Jueves 15 de abril 2021

«Aterriza como puedas»

Milagros García L Hortelano

Enfermedades infecciosas y Tropicales Pediátricas, Adopción internacional y Niño Viajero.

Hospital Universitario Infantil La Paz Madrid

CSUR: Unidad de Referencia Nacional para Enfermedades Tropicales y Centro de Vacunación Internacional

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- Casos clínicos:
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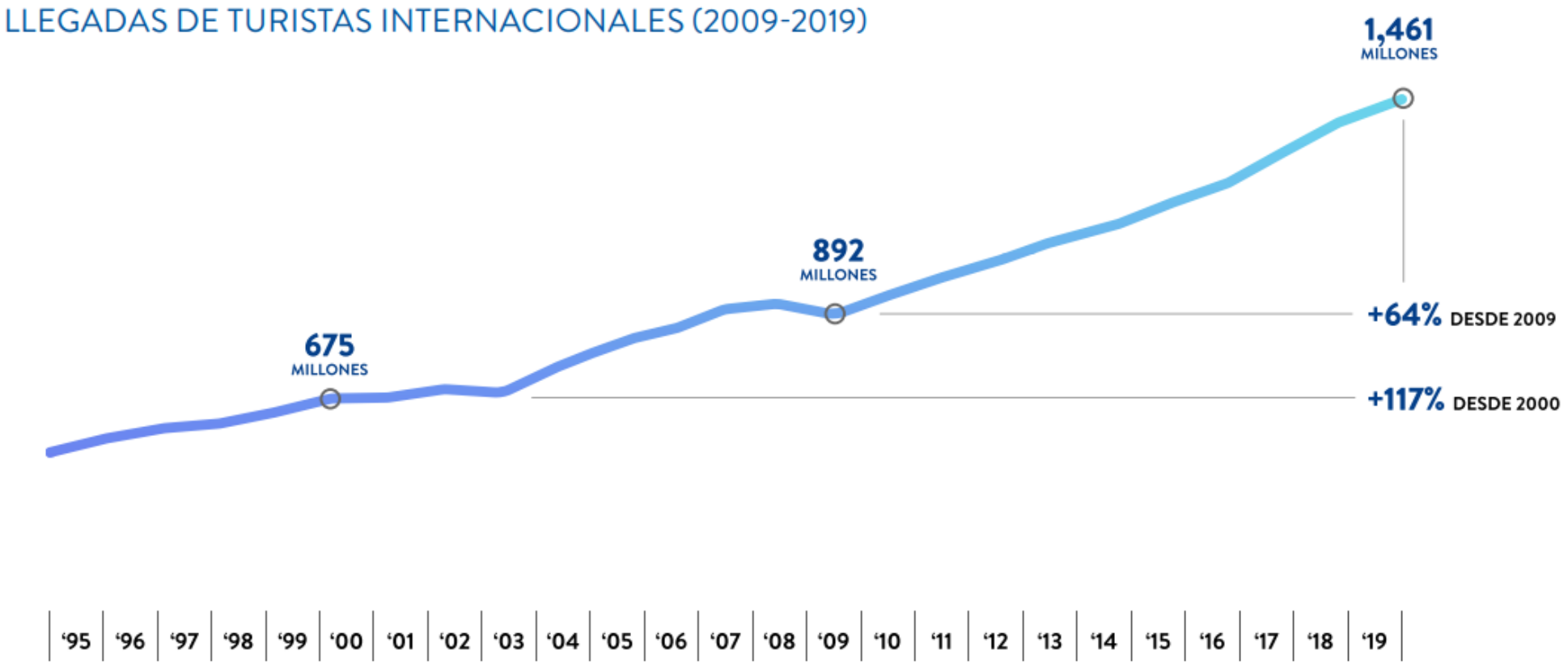
  - Viajero a Colombia, VFR
  - Viajero a Mozambique, hijo de cooperante

Crecimiento viajeros internacionales 2009 - 2019



ENERO 2020

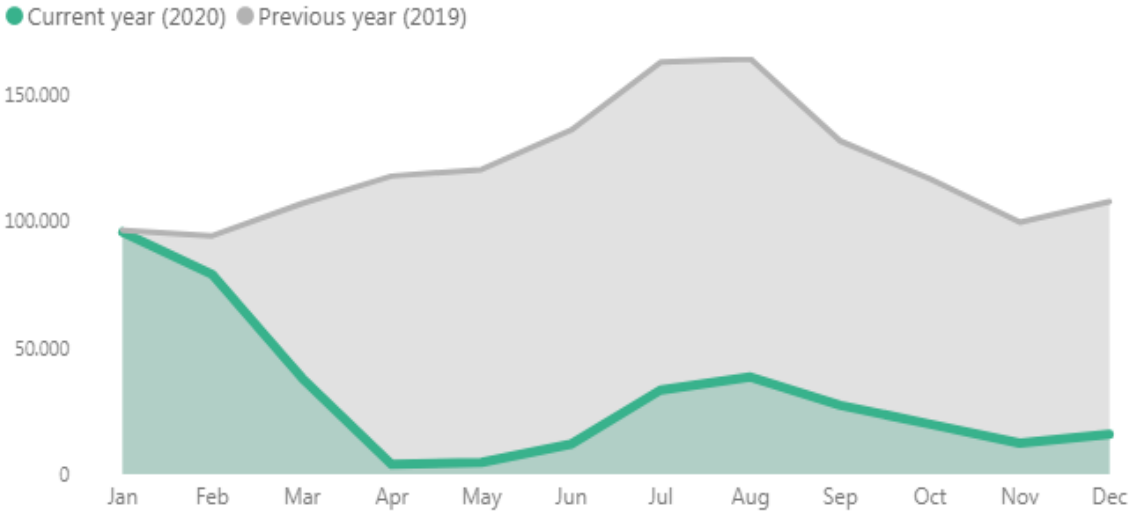
FUENTE: ORGANIZACIÓN MUNDIAL DEL TURISMO (OMT)

Niños viajeros: **10%**

- CDC (Yellow book 2020): 2,4 millones de niños viajeros internacionales al año.

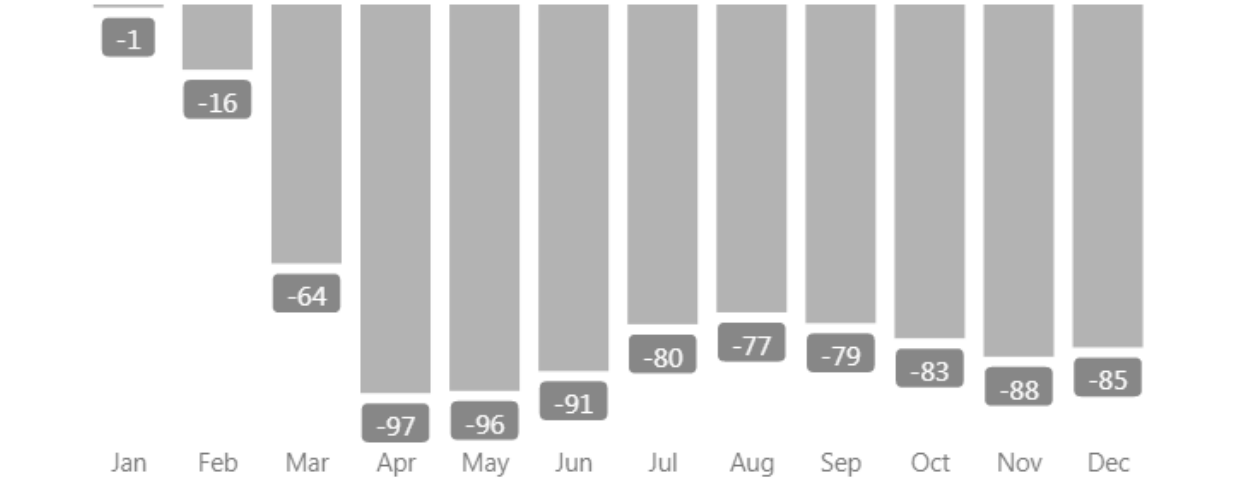
INTERNATIONAL TOURISM AND COVID-19

UNWTO
Organización Mundial del Turismo



UNWTO

ENERO 2021



Short_month	Current year (2020)	Previous year (2019)
Jan	95.596	96.301
Feb	78.861	94.133
Mar	37.982	106.909
Apr	3.840	117.759
May	4.618	120.295
Jun	11.884	135.917
Jul	33.257	162.819
Aug	38.359	164.061
Sep	27.202	131.587
Oct	19.731	116.666
Nov	12.274	99.492
Dec	15.776	107.645

https://www.unwto.org/unwto-tourism-dashboard

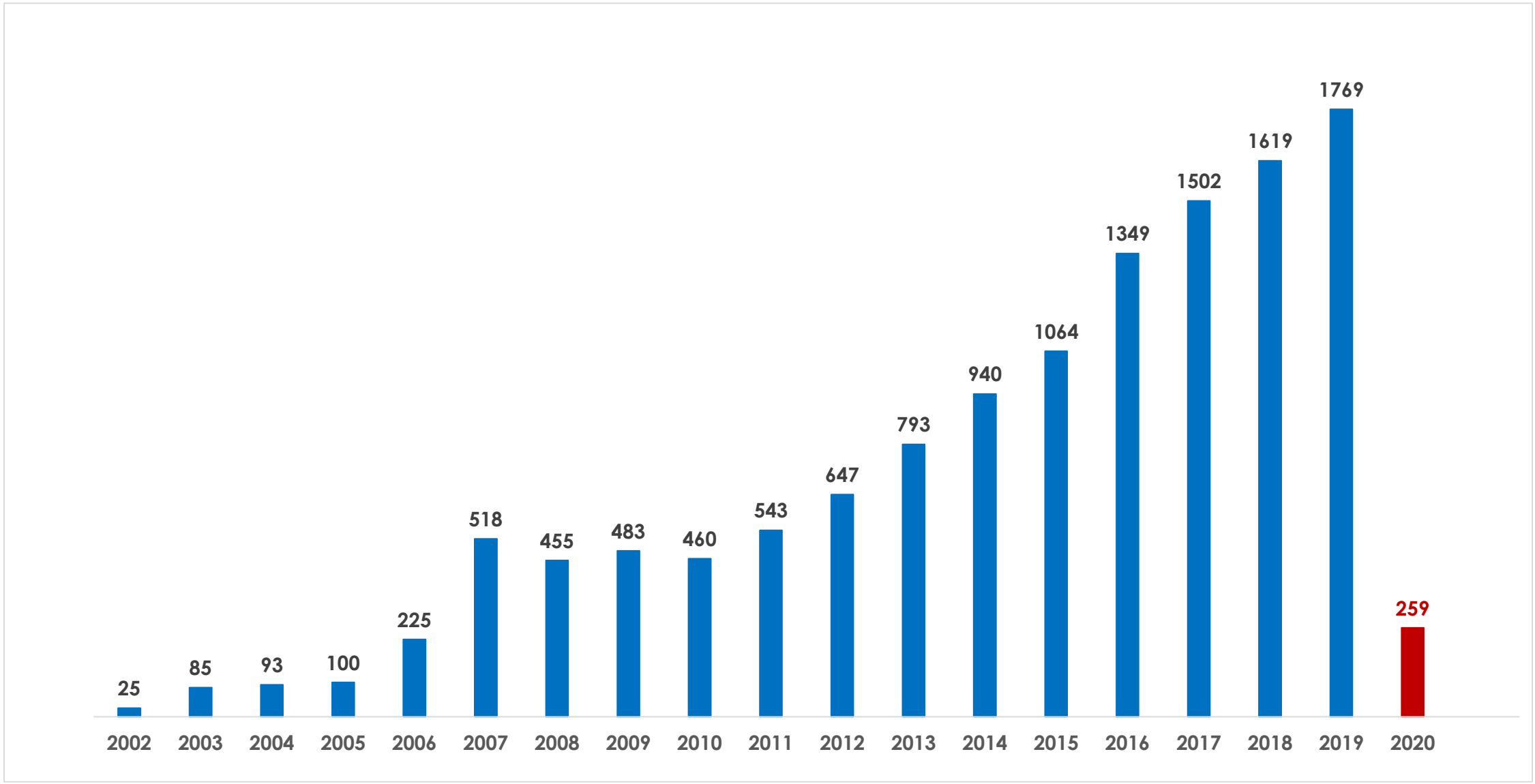
FUENTE: ORGANIZACIÓN MUNDIAL DEL TURISMO (OMT)

