



CEMI 20

20^{ème} Colloque sur le Contrôle Epidémiologique des Maladies Infectieuses
27 mars 2015 - Institut Pasteur Paris



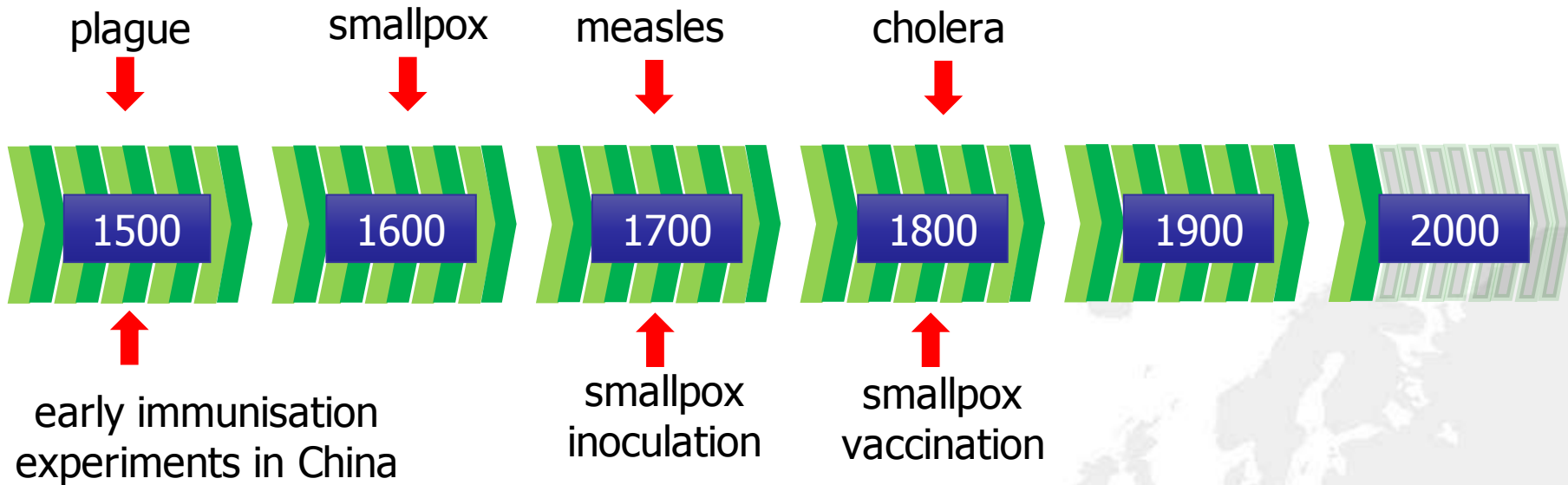
European Centre for Disease Prevention and Control Perspectives pour le troisième millénaire en Europe et dans le monde

