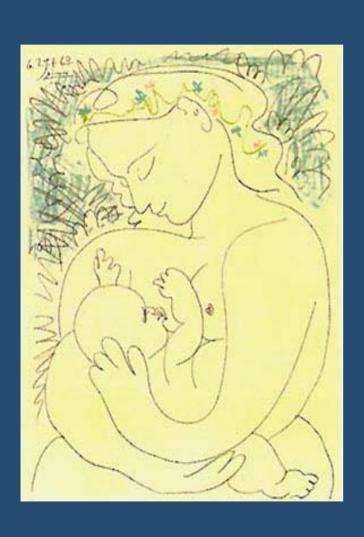
Session 1

Impact of Infectious Disease in Early Life: Rationale for Neonatal Vaccination

EARLY LIFE IMPACT OF INFECTIOUS DISEASES IN DEVELOPING AND INDUSTRIALIZED COUNTRIES

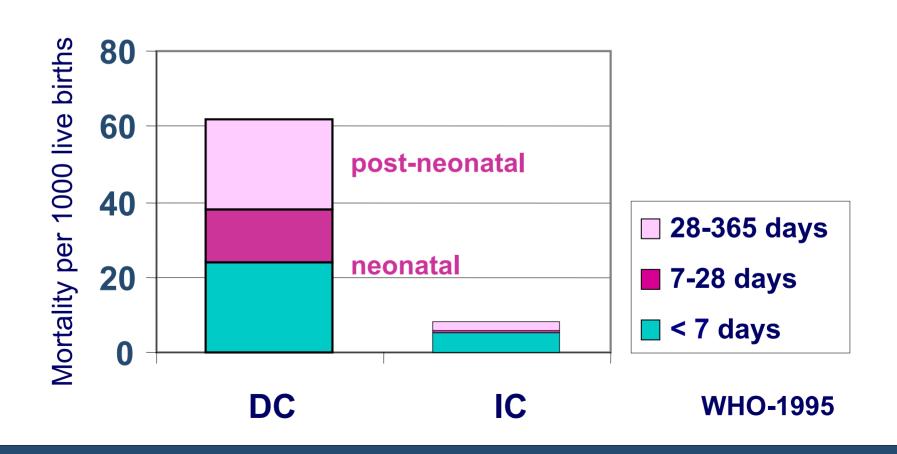


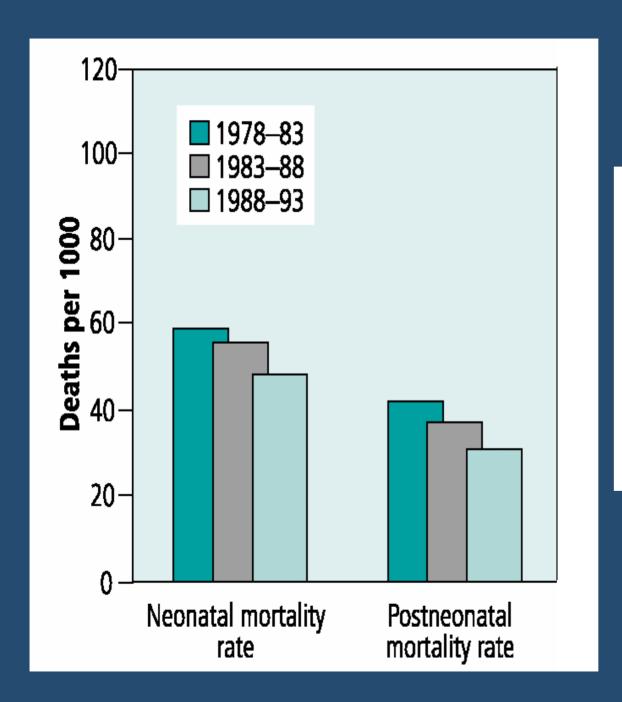
RATIONALE FOR EXPANDED NEONATAL IMMUNIZATION?

