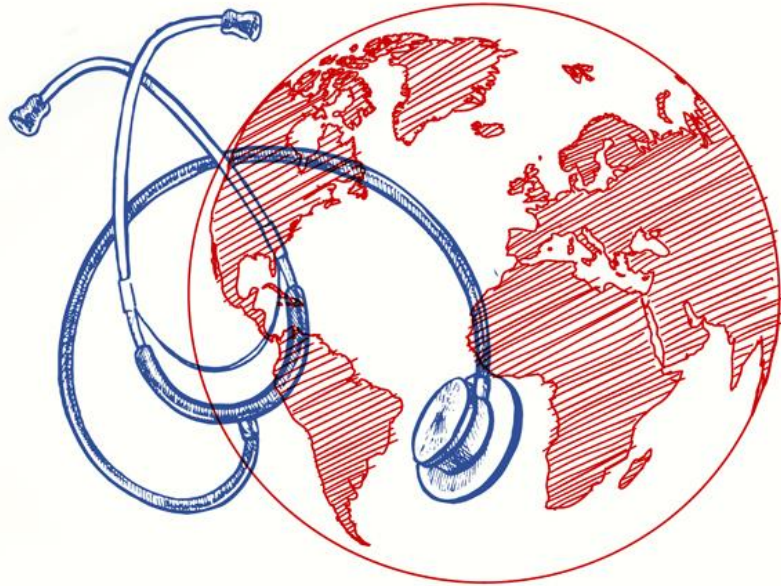


# Global Health Cast 69

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Dr. Melvin Sanicas  
X @Vaccinologist



Prof. Dr. Joe Schmitt  
X @Prof\_Schmitt

# What we talk about today

- **WHO pandemic treaty talks end without a deal**
- **Antimicrobial resistance: an enormous, growing, and unevenly distributed threat to global health**
- **Existing interventions can have a significant impact in LMICs**
- **Nicotine fade out by date of birth**
- **TBE in Switzerland – new recommendations**
- **Negative impact of PPV23 re-vaccination (UK)**

# Efforts to draft a pandemic treaty falter as countries disagree on how to respond to next emergency



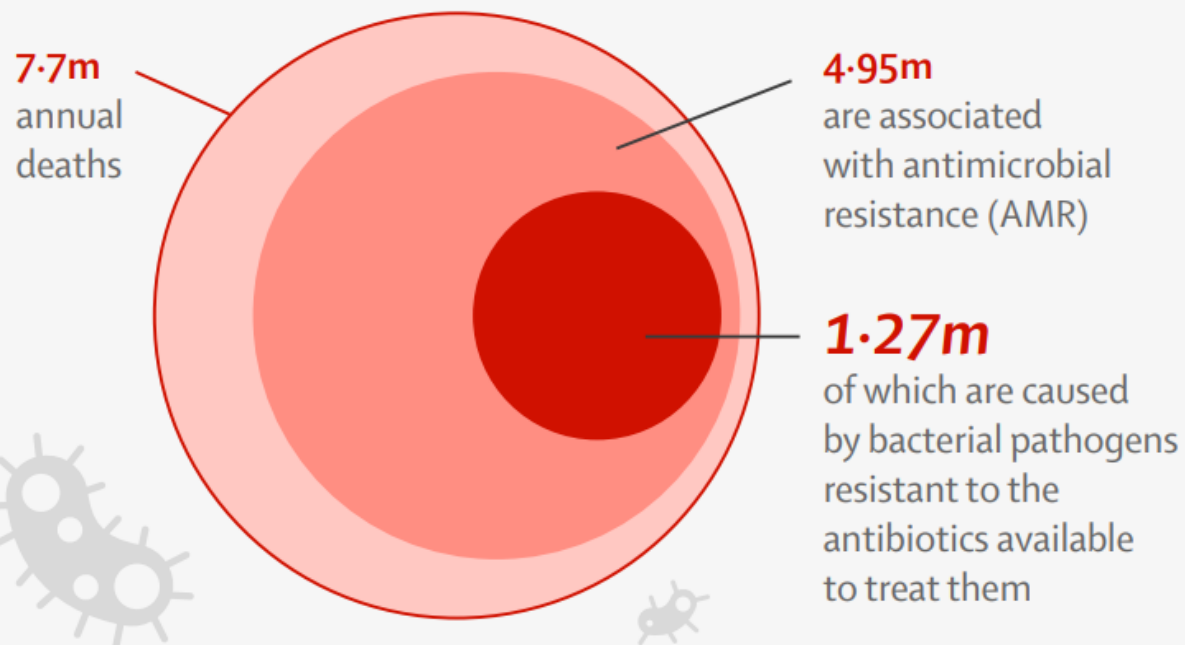
NEWS > HEALTH CARE

## WHO pandemic talks end without a deal, governments to decide next steps

Negotiators for developing countries refused to sign up to a deal that failed to guarantee their countries access to life-saving drugs and vaccines.