Pier Luigi Lopalco, Head of Scientific Assessment Section

Paris, 27th March 2015

Pandemic threats and Vaccines across history

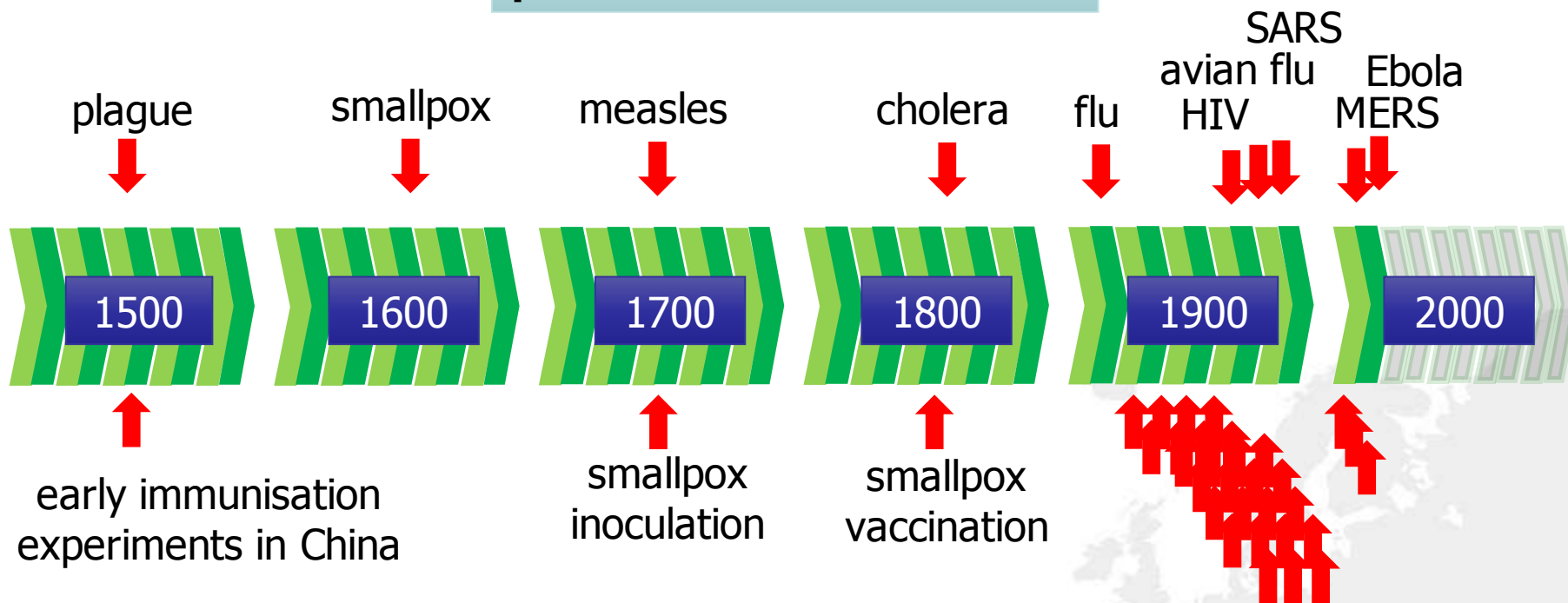
pandemic threats



vaccination

Pandemic threats and Vaccines across history

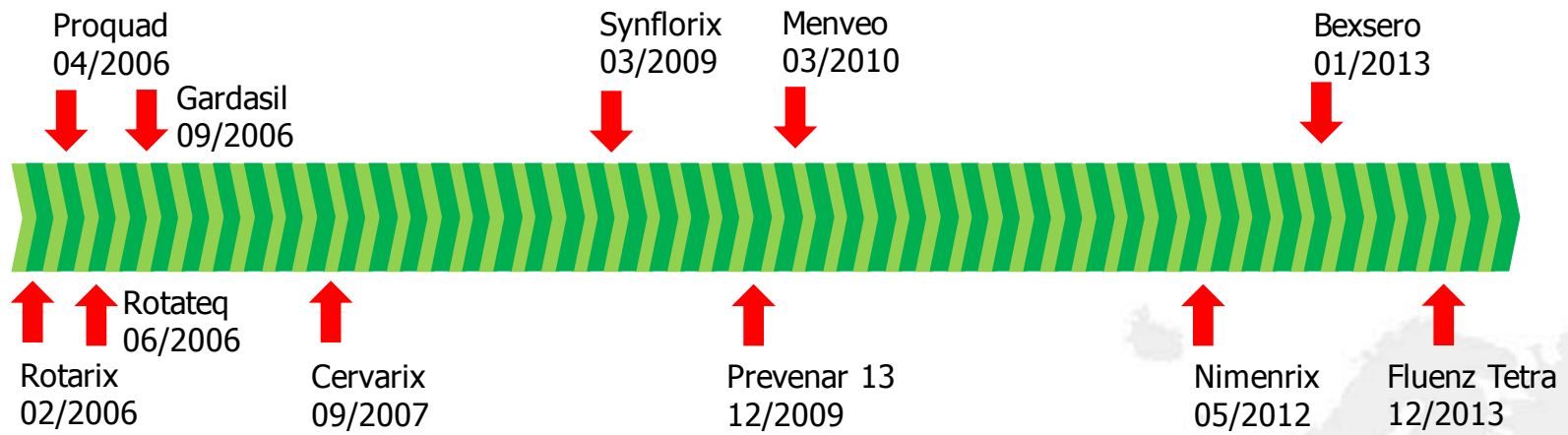
pandemic threats



vaccination

27 major infectious diseases are targeted by vaccination

New vaccines authorised in the EU 2006/2013



Infectious disease burden across the centuries



- XIV century: “Black Death” 30%-70% of European population
- 1629-31: the Italian plague 280,000 deaths
- 1665-66: the Great plague in London 100,000 deaths
- 1852-60: 3rd cholera pandemic, Russia 1,000,000 deaths
- 1918-20: Spanish flu, worldwide 75,000,000 deaths

- 2011: HIV/AIDS, Sub-saharian Africa 1,200,000 deaths
23,500,000 living with AIDS

- 2002: SARS, worldwide 775 deaths
- 2009: H5N1 avian flu, worldwide 359 deaths
- 2014: Ebola, West Africa >10,000 deaths

