





Seasonal influenza vaccination in the Americas: update on current policies, use and progress in estimating vaccine effectiveness

Washington DC, febr. 2018

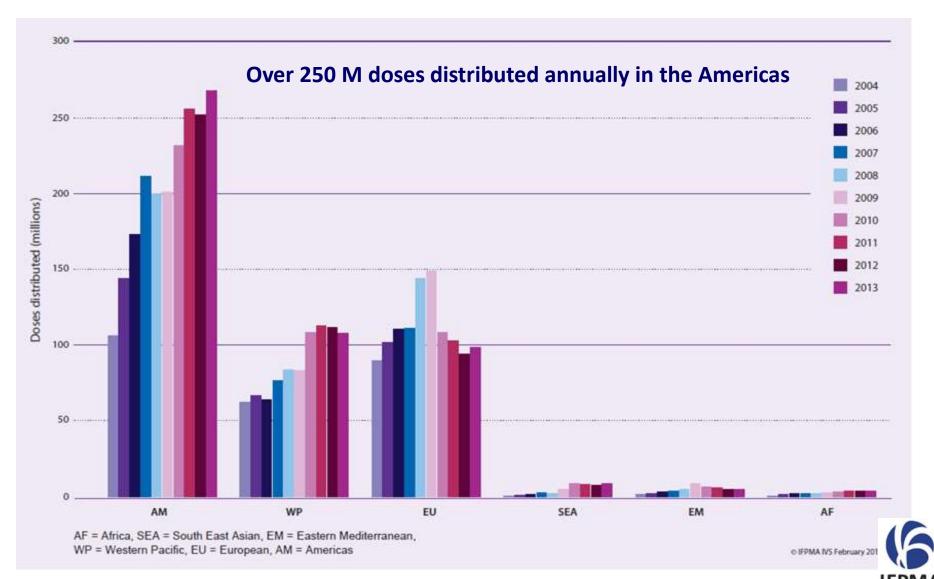
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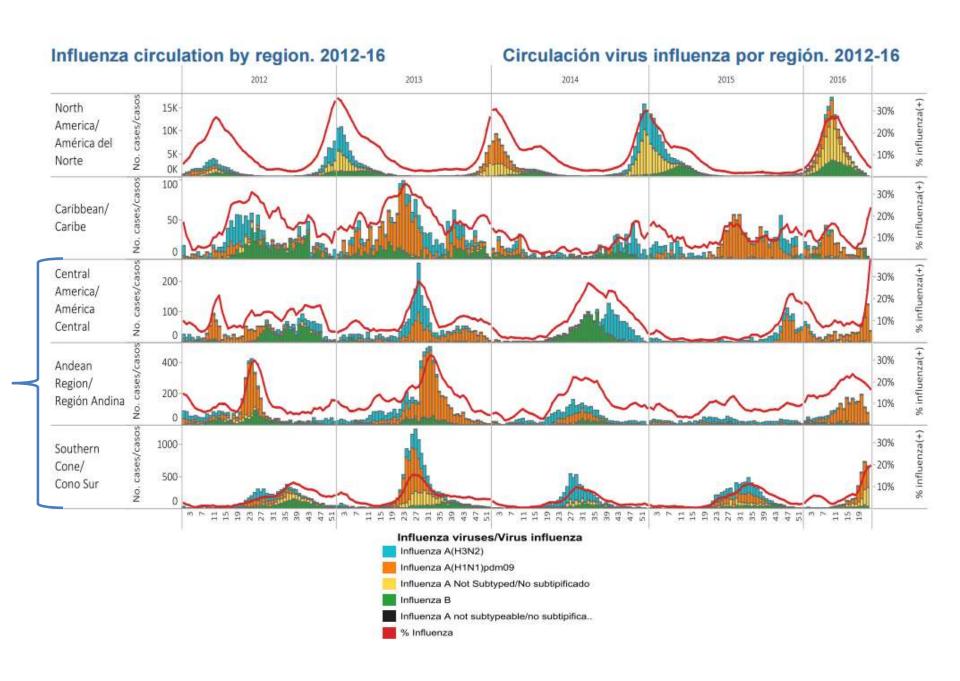


Countries and Territories in the Americas with Policies for seasonal influenza vaccination, 2004-16

