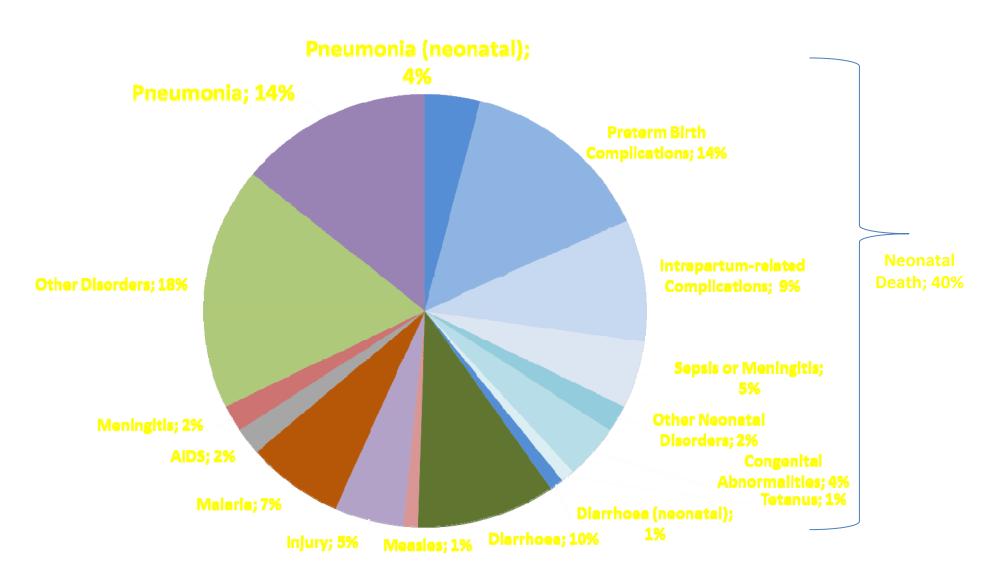
Vaccine-Preventable Diseases

Dublin, Sept.11th, 2014

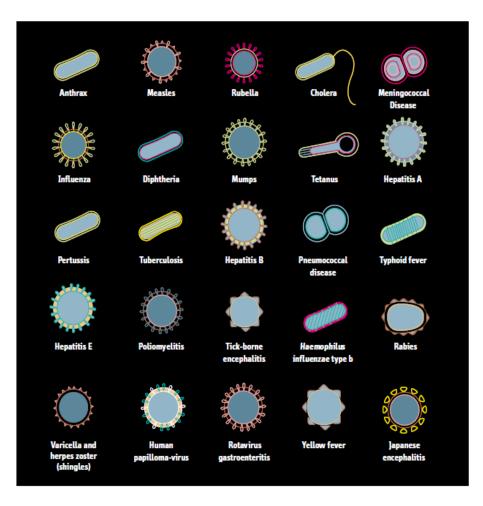
Kevin Connolly

Another 2 children will have died by the time you finish reading this sentence

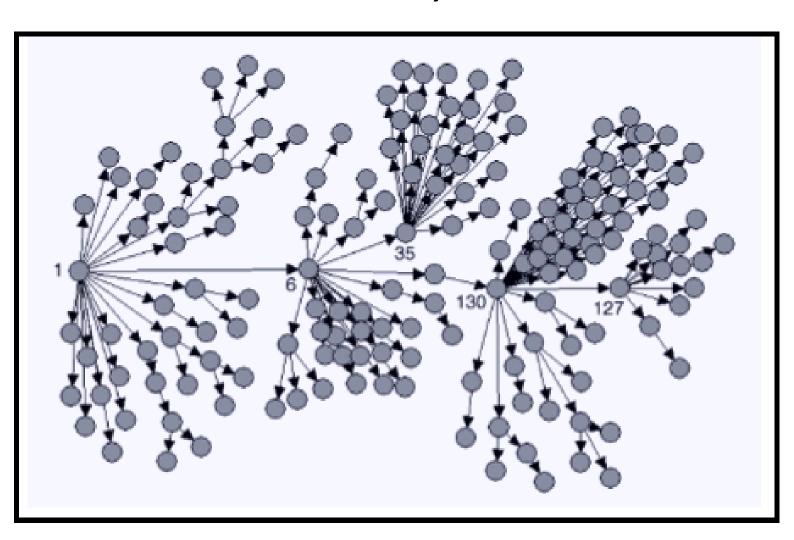
Global Deaths, Children <5 Years, 2010



25 vaccine preventable diseases



Reproductive number & conditional infection rate SARS, 2003



Polio

- Highly infectious
- Can cause irreversible paralysis in hours
- Faeco-oral spread, multiplies in the intestine
- Spreads rapidly if poor hygiene and sanitation
- 90% of infected people no/mild symptoms
- Long-term paralysis, respiratory depression, post-polio syndrome, death,

Polio in India

- 2009-had nearly half the world's polio cases
- Problems:
 - high population density
 - migrant populations
 - -poor sanitation
- 2.3 m. vaccinators immunised 175 million children during National Immunization days
- January 2011-last case of wild polio
- Resurgence of polio could paralyse >200,000 children every year by 2025