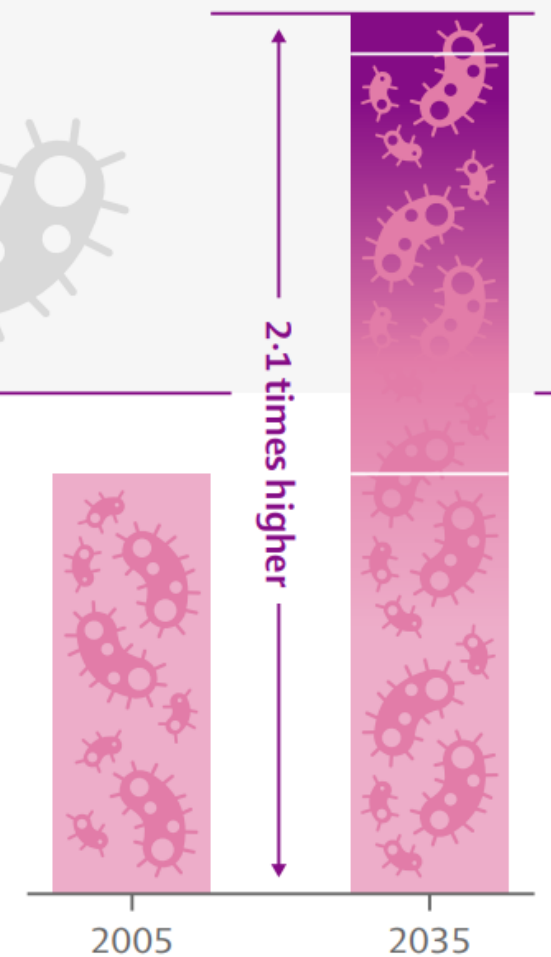
# Antimicrobial resistance: an enormous, growing, and unevenly distributed threat to global health

Each year, an estimated 7.7 million deaths are associated with bacterial infections



**Rising AMR has been documented over the past two decades.**

Projections from high-income countries predict resistance to third-line antibiotics—the last-resort drugs—could be 2.1 times higher in 2035 compared to 2005



Improving access to effective antibiotics and addressing AMR are critical to achieving global goals for child survival and healthy aging



# Existing interventions can have a significant impact in LMICs

Findings of the *Lancet* AMR Series indicate that reducing global AMR-associated deaths by 10% by the year 2030 is achievable with existing interventions. These findings provide robust evidence to guide countries in prioritising public health interventions, offering the greatest potential to mitigate AMR burden. For example:



## Aligning IPC standards



**-337 000 deaths**

Aligning infection prevention and control (IPC) standards in LMIC healthcare settings with those of HICs could prevent up to 337 000 AMR-associated deaths annually

## Access to WASH services



**-247 800**

Achieving universal access to water, sanitation, and hygiene (WASH) services could prevent up to 247 800 AMR-associated deaths annually

## High-priority paediatric vaccines



**-181 500**

Achieving universal coverage of high-priority paediatric vaccines—such as those against rotavirus, pneumococci, and RSV—could prevent up to 181 500 AMR-associated deaths annually

LMICs=low-income and middle-income countries; HICs=high-income countries; Image credits: Tima Miroshnichenko; PICHA Stock; ER Productions Limited

# Nicotine fade out by date of birth

- ▶ Smoking is still the **leading cause of preventable diseases**, disability, and death in the United States.
- ▶ Smoking kills more Americans than HIV, drug overdoses, alcohol use, motor vehicle crashes, and firearm-related injuries combined.
- ▶ Brookline (USA) policy aimed at creating a tobacco-free generation by date of birth.
- ▶ **The concept of a birth date–based phaseout of commercial tobacco:**
  - ▶ **New Zealand** passed a similar law in 2022 (subsequent change in government led to its repeal)
  - ▶ Under discussion in the **European Union**, the Philippines, Singapore, Malaysia, Australia, and Norway.
  - ▶ **TFG bill in the United Kingdom** received strong support in parliament.
  - ▶ **Brookline bylaw** applies to all nicotine products, **including e-cigarettes** (vapes), New Zealand’s repealed law and the U.K. bill cover combustible tobacco products only reflecting ongoing public health discussion about the relative harm of vapes as compared with cigarettes. BUT vapes are a key driver of initiation of nicotine use among adolescents.

# TBE News from Switzerland

- ▶ **BAG and EKIF changed recommendations for TBE vaccination in April 2024.**
- ▶ As of summer 2024, the **canton Geneva** is regarded as TBE risk area.
- ▶ All Swiss cantons **except Ticino** are now considered as risk areas.
- ▶ TBE vaccination is recommended for all adults living in or travelling to TBE endemic areas.
- ▶ Pediatric TBE vaccines are **licensed for children aged one year or older**, whereas in Switzerland vaccination **recommendations for TBE started at age 6 years** only. The new recommendations includes **children from three years** onwards. younger children **younger may be vaccinated** if there is an increased risk to acquire TBE.
- ▶ In contrast to other TBE endemic European countries like Austria and Germany, Swiss authorities **recommend (since 2006) a 10-year booster interval** after the primary vaccination, if the risk to acquire a TBE virus infection persists. This 10-year booster interval has been confirmed.