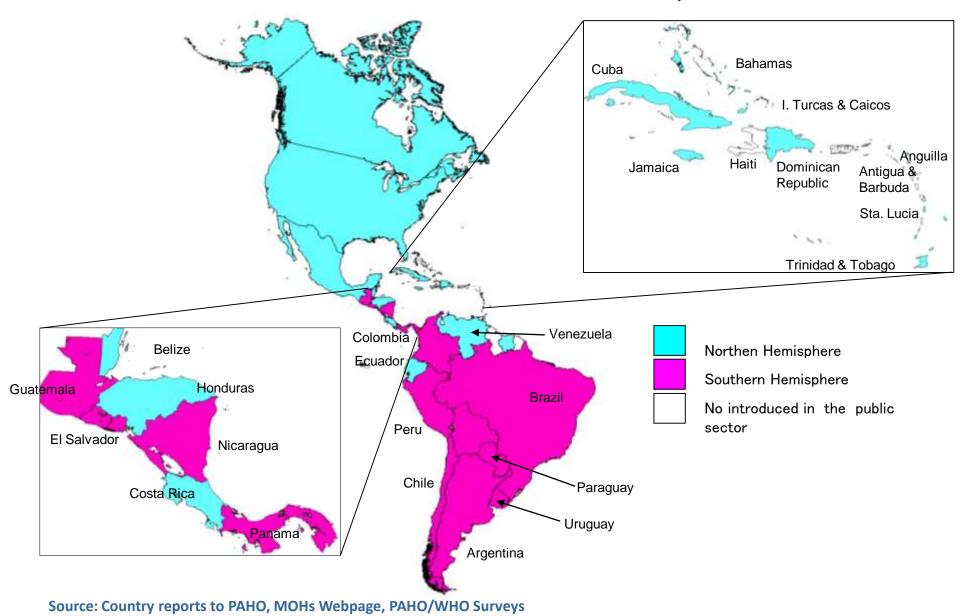
Number (%) of countries that have:	2004	2008	2016
Policies for influenza vaccination	13	35	40/52
			(77%)
Vaccination of healthy children	6	22	25 (48%)
Vaccination of children with chronic diseases			5 (9%)
Vaccination of the elderly	12	33	39 (75%)
Vaccination of persons with chronic diseases	9	24	35 (67%)
Vaccination of health care workers	3	32	38 (73%)
Vaccination of pregnant women	3	7	31 <i>(60%)</i>

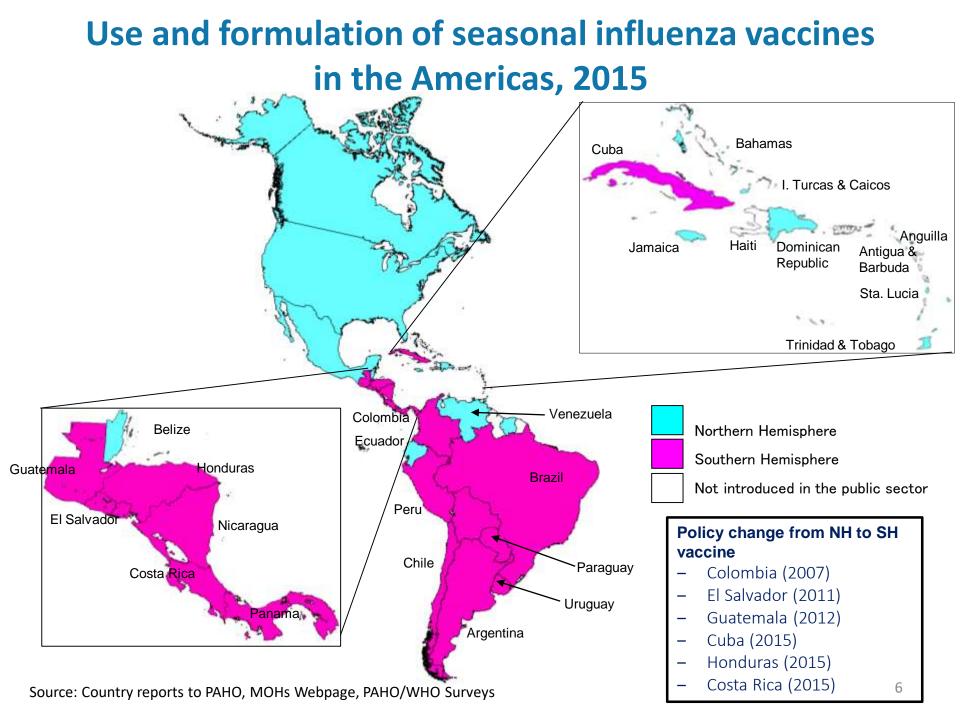
Distribution of influenza vaccines per WHO region, 2004-13