Factors that may influence future pandemics

- Climate change
- Increased movement of people and goods
- Higher risk of zoonosis (poor animal welfare)
- Social inequalities



“ Life is a sexually transmitted disease and the mortality rate is 100% ”

R. D. Laing



The Big Killers in the 3rd millenium



- Tobacco epidemic
- Obesity and metabolic syndrome
- Diseases linked to ageing

Real burden vs Perception

- Media influence
- Political pressure
- Psychological determinants:
 - fear for the unknown
 - fear for the stranger
 - fear for something that I cannot control



Measles and Rubella elimination: High priority – Low perception

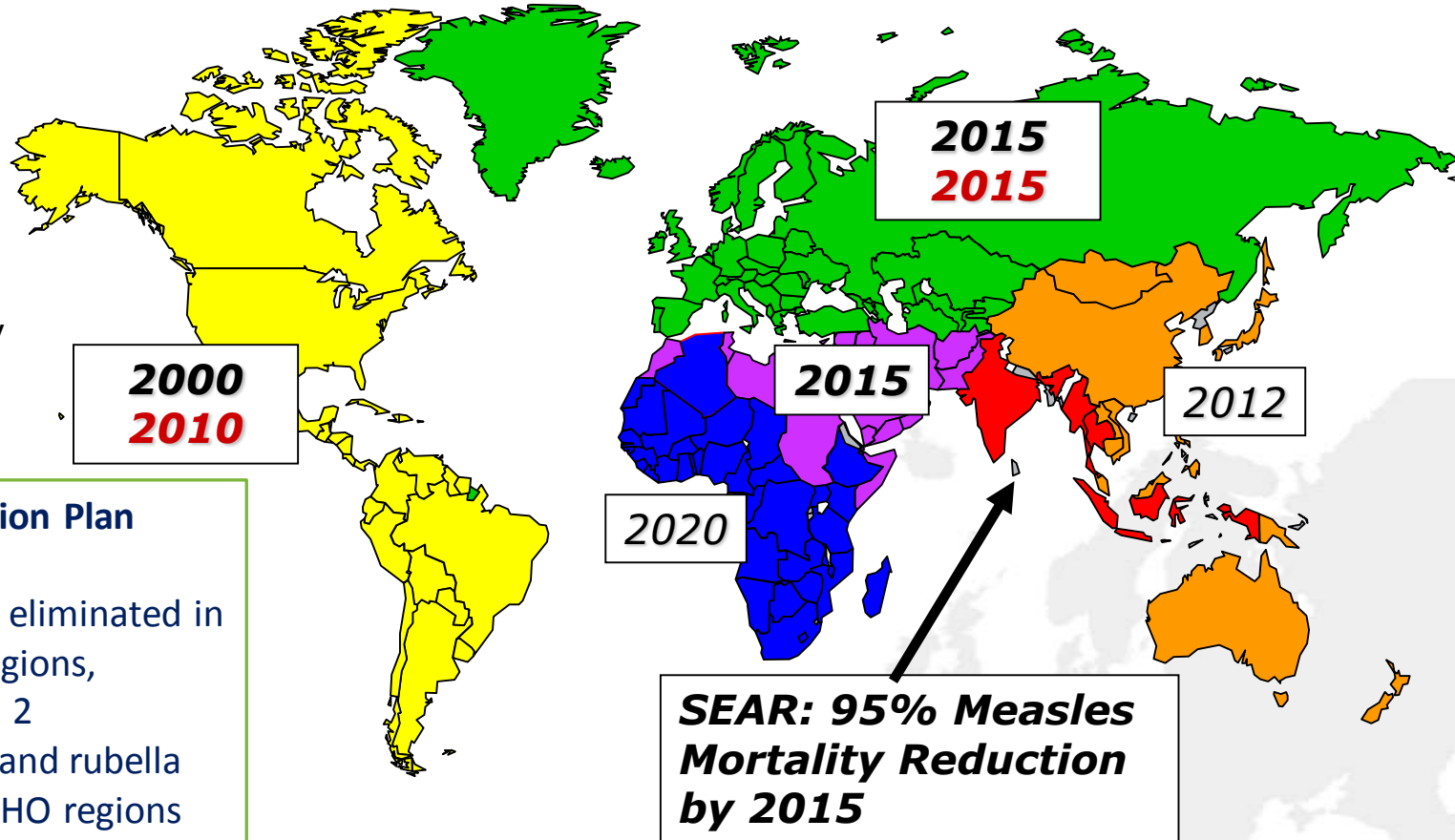
Measles and *Rubella* Regional Elimination Goals

Decade of Vaccines goal:

- Meet vaccination coverage targets in every region, country and community

Global Vaccine Action Plan Targets:

- By 2015: Measles eliminated in at least 4 WHO regions, Rubella in at least 2
- By 2020: Measles and rubella eliminated in 5 WHO regions



Measles importations to America - 2011

Single importation of D4 from France resulted 776 cases in Québec region during 8 month in 2011

B3 importation resulted 327 cases in Ecuador in 2011-2012

Brazil reported 43 cases. D4 virus was detected in 26 of the cases; one case was G3.

