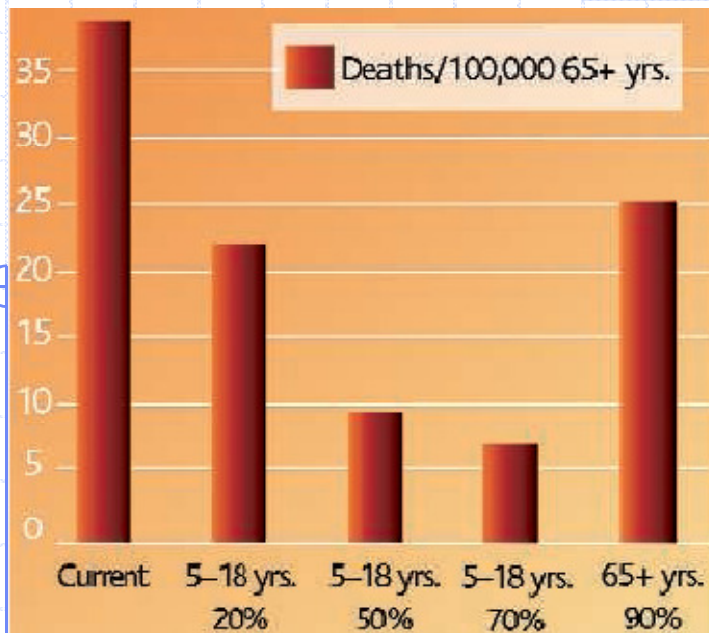


Can universal immunization of children induce herd immunity ?

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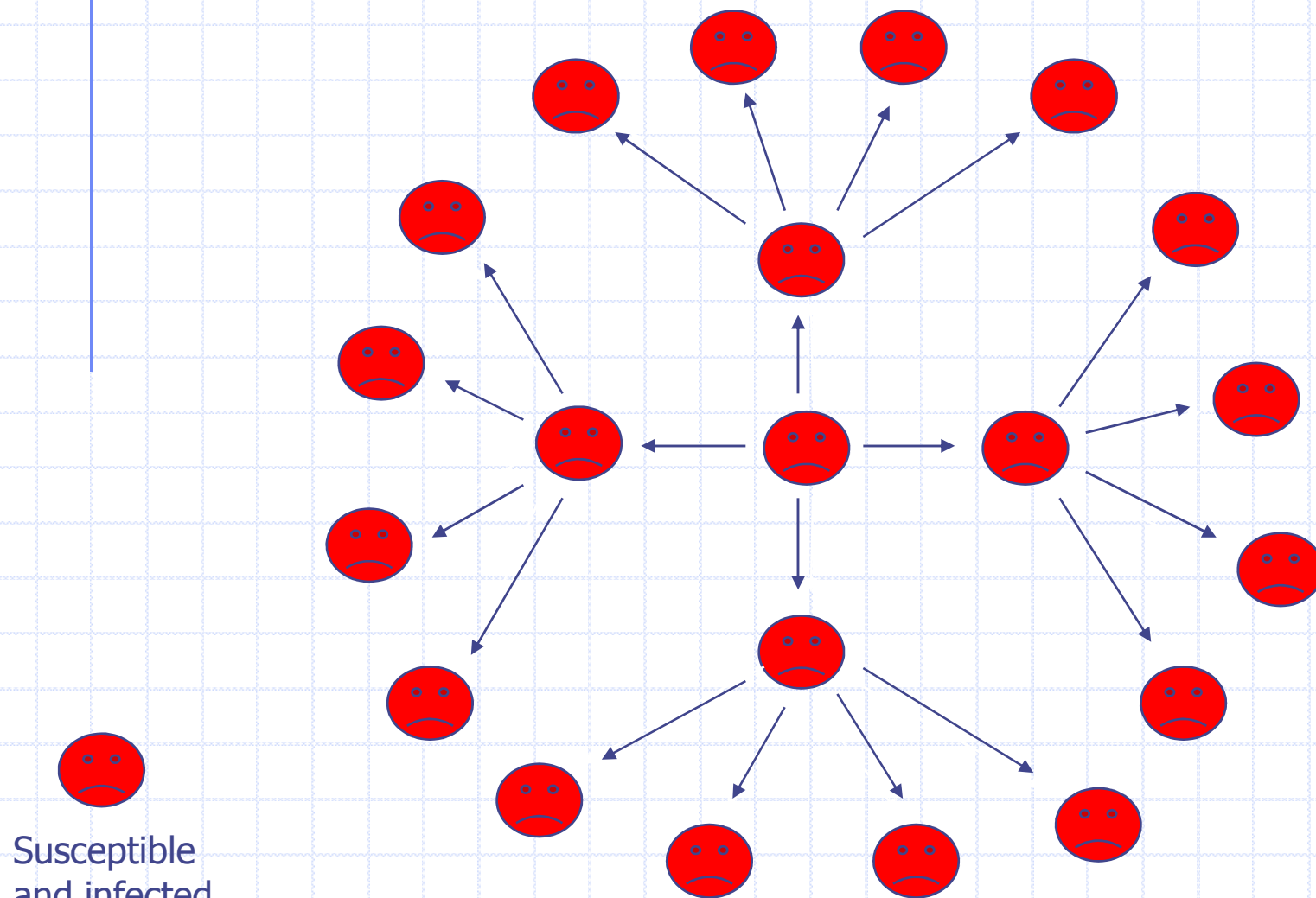