https://www.unwto.org/international-tourism-and-covid-19

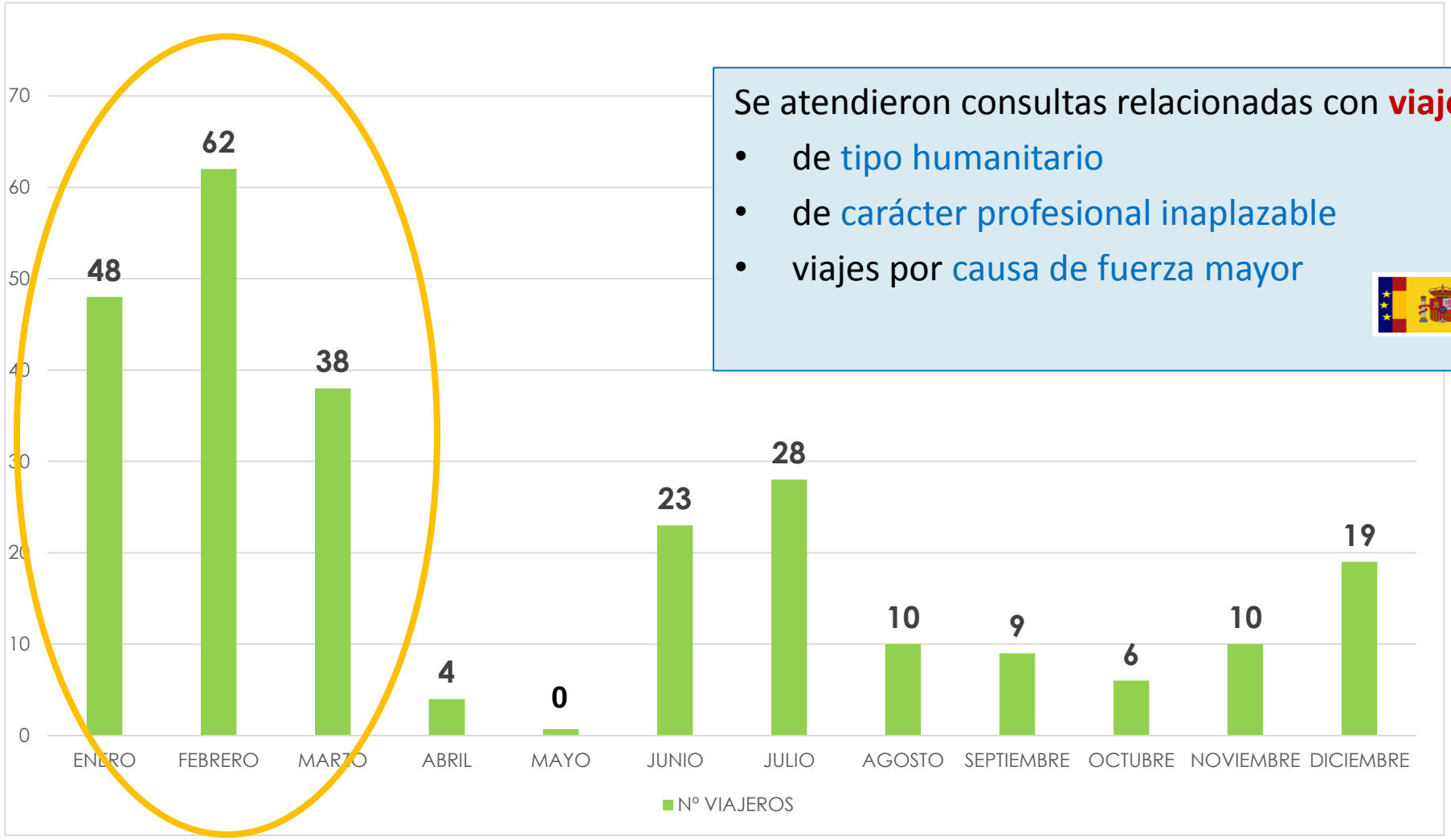
Pérdida de 850 millones a 1,1 mil millones de turistas internacionales

Perdida de 100 a 120 millones de puestos de trabajo en riesgo

Niños viajeros atendidos en HCIII-H Infantil La Paz (2002 – 2020)



Viajeros atendidos en H Infantil La Paz en 2020



Se atendieron consultas relacionadas con **viajes esenciales**:

- de tipo humanitario
- de carácter profesional inaplazable
- viajes por causa de fuerza mayor

GOBIERNO DE ESPAÑA
MINISTERIO DE SANIDAD, CONSUMO Y BIENESTAR SOCIAL

N 259

GOBIERNO DE ESPAÑA | MINISTERIO DE SANIDAD

SECRETARIA DE ESTADO DE SANIDAD

DIRECCION GENERAL DE SALUD PÚBLICA

SUBDIRECCIÓN GENERAL DE SANIDAD EXTERIOR

NOTA INFORMATIVA

VIAJEROS INTERNACIONALES CON ORIGEN O DESTINO ESPAÑA EN EL CONTEXTO DE LA PANDEMIA COVID-19

5 de marzo de 2021

VIAJEROS ESPAÑOLES CON DESTINO AL EXTRANJERO

¿Qué viajeros pueden salir de España de viaje al extranjero?:

Actualmente, diversos países del mundo continúan estableciendo restricciones de entrada a los viajeros con origen España, es decir:

- ✓ Hay Países que prohíben la entrada a personas que provengan de España o que cierran fronteras/aeropuertos,
- ✓ Hay Países que imponen cuarentena y/o recomiendan no viajar, y
- ✓ Hay Países que exigen otras medidas.

Aconsejamos que se mantengan informados con respecto a las restricciones a viajeros procedentes de España y actualizaciones en los requisitos de entrada que dictan diversos países del mundo en la página Web del **Ministerio de Asuntos Exteriores, Unión Europea y Cooperación**:

- http://www.exteriores.gob.es/Portal/es/SalaDePrensa/ElMinisterioInforma/Paginas/Noticias/20200311_MINISTERIO6.aspx
- http://www.exteriores.gob.es/Portal/es/ServiciosAlCiudadano/SiViajasAlExtranjero/Paginas/RecomendacionesDeViaje.aspx

Consulta del Niño Viajero

Acudir a la consulta del viajero con una antelación mínima de **4 semanas**.

- «Centrar el viaje»: destino, fechas, duración, tipo viaje
- Determinar los riesgos del viaje: itinerarios, actividades…
- Evaluar detenidamente al niño viajero
  - Enfermedades previas
  - Alergias/problemas cutáneos…
  - Calendario vacunal: actualizarlo si precisa
- Considerar **alertas sanitarias/brotes**

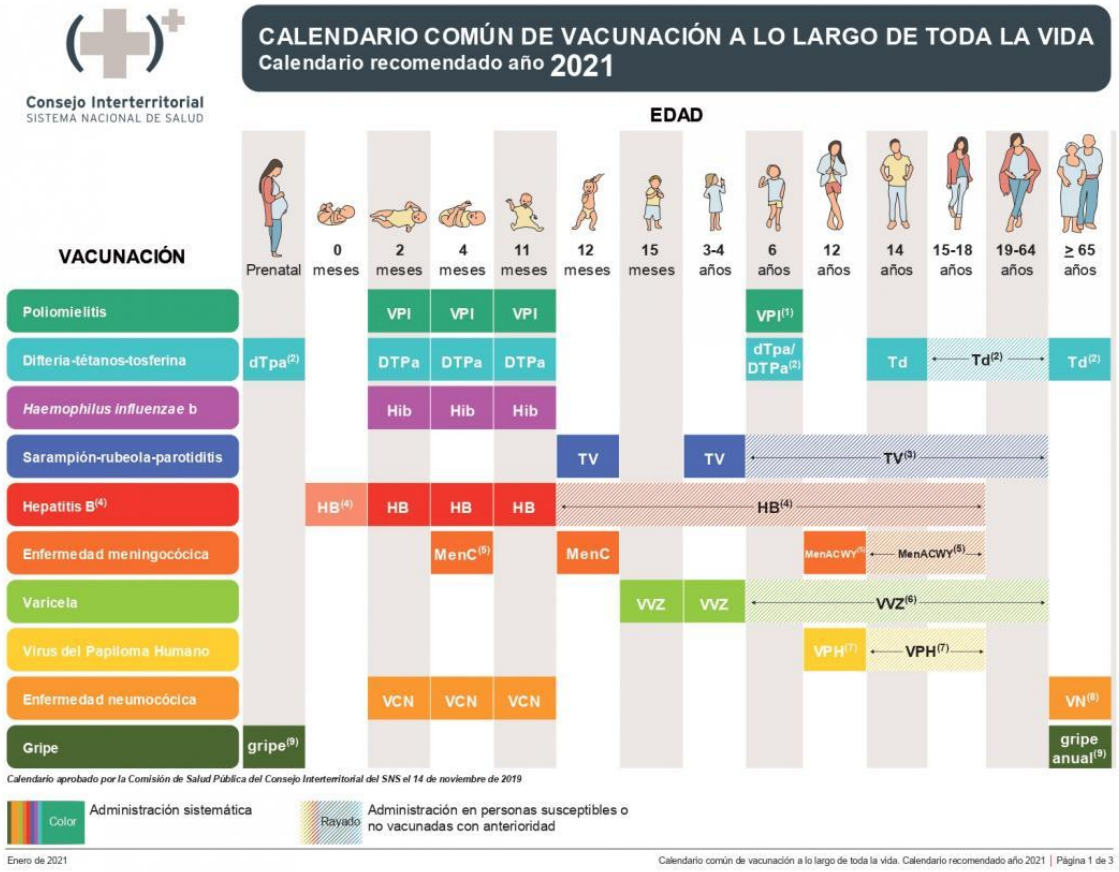
- Recomendaciones generales SIEMPRE
  - Ropa, protección solar, repelentes, cuidados con agua, alimentos, animales…
- Indicar vacunación y Quimioprofilaxis antipalúdica si hace falta

Viajero a EEUU (Curso escolar)

- Varón de 16 años que viajara a **EEUU** para realizar un curso escolar (1º bachillerato).