Paul-Henri LAMBERT

WHO Coll. Center for Neonatal Vaccinology Geneva, Switzerland

GLOBAL INFANT MORTALITY

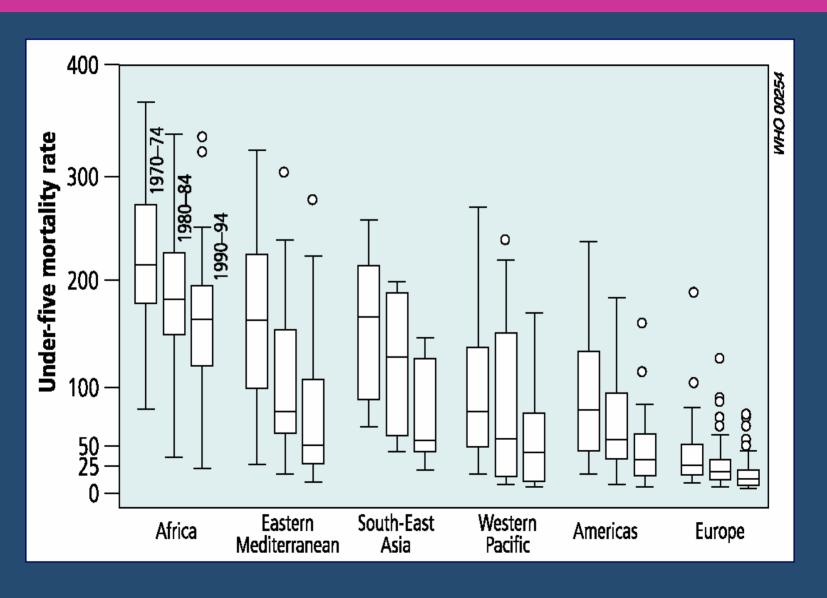




Trends in neonatal and post-neonatal mortality

India 1978-1993

UNDER-FIVE MORTALITY RATES FROM 1970-74 TO 1990-94



In the <u>neonatal period</u>,

at global level, infectious diseases still remain the first cause of mortality

```
Annually,
```

- n infection 1.78 M deaths
- n prematurity 1.15 M
- n birth asphyxia/trauma 1.38 M
- n congenital anomalies 0.52 M
- n other perinatal causes 0.17 M

In the <u>neonatal period</u>,

at global level, infectious diseases still remain the first cause of mortality

```
Annually,
n infection - 1.78 M deaths

n prematurity - 1.15 M
n birth asphyxia/trauma - 1.38 M
n congenital anomalies - 0.52 M
n other perinatal causes - 0.17 N

n 150,000 diarrhoea
n 350,000 n-tetanus
```

In the <u>neonatal period</u>,

at global level, infectious diseases still remain the first cause of mortality

Main etiologies:

- n S. pneumoniae
- n Group A Strep.
- n Staph. Aureus
- n Coliforms, salmonella

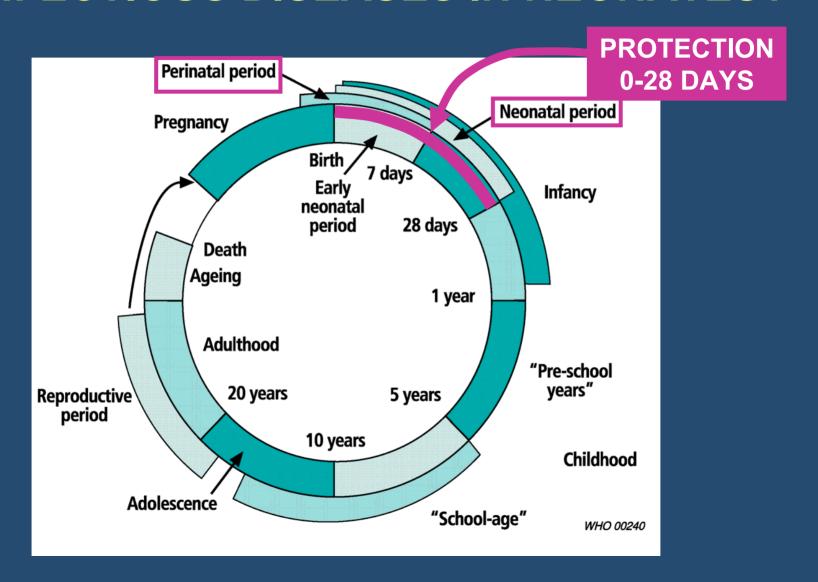


Neonatal infections: predominant pathogens in <u>industrialized</u> countries

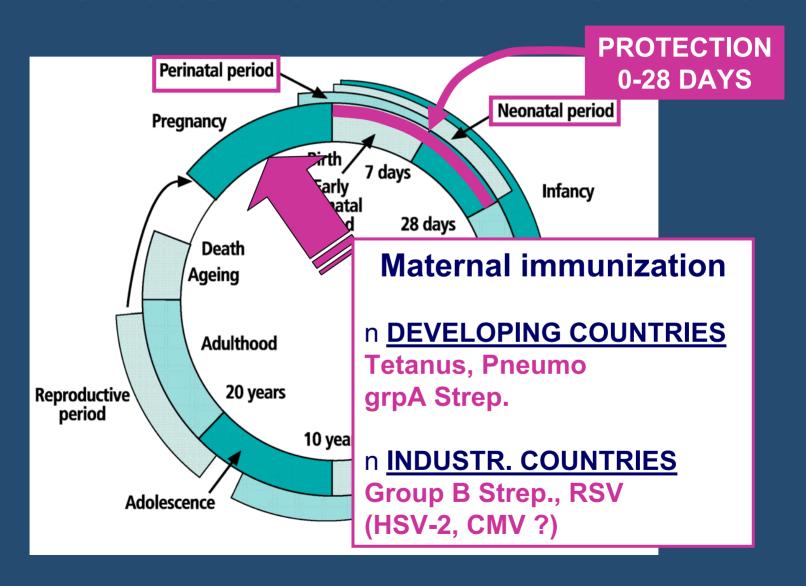
n1930s and 40s: Grp A Streptococcus n1950s: S. aureus & Gram neg coliforms

nlate 1950s-90s: Grp B Streptococcus (2-5/1000), CMV nlate 1960s-1980s: emergence of HSV-2, (HSV-1)

ROLE OF VACCINATION FOR SEVERE INFECTIOUS DISEASES IN NEONATES?



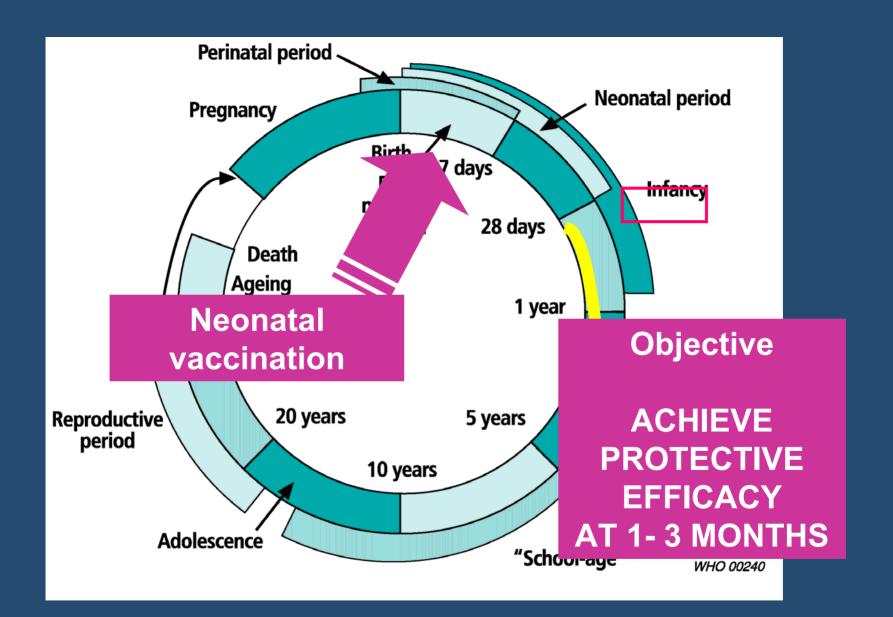
ROLE OF VACCINATION FOR SEVERE INFECTIOUS DISEASES IN NEONATES?



- 2.5 million infants die of infection
- most often before 6 months of age

- 2.5 million infants die of infection
- most often before 6 months of age

ROLE FOR NEONATAL VACCINATION?