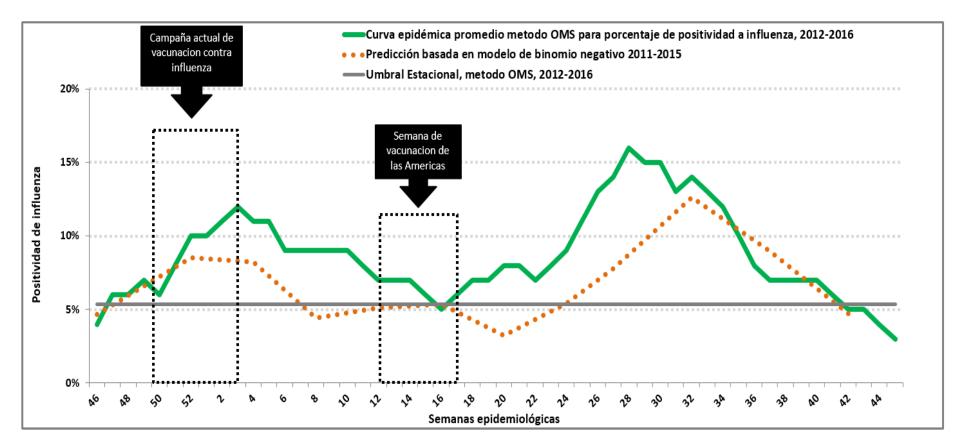


Use of seasonal influenza vaccine & formulation in the Americas, 2014



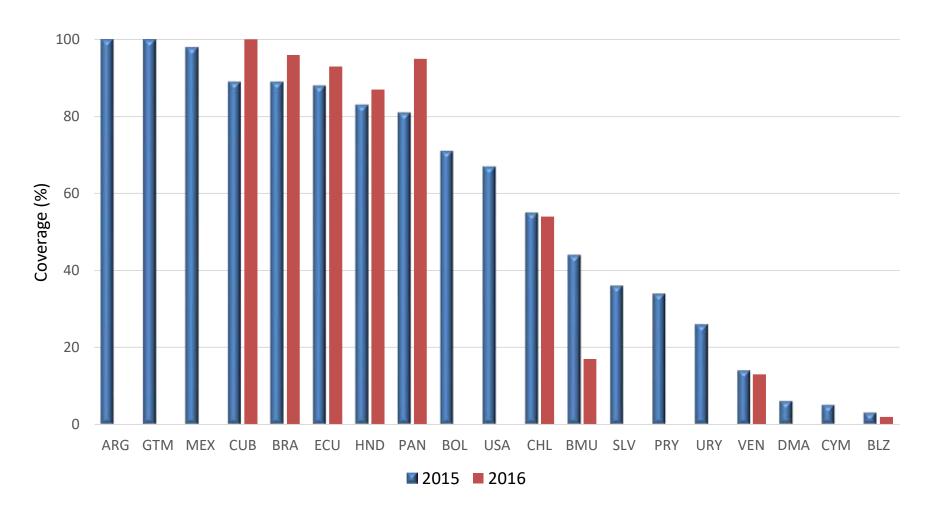


Seasonality of influenza and vaccination, Ecuador 2011-16 (n=2,075)



Fuente: Ecuador. Vigilancia centinela de IRAG, datos virológicos reportados a FluNet 2011-2016.

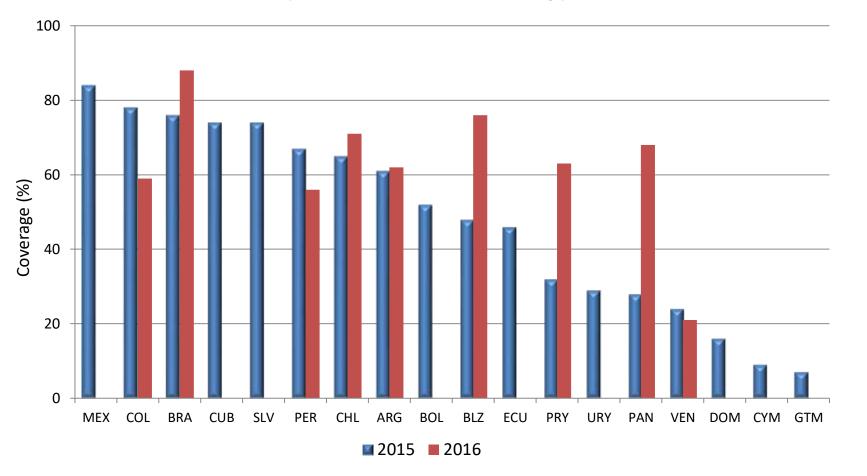
Influenza vaccine coverage among the elderly Latin America and the Caribbean, 2015 and 2016*