  Consulta en enero 2021.
- Fecha de salida: 15 de agosto 2021
- Fecha de regreso: 15 de mayo 2022.
- Duración: 9 meses

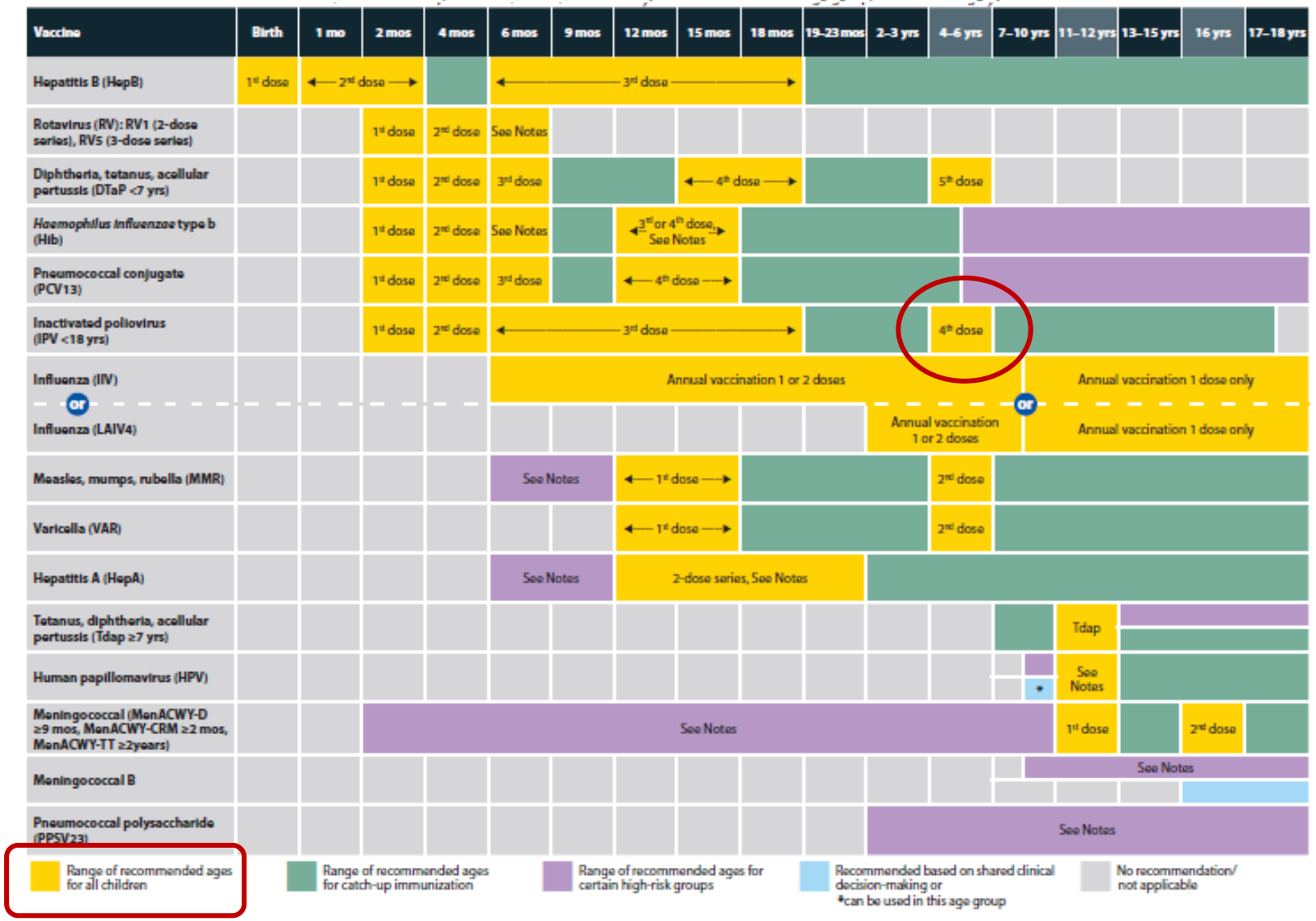
- Esta sano. No alergias.
- Bien vacunado según calendario de la CAM



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.



https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

- Polio (dosis 4 - 6 años)
- Hepatitis A
- Meningococo ACWY
- ¿Meningococo B ?

PPD antes del viajar

iE – USA Program
Medical History and Physical Examination – v. 11/15/19

IMMUNIZATIONS: List dates of last booster and dose received. All immunizations are required to study abroad in the U.S.A.
Vacunas: liste las fechas de las vacunas y dosis administradas. Todas las vacunas son requeridas para estudiar en USA

Immunization	Doses Required	Dates Received
Diphtheria *Difteria*	4	1)_____ 2)_____ 3)_____ 4)_____ month/day/year month/day/year month/day/year month/day/year
Tetanus *Tétanos*	4	1)_____ 2)_____ 3)_____ 4)_____ month/day/year month/day/year month/day/year month/day/year
Pertussis *Tos Ferina*	4	1)_____ 2)_____ 3)_____ 4)_____ month/day/year month/day/year month/day/year month/day/year
Rubella Rubeola	2	1)_____ 2)_____ month/day/year month/day/year
Rubeola Sarampión	2	1)_____ 2)_____ month/day/year month/day/year
Mumps Paperas	2	1)_____ 2)_____ month/day/year month/day/year
Polio SABIN (TOPV) – 3 required SALK (IVP) – 4 required	3/4	1)_____ 2)_____ 3)_____ 4)_____ month/day/year month/day/year month/day/year month/day/year **Check type of Vaccine:** SALK (IVP)_____ SABIN (TOPV)_____ ***The final dose must be on or after 4th birthday / Última dosis después del 4º cumpleaños**
Hepatitis B	3	1)_____ 2)_____ 3)_____ month/day/year month/day/year month/day/year
Hepatitis A	3	1)_____ 2)_____ 3)_____ month/day/year month/day/year month/day/year
Diphtheria/Tetanus/Pertussis Booster (Tdap, DTP or Di Te Per)	1	1)_____ month/day/year *** Tdap booster containing Diphtheria/Tetanus/Pertussis must be given on or after 7th birthday**
Meningococcal (MCV4 = A, C, Y and W-135)	1	1)_____ month/day/year
Varicella (Chicken Pox) *Varicela*	2	1)_____ 2)_____ month/day/year month/day/year ***Even if the student had the chicken pox he/she might need the immunization**

Vacuna meningococo ACWY

Nimenrix ®
Menveo ®

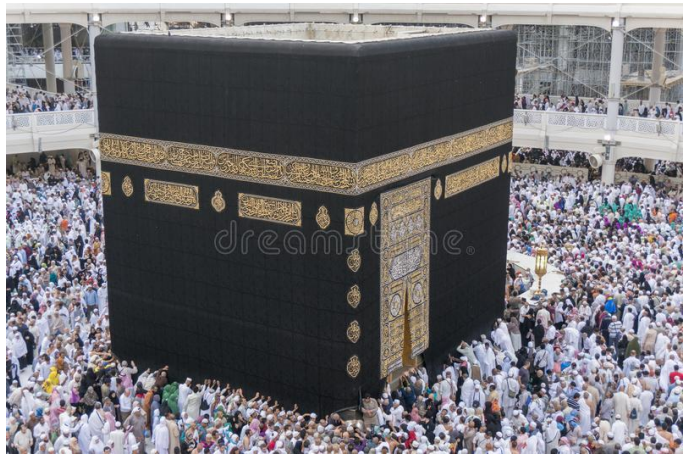
MenQuadfi ®

Vacunas

Meningococos ACWY			
Nimenrix			
6 semanas - 5 meses	3	2 dosis separadas por 2 meses + 1 refuerzo a los 12 meses	Otra más después de los 10 años
6-10 meses	2	1 dosis + 1 refuerzo a los 12 meses	Otra más después de los 10 años
≥11 meses	1	1 dosis	Si tiene menos de 10 años aplicar 1 dosis seguida de otra a partir de los 10 años. Si tiene 10 o más años solo es necesaria 1 dosis
MenQuadfi			
≥12 meses	1	1 dosis	Si tiene menos de 10 años aplicar 1 dosis seguida de otra a partir de los 10 años. Si tiene 10 o más años solo es necesaria 1 dosis
Menveo			
≥2 años	1	1 dosis	Si tiene menos de 10 años aplicar 1 dosis seguida de otra a partir de los 10 años. Si tiene 10 o más años solo es necesaria 1 dosis

INDICACIONES:

- Peregrinos a la Meca (Arabia Saudí)
- Viajeros al "**cinturón africano de la meningitis**", estación seca (Noviembre a Junio)
- Viajeros a países donde se han producido **brotes en los últimos 6 meses**
- Viajeros a países de elevada incidencia o en los que la vacuna esté incluida en calendario, como EE. UU., Canadá, Argentina, Reino Unido, Austria, Grecia, Holanda, Italia o Suiza.
- Profesionales con riesgo de exposición ocupacional (cooperantes…)



