

Corso di perfezionamento
Vaccini e strategie di vaccinazione
Firenze Giugno 2001

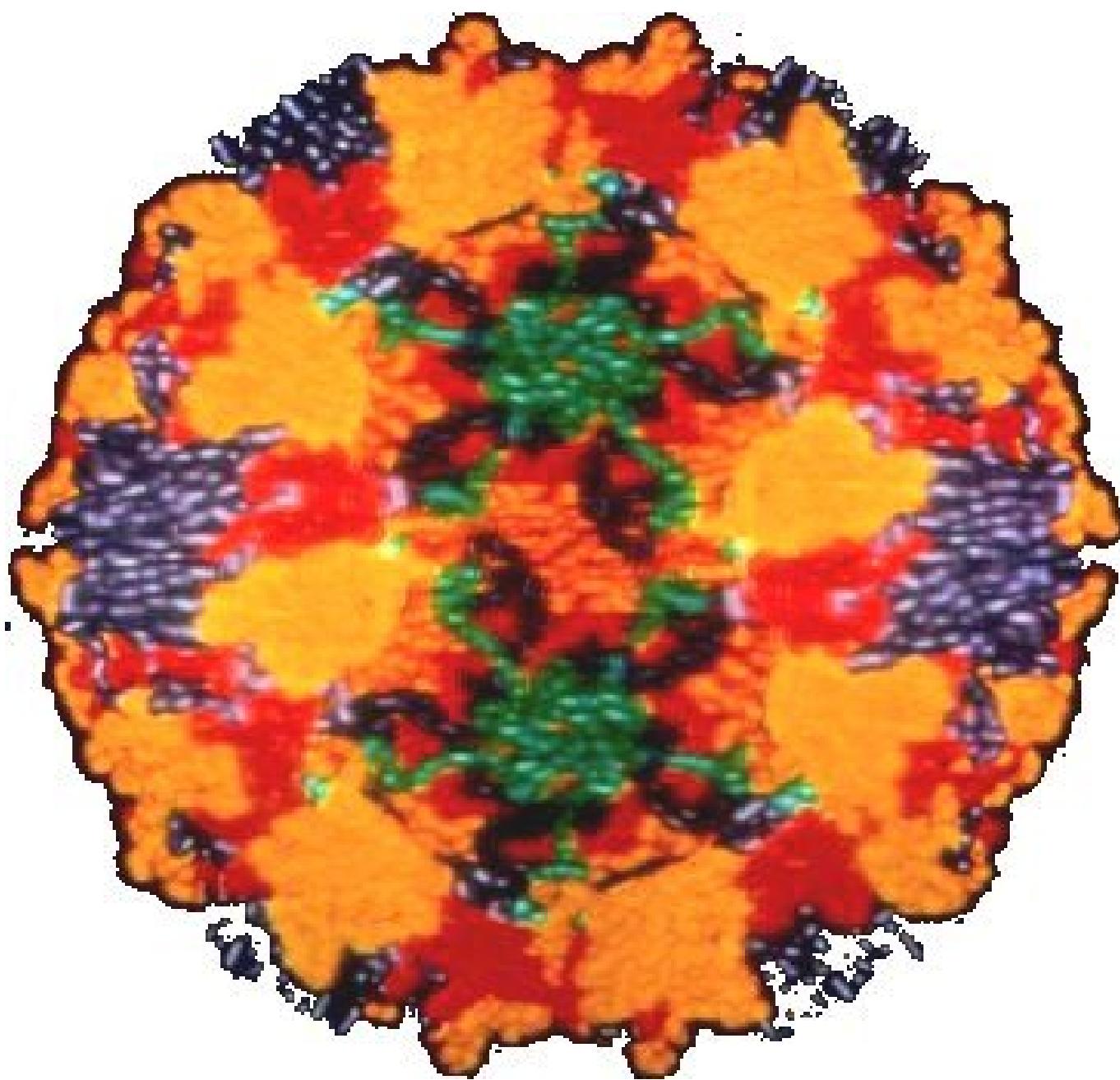
Verso l'eradicazione della
poliomielite. Strategie di
prevenzione per i prossimi anni e
problemi da risolvere

