Preparing for Pandemic Influenza through Seasonal Influenza Vaccines: Influenza in Africa

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Estimate of Respiratory Deaths due to Seasonal Influenza 290 000 – 650 000 annually

Annual seasonal influenza deaths likely higher than previously estimated

NEW ESTIMATE
290 000 – 650 000
(as of December 2017)
Influenza-related
RESPIRATORY DEATHS only

PREVIOUS ESTIMATE
250 000 - 500 000
(including respiratory and other deaths e.g. cardiovascular)

WHO and partners are working to update the estimate of annual seasonal influenza deaths

Ongoing research studies are expected to yield substantially higher estimates of all influenza-related deaths over the next few years

The new estimate considers

RECENT DATA*

Data from more **COUNTRIES**

Improvements in
- **INFLUENZA SURVEILLANCE**
- **VIRUS DETECTION**
- **DATA QUALITY**

The new estimates will allow countries and regions to

COMPARE their own data with others

INFLUENCE policy

DECIDE on prevention and control measures

WHO supports countries in generating national estimates to

ASSESS THE EFFECTIVENESS of their influenza prevention and control strategies

UNDERSTAND THE NATIONAL BURDEN

DECIDE ON INTERVENTIONS

BETTER UNDERSTAND the global burden of influenza disease

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* *The Lancet*, http://dx.doi.org/10.1016/S0140-6736(17)33293-2

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Influenza Surveillance in AFRO

- 22 countries routinely report to FluNet
  - Algeria, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Madagascar, Mali, Mauritania, Mauritius, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, South Africa, Togo, Uganda, United Republic of Tanzania, and Zambia
- 14 countries have at least one National Influenza Centre
  - Algeria, Cameroon, Central African Republic, Côte d'Ivoire, Ghana, Kenya, Madagascar, Mauritius, Nigeria, South Africa, Uganda, United Republic of Tanzania, and Zambia
- 19 countries have published burden of disease studies from 2006-2016
  - Burkina Faso, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Niger, Rwanda, Senegal, South Africa, Togo, Uganda, United Republic of Tanzania, and Zambia

AFRO Influenza Vaccine Policies/Use

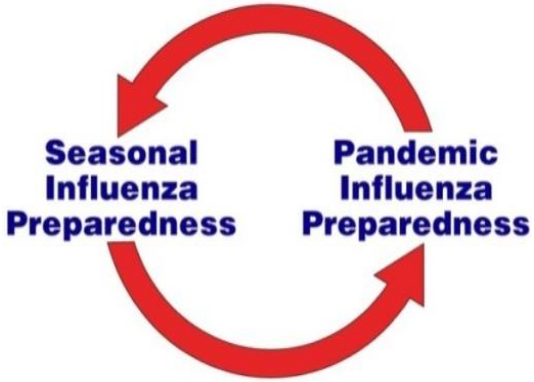
- Pandemic preparedness requires:
  - Maintaining global influenza vaccine production
  - National seasonal influenza vaccine policies and vaccine uptake!
- 4 countries in AFRO have seasonal influenza included in their immunization schedule for at least one risk group
  - Algeria, Eswatini, Mauritius, and South Africa

		Number of seasonal influenza doses distributed by IFPMA members (millions)									
		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
WHO Region	**AFR**	**2.0**	**1.9**	**1.9**	**2.6**	**3.4**	**3.8**	**3.9**	**3.7**	**3.7**	**4.8**
	AMR	173.2	211.6	199.7	201.2	231.7	255.6	252.0	267.7	310.9	267.7
	SEAR	1.3	1.6	2.1	4.7	8.6	8.2	7.6	8.7	9.3	9.2
	EUR	110.3	111.1	144.2	148.3	108.4	102.8	94.1	98.7	109.7	106.2
	EMR	3.3	3.8	4.9	8.8	6.7	6.1	5.2	5.2	6.7	10.9
	WPR	63.8	76.9	80.5	83.3	108.6	112.6	111.9	107.9	93.6	87.1
Total		353.9	406.9	433.3	448.9	467.4	489.1	474.7	491.9	533.9	485.9

Seasonal Influenza and Pandemic Preparedness

Seasonal Influenza Programs Contribute to Pandemic Preparedness:

- **Regulatory capacity**
- **Distribution plans and systems (i.e. cold chain, ancillary supplies)**
- **Rapid deployment of supplies in an emergency context**
- **Monitoring systems**
- **Health workforce familiarity in administering vaccine**
- **Public trust in influenza vaccines**
- **Identified target groups and ability to reach them**



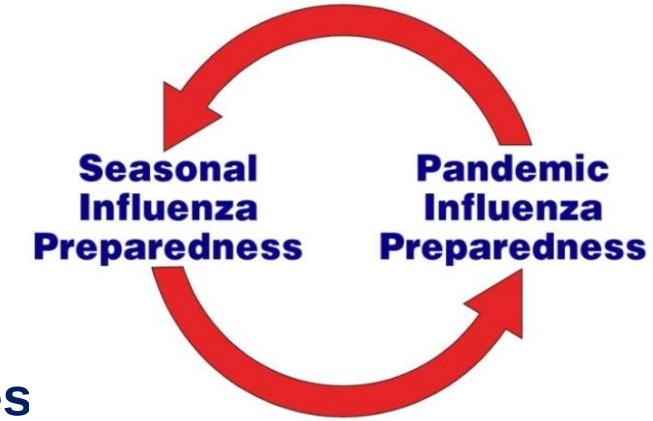
Global Action Plan for Influenza Vaccine's Goal and Objectives