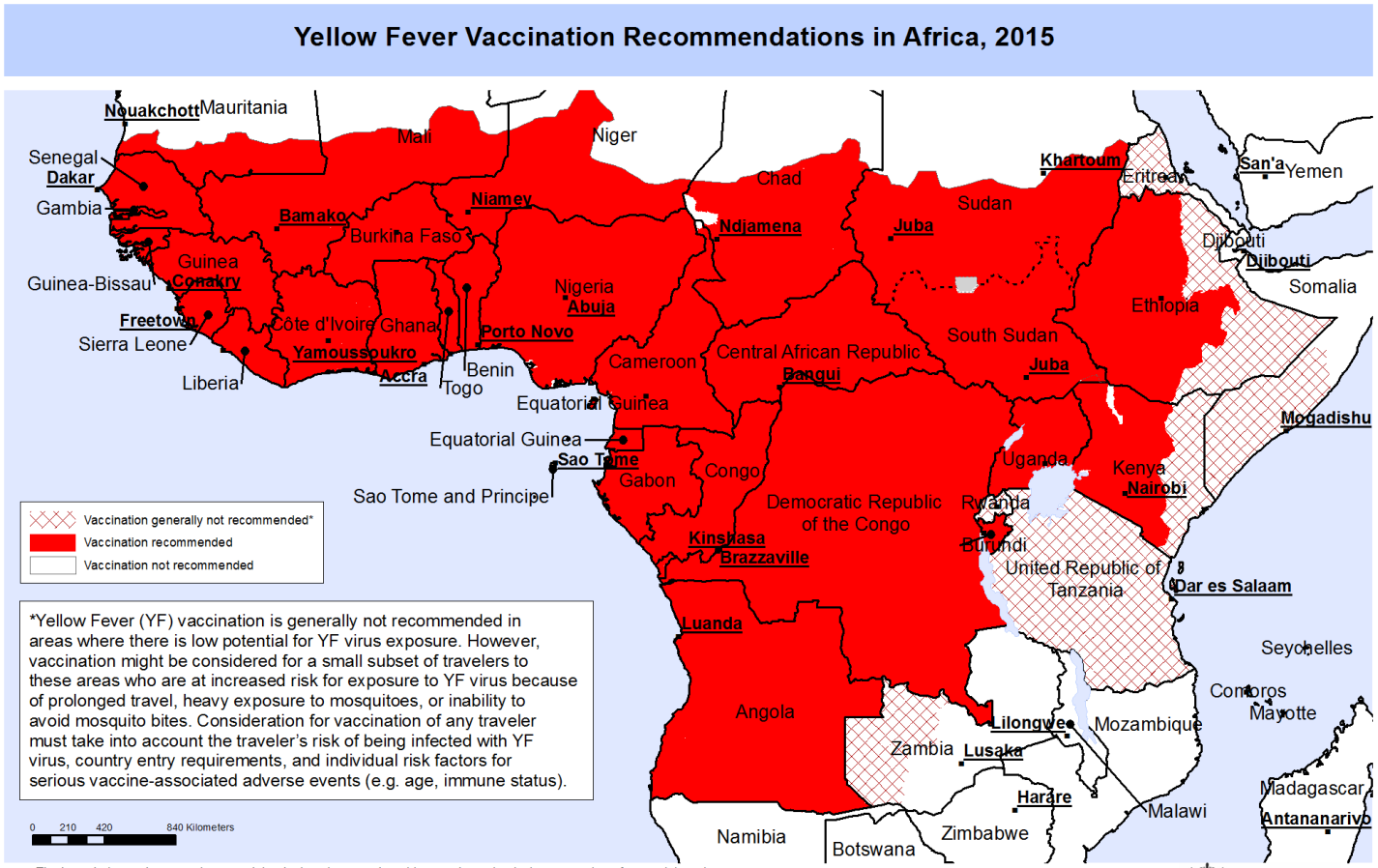
Viajero a Colombia (VFR)

- Niña de 5 años que viaja a **Cali** (Colombia) a ver sus abuelos. Contrató el viaje hace 1 año, y la agencia le dice que “o viaja ya o lo pierde” (aplazado por la pandemia en 2 ocasiones)
- Fecha de inicio: 5 febrero 2021. Fecha de regreso: 5 marzo 2021
- Duración 1 mes. Zona rural

Viajeros **VFRc**: “visiting friends and relatives”

- Hijos de inmigrantes asentados en nuestro país que viajan a su país de origen a visitar a sus familiares-amigos
- Son viajeros de **alto riesgo**:
  - Se van a **integrar** con la población autóctona del país
  - En ocasiones **no son conscientes** del riesgo
  - Suelen realizar **viajes largos** (>1 mes)
  - Con frecuencia **no acuden** a la consulta del viajero
  - **No siempre cumplen** las recomendaciones

Fiebre amarilla



WHO: Desde julio 2016, 1 dosis para toda la vida

Vacunación de FA con dosis fraccionada

- **2016**: en brotes, **OMS** establece uso de **vacuna fraccionada** (1/2 o **1/5** de la dosis estándar)
  - Angola, Uganda, RD Congo y Brasil
  - Seroconversión en el 98 % a los 28 días
  - 85 % seropositivo 8 años después de la vacunación, incluso a los 10 años Ac protectores neutralizantes
- Uso de dosis intradérmicas en brotes

JOURNAL of TRAVEL MEDICINE

International Society of Travel Medicine
Promoting healthy travel worldwide
Established 1991

Journal of Travel Medicine, 2019, 1–5
doi: 10.1093/jtm/taz024
Review

Review

Fractional-dose yellow fever vaccination: an expert review

Anna H.E. Roukens MD, PhD* and Leo G. Visser MD, PhD

Department of Infectious Diseases, Leiden University Medical Center, C5-P, Albinusdreef 2, 2333 ZA Leiden, the Netherlands

*To whom correspondence should be addressed. Email: a.h.e.roukens@lumc.nl

Submitted 27 February 2019; Revised 21 March 2019; Editorial Decision 27 March 2019; Accepted 27 March 2019

Abstract

Rationale for review: The global yellow fever vaccine supply is insufficient to provide full-dose vaccination to millions threatened by outbreaks. Given the excess of live-attenuated 17D yellow fever virus in the current single dose vials, dose sparing would increase available vaccine doses manifold. Fractional-dose yellow fever vaccination is now accepted as an emergency solution, as short-term protection has been confirmed in an outbreak situation in the Democratic Republic of Congo, but broader application of this dose-sparing strategy is still not recommended. In this review, important knowledge gaps that hamper this application such as long-term protection after fractional-dose vaccination, safety, comparability across different genetic backgrounds and different World Health Organization-licensed yellow fever vaccines and immunogenicity in infants are addressed.

Main findings: Recently, published results on long-term protection after fractional-dose vaccination in healthy young volunteers indicate that if a person mounts a protective response shortly after vaccination, the protective response will persist for 10 years and possibly longer. It also appears that fractional-dose vaccination does not elicit more serious adverse events than standard dose vaccination. Short-term immunogenicity studies are currently underway in specific populations (infants, human immunodeficiency virus (HIV)-infected persons and healthy adults living in Uganda and Kenya), of which the results will become available in 2021–22.

Conclusions: Available results on long-lasting immunogenicity of fractional-dose yellow fever vaccination are encouraging, although confirmation is required in larger populations including young children living in yellow fever endemic areas.

Otras vacunas frente a fiebre amarilla

THE LANCET

- 4 vacunas precalificadas por la OMS de:
  - Bio-Manguinhos (Brasil)
  - Sanofi Pasteur (Francia)
  - Instituto Pasteur (Senegal)
  - Instituto de Poliomielitis y Encefalitis viral (Rusia).

	Substrain	Expiry date	IU/dose mean (SD)
Bio-Manguinhos-Fiocruz	17DD	Oct 31, 2018	38 905 (1·26)
Chumakov Institute of Poliomyelitis and Viral Encephalitides	17D-213	Feb 28, 2018	43 652 (1·12)
Institut Pasteur Dakar	17D-204	March 31, 2019	6761 (1·74)
Sanofi Pasteur	17D-204	Feb 28, 2019	16 596 (1·26)

Standard doses of the vaccines were tested at the National Institute for Biological Standards and Control, UK, in December, 2017. The IU/dose is the mean of three assays.

Table 1: Characteristics of study vaccines by manufacturer

Articles

Immunogenicity and safety of fractional doses of yellow fever vaccines: a randomised, double-blind, non-inferiority trial

Aitana Juan-Giner*, Derick Kimathi*, Kyra H Grantz, Mainga Hamaluba, Patrick Kazooba, Patricia Njuguna, Gamou Fall, Moussa Dia, Ndeye S Bob, Thomas P Monath, Alan D Barrett, Joachim Hombach, Edgar M Mulogo, Immaculate Ampeire, Henry K Karanja, Dan Nyehangane, Juliet Mwanga-Amumpaire, Derek A T Cummings, Philip Bejon, George M Warimwe†, Rebecca F Grais†

Summary

Background Stocks of yellow fever vaccine are insufficient to cover exceptional demands for outbreak response. Fractional dosing has shown efficacy, but evidence is limited to the 17DD substrain vaccine. We assessed the immunogenicity and safety of one-fifth fractional dose compared with standard dose of four WHO-prequalified yellow fever vaccines produced from three substrains.

Methods We did this randomised, double-blind, non-inferiority trial at research centres in Mbarara, Uganda, and Kilifi, Kenya. Eligible participants were aged 18–59 years, had no contraindications for vaccination, were not pregnant or lactating, had no history of yellow fever vaccination or infection, and did not require yellow fever vaccination for travel. Eligible participants were recruited from communities and randomly assigned to one of eight groups, corresponding to the four vaccines at standard or fractional dose. The vaccine was administered subcutaneously by nurses who were not masked to treatment, but participants and other study personnel were masked to vaccine allocation. The primary outcome was proportion of participants with seroconversion 28 days after vaccination. Seroconversion was defined as post-vaccination neutralising antibody titres at least 4 times pre-vaccination measurement measured by 50% plaque reduction neutralisation test ($PRNT_{50}$). We defined non-inferiority as less than 10% decrease in seroconversion in fractional compared with standard dose groups 28 days after vaccination. The primary outcome was measured in the per-protocol population, and safety analyses included all vaccinated participants. This trial is registered with ClinicalTrials.gov, NCT02991495.

Lancet 2021; 397: 119–27

See Comment page 76

*Co-first author
†Co-senior author

Epicentre, Paris, France (A Juan-Giner MSc, R F Grais PhD); **Kenya Medical Research Institute–Wellcome Trust Research Programme, Kilifi, Kenya** (D Kimathi MBChB, M Hamaluba MD, P Njuguna MMed, H K Karanja MSc, Prof P Bejon FMedSc, G M Warimwe PhD); **Centre for Tropical Medicine & Global Health, University of Oxford, Oxford, UK** (D Kimathi, Prof P Bejon, G M Warimwe, M Hamaluba); **Department of**

Findings Between Nov 6, 2017, and Feb 21, 2018, 1029 participants were assessed for inclusion. 69 people were ineligible, and 960 participants were enrolled and randomly assigned to vaccine manufacturer and dose (120 to Bio-Manguinhos-Fiocruz standard dose, 120 to Bio-Manguinhos-Fiocruz fractional dose, 120 to Chumakov Institute of Poliomyelitis and Viral Encephalitides standard dose, 120 to Chumakov Institute of Poliomyelitis and Viral Encephalitides fractional dose, 120 to Institut Pasteur Dakar standard dose, 120 to Institut Pasteur Dakar fractional dose, 120 to Sanofi Pasteur standard dose, and 120 to Sanofi Pasteur fractional dose). 49 participants had detectable $PRNT_{50}$ at baseline and 11 had missing $PRNT_{50}$ results at baseline or 28 days. 900 were included in the per-protocol analysis. 959 participants were included in the safety analysis. The absolute difference in seroconversion between fractional and standard doses by vaccine was 1·71% (95% CI –2·60 to 5·28) for Bio-Manguinhos-Fiocruz, –0·90% (–4·24 to 3·13) for Chumakov Institute of Poliomyelitis and Viral Encephalitides, 1·82% (–2·75 to 5·39) for Institut Pasteur Dakar, and 0·0% (–3·32 to 3·29) for Sanofi Pasteur. Fractional doses from all four vaccines met the non-inferiority criterion. The most common treatment-related adverse events were headache (22·2%), fatigue (13·7%), myalgia (13·3%) and self-reported fever (9·0%). There were no study-vaccine related serious adverse events.

