

Global Health Cast 36

May 2nd, 2023



Dr. Melvin Sanicas



Prof. Dr. Joe Schmitt

Every Week

12.00 noon - CET

What we talk about today

- **COVID-19 update including variants**
- **Mpox cases rise in a few Asian countries**
- **Why infectious diseases will increase in the future**
- **Criteria for the development of new vaccines**
- **Evidence generation for the development of new vaccines**
- **“Most Infectious Diseases” - Rift Valley Fever**

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 23 April 2023**

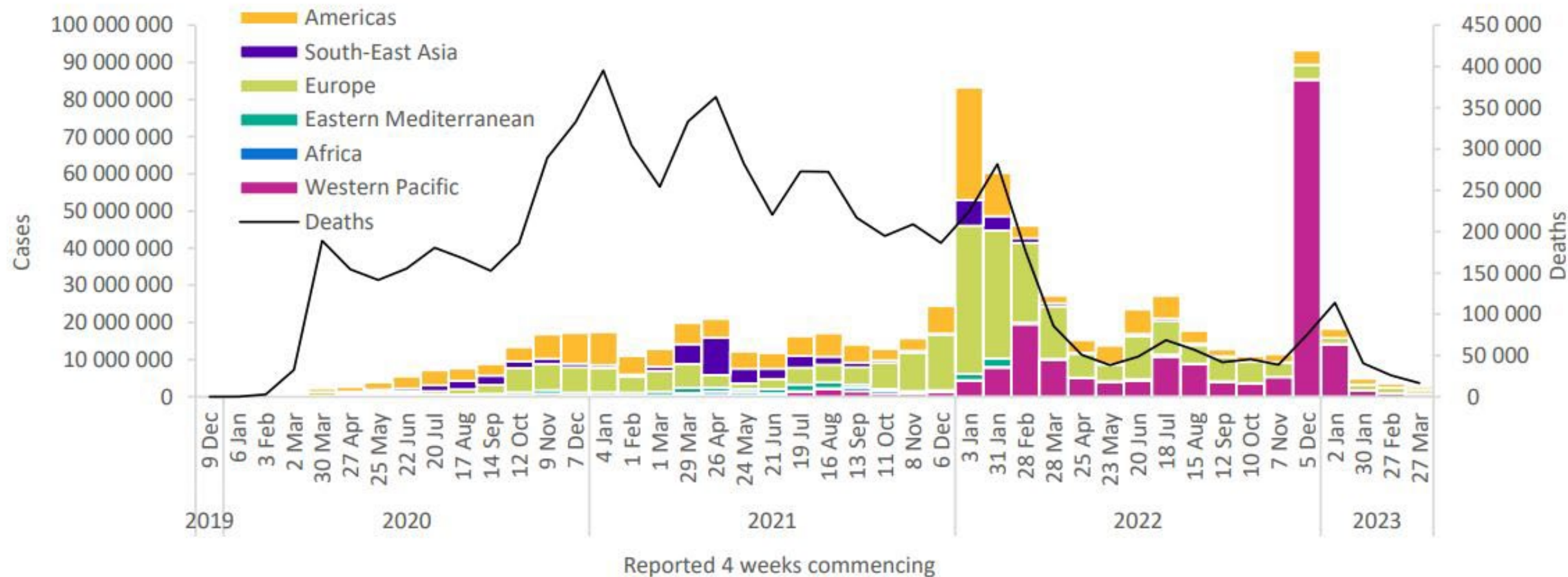
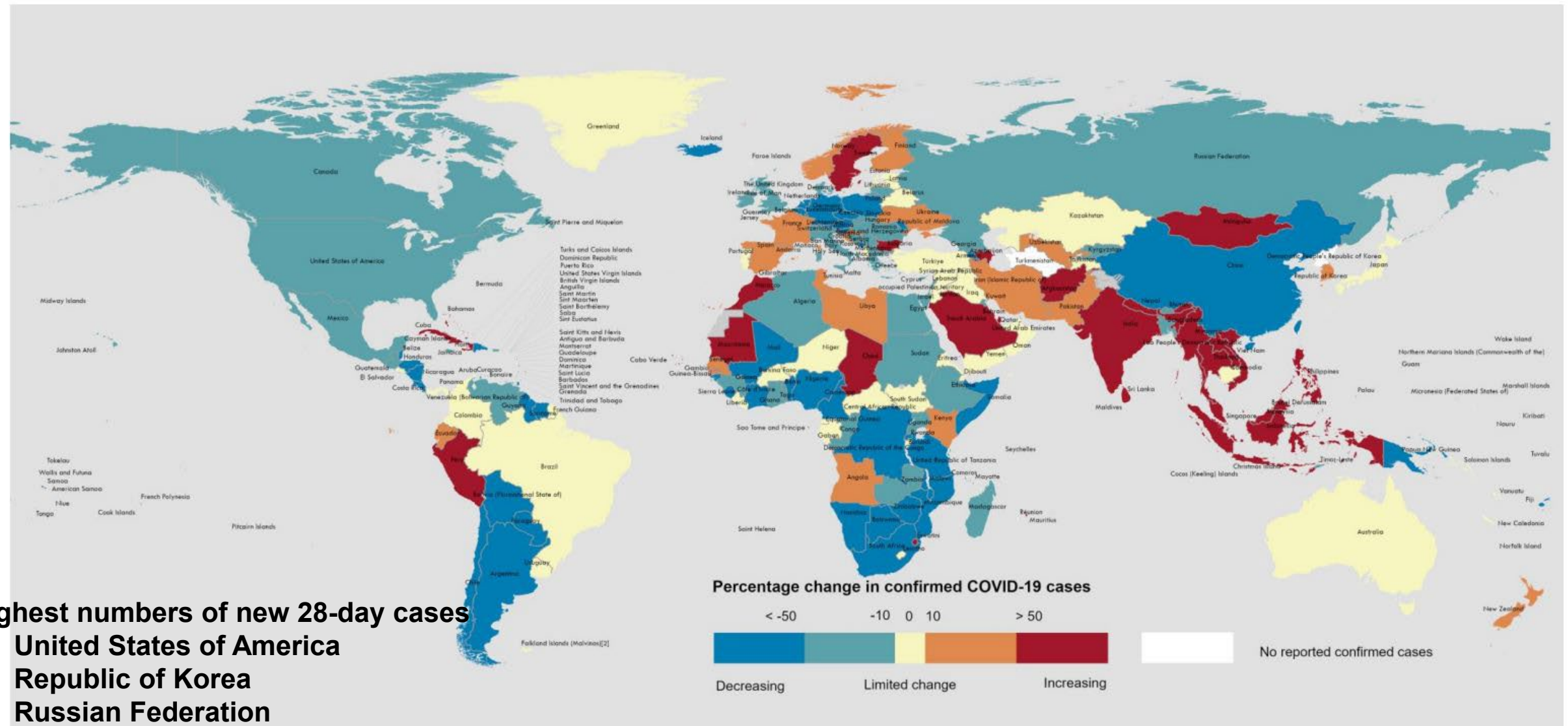


Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 23 April 2023**



Highest numbers of new 28-day cases

1. United States of America
2. Republic of Korea
3. Russian Federation
4. Japan (this was France last week)
5. France (this was Brazil last week)

Percentage change in confirmed COVID-19 deaths

Percentage change	Color	Description
< -50	Dark Blue	Decreasing
-10	Light Blue	Limited change
0	White	
10	Light Orange	
> 50	Dark Red	Increasing
No reported confirmed deaths	White	No reported confirmed deaths

Top countries by number of new 28-day deaths:

- United States of America
- Brazil
- Russian Federation

1. United States of America
2. Brazil
3. Russian Federation
4. France (this was Germany last week)
5. Islamic Republic of Iran

Table 2. Weekly prevalence of SARS-CoV-2 VOIs and VUMs, week 10 to week 14 of 2023

Lineage	Countries	Sequences	2023-10	2023-11	2023-12	2023-13	2023-14
XBB.1.5* (VOI)	103	174 238	49.14	48.93	49.41	48.55	45.39
XBB.1.16* (VOI)	37	3519	1.25	2.01	3.55	4.49	4.31
BA.2.75*	121	107 493	5.13	4.73	3.96	1.80	1.71
CH.1.1*	91	41 913	5.85	5.69	4.93	4.95	3.97
BQ.1*	145	401 594	9.47	7.70	5.85	3.91	3.64
XBB*	122	72 899	6.61	8.04	9.88	12.30	13.33
XBB.1.9.1*	69	13 835	5.83	6.72	7.27	8.38	9.36
XBB.1.9.2*	48	3370	1.32	1.77	1.87	2.48	2.69
XBF*	51	10 018	1.39	1.05	0.87	0.63	0.31
Unassigned	101	146 857	4.81	5.12	4.68	2.57	1.69
Other ⁺	207	6 702 328	3.58	3.67	2.77	1.82	0.87

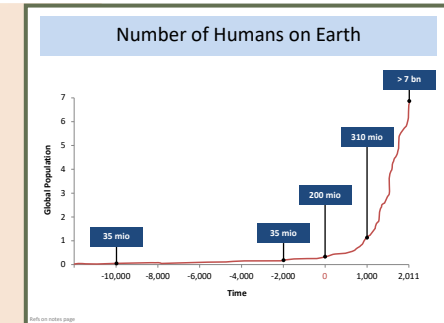
* Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.9.1, XBB.1.9.2 and XBB.1.16.

⁺ Others are other circulating lineages excluding the VOI, VUMs, BA.1*, BA.2*, BA.3*, BA.4*, BA.5*.

3 Reasons Why Infectious Diseases Will Increase in the Future

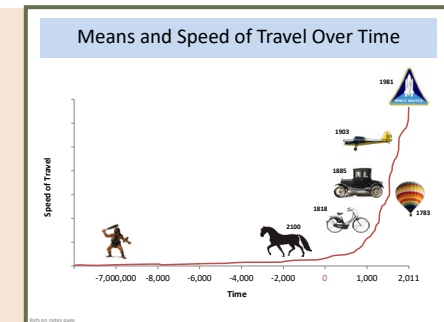
There will be more microbes,

- The number of humans increases
- The number of animals increases
- Climate change favors geographic expansion



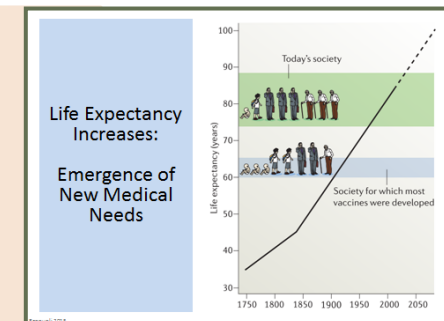
There will be increased exposures,

- The number of humans increases
- The number of animals increases
- Travel increases
- New risk-behaviours



There will be increased risks.

- Ageing society – underlying diseases
- Medically induced reduced immunity



Criteria for Development of New Vaccines

Criterion	Comments
Medical Need	Lack of data; No national vaccination goals
Administrative Issues	
Pathway for License	Often main hurdle – „early killer“
Chance for Recommendation	Europe is mostly a „late adaptor“ – lack of exchange with industry
Health Economics: Reimbursement	Separate or follows recommendation
Acceptance: Actual Use	Adverse events is crucial, hesitancy?
Chances for Success / Risks	Idea for new product and production platform
Resources	Holistic + global skills + knowledge: license, production, marketing
Investment Size: ≥ 1 bn	Overall failure rate 90%; Factory needed for phase 3
Return on Investment	Global economic and political situation