- genotype D4
- genotype B3
- genotype D9
- genotype D8
- genotype G3
- H1 and unknown

- genotype D8
- genotype D4
- genotype D9
- genotype G3
- unknown strain

Source: Country reports to FHC/IM-PAHO (as of EW 3/2013) and the Global Measles Laboratory at the US Centers for Disease Control (CDC)

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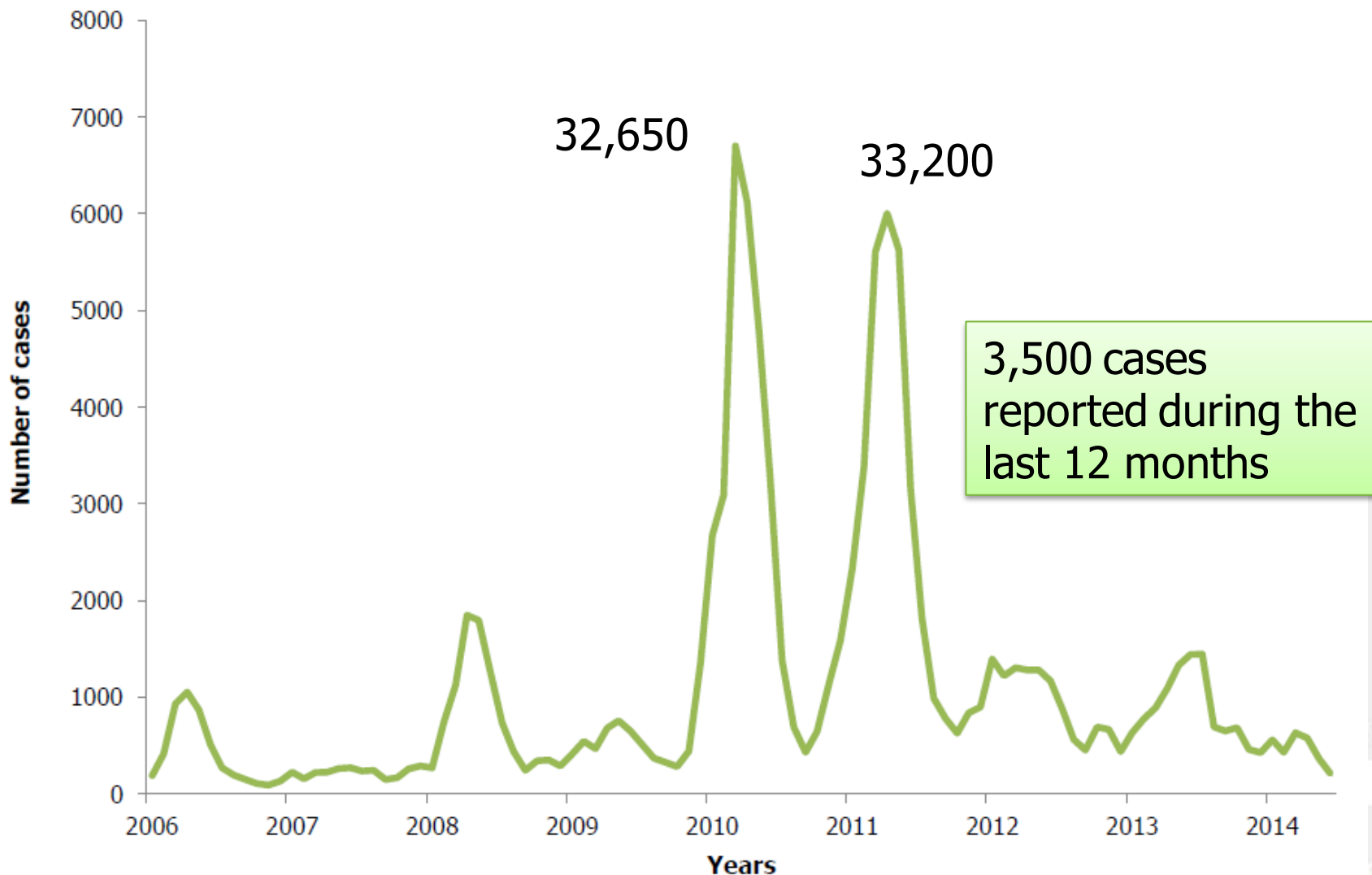
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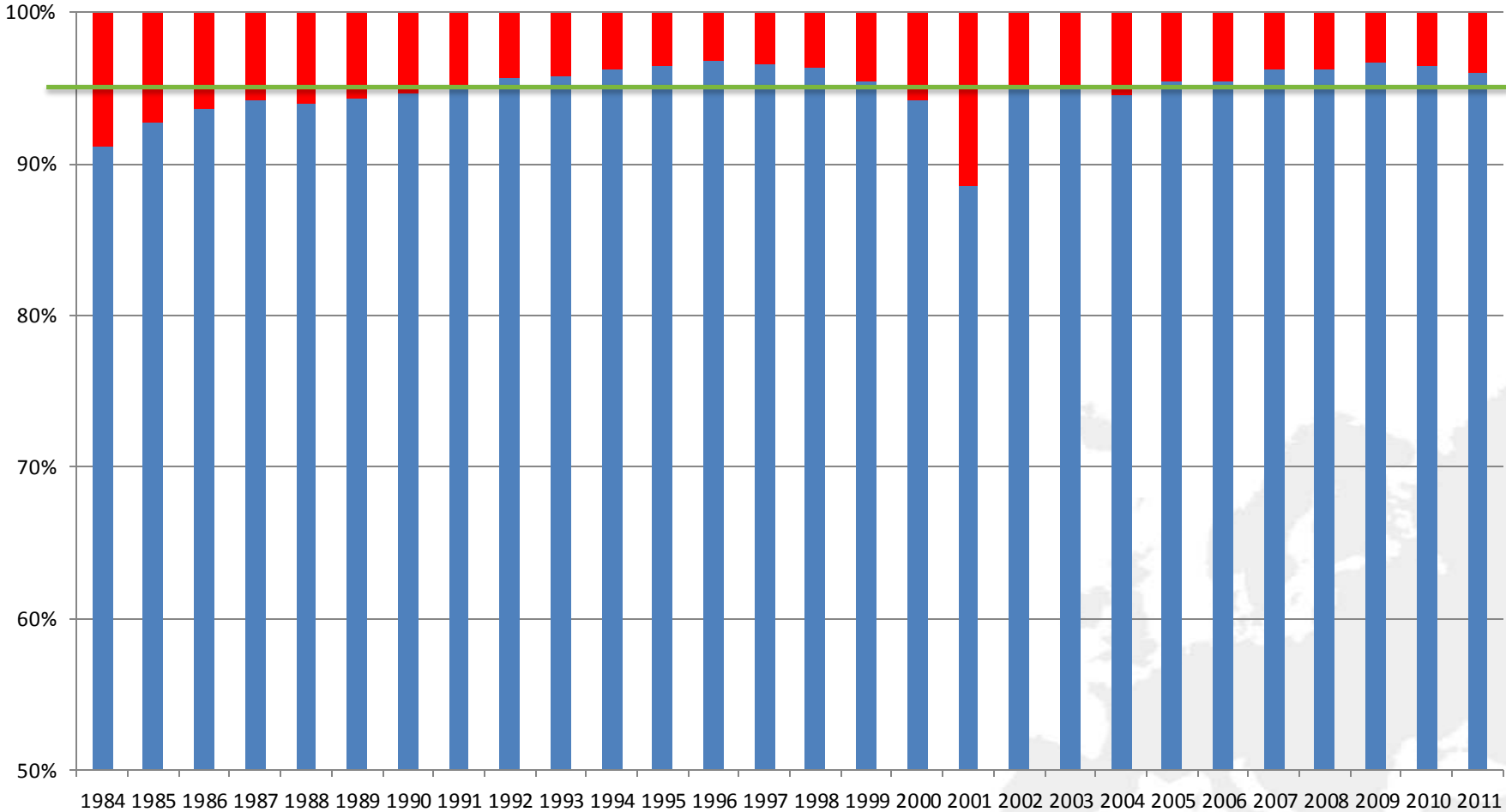
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Measles cases reported in the EU