Donato GRECO

Laboratorio di Epidemiologia e Biostatistica
Istituto Superiore di Sanità

Roma

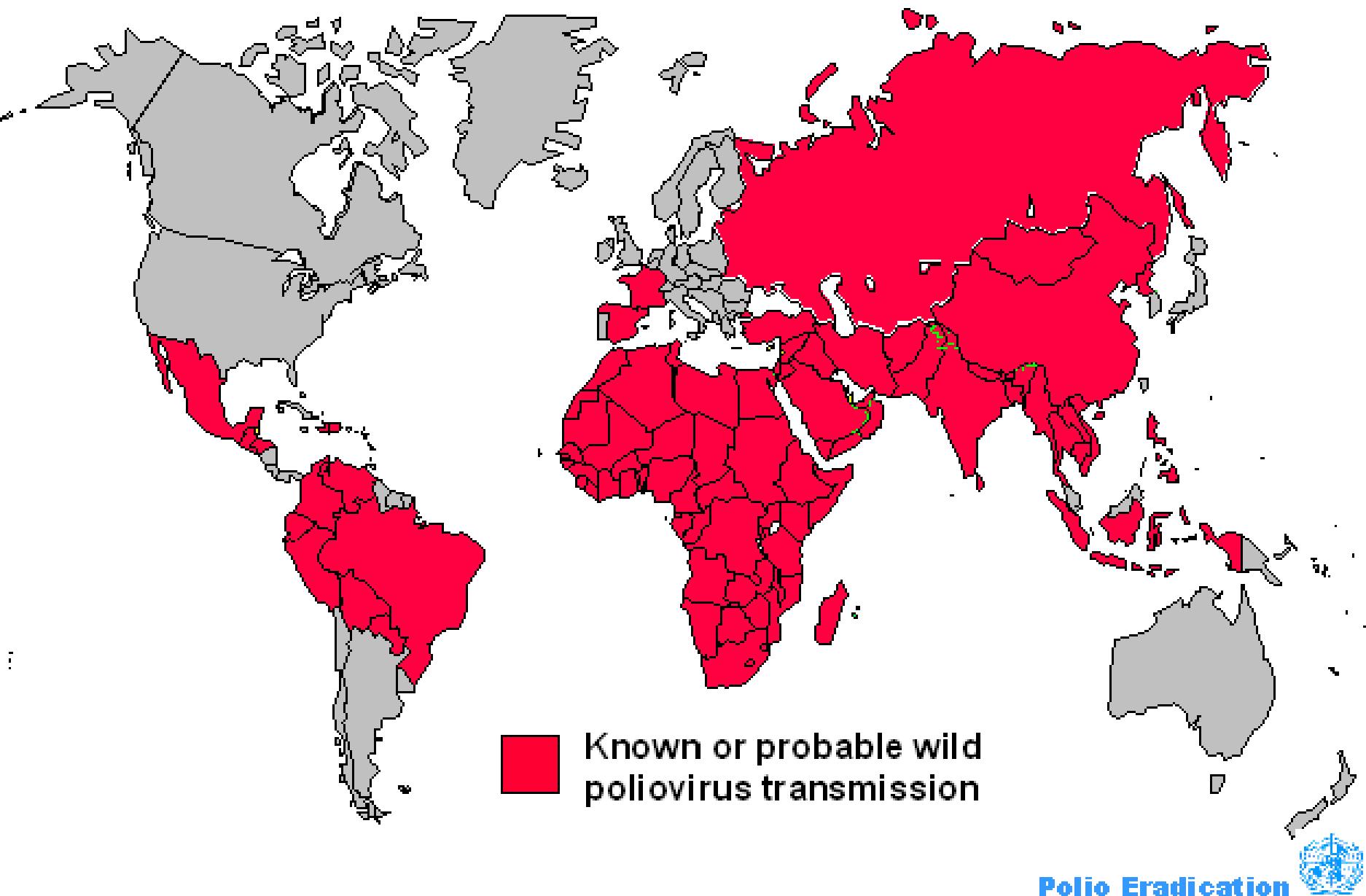
D. Greco LEB ISS 2001



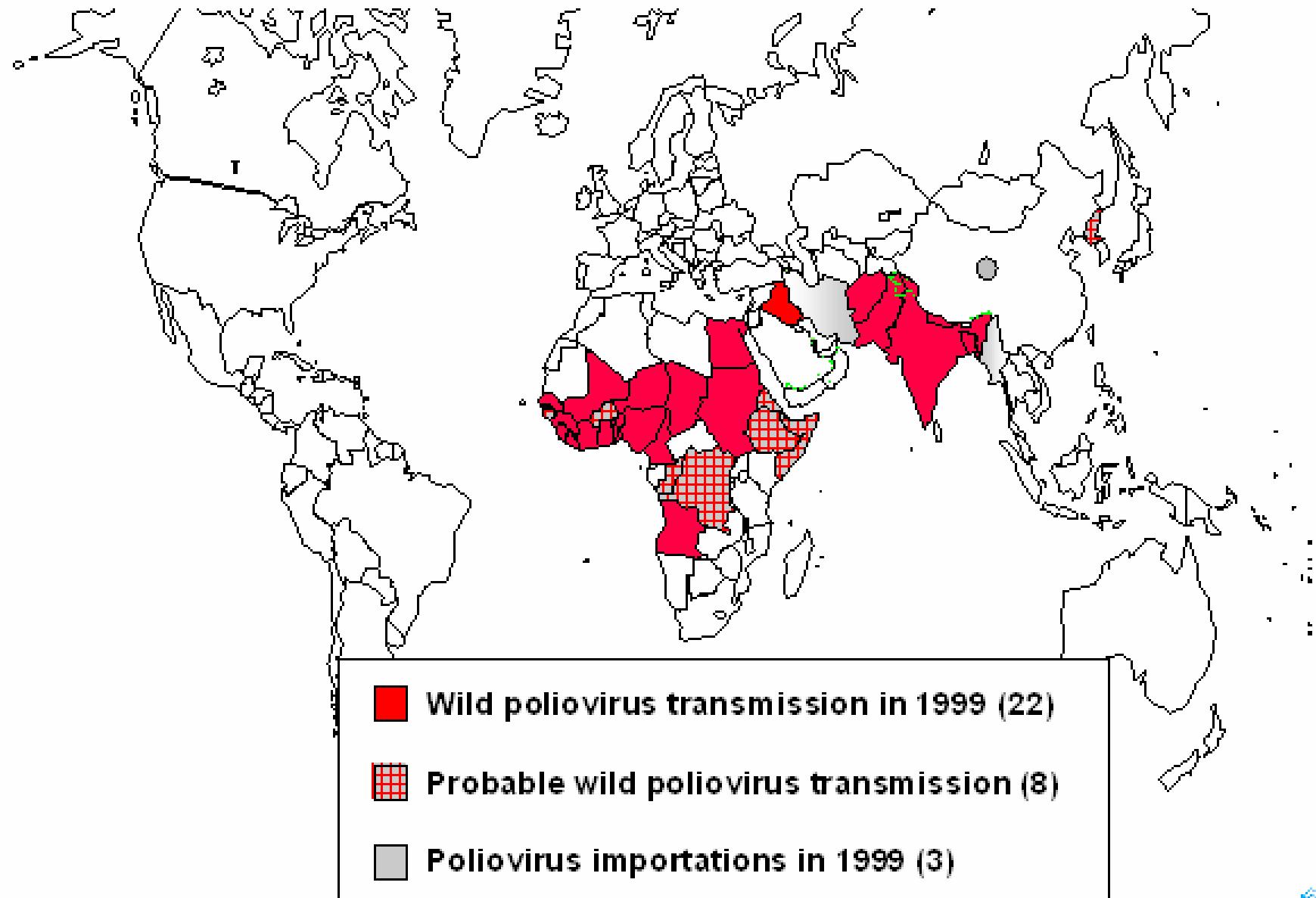




Wild Poliovirus 1988



Wild Poliovirus 1999

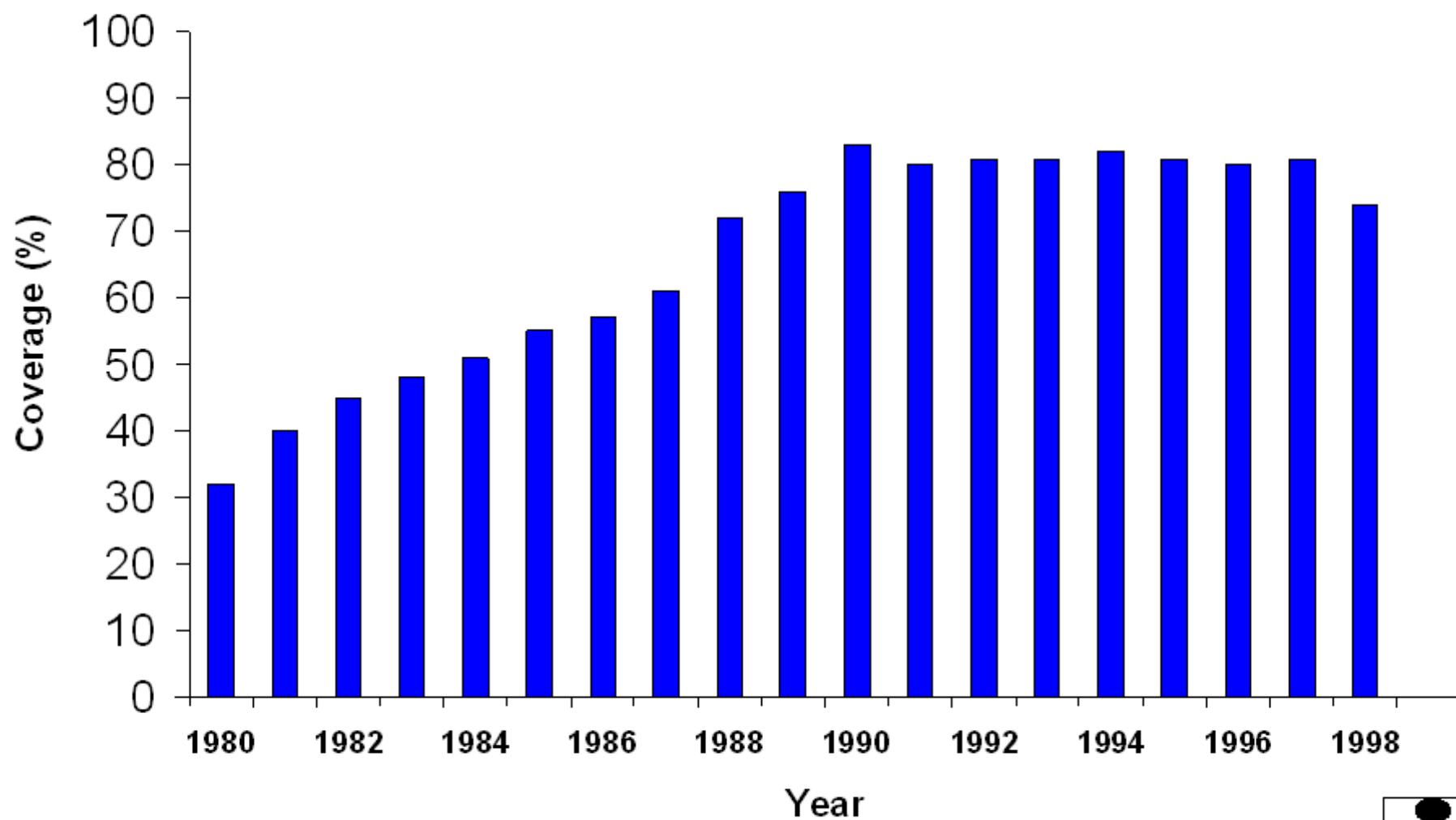


* data as of 22 Dec 1999

Polio Eradication



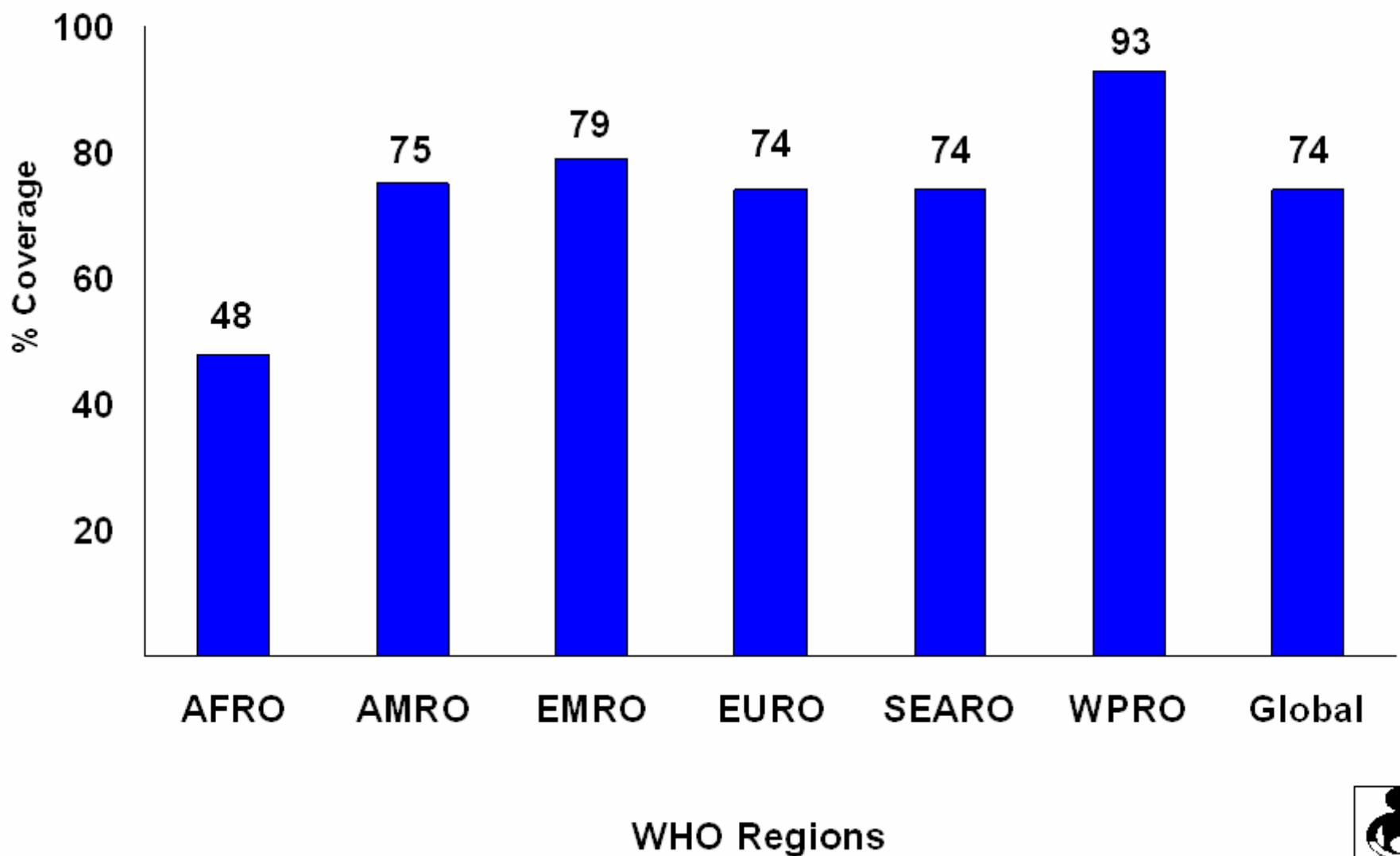
Reported global coverage with 3 doses of polio vaccine among infants, 1980-1998



These data include only those countries that have reported data as of 14th August 1999