Vaccine Development: Evidence Generation

Evidence	Process	Development	Manufacturing
Biological Plausibility	Preclinical	Find antigen, theoretical POC	Start thinking and factory planning
		Animal immunity, safety, Adjuvant? Read out tests and validation	Tech transfer to GMP: Manufacturing conditions; Antigen production; Delivery systems; Formulation; Pre-GMP batch for safety studies
	Clinical		
	Phase I	Reactogenicity, safety, Immunogenicity (100-200)	First GMP-batch produced; equipment & assay validation
	Phase II	Optimal dose; reactogenicity, safety Immunogenicity (some 1,000)	Established manufacturing process; Upscale; GMP-grade product; Assay validation
Proof of concept	Phase III	Reactogenicity, safety, efficacy in target population (10,000 – 100,000)	Study vaccine produced in „final factory“
	Registration – License	Phase 1-3, „Follow-up measures“ (FUM)	
Impact	Recommendations	Usually pre-requisite for success	
	Reimbursement	Usually pre-requisite for success	
	Use		
	Phase IV	Safety, effectiveness 100,000s - millions	Process improvements



ALJAZEERA

News ▾

Ukraine war

Features

Economy

Opinion

Video

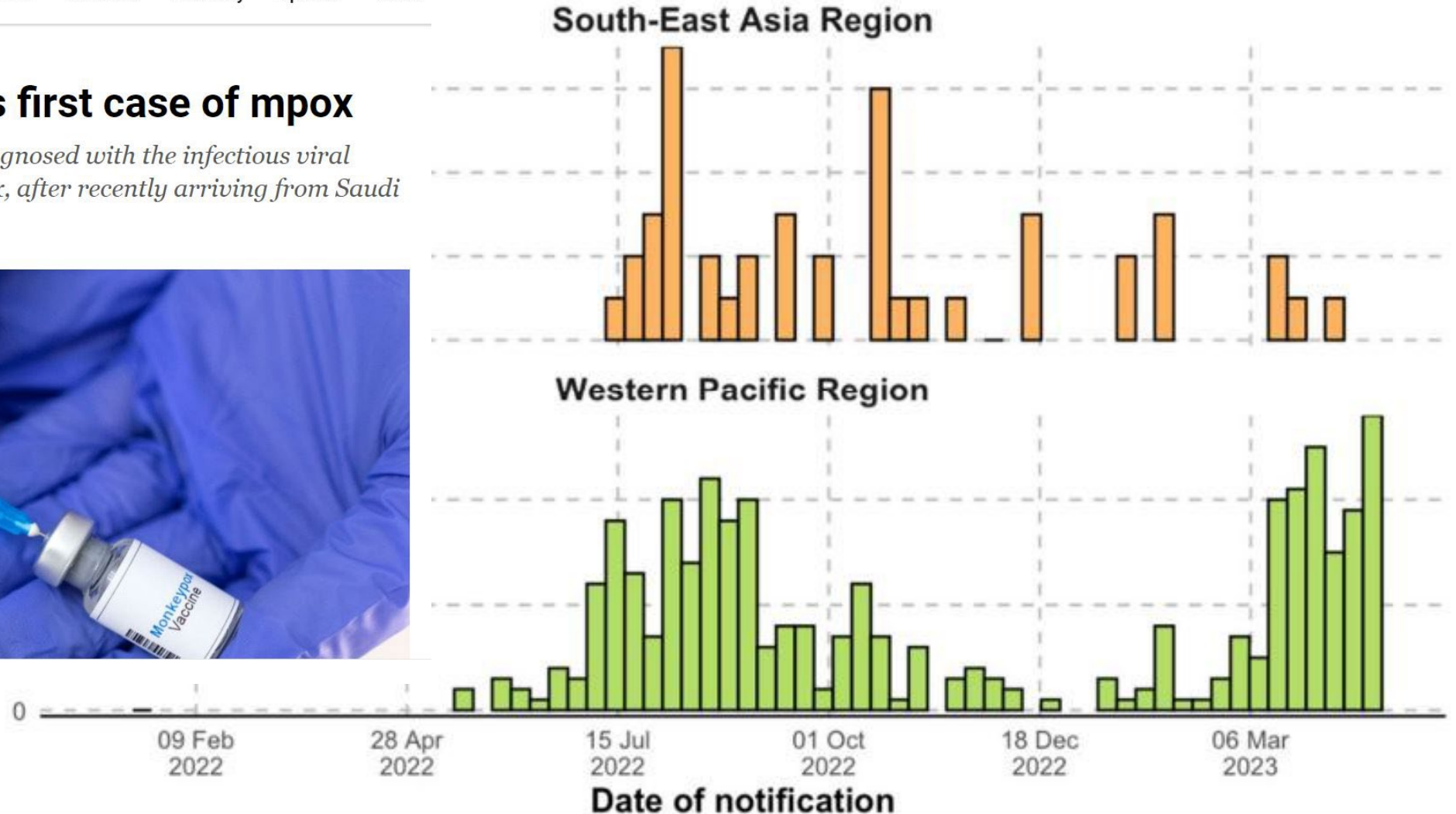
News | Health

Pakistan confirms its first case of mpox

A 25-year-old Pakistani man is diagnosed with the infectious viral disease, once known as monkeypox, after recently arriving from Saudi Arabia.



Mpox cases rise in a few Asian countries



Source: WHO

The most infectious diseases the WHO has identified to date:

- ✓ Nipah virus **Check out GHC 33**
- ✓ Crimean-Congo hemorrhagic fever **Check out GHC 34**
- ✓ Lassa fever **Check out GHC 35**
 - Rift Valley fever
 - Zika
 - Ebola and Marburg
 - Middle East respiratory syndrome (MERS)
 - Severe acute respiratory syndrome (SARS)

Disease X (any unknown pathogen that could cause a future outbreak)

The most infectious diseases the WHO has identified to date:

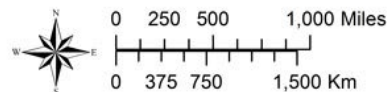
- ✓ Nipah virus [Check out GHC 33](#)
- ✓ Crimean-Congo hemorrhagic fever [Check out GHC 34](#)
- ✓ Lassa fever [Check out GHC 35](#)
- **Rift Valley fever**
- Zika
- Ebola and Marburg
- Middle East respiratory syndrome (MERS)
- Severe acute respiratory syndrome (SARS)

Disease X (any unknown pathogen that could cause a future outbreak)



