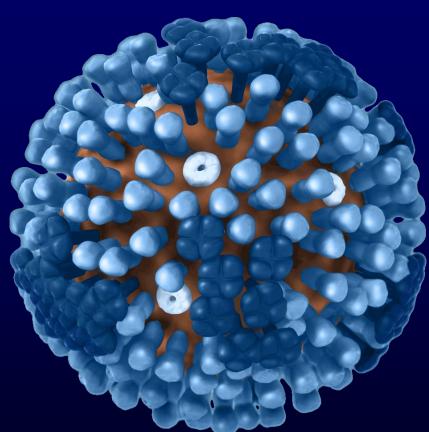
#### Influenza in Thailand: Future Directions



Kim Lindblade, PhD MPH Influenza Division, CDC 23 JAN 2014 NIH Meeting



#### **CDC Country and Regional Influenza Strategy**

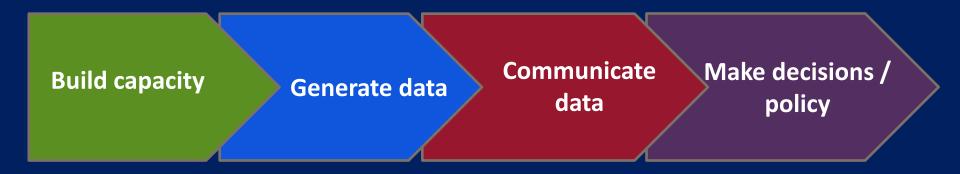
Overarching Goal: to reduce global morbidity and mortality caused by influenza

#### Goal 1

Create the global capacity for effective monitoring and the evidence base for influenza control and prevention

#### Goal 2

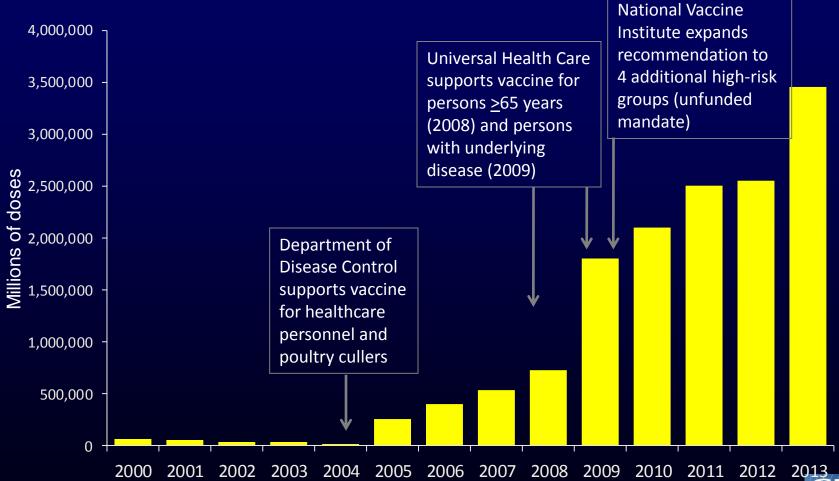
Decrease the global impact of seasonal, novel and pandemic influenza viruses



#### Working Collaboratively to Collect and Communicate Flu Data in Thailand

|                            | 2001                | 2011   |
|----------------------------|---------------------|--|
| Burden                     | Not known           | Leading viral cause of<br>hospitalized pneumonia<br>patients                     |
| Cost                       | Not known           | USD \$23-62 million/year   |
| Risk groups                | Not known           | Young, old, those with<br>underlying disease                                     |
| Seasonality                | Rainy season        | Virus occurs year round<br>- Largest peak in Jul-Sep<br>- Second peak in Feb-Mar |
| Vaccine use                | <100,000 doses/year | 2.8 million doses/year   |
| Vaccine<br>recommendations | None                | 2008, elderly with<br>underlying disease<br>2009, expanded recs                  |

# Doses of Seasonal Influenza Vaccine in Public Sector, Thailand





#### **In-Country Vaccine Production**

- Thailand one of six developing countries chosen to join WHO's influenza vaccine development scheme (LAIV)
  - Received (~\$4million, funding from HHS)
  - Host is state-run drug maker Government
    Pharmaceutical Organization (GPO)
  - Pilot plant in Saraburi Province to make vaccine
- Locally produced pandemic LAIV licensed for pandemic use by Thai FDA, July 2011
  - Focus on H5 vaccine
- Building industrial scale vaccine plant for IIV
  - Large investment from Royal Thai Government





## Vaccine introduced into Thailand: What Now?

- Programmatic questions
  - What is vaccine acceptance?
  - What is vaccine coverage?
  - What is vaccine effectiveness in different risk groups?
  - What is vaccine effectiveness for different outcomes?
  - How does locally produced vaccine compare to others on the market?
- Policy questions
  - Should high risk groups be expanded?
  - How to increase vaccine coverage?
  - What is the health systems savings due to vaccination program?
- Research questions



#### Vaccine effectiveness in elderly

- Study in Sa Kaeo and Nakhon Phanom in 2010 and 2011 found vaccines reduced hospitalization with influenza-associated ARI among persons aged <u>>50</u> years by 47% (Dawood, in Inf Other Resp Dis)
- VE may be different among non-hospitalized population
- More cases of influenza/ARI and higher vaccine coverage needed to confirm VE results
- Potential to pilot strategies to increase coverage, to be followed by an additional VE study



# Vaccine effectiveness against severe outcomes for COPD

- Can influenza vaccine reduce influenza-related exacerbations?
- Retrospective study to compare vaccination rates between cases of severe outcomes among COPD patients to non-severe COPD controls
- Pilot studies needed to estimate key parameters
  - Frequency of severe outcomes among COPD patients
  - Vaccine coverage among COPD patients



# Vaccine acceptance and effectiveness in pregnant women and newborns

- Influenza in pregnancy is a risk factor for severe outcomes
- Influenza vaccination has been shown to benefit mother and newborn
  - Reduced risk of low birth weight
  - Reduced risk of prematurity
  - Reduced risk of stillbirth
- What data are needed to promote the implementation of this policy?



## Maintaining Surveillance is Essential

- Monitor influenza activity
  - Inform clinicians and public health professionals
- Monitor viruses
  - Resistance
  - Strains
- Monitor seasonality
- Identify new risk groups
  - Obese a new risk group for pdmH1N1



## Must Remain Vigilant for Novel Influenza Viruses in Humans

- H5N1
  - Continues to occur (40 cases since Jan 2013)
  - One case imported to Canada from China
- H7N9
  - 219 confirmed cases
  - 84 new cases since Oct 2013
- H9N2
  - Two cases in China (Hong Kong and Hunan)
  - Only one with poultry exposure
- H10N8
  - First case in human in Jiangxi, China
  - Visited live-poultry market



## Summary

- Thailand's influenza program is robust
- Continued importance of surveillance
- Growing vaccine program demands evaluation
  - Effectiveness
  - Cost
  - Promotion of vaccination in other risk groups