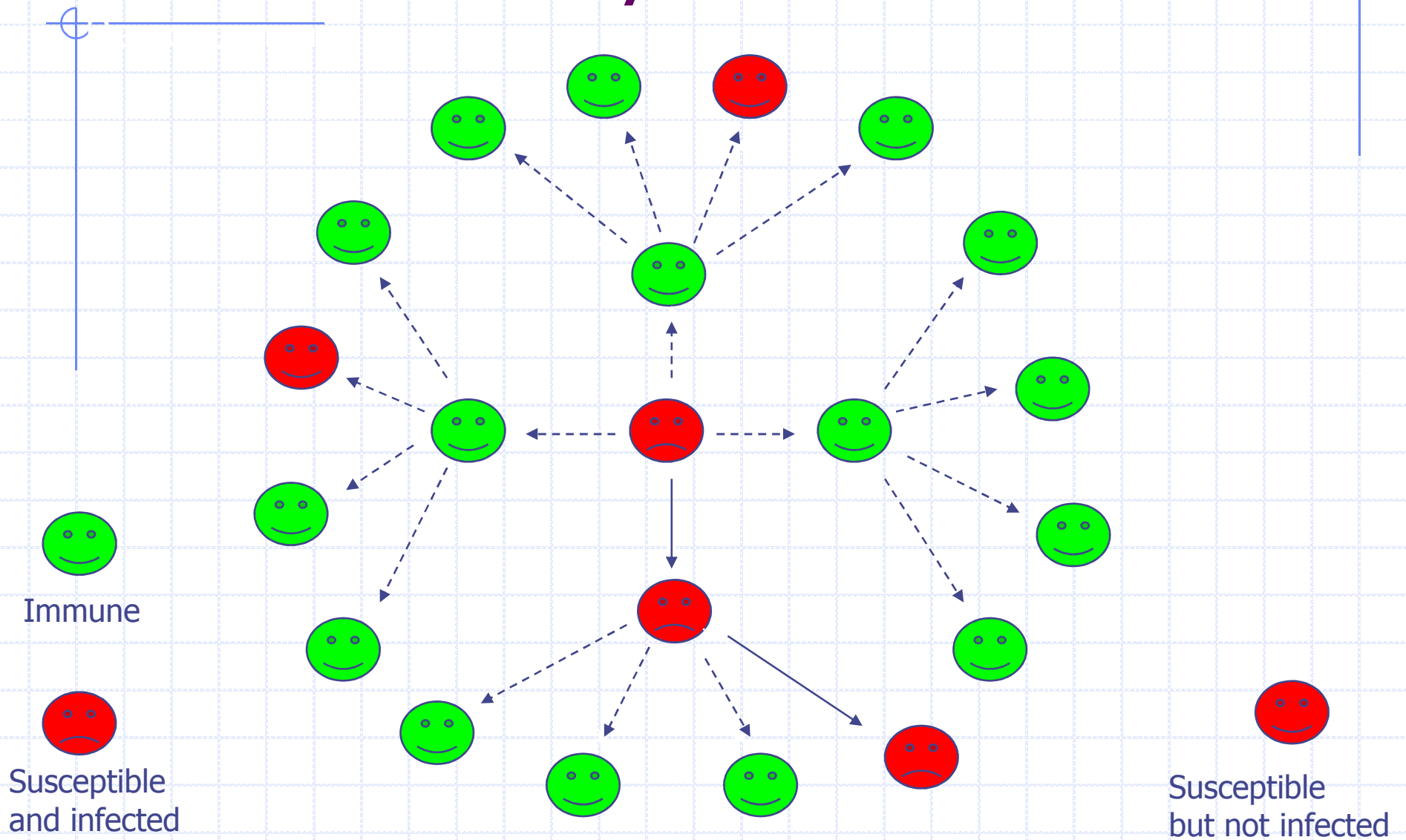
Kid you not. Vaccinating even 20% of school-age children may prevent elderly deaths from flu more effectively than increasing elderly vaccination rates.

The immunization of 20% of school children may prevent more deaths in the elderly than vaccinating 90% of persons ≥ 65

Person to person transmission



Herd immunity effect



Basic reproductive rate

rate of
infective
contact

transmission
efficiency

duration of
infectivity

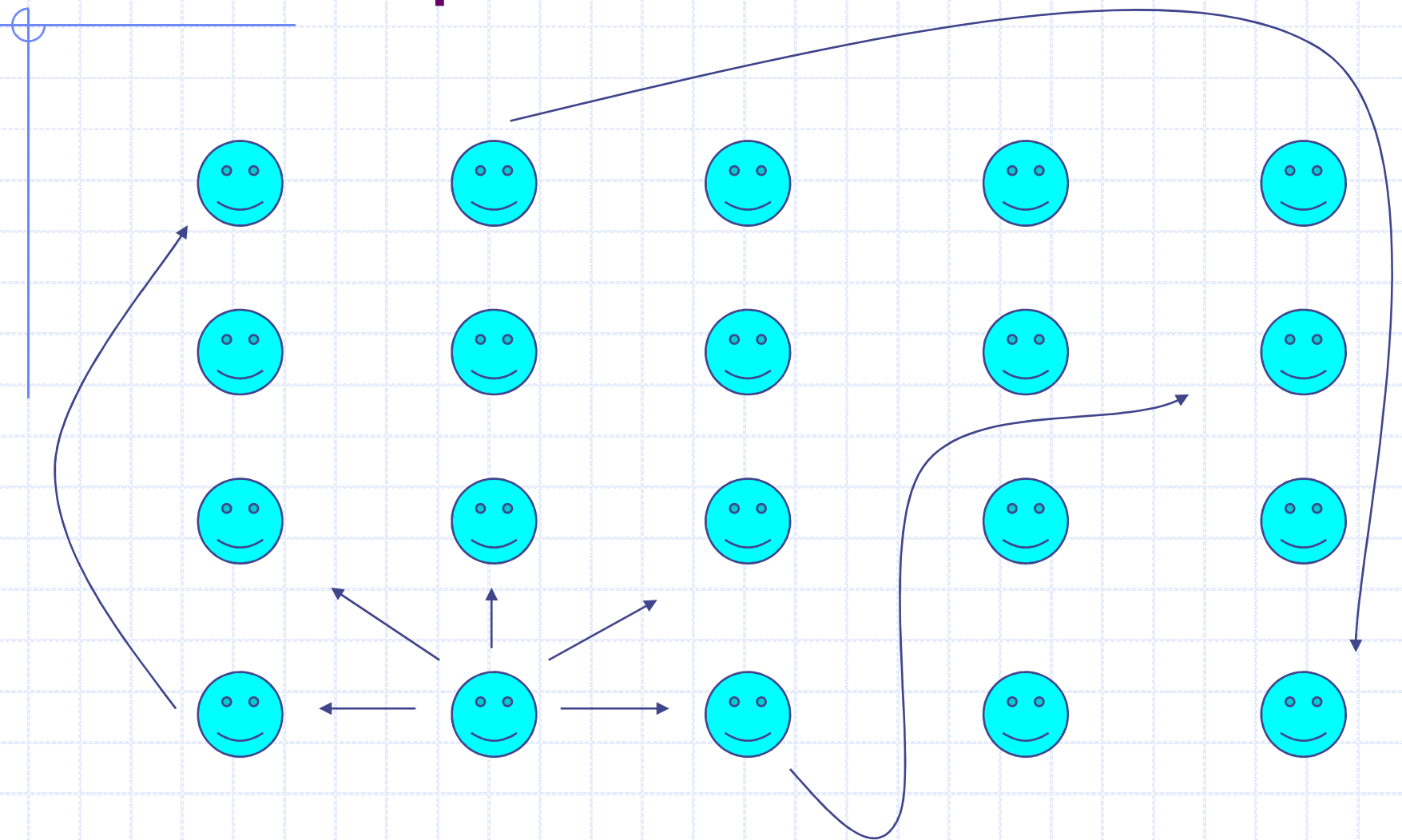
$$R_0 = k \cdot \beta \cdot D = 1.4-2.0$$