- 2.5 million infants die of infection
- most often before 6 months of age

Main targets for vaccination

1. ACUTE RESPIRATORYINFECTIONS

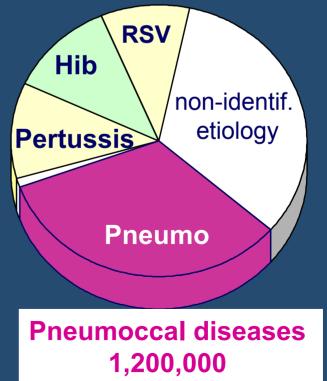
SEVERE ACUTE RESPIRATORY INFECTIONS @ 1- 6 MONTHS

DEVELOPING COUNTRIES

n <u>Pneumo</u>, Hib, Pertussis

n RSV

ARI annual mortality <5yrs



SEVERE ACUTE RESPIRATORY INFECTIONS @ 1- 6 MONTHS

DEVELOPING COUNTRIES

n <u>Pneumo</u>, Hib, Pertussis

n RSV

INDUSTRIALIZED COUNTRIES

n <u>RSV</u>, Para-flu Influenza

n Pertussis

PNEUMOCOCCAL DISEASES IN INFANCY: DIFFERENT PATTERNS

FINLAND

1985-1989

Annual incidence <2yr: 45 per 100,000

Mainly bacteremia

THE GAMBIA

1993-1995

Annual incidence <11mo 200-400 / 100,000

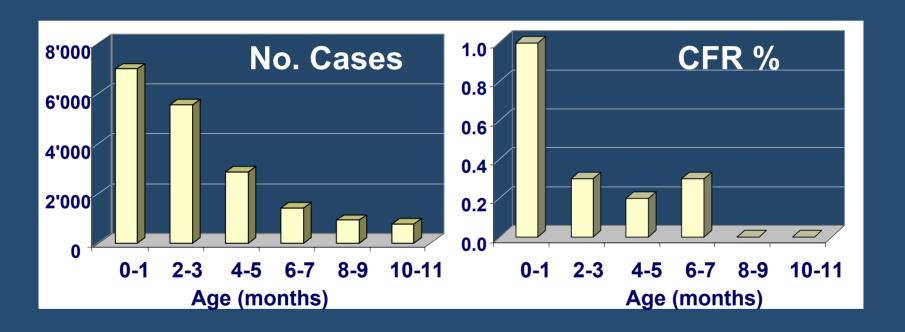
Mainly pneumonia

PERTUSSIS - GLOBAL BURDEN

- 48.5 million cases
- 9.4 million < 1 year)</p>
- 295,000 deaths
- most deaths < 6 months</p>

Crowcroft NS, Stein C, Duclos P, Birmingham M, Lancet Infect Dis. 2003; 3:413-8

Pertussis 1990-1999 USA



From M. Tanaka, et al., JAMA. 2003;290:2968-2975

PEDIATRIC BURDEN OF RSV

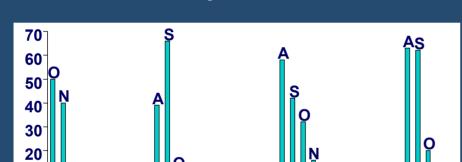
Recent trends among US infants, 1997 to 2000

- Leading cause of infant hospitalization
- RSV accounted for a total of 1.4 million days of in-patient care
- 76% of infants hospitalized for RSV were <6 months of age.
- hospital charges totaled more than \$2.6 billion.

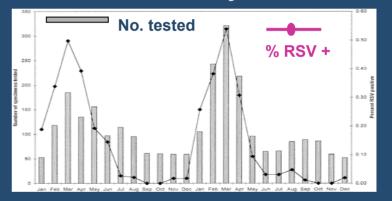
Leader S and Kohlhase MS, 2003, Journal of Pediatrics 143, Sup. 1: 127-132

PEDIATRIC BURDEN OF RSV

The Gambia
30-50% of hospital ARI in Aug-Sept
mortality 2%



rural Indonesiaat end of rainy season,50% of hospital. ARI casesmortality >1.7%



M. Weber et al, 2002, WHO Bull., 80:562-568

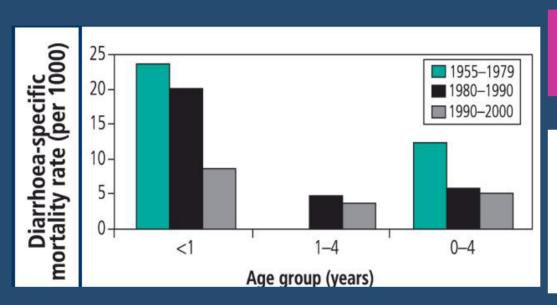
Djelantik et al., 2003, Pediatr Infect Dis J, 22: 150-156