Source: Country reports through the PAHO-WHO Joint Reporting Forms (JRF), 2016 and 2017.

^{*} Provisional data

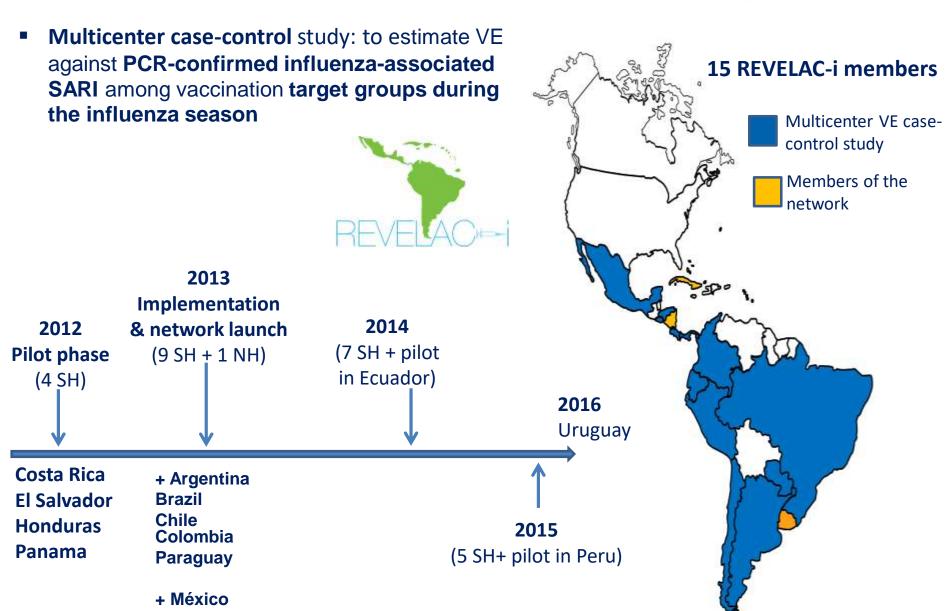
Influenza vaccine coverage among children less than 5 years old Latin America and the Caribbean, 2015-2016* (full vaccination only)



Source: Country reports through the PAHO-WHO Joint Reporting Forms (JRF), 2016 and 2017. Note Pediatric coverage formula: ((2nd dose+single dose)/denominator)*100

REVELAC-i network evolution

(Red para la Evaluación de Vacunas de Influenza en América Latina y el Caribe)



Network for Evaluation of Influenza Vaccine Effectiveness in Latin America and the Caribbean REVELAC-i

Objectives:

Estimate the effectiveness of influenza TIV in preventing severe acute respiratory infections (SARI) laboratory-confirmed for influenza among EPI target groups during influenza seasons.



Building upon the existing regional SARI surveillance platform.



Using a common protocol, case-control (test-negative design).



RT-PCR laboratory confirmation for influenza.



Multidisciplinary
efforts integrating
influenza surveillance
teams, refence
laboratories and
immunization
programs

Revelac-i

Use of VE estimates in LAC

- Differences in use of VE between developed and developing countries
 - EPI provides vaccine free of charge and need to sustain investment in the vaccine (flu vaccine first target of budget cuts).
 - Show benefit of vaccination with current strategies as averted deaths and hospitalizations
- Not yet information for action, although REVELAC-i contributes to GIVE

Clinical, Epidemiological and Laboratory Investigation Form for Sentinel SARI Surveillance

One Definition: An acute respiratory infection with history offever or measured fever of 2 38 C°, and cough, with onset within the last ten days, and requires hospitalization