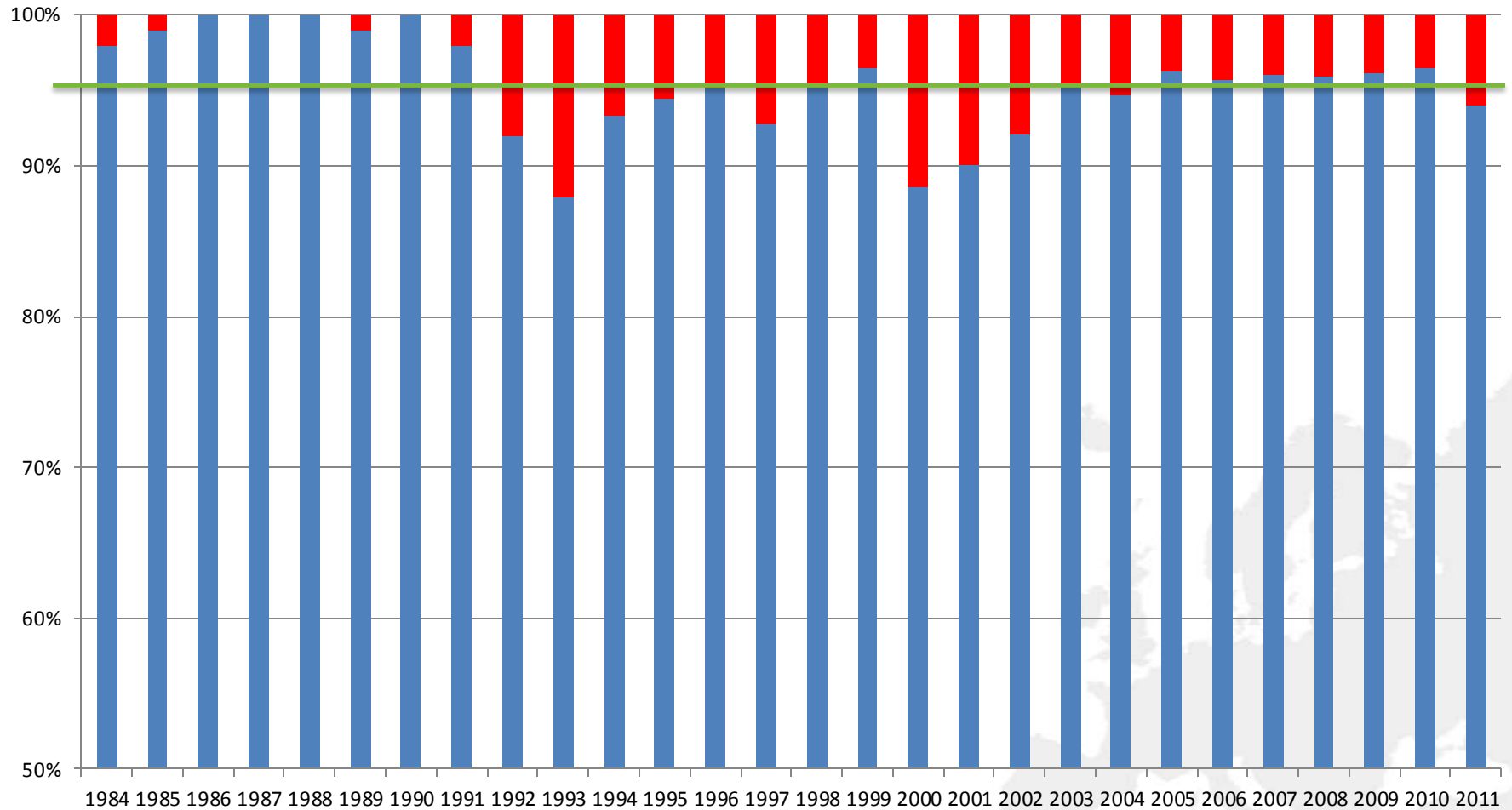


Why measles and rubella are still endemic in Europe?