Concerning situation in 2006: low production capacity & mostly in HICs

10 year strategy to reduce anticipated global shortage & inequitable distribution of vaccines in the event of an influenza pandemic

Goal:

Capacity to produce enough vaccine to immunize 70% of the global population with 2 doses = ~10 billion doses



Objectives:

I. Increase evidence based seasonal vaccine use
II. Expand vaccine production & regulatory capacity
III. Further research & development for better vaccines

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Progress for Objective 1: Increase Seasonal Vaccine Uptake

- Situation in 2006
  - **74 countries/territories** reported to have influenza vaccination policies (15 for pregnant women)
  - **Uptake: 354 million doses** (distributed by IFPMA members)
- Situation Today
  - **115 countries/territories** reported to have flu vaccination policies in 2014 (81 for pregnant women)
    - 54 HIC, 41 UMIC, 19 LMIC, 1 LIC
  - **Uptake: 486 million doses** (distributed by IFPMA members)

Progress for Objective 2: Increase Production Capacity

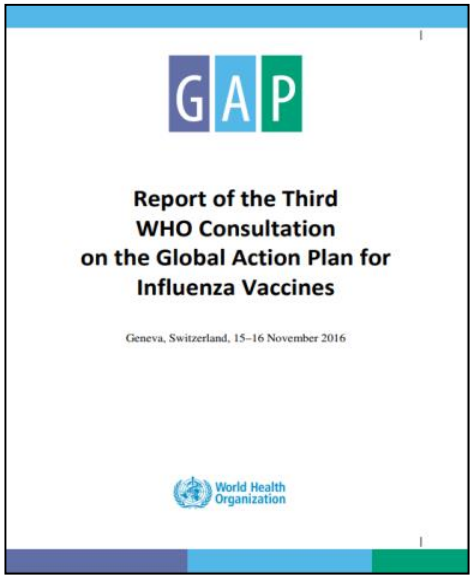
- Situation in 2006
  - Potential pandemic vaccine capacity was **1.46B doses**
  - Seasonal vaccine capacity was **500M doses**
  - Production capacity mostly limited to **HICs**
  - Only **4 GAP countries** had functional national regulatory authorities (NRAs)

- Situation Today
  - Potential pandemic vaccine production is **6.37B doses**
  - Seasonal vaccine capacity is **1.5B doses**
  - Production capacity expanded to **LMICs**
    - GAP grantees have **8 pandemic vaccines (2 PQ) & 3 seasonal vaccines (1 PQ)** licensed in 6 countries. More vaccine licensures expected by 2019.
    - GAP grantees contribute a potential **1.13B** doses of pandemic vaccines
  - **10 GAP countries** have functional NRAs

GAP Closure

- **Final consultation held in November 2016**
  - Reviewed lessons learned, progress & continued challenges
  - Identified remaining gaps
  - Discussed options for continued progress

- GAP Advisory Group identified the following issues as requiring **continued WHO leadership**:
  - Technical assistance for manufacturers
  - Facilitation of influenza vaccine R&D and vaccination strategies
  - Identify root causes of influenza vaccination hesitancy
  - Generate more evidence on vaccine effectiveness in specific risk groups
  - Identify innovative ways of addressing global pandemic influenza preparedness



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Sustainable Supply of Influenza Vaccines in LMICs

Context:

- Seasonal influenza vaccination is increasing across the Middle East, coasts of sub-Saharan Africa, and middle/upper–middle income countries in Asia
- Government identification of target groups and investment in free influenza vaccines for those target groups produces the best coverage and distribution
- Risk communication strategies and cost benefit analyses are needed to sustain and increase demand

WHO convened a Working Group on Influenza Vaccine Supply Hubs that identified the following priorities to ensure sustainable local production and procurement of seasonal influenza vaccines:

- Assist interested governments in harmonizing policies to support sustainable procurement of influenza
- Prequalification of seasonal and pre pandemic vaccines
- Forecast demand for seasonal influenza vaccine in priority countries

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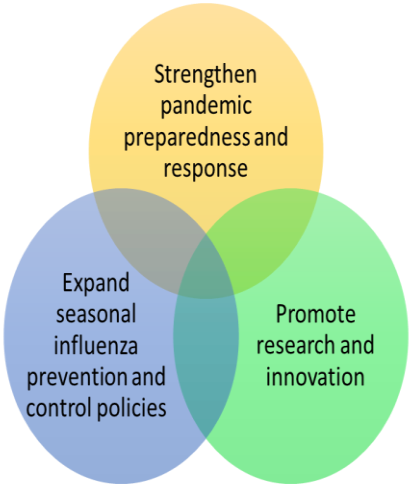
WHO Global Strategy for Influenza (*draft*)

- **Vision:** Attainment of the highest possible influenza prevention, control, and preparedness to contribute to health for all people

- **Mission:** WHO, countries, and partners work together to optimize global and national capacities for prevention, rapid detection, and cost-effective interventions to reduce the burden and impact of seasonal, zoonotic, and pandemic influenza.

- **Goals**: All countries have the capacities to better detect, respond to, prevent, and control influenza so that:
  - The burden of seasonal influenza is reduced;
  - The risk of zoonotic influenza is better characterized;
  - The impact of a pandemic is reduced through optimal preparedness; and
  - Research and innovation leads to improved tools for prevention, detection, and control



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Thank you!

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