Tetanus

- Bacteria lives in soil and intestines and faeces of animals
- Enters body through cuts, punctures, burns
- Incubation period 3 days to 3 weeks
- Stiffness, difficulty swallowing, lockjaw, muscle rigidity, painful convulsions
- Broken bones, coma, death
- Vaccine immunity wanes in <10 yrs

Measles Complications

- Top of Page
- Complications
 - Otitis media, pneumonia, LTB, diarrhoea
 - 1/1,000 acute encephalitis, permanent brain damage
 - 0.3-2/1,000 will die
 - SSPE fatal degenerative disease, developes 7 to 10 years after infection

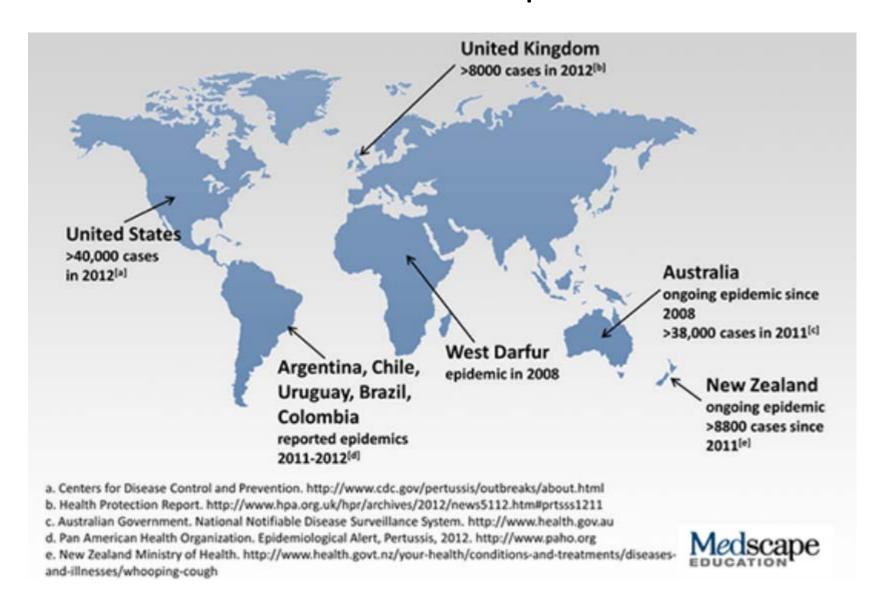
People at High Risk

- Aged <5 , >20 years
- Pregnant women
- Immune deficient

Rubella, Japana cautionary tale

- 1976: rubella vaccine girls
- 1989: MMR introduced, 1-6 yrs
- 1993: MMR withdrawn (aseptic meningitis)
- 1995: all vaccines recommended, not mandatory
- 2006: MR introduced (1–2 and 5–7 years)
- 2007 -2008 large measles outbreak
- Catch-up MR program to ensure herd immunity in those aged 12–22 years
- Then.....

Recent Pertussis Epidemics



Why has Pertussis incidence increased?

Improved diagnosis
Appreciation that all ages affected
Changes in organism
Acellular vaccines have poor priming,
waning immunity
Adolescents, adults now major transmitters
Less natural boosting

Pertussis vaccination

Age appropriate vaccination

- 2,4, 6 months (6 in 1)
- Junior infants (4 in 1)
- 1st year (Tdap)
 - introduced 2012/2013
 - given with 3rd dose of HPV (for girls)
 - no interval required between previous tetanus containing vaccine







Pertussis Vaccination Recommendations

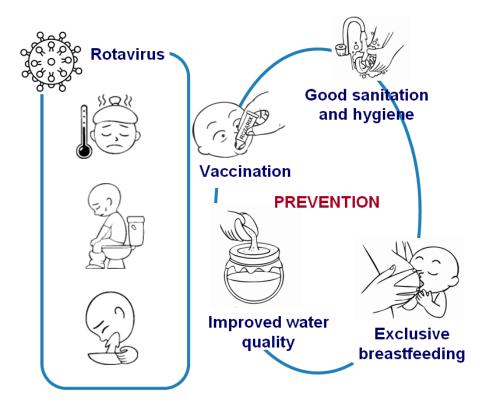
- Children
- HCWs in contact with
 - infants
 - pregnant women
 - immunocompromised
- Pregnant women
 - between 27-36 weeks gestation
 - can be given later or in 1st week post partum (may not be as effective)

Influenza

- RTI with generalised symptoms
- Seasonally epidemics with low fatality; more deadly pandemics occur several times each century
- Highly changeable virus that infects multiple species, incl. humans, pigs, birds
- Current avian flu may lead to a new pandemic

Rotavirus - Global

- Over 500,000 deaths /year
 - 85% in low-resource countries
- >2 million children hospitalised with dehydration
- 36% hospitalisations for diarrhoea in children <5 years



Rotavirus vaccine

- Recommended by WHO (EPI)
- UK, USA, Austria, Belgium, Finland, Zambia, etc.
- Live oral vaccine
- 2-3 doses at 2,4 or 2,4 6 months
- Can be given at same time as other vaccines
- All doses by 8 months of age
- Small increase in intussusception (benefits >>>risks)