Interpretation Fractional doses of all WHO-prequalified yellow fever vaccines were non-inferior to the standard dose in inducing seroconversion 28 days after vaccination, with no major safety concerns. These results support the use of fractional dosage in the general adult population for outbreak response in situations of vaccine shortage.

Funding The study was funded by Médecins Sans Frontières Foundation, Wellcome Trust (grant no. 092654), and the UK Department for International Development. Vaccines were donated in kind.

Vacuna frente a fiebre tifoidea

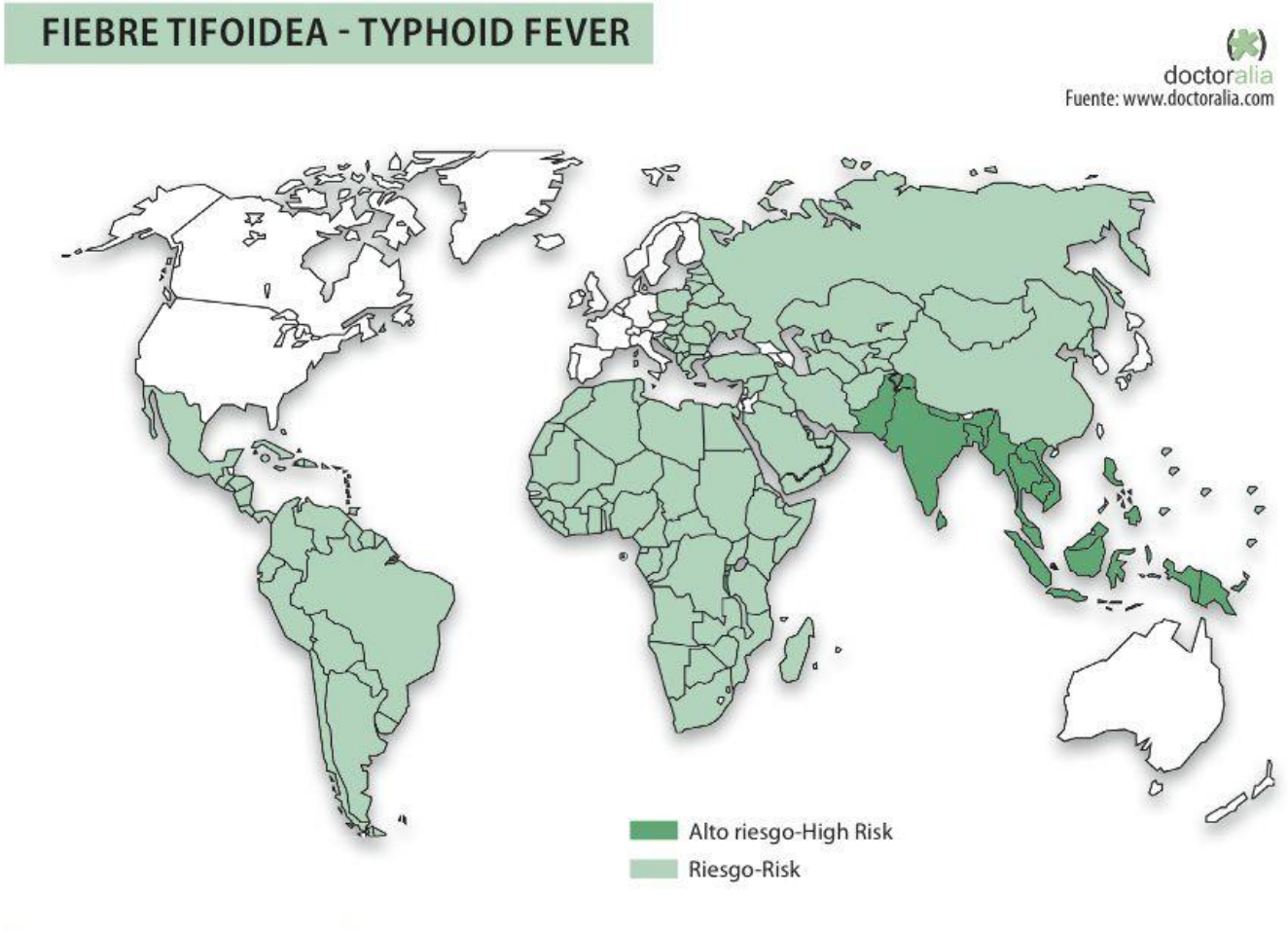
VIVOTIF ®
TYPHIM VI ®

Vacuna oral atenuada

Vacuna parenteral inactivada

INDICACIONES

- Viajeros a **zonas endémicas**: subcontinente indio, algunas zonas de Latinoamérica, Asia y África.
- Incluye viajeros convencionales, personal militar e inmigrantes que visitan sus países de origen (**VFR**), **en estancias prolongadas (más de 3 semanas).**

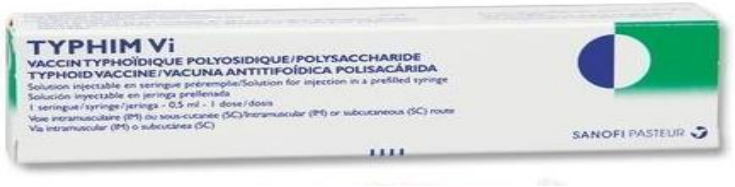


Vacunas frente a fiebre tifoidea

Tabla 25.2. Esquemas de vacunación

Vacuna	Forma de presentación	Vía	Edad	N.º dosis	Intervalo entre dosis	Intervalo con revacunación
Oral atenuada Ty21a						
Primovacunación	Cápsulas entéricas	Oral	≥5 años	3*	2 días	1-3 años**
Revacunación	Cápsulas entéricas	Oral	≥5 años	3	2 días	
Vacunas inactivadas Vi						
Primovacunación	Jeringa precargada	IM	≥2 años	1	-	≤3 años
Revacunación	Jeringa precargada	IM	≥2 años	1	-	

PROBLEMAS DE ABASTECIMIENTO

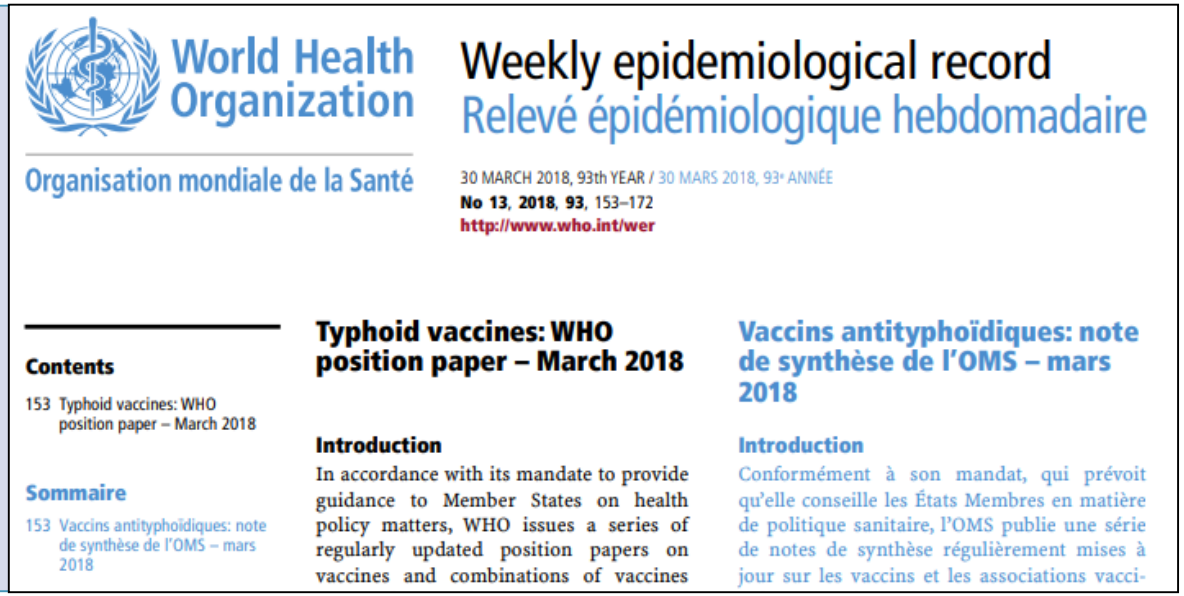


Vacuna fiebre tifoidea (*Typbar-TCV®*)

Bharat Biotech's

- **Vacuna** que contiene polisacárido de Salmonella typhi Ty2 **conjugada con toxoide tetánico**
- La OMS en 2018 aprueba la ***precalificación*** de la primera ***vacuna conjugada contra la Fiebre tifoidea***
- Fabricada en India

- 1 dosis única **a partir de 6 meses de edad**
- En áreas endémicas
- Vía: IM o subcutánea
- Eficacia protectora: 87%
- Protección a largo plazo
- Escasos efectos adversos



World Health Organization
Organisation mondiale de la Santé

Weekly epidemiological record
Relevé épidémiologique hebdomadaire

30 MARCH 2018, 93th YEAR / 30 MARS 2018, 93e ANNÉE
No 13, 2018, 93, 153–172
http://www.who.int/wer

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Typhoid vaccines: WHO position paper – March 2018

Introduction

In accordance with its mandate to provide guidance to Member States on health policy matters, WHO issues a series of regularly updated position papers on vaccines and combinations of vaccines

Vaccins antityphoïdiques: note de synthèse de l'OMS – mars 2018

Introduction

Conformément à son mandat, qui prévoit qu'elle conseille les États Membres en matière de politique sanitaire, l'OMS publie une série de notes de synthèse régulièrement mises à jour sur les vaccins et les associations vacci-

http://www.who.int/medicines/news/2017/WHOprequalifies-breakthrough-typhoid-vaccine/en/