isolation,
quarantine &
social distance

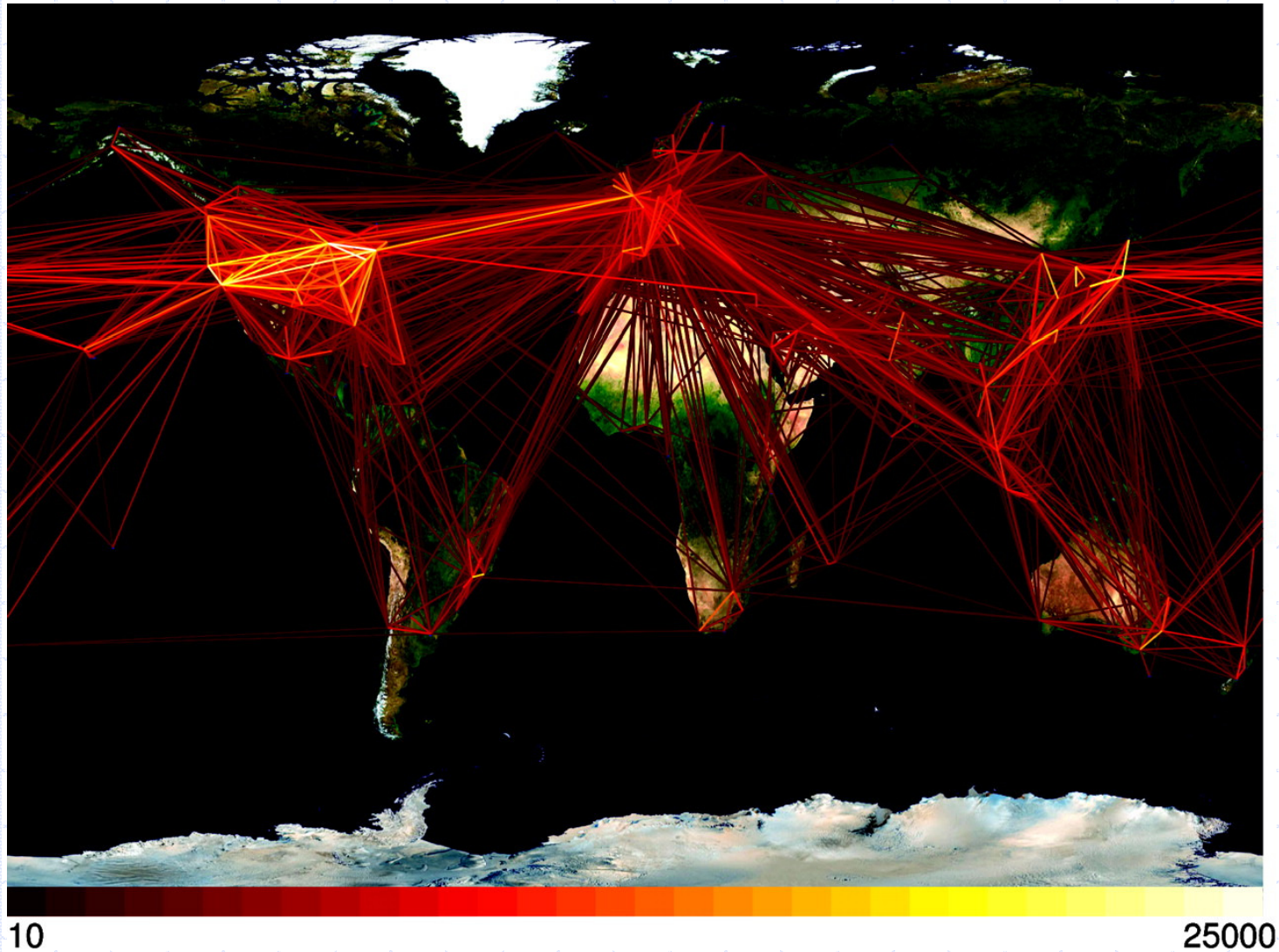
immunization

immunization
antiviral
prophylaxis
and therapy

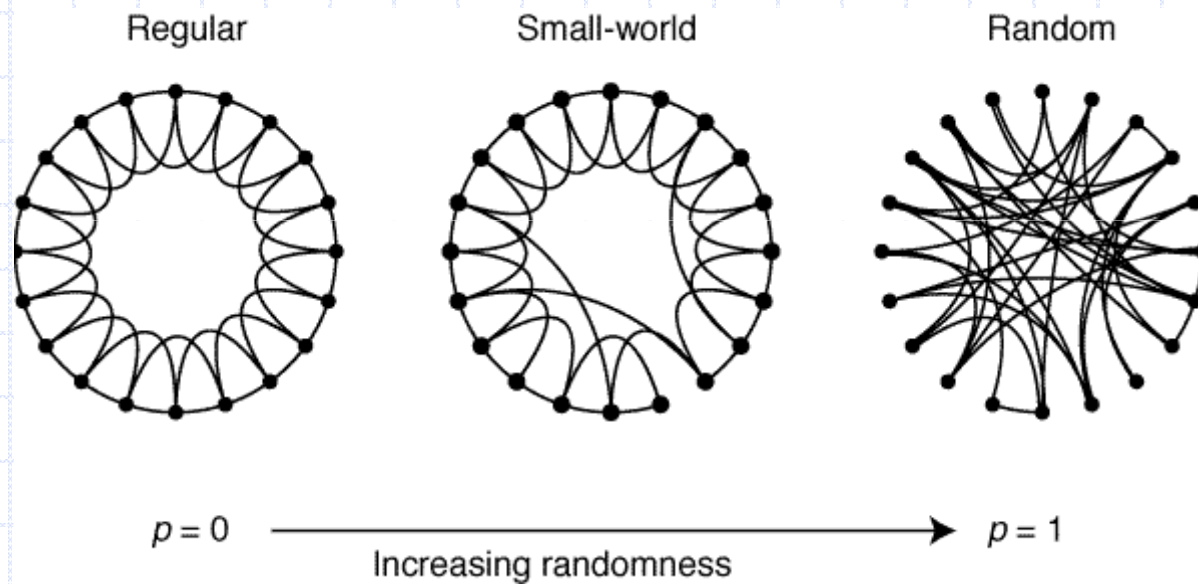
Contacts patterns ?