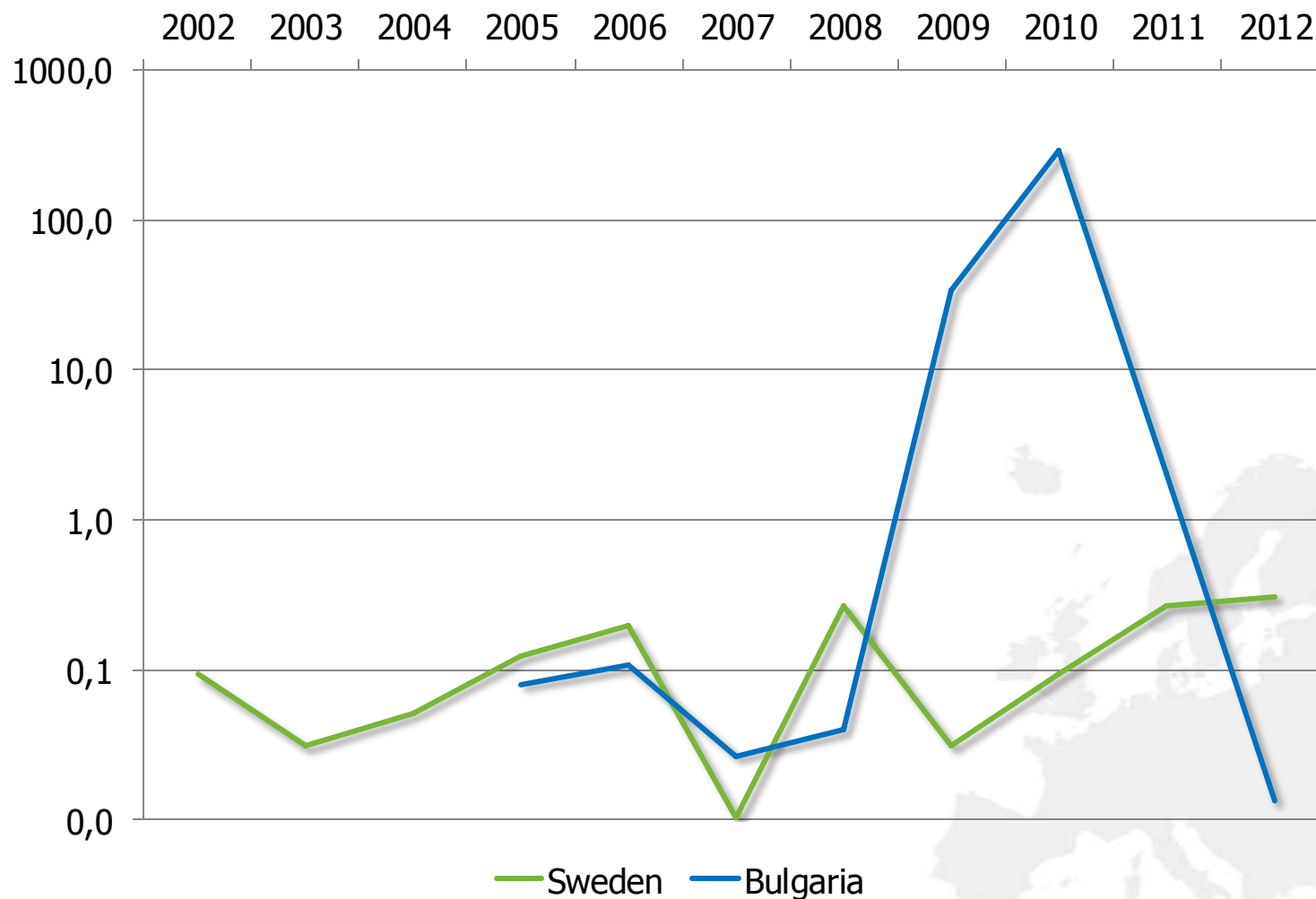
Sweden



Bulgaria



Measles reported cases notification rate per 100,000 pop - 2002/2012



Vaccination coverage and inequalities

Measles outbreak in
Bulgaria, 2010:

>24,000 cases

**90% in Roma
communities**

25 deaths



% population susceptible to measles in some EU countries

Country or area	Measles seronegative (%)				
	2-4 years	5-9 years	10-19 years	20-39 years	40+ years
WHO target	< 15	< 10	< 5	< 5	< 5
<i>Low susceptibility</i>					
Czech Republic	1.0	0.8	1.5	3.2	0.2
Hungary	2.9	3.8	3.5	8.5	0.3
Luxembourg	5.4 ^a	4.7	5.0	2.6	0.2
Slovakia	3.8	4.8	3.3	6.1	0.3
Slovenia	4.0	3.2	4.2	6.1	1.5
Spain	5.0	7.2	4.0	0.8	–
Sweden	1.0	5.8	4.7	5.9	0.5
<i>Intermediate susceptibility</i>					
Australia	10.8	8.0	7.9	9.4	–
Israel	9.1	6.9	5.2	7.0	1.4
Lithuania	4.7	9.8	9.6	12.4	0.3
Malta	9.6	4.3	6.9	5.3	3.1
<i>Higher susceptibility</i>					
Belgium	12.4	14.1	13.3	4.6	2.0
Bulgaria	30.4	25.9	20.7	10.1	9.0
Cyprus	21.8	21.8	13.2	5.9	1.0
England and Wales	18.9	10.2	6.9	2.8	0.2
Ireland	14.2	11.8	8.6	7.8	7.6
Latvia	19.0	42.9	39.8	30.8	3.5
Romania	24.3	11.4	4.2	1.4	0.3