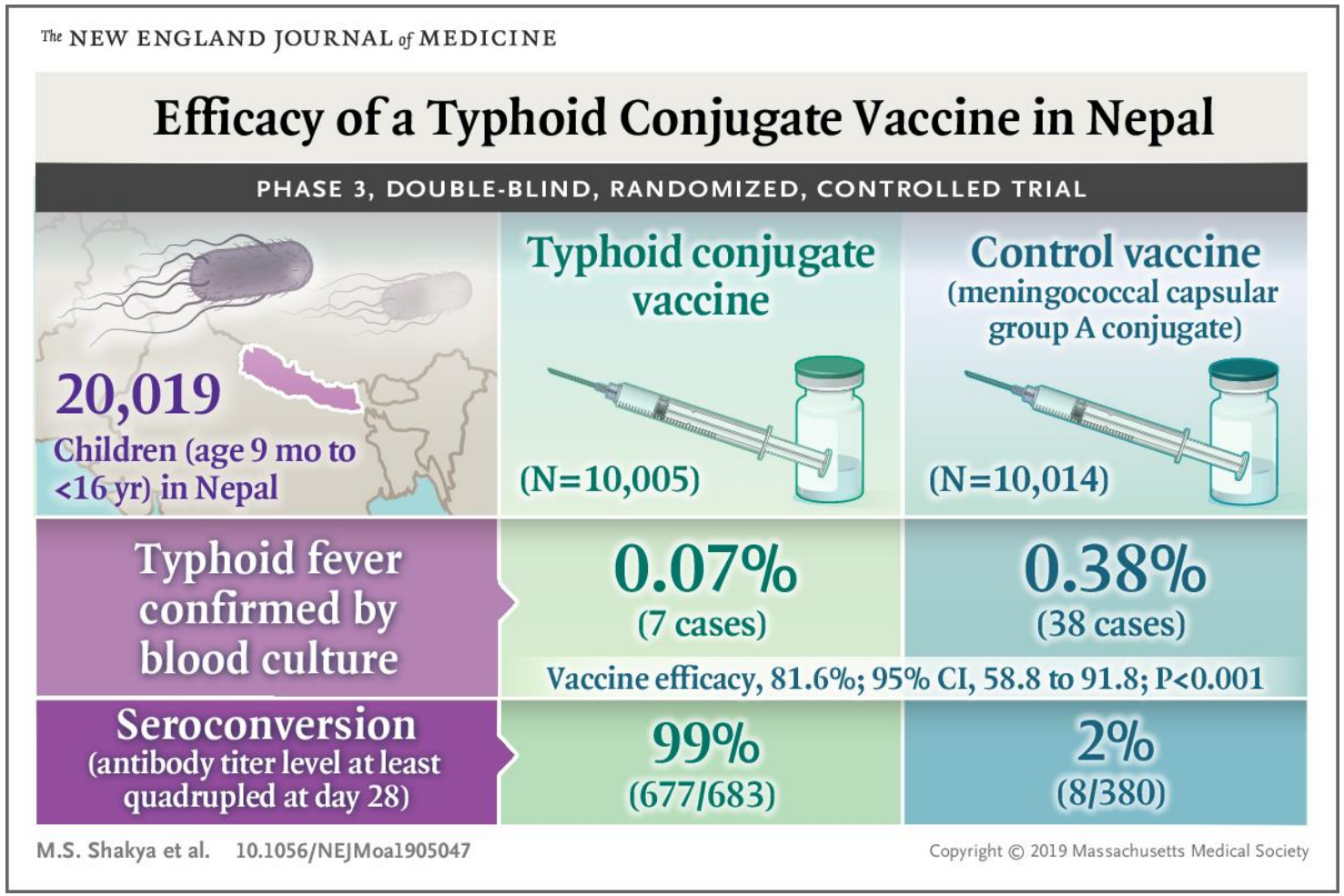
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Phase 3 Efficacy Analysis of a Typhoid Conjugate Vaccine Trial in Nepal

Mila Shakya, M.P.H., Rachel Colin-Jones, M.A., Katherine Theiss-Nyland, Ph.D., Merryn Voysey, D.Phil., Dikshya Pant, F.C.P.S., Nicola Smith, M.B., B.Chir., Xinxue Liu, Ph.D., Susan Tonks, B.Sc., Olga Mazur, B.Sc., Yama G. Farooq, M.Sc., Jenny Clarke, Ph.D., Jennifer Hill, Ph.D., et al., for the TyVAC Nepal Study Team*

December 5, 2019
N Engl J Med 2019; 381:2209-2218



CONCLUSIÓN

1 dosis de TCV fue inmunogéna y eficaz para reducir la bacteriemia por *S. Typhi* en niños de 9 meses a 16 años de edad.

Viajero a Colombia (VFR)

- Niña de 5 años que viaja a Cali (Colombia) a ver sus abuelos. Contrató el viaje hace 1 año, y la agencia le dice que o viaja ya o lo pierde (aplazado por la pandemia en 2 ocasiones)
- Fecha de inicio: 5 febrero 2021. Fecha de regreso: 5 marzo 2021
- Duración 1 mes. Sana, correctamente vacunada en CAM

- Vacuna fiebre amarilla
- Vacuna fiebre tifoidea inactivada
- Vacuna hepatitis A

- No quimioprofilaxis antipalúdica

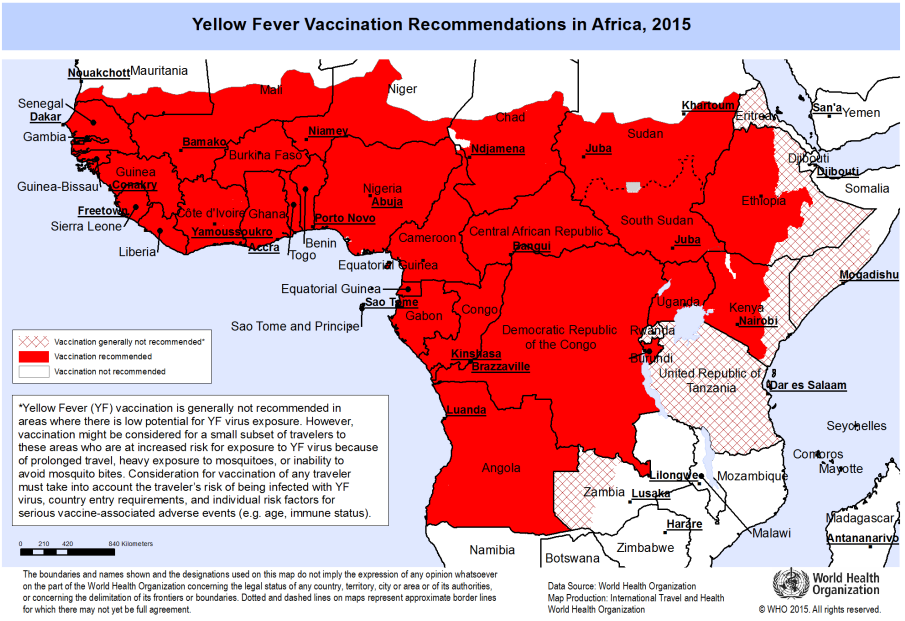
fitfortravel

Viajero a Mozambique (hijo de cooperante)

- Varón de 18 meses, hijo de cooperante de Médicos del Mundo que viaja a Mozambique para poner en marcha una campaña de vacunación frente a cólera tras el brote iniciado en enero 2020 en Cabo Delgado
- Fecha de inicio: 15 febrero 2021. Fecha de regreso: 15 mayo 2021 (aproximada)
- Duración 3 meses
- Sano, inmunizado con vacuna rotavirus, meningococo ACWY y B

VACUNA	Edad en meses						Edad en años				
	2	4	6	11	12	15	3-4	6	12	14	15-18
Hepatitis B[1]	HB	HB		HB							
Difteria, tétanos y tosferina[2]	DTPa	DTPa		DTPa				DTPa/ Tdpa	Tdpa		
Poliomelitis[3]	VPI	VPI		VPI				VPI			
Haemophilus influenzae tipo b[4]	Hib	Hib		Hib							
Neumococo[5]	VNC	VNC		VNC							
Rotavirus[6]	RV	RV	(RV)								
Meningococo B[7]	MenB	MenB			MenB						
Meningococos C y ACWY[8]		MenC			Men ACWY				Men ACWY		
Sarampión, rubeola y parotiditis[9]					SRP		SRP Var/ SRPV				
Varicela[10]						Var					
Virus del papiloma humano[11]									VPH 2 dosis		

https://vacunasaep.org/profesionales/calendario-de-vacunaciones-de-la-aep-2021



WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 6: 1-7 February 2021
Data as reported by: 17:00; 7 February 2021

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

Cholera | **Mozambique (Cabo Delgado)**

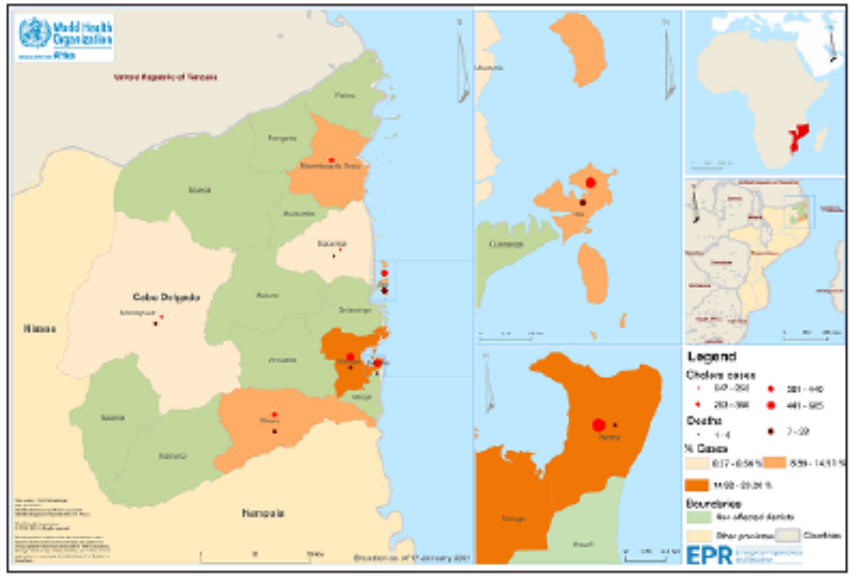
2 952	40	1.4%
Cases	**Deaths**	**CFR**

EVENT DESCRIPTION

The cholera outbreak that started in Cabo Delgado province in January 2020 is ongoing. The outbreak initially affected the districts of Mocimboa, Macomia, Ibo, Pemba and Metuge. In week 53 2020 (week ending 2 January 2021) two more districts were been affected, Montepuez and Chiure. During week 2 of 2021 (week ending 10 January 2021), there were 251 new cholera cases and one death reported in Chiure (139 cases) Metuge (96 cases), Mongepuez (10 cases) and Pemba city (6 cases).

As of 17 January 2021 there have been a total of 2 952 cases and 40 deaths (case fatality ratio 1.4%) reported in the Cabo Delgado province in seven districts: Mocimboa da Praia (380 cases), Ibo (440 cases), Macomia (247 cases), Pemba (685 cases), Metuge (571 cases), Chiure (377 cases) and Montepuez (252 cases). The districts of Mocimboa da Praia and Macomia have not been reporting data because of ongoing insurgent attacks in the area.

The distribution of cholera cases in Cabo Delgado Province, Mozambique as of 17 January 2021



https://apps.who.int/iris/bitstream/handle/10665/340012/OEW10-0107032021.pdf

Vacuna frente a Cólera

Dukoral®

Vacuna inactivada bacterias muertas + subunidad B de toxina colérica

INDICACIONES

- En viajeros > de 2 años que se desplazan a zonas endémicas en entornos poco saludables en materia de agua/saneamiento, en estancias largas.
- Cooperantes, catástrofes, ayuda humanitaria

Vacuna frente a Cólera

Dukoral®

Pauta: adultos y > 6 años: 0, 7 días.

niños 2 – 6 años: 0, 7 y 14 días.