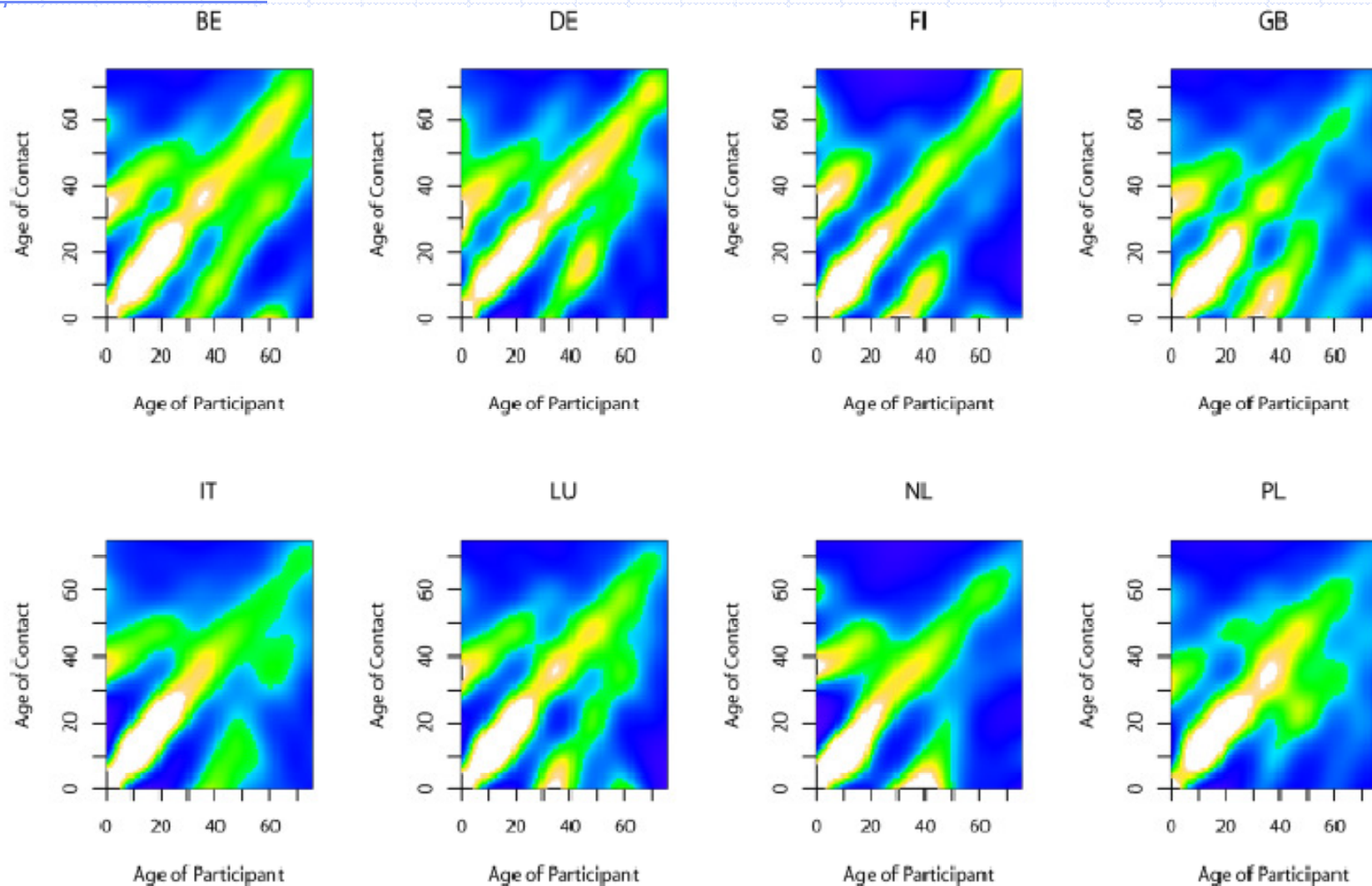
Civil airlines traffic



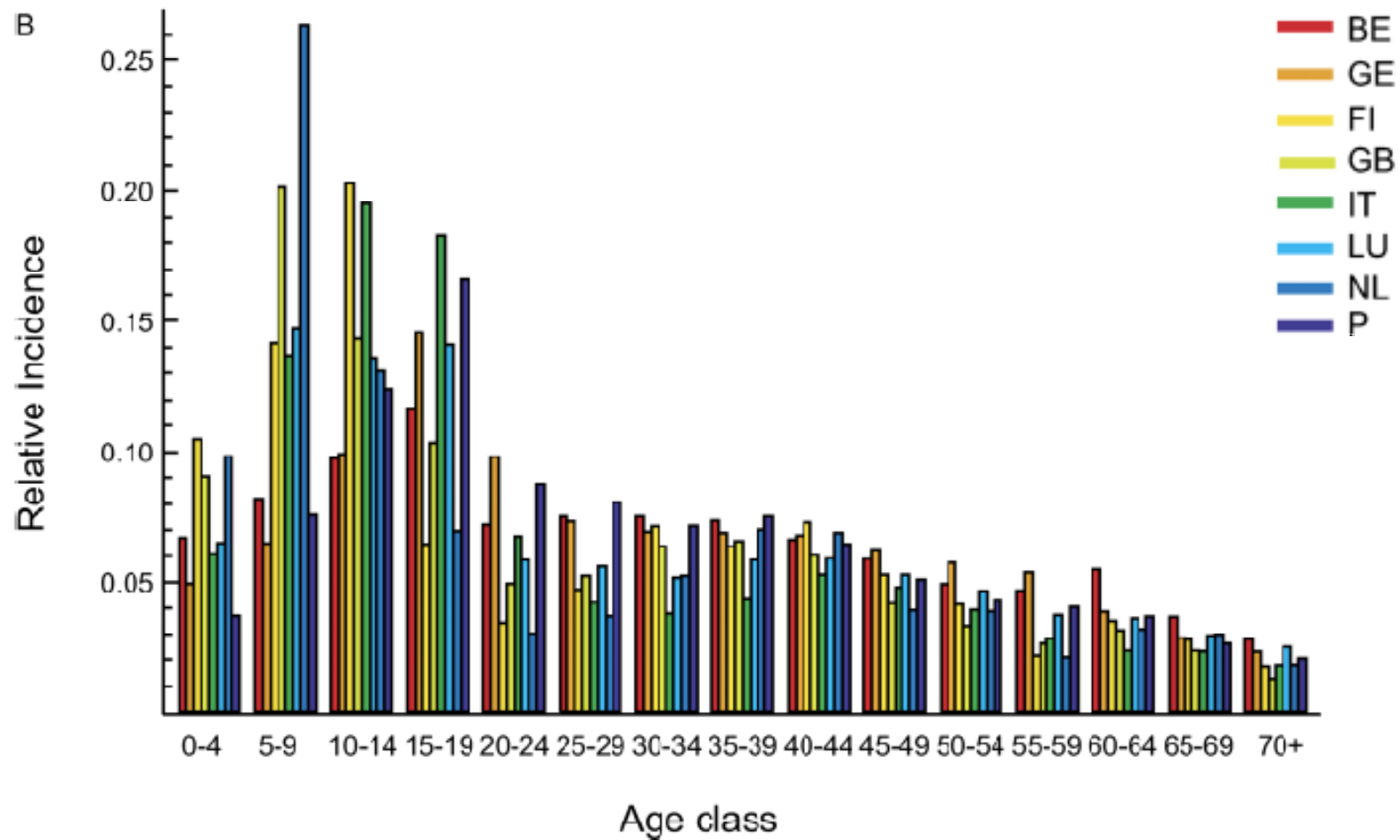
It's a small world...