			1. CAPTURE					
1 Today's Date: / /	2. Case	Code:	3. Es	tablishment N	Vame:			
Osy/mon/yes 4. Clinical History Number:			5.0-	pture Date:		/ /		
4. Clinical History Number.			1	pture bete.		/ / ley/mon/yo	_	
6. Patient Name:			'			ay /man/ye	-	
D. Patient Name:	First Last Name		cond Lest Namo		irs Name		Second Name	
7. ID #:	FIRST LIST NAME						accond reimo	
7. ID #:		8. Birth Date:	/ / Day /mon/s		9. Age:	Yeara	Months Day	
10. Age Group: □ <2y □	2-4v 🗆 5-19	9y 🗆 20-39y			11. Sec		☐ Female	,-
	.,	<u> </u>	TACT INFOR					
12. Tel ephone Number:		210011						
13. Place of Residence:								
D. Piece of Residence.	Dopartmont/	Province/State		Municipality/City			Neighborhood	
	,			,,				
				Address				
		3. CLINICAL	LHISTORY/R	SK FACTORS	;			
14. Did patient receive influe	nza vaccine o							
If yes, date of vaccination	on: / /	(Day /mon/yca	e)					
If child, < 9 years: Speci	fy number of	doses and dates	received: 🗆	1://_	(Day /mon/	(voor) □2:	_/_/_	(Day/mon/year)
If child, < 6 months: Did	mother recei	ve influenza vac	cine? 🗆 Yes 🛭]No □Unknov	wn			
If yes, date of vaco	ination: /	/ (Day/mo	n/year)					
Did mother breast		Yes □No						
17.Risk Factors: ☐ Yes ☐	No							
Other Factors'		Comor biditie	5		_			
☐ Pregnant (☐1T ☐2T ☐3	IT)	☐ Asthma					: pulmonary o	ísea se
☐ Postpartum		☐ Chronic he			☐ Diab			
		☐ Chronic live				_		cular disorder
		☐ Chronic kid	•				iency (due to	illness
		☐ Obesity	ical disorders		□ Oth	reatment	,	J
			HOSPITALIZA	TION	L 0111	E1.		
18. Fever onset date:	/ /	EW		lospitalization	Date		/ /	EW
16. Pever onset date.	Day /mon/year		15. 1	iospitalizatioi	i De te.		v /mon/voer	
20. Antiviral Use: Not u	sed □0sel	tamivir 🗆 Zan	amivir 🗆 O	ther A	nti vira I Sta	rt Date:	/ /	Day/mon/year
21. ICU Admission: ☐ Yes	□ No	ICU Admission	: / / Day/mon/yo		ICU Disc	:harge: _	/ /	EW
22. Sample Collection: 🗆 Y	es 🗆 No		o william w				Pr Williams	Day/mon/year
1°□ Type: □Swab		☐ Bronchial wa	sh 🗆 Tissue	e □ Serum	☐ Other	_ □ o	ollection date	
2° □ Type: □ Swab							ollection date	
			ABORATORY					
23. Processing: Rec	eipt Date	31 0		cessed			Processing	Start Date
Day	/mon/voer		_					ion/vear
The second secon	/		CR 🗆 IFA) 🗆				/	/
2° Sample: /	_/	☐ Yes (☐P(CR 🗆 IFA) 🗆				. /	/
24. Results ² : ☐ Positive		_	_		late: (Day/	mon/year):	_/_/_	
A, not subtyped [
	□ B(Victoria)				_			
RSV Adenovirus Parainfluenza I Parainfluenza II Parainfluenza III Other								
			6. DISCHARG					
25. Discharge Date://	_		i. Outcome:	_	☐ Dece	ased \square	l Transferred	
27. Date Case Closed: /	/ (Daylore	(verse) Re	snoosible Sig	nature:				ı

³ You may include other factor based on your specific circumstances, for example: othnicity, HIV/AIDS, tuberculesis, obesity, a boholism, smoking

² You may include other viruses depending on your laboratory expacity, for example, adenovirus, becavirus, coronavirus, metapneumovirus, rhinovirus, etc.

Vaccination status ascertainment

SARI surveillance forms/databases

14. Tarjeta de vacuna: Si: () No: ()	Aplicada		Nº de dosis	Fecha de última dosis		
No aplica: () 15.Tipo de vacuna	Si	No	aplicada	Dia	Mes	Año
15.1 Anti Influenza					-	
				1000	31.00.72	
15.2 Anti H. Influenzae b						
15.2 Anti H. Influenzae b Anti Neumocócica 15.3 Heptavalente					N CL	
anti Neumocócica					W.Y.	