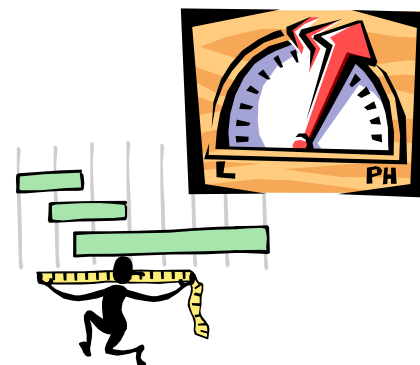
Better knowledge of vaccination coverage in subgroups may prevent outbreaks

WHO verification process

Evidence Based Verification Process



European
Regional
Committee



National
Verification
Committee



Population
immunity

Public
acceptance

Diseases
epidemiology

National
immunization
programme

Quality of
surveillance



Disease and vaccine monitoring to achieve elimination goals

The virtuous route from data to action



Data



Information



Knowledge



Action

Which data do we need to guarantee herd immunity?

disease

disease
surveillance

disease
impact

population level
of protection

vaccine

vaccine
safety

vaccine
effectiveness

vaccination programme

vaccine
uptake

vaccine
hesitancy

Which data do we need to guarantee herd immunity?

disease

routine surveillance
outbreak detection
outbreak investigation

burden of disease
hospitalisations
economic analysis

seroprevalence studies
in-depth vaccine
coverage analysis

vaccine

safety signals detection
safety monitoring
safety assessment

sentinel systems
ad hoc studies

vaccination programme

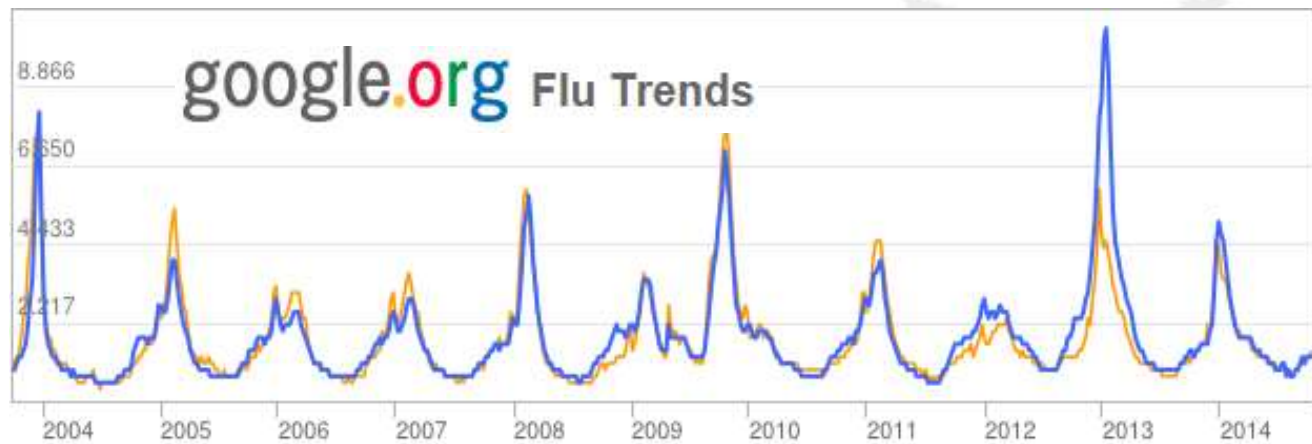
administrative tools
vaccine registries

behavioural science
new media scanning

Monitoring vaccination sentiment

The Vaccine Confidence Project

monitoring public confidence in immunisation programmes





Twitter could bring better understanding of vaccine refusal patterns

The team identified tweets, geo-located the messages and compared their findings to the Centers for Disease Control and Prevention's Behavior Risk Factor Surveillance System. Their results show that states with a higher number of residents who received the flu shot had a higher number of vaccine-positive messages on Twitter

Is EU prepared for the next threat?

DECISIONS



DECISION No 1082/2013/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 22 October 2013

on serious cross-border threats to health and repealing Decision No 2119/98/EC

The Decision provides ***four major benefits***:

- to strengthen **preparedness** planning
- to improve **risk assessment and management** of cross-border health threats
- to establish the necessary arrangements for the development and implementation of a **joint procurement** of medical countermeasures
- to enhance the **coordination of response** at EU level by providing a solid legal mandate to the Health Security Committee

Merci

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