- Protección al 8º día que se mantiene 2 años en > 6 años y 6 meses en niños de 2-6 años
- Protección cruzada frente a la diarrea del viajero por ECET con una efectividad vacunal entre el 35 y el 57 %

Nuevas vacunas frente a Cólera

- Vacunas aún no precalificadas por la OMS:
  - Vacunas bivalentes frente a O1 y O139: **mORC-VaxTM** (Vietnam) y **Cholvax** (India)
  - Vacuna inactivada de célula completa: **OraVacs** con toxina recombinante de la subunidad B (China) y **HillCholTM** de la cepa recombinante Hikojima (MS1568).
- Vacunas precalificadas por la OMS :
  - bivalentes frente a O1 y O139 : **Shanchol y Euvichol** (oral, 2 dosis)
  - 2016: se aprueba en EE. UU. :vacuna viva recombinante, oral, atenuada **Vaxchora** (1 dosis)

Opinion

Vaxchora™
(Cholera Vaccine, Live, Oral)

On 28 January 2021, the Committee for Medicinal Products for Human Use (CHMP) adopted a positive opinion recommending a change to the terms of the marketing authorisation for the medicinal product Vaxchora. The marketing authorisation holder for this medicinal product is Emergent Netherlands B.V..

The CHMP adopted an extension to an existing indication as follows:[1]

"Vaxchora is indicated for active immunisation against disease caused by *Vibrio cholerae* serogroup O1 in adults and children aged **2** ~~6~~ years and older."

ASTMH
THE AMERICAN JOURNAL OF TROPICAL MEDICINE AND HYGIENE
official Journal of the American Society of Tropical Medicine and Hygiene

Am. J. Trop. Med. Hyg., 104(3), 2021, pp. 861–865
doi:10.4269/ajtmh.20-0917

Safety and Immunogenicity of Live Oral Cholera Vaccine CVD 103-HgR in Children Aged 2–5 Years in the United States

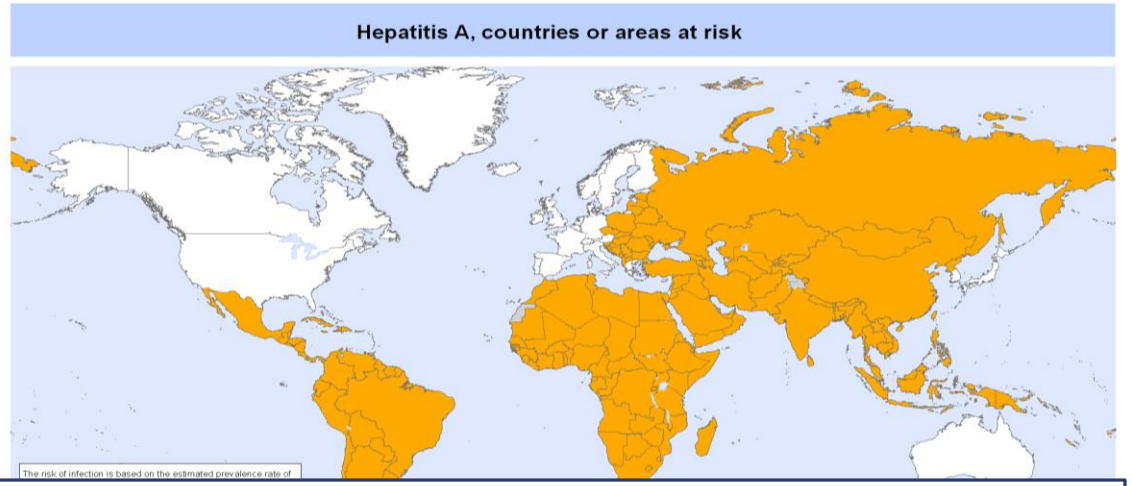
James M. McCarty,[1]* David Cassie,[2] Lisa Bedell,[2] Michael D. Lock,[2] and Sean Bennett[2]

[1]*Stanford University School of Medicine, Stanford, California;* [2]*Emergent Travel Health, Inc., Redwood City, California*

Abstract. In a phase 4, randomized, placebo-controlled, double-blind, multicenter study, to assess the safety and immunogenicity of live, attenuated cholera vaccine PXVX0200 in children aged 2–5 years in the United States, 172 volunteers were randomized 6:1 to receive a single dose of 1×10^9 colony forming units (CFU) of PXVX0200 or placebo. Immunogenicity endpoints included serum vibriocidal antibody (SVA) levels on days 1, 11, and 29. Safety was assessed by comparing solicited signs and symptoms on days 1–8, unsolicited adverse events through day 29, and serious adverse events (SAEs) through day 181. The SVA seroconversion rates 10 days after immunization were 98.1% and 0% in vaccine and placebo recipients, respectively, and the vaccine seroconversion rate was non-inferior to the 93.5% rate seen in the bridging population of adults aged 18–45 years from a lot consistency study. Most reactogenicity was mild to moderate, and there were no study-related SAEs. PXVX0200 appears safe and immunogenic in children aged 2–5 years.

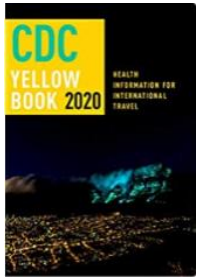
HAVRIX 720 ®
VAQTA 25 ®

Vacuna frente a hepatitis A



- **Vacuna virus inactivados**
- Niños **1 – 18 años** dosis infantil (720 ELU)

Hepatitis A vaccination



International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A:
  - Infants age 6–11 months: 1 dose before departure; revaccinate with 2 doses, separated by at least 6 months, between 12 and 23 months of age
  - **Unvaccinated age 12 months and older:** Administer dose 1 as soon as travel is considered.

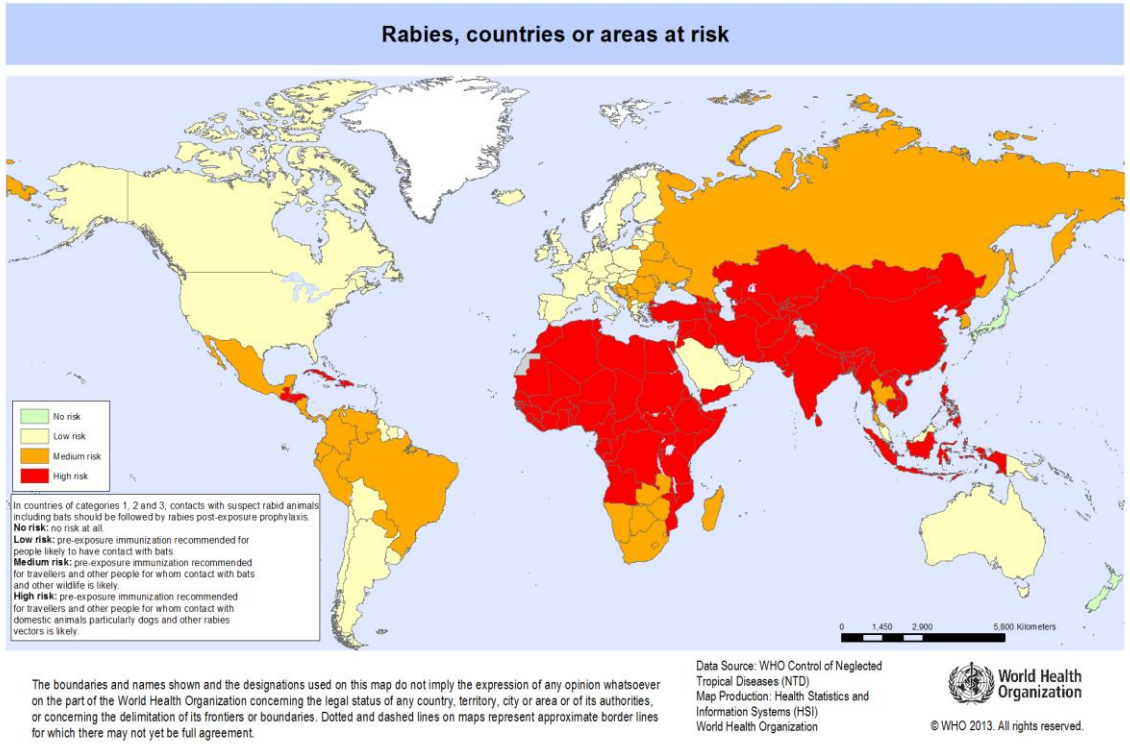
Vacuna frente a Rabia

RABIPUR ®
V. ANTIRRÁBICA MERIEUX ®

Vacuna de virus inactivados

INDICACIONES

- Viajeros a zonas con alto riesgo de exposición a rabia con estancias > 1 mes
- Incluye aquellos que viajen a zonas endémicas con acceso limitado a la vacuna/IG.
- Niños más riesgo



- **Enfermedad mortal** si no se trata.
- Mas frecuente en niños ya que se acercan y acarician animales extraños.
- **Mantener alejados a los niños de los animales**. Si los muerden, deben informar a un adulto de inmediato. Lavar con agua y jabón y debe recibir atención médica lo antes posible.