1. Improve completeness at hospital level and collect additional variables if necessary (ex.doses)

2. Complete vaccination data a posteriori Matching patients by ID, name, age, address

Electronic national nominal vaccination registry

Chile, Costa-Rica, Uruguay, Colombia and partly in Panama EPI records at local level (nominal in paper, or Excel, vaccination cards reviewed through household visits/calls

Other countries

Study population

Country	Vaccination Ta	rget groups		N SARI hospitals
	Children	Elderly	Individuals with chronic conditions	
Argentina	6–24 months	≥65 years		4
Brazil	6–23 months	≥60 years		29
Chile	6–23 months	≥65 years	X	6*
Colombia	6–23 months	≥60 years		7
Costa Rica	6 months-10 years with chronic cond.	≥65 years		6*
Cuba	6–23 months	≥65 years		TBD
El Salvador	6-59 months	≥60 years		4*
Ecuador	6–59 months	≥50 years	X	3
Honduras	6-35 months with chronic cond.	≥60 years		3*
México	6–59 months; 3–9 years with chronic cond.	≥65 years	X	46
Panamá	6–59 months	≥60 years		10*
Paraguay	6–35 months	≥60 years		2
Peru	6–24 months	≥60 years		3
Uruguay	6-48 months	≥65 years		7*
TOTAL	6–59 months	≥60 yea	rs	130

^{*}All SARI surveillance sentinel hospitals included

Influenza cases and controls included in regional VE analysis, REVELAC-i

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	Argentina	Brazil	Chile	Colombia	Costa-Rica	Honduras	Panama	Paraguay	El Salvador	Total
Influenza	36	277	133	69	71	6	20	75	7	694
(%)	5	40	19	10	10	0.9	3	11	1	100
Controles	54	728	616	165	79	3	49	222	10	1,926
(%)	2.8	37.8	31.98	8.57	4.1	0.16	2.54	11.53	0.52	100
Total	90	1,005	749	234	150	9	69	297	17	2,620
(%)	3	38	29	9	6	0.3	3	11	0.7	100

	Argentina	Brazil	Chile	Colombia	Honduras	Paraguay	El Salvador	Total
Influenza	16	145	194	24	8	43	4	434
(%)	4	33	45	6	2	10	0.9	100
Controles	54	413	1,027	97	20	128	12	1,751
(%)	3	24	59	6	1	7	0.7	100
Total	70	558	1,221	121	28	171	16	2,185
(%)	3	26	56	6	1	8	0.7	100

2017: 2851 SARI patients, 587 flu(+) (ARG, CHI, PAR)

Total

1,574

1,992

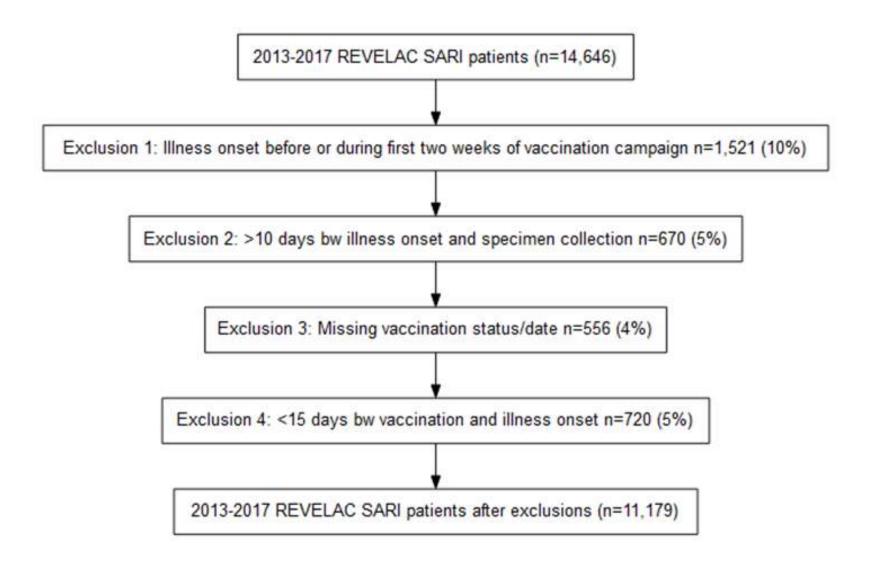
Paraguay Uruguay

16.0

18.4

	Chile	Colombia	Paraguay	Peru	Total		Argentina	Chile	Colombi
1.61	394	33	76	17	520	Influenza	37	226	11
Influenza						(%)	8.9	54.1	2.6
(%)	75.8	6.3	14.6	3.3	100	Controles	209	1,048	93
Controles	1,705	90	222	149	2,166	(%)	13	67	6
(%)	79	4	10	7	100	Total	246	1,274	104
Total	2,099	123	298	166	2,686	(%)	12	64	5
(%)	78	5	11	6	100				