Contact patterns !



Relative incidence of an emerging infection in a susceptible population

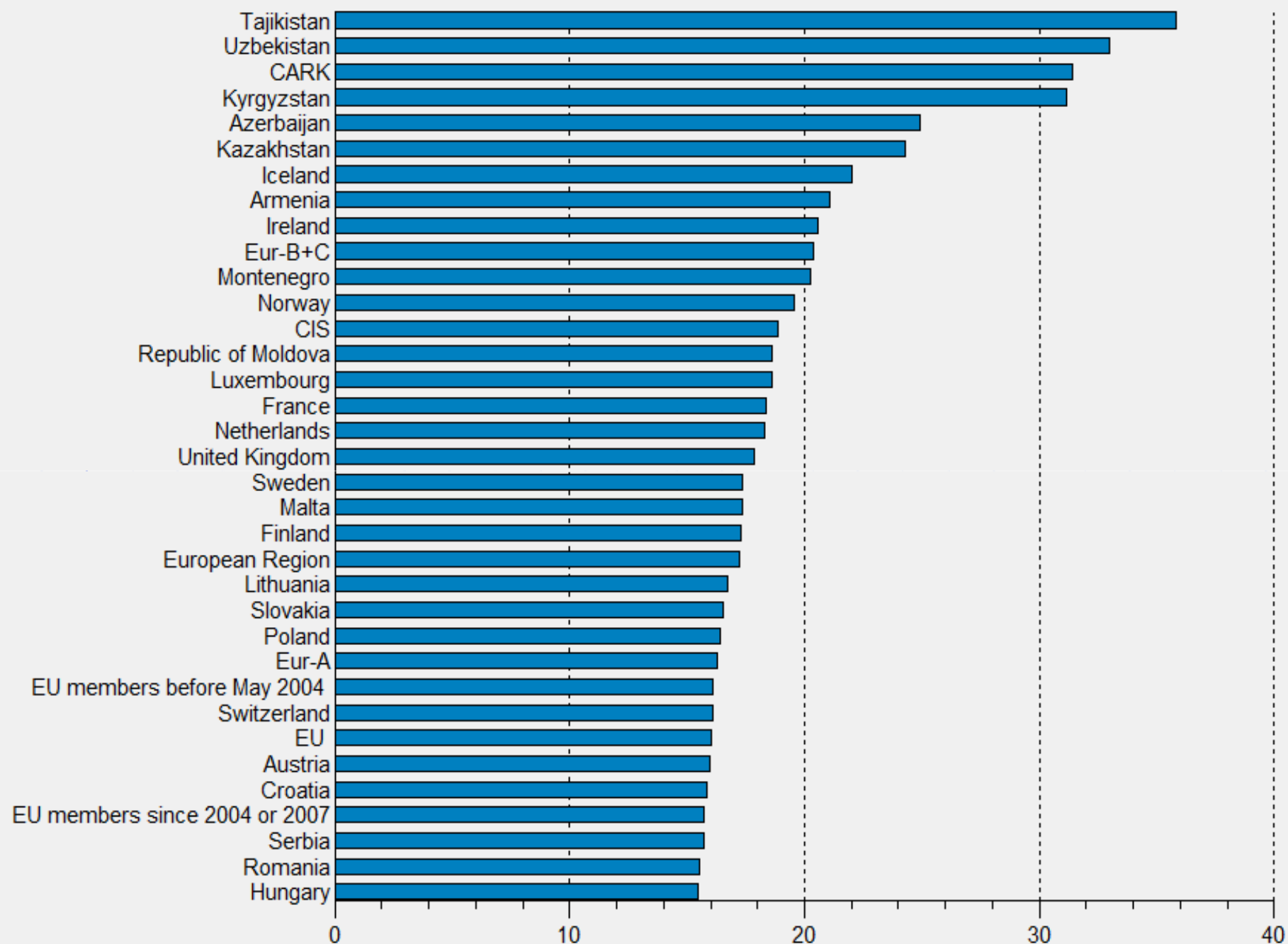


School children come first

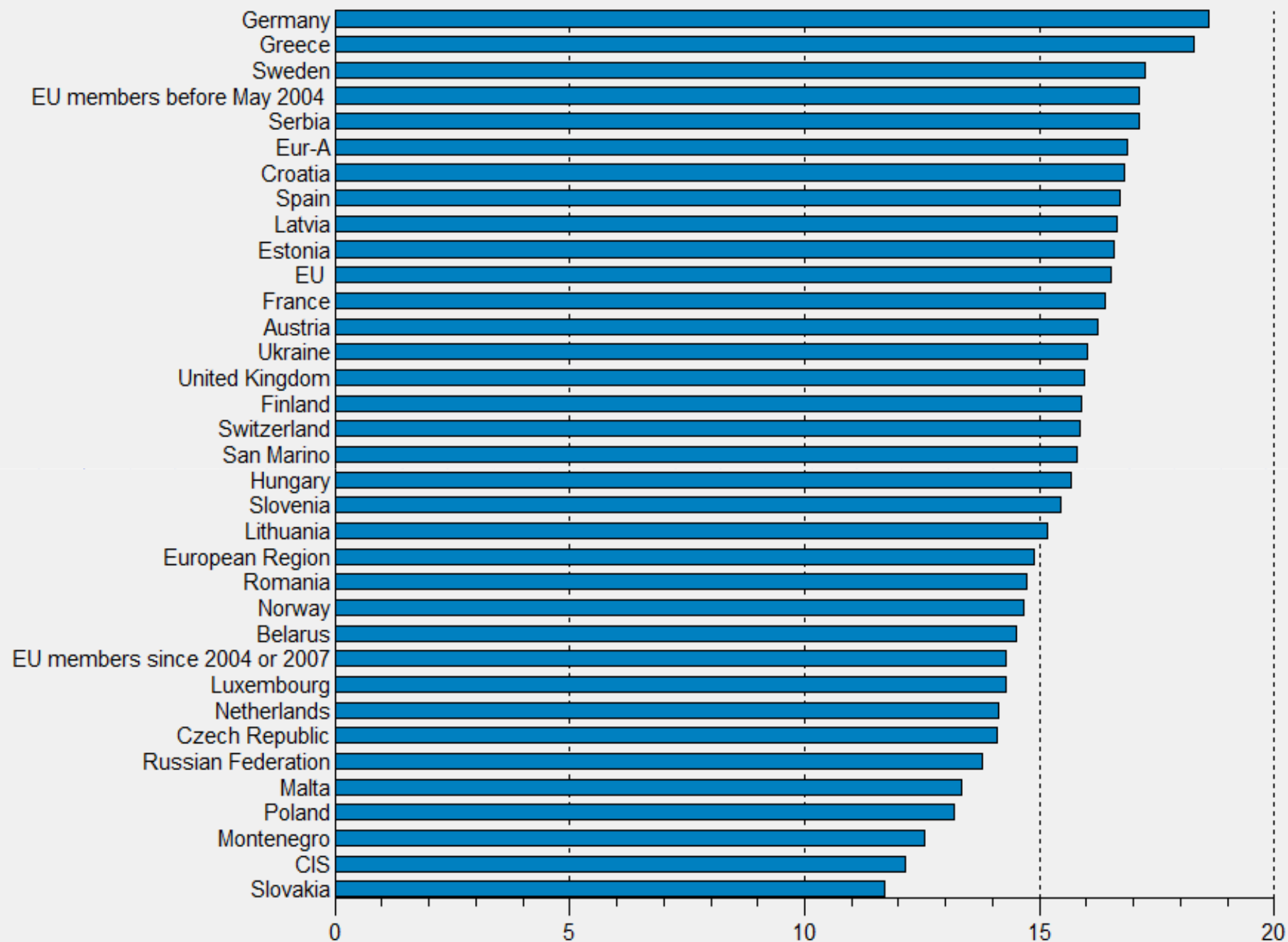
Epidemic stage

Age (yr)	Early (%)	Peak (%)	Late (%)
< 5	236(18.4)	489(24.3)	248(24.5)
5-19	687(53.6)	741(36.8)	356(35.2)
≥ 20	359(28.0)	785(39.0)	407(40.3)
Total	1,282	2,015	1,011