Coverage with the third dose of polio vaccine in infants by WHO Region, 1998

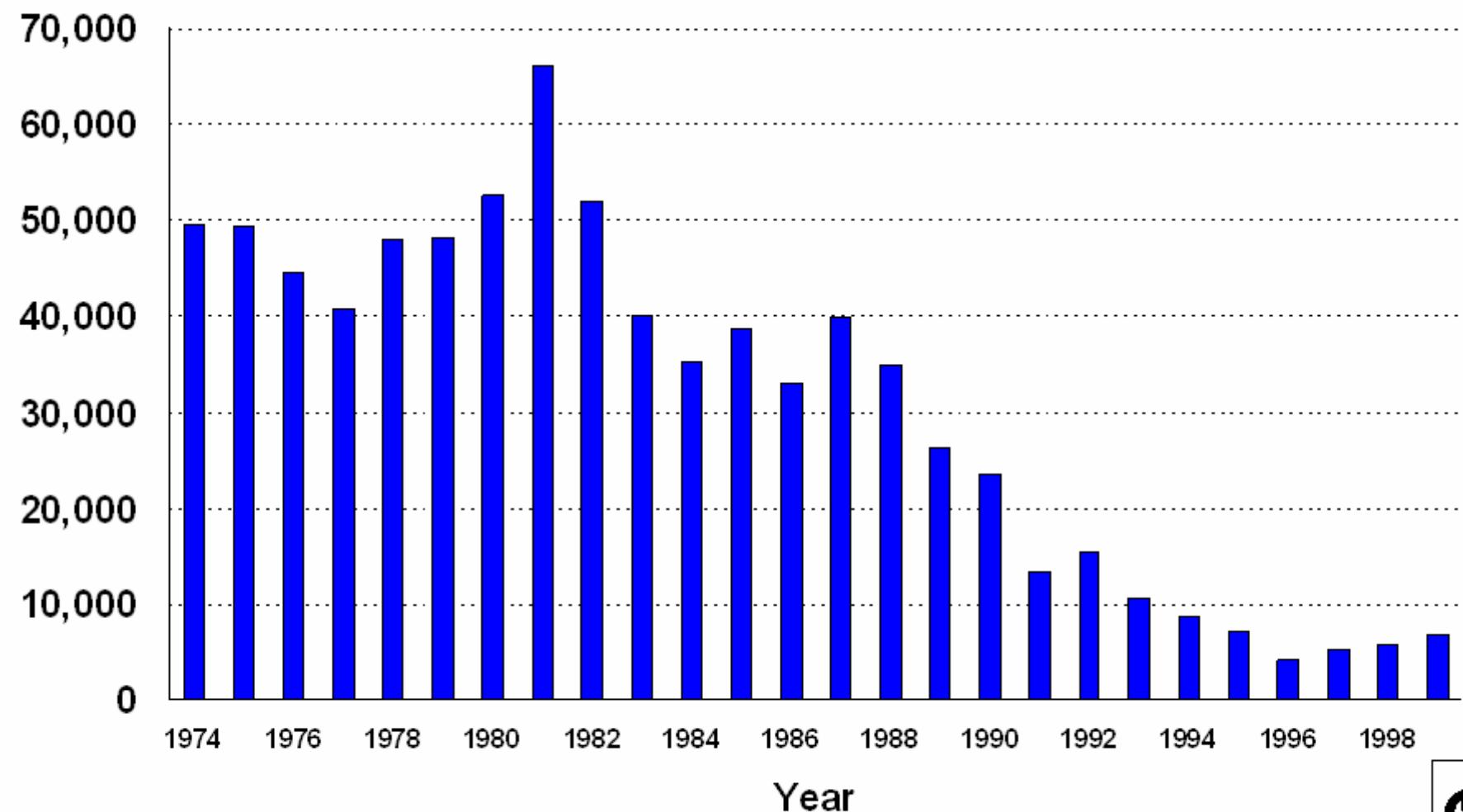


These data include only those countries that have reported data as of 14th August 1999



Global annual reported polio cases, 1974-1999

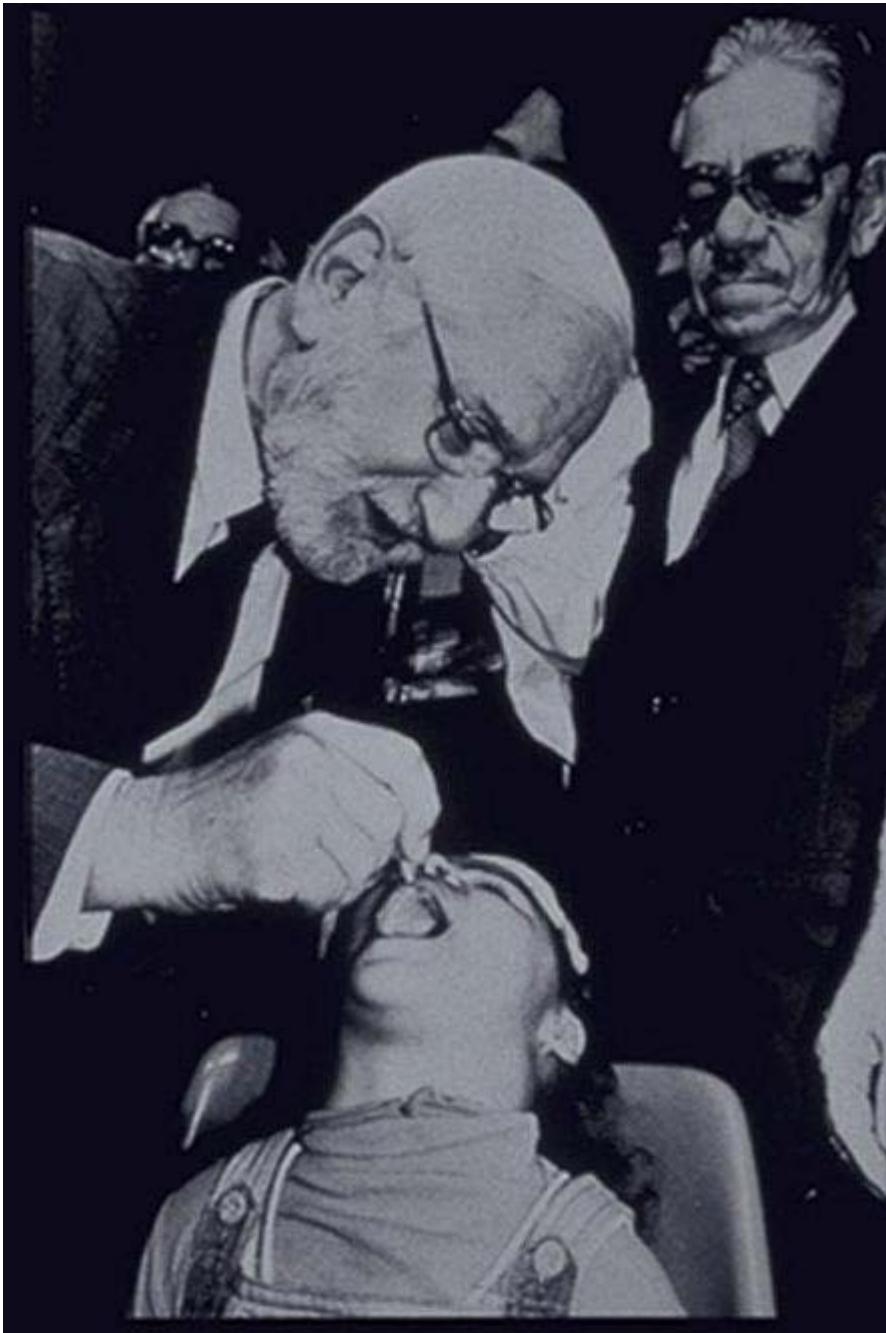
Reported cases



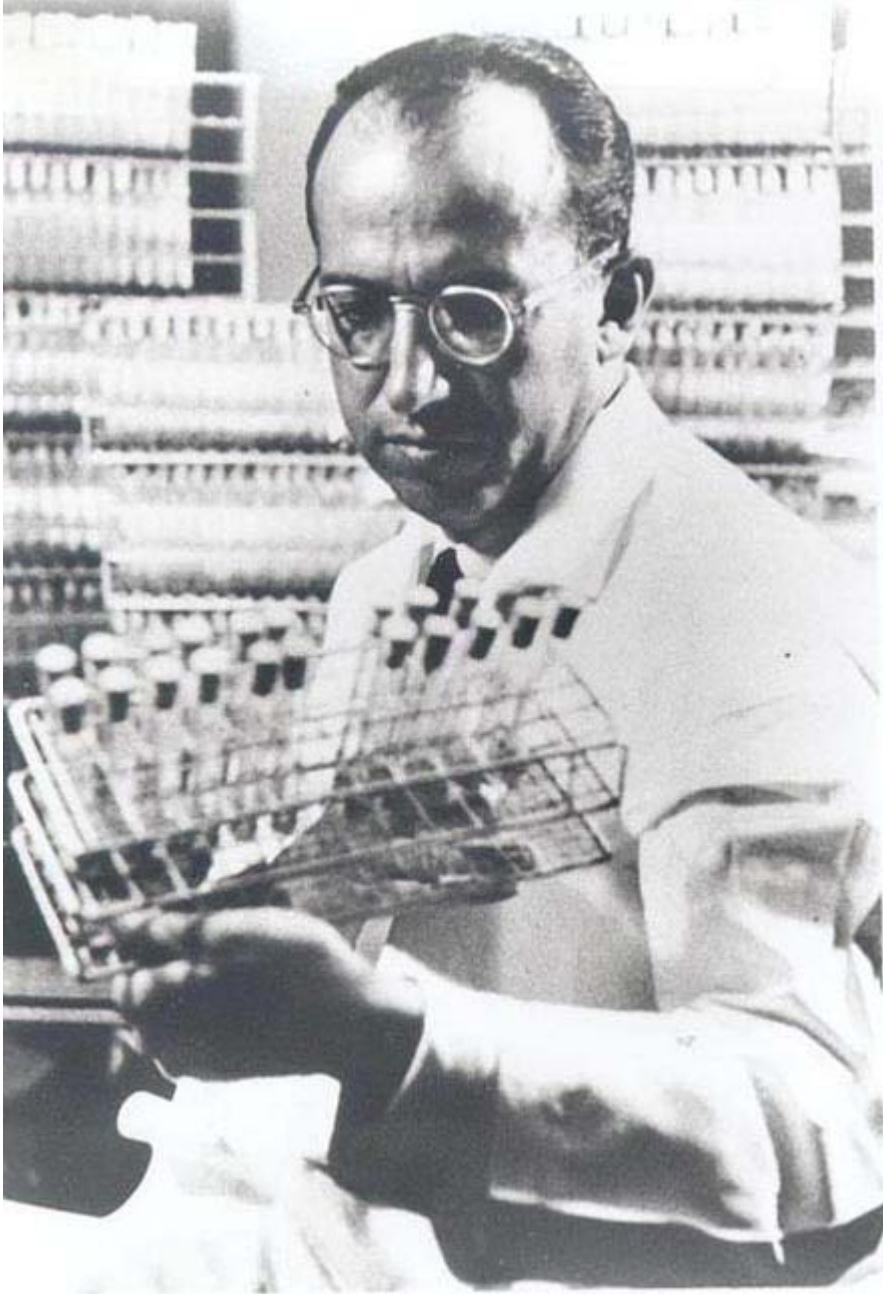
These data include only those countries that have reported data as of 2nd March 2000

Poliomielite

- Strategia universale di eradicazione della polio
- Elevata copertura vaccinale ma presenza di aree con consistenti ritardi vaccinali
- Obiettivi:
 - mantenere elevata la copertura vaccinale ed incrementarla laddove non sia soddisfacente
 - ridurre i ritardi vaccinali
 - passare allo schema sequenziale IPV + OPV







WHO/5832

AMRO POLIO USA

MED 1995

Dr Jonas Salk who developed the first polio vaccine in 1955.