- 2.5 million infants die of infection
- most often before 6 months of age

Main targets for vaccination

- 1. ACUTE RESPIRATORY INFECTIONS
- 2. DIARRHOEAL DISEASES

DIARRHOEAL DISEASES

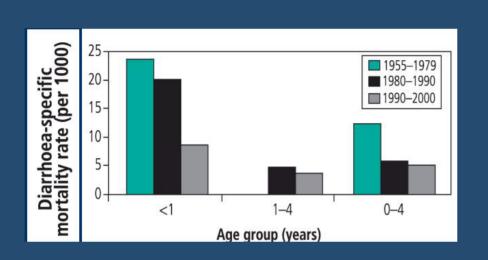


Over the last four decades,

mortality from diarrhoea has fallen substantially

Kosek M, et al. Bull World Health Organ, 2003, 81: 197-204

DIARRHOEAL DISEASES

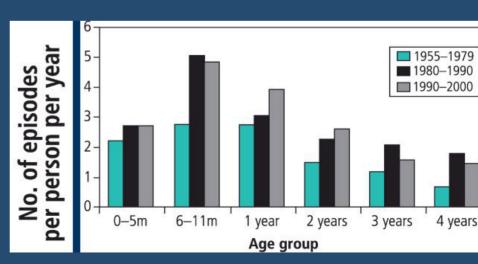


Over the last four decades,

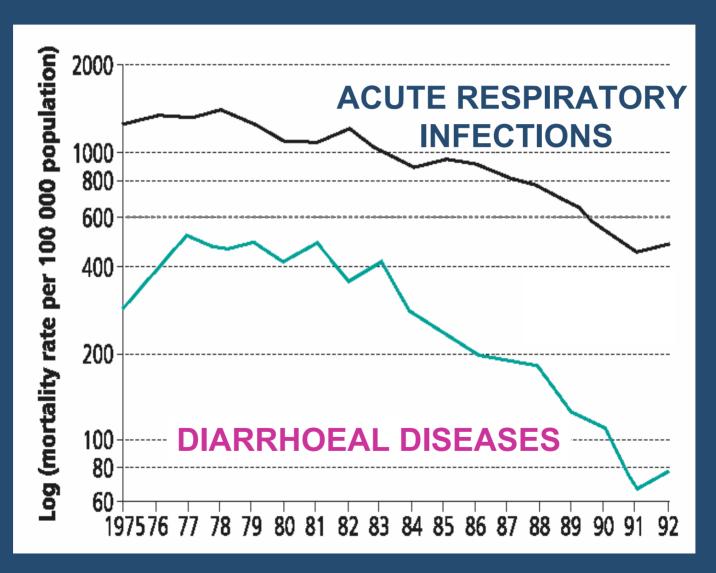
mortality from diarrhoea has fallen substantially

but morbidity has remained high!

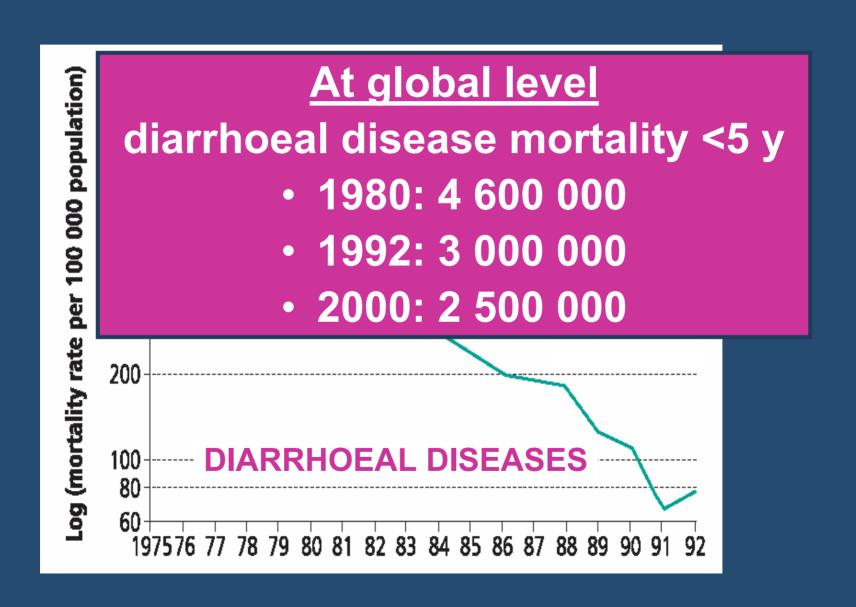
Kosek M, et al. Bull World Health Organ, 2003, 81: 197-204



