - Jaundice (70% in adults)

- In developed countries, hepatitis A is most commonly seen among:
 - travelers to endemic countries
 - household or sexual contacts of known cases
 - injecting drug users (IDU)
 - men who have sex with men (MSM)
- Transmission: mainly faecal-oral route (person-person)
 - Increased risk in areas of close contact: day care, residential homes
 - Food and water contamination
 - IVDU
 - Sexual contact

- Incubation period 28 to 30 days (range 15 to 50 days)
- Most infectious 1 to 2 weeks prior to jaundice onset

- DNA virus
- Can cause:
 - Acute hepatitis
 - Chronic Hepatitis
 - Cirrhosis
 - Primary Hepatocellular Carcinoma

- Incubation period: 60 to 90 days (range 45 to 180)
- Highly infectious
 - Found in virtually all body excretions and secretions
 - Can survive in the environment for a week or longer
- Transmission:
 - Sexual contact
 - Percutaneous exposure
 - Perinatal
 - Close household contacts
 - Bite injuries rare
 - IVDU



- Clinical manifestations age dependent
 - Acute: subclinical, flu-like
 - Insidious
 - Fatigue
 - Anorexia
 - Vague abdominal discomfort
 - Nausea and vomiting
 - Arthralgia
 - Rash
 - Jaundice (30 to 50% adults)
- Progression to chronic infection

Haemophilus Influenza

- Gram negative, coccobacillus
- Humans are the only reservoir
- Encapsulated versus non-encapsulated strains
- Transmission: droplet spread
- Nasal carriage

Haemophilus Influenza

- Invasive disease
 - Meningitis
 - Mortality 2 to 5%
 - Epiglottitis
 - Pneumonia, septic arthritis, cellulitis,
 osteomyelitis, pericarditis and otitis media

- RNA virus Orthomyxovirus family
- Three Types: A, B, C
- Subtypes based on the content of virus surface antigens
 - Haemagglutinin (H) and Neuraminidase (N)
- Antigenic drift
- Antigenic shift

Flu vaccine



- Transmission Person to person
 - Aerosol or droplet spread
 - Contact with contaminated surfaces
- Highly infectious
- Period of infectivity: 1 to 2 days before to 4 5 days after symptom onset
- Incubation Period: 1 to 4 days

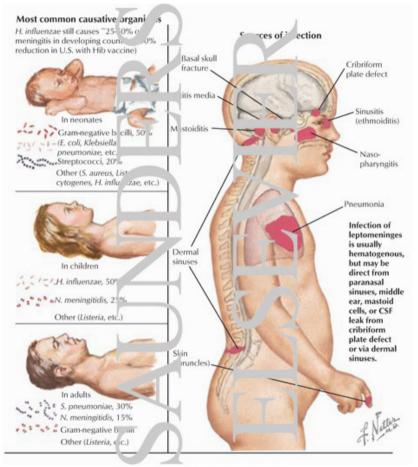
- Acute onset
- Fever, rhinitis, cough, myalgia, sore throat headache
 - Also GI symptoms: nausea, vomiting, diarrhoea
- Duration: 3 to 5 days
- Increased severity: elderly, those with chronic cardiac or respiratory disease, pregnancy, young children, those with neurodevelopmental disorders

- Complications
 - Pneumonia
 - Exacerbations of underlying conditions
 - Febrile seizures
 - Encephalopathy and encephalitis
 - Myocarditis and pericarditis
 - Ear infections

Meningitis

- Bacterial:
 - Neisseria meningitidis
 - Streptococcus pneumoniae
 - Haemophilus influenza
- Neonates
 - Streptococcus agalacticae
 - Streptococcus pneumoniae
 - Listeria monocytogenes
 - Ecoli

Meningitis



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Meningitis - Meningococcal

- Gram negative diplococci
- 13 serogroups
 - Most disease associated strains: A, B, C, Y or W135
 - Human-only pathogen
 - Nasopharnygeal carraige: 10%
- Transmission: Person-Person
 - Respiratory droplets
 - Direct mucosal contact with respiratory secretions of a carrier

Meningitis - Meningococcal

- Incubation period: typically less than 4 days but can be 1 to 10 days
- Risk Factors:
 - Young age
 - Active and passive smoking
 - Preceding severe RTI
 - Closed or semi closed communities

Meningitis - Meningococcal

- Symptoms
 - Early: leg pains, cold extremities and abnormal skin colour
 - Headache, photophobia, neck or back stiffness
 - Lethargy, altered consciousness or behaviour
 - Irritability (infants)
 - Fever
 - Rash
 - Reduced urinary output
- Classical features can appear relatively late
- Rash in early infection is typically non-blanching erythematous macular rash
 - Early stages it may blanch

Rash in meningitis



Meningitis- Meningococcal infection

- Complications:
 - Amputation
 - Scarring
 - Seizures
 - Hearing loss
 - Chronic renal failure
 - Intellectual deficits

Thank you