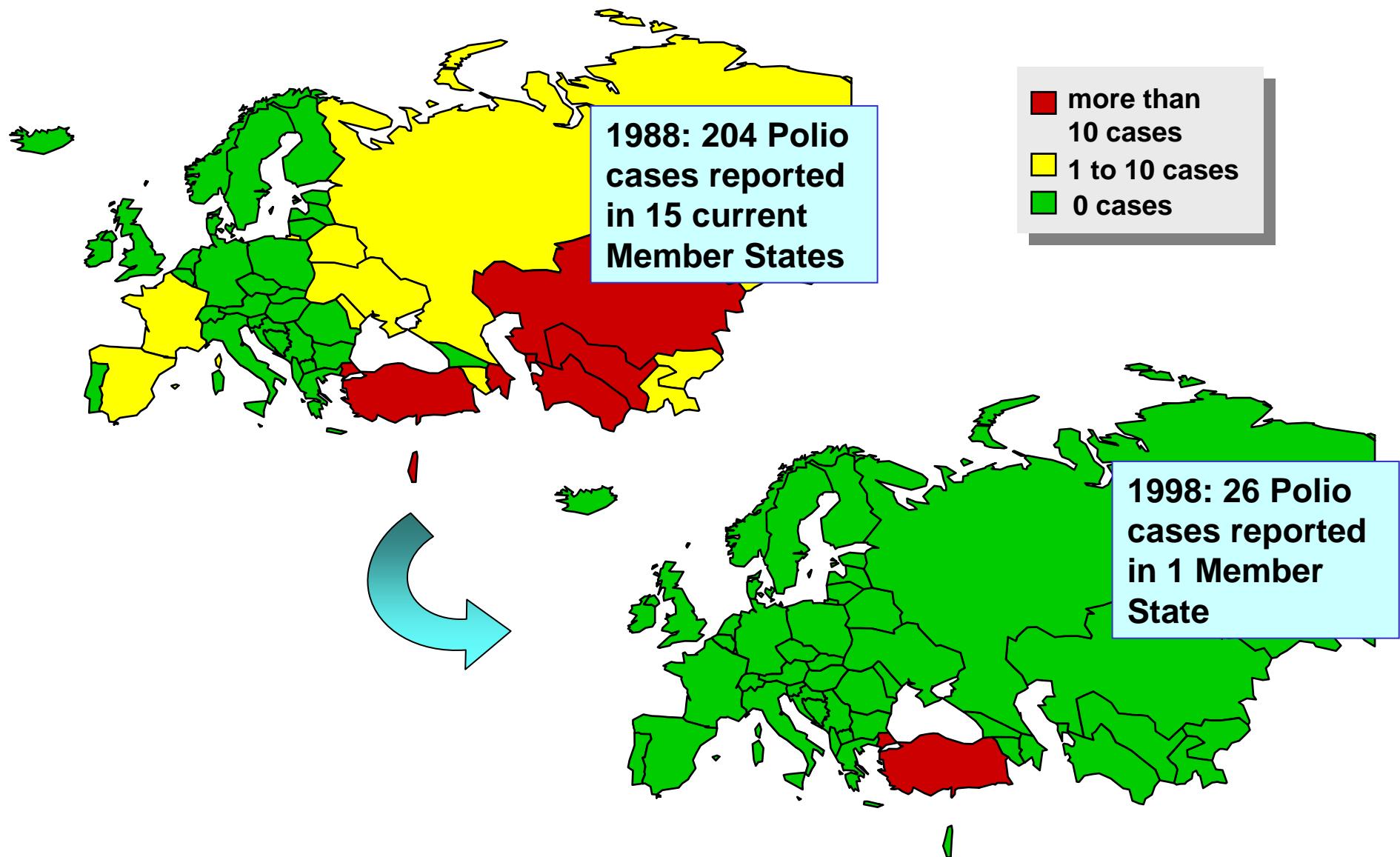
Le Dr Jonas Salk, "père" du premier vaccin antipoliomyélitique mis au point en 1955.

PLEASE CREDIT PHOTO WHO/USIS



WHO European Region

Incidence of Indigenous Poliomyelitis, 1988 and 1998



Polio: Last Cases



Americas Region
Luis Fermin Tenorio
Peru 1991



Western Pacific
Region
Mum Chanty
Cambodia 1997



European Region
Melik Minas
Turkey 1998

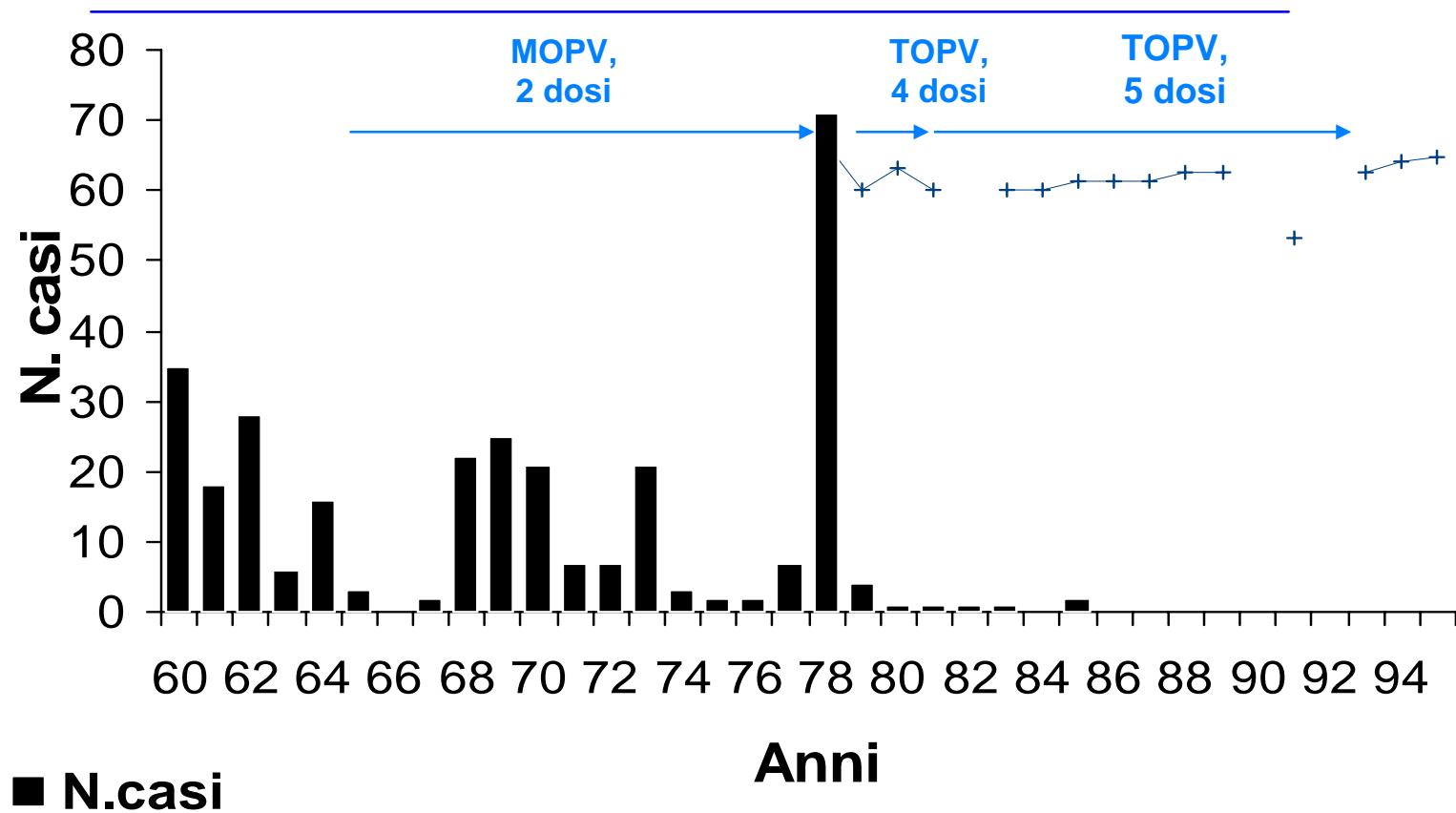
Italy, immunisation schedule 1999

Vaccino	nascita	3° mese	5° mese	11° mese	12° mese	15° mese	3° anno	5-6 anni	11-12 anni	14-15 anni
DTP		DTP	DTP		DTP			DTP		Td
Antipolio		IPV	IPV		OPV		OPV			
Epatite B	Epatite B 0*	Epatite B	Epatite B		Epatite B				Epatite B§	
MPR					MPR**			MPR†		
Hib		Hib	Hib	Hib						