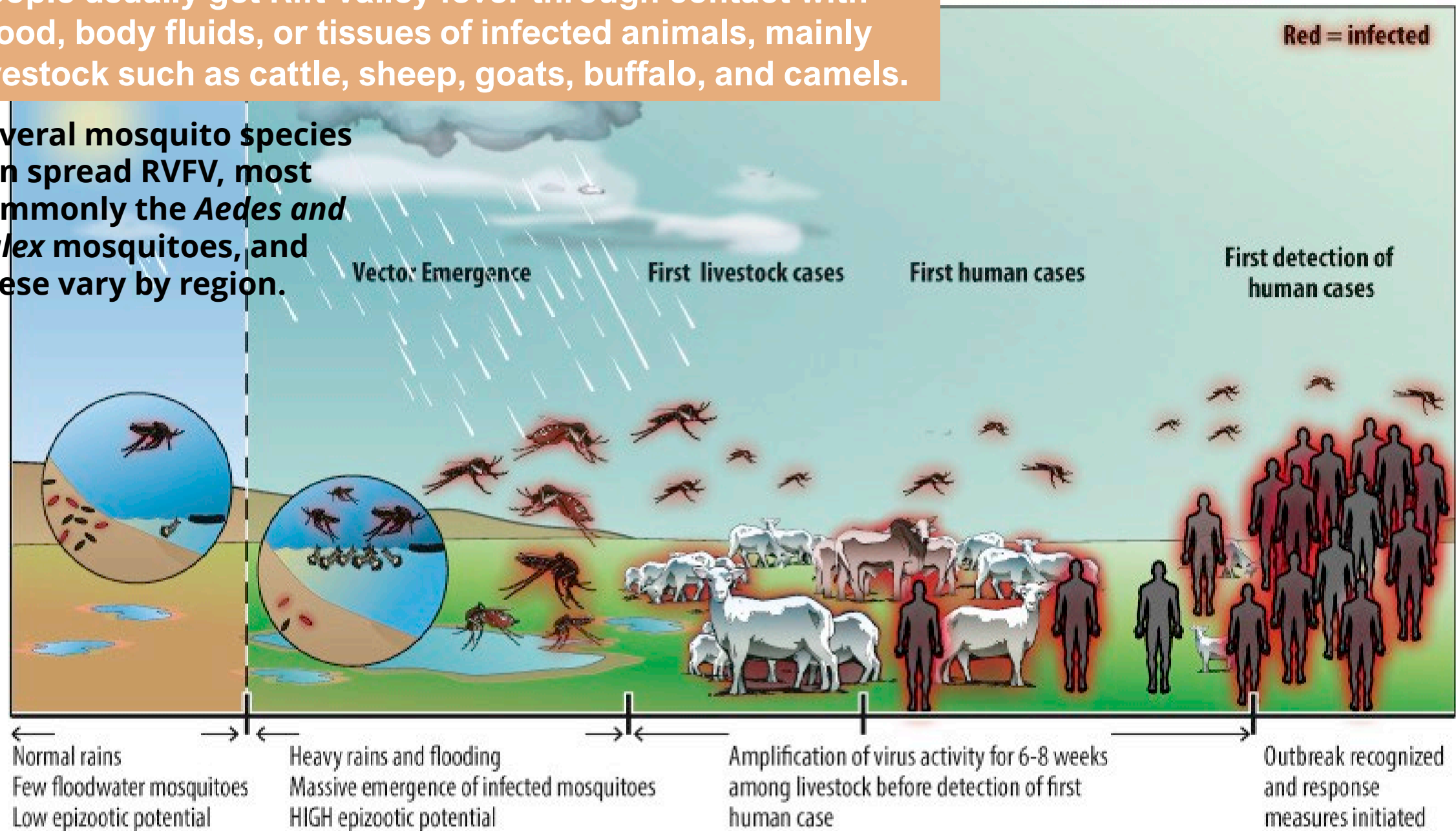
Rift Valley Fever Distribution Map

- Countries reporting endemic disease and substantial outbreaks of RVF
- Countries reporting few cases, periodic isolation of virus, or serologic evidence of RVF infection
- RVF status unknown



People usually get Rift Valley fever through contact with blood, body fluids, or tissues of infected animals, mainly livestock such as cattle, sheep, goats, buffalo, and camels.

Several mosquito species can spread RVFV, most commonly the *Aedes* and *Culex* mosquitoes, and these vary by region.





Vaccinating cattle



Avoiding direct contact with blood, bodily fluids or tissues of animals



Cooking raw meat and milk thoroughly



Washing hands with soap immediately after direct contact with animals



Protecting yourself from mosquito and insect bites

How to prevent RVF transmission / infection

Symptoms



No symptoms



Mild illness with fever, weakness, back pain and dizziness



8–10% of people develop severe symptoms, including eye disease, excessive bleeding, and swelling of the brain

What we talked about today

- **COVID-19 update including variants**
- **Mpox cases rise in a few Asian countries**
- **Why infectious diseases will increase in the future**
- **Criteria for the development of new vaccines**
- **Evidence generation for the development of new vaccines**
- **“Most Infectious Diseases” - Rift Valley Fever**

Anyone can catch COVID-19 but it does not affect everyone the same way. The outcome depends on your age, health, and vaccination status.

Serious complications are more likely if you are older or if you have medical conditions like cancer, diabetes, heart, lung, liver, and kidney diseases, obesity or if you are immunosuppressed or use immunosuppressive drugs or if you have not been vaccinated.