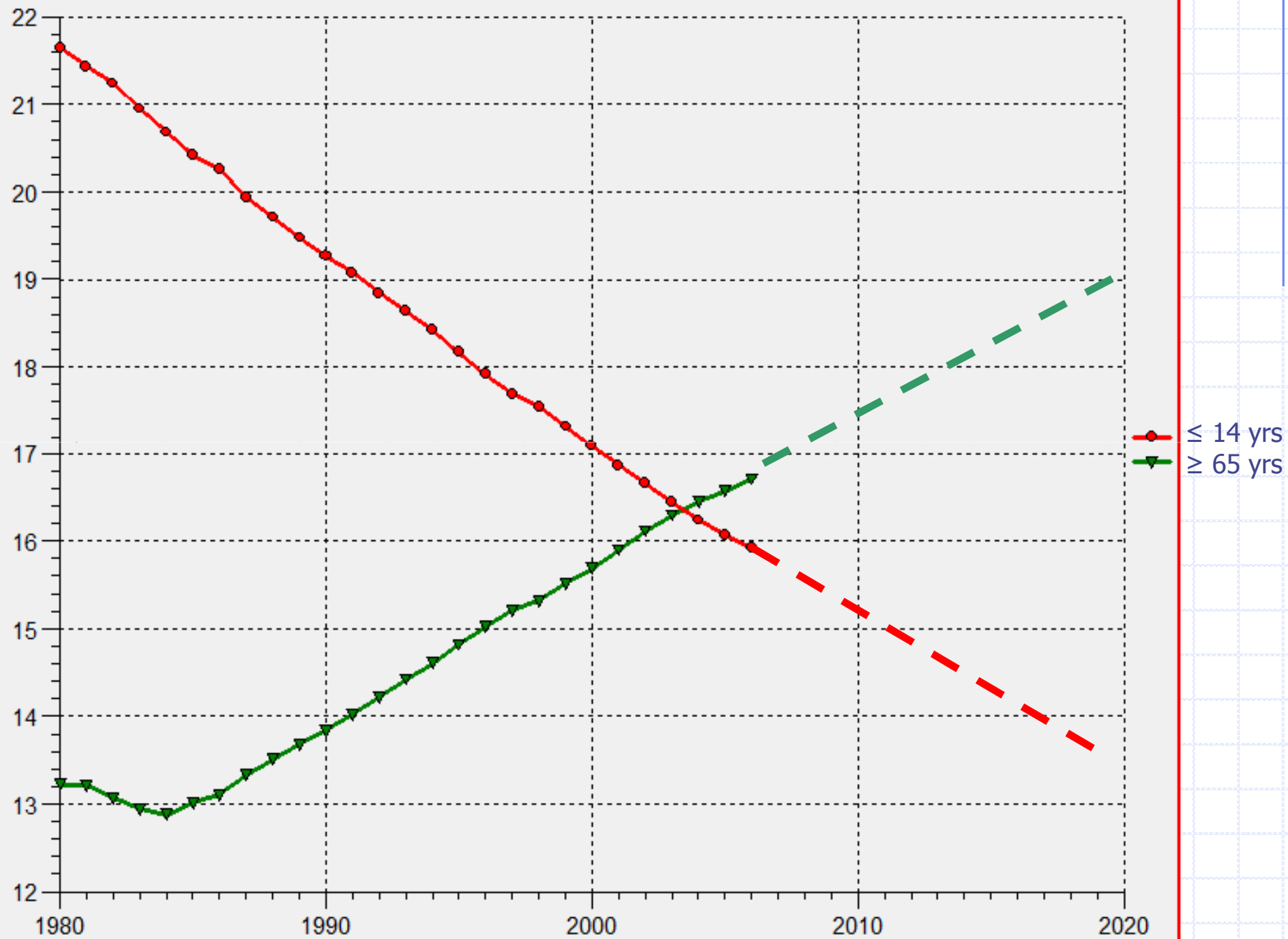
% of population aged 0-14 years, 2005



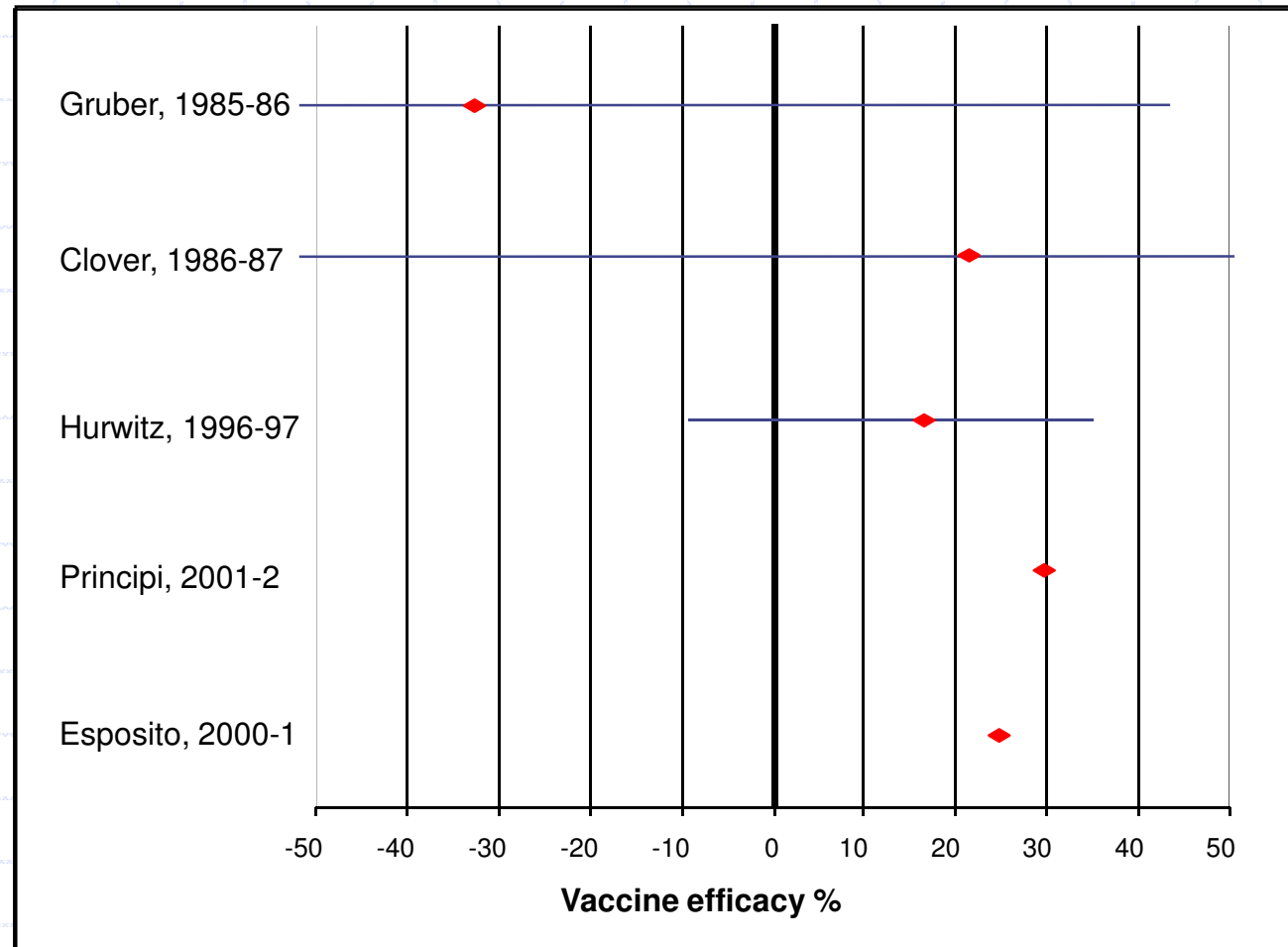
% of population aged 65+ years, 2005



EU



Efficacy of inactivated influenza vaccines in contacts of vaccinees



Efficacy of inactivated influenza vaccines in the community at large

Author	Vaccine target population	Population considered in the outcome	Results
Monto, 1968-69	Children 5-19 years	Whole population	67% efficacy
Reichert, 1949-99	School children	Mainly the elderly	Vaccination of 420 children prevented 1 death
Ghendon, 2006	Children 3-17 years	Persons >60 years	3.4 times less ILI and 1.7-2.6 times less complications