B. Le barre ombreggiate indicano gli ambiti temporali accettabili per la somministrazione dei vaccini

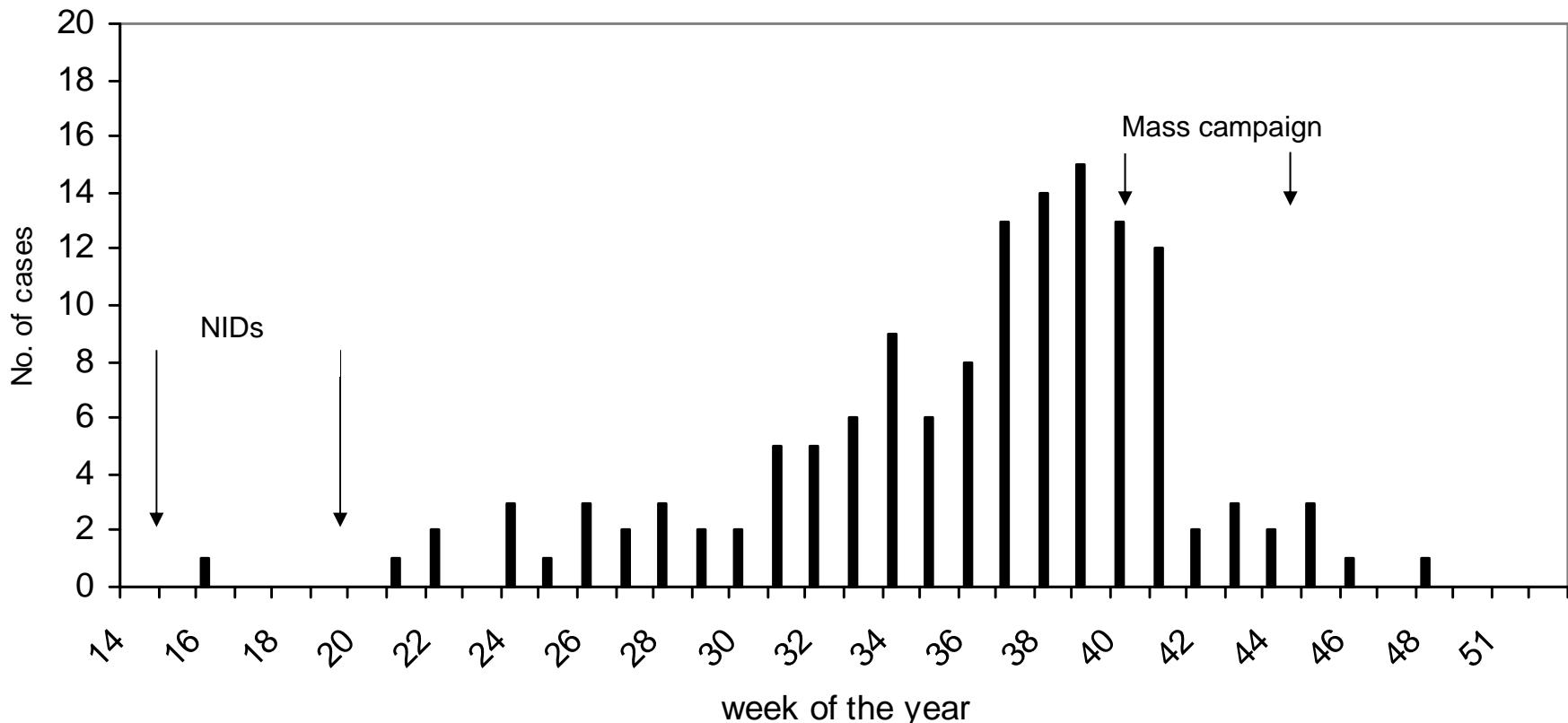
Casi di poliomielite e copertura vaccinale per OPV3

Albania, 1960-1995



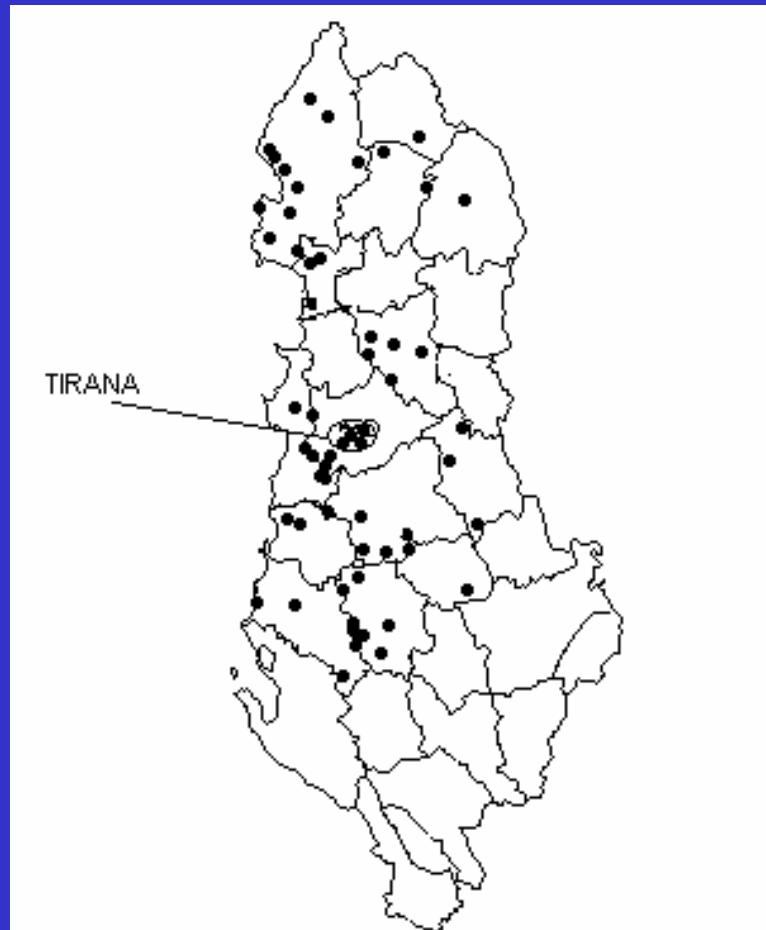
Casi di poliomielite paralitica per settimana

Albania, aprile-novembre 1996



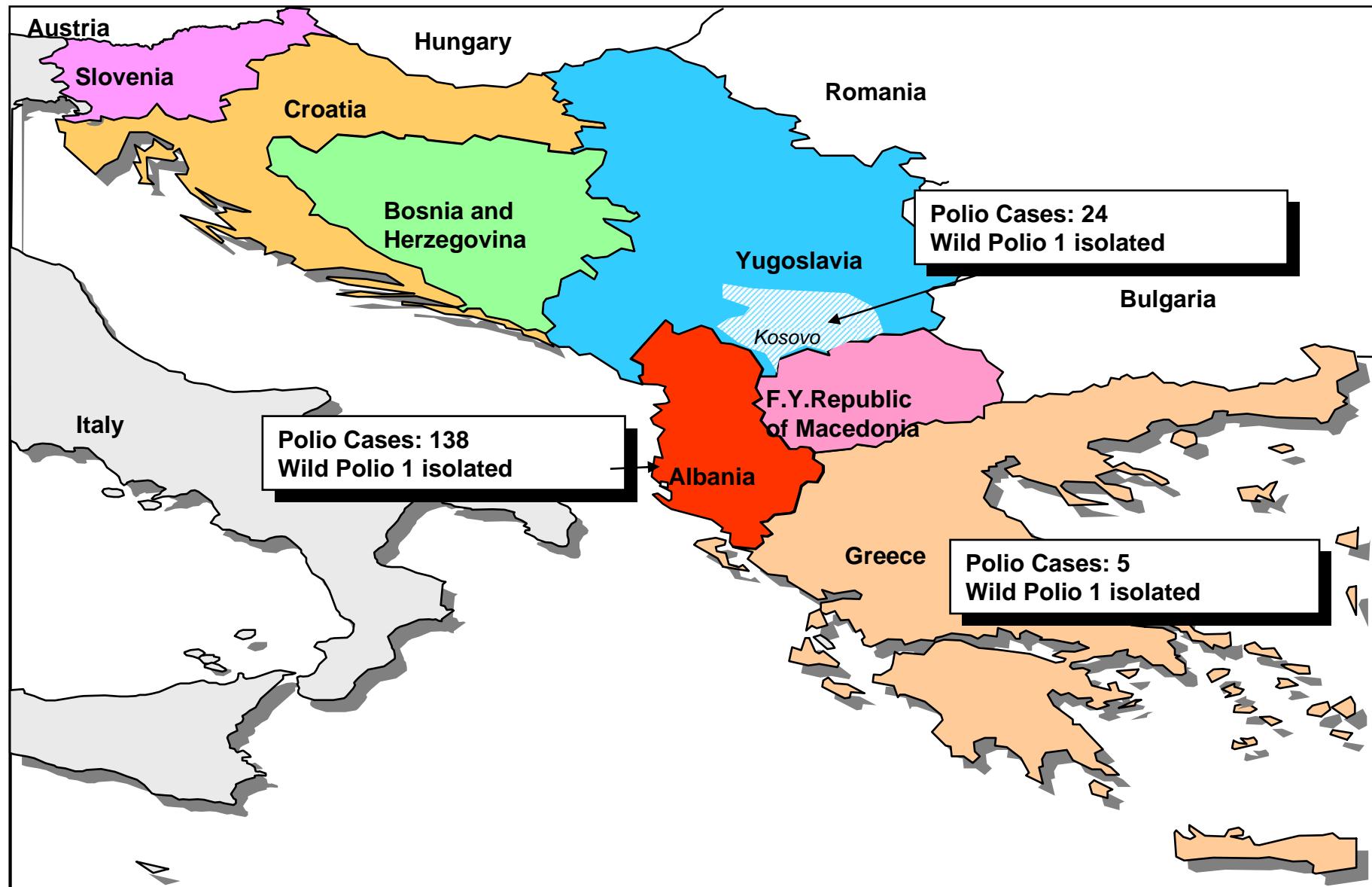
Distribuzione geografica dei casi di poliomielite paralitica