REVELAC-I 2013-2017



REVELAC-I 2013-2017

Variable	Cases n=2,409 n(%)	Controls n=8,770 n(%)	p-value
Country			
Argentina	166 (7)	627 (7)	<0.001
Brazil	421 (17)	1148 (13)	
Chile	1300 (54)	5401 (62)	
Colombia	152 (6)	390 (4)	
Paraguay	328 (14)	954 (11)	
Uruguay	42 (2)	250 (3)	
Year			
2013	583 (24)	1855 (21)	<0.001
2014	415 (17)	1687 (19)	
2015	521 (22)	1995 (23)	
2016	397 (16)	1644 (19)	
2017	493 (20)	1589 (18)	
Gender			
Male	1116 (46)	4375 (50)	0.002
Female	1293 (54)	4395 (50)	
Age group			
0-18 years	679 (28)	3338 (38)	<0.001
19-64	399 (17)	1224 (14)	
65+	1331 (56)	4208 (48)	

REVELAC-I 2013-2017

Variable	Cases	Controls	p-value
	n=2,409	n=8,770	
	n(%)	n(%)	
≥one chronic condition	1573 (65)	5518 (63)	< 0.001
Asthma	197 (8)	732 (8)	0.25
Diabetes	416 (17)	1176 (13)	< 0.001
Respiratory disease	407 (16)	1595 (18)	0.31
Cardiovascular disease	323 (13)	1037 (12)	0.006
Liver disease	37 (2)	126 (1)	0.91
Renal disease	164 (7)	536 (6)	0.37
Obesity	113 (5)	323 (4)	0.05
Immune disease	94 (4)	479 (5)	0.001
Seasonal vaccination	897 (37)	4220 (48)	< 0.001
Admitted to ICU	424 (18)	1433 (16)	0.02
Deceased	220 (9)	625 (7)	0.004
Days from illness onset to			
specimen collection			
0 to 2	576 (24)	2633 (30)	< 0.001
3 to 5	57 (2)	393 (4)	
6 to 10	1776 (74)	5744 (65)	