Japan vs USA

THE JAPANESE EXPERIENCE WITH VACCINATING SCHOOLCHILDREN AGAINST INFLUENZA

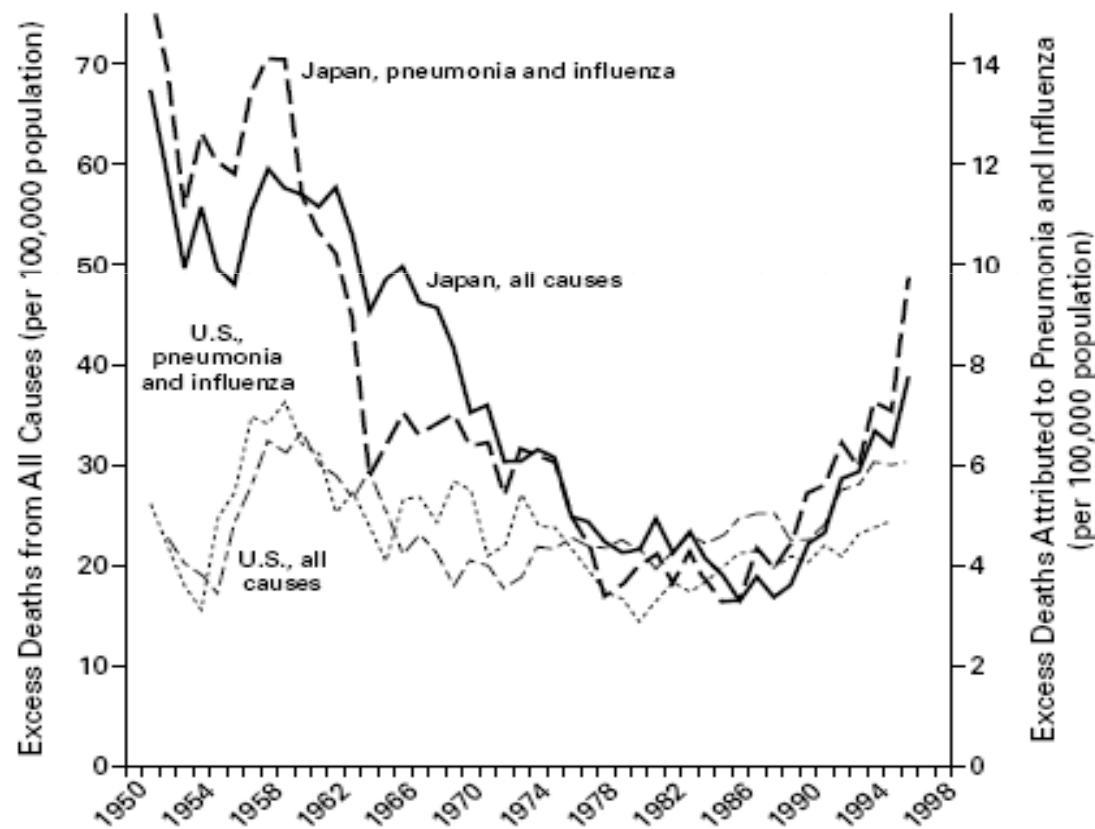


Figure 3. The Five-Year Moving Average of Excess Deaths Attributed to Both Pneumonia and Influenza and All Causes, for Japan and the United States.

Tick marks represent the beginning of the years indicated.

Japan vs USA

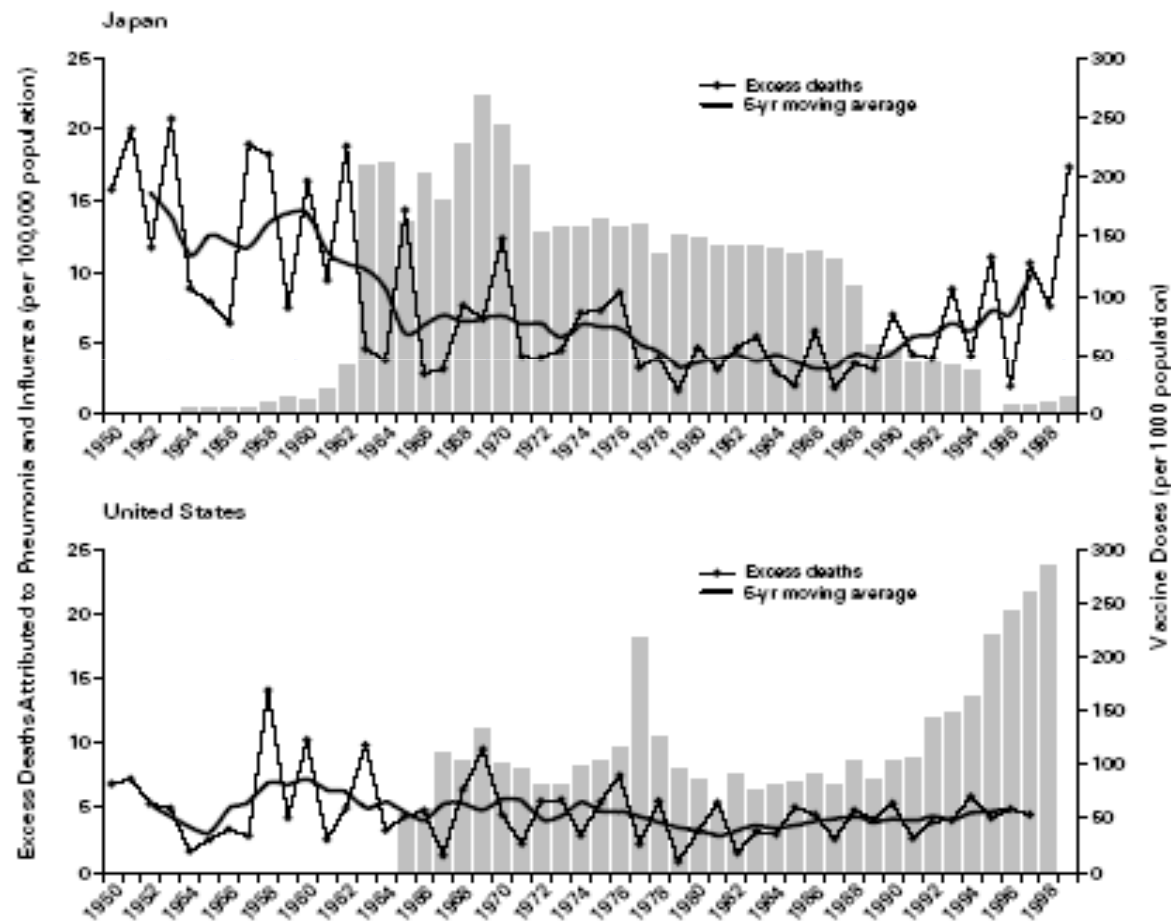


Figure 4. Excess Deaths Attributed to Pneumonia and Influenza over a 50-Year Period in Japan and the United States. The five-year moving average is also shown. The history of the rates of use of vaccine in each country is superimposed (shaded bars). Tick marks represent the beginning of the years indicated.

Efficacy of live attenuated influenza vaccines

Author	Vaccine target population	Population considered in the outcome	Results (ARR)
Rudenko, 1990-91	Children 7-14 years	Teachers	Reduction of illness rate
Clover, 1986-87	Children 3-18 years	Family contacts	5% (-87;51)
Piedra, 1998-2001	Children 18 months-18 years	General population	8-18% in adults \geq 35
Piedra, 2003-2004	Children 5-18 years	General population	13% in 5-11 years old; 9% in 35-44 years old
King, 2005	Children > 5 years	Adult households	10.8%

Problems in efficacy studies

- ✓ Outcome case definition
 - Culture confirmed
 - ILI
 - Deaths
 - ...
- ✓ Vaccination status of contacts
- ✓ Selection bias/randomization
- ✓ Sample size
- ✓ Vaccine match with circulating virus
- ✓ Most studies conducted in a single season

Conclusions/1

- ✓ Herd immunity may play a central role in controlling influenza in certain conditions
- ✓ There is still uncertainty on the effect of immunization of children in inducing herd immunity in other age groups although the available evidence is suggestive
- ✓ Universal vaccination of children may be hardly justified if the aim is only to protect the elderly
- ✓ Immunization of the elderly (and risk groups) and of households remains central

Conclusions/2

- ✓ Optimal immunization strategy is country-specific
- ✓ Data should be continuously monitored and analyzed to fit the best predictions and implement the most efficacious immunization strategy
- ✓ We need to perform more (large) experimental studies to definitely demonstrate and measure the induction of herd immunity from universal immunization of children

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