Albania, aprile-novembre 1996

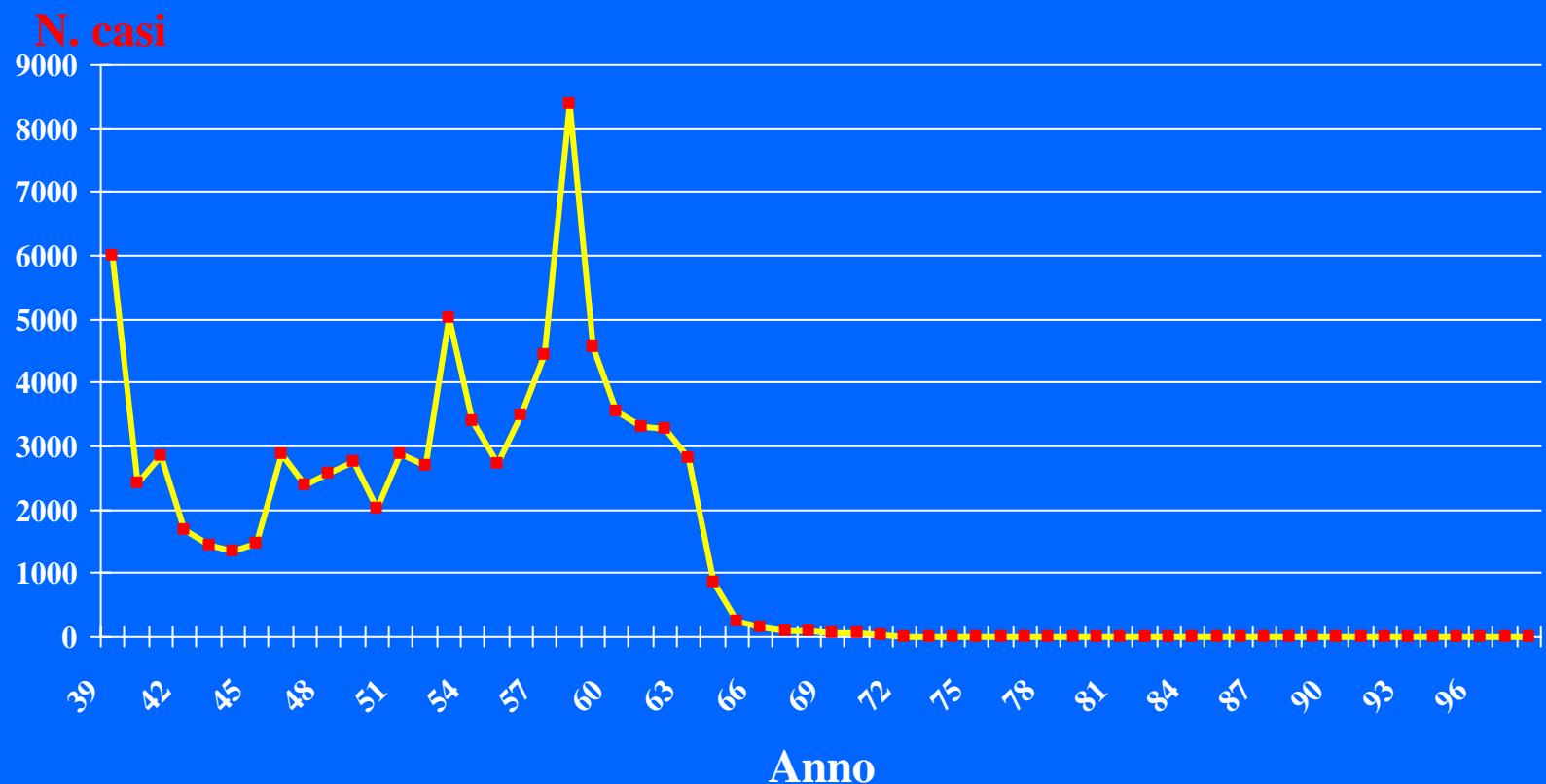


Casi di poliomielite paralitica nei Balcani

Aprile - Dicembre 1996

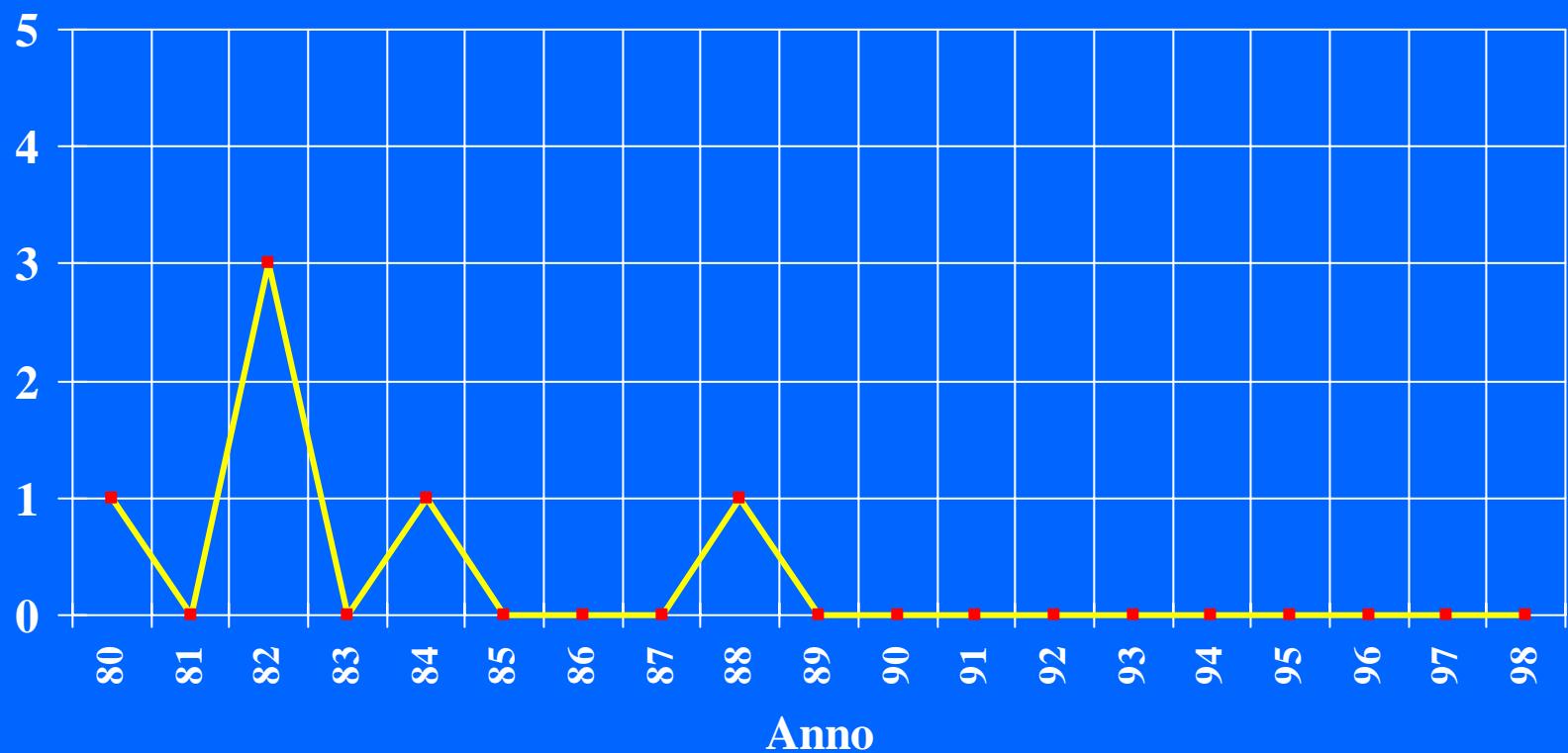


Poliomielite

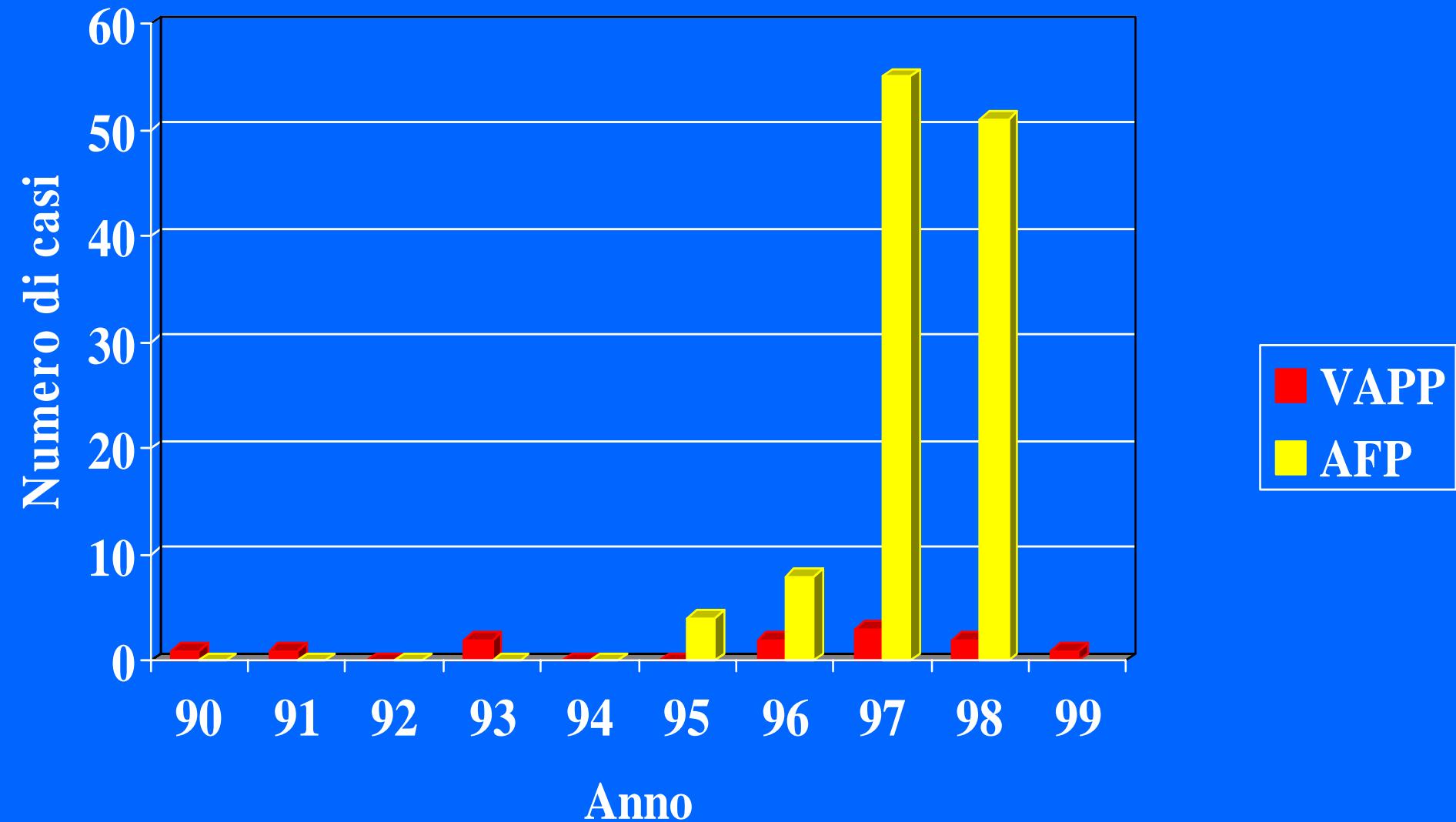


Poliomielite

N. casi



Casi di VAPP e AFP in Italia



Acute Flaccid Paralysis (AFP): Surveillance Standard for Certification

**Situation Analysis in the
European Region**

November 1999



In addition to finding poliovirus if it is circulating, the BIG Question answered by *AFP surveillance* is:



How can we be certain that there is no wild poliovirus in a country which reports ‘zero’ cases of polio?

A diagram of an iceberg floating in a light blue sea. The visible part above the water is a white triangle. The submerged part is shaded purple. A wavy blue line represents the water level. Three horizontal black lines extend from the triangle's base. The top black line is at the water level, the middle one is lower, and the bottom one is at the base of the triangle. The word "PARALYTIC" is written vertically on the left side of the diagram. The words "NON-PARALYTIC" and "New Infections" are on the left side of the triangle. A red box highlights the text "AFP SURVEILLANCE raises the ‘iceberg’".