Vacuna frente a Rabia

World Health Organization
Organisation mondiale de la Santé

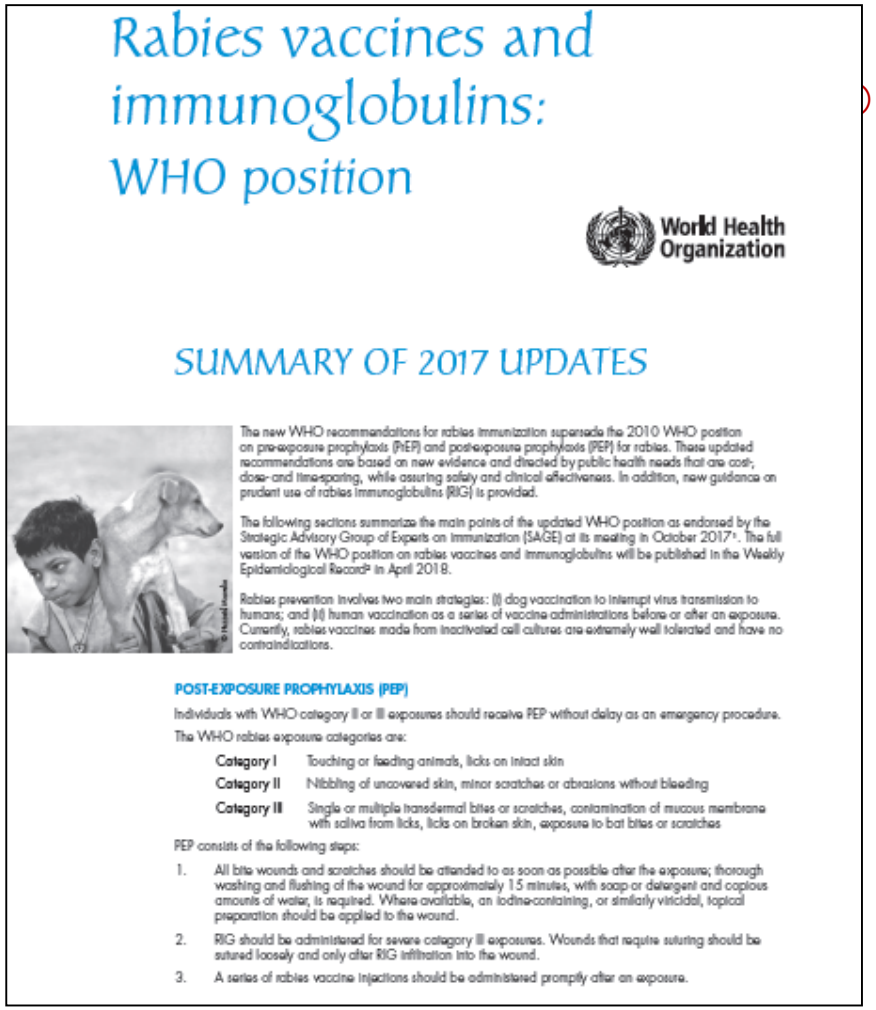
Weekly epidemiological record
Relevé épidémiologique hebdomadaire

20 APRIL 2018, 93th YEAR / 20 AVRIL 2018, 93e ANNÉE
No 16, 2018, 93, 201–220
http://www.who.int/wer

Rabies vaccines: WHO position paper – April 2018

Background paper:
PROPOSED REVISION OF THE POLICY ON RABIES VACCINES AND RABIES IMMUNOGLOBULINS

Prepared by the SAGE Working Group on Rabies vaccines and immunoglobulins and the World Health Organization (WHO) Secretariat
September 22, 2017



Rabies vaccines and immunoglobulins: WHO position

World Health Organization

SUMMARY OF 2017 UPDATES

The new WHO recommendations for rabies immunization supersede the 2010 WHO position on pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for rabies. These updated recommendations are based on new evidence and directed by public health needs that are cost-, dose- and time-sparing, while assuring safety and clinical effectiveness. In addition, new guidance on prudent use of rabies immunoglobulins (RIG) is provided.

The following sections summarize the main points of the updated WHO position as endorsed by the Strategic Advisory Group of Experts on Immunization (SAGE) at its meeting in October 2017[1]. The full version of the WHO position on rabies vaccines and immunoglobulins will be published in the Weekly Epidemiological Record[2] in April 2018.

Rabies prevention involves two main strategies: (i) dog vaccination to interrupt virus transmission to humans; and (ii) human vaccination as a series of vaccine administrations before or after an exposure. Currently, rabies vaccines made from inactivated cell cultures are extremely well tolerated and have no contraindications.

POST-EXPOSURE PROPHYLAXIS (PEP)

Individuals with WHO category II or III exposures should receive PEP without delay as an emergency procedure.

The WHO rabies exposure categories are:

- **Category I** Touching or feeding animals, licks on intact skin
- **Category II** Nibbling of uncovered skin, minor scratches or abrasions without bleeding
- **Category III** Single or multiple transdermal bites or scratches, contamination of mucous membrane with saliva from licks, licks on broken skin, exposure to bat bites or scratches

PEP consists of the following steps:

1. All bite wounds and scratches should be attended to as soon as possible after the exposure; thorough washing and flushing of the wound for approximately 15 minutes, with soap or detergent and copious amounts of water, is required. Where available, an iodine-containing, or similarly virucidal, topical preparation should be applied to the wound.
2. RIG should be administered for severe category III exposures. Wounds that require suturing should be sutured loosely and only after RIG infiltration into the wound.
3. A series of rabies vaccine injections should be administered promptly after an exposure.

PAUTA PREEXPOSICIÓN

- **2 dosis de vacuna antirrábica INTRAMUSCULAR** (1 vial de 1ml): **días 0 y 7**

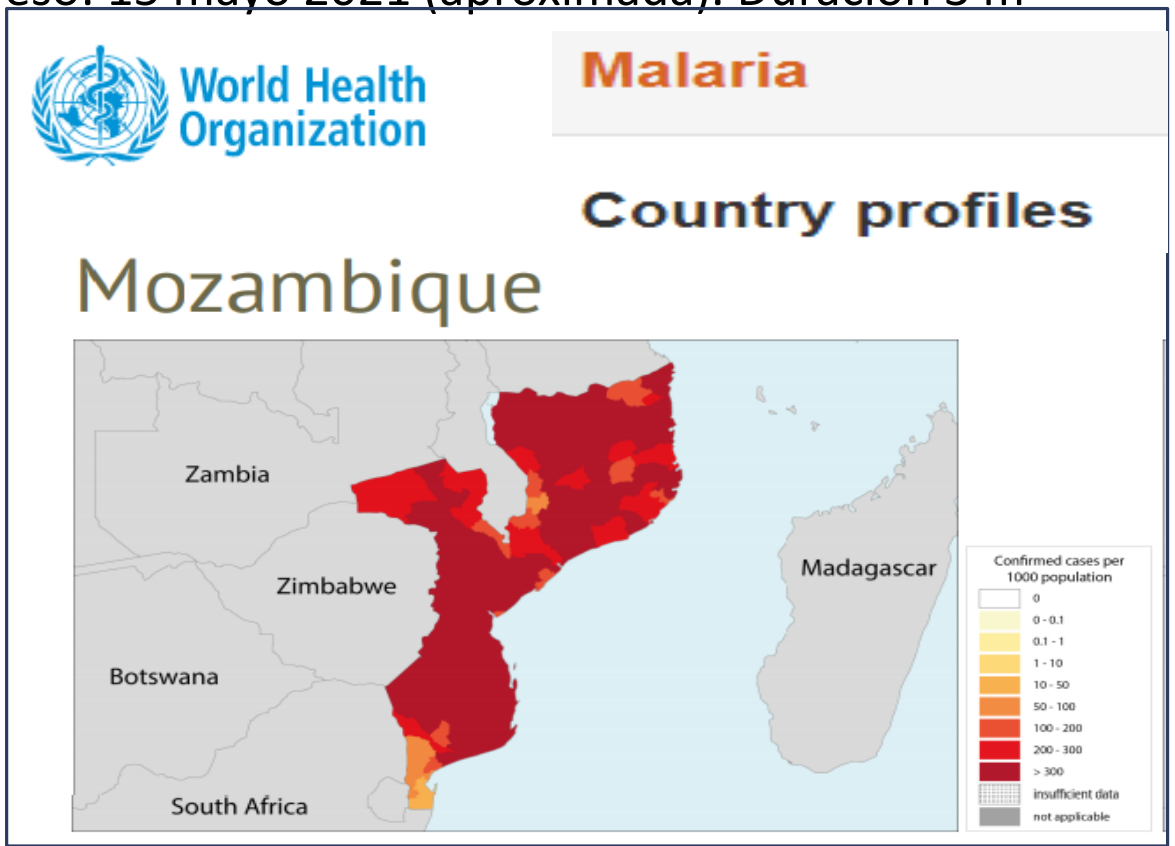
WHO. Rabies vaccine: WHO position paper – April 2018. http://apps.who.int/iris/bitstream/handle/10665/272371/WER9316.pdf?ua=1

Viajero a Mozambique (hijo de cooperante)

- Varón de **18 meses**, hijo de cooperante de Médicos del Mundo que viaja a Mozambique para poner en marcha una campaña de vacunación frente a cólera tras el brote iniciado en enero 2020 en Cabo Delgado
- Fecha de inicio: 15 febrero 2021. Fecha de regreso: 15 mayo 2021 (aproximada). Duración 3 m
- Sano, bien vacunado en CAM

  - No vacuna fiebre tifoidea
  - No vacuna cólera
  - Vacuna hepatitis A
  - Vacuna frente a Rabia (¿?)

  - Quimioprofilaxis antipalúdica

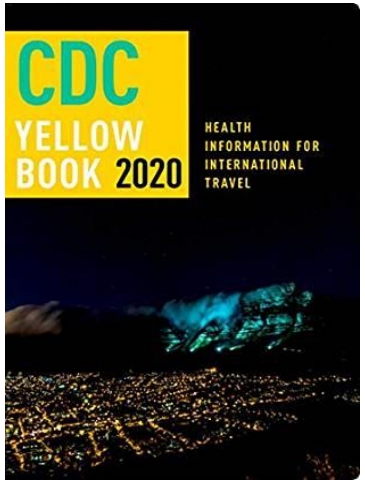


Comentarios finales

- Antes de un viaje internacional/trópico, consultar con el pediatra y/o con Centros de Vacunación Internacional con 1 mes de antelación
- Adecuar calendario vacunal sistemático antes del viaje
- Conocer los brotes de enfermedades en destino

- Actualmente en pandemia tenemos problemas de abastecimiento de vacunas del viajero
- Nuevas vacunas en desarrollo/pendientes de comercializar
- Cada viajero es único en el marco de su itinerario específico

Fuentes información viajero

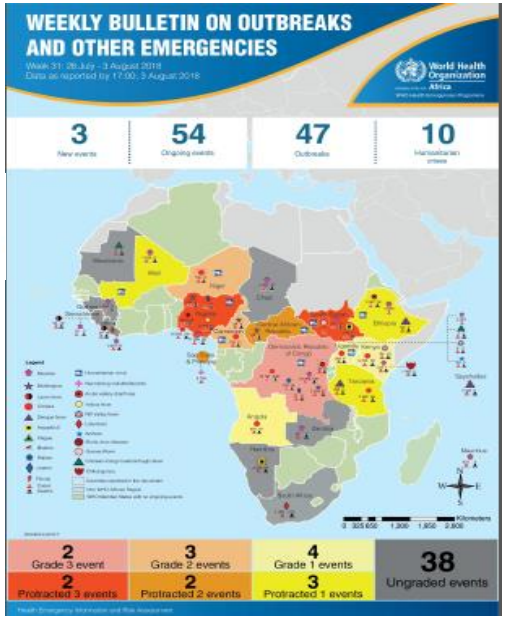


GOBIERNO DE ESPAÑA
MINISTERIO DE SANIDAD, CONSUMO Y BIENESTAR SOCIAL

fitfortravel
Travel health information for people travelling abroad from the UK

CCAES
Centro de Coordinación de Alertas y Emergencias Sanitarias

World Health Organization
Organisation mondiale de la Santé
Weekly epidemiological record
Relevé épidémiologique hebdomadaire



OPS

Eurosurveillance

http://www.who.int/ith/en/ http://www.who.int/wer
http://wwwnc.cdc.gov/travel/page
http://www.ecdc.europa.eu/en/Pages/home.aspx
http://isid.org/promedmail/subscribe.lasso