

Report of the Ad-hoc consultation on typhoid vaccine introduction and typhoid surveillance

**18-20 April 2011
Plaza Athenee Hotel, Bangkok**

Immunization, Vaccines and Biologicals



**World Health
Organization**

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1. Introduction

An ad-hoc consultation on typhoid vaccine introduction and typhoid surveillance was held in Bangkok from 18-20 April 2011. The objectives of the consultation were to;

- Update the participants on the current knowledge on typhoid and, in particular, on typhoid vaccines and vaccination,
- Share country experiences on the use of typhoid vaccines,
- Discuss strategies for introducing typhoid vaccines, and
- Discuss surveillance issues for typhoid.

The meeting was opened by Dr Maureen Birmingham, WHO Representative, Thailand. A total of 32 participants attended this meeting (see Annex 2), representing 10 countries from four WHO Regions.

The meeting was organized so that the first day was devoted primarily to update on the current status of knowledge of typhoid and the current policy on typhoid vaccination, and sharing experiences from countries where vaccine is used. Mr. Leon Ochiai from the International Vaccine Institute (IVI), Seoul, Korea, first provided a detailed update on the current state of the knowledge on typhoid epidemiology and the challenges in diagnosing typhoid fever. He also gave a talk on the experiences of the use of Vi-polysaccharide (ViPS) typhoid vaccine in Asia from the Bill & Melinda Gates Foundation (BGMF) funded IVI Diseases of Most Impoverished (DOMI) Programme. Dr. Pem Namgyal from WHO/HQ gave an update of the most recent WHO Position Paper on Typhoid Vaccines, and summarized the information on the experiences on the use of typhoid vaccines from different countries. Dr. Nguyen Van Cuong, Deputy National EPI Manager, Viet Nam, summarized the impact of ViPS in Viet Nam, including the challenges the programme faces in trying to scale up typhoid immunization activities. Dr. Yang Jin, Guangxi CDC, China, outlined the experiences from China on the use of ViPS vaccine to control and prevent typhoid and the impact it has had on the epidemiology of the disease. Dr. Weili Liang, Department of Diarrheal Diseases, National Institute of Communicable Disease Control and Prevention, Chinese Center for Disease Control and Prevention, gave a talk on the prevalence and spatial temporal cluster analysis of typhoid and paratyphoid fever in China. Dr. Jacob Kool, WHO Fiji Country Office, gave a brief overview of the Fijian experience of mass vaccination with ViPS to control a large outbreak of typhoid following a devastating cyclone in Fiji in 2010. Although no participant could attend, the experience of Delhi State in India was also presented; it is an example where typhoid vaccination with ViPS vaccine can very well be integrated into existing EPI programme. Similarly although the invitee from Nepal could not attend the meeting, his presentation was sent and Mr. Ochiai gave a talk on the burden of typhoid disease in Nepal and the

role of laboratory-based data collection for typhoid surveillance. Finally, Dr. M. Imran Khan, IVI, gave an update on Vi-based Vaccine's for Asia (VIVA) Initiative's innovative project of using school-based vaccination including cost recovery from higher economic tiers of the society to subsidize vaccination in poorer schools in Pakistan.

The next two days were devoted mainly to group work. Three groups were formed and, following very brief introduction to the work of the day, all the groups were provided the same issues/questions for discussion. Further, for the purpose of discussion at this meeting, two background papers were prepared. One dealt with options on the strategies for the adoption of typhoid vaccines and, the other on the strengthening of typhoid surveillance in countries to generate quality data to enable evidence-based policy decision at the country level.

2. Typhoid vaccines and vaccine introduction strategies

1. Typhoid vaccines

There are currently two vaccines against typhoid. The Vi-polysaccharide which is a single-dose injectable vaccine and the oral Ty21a, which is available in strips of either four or three capsules per strip. For more details on the vaccines, please refer to Annex 3.

2. Typhoid vaccine introduction strategies

The WHO Position Paper on Typhoid Vaccines (WER No. 6, 2008, 83, 49–60) stated that *“In view of the continued high burden of typhoid fever and increasing antibiotic resistance, and given the safety, efficacy, feasibility and affordability of 2 licensed vaccines (Vi and Ty21a), countries should consider the programmatic use of typhoid vaccines for controlling endemic disease. In most countries, the control of the disease will require vaccination only of high-risk groups and populations.”* The WHO PP further defines the scope of vaccination by clearly stating that it should be focused on risk groups or populations at risk. *“Decisions on whether or not to initiate programmatic use of typhoid vaccines should be based on knowledge of the local epidemiological situation. Important information includes data on subpopulations at particular risk and age-specific incidence rates, as well as on the sensitivity of the prevailing S. Typhi strains to relevant antimicrobial drugs. Ideally, cost effectiveness analyses should be part of the planning process. Immunization of school-age and/or preschool-age children is recommended in areas where typhoid fever in these age groups is shown to be a significant public health problem, particularly where antibiotic-resistant S. Typhi is prevalent. The selection of delivery strategy (school or community-based vaccination) depends on factors such as the age-specific incidence of disease, subgroups at particular risk and school enrolment rates, and should be decided by the concerned countries.”*

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