PARALYTIC

NON-PARALYTIC

New Infections

**AFP
SURVEILLANCE
raises the “iceberg”**

“Reinfections”

HOW?

AFP SURVEILLANCE *The Process*

Onset of paralysis

↓ ≤ 7 days of onset

Detection & notification

↓ ≤ 14 days of onset

Case investigation &
specimen collection

$\xrightarrow{\leq 3$ days
of being
sent}

≥ 60 days of onset

Specimens
arrive at
national
lab

\swarrow
 \searrow
 ≤ 28
days

Primary culture
results reported
to EPI

Isolates sent to
regional lab
for intra-typic
differentiation



Intra-typic
differentiation
results reported
to EPI

Classification of case
(≤ 12 weeks of onset)

Follow-up exam



WHAT?

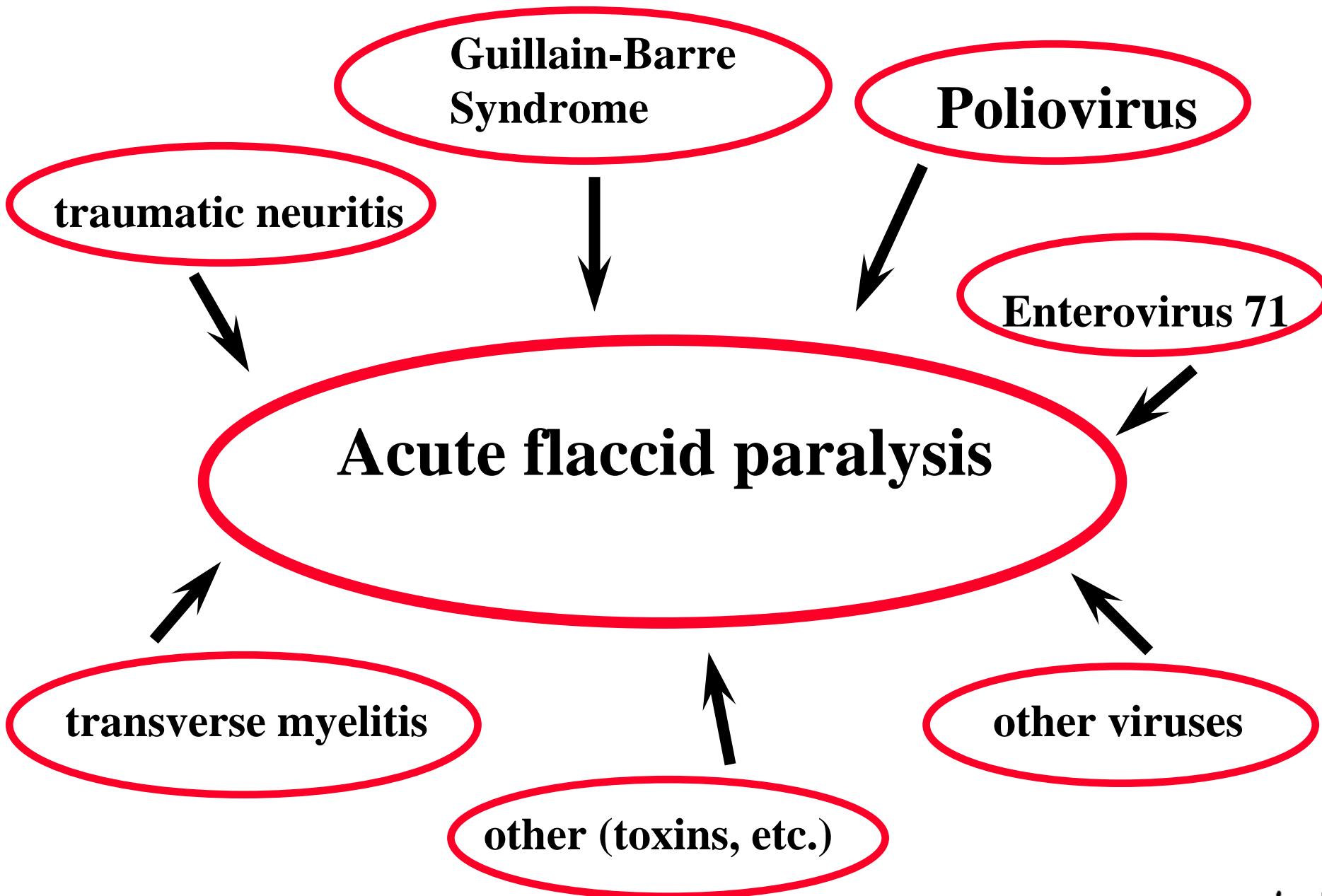
AFP Case Definition

AFP:

Any case of flaccid paralysis of acute onset in a child aged less than 15 years of age;

Clinically suspected polio at any age





AFP Surveillance Performance Indicators

System Sensitivity

Non-polio AFP rate in children < 15 years of age
Objective: $\geq 1 / 100\,000$

Geographic areas representative of population
Objective: $\geq \text{ALL}$



AFP Surveillance Performance Indicators

Reporting and Investigation Operations

-  **Completeness:** % of all expected AFP weekly reports received
Objective: 90%
-  **Timeliness:** % of all expected AFP weekly reports received by deadline
Objective: 90%
-  **Investigation** \leq 48 hours of report
Objective: $\geq 80\%$
-  **2 stools collected** \leq 14 days of paralysis onset (≥ 24 hrs apart)
Objective: $\geq 80\%$
-  **Living patient with follow-up at 60 days for residual paralysis**
Objective: $\geq 80\%$



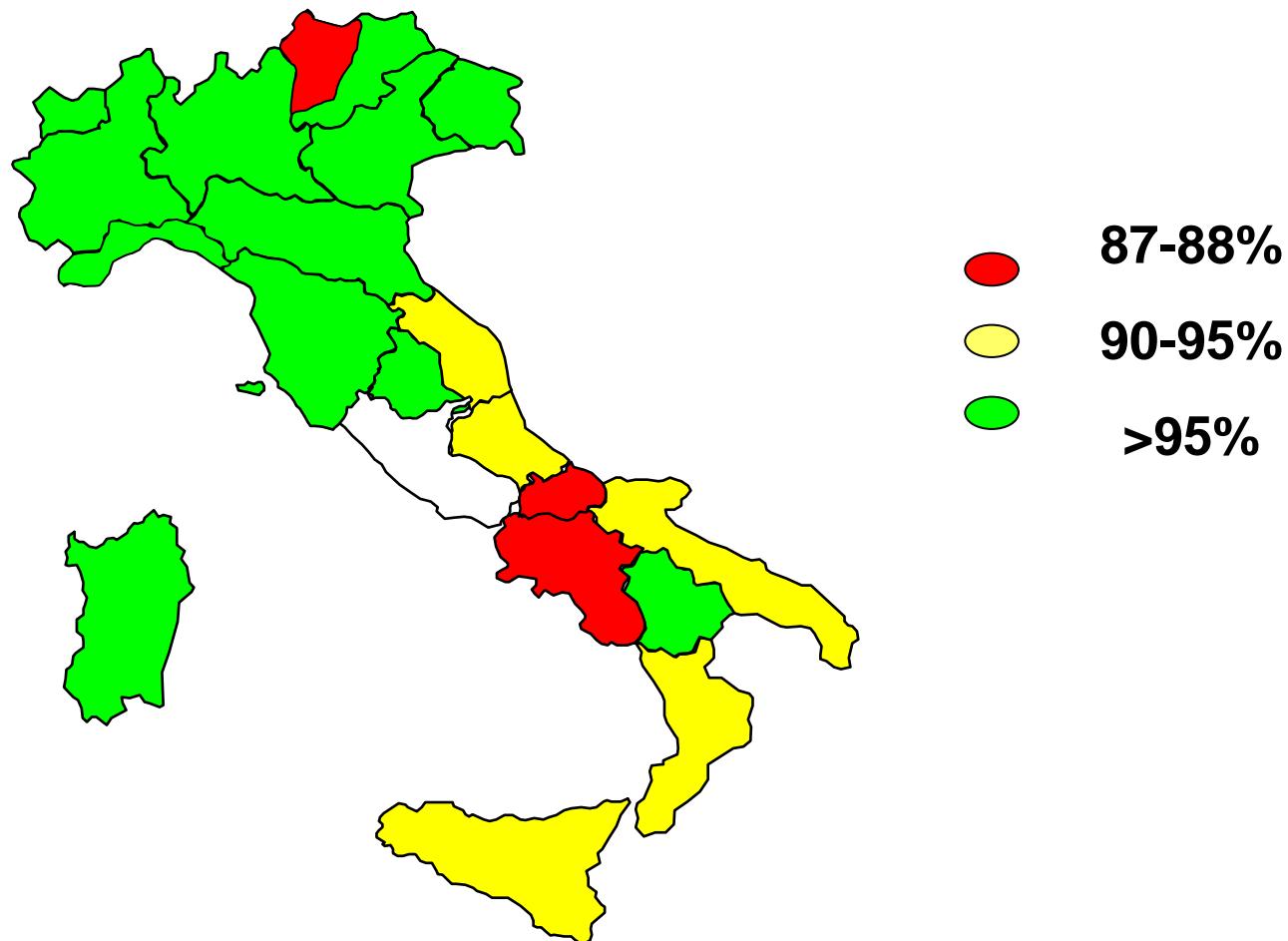
OPV vs IPV

	OPV	IPV
AFP	Si	No
Immunità mucosale	Si	No
Virus shedding	Si	No
Efficacia	>95%	>95%

Frequenza di VAPP dopo OPV

- 1:760.000 prime dosi
- 1:1.5-2.2 milioni dosi successive
- In 3 anni circa 3 milioni di OPV somministrate (3e e 4e dosi)
- N. di VAPP attese = 1