# 23 valent Pneumococcal Vaccine (PPV23): Background

- ▶ PPV23 was first pneumococcal vaccine, licenced in the 1980ies
  - ▶ Does only elicit a B-cell response, no T-cell-response, no memory response
  - ▶ Value of revaccination remains elusive
  - ▶ Effectiveness (1 dose) in UK was modest
  - ▶ Does not reduce carriage, therefore cannot prevent pneumonia
  - ▶ Double-blind randomized study in Japan in adult nursery homes lacks internal and external validity
  - ▶ Double-blind randomized study in HIV+ adults doubled the risk for IPD

Andrews et al., *Vaccine* 2012; 30: 6802

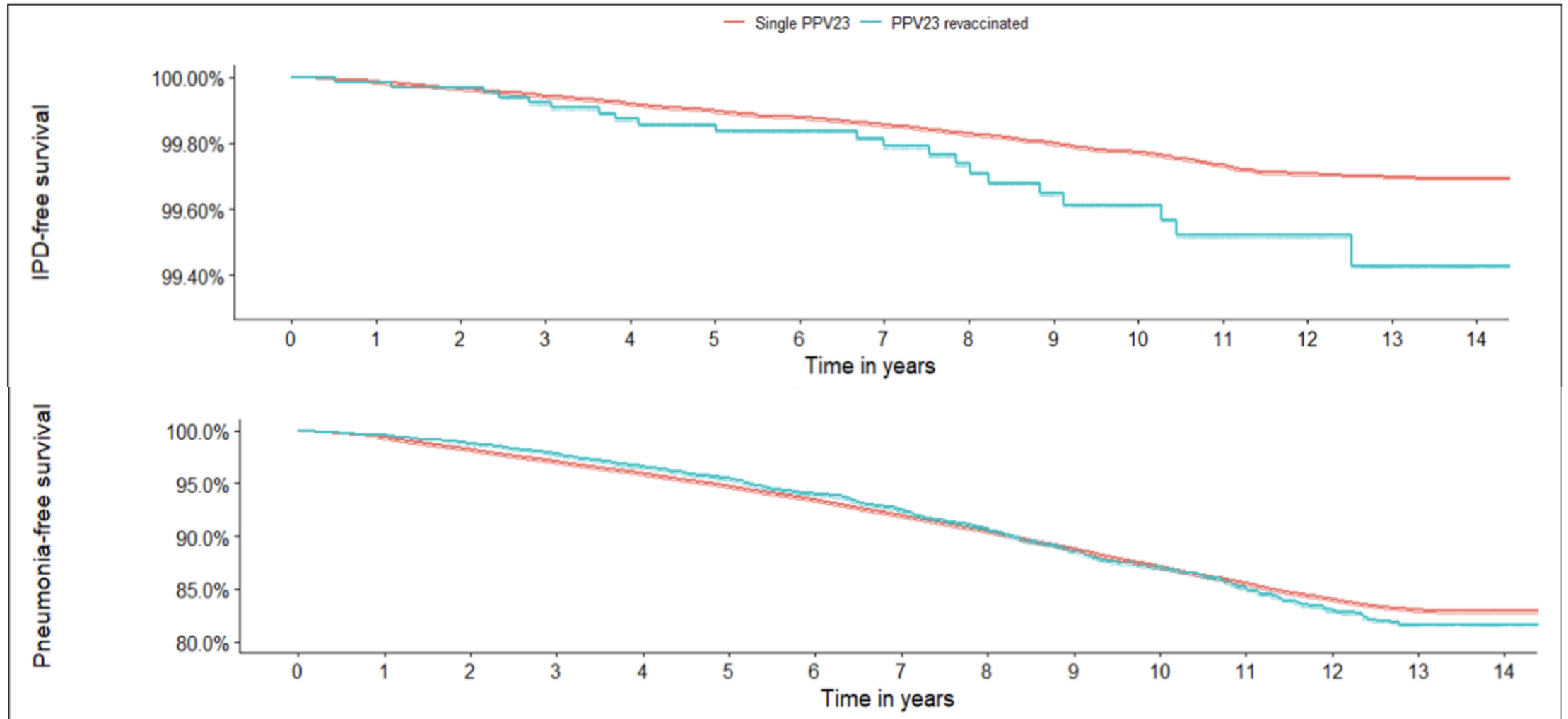
Maruyama et al., *BMJ* 2010 Vol. 340 Pages c1004;

Gessner et al., *Vaccine* 2019 Vol. 37 Issue 35 Pages 4853-4857

French et al., *The Lancet* 2000 Vol. 355 Issue 9221 Pages 2106-2111



# IPD & Pneumonia-free survival: PPV23 vs. PPV23-revaccination



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