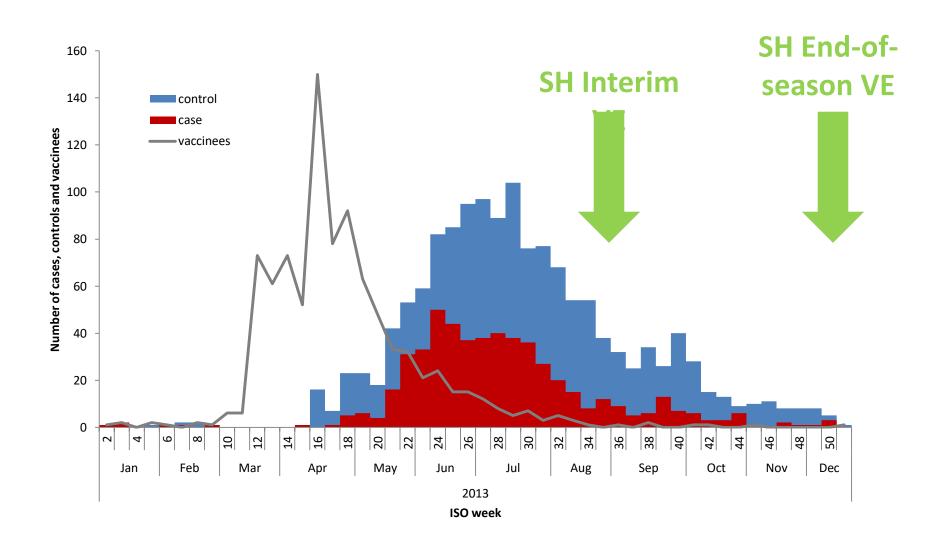
REVELAC Flu VE estimates 2013-2017

Table 2. Multiple Logistic Regression for VE

	Cases % vaccinated (n/N) %	Controls % vaccinated (n/N) %	aVE
Overall	897/2409 (37)	4220/8770 (48)	37 (30, 42)
2013	255/583 (44)	1070/1855 (58)	43 (21, 53)
2014	176/415 (42)	876/1687 (52)	37 (20, 51)
2015	169/521 (32)	876/1995 (44)	41 (27, 52)
2016	120/397 (30)	729/1644 (44)	50 (37, 61)
2017	177/493 (36)	669/1589 (42)	16 (-0.07, 34)
H3N2	431/1101 (39)	-	38 (30, 46)
H1N1p	276/769 (36)	-	45 (36, 53)
В	162/379 (43)	-	38 (25, 50)
Children	281/679 (41)	1709/3338 (51)	33 (20, 44)
Adults 19 to 64	100/399 (25)	423/1224 (35)	41 (22, 55)
Adults 65+	516/1331 (39)	2088/4208 (50)	37 (29, 45)

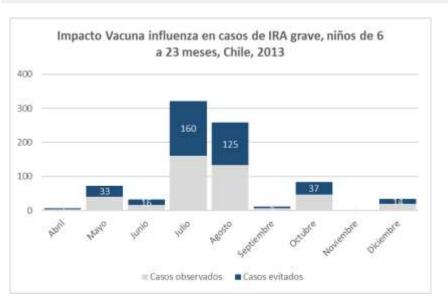
Adjusted for vaccination status, month of illness onset, pre-existing conditions, and age category/years.

Distribution of cases, controls per week of symptoms onset and vaccinees per week of vaccination, in 9 LAC countries, 2013



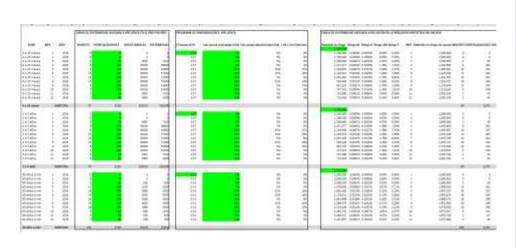
Influenza Vaccine Impact

Number of averted SARI hospitalizations by vaccination among children <5 years and the elderly, Chile 2013-14



2013



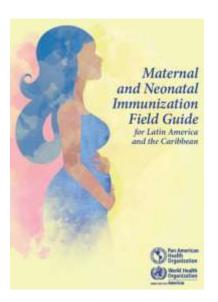




Challenges for REVELAC-i

- Sustainability of the platform
 - High turnover of surveillance and EPI staff,
 - Uses existing surveillance platform (no additional resources for staff or research groups)
 - Information systems/integration
 - Political changes
- Vaccination status retrieval and timeliness of interim VE estimates
- Sample size
- Translation of evidence for decision makers

31/35 countries that vaccinate pregnant women against influenza are located in the Americas



Technical guidelines for Maternal and neonatal immunization:

- ✓ Vaccination recommendations
- ✓ Available vaccines
- ✓ Current evidence
- ✓ Operational aspects
- ✓ Communication
- ✓ Best practices



Factors associated with a successful expansion of influenza vaccination among pregnant women in Nicaragua



Vaccine

Carmen S. Arriola a.b., Nancy Vasconez , Mark Thompson , Sara Mirza , Ann C. Moen , Joseph Bresee , Ivy Talavera , Alba María Ropero d

- * Epidemic Intelligence Service Program, Centers for Disease Control and Prevention, Atlantu, GA, USA
- ³ Influenzo Division, Centers for Disease Control and Prevention, Atlanta, GA, USA.
- Fran American Health Organization, Managas, Nicaragas ⁴ Pan American Health Organization, Washington, DC, 1054

In 2013, Nicaragua expanded recommendations to include influenza vaccination to all pregnant women in Managua:

- Survey among 1,807 pregnant women who delivered at public hospitals in Managua to evaluate the uptake of influenza vaccination and factors associated with vaccination.
- Four antenatal visits were associated with receipt of influenza vaccination (OR=2.6 [1.15; 5.81]).
- Receipt of influenza vaccination recommendation from a health care provider was positively associated with receipt of influenza vaccination (OR=14 [10; 19]).

1st network meeting La Antigua Guatemala, 2013





2nd network meeting, Cartagena de Indias, 2014



3rd network meeting, Santiago de Chile, March 2016 **GRACIAS!**



http://www.paho.org/revelac-i/