Infant mortality rates— Philippines 1975-92



Infant mortality rates



SEVERE DIARRHOEAL DISEASES IN POST-NEONATAL PERIOD

DEVELOPING COUNTRIES

n Rotavirus

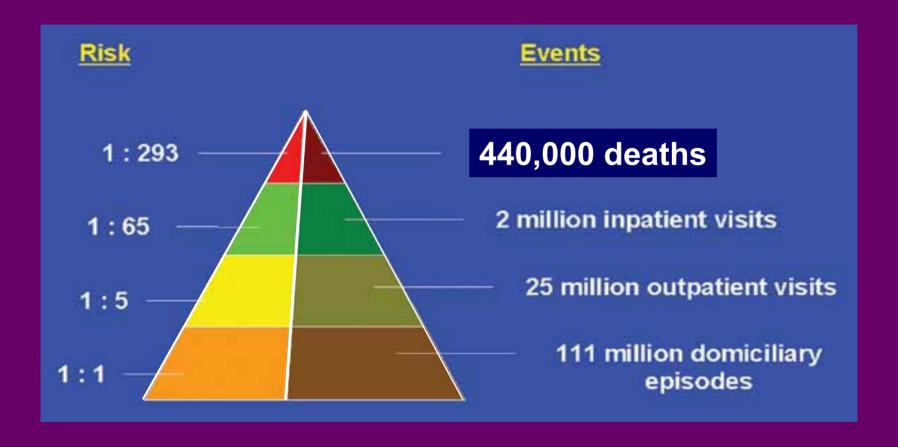
n Shigella n E. Coli, Salmon.

INDUSTRIALIZED COUNTRIES

n Rotavirus,

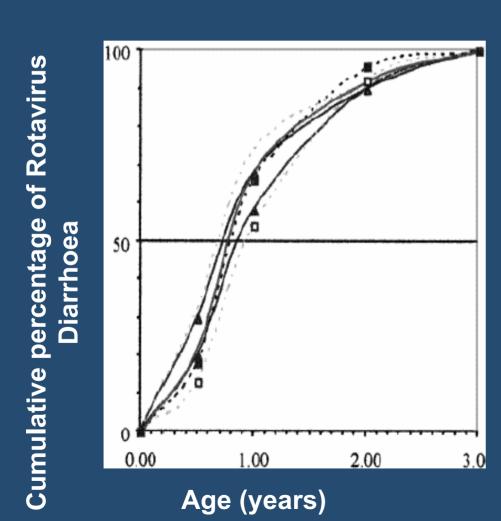
n E.Coli

Estimated global prevalence of rotavirus disease



Parashar et al., 2003, Emerging Infectious Diseases 9: 565-572

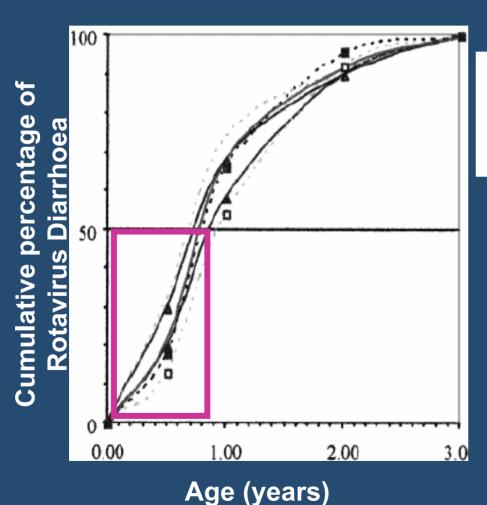
ROTAVIRUS



Age of occurence of Rotavirus diarrhoea in Argentina

Bok K et al., J Med Virol., 2001, 65:190-198

ROTAVIRUS



Age of occurence of Rotavirus diarrhoea in Argentina

Bok K et al., J Med Virol., 2001, 65:190-198

2.5 million infants die of infection

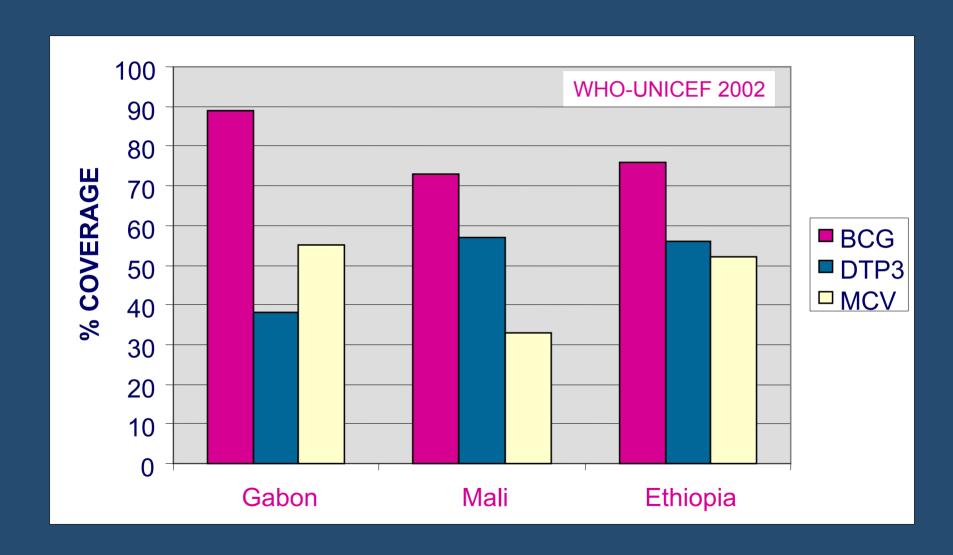
Main targets for vaccination

- 1. ACUTE RESPIRATORY INFECTIONS
- 2. DIARRHOEAL DISEASES
- 3. TB, HIV, Malaria

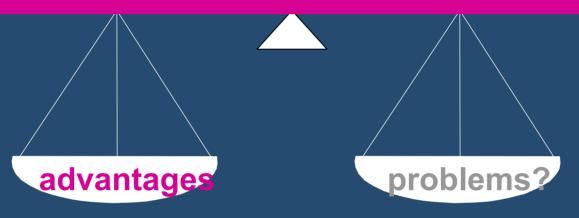
Neonatal vaccination for TB, HIV, Malaria?

- n To achieve preventive efficacy <u>before</u> early exposure
- n To reach a <u>high vaccination coverage</u> (soon after birth)

Higher vaccination coverage soon after at birth



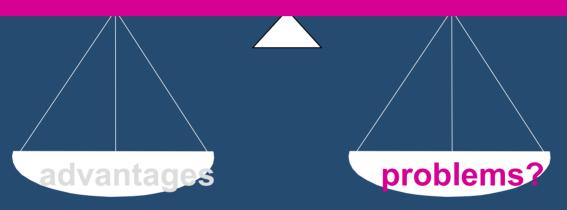
NEONATAL VACCINATION



n PREVENTION OF DISEASES THAT OCCUR IN EARLY INFANCY

n BETTER
VACCINATION
COVERAGE

NEONATAL VACCINATION

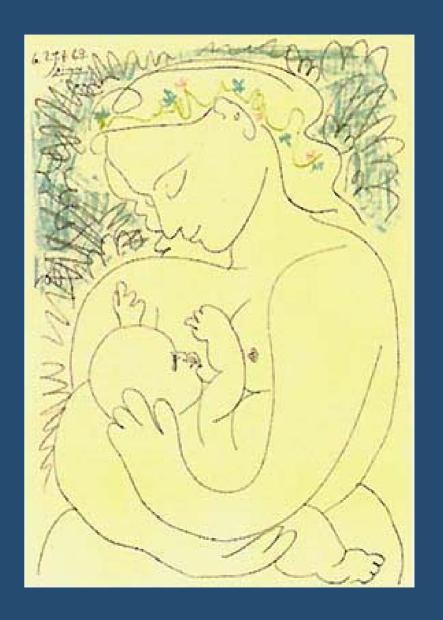


- QUALITY OF IMMUNE RESPONSE
- DURATION OF PROTECTION
- EFFECTS OF MATERNAL

ANTIBODIES

SAFETY

FEASIBILITY OF NEONATAL VACCINATION?



FEASIBILITY ?

 Millions of neonates have received BCG, Polio, and HepB vaccines

