Strengthening immunization services and introduction of hepatitis B vaccine in countries of Central and Eastern Europe and Newly Independent States, 3rd meeting, Kiev, 25-28 May 2004

Hib in countries of the WHO European Region

A. Lobanov, WHO/EURO



Hemophilus influenzae type B (Hib) disease: public health impact and control

- Estimated at least 3 million cases of serious diseases, especially meningitis and pneumonia in young children, and more than 400 thousand deaths in the world each year
- Meningitis in >30% of cases in children below 5 years of age
- May cause deafness, learning problems, fits
- Immunization with modern Hib conjugate vaccines prevents >90% Hib disease
- Hib conjugate vaccines are usually given to infants together with DTP, OPV and HepB

Measurement of Hib disease burden

• Surveillance

- detection: standard case definition
- recording and reporting
- laboratory diagnosis
- Studies
 - prospective
 - retrospective
- Rapid assessment tool



Vaccines and Biologicals

WHO/V&B/02.1

Haemophilus influenzae type b (Hib) meningitis in the pre-vaccine era: a global review of incidence, age distributions, and case-fatality rates



World Health Organization

WHO document WHO/V&B/02.18

"Haemophilus influenzae type b (Hib) meningitis in the pre-vaccine era: a global review of incidence, distribution and case fatality rates"



Mean annual incidence of Hib meningitis in the WHO European Region before introduction of immunization: population based studies and surveillance data





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Incidence of Hib-meningitis in children < 5 yrs of age, by WHO Region



Source: WHO/HQ



Incidence of Hib-meningitis in children 0-11 months of age, by WHO Region



Source: WHO/HQ



Case-fatality rates of Hib-meningitis in children < 5 years of age, by WHO Region



Source: WHO/HQ



European Union Invasive Bacterial Infections Surveillance Network

Established in 2000, 21 countries involved



Disaggregated data for 1999-2002 supplied by:

DenmarkNetherlandsFinlandPortugalGermanyUKGreeceIrelandCzech RepublicIsraelItalyNorway

Some countries have not been able to fully contribute



Incidence of invasive Hib disease in children under 5 yrs prior to introduction of Hib immunisation



Percentage decline in incidence Hib following vaccine introduction





Incidence of Hib disease in children 1996-2002 (combined country data)





Age-specific distribution of diagnoses in all EU-IBIS countries and years combined



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Hib diagnosis

• Meningitis still the predominant diagnosis



- Meningitis decreases in importance with age
- Epiglottitis increases in importance with age
- Meningitis decreasing with the age shift in Hib infection



HepB3, Hib3 and DTP3 vaccine coverage in the European Region 1990-2002



Haemophilus influenza type b immunization policy in the European Region in 2003



Hib3 coverage in the European Region in 2002





Incidence of Hib meningitis in the European Region in 2003 Per 100,000



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WHO-supported population based Hib meningitis studies

Country	Period	Hib meningitis
		/100 000 <5 yrs
Bulgaria	1992-97	5.9
	1997-99	6.1
Poland	1998-99	3.1
		9.7
Russian Federation	1999-02	5.7

Compare to Finland 37-57 / 100 000 <5 yrs: pre-vaccination



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Confirmed bacterial meningitis in children < 5 years of age

Country	Years	Total confirmed cases	N. mening.	Hib	S. pneum.	Other
BUL	1997-	88	23	21	23	21
6 regions	1999		(26%)	(24%)	(26%)	(24%)
POL	1998-	56	33	17	0	6
2 districts	1999		(59%)	(30%)		(11%)
RUS	1999-	212	117	39	23	33
Moscow	2001		(55%)	(18%)	(11%)	(16%)

Sources: M. Kojouharova et al., A. Zielinski et al., A. Platonov



Annual incidence of acute lower respiratory tract infection caused by *H.influenzae* type b in Russia 1997-1999 (estimation)



Source: A. Platonov



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Programme on study of epidemiology and prevention of Hib-infection in Russia supported by the Vishnevskaya-Rostropovich Foundation

Started in 2003

St. Petersburg Novosibirsk Nizhny Novgorod Murmansk



Etiology of invasive infections in St. Petersburg 2001-2003

Years	Total confirmed cases	N. meningitidis	Hib	S. pneumoniae
2001-	138	81	38	19
2003		(59%)	(27%)	(14%)

including 31 confirmed cases of Hib meningitis

Source: Research Institute of Child Infections, St. Petersburg, Russia



Hib rapid assessment tool

RAT is a methodology for rapid assessment of the burden of Hib disease using local available data

Two methods to develop national estimates:

(1) Retrospective estimation of incidence of Hib meningitis in children <5 years of age (data from selected hospitals and labs) and use of meningitis rate to estimate morbidity and mortality of Hib.

(2) Estimation of morbidity and mortality of Hib based on local estimates of the overall mortality in children< 5 years of age

Performed in Albania in 2001, Kyrgyzstan, Uzbekistan in 2002, Armenia, Moldova and Ukraine in 2003



Hib rapid assessments in the WHO European Region

Country	Hib meningitis per 100000 < 5 years old	Total annual estimated Hib cases	Total annual estimated Hib deaths
ALB (2001)	15	366-800	54-74
KGZ (2002)	5-25	139-750	15-78
ARM (2003)	3-15	36-180	2-9
MDA (2003)	13 (10-16)	120-198	6-10
UKR (2003)	4-12	480-1440	24-72
UZB (2002)	4-22	588-3391	37-351



Hib rapid assessments in the WHO European Region, 2003

Cost-effectiveness:

Savings equal to the Hib vaccination cost, if the cost is

in Moldova: USD 1.5 per child or USD 0.5 per dose

in Ukraine: USD 2.7 per child or USD 0.9 per dose



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Conclusions:

• High Hib incidence in the WHO Region was recorded in West Europe in pre-vaccination era

• Effective surveillance and additional studies are needed, especially in NIS

•Decision for Hib vaccine introduction should be based on thorough analysis of various factors

•Long-term political commitment and financial sustainability are crucial for decision-making