Copertura vaccinale per polio3 entro 24 mesi



Copertura entro 12 mesi 78.6%

Copertura entro 24 mesi 94.6%

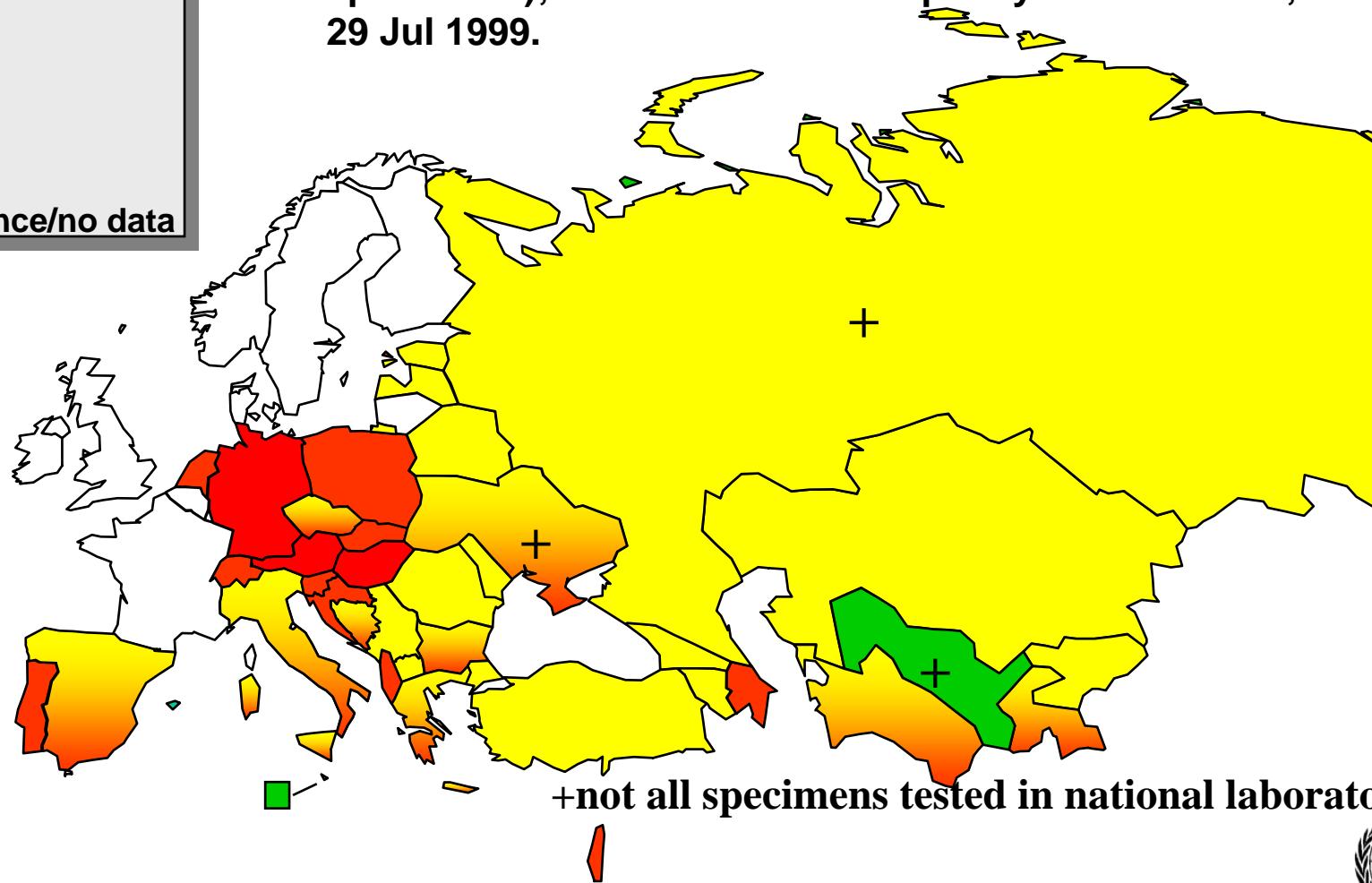


Istituto Superiore di Sanità
Greco D. LEB ISS 2000

Index rates of non-polio AFP among Member States conducting AFP surveillance in the European Region of WHO, 1998*



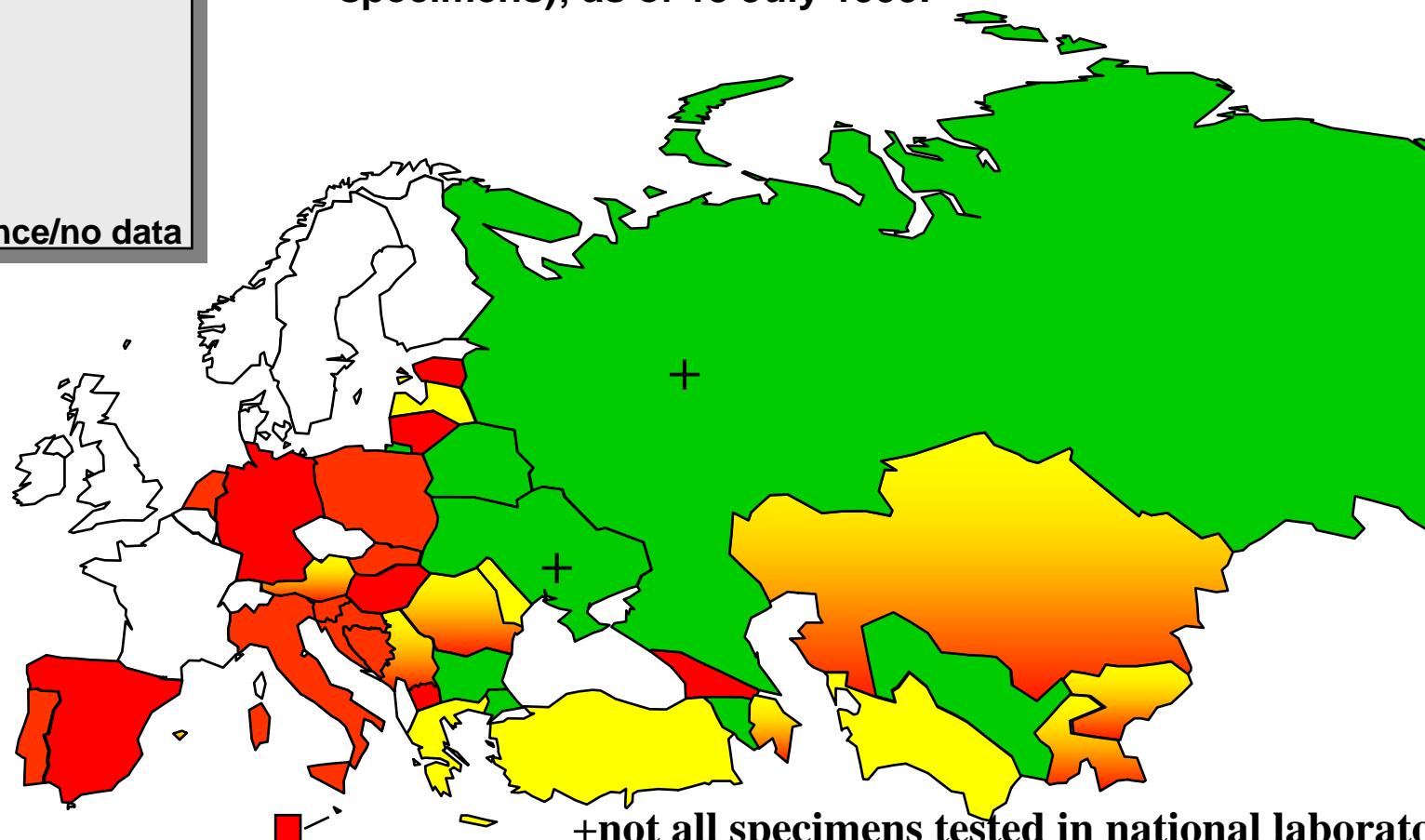
*index=(incidence [max 1.0] x proportion with faecal specimens); AFP includes facial paralysis for Russia; as of 29 Jul 1999.



Index rates of non-polio AFP among Member States conducting AFP surveillance in the European Region of WHO, 1999*

- [Green square] ≥ 0.80
- [Yellow square] 0.6-0.79
- [Orange square] 0.4-0.59
- [Red square] 0-0.39
- [White square] no AFP surveillance/no data

*index=(incidence [max 1.0] x proportion with faecal specimens); as of 13 July 1999.



+not all specimens tested in national laboratory



Sorveglianza della AFP in Italia

1999

AFP r	% St
0,50	54

2000

AFP r	% St
0,36	67

2001

AFP r	% St
0,45	60

Quale calendario ?

- 1998 ultimo caso di polio in Europa
- 2001 certificazione ottenuta in Europa
- 2002 ultimo caso nel mondo
- 2005 certificazione raggiunta nel mondo
- 2010 Si ferma la vaccinazione antipolio

Questo significa

Avere a che fare con le
vaccinazioni antipolio

per i prossimi :
10 anni !!!

“Hot” AFP case – Burgas, Bulgaria, 2001, background, response and timeline of actions taken / 1

- 20-Mar unvaccinated 13-month-old female gypsy child in Burgas district became ill with fever and vomiting
- 21-Mar child was hospitalised with diagnoses of tonsillitis and ketosis
- 24-Mar paralysis onset left leg, child transferred to infectious disease ward
- 24-Mar case notified to epidemiological unit
- 24-Mar first faecal specimen taken (0r 26, conflicting info)
- 25-Mar second faecal specimen taken (0r 27, conflicting info)
- 14-Apr AFP case notified to WHO / EURO via CISID
- 17-Apr polio type 1 isolated by national laboratory
- 17-Apr specimens sent to RRL Paris for ITD
- 19-Apr MOH initiated mass vaccination campaign in Burgas (2500 children received OPV locally; regional target group 17,000)

“Hot” AFP case – Burgas, Bulgaria, 2001, background, response and timeline of actions taken / 2

- 23-Apr official letter of notification of suspect polio case from MOH to WHO/EURO
- 24-Apr EURO action: country telephone contact, rec: enhanced surveillance
- 23-Apr EURO action: RRL Paris was alerted, specimens sent to RRL/Rome for ITD
- 23-Apr EURO action: HQ informed
- 24-Apr EURO action: steps taken to secure 1.2 million OPV doses for NID
- 25-Apr RRL/Paris, started monoclonal Ab assay
- 26-Apr Samples arrived at RRL/Rome and immediately processed in ELISA
- 26-Apr RRL/Rome started amplification of the virus
- 26-Apr RRL/Rome started sequencing of the virus
- 26-Apr 2 methods of ITD completed (ELISA-Rome and monoclonals-Paris)
- 26-Apr RRL/Rome PCR interpreted as Sabin strain
- 27-Apr RRL/Rome repeat PCR and sequencing indicated non Sabin-like
- 28-Apr EURO action: sequence findings sent for follow-up to CDC
- 28-Apr CDC database indicates likely northern India origin (96.9% homology with 1999 isolate)

Grazie per la pazienza !!

Il mio indirizzo è :

Donato GRECO

LEB ISS VI R. Elena 299 00161

Roma - Italia

Tel : 39 06 4990 3390

Fax : 39 49387069

E-Mail : Greco@ ISS.IT

Web: www.iss.